NONCAPITAL PROJECT PAPER (PROP) PD-AAD-485-D1 93209147(3) RS/PS

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Midwife Promotion and Support for Family Planning

APPENDIX ATTACHED: [X] YES [ ] NO

2. PROJECT NO. (M.O. 1095.2) 931-11-570-947

3. RECIPIENT (specify)

[ ] COUNTRY

[ ] REGIONAL [X] INTERREGIONAL TA/POP

4. LIFE OF PROJECT

BEGINS FY 1972

ENDS FY 1974

5. SUBMISSION

[ ] ORIGINAL 12/16/71

[X] REV. NO. 1 DATE 21 p

DATE

CONTR/PASA NO.

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

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. AID/CONTR. (1) $	G. AID/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ____ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY	23	23						23				
2. OPRN FY 72	581	581						581				
3. BUDGET FY 73	357	357						357				
4. BUDGET +1 FY 74	168	168						168				
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	1129	1129										

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
Various public and private organizations	Cash contributions, consultation volunteer services	as described herein

III. ORIGINATING OFFICE CLEARANCE

	TITLE	DATE
1. DRAFTER TA/POP/PIEC:RCMason/AHAarnes	Consultant/Project Monitor	11/15/71
2. CLEARANCE OFFICER TA/POP, R. T. Ravenholt	Director, TA/POP	11/15/71

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL The NESA clearance is contingent on an evaluation of the first Working Party. No activities in the NESA area will be implemented, except for participation in the 1972 ICM Congress, until NESA reviews the results of the evaluation.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
LA/PCD	G. Coleman (see memo)	8/23/71	LA/LA/IR	E. Owens (see memo)	12/1/71
AFR/TAC	P. Lyman (see memo)	11/24/71	VM/MD	M. Phelps (phone)	8/20/71
NESA/OPP	J.S. Alden (see memo)	12/10/71	TA/PM	K. Levick	

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE DATE

TITLE Assistant Administrator, TAB

4. APPROVAL A.I.D. (See M.O. 1025.1 VI C)

SIGNATURE DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

A. Goal

1. **Statement**

Development of an adequate system, in developing countries, for delivery of information/education about population and family planning (FP), together with delivery of family planning services.

This project aims to support that goal by stimulating effective concern and action in the midwife profession.*

2. **Measurement**

Sampling in selected areas of the extent of information/knowledge and use of family planning, and of the importance of midwives as a source for this information. The areas selected should be those where midwives affected by this project have been active for 3 to 5 years.

3. **Assumptions**

National governments allow provision of FP information and services.

B. Purpose

1. **Statement**

To equip midwives, in as many countries receiving AID assistance as possible, to provide population/FP information, education, and persuasion as an integral part of their work for maternal and child health and to assist in providing FP services - i.e. stimulate midwives to

a. promote FP through effective use of their normal personal and professional contacts.

b. develop overall standards and training recommendations for the profession to include FP.

c. promote support and participation by midwife organizations and groups in the development of national and local FP programs.

d. enlist cooperation of birth attendants (those not qualifying as professional midwives) in FP objectives.

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* In the midwifery profession, the term "midwife" is reserved for the trained professional (often a nurse/midwife) recognized under licensing or other standards as qualified to provide care and advice to women during pregnancy, labor, and the post-natal period, to care for the baby, and to share in the task of health education within the family and for the community. The traditional helper (the dai, "granny" etc. of little or no training) is usually spoken of as a "birth attendant".

2. Conditions expected at end of project (1975-7) in AID-assisted LDC's.

a. Majority of midwives associated with International Confederation of Midwives (ICM) as members or through participation in Working Parties accepting individual responsibility to promote FP and seeking opportunities to make it a part of their regular professional work. (This can be measured through sampling in selected areas, through review of job records of, and interviews with, midwives trained in courses (under graduate or refresher) stimulated by this project, to ascertain whether they are giving significant time (10%) to delivery of FP information and/or assistance in FP services.

b. Midwife organizations active in support of sound population policies and FP programs. (This can be observed in organization records, press and other public reports.)

c. FP incorporated in training curricula and licensing standards for midwives, or plans under way.

d. Midwife capability recognized for assistance in FP programs and services.

