

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
 Clinical Training for Nurse Midwives in Family Planning

2. PROJECT NO. (M.O. 1098.2)
 932-11-570-918 14p

3. RECIPIENT (specify)
 COUNTRY Worldwide
 REGIONAL INTERREGIONAL

4. LIFE OF PROJECT
 BEGINS FY 71
 ENDS FY 75

5. SUBMISSION
 ORIGINAL
 REV. NO. 1 DATE 11/27/74
 CONTR./PASA NO. AID/cad-

APPENDIX ATTACHED
 YES NO

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
										(A) JOINT	(B) BUDGET	
1. PRIOR THRU 74 ACTUAL FY	1,297											
2. OPRN FY 75	400a/											
3. BUDGET FY												
4. BUDGET +1 FY												
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	1,697											

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. OPERATING OFFICE CLEARANCE

1. DRAFTER PHA/POP/MI:GFWinfield <i>GFW</i>	TITLE Chief, MI Division, PHA/POP	DATE
2. CLEARANCE OFFICER PHA/POP:RTRavenholt <i>RTR</i>	TITLE Director, PHA/POP	DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

The purpose of this revised PROP is to extend the life of the project through FY 75. The funds hereby added are within the budget provided in the original PROP. All other provisions of the original PROP remain the same.

a/ Nine months funding only for the fifth year.
 Prior to obligating FY 76 funds an evaluation is to be held and a revised PROP approved.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP	<i>E.R. Backlund</i> E.R. Backlund	27 Nov 74	PHA/PRS	<i>M Fowler</i> M Fowler	3/25/75
PHA/POP	<i>G. Gilmore</i> G. Gilmore	27 Nov 74			

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE <i>H S Crowley</i>	DATE 3/27/75
TITLE HSCrowley, AA/PHA (Acting)	

4. APPROVAL A/AID (Sup M.O. 1098.1 VIC)

SIGNATURE	DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

NONCAPITAL PROJECT PAPER (PROP)

Proj: 9320918
PH-

Country: World-Wide

Project No.:

Submission Date: _____ Original: ✓

Project Title: Development of Programs for the Clinical Training of Nurse-Midwives in Family Planning

U.S. Obligation Span: FY 1971 through FY 1975

932-918

Physical Implementation: Five Years

Gross Life-of-Project Financial Requirements:

U.S. Dollars	\$2,100,000
Three-Year Funding	\$1,186,000

A. SUMMARY

This project is designed to increase the number of nurse-midwives trained to supply family planning clinical services in from ten to twenty-five less developed countries. It will assist nurse-midwife training institutions overseas to add high quality pilot training programs in family planning for the continued production of increasing numbers of front line clinical personnel. It will equip these programs with thoroughly trained staffs fully competent to train operators and to train additional trainers. It will play a significant role in further expanding the impact of nurse-midwifery as a profession contributing to the solution of the population/family planning problem. It will accomplish these goals by three major processes.

1. It will provide technical assistance to establish pilot programs in family planning clinical training in up to ten selected nurse-midwife training institutions located overseas.
2. It will supply the resources needed to support and expand nurse-midwifery training in family planning at the Downstate Medical Center in Brooklyn which will function as the intermediate institution from which technical assistance will be supplied to the overseas programs and at which the instructional staffs for those programs will be trained.
3. The expanded training capacity in family planning for nurse-midwives developed at Downstate will make possible the graduation of other nurse-midwives who will provide service and training at LDC institutions beyond those assisted for the development of pilot family planning training programs.

This project will be financed by a five-year grant to support the expansion of the basic training and staff capacity of the Downstate Medical Center. It will provide funding for the technical assistance to be supplied the pilot overseas programs of family planning instruction for nurse-midwives. It should result in the training of about 250

foreign nurse-midwives in New York during the five years of its operation and about 2,500 in the overseas programs it will assist.

