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# Regional workshop to use the findings from operations research to increase the access, quality and integration of contraceptive services in Latin America and the Caribbean

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**Regional Workshop to Use the Findings  
from Operations Research to Increase  
the Access, Quality and Integration  
of Contraceptive Services in  
Latin America and the Caribbean**

**Frontiers in Reproductive Health (FRONTIERS), Population Council**

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## EXECUTIVE SUMMARY

In October 2007, the Frontiers in Reproductive Health Program (FRONTIERS) held a three-day regional workshop in La Antigua, Guatemala, to disseminate results of its operations research projects. The workshop was attended by 60 participants from 11 countries: Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru and the United States. Participants included health providers, program managers, non-governmental organization (NGO) directors, bilateral-agreements country representatives, and directors of professional organizations, the list of participants was composed of delegates from Ministries of Health (MOH), Social Security Institutes (SSI), USAID missions, international agencies, and non-governmental organizations (NGOs).

During the workshop, participants received contraceptive technology updates, and learned about effective strategies tested by FRONTIERS to increase access to the IUD and vasectomy, integration of family planning with postpartum, postabortion and PMTCT. Featured were the Balanced Counseling Strategy (BCS), and Systematic Screening. Researchers discussed study results; program managers explained how they were used, and practitioners talked about implementing the interventions. This combination of perspectives successfully transmitted the message that the interventions were not difficult to apply, could have a great impact, and, as one participant wrote on the evaluation form, that “small changes could lead to great results”.

Workshop participants also received materials developed by FRONTIERS and other institutions to help integration efforts. The materials distributed included:

- a) Three CDs. The first was prepared specially for the meeting, containing all the Spanish-language versions of FRONTIERS final reports, operations research summaries, manuals, and job-aids, as well as WHO’s medical eligibility criteria for contraceptive use (MEC). The CD also included a compilation of scientific articles and job-aids on postpartum contraception; and the IUD toolkit. The second CD was “Improving Reproductive Health Services. FRONTIERS Operations Research. 1998-2005,” and the third, the “Frontiers in Reproductive Health Electronic Library 1990-1999.”
- b) The Spanish translation of Family Health International’s (FHI) “Frequently Asked Questions on Contraception.”
- c) The Spanish version of the systematic screening manual and examples of the algorithm used in Latin American countries.
- d) The Spanish version of the Balanced Counseling Strategy including cards, brochures and algorithm.

Participants prepared plans to put lessons learned at the workshop into practice. Seven countries prepared action plans (Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras and Nicaragua). Others proposed organizing an informal electronic forum to continue discussing the topics covered at the workshop. Four countries said they would attempt to adapt the BCS or the systematic screening technique to their local context, and three proposed to

strengthen the integration of family planning and prevention of mother to child transmission of HIV services.

The final workshop evaluations, returned by 23 participants, showed that they found the workshop very useful for their work. When asked what they liked the most, 57% mentioned the balanced counseling strategy and 52% mentioned the exchange of experiences. After the workshop ended, Population Council created an URL that displays the workshop presentations and all the materials distributed.

## **TABLE OF CONTENTS**

EXECUTIVE SUMMARY .....	i
INTRODUCTION .....	1
OBJECTIVES .....	1
AGENDA AND WORKSHOP ACTIVITIES.....	1
PARTICIPANTS .....	2
MESSAGES EMPHASIZED DURING THE WORKSHOP.....	2
PARTICIPANTS' FEEDBACK.....	3
Lessons learned.....	4
PERCEIVED OBSTACLES TO THE IMPLEMENTATION OF THE STRATEGIES AND INTERVENTIONS DISCUSSED.....	5
PLANS TO IMPLEMENT LESSONS LEARNED AT THE WORKSHOP.....	6
APPENDIX 1: FRONTIERS PROJECTS REFERRED TO DURING THE WORKSHOP, BY COUNTRY OF IMPLEMENTATION .....	8
APPENDIX 2: WORKSHOP AGENDA.....	9
APPENDIX 3. LIST OF PARTICIPANTS .....	13
APPENDIX 4: FEEDBACK QUESTIONNAIRES AND WORKING GROUP GUIDELINES .....	17

