

DEVELOPMENT ASSOCIATES  
1989 TRAINING PLAN FOR PAC II  
LATIN AMERICA/CARIBBEAN REGION  
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LIST OF ACRONYMS USED IN THE REPORT

BOLIVIA

APROMYN      Asociacion Pro-Madre y Nino  
CIES          Centro de Investigacion, Educacion y Servicios  
COBREH      Consultora Boliviana de Reproduccion Humana  
FEPAD      Fundacion Ecumenica para el Desarrollo

BRAZIL

ABEPF      Associacao Brasileira de Entidades de Planejamento Familiar  
BEMFAM      Sociedade Civil de Bem-Estar Familiar no Brasil  
CAE          Centro de Actividades Educativas (BEMFAM)  
CAEMI      Centro de Assistencia Especial Materno Infantil  
CPAIMC      Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca  
IRHPE      Instituto de Reproducao Humana de Pernambuco  
SAMEAC      Sociedade de Assistencia a Maternidade Escola Assis Chateaubriand

COLOMBIA

CCAPP      Centro de Capacitacion en Administracion de Programas de Planificacion Familiar  
PROFAMILIA      Asociacion Pro-Bienestar de la Familia Colombiana

DOMINICAN REPUBLIC

ADOPLAFAM      Asociacion Dominicana de Planificacion Familiar  
CONAPOFA      Consejo Nacional de Poblacion y Familia  
PROFAMILIA      Asociacion Dominicana Pro-Bienestar de la Familia

ECUADOR

CEMOPLAF Centro Medico de Orientacion y Planificacion Familiar  
COF Centro Obstetrico Familiar

GUATEMALA

APROFAM Asociacion Pro-Bienestar de la Familia de Guatemala  
AGES Asociacion Guatemalteca de Educacion Sexual

HONDURAS

ASHONPLAFA Asociacion Hondurena de Planificacion de la Familia

JAMAICA

AFLET Association of Family Life Educators  
JFPB Jamaica Family Planning Board

MEXICO

FEMAP Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar  
IMSS Instituto Mexicano del Seguro Social

PARAGUAY

CEPEP Centro Paraguayo de Estudios de Poblacion  
DEPROFA Departamento de Proteccion Familiar  
LPDM Liga Paraguaya de los Derechos de la Mujer

PERU

APROSAMI Asociacion de Profesionales en Salud Materno Infantil  
FENDECAAP Federacion Nacional de Cooperativas Agrarias Azucareras  
INPPARES Instituto Peruano de Paternidad Responsable  
SPF Private Sector Family Planning Project  
PEAH Alto Huallaga Special Project

OTHER

AID	Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
CBD	Community Based Distribution
CDC	Centers for Disease Control
FPEP	Family Planning Expansion Project
FPIA	Family Planning International Assistance
FPMT	Family Planning Management Training
HIV	Human Immunodeficiency Virus
INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean
IEC	Information, Education, and Communications
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHU-PCS	Johns Hopkins University - Population Communication Services
LAC	Latin America/Caribbean
LDC	Less Developed Country
MOH	Ministry of Health
MSH	Management Sciences for Health
OR	Operations Research
PAC	Paramedical, Auxiliary and Community
TA	Technical Assistance
TBA	Traditional Birth Attendant
TNA	Training Needs Assessment
TOT	Training of Trainers
UNICEF	United Nations Children's Fund

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## REGIONAL TRAINING

In PY IV the regional management training center at PROFAMILIA of Colombia was fully functional and carrying out a regular program of activities. In Guatemala, APROFAM launched the first edition of an international newsletter for trainers designed to promote regional interchange and provide a forum for discussion of training issues. Sub-regional centers in Brazil continued training for nursing faculty and ABEPF began a new initiative in training for educators and counselors of young adults.

### Regional Management Training Center - PROFAMILIA of Colombia

PAC II continued to support the development of the Regional Training Center (CCAPP) at PROFAMILIA. The end of PY IV marks the completion of the 2nd year of contract CO-03 which funds the core costs of the Center. At this stage the Center is in a position of institutional strength: national and regional courses are held regularly and groups of family planning managers from various countries of the region have come on observation visits. The Center functions in its own training facilities which are fully furnished and equipped with all the necessary training equipment.

During this program year the Center held its first Logistics Management course under a cooperative agreement between PROFAMILIA and John Snow International. The two-week long workshop was attended by twenty-five family planning administrators from nine countries. The majority of the participants represented private family planning programs. Later in 1988 there was a special course for logistics managers from public sector family planning programs. The content of the course covered the whole range of concepts, principles and skills required for proper management of the contraceptive logistics cycle from importation to delivery to users. The course is part of a training effort geared to prepare family planning workers and administrators to accurately determine quantities required for running a service provision program thus avoiding stockouts and/or overstocks which are common problems in family planning programs.

The Center's efforts in logistics training, which began with a Development Associates-sponsored regional workshop in 1986, are expanding beyond all expectations. Apart from the workshop for the LAC region, the Center received a visit of 12 family planning administrators from Kenya and ten from Bolivia and Honduras who spend several days observing the logistics operations of PROFAMILIA.

The second training event of this period was a regional workshop on cost recovery and self-sufficiency. This five-day workshop was attended by 25 participants representing 15 family planning programs in 8 countries of the LAC region. A Development Associates staff member, based in Peru, assisted PROFAMILIA staff in the design and teaching of the course. Learning modules included: cost-effectiveness, concepts and strategies for sustainability, and a specially prepared case-study.

The third course of the period was a regional workshop on operations research as a tool for family planning program planning and management. The content of the course was developed in cooperation with The Population Council's INOPAL Project which also provided two instructors for the course. PROFAMILIA's course instructors came mainly from its Evaluation and Research Departments.

In PY V, the PROFAMILIA center has three regional workshops scheduled. The well regarded logistics workshops offered in PY IV will be repeated. One of these workshops will target public sector managers and the other will concern logistics management for private sector agencies. The third workshop will be on client-responsive family planning. Materials for this workshop will be developed from PROFAMILIA's internal efforts to improve client services and quality control. It is also expected that PROFAMILIA will host several observation trips for managers from other LAC region countries during the year.

#### Regional Training Center for TOT and Supervision - APROFAM of Guatemala

Assistance to this regional center in PY IV concentrated on developing and testing a competency-based supervision system. Development Associates worked with APROFAM and the Population Council on the design of the system and on the training aspects

of an O.R. project. Results of this study will become available in PY V, but too late in the program year to be presented at a regional training activity as was originally planned.

In PY IV APROFAM also collaborated with Development Associates' regional workshop on the evaluation of training and began publication of a regional newsletter on training. Plans for PY V include publication of additional editions of the newsletter and completion and analysis of the O.R. study on competency-based training and supervision applied to a CBD program.

#### Sub-regional Training Centers-Brazil

Activities of the sub-regional centers serving Portuguese-speaking Brazil are detailed in the country plan. ABEPF continued to strengthen ten training institutions chosen for development as regional training centers and CPAIMC and CAEMI worked on pre-service curriculum development by training and providing followup TA to faculty of nursing schools.

#### Direct Training

A sub-regional training activity for Spanish-speaking countries with large indigenous populations was carried out at the beginning of PY V. Organized directly by Development Associates in collaboration with FEPADE, a PVO in Cochabamba Bolivia, the meeting on expansion of services to indigenous populations targeted institutions in Guatemala, Ecuador, Peru, and Bolivia. Participants concluded that a major effort is needed to expand the number of bi-lingual personnel providing services, I&E and training and that new approaches are needed in the development of materials for non Spanish-speaking populations in the LAC region.

BOLIVIA

POPULATION: 6,9000,000<sup>1/</sup>

CRUDE BIRTH RATE: 40<sup>1/</sup>

TOTAL FERTILITY RATE: 5.5<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.6%<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 25%<sup>2/</sup>

Country Situation

Family planning activities gradually increased in Bolivia during the year although changes in customs regulations caused concern. A new requirement that duties of 30% be paid even on donated commodities could have a serious impact on local PVOs if solutions are not found. Elections are scheduled for May of 1989 and the outcome of those may affect family planning in the future. In the meantime, slow progress continues in both the private and public sectors.

Country Goals and Strategy

The overall goal for the PAC II project in Bolivia is to support the expansion of family planning service delivery through trained paramedical and community personnel. Emphasis is being given to the development of community-based distribution systems, rural programs and the development of CBD training capability. The regional diversity in Bolivia and the traditional provincialism of the three major geographic areas (altiplano), valley and lowland) call for a somewhat different approach to program development in this country. It is unlikely

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<sup>1/</sup> 1988 World Population Data Sheet. Population Reference Bureau.

<sup>2/</sup> 1983 CPS. Westinghouse and COBREH.

that any existing institution will be able to effectively assume a national leadership role in PAC training in the near term. Hence, Development Associates has adopted a regional strategy aimed at developing training capability in the three major cities which correspond to the three geographic regions.

Goals and strategies for each of the technical areas covered by PAC II are as follows:

1. Management and Supervision

- Develop the skills of private sector program managers in organizing and managing CBD service programs.