3. Assumptions about achievement of purpose.

a. In most LDC's midwives are familiar with and responsive to suggestions from the ICM.

b. Training facilities are available, or can be supplemented, to provide FP training for interested midwife candidates within a reasonable time i.e., three to five years, and earlier if possible.

C. Statement of Project Outputs

1. Outputs and Output Indicators in AID-assisted LDC's expected at end of contract

a. Kind of Outputs	Magnitude (indicators)	Target date
(1) Policy in support FP publicized by ICM and affiliates.	Press and media reports 1 or more per LDC	1973
(2) Recommendations by region, developed in agreement with medical leadership, on revision in midwife training, licensing and practice to include FP	for all AID countries	By regions, 1972-5 as result of Working Parties
(3) Consideration of how to enlist cooperation of traditional birth attendants in promotion of FP, including action recommendations and possibly pilot proposals	all AID countries	"

Kind of Outputs	Magnitude (indicators)	Target date
(4) Stimulation of FP training for midwives through follow-up consultations with training institutions and licensing authorities in line above recommendations	all AID countries	By regions, 1972-5, as result of Working Parties
(5) More use of midwives to assist provision of FP services, as clinic personnel, in administration of programs, etc.	all AID countries	"
(6) Provision of manuals, ~~teaching~~ materials and popular publications as needed, including native language, to equip and aid midwives in promoting FP	all AID countries	"

2. Basic Assumptions about production of outputs

a. Official licensing authorities, educators, and Health Ministries will be responsive to recommendations from midwife profession on pertinent aspects of FP.

b. Midwives are concerned to respond constructively to population crisis.

D. Project Inputs

1. Statement of Inputs Kinds of Inputs	Magnitude	Delivery Date
a. By ICM (independent of AID)		
The prestige leadership of the recognized (and only) midwife international, with assured cooperation from Int. Fed. of Obstetricians and Gynecologists through Joint Study Group.	100,000 members, worldwide, all qualified midwives; affiliates in 40 countries, top contacts elsewhere, incl/LDC's. Founded 1922	Throughout project
bb. Through AID assistance to ICM		
(1) Provision of contract funds for work in AIDassisted LDC's	$1,105,550 ~~$1,050,550~~ over 3 yr. period	1972-5 ~~xxxxx~~ 1972-4
(2) Project design for FP Working Parties for all LDC's approved at AID funded ICM planning Conference, May 1971	By regions, 3 or 4 per continent (conference included LDC representatives)	1971

1. Statement of Inputs (Continued)

Kinds of Inputs	Magnitude	Delivery Date
(3) Operation to provide Regional FP Working Parties including follow-up at national level	All AID-assisted LDC's	1971
(4) FP major component in 1972 ICM Triennial Congress including overall policy and country support for Working Parties	2500-2000 Delegates, 50-60 countries, world-wide, meeting in Washington, D.C.	1972

c. By others (no additional funding by AID)

(1) IPPF (International Planned Parenthood Federation)

Technical advice; also cooperation in each Working Party including office space and services in region, participation of local expert, consultant of pertinent publications	In London, 10 days intermittent consultation annually; 15-20 days cooperation in region for each Working Party	1972-5

(2) FIGO (International Federation of Obstetricians and Gynecologists)

Working Parties under care of Joint ICM-FIGO Study Group; in Working Parties FIGO representative in each LDC Delegation, also technical advice from reginnal leadership	Intermittent consultation in London; 6-12 workdays per LDC for FIGO representative in Delegations to Working Parties	"

(3) WHO (and UNICEF where available)

Information on current midwife situation re FP; technical advice and expert participation in each Working Party	10 days research cooperation in Geneva; 6-12 workdays for each Party, preferably from regional office	"

(4) Downstate Medical, other AID-supported projects

Consultation working toward coordination of technical recommendations and operating results— e.g. —Working Parties may develop candidates for Downstate Training and/or needs for evaluation in relation other projects	Intermittent at international level; in each LDC, with AID representative and project representatives; 6-12 days for project representative (e.g. Downstate) if he participates in Working Party.	1972-5

1. Statement of Inputs (continued)

Kinds of Inputs	Magnitude	Delivery Date
(5) Other Government, Intergovernmentals		
Sweden, UK already expecting to contribute to items not eligible for AID support	"Developed countries" often pay own way in ICM projects	1972-5
PAHO cooperating in ICM 1972 Congress	FP Workshop in Washington for selected LA Delegates	Oct. 1972