## **LIST OF TABLES**

TABLE 1: TOP-THREE TOPICS PERCEIVED AS THE MOST USEFUL, BY WORKSHOP DAY .....	4
TABLE 2: MOST IMPORTANT LESSONS FROM COUNTRY GROUP WORK SESSIONS.....	6

## **INTRODUCTION**

In Latin America, the Population Council's Frontiers in Reproductive Health (FRONTIERS) program, funded by USAID, continued to support a program of operations research initiated by the Investigación Operativa en Planificación Familiar y Atención Materno-Infantil para América Latina y el Caribe (INOPAL) I, II and III programs, all of which had been funded by USAID and implemented by the Population Council between 1984 and 1998. The strategies and results presented during the workshop drew primarily from FRONTIERS and INOPAL projects in the region, but relevant results from Sub-Saharan Africa and Asia and the Middle East were also presented. Altogether, the presentations summarized 23 FRONTIERS projects (see Appendix 1) and the subsequent experience of program managers, and health providers in scaling-up and making the interventions sustainable.

The workshop emphasized integration of family planning with other health services and the need for systematic screening as an entry point for identifying and meeting various FP/RH needs. Presentations were also made about strategies to integrate family planning and postpartum, postabortion, and PMTCT services. Strategies for the introduction of vasectomy, the Balanced Counseling Strategy, and increasing IUD use were also discussed.

## **OBJECTIVES**

- To contribute to the strengthening of family planning programs in the region through the communication of lessons learned and materials developed.
- To raise awareness of FRONTIERS-supported projects in the design, testing and implementation of innovative strategies.
- To give an overview of contraceptive methods available in the region, review WHO eligibility criteria, and the status of family planning programs.

## **AGENDA AND WORKSHOP ACTIVITIES**

On the first day, participants heard about the current situation of family planning programs in Latin America and the Caribbean, strategies to increase access to the IUD in Guatemala and Honduras, and the introduction of no-scalpel vasectomy, in public hospitals in Guatemala.

The second day covered minilaparotomy, emergency contraception, natural family planning and strategies for integrating family planning and postpartum, postabortion and PMTCT services.

During the third day, participants listened to presentations on Systematic Screening and the Balanced Counseling Strategy, followed by break-out groups in which they learned how to apply the techniques. Before the workshop's closing ceremony, groups of participants from the same country identified the themes and lessons that were most useful for them, and each suggested three concrete actions they would take to implement lessons learned into practice. The workshop agenda is included as Appendix 2.

## **PARTICIPANTS**

A total of 60 individuals from reproductive health organizations in Latin America and the Caribbean participated in the workshop. USAID missions and Ministries of Health in Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Peru helped identify participants from relevant institutions who had the potential to use the strategies discussed in the workshop. The list of participants, presented in Appendix 3, shows that the participants represented ministries of health, national social security institutes, non-governmental organizations, and international agencies.

Presenters were selected for their involvement in the operations research studies presented in the workshop and expertise in at least one of the workshop topics. Presenters were from:

- Asociación Guatemalteca de Mujeres Médicas (AGMM) in Guatemala
- Asociación Pro-Salud Preventiva para la Mujer Vivamos Mejor (APROVIME) in Guatemala
- Population Council offices in Bolivia, Mexico and New York
- Ipas in North Carolina
- Instituto Peruano de Paternidad Responsable (INPPARES), Perú
- Ministries of Health in the Dominican Republic, Honduras, Guatemala, and Mexico.
- UNDP in Guatemala
- EngenderHealth in Honduras
- USAID Mission in Haiti.

## **MESSAGES EMPHASIZED DURING THE WORKSHOP**

The texts of the presentations are included on the workshop CD. Also, a website will be created to make these materials and the presentations available to the open public.

