9320947 (4)
PD-400-F1
671 of ___ PAGES

AID 1020-1 (7-71) (PAGE SHEET)
NONCAPITAL PROJECT PAPER (PROP)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Midwife Promotion and Support for Family Planning

APPENDIX ATTACHED: [X] YES [ ] NO 28p

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

3. RECIPIENT (specify)
[ ] COUNTRY
[ ] REGIONAL
[X] INTERREGIONAL Worldwide

4. LIFE OF PROJECT
BEGINS FY 1972
ENDS FY 1977

5. SUBMISSION
[X] ORIGINAL 12/16/71 DATE
[ ] REV. NO. ___ 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. PASA/CONTR. (1) $	G. PASA/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 74	674							674				
2. OPRN FY 75	295							295				
3. BUDGET FY 76	350							350				
4. BUDGET +1 FY 10	350							350				
5. BUDGET +2 FY 77	0							0				
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	1,669							1,669				

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

1. DRAFTER PHA/POP/MI:CCollins:AAarnes	TITLE Project Monitors	DATE 3/15/75
2. CLEARANCE OFFICER PHA/POP/MI:GFWinfield	TITLE Chief, PHA/POP/MI/IEC	DATE 3/15/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

NESA/TECH requests advance notification and consultation on plans for activities in Region.

PHA/POP/AFR:CMiracle (draft) 3/21/75
PHA/POP/LA:VScott (draft) 3/26/75
PHA/POP/EA:RMendosa (draft) 3/21/75
PHA/POP/NESA:AAarnes (draft) 3/21/75
R. Grant

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
PHA/POP	RBacklund, GGilmore				
PHA/POP	RTRavenholt (draft)	3/19/75	AFR/DP	Princeton Lyman (draft)	3/21/75
NESA/TECH PSD	PSGibson (draft)	3/21/75	LA/DR	John R. Breen	3/31/75
			GC/PHA	JMiller (draft)	3/26/75
EA/DP	WLefes (draft)	3/26/75	PPC/DPRE	JWelty (draft)	3/21/75
			PHA/PRS	TMahoney (draft)	4/1/75

3. APPROVAL AAO OR OFFICE DIRECTORS

SIGNATURE: Harriet S Crowley
DATE: 4/30/75
TITLE: Assistant Administrator, PHA

SIGNATURE:
ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

I. Goals

A. Statement

Development of an adequate system, for 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 midwifery profession.*

B. 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.

C. Assumption

National governments allow provision of FP information and service.

II. Purpose

A. Statement

To provide a common frame work for midwives in as many countries receiving AID assistance as possible to enable them to influence population/family planning policy, midwifery training curricula, legislation, the delivery of information and services.

1. promote FP through effective use of their normal personnel and professional contacts.

2. work for recognition and acceptance of the expanded role of midwifery personnel of all levels in maternal and child health (MCH) and FP services.

3. promote support and participation by national midwifery organizations and other professional groups in the development of national and local MCH/FP programs.

*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 the "traditional birth attendant (TBA)."

4. plan for the inclusion of FP in the curricula of midwifery training programs at all levels.

5. develop methods of making optimum use of TBAs and auxiliaries in MCH/FP services.

B. Conditions expected at end of project

1. Midwives and obstetricians in the majority of participating countries working on implementation of International Confederation of Midwives (ICM) and working party recommendations regarding FP as an essential MCH service.

2. Working Party participants actively engaged in promoting FP policy and ICM/FP programs in their respective countries.

3. Midwife responsibility for participating in FP component of MCH service recognized in all participating countries.

4. Existing and newly organized national and local midwifery associations and informal groups actively supporting sound population policies and FP programs.

5. FP included in the training of midwifery personnel in at least half of the participating countries. Number of midwives from half the countries will request specialized FP training as preparation for teaching or administration.

6. Midwives actively promote the identification and training of TBAs and developing ways of working with them in the majority of participating countries.

C. Assumptions about achievement of purpose

1. Midwives and obstetricians in LDCs are responsive to leadership taken by ICM and the International Confederation of Gynecologists and Obstetricians (FIGO).

2. LDCs will permit midwives and obstetricians to participate in ICM Working Parties, to share working party experiences with their colleagues and to develop action programs to implement working party recommendations.

3. Participants in working parties will be able to take leadership in their own professional groups even though they cannot speak officially for their governments.

4. Working parties and field follow-up as carried out under this project can stimulate the desired FP action.

5. FP training programs for midwives will be available or are being developed by other organizations.

6. Midwifery associations and/or sections are important mechanisms for enabling midwives to work together to integrate new responsibilities such as family planning into their training and practice.