D. Project Inputs (continued)

2. Budget - Midwife Promotion and Support for Family Planning

Core Staff and Expenses	Initial Basic Salaries	(Funded in FY 1972) First Year	Second Year	(Funded in FY 1973) Third Year Final
Project Manager	$18,000 at 2/3 time $12,000	$12,000	$12,000	$12,000
Field Director	$18,000	18,000	18,000	18,000
Deputy Field Directors	9,000 average	(3)27,000	(4)36,000	(4)36,000
Admin. Asst.	8,000	8,000	8,000	8,000
Secretaries (2)	5,000	10,000	10,000	10,000
Accountant	18,000—1/3 time	6,000	6,000	6,000
Information Expert	12,000	12,000	12,000	12,000
Travel		13,000	9,000	9,000
Per Diem		28,000	31,450	31,450
Publications		35,000	35,000	35,000
Sub Total		$169,000	$177,450	$177,450
Office Space and Equipment for Core Staff				
Rent		4,000	4,000	4,000
Equipment		2,000	500	500
Office Supplies		3,000	3,000	3,000
Telegraph & Telephone		2,500	2,500	2,500
Postage		1,500	1,500	1,500
Sub Total		$13,000	$11,500	$11,500

D. Project Inputs (cont)

		Funded in FY 1972 Initial Year	Funded in FY 1973 Second Year	Funded in FY 1974 Final Year
For 1972 Congress				
[redacted]xx		$70,000		
Consultation on FP 80/day (located in D.C.) 130 days		10,400		
Clerical Asst'ce to 25/day Consultants 130 days		3,250		
Sub-Total		$83,650		
Working Parties	Average Cost per Party			
Participants Travel & Per diem	$15,000	$45,000	$60,000	$ 60,000
Subject matter and curriculum specialists	7,500	22,500	30,000	30,000
Regional Consultants (8 man months)	5,000	15,000	20,000	20,000
travel & per diem	7,000	21,000	28,000	28,000
Local Secretariat	3,000	9,000	12,000	12,000
Editorial Services	1,500	4,500	6,000	6,000
Report	1,500	4,500	6,000	6,000
Translation	1,500	4,500	6,000	6,000
SUB-TOTAL	$42,000	(3)$126,000	(4)$168,000	(4)$168,000
Grand Total		$391,650	$356,950	$356,950
Three-Year				$1,105,550

Funding in FY 72 will cover core costs for two years and program costs for one year, including 1972 ICM Congress; funding in FY 73 will cover core costs for one year and program costs for one year; and funding in FY 74 will cover program costs for one year.

3. Basic Assumptions

a. Interest of other relevant organizations (IPPF, FIGO, WHO, etc.) in incorporating family planning into midwifery training and practice, and cooperation in planning and carrying out Working Parties and national follow-up programs.

b. Availability of qualified personnel, including LDC midwives, to serve on regional staff and/or attend Working Parties.

c. Provision of funds from non-AID sources for any extension of project ICM may consider advisable - for example, inclusion of developed country participants in Working Parties.

E. Rationale

1. Why Midwives

Summary

Midwives are a key group for Family Planning. In the developing countries the ~~[illegible]~~ proportion of childbirths - an estimated 90% - take place at home with the assistance of midwives or traditional birth attendants. Accordingly, when suitably trained and motivated, these women can talk readily with the new parents on the need to space births, prevent unwanted pregnancies, and plan family size in relation to resources. For example, a midwife is in an excellent position to facilitate the mother's visit to a family planning clinic or herself provide the needed services and supplies. Also since trained medical doctors are too few in many areas to provide all the family planning services needed, midwives are an important resource for para-medical personnel. For some years, trained midwives have been performing functions in maternal and child care in addition to providing skilled aid at the time of birth. In various LDCs midwives are already being successfully utilized in family planning programs, including the insertion of IUD's; however, the number actively involved is small, and their total potential for promotion of family is virtually untapped.

Midwives and child health

The scope of midwifery has expanded greatly in recent years. Whereas in the past a midwife's principal function was skilled aid to mothers at the time of delivery and in the first weeks of recovery and baby care, many now continue beyond the birth period as special helpers to keep the mother and child healthy. This contributes to the expectation that children already born will survive. It has been found that in families fearful of losing their children mothers are often depleted by multiple pregnancies in the hope that at least some of the children will survive to care for the parents in old age. If parents can feel confidence that their children will live, they can be content with a smaller family. Under this project midwives will be equipped with more effective information on Family Planning, and will find greater scope for their service in prolonged maternal and child health care, thus compensating for reduced demand for help with child birth as the number of pregnancies diminish.

