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# JHPIEGO

A Johns Hopkins Program for International  
Education in Reproductive Health



1989 Annual Report

**JHPIEGO**  is a nonprofit corporation dedicated to improving maternal and child health in developing countries. Through its worldwide network of national and regional training centers, JHPIEGO works to increase the number of qualified health professionals who are trained in modern reproductive health care, especially family planning. JHPIEGO is financed primarily through a Cooperative Agreement with the U.S. Agency for International Development.

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## FIFTEENTH ANNIVERSARY ISSUE

Dear Friends:

1988 marked the fifteenth anniversary of the JHPIEGO Corporation. In 1973 we began worldwide training in voluntary surgical contraception. At that time the operating laparoscope was in its early phases of development. Subsequently, a simplified laparoscope, the Laprocator™ -- for applying the newly-developed Falope-Ring™ -- was developed.

Since this beginning, JHPIEGO has played a major role in promoting and providing reproductive health training globally. To date, our educational programs have supported training of more than 60,000 health care professionals, including medical, nursing and midwifery students, in over 100 countries. Of the nearly 23,000 physicians and paramedical workers trained, the majority have received clinical training in surgical contraceptive methods such as IUDs and voluntary sterilization.

In recent years, as the need for broader-based reproductive health training has emerged, JHPIEGO has pioneered development of courses in reproductive risk, sexually transmitted diseases, infertility and, most recently, child survival. In keeping with this, the letters "J.H.P.I.E.G.O.," which originally stood for "The Johns Hopkins Program for International Education in



Gynecology and Obstetrics," are no longer an acronym. "JHPIEGO" is now a word. We are the JHPIEGO Corporation - A Johns Hopkins Program for International Education in Reproductive Health.

During the next few years, JHPIEGO staff will pioneer the international use of an important new technology -- a low-cost interactive audiographic distance learning system. Not only will we be assessing the system's distance learning capability, i.e., use for lectures and seminars, but perhaps more importantly, use of the system as a distance communication tool -- for proposal development, project monitoring, trouble shooting and backstopping projects 6,000-12,000 miles away.

For JHPIEGO the challenge now and for the coming years will be to continue to provide quality training, both pre- and in-service, more cost-effectively. Using low-cost distance learning technologies and innovative teaching methods, including self-paced program

instruction, we should be able to nearly halve the course time currently required to provide more effective training worldwide.

Program Year (PY) 1989 marks a turning point for JHPIEGO in other respects as well. During the year, two long-time senior staff retired: Charlotte Ellis, Assistant to the President, after 15 years and Wilbur Wallace, Associate Director for Africa, after 10 years. Both have made major contributions to JHPIEGO's growth and development. We at JHPIEGO and their friends and colleagues around the world wish them well.

Theodore M. King  
President

Noel McIntosh  
Director



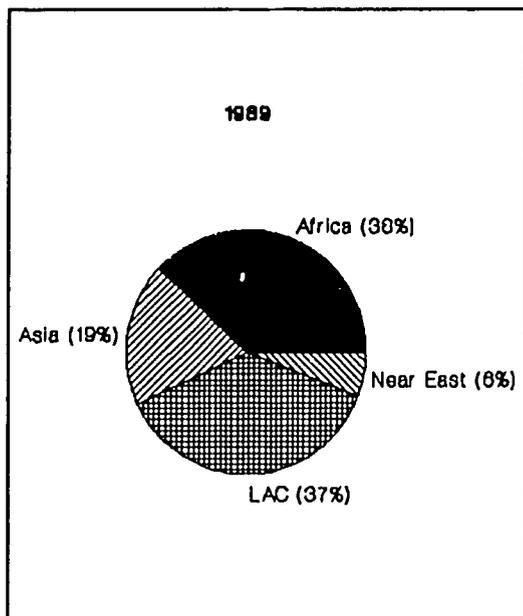
**Figure 1** Countries in which JHPIEGO supported in-country or regional training in program year 1989

# OVERVIEW

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During the year JHPIEGO supported 36 programs for 5,229 professionals and undergraduate nursing students in 23 countries (Figure 1). A total of 2,027 were trained in national programs and 113 attended regional programs open to professionals seeking training that is not offered in their countries. In addition, 109 attended courses at the JHPIEGO International Education Center in Baltimore, bringing the total number of health professionals trained during the year to 2,249.