B. SETTING AND ENVIRONMENT

Among the increasing variety of contraceptive methods that must be made widely available to enough families so they can limit their number of children sufficiently to begin to slow and eventually stop population expansion, there are a number that require clinical services in their use. Indeed at the present time, most of the preferred methods are of this type. It seems likely, that no matter what advances in contraceptive technology that may be made in the future, there will continue to be a close association between health services and the delivery of family planning through medically run clinics. It also seems likely that, increasingly these types of activities will be incorporated in maternal and child care programs that will be concerned with the total reproductive process, including spacing and limiting total numbers of children. There can be no doubt that both the quantity and distribution of clinical services must be enormously expanded to achieve even the slowing of population growth in the less developed countries. It has been shown that the sustained use by patients over long periods of such methods as IUDs and pills is heavily affected by the medical and human quality of the service that provides these methods and guides the client in their use. Therefore, large quantities of high quality clinical service must be provided on an increasing scale for as far into the future as can now be foreseen.

It is highly likely that trained physicians to run this larger number of clinics and to supply the patient services in the quantity that will be required will continue to be inadequate. A large portion of this shortfall can be taken up by trained nurse-midwives. This is true because it has been fully demonstrated that nurse-midwives can be trained to supply most clinical services connected with family planning at a level equal to that of trained physicians. Indeed there is much evidence that in the continued routine handling of well patients, as is the case in family planning clinics, nurse-midwives perform in a manner that is superior to that of most physicians who tend to become bored with such work.

Since nurse-midwives are women, they are acceptable to handle women patients even in conservative cultures and among all religious groups. They cost less to train and less to maintain in service. Furthermore, in promoting population control, it is highly desirable to use women, wherever possible, to provide family planning services, thus opening employment for them and so giving them good reason to control their own fertility and so contribute to the process by which the idea of smaller families takes hold in the society.

The professional nurse-midwife/midwife channel is an important potential means of reaching traditional midwives. Eventually, traditional midwives who now attend the vast majority of all births that occur, especially in villages, will have to become a part of the permanently operating family planning system. An important element in reaching them for training and service will be developing in them a sense of professional pride in being midwives. The professional nurse-midwife will play a leading role in this process. Trained midwives (not nurses) are already widely distributed in the LDCs. They can easily be upgraded and taught family planning procedures.

The professional nurse-midwife/midwife already has status and is present in considerable numbers in the LDCs. This is particularly true in the ex-English and French colonies since they have an accepted and important place in both English and French medical systems. For all of these reasons, the nurse-midwife/midwife profession is an important one for the future expansion of family planning operations.

In the survey of manpower needs carried out by circularizing 37 country missions in October 1969, the replies indicated an estimated need for 50,000 nurse-midwives to supply the services that could then be envisioned as being required in the next ten years.

The quality and variety of family planning services that nurse-midwives can supply can be fairly quickly expanded and upgraded through training trainers and assisting overseas nurse-midwife training centers to add this element to their programs thus rather rapidly expanding front line personnel capable of providing clinical family planning services.

The Downstate Program of Instruction

The Downstate Medical Center, State University of New York has developed and is now operating a training program specially designed for overseas participants. This program is based on a daily family planning clinic that is attended by some fifty to two-hundred patients a day. These are medically indigent patients who come from the lowest income brackets. Many of them have had only four or five grades of schooling so in many ways they are similar to patients that come to family planning clinics in the LDCs. During 1969, a total of 3,984 patients were seen in 7,576 visits. All of these patients were handled by nurse-midwives. Contraceptive pills were prescribed for 44.2%, IUDs for 42.1%, diaphragms for 4.8% and other methods for 8.7% of these patients. The Center has trained 88 students from 24 countries in 12-week sessions held three times a year.