III. Project Outputs

A. Outputs and Output indicators in AID-assisted LDC's expected at end of project.

	Kind of Outputs	Magnitude (indicators)	Target Date
1.	Family planning included as a substantial component in 1975 International ICM Congress.	Will be held in Lausanne Switzerland, for approximately 2,000 midwives from 60-70 countries.	1975
2.	ICM arrange and conduct four or five regional working parties for LDC midwives and physicians. Working party participants analyze needs, potential, and resources necessary for midwives to participate actively in family planning services.	Two working parties in East Asia, two or three in West Asia and North Africa.	2 in 1975 3 in 1976
3.	Working party participants develop explicit and actionable recommendations on FP as an essential part of MCH services, the role of the midwife in FP, and revision of midwifery training to include family planning.	Recommendations for each working party forwarded to AID by ICM and included in working party reports.	1975-1977
4.	In consultation with ICM, working party participants agree on a plan of action to promote the implementation of working party recommendations at the country level.	Report of Action plans	1975-1977

	Kind of Outputs	Magnitude (indicators)	Target Date
5.	ICM, through working parties and follow up, encourages professional midwives, obstetricians and pediatricians to work with their governments and institutions to identify traditional birth attendants, provide appropriate training, and incorporate them in MCH/FP services.	Recommendations from working parties on identification, training and use of traditional birth attendants. Reports of follow up actions to encourage governments and the midwifery and medical professions to identify and train TBAs.	1975-1978
6.	ICM conducts follow up in each country which has participated in working parties during the life of the project to assist in implementation of working party recommendations.	ICM staff and consultants visit each country periodically (at least two visits to each country in Asia, and South America, at least one visit to countries in Africa, Central America and the Caribbean) and report on actions taken and progress in implementing working party recommendations. Country or regional seminars and follow up meetings on midwifery and family planning organized for at least half the countries participating in the project.	1975-1978
7.	ICM prepares and distributes reports of each working party, working party participants, MOHs in the region, and other interested organizations and individuals.	ICM record of reports distribution.	1975-1978
8.	ICM provides teaching materials, manuals and popular publications on midwifery and family planning to working party participants and other LDC midwives and physicians to assist them to promote family planning.	ICM records of materials distributed at working parties in follow up, and through mailing list.	1975-1977

Kind of Outputs	Magnitude (indicators)	Target Date
9. ICM stimulates family planning training for midwives through coordination with other organizations providing training, and consults with country training institutions to encourage training.	ICM records of training requests and referrals made to training agencies	1975-1977
10. ICM assists in establishing and strengthening LDC midwifery associations.	Five new associations and/or sections formed in LDCs and of these 3 associations became members of ICM.	1975

B. Assumptions about Outputs

1. Funds will be found to assist midwives from LDCs to attend ICM International Congress.

2. ICM can provide sufficient qualified staff to plan and carry out working parties and do field follow-up.

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

4. Midwives are concerned to respond constructively to family planning needs in MCH.

5. Traditional birth attendants exist who can be identified and integrated into MCH/FP services.

IV. Project Inputs

Kinds of Inputs	Magnitude (indicators)	Target Date
A. By ICM (Independent of AID)		
The prestige leadership of the only recognized international midwifery organization, with assured cooperation from International Federation of Obstetricians and Gynecologists through Joint Study Group.	100,000 members, worldwide, all qualified midwives; associations and/or sections in 48 countries including LDCs, top contacts elsewhere. Founded 1922.	Throughout project

Kinds of Inputs	Magnitude (indicators)	Target Date
B. Through AID assistance to ICM		
Provision of contract funds for project activities in AID assisted LDCs.	$1,123,000 over a 3 year period.	1975-1978
C. Other (No additional funding by AID)		
1. IPPF (International Planned Parenthood Federation)		
Technical advice; cooperation in regional working parties including office space and services in region; participation of staff and provision of pertinent publications.	In London, 30 days intermittent consultation annually; 5-10 days cooperation in region for each working party.	1975-1978
2. FIGO (International Federation of Obstetricians and Gynecologists)		
Working parties under sponsorship of Joint ICM/FIGO Study Group; in Working Parties FIGO representatives in each LDC Delegation, also technical advice from regional leadership.	Intermittent consultation in London; 6-12 working days per LDC for FIGO representative in Delegations to Working Party.	1975-1978
3. WHO (UNICEF where available)		
Information on current midwife situation re FP; technical advice and participation in each Working Party.	10 days research cooperation in Geneva; 6-12 work days for each Working Party, perferably from Regional Office.	1975-1978
4. Other AID-supported Projects		
Cooperation of related training programs in coordinating with the ICM in providing training and Working Party consultation.	6-12 days participation as consultants in Regional Working Parties. 6-12 days participation in country seminars if requested by host country association. Intermittent consultation.	1975-1978

Kinds of Inputs	Magnitude (indicators)	Target Date
5. Other Governments		
A. Other government donor agencies (SIDA,CIDA, NORAD, West Germany, etc.) expected to contribute to items not eligible for AID support.	Will be utilized on "as needed" basis.	1975-1978
B. Donations of books and training materials from publishers, institutions and other donor agencies.	Donated on "as requested" basis.	1975-1978