The regional distribution of program participants by percentage is shown in the pie graph (Figure 2 - below). For both PY 1988, the first year of our new Cooperative Agreement, and 1989 the regional distribution is quite similar

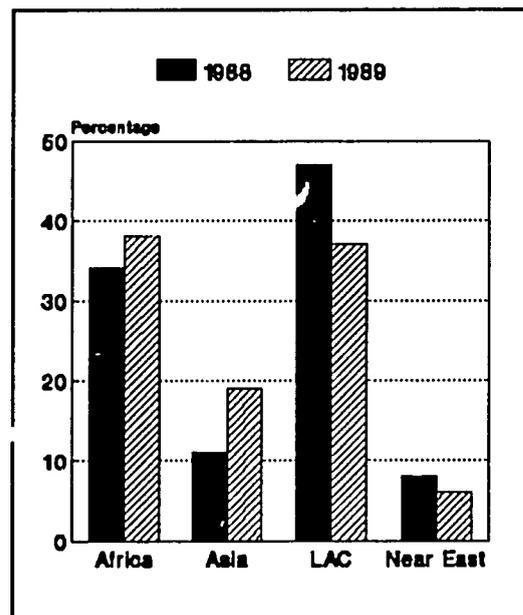


**Figure 2** Regional Distribution of JHPIEGO-Trained Health Professionals, Program Year 1989

(Figure 3) and reflects JHPIEGO's emphasis on expanding training activities in Africa.

In Latin America and the Caribbean, JHPIEGO also supported undergraduate training for 3,089 students in 35 Mexican and 19 Colombian nursing schools. These courses give students an overview of reproductive health issues. They are designed to educate nursing students early in their careers about family planning so they can manage their own fertility and advise others about the benefits of contraception.

Finally, in PY 1989 JHPIEGO continued to support distance learning programs in Jamaica and Papua New Guinea.



**Figure 3** Comparison of Regional Distribution of Health Professionals Trained During Program Year

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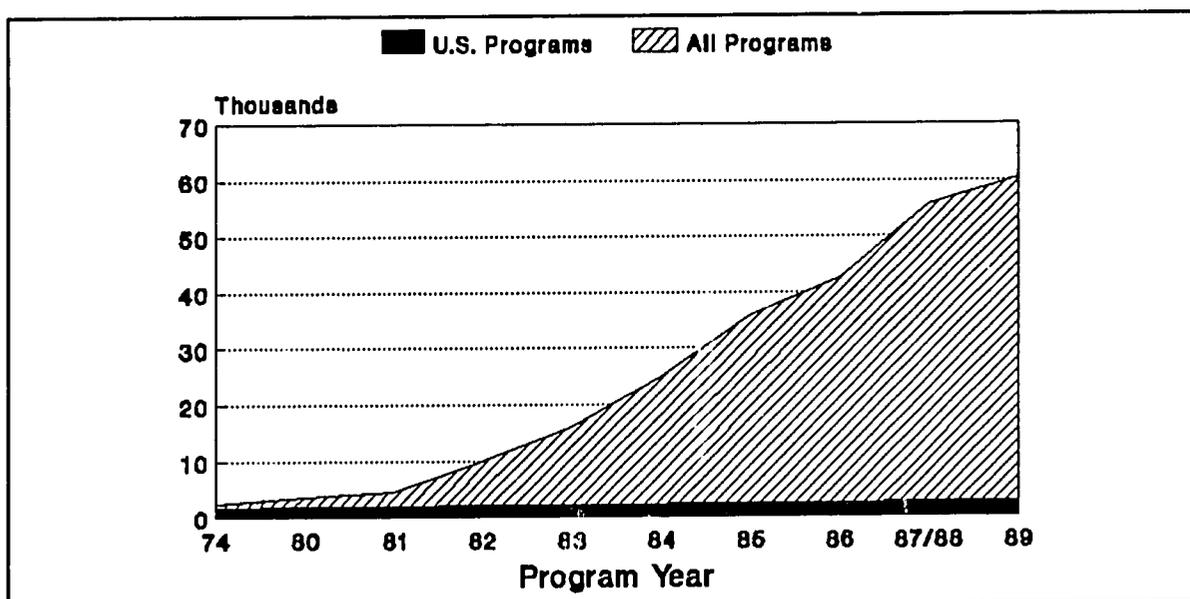
Reproductive health courses were broadcast to 52 participants via an established radio broadcast system complemented with a self-instructional training manual distributed to all field staff.

A breakdown of training statistics for PY 1989 is illustrated in Table 1. A total of 5,338 health professionals and undergraduates completed JHPIEGO-sponsored training courses. Since 1973, JHPIEGO's first year, more than 60,000 participants representing 6,900 institutions have been trained. The dramatic shift in the pace of training began in 1981 and has continued to the present (Figure 4).