CBD project managers from La Paz, Cochabamba and Santa Cruz have been provided opportunities to observe CBD program operations in other countries. As programs expand, additional training or technical assistance may be required and will be arranged as needed. Development Associates is also developing a small study on the use of traditional birth attendants to provide services in indigenous communities.

2. Training of Trainers

- Create in-country technical capability in the training of trainers of community education and service personnel in at least three departments of the country.

By the end of 1987, basic capability in CBD training had been achieved in the three major cities of the country. The skills of trainers in Cochabamba were sufficiently developed to provide technical assistance to less experienced trainers in other cities. However, all trainers in Bolivia could benefit from advanced TOT work, and there is a need for developing a pool of bilingual trainers for programs directed at Aymara and Quechua speakers.

3. Service Delivery

- Expand the number of PVOs operating in marginal urban and rural areas who have staff trained in family planning education and referral.

- Increase the number of CBD workers delivering services in Bolivia, particularly in rural areas.

Development Associates' strategy in the area of service delivery has emphasized the promotion of existing services and the development of CBD programs. Progress was made on both counts during the year. Efforts were begun to train the staff and promoters of Prosalud of Santa Cruz and support was provided to CIES in La Paz for an expanded effort in La Paz, Oruro and Potosi. These activities, as well as continued growth in the CBD effort in Cochabamba, should facilitate the gradual shift in Bolivian programs from urban clinic-based programs to marginal urban and rural programs with effective outreach components.

#### 4. Curriculum Development/Instructional Skills

Due to the lack of support for family planning found in Bolivian universities and professional schools and the fact that physicians rather than nurses are the key clinical providers, activities in this category will be limited. Where appropriate, Development Associates may support observation trips for leaders of pre-service institutions to observe family planning curricula and teaching activities in similar institutions in third countries.

#### Evaluation of PY IV Country Training Program

Training activities planned for PY IV were carried out, including some that had been rescheduled in Santa Cruz. A new subproject was signed with CIES of La Paz and the Prosalud contract in Santa Cruz was extended through the end of CY88.

The FEPADE subproject described in the annual plan was completed and a new subproject was developed for PY V. FEPADE health promoters began working closely with trained traditional birth attendants (TBAs) jointly attending deliveries where possible. Refresher training was provided to TBAs initially trained in PY III to increase their involvement in preventive health activities, including pre-natal care and family planning promotion. In addition, a new group of 30 TBAs received initial training.

Since the traditional role of TBAs in these Quechua-speaking communities is strictly curative, important questions need to be answered regarding their potential for involvement in preventive activities. Thus a small study is planned for PY V to assess the impact of training on TBA delivery practices and on their participation in pre-and post-natal care and education. The study will also examine health promoter dropout rates and the stability of this work force as compared to the TBAs.

In La Paz, a new contract was signed with CIES to provide supplemental training and supervisory support for CBD projects supported by the Pathfinder Fund and the Population Council. Training is to be provided to 125 CBD workers in three cities in this subproject which concludes in PY V. In addition to completion of the current project, plans for PY V include the participation of CIES staff in the subregional meeting on the expansion of services to indigenous populations in Cochabamba in October 1988, and an organizational development needs assessment to be carried out by a management consultant in 1989.

In Santa Cruz, contract 20-09 was extended through the end of 1988 and additional funds were made available for training Prosalud staff and promoters. A small amount of support was also programmed for one of the Santa Cruz training teams which continued with an active group of promoters.

CIES of La Paz provided instructors to train Prosalud physicians and nurses in May 1988. Although originally planned to include IUD insertion training the clinical skills portion had to be cancelled for a lack of clients. In July, a team of FEPADE trainers provided basic family planning training to a group of Prosalud promoters and their supervisors.

Plans for PY V call for additional training courses for Prosalud promoters, a course on educational materials development to be given in Santa Cruz by FEPADE staff for promoters from Prosalud and CIES, an observation trip to Lima, Peru for two Prosalud staff and a course to be conducted by one of the training teams for their CBD workers.

Activities Proposed for PY V

<u>FY 88/89 Budget</u>	<u>Obligated as of 3/1/89</u>	<u>Remaining</u>
\$50,000	\$46,495*	\$3,505

*Obligated in PY IV:	BO-10	FEPADE	\$10,340
	Amendment to BO-09	Prosalud	7,500
	BO-11	CIES	<u>7,920</u>

Total PY IV Obligations 25,760

Obligated in PY V: BO-12 FEPADE \$15,140

Training grants to FEPADE  
and CIES for participants in  
the sub-regional meeting on  
services to indigenous  
populations 3,090

Training grants to CIES for  
three participants in  
Prosalud's materials  
development workshop 600

Prosalud observation trip  
to Lima, Peru 1,905

\$20,735

C. Technical Assistance

The training staff of FEPADE is highly skilled and now provides technical assistance in family planning training to other organizations in Bolivia. However, technical assistance will be provided to FEPADE from an in-country consultant for the TBA study described in the evaluation section below.

D. Materials Required

A set of slides and a teaching guide on the preparation of low cost visual aids, available from the Hesperian Foundation with a Spanish text, will be sent to FEPADE along with other new materials as they become available.

E. Evaluation Plan

FEPADE conducts a regular project evaluation at the end of each calendar year as well as evaluations of each course conducted. In PY V a special evaluation will be carried out to assess the effectiveness of training TBA's in family planning promotion. This study will be designed in late March and carried out by the end of July, 1989.

SUBPROJECT II - CIES

The CIES subcontract B0-11 was signed in PY IV and will continue in PY V. At this time, no new subcontract is planned for CIES. Non-subcontracted activities with CIES scheduled for PY V include:

- Grants for three CIES staff to attend the subregional meeting on the expansion of services to indigenous populations;
- Grants to CIES promoters from La Paz, Oruro and Potosi to attend a materials development workshop held at Prosalud in Santa Cruz and conducted by trainers from FEPADE; and

- Technical assistance to CIES on organizational development.

The third activity was requested by CIES early in PY V and is to be carried out in March/April, 1989. The very rapid growth of this La Paz-based PVO has strained the existing organizational structure and overtaxed its small staff, making this type of assistance important for future growth.

### SUBPROJECT III - PROSALUD

As in the case of CIES, a prior subproject, B0-09, has been extended to continue during a portion of PY V. A new subproject has been proposed by Prosalud to train additional promoters in family planning.

#### A. Goals and Objectives

The goal of this project is to assure that all promoters in the Prosalud project are prepared to promote family planning as a routine part of their activities. Specific objectives are to:

- Train current promoters that have not yet had an opportunity to attend a family planning course; and
- Train new promoters in family planning in conjunction with the establishment of new service sites.

#### B. Training Activity

Prosalud proposes to conduct two five-day courses for twenty promoters each. One course will be carried out in April 1989 and the second in June.

#### C. Technical Assistance

Prosalud trainers received technical assistance early in PY V from FEPADE trainers and through an observation trip to the Profamilia program of Lima, Peru. No additional assistance is needed.

D. Materials Assistance

Prosalud is revising its promoter manual to include family planning information. This is being done with a local consultant not paid by Development Associates.

E. Evaluation

A copy of Development Associates' training evaluation manual will be sent to Prosalud which may help them in preparing better training evaluations. Technical assistance in this area would be helpful to them in the future.

BRAZIL

POPULATION: 144.4 million<sup>1/</sup>

CRUDE BIRTH RATE: 28<sup>1/</sup>

TOTAL FERTILITY RATE: 3.4<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.0<sup>1/</sup>

CONTRACEPTIVE PREVALENCE:

- o BRAZIL: 65.8<sup>2/</sup>
- o By States and Regions:<sup>3/</sup>
  - Rio de Janeiro 70.6
  - Sao Paulo 72.7
  - South 72.6
  - East Central 61.6
  - Northeast 53.0
  - North Central Oriente 63.1

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

<sup>2/</sup> Avaliacao de Programa de Assistencia Populacional da AID no Brasil, Sumario Executivo, N.D.

<sup>3/</sup> Relatorio Preliminar, V Encontro Nacional de Estudos Populacionais - Aguas de Sao Pedro, S.P. 12 a 16 outubro 1986, BEMFAM, Rio de Janeiro, Brazil

### Country Situation

Brazil's economic situation has not improved since our submission of the FY 88 Annual Training Plan. In fact, in the course of the year inflation accelerated to such a degree that the Presidency in the recent "Summer Plan" decreed a 1,000% revaluation of the cruzado (which had been introduced only less than two years ago by re-valuation of the old cruzeiro by 1,000%). As a result, inflation has abated somewhat for the time being, but the outlook is not optimistic.

On the other hand, 1988 saw the adoption of a new constitution, whose article 226, part 7, states that, "Based on the principles of personal human dignity and responsible parenthood, family planning and the free decision of the couple, it behooves the state to provide educational and scientific resources for the exercise of this right, (but) prohibiting any form of coercion by official or private institutions."

As pointed out in last year's plan, however, governmental entities have been slow to take on family planning activities. By far, most family planning services, IEC and training are still being provided by private sector entities -- and will be in the foreseeable future.