One of the new elements in this project is examination of wider functions also for the traditional birth attendants who have had little or no training. Fresh approaches are needed on the place of these many women who help families at the time of birth, more or less regularly, in poverty areas throughout the world. The families served by these women are likely to be those most in need of family planning advice. Because of their concern to protect and improve standards, trained midwives have generally resisted recognition of these women as part of the profession. However, at the planning conference for this project in London in May 1971, the professional midwife leadership agreed that efforts to advance family planning must include consideration of how to obtain the cooperation and improve the practice of "birth attendants", whatever their status.

Birth attendants

2. Why the ICM

The proposed contractor for this project is the International Confederation of Midwives (ICM). In line with a successful FP-Working Party it conducted for Europe in 1968, it is proposing similar regional Working Parties, to include all AIDassisted LDC's within the next three years. These Working Parties will analyze needs, resources, and potentials for the midwife in family planning; develop recommendations on how to integrate family planning into the midwifery training curricula and practice; and plan the action steps to put these recommendations into effect at national and local levels. Since the situation differs between regions and countries, the regional or area approach has been adopted to assure flexibility and use of local experience; for example, in India FP progress may provide a basis for recommendations without holding a full Working Party, and the same may be true in certain other areas.

As a contractor, the ICM offers important advantages:

a. It is the single and effective organization for the midwifery profession, recognized for consultative status by the World Health Organization, and sharing regularly in WHO technical meetings in all parts of the world. The UN, UNESCO, and the EEC (Common Market) accord the ICM similar status. The involvement of this internationally recognized organization can go a long way in "legitimising" family planning as an appropriate function of professional midwives.

b. Its capacity is also recognized by the medical profession, in particular by the International Federation of Gynecologists and Obstetricians (FIGO - the initials are from the French). In 1958, the ICM and FIGO established a Joint Study Group; headed currently by Sir John Peel, K.C.V.O.

The regional Working Party proposed in this project will be under the care of this Joint ICM-FIGO Study Group.

c. The ICM adopted resolutions in favor of FP at its 1966 and 1969 Triennials. Its next Triennial, October 28 - November 3, 1972 in Washington will give its major time to family planning. The proposed budget for this project includes a total of about $60,000 from AID to cover the Family Planning share of the Congress program (Conference budget detail in Annex C).

d. It has long experience in working with LDC's. Since its early years, the headquarters in London has been a center for advice to LDC students and official licensing authorities (of the 7000 midwives graduating annually in the UK 25% are from overseas, the majority from Africa and Asia). It accepts affiliates on the basis of national qualifications - i.e., those established for midwives by the national licensing authorities - thus acquiring a grassroots base on which to build toward higher standards in terms of local need.

e. On Family Planning the ICM has already set up channels for technical advice - e.g. FIGO, IPPF, and WHO shared in the 1968 Working Party in Copenhagen and the planning conference in London in May, 1971.

F. Course of Action

This will be two-pronged in relation to

a. The 1972 International Congress
b. Regional Working Parties

1. Implementation Plan

a. For the International Congress, October 1972, in Washington DC - recruitment of program assistant to develop and service the Family Planning component (speakers, resource materials, experts for technical program etc. together with record of costs to be borne by AID, and evaluation reports). She should be ~~should be~~ selected in consultation with A.I.D., to be on board by January 1, and continue probably to the end of 1972.

b. For the Working Parties

(Preliminary work by ICM has assured some host invitation, cooperation from IPPF, WHO, etc., some funds from other donors, also basic info from WHO in present family planning midwife practice in LDC's.)

(1) Assemble core staff, enlarge headquarters space and services. The present Exec. Sec. will take over as Project Manager on a part-time basis, and a full-time Field Director and Information Expert will be added. AID will be consulted on selection of full-time professional staff, both headquarters and field.

(2) Organize an initial Working Party in Africa, to act as model in program, participation patterns, and evaluation; recruit regional Field Directors and consultant staff looking toward a total of 3 Working Parties in Africa to cover all LDC's, in 1972. Inter alia, this will include:

(a) Assembly of documentation and publications, including native language materials midwives can use in promoting family planning.