During PY 1989, a new regional training center was established in Egypt to meet the growing demand for family planning training in Arabic-speaking countries.

Program support statistics (Table 2) reflect JHPIEGO's increasing involvement in minilap training coupled with a de-emphasis of laparoscopy training for voluntary surgical contraception.

In the accompanying sections training objectives and activities by geographic region are described.



**Figure 4** Cumulative Numbers of Participants in JHPIEGO-Supported Programs, Inception - 1989

**TABLE 1 Training Statistics**

Category	PY 1989		Since Inception	
Participants	5,338		60,918	
National and regional		5,229		58,140
U.S.		109		2,778
Professionals trained	2,249		23,723	
Physicians		1,059		13,170
Nurses, midwives, parameds		1,048		8,881
Administrators		142		1,672
Undergraduates trained	3,089		37,195	
Medical		0		24,050
Nursing/midwifery		3,089		13,145
Clinical trainees	709		12,849	
Physicians		427		8,372
Nurses/midwives		282		4,477
Institutions represented	719		6,905	
Medical schools		68		443
Nursing/midwifery schools		121		406
Clinics		138		1,885
Hospitals		256		3,242
Other		136		929

**TABLE 2 Program Support Statistics**

Equipment Shipped	
Laprocators	16
Minilaparotomy Kits	101
IUD Backup Kits	434
Technical Support	
Short-Term Technical Assistance Visits*	33
Regional Training Centers**	7
Equipment Repair and Maintenance (RAM) Centers***	10
Value of Educational Materials Shipped	
Educational Packages	\$36,369.13
Films, Slides and Videos	\$12,107.18
Anatomical Models	\$13,065.00
Total Value	\$61,541.31

\* By JHPIEGO staff or consultants

\*\* Egypt, Kenya, Morocco, Nigeria, Thailand, the Philippines and Senegal

\*\*\*Brazil, Ghana, Kenya, Malaysia, Morocco, Nigeria, Philippines, Thailand, Tunisia, Turkey.

## AFRICA REGION

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Africa's high maternal and infant mortality rates combined with its high birth rates make it a priority area for reproductive health training.

Fortunately, the governments of many sub-Saharan African countries are becoming more receptive to reproductive health and family planning initiatives as they recognize the harmful effects of rapid population growth on public health and economic progress.

JHPIEGO programs take a multi-faceted approach to meeting the varying needs of the diverse African nations. In Kenya, for instance, we sponsored a program designed to institutionalize minilaparotomy training for medical interns. In Côte d'Ivoire, JHPIEGO-sponsored reproductive health training

for physicians, nurses and midwives was the first large in-service family planning training effort of its kind in that country.

In the Central African Republic, Ghana, and Senegal, we supported clinical IUD training for nurses and physicians.

Also, we initiated our first project in Togo: reproductive health and teaching methodologies training for medical school faculty.

During this program year, JHPIEGO completed 10 years of training activities in Nigeria. Over this period, more than 2000 health professionals received comprehensive training in all aspects of family planning. Finally, JHPIEGO supported regional training in Kenya, Morocco, Nigeria and Senegal for health



professionals from Benin, Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Tchad and Togo.

Africans participating in U.S.-based training programs were from Benin, Burkina Faso, Burundi, Cameroon, Gambia, Ghana, Kenya, Lesotho, Liberia, Mali, Mauritius, Niger, Nigeria (funded by Pathfinder), Rwanda (funded by Partners for International Education and Training), Senegal, Somalia, Sudan, Swaziland, Tchad, Togo, Uganda and Zimbabwe.

A brief summary of JHPIEGO Africa Region programs by country is provided in Table 3. The "TCA" prefix in the program title is used for year-long, multiple-activity programs. The "NCA" prefix in some of the titles indicates a program initiated under the previous cooperative agreement. A one-time special activity (a symposium or workshop, for example) is given a "TSP" prefix.



**TABLE 3 JHPIEGO Programs Active During PY 1989 (Africa Region)**

**Benin**

NCA-96 Didactic national program with Ministry of Health: Train all supervisory and senior level provincial and district personnel. Provide reproductive health update seminars for physicians, nurses and midwives working in rural areas. Clinical training in family planning techniques (including IUD insertion) and STD treatment.