D. Project Inputs (continued)

Budget

	Basic Salaries	1975 * (9 Mths.)	1976 * (12 Mths.)	1977 * (12 Mths.)
1. SALARIES				
a) Project Director	$ 18,000	$ 18,000	$ 18,900	$ 19,800
b) Field Directors - 2	16,000	24,000	32,000	34,000
c) Program Associate	18,000 1/2time	6,000	9,500	10,000
d) Accountant/Administrator	20,000 1/2time	7,500	10,500	11,000
e) Regional Field Directors	10,000 average			
- Full Time - 3		22,500	31,500	33,000
- Part Time - 5		18,700	26,000	27,500
f) Secretaries, Bi-lingual - 3	6,000	13,500	19,000	20,000
g) Part-time Assistance - Administrative		4,500	6,000	6,000
h) Fringe Benefits		10,300	13,800	14,500
Subtotal		125,000	167,200	175,800
2. TRAVEL & PER DIEM				
a) Core Staff		15,000	25,000	25,000
b) Regional Staff		15,000	25,000	30,000
c) Working Party Participants		40,000	60,000	
d) Consultants/Specialists		10,000	15,000	10,000
Subtotal		80,000	125,000	65,000
3. DIRECT COSTS OF CORE H.Q. AND REGIONAL OFFICES				
a) Rent & Maintenance (Offices)		5,300	8,000	9,000
b) Office Supplies		4,500	7,000	8,000
c) Postage		3,000	5,000	5,000
d) Telephones/Cables		4,000	7,000	7,000
e) Translations		1,500	4,000	2,000
f) Equipment		3,200	3,000	2,000
g) Misc. (Exchange Loss etc.)		1,500	3,000	3,000
Subtotal		23,000	37,000	36,000

* CALENDAR YEARS

	1975 (9 Mths.)	1976 (12 Mths.)	1977 (12 Mths.)
4. WORKING PARTY DIRECT COSTS			
a) Hire of Accommodation	3,000	4,500	
b) Equipment Hire	500	800	
c) Stationery/Photocopying	500	800	
d) Local Secretariat	1,000	1,500	
Subtotal	5,000	7,600	
5. REGIONAL SEMINAR COSTS			
Based on Assistance of $10,000 per Region	10,000(1)	20,000(2)	30,000(3)
6. REPORT COSTS			
a) Editorial Work	1,000	1,500	1,000
b) Printing - New Reports	4,000	6,000	3,000
c) Supplementary Re-issues	1,000	4,500	2,000
Subtotal	6,000	12,000	6,000
7. PUBLICATIONS & INFORMATION			
Publications and Information Services	7,500	10,000	10,000
8. 1975 TRIENNIAL CONGRESS			
Estimated Family Planning Content - 25% of Programme and Report Costs.	30,000	-	-
TOTALS	286,500	378,000	322,800

GRAND TOTAL $987,300

E. Assumptions About Inputs

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.

V. Rationale

A. Why Midwives

Midwives are a key group for Family Planning. In the developing countries the great proportion of childbirths - an estimated 90% - take place with the assistance of midwives or traditional birth attendants. Accordingly, when suitably trained and motivated, these women can talk readily with families 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. Since trained medical doctors in many areas are too few to provide all the family planning services needed, midwives are an important manpower resource. For some years, trained midwives have been performing many 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 planning is virtually untapped.

In recent years, the scope of midwifery has expanded to include broad maternal child health services from the early prenatal period of the mother to the first five years of the child's life. As the spacing of pregnancies is recognized as an important factor in the nutritional status and well being of mothers and infants, family planning has also become a part of this expanded role.

Under this project, LDC midwives are stimulated to recognize the importance of this expanded role. The relationship of child spacing to normal pregnancy and higher infant survival rates is stressed as well as the need for smaller families in view of the world population crisis. Midwives are further stimulated to recognize that lower birth rates, while reducing the demand for childbirth assistance are not a threat to the midwifery role but a challenge to provide higher quality maternity care to fewer numbers of mothers, more comprehensive care for infants and children, and family planning services.

Another element in this project is the examination of wider functions for the traditional birth attendants who have had little or no training. Fresh approaches are needed on the place of these women, as 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 traditional birth attendants, whatever their status.

B. Why the ICM

This activity will be carried out by the International Confederation of Midwives. The ICM, as a confederation of national midwifery associations was founded to improve maternal child health through higher standards for midwifery training and practice. The ICM recognizes for membership only those midwives formally trained and licensed by their own governments. In setting standards for training and practice, the ICM works in close cooperation with the medical profession (FIGO) and licensing authorities for midwifery practice throughout all regions of the world.

While the ICM has no capacity to enforce standards except as qualifications for ICM membership, it can and does activate individual members and affiliate associations to work for higher standards and qualifications in their own countries. In this regard ICM has the assistance of FIGO and their influence with appropriate ministries.

BEST AVAILABLE COPY

AID funding for this project has accelerated ICM activities in Family Planning both in time and scope. This project permitted the ICM to present Family Planning as a major theme in its 16 Triennial Congress held in Washington, D.C. in 1972. This Congress which was attended by midwife representatives from 66 LDCs helped to establish worldwide support for FP as a midwifery responsibility. Immediately following the Congress, there were substantial increases in requests from LDCs for FP training for midwives. These requests have continued to increase, creating the need for a greater capacity for this training than now exists either through AID or other international agencies.