The instruction involves assigning two foreign trainees to each instructor for the twelve-week course. During the early weeks, the trainee is given a great deal of one-to-one instruction during which she is taught all the procedures in handling patients. By about the middle of the training period, the trainee begins to see and handle patients on her own without the presence of her instructor. In the course of the training, the trainee performs some 150-200 vaginal examinations, takes PAP smears, performs some thirty to fifty IUD insertions, carries out follow-up interviews and consultations with several hundred patients. She learns how to organize and manage group instruction and mass family planning clinics with large numbers of patients. This provides perhaps the highest quality and most thorough training in the practical side of family planning clinic work that is available to nurse-midwives anywhere in the world. The student puts in 216 hours in clinic work. In addition, there are 147 didactic hours in the classroom and laboratory, including programmed instruction in the nature of the population problem and in population dynamics. She gets extensive experience with record keeping systems and how to measure and evaluate the performance of a clinic.

The Downstate Medical Center staff and facilities can be expanded to handle a large number of trainees. The senior staff has already had experience in assisting the organization of one overseas training program in Ghana. They now stand ready to assume responsibility for assisting the development of additional programs.

Downstate's program was brought into being with support from the Rockefeller and Ford Foundations. They have indicated their intention to discontinue their support since the feasibility and success of the training has now been demonstrated.

A.I.D. Mission Response

Specific interest in efforts to improve nurse-midwife/midwife training in family planning was contained in the replies to an inquiry sent to A.I.D. Missions in a circular airgram a year ago (AIDIO CIRCULAR A-499, dated March 5, 1969). Missions in twenty-one countries gave positive or conditional positive answers to questions that sought field opinion on the need and usefulness of the Downstate training program. The conditional replies mostly related to the language problem, with five countries saying that the program would be needed if instruction could be in Spanish and two requiring French. The plan presented here would meet both of these language needs.

The twenty-one countries giving favorable replies were Dominican Republic, El Salvador, Guatemala, Peru, Panama, Colombia, Ethiopia, Kenya, Ghana, Uganda, Tunisia, Morocco, Thailand, Indonesia, Korea, Philippines, Nepal, Afghanistan, India, Turkey and Pakistan. Thirteen countries estimated an ability to provide from 41 to 52 candidates in the first and second years for training in this program.

Twelve countries indicated positive interest in in-country training for nurse-midwives even though the circular airgram made no mention of the possibility of Downstate being able to supply assistance in such an effort. These twelve seem to be good prospects for beginning professional contacts looking toward the initiation of pilot training programs. They are Peru, Colombia, Kenya, Uganda, Tunisia, Thailand, Indonesia, Korea, Philippines, Nepal, India and Pakistan. Since that airgram went out, Downstate, with Ford Foundation support, started a program in Ghana.

In light of the importance and expanding potential of nurse-midwives as an increasingly strategic professional group for service in family planning, A.I.D. should take advantage of this existing base of excellence at Downstate to expand it and multiply its outreach by setting up a consistent and sustained effort to establish similar training programs overseas. Downstate is unique in the U.S. in having already built several years of experience in providing high quality training to foreign nurse-midwives and in assisting one overseas program. No other nurse-midwife training program in family planning exists.

C. STRATEGY

The overall strategy is to build excellence into nurse-midwife/midwife performance in family planning by providing relevant, intensive, high quality training in one of the best medical environments for a considerable number of foreign nurse-midwives/midwives who have been pre-selected for their potential as the leaders and faculty of pilot nurse-midwife family planning clinical training programs. The multiplier effect required to move toward meeting the quantitative need for nurse-midwives will be achieved by providing technical assistance for the establishment of these indigenous pilot training programs.

[These pilot programs will be located in national, provincial or private nurse-midwife training centers or in large family planning clinics or systems of clinics where suitable numbers of patients are available for training purposes. Each of these pilot programs will provide both theoretical and practical training so that the graduates can perform services and/or train other nurses, nurse-midwives or midwives in providing family planning services.]

This is to be achieved through the support and development of the staff of the Downstate Medical Center Family Planning Clinic which will serve as the intermediate agency for the whole program, make overseas visits to a large number of nurse-midwife training centers and select those where pilot family planning training programs will be assisted, provide the advisory and support services needed to initiate and develop the pilot training programs, and to train the teams of nurse-midwives needed to organize and staff them.