### Country Goals and Strategy

PAC II goals and strategy will not change significantly from those of previous years because they have proven effective and are in accord with AID country strategy. They were shaped, however, to some extent by two factors, namely the reduced budget for PY V, and a substantial USAID/Brasilia buy-in which, in part, was sub-project specific.

Overall, we shall continue to strengthen the management and training capabilities of the Brazilian Association of Family Planning Entities (ABEPF). Furthermore, the number of nursing schools offering family planning in their curricula will be increased and the quality of family planning teaching improved through on-site followup. We likewise will continue the training of health agents, community motivators and leaders. We shall be sponsoring and give technical assistance with the design, testing, and development of a manual to train trainers of young adults.

A. Goal: Strengthen the management and training capabilities of ABEPF and its affiliates.

Strategy: ABEPF will progressively systematize relations and give TA with strengthening the managerial/administrative capabilities of ten selected member entities through a series of site visits, internships and training courses.

B. Goal: Increase the number of nursing schools offering family planning in their curricula and improve the quality of instruction.

Strategy: Both CAEMI and CPAIMC will continue to offer intensive training to nursing school professors; CAEMI will do so in two-week residential programs and CPAIMC in on-site programs. Both approaches include followup TA/evaluation activities.

C. Goal: Continue the training of community health agents, motivators and community leaders.

Strategy: A significant number of community health agents and motivators will be trained by BEMFAM and by Sofia Feldman Hospital (under subcontract with ABEPF).

D. Goal: Train trainers of young adults in family planning and related subjects.

Strategy: ABEPF will develop, test and distribute a manual for the training of trainers and advisers of young adults in family planning and train 30 participants in the use of the manual and methodology of training trainers of young adults. BEMFAM will offer a course in participatory methodology for health and education professionals working with young adults in nine northeastern states.

### Summary of Progress During PY IV

All PY IV training activities were initiated and most were completed within the specified times, except in some cases in which subcontracts were amended to allow for more effective followup and evaluation.

An innovative approach successfully implemented during PY IV was the shortening of nursing school professors' training at CAEMI and CPAIMC from five and four weeks, respectively, to two-weeks, with focused on-site follow-up TA and evaluation.

Because of the lower contraceptive prevalence in the Northeast, BEMFAM as well as ABEPF emphasized training in that geographic region. For the first time we also subcontracted, via ABEPF, with the Institute of Human Reproduction of Permambuco (IRHPE) for the training of nurses, auxiliary nurses and social workers in a series of courses and on-the-job-training.

ABEPF's administrative and training management capability was further enhanced and refined through contracts and technical assistance. ABEPF, in turn, strengthened and improved administrative and training management capabilities of its ten designated regional training centers.

### Proposed Activities for PY V

Activities proposed for PY V will further enhance the training capabilities of subprojects and strengthen their management/supervisory abilities. Additionally, TOT, curriculum development, training of nursing school professors and community personnel will continue. A new component will be the training of trainers of young adults in family planning. ABEPF's Training Division, with Development Associates funding and TA, will increasingly assume responsibility for most of these activities. A high priority, as in preceding program years, will be the strengthening of ABEPF as an institution and assisting it with its quest for greater self-sufficiency.

<u>Budget for FY 89</u>	<u>Obligated as of 3/1/89</u>	<u>Remaining</u>
\$265,226*	\$265,040	\$186

**SUBPROJECT I - ABEPF**

Commensurate with ABEPF's importance in promoting family planning, management and training of trainers courses throughout Brazil, and thanks to the substantial AID/Brasilia buy-ins, ABEPF, in PY V, has been receiving almost 64 percent of project funds for Brazil.

Besides continuing to fund the cost of ABEPF's Training Division, the following projects and activities are being supported through a series of subcontracts which also involve technical assistance:

- A program to consolidate relations with and to strengthen the administrative/managerial capability of ten key affiliates, including internships for and formal administrative/management training of member entities' staff;
- A project to promote linkages between ABEPF and public sector (state and municipal) entities, including a series of courses on family planning counseling and one ten-day course to train family planning trainers.
- A project to develop and field test a manual for the training of trainers of young adults in reproductive health and family planning, resulting in the production of 2,000 manuals and two seminars whose participants are to be trained in the use of the manual and in the methodology of training trainers of young adults.
- A project to subcontract with the Sofia Feldman Hospital for training and refresher training of hospital staff and community health professionals.

**SUBPROJECT II - BEMFAM**

BEMFAM will provide a series of courses to train health agents and community motivators in family planning promotion in the Northeastern states of Maranhao,

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\* Originally available: \$126,736; AID/Brasilia buy-ins: \$135,000; underspending on prior years' contracts: \$3,490.

Bahia, Rio Grande do Norte, Paraiba and Pernambuco. In addition, health and education professionals working with adolescents in nine northeastern states will receive a course in participatory methodology.

**SUBPROJECT III - CPAIMC**

CPAIMC will train a total of 41 nursing school professors to prepare them for the inclusion of family planning or the improvement of family planning in their schools' curricula. Training will be given at regional centers and will be followed up by evaluation/TA visits.

**SUBPROJECT IV - CAEMI**

CAEMI again will train nursing school professors in a series of two-week courses, followed by evaluation/TA visits. In the course of PY V, a total of 24 nursing school professors will thus be trained.

COLOMBIA

POPULATION: 30.6 million<sup>1/</sup>

CRUDE BIRTH RATE: 28<sup>1/</sup>

TOTAL FERTILITY: 3.4<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.1<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 63%<sup>2/</sup>

Country Situation

Colombia continues to present a contradictory situation with the twin problems of terrorism and narcotics production, processing and traffic on the one hand offset by relative economic stability and growth on the other. With regards to family planning, Colombia boasts one of the most successful programs in the world. The contraceptive prevalence increased from 46% in 1978 to 63% in 1986. The method mix also shows interesting changes: sterilization has become the preferred method with 28% prevalence, the pill went down to second place with 25% prevalence while the IUD remains at a 17% level of prevalence.

PROFAMILIA continues to be the main source of subsidized contraceptives in Colombia. It is also a highly effective and efficient family planning program. While family planning service delivery and marketing of contraceptives are, by far, the main emphasis of PROFAMILIA some new types of services has been successfully introduced. One such program is the Family Legal Services Program run by a team

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<sup>1/</sup> 1988 World Population Data Sheet, PRB

<sup>2/</sup> 1986 Westinghouse DHS

of women lawyers that provide low cost advice and education on legal rights and protection, particularly to women. Another important initiative is the expansion of the male clinics providing integrated services to men. PROFAMILIA now runs three male clinics, one of which is totally self-sufficient.

The most recent concern of PROFAMILIA is to improve the quality of services provided at its clinics and distribution posts. A major survey is being conducted throughout the service network of PROFAMILIA to determine the nature and extent of problems in quality control. This survey will provide invaluable data to design a training program for all the service staff of PROFAMILIA on client-responsive family planning. PAC II has joined forces with the Pathfinder Fund to provide support to this training.

### Country Goals and Strategy

PAC II strategy for Colombia continues to focus on developing a regional training center specializing in family planning program management. PAC II support is also provided for PROFAMILIA's own training needs when this training goes to improve the quality of services and management to a point where they can be used as a "center of excellence" for the rest of the Region. Support is also provided to improve the capabilities of PROFAMILIA's staff to act as trainers in regional workshops.

Goals and strategies for each of the PAC II technical areas are:

#### 1. Management and Supervision

Development Associates will give limited support for workshops and scholarships to enhance PROFAMILIA staff skills in program quality and sustainability. This support is to assist PROFAMILIA's own institutional needs as well to develop models for regional training. Development Associates will continue to collaborate with JSI/FPLM in the development of regional training activities in logistics through the PROFAMILIA regional training center and with Pathfinder in improving quality of services.

## 2. Training of Trainers

Development Associates will continue to provide training opportunities both in-country and regionally to key PROFAMILIA staff in TOT. TA will also be provided in course design, training materials and training methods. All this support is geared to enhancing their skills as trainers in the regional training center.

## 3. Service delivery

Development Associates will provide support for training of clinic staff in interpersonal relations skills geared to improving the quality of services and instilling a client-responsive approach.

### Summary of Progress during PY IV

Development Associates continued to work with the CCAPP in PY IV to strengthen the training capabilities of the Center and of PROFAMILIA staff. A Training of Trainers workshop was held to train PROFAMILIA staff in the teaching skills needed to act as instructors of CCAPP. This three-day workshop was attended by 22 senior staff members of PROFAMILIA. Two instructors from the Central America Business Administration Institute (INCAE) were invited to teach at the workshop with funds provided by Management Sciences for Health (MSH-FPMT).

The CCAPP Director visited Development Associates and met with PAC II staff to discuss the Center's work plan for 1988 and progress made during the first year of operation. There was general satisfaction with the progress made by the Center as it entered its second year of existence.