Current Situation of Family Planning Programs in Latin America and the Caribbean

- John Townsend, Population Council, USA

International Contraceptive Access (ICA) Foundation and the Levonogestrel Intra-Uterine System (LNG IUS)

- John Townsend, Population Council, USA and Klaus Brill, Bayer Schering Pharma AG

Family Planning in Guatemala's Ministry of Health

- Carlos Morales, MSPAS, Guatemala

Expanding Access to the IUD in Guatemala and Honduras

- Carlos Morales, Edwin Montúfar, Josefina Ajpop y Carlos Fernando Alvarado, MSPAS, Guatemala, and Alba Lidia Sánchez, EngenderHealth, Honduras

Voluntary No-Scalpel Vasectomy (VNSV): New Techniques for the Procedure and Strategies to Promote its Use and Increase its Access

- Salvador Estévez, Secretaría de Salud, México, Jorge Solórzano, PNUD, Guatemala and Otto René Alvarado, MSPAS, Guatemala

Postpartum Minilaparotomy in a Hospital in Honduras

- José Manuel Espinal, Secretaría de Salud, Honduras

Standard-days (Cycle-Beads) Method in Guatemala

- Lidia de Mazariegos, APROVIME, Guatemala

Contraception from a Rights Perspective, with a Focus on Emergency Contraception

- Daniel Aspilcueta, INPPARES, Peru

Postabortion Contraception: Review of OR Results in LAC

- Deborah Billings, IPAS, USA

OR on Postpartum Contraception in LAC: A Review of Results

- Ricardo Vernon, Population Council, Mexico

Integration of Contraception Services in PMTCT Programs

- Estela Rivero, (Population Council, Mexico), Osvaldo Lorenzo, (SESPAS, Dominican Republic), Yolani Valle, (Secretaria de Salud, Honduras) and Pierre Mercier, USAID, Haiti

Systematic Screening: Evidence of its Effects from OR

- Ricardo Vernon, Population Council, Mexico and Patricia Riveros, Population Council, Bolivia

Quality of Care: The Balanced Counseling Strategy (BCS) and its effects

- Toni Martin, Population Council, Mexico and Rossana Cifuentes, AGMM, Guatemala

## **PARTICIPANTS' FEEDBACK**

Participants had several opportunities to give feedback about what they thought were the workshop's most important lessons, and overcoming potential barriers to implementation of the lessons in their own organizations. Participants filled out a questionnaire describing what was, in their opinion, the most important lesson of the day.

They were also asked to write a quick assessment of the extent to which services were integrated in their own institutions, which areas of integration were a priority for them, and which interventions presented during the workshop could be implemented in their institutions. On the last day of the workshop, participants filled out a final evaluation form (see Appendix 4).

## Usefulness of the workshop and most relevant topics

Twenty three participants completed the final evaluation questionnaire; 19 found the workshop very useful and 4 participants found it useful. When asked which of the topics had been most useful, 57% mentioned the BCS. Other topics mentioned as being useful were no-scalpel vasectomy, the contraceptive updates, and the integration of family planning and postpartum, postabortion and PMTCT services (see table 1).

**Table 1: Top-three topics perceived as the most useful, by workshop day**

Range	Day 1 <sup>a</sup>	Day 2 <sup>b</sup>	Day 3 – final evaluation <sup>c</sup>
1 <sup>st</sup>	No-scalpel vasectomy (73%)	Integration of FP and PAC (66%) and PMTCT (66%)	BCS (57%)
2 <sup>nd</sup>	Contraceptive updates (59%)	Postpartum contraception (34%)	No-scalpel vasectomy (22%)
3 <sup>rd</sup>	Increasing access to the IUD (51%)		Systematic screening (17%)

a) Percentages based 41 responses. Multiple responses were accepted.

b) Percentages based 23 responses. Multiple responses were accepted.

c) Percentages based 23 responses. Multiple responses were accepted.

