

PD-AM-931

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET		1. TRANSACTION CODE SN 3082 Amendment Number <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	DOCUMENT CODE 3
2. COUNTRY/ENTITY Interregional		3. PROJECT NUMBER 932-0604	
4. BUREAU/OFFICE S&T/POP <input type="checkbox"/> 36		5. PROJECT TITLE (maximum 40 characters) Training in Reproductive Health	
6. PROJECT ASSISTANCE COMPLETION DATE (FACD) MM DD YY 00 00 88		7. ESTIMATED DATE OF OBLIGATION (Under "B:" below, enter 1, 2, 3, or 4) A. Initial FY <input type="checkbox"/> 73 B. Quarter <input type="checkbox"/> C. Final FY <input type="checkbox"/> 86	

8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY 73			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(3,203)	()	(3,203)	()	()	(73,891)
(Loan)	(3,203)	()	(3,203)	()	()	(73,891)
Other U.S.						
1.						
2.						
Host Country						
Other Donor(s)						
TOTALS	3,203		3,203			73,891

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)				\$48,236		19,500		73,891	
(2)									
(3)									
(4)									
TOTALS				\$48,236		19,500		73,891	

10. SECONDARY TECHNICAL CODES (maximum 8 codes of 3 positions each)						11. SECONDARY PURPOSE CODE			
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)									
A. Code									
B. Amount									

13. PROJECT PURPOSE (maximum 480 characters)

To upgrade the knowledge, skills and technology of physicians and nurses and other qualified professionals in developing countries by providing training in suitable reproductive health methods as they develop, and by assisting in incorporating these new concepts and new techniques into everyday practice.

14. SCHEDULED EVALUATIONS Interim MM YY MM YY Final MM YY						15. SOURCE/ORIGIN OF GOODS AND SERVICES <input type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)			
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16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)
 1 / Obligations FY 73 - FY 83

The purpose of this amendment is to extend the final FY of AID obligation by three years through FY 86.

17. APPROVED BY	Signature Steven W. Sinding			18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY		
	Title Director, S&T/POP					
			Date Signed MM DD YY			

Project Authorization Amendment

Name of Entity: Interregional Name of Project: Training in Reproductive Health
Number of Project: 932-0604
Grantee: The JHPIEGO Corporation

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby further amend the authorization for this interregional project. This amendment changes the total level authorized for the project from \$54,391,000 to \$73,891,000 and extends the period for planned obligation of Grant Funds from FY 1984 through FY 1986, subject to the availability of funds in accordance with the AID/OYB allotment process, to help in financing foreign exchange and local currency costs for the project. (Of the total authorized, \$48,235,969 has already been obligated by the S&T Bureau or its predecessors during the period FY 1973 March 31, 1983.)

2. The project consists of activities to upgrade the knowledge, skills and technology of physicians, nurses and other qualified professionals in developing countries by providing training in suitable reproductive health methods as they develop, and by assisting incorporating these new concepts and new techniques into everyday practice.

3. The contract, grant or other agreements which may be negotiated and executed by the Officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

4. Source and Origin of Goods and Service

a. Each developing country where training or other assistance takes place under this project shall be deemed to be a cooperating country for the purpose of permitting local cost financing.

b. Goods and services, except for ocean shipping, financed by A.I.D. under the project shall have their source and origin in a cooperating country or in the United States except as A.I.D. may otherwise agree in writing.

c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

Clearances

S&T/DIR, SSinding 1/4/83 Date 5/7/83
S&T/DIR, JJSpeidel 5 Date 4-29-83
S&T/HP, FHerder 5 Date 4-11-83
S&T, N. Brady 1/1/83 Date 3/22/83
PPC/PDPR, EMullen 5/2/83 Date 5/26/83
GC, RDerham 2/20/83 Date 5/27/83 *
S&T/PO, GEaton 5/27/83 Date 5-27-83

Signature

Frank B. Kill
M. Peter McPherson
Administrator

Date

June 9, 1983

* per amendments to
Sections 8+9 of project paper
p. 24 and 24A.

JUN 7 3 05 PM '83

23 MAY 1983

AID
EXECUTIVE SECRETARIAT

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: AA/PPC, John Bolton *Bus in*

THRU: ES

FROM: S&T, N. C. Brady *NCB*

Action: Your approval is requested for grant funding of \$19.5 million from Section 104 of the Health and Population Development Assistance appropriation account of the Foreign Assistance Act. These funds are required for a three-year extension of Training in Reproductive Health, Project 932-0604, through FY 1986. This extension will increase the total life-of-project funding for this Project from the present authorized level of \$54,390,000 to a new authorized life-of-project funding level of \$73,891,000. The necessary Project Authorization is attached for your signature.

Discussion: This project is currently implemented under a cooperative agreement with the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), a private corporation affiliated with Johns Hopkins University. The JHPIEGO Corporation was formed in 1974, following an earlier A.I.D. feasibility study and planning grant to a consortium of American universities, to meet the growing demand from LDC physicians for short-term training in modern reproductive health techniques including laparoscopic sterilization. The current cooperative agreement, AID/DSPE-CA-0083, will expire September 30, 1983. Extension of the cooperative agreement through 1986 requires an amendment to the project authorization to increase the life-of-project funding and extend the project obligation and completion dates.

In 1981 the Agency reviewed a project paper which called for five years of A.I.D. funding for JHPIEGO at a maximum of \$45 million for the period 1982-1986. This project paper had been sent to 30 USAID Missions for review. Of the 15 Missions responding, eleven were positive and four were neutral. None were negative. All the representatives at the A.I.D. review voiced strong Bureau and Mission support for the Project. While the reviewers agreed that JHPIEGO could effectively use \$45 million in the five-year period, as proposed, subsequent budgetary constraints led to a decision to provide funding for only two years and to reduce the annual support level from approximately \$9 million to \$6.655 million in 1982 and \$7.500 million in 1983 or \$14.155 million total. The amount authorized in the two year extension was within the previously approved life-of-project funding. This authority expires in September 1983. Now it is necessary (1) to authorize the next three years of the project, FY 1984-1986, and (2) to increase the funding level by \$19.5 million for a new life-of-project level of \$73,891,000. The 1984-86 Project Paper is attached (Attachment A).

(777)

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JHPIEGO provides broad training in reproductive health to physicians and other health professionals. JHPIEGO courses cover such topics as contraceptive methods including natural family planning, infertility, sexually transmitted diseases and high risk pregnancy. JHPIEGO's strong emphasis on family planning is widely accepted because it demonstrates that making family planning services available is probably the single most effective step possible in improving LDC reproductive health. The twenty to thirty percent of JHPIEGO's time and effort devoted to other aspects of reproductive health helps to promote entry to developing countries where family planning is not yet seen as a need.

The demand for JHPIEGO training in reproductive health has been steadily growing. To date, over 6500 physicians and nursing leaders and trainers from over 100 countries have been so trained. Over 2428 medical institutions including hospitals affiliated with 315 LDC medical schools, now provide improved reproductive health services to their patients as a result of JHPIEGO provision of equipment and training. JHPIEGO now supports in-country training programs in Brazil, Colombia and Mexico; in Malaysia, the Philippines and Indonesia; in Tunisia, Morocco, Turkey and Egypt; in Tanzania, Kenya, Nigeria, Somalia and Sudan. Physicians have been trained and set up with laparoscopic equipment to provide services in 95 countries, and equipment repair and maintenance centers are now supported by JHPIEGO in Brazil and Colombia, in the Philippines, Pakistan, Thailand and Malaysia, in Ghana, Kenya, Nigeria and Sudan; and in Tunisia and Turkey.

The number of JHPIEGO's overseas trainees has more than doubled each year for the past five years. In 1982, over 1000 physicians, almost 500 nurses and over 3000 medical and nursing students were trained overseas by JHPIEGO. A JHPIEGO questionnaire sent to former trainees in laparoscopy revealed that each trainee annually trained an average of 12 other physicians in this technique. The multiplier effect of JHPIEGO training, therefore, is considerable. JHPIEGO in-country training also includes such things as: general updates for rural physicians in new family planning methods and techniques, e.g., Sudan, Uganda and Somalia; medical student education in family planning, e.g., Mexico, Brazil and Guatemala; and special courses for nurses, e.g., Zaire, Egypt and Tunisia.

The reputation of Johns Hopkins University, the broad concept of reproductive health, the international roster of consultants, and JHPIEGO's ability to train in various languages and to train nationally and regionally have all made JHPIEGO's assistance highly acceptable in most countries. By 1982 JHPIEGO had trained and provided laparoscopes to leading physicians in 31 countries of sub-Saharan Africa. No other group receiving A.I.D. population funds has a comparable outreach in Africa.

JHPIEGO is viewed as one of the most valuable centrally-funded projects of the Office of Population. Its broad focus on reproductive health and its university affiliation have provided it with entree to the international

medical community. JHPIEGO has been able to initiate family planning activities in countries such as Burma, Turkey, Somalia and Mauritania where there were no other A.I.D. population-funded projects. JHPIEGO helped to reestablish A.I.D. population assistance in India, and has been very effective in training doctors and nurses to meet the growing demand for voluntary sterilization services, e.g., Brazil, Colombia, Korea, Tunisia and Mexico. A.I.D. regional bureaus depend on continued strong central financial support for JHPIEGO to assist in carrying out regional population strategies. A small proportion of JHPIEGO funds now comes from private sources.

Over the next three years, it is planned to capitalize on the momentum which this project has initiated by (a) reaching a cumulative total of 75% of the eligible medical schools and teaching hospitals in the LDCs and (b) by enabling a large number of LDC health clinics to provide improved reproductive health measures including voluntary surgical contraception, where this is desired. This will help make it possible for LDC women in remote rural areas as well as in the urban areas to obtain the health care they may need during their reproductive years. This project will help institutionalize reproductive health training in LDC schools of medicine by assisting in introducing this subject into the curricula of such schools in at least three additional LDCs each year.

As a result of this institutionalization of reproductive health training and setting up of services, there will be steady increases in the number of in-country service points, in the number of men and women served and in the prevalence of contraception, and there will be steady declines in maternal and infant death rates in each LDC where JHPIEGO provides significant assistance.

Specifically, during the three years to be funded under this Project Paper, the following JHPIEGO outputs are anticipated:

300 to 400 LDC professionals trained in reproductive health at the Baltimore Center in approximately 25 special courses;

2,500 to 5,000 LDC professionals directly trained in LDC programs supported by JHPIEGO in 25-30 countries;

350 to 500 overseas reproductive health clinics provided with endoscopic equipment and minilap kits with capable personnel trained to provide a full range of services;

An average of 10-15 LDC health clinics staffed each month with JHPIEGO-trained personnel and given appropriate equipment to provide reproductive health care;

An average of one equipment maintenance and repair center initiated overseas each year;

Between 6,000 to 12,000 LDC medical and paramedical students trained in modern reproductive health concepts;

✓

Faculty members trained from a cumulative total of 75% of eligible LDC medical schools; and

Nursing school faculty members trained from at least one school in 65% of eligible LDCs.

JHPIEGO carefully observes all the A.I.D. provisions concerning abortion. All abortion-related activities are prohibited in its country agreements. JHPIEGO also observes the full provisions of A.I.D. PD#3 (formerly PD#70) regulations on voluntary sterilization.

This project responds to this administration's program emphases in institution building, policy dialogue, support of private sector activities and technology transfer.

An important element of JHPIEGO's overseas training programs is the institutionalization of training in family planning and modern reproductive health in LDC medical schools and hospitals and in new satellite training centers. With the effort of the past two years, JHPIEGO has now trained faculty from approximately 90% of the medical schools in countries having only one or two medical schools and has reached almost 65% of medical schools in the 100 or more LDCs having fifteen or fewer medical schools.

This Project contributes to population and family planning policy development by providing training in family planning and reproductive health to high level government officials. JHPIEGO trainees who are not policy makers, such as the academics, also have considerable influence on LDC policy making.

Private sector training initiatives encouraged and supported by JHPIEGO in countries such as Brazil, the Philippines, Honduras and Nigeria have had a considerable effect on the availability of laparoscopic and related reproductive health services in those countries. In Brazil, JHPIEGO-sponsored training, through a private group CPAIMC, has resulted in training over 200 laparoscopists and 100 operating room nurses, delivery of 178 laparoscopes and development of thirteen training centers. An estimated 45,000 laparoscopic procedures are now done there annually--an average of about 250 procedures per A.I.D. laparoscope per year. In the Philippines, the JHPIEGO trainer expects approximately 10,000 laparoscopic procedures this year as a result of placing 80 A.I.D. scopes and directly training approximately 100 doctors.

Technology transfer is another integral aspect of the project. Adaptation of sophisticated American technology to LDC requirements and resources has been a prominent feature of this program. A.I.D.'s development and worldwide dissemination of a mechanical method of laparoscopic tubal ligation, rather than the more complex electrical method, has made this the standard method of laparoscopic tubal ligation used in developing countries. This is a successful example of simplification, transfer and diffusion of significant new American technology. This important development occurred largely through the JHPIEGO project.

An A.I.D. evaluation of this worldwide project, completed in 1981 by a team of reproductive health specialists with LDC experience, was very positive. An A.I.D. audit was satisfactorily closed in September 1980.

Justification to Congress: An Advice of Program Change to increase the Data Base authorized life-of-project level from \$54,391,000 to \$73,891,000 (ref. page 92) is in process. The Project is cited on pages 46 and 58 of Annex V, Centrally-funded Programs, of the FY 1983 Congressional Presentation.

Clearances Obtained: On April 21, 1983 the Population Sector Council reviewed and recommended a three year extension of the Project (Attachment B). There are no outstanding issues.

Recommendation: That you sign the attached Project Authorization.

Attachments:

- A. Authorization, Project Paper (No. 932-0604) and Annexes
- B. Pop. Sector Council notes of 4/21/83

Clearances:

ST/POP/IT:AAarnes JH Date 4/28

ST/POP:SSinding AL Date 5/12/83

S&T/PO:GEaton Date

S&T/HP:FHerder Date 5-16-83

GC: RBarber Date 5/27/83 *

PPC/PDPR:ERuttander Date 5/27/83

Drafted by:ATWiley:cjr:04/26/83:x59675:W0245V

* per commitments to sections 8-9 of
Project paper (p. 24 + 24A)

Training in Reproductive Health

The Johns Hopkins Program for International Training
In Obstetrics and Gynecology (JHPIEGO)

Project Paper

Prepared by:

Andrew T. Wiley, M.D.

ST/POP/IT

To fully understand this PP the following term is clarified:

"Reproductive Health": The Ob/Gyn sub-specialty of reproductive health is directed toward assisting women to have the healthy children they desire and to complete the reproductive phase of their lives as healthy mothers able to care for their families. This includes the management of pregnancy, delivery, the post-delivery phase and care of the newborn. It also includes proper spacing of children (family planning) to provide adequate periods of nutrition (breast feeding) for the baby before another pregnancy occurs and to provide adequate periods for the mother to regain her health between pregnancies; to assist the couple unable to have children through proper infertility studies to achieve the family they desire; for families who have achieved the desired number of children, provision for voluntary sterilization where possible. Genetics, cancer detection, sexually transmitted diseases, endocrinology, high-risk pregnancy and perinatology are necessary components of this training.

Training in Reproductive Health

The Johns Hopkins Program for International Education in Obstetrics and Gynecology (JHPIEGO)

Project Paper

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2. JHPIEGO's Application for Assistance
3. JHPIEGO Proposed Five-Year Training Plan and Budget
4. Planned Performance Tracking Network
5. Environmental Statement
6. A.I.D. Guidelines on Voluntary Sterilization
7. A.I.D. Policies Relative to Abortion
8. Statutory Checklist

Part I. SUMMARY AND RECOMMENDATIONS

A. Face Sheet

B. Recommendations

Year (FY)	1984	1985	1986	Total
Grant Obligations	6,750	6,750	6,000	19,500

C. Description of the Project

1. Super Goal

To assist the LDCs to reach their desired population goals.

2. Goal

To improve the health of LDC mothers and infants by making reproductive health services sufficiently available to reduce maternal and infant mortality and morbidity rates.

3. Purpose

To upgrade the knowledge, skills and technology of physicians and nurses and other qualified professionals in developing countries by providing training in suitable reproductive health methods as they develop, and by assisting in incorporating these new concepts and new techniques into everyday practice.

4. Project Activities

This project provides intense, short-term didactic and clinical training in reproductive health for physicians and nurses and other LDC professionals. It also:

a. prepares personnel for developing clinical family planning services including voluntary surgical contraceptive capabilities;

b. increases the number of specialists and other qualified professionals, in both the public and private sectors, who are capable of delivering comprehensive reproductive health services; and,

c. institutionalizes the teaching of reproductive health and the management of fertility in LDC schools of medicine and other training centers. Improved clinical services become available to physicians, nurses and their assistants as a result of these undergraduate, speciality, and continuing education programs.

The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) will be the management vehicle through which A.I.D. funds will be channeled. The U.S. training center, the numerous overseas clinical practice centers and the formal in-country didactic and clinical training programs will be developed and managed by JHPIEGO.

An International Advisory Council meets annually to advise on policy and planning and on necessary new directions and activities.

JHPIEGO has implemented the project from FY 1974 through FY 1983 and works closely with LDCs in starting in-country training programs tailored to specific needs and existing cultural constraints. Coordination of efforts with other A.I.D.-funded agencies and with international donors will continue. JHPIEGO provides leadership, provide curriculum guidance, set goals and reviews the management and evaluation of in-country training programs.

The JHPIEGO Corporation is the intermediary institution providing scientific and educational leadership and serving as a management vehicle for mobilizing resources, channeling funds and providing equipment to the network of cooperating institutions. The Officers of the Board of Trustees and Officers of the Corporation, appointed by the Board of Trustees, oversee management of JHPIEGO activities and programs.

The President of JHPIEGO Corporation is the chief executive officer charged with corporate oversight and accountability for budgets, policies and protocols.

JHPIEGO develops and supports formal in-country training programs in reproductive health, in response to appropriate requests, and supports seminars and conferences on reproductive health. Reproductive health programs will be introduced by JHPIEGO trainees into virtually every eligible LDC by 1986 and virtually every eligible LDC medical school will have incorporated reproductive health training as an integral part of its curriculum by that time.

Institutionalization of reproductive health curricula into the medical and nursing schools and other LDC training/service health centers is generated as program administrators and medical and nursing faculty members are exposed by JHPIEGO to new techniques in fertility management and maternal and infant care plus the demographic consequences of uncontrolled fertility. A base of understanding and support for reproductive health and family planning programs is thus built into the health structure of the LDC. It is anticipated that acceptance of all A.I.D.-approved methods of family planning will increase as a result of this type of training.

D. Summary Findings

The reproductive health of a nation is essential to its overall health and one of the most important requirements for reproductive health is the availability of family planning services. Training and equipping professionals to provide comprehensive reproductive health services, which include family planning, is the purpose of this project.

By introducing the concept of family planning as an integral component of reproductive health, this project

promotes the availability of family planning services in LDCs. When such services are made available they become widely used. When widely used, there is a corresponding drop in the population growth rate. This decrease in the rate of population growth has economic and environmental benefits for the LDCs concerned as well as major health benefits including reductions in infant and maternal morbidity and mortality rates.

JHPIEGO's past trainee evaluation has indicated each trainee on the average trains at least five others upon return home. With over 4,500 professionals so trained by JHPIEGO through September 30, 1981 the multiplier effect will result in many thousands trained in the second generations and third generations. The logic of training reproductive health trainers for LDCs thus become evident.

This three year Project Paper reflects a collaborative planning effort involving JHPIEGO and A.I.D.. It is based on a series of working discussions held between A.I.D. and JHPIEGO over the past two years. JHPIEGO summarized its own version of these plans and projections for the next five years in the attached work plan* submitted to A.I.D.'s Office of Population on June 17, 1981.

The annual funding levels in this Project Paper are consistent with Agency budgetary projections for those years. These levels do not, however, represent the full amounts which A.I.D. feels JHPIEGO could effectively spend during those years in support of overseas training in family planning and reproductive health.

In planning in-country training programs it is, of course, recognized by both A.I.D. and JHPIEGO that each individual JHPIEGO proposal for such a program will be subject to the approval of AID/W and of the USAID Mission or U.S. Embassy concerned.

*Annex No. 3 (JHPIEGO Training Plan)

Part II. DETAILED PROJECT DESCRIPTION

A. Background

1. History of the Problem

Before the formation of JHPIEGO, family planning programs often attracted physicians marginal to mainstream activities. Such programs had little appeal to established practitioners and educators and relied upon organizations dependent on outside funding with little basis in the indigenous organizations of the countries. A.I.D. perceived that a critical need still existed to institutionalize the teaching and practice of modern concepts and techniques of reproductive health among the mainstream obstetricians/gynecologists and to incorporate these into everyday medical practice. For this reason, in fiscal year 1973, A.I.D. took the initial step in addressing this need by approving a project for Advanced Technology Fertility Clinics.

The missing element in previously supported A.I.D. population initiatives was the direct involvement of the Ob/Gyn profession worldwide in family planning training and service programs. Until that time, the public health sector has been encouraged to develop these programs. Now overall Ob/Gyn education with the upgrading of knowledge, skills and technology was to be promoted for its continuing impact on the health and well-being of mother and child.

The laparoscope had appeared on the medical scene. This therapeutic and diagnostic instrument was chosen as the means for involving the Ob/Gyn profession in the important fertility management component of reproductive health by incorporating this technology into accepted medical practice. As a catalyst the laparoscope was an ideal choice - it provided LDC physicians not only with a new and revolutionary diagnostic tool for viewing reproductive organs but also with a valuable means for managing fertility. Few medical teaching institutions could ignore the potential of this instrument and its significant role in advancing reproductive health.

2. Planning Year (July 1, 1973 - June 30, 1974)

In June 1973 a one-year planning grant was given by A.I.D. to the Johns Hopkins University (a) to conduct a study in LDCs to determine the need for such an initiative and (b) to plan an organization which would support a network of centers around the world to teach and equip professionals to use modern techniques for fertility management.

In the course of the survey eleven countries were visited and 61 leaders contacted. The final version of the study was submitted to A.I.D. on February 28, 1974. The findings supported the following conclusions:

- There was a need within these countries to advance the level of the Ob/Gyn training for the benefit of their populations.

- Gynecologists and obstetricians and other properly qualified professionals needed to raise their scientific and technical capabilities, particularly in connection with the management of fertility through voluntary surgical contraception.

- The international community of Obstetricians and Gynecologists endorsed the need for such a program.

- The community would support and lend its prestige to an international educational effort which had this objective.

- Sufficient professional resources existed within a number of countries to create centers for advanced training in obstetrics and gynecology.

- A number of institutions visited wanted to participate in the program as training centers.

- A nucleus of physicians within these countries was qualified to advance the level of the speciality and a sizeable number was eligible to benefit from such training.

The results of the study were presented in December 1973, to a Committee of International Experts and the Johns Hopkins University Advisory Committee; the two committees jointly recommended that steps be initiated to design the structure and develop the by-laws of a university-affiliated corporation which could organize and implement a Program for International Education in Gynecology and Obstetrics.

Within less than a year from the date that A.I.D. had made the planning grant to the Johns Hopkins University, the JHPIEGO Corporation had become a reality. JHPIEGO stands for the Johns Hopkins Program for International Education in Gynecology and Obstetrics.

3. Funding of JHPIEGO

In June 1974, an A.I.D. grant of \$3,887,000 was awarded to the JHPIEGO Corporation so this new institutional model could serve as the intermediary agency to administer and lead collaborating institutions in the U.S. and in the LDCs in the Program for International Education for Gynecology and Obstetrics. Under this same Grant, AID/pha-G-1064, JHPIEGO received annual allotments of A.I.D. funds amounting to a cumulative total of \$25,297,570 over a six-year period. Under the subsequent A.I.D. Cooperative Agreement, AID/DSPE-CA-0083, signed in August 1980, JHPIEGO to date has been awarded \$20,528,399 in A.I.D. funds. This brings the cumulative total of A.I.D. funds received by JHPIEGO, since its formation in 1974, to \$45,828,969

4. Accomplishments

In the years since its inception on July 1, 1974, the output of this collaborative international institution has steadily grown. Designed with multiple capabilities for management, advocacy, educational

leadership and the diffusion of evolving technologies, the JHPIEGO Corporation has adapted and evolved largely as was originally planned. By 1976, overseas training centers were assuming some of the didactic functions of the JHPIEGO program. With the increasing demand for such in-country training, it was possible to discontinue the U.S. centers in St. Louis, Missouri and Pittsburg, Pennsylvania and thus shift the focus to the development of national and regional centers overseas. At the present time, 14 in-country training programs and centers are functioning, of which at least nine are national in scope.

a. Training and Equipment

JHPIEGO has produced the following results through September 1982:

(1) Directly trained over 6500 professionals from 111 countries in reproductive health, over 5000 of these were physicians and approximately 1500 of these physicians were trained in the USA. In 1982 alone, 1803 professionals were trained and almost 1500 of these were trained overseas. An increasing number of professionals will be trained overseas each year under this project and a decreasing number in the U.S.