(b) Plan program, assemble participants and conduct sessions, making certain medical and midwife representatives agree on basic policy and continuing action (Sample agenda in Annex A).

(c) Develop recommendations, taking account of experience in region, on midwife role in family planning; needed revisions in training curricula and official licensing standards; model training materials and refresher course plans, any additional training facilities needed in region; coordination with Downstate or other AID-assisted projects.

(d) Plan follow-up at national level to promote use of Working Party results; (initial contacts will be made in advance including consultation with A.I.D. Missions) provide consultation services to returning Delegates as required.

(e) Develop/[illegible] recommendations [illegible] projects to enlist cooperation of traditional birth attendants in family planning; these should probably be located where AID has population officers [illegible]

(f) Develop evaluation system for Working Parties and for follow-up.

(g) Carry out similar plan for Latin America in 1973 and other regions in 1974.

2. Narrative Statement

a. Strategy

The basic strategy of this proposal is to make use of regular midwife contacts with women and their families to expand Family Planning, and to make use of the midwives' own organization - the ICM - to prepare them for this role. The objective is acceptance of the small, healthy, family as the desired standard.

To assure such Family Planning participation by individual midwives, it will be necessary to (1) stimulate their interest in accepting family planning responsibilities as part of their regular work (2) provide them with suitable training, including how to talk persuasively with women and their families and how to assist as appropriate in the actual provision of family planning services

(3) promote opportunities for them to share in the development of sound public policy on population and of family planning programs. The ICM offers effective resources for all these needs: (1) professional leadership in which midwives have confidence and all-member participation in program decisions through the Triennial International Congress (2) constant efforts to improve midwife training and practice, with regular cooperation from the medical profession (FIGO) and ready contacts with official midwife licensing authorities in all regions of the world, including LDC's, and (3) association with national midwife organizations and groups able to promote and/or support sound government action.

By financing this project, AID will step up ICM performance on Family Planning in both time and scope. The ICM Congress in 1969 requested regional Working Parties on Family Planning along the lines of the successful party conducted for Europe in 1968. AID funding will permit scheduling some 11 regional Parties, covering all LDC's within three years; without AID help, the ICM would probably be able to organise not more than one a year, dependent on funds from and location in a developed country. Similarly, AID funding for the family planning element in the 1972 ICM Congress permits making this the major interest of the meeting, with opportunity to alert and enlist world-wide midwife support for the regional Working Parties and local programs to support Family Planning. Action on Family Planning at the 1972 Congress will thus carry far more weight than in previous Congresses, where the ICM commitment was limited to general policy.

This project will not of itself train midwives for Family Planning. Its purpose is to make certain such training becomes available as appropriate for each area, that midwives themselves demand it and make use of family planning skills, and that official licensing authorities include it in midwifery qualifications. The following quote from the ICM President spells out the objective in somewhat more explicit terms:

> "The ICM program is educational - promotional only. As a confederation of national affiliates, each composed of individual members, we can achieve our objective only through informed persuasion on behalf of recommendations which have received support in organization meetings. We have no capacity to enforce standards except as qualifications for our own membership; neither can we provide midwifery training in any formal sense. What we can do, and try to do intelligently, is to inform and activate public opinion and responsible agencies— in this case in support of family planning."

b. Provision of FP expertise

While midwives in various areas are already active in Family Planning, the proposed Working Parties will require expert information and experience beyond that available in the ICM. This problem was considered in detail at the planning conference for this project in London

last May, where the ICM Executive and members of the Joint ICM-FIGO Study Group conferred with three LDC midwives already involved in Family Planning (brought especially from Ghana, Thailand and Chile) and with consultants from the IPPF and WHO.* The approved plans provide for expert information from various sources, preferably drawn from the region or near-by countries. Among these will be documentatinn, probably also speakers and discussion, on world population trends and the situation in the region; a draft survey of current midwife activity in family planning in each of the participating countries; ~~expert consultants from regional or local offices~~ specialists from the ICM Executive Board, the IPPF, WHO, and UNICEF (FIGO will be represented in each country Delegation); and further, as needed, local studies, speakers and/or demonstrators on each of the techniques involved, such as communication-persuasion in a family or group situation, model training curricula and recommendations on revision of current licensing standards; publications, both popular and technical, and further needs, including native language publications; and possibilities for special training in family planning for midwife teachers and local leaders. Staff plans for the Working Parties include employment of local consultants for each Working Party, at least one of whom will be assigned to program development of expert sources and materials on Family Planning, and others to help with follow-up at the country level.