PAC II staff monitored progress of the Center through close contact with its Director. Each regional training activity is thoroughly discussed and jointly planned. Development Associates provided assistance in identifying instructors from other countries that complemented the expertise of PROFAMILIA staff. Assistance was also provided in marketing courses among international organizations. The usual division of labor for marketing courses is as follows: PROFAMILIA advertises

the courses to family planning programs in the LAC region, AID/Bogota sends telexes to AID Missions and AID/Washington, and Development Associates announces the courses to relevant Cooperating Agencies.

Activities Proposed for PY V

Development Associates will continue to focus on PROFAMILIA with the two-fold purpose of training PROFAMILIA's staff for their role as trainers and to improve some key program management areas. The Center itself will receive TA in all aspects of training skills, curricula and materials as well as funding for core operational costs. In addition, an observation trip to various U.S.-based donor agencies and documentation centers is planned for the new director of the Center and for the Librarian/Documentalist. The plan for equipping the Center will also be completed in PY V with the installation of a microcomputer and connection of the Documentation Center to POPLINE.

<u>PY V Budget</u>	<u>Obligated</u>	<u>Remaining</u>
\$13,850	\$13,800*	\$50

\* CO-06 with PROFAMILIA

N.B. The Center's budget was obligated in PY 86 for \$188,565. Payments are being made on quarterly basis throughout PY III, IV and V.

SUBPROJECT I - PROFAMILIA

A. Goals and Objectives

The goal of this subproject is to assist PROFAMILIA in establishing a client-responsive approach to family planning service delivery. The objective for PY V is to train 60 clinic staff members in interpersonal relations skills to ensure improved quality of service and higher retention of clients.

B. Training Activities

Two courses for 60 clinic workers (nurses, auxiliaries, receptionists, etc. on quality of service and the user's perspective.

C. Technical Assistance Needed

PAC II staff will closely monitor the design and implementation of this course. PROFAMILIA staff will receive comments and suggestions as they progress with preparation of course materials.

D. Materials Needed

PAC II will search for and provide PROFAMILIA with manuals, articles and documents on quality control, client responsive family planning, counseling, etc.

E. Evaluation Plan

PROFAMILIA is in the process of completing a survey on current practices and problems of quality control. This survey will provide baseline data that will serve to evaluate progress achieved as a result of training. It must be noted that PAC II support will only cover a portion of the staff. Pathfinder has expressed an interest in funding additional training on completion of this subproject. Thus the impact evaluation will take place after all key staff have been trained.

DOMINICAN REPUBLIC

POPULATION: 6.9 million<sup>1/</sup>

CRUDE BIRTH RATE: 32<sup>1/</sup>

TOTAL FERTILITY RATE: 3.9<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.4%<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 47%<sup>2/</sup>

Country Situation

The economic situation of the country has deteriorated although not at the pace found in some other LAC countries. Government involvement in family planning has weakened primary due to problems at CONAPOFA. AID support for CONAPOFA has been on hold for over a year. PROFAMILIA has made considerable progress in modernizing its management and service delivery systems as the main recipient of AID assistance through the Family Planning Services Expansion Project. A Development Associates' contract for technical assistance is well underway with PROFAMILIA and ONAPLAN being the main recipients of assistance.

Country Goals and Strategies

Development Associates' program goal for the Dominican Republic is to strengthen the training and management capabilities of the family planning institutions.

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<sup>1/</sup> 1988 World Population Data Sheet. No. 1 Population Reference Bureau.

<sup>2/</sup> CPS, Westinghouse, 1983.

The strategy will be to train key staff in TOT, provide training materials and provide TA and funding for in-country training. The latter is provided in close cooperation and coordination with the USAID/Dominican Republic Expansion Project.

Goals and strategies for each of the technical areas covered by PAC II are as follows:

1. Management and Supervision

The strengthening of management and supervisory skills is one of the priority areas for training and TA under the Expansion Project. Development Associates' PAC II project will complement the assistance provided under this project. PROFAMILIA is scheduled to receive TA from staff of the TOT training center in Guatemala to develop a new CBD supervision system and to train the staff in applying the new system.

2. Training of Trainers (TOT)

Institutionalizing training capabilities in the Dominican family planning agencies continues as a goal for PAC II. Several Dominican trainers have participated in the Master TOT course in Guatemala. A followup TOT course is been planned for late PY V that will develop a core of skilled trainers to serve all family planning programs of the country. The TOT course will be organized in cooperation with the Expansion Project.

3. Service Delivery

There is a need to expand the use of temporary family planning methods in the Dominican Republic and increasing the availability of trained service delivery workers continues to be a goal for PAC II in this country. Both PROFAMILIA and ADOPLAFAM will complete their training contracts early in PY V.

4. Curriculum Development

One goal of PAC II is to improve nursing professors' ability to design family planning curricula. To achieve this goal, workshops will be organized for

professors from nursing schools to update them in family planning content and methodology as well as skills to incorporate family planning into the curricula of nursing schools. ADOPLAFAM will continue to be responsible for conducting these workshops.

#### Summary of Progress During PY IV

During PY IV Development Associates made considerable progress in the implementation of the technical assistance component of the AID-funded Family Planning Expansion Project. PAC II staff have cooperated with this project in several training and TA activities which are complementary to PAC II goals. ADOPLAFAM completed its subproject and PROFAMILIA was granted a second no-cost extension on its contract.

#### CONAPOFA

During PY IV CONAPOFA completed implementation of DR-04. All targets were met: 17 courses for 506 promoters, 3 courses for 105 supervisors, and 3 courses for 74 nurses. PAC II staff provided considerable technical assistance to CONAPOFA. However, Development Associates is not satisfied that these efforts resulted in substantial improvement in the quality of training due to frequent staff turnover at CONAPOFA.

During the second half of PY IV, the PAC II evaluation specialist visited CONAPOFA to conduct a field assessment of work performed under DR-04 and of the administrative procedures used by CONAPOFA in the operation of the subproject. The data obtained will be analyzed and shared with USAID to make decisions on the future relationship with this agency.

#### ADOPLAFAM

Contract DR-06 was completed during PY IV providing training for 53 nursing professors in three courses. This was the first subproject to be implemented by this new family planning agency. ADOPLAFAM requested and received materials from Development Associates for use in the courses.

PROFAMILIA

During PY IV PROFAMILIA completed the teaching activities under contract DR-05. A total of 107 community talks were conducted by the 180 leaders trained during phase 1 of this subproject. A total of 18,913 participants attended the community talks, 87 of which were held outside of the capital city.

Another phase of the subproject with PROFAMILIA consisted of the production of self-instructional manual for CBD promoters. Although the design and field testing of this manual has been completed, the actual production of the manual is still pending due to delays in printing services. A no-cost extension until December 30, 1988, was granted to PROFAMILIA.

Proposed Activities for PY V

During the first half of PY V, PROFAMILIA and ADOPLAFAM will complete their respective subprojects. Further support will be designed to complement the assistance provided by the Expansion Project. PROFAMILIA will receive assistance in the areas of supervision and TOT. ADOPLAFAM will be provided with continued assistance for the training of nursing professors and family planning promoters.

<u>FY 88/89 Budget</u>	<u>Obligated as of 3/1/89</u>	<u>Remaining</u>
\$27,765	\$20,367*	\$7,398

\* DR-07 \$11,635  
 DR-08 8,732

SUBPROJECT I - PROFAMILIA

A. Goals and Objectives

The goal of this subproject (DR-07) is to improve the quality of the supervision and training performance of key PROFAMILIA staff. The objectives

for PY V are to train 35 supervisors and 30 trainers on a new supervision system and on competency-based training respectively.

B. Training Activities

One ten-day course for 35 supervisors and one ten-day course for 30 trainers.

C. Technical Assistance Needed

TA in course and materials design as well as in teaching the courses will be provided by PAC II consultants from the Guatemala TOT training center. The costs of the TA will be covered by the AID Technical Assistance Project.

D. Materials Needed

Materials will be developed for both courses by the PAC II consultants.

E. Evaluation Plan

Pre-and post-tests will be conducted at each course, PROFAMILIA will also report on followup impact of the training.

**SUBPROJECT II - ADOPLAFAM**

A. Goals and Objectives

The goal of this subproject (DR-08) is to strengthen community support for the family planning program of ADOPLAFAM. The objectives for PY V are to train 150 community-based family planning promoters in community education skills.

B. Training Activities

Six four-day courses for 150 family planning promoters.

C. Technical Assistance Needed

PAC II staff will monitor and technically supervise the design and implementation of the courses in cooperation with the AID Technical Assistance Project.

D. Materials Needed

No special materials will be required.

E. Evaluation Plan

Pre-and post-tests will be applied at all courses. ADOPLAFAM will be required to provide post-training impact data.

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ECUADOR

POPULATION: 10.2 million<sup>1/</sup>

CRUDE BIRTH RATE: 36<sup>1/</sup>

TOTAL FERTILITY RATE: 4.3<sup>2/</sup>

RATE OF NATURAL INCREASE: 2.8<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 44%<sup>2/</sup>

Country Situation

In August of 1988 a new president was inaugurated in Ecuador. He is not expected to change significantly the position of the government with respect to family planning which has been supportive, albeit lacking in financial commitment to services in the public sector. Nevertheless, the government continues to be the principal provider of family planning services in the country according to the 1987 Demographic and Health Survey.