(2) Provided over 1400 laparoscopes for use in 97 countries.

(3) Set up formal training programs in 19 countries and made clinical practice agreements with 45 overseas training institutions.

(4) Set up 12 overseas equipment maintenance centers.

(5) By September 1982, JHPIEGO had trained physicians from 2428 institutions in 111 countries.

During the past year JHPIEGO

(a) Put on 13 courses in four languages in Baltimore.

(b) Provided clinical practice at 45 overseas sites in 13 countries for 1095 trainees.

(c) Sent out 53 basic library packages to overseas training institutions and provided over 3000 small packets of basic ob-gyn manuals to individual overseas trainees.

(d) Supported ongoing training programs in 15 countries

(e) Provided overseas centers 121 copies of two technical films in four languages produced in 1980 by JHPIEGO

(f) Shipped out 243 laparoscopic units and 449 minilap kits.

(g) Participated in 10 medical conferences in as many countries.

(h) Provided reproductive health training for over 3000 medical students.

Almost 10,000 participants from over 100 countries have now received first generation training under this project. As a result, over 1300 reproductive health clinics capable of providing up-to-date health service are functioning, that is, physicians have been trained at centers in the U.S. or overseas and laparoscopes and other equipment such as minilap kits have been placed in their institutions.

b. Upgrading Technology

The program has remained alert to the status of present and new technology. Training in minilaparotomy was first incorporated into the program in 1975. The development of the falope ring (silastic band) about that same time led to laparoscopes being converted to this capability very soon afterward to provide maximum patient safety in voluntary sterilization. As a result of these developments, the silastic band and minilaparotomy techniques of female voluntary sterilization were introduced into the basic clinical curriculum of all JHPIEGO programs. In the interest of maintaining program flexibility and a broadened educational approach, each institution to which equipment is supplied is reviewed in relation to the type of equipment most appropriate for the population being served.

c. Institutionalization of Reproductive Health

In 8 years, JHPIEGO has achieved a reputation of considerable distinction for its worldwide educational initiative in the field of Reproductive Health.

The extent to which the JHPIEGO program has been able to institutionalize the introduction of new knowledge and technology is shown by follow-up surveys of physicians who had been trained at the three U.S. Training Centers. Not only has the cadre concept produced the demand for in-country training centers but within the 80 countries from which the cadres have been trained the multiplier effect is quite significant for each physician trained. Respondents report that since the completion of their training, each has, on average, trained twelve other physicians in laparoscopic procedures each year.

The importance of laparoscopy is in its role in Ob/Gyn practice as one important innovation among many in stimulating services. With respect to services, survey statistics show extensive use by JHPIEGO trained physicians of all approved family planning methods.

JHPIEGO has already trained faculty from 275 of the 537 known LDC medical schools (excluding China) and has reached 85% of the medical schools in countries having only one or two medical schools. JHPIEGO's directory of medical schools, which lists 62 new institutions not even listed in the World Health Organization Directory, is the most complete such directory in existence. Over the remaining 3 years of this project, JHPIEGO will reach at least 75% of all remaining eligible LDC medical schools, thereby completing the institutionalization of the worldwide teaching of reproductive health.

5. Result of Recent Evaluation

At the request of A.I.D., a team of four outstanding specialists in the health and family planning field completed an evaluation of JHPIEGO in 1981.* Their report, which contained many recommendations

*This report is available to all interested persons..

for future directions and initiatives, was very positive. After visiting six of the fourteen countries in which JHPIEGO supports in-country training programs, the team concluded: "It is apparent the JHPIEGO programs have had an impact in the countries the evaluators visited. In a few countries this impact has been significant and has led to modifications of national programs." "JHPIEGO must take credit for selecting appropriate subgrantees to be overseas project directors. These professionals have uniformly been excellent trainers and project administrators.... they seem to be in sufficiently authoritative positions that they can politically influence initiative in family planning and reproductive health."

When the existing Project Paper for this training program was reviewed in 1981, AID recommended that a comprehensive outside evaluation of the project paper be postponed until 1985.

A 1981 geographic bureau assessment of the various AID centrally-funded population projects and agencies placed JHPIEGO among the top five - in terms of usefulness to the region concerned.

6. Need for Follow-On Effort

This project has demonstrated that meaningful family planning inroads can be made in most countries if the principal medical faculty members are first involved by giving them special training and equipment and by reinforcing relationships internationally with prestigious medical researchers and educators, so that the knowledge and the skills acquired will be incorporated into medical education and practice in their own countries. This will produce the second and third generation trained physicians and other professionals who will deliver the services in-country where they are needed.

Over the next three years, it is planned to capitalize on the momentum which this project has initiated by (a) reaching virtually all the remaining eligible medical schools and teaching hospitals in the LDCs and (b) by enabling a large number of LDC health clinics to provide improved reproductive health measures including voluntary surgical contraception, where this is desired. This will help make it possible for LDC women in remote rural areas as well as in the urban areas to obtain the health care they may need during their reproductive years. This project will help institutionalize reproductive health training in LDC schools of medicine by assisting in introducing this subject into the curricula of such schools in at least three additional LDCs each year.

During the three years of this Project renewal, JHPIEGO will continue to extend its training emphasis beyond the professors of OB-Gyn to encompass trainers, administrators and providers of all kinds of reproductive health programs including providers of male reproductive health services.

B. Description of the Project

1. Sector Goal

The goal of this project is to improve reproductive health by making certain that the knowledge and the means to regulate reproduction are available to all, and that each mother and child will receive the benefits of improved health measures.

2. Project Purpose

The purpose of this project is to upgrade the knowledge, skills, and technology of qualified professionals in developing countries in the field of reproductive health. This project:

- provides short-term didactic and clinical training programs for LDC professionals in the field of reproductive health, and it also provides the means for developing service clinics with reproductive health capabilities;

- increases the number of qualified professionals, in both the public and private sectors, who are capable of delivering modern reproductive health services; and,

- institutionalizes the teaching of reproductive health and the management of fertility in LDC schools of medicine and nursing, and other training centers, so it becomes available to physicians, nurses and their assistants through undergraduate, speciality and continuing education.

a. Basic Assumptions for the Achievement of Purpose

The basic assumptions of this project have not significantly changed since A.I.D. originally approved the project proposal in 1973:

- Important new procedures and techniques for improving reproductive health and fertility management exist which would make a powerful contribution to family planning programs if they were widely used.

- There are a large number of Ob/Gyn physicians, related professionals and medical institutions not now using these procedures. Therefore, this provision of training and equipment will be readily accepted.

- These procedures and techniques will tend to spread and generate additional demand for their use because they meet the health and family planning needs of patients, and they are both practical and educational interest to physicians and nurses.

- It will be in the interest of the professionals so trained to continue providing these services even after JHPIEGO support ends.

- Field experience will further develop these and similar techniques so they will become a significant part of the long-term practice of reproductive gynecology.

- These new procedures and techniques will be highly effective in improving reproductive health by lowering birth rates and by thereby reducing maternal and infant morbidity and mortality rates.

b. End of Project Status

A cadre of physicians and paramedicals from all feasible LDC teaching hospitals, medical schools and training centers will have been trained in reproductive health and will have received appropriate equipment to provide services and to replicate this training.

Procedures for the diagnosis, prevention and treatment of reproductive health problems including techniques of surgical contraception will be institutionalized and made part of the curricula of medical education in developing countries.

Tens of thousands of professionals in LDCs will have received either first, second, or third generation training and will be using these modern procedures in both clinics and private practice.

Over the life of this project, twenty-five hundred service clinics will be functioning in rural as well as in urban areas and will be providing patients with the benefits of these improved reproductive health measures including voluntary surgical contraception on an outpatient basis.

Interaction and collaboration will continue between the professional reproductive health community in the LDCs and the international leadership who have participated in the JHPIEGO program.

As a result of this institutionalization of reproductive health training and setting up of services, there will be steady declines in maternal and infant death rates in each LDC where JHPIEGO provides significant assistance.

Service clinics will be functioning in rural as well as in urban areas and will be providing the benefits of improved health measures to women and their children. Reproductive health services, wherever feasible, will include the availability of voluntary surgical contraception on an outpatient basis for those couples desiring this.

LDC reproductive health training will lead to increased numbers of in-country service points, increased numbers of men and women served and an increased prevalence of contraception.

3. Statement of Project Inputs

a. By JHPIEGO Corporation

The JHPIEGO Corporation serves as a strong intermediary institution. Designed with multiple capabilities, it provides scientific and educational leadership and serves as a management vehicle for mobilizing resources and channeling funds and equipment to the network overseas of cooperating institutions. To produce the outputs which JHPIEGO has generated and will continue to generate, it has made and continues to make the following inputs:

(1) Managerial Inputs by JHPIEGO

Board of Trustees and Officers of the Corporation oversee operations, donor funds are solicited; budgetary allotments are made; policies and protocols for corporate oversight and accountability are utilized; professional and administrative staff are hired and supervised; headquarters is operated and maintained.

Arrangements are made for major administrative managerial elements such as personnel, budget and fiscal systems; grant and contract administration and logistical capability for procuring, inspecting, storing, warehousing and delivering equipment purchased for recipient institutions overseas. (This includes the provision of spare parts and training of personnel at overseas facilities in care and maintenance of this equipment, where activities and equipment justify local training.)

Utilization of a Centralized Admissions System for selection of professionals to be trained to maximize use of available training slots at participating centers and to give priority in selection to country needs and the appropriate institutional diffusion within these countries.

Maintenance of a subgrant office to provide funding support to overseas training centers and monitor and evaluate these centers for fiscal and program accountability to insure that the educational effort conforms with agreed program criteria.

Maintenance of an in-house program evaluation capability established to permit ongoing evaluation and modification of program activities to maximize their impact.

Development of all documents, forms and other instrumentalities needed to safeguard and monitor the project and its subgrant equipment.

(2) Professional Inputs by JHPIEGO

Provide technical guidance and assistance to overseas centers for curriculum development, course content and faculty.

Maintain an International Council of LDC professional leaders in medical and nursing education which meets periodically. Organize field training visits and select consultants to serve on training teams.

Develop teaching aids and materials; design new educational training models with flexibility for meeting the post-graduate educational needs of different countries and cultures. Maintain a resource center.

Convene Equipment Committee at least every two years to review technology to be used in program. Develop equipment specifications. Disseminate information to graduates on technological advances.

Development and, if necessary, support LDC equipment repair and maintenance centers to keep A.I.D. funded equipment functioning effectively in LDCs.

Maintain a system for obtaining and evaluating the clinical and service performance of trainees.

Convene and support in-country meetings of medical and nursing school deans and administrators to plan incorporation of reproductive health training in the formal education curriculum.

Make visits to LDCs to meet with leadership in teaching hospitals, medical schools, nursing schools, social security systems and ministries and to negotiate agreements for national training centers and regional clinical practice centers.

Serve as program advocate through speaking engagements and exhibits at international and national Ob/Gyn societies and at select scientific academies.

Maintain coordination with other A.I.D.-funded agencies involved in professional training in family planning and reproductive health to supplement their LDC efforts and to avoid duplication. Procure warehouse and deliver equipment for these agencies in accordance with JHPIEGO developed specifications.

b. By In-Country Training Centers

Training Centers make the following inputs:

(1) Full- and part-time instructional and support staff.

(2) Facilities to conduct training.

(3) Academic and clinical training programs developed in cooperation with JHPIEGO.

(4) Faculty and/or consultants for JHPIEGO organized field team visits and in-country didactic training programs.

c. By A.I.D.

(1) Necessary financial support, in conjunction with other possible donors, to operate the program.

(2) Overall monitoring of the program through the JHPIEGO Corporation.

(3) Evaluation of program.

4. Basic Assumptions About the Management of Inputs

The basic assumptions about the management of inputs, expressed in FY 1973 when this project was initiated, have in effect become realities.

The JHPIEGO Corporation has demonstrated its ability to mobilize the support and participation of an international leadership and to reflect its policies and operations through the International Council and other international media. Through its program of subgrant assistance and the provision of equipment, it provides participating institutions the support they need without infringing upon the integrity and autonomy of these training facilities.

The JHPIEGO Corporation will continue to purchase the instrumentation and spare parts for in-country institutions of the professionals trained, training centers and service clinics. It will also, through a contractual arrangement with the Brethren Service Center, maintain the capability for inspecting, storing, warehousing and delivering overseas the equipment which it procures for the recipient institutions. The provision of spare parts and the training of personnel in overseas facilities in maintenance capability will continue to include establishment of maintenance shops in strategic overseas areas to provide a revolving inventory for repair of equipment and to assure constant use of the instruments donated. To date JHPIEGO has provided over 1,165 laparoscopes and laproscators to LDC institutions and has set up Repair and Maintenance centers in ten countries. These management arrangements are expected to continue.

5. Statement of Project Outputs

a. First Generation Training

(1) Participants and Training Programs

LDC professionals will be trained by an international network of cooperating centers. The educational experience provided by these centers is intensive but relatively short. It includes both didactic and clinical training: The Didactic program, Phase I, consists of reproductive biology with current concepts in maternal health and the management of fertility, including surgical techniques. The Clinical program, Phase II, consists of demonstration and supervised clinical practice in various family planning and reproductive health techniques, including voluntary sterilization.

(2) Follow-Up Visits by Field Training Teams

Shortly after they have reached home, qualified professionals who have completed Phase I and II training will be visited by Field Training individuals or teams (Phase III) who assist the professional to apply acquired techniques under local conditions. Delivery of equipment coincides with the visits of the follow-up team to assure and encourage proper use and replication of use by others and during these same visits physicians and other professionals are trained in care and maintenance of the instruments delivered. Training teams are made up of faculty, consultants and former graduates of the centers. Seminars and discussion groups for local professionals are also held during these field visits.

(3) Clinical Practice

Physicians will have supplemented basic clinical instruction in modern techniques, including voluntary sterilization, by a week of intensive supervised clinical practice at Regional Clinical Practice Centers established in over 40 teaching hospitals in fourteen countries in all parts of the world.

(4) National Training Centers

The major population of qualified professionals in the LDCs will be trained in-country at national training centers. National training program, tailored to the needs and resources of the country, will provide the Didactic Phase I Program; Phase II may be provided at centers established at teaching hospitals within the country or at one of the regional Clinical Practice Centers described in (3) above.

(5) The U.S. Center

The training center in the U.S. at Johns Hopkins University brings selected mainstream professionals from teaching hospitals and medical schools who will later form a nucleus capable of initiating change in LDC countries and regions. Courses consist of two to three weeks of didactic training and clinical demonstration and instruction. For professionals from certain regions or country, special courses are conducted in specific languages. Representatives of Ministries of Health, and Health Administrators also will be trained in reproductive health to effectively link them to the resources of teaching institutions and demonstrate to them the need to incorporate these new technologies into their particular area of supervision or influence.

b. Reproductive Health Training in LDC Institutions

All feasible medical schools, training centers and teaching hospitals in the LDCs will have at least one fully qualified JHPIEGO trained faculty member. These institutions will have incorporated reproductive health training in their curricula and will have received from JHPIEGO appropriate equipment, supplies and instrumentation (with provision for spare parts and maintenance). Training in diagnosis, prevention and treatment of reproductive health problems in that institution will also generally include the availability of voluntary sterilization on an outpatient basis.

c. Second and Third Generation Training

With these new techniques being taught in undergraduate, speciality and continuing education programs of medical schools, nursing schools, teaching hospitals and other training centers, thousands of professionals will be trained and will incorporate these techniques in their daily practice and in the delivery of services at clinics.

d. Diffusion of New Concepts and Techniques

Results of field tests of new techniques will be evaluated. Appropriate new reproductive health concepts will be expeditiously extended by JHPIEGO to the network of LDC professionals, active in providing reproductive health services including voluntary surgical contraception and other means of modern maternal and child care. The skills of the previously trained LDC professionals will be upgraded to use improved techniques, and the instrumentation at health institutions and service clinics will be converted in accordance with the new specifications developed by JHPIEGO.

e. Quantification of Outputs

During the three years to be funded under this Project Paper, the following JHPIEGO outputs are anticipated:

(1) 300 to 400 LDC professionals trained in reproductive health at the Baltimore Center in approximately 25 special courses.

(2) 2,500 to 5,000 LDC professionals directly trained in LDC programs supported by JHPIEGO in 25-30 countries.

(3) 350 to 500 overseas reproductive health clinics provided with endoscopic equipment and minilap kits and with capable personnel trained to provide a full range of services.

(4) Each month an average of 10-15 LDC health clinics will be staffed with trained personnel and given appropriate equipment to provide reproductive health care.

(5) An average of one equipment maintenance and repair center initiated overseas each year.

(6) Between 6,000-12,000 LDC medical and paramedical students trained.

(7) Faculty members trained from a cumulative total of 75% of eligible LDC medical schools.

(8) Nursing school faculty members trained from at least one school in 65% of eligible LDCs.

6. Basic Assumptions for Achieving Outputs

Since the beginning of this project in operation year 1974, all the "verifiable indicators for the achievement of purpose to date" demonstrate that these outputs are being generated. It is therefore valid to assume that they will continue to be generated until the "end of project status" is achieved.

The basic assumptions for the outputs described in this P.P. are that host countries will continue to find technical assistance and support from JHPIEGO desirable and useful, that U.S. Embassies and USAID

Missions will continue to be cooperative and supportive of JHPIEGO activities, that A.I.D. will continue to find JHPIEGO's aims and purposes consistent with those of the U.S. Government and that JHPIEGO will continue to be effectively and imaginatively directed and managed.

7. Methods of Verification

a. JHPIEGO's evaluation section will produce data on significant elements of the program, including evaluations of specific in-country training programs. Records of JHPIEGO and the individual training centers will be among the other means of verification.

b. Follow-up of trainees will yield information on how many physicians and assistant personnel they have trained, how many clinics have been established, and numbers of patients served.

c. Surveys of the LDC medical nursing schools and teaching hospitals will provide information on the institutionalization of new techniques in educational curricula and practice as well as data on the replication of training.

d. Country specific statistics on changes in numbers of service centers, in numbers of patients served, in numbers of voluntary sterilization acceptors, in infant and maternal mortality rates and in prevalence of contraceptive practice, will all be measures of verifying JHPIEGO program effectiveness.

8. Recommendations of Evaluation

The majority of the recommendations of the recent evaluation have either already been implemented by JHPIEGO or have been incorporated in the three year program described in this Project Paper. These include:

a. Courses should be initiated to improve the skills of graduate nurses in LDCs.

b. The International Council should include experts in professional training of nurses, and experts in the development of educational materials as well as experts in training of physicians.

c. JHPIEGO should sponsor in-country or regional coordination meetings involving medical school deans and professors of Ob/Gyn to help introduce reproductive health in medical school curricula.

d. JHPIEGO should incorporate demographic information and contraceptive technology in all its courses.

e. JHPIEGO should become a resource center for all sorts of I&E materials on reproductive health.

Part III. IMPLEMENTATION ARRANGEMENT

A. Administrative Arrangements Between A.I.D. and JHPIEGO

The JHPIEGO Corporation provides not only leadership in education, training and research, but serves as the management vehicle responsible for mobilizing resources and channeling funds and equipment to the network of participating institutions.

A.I.D.'s role in providing support to the program is to measure and evaluate the Corporation's progress in achieving these goals to assure that the purposes for which the funds were made available are being effectively achieved.

The A.I.D. Project Monitor assures JHPIEGO coordination with other A.I.D.-funded programs, information exchange, guidance in A.I.D. reporting and evaluation requirements and general professional collaboration.

All required approvals (except as otherwise specified in the A.I.D.-JHPIEGO Cooperative Agreement) and interpretations of terms and conditions and charges to the Cooperative Agreement are made by the A.I.D. Grant Officer. It is the responsibility of JHPIEGO to conform with the requirements set forth in the provisions governing this Agreement and obtain the specified approvals. These include waivers for the payment of annual salaries which exceed the federal salary cap. Waivers for off-shore procurement above 5,000 are also required.

It is JHPIEGO's responsibility to carry out procurement, inspection, inventory control, warehousing, distribution and maintenance functions for the equipment it supplies to centers, teaching institutions and clinics around the world. In addition to performing its advocacy role and its role in education and the diffusion of technology, JHPIEGO assumes a major responsibility for providing and servicing equipment.

A.I.D. has just completed an intensive outside evaluation of JHPIEGO and plans to repeat such an outside evaluation every two years.

B. Functional Aspects of JHPIEGO

1. Education and Delivery of Health Care

The basic concept of highly personalized instruction in certain essential technical skills, continues to be emphasized as a major component of JHPIEGO's educational program.

The establishment of training centers overseas is a major element in the program as is the provision of advice and technical assistance in curricula development and the development of educational materials. Flexibility to meet changing needs in post-graduate education is essential in the program design. For many of the developing countries, their participation often dictates that these new techniques be placed in a broad health context.

A didactic course which includes basic demography, contemporary reproductive physiology and modern methodologies of fertility management is also an effective means of orienting government and educational leaders whose influence and support are needed so that others may provide services in their respective communities. Other training models will be needed in the future as country-by-country planning for the delivery of reproductive health care evolves.

2. Ongoing Evaluation of the Program

JHPIEGO's in-house evaluation capability will permit ongoing modification of JHPIEGO program activities to optimize their impact.

The JHPIEGO program assumes that services and training are likely to be facilitated when appropriate institutional efforts are formalized, i.e., when relatively autonomous centers for reproductive health are established for providing services and training on a continuing basis.

Therefore, whether JHPIEGO is achieving its purposes depends not only upon the extent to which those who successfully complete training programs subsequently provide services and train others to perform these services, but also upon the extent they are able to "institutionalize" these activities within their country.

The evaluation effort encompasses both an assessment of consequences of the program and of the operation of the program.

An A.I.D. evaluation is planned in the fall of 1985. to determine the effectiveness of the in-country programs and overall project performance.

In assessing the effectiveness of JHPIEGO in-country training programs, other parameters will need to be considered in addition to numbers of reproductive health professionals trained and the rate of replication of training. These include:

- a. the increases in the numbers of in-country locations where reproductive health services are available.
- b. increases in family planning service statistics in such countries.
- c. statistics on numbers of acceptors of voluntary sterilization.
- d. changes in the prevalence of contraception as measured by surveys.
- e. reductions in maternal and infant mortality rates in countries with significant JHPIEGO activity.

3. Management of the Financial Resources of the Program

A Director of Resource Management provides administrative support to the operating units of JHPIEGO and the cooperating overseas institutions. JHPIEGO has an agreement with the Johns Hopkins University to use their administrative management systems. For providing these services and resources, JHPIEGO reimburses the University for indirect costs.

4. Network of Centers

Physicians, nurses and other qualified professionals are trained through the network of Centers. The network of participating training centers range from large national and regional medical teaching institutions to service clinics. The mechanism for JHPIEGO's support of these centers depends upon the scope of their training functions.

C. JHPIEGO Plan of Action

1. General Training Strategy

JHPIEGO's general strategy is to introduce reproductive health training to each requesting LDC in a way which facilitates its institutionalization so that such training can ultimately be replicated in-country for succeeding cohorts of professionals without the need for ongoing JHPIEGO support. It recognizes that training is an ongoing process and that updates and refresher courses are as important to professionals as was their initial training. JHPIEGO training for a country is considered complete when enough reproductive health professionals have been trained to adequately staff existing in-country facilities and when such training has been made an integral component of medical education within the country. All JHPIEGO training has the ultimate objective of training professionals to provide needed reproductive health services.

a. By Professional Category

Although JHPIEGO training is primarily designed for physicians, most categories of personnel involved in providing reproductive health services are within its area of interest. These include high level government officials and administrators who need an overview of the concept of reproductive health; medical and nursing school faculty members, who need to introduce reproductive health concepts in their training programs; practicing physicians, nurses, midwives, and other service providers who need to learn technical skills and who need refresher courses; and medical students who will be the leaders among in-country reproductive health service providers in the future.

b. By Training Site

Most JHPIEGO training during the years of this PP will be provided overseas either in-country or in regional training centers in neighboring countries. This is a continuation of a long-term trend which is expected to increase. At present, JHPIEGO supports training centers in The Philippines, Malaysia, Thailand, Pakistan, Brazil, Colombia, Egypt, Tunisia, Sudan, Morocco, Turkey, Somalia, Zaire, Kenya, Nigeria, Indonesia, Mexico, and Tanzania.