In addition, Downstate will have expanded capacity to train nurse-midwives/midwives from countries or institutions other than those where pilot family planning training programs are to be established. Students of this type will be accepted only on condition they can show that they have an institutional base that is committed to permitting them to make use of their training. Preference will be given to those individuals who will be able to train others.

Family planning technology and its attendant clinical application is changing rapidly. The Downstate Center is, at its own expense, engaged in clinical research in family planning. The Center will, therefore, undertake to keep abreast of all significant changes in contraceptive technique and clinical practice can be used by nurse-midwives. Training curriculum and practice will be modified to take advantage of such change. As these changes develop, the Downstate Medical Center will communicate them to the pilot overseas training programs and will help those programs in passing the improved methods to all their alumnae. The Center will seek to keep all their own alumnae abreast of such changes.

Communications from A.I.D. Missions cite two kinds of difficulties with arranging nurse-midwife/midwife family planning clinical training in the U.S. They are: inability to find English speakers in Spanish- and French-speaking countries and the low grade of academic preparation of nurses and nurse-midwives in a number of countries. These two difficulties will be met at the Downstate Medical Center in the following ways.

Since twelve per cent of Downstate's patients are Spanish speaking and the Center already has some Spanish-speaking staff which they will augment, a portion of each class trained in New York will be conducted in Spanish. The Center, out of resources provided by this grant, will organize the necessary interpreter capability to accept French-speaking students as is required to meet the need of Francophone Africa.

To meet the requirements of those countries which need trained nurse-midwives in family planning, but in which existing training standards do not meet the academic requirements for admission to the Downstate Medical Center, the Center will admit, on an individual basis, a limited number as "special students" and will undertake to provide the necessary remedial instruction that will permit this type of student to achieve acceptable proficiency in the material being taught.

Evaluation

The evaluation of this program will consist of an annual survey of the activities of all overseas training programs assisted and of all alumnae who have graduated from the Downstate Medical Center training. This survey will seek to enumerate the outputs of trained personnel that the whole effort has achieved and to determine what proportion of that output is actively engaged in family planning clinical work at the training, supervisory or service supplying levels. The staff of the Downstate Medical Center will also do an analysis of the quality of the training being performed in the pilot programs with an eye to identifying problems and shortcomings that can be reasonably expected to be remedied. Operating as teachers and advisors, the Downstate staff will communicate those evaluations to the leaders of the pilot programs and, without identifying specific institutions, summarize them to A.I.D. The Downstate Medical Center will use every effort to assume as much responsibility for the professional quality of the overseas programs as it can. The first annual survey will be due at the end of the second full year of operation.

TA/POP will use the following procedures to evaluate this project:

1. Make a careful study of the contractor's evaluative report and conduct an annual review with him.
2. Toward the end of the second year of operation, plan to use a separately funded consultant to conduct an independent field check on the accomplishments and problems of the project in the process of determining if funding is to be provided beyond the third year.

D. PLANS, TARGETS AND OUTPUTS

This project is to be operated for a minimum of five years to allow time for the overseas institution building that is at the center of its strategy. Initial funding will be for three years with additional yearly funding added at the end of the second and third years so that planning and operations will be funded for at least two years at all times. At the end of the third year, the whole program will be evaluated and the need for its possible extension beyond five years assessed.

The primary and most important output of this project will be the ten indigenous pilot training programs it will assist in establishing during the first three years of its operation. At the end of that time, a new assessment will be made to determine a reasonable target for the number to be established during the last two years for which the project is now being set up.

It is estimated that each of these pilot programs will be able to mount from three to five training sessions per year, depending on the circumstances that obtain in different countries. The goal is to start two programs in the first year, three in the second, and five in the third. It is not realistic to now project how many programs will be begun in the fourth and fifth years. If each program is able to train from fifteen to twenty nurse-midwives each session, then feasible goals for output by pilot programs would run as indicated in the following table.