USAID is the principal donor of population funds in Ecuador and provides support for both the public and private sectors. Within the private sector the USAID Mission is continuing to provide support for three institutions under its bilateral Population/Family Planning Project. These targeted institutions are the Centro de Estudios de Poblacion y Paternidad Responsable (CEPAR), the Asociacion Pro-Bienestar de la Familia Ecuatoriana (APROFE), and the Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF). CEPAR is primarily

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

<sup>2/</sup> Ecuador Encuesta Nacional de Demografia y Salud Familiar. 1987.

supported to perform research and IEC activities while the latter two are funded to provide clinic and community-based family planning services. In addition to USAID support, these institutions receive technical assistance from IPPF/WHR under the Population/Family Planning Project.

One of the top priorities that USAID has established in the population sector is the support of rural CBD programs. In addition, USAID is investigating the feasibility of implementing a clinic-based service delivery program based on a model in Mexico that recruits physicians to serve in rural and underserved periurban areas and partially subsidizes them in return for serving family planning users. If implemented, this program will complement the CBD programs currently in operation by providing them with an increased number of clinical referral points.

Thus far under the PAC II Project, Development Associates has provided technical and financial support to CEMOPLAF, the Centro Obstetrico Familiar (COF), and the Colegio de Obstetricas de Pichincha. CEMOPLAF, as described earlier, provides clinic and community-based family planning services. COF provides clinic-based family planning services through its clinics in Quito and, indirectly, through a network of nurse-midwives that it has trained throughout the country. The Colegio is an affiliate of the National Federation of Ecuadorean Nurse-Midwives and has provided training in family planning to nurse-midwives.

### Country Goals and Strategy

Development Associates' country goals for 1989 will continue to reflect USAID's emphasis on rural CBD delivery and will place top priority on institutionalizing the training capability of CEMOPLAF with respect to its CBD program and in assisting CEMOPLAF in determining the most cost-effective means of providing training and supervision to CBD workers.

In addition to the support that will be provided to CEMOPLAF, Development Associates plans to provide some support to COF during PY V in the area of nurse-midwifery training. The specific goals related to 1989 are the following:

1. Management and Supervision

- Improve the cost-effectiveness of the training CEMOPLAF provides to its CBD workers.

This goal will be addressed by providing to CEMOPLAF management the results of an operations research project that Development Associates has assisted CEMOPLAF in performing that is designed to determine the most cost-effective mechanism of training new CBD workers.

2. Service Delivery

- Expand and improve the delivery of CBD services in rural areas of Ecuador.
- Expand and improve the delivery of family planning services and IEC activities by nurse-midwives in rural and marginal urban areas of Ecuador.

These goals will be realized through support of training activities to be undertaken by CEMOPLAF and COF for CBD workers and nurse-midwives, respectively.

Summary of Progress During PY IV

Development Associates' annual plan for PY IV outlined objectives for three subprojects involving CEMOPLAF, COF, and APROFE. The objectives for each of these subprojects and the progress achieved during PY IV are as follows:

1. CEMOPLAF

- Expand the CBD program's services offered in rural and marginal urban areas in the Sierra provinces of Ecuador.
- Improve the quality of services provided by the distributors.
- Improve the efficiency of training of new distributors.
- Improve the financial and program management of the CBD program.

The first two objectives were met during PY IV through the training given to CBD workers under contracts EC-11 and EC-12. Under these two contracts three courses took place that trained 120 distributors from six different provinces. With these additional new distributors CEMOPLAF was able to increase its total number of distributors by the end of the program year to over 300.

The third objective is in the process of being achieved as CEMOPLAF is currently in the final data collection phase of an operations research project supported under contract EC-12. This project is determining the cost-effectiveness of alternative means of training CBD workers. When the data collection is completed in PY V, it will serve as a management tool for CEMOPLAF to use in achieving greater efficiency in its training.

The third objective was also realized during PY IV through the training given to the administrative and technical directors at CEMOPLAF. The administrative director attended a regional workshop at PROFAMILIA (Colombia) on Self-Sufficiency in Family Planning Programs and the technical director attended a regional workshop, also at PROFAMILIA, on Operations Research in Family Planning Programs.

## 2. COF

The PY IV objectives for COF were:

- strengthen the capability of COF to provide CBD services in Pichincha province in areas where CEMOPLAF is not operating;
- improve the managerial capability of the COF staff to coordinate a CBD program; and
- improve the ability of COF's network of affiliated nurse/midwives to serve as supervisors for CBD workers.

These three objectives were revised following a mid-year meeting between Development Associates and USAID in which it was decided that project funds should not be used to support CBD services on the part of COF, but rather COF

should be supported in the training of nurse-midwives--an activity that it is better prepared to undertake and that would avoid duplication of efforts with CEMOPLAF's CBD program. Consequently the three objectives listed above were not accomplished. However, COF was given support during PY IV through contract EC-13 to provide training to 55 nurse-midwives in the area of community education and promotion of family planning.

3. CEMOPLAF, COF, APROFE

Development Associates' annual plan for PY IV listed one subproject targeting CEMOPLAF, COF, and APROFE whose objectives were the following:

- Achieve better communication and coordination among the three CBD programs.
- Establish common objectives among the three CBD programs.
- Facilitate the sharing of evaluation results and training materials used by the three institutions.
- Identify cost-effective means of training CBD workers given the experiences of the three institutions.

These objectives were largely met through a three-day meeting sponsored by USAID and coordinated by Development Associates. The National Meeting on CBD Training and Supervision was held in Quito and attended by the senior staff of CEMOPLAF, COF, and APROFE, as well as representatives of IPPF and CEPAR. The meeting centered on identifying the experiences of each of the organizations present and developing appropriate strategies for improving the cost-effectiveness and quality of training and supervision provided for CBD personnel.

Activities Proposed for PY V

We propose to continue to strengthen the institutional and training capabilities of CEMOPLAF and COF during PY V. Subprojects with CEMOPLAF and COF have already been negotiated and are described in the following sections.

<u>FY 89 Budget</u>	<u>Obligated as of 12/30/88</u>	<u>Remaining</u>
\$17,500	\$17,252*	\$248

- \* EC-14 CEMOPLAF
- EC-15 CEMOPLAF
- EC-16 COF

**SUBPROJECT I -- CEMOPLAF**

**A. Goals and Objectives**

The goal of the CEMOPLAF subproject is to expand, improve and make more efficient the CBD program. Particular attention will be paid during PY V to the need for refresher training to be given to CEMOPLAF distributors, as well as continued training for new distributors. The need for training materials will also receive attention. The objectives for PY V are the following:

- Expand the CBD program's services offered in rural and marginal urban areas.
- Improve the quality of the services provided by the distributors.
- Determine the most cost-effective method of training new distributors.
- Diversify and improve the training materials available in the CBD program.
- Improve the supervisory system used in the CBD program.

**B. Training Activities**

- Provide two refresher training courses of one-day each for a total of 75 distributors in the CBD program (EC-14 and EC-15).
- Provide three courses of four days each for 25 distributors each (EC-15).

**C. Technical Assistance Needed**

Technical assistance will be needed to finish the operations research project being conducting under contract EC-12. A followup report will lay out the final analysis of data from the OR project and review the results of the study and their implications for future CBD training.

D. Materials Needed

CEMOPLAF will receive support for the development and printing of training materials under contract EC-15. This contract provides for the development of pamphlets and flipcharts, and for the printing of additional manuals, all of which will be used in the training of distributors both in courses and on-the-job.

E. Evaluation Plan

Development Associates will review progress achieved toward the objectives established under this subproject through evaluation reports required of CEMOPLAF. In addition, Development Associates will be receiving the final evaluation report from CEMOPLAF during this program year that will present the results of the operations research study and the lessons learned from the study.

SUBPROJECT II -- COF

A. Goals and Objectives

The goal of the COF subproject is to increase the number of nurse-midwives trained in family planning in rural and marginal urban areas of Ecuador. The specific objectives for PY V are the following:

- Improve the delivery of family planning services given by nurse-midwives in rural and marginal urban areas of Ecuador.
- Initiate community education and promotion activities by nurse-midwives and community promoters and leaders.

B. Training Activities

- Provide a six-day course on community promotion and family planning for 25 nurse-midwives from seven provinces (EC-16).

C. Evaluation Plan

In addition to the routine course evaluation, COF will conduct a followup evaluation of the 25 nurse-midwives it trains three months after the course. This followup evaluation will obtain information on: a) the number of family planning users attended by the nurse-midwives before and after training, b) the number of promoters and community leaders recruited and trained by the nurse-midwives, and c) the number of home visits and promotional activities carried out by the nurse-midwives. The information will allow Development Associates to gauge the impact of this type of training and the level of priority it should receive in future PAC training plans.