The AID funding permits the ICM to conduct up to 15 Working Parties over a six year period which will provide coverage for all LDC regions. Through the Working Party, the ICM seeks to impart the philosophy that family planning is essential for healthy mothers and babies and therefore, a midwifery responsibility. Without AID funding the ICM would be able to conduct at best only one Working Party per year.

As a contractor, the ICM offers important advantages:

1. 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 "legitimizing" family planning as an appropriate function of professional midwives.

2. Its capacity is also recognized by the medical profession in particular by the International Federation of Gynecologists (FIGO). In 1960, the ICM and FIGO established a Joint Study Group headed currently by Mr. John Tomkinson. The regional Working Parties proposed in this project will be aided by this Joint ICM-FIGO Study Group.

3. The ICM adopted resolutions in favor of FP at its 1966 and 1969 Triennials. The 1972 Triennial Congress in Washington gave major time to family planning and was valuable for developing the interest of midwives in FP, stimulating desire for training in FP and creating an awareness of the role of midwives in providing FP services. The FP share of the Congress was supported by AID.

4. 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 percent are from overseas, the majority from Africa and Asia). It accepts affiliates on the basis of national qualifications - i.e., those established as midwives by the national licensing authorities.

5. On Family Planning the ICM early set up channels for technical advice - e.g., FIGO, IPPF, and WHO shared in the 1969 Working Party in Copenhagen, the planning conference in London in May, 1971, the 1972 Congress in Washington and the regional working parties in Africa and Latin America.

6. Although some of the Working Parties have been conducted in the regions that remain politically sensitive toward family planning, the ICM sponsorship has provided acceptance of the activity and thus far only one government has refused to allow participants to attend. All of the Working Parties have developed recommendations that support family planning as a midwifery responsibility and training in FP for midwives.

VI. Course of Action

A. Implementation Plan

This will include four principal emphases:

a. Inclusion of family planning in the 1975 International Congress
b. Regional working parties
c. Working Party followup at the country level
d. Strengthening national midwifery associations

1. International Congress

ICM's next Triennial International Congress will take place in Lausanne, Switzerland, June 21-28, 1975. Approximately one third of the program will be devoted to population/family planning and midwives' professional responsibilities in family planning. ICM will arrange the Congress program to include the family planning component, and will recruit expert speakers on family planning.

In order for the Congress to have wide impact, AID and ICM will arrange for as many LDC midwives as possible to attend the Congress. AID will encourage all Missions and embassies to send midwives, and will seek assistance from other AID contractors and grantees to fund participants to the Congress. ICM will seek funds from other governments and organizations to bring LDC midwives to the Congress and will arrange their transportation and per diem.

AID will contribute funds to ICM to cover the proportion of program costs that will be devoted to population/family planning. ICM will maintain a record of the costs to be borne by AID.

2. Regional working parties

This project calls for ICM to hold regional working parties for participants from as many AID-assisted LDCs as possible, in order to stimulate involvement of the entire midwifery profession in family planning. Since the project began in 1972, ICM has conducted seven regional working parties: four in Africa (in Accra, Nairobi, Yaounde, and Dakar), one in Central America (San Jose), one in the Caribbean (Barbados) and one in South America (Bogota). Each working party has included approximately two midwives and one obstetrician from each country in the region. ICM has begun to plan additional working parties in East and West Asia. It has thus nearly completed its series of working parties in Africa and Latin America, and is well under way with plans for working parties in the other regions.

In the next phase of the project, ICM will continue to conduct working parties along the general pattern of the first seven working parties. Specifically, ICM will:

a. Recruit additional core staff. The full headquarters staff for the project should include a full-time project director, two field directors, a part-time program associate, a part-time finance administrator, and secretarial assistance. AID will concur in the selection of all professional staff-both core staff and field staff. (Full discussion of staff functions in Appendix A).

b. Organize regional working parties in East and West Asia and North Africa. It is expected that ICM will conduct two working parties in 1975 and three in 1976. For each working party ICM, will:

   1. Recruit regional field directors to assist in planning and conducting the meetings and in carrying out followup.

2. Make preliminary visits to all countries to be included in each working party, to determine the midwifery and family planning situation in the country and to arrange for participation of midwifery leaders and obstetricians in the working party. Plan the working party program, as appropriate for the region.

3. Conduct the working party. Direct and assist the regional director in making arrangements for the working party, and provide substantive leadership and administrative support at the working party.

   Participants in the working party will develop recommendations for the region on midwives' role in family planning, inclusion of family planning in midwifery training and licensing standards, and enlisting the cooperation of traditional birth attendants in improving the quality of maternal and infant care and promoting family planning.

4. Plan followup at the national level to implement working party recommendations and integrate family planning into midwives' training and practice.

   A detailed discussion of organization and operation of working parties is included in Appendix B.

c. Coordinate working party plans with other organizations conducting programs in the region related to midwifery and family planning.