Year	Programs		Number of Sessions	Number of Nurse-Midwives Per Session	Total Nurse-Midwives	Cumulative Total Nurse-Midwives
	New	Old				
1	2		4	10	40	40
2		2	10	15	150	190
3	3		9	15	135	325
		5	25	20	500	825
4	5		15	15	225	1,040
	?	10	40-50	15-20	660-1,000	1,700-2,040
5	?	10	40-50	15-20	660-1,000	2,360-3,040

The second important output would be the 154 nurse-midwives/midwives who would get advanced training at the Downstate Medical Center in New York in the first three years. Since a prime purpose in operating this training will be to produce faculty for the pilot programs, Downstate, with guidance and assistance from A.I.D. Missions, will visit overseas institutions to agree on pilot programs and pre-select teams of four to eight nurse-midwives for training at Downstate. This means that between forty and eighty of the 154 Downstate graduates would man full scale pilot training programs. This would leave from 74 to 114 who would be returning to other overseas institutions. Many of these individuals could be expected to also train nurse-midwives as well as to supply family planning services.

In three years this program could be expected to put from 1,000 to 1,500 well-trained nurse-midwives/midwives into the clinical family planning services of the less developed countries. Many of these people could be expected to be giving in-service training to still others. In five years, the number trained would almost certainly exceed 2,500 and might be double that figure.

A third important but more difficult to quantify, output would be the steady expansion of the number of professional nurse-midwives that contribute to a rising status for the profession in family planning operations. An important by-product of this expansion would be an enhanced interest in the profession and diffusion of interest in family planning from the professional nurse-midwife into the awareness of less fully trained midwives.

This process might well continue on into the ranks of the traditional midwives who must be further modernized and taught both improved midwifery practices and how to support family planning and supply family planning services. The development of this whole profession, with all its sub-professional and community aid type adherents, should be a continuing goal of professional nurse-midwife training.

Continued expansion of both the number and quality of nurse-midwives/midwives fully trained in all aspects of family planning will contribute directly and effectively to the discharge of A.I.D.'s responsibility to use every effort to help the LDCs reduce their birth rates and slow their rates of population growth. Among the wide range of varying emphases and priorities given to different factors and types of action in family planning operations most experts in the field would agree that more and better family planning clinical services are a significant need in most countries. This project which will deliver a significant increase in skilled personnel directly targeted on this universally accepted high priority need is therefore a project that is responsive to the family planning goal of reducing birth rates and slowing population growth, and to A.I.D.'s goal of effectively assisting this process.

E. COURSE OF ACTION

In order to make an immediate and effective beginning on assisting the LDCs in expanding their capacity to train nurse-midwives for family planning clinical services, this project will provide a Title X grant to the Downstate Medical Center to permit them to continue and expand their already existing program and to supply them with resources to support their professional staff in assisting national, state and private organizations in establishing training programs overseas.

Attention is directed to the intention of treating home salaries that are for institutional development as grant items for which Downstate will not receive overhead. This is doubly justified by the fact that the provision of services to the patients who attend the family planning clinics is a Downstate responsibility, so the training program this project supports should not be charged for the use of space and facilities that are supplied by the State of New York for the benefit

of those patients. On the other hand, the salaries of those who serve overseas should have overhead paid on them since these people give full time to our program, principally overseas or in direct support of overseas activity. The grant agreement should spell out this distinction.

A.I.D. FY 1971 funding will be for three operating years in a five-year program that would run through calendar 1975. In FY 1973 and 1974, additional funding increments will be made. At the end of calendar 1973, an overall evaluation of the whole program would determine whether support was to be extended beyond the initial five years.