When asked what they liked best about the dynamics of the workshop, the most common replies were that it presented practical strategies to help improve the integration of services, and the opportunity to exchange experiences (mentioned by 52%). The exchange was credited with helping participants detect shortcomings in their own programs:

*“This workshop has helped us to identify the strengths and weaknesses in our countries. It is also a motivation to revisit successful experiences and to reinforce the monitoring and evaluation of our interventions.”*

When asked what they disliked about the workshop, most referred to the lack of time for more discussion (10 of the 14 participants). Other participants mentioned that they had missed having group-exercises:

*“Everything was OK, but sometimes there was not enough time for discussion. Also, not doing the group exercises limited the exchange of experiences.”*

## Lessons learned

At the end of the first and second day, participants summarized in one sentence the most important lesson of the day. The most common messages include:

### A) Integration of services requires team work:

*“Program sustainability needs alliances, either between organizations or with civil society.”*

*“Teamwork: from the doorman to the Director. Everyone should be involved in improving the promotion and acceptance of vasectomy.”*

**B) Small changes can lead to great results.**

*“Everything is possible with will and training. No major resources are needed to implement interventions that benefit the majority.”*

**C) Many opportunities are missed for the provision of family planning services**

*“All occasions are good to offer clients all reproductive health services.”*

*“We should take action and leadership in the decisions to integrate services. Commitment should exist at all levels.”*

*“Health providers’ willingness is central to all actions.”*

**D) It is important to learn from experiences and evidence-based practices**

*“Even when we know a lot about family planning, there is always the opportunity to learn from others.”*

*“If we share our experiences, we grow together.”*

## **PERCEIVED OBSTACLES TO THE IMPLEMENTATION OF THE STRATEGIES AND INTERVENTIONS DISCUSSED**

In the recap exercises at the end of the first and second days, participants listed the barriers they thought would be faced if the interventions discussed were to be replicated in their institutions. The barriers mentioned for increasing access to the IUD, vasectomy, and integration of family planning and postpartum, postabortion and PMTCT services included:

- 1) Lack of institutional support. Half of the participants who answered the feedback questionnaires mentioned that efforts to improve access to the IUD and vasectomies and to increase the integration of family planning and other services depended heavily on support from the MOH, which was not always existent. Others also mentioned that organizations were not interested in forging alliances.
- 2) Negative staff attitudes and lack of training, particularly for IUD insertions, vasectomies, and the integration with PMTCT programs. Participants also mentioned that in some instances trained staff do not feel confident enough to insert IUDs or perform vasectomies.
- 3) Economic constraints, such as lack of funds and method stock outs.
- 4) Cultural perceptions, myths and fears relating the IUD and the vasectomy.
- 5) Lack of funding coordination funding among programs; this is particularly relevant in the case of family planning and PMTCT programs.
- 6) The influence of the church and other conservative groups.

## PLANS TO IMPLEMENT LESSONS LEARNED AT THE WORKSHOP

At the end of the workshop, participants formed country-specific working groups to identify the three lessons or topics that they considered most relevant for their country, and to define three actions that would help implement these lessons (the guiding handouts are attached at the end of appendix 4), Representatives from seven countries completed this exercise.

Table 2 summarizes the lessons that countries found most important. With the exception of Ecuador, all countries mentioned BCS and systematic screening. Other topics considered to be of special relevance by were the no-scalpel vasectomy and the integration of family planning and PMTCT.

**Table 2: Most important lessons from country group work sessions**

Lesson	Country						
	Bolivia	DR	Ecuador	El Salvador	Guatemala	Honduras	Nicaragua
BCS	<input checked="" type="checkbox"/>						
Systematic screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
No-scalpel vasectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
FP/PMTCT integration				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Contraceptive methodology updates			<input checked="" type="checkbox"/>				
Strategies to increase access to the IUD							<input checked="" type="checkbox"/>
Strategies to increase access to vasectomy							<input checked="" type="checkbox"/>

Five countries (Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, and Nicaragua) mentioned that they would implement the BCS and/or systematic screening. Concrete follow-up actions included:

### **Bolivia:**

- a) Sharing workshop lessons with national and institutional authorities.
- b) Develop action plans.
- c) Promote the exchange of experiences between institutions and countries.