3. Follow-up of working parties

Follow-up of every country participating in a regional working party will be carried out principally by the regional field directors, under the direction and with the assistance of ICM headquarters staff. The headquarters staff will work with the regional field directors to develop specific objectives for follow-up work in each country, based on the plans made during the working party with country participants. In line with these objectives, the regional field directors will maintain communication with all working party participants and visit each country periodically to review progress and assist in implementing the working party recommendations. Further actions in these regions will be determined by the information obtained in the follow-up. This action could include special in-country seminars on family

planning or a second regional Working Party. In consultation with AID, a second regional Working Party could be conducted in areas where midwives have had difficulty in implementing recommendations or in those regions where midwives request further assistance in developing family planning programs.

As part of the follow-up, ICM will assist in locating family planning training for midwives who request it. The regional field directors and ICM headquarters staff will coordinate follow-up procedures in Appendix C.

Since follow-up for the working parties in Africa, Latin America and the Caribbean has not been completed, ICM will continue follow-up work in these regions while it conducts working parties and follow-up in Asia and North Africa.

4. Strengthening national midwifery associations

In all phases of project activity ICM will continue to strengthen national midwifery associations, as a channel for integration of family planning into the midwifery profession. ICM will establish contact with midwifery associations and midwifery leaders in every country involved in the project, beginning with preliminary visits to prepare for the working party. It will provide encouragement and advice on organizing and strengthening associations. It will seek to strengthen the professional competence and status of midwives by encouraging them to participate in planning and conducting follow-up. Through its work with FIGO, ICM will also seek to increase recognition by the medical profession of midwives' role in MCH/family planning.

5. Coordination with other programs for Midwifery training and family planning

The ICM Grant activities are designed to stimulate midwives, medical doctors and governments to take an active role in establishing or expanding FP services in their countries. The interest that the Working Parties create in FP must be followed by a plan of action if the interest is to be sustained. One of the most important forms of action is the provision of family planning training for midwives.

As the ICM has no facilities for training, it maintains close liaisons with programs in AID and other international agencies involved in midwifery training. These contacts serve to inform the agencies of ICM's regional activities and in turn the ICM can refer LDC midwives to these agencies for training. Whenever possible, representatives from these training programs are invited to the Working Parties. In every Working Party participants are informed of training programs that are available and information for making application.

The ICM also coordinates its activities with AID country or regional project in midwifery and family planning through visits of the Regional Field Director or other ICM staff in the planning and follow up of regional Working Parties. Visits of ICM staff to the countries are cleared through the local AID Mission and the Population Officer is kept informed of all ICM activities.

6. Reports

ICM will prepare reports on every working party and on preliminary visits and follow up work in each country. Working Party reports are due in 90 days and preliminary and follow up visits reports are due in 60 days. A preliminary report of the ICM Congress in 1975 will also be prepared and submitted within 90 days. An annual report will be submitted on the progress of the project in conducting these activities and meeting the project objectives. Activity reports from Regional Field Directors will be submitted every three months.

7. Evaluation

An evaluation designed jointly by ICM and AID was conducted in late summer and early fall 1974 to assess ICM's progress since the project began in carrying out the objectives of the grant. The evaluation was conducted by a team of three persons from the Office of Population and the Program Review Staff, PHS. Recommendations from the evaluation have been incorporated in plans for the next phase of the project.

Additional joint and external evaluations of the project will be conducted periodically as required by AID, but at least every two years. They will evaluate ICM's effectiveness and efficiency in carrying out the provisions of the project, and the project's contribution to the AID population programs.

ICM will incorporate continuing internal evaluation of all project activities into regular project reports. Each report of preliminary visits, working parties and follow up will continue an analysis of progress on specific objectives planned, problems encountered and possible solutions. It will also include recommendations for action by ICM and/or other organizations, and for conducting similar programs in other countries and regions. ICM will develop a general evaluation form, in consultation with AID, to assist in analysis of preliminary country visits and follow up. The annual report of all project activities will include an overall evaluation of progress, effectiveness, and implications for future plans.

8. Annual Budget and Work Plans

ICM will submit a work plan and budget every year, specifying the schedule of activities planned and approximate expenditures estimated for each. It will also submit quarterly revisions and updates of the working plan.

VII. Appendix

Detailed Comment on ICM Plans for Staff and Working Party Operation

A. Staff

Staffing for this project will consist of a small core staff working out of the international headquarters in London plus regional field staff.

The London core staff will consist of: a full-time project director; two full-time field directors; a part-time program associate; three secretaries; and a part-time professional accountant.

The Project Director will be a professional midwife with administrative experience and knowledge of family planning. The Project Director will work within ICM Policies but will carry total responsibility for operation of the project. She will report to the ICM Executive Secretary, the ICM Executive Committee, or another body as determined by the ICM. Through the ICM leadership she will work with the Joint ICM/FIGO Committee in planning the Working Parties.

The Project Director will have direct responsibility for the supervision and assignment of duties of the Field Directors. She will also carry the ultimate responsibility for the timely submission of work plans and reports as required by AID. The Project Director may accompany the Field Director or Deputy Field Director on initial visits to consult with regional or local officials in planning Working Parties. In consultation with AID, additional visits may be planned in areas where the prestige of the Project Director is required to stimulate country participation.

The Project Director may elect to attend selected Working Parties in order to access the quality of regional activities and to keep informed of recent developments in midwifery and family planning.