The funds recommended in the budget on pages 12 and 13 would:

1. Guarantee the continuation and the expansion of the instructional base for foreign nurse-midwife/midwife training at Downstate with a doubling of student body capacity from thirty to sixty per year by 1972. There would be the potential of adding another ten to fifteen trainees per year, if demand required it, by adding a fourth summer quarter session to the three sessions now being conducted.
2. Provide for instruction in French and Spanish for a portion of each class.
3. Build up the physician and nurse-midwife staff to the point that up to three to four man years of service would be provided field situations where pilot training programs are started.
4. Provide necessary travel and support costs for teams of Downstate physicians and nurse-midwives to work in the field at the task of establishing up to ten overseas pilot training programs in the first three years of the project. Such travel to be subject to standard clearance procedure with A.I.D. Missions. Downstate will assume major responsibility for making the professional contacts in the host countries necessary for selecting the institutions at which pilot training programs will be developed. A.I.D. Missions will be kept informed of all contacts and plans so they can advise and council Downstate in the selection process.
5. Provide professional assistance to the new programs in their methods of record keeping and in the tabulation and analysis of information about their clinical and operational activities.
6. Build into the program a capacity to keep abreast of new family planning technology and communicate it to field centers and alumnae.

7. Build into the program a system for evaluating its effectiveness in selecting and accepting trainees, of following their post-training activities and effectiveness in the delivery of family planning services and in training others in the delivery of such services.
8. Provide maintenance for the students while they are in training at Downstate making use of the Center's housing and boarding accommodations and providing the students with \$100 ~~per month~~ each month at a total cost to the program of \$200 per student month. This method of providing maintenance is proposed so that all students are treated in the same manner no matter what their sponsorship and so that full advantage can be taken of the excellent live-in dormitory arrangements provided by the Center.

Travel to and from home country and New York will be supplied by USAIDs or other sponsoring agencies.

The Center will provide A.I.D. with annual narrative and statistical reports as detailed by the grant agreement and will conform to standard accounting and financial reporting procedures.

BUDGET

Item	1st Year	2nd Year	3rd Year
<u>Home Salaries</u>			
Chief of Clinic	2,500	2,500	2,500
Physicians (2) 1/2 time	30,000	30,000	30,000
Nurse-Midwives	44,000 (4)	84,700 (7)	102,310 (10)
Statistician (1/2)	7,500	8,000	8,500
Social Worker (1/2)	5,000	5,000	5,000
Secretaries (2)	16,000	17,700	18,500
Clerks (3)	<u>18,000</u>	<u>19,800</u>	<u>21,000</u>
Total Home Salaries	123,000	167,700	187,810
Fringe Benefits 13.6%	<u>16,728</u>	<u>22,807</u>	<u>25,742</u>
Sub-Total	139,728	190,507	213,552
<u>Overseas Salaries</u>			
Chief of Clinic	2,500	2,500	2,500
Physician (1/2)	15,000	15,000	15,000
Nurse-Midwives	22,000 (2)	36,300 (3)	39,930 (3)
Statistician (1/2)	7,500	8,000	8,500
Social Worker (1/2)	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>
Total Overseas Salaries	52,000	66,800	70,930
Fringe Benefits 13.6%	7,072	9,284	9,646
Overhead 64% Overseas Salaries	<u>33,280</u>	<u>42,772</u>	<u>45,395</u>
Sub-Total	92,352	118,856	125,971

Item	1st Year	2nd Year	3rd Year
<u>Other Expenses</u>			
Honoraria and Consultant Fees	5,000	5,000	5,000
Office Supplies, Postage, Telegrams	3,000	3,000	3,000
Programmed Instruction	5,000	5,000	5,000
Computer Services	5,000	5,000	5,000
Domestic Travel	4,000	4,000	4,000
Foreign Travel	27,000	45,000	45,000
Interpreter Services	5,000	8,000	8,000
Student Maintenance @ \$600 per student/session	<u>(34)20,400</u>	<u>(58)34,800</u>	<u>(60)36,000</u>
Sub-Total	<u>84,400</u>	<u>109,800</u>	<u>111,000</u>
Yearly Totals	<u>316,480</u>	<u>418,163</u>	<u>450,523</u>
Three-Year Total		1,185,166	

This budget will govern the administration of the grant for the first three years with annual approved revisions. Overhead will be paid on overseas salaries only.