c. Coordination with other AID programs

This proposal and AID's project with the New York Downstate Medical Center are mutually re-inforcing (AID/csd No. 2940). Beginning in 1971, the Downstate Center will hold three or four training sessions a year in the clinical aspects of family planning and will include some 60 qualified midwives from LDC's in these sessions. It will also provide technical assistance overseas. The ICM Working Parties will greatly increase the demand for clinical and/or other training, both among midwives themselves and among governments and organizations who will become aware of midwives as potential personnel for family planning programs. The Working Parties will also focus attention on the training facilities available in each area, thus identifying centers which may wish to be considered for technical assistance. Because of this linkage, ICM and Downstate leaders have already conferred at the international level, and set up plans whereby Downstate will designate a representative for eadh Working Party, ~~and that they will include consideration of how Downstate facilities can be utilized in meeting area training needs.~~ ~~Because of the limited number of MW members involved in each, area~~ training needs.

~~*Funded based on AID under contract csd no. 2948, expired July 23, 1971. The contribution was $23,000. The report is available in the drafting office.~~

* This phase of the project was funded by AID in FY 1971 under contract csd no. 2948, expired July 23, 1971, in the amount of $23,000 (report available in drafting office). This amendment constitutes further development of this project.

Similarly re-enforcing is AID's project with the North Carolina Population Center for Training Nurse Leadership in Population Programs (University Service Agreement UNC 5). The same is true for various additional projects operating under AID's regional bureaus. The organizers for each Working Party will coordinate plans and activities with all these projects, seeking advice in advance from AID Missions and/or regional bureaus concerned. From the point of view of overall coordination, this project is designed to mesh the interests of the individual midwife, as a person and as a member of the ICM, with the opportunities for technical training offered by AID-supported and other institutions and the needs of national fp programs for popular support and working personnel. (For further detail on plans for Staff and Working Party operation, see Annex B)

Evaluations

Evaluation will be required at various stages (1) after the 1972 Congress, on the family planning component in the program (2) after each regional Working Party, and after each series - e.g. on the series in Africa, (3) on the effectiveness of follow-up at the country level. Patterns for evaluation will be developed by the Project Manager and Field Director in consultation with AID. After a suitable time, some sampling of midwife activities can be undertaken in particular areas.

An overall evaluation report will be prepared not later than November 1974, for use in the 1975 ICM Congress. This will indicate progress to date, with a view to any further planning ~~through~~ necessary.

Annual Budget and Work Plans

life-of-project/ Budget items relate to the Course of Action described in Section F. This provides the basis for the ~~first year of~~ work. ~~A plan of work and budget for succeeding years will follow~~ annually ~~thereafter for the life of the project~~, together with an evaluation of ~~its~~ activities to date.

Detail plans/ for future/ work will be/ submitted/

It is emphasized that ICM will seek as much assistance from other donor organizations as it can to stimulate wider support for its efforts.

Further information of the 1972 Congress budget appears in Annex C.

Annex A

SAMPLE AGENDA

1. Opening of Meeting by ICM Field Director or Deputy.

2. Election of Officers: Chairman, 2 or 3 Vice-Chairman, Rapporteur, 2 Assistant Rapporteurs.

3. Survey of Regional Situation.

   A. Population Trends and Family Planning Resources.

   B. Analysis of current midwife training and functions.

   (This survey will be based on the analytical summary of responses to the preliminary questionnaire.)

4. Agreement on standards and a model curriculum to incorporate family planning as an integral part of MCH.

5. Development of recommendations and plans for action at the national level.

   A. How to persuade responsible authorities to adopt needed changes in licensing and training requirements.

   B. How to provide refresher or other training in family planning for graduate midwives.

   C. How to bring family planning information and motivation to all levels of midwifery - traditional birth attendants, assistant midwives and auxiliaries.