The two Field Directors will be professional midwives with experience in administration or midwifery education. In addition they should have knowledge of LDC midwifery training and practice as well as Family Planning theory and techniques. A working knowledge of French and Spanish would be useful for these personnel.

The two Field Directors will be available to travel extensively on a worldwide basis. The Field Director will serve as the contact person with LDC governments, medical and midwifery leadership groups in LDC regions, and other international organizations in selecting sites for Working Parties, and in working out agreements with the host country which will be the basis for each Working Party.

Once the agreement for the Working Party is formalized, the Field Director in consultation with the Project Director will recruit and hire one or two Regional Field Directors from the region, who will assume local operational responsibility for the Working Party. The Field Director will be responsible for supervision and guidance of the Regional Field Director throughout her term of assignment and will serve as the major consultant to her in organizing and conducting the Working Party.

One Field Director will have the responsibility for locating, purchasing, and maintaining a library of family planning materials in the London office. These materials are to be distributed to Working Party participants and professional midwifery organizations in LDCs. The other Field Director will be responsible for keeping the Regional Field Directors informed of ICM Project Activities on a world wide basis. This will be accomplished through a monthly newsletter based on Regional Field Director Reports.

The Field Directors will also be responsible for assisting the Project Director and Regional Field Director in preparing and publishing the final Working Party reports and in the distribution of these reports and other materials relevant to the project.

The Program Associate in the London office will be a professional midwife who will assist the Project Director in administrative matters relating to project activities and ICM policies.

The Regional Field Directors will be professional midwives holding leadership positions in LDC countries or regions hired on a time limited basis to prepare for the Working Party and to carry out follow-up activities after the party. They will be normally hired for one year. Under special circumstances and with approval from AID this term may be extended to eighteen months. In large regions two Regional Field Directors may be hired to assure adequate coverage of the region.

The Regional Field Director should be on board no less than three months prior to the date of the Working Party. During this period she will receive orientation in the London office of her duties and guidance in procedures for collecting and evaluating information on family planning activities and midwifery participation in her region. After the orientation period (approximately five days) she will visit all participating countries in the region to provide governments, midwifery organizations, and other agencies with information about the Working Party and to encourage selection of appropriate participants. She will be responsible for finalizing physical arrangements for the party and will work closely with the Field Director in developing the agenda and selection of speakers.

After the Working Party, the Regional Field Director will make follow up visits to participants to determine what actions have been taken to increase or initiate family planning services. She may assist local midwifery organizations to conduct seminars or workshops on family planning during this period.

Through these visits, the Regional Field Director collects information for the ICM concerning the level of midwifery activity in FP in the country, progress with Working Party recommendations, and additional assistance in training or education needed.

The Regional Field Director will be responsible for submitting detailed reports of her post working party visits to the Project Director through the Field Director. She will work in cooperation with the Project and Field Directors in drafting the official Working Party report.

In addition to the London and regional staff the ICM may recruit consultants from the Working Party region to assist with the

meeting and follow up activities. These consultants will provide future contacts for ICM activities in the region.

The Executive Staff which includes the Project Director, Field Directors, Program Associate, and Regional Field Directors will be selected in consultation with AID. Additional consultants may be recruited to assist with special activities such as editing reports and handling short term administrative duties for the working parties.

B. Working Parties--Organization and Operation

Each working party will last approximately ten days and will include a cluster of countries from a region, preferably possessing a common language. The working parties may include only one large country, such as India, or a group of up to eight to ten smaller countries. The working party sites and the countries to be invited to each meeting will be selected in consultation with AID.

When it has been decided which country is likely to be the most favorable working party site, ICM will secure an invitation from the country to hold the working party there and will set dates for the meeting. ICM may call upon other organizations, such as FIGO or WHO, to assist in obtaining the invitation, but will maintain leadership of the activity.

Working party delegates will be midwives and medical doctors--usually obstetricians--from each country. In general, ICM will follow the pattern of earlier working parties of inviting two midwives and one obstetrician from each country. The number of participants may be increased for working parties including few countries, however, or when a larger number of participants is necessary to represent different areas of a country or to provide a strong group to assist with country follow up. ICM will encourage selection of delegates who have some background in family planning and who are involved in midwifery training, supervision, or administration. It will also try to include key supervisory and educational personnel involved in curriculum development and policy and program planning, in order to broaden the base of persons who can contribute to family planning information and education programs, and to encourage support for implementing working party recommendations among those in influential positions.

Working party participants from AID-assisted developing countries will be funded through the AID grant. ICM will seek other sources of funding (e.g. WHO, IPPF, etc.) for participants from developed countries, territories, and non-AID-assisted LDCs in the region. ICM may also invite observers from private, national and international organizations with related interests--e.g. IPPF, WHO, Downstate Medical Center, etc.

In preparing for the working party, ICM will select one or two regional field directors to take major responsibility for working party arrangements. ICM will assist them in identifying a meeting site and establishing a local committee. The ICM project director and field directors will be responsible for orienting the regional field directors to the project, defining their duties, and providing continuing support, such as information, materials and assistance from staff and consultants.