### **Dominican Republic:**

- a) UNFPA and the Social Security Institute will call for a joint meeting to share the workshop results with national and institutional authorities.
- b) Take the lead on creating a forum to exchange experiences among workshop participants to create new alliances between institutions and cooperation agencies.

**Ecuador:**

- a) Train family planning counselors in the BCS.
- b) Train family planning counselors to promote postpartum minilaparotomy and vasectomy.
- c) Train more staff to strengthen postabortion family planning.

**El Salvador:**

- a) Share the lessons learned with the national contraceptive security committee and professional associations.
- b) Adapt and implement the BCS for the MOH, Social Security Institute and NGOs.
- c) Adapt and implement systematic screening in the MOH.
- d) Continue IUD, no-scalpel vasectomy and minilaparotomy training in the MOH and the Social Security Institute.
- e) Start actions to integrate family planning and PMTCT.

**Guatemala:**

- a) Strengthen family planning counseling in all sectors.
- b) Strengthen the implementation of systematic screening and BCS.

**Honduras:**

- a) Share the materials and results of the BCS and systematic screening with MOH authorities.
- b) Discuss the implementation of the BCS and systematic screening with the family planning and HIV/AIDS directors in the MOH.
- c) Develop an action plan.

**Nicaragua:**

- a) Share the materials and results of the workshop with national authorities.
- b) Organize talks in hospitals and health clinics to sensitize health staff about the need to integrate family planning and other services.
- c) Monitor the implementation of existing interventions.
- d) Strengthen the PMTCT program.

## **APPENDIX 1: FRONTIERS PROJECTS REFERRED TO DURING THE WORKSHOP, BY COUNTRY OF IMPLEMENTATION**

<b>Country</b>	<b>Project</b>
Bolivia	Operations research to improve postabortion care (PAC) services in three hospitals in Bolivia
Bolivia	Technical assistance and training for PROCOSI's OR program
Bolivia	Technical assistance to Pathfinder on operations research
Bolivia	Testing a model for the delivery of emergency obstetric care and family planning services in the Bolivian public health system
Bolivia	Use of systematic screening to provide reproductive health services
Dominican Republic	Contraceptive services in postpartum, postabortion and PMTCT Programs, Dominican Republic
Guatemala	Availability and acceptability of IUDs in Guatemala
Guatemala	Improving client informed choice, continuation in family planning, method-mix, and cost-effectiveness at the postpartum/postabortion clinic of the Gineco-Obstetrics Hospital, IGSS
Guatemala	Increasing access to long-term contraceptives (IUDs) in rural areas through the MOH in Guatemala
Guatemala	Expanding access to vasectomy services in Guatemala
Guatemala	Reproductive health care in the postpartum period
Guatemala	Scaling-up a successful counseling model: Guatemala
Guatemala	Testing a three-phase counseling algorithm with relating job aids and supervision to improve the quality of family planning care in health centers and posts of the Guatemalan MSPAS
Haiti	Situation analysis of the use of contraception in postpartum, postabortion and prevention of mother-to-child HIV transmission
Honduras	Disseminating information on the IUD in rural Honduras
Honduras	Expansion of postpartum and postabortion contraception
Honduras	Expansion of the role of nurse auxiliaries in the provision of family planning services phase 1
Honduras	Expansion of the role of nurse auxiliaries in the provision of family planning services phase 2
Honduras	Systematic screening as a strategy to increase services integration and revenue
India	Systematic screening for integrating reproductive health services in India
Nicaragua	Situational Analysis of the Use of Contraception in Postpartum, Postabortion and PMTCT Programs, Nicaragua
Peru	Provider and client impacts of an intervention designed to improve the provider-client interaction in MOH clinics in Peru
Senegal	Using systematic screening to enhance integration of reproductive health service delivery in Senegal