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GUATEMALA

POPULATION: 8,700,000<sup>1/</sup>

CRUDE BIRTH RATE: 41<sup>1/</sup>

TOTAL FERTILITY RATE: 5.8<sup>1/</sup>

RATE OF NATURAL INCREASE: 3.2<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 23<sup>2/</sup>

Country Situation

In 1988, substantial progress was made in Guatemalan family planning programs. Despite some small setbacks in the Ministry of Health project which reduced training activities, all institutions expanded programs and services and showed greater interest in establishing effective programs in indigenous areas of the country.

Both APROFAM and AGES moved into more integrated health activities and the Ministry of Health made good progress in serving larger numbers of users. In addition, AGES initiated an AIDS prevention and counseling project, the first of its kind in Guatemala.

Country Goals and Strategy

Development Associates' long-term training goals for Guatemala remain unchanged. These are given below in each of the four areas of emphasis of the PAC II project.

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<sup>1/</sup> 1988 World Population Data Sheet. Population Reference Bureau.

<sup>2/</sup> 1987 DHS Survey.

## 1. Management and Supervision

- Formalize the training function within APROFAM as a model system.
- Establish a followup and evaluation system for APROFAM's regional training.
- Expand APROFAM's regional training capability through the development of new courses and technical assistance services.

The strategy for achieving the first and third goals involves continuation of technical assistance aimed at the phased development of APROFAM's training capabilities. The strategy for the second goal is to create networking opportunities for trainers throughout the LAC region both via a trainers newsletter published three times a year by APROFAM and by scheduling periodic Master Trainer meetings to discuss key issues in training.

## 2. Training of Trainers

- Develop the in-house capability of the Ministry of Health to provide high quality family planning training to service delivery personnel at all levels.
- Establish a national continuing education system for family planning trainers.

Development Associates strategy for the public sector is to provide technical and materials development assistance to prepare MOH trainers to conduct adequate family planning training. The second goal of continuing education for trainers aims at establishing a mechanism to continue technical and materials support for active trainers.

## 3. Service Delivery Skills

- Greatly expand the number of PVOs operating in indigenous areas of the country which have staff trained in family planning and a source of commodities for service delivery.
- Develop, test and evaluate alternative training and programmatic strategies for expanding the delivery of services to indigenous populations.

The development of effective means for reaching Guatemala's large indigenous population with family planning information and services requires experimentation with a variety of programmatic initiatives. Development Associates' role is to work with APROFAM, AGES and the MOH on developing and testing different strategies.

#### 4. Curriculum Development/Instructional Skills

- Upgrade the family planning component of the curricula in pre-service training institutions for paramedical personnel and prepare faculty to teach this subject.

The strategy for pre-service institutions involves provision of technical and material resources over an extended period to: a) create faculty interest in this subject; b) motivate faculty to make curriculum changes; c) assist with curriculum development; and d) train faculty in required instructional skills. Work with the schools involves collaboration with the Ministry of Health.

#### Summary of Progress During PY IV

In the PY IV annual plan, Development Associates established short-term objectives for subprojects with APROFAM and the Ministry of Health. As described below, objectives for APROFAM were met, and for the Ministry only partially. However, assistance was also provided during the year to the Asociacion Guatemalteca de Educacion Sexual (AGES) per request from that institution. This assistance is also summarized.

#### APROFAM

Two of the three subproject objectives set for APROFAM for PYIV concerned regional training and are discussed in that section. At the national level, progress was made toward expanding services to indigenous populations.

The strategy developed through APROFAM's training department of offering training and technical assistance to other PVO's interested in incorporating family planning into their service activities has been formalized as part of the three year

extension of the USAID grant. In addition, the approach has proved so successful that it was written up by LAC/DR/HN for distribution at the recent meeting for AID's LAC region Health and Population Officers. Nine local institutions have now been reached through this strategy including the internationally known Behrhorst Clinic, serving a highland population of 80,000 and ACOGUA a regional association of coffee producers serving 60,000 coffee workers.

Additional initiatives are needed to strengthen APROFAM's own program in indigenous areas, especially in the development of appropriate community outreach strategies and in the training of bilingual trainers and program supervisors. The linguistic and cultural diversity of Guatemala's Mayan population make the challenge especially difficult and will require a long-term effort.

#### Ministry of Health

Progress was made on one of the three objectives established for the Ministry of Health for PY IV. Three staff from the Family Planning Unit of the Ministry attended Development Associates regional workshop on the evaluation of training. A course on this same subject for all members of the staff of the Unit is planned for PY V.

A second objective for PY IV concerned the development of pre-service curricula. This objective was not pursued as the Ministry decided to concentrate on other priorities, primarily expanding service delivery. No further initiatives with the schools of nursing and auxiliary nursing are planned for PY V.

The third ministry objective for PY IV was related to improving the skills of MOH trainers in family planning education and outreach. Again, the Ministry decided to postpone work in this area in order to focus on expanding the number of MOH personnel able to deliver services, particularly clinical services. An internal suspension of the MOH family planning training program for six months in PY IV also affected MOH plans as there was a backlog of training to be carried out once the suspension was lifted.

AGES

Technical assistance was provided to AGES during PY IV on development of an AIDS outreach, education, testing and counseling service, the first of its kind in Guatemala. Followup assistance is planned for PY V.

Activities Proposed for PY V

The PY IV annual plan described activities planned for the final two years of PAC II. The proposed subproject with APROFAM for a regional training newsletter was implemented in PY IV and will continue in PY V. No new subcontracts are planned for Guatemala during the remainder of PAC II. Other PY V activities are briefly summarized below.

<u>FY 88 and 89 Budget</u>	<u>Obligated as of 3/15/89</u>	<u>Remaining</u>
\$13,850	7870*	5,980

\* Support for three MOH trainees in the Development Associates/APROFAM regional workshop on the evaluation of training (\$645) and GU-02 with APROFAM for a regional training newsletter (\$7225).

PY V Activities with APROFAM

Although new subprojects will not be negotiated during this final year, activities involving APROFAM staff include:

- Participation in the subregional meeting in Cochabamba, Bolivia on the delivery of services to indigenous populations;
- Participation in the symposium on training at the second regional Latin American Conference on Family Planning to be held in Rio de Janeiro in August;
- Completion of an operations research project on the application of a competency-based supervision system and alternative training strategies.

A final PAC II Master Trainers meeting tentatively scheduled for the Spring of 1989 will not be carried out. The APROFAM operations research project which was to be the focus of the meeting will not be completed until late Spring leaving too little time remaining under PAC II to organize and implement a regional training event.

PY V Activities with the Ministry of Health

Activities carried out with the MOH are funded through the bi-lateral grant so no subprojects are required. Development Associates will provide technical assistance to the Ministry in PY V for:

- A course on the evaluation of training for the professional staff of the Family Planning Unit, and
- A course on program evaluation for the same Unit.

PY V Activities with AGES

- Participation in the subregional meeting in Bolivia on services to indigenous populations,
- Periodic technical assistance related to development of the AIDS counseling service.

HAITI

POPULATION: 6.3 million<sup>1/</sup>

CRUDE BIRTH RATE: 41<sup>1/</sup>

TOTAL FERTILITY RATE: 5.7<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.8<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 7<sup>2/</sup>

Country Situation

Although the political situation in Haiti has calmed considerably, disorganization and uncertainties regarding family planning program priorities and activities continue to be a problem in the public sector. In addition, many personnel changes have diluted previous curriculum development efforts and most of the nurses who received previous family planning training through Development Associates' curriculum development programs have been reassigned to other areas.

Country Goals and Strategies

Development Associates continues to maintain contact with the Ministry of Health's family planning program. However, no training projects have been proposed and it is unlikely that new projects will develop in the short-run.

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

<sup>2/</sup> Based on most recent C.P.S., Westinghouse Health Systems.

## HONDURAS

POPULATION: 4.8 million<sup>1/</sup>

CRUDE BIRTH RATE: 39<sup>1/</sup>

TOTAL FERTILITY RATE: 5.5<sup>1/</sup>

RATE OF NATURAL INCREASE: 3.1<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 27<sup>2/</sup>

### Country Situation

Honduras is one of the fastest growing countries in Latin America. Its population of 4.8 million will reach nearly 10 million by the year 2010 if the current growth rate is not reduced.

The government of Honduras is aware of the significance of this growth rate and has formally declared itself in favor of family planning. Services are offered primarily by the Ministry of Health and the Social Security Institute of Honduras, and by ASHONPLAFA, the IPPF affiliate. A large part of the national family planning budget comes from USAID through its bilateral agreement with the GOH. These funds are being applied to all areas of family planning including services, commodities, IEC, and training.

### Country Goals and Strategies

In light of AID's substantial bilateral funding and PAC II's restricted financial situation, our country goals for Honduras will be modest for the remainder of the

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

<sup>2/</sup> United Nations, 1987.

project. We have worked for many years with various departments within ASHONPLAFA, providing both direct training and scholarships. We consider this agency to be reasonably self-sufficient in training. Our strategy for the rest of PAC II will therefore be to selectively grant scholarships to individuals who require further training in specific areas as needs are identified in the next six months.