Several months before the working party is scheduled, ICM headquarters staff, the regional field director, or consultants will visit each country invited to the meeting. They will explain the purpose of the working party and follow up, arrange for delegate selection, and collect information on the current status of midwifery and family planning in the country. Each participant is requested to bring specific information to the working party for his or her country concerning midwifery training and practice; family planning activities; and statistics relevant to MCH. During these visits, ICM will also contact the national midwifery association or midwifery leaders.

ICM will develop specific objectives for each working party in accordance with overall project objectives and knowledge of the situation in the region. The agenda for each working party will follow a basic pattern, modified to meet regional needs. It may include: (1) a brief review of population trends, MCH/family planning programs, and midwifery training and practice in the region; (2) information and discussion on the relationship of family planning to midwives' specific professional concerns for MCH, nutrition, etc.; (3) development and agreement on recommendations to integrate family planning into midwifery training and practice and to involve traditional birth attendants; (4) communication and information in family planning programs and FP publications available in local or regional languages; (5) planning for follow-up at the national level to implement the recommendations.

Because the working parties will require in depth expert information about FP and the activities of the particular region beyond that available in the ICM, the ICM will invite expert speakers, resource persons and consultants to attend the working parties, present papers related to specific agenda items, and assist with different aspects of the program. It will also provide information and teaching materials on family planning related to midwives professional concerns. ICM will ensure that adequate staff attend the working parties, with defined responsibilities, to cope with both administrative detail and substantive leadership of the meetings.

C. Follow-up

The strategy of this project is directed to action within countries. It will begin with the initial visit to the country by ICM staff in preparation for the regional working party. Officials and professional leaders will be informed that participation in the working party involves a commitment to an action program based on working party recommendation. During the working party, initial plans will be made by the country delegations for their activities in implementing the recommendations of the meeting.

It is expected that on their return home, each country delegation will share their working party experiences with their colleagues. With colleagues, they will decide on actions which they can carry out as individual practitioners. They will also plan actions designed to influence government officials to establish policies which will permit the carrying out of working party recommendations. They will include:

1. how and with what groups (ie. schools, associations, government agencies) the recommendations will be discussed to obtain support.

2. what meetings or conferences are needed to present content on the midwives role in family planning, changes needed in curriculum, working with TBAs, etc.

3. what new policies or legislation are needed to make possible a country wide action program based on working party recommendations

4. in countries providing FP training to midwife students, how to speed up and strengthen integration of FP in midwifery training and service.

5. what kind of assistance will be needed in carrying out their plans.

ICM follow-up assistance to the countries will include at least two consultant visits by the regional field director. On her first visit, she will assist with the detailed action plans for implementation of recommendations. She may visit delegates, associations and ministry personnel to assist action plans and determine progress of plans. At the request of country personnel, the regional field director may participate in seminars or workshops or consult on developing services and revision of curriculum. She will assist country representatives in exploring possible resources for in-country meetings, training, etc. either within the project or through local USAID or other external assistance agencies operating in the country.

In countries where no midwife organization exists, the regional field director will try to stimulate interest in such organization and support those interested in forming an association.

In addition ICM will continue to provide materials on FP, curriculum and services; and with FICO will use their international influence to encourage local associations to support country action plans.

In summary, follow-up resources available under this project include field visits by the regional field director, materials, one or two specialized consultants per country as requested, and assistance in organizing national seminars and workshops.

Approximately $10,000 will be available for each region under this project to be used at the discretion of ICM (and approved by AID) to support these national meetings.

D. Evaluation Plan

A formal evaluation of the ICM was completed in October 1974, and this revised PROP reflects that evaluation. This PROP does not contain any major changes in work plan since the basic format of the Working Party approach has proven successful. The evaluation stresses the need for improved detailed planning and increased staff to assist with planning, implementation and supervision of both the Working Parties and Regional follow up. The ICM is acting rapidly to recruit the staff required and improved strategy for planning and follow up is being developed.

The project is scheduled for funding through FY 77, and is to be phased out at the end of the funding period. By the end of FY 77, the project will have conducted Working Parties in every LDC region. An end of project evaluation will be scheduled not only to determine the achievements of the project, but also to identify areas of further training required or assistance in delivery systems still needed by LDCs. This evaluation will serve as a guideline for the development of future action projects for the training and utilization of midwives.

VIII. Integration of Women

This project is directly involved with more effective integration of women in LDCs. The ICM is predominantly female in membership and the LDC clientele of the project are also mainly women.

While LDC midwives conduct the majority of supervised deliveries and perform maternal-child health services such as exist, LDC physicians have been reluctant to allow them to receive training or deliver clinical contraceptive services.

This project seeks to convince midwives that family planning is a professional responsibility and to persuade LDC physicians and governments that midwives are capable of providing these services if adequately trained. The project also urges professional midwives to take the responsibility for training auxiliary midwives and traditional birth attendants in family planning techniques and improved care in deliveries. It also recommends that TBAs be integrated into service delivery systems.