TCA-26 Didactic national program with Ministry of Health: Continuation of three-year program in reproductive health for rural physicians, nurses and midwives from the six provinces to improve their knowledge of reproductive health and family planning.

**Burkina Faso**

TCA-22 Didactic/clinical national program with Ministry of Health: Support development of a training program in STDs for MOH physicians, nurses, midwives and laboratory technicians. Component of the bilateral family planning support project.

**Cameroon**

NCA-50 Didactic national program with Ministry of Public Health: Provide training in reproductive health for anesthesia trainers with emphasis on local anesthesia for endoscopy and minilaparotomy.

NCA-51 Didactic/clinical program with University Center for Health Sciences (CUSS): Support development of a post-graduate reproductive health training program for practicing obstetrics/gynecology specialists, general practitioners and senior health technicians from Ministry of Public Health institutions.

TCA-14 Didactic/clinical national program with Cameroon Baptist Convention: Support continuation of a program in reproductive health for mission and selected MOH nursing/midwifery personnel involved in maternal and child health care in hospitals and clinics and first year nursing students in the northwest province.

**Central African Republic**

NCA-111 Didactic/clinical national program with Ministry of Health and Social Affairs (MOPHSA): Train 10 trainers and 50 service providers. Update tutorial and clinical skills in maternal and child health and family planning, including IUD insertion. Reproductive health education and communication training for 25 senior-level MOPHSA social workers.

TCA-27 Didactic/clinical national program with MOPHSA: Improve reproductive health knowledge and skills of CAR health professionals through in-service reproductive health training for physicians, nurses and midwives. Expand knowledge base about availability of government family planning services and the benefits of child spacing through a cooperative effort with Population Communication Services (PCS).

**Côte d'Ivoire**

TCA-13 Didactic national and regional program with Faculty of Medicine, University of Abidjan: Academic skills training for nursing and midwifery tutors from Côte d'Ivoire and Francophone Africa; curriculum development activities at School of Midwifery, Abidjan; technical assistance and support with educational materials to the medical, nursing and midwifery school in Abidjan.

TCA-31 Didactic national program with Faculty of Medicine, University of Abidjan: Includes reproductive health up-date training for a total of 110 Ivorian physicians, nurses and midwives. First large in-service family planning training effort for physicians and paramedical personnel of its kind in Cote d'Ivoire.

**Ghana**

TCA-4 Didactic/clinical national program with Ministry of Health: Train key health professionals in maternal/child health, reproductive health and family planning. Train 120 nurse-midwife tutors and service providers in 3-week courses to update family planning and reproductive health knowledge and skills.

**TABLE 3 (continued)**

**Ghana**

**TSP-2** Didactic national program with Department of Obstetrics and Gynecology, University of Science and Technology, Kumasi: Hold a two-day symposium for all Ghanaian gynecologists, as well as residents in obstetrics and gynecology, general practitioners and midwifery tutors, on integration of family planning and management of sexually transmitted diseases into community health service.

**Kenya**

**NCA-101** Didactic/clinical national and regional program with Department of Obstetrics and Gynecology, Faculty of Medicine, University of Nairobi: Provide training in voluntary surgical contraception for physicians (minilaparotomy, laparoscopy), nurses (operating theater techniques) and anesthetists (local anesthesia, conscious sedation). Includes treatment of STDs, infertility and child survival strategies.

**TCA-19** Didactic/clinical national and regional program with Dept. of Ob/Gyn, Faculty of Medicine, University of Nairobi: Improve skills of physicians, nurses and other health personnel in reproductive health, family planning technique, including endoscopy and minilaparotomy, to increase availability of family planning services. Emphasize training in voluntary surgical contraceptive techniques with a team approach.

**TCA-20** Didactic/clinical national program with University of Nairobi: Train interns who have just received their medical degrees from the School of Medicine, University of Nairobi, in techniques related to reproductive health/family planning. Designed to strengthen reproductive health knowledge and skills in voluntary surgical contraceptive techniques with emphasis on minilaparotomy.

**Mauritius**

**NCA-73** Didactic/clinical national program with Ministry of Health, Maternal and Child Health and Family Planning Division: Second year of a three-year training program emphasizing family planning and management of sexually transmitted diseases.

**TCA-47** Didactic/clinical national and regional program with Institute of Health: Update knowledge and skills of physicians working in family planning clinics and expand the role of nursing/midwifery personnel based at maternal and child health centers throughout the island. Expected to become bilingual regional training center.