Although the number of U.S. trainees is expected to decrease annually, the need for a U.S.-based training center in Baltimore, is expected to continue through the period of this Project Paper for several reasons:

(1) In order for new countries to be receptive to the possibility of JHPIEGO in-country training programs, it is usually necessary for several academic and administrative medical leaders from that country to be exposed to the overall concept of reproductive health and to JHPIEGO's program for providing professional training in this field. Removed from the cultural and intellectual constraints of their own LDC situations, these leaders are able, often for the first time, to see family planning in its wider relationship to the field of reproductive health. The exposure to colleagues from similar countries, and from very different countries, plays a large part in the learning process at Baltimore.

(2) The professional associations formed with U.S. and LDC colleagues, while in Baltimore, play an important role in their future orientation and in the success of the in-country programs which they later develop.

(3) The academic atmosphere at JHPIEGO makes it feasible to fully discuss such subjects as venereal diseases, voluntary sterilization, female circumcision, and human sexuality, all or several of which are culturally too sensitive to discuss in certain countries.

(4) Finally, in order to maintain a viable international training program, based at a prestigious medical institution such as Johns Hopkins, it is necessary to hold together a high level teaching and administrative staff. Providing ongoing training for LDC participants at Johns Hopkins gives JHPIEGO's staff the base they need to credibly relate to LDC participants as they endeavor to initiate, support and monitor training programs overseas.

c. By Delivery System

Reproductive health services overseas are delivered by a variety of systems. These include: (1) the Government Health system of central hospitals, provincial hospitals, clinics and dispensaries; (2) the system of hospitals, clinics and dispensaries maintained by Social Security programs, churches, private agencies, and industries; (3) the private practitioners in their own small clinics, dispensaries and offices; (4) the pharmacists and store keepers through their private shops and concessions; (5) the community workers through their systems of household and community distribution; and, (6) the traditional local deliverers of health services who play an important role in many developing countries.

Although JHPIEGO is primarily designed to train professionals for the first two of these delivery systems, it is anticipated that training of private practitioners will play an increasing role in certain JHPIEGO in-country programs. In LDC situations where other A.I.D.-funded agencies are not available or able to provide training for such providers as pharmacists, dispensers and community workers, it will be within JHPIEGO's scope to provide this.

d. By Geographic Region

Asia - JHPIEGO in-country training plans for Asia include phasing out of certain rapidly developing countries such as Thailand and Sri Lanka just as JHPIEGO has already phased out of Korea, Singapore, Hong Kong and Taiwan and will phase out of Malaysia this year.

Significant support is planned to India, using A.I.D. funds if certain bureaucratic obstacles can be overcome. Continuing support of the Philippine and Indonesia in-country training programs is planned as is increasing support for the training of professionals in Burma.

Latin America - As the program in Colombia matures and starts to phase down, JHPIEGO training programs in Mexico and Brazil will be rapidly growing. In Brazil, integrated training of medical students and nursing students in reproductive health along the existing Santa Maria model will be further developed and refined, as will graduate professional training modeled on the current JHPIEGO program in Rio de Janeiro. In addition, in-country programs are anticipated in Peru and Ecuador, as well as in several Central American and Caribbean countries.

Near East - Continuation of the JHPIEGO regional training program in Tunisia is planned for the next one to two years. The recently initiated training programs in Morocco, Turkey and Egypt are all expected to grow significantly during the next three years. In all likelihood, a training program in Jordan will also be developed during the next two or three years.

Africa - Africa will be the major focus of JHPIEGO activity during these five years. The present training program in Ibadan, Nigeria is expected to be replicated at a number of other major medical centers in that country to help meet the great need for services. The training programs in Kenya, Sudan and Somalia are expected to continue and slowly grow. New programs are presently anticipated in Tanzania, Liberia, Zaire, Zimbabwe and Uganda. Training programs for Mauritania, Senegal, Cameroon, Guinea, Sierra Leone, Ghana and Rwanda are also possibilities.

Most of the remaining subsahara countries in Africa are expected to be recipients of JHPIEGO consultant visits and JHPIEGO equipment during these coming years as the majority of these countries have already sent one or more prominent professionals to Baltimore or to Tunis for JHPIEGO training.

e. By Regional Emphases

Training emphasis in Asia, where voluntary sterilization programs have long existed, will be on laparoscopy to make service delivery more available and more efficient, and on microsurgery to help staff and equip at least one center for attempting sterilization reversals in each country.

In Latin America, all kinds of family planning training will be provided in order to produce a large enough cadre of trained professionals to meet the enormous pent-up demand for services which has developed in most countries of that region.

In the Near East, emphasis will be on training enough professionals to meet the general need for contraceptive services as part of overall reproductive health, and on training professionals to provide voluntary sterilization services wherever the countries concerned are ready for this.

In Africa, the training emphasis will be on the significant health benefits of child spacing through the use of contraception, on the diagnosis and prevention of infertility, on adolescent pregnancy, on the problem of sexually transmitted diseases, on the detection and prevention of high-risk pregnancy and on such other important subjects as equipment maintenance, logistics, demography, and program administration.

2. The Development of In-Country Programs

Action by JHPIEGO to stimulate the adoption of in-country training programs may precede and/or follow the recruitment of training of physicians and health officials from these countries at the U.S. center. Planning visits to these countries will be made to encourage the activity and help design the centers and programs. These will follow the educational model of the programs carried out in countries such as Korea, Thailand, Colombia, Egypt, Kenya, Brazil, etc., where JHPIEGO worked to develop an in-country didactic program followed by clinical training at a number of national mini-centers (teaching hospitals). In-country didactic training may be followed in some countries by clinical training at perhaps a national clinical center or even a regional clinical center, depending upon the needs, resources and capabilities of the country.

3. Identification of Clinical Practice Centers for JHPIEGO Participants

Ongoing will be the identification and establishment of institutions capable of serving as clinical practice centers to supplement the basic instruction and demonstrations in reproductive health, endoscopy, IUD insertion, etc., provided by the educational centers. Forty such centers in eight or more countries have already signed such clinical practice agreements for JHPIEGO. Due to the availability of a larger patient population at these centers there is ample opportunity for supervised clinical practice in minilaparotomy and IUD insertion techniques, in addition to laparoscopy. The physician will thus be exposed to a family planning facility with an active voluntary surgical contraceptive component operating in surroundings more comparable to those of his own country.

JHPIEGO generally compensates the clinical practice center on a tuition-per-trainee basis, and generally also provides subsistence and travel costs for the professional so trained.

Countries identified as having active facilities which are already providing instruction in these endoscopic and contraceptive techniques to third-country professionals are Korea, the Philippines, Egypt, Mexico, Colombia, Jamaica, Brazil, Tunisia, Kenya and Morocco.

4. Repair and Maintenance (RAM Centers)

National RAM Centers will continue to be supplied with spare parts and closely supervised by JHPIEGO and new centers will be established on a need and request basis. Preventive maintenance through regular service site visits is a basic responsibility of each RAM Center. The development and distribution of the equipment manual, the films on endoscopic equipment maintenance and the clinical procedures manual should facilitate implementation of JHPIEGO's in-country maintenance activities and responsibilities. At the present time, JHPIEGO supports RAM Centers in Costa Rica, Brazil, Colombia, El Salvador, Ghana, Philippines, Malaysia, Sudan, Turkey, Thailand and Nigeria.

5. Special Education Courses

The U.S. Center will continue to develop special education courses and curricula for particular countries or regions or categories of personnel, as appropriate.

6. Relationships to Other A.I.D.-Supported Agencies

Coordination of in-country training and service activities will continue with other A.I.D. supported agencies to maximize program efforts within each country. JHPIEGO may serve as a catalyst to mobilize the resources of other agencies and resources to establish in-country reproductive health care training centers and programs.

JHPIEGO coordination with the International Project of the Association for Voluntary Sterilization (IPAVS) which has proven mutually advantageous and productive, will be continued and strengthened and should be extended to include joint planning of certain international activities where this can result in significant savings in travel or staff time.

JHPIEGO coordination with the new Office of Population - funded training programs for paramedicals will continue to be developed and strengthened. Such coordination will clarify training roles, will prevent duplication and will provide each training organization with useful technical backup support.

7. Subgrants and Subcontracts

JHPIEGO has the authority to enter into subgrant agreements with overseas training institutions and to enter into subcontracts with various sources provided that all such subgrants and subcontracts have the prior approval of A.I.D. The A.I.D. Grant (Contract) Officer responsible for giving such A.I.D. approvals may delegate his approval authority for subgrant agreements amounting to less than a certain amount (e.g., \$25,000 per annum)

to the A.I.D. Project Officer for JHPIEGO. In all cases of proposed JHPIEGO subgrant agreements with overseas training institutions, it will be the responsibility of the A.I.D. Project Officer to ascertain that the proposed agreement has the approval of the USAID Mission and/or U.S. Embassy concerned before JHPIEGO is formally notified of AID/W approval of the subgrant.

JHPIEGO should submit such proposed subgrant agreements to AID/W in four copies at least two months prior to the proposed start-up date. Such subgrant agreements are normally funded on a yearly basis, with new agreements drawn up and approved annually.

JHPIEGO assures that all its subgrant proposals include the conditions and provisions on informed consent and abortion-related activities that are part of the A.I.D. JHPIEGO Cooperative Agreement.

JHPIEGO should routinely provide its subgrantees at least their first quarterly advance of funds before the start of in-country training to avoid troublesome funding delays in the future.

8. Informed Consent

JHPIEGO requires procedures to insure that all funds provided by A.I.D. for family planning assistance are used in accordance with the moral, religious and philosophical beliefs of the individuals to whom services are provided. Under these procedures, no individual or group shall be coerced into receiving such services. In the case of voluntary sterilization, informed consent is documented and the rights of the individual protected in accordance with those standards considered acceptable under the laws and customs of the country in which the program is operating.

Procedures for ensuring informed consent should conform to Policy Determination No. 70, "A.I.D. Policy Guidelines on Voluntary Sterilization" (6/14/77); and Addendum to PD No. 70 (2/9/81), which are attached as Annex 6. These guidelines insure that the patient is aware of the risks as well as the benefits of the procedures, understands that the procedure is considered irreversible, knows that other methods of family planning are readily available and has been provided no special inducement to promote acceptance of voluntary sterilization over other methods of family planning.

9. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities, as outlined in Policy Determination No. 56, dated 6/10/74, (appended as Annex 7), and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project and subsequent grants will be used for the purpose of inducing abortions as a method of family planning; for information, education, training, research 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.

10. Annual Report

The JHPIEGO Annual Report to A.I.D., which is due by March 31 of each year, in addition to including a descriptive report of the year's operations, a comparison of accomplishments for the period versus stated goals, a yearly fiscal report and a plan of action for the following year, should also include some evaluation of the overall effectiveness of the individual in-country reproductive health training programs supported.

Submitted to A.I.D. with the Annual Report should be an annual evaluation summary based on feedback reports provided to JHPIEGO by its participants.

Part of the Annual Report to A.I.D. should be an equipment report which: (1) describes the status of all endoscopic equipment for which JHPIEGO holds title and/or has ongoing responsibility; (2) summarizes the activities of JHPIEGO in-country repair and maintenance (RAM) centers or systems, and (3) reports on the use of JHPIEGO-provided equipment in accordance with A.I.D. guidelines.

11. Evaluation

JHPIEGO's evaluation process is ongoing. It is based on questionnaires submitted to its previous trainees, on assessment of individual performance of trainees while in training programs, on assessment of in-country training programs carried out periodically by JHPIEGO staff members in their monitoring roles, and by overall annual country-by-country program assessments provided in the JHPIEGO Annual Report to A.I.D.

AID's worldwide evaluation of JHPIEGO, which was most recently performed in the fall of 1980, will be repeated in 1985. These outside evaluations will address specific areas such as adequacy of field support, justification for central expenditures, prioritization of program effort where funding is tight, efficiency in handling funds and frequency and adequacy of staff and consultant field visits as well as the basic questions of whether or not JHPIEGO is accomplishing the stated objectives of its Agreement with A.I.D. and meeting its professional and financial commitments.

12. Possible Longer Range Effort

While this Project Paper demonstrates the feasibility of institutionalizing reproductive health training in most LDCs over the next three years and thereby producing large in-country cadres of service providers, a follow on five-year period of JHPIEGO support may well be required for LDCs if their training and service capability is to be expanded sufficiently to produce the desired full improvements in such reproductive health parameters as maternal, neonatal and infant mortality rates, total fertility rates and birth rates. The need for such a follow on effort can be assessed by A.I.D. when this present three year plan is approaching completion.

Part IV. PROJECT ANALYSIS

A. Social Soundness Analysis

1. Family Planning and Health

Family planning in all forms has an overall beneficial effect on the health of LDC women. Maternal morbidity and mortality rates in LDCs drop as child spacing is practiced, as women stop resorting to self-induced abortions, and as the well-known risks of grand multiparity are reduced by family planning. Protected against unwanted fertility, women will be able to address their own health needs and those of their children because they are no longer constantly overburdened with pregnancy and infant care. Properly nourished babies, adequately spaced, will have fewer illnesses. Smaller families will have a chance for better food, housing, health care and education, thus less illness. Limiting and spacing births to attain a desired and affordable family size is an important way to reduce maternal and infant morbidity and mortality in LDCs and is therefore a sound and desirable health measure.

2. Integrated Health/Family Planning Approach

The integrated Health/Family Planning approach is socially more acceptable to governments. The broad education offered increases enlistment of the professional elite. The benefits for new medical and nursing graduates are noteworthy as these professionals become oriented toward reproductive health and do not require additional training to participate in country family planning programs upon graduation.

The program provides current education in high-risk pregnancy, sexually transmitted diseases, infertility, endocrinology, cancer diagnosis and its current management, and other components of a broad course in obstetrics and gynecology. Thus, the professional levels are able to teach modern concepts and techniques in their classes and operating rooms and new LDC medical and nursing graduates are able to receive current instruction in reproductive health as an integral part of their medical education.

JHPIEGO reproductive health courses include presentations on a broad range of topics including nutrition, child spacing, demography, maternal and child health and population dynamics, as well as frequently dealing in depth with one specific topic.

Such courses are highly acceptable to LDCs as they help to assure more healthy mothers and strong babies through improved gynecologic and maternal and infant care. More mothers seek permanent surgical contraception when desired family size is achieved and as they feel secure in the health of their living children.

In addition to reproductive health courses for administrators, and for clinicians, JHPIEGO puts on courses specifically targeted on such subjects as (a) the management of the infertile couple, and (b) sterilization reversal by microsurgery. Thus, fully comprehensive reproductive health care training is provided.

3. Enhancement of Quality of Life for Women

This project is fully consonant with the provisions of Section 113 of the Foreign Assistance Act of 1961, as amended, having regard for the integration of women into the national economies of foreign countries. As LDC women experience improved health, through the use of reproductive health services, they become available to participate in the economic life of their communities and their nations. The services projected over the life of this project are designed so as to enhance the quality of life for women.

4. The Role of the Physician

The widespread use of preventive measures in the care and treatment of reproductive health problems can make an important contribution to the regulation of fertility and the well-being of families in LDCs if these can be made available in the LDCs.

The physician as teacher and educator, research scientist, practitioner and counselor and community leader can play a crucial role in improving the quality of life in developing countries. Therefore, if women and their families are to receive the benefits of new knowledge and technology these must be made part of medical education and everyday practice. The mainstream of the medical profession in LDCs must become involved. This project is designed to bring this about.

5. Predominant Capability

Johns Hopkins University was chosen by A.I.D. as the most prestigious and experienced institution in the field of international health. Its 60-year history in international health has made it highly respected worldwide and unique in its field.

B. Technical Analysis

1. Technological Need

The technology employed in the project relates to Reproductive Health. Childbearing, that aspect of human reproduction unique to women, requires optimal age, good health, and a high standard of medical care to minimize risks. In many developing countries death rates associated with childbearing remain appallingly high. Preventive and curative medical care and adequate nutrition can prevent most of these deaths as has been shown in developed countries.

About 40% of the women in developing countries, compared with only six or seven percent in developed countries, have four or more children. In most countries the primary reason for this is that both women and men in the LDCs lack knowledge and means to control their reproduction. Many of these women are aware of the risks of excessive childbearing to their own lives and health and to that of their families, but they cannot do much about it as they have little access to medical care. Although 70% of women surveyed in LDCs have indicated that they wanted to limit their family size,

in many countries less than 10% have the means to do so and even fewer have the most effective means of fertility control available. The situation is particularly acute in rural areas, where an average of only 20% of rural populations have access to modern health services. Many women, in desperation, turn to illegal abortion (around 20 to 30 million annually throughout the world) and many of these abortions are done under conditions which can easily lead to maternal deaths.

In 1974 at Bucharest, the United Nations declared that:

All couples and individuals have the basic human right to decide freely and responsibly the number and spacing of their children to have the information, education and means to do so.

The freedom to regulate family size means the availability of various methods from which to choose; surgical, as well as non-surgical methods should be available for use.

Modern concepts of reproductive health and family planning now include surgical means of contraception for women which are for the most part rapid, safe, and applicable on an outpatient basis under local anesthesia with minimal hospital back-up.

JHPIEGO has succeeded in involving the medical establishment in countries which previously demonstrated only limited interest in reproductive health in general and no interest in family planning in particular. To understand why this approach has been successful one must view it from the perceptions of the LDC professionals. To such physicians and nurses the updating of knowledge in the new field of Reproductive Health can only be beneficial and, to receive this training in association with prestigious international professionals in this field is a major privilege. In countries where family planning per se is taboo, education designed to improve maternal and child health also makes possible and acceptable the introduction of education and techniques for management of human fertility. Developing skill in the use of the laparoscope results in such countries in advancing Ob/Gyn education in general and the care and treatment of women in particular.

2. Technological Considerations/Laparoscope

The use of the laparoscope, a sophisticated diagnostic and therapeutic instrument, has stimulated faculties of medical schools to adopt such new technology. The specialists had previously tended to "be above" the simple IUD, vasectomy and minilap procedures. Because it can be used to diagnose the cause of infertility, to recognize ectopic pregnancy, to examine ovarian masses as well as to perform surgical procedures on the tubes, the laparoscope has developed the medical professors interest in family planning, gynecological diagnosis and voluntary sterilization. Their acceptance of laparoscopy has led to real interest in teaching minilaparotomy as well as other family planning methods in their reproductive health courses and clinics.

3. Technical Design

So that each mother and child in developing countries can receive the benefits of improved health measures, this project seeks to make available for use by LDC physicians and paramedicals knowledge and techniques which are effective in the diagnosis and prevention of reproductive health problems. To institutionalize this provision within countries in keeping with local cultural considerations, this project:

- Mobilizes and provides technical assistance and funding support to an international network of LDC Training Centers which provide reproductive health training to LDC physicians, nurses and other qualified personnel including key leadership officials.

- Provides follow-up (Phase III) field training at the home institutions of professionals who have received Phase I and II training.

- Provides appropriate technology to these institutions (teaching hospitals, medical schools, service clinics) so that techniques taught are made widely available in-country.

- Provides support to cover cost of travel, educational materials and subsistence for those trained.

- Integrates training and practice in reproductive health concepts and techniques in the curricula of LDC medical and nursing schools so that future professionals are well versed in the subject when they complete their courses.

4. Implications of the Technology

a. Employment Efforts

The medical and scientific focus of the project will lead to an upgrading in the quality of Ob/Gyn specialists and other appropriate professionals. A more experienced and technically qualified cadre of educators, researchers, practitioners and community leaders will exist in each country as a result of this program.

b. Suitability for Use, Replication and Diffusion

Replicability of training is the fundamental principle underlying the project and is reflected in its design for institutionalizing modern reproductive health concepts and techniques, including voluntary sterilization, in teaching hospitals and medical and nursing schools in LDCs and for the multiplication of service clinics in these countries. This includes the training of the cadres of professionals for LDCs; the provision of equipment for the replication of this training; the visits of field training teams to assure replication of the skills and inclusion into everyday medical practice. Participation in this international consortium is designed to stimulate local activities and services.

Host Country Capability for Operation/Maintenance

This significant factor has consciously been incorporated into project strategies.

(1) In applying for training not only the candidate but also his/her institution files an application with JHPIEGO providing information on the physical resource of the institution. Selection of the trainee is considered in relation to the resources of the facility to support this technology.

(2) The delivery of the equipment to the home facility of the professional who has been trained coincides with a visit of the field training team. In addition to observing the professional's use of the equipment under local conditions, the team trains both professional and supporting personnel in the care and maintenance of the equipment.

(3) When requested by the recipient institution, JHPIEGO coordinates the training of local technicians in the maintenance and repair of equipment. In addition, it maintains an inventory of spare parts which it provides to these institutions, as needed, to keep the equipment operational.

(4) Maintenance shops have been set up in countries within each region on a selective basis. A local equipment and maintenance specialist is trained to run each shop and make repairs. A rotating inventory of spare and replacement parts is maintained. The criteria for supporting the establishment of the maintenance and repair shop within a country includes: (a) the degree to which the host country contributes to the cost of this operation include space, and (b) its capability for providing salary support to the maintenance specialist once JHPIEGO's inputs terminate.

C. Economic Analysis

This project is economically sound for a number of reasons:

1. Social and economic development within a country depends upon the health and well-being of its population. This project, which is concerned with reproductive health, addresses this economic development imperative because it is a form of preventive medicine.

2. This project's emphases on, (a) utilization of existing institutional and professional resources and infrastructures, and (b) intensive short-term courses designed for updating skills of qualified professionals, is a cost-effective approach.

3. The upgrading of the quality of reproductive health services within a country will produce economic dividends for the people and the country in improved maternal and infant health and decreased mortality rates for these groups.

a. Itemized Costs (\$ 000)

Itemized below are cost estimates for the major components of the technical design of this project for which funds will be required in the following funding years. These figures represent funds which should be available to cover costs of the program described. The exigencies of the funding agency and the amount of uncommitted funds which the grantee has available may change the funding year schedule for the obligation of funds.

	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>Totals</u>
Central Costs	2,000	1,100	2,100	5,200
Planning & Development Costs	870	870	600	2,340
Education & Training Costs	3,000	2,880	2,350	8,230
Equipment Costs	930	950	950	2,830
	<u>6,750</u>	<u>6,750</u>	<u>6,000</u>	<u>19,500</u>

b. Technical Resources and Reasonableness of Design

Because of its university and health orientation, this project must use highly specialized personnel. M.D.s who are Ob/Gyn specialists and educators and other medical and professional personnel serve as faculty and consultants. The costs for these highly trained and highly compensated specialists is reflected in the funding requirements as is the cost of the medical equipment needed for the replication of the training. However, the prestige associated with these specialists, their international reputations, their high level of professional competence as scientists and educators are what makes it possible for the project to achieve its goals.

These estimates represent only AID/W costs. Host countries will continue to provide varying degrees of support for personnel and other resource support for the in-country training centers. The value of these contributions by the host country will vary depending upon the country and are, therefore, indeterminable. As the project has developed, experience has demonstrated that host countries assume an increased share of the in-country center's costs, such as salaries, space, support, personnel, etc.

c. Cost Effectiveness

Although equipment costs will remain sizeable because of the large number of in-country trainees produced each year who need to be equipped to provide services, the multiplier effect and the shift to in-country training programs has steadily reduced per capita training costs. During each of the three years of support planned in this project paper, the annual number of professionals trained in-country will increase significantly and the per-capita cost of providing such training is expected to decrease each year. This project maximally uses existing in-country resources such as medical schools, nursing schools, hospitals, clinics and rural health outposts. It upgrades the ability of professionals in all these locations and

categories to provide needed and desired reproductive health services. The in-country services developed through this project can be continued even without ongoing donor support. This is a cost-effective approach.

Between operational year 1984 and operational year 1986, if training continues to be replicated within countries at anywhere near the rate shown in previous JHPIEGO follow-up surveys, it is reasonable to assume that a minimum of 14,000 professionals will have been secondarily trained as a result of providing direct first generation training to approximately 4,000 professionals and the institutionalization of this training will thus regularly continue to generate trained personnel. The numbers of future physicians and nurses directly trained in reproductive health concepts and practices as a result of JHPIEGO's integration of this subject into medical and nursing school curricula should amount to between 6,000 to 12,000 after three years of this project.

Based on these assumptions, the unit cost for this specialized training which upgrades the capabilities of the LDC physicians and nurses is reasonable. The cost effectiveness of this project will be further demonstrated as the clinics providing services proliferate from the core of the LDC medical establishments to provide continuing services to the needy in both the urban and rural areas.