Summary of Progress During PY IV

Several Honduran family planning professionals attended Development Associates' regional courses. A professor from the Universidad Autonoma de Honduras attended the Training Evaluation course in Guatemala. One professional from Social Security and one from the Ministry of Health attended a logistics course at Profamilia/Colombia. All of these participants were sponsored by the AID mission.

Activities Proposed for PY IV and V

<u>PY 88-89 Budget</u>	<u>Obligated as of Jan. 1, 1989</u>	<u>Remaining</u>
\$4,640	-0-	\$4,640

The PAC II country budget for Honduras will be reserved for scholarships for Honduran family planning workers who need additional training in specific skills in third-country courses.

1023y/3.89

## JAMAICA

POPULATION: 2.5 million<sup>1/</sup>

CRUDE BIRTH RATE: 23<sup>1/</sup>

TOTAL FERTILITY RATE: 3.1<sup>1/</sup>

RATE OF NATURAL INCREASE: 1.7%<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 51%<sup>2/</sup>

### Country Situation

The government of Jamaica continues to be very supportive of family planning through its ministries, which offer direct services, and through mass media campaigns. This collaborative effort has helped to steadily reduce the rate of natural increase. USAID/Jamaica is providing substantial support for family planning through the National Family Planning Board. Several agencies receive support from these bilateral funds including Operation Friendship, with whom Development Associates works. The major organizations working in family planning in Jamaica are: The National Family Planning Board, the Ministries of Health, Education, and Youth and Community Development, Operation Friendship, YWCA, the Jamaica Family Planning Association, and the Victoria Jubilee Hospital.

In the last year Jamaica suffered the effects of a devastating hurricane. Many family planning agencies sustained substantial losses when parts of their buildings were destroyed. These agencies are now slowly recuperating from the damage.

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

<sup>2/</sup> United Nations, 1987.

### Country Goals and Strategies

Our major project goal for Jamaica is to develop technical self-sufficiency in training on the island and to put in place an organization that will provide training assistance to trainers. Our strategy for achieving this goal has been to train intensively a group of trainers and then to support them in their effort to form a training association. Last year these trainers launched the Association for Family Life Education Trainers (AFLET). These family planning trainers come from all the major family planning agencies on the island and have used Operation Friendship as their headquarters. Development Associates helped form this new association with technical assistance and funding.

### Management and Supervision

In support of the current PAC II strategy for Jamaica, Development Associates will offer TA regarding the managerial issues associated with the founding of an organization whose purpose is to provide logistical support and information to family planning trainers. We will provide help in organizational development to the Association for Family Life Education Trainers.

### Summary of Progress During PY IV

With PAC II funding, Operation Friendship held its first annual meeting of the Association of Family Life Education Trainers. The major theme for the day was how family planning can contribute to the development of the individual and of the country. One hundred professionals attended this day-long meeting in Kingston.

Also during PY IV, a PAC II Family Life Education Specialist led a special workshop for Operation Friendship staff members who would be involved in their expansion project. This workshop focused on counseling techniques and interpersonal communications, especially within family units. This course served as preparation for Operation Friendship staff to lead workshops for parents and children.

Activities Proposed for PY V

<u>FY 88-89 Budget</u>	<u>Obligated as of Jan. 31, 1989</u>	<u>Remaining</u>
\$10,000	\$0	\$10,000

SUBPROJECT I -- OPERATION FRIENDSHIP

A. Goals and Objectives

Our major goal of PY V will be to help strengthen AFLET. We will do so by supporting their annual meeting in June, 1989 and providing subsequent technical assistance as needed.

B. Materials Support Needed

During the hurricane last year, Operation Friendship lost more than half of its family planning library. In this final project year Development Associates will help rebuild that collection. It will send training manuals and reference books that will subsequently be made available to AFLET members from all over the island.

MEXICO

POPULATION: 84 million<sup>1/</sup>

CRUDE BIRTH RATE: 30<sup>1/</sup>

TOTAL FERTILITY RATE: 4.0<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.4%<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 48%<sup>1/</sup>

Country Situation and AID/Strategy

The new government of President Carlos Salinas Gortari, who is just beginning his six year term, continues his predecessors' strong support for a national policy of fertility reduction backed up by comprehensive family planning services. The Ministry of Health (SSA) has broad authority to oversee all major public health care agencies. Within the Ministry, the Directorate General for Family Planning is charged not only with overseeing the family planning services of the health sector agencies, but also promoting family planning service delivery and outreach efforts in other ministries such as Agrarian Reform, Agriculture and Water Resources, and Education. Additionally, the Directorate monitors efforts of the private sector in order to facilitate the integration of their activities into the national family planning program.

Contraceptive services are generally widely available through the delivery systems of the three principal health care agencies: SSA (MOH), IMSS (Social Security), and ISSSTE (Social Security for Public Employees). Special emphasis has been given in recent years to increasing services in rural areas and to those states whose

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<sup>1/</sup> 1988 World Population Data Sheet, Population Reference Bureau.

relatively low percentage of service coverage makes them priority targets. To complement the government's efforts, a number of new private family planning associations have been started in key cities where government clinics have not been able to adequately serve the "marginal" areas whose rapid growth has come from both rural migration and high fertility. Many of these agencies belong to the Mexican Federation of Private Family Planning Associations (FEMAP), now in its ninth year with more than 25 affiliates. Private sector efforts have been further enhanced during the past four years through the expansion and revitalization of MEXFAM (formerly FEPAC), which is the IPPF affiliate.

Mexico's massive attention to its population problems and its recognition of the need for widely available family planning services have resulted in steady and encouraging progress toward the country's demographic objectives. Steady progress has been made in reducing the growth rate. The most recent estimates (1988) of the Population Reference Bureau is 2.4%, although the GOM believes the actual rate to be closer to 2.1%. If the national program maintains its present momentum, Mexico should be able to further lower the rate to 1.0% by the year 2000. However, even by achieving that goal the population will still exceed 100 million at the turn of the century.

There is no AID bilateral assistance in Mexico but AID has provided substantial population assistance through intermediary agencies during the past nine years. Support covers both public and private service providers and includes contraceptives, surgical equipment, I & E, training, technical assistance, operations research and program subsidies.

AID's population strategy is to help Mexico expand family planning services to the largest number of users, at the fastest rate, at the lowest cost per user, leaving an institutional base to continue such services.

To achieve this, AID has set forth four guiding principles for cooperating agencies to observe in developing their individual plans and strategies during the next two years. According to the Action Plan, these are:

"Private Sector Resources: Mexico's great need for family planning services is not likely to be met by the Mexican public sector alone. To attempt to do so would necessitate greatly increased public expenditures. At the same time the present level of resources donated and channeled through the private sector are not yet sufficient to satisfy unmet needs for family planning services. AID will encourage and support local, private efforts to leverage far greater resources from Mexican and international private sources. Our long-range objective is to increase self reliance in fund-raising and hence the self-financing of private family planning programs to reduce dependence on government budgetary support.

Plurality of Delivery Systems: There will not be any single standard of family planning service delivery, nor any single institution that will serve as the model for family planning services.

Mexico is too large geographically and there are too many discrete segments of the population that require various types of family planning services to justify a single institutional delivery system outside the public sector. It is therefore necessary for AID assistance to work through several institutions and delivery systems to expand family planning service to those not now receiving them.

Competition: At this stage in the evolution of private Mexican family planning delivery systems, it is important to encourage competition among them to enhance their efficiency, and to observe which emerge as more effective.

Innovation: Innovation is not sought as an end in itself. Innovation refers to finding new service delivery mechanisms that expand family planning services at the lowest cost and at the fastest rate. Innovation therefore is an explicit part of the strategy for finding new, more effective and more efficient means of developing family planning service delivery.

Institutional Development: AID will support further development and strengthening of the leading national and regional private sector institutions (e.g. FEMAP, MEXFAM) which serve as facilitators for their affiliated local organizations. At the same time, we will continue to assist individual family planning programs. Our objective is to develop the organizational capacity of each of these entities to help them become self-sufficient."

## Development Associates' Country Goals and Strategy

Development Associates' country goals for 1989 represent a continuation of 1988 efforts to assist FEMAP and the Social Security Institute. 1989 activities are, however, severely limited since the PAC II project ends in September and the country budget for Mexico is only half that of 1988. The specific goals related to proposed support for these institutions are stated under each of the four areas of emphasis under the PAC II project.

### 1. Management and Supervision

- Improve the training evaluation skills of the FEMAP Training Director.

### 2. Training-of-Trainers

- Train Trainers of CBD workers for FEMAP programs.
- Provide CBD TOT materials for FEMAP.

### 3. Service Delivery Skills

- Train CBD workers for new FEMAP affiliates to expand service delivery.

### 4. Curriculum Development/Instructional Skills

- Develop marketing plan and course design for national and regional FEMAP mid-level management.
- evaluate the IMSS family planning training model and expand its use throughout the Social Security System.

## Summary of Progress During PY IV

Development Associates established the following goals for PAC II Mexico training activities in CY 88:

### 1. Management and Supervision

- Develop training materials for a FEMAP standardized course in mid-level family planning program management.
- Improve management skills of FEMAP program managers.