**Nigeria**

**TSP-1** Didactic national program with College of Medicine, University of Ibadan: Present one-time three-week didactic course in epidemiological research and new teaching methodologies to 30 junior faculty members from the fourteen medical teaching institutions. Designed to strengthen teaching of reproductive health.

**TCA-5** Didactic/clinical national program with Institute of Health, Ahmadu Bello University/MOH: Upgrade reproductive health care in the rural northern states of Nigeria by providing postgraduate or refresher training to personnel working in MOH facilities, including physicians serving as medical officers, senior nurse midwives and community health officers. Final cycle of a four-cycle program.

**TCA-6** Didactic/clinical national program with Ministry of Health: Integrate family planning services in MCH centers, train additional health professionals who can provide the MCH/FP services in existing and future health centers, maintain six clinical training sites to provide clinical practicum. Third year of a three-year program.

**TCA-7** Didactic/clinical national program with College of Medicine, University of Lagos: Train selected physicians to deliver preventive health services in family planning/reproductive health and child welfare and to support nurse/midwives trained in MCH/FP. Establish an infrastructure in Lagos to ensure effective delivery of child spacing services.

### TABLE 3 (continued)

#### **Nigeria**

**TCA-8** Didactic/clinical national and regional program with College of Medicine, University of Ibadan: Support regional training site at the Fertility Research Unit, Dept. of OB/GYN, College of Medicine, University of Ibadan for clinical training in family planning for tutors and service providers. Improve health of women and children through training and eventual expansion of reproductive health services.

**TCA-10** Didactic national program with College of Medicine, Dept. of Nursing, University of Ibadan: Final cycle of a three-cycle program to equip nurse and midwifery tutors with skills to teach an integrated reproductive health curriculum more effectively.

**TCA-12** Didactic/clinical national program with University of Jos Teaching Hospital: Support reproductive health care training center in Plateau state. Improve reproductive health care in Plateau state and neighboring states of Bauchi, Benue and Gongola through training of health care providers. Strengthen existing health care delivery system by training health workers in both private and public sectors.

**TCA-35** Didactic regional program with College of Medicine, University of Ibadan: Assist with training of 15 Anglophone West African nurse tutors who will be responsible for upgrading, integrating and implementing family planning components into the basic nursing curricula of their schools.

#### **Rwanda**

**TCA-32** Didactic/clinical national program with University of Rwanda: Train OB/GYN and general practitioner physicians from all major district hospitals in reproductive health techniques. Continue a university-based program to enhance institutional capability in reproductive health.

#### **Senegal**

**NCA-75** Didactic/clinical national and regional program with Faculty of Medicine and Pharmacy, University of Dakar: Develop regional clinical training center to provide reproductive health training for Senegalese and other Francophone African participants at University of Dakar.

#### **Togo**

**TCA-40** Didactic national program with Faculty of Medicine, University of Benin: Strengthen reproductive health education topics in the student curriculum and improve knowledge and skills of medical students. Enhance teaching and technical skills among faculty members at Faculty of Medicine.

#### **Zimbabwe**

**NCA-87** Didactic/clinical national program with Zimbabwe National Family Planning Council (ZNFPC) and Ministry of Health: Training in reproductive health and teaching methodology for nurse tutors, clinical instructors and nurses working toward diploma of Nurse Education and Community Nursing at Harare School of Nursing.

## ASIA REGION

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Many Asian governments recognize the important role of family planning in an overall effort to improve both economic and reproductive health status.

Increasing both the availability and the demand for family planning services are continuing needs.

JHPIEGO's strategy in Asia is to identify and develop ways to improve the effectiveness of family planning training and to incorporate these strategies into basic and in-service educational programs.

In PY 1989, JHPIEGO undertook programming in three Asian countries: Papua New Guinea, the Philippines and Thailand (see Table 4).

The inaccessibility of many parts of Asia, vividly illustrated in Papua New Guinea, challenges those responsible for training to find new approaches. Drawing upon earlier distance learning experiences in Malaysia and the Caribbean, JHPIEGO has used existing educational radio station broadcasts to bring reproductive health courses to nurses and health extension officers.

Institutionalizing the process of implementing change in the reproductive health training offered by medical and nursing institutions is a complex but necessary task. In the Philippines, JHPIEGO has combined the efforts of

several such institutions to develop a model for curriculum assessment, revision and implementation. As part of this model, we have supported key institutions to develop and incorporate a series of reproductive health modules into the curricula of 126 nursing schools.