As the focus of this Project has shifted to LDC centers, the cost per trainee has declined along with an actual increase in the numbers trained.

d. Other Donors

In originally awarding a grant to JHPIEGO, it was A.I.D.'s intention that support would also be solicited and obtained from other donors. This is occurring. The UNFPA funds a large JHPIEGO program in Pakistan and may fund a similar JHPIEGO program in India; the General Services Foundation has donated funds to JHPIEGO for training activities in China; and the Noyes Foundation recently made a second donation in support of JHPIEGO's overall training program. In addition, all JHPIEGO in-country programs are supported, at least in part, by in-country contributions of facilities, space, services and personnel.

D. Environmental Analysis

As the world's population has rapidly increased in size over the past thirty years, its potential for disrupting the Earth's ecosystem has grown with it. This rapid growth has been accompanied by desertification related to excessive grazing by livestock; deforestation and resultant flooding related to the demand for wood as cooking fuel by increasing numbers of people; pollution of air and water supplies due to concentrations of people and industry in rapidly growing cities of the LDCs and a general trend toward environmental degradation.

This Project, which promotes worldwide reproductive health, has as its basic rationale, the concept that making accepted modern family planning services available to LDC couples, so that they can control unwanted fertility, is the single most important reproductive health intervention possible. By helping to reduce unwanted fertility, this project helps bring birth rates down toward desired levels and thereby helps to reduce high rates of population growth to more desired and environmentally sustainable rates of increase.

E. Financial Analysis and Plan

1. Financial Rating Return/Viability

Attempts to determine the financial rate of return/viability for this project will at best be imprecise and will depend upon the analysis of hospital, clinical and medical school records. One cannot quantify the financial rate of return to a country in having upgraded its Ob/Gyn profession and other related personnel; nor are there adequate means for measuring in dollars its subsequent impact on improved family health. What is more, measurement of ultimate program goal achievements (i.e., decline in fertility, and decrease in maternal and infant mortality) will depend upon the availability of reliable and current demographic data and vital statistics.

2. Effect on Implementing Agencies

This project should not increase the recurrent operating costs of the medical schools, teaching hospitals and clinics in the developing countries beyond the capabilities of these institutions.

Support provided by the project to Training Centers will generally continue to take the form of tuition, travel and subsistence for each individual trained and for the provision of equipment. The host country contribution varies among the LDCs. Recurring costs subsequent to the completion of the project should be manageable as these new techniques will have become part of LDC medical education and practice.

3. Financial Plan/Budget Tables

The cost of this project for work to be performed through September 30, 1986 is reflected in the Budget Table on the following pages.

The Budget Table is an itemized budget of the work periods for which these costs are estimated.

JHPTEGO BUDGET

Summary of Program Projections (\$000)
 Funds to be expended (Disbursed and Obligated) by JHPTEGO during Three Operational Years
 October 1, 1984 through September 30, 1987

Major Central of Cost	84/85		85/86		86/87		Total Costs 10/84-9/87	
	Amount	%	Amount	%	Amount	%	Amount	%
Central Costs	2000	(30)	2100	(31)	2100	(35)	6200	(32)
Planning/Develop-/ ment/Monitoring	820	(12)	820	(12)	600	(10)	2240	(11)
Education and Training	3000	(44)	2880	(43)	2350	(39)	8230	(42)
Equipment	930	(14)	950	(14)	950	(16)	2830	(15)
Totals	6750	(100)	6,750	(100)	6,000	(100)	19,500	(100)

JHPIEGO CORPORATION PROGRAM PROJECT PROJECTIONS IN (\$000)
OPERATING YEARS OCTOBER 1, 1982 THRU SEPTEMBER 30, 1987

<u>CATEGORIES</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>TOTAL</u>
1. <u>Central Costs</u>				
Salaries	1081	1130	1130	3341
Fringe	217	225	225	667
Supplies	60	60	60	180
Travel (U.S.)	10	11	11	32
Office Equipment	10	8	8	26
Telecommunications	210	220	220	650
Space Costs	115	118	118	351
Other Direct Costs	57	58	58	173
TOTAL DIRECT	1760	1830	1830	5420
IDC at 14%	240	270	270	780
<hr/>				
TOTAL CENTRAL COSTS	2000	2100	2100	6200
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2. <u>Planning, Development Monitoring (P/D/M)</u>				
Site Visits for P/D/M	234	234	200	668
Consultants (Educational Material/Technology)	36	36	30	102
Publications/Exhibits/ Translations	100	100	--	200
Conferences	100	100	100	300
Audit of Overseas Agreement	150	150	150	450
Regional Monitoring Infrastructure	50	50	50	150
Evaluation Studies	50	50	--	100
TOTAL COSTS	720	720	530	1970
IDC at 14%	100	100	70	270
<hr/>				
TOTAL P/D/M COSTS	820	820	600	2240
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3. <u>Education and Training</u>				
Participants Costs	550	500	450	1500
Field Training	200	180	150	530
U.S. Training Center	250	200	175	625
Nat'l/Reg'l Programs	1600	1600	1300	4500
Educational Materials	400	400	275	1075
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TOTAL EDUCATION/TRAINING	3000	2880	2350	8230
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JHPIEGO CORPORATION PROGRAM PROJECT PROJECTIONS IN (\$000)
OPERATING YEARS OCTOBER 1, 1982 THRU SEPTEMBER 30, 1987

<u>CATEGORIES</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>TOTAL</u>
4. <u>Equipment</u>				
Instruments & Spare Parts	725	760	760	2545
Repair	58	50	50	158
Warehousing & Freight	130	120	120	370
TOTAL COSTS	913	930	930	2773
IDC at 14%	17	20	20	57
<hr/>				
TOTAL EQUIPMENT	930	950	950	2830
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GRAND TOTAL	6750	6750	6000	19,500

Annexes:

1. Logical Framework
2. JHPIEGO's Application for Assistance
3. JHPIEGO Proposed Five-Year Training Plan and Budget
4. Planned Performance Tracking Network
5. Environmental Statement
6. A.I.D. Guidelines on Voluntary Sterilization
7. A.I.D. Policies Relative to Abortion
8. Statutory Checklist

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY 73 _____ to FY 87 _____
Total U.S. Funding 19,500,000
Date Prepared: 11/17/82

Project Title & Number: 9.2-0604 Training in Reproductive Health

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>Super Goal - To assist LDCs to reach their desired rates of population growth.</p> <p>Goal - To improve the health of mothers and infants by training LDC professionals to provide modern reproductive health services.</p>	<p>Measures of Goal Achievement:</p> <p>Super Goal - Attaining desired birth rates per 1,000 of population.</p> <p>Goal - Measurable decrease in maternal and infant mortality rates.</p>	<p>Super Goal</p> <p>and</p> <p>Goal</p> <p>Vital statistics and field surveys.</p>	<p>Assumptions for achieving goal targets:</p> <p>a. In most LDCs the need for help in reducing excess fertility is such that training professionals to provide these services will rapidly reduce birth rates.</p> <p>b. Training professionals in general reproductive health and the significant health benefits of family planning will have a positive effect on LDC family planning policies and practices.</p>
<p>Project Purpose:</p> <p>To advance the teaching and practice of reproductive health in the LDCs by suitably training and equipping LDC medical professionals and preprofessionals.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>1) Adequate numbers of reproductive health professionals directly or indirectly trained by JIPIEGO to provide needed reproductive health services in most eligible LDCs.</p> <p>2) General acceptance of AID-approved methods of family planning in these LDCs.</p> <p>3) Network of urban and rural clinics in these LDCs providing good reproductive health services.</p>	<p>1) JIPIEGO records, trip reports, annual reports to AID and country evaluations.</p> <p>2) JIPIEGO in-country training and evaluation reports. Contraceptive prevalence surveys.</p> <p>3) Site visits, trip reports, USAID records, JIPIEGO records.</p>	<p>Assumptions for achieving purpose:</p> <p>a. a large number of LDC professionals and most undergraduate professionals are unaware of basic reproductive health services.</p> <p>b. Training and equipping these professionals will result in improved LDC reproductive health and lowered birth rates.</p> <p>c. Institutionalizing these new concepts and technologies in LDC medical training centers will result in this rapid acceptance and replication.</p>
<p>Outputs:</p> <p>1. Physicians, nurses and administrators trained by JIPIEGO.</p> <p>2. Reproductive centers established.</p> <p>3. In-country reproductive health training centers initiated and continuing.</p> <p>4. Maintenance centers set up and continuing in LDCs.</p> <p>5. Reproductive health courses incorporated into curriculum of most eligible LDC medical schools.</p> <p>6. Medical equipment and supplies provided.</p>	<p>Magnitude of Outputs:</p> <p>1. Between 1,200-4,000 LDC professionals trained.</p> <p>2. 500 service clinics functioning.</p> <p>3. Reproductive health training centers functioning in 30 countries.</p> <p>4. RAM centers functioning well in virtually all countries with 150 or more AID-funded scopes.</p> <p>5. 2500-4000 LDC medical students trained/yr in reproductive health.</p> <p>6. 360 endoscopic units, 1000 IUD kits, 1000 mini-lap kits and 220 major educational packages provided.</p>	<p>1. Statistics from JIPIEGO training centers in the LDCs and from Baltimore.</p> <p>2. Annual enumeration by country of JIPIEGO service clinics established.</p> <p>3. Annual listing of LDC training centers established by country.</p> <p>4. Annual RAM center reports.</p> <p>5. Annual listing of additional LDCs whose medical schools have been mobilized.</p> <p>6. Annual listing of equipment provided.</p>	<p>Assumptions for achieving outputs:</p> <p>a. AID relations in most LDCs will permit JIPIEGO to work in those countries.</p> <p>b. Ministries of Health will continue to find JIPIEGO a highly desired form of U.S. technical assistance.</p> <p>c. Training will be ongoing once it is well institutionalized.</p> <p>d. salaries of equipment maintenance technicians will ultimately be paid locally.</p> <p>e. professionals trained will continue to train others.</p>
<p>Inputs:</p> <p>JIPIEGO - 1. Professional and technical leadership; 2. Management of funds and programs; 3. Equipment procurement, distribution and maintenance; 4. Provision of educational materials and supplies; 5. Ongoing monitoring and evaluation of training programs.</p> <p>Host Country - 1. Training sites and facilities; 2. Host faculty members;</p> <p>3. Local support and indirect costs;</p> <p>4. Quarterly and final reports.</p> <p>AID - 1. provision of funds; 2. ongoing monitoring and evaluation.</p> <p>Other Donors - Funding</p>	<p>Implementation Target (Type and Quantity)</p> <p>JIPIEGO - Adequate numbers of effective staff visits to LDC training programs. Adequate equipment and supplies provided in timely manner, and put to field use. LDC training programs functioning efficiently.</p> <p>Host Country - Numbers of facilities provided. Numbers and calibre of faculty. Amount of financial support. Number of patients served.</p> <p>AID - Annual funding; consistent monitoring; regular outside evaluations.</p> <p>Other Donors - 3 or more other donors. 10% or more of funds.</p>	<p>JIPIEGO - Reports of site visits. Reports of training programs. Reports of equipment and supply distribution and use. Reports of RAM centers.</p> <p>Host Country - Training center reports. Evaluation visits. Reports of USAID missions.</p> <p>I.D. - Funding PIO/Ts; AID reports; project evaluation reports.</p> <p>Other Donors - Annual report to AID.</p>	<p>Assumptions for providing inputs:</p> <p>JIPIEGO - The University approach and health orientation will effectively insulate JIPIEGO from political changes. The educational nature of this project will result in ongoing replication of training.</p> <p>Host Country - Host country support will continue after JIPIEGO support ends because faculty and facilities remain.</p> <p>AID - AID emphasis on population and health will continue.</p> <p>Other Donors - JIPIEGO's results will attract additional donations.</p>

June 17, 1981

Annex 2

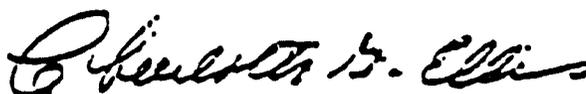
Dr. Andrew T. Wiley
 Project Monitor
 OS/POP/TI
 Room 215, RPE
 Agency for International Development
 Washington, D.C. 20523

Dear Dr. Wiley:

We appreciate the additional time given to us to complete our analysis of our program requirements for the five operating years, beginning October 1, 1982 through September 30, 1987. JHPIEGO has completed an exhaustive analysis of past performances and future objectives. The attached presentation represents this effort. We believe that the information supporting our projections will be helpful to you and the other officials within AID who will participate in recommending the support to be authorized by the Administrators of AID for the JHPIEGO program.

This presentation supersedes the projections previously forwarded to you with our letter of May 18, 1981.

Sincerely,



Charlotte G. Ellis

CGE:jwa

Attachments

**THE JOHNS HOPKINS PROGRAM FOR INTERNATIONAL
EDUCATION IN GYNECOLOGY AND OBSTETRICS**

**PROGRAM PROJECTIONS
October 1, 1982 through September 30, 1987**

Presented by:

**The JHPIEGO Corporation
June 17, 1981**

JMPEG Corporation

Dollar Allocation Requested from AID Funding Years (\$000)

FY81 (Balance of negotiated costs in AID/USPE-CA-0003 not received)	FY82	FY83	FY84	FY85	FY86	Total
\$5082	\$10205	\$11437	\$12701	\$13088	\$13193	\$60624
<p>Note: Unless the balance needed to cover our negotiated costs are allocated from FY81 funds, the funding cycle will be off by a fiscal year.</p>	<p>If FY82 funds are used to offset costs previously negotiated which should have been covered by FY81 funds, the above funding years should be adjusted to compensate for this amount.</p>					

JNPIEGO Corporation

Summary of Program Projections (\$000)

**Funds to be Expended (Disbursed and Obligated) by JNPIEGO During Five Operational Years
October 1, 1982 through September 30, 1987**

Major Categories Cost

**Cost Comparisons
Prior Fiscal Years**

Major Categories Cost	80/81		81/82		82/83		83/84		84/85		85/86		86/87		Total Costs 10/82-9/87	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Operational Costs	2011	(23.9)	2026	(23.4)	2105	(20.6)	2309	(20.2)	2533	(19.9)	2715	(20.7)	2947	(22.3)	12609	(20.8)
Planning/Development/Marketing	588	(7)	827	(9.5)	1152	(11.3)	1290	(11.2)	1523	(12.0)	1751	(13.4)	1848	(14.1)	7564	(12.5)
Education Training	5328	(63.1)	4623	(53.3)	5708	(55.9)	6548	(67.3)	7252	(57.1)	7532	(57.6)	7418	(56.2)	34458	(56.8)
Equipment	510	(6)	1195	(13.8)	1240	(12.2)	1290	(11.3)	1393	(11)	1090	(8.3)	980	(7.4)	5993	(9.9)
Totals	8479	(100)	8671	(100)	10205	(100)	11437	(100)	12701	(100)	13088	(100)	13193	(100)	60624	(100)

ABOVE FIGURES REPRESENT COSTS OBLIGATED IN COOPERATIVE AGREEMENT AID/DSPE-CA-0083 TOTALING \$17.1 MILLION THROUGH FY 81, OF WHICH JNPIEGO HAS RECEIVED ONLY \$12 MILLION.

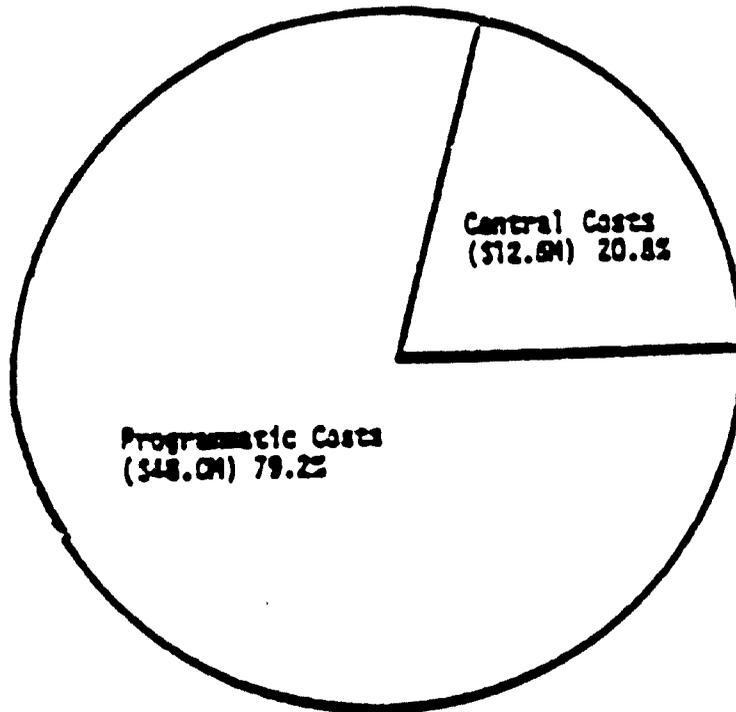
FUNDING FOR THE ABOVE OPERATIONAL YEARS TO COMMENCE WITH FY82 FUNDS.

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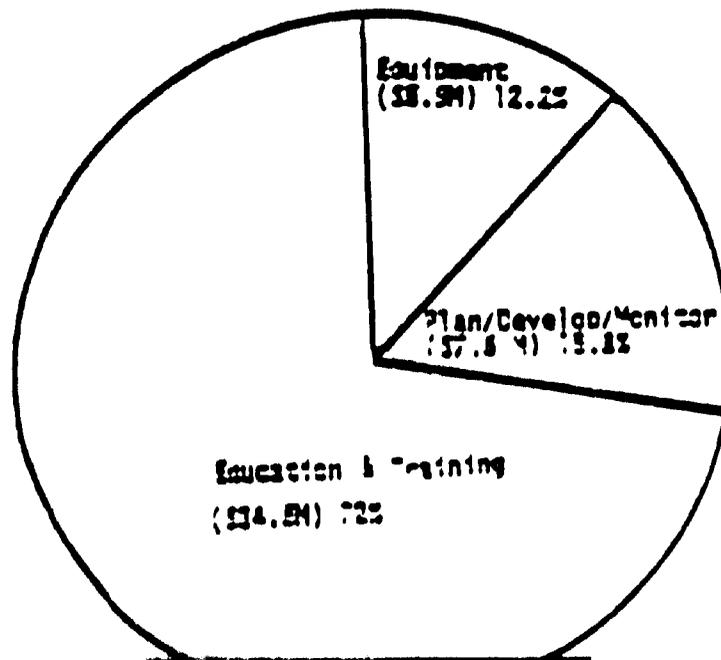
CHPTISSO CORPORATION
PROGRAM PROJECTIONS IN (\$000)
OPERATING YEARS
OCTOBER 1, 1982 THROUGH SEPTEMBER 30, 1987

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
1. General Costs						
Salaries	1213	1334	1467	1589	1748	7351
Fringe	237	260	293	313	350	1458
Supplies	49	54	60	60	60	283
Travel (U.S.)	8	9	10	11	12	50
Office Equipment	5	10	10	8	6	39
Telecommunications	180	198	210	220	230	1038
Space Costs	100	108	115	118	120	561
Other Direct Costs	58	56	57	58	59	285
TOTAL DIRECT	1847	2028	2222	2282	2585	11062
IDC at 14%	258	283	311	333	362	1547
TOTAL CENTRAL COSTS	2105	2309	2533	2715	2947	12609
2. Planning, Development, Monitoring (P/D/M)						
Site Visits for P/D/M	350	385	423	465	430	2053
Consultants (Educational Material/Technology)	25	30	36	42	48	191
Publications/Exhibits/Translations	107	127	152	184	220	790
Conferences	120	152	187	225	269	1054
Audits of Overseas Agreements	152	176	196	192	164	880
Regional Monitoring Infrastructure			75	150	200	425
Evaluation Studies	75	83	91	100	110	459
TOTAL COSTS	1029	1153	1360	1559	1641	6742
IDC at 14%	123	137	183	192	207	822
TOTAL P/D/M COSTS	1152	1290	1523	1751	1848	7564
3. Education and Training						
Participant Costs	863	938	1044	1148	1252	5253
Field Training	180	198	218	240	240	1076
U.S. Training Center National/Regional Programs	550	605	665	731	750	3201
Educational Materials	2817	4402	4899	4808	4009	22235
	298	405	425	405	357	2591
TOTAL EDUCATION/TRAINING	5708	6548	7252	7432	7418	34458
4. Equipment						
Instruments & Scales						
Parts	1059	1092	1123	705	832	5071
Repair	48	13	58	40	37	246
Warehousing & Freight	153	124	120	120	79	586
TOTAL COSTS	1260	1291	1371	1072	968	5503
IDC at 14%	22	21	22	15	12	70
TOTAL EQUIPMENT	1240	1290	1393	1090	980	5573
GRAND TOTAL	10205	11437	12701	13088	13191	46624

OVERALL PLANNED DISTRIBUTION OF FUNDS (\$80.5 M)
October 1, 1982 through September 30, 1987

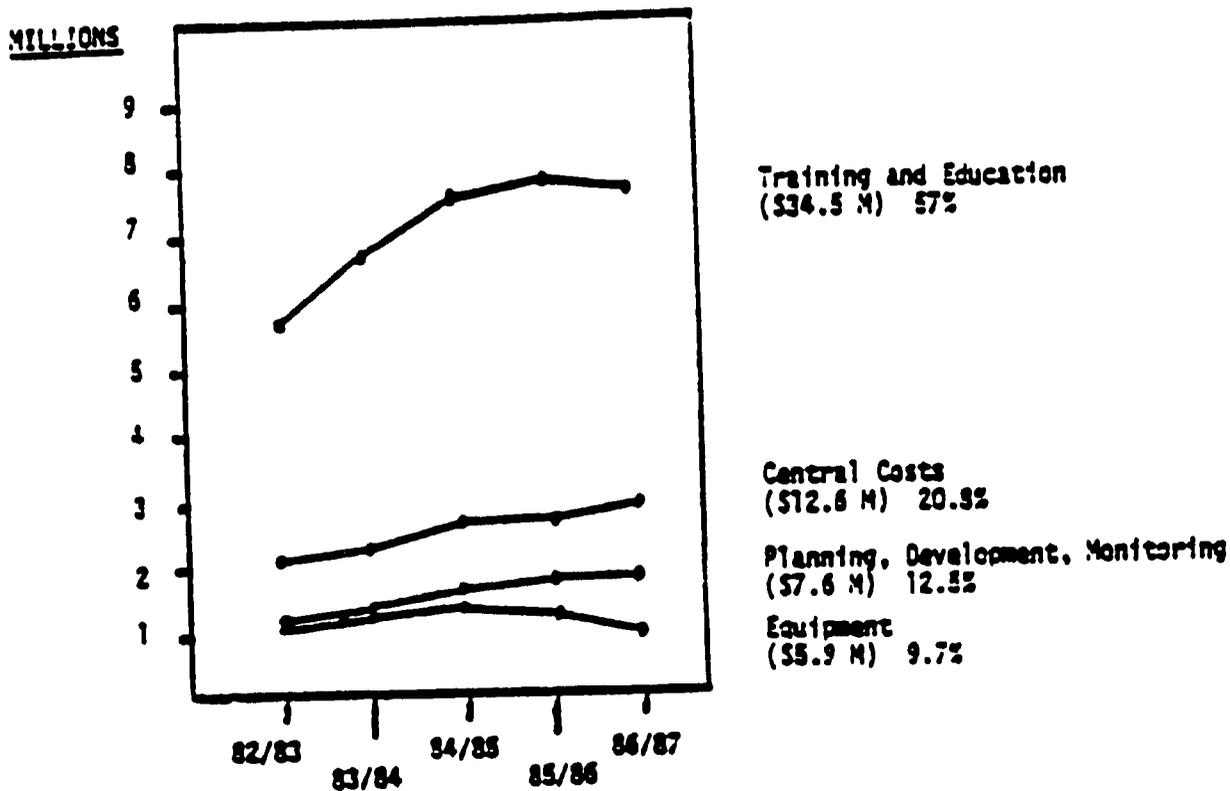


DISTRIBUTION OF PROGRAMMATIC COSTS (\$48.0 M)
October 1, 1982 through September 30, 1987