## APPENDIX 2: WORKSHOP AGENDA

<b>Monday, October 8, 2007</b>		
19:30-21:30	Welcome dinner	
<b>Tuesday, October 9, 2007</b>		
<b>07:00 – 8:00</b>	Breakfast	
08:00 – 8:45	Registration	
09:00 – 09:30	Inauguration and presentation of distinguished participants: Pierre Mercier, USAID/Haiti <b>John Townsend, Population Council/New York</b>	Moderator: Alejandro Silva, MSPAS/Guatemala
09:30 – 10:00	Current situation of Family Planning programs in Latin America and the Caribbean	John Townsend, Population Council/NY
10:00 – 10:15	Coffee break	
10:15 – 10:30	<b>Workshop objectives</b>	Estela Rivero, Population Council/Mexico
10:30 – 11:15	<b>Contraceptive technology update: The IUD and the IUS</b>	Carlos Morales, MSPAS/Guatemala
11:15 – 11:30	<b>Questions and answers</b>	John Townsend, Population Council/NY
11:30 – 12:00	<b>Expanding access to the IUD in Guatemala</b>	Edwin Montúfar, MSPAS/Guatemala
12:00 – 12:15	<b>The experience of a successful nurse in the IUD program in the MOH in Guatemala</b>	Josefina Ajpop and Carlos Fernando Alvarado, MSPAS/Guatemala
12:15 – 12:45	<b>Expanding access to the IUD in Honduras</b>	Alba L. Sánchez, EngenderHealth/Honduras
12:45 – 13:15	<b>Eligibility checklists for IUD clients, discard pregnancy and other job aids</b>	Edwin Montúfar, MSPAS/Guatemala
13:15 – 14:15	Lunch	

14:15 – 14:45	Contraceptive technology update: Vasectomy	Salvador Estévez, Secretaría de Salud/Mexico
14:45 – 15:00	Questions and answers	
15:00 – 15:30	Results of the use of a systematic model to introduce no-scalpel vasectomy in hospitals and maternity wards in Guatemala	Jorge Solórzano, PNUD/Guatemala
15:30 – 16:00	The experience of a successful surgeon in the vasectomy program in the MOH of Guatemala	Otto René Alvarado, MSPAS/Guatemala
16:00 – 17:30	Coffee break	
16:15 – 17:30	Recap: Identification of the most important lessons of the day and written feedback	Moderators: Estela Rivero, Population Council/Mexico Salvador Estévez, Secretaría de Salud/ Mexico
<b>Wednesday, October 10, 2007</b>		
7:30 – 8:45	Breakfast	
9:00 – 10:30	Contraceptive technology update: Postpartum minilaparotomy, standard days method and emergency contraception	Moderator: Deborah Billings, Ipas/NC  José Manuel Espinal, Secretaría de Salud/ Honduras Lidia de Mazariegos, APROVIME/Guatemala Daniel Aspilcueta, INPPARES/Perú
10:30 – 11:00	Coffee break	
11:00 – 11:45	Postabortion contraception: Review of OR results in LAC	Deborah Billings, Ipas/NC
11:45 – 12:00	Questions and answers	
12:00 – 13:00	OR on postpartum contraception in LAC: A review of results	Ricardo Vernon, Population Council/Mexico
13:00 – 13:15	Questions and answers	