In Thailand, JHPIEGO supported the expansion of a regional training center at Chulalongkorn University. This center fosters institutional linkages to improve the teaching of reproductive health at all Thai medical schools and in-service training institutions. This center has been involved in setting new national standards for training in family planning counselling, training in recognition and treatment of sexually transmitted diseases in the family planning clinic, and setting the goals of reproductive epidemiology training in undergraduate medical education. One of the center's major objectives has been the introduction of the TCu 380A IUD into Thailand.

JHPIEGO also supported regional training in Thailand for professionals from Indonesia, Pakistan and Turkey. Asian professionals attending courses at the International Education Center in Baltimore were from Indonesia, Malaysia, Pakistan, Papua New Guinea, the Philippines, Thailand, Tonga, and Vanuatu.

## NEAR EAST REGION

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Our task in the Near East is complicated by the fact that commitment to reproductive health, especially family planning, has been uncertain in this region. The underlying needs, however, are evident: to influence opinion leaders to support reproductive health initiatives and to create a much larger pool of knowledgeable and skilled family planning service providers.

JHPIEGO's strategy in the Near East is to increase the numbers of service providers by supporting the training of trainers and stimulating active interest in family planning training at basic and in-service educational institutions. In the Near East, the major trend in JHPIEGO programming has been the establishment or strengthening of regional training centers to fulfill JHPIEGO's strategy. In PY 1989, JHPIEGO programming focused on Egypt and Morocco for both regional and national training (see Table 4).

The demand for family planning in the Near East is often significantly ahead of political commitment. This circumstance has caught some countries under-prepared to offer effective family planning services -- especially with regard to availability of trained service providers. This problem is most acute in Egypt. Increasing the pool of qualified service providers in Egypt is greatly complicated because of a scarcity

of trainers. JHPIEGO recently joined with Ain Shams University in Cairo in a collaborative agreement to establish a regional training center. The core staff of master-trainers have undergone intensive clinical training in all aspects of family planning, as well as in academic skills (curriculum development and teaching methods). The center's first course is to be offered in August, 1989.

In Egypt, JHPIEGO supported a program for obstetrics/gynecology faculty at Al-Azhar University to receive updates in family planning and teaching skills.

The JHPIEGO-sponsored regional training center in Morocco provided comprehensive reproductive health training for professionals from Morocco and Francophone countries in sub-Saharan Africa.

The U.S.-based training program included professionals from Egypt, Jordan (funding for participants from both countries by Partners for International Education and Training), Morocco and Turkey.

**TABLE 4 JHPIEGO Programs Active During PY 1989 (Asia/Near East Region)**

**Egypt**

NCA-46 Didactic/clinical national and regional program with Al-Azhar University: Support the Regional Health Training Center of the International Islamic Center for Population Studies and Research in its training of Egyptian and regional physicians, nurses and paramedical personnel in techniques of modern family planning. Establish an equipment maintenance center. Provide training of Egyptian medical school faculty members in academic skills.

TCA-29 Didactic/clinical national and regional program with Ain Shams University: Support development within Ain Shams University of a regional center for training in family planning. Train trainers and other key service providers associated with major family planning service projects in public and private sector.

**Morocco**

NCA-20/TCA-30 Didactic/clinical national and regional program with Centre National de Formation en Reproduction Humaine (CNFRH): Continue in-country training program in reproductive health and endoscopy to upgrade skills of Moroccan and Francophone sub-saharan Africa obstetrician/gynecologists, physicians, nurses, midwives and anesthetists. Develop and expand reproductive health through policy changes.

**Papua New Guinea**

TCA-2 Didactic national program with Department of Health: Provide a series of eight study units on issues in reproductive health via distance learning techniques (radio and correspondence) to nurses and health extension officers who have completed their basic training.

**Philippines**

NCA-121/TCA-33 Didactic national program with the University of the Philippines: Make reproductive health services more effective by strengthening the skills and knowledge base of trainers who are preparing the current and future family planning service providers of the Philippines. Promote acceptance of the newly-revised reproductive health training curriculum at all Philippines medical colleges. First and second year of three year program.

NCA-122/TCA-38 Didactic/clinical national program with Mary Johnston Hospital: Facilitate certification of obstetrician/gynecologists residents previously exposed to voluntary surgical contraception procedures by a physician trained at the Fertility Care Center.

TCA-15 Didactic national program with the Association of Deans of Philippine Colleges of Nursing (ADPCN): Support development within the Philippines of a multi-year training program to further develop the reproductive health components of the nursing college curriculum and strengthen the academic and technical reproductive health skills of nursing professors throughout the Philippines.