OVERALL FUNDING TRENDS FOR MAJOR BUDGET CATEGORIES*

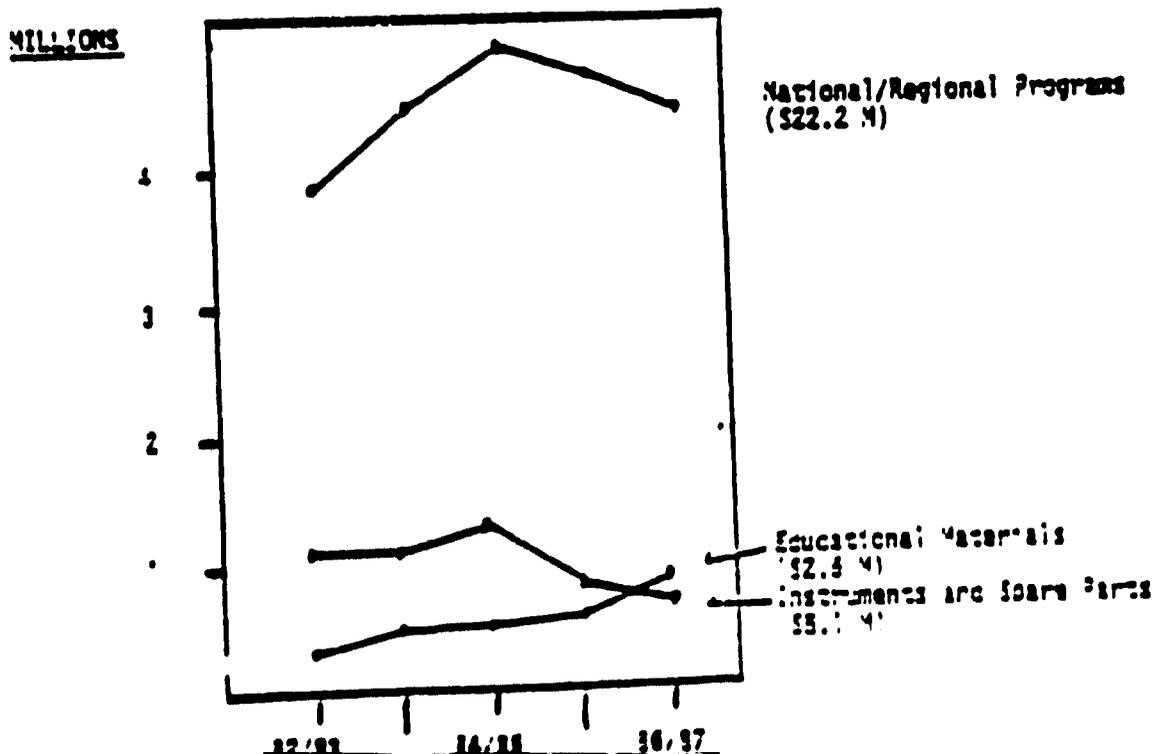
October 1, 1982 through September 30, 1987



* Central Costs; Planning, Development, Monitoring; Training and Education; Equipment

IN-COUNTRY INPUTS*

October 1, 1982 through September 30, 1987



JHPIEGO CORPORATION
COUNTRY ALLOCATIONS (\$000) BY REGION
 Funds to be Allocated by JHPIEGO for National and Regional
 Programs During Five Operational Years (October 1982-September 1987)

REGIONS	82/83	83/84	84/85	85/86	86/87	Total
AFRICA						
Benin						
Botswana						
Burundi			50	50	50	150
Cameroon		60	100	165	166	491
Central African Em.		56	56	57	50	219
Chad						
Congo						
Ethiopia	50	52	54	55	40	251
Gabon						
Gambia						
Ghana	58	57	59	72	78	324
Guinea						
Ivory Coast	40	50	59	72	80	301
Kenya	135	153	143	177	105	713
Lesotho						
Liberia		54	72	42	82	250
Madagascar						
Malawi						
Mali				50	50	100
Mauritania					20	20
Mauritius						
Niger						
Nigeria	149	153	124	132	275	833
Rwanda			50	50	100	200
Senegal	95	108	107	106	83	509
Sierra Leone	50	54	42	37	42	225
Somalia	29	20	20	20	20	109
Sudan	73	74	50	50	10	257
Swaziland						
Tanzania	121	144	147	157	100	669
Togo			33	30	50	113
Zambia	72	79	121	154	150	576
Zimbabwe						
Upper Volta						
Yugoslavia	57	34	77	32	31	231
Zambia						
Zimbabwe	72	100	150	150	50	522
Regional Med. Cen.			150	200	350	700
Total	1011	1372	1754	1947	2520	8604
ASIA						
Bangladesh	20					20
Burma	10	10	20	20	20	80
India	20	20	50	50	20	160

Country Allocations (\$000) by Region (Continued)

REGIONS	32/93	33/94	34/95	35/96	36/97	Total
ASIA (cont'd)						
Korea	5	5	5	5	5	25
Malaysia	19	18	19	19		75
Nepal		5	5	5	5	24
New Guinea			32	32	32	96
Pakistan	54	99	101	108	27	389
Philippines	150	155	160	140	140	745
Singapore						
Sri Lanka			25	25	25	75
Taiwan						
Thailand	50	50	52	75	75	252
Total	413	457	535	441	370	2215
LATIN AMERICA						
Argentina	57	57	52	59		245
Barbados						
Bolivia						
Brazil	520	539	505	530	552	2982
Chile	56	52	58	75		241
Colombia	184	191	210	230		815
Costa Rica						
Dominica						
Dominican Rep.	58	53	59	77		247
Ecuador	57	58	55	72		242
El Salvador	2	2	2	2	2	10
Guatemala	28	5	5	7		45
Guyana						
Haiti	52	58				110
Honduras	50	51	56	72		249
Jamaica	10	10	50	50	11	151
Mexico	310	354	318	298	20	1590
Nicaragua						
Panama	3	3	9	10		25
Paraguay	54	59	72	75		260
Peru	124	125	125	140		498
Trinidad	5	5	5	5		20
Uruguay						
Venezuela	52	50	55	72		269
Total	1768	1912	1899	1773	721	8082
YEAR EAST						
Afghanistan						
Algeria		19	33	54		106
Egypt	229	254	271	275	138	1167
Iran						
Iraq						

Country Allocations (\$000) by Region (Continued)

REGIONS	92/93	93/94	94/95	95/96	96/97	Totals
NEAR EAST(cont'd)						
Lebanon						
Morocco	53	53	53	53	130	342
Saudi Arabia						
Syria						
Tunisia	259	255	256	50	50	870
Turkey	87	78	78	178	252	683
Yemen Arab Rep.						
Total	628	699	711	621	578	3237
Grand Total	3817	4402	4899	4808	4309	22235

The Country Allocations do not include funds for equipment and educational materials. The funds for these items are shown in line items so designated in the Program Projections. These inputs of equipment and educational material for each country may be found by quantity in the National and Regional Programs Section of the Financial Analysis.

NAME: JIMMIE STAYING

		<u>00/01</u>	<u>01/02</u>	<u>02/03</u>	<u>03/04</u>	<u>04/05</u>	<u>05/06</u>	<u>06/07</u>
<u>PRESIDENT'S OFFICE</u>								
President	T.M. King	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Asst. to President	C. Mills	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Executive Secretary	B. Chikala	<u>1.0</u>						
		2.2	2.2	2.2	2.2	2.2	2.2	2.2
<u>DIRECTOR'S OFFICE</u>								
Director	R.T. Burkman	0.76	0.76	0.76	0.76	0.76	0.76	0.76
Executive Secretary	B. Fick	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. Director	(Vacant)	<u>0.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
		1.76	2.76	2.76	2.76	2.76	2.76	2.76
<u>RESOURCE MANAGEMENT</u>								
Director	J. Brown	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Subject Officer	J. Spencey	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Adm. Assistant	T. Pabst	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Adm. Assistant	(Vacant)	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Inventory Clerk	M. Niyah	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	A. Scherer	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Operator (MGR)	B. Morgan	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>						
		7.0	7.0	7.0	7.0	7.0	7.0	7.0
<u>LAND SERVICES</u>								
Records Supervisor	C. Kuntz	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Clerk	D. Edap	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Research Assistant	E. Sheppard	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	L. Evans	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Clerk Typist	M. Green	<u>1.0</u>						
		5.0	5.0	5.0	5.0	5.0	5.0	5.0

NAME: JINEGO STAFFING

		<u>00/01</u>	<u>01/02</u>	<u>02/03</u>	<u>03/04</u>	<u>04/05</u>	<u>05/06</u>	<u>06/07</u>
<u>GRANT SUPPORT OFFICE</u>								
Grant Support Officer	J. Old	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. Grant Support Officer		1.0	1.0	1.0	1.0	1.0	1.0	1.0
	H. Mitchell							
Secretary	T. Leonard	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>			
		3.0	3.0	3.0	3.0	3.0	3.0	3.0
<u>TRAINING CENTER</u>								
Training Officer	R. Hagarick	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Associate	J. Lebnicki	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Associate	J. Rock	0.15	0.15	0.15	0.15	0.15	0.15	0.15
Coordinator	M. Garcia	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	F. Anderson	<u>1.0</u>						
		3.4	3.4	3.4	3.4	3.4	3.4	3.4
<u>PROGRAM SUPPORT UNIT</u>								
Coordinator	A. Wurabarger	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	J. Frazier	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	B. Logan	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Travel Secretary	L. Schalle	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Travel Secretary	K. Kleeman	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	J. Andrews	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	V. Chambers	<u>1.0</u>						
		7.0	7.0	7.0	7.0	7.0	7.0	7.0

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NAME: JHNEGO STAFFING

		<u>00/01</u>	<u>01/02</u>	<u>02/03</u>	<u>03/04</u>	<u>04/05</u>	<u>05/06</u>	<u>06/07</u>
<u>REGIONAL DEVELOPMENT</u>								
<u>Latin America</u>								
Regional Officer	M. Davis	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Asst. R.D.O.	K. Armstrong	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. R.D.O. Nurse	L. Atchell	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Admin. Asst	H. Villacres	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Bi-Ling. Secretary	H. Schroyal	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>						
		4.95	4.95	4.95	4.95	4.95	3.95	3.95
<u>Asia</u>								
Regional Officer	K. Rajalingam	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Regional Officer	D. Natar	0.86	0.86	0.86	0.86	0.86	0.86	0.86
Asst. R.D.O. Nurse	C. Numan	0.60	0.60	0.60	0.60	0.60	0.60	0.60
Secretary	P. Refonja	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Asst	D. McCready	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>						
		4.46	4.46	4.46	4.46	4.46	4.46	4.46
<u>REGIONAL DEVELOPMENT (Cont'd)</u>								
<u>Africa</u>								
Regional Officer	W. Wallace	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Asst	D. Wilson	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Bi-Ling. Secretary	J. Thomason	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. R.D.O. Nurse	(Vacant)	0.0	1.0	1.0	1.0	1.0	1.0	1.0
Regional Nurse M.D.	(Vacant)	<u>0.0</u>	<u>0.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
		3.0	4.0	5.0	5.0	5.0	5.0	5.0

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NAME: JUREGO STAFFING

		<u>00/01</u>	<u>01/02</u>	<u>02/03</u>	<u>03/04</u>	<u>04/05</u>	<u>05/06</u>	<u>06/07</u>
<u>EQUIPMENT AND EDUCATION UNIT</u>								
Manager	D. Claguer	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. Manager	C. Oh	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Education Material								
Coordinator	H. Nirsch	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	L. Howe	<u>1.0</u>						
		4.0	4.0	4.0	4.0	4.0	4.0	4.0
<u>SUMMARY:</u>								
President's Office		2.2	2.2	2.2	2.2	2.2	2.2	2.2
Director's Office		1.76	2.76	2.76	2.76	2.76	2.76	2.76
Resource Management		7.0	7.0	7.0	7.0	7.0	7.0	7.0
I & E Services		5.0	5.0	5.0	5.0	5.0	5.0	5.0
Grant Support		3.0	3.0	3.0	3.0	3.0	3.0	3.0
Training Center		3.4	3.4	3.4	3.4	3.4	3.4	3.4
Program Support		7.0	7.0	7.0	7.0	7.0	7.0	7.0
Region - Latin America		4.95	4.95	4.95	4.95	4.95	3.95	3.95
Region - Asia		4.46	4.46	4.46	4.46	4.46	4.46	4.46
Region - Africa		3.0	4.0	5.0	5.0	5.0	5.0	5.0
Equipment And Education Unit		<u>4.0</u>						
TOTAL		45.77	47.77	48.77	48.77	48.77	47.77	47.77

ANALYSIS OF COSTS

OVERVIEW

The reproductive health needs of third world women and their children demand bold initiatives. The mobilized effort to upgrade skills and increase the numbers of reproductive health professionals available to administer to these needs must be sustained and accelerated. Vast disparities exist in health infrastructures and available medical resources between countries and regions and between urban and rural communities. The application of programming cliches and fabricated training models simply will not bring about desired results. JHPIEGO's approach to programming is country specific, identifying and collaborating with those resources within countries which are available and which can be influential in institutionalizing change.

JHPIEGO's ability to penetrate the medical establishment in the developing countries has been demonstrated. It is therefore reasonable to project that JHPIEGO will have agreements during the next five years in 50 developing countries and will help establish and support over 150 Reproductive Health Educational and Clinical Training Centers. It will take \$60.6 million to carry out this initiative which we estimate will:

- Train 10,000 physicians, nurses and other health professionals from 90 countries reaching well into the rural communities to provide improved patient care in reproductive health.
- Equip more than 1,000 Reproductive Health Clinics with instruments and trained personnel capable of providing diagnostic and therapeutic endoscopy and mini-laparotomy services.
- Train physicians and nurse faculty and update curricula in as many of the medical and nursing schools as is feasible.
- Train 34,000 medical and nursing school students through JHPIEGO supported reproductive health courses conducted by their respective medical and nursing schools.
- Establish over 25 maintenance and repair centers.
- Advance knowledge about infertility and develop skills in micro-surgery in the LDC's.
- Improve academic skills for the LDC health educators.
- Provide those trained with 10,000 individual packages of educational materials.

-Provide institutional packages of educational materials to major medical teaching institutions.

-Stimulate the development in Africa of a regional school for medical students or other health professionals and incorporate reproductive health into the curricula.

1. CENTRAL COSTS

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<u>1. Central Costs:</u>						
Salaries	1213	1334	1467	1589	1748	7351
Fringe	237	260	293	318	350	1458
Supplies	49	54	60	60	60	283
Travel (U.S.)	8	9	10	11	12	50
Office Equipment	5	10	10	8	6	39
Telecommunications	180	195	210	220	230	1035
Space Costs	100	108	115	118	120	561
Other Direct Costs	53	56	57	58	59	283
TOTAL DIRECT	1847	2026	2222	2382	2588	11065
IDC at 14%	258	293	311	333	362	1547
TOTAL CENTRAL COSTS	2105	2309	2533	2715	2947	12609

12.6 million will be needed for Central Costs to manage, administer and direct the program. This is a conservative estimate and it represents 20.8% of the total budget (\$60.6 million). Every effort has been made to keep Central Costs well below one-fourth of the budget.

Calculations are based on spending experience and on the assumption that the Administration's fiscal policy will curtail inflation during the next five years. When applied, the inflationary factor used in our calculations does not exceed 10% of the cost. The major Central Costs are salaries, fringe, space and telecommunications. These are for the most part fixed costs and the rate of inflation will largely determine the amount of funds required for these costs.

The following may alter the Central Cost/Programmatic Cost ratio during the five year period covered by the program:

- (a) the state of the U.S. economy
- (b) dollar amount of the AID awards to JHPIEGO and the cycle for these awards.
- (c) a decrease in the amount of dollar support for in-country agreements and an increase in the number of in-country agreements for educational materials and curricula assistance only.

Central Costs cannot be determined alone by the dollar amount allocated for programmatic purposes. The determinants are the functions which must be performed in relation to the outputs that the program generates.

CENTRAL COSTS BY LINE ITEM

A. Salaries-The operating year 81/82 staff of 47.77 full-time equivalents has been used as the base for these projections. 10% has been added yearly for periodic salary increases, upgrading positions, and inflation. In yr. 82/83 a full-time professional (M.D.) for the African region will be added to the staff. This will bring the staff to 48.77 full-time equivalents (faculty, professionals, and support staff) through operating yr. 84/85. Beginning with yr. 85/86, we plan to reduce the staff back to 47.77 full-time equivalents, eliminating one professional position.

B. Fringe-This cost is directly proportioned to salaries and depends on the DHEW negotiated rate. We have used the following rates for:

82/83-19.5% 83/84-19.5% 84/85-20% 85/86-20% 86/87-20%

C. Supplies-Five categories of expenses are included under supplies:

- (a) General supplies (all office supplies)
- (b) Minor equipment (office equipment with a \$500 value or less such as chairs, calculators, etc.)
- (c) Printed materials (letterhead, business cards, flight guides, etc., for staff use.)
- (d) Special services (special copy services, maintenance, photography charges.)
- (e) Postage (metered mail, insured mail, special deliveries.)

Projections are based on an anticipated spending rate of around \$3750 a month for yr. 81/82 plus a 10% yearly inflation factor through yr. 84/85. Nothing has been factored into these costs for yrs. 85/86 and 86/87. The increased efficiency in the central mechanism which JHPIEGO is applying to these costs hopefully may offset some inflationary pressures.

D. Travel-Domestic travel is largely staff travel in the New York-Washington Corridor for consultations and meetings with AID, sister agencies, and equipment vendors. This category also covers travel for representation on behalf of JHPIEGO at meetings and conferences in the United States.

Costs are projected on the monthly expenditure rate of \$666 plus a 10% yearly increase.

E. Office Equipment-This category includes items of furnishings and equipment with a value of \$650 or more purchased for staff use. It includes setting up an additional office for an additional staff member, additional items of furniture and equipment necessitated by work-load,

replacements of unusable equipment and furnishings.

F. Telecommunications-Telephone and Telex equipment rental, local calls, telephone moves, tolls, cables and long distance calls are paid from this line item. Costs are based on a 20% increase in yr. 82/83 over the spending level negotiated in our cooperative agreement for the previous year. The 20% increase is necessitated by the sharp increase in the number of countries in which JHPIEGO will be developing training programs (increase from 24 countries to 40 countries) during yr. 82/83. The factored increase declines thereafter.

yr. 83/84-8.5%
 yr. 84/85-8%
 yr. 85/86-5%
 yr. 86/87-5%

G. Space Costs-The figures are based on current average-cost per month of \$7,304 plus 7½% increase factored for each succeeding year through 84/85; thereafter the factors are 3% for yr. 84/85 and 2% for yr. 85/86.

H. Other Direct Costs-Includes Xerox machine and postage machine rentals, messenger services, computer usage, service agreements for office equipment, etc. Projections are based on current spending level of \$4,585 per month. No additional percentages have been factored into these costs.

2. PLANNING, DEVELOPMENT, AND MONITORING (P/D/M)

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<u>2. Planning, Development, Monitoring (P/D/M)</u>						
Site Visits for P/D/M	150	185	423	463	430	2053
Consultants (Educational Material/Technology)	29	30	16	42	48	181
Publications/Exhibits/Translations	107	127	132	184	220	790
Conferences	120	152	187	426	469	1354
Audits of Overseas Agreements	152	178	196	192	154	820
Regional Monitoring Infrastructure			75	150	200	425
Evaluation Studies	75	83	91	100	110	459
TOTAL COSTS	1029	1153	1260	1359	1541	5742
ISC at 1%	123	137	153	192	207	612
TOTAL P/D/M COSTS	1152	1290	1413	1551	1748	6354

During the 5 year period covered by this projection there will be a sharp increase in the dollars to be allocated to this function. JHPIEGO anticipates that \$7.6 million will be spent for this programmatic activity which represents 15.8% of the funds projected for programmatic costs.

The number of developing countries in which JHPIEGO will plan and develop programs will double; the number of agreements to be negotiated and monitored will double; the number of in-country training centers to be planned, developed and monitored will triple over JHPIEGO's present program.

PLANNING, DEVELOPMENT AND MONITORING LINE ITEMS

A. Site visits for P/D/M/-Site visits will be performed by staff and consultants. 94 trips of two weeks duration which include trips for development, planning, pre-award site visits, program and grant-monitoring, and oversight.

- (a) Africa (42 countries-approximately 20 countries with agreements)
18 staff trips
24 consultant trips
- (b) Asia (14 countries-approximately 10 countries with agreements)
12 staff trips
6 consultant trips
- (c) Latin America (24 countries-approximately 15 countries with agreements)
12 staff trips
12 consultant trips
- (d) Near East (13 countries-approximately 5 countries with agreements)
6 staff trips
4 consultant trips

Travel and per diem have been calculated on the mean average established for each region. The fee for the consultants is based on \$120 per day. 10% has been added annually for increases in cost of travel.

B. Consultants (Educational Materials/Technology) Around eight consultant visits to JHPIEGO/Baltimore of five days duration each is anticipated each year to provide advice on (1) the status of the art in technology and educational materials and (2) educational materials being used in the program.

C. Publications-This line item includes publication costs for the newsletter, trainee recruitment brochures, published proceedings of meetings and conferences, monographs, published papers, program reports, reporting forms for in-country agreements, program technology, and

exhibits. Included also are costs for their translations into French, Spanish and Portuguese languages. (This category does not include educational materials given to trainees and institutions.)

D. Conferences-JHPIEGO sponsors on the average of four meetings and conferences each year. These may include any four of the following:

- International Council Meeting
- Regional Program Directors Meeting
- Equipment and Technology Meeting
- Field Training Consultants and Maintenance Meetings
- Regional Conferences for Ministers of Health
- African Infertility Meetings

We have used the figure of \$80,000 a conference to estimate costs for travel and per diem for participants, speakers and JHPIEGO staff; consultant fees and honoraria when appropriate; facility and administrative conference costs and costs for simultaneous translators. A 10% increase has been added yearly to compensate for increased travel costs.

E. Audit of Overseas Agreements-Audits by an independent audit firm will be made on overseas agreements. These are estimated to cost around 4% of the dollar value of each in-country agreement to be audited.

F. Regional Monitoring Infrastructures-Monies have been programmed in the yrs. 84/85, 85/86, and 86/87 to put into place regional monitoring infrastructures. By 1984, the cumulative monitoring load will escalate and it may become necessary to establish one or more regional infrastructures for this purpose.

G. Evaluation Studies-Provision has been made to conduct three in-country evaluation studies annually to gain more in-depth information on utilization of new skills acquired and their institutionalization in education and practice.

3. EDUCATION AND TRAINING

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<u>1. Education and Training</u>						
Participant Costs	163	328	1044	1148	1292	4075
Field Training	180	198	228	240	240	1086
J.S. Training Center	180	408	468	528	588	2172
National/Regional Programs	1817	1402	1399	1208	1009	6835
Educational Materials	298	408	428	508	587	2229
TOTAL EDUCATION/TRAINING	3708	3544	3567	3624	3716	17159

Education and training requirements total \$34.5 million and represent an allocation of 72% of the projected programmatic costs. There are five major cost components within this category that are inter-dependent and articulate the structure of the program and its objectives; which are to upgrade the knowledge and skills of the LDC health professionals, increase their numbers, and institutionalize in the developing countries improved reproductive health care in medical teaching institutions and in practice.

The U.S. Training Center serves as the core for developing the trained cadres who return home to replicate training and influence the establishment of in-country and regional programs. To support this fellowship program JHPIEGO covers the travel and subsistence costs of the participants. Qualified physicians of institutions authorized to receive equipment receive field training visits from JHPIEGO Field Training Consultants.

Under an agreement with the Johns Hopkins Medical School, which serves as the U.S. Training Center, JHPIEGO pays tuition for each LDC health professional trained. For this the Center provides intensive continuing education courses in Reproductive Health suitable to the needs of the developing countries.

The major allocation of funds in this category is needed for agreements with in-country institutions. These agreements provide support for the establishment of national and regional Reproductive Health Educational and Training Centers, Clinical Training Centers and Centers for the Maintenance of Equipment.

In addition to the above provisions of support, JHPIEGO provides small packages of educational materials to all trainees and major educational packages of materials and teaching aids to medical teaching institutions.

EDUCATION AND TRAINING LINE ITEMS

A. Participant Costs-300 physicians, health administrators, anesthetists, and other health professionals are estimated to attend U.S. courses annually. This cost category covers their travel and subsistence while in the U.S. for training. About half of those trained will attend a clinical endoscopic training center in a third country, following their U.S. experience. Included are the costs for their travel to the third-country training center enroute to their homes.

B. Field Training Visits-The institutions of the physicians, who are trained in the U.S. and are evaluated as qualified to use the laparoscope by the Clinical Training Centers, are visited by field Training Consultants who install the equipment, instruct O.R. personnel on the maintenance of the equipment and observe the physicians in their use of the equipment under local conditions. Projected are approximately 20 trips a year for these consultants who normally cover two institutions on each trip. 50% of the trips are made by regional consultants; 40%

by U.S. consultants. Costs in this category include travel, per diem, and consultant fees.