Annex B (1)

Detail Comment on ICM Plans for Staff and Working Party Operation

1. Staff

A small core staff will work out of international headquarters in London. In addition, there will be one or more area staff for each Working Party to organize the meeting and provide consultation to national leaderships on follow-up. The core staff will be headed by a Project Manager, who will be a midwife experienced in ICM matters and in administration. She will direct operations at London headquarters, working directly with the ICM leadership and the Joint ICM/FIGO Committee through which FIGO will share in planning the Working Parties. Field work will be the responsibility of a Field Director, who should be able to work with government and medical authorities as well as the midwife leadership in developing countries. He/she will perform much travel; he will develop the agreement with the host country which will be the basis for each Working Party, recruit the Deputy Directors who will eventually take over the operating responsibility for particular Working Parties, and take the lead in evaluating progress for results in each region. Since the Field Director and some of the Deputies will be working in a series of Working Parties, they will provide continuity and carry-over of experience.

The London Headquarters will have an administrative assistant to the Project Manager, one to two secretaries, and a professional accountant who may be part-time. In addition a full-time expert will take the lead in locating useful family planning publications and program materials, and in overseeing publication of materials and reports put out by the ICM. The budget provides for purchase and/or development of these materials.

The first Deputy Director will be recruited in Africa, to help develop the first Working Party there. She should be an African who can travel extensively and function in both English and French. Cooperating organizations, such as the IPPF, will provide any necessary office services, thus avoiding need for a regional office. The same pattern will apply to additional Deputies for Africa, and later in other regions.

In addition, part-time consultants will be recruited for each Working Party to assist with the meeting and the report as well as with the follow-up activities in the region. As noted above, one of these will be responsible for program presentation of Family Planning. The regional assignments are being developed on a short-time basis in the hope that midwife leaders already on family planning jobs can obtain extended leave from their employers to help with a Working Party.

This procedure has the additional advantage of leaving Working Party staff in the region to continue the ICM interest.

The Executive Staff - i.e., the Project Manager, Field Director and Deputies, will be selected in consultation with AID.

2. Working Parties - Operation, Agenda, etc.

The general plan is to center each Working Party in or near a developing country where active midwife leadership is available. The first area will be Africa, to be organized around three centers - probably Ghana, Kenya and one in Northern Africa. Since the hope is to keep each group small- preferably not more than eight countries, - it may be advisable to organize some of the Working Parties as a cluster of smaller groups in neighboring areas. AID regional bureaus will be consulted in defining cluster groups. A common language will be one of the criteria used.

The division into areas will be determined by practical ICM considerations and may not follow regional patterns established by WHO, IPPF, and AID, etc. Where geography permits, interested developed countries will be combined with developing countries. The ICM is soliciting funds from other, non-AID sources to provide any necessary assistance to developed countries, such as Japan, Iran and New Zealand, to assure their participation in Working Parties on Family Planning without cost to AID.

Working Parties will be composed of: (1) selected delegates from each country (to include at least two midwives and a physician who are directly involved in training, supervision, or administration of midwives) (2) [redacted]* * [redacted] FIGO, the IPPF, WHO, UNICEF and AID-assisted projects such as the Downstate Medical Center, with local programs as additional possibilities (3) ICM staff, including one or more consultants available for national follow-up, (4) program and resource speakers as required.

In the country delegations, travel and per diem is provided for [redacted] two midwives and one physician. Country delegations to previous ICM meetings of this type have usually been composed of one midwife and one obstetrician. In this case the intention is to include several midwives from each country so that they can work together on return in setting up similar work-shop type meetings at national and local levels. The midwives will be selected by the country leadership in consultation with the ICM organizing staff, and the physician in consultation with FIGO as well as with the ICM. It may be possible for countries to send one or two additional delegates at their own expense; if so, they should be selected in the same way.

In order to attract top midwife and medical personnel, the Working Parties will be no longer than two weeks, with the critical decisions on curricula concentrated in a 6 or 7 day period. The IPPF has offered to set up advance observation and orientation on family planning for those in the need of current information and policy.

A suggested model agenda (see Annex A) will be modified to meet regional needs. This will be done by an advance planning group convened by the Field Director or regional Deputy. If WHO, IPPF, UNICEF, or other organizations closely concerned have staff in the area, they can be invited to take part in planning, possibly on a week-end consultation, in cooperation with the home country.