**Thailand**

TCA-25 Didactic/clinical national and regional program with Chulalongkorn University: Continue to expand the activities of the Regional Training Center for Reproductive Health at Chulalongkorn University, Faculty of Medicine. Further institutionalize and disseminate appropriate reproductive health concepts and practices in Thailand and the Asia region. Stimulate and increase health services, especially family planning.

# LATIN AMERICA AND THE CARIBBEAN REGION

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JHPIEGO's strategy in Latin America and the Caribbean continues to focus on establishing self-sufficient training capabilities. To achieve this goal, we have been moving in the following broad directions in the region:

- From U.S.-based training, to regional training of professionals from several countries, and then to in-country training
- From the training of individual physicians to the training of health teams
- From in-service to pre-service training
- From a focus on physicians and medical students to a wider perspective that includes nursing and nursing students
- From centralized, single site in-country training to decentralized, multi-site in-country training

In addition, the content of training programs has shifted toward minilaparotomy and IUD training, and more comprehensive training encompassing the assessment of reproductive risk and child spacing as a child survival strategy.

In PY 1989, JHPIEGO supported national training programs in Brazil, Colombia, Costa Rica, Guatemala, Jamaica, Mexico, and Peru (Table 5).

In Brazil and Peru, we supported reproductive risk programs which taught paramedical personnel to classify women by age, parity, interval since last birth and previous obstetrical history. Based on these criteria, the health workers then refer high-risk women to health centers where appropriate contraceptive services can be provided.

In Colombia, our goal is to train nurses and at least 50 percent of the generalists (physicians) working in the social security system in general reproductive health with an emphasis on IUD management.

In the Caribbean, JHPIEGO supported reproductive health courses that were broadcast to seven island nations, including Grenada, over a satellite-based interactive teleconferencing system.

Reproductive health training programs at the undergraduate level in Mexico and Colombia take varying approaches. A common goal of these activities, however, is to educate students early in their careers about family planning.

Training at the International Education Center in Baltimore was provided for professionals from Brazil, Colombia, Guatemala, Jamaica, Mexico, Nicaragua (funded by the Noyes Foundation), Peru and Trinidad and Tobago.

**TABLE 5 JHPIEGO Programs Active During PY 1989 (LAC Region)**

**Brazil**

TCA-21 Didactic/clinical national program with CPAIMC (Centro de Pesquisas de Asistencia Integrada a Mulher e a Crianca): Provide training in techniques of reproductive health and contraceptive technology (including family planning, minilaparotomy, IUD management and other fertility management modalities) to teams of physicians and nurses with strong representation from health service institutions in the northeast of Brazil and urban poverty areas. Third program period of three-cycle project (continuation of NCA-103).

TCA-18 Didactic/clinical national program with BEMFAM (Sociedade Civil Bem-estar Familiar no Brasil): Support development of a reproductive health program to integrate a reproductive risk classification and referral system into community-based health services through the training of physicians and paramedical personnel. Physicians are also clinically trained in minilaparotomy and IUD insertion and management.

**Colombia**

TCA-3 Didactic/clinical national program with ACEP (Asociacion Colombiana para el Estudio de la Poblacion) and ISS (Instituto de Seguridad Social): Support a reproductive health and IUD training program for general practitioners and nurses employed by the ISS. Allow ISS to increase the quality and availability of FP services to its service population. Provide training to 50% of the ISS general practitioners in reproductive health and IUD insertion and management.

TCA-28 Didactic national program with ACEP: Establish the basis for adoption of a standardized user-oriented family planning course for nursing and medical students within the regular curriculum. Geared toward students as users to increase their knowledge of FP and influence their future practice as professionals. Second cycle of a three-cycle program.

**Costa Rica**

NCA-56 Didactic/clinical national and regional program with CENDEISS (Centro Nacional de Docencia e Investigacion en Salud y Seguridad Social): Train general practitioners in reproductive health with emphasis on IUD insertion and management. Includes evaluation workshop with previous program participants, faculty and staff.

**Guatemala**

NCA-42 Didactic/clinical national program with APROFAM (Asociacion Pro-Bienestar de la Familia): Train recent medical school graduates in IUD services. Provide reproductive health education program for medical students.

**Jamaica**

NCA-63 Didactic regional program with University of the West Indies Distance Teaching Experiment (UWIDITE): Series of reproductive health courses transmitted via a narrow-band teleconferencing system in collaboration with UWIDITE to eight sites: Antigua, Barbados, Dominica, Grenada, St. Lucia, Trinidad/Tobago, Jamaica (2 sites).

**Mexico**

NCA-106 Didactic national program with AMFEM (Asociacion Mexicana de Facultades y Escuelas de Medicina): Prepare future nurses to be family planning promoters by changing their attitudes toward family planning. Provide a model for a practical, user-oriented family planning course which Mexican nursing schools can institutionalize, based on past experience with Mexican medical schools.

TCA-17 Didactic national program with AMFEM: educate nursing students early in their careers about family planning so they can manage their own fertility and advise patients and friends about contraception. Integrate the course into the nursing school's official curriculum. Includes advocacy meetings for nursing school deans, professors' meetings for curriculum development and courses in fertility management for nursing students.

**Peru**

NCA-66 Didactic/clinical national program with Ministry of Health in cooperation with the Institute of Social Security: Train obstetrician-gynecologists, general practitioners and paramedical workers in reproductive health. Provide clinical training in IUD services and minilap for Ob/Gyn physicians and in IUD services for general practitioners. Establish reproductive risk classification and referral system.



# THE INTERNATIONAL EDUCATION CENTER

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The JHPIEGO International Education Center in Baltimore functions as a catalyst for change in developing countries through its capacity to:

- Influence policy makers and leading health professionals to accelerate development of effective reproductive health programs
- Provide appropriate technical family planning training of medical, nursing and midwifery leaders, as well as administrators
- Design and test reproductive health courses for subsequent regional or country-specific adaptation.

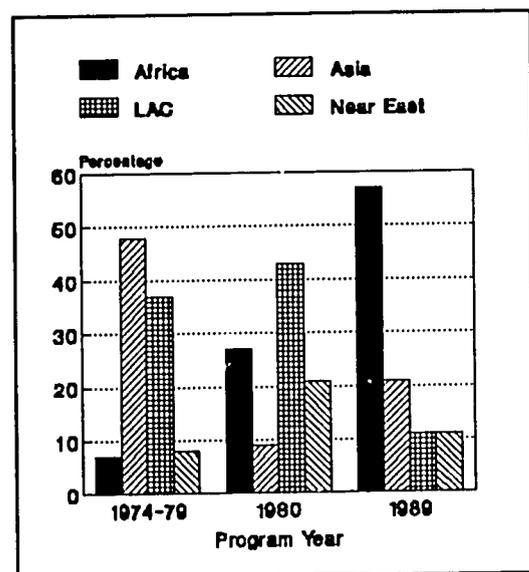
As shown in Figure 5, over the years the regional distribution of participants has shifted from predominantly Asian and Latin American participants to predominantly African participants (57% in 1989). This transition reflects two important events. First, as the number of qualified health professionals has risen in Latin America/Caribbean and Asia, the need for U.S.-based training has decreased. Second, in Africa there still are many countries where the reproductive health infrastructure is limited. For these countries, U.S.-based training of key administrators and health professionals remains an important activity.

During PY 1989, the goals of the International Education Center were evaluated. Important outputs of this internal assessment were:

- develop new course offerings which address changing reproductive health education needs such as child survival and reproductive risk, and

- seek alternate funding to broaden the base of support.

To make the center less reliant on central funding, we plan to expand the marketing of courses and to offer "customized" courses to USAID missions and other donor organizations. In addition, "elective" courses will be offered, for which participants must secure sponsorship from USAID or other donor agency missions and bureaus. To date, the USAID missions in Egypt, Kenya and Morocco have requested customized training courses in reproductive health for medical school faculty.



**Figure 5** Distribution of participants in the U.S. training program by region

## Course Offerings in 1989

During PY 1989, the International Education Center conducted six "core" courses for 109 participants and one special "customized" course for six Egyptian health professionals. Three of the core courses were new course offerings for JHPIEGO:

- Strategies for Strengthening Reproductive Health Content in Nursing and Midwifery Curricula (conducted twice in English) - Participants included senior nursing and midwifery school faculty, reflecting JHPIEGO's increasing emphasis on institutionalizing reproductive health in nursing and midwifery schools.
- Advances in the Management of Male Reproductive Health and the Control of Male Fertility (held once in English) - This course emphasized the importance of expanding the participation of men in family planning programs. New male fertility control techniques, such as the "no-scalpel" vasectomy, were introduced.
- Strategies for Strengthening Child Survival Initiatives in Reproductive Health Programs (held once in English) - This course stressed the importance of integrating child spacing interventions into child survival programs. The program was organized in close collaboration with the faculty from the Johns