C. U.S. Training Centers-The Johns Hopkins Training Center will conduct courses for approximately 300 fellows annually. Projections are based on the current tuition rates of \$1325 per trainee, except for micro-surgery which is \$2800 per trainee. A 10% factor has been built in for possible increases in tuition. Courses are given in three languages and include the following:

Clinicians Course in Reproductive Health

Micro-Surgery

Management of Infertility

Administrator's Course

Academic Skills

As the status of the art changes and as the levels of sophistication advance in the LDC's, the Johns Hopkins Training Center introduces courses to update and meet their evolving needs. Under consideration now is a course to improve the pharmacological elements in the delivery of reproductive health care.

D. National and Regional Programs-It is estimated that \$22.2 million dollars will be needed for agreements which will support around 150 educational and training centers and 25 maintenance centers in 50 countries.

In some countries there will be a multi-pronged approach working with ministries to train physicians and nurses for provincial health centers, and with medical school and other training centers for the continuing reproductive health education of physicians and courses for medical and nursing students. In other countries the approach will be through a single teaching hospital or university that reaches out to train and improve knowledge and skills of the health professionals, who in turn establish training centers and service centers in other urban and rural communities.

In a country the size of Brazil, where government policy is ambivalent, JHPIEGO works with private non-profit organizations, teaching hospitals and medical schools to train physicians and nurses to establish improved health practices in teaching and service institutions throughout Brazil.

In all instances JHPIEGO works through existing infrastructures to proliferate the numbers of trained professionals and training service institutions in a country and region. It is not JHPIEGO's policy to use its support for brick or mortar. JHPIEGO does use its influence, however, and helps mobilize support for the development of needed facilities.

There are a number of variables which determine the amounts of monies which we have programmed for each country. Such variables include the numbers of physicians and other health personnel in the country, existing medical infrastructures, physical terrain, population distribution, access to training facilities and transportation. Need alone does not determine the dollar inputs-what does determine these inputs are the human and institutional resources which are available and with which JHPIEGO can cooperate to obtain reasonable results. Training costs do not form a logical pattern. It may cost more to train a physician from a small rural community in a small African country than a Brazilian in Rio. Transportation and subsistence become major cost components.

A major thrust over the next five years will be to improve the reproductive well-being of the African women. Lack of physicians, health personnel and medical schools in many small African countries call for regional not in-country initiatives in those countries.

In Latin America medical infrastructures are in place. Continuing education to update physicians and nurses will continue, but the emphasis has now shifted to Reproductive Health Education Programs for students in medical schools. Large inputs of educational materials will also replace dollar support beginning around years 85/86 and 86/87.

In the Near East and Asia the programs will continue to be multifaceted. Regional Training Centers will continue to function; the Philippines will serve the needs of small Pacific Islands and Tunisia and Morocco those of French speaking Africa.

On the following pages are detailed Regional Descriptions and Country Information.

**National and Regional Programs by Major Region:
Summary of Major Activities
October 1, 1982 - September 30, 1987**

	Funds (\$000)	Careers		Physic.	Trainees Nurse/Acm	Stud/Oth	LABS	Support Mini-LAB	Ed. Pkg
		Train.	Main.						
Africa	8700	59	10	1881	2803	1881	318	1189	86
Asia	2218	41	11	1084	1011	2840	380	219	63
Latin America	8082	94	9	2200	780	27342	803	1366	56
Near East	3237	25	3	838	818	2082	268	882	14
Other	0	0	0	18	8	0	10	10	2
Total	22229	219	33	8788	8388	38498	1484	3306	221

**All Regions
Summary of Major Activities by Fiscal Year**

	82/83	83/84	84/85	85/86	86/87	Totals	
Funds (\$000)	3817	4402	4899	4808	4309	22235	
Career	Training	189	178	187	141	137	219
	Main.	22	28	31	33	32	33
Trainees	Physicians	1374	1384	1387	1289	424	8728
	Nurse/Acm.	1091	1199	1178	1088	882	8388
	Stud/Oth.	8372	9837	9818	3490	4281	38498
Support	LABS/ESSSES	147	102	248	228	128	1484
	Mini-LAB Kit	782	742	682	668	464	3306
	Ed. Package	110	47	28	20	18	221

**Africa Region:
Summary of Major Activities by Fiscal Year**

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (S000)	1011	1328	1784	1967	2540	8730
Center						
Training	28	33	41	43	48	193
Maint.	8	6	9	10	10	43
Trainers						
Physicians	388	411	318	348	192	1657
Nurse/Acm.	402	534	580	644	643	2803
Stud/Oth.	282	282	718	710	1581	3581
Support						
Laparoscopes	64	72	68	67	48	319
Mini-Lab Kit	248	280	249	239	146	1162
Ed. Package	29	23	14	7	11	84

The entire continent of Africa, including the Mediterranean portion, is of high priority for reproductive health initiatives. This continent represents a large number of countries with varying economic conditions, varying religious background, and often unstable political systems. For many of these countries, independence has been only recently gained and many lack a working structured system for health care delivery. Furthermore, mortality rates for pregnant women, infants, children and adults rank among the highest in the world. Of the regional areas of JHPIEGO interest, this region is the most difficult and challenging.

Heavy recruitment efforts will be carried out to attract candidates to existing United States courses for physicians and administrators, as well as to provide educational opportunities at JHPIEGO-sponsored programs in Tunisia, Morocco, Egypt, Kenya, or other centers. Since infertility is a well-known major health problem for Africa, most courses will contain some emphasis on this particular subject matter. However, the approach in most courses will be to discuss infertility, particularly the more frequent female tubal factor, in the context of prevention through proper screening and management of sexually transmitted diseases. All courses, even those dealing with infertility, will contain other topics relative to reproductive health and fertility management. Since fertility management is taught or supported by a "Western" country may be extremely sensitive to some countries, emphasis will be placed on presentations of material in the context of overall maternal-child health. For this same reason, surgical training will emphasize the laparoscope since it is a modality useful for both diagnosis and therapy (tubal ligation).

Most in-country training programs will be directed at involving the higher level professionals at teaching institutions in promoting and teaching reproductive health. However, since many countries in this region have very few professionals particularly with expertise in obstetrics and gynecology, other programs will be directed towards training "lower level" physicians, nurses, nurse-practitioners, midwives, medical students, and paramedics. Some of these courses will be directed towards training to establish in

SEIZEN		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	3	3	4	3	15
	Nurse/Adm.		1	3	3	3	4	14
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	2	1	1	8
	Mini-Lap Kit		4	4	4	2	2	16
	Ed. Package		0	0	0	0	0	0
BOTSWANA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	9	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	1	3	3	3	12
	Nurse/Adm.		1	1	1	3	4	10
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	2	1	1	1	6
	Mini-Lap Kit		2	4	2	2	2	12
	Ed. Package		0	0	0	0	0	0
BURUNDI		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	10	10	10	120
Centers	Training		0	0	2	2	2	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	2	11	12	11	39
	Nurse/Adm.		1	2	20	21	22	66
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	1	1	1	7
	Mini-Lap Kit		4	4	2	2	2	15
	Ed. Package		1	2	1	1	1	6

CAMEROON	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	80	100	163	166	491
Centers	Training	0	1	3	4	4	4
	Maint.	0	0	1	1	1	1
Trainees	Physicians	6	7	6	20	20	59
	Nurse/Adm.	0	40	40	46	40	166
	Stud/Oth.	0	0	102	100	100	302
Support	Laparoscopes	3	3	3	3	2	20
	Mini-Lab Kit	10	10	10	23	23	80
	Ed. Package	1	0	1	1	0	3

CENTRAL AFRICAN REPUBLIC	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	36	36	37	60	229
Centers	Training	0	1	1	1	1	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	3	3	3	3	3	15
	Nurse/Adm.	3	41	42	42	31	179
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	2	2	0	0	3
	Mini-Lab Kit	2	4	4	0	0	10
	Ed. Package	0	1	0	0	0	1

CRAD	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	0	1	1	1	1	4
	Nurse/Adm.	0	1	1	2	1	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	1	0	0	2
	Mini-Lab Kit	0	1	1	0	0	2
	Ed. Package	0	1	1	0	0	2

CONGO		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	2	2	2	2	9
	Nurse/Adm.	1	1	2	2	2	8
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	2	1	0	0	4
	Mini-Lab Kit	2	4	2	0	0	8
	Ed. Package	1	0	0	0	0	1

EGYPT		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		30	32	34	33	60	271
Centers	Training	1	1	1	1	1	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	3	3	3	0	0	9
	Nurse/Adm.	31	31	1	1	1	105
	Stud/Oth.	0	0	100	100	100	300
Support	Laparoscopes	2	2	1	1	1	7
	Mini-Lab Kit	4	4	2	2	2	14
	Ed. Package	0	2	0	0	0	2

GABON		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	1	1	2	0	6
	Nurse/Adm.	1	1	1	0	1	4
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	0	1	0	3
	Mini-Lab Kit	1	1	1	1	0	4
	Ed. Package	0	1	0	0	0	1

GAMBIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	0	0	1	3
	Nurse/Adm.	1	0	1	1	0	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	1	0	0	2
	Mini-Lap Kit	1	1	0	0	0	2
	Ed. Package	0	0	1	0	0	1

GHANA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		38	37	39	72	78	324
Centers	Training	1	1	1	1	1	1
	Maint.	1	1	1	1	1	1
Trainees	Physicians	3	3	2	2	2	12
	Nurse/Adm.	1	1	1	1	1	5
	Stud/Oth.	80	80	80	80	120	440
Support	Laparoscopes	2	2	2	2	1	9
	Mini-Lap Kit	3	4	4	4	2	17
	Ed. Package	0	1	1	0	0	2

GUINEA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	1	1	5
	Nurse/Adm.	0	0	0	1	1	2
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	1	1	1	1	1	5
	Ed. Package	0	1	1	0	0	2

STORY COAST		32/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		40	60	69	72	30	321
Centers	Training	1	1	2	2	2	3
	Maint.	0	0	0	0	0	0
Trainees	Physicians	21	22	31	31	10	113
	Nurse/Adm.	13	10	20	20	41	104
	Stud/Oth.	0	0	0	0	80	80
Support	Laparoscopes	1	3	3	4	4	15
	Mini-Lap Kit	1	2	11	11	10	35
	Ed. Package	0	2	0	0	1	3

KEETA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		135	163	143	177	105	723
Centers	Training	8	8	8	8	8	8
	Maint.	1	1	1	1	1	1
Trainees	Physicians	32	32	32	32	11	139
	Nurse/Adm.	22	22	22	22	9	97
	Stud/Oth.	0	0	0	0	100	100
Support	Laparoscopes	3	3	3	3	2	14
	Mini-Lap Kit	43	35	35	35	12	162
	Ed. Package	12	0	0	0	0	12

LEBOTH		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	2	1	0	0	4
	Nurse/Adm.	0	1	1	2	1	5
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	0	1	0	2
	Mini-Lap Kit	1	2	0	0	0	3
	Ed. Package	0	0	0	0	0	0

LIBERIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	34	72	42	32	250
Centers	Training	0	2	3	2	2	4
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	21	31	10	1	64
	Nurse/Adm.	1	21	20	20	20	82
	Stud/Oth.	0	0	0	0	80	80
Support	Laparoscopes	1	2	3	3	3	12
	Mini-Lab Kit	1	1	11	10	1	24
	Ed. Package	0	2	1	0	0	3

MADAGASCAR		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	3	2	4	1	12
	Nurse/Adm.	2	3	1	0	1	7
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	2	2	2	1	1	8
	Mini-Lab Kit	2	3	2	3	1	11
	Ed. Package	0	1	0	0	1	2

MALAWI		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	0	1	2	0	4
	Nurse/Adm.	0	2	0	2	0	4
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	1	0	1	3
	Mini-Lab Kit	1	0	1	0	0	2
	Ed. Package	0	0	0	0	0	0

YALZ	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	30	30	100
Centers	Training	0	0	0	1	1	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	3	3	21	21	49
	Nurse/Adm.	1	2	2	22	21	48
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	2	1	2	6
	Mini-Lap Kit	1	3	3	1	1	9
	Ed. Package	0	1	0	0	1	2

MARRIETTA	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	20	20
Centers	Training	0	0	0	0	1	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	3	1	2	1	9
	Nurse/Adm.	2	2	2	1	41	48
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	0	1	1	4
	Mini-Lap Kit	2	3	1	2	1	9
	Ed. Package	0	0	0	1	1	2

MARBLETUS	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	3	1	0	2	7
	Nurse/Adm.	2	3	3	2	2	14
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	0	0	1	2
	Mini-Lap Kit	1	2	1	0	2	6
	Ed. Package	0	0	0	0	0	0

STGER	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Mainc.	0	0	0	0	0	0
Trainees	Physicians	1	2	3	1	1	10
	Nurse/Adm.	1	1	6	6	3	19
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	1	2	2	6
	Mini-Lap Kit	1	2	3	1	1	8
	Ed. Package	0	1	0	0	0	1

STGERZA	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		149	153	134	132	275	843
Centers	Training	2	2	2	2	6	6
	Mainc.	1	1	1	1	1	1
Trainees	Physicians	18	18	18	18	9	81
	Nurse/Adm.	3	3	3	3	1	13
	Stud/Oth.	80	100	100	100	440	820
Support	Laparoscopes	3	4	4	4	2	19
	Mini-Lap Kit	20	18	18	18	9	83
	Ed. Package	2	0	0	0	4	6

SHARDA	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	30	30	100	160
Centers	Training	0	0	1	1	2	2
	Mainc.	0	0	0	0	0	0
Trainees	Physicians	1	1	2	2	1	7
	Nurse/Adm.	2	1	41	41	40	125
	Stud/Oth.	0	0	0	0	10	10
Support	Laparoscopes	0	1	1	1	1	4
	Mini-Lap Kit	1	1	1	2	1	6
	Ed. Package	0	0	0	1	2	3

SENEGAL		32/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		99	108	107	106	33	499
Centers	Training	2	2	2	2	2	2
	Maint.	0	0	1	1	1	1
Trainees	Physicians	11	11	11	12	1	46
	Nurse/Adm.	22	26	25	25	27	125
	Stud/Oth.	100	100	102	100	100	502
Support	Laparoscopes	1	9	9	9	1	17
	Mini-Lap Kit	2	20	20	20	2	64
	Ed. Package	0	2	1	0	0	3

SIERRA LEONE		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		30	34	62	37	42	245
Centers	Training	1	1	1	1	1	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	12	12	13	3	3	43
	Nurse/Adm.	31	30	31	30	30	152
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	2	1	11	11	1	26
	Ed. Package	0	2	1	0	0	3

SOMALIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		29	20	20	20	20	109
Centers	Training	1	1	1	1	1	2
	Maint.	0	0	3	0	0	0
Trainees	Physicians	27	2	1	1	3	31
	Nurse/Adm.	1	31	30	31	31	124
	Stud/Oth.	0	0	3	3	1	1
Support	Laparoscopes	3	1	3	1	3	3
	Mini-Lap Kit	20	3	3	3	3	22
	Ed. Package	1	3	3	3	3	3

SUDAN		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		73	74	30	30	49	296
Centers	Training	3	3	1	1	1	4
	Maint.	1	1	1	1	1	1
Trainees	Physicians	142	142	2	2	2	290
	Nurse/Adm.	4	4	4	4	4	20
	Stud/Oth.	0	0	130	150	150	430
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lab Kit	20	20	0	0	0	40
	Ed. Package	0	0	1	0	0	1
SWAZILAND		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	0	0	1	3
	Nurse/Adm.	1	1	1	1	0	4
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	0	0	1	3
	Mini-Lab Kit	1	1	0	0	0	2
	Ed. Package	0	0	1	0	0	1
ZAMBIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		121	144	147	137	100	649
Centers	Training	3	3	3	3	4	6
	Maint.	0	0	0	1	1	1
Trainees	Physicians	36	36	36	36	11	155
	Nurse/Adm.	32	32	32	32	11	129
	Stud/Oth.	0	0	0	0	100	100
Support	Laparoscopes	2	2	2	2	1	9
	Mini-Lab Kit	43	38	33	33	12	169
	Ed. Package	1	0	0	0	0	1

TOGO		32/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	53	39	50	232
Centers	Training	0	0	1	1	2	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	1	21	21	3	50
	Nurse/Adm.	1	1	20	28	30	80
	Stud/Oth.	0	0	0	0	50	50
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	2	2	2	2	2	10
	Ed. Package	0	1	1	0	0	2

UGANDA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		72	79	121	154	159	585
Centers	Training	1	1	2	3	3	3
	Maint.	0	0	1	1	1	1
Trainees	Physicians	22	23	21	30	30	126
	Nurse/Adm.	22	20	22	30	30	124
	Stud/Oth.	0	0	82	80	80	242
Support	Laparoscopes	2	3	1	10	10	26
	Mini-Lap Kit	20	20	20	30	30	120
	Ed. Package	2	0	0	2	0	4

UPPER VOLTA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	3	1	1	1	8
	Nurse/Adm.	2	1	2	1	0	6
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	1	0	1	3
	Mini-Lap Kit	2	3	1	1	1	8
	Ed. Package	0	1	3	0	1	5

ZAKRE		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		67	64	77	52	51	391
Centers	Training	3	4	4	4	4	4
	Maint.	0	1	1	1	1	1
Trainees	Physicians	3	11	12	20	10	56
	Nurse/Adm.	152	150	156	151	150	759
	Stud/Oth.	0	2	0	0	0	2
Support	Laparoscopes	3	4	4	8	1	20
	Mini-Lap Kit	3	11	12	20	10	56
	Ed. Package	1	1	1	0	0	3

ZAKETA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	2	1	6
	Nurse/Adm.	0	1	1	1	0	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	1	0	1	3
	Mini-Lap Kit	1	1	1	2	1	6
	Ed. Package	0	1	0	0	1	2

ZAKBAVE		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		72	110	140	140	40	502
Centers	Training	1	1	2	2	1	2
	Maint.	1	1	1	1	1	1
Trainees	Physicians	16	21	30	40	21	128
	Nurse/Adm.	17	18	19	20	40	113
	Stud/Oth.	2	0	0	0	0	2
Support	Laparoscopes	15	10	10	3	3	40
	Mini-Lap Kit	10	20	20	10	10	70
	Ed. Package	2	0	0	0	0	2

CAPE VERDE	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers Training		0	0	0	0	0	0
Centers Maint.		0	0	0	0	0	0
Trainees Physicians		1	2	0	0	0	3
Trainees Nurse/Adm.		1	2	1	1	0	5
Trainees Stud/Oth.		0	0	0	0	0	0
Support Laparoscopes		1	0	1	0	0	2
Support Mini-Lap Kit		1	2	0	0	0	3
Support Ed. Package		0	0	1	0	0	1

COMORO ISLANDS	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers Training		0	0	0	0	0	0
Centers Maint.		0	0	0	0	0	0
Trainees Physicians		1	1	0	0	0	2
Trainees Nurse/Adm.		1	1	1	0	0	3
Trainees Stud/Oth.		0	0	0	0	0	0
Support Laparoscopes		1	0	0	1	0	2
Support Mini-Lap Kit		1	1	0	0	0	2
Support Ed. Package		0	1	0	0	0	1

MOZAMBIQUE	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers Training		0	0	0	0	0	0
Centers Maint.		0	0	0	0	0	0
Trainees Physicians		1	1	1	0	1	4
Trainees Nurse/Adm.		1	1	1	2	0	5
Trainees Stud/Oth.		0	0	0	0	0	0
Support Laparoscopes		0	1	0	0	1	2
Support Mini-Lap Kit		1	1	1	0	1	4
Support Ed. Package		0	0	1	0	0	1

SEYCHELLES		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	3	0	2	0	6
	Nurse/Adm.	1	1	1	0	1	4
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	0	1	0	2
	Mini-Lap Kit	1	2	0	1	0	4
	Ed. Package	0	1	0	0	0	1

GUINEA BISSAU		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	2	0	5
	Nurse/Adm.	1	1	0	1	0	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	0	0	1	2
	Mini-Lap Kit	1	1	1	2	0	5
	Ed. Package	0	0	1	0	0	1

Regional Training Ctr:		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	180	200	850	1230
Centers	Training						
	Maint.						
Trainees	Physicians						
	Nurse/Adm.						
	Stud/Oth.						
Support	Laparoscopes						
	Mini-Lap Kit						
	Ed. Package						

**Asia Region:
Summary of Major Activities by Fiscal Year**

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)	413	487	538	441	370	2216
Center	Training	34	21	18	16	41
	Maint.	10	10	11	11	11
Trainers	Physicians	307	243	368	101	1084
	Nurse/Adm.	324	327	188	87	1011
	Stud/Oth	480	580	500	530	2540
Support	Laparoscopes	172	164	12	6	380
	Mini-Lap Kit	75	69	42	18	219
	Ed. Package	48	4	7	4	63

Asia represents an important region particularly because of the large populations contained within its confines. In comparison to Africa, the region for the most part is more advanced in terms of establishment of infrastructures and in defining priorities and policies towards reproductive health. Many countries already have defined policies, programs, or interest in fertility management such as India, Thailand, Philippines, Malaysia, Indonesia, and Korea. Therefore, JHPIEGO programs will have more emphasis on approaches to fertility management than perhaps in other regions. However, the role of fertility management in relationship to other aspects of reproductive health will also be presented.

Since many countries are more advanced in terms of structure and training, some emphasis will be given to complement existing programs. For example, in countries with high rates of voluntary sterilization, microsurgical training of individuals from major centers will receive some emphasis so that the few women requiring reversal can be managed effectively. Also, recruitment to United States courses will focus on administrators in an effort to educate them in the problems relative to reproductive health in order that they may more effectively coordinate and carry out efforts in their own programs. Emphasis also will be placed on the training of teams for surgical programs consisting of physicians plus nurses, paramedics, or technicians. Training also will be directed towards paramedics or nurses who staff service centers that feed into the larger teaching centers. In as far as possible, in-country or regional capabilities for such training will be developed. In less advanced countries such as Burma, the approach will be similar to that in the African region.

BANGLADESH		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		120	13	10	30	50	223
Centers	Training	1	0	0	0	0	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	23	1	0	1	0	25
	Nurse/Adm.	20	0	1	0	1	22
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lab Kit	0	0	0	0	0	0
	Ed. Package	2	0	0	0	0	2

BURMA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		510	319	521	341	570	2161
Centers	Training	1	2	2	2	3	10
	Maint.	0	0	1	1	1	3
Trainees	Physicians	10	2	2	2	2	18
	Nurse/Adm.	10	10	10	10	10	50
	Stud/Oth.	0	30	30	60	90	210
Support	Laparoscopes	4	1	1	1	1	8
	Mini-Lab Kit	10	2	2	2	2	18
	Ed. Package	1	1	1	0	0	3

INDIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		320	220	250	130	230	1150
Centers	Training	16	16	0	0	0	32
	Maint.	6	6	6	6	6	30
Trainees	Physicians	150	150	250	1	1	552
	Nurse/Adm.	151	151	1	0	0	303
	Stud/Oth.	150	150	0	0	0	300
Support	Laparoscopes	150	150	0	0	0	300
	Mini-Lab Kit	0	0	0	0	0	0
	Ed. Package	12	0	0	0	0	12

INDONESIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (0000)		878	577	334	50	50	2206
Centers	Training	2	2	1	0	0	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	79	37	2	1	1	120
	Nurse/Adm.	70	90	100	1	1	262
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lab Kit	38	38	0	0	0	70
	Ed. Package	22	0	0	0	0	22

KOREA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (0000)		58	58	58	58	58	325
Centers	Training	5	5	5	5	5	5
	Maint.	0	0	0	0	0	0
Trainees	Physicians	0	0	0	0	0	0
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lab Kit	0	0	0	0	0	0
	Ed. Package	0	0	0	0	0	0

MALAYSIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (0000)		519	516	519	519	50	573
Centers	Training	1	1	1	1	0	2
	Maint.	1	1	1	1	0	1
Trainees	Physicians	18	10	60	60	1	146
	Nurse/Adm.	18	10	3	3	0	28
	Stud/Oth.	0	0	3	3	0	0
Support	Laparoscopes	10	8	0	0	0	18
	Mini-Lab Kit	10	10	10	3	3	30
	Ed. Package	3	3	3	3	3	3

NEPAL		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	6	9	6	6	33
Centers	Training	0	1	1	1	1	4
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	12	12	12	12	50
	Nurse/Asst.	2	10	10	10	10	42
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lap Kit	0	0	0	0	0	0
	Ed. Package	0	1	0	0	0	1

NEH GUJARA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	22	22	22	66
Centers	Training	0	0	1	1	1	3
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	0	0	0	2
	Nurse/Asst.	1	1	2	2	2	8
	Stud/Oth.	0	0	100	100	100	300
Support	Laparoscopes	1	1	0	0	0	2
	Mini-Lap Kit	1	1	0	0	0	2
	Ed. Package	0	0	1	0	0	1

PAKISTAN		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		56	99	101	108	27	391
Centers	Training	1	1	1	1	1	5
	Maint.	1	1	1	1	1	5
Trainees	Physicians	4	4	4	4	1	17
	Nurse/Asst.	4	4	4	4	1	17
	Stud/Oth.	60	100	100	100	40	300
Support	Laparoscopes	3	0	3	3	3	12
	Mini-Lap Kit	4	6	6	6	3	25
	Ed. Package	1	2	3	4	3	13

PHILIPPINES		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		150	155	150	140	140	875
Centers	Training	4	4	4	3	3	4
	Maint.	1	1	1	1	1	1
Trainees	Physicians	18	18	18	20	20	98
	Nurse/Adm.	50	50	50	50	50	250
	Stud/Oth.	150	150	150	150	150	750
Support	Laparoscopes	6	6	6	0	0	18
	Mini-Lap Kit	6	6	6	0	0	18
	Ed. Package	1	0	0	0	0	1

SRI LANKA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	25	25	25	875
Centers	Training	0	0	1	1	1	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	10	10	10	32
	Nurse/Adm.	1	1	10	10	10	32
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	2	2	5	5	5	17
	Mini-Lap Kit	1	1	10	10	10	32
	Ed. Package	0	0	2	0	0	2

MALAND		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		50	50	52	15	15	252
Centers	Training	2	2	2	2	2	2
	Maint.	2	2	2	2	2	2
Trainees	Physicians	9	9	9	0	0	27
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	100	100	100	100	100	500
Support	Laparoscopes	3	3	3	3	3	15
	Mini-Lap Kit	1	1	1	3	3	9
	Ed. Package	2	2	2	2	2	10

Examples of training efforts projected for specific countries include the following:

1. Reproductive health education for surgical specialists with emphasis on endoscopy and mini-laparotomy - Burma, India, Malaysia, Philippines, and Sri Lanka.
2. Reproductive health education for non-specialist physicians - Indonesia, Malaysia, and Nepal.
3. Reproductive health education as a specific component of a medical school curriculum - Bangladesh*, Burma, India*, New Guinea, Pakistan, Philippines, and Thailand.