13:15 – 14:30	Lunch	
14:30 – 15:45	Integration of contraception services in PMTCT programs	Estela Rivero, Population Council/Mexico
15:45 – 16:00	Questions and answers	Oswaldo Lorenzo, SESPAS/Dominican Rep. Yolani Valle, Secretaría de Salud/Honduras
16:00 – 16:30	Coffee break	
16:30 -17:30	Recap: Current situation and areas to prioritize in the integration of family planning and postabortion, postpartum and PMTCT services; and written feedback	Moderator: Estela Rivero, Population Council/Mexico
<b>Thursday, October 11, 2007</b>		
7:30 – 8:00	Breakfast	
8:00 – 8:45	<b>Systematic Screening: Evidence of its effects from OR</b>	Ricardo Vernon, Population Council/Mexico
8:45 – 9:00	<b>Questions and answers</b>	
9:00 – 9:30	Quality of care: The Balanced Counseling Strategy (BCS) and its effects	Toni Martin, Population Council/Mexico
9:30 – 10:00	<b>Expanding the use of the BCS in Guatemala</b>	Rossana Cifuentes, AGMM/Guatemala
10:00 – 10:15	<b>Questions and answers</b>	
10:15 – 10:30	Coffee break	
10:30 – 12:30	Simultaneous mini-workshops on systematic screening and BCS  Mini-workshop on systematic screening: A tool to help integrate family planning and other reproductive health services  Mini-workshop on BCS: Improving counseling on contraceptive methods	Patricia Riveros, Population Council/Bolivia  Toni Martin, Population Council/Mexico

12:30 – 13:00	Country-working groups: Planning for the future	Moderator: Estela Rivero, Population Council/Mexico
13:00 – 13:30	Country-working groups presentations and conclusions	
13:30 – 13:45	Workshop evaluation: Written feedback	
13:45 – 14:00	Workshop closure	Ricardo Vernon, Population Council/Mexico
14:00 – 15:00	Lunch	
15:00 – 19:30	Free afternoon	
19:30 – 22:30	Dinner to present the book: Billings, Deborah, Ricardo Vernon, (Eds). 2007 “ <i>Avances en la atención posaborto en América Latina y el Caribe: Investigando, aplicando y aprendiendo</i> [Advances in Postabortion Care in Latin America and the Caribbean: Research, Implementation and Scaling-up].” Mexico, D.F.: Ipas, Population Council.	Presentors: Nadine Gasman, UNFPA/ Guatemala Gustavo Gutiérrez, Independent practice/ Guatemala Deborah Billings, IPAS/NC Ricardo Vernon, Population Council/Mexico

## APPENDIX 3. LIST OF PARTICIPANTS

<hr/> <b>Bolivia</b> <hr/>	Instituto Dominicano de Seguros Sociales (IDSS)
Dr. José Luis Alfaro Technical Manager Centro de Investigación, Estudios y Servicios (CIES)	Dra. Clara I. Santillan Technical Coordinator Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Dra. Carmen Estepa Manager of Mobile Health Units and Services Centro de Investigación, Estudios y Servicios (CIES)	Dra. Nury M. Vargas Medical Provider Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Dr. Julio César Koca Health Services Planning Manager Ministerio de Salud y Deportes	Dra. Rumalda A. Vázquez Medical Provider Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Lic. Patricia Riveros Consultant The Population Council	<hr/> <b>Ecuador</b> <hr/>
<hr/> <b>Dominican Republic</b> <hr/>	Dra. Magda C. Acosta Physician Centro Médico de Orientación y Planificación Familiar (CEMOPLAF)
Dra. Ana Delia Figueroa Clinical Services Manager Secretaria de Estado de Salud Pública y Asistencia Social (SESPAS)	Dra. Tula L. Verdezoto Guaranda, Bolívar Medical Center Director Centro Médico de Orientación y Planificación Familiar (CEMOPLAF)
Dr. Osvaldo A. Lorenzo Manager of the National Program to Reduce the Vertical Transmission of HIV Dirección General de Control de las ITS y SIDA (DIGECITSS) Secretaria de Estado de Salud Pública y Asistencia Social (SESPAS)	<hr/> <b>El Salvador</b> <hr/>
Dra. Luz A. Mercedes Medical Coordinator United Nations Population Fund (UNFPA)	Ing. Rafael A. Avendaño Executive Director Asociación Demográfica Salvadoreña (ADS)
Dra. Clavel Sánchez Reproductive Health Manager	Lic. Claudia Lara Nurse, Integral Care for Women Program Instituto Salvadoreño del Seguro Social (ISSS)