*Subject matter and curriculum specialists on family planning and midwife practice; these will come from the ICM Executive Board,

Annex B (3)

The agenda can be considered under three general headings:

(1) a self-survey of the regional situation as to population trends, MCH/family planning programs, and midwife training patterns, thus uniting the group on facts (2) development and agreement on recommendations to integrate family planning in midwife training and practice (3) planning for follow-up at the national level to obtain midwife support and action in line with the recommendations.

As a basis for the situation-survey which constitutes the first phase of the agenda, the ICM is preparing an up-dated draft of its 1966 "Maternity Care in the World", to be checked by the midwife leadership in each country.

The second phase of the agenda, on desirable changes in professional training and practice to maximize midwife potential for family planning will be discussion based on working papers and other resource materials provided by participants, staff, expert consultants and representatives of cooperating organizations. The Working Party may establish working-groups on particular points, such as the drafting of a model curriculum or how to reach the relatively untrained "birth attendant" and encourage her support for sound family planning.

Consideration of the follow-up, at the national and local level, will begin before the Working Party with the advance visit of the ICM organizer to each country. During the meeting, each delegation will develop detailed plans for follow up in their own countries, including consultation with AID Missions in AID-assisted countries and with population programs sponsored by the UN, Ford, and similar agencies.

There will be a report on each Working Party. Since participants will use this in follow-up in their own countries, and it will be needed in later ICM meetings, it will probably be supervised by the Field Director and London Publications Expert. There will also be an evaluation report. Inter alia, this will emphasize experience which can be applied in the continuing program.

3. Follow-up

The strategy of this project is directed to action at the national level. On their return from the Working Parties, each country Delegation will be expected to organize workshops, seminars or similar meetings making use as desired of consultant help provided by continuing Working Party staff. Among the tasks of the Working Party will be planning resources for these national meetings.

Program time will be provided when each country Delegation can plan for action on their return home, including need for consultant help. A foundation will have been laid in advance by the ICM organizer (usually the Regional Field Deputy) during his/her earlier visit to recruit participants and obtain agenda suggestions. At that time the ICM organizer, preferably in company with one or more local midwife leaders, will visit important training institutions and official licensing authorities to interest them in the anticipated recommendations. He will also become informed on any projects which offer opportunities for coordination. In AID assisted countries he will consult with AID Missions.

The objectives of follow-up will take account of national policies - for example, in a country not yet committed to family planning, there will still be advantage in expanding the midwife role to encourage healthy families through proper spacing of pregnancies. National midwife organizations will offer support. Where no group has yet organized, the returning Delegation will seek the aid of midwife and medical associates in approaching the Ministry of Health, training institutions, official licensing authorities and other interested organizations. In AID-assisted countries, the returning Delegation will consult AID missions on follow-up plans, including potentials for cooperation with other AID-assisted projects.

The Regional Deputy for each Working Party will maintain a continuing interest in follow-up. The budget for each Working Party provides for one or more consultants to visit returning Delegations on request; they will also assist in the evaluation reports ICM will assemble on the results in each country. This staff assistance is the only service funded under this project; if further help is needed, local midwives can discuss possibilities with the ICM or direct with the AID Mission in the area. Similarly, any pilot project undertaken - for example, to enlist the cooperation of the traditional birth attendants in Family Planning, will have to be funded as a new effort, as part of the country program where it is located.

The participating countries will be requested to make the following follow-up reports to ICM: (1) an interim report by the leaders of the national delegation three months after the Working Party, reporting progress or plans (2) a report after a visit from the consultant; this should include but not be limited to the report by the consultant, and (3) a 12 month report from the delegation leader indicating progress, achievement of desired changes etc., or requesting further help.

Annex C

1. Estimated ICM Budget for 16th International Congress of Midwives

Multilingual Services Translators, translation system, multilingual staff	$ 45,000
Program Speakers — Expenses	30,000
Audio Visual Aids	10,000
Pre-Congress Expense Planning, Printing, Secretarial Expense Including travel expense of executive committee for planning meetings	39,000
Congress Expense Hotel expense, professional management, clerical staff, during Congress, etc.	37,500
Post Congress Expense Includes printing Congress proceedings in several languages	25,000
Total Budget	$186,500

2. Proposed AID Contribution for FP Component (see budget)

1. Program costs, including language services (about 40%)	70,000
2. Program Assistant - 130 days consultation $80 per day	10,400
3. Clerical Assistance	3,250
	$ 83,650