*Major support will be the sponsoring of a meeting to devise a standardized reproductive health/family planning curriculum to be utilized in the medical schools of the country.

4. Nurse education in reproductive health with provision of clinical training when appropriate - Burma, Indonesia, Nepal, and the Philippines.
5. Clinical practice centers to teach surgical approaches such as endoscopy and mini-laparotomy - Korea and the Philippines.
6. Microsurgical training centers for tubal reanastomosis - India, Philippines, and Thailand.

Other countries in the region will have health professional training provided at U.S.-based or third country training centers.

**Latin America Region:
Summary of Major Activities by Fiscal Year**

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)	1768	1918	1899	1779	721	8082
Center						
Training	91	90	86	61	35	94
Maint.	7	7	8	9	9	9
Trainees						
Physicians	536	529	521	519	95	2200
Nurse/Adm.	153	142	178	179	98	750
Stud/Oth	7470	8820	8102	1980	1000	27342
Support						
Laparoscopes	111	110	111	109	62	503
Mini-Lap Kit	296	286	278	277	229	1266
Ed. Package	28	13	7	6	2	56

This region consists of countries which are relatively advanced in policies and directions towards the fertility management aspects of reproductive health (Mexico, El Salvador, Colombia), countries with limited orientation (Bolivia, Chile, Peru, Argentina), and some countries which are transitional (Brazil). In some countries even if there is limited official authority relative to fertility management, most institutions and health care providers are able to provide at least limited service.

For those countries actively attempting to deal with their high growth rates, much of the emphasis will be similar to the regional efforts in Asia. That is, many in-country programs will have a fertility management emphasis, will attempt to systematize approaches through team training, and will try to institutionalize the training of all levels of health professionals. More emphasis in some countries may therefore be given to assisting in curriculum development and development of educational materials for existing training efforts. As part of this approach will be efforts to institutionalize reproductive health education into the medical schools.

For other countries, the overall approach may be similar to that in Africa. Some programs will be specifically designed to develop an infrastructure through training of health care professionals including physicians, nurses, nurse practitioners, and paramedics who eventually will staff the primary, secondary, and tertiary facilities. Emphasis will be towards reproductive health in its broader context. Conferences also may be held to acquaint decision-makers with the problems relevant to reproductive health. United States-based training will be towards complementing these in-country efforts.

Examples of training efforts projected for specific countries include the following:

1. Reproductive health education for surgical specialists including endoscopy training - Brazil and Colombia.
2. Reproductive health education for non-specialist physicians - Colombia, Guatemala, Jamaica, and Mexico.
3. Reproductive health education as a specific component of a medical school curriculum - Argentina, Brazil, Chile, Dominican Republic, Ecuador, Haiti, Honduras, Mexico, Paraguay, Peru, and Venezuela.
4. Nurse education in reproductive health - Colombia and Jamaica.
5. Clinical practice centers to teach surgical approaches such as endoscopy or mini-laparotomy - Brazil, Chile, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Panama, Peru, and Trinidad

Most of the other countries, including the Caribbean Islands, will have health professional training provided at U.S.-based or third country training centers.

ARGENTINA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		37	37	63	69	0	246
Centers	Training	1	1	1	1	0	1
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	1	1	5
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	150	150	150	150	0	600
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	1	1	1	1	1	5
	Ed. Package	1	0	0	0	0	1

BARBADOS & OTHERS		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	3	3	3	3	3	15
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	2	2	2	2	2	10
	Mini-Lap Kit	2	2	2	2	2	10
	Ed. Package	1	0	0	0	0	1

BOLIVIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	0	0	0	0	0	0
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lap Kit	0	0	0	0	0	0
	Ed. Package	0	0	0	0	0	0

BRACE		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		620	639	505	530	658	2,952
Centers							
Training		20	20	16	14	19	20
Maint.		1	1	1	1	1	1
Trainees							
Physicians		165	165	165	165	83	743
Nurse/Adm.		43	43	43	43	43	215
Stud/Oth.		750	750	150	0	1,000	2,650
Support							
Laparoscopes		50	50	50	50	50	250
Mini-Lab Kit		215	215	215	215	215	1,075
Ed. Package		4	4	4	4	1	17

CITIZ		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		56	62	48	73	0	241
Centers							
Training		2	2	2	2	1	2
Maint.		1	1	1	1	1	1
Trainees							
Physicians		1	1	1	1	1	5
Nurse/Adm.		1	1	1	1	1	5
Stud/Oth.		150	150	150	150	0	600
Support							
Laparoscopes		1	1	1	1	0	4
Mini-Lab Kit		1	1	1	1	0	4
Ed. Package		2	2	0	0	0	4

CIT/OMTA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		104	191	210	230	0	625
Centers							
Training		8	8	8	8	3	8
Maint.		2	2	2	2	2	2
Trainees							
Physicians		155	155	155	155	0	620
Nurse/Adm.		71	71	71	71	0	284
Stud/Oth.		300	300	300	300	0	1,200
Support							
Laparoscopes		3	3	3	3	3	15
Mini-Lab Kit		3	3	3	3	3	15
Ed. Package		2	2	2	2	2	1

COSTA RICA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	1	1	1	1	1	1
Trainees	Physicians	1	1	1	1	1	5
	Nurse/Adm.	1	1	1	1	1	5
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

DOM. REPUBLIC		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		66	63	69	77	0	275
Centers	Training	2	2	2	2	1	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	2	2	2	2	10
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	150	150	150	150	0	600
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

ECUADOR		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		57	58	65	72	0	252
Centers	Training	1	1	1	1	0	1
	Maint.	0	0	0	1	1	1
Trainees	Physicians	9	9	9	9	0	36
	Nurse/Adm.	1	1	1	1	0	4
	Stud/Oth.	150	150	150	150	0	600
Support	Laparoscopes	6	6	6	6	0	24
	Mini-Lap Kit	6	6	6	6	0	24
	Ed. Package	1	1	0	0	0	2

EL SALVADOR :		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		2	2	2	2	2	10
Centers	Training	2	2	2	2	2	2
	Maint.	1	1	1	1	1	1
Trainees	Physicians	1	1	1	1	1	5
	Nurse/Adm.	1	1	1	1	1	5
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	1	1	1	1	1	5
	Ed. Package	1	0	0	0	0	1

GUATEMALA :		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		25	6	6	7	0	44
Centers	Training	2	1	1	1	0	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	9	3	3	3	0	18
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

FRANCE GUYANA :		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	0	1	4
	Nurse/Adm.	1	1	0	1	0	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	1	0	0	2
	Mini-Lap Kit	1	1	1	0	1	4
	Ed. Package	0	0	0	0	1	1

MALTA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		65	68	0	0	0	133
Centers	Training	1	1	0	0	0	1
	Maint.	0	0	1	1	1	1
Trainees	Physicians	12	11	2	1	1	27
	Nurse/Adm.	14	2	0	0	1	17
	Stud/Oth.	70	120	2	0	0	192
Support	Laparoscopes	1	0	1	0	1	3
	Mini-Lap Kit	20	10	2	2	2	36
	Ed. Package	1	0	0	0	0	1

HONDURAS		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		60	61	66	73	0	260
Centers	Training	2	2	2	2	0	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	2	2	2	0	8
	Nurse/Adm.	1	1	1	1	0	4
	Stud/Oth.	150	120	150	150	0	600
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

JAMAICA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		10	10	30	30	41	161
Centers	Training	1	1	2	2	1	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	0	2	0	1	1	4
	Nurse/Adm.	0	0	41	40	41	122
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	1	0	1	1	3
	Mini-Lap Kit	0	2	0	2	2	4
	Ed. Package	0	1	1	1	1	4

SICRECO		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		310	454	518	288	20	1,590
Centers	Training	42	42	42	19	3	44
	Maint.	0	0	0	0	0	0
Trainees	Physicians	155	155	155	155	0	620
	Nurse/Adm.	10	10	10	10	10	50
	Stud/Oth.	5,000	6,300	6,300	300	0	17,900
Support	Laparoscopes	25	25	25	25	0	100
	Mini-Lab Kit	25	25	25	25	0	100
	Ed. Package	2	2	2	2	0	8

SICARAGUA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	0	0	0	0	0	0
	Nurse/Adm.	0	0	0	0	0	0
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	0	0	0	0	0	0
	Mini-Lab Kit	0	0	0	0	0	0
	Ed. Package	0	0	0	0	0	0

PANAMA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		8	8	9	10	0	35
Centers	Training	1	1	1	1	0	4
	Maint.	0	0	0	0	0	0
Trainees	Physicians	3	3	3	3	0	12
	Nurse/Adm.	2	2	2	2	0	8
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	2	2	2	2	0	8
	Mini-Lab Kit	2	2	2	2	0	8
	Ed. Package	1	0	0	0	0	1

PARAGUAY		82/83	83/84	84/85	85/86	86/87	Totals
Centers	Units (3000)	64	59	72	78	0	273
	Training	1	1	1	1	0	1
	Maint.	0	0	0	0	0	0
Inpatients	Physicians	2	2	2	2	0	8
	Nurse/Adm.	1	1	1	1	0	4
	Stud/Oth.	150	150	150	150	0	600
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

PERU		82/83	83/84	84/85	85/86	86/87	Totals
Centers	Units (3000)	114	115	126	140	0	495
	Training	3	3	3	3	0	3
	Maint.	1	1	1	1	1	1
Inpatients	Physicians	8	8	8	8	0	32
	Nurse/Adm.	2	2	2	2	0	8
	Stud/Oth.	300	300	300	300	0	1,200
Support	Laparoscopes	6	6	6	6	0	24
	Mini-Lap Kit	6	6	6	6	0	24
	Ed. Package	2	1	0	0	0	3

TRINIDAD		82/83	83/84	84/85	85/86	86/87	Totals
Centers	Units (3000)	3	3	3	6	0	21
	Training	1	1	1	1	0	1
	Maint.	0	0	0	0	0	0
Inpatients	Physicians	1	1	1	1	0	4
	Nurse/Adm.	1	1	1	1	0	4
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	0	4
	Mini-Lap Kit	1	1	1	1	0	4
	Ed. Package	1	0	0	0	0	1

UNITED STATES		82/83	83/84	84/85	85/86	86/87	Totals
Units (SOCC)		0	0	0	0	0	0
Centers							
Training		0	0	0	0	0	0
Maint.		0	0	0	0	0	0
Trainers							
Physicians		1	1	1	1	0	4
Nurse/Acn.		1	1	1	1	0	4
Stud/Oth.		0	0	0	0	0	0
Support							
Laparoscopes		1	1	1	1	0	4
Mini-Lab Kit		1	1	1	1	0	4
Ed. Package		1	0	0	0	0	1

VENEZUELA		82/83	83/84	84/85	85/86	86/87	Totals
Units (SOCC)		62	60	65	72	0	259
Centers							
Training		1	1	1	1	0	4
Maint.		0	0	0	0	0	0
Trainers							
Physicians		2	2	2	2	0	8
Nurse/Acn.		0	0	0	0	0	0
Stud/Oth.		150	150	150	150	0	600
Support							
Laparoscopes		2	2	2	2	0	8
Mini-Lab Kit		2	2	2	2	0	8
Ed. Package		2	0	0	0	0	2

		82/83	83/84	84/85	85/86	86/87	Totals
Units (SOCC)							
Centers							
Training							
Maint.							
Trainers							
Physicians							
Nurse/Acn.							
Stud/Oth.							
Support							
Laparoscopes							
Mini-Lab Kit							
Ed. Package							

QUARTER/TYPE	32/83	83/84	84/85	85/86	86/87	Totals
Funds (SOOO)	0	0	0	0	0	0
Centers Training	0	0	0	0	0	0
Centers Maint.	0	0	0	0	0	0
Trainees Physicians	1	0	2	2	0	5
Trainees Nurse/Adm.	1	1	1	1	0	4
Trainees Stud/Oth.	0	0	0	0	0	0
Support Laparoscopes	1	0	1	0	0	2
Support Mini-Lap Kit	1	0	1	0	0	2
Support Ed. Package	0	0	0	0	0	0

QUARTER/TYPE	82/83	83/84	84/85	85/86	86/87	Totals
Funds (SOOO)	0	0	0	0	0	0
Centers Training	0	0	0	0	0	0
Centers Maint.	0	0	0	0	0	0
Trainees Physicians	1	0	1	0	0	2
Trainees Nurse/Adm.	1	2	0	1	0	4
Trainees Stud/Oth.	0	0	0	0	0	0
Support Laparoscopes	0	1	0	0	1	2
Support Mini-Lap Kit	1	0	1	0	0	2
Support Ed. Package	1	0	0	0	0	1

QUARTER/TYPE	82/83	83/84	84/85	85/86	86/87	Totals
Funds (SOOO)						
Centers Training						
Centers Maint.						
Trainees Physicians						
Trainees Nurse/Adm.						
Trainees Stud/Oth.						
Support Laparoscopes						
Support Mini-Lap Kit						
Support Ed. Package						

**Near East Region:
Summary of Major Activities by Fiscal Year**

		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		628	699	711	621	578	3237
Center	Training	17	19	19	21	20	25
	Maint.	2	2	3	3	3	3
Trainees	Physicians	140	208	193	201	96	838
	Nurse/Adm.	211	195	231	144	35	816
	Stud/Oth	180	185	197	300	1200	2062
Support	Laparoscopes	98	54	55	51	7	265
	Mini-Lap Kit	134	125	111	110	72	552
	Ed. Package	3	5	0	3	3	14

The Near East presents a number of challenges to JNPIEGO in order to establish reproductive health education training centers and to improve service delivery in this subject area. Most of the countries have the Moslem faith as the major religion. However, there is a great deal of variation in interpreting the Koran with respect to the acceptability of fertility management practices and the limitation of population growth. A few countries have or are in the process of liberalizing health policies in this subject area (Tunisia and Turkey), some countries are transitional (Algeria, Egypt, and Morocco), while other to date are quite restrictive. Most of the countries in the region have established health infrastructures but in many instances, the management is inefficient so that the delivery of services, particularly to rural areas, is hampered.

JNPIEGO's strategy for this region will have a variety of approaches. For countries having significant numbers of obstetrical and gynecologic or surgical specialists, reproductive health education including endoscopy training will be of great importance. The use of endoscopy is particularly appropriate in much of this region since a higher proportion of women are obese (limiting the ability of a surgeon to perform mini-laparotomy) and since this technique can be utilized for diagnostic purposes in addition to surgical contraception. The introduction of reproductive health education into the medical schools will also be a major activity in an effort to present this "prospectively" on an undergraduate level rather than "retrospectively" always to postgraduates. Also, in an effort to encourage professionals to deliver expanded reproductive health care from other countries, not only in the region, but also in the continent of Africa, educational facilities in Egypt, Morocco, and Tunisia will be utilized as regional training centers. Finally, since there are often inadequate numbers of physicians available to provide reproductive health services, particularly in rural areas, nurse/paramedic training will be carried out in an effort to improve services.

Examples of training efforts projected for specific countries include the following:

1. Reproductive health education for surgical specialists including endoscopy training - Algeria, Egypt, Morocco, and Turkey.
2. Reproductive health education for non-specialist physicians - Egypt and Tunisia.
3. Reproductive health education as a specific component of a medical school curriculum - Egypt, Tunisia, and Turkey.
4. Nurse education in reproductive health with provision of clinical training in techniques such as IUD insertion, when appropriate - Tunisia and Turkey.
5. Clinical practice or regional training centers for reproductive health and surgical techniques such as endoscopy - Egypt, Morocco, and Tunisia.

For other countries in the region, health professional training will be provided at U.S.-based or third country training centers.

ALGERIA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (SCOO)		0	49	53	94	0	5188
Centers	Training	0	1	1	1	0	1
	Maint.	0	0	1	1	1	1
Trainees	Physicians	3	12	17	18	2	52
	Nurse/Adm.	4	13	24	22	3	66
	Stud/Oth.	0	0	2	0	0	2
Support	Laparoscopes	3	10	15	15	2	45
	Mini-Lap Kit	3	10	15	15	2	45
	Ed. Package	0	3	0	0	0	3

EGYPT		82/83	83/84	84/85	85/86	86/87	Totals
Funds (SCOO)		228	284	271	278	128	81,178
Centers	Training	4	5	5	5	3	5
	Maint.	0	0	0	0	0	0
Trainees	Physicians	52	100	100	100	50	402
	Nurse/Adm.	52	50	50	50	0	202
	Stud/Oth.	0	0	0	0	300	300
Support	Laparoscopes	30	30	30	30	0	120
	Mini-Lap Kit	50	50	50	50	50	250
	Ed. Package	0	1	0	0	0	1

JORDAN		82/83	83/84	84/85	85/86	86/87	Totals
Funds (SCOO)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	1	1	1	0	0	3
	Nurse/Adm.	1	1	1	0	0	3
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	0	0	0	0	0	0
	Ed. Package	0	0	0	0	0	0

YONKON		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		53	53	53	53	130	342
Centers	Training	2	2	2	2	2	2
	Maint.	2	2	2	2	2	2
Trainees	Physicians	21	20	21	20	30	112
	Nurse/Adm.	21	20	20	20	21	112
	Stud/Oth.	0	0	0	0	150	150
Support	Laparoscopes	20	10	8	5	4	47
	Mini-Lap Kit	21	20	21	20	20	102
	Ed. Package	0	0	0	1	0	1

TAMPA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		258	258	258	50	50	870
Centers	Training	10	10	10	10	10	50
	Maint.	0	0	0	0	0	0
Trainees	Physicians	21	22	1	10	12	66
	Nurse/Adm.	52	60	85	1	0	198
	Stud/Oth.	150	155	155	0	0	460
Support	Laparoscopes	3	3	2	0	0	7
	Mini-Lap Kit	20	20	0	0	0	40
	Ed. Package	3	0	0	0	0	3

TAMPA		82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		87	78	78	178	282	683
Centers	Training	2	2	2	3	5	7
	Maint.	2	2	2	2	2	2
Trainees	Physicians	41	52	52	52	2	209
	Nurse/Adm.	50	50	50	50	3	253
	Stud/Oth.	3	3	3	100	70	182
Support	Laparoscopes	40	3	3	3	2	51
	Mini-Lap Kit	40	25	25	25	3	118
	Ed. Package	3	2	3	2	3	13

CENTRAL ARAB REPUBLIC;		82/83	83/84	84/85	85/86	86/87	Totals
Funds (3000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Iranians	Physicians	1	1	1	1	1	5
	Nurse/Adm.	1	1	1	1	1	5
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lab Kit	0	0	0	0	0	0
	Ed. Package	0	0	0	0	0	0
		82/83	83/84	84/85	85/86	86/87	Totals

Funds (3000)							
Centers	Training						
	Maint.						
Iranians	Physicians						
	Nurse/Adm.						
	Stud/Oth.						
Support	Laparoscopes						
	Mini-Lab Kit						
	Ed. Package						
		82/83	83/84	84/85	85/86	86/87	Totals

Funds (3000)							
Centers	Training						
	Maint.						
Iranians	Physicians						
	Nurse/Adm.						
	Stud/Oth.						
Support	Laparoscopes						
	Mini-Lab Kit						
	Ed. Package						

PORTUGAL		82/83	83/84	84/85	85/86	86/87	Totals
Units (5000)	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainers	Physicians	3	3	3	3	3	15
	Nurse/Adm.	1	1	1	1	1	5
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	2	2	2	2	2	10
	Mini-Lap Kit	2	2	2	2	2	10
	Ed. Package	2	0	0	0	0	2
		82/83	83/84	84/85	85/86	86/87	Totals

Units (5000)							
Centers	Training						
	Maint.						
Trainers	Physicians						
	Nurse/Adm.						
	Stud/Oth.						
Support	Laparoscopes						
	Mini-Lap Kit						
	Ed. Package						
		82/83	83/84	84/85	85/86	86/87	Totals

Units (5000)							
Centers	Training						
	Maint.						
Trainers	Physicians						
	Nurse/Adm.						
	Stud/Oth.						
Support	Laparoscopes						
	Mini-Lap Kit						
	Ed. Package						

EDUCATIONAL MATERIALS

As an essential component of reproductive health training activities, JHPIEGO is actively involved in the collation, production, and distribution of a variety of training materials, in the appropriate language, for each region.

Educational materials are distributed in packages prepared in English, French, and Spanish to large and small institutions such as medical/nursing schools, hospitals and training centers, and to individual physicians and nurses. Each specific language package contains books, films, slides, and models to be used in all phases of reproductive health teaching from the didactic to the clinical demonstration.

Books selected for distribution include those dealing not only with family planning, but also demography, obstetrics and gynecology, infertility, infant and child health, nutrition, management, and education. Medical dictionaries, a drug handbook for nurses, and a book on basic nursing techniques are among other related topics included in the packages.

Films distributed in the appropriate language include JHPIEGO-produced films on laparoscopic technique and laparoscopic equipment care and maintenance, as well as films demonstrating other reproductive health techniques.

The special REHEP educational package also includes films on patient education for vasectomy and population growth, and a special conception and contraception film to be produced that will emphasize patient education and motivation by physician as well as nurse and paramedic health care workers in an international framework. These films will serve as important audio-visual aids for reinforcing didactic theory.

Color slides for instruction in diagnostic laparoscopy accompany educational packages going to institutions or individuals concerned with laparoscopic services. The special REHEP educational packages will contain a large series of slides dealing with all phases of reproductive health to guide and reinforce didactic presentations for university-based teaching programs.

Models provided by JHPIEGO include pelvic models for demonstration of biannual examination and IUD and diaphragm insertion, a prenatal model for abdominal palpation practice, and breast models. These models are considered by recipients as extremely valuable resources in training for clinical service delivery.

In addition to the distribution of already existing materials, JHPIEGO is actively producing materials appropriate to the needs of our various educational programs. These materials include case studies on the entire range of reproductive health topics for use in clinical manage-

ment seminar discussion groups and a 35 mm slide series.

It is anticipated that the major training centers will receive large educational packages appropriate for the local during the projected five years. In addition, individual trainees will be provided with some materials. As part of our overall objectives will be the assistance in on-site production or adaptation of educational materials in specific countries. This will result in the establishment of a capability in this regard as well as result in materials more likely to address specific issues within a country or region.