Dra. L. Esmeralda Ramirez  
National Coordinator of the Family  
Planning Program  
Ministerio de Salud y Asistencia Social  
(MSPAS)

Dr. Mario A. Morales  
Reproductive Health Officer  
United Nations Population Fund (UNFPA)

Dr. Carlos A. Morales  
Local Coordinator, Integral Care for  
Women Program  
Instituto Salvadoreño del Seguro Social  
(ISSS)

Dra. Irma Georgina Santamaría  
Coordinator, Integral Care for Women  
Program  
Instituto Salvadoreño del Seguro Social  
(ISSS)

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## **Guatemala**

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Lic. Josefina Ajpop  
Registered Nurse  
Patzicia Health Center  
Ministerio de Salud Pública y Asistencia  
Social (MSPAS)

Lic. Otto René Alvarado  
“Maternidad Primero de Julio” Hospital  
Director  
Ministerio de Salud Pública y Asistencia  
Social (MSPAS)

Lic. Carlos Fernando Alvarado  
IEC Coordinator  
Patzicia Health Center  
Ministerio de Salud Pública y Asistencia  
Social (MSPAS)

Dra. Sandra Barahona  
Physician  
Alianzas/USAID

Dr. Rodrigo Barillas  
Health Coordinator  
Alianzas/USAID

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### **Mexico**

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Final feedback questionnaire  
Thursday, October 11, 2007

This questionnaire will help us know your general opinion about the workshop, and to know what we can do to improve our future workshops and attempts to share our experiences. Answering the following questions may take you more than 5 minutes, but your answers will be very helpful to us.

1. In general, would you say that the workshop was very useful, somewhat useful, or not useful at all for your work?
2. What did you like the most about the workshop?
3. What did you like the least?
4. Would you say that the experiences and lessons discussed are useful for improving family planning services in your country or organization?
5. Of the topics and experiences discussed, is there one that is particularly relevant for your country or organization?
6. Do you plan to do something to share the workshop lessons once you go back to your country? What do you plan to do?

**Thank you!**

## Guide 1

### **Guide for working groups 1: Identification of the day's most important lessons and of the interventions that can be useful in your program**

Tuesday, October 9, 2007

Note: Instructions for dividing into groups and group dynamics are omitted as in the end, participants were asked to write an answer to the guiding questions individually.

During this exercise, each group should identify:

- Which concrete actions can be taken to increase access to the IUD in their country or organization
- Which obstacles may exist for these actions
- Which concrete actions can be taken to increase access to no-scalpel vasectomy in hospitals and maternity wards
- Which obstacles may exist for these actions

## Guide 2

### **Guide for working groups 2: Current situation and recommendations to improve the integration of family planning and postpartum, postabortion and PMTCT services**

Wednesday, October 10

Note: Instructions for dividing into groups and group dynamics are omitted as in the end, participants were asked to write an answer to the guiding questions individually.

Participants will discuss the following issues:

- How integrated are family planning services with postabortion, postpartum and PMTCT services in your country or organization?
- What should be the priority in these integration efforts?
- Which of the integration strategies discussed today would be feasible in your organization?
- Which would be the obstacles to these strategies?

## Guide 3

### **Guide for working groups 3: Planning for the future**

Thursday, October 11, 2007

This last session has the goal of allowing participants from the same country to discuss whether and how the lessons and topics discussed during the workshop may be of use to them, and to propose concrete actions for their implementation.

Participants from the same country should get together and form a working group. Each group will have a special place to work, with a blackboard and markers to support their work. Each group has an hour to identify:

- Which of the topics and lessons discussed during the program is of most use for their program
- Three concrete actions to put the lessons learned into practice that they will take when they go back to their country

We will gather again in the meeting room at 15:45. At that time, each group will present, in 5 minutes, the lessons that they identified as a priority and their action plans.