2. Training-of-Trainers

- Train Trainers of CBD workers for FEMAP programs.
- Provide CBD TOT materials for FEMAP.

3. Service Delivery Skills

- Train CBD workers for new FEMAP affiliates to expand service delivery.

4. Curriculum Development/Instructional Skills

- Develop curricula for national and regional FEMAP mid-level management courses.

Management and Supervision: The first two goals were fully met during CY 88. A high demand for training in management skills was created because of an unexpectedly high turnover in affiliate administrators, plus continued expansion of the FEMAP network to new cities. In addition, training staff from FEMAP were frequently providing followup technical assistance to affiliates when they were not actually putting on courses. FEMAP's plans to offer a regional course in management was postponed because of the need to concentrate on training for affiliate members. FEMAP also participated in Development Associates' regional training evaluation workshop held in Guatemala in April, 1988.

Training-of-Trainers: The goals of providing TOT training and materials to trainers of FEMAP was entirely met. FEMAP conducted TOT training for CBD trainers of its affiliate programs and trained trainers for its new affiliates as well.

Service Delivery Skills: This goal was met in that FEMAP successfully used Development Associates trained trainers to add new CBD promoters and re-train those in existing programs.

Curriculum Development/Instructional Skills: FEMAP was not able to begin work on developing the regional management training course because of the continuing priority on expanding service delivery in Mexico.

Activities Proposed for PY V

Subproject activities proposed with FEMAP are described in the following section.

<u>FY 88-89 Budget</u>	<u>Obligated as of 3/19/88</u>	<u>Remaining</u>
\$ 58,000	\$--	\$ 58,000

SUBPROJECT I -- FEMAP

A. Goals and Objectives

The following goals for the FEMAP subproject correspond to the proposed internal and national training activities of this center.

- Improve skills of FEMAP training staff in meeting the training needs of affiliates in the areas of training, supervision, program management and evaluation.
- Provide initial training for new affiliate staff in program administration and management, TOT and supervision for CBD workers, and CBD evaluation.
- Conduct national workshops and meetings for personnel from CBD programs and for the directors of FEMAP's 25 affiliates.
- Provide technical assistance, through key FEMAP headquarters and established affiliate staff, to affiliates in the areas of training design and evaluation, program management, and materials development.

B. Technical Assistance Needed

Technical assistance from Development Associates will be needed in the areas of management training curriculum design and development of management training materials. Additionally, TA will be required in the evaluation of training quality and impact and in the development of a marketing plan for regional management training.

C. Materials and Equipment Needed

Development Associates will provide, to the extent that they are available, sample management training materials appropriate to mid-level family planning managers and administrators that have been used in other countries. We will also solicit any appropriate materials that have been produced by MSH and other AID cooperating agencies.

D. Evaluation Plan

Toward the end of FY 89 Development Associates will conduct a joint review with FEMAP of progress made toward current year goals.

PERU

POPULATION: 21.3 million<sup>1/</sup>

CRUDE BIRTH RATE: 34<sup>1/</sup>

TOTAL FERTILITY RATE: 4.5<sup>1/</sup>

RATE OF NATURAL INCREASE: 2.5%<sup>1/</sup>

CONTRACEPTIVE PREVALENCE: 46%<sup>2/</sup>

Country Situation

The administration of President Alan Garcia, now in its fourth year, faces a worsening political and economic crisis characterized by 1,500% inflation, increased terrorist activity and frequent paralyzing strikes. The President's numerous calls for a major expansion of family planning services have not resulted in an active response from the Ministry of Health. No significant achievement can be reported from the Direccion General de Planificacion Familiar after two years of operation. It is expected that program implementation will begin in 1989 with financial support from UNFPA and AID.

The Instituto Peruano de Seguridad Social (IPSS) is making progress in the implementation of its family planning program with a 50% increase in the number of active users. The private voluntary organizations are also expanding their service

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<sup>1/</sup> 1988 World Population Data Sheet. Population Reference Bureau

<sup>2/</sup> Encuesta Nacional de Salud (ENDES) 1986

coverage with the assistance of the USAID-Peru funded Private Sector Support Project (SPF). The CSM Program is experiencing considerable progress: the market survey was completed, the publicity campaign is on the air, and sales are beginning to increase.

### Country Goals and Strategies

The goal of PAC II in Peru is to complement USAID and other donor activities aimed at assisting Peruvian agencies in expanding the availability of modern family planning services. To achieve this goal, PAC II will continue to support the training efforts of public and private family planning agencies and will work in close coordination and cooperation with USAID/Peru and other cooperating agencies.

Specifically, Development Associates will continue to collaborate with SPF in CBD and logistics training as well as in program evaluation. Development Associates is also discussing with USAID/Peru ways of assisting the family planning program of the Ministry of Health. INPPARES, the largest and fastest growing PVO will be given financial assistance to provide initial and refresher training to CBD promoters and supervisors.

The goals and strategies for the technical areas under PAC II are as follows:

#### 1. Management and Supervision

The goal of enhancing the managerial and supervisory capabilities of Peruvian family planners continues to be a priority for PAC II. Efforts will continue in training program managers from public and private institutions. CBD supervisors will be trained by INPPARES and other PVO's. In cooperation with SPF, TA will be provided to improve the management systems of the PVOs.

#### 2. Training of Trainers (TOT)

The development of local training expertise also continues to be a priority for PAC II. To this end, Development Associates will provide scholarships or

otherwise facilitate the participation of Peruvians in TOT regional courses and provide TA and materials to Peruvian institutions to enhance their training capabilities.

### 3. Service delivery

The goal to expand the availability of trained service delivery personnel will be pursued through a variety of training activities. Cooperation with SPF will continue for the design and implementation of a training strategy for CBD and clinic workers from all the PVO's. A Development Associates local consultant will assist in the training of CBD supervisors and promoters for the jungle region.

### 4. Curriculum Development

No major effort is expected in this area, except to collaborate with SPF in assisting the Cayetano Heredia University training program.

### Summary of Progress during PY IV

During PY IV, three subprojects were successfully completed and a fourth was negotiated and implementation begun. Under PE-08, INPPARES trained 630 promoters and 50 supervisors in 22 courses. Under PE-10, PROFAMILIA trained 26 CBD supervisors and APROSAMI trained 340 promoters in 20 courses under PE-09. INPPARES began implementation of PE-11 with five courses for 150 promoters and one course for 23 supervisors.

A two-week workshop was jointly designed and taught by PAC II and JHU/PCS staff. Fifteen Peruvian communication professionals were trained in the planning and implementation of a family planning communications strategy. The trainees also participated in hands-on production of various materials including video, audio and print media. The main product of the workshop was the formulation of a training program for teaching interpersonal communication skills to MOH health workers to enable them to more effectively conduct family planning outreach work.

PAC II staff cooperated with The Population Council on the development of an operations research project on the quality of CBD services through INPPARES. Development Associates provided TA to this project for the design of the experimental training courses for supervisors and promoters.

A Development Associates' consultant in Peru continued to provide TA to the new family planning program established within the AID-funded PEAH program. This service delivery program is making steady progress with a nurse-midwife running the clinic and supervising about 12 CBD workers in the marginal urban areas of Tingo Maria. The PAC II consultant has set up a supervisory system for the project and organized and implemented a training course for promoters.

Activities Proposed for PY V

Due to a shortage of funds, Development Associates will be extremely selective in allocating grants during the remainder of PAC II. INPPARES will receive funding to expand its CBD program through supervisor and promoter training and limited funding will be provided to other agencies. If requested, TA will be provided to the MOH in preparing and implementing a health worker training plan. Through a local consultant, further TA will be provided to the Alto Huallaga project to consolidate its family planning program. Finally, Development Associates will collaborate with the SPF project in the development and implementation of a CBD training strategy, logistics training and training in counseling skills.

<u>FY 88/89 Budget</u>	<u>Obligated as of 3/1/89</u>	<u>Remaining</u>
\$23,130	\$16,520*	\$6,610

\* PE-11 \$10,270  
PE-12 \$ 6,250

SUBPROJECT I - INPPARES

A. Goals and Objectives

The goal of the subproject is to expand the availability of trained community based service delivery staff to enable INPPARES to consolidate its program in Lima and expand to several provinces. The specific objective for PY V is to train 650 CBD promoters and supervisors in 25 courses. The courses are to follow the new methodology developed in the O.R. project implemented with the cooperation of the Population Council.

B. Training Activities

15 four-day courses for 390 CBD promoters from Lima  
7 four-day courses for 200 CBD promoters from the provinces.  
3 four-day courses for 60 CBD supervisors

C. Technical Assistance Needed

TA will be provided by the PAC II Country Officer during visits to Peru or through correspondence and telephone.

D. Materials needed

INPPARES will continue to receive relevant materials on CBD training, training methodology and evaluation. Development Associates manuals on AIDS, Training Evaluation and CBD quality control will be provided.

E. Evaluation Plan

In addition to routine reporting, INPPARES is expected to provide a Followup Evaluation Report assessing the impact of the training on service delivery.