4. EQUIPMENT

4.. EQUIPMENTS

Instruments & Spare						
Parts	1089	1092	1183	905	832	5071
Repair	48	53	58	50	37	246
Warehousing & Freight	113	124	130	120	99	586
TOTAL COSTS	1220	1269	1371	1075	968	5903
IDC at 14%	20	21	22	15	12	90
TOTAL EQUIPMENT	1240	1290	1393	1090	980	5993

As part of JHPIEGO's overall training strategy during its existence, has been the provision of needed special equipment to the institutions of qualified physicians who complete surgical training. The laparoscope, because it represents the most important surgical advance in gynecology during the past decade and since it is readily adaptable to LDC conditions, has been the major item provided. In addition, support of laparoscopy has been provided by procurement and distribution of spare parts to maintain the equipment. In addition to laparoscopy, mini-laparotomy equipment has been provided to qualifying institutions.

During the project period, over 1400 major sets of laparoscopic equipment plus spare parts to service them and previously provided sets, will be procured and distributed by JHPIEGO. It should be noted that inventory items obtained the years prior to 82/83 will also be utilized since the time lag between an initial decision for procurement and actual delivery takes 6 to 12 months. During the latter years of the project, the provision of laparoscopic equipment will be reduced since most of the major targeted institutions in the countries of interest will have been reached.

Based on the current status of research and development referable to reproductive health, it is not anticipated that major costly technological items of a high utility in LDC's will be available for use

during the projected five years. Possible advances might include a transcervical medicated approach to female sterilization or a new injectable contraceptive. Since these types of technological advances would be considerably less costly than laparoscopic systems, some of the funding now projected for such equipment could be reallocated for these new advances if it were anticipated that they represent important approaches to be integrated into the educational activity of JHPIEGO.

JHPIEGO PLANNED PERFORMANCE TRACKING CHART

Fiscal Year \$ Funding	FY 84 \$6750	FY 85 \$6750	FY 86 \$6000	Totals and Comments \$19300
No. of Baltimore courses	8-10/year	7-9 / year	6-8 /year	21-27 such courses
Professionals trained in U.S.	125-150 /year	100-125 /year	75-125 /year	200-400 such trainees
Professionals trained in LDCs	1200-1500/year	1400-1800 /year	1000-1400/year	2600-4700 such trainees
Overseas courses ongoing	In 20 countries	In 25 countries	In 30 countries	In-country training provided in approx. 30 LDCs
Possible new in-country programs started	Ecuador, Liberia, Senegal, Ivory Coast, Jamaica	Jordan, Haiti, Honduras, Rwanda	Congo, Cameroon, Guinea, CAR, Algeria, Burundi	15 new in-country programs during these three years
Surg. Equipment provided & clinics set up	10-15/month	10-15 /month	10-15 /month	350-500 such clinics set up & functioning
RAM Centers initiated or supported	10 centers functioning	11 centers functioning	12 centers functioning	Approx. 12 RAM centers initiated/support
Training Program Evaluations conducted	3 conducted by JHPIEGO	AID Worldwide intensive- eval. Fall/85, 3 conducted by JHPIEGO	3 conducted by JHPIEGO	New 3-5 year project paper to be considered if Nov. '85 evaluation warrants it
Clinical Practice Centers established	45 centers in 14 countries	50 such centers in 16 countries	55 such centers in 18 countries	55 such centers established in 18 countries
Meetings & Conference sponsored	two such meetings	Two such incl. equip- ment meeting	Two such meetings	6 meetings or conferences convened
% of LDC medical schools with JHPIEGO trained faculty	65% reached	70% reached	75% reached	90% of eligible LDC medical schools reached by FY 1987
Medical student training supported	2000-4000 so trained	2000-4000 so trained	2000-4000 so trained	Total of 6000-12000 med students so trained
% of LDCs where faculty of at least one nursing school has been reached	35%	45%	55%	65% of eligible LDCs have at least one nursing school whose faculty has been reached by FY 87

ENVIRONMENTAL THRESHOLD DETERMINATION

TO:

FROM: DS/POP, J. Joseph Speidal, Acting Director

SUBJECT: Environmental Threshold Determination

Project Title: Training in Reproductive Health
 Project #: 932-0604
 Specific Activity (if applicable) _____
 REFERENCE: Initial Environmental/Examination (IEE) contained in
 attached paper dated June 30, 1981

I recommend that you make the following determination:

- X 1. The proposed agency action is not a major Federal action which will have a significant effect on the human environment.
- _____ 2. The proposed agency action is a major Federal action which will have a significant effect on the human environment, and:
- _____ a. An Environmental Assessment is required; or
- _____ b. An Environmental Impact Statement is required.
- The cost of and schedule for this requirement is fully described in the referenced document.
- _____ 3. Our environmental examination is not complete. We will submit the analysis no later than _____ with our recommendation for an environmental threshold decision.

Approved: _____

Disapproved: _____

Date: _____

Impact Areas & Sub-areas ^{1/}	Impact ^{2/}
A. LAND USE	
1. Changing the character of the land thru:	
a. Increasing the population.....	N
b. Depleting natural resources...	N
c. Land clearing.....	N
d. Changing soil character.....	N
2. Altering natural defenses.....	N
3. Foreclosing important uses.....	N
4. Jeopardizing man or his works...	N
B. WATER QUALITY	
1. Physical state of water.....	N
2. Chemical and biological status	N
3. Ecological balance.....	N
C. ATMOSPHERIC	
1. Air additives.....	N
2. Air pollution.....	N
3. Noise pollution.....	N
D. NATURAL RESOURCES	
1. Depletion, altered use of water	N
2. Irreversible, inefficient con- -ditions	N

Impact Areas & Sub-areas ^{1/}	Impact ^{2/}
E. CULTURAL	
1. Altering physical symbols.....	N
2. Dilution of cultural traditions	N
F. SOCIOECONOMIC	
1. Changes in economic/employment patterns	M
2. Changes in population.....	M (decrease)
3. Changes in cultural patterns...	N
G. HEALTH	
1. Changing a natural environment.	N
2. Eliminating an ecosystem element	N
H. GENERAL	
1. International impacts.....	N
2. Controversial impacts.....	N
3. Larger program impacts.....	N
4. OTHER POSSIBLE IMPACTS (see listed above)	
_____	_____
_____	_____
_____	_____

FOOTNOTES: 1/ See Explanatory Notes for this form. 2/ Use the following for environmental impact: N - None; L - little; M - moderate; H - high; U - unknown.

ADDITIONAL COMMENTS:

AID HANDBOOK 1, Sup A

TRANS. MEMO NO. 1:11

EFFECTIVE DATE

June 14, 1977

PAGE NO.

Annex 6

PD-70

A.I.D. POLICY GUIDELINES ON VOLUNTARY STERILIZATION

The attached Policy Determination 70 was approved by the Administrator on June 14, 1977.

Attachment

252
2/107

A.I.D. POLICY GUIDELINES ON VOLUNTARY STERILIZATION

I. Overview

The World Population Plan of Action of the World Population Conference of 1974 observed that: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so. . ."

The Foreign Assistance Act (FAA) of 1961 (as amended) reflects additional considerations:

- (1) the process of economic and social development affects and is in turn affected by the pace, magnitude and direction of population growth; and,
- (2) in many LDCs high rates of population growth limit attainment of broader development goals, contribute to economic hardship and hazardous health conditions, and deny opportunities for improved quality of life for many parents and their children.

In carrying out a comprehensive population assistance program authorized by the FAA, A.I.D. has responded to the growing number of LDC requests for assistance and has helped to make the various methods of family planning permitted by our legislation available on a broader scale to the rural and urban population for use on a strictly voluntary basis.

More recently, LDC governments and non-government organizations have requested assistance to extend the availability of voluntary sterilization services.* Such requests are partially in response to the preparatory work conducted by

*The services programs include those activities which are primarily intended to provide voluntary male and female sterilizations to persons requesting this type of contraceptive procedure. For purposes of this discussion, however, training programs are included, since training generally requires that trainees conduct supervised procedures on patients who have voluntarily presented themselves at a service/training facility for sterilization.

page 2

various organizations which have received A.I.D. support, including the Association for Voluntary Sterilization (AVS), the Pathfinder Fund, the International Fertility Research Program (IFRP), and the Johns Hopkins University Program for International Education in Gynecology and Obstetrics (PIEGO) as part of its broad program of advance training in obstetrics and gynecology. These organizations have contributed to significant advances in the development of new surgical techniques which make sterilization safer, simpler and less expensive as an outpatient procedure. They have developed specialized equipment and given IEC medical personnel specialized training in the practice of obstetrics and gynecology, including endocrinology, identification of cancerous conditions, maternal care, and the management of infertility, and fertility, including sterilization procedures.

In providing support for sterilization services, A.I.D. must reaffirm its long-standing and complete commitment to the basic principle of voluntary acceptance of family planning methods and determine basic conditions and safeguards within which A.I.D. support for sterilization activities can be provided. These conditions and safeguards are needed because of the special nature of sterilization as a highly personal, permanent surgical procedure and to ensure that the needs and rights of individuals are scrupulously protected.

The official positions of national governments are mixed. While voluntary sterilization has become a basic part of comprehensive family planning services in many countries, in some there is only unofficial approval for action by non-government agencies while in other countries there is opposition to the method. A.I.D. staff and A.I.D.-funded grantees and contractors must be fully aware of national sensitivities and must receive AID/W and mission approval before making any commitments on commencing support for sterilization activities in any context.

II. General Guidelines

A.I.D. acknowledges that each host country is free to determine its own policies and practices concerning the provision

page 3

of sterilization services. However, A.I.D. support for VS program activities can be provided only if they comply with these guidelines in every respect.

A. Informed Consent: A.I.D. assistance to VS service programs shall be contingent on satisfactory determination by the USAID (bilateral programs) and/or A.I.D.-funded grantees or contractors that surgical sterilization procedures, supported in whole or in part by A.I.D. funds, are performed only after the individual has voluntarily presented himself or herself at the treatment facility and given his or her informed consent to the sterilization procedure.

Informed consent means the voluntary, knowing assent from the individual after he or she has been advised of the surgical procedures to be followed, the attendant discomforts and possible risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and his or her option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.

Further, the recipient of A.I.D. funds used all or in part for performance of VS procedures must be required to document the patient's informed consent by (a) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (b) when a patient is unable to read adequately, a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall be of the same sex and speak the same language as the patient.

Best Available Document

given to the impact that expanded VS services might have on existing general health services of the recipient country with regard to the employment of physicians and related medical personnel and the use of buildings or facilities.

F. Country Policies: In the absence of a stated affirmative policy or explicit acceptance of A.I.D. support for VS activities, USAIDs should take appropriate precautions through consultation with host country officials in order to minimize the prospect of misunderstandings concerning potential VS activities. In monitoring the consistency of A.I.D.-supported VS programs with local policy and practice, USAIDs and A.I.D.-funded donor agencies shall also take particular note of program activities among cultural, ethnic, religious or political minorities to ensure that the principles of informed consent discussed under "A" above are being observed and that undue emphasis is not given to such minority groups.

Addendum:
Additional A.I.D. Program Guidance for Voluntary Sterilization (VS) Activities, approved February 9, 1981

Copies of these informed consent forms and certification documents for each VS procedure must be retained by the operating medical facility, or by the host government, for a period of three years after performance of the sterilization procedure.

USAID Missions should note their responsibility to monitor A.I.D.-assisted VS programs -- whether such programs are funded bilaterally or by A.I.D.-funded grantees or contractors -- to ensure continuing adherence to the principle of informed consent. In order to carry out this monitoring function effectively, all proposed programs -- either bilaterally funded or funded by A.I.D.-supported intermediaries -- shall be approved by the mission and AID/W prior to any commitment of funds or promise to commit funds for VS activities. In carrying out this responsibility, USAID staff should be thoroughly familiar with local circumstances and government administrative patterns and be able to communicate effectively with host country representatives.

B. Ready Access to Other Methods: Where VS services are made available, other means of family planning should also be readily available at a common location, thus enabling a choice on the part of the acceptor.

C. Incentive Payments: No A.I.D. funds can be used to pay potential acceptors of sterilization to induce their acceptance of VS. Further, the fee or patient cost structure applied to VS and other contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another method.

D. Quality of VS Services: Medical personnel who operate on sterilization patients must be well-trained and qualified in accordance with local medical standards. Equipment provided will be the best available and suitable to the field situations in which it will be used.

E. Sterilization and Health Services: To the fullest possible extent, VS programs -- whether bilaterally funded or conducted by A.I.D.-funded private organizations -- shall be conducted as an integral part of the total health care services of the recipient country and shall be performed with respect to the overall health and well-being of prospective acceptors. In addition, opportunities for extending health care to participants in VS programs should be exploited to the fullest. Consideration must also be

Additional A.I.D. Program Guidance for Voluntary Sterilization (VS) Activities

1. **INTRODUCTION:** The previously provided Policy Determination No. 70 (PD-70), remains in effect. However, in light of several years experience, additional clarification of a number of points relating to the application of PD-70 and specific interpretation of its provisions appears to be needed.
2. **APPLICABILITY OF PD-70:** PD-70 states (page 3) "A.I.D. support for VS program activities can be provided only if they comply with these guidelines in every respect". This means that the provisions of PD-70 must be applied if A.I.D. funds are used for whole or partial direct support of the performance of VS activities. However, as also noted in PD-70 (page 2), "A.I.D. acknowledges that each host country is free to determine its own policies and practices concerning the provision of sterilization services". The provisions of PD-70 do not apply if A.I.D. provides support for population and family planning programs within a country and provision of VS services is not called for in the support agreement, i.e., VS activities may be a part of the host country's program, but A.I.D. funds are not used to support such services. For example, if A.I.D. support for VS program activities is geographically confined to particular parts of a country, PD-70 applies only to those areas with VS program activities supported by A.I.D. PD-70 does not apply if activities and projects are only peripherally related to provision of VS services, for example, A.I.D. support for construction of multipurpose buildings or broad-based training in reproductive health which includes VS techniques. Finally, in A.I.D.-supported population and family planning programs in host countries which use A.I.D. funds for activities other than VS and support VS activities with their own or other non-A.I.D. funds, PD-70 does not apply.
3. **INFORMED CONSENT:** The recipient of A.I.D. support used fully or in part for performance of VS procedures must obtain and document voluntary informed consent as part of the conduct of any VS procedure. A.I.D. does not require any specific format for this procedure. However, the elements of the procedure described in PD-70 (i.e., an explanation of the nature of the procedure, the attendant risks and benefits, availability of alternative methods of family planning, that the procedure is irreversible, and that the patient may withdraw consent) all must be part of the process of obtaining informed consent.
4. **METHODS OF PAYMENT:** All acceptor and/or provider payments in cash or kind beyond VS service costs as well as fees charged for VS and other contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another contraceptive method.
 - (A) **Payment of Acceptors:** It should be noted that guidance differs for payments which may be made to acceptors of VS as contrasted to payments to providers of VS (guidance applicable to providers of VS services is described

in para 4.3. below). As stated in 70-70, para C, page 4, "no A.I.D. funds can be used to pay potential acceptors of sterilization to induce their acceptance of VS". Further, A.I.D. support generally cannot be provided to VS services which include incentive payments paid to potential acceptors. For example, a VS program supported by A.I.D. cannot be supplemented with acceptor incentives to induce acceptance of sterilization services. Determination of what constitutes an incentive must be made locally based on thorough knowledge of social and economic circumstances of potential acceptors. In general, recompense to acceptors for legitimate, extra expenses related to VS program services such as transportation, food during confinement, medicines, surgically related garments and dressings and the value of lost work are not considered incentive payments and are eligible for A.I.D. support. It should be emphasized that these payments must be of reasonable nature and aimed at making VS services equally available at the same cost as other contraceptive services. For example, payment for lost work must correspond to a reasonable estimate of the value of lost labor over a reasonable duration of convalescence.

(5) Payment of Providers of Services: In light of experience, it seems desirable to modify the previous A.I.D. program guidance relating to reimbursement for VS services as defined in AIDTO Circular 393 (10/27/77), page 5, section 3, "operating service costs", para. 4. The suggested prohibition of reimbursement to providers of VS services on a per-case basis has not proven practical in that payment per case or procedure is the time-honored method of paying for surgical procedures both in developed and less developed countries. Reimbursement of physicians, paramedical and other service personnel on a per-case basis can be an acceptable procedure. Compensation to providers for items such as anesthesia, personnel costs, pre and post-operative care, transportation, surgical and administrative supplies, etc., on a per-case basis is also generally acceptable. These payments to providers must be reasonable relative to other medical and contraceptive services provided so that no financial incentive is created for the providers to carry out VS procedures compared to provision of other methods of family planning. As in the case of payments to acceptors, this is a judgment which will have to be made on a country and program specific basis. However, in both cases, AID/Washington will provide assistance and guidance in making such determinations, and decisions relating to application of 70-70 should be submitted to AID/Washington for review. Even though payment on a per-case basis is often customary, A.I.D. Missions are advised to encourage patterns of service delivery and methods of payment which do not unduly emphasize VS procedures compared to other methods of fertility control. For example, if physicians who carry out the surgery are paid on a per-case basis and they have no role in the selection or counseling of patients, these service providers cannot induce additional patients to accept sterilizations over other contraceptive methods. Payments of physicians on a per-session rather than a per-case basis may also serve the same function. Since payments on a per-case basis do raise questions, often of a complex nature, beyond those raised by other types of compensation, where a mission can persuade a government to use such other frameworks for payment, whether immediate/ or phased-in, it should do so.

-3-

(C) Payment of Referral Agents: In some countries fieldworkers are employed to inform and refer potential acceptors of contraceptive methods including VS. When extra expenses are incurred in informing and referring VS acceptors, a per-case payment of these costs is acceptable. Again, as is the case with payments to providers and/or acceptors, a country or program specific determination that the payment is for legitimate extra expenses or activities associated with VS referral must be made. The aim is to make all available contraceptive methods available at the same cost to the acceptor.

A.I.D. POLICIES

PD-56
June 10, 1974RELATIVE TO ABORTION-RELATED ACTIVITIESINTRODUCTION:

Section 114 of the Foreign Assistance Act of 1961, as amended, adds for the first time to this legislation restrictions on the use of funds relative to abortions. The new provision reads as follows:

Section 114. Limiting use of funds for abortion--
None of the funds made available to carry out this part (Part I of the Act) shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

The indicated policy positions represent the best legal and policy judgment in A.I.D. on a desirable stance the Agency should have at this time relative to this subject. The A.I.D. policies relative to abortion dealt with here involve the following programmatic aspects-- Procurement and Distribution of Equipment; Institutional and Program Development; Motivation, Promotion, and Training; Research; Fees for Abortion Services; and Coercion.

1. Procurement and Distribution of Equipment

A.I.D. Policy - No funds available to carry out the Foreign Assistance Act will be used to procure or distribute equipment provided for the purpose of inducing abortions as a method of family planning.

2. Institutional and Program Development

A.I.D. Policy - A.I.D. funds will not be used for the direct support of abortion activities in LDC's. However, A.I.D. may provide general population assistance program support to LDC's and institutions so long as A.I.D. funds are wholly attributable to the permissible aspects of such programs.

June 10, 1974

3. Motivation, Promotion, and Training

A.I.D. Policy - A.I.D. does not and will not fund information, education, training, or communication programs that seek to promote abortion as a method of family planning. A.I.D. will finance training of developing country doctors in the latest techniques used in OB-GYN practice. A.I.D. will not disqualify such training programs if they include pregnancy termination within the overall curriculum. However, A.I.D. funds will not be used to initiate or expand the pregnancy termination component of such programs, and A.I.D. will pay only the extra costs of financing the participation of developing country doctors in existing programs. Such training is provided only at the election of the participants.

4. Research

A.I.D. Policy - A.I.D. will continue to support research programs designed to identify safer, simpler, and more effective means of fertility control. This work includes research on both foresight and hindsight methods of fertility control.

5. Fees for Abortion Services

A.I.D. Policy - A.I.D. funds are not and will not be used to pay women in the less developed countries to have abortions as a method of family planning. Likewise, A.I.D. funds are not and will not be used to pay persons to perform abortions or to solicit persons to undergo abortions.

6. Coercion

A.I.D. Policy - Pursuant to the Foreign Assistance Act and A.I.D. policy, A.I.D. activities in family planning and population assistance to developing countries cannot incorporate coercive features relative to the practice of family planning or any mode thereof.

Approved: 

 Daniel Parker
 Administrator

DISTRIBUTION:

A.I.D. List M, Position 9
 A.I.D. List 3-6, Position 9
 A.I.D. List C-2

Date: 10 VI 74

SC(2) - PROJECT CHECKLIST

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A. GENERAL CRITERIA FOR PROJECT.

1. Acc. Unnumbered; FIA Sec. 533(b); Sec. 577

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project;
(b) Is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure)

(a) Congressional Presentations

(b) Yes

2. FIA Sec. 511(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

n.a.

3. FIA Sec. 511(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

n.a.

4. FIA Sec. 511(b); Acc. Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1977

n.a.

5. FIA Sec. 511(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified the country's capability effectively to maintain and utilize the project?

n.a.

6. FIA Sec. 103. 519. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. If assistance is for newly independent country, is it furnished through multilateral organization or plans to the maximum extent appropriate?

No.

7. FAA Sec. 501(a); (and Sec. 201(a) for development loans): Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

n.a.

3. FAA Sec. 501(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

n.a.

2. FAA Sec. 512(b); Sec. 518(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

Grantee will be committed under the Agreement to use all reasonable means to maximize in-country support. Use of U.S.-owned local currency will conform with A.I.D. and U.S.G. requirements.

ii). FAA Sec. 512(d). Does the U.S. own excess foreign currency and, if so, what arrangements have been made for its release?

Under this worldwide grant, remittances to countries requiring use of U.S.-owned currency will be sent to USDO for exchange.

ii). ISA 14. Are any FAA funds for FY 73 being used in this project as construction, operation, maintenance, or supply fuel for, any nuclear powerplant under an agreement for cooperation between the United States and any other country?

n.a.

FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

1. FAA Sec. 102(c); Sec. 111; Sec. 201a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production, spreading investment out from cities to small towns and rural areas; and (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions?

n.a.

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3. See Sec. 103, 103A, 104, 105, 106, 107. If assistance being made available: n.a.
Include only applicable paragraph --
e.g., 1, 2, etc. -- which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.

- (1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers;
- (2) [104] for population planning or health; if so, extent to which activity extends low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and poor;
- (3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development;
- (4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is:
 - (a) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development organizations;
 - (b) to help alleviate energy problem;
 - (c) research into, and evaluation of, economic development processes and techniques;
 - (d) reconstruction after natural or manmade disaster;
 - (e) for special development program, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;
 - (f) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

Project aims to increase availability of services to majority of population including rural areas and poor, subject to host government policies.

(8) [107] by grants for coordinated private efforts to develop and disseminate intermediate technologies appropriate for developing countries.

c. FAA Sec. 110(a); Sec. 203(e). Is the recipient country willing to contribute funds to the project, and in what manner has or will it provide assurance that it will provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

d. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

e. FAA Sec. 207; Sec. 113. Extent to which assistance reflects appropriate emphasis on: (1) encouraging development of democratic, economic, political, and social institutions; (2) self-help in meeting the country's food needs; (3) improving availability of trained work-force in the country; (4) programs designed to meet the country's health needs; (5) other important areas of economic, political, and social development, including industry; free labor unions, cooperatives, and voluntary agencies; transportation and communication; planning and public administration; urban development, and modernization of existing laws; or (6) integrating women into the recipient country's national economy.

f. FAA Sec. 231(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

All JHPIEGO overseas programs receive substantial local support from cooperating institutions in the form of space, faculty, facilities, and utilities. In more than half of these in-country programs, this support is directly or indirectly from the host government, in the remainder the local support is from private institutions.

n.a.

Project is entirely devoted to promotion of maternal and child health. In some countries, it facilitates and improves the quality of voluntary agency participation in delivery of social services. To some extent, it removes the obstacle of unwanted fertility to women's fuller participation in the national economy.

By their nature, activities supported under this project can be carried out only to the extent that they are consonant with the needs, desires, and capacities of the people of the country.

g. FA Sec. 201(b)(2)-(4) and -(3); Sec. 201(6); Sec. 211(a)(1)-(3) and -(5). Does the activity give reasonable promise of contributing to the development: of economic resources, or to the increase of productive capacities and self-sustaining economic growth; or of educational or other institutions directed toward social progress? Is it related to and consistent with other development activities, and will it contribute to realizable long-range objectives? And does project paper provide information and conclusion on an activity's economic and technical soundness?

The activity gives reasonable promise of contributing to development through reduction of the economic burden of excessive population growth. The activity's economic and technical soundness are discussed in the project paper

h. FA Sec. 201(b)(5); Sec. 211(a)(5), (5). Information and conclusion on possible effects of the assistance on U.S. economy, with special reference to areas of substantial labor surplus, and extent to which U.S. commodities and assistance are furnished in a manner consistent with improving or safeguarding the U.S. balance-of-payments position.

n.a.