This project is needed to influence LDC Ministries of Health to upgrade and increase midwifery training facilities. LDC governments have tended to opt for the establishment of medical schools since they are a sign of prestige. These schools are not only expensive to operate but few of the graduates are ever available since they practice privately in urban areas or emigrate.

In the ICM survey of the last decade (1964-1974) there has been a minimal increase in the number of midwives graduated and only a few professional schools established. LDC governments need to be reminded that neither general rural health services or family planning clinical services can be expanded without an increase in nurse/midwifery professional and auxiliary personnel.

Establishment of these training programs also provides expanded opportunities for employment of women in LDCs both in rural and urban areas.

IX. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project and subsequent contract will be used for the procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

AID 1020-28 (11-72)

Project Number: 931-11-570-947

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1975 to FY 1977
Total U. S. Funding $1669,000
Date Prepared: Dec 1975

Project Title: Midwife Promotion and Support for Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: Development of an adequate system, for LDCs, for delivery of information/education about population and family planning, together with delivery of FP services through the midwifery profession.	Measures of Goal Achievement: 1. Midwives support and promote FP as a professional responsibility. 2. Midwives are accepted in FP programs by physicians and LDC governments. 3. Midwives are integrating FP into MCH services. 4. Reduction of fertility and subsequently, infant and maternal mortality.	1. Activities of local midwifery organizations in support of FP In-service Training Programs. 2. Number midwives trained; existing local training programs; midwives employed in FP programs. 3. MCH Service Records. 4. Demographic data	Assumptions for achieving goal targets: 1. Midwives and obstetricians are responsive to the ICM and FIGO leadership in FP. 2. Midwives share Working Party recommendations with colleagues and develop action programs to implement recommendations. 3. Midwives in local or national organizations promote support of MCH/FP programs. 4. Midwives are concerned with the effects of excessive fertility on maternal-child health.
Project Purpose: To expose professional midwives to the need for family planning; to enable them to influence population/FP policy, midwifery training curricula, legislation, and the delivery of information and services.	Conditions that will indicate purpose has been achieved: End of project status. 1. Midwives are trained in FP. 2. Midwives are working in FP services in half of the participating countries. 3. Midwifery training curricula includes FP in half of the participating countries. 4. Midwives promote identification of traditional birth attendants and training in FP to increase services.	1. Ministry of Health and FP Training records. 2. MCH/FP Service Records. 3. Examination of curricula. 4. Ministry of Health and FP Training and Service Records.	Assumptions for achieving purpose: 1. Clinical and theoretical FP training is available to midwives either locally or in the United States. 2. Midwives are permitted by their governments to deliver FP services. 3. Midwifery educators are convinced of the need to integrate FP into midwifery curriculum. 4. Traditional birth attendants can be identified and trained in FP.
Outputs: 1. Working Parties (WP)--Analyze needs, potential, resources for midwifery participation in FP, recommendations for increasing skills and utilization. 2. Follow Up--Check for progress of implementation recommendations. Future direction assistance ICM determined. 3. Local Seminars--Assist WP participants conduct local information sessions. 4. Materials--WP Reports, Training Materials, Triennial Congress Report. 5. Triennial Congress--FP stressed as MCH duty.	Magnitude of Outputs: 1. 1975--2 WPs East Asia 1976--3 WPs West Asia and North Africa; 2-3 participants from each country in the region (2 midwives, 1 physician). Average 8 countries per WP. 2. Follow up: Minimum one visit per country in region, and then as needed. 3. Local Seminars--2-3 per region. 4. Materials distributed WP participants, Midwifery Associations, MOH, etc. 5. ICM Congress--25% of program on FP.	1. Project Working Party Reports; Reports from AID Missions. 2. - 3. Project reports. 4. Distribution reports. 5. Congress report.	Assumptions for achieving outputs: 1. Working Parties stimulate midwives and physicians to promote strengthening or initiating FP services within their countries. 2. Midwives and physicians when educated in the need for FP as a part of MCH will add these services to existing MCH programs if politically possible. 3. Midwives require additional training and materials to implement services.
Inputs: 1. AID/W--Salaries, Consultants, Working Party Costs, Publications, Equipment, Supplies 2. ICM and FIGO Joint Study Group Project backstopping, prestige leadership of the only recognized international midwifery organization with cooperation from FIGO (International Ob/Gyn.)	Implementation Target (Type and Quantity) 1. AID/W--See budget 2. Time of Joint Study Group, Partial cost of ICM staff. 3. Consultation time. 4. Liaison with ≠ for technical backstopping, selection WP participants provision, training. 5. Provision non-AID funded activities. 6. As requested--mainly publications. ≠ OTHER AID PROJECTS	1. Routine Fiscal Reports to AID. 2. Project reports, budget reports. 3. Project, Working Party Reports. 4. ICM and other AID project or Mission reports. 5. WP reports. 6. Reports of publications received.	Assumptions for providing inputs: 1. Budget adequate to support project activities, time frame realistic. 2. ICM staff, consultants, and FIGO personnel available as needed. 3. LDC governments will cooperate in releasing participants for WP. 4. AID Missions will permit necessary clearances for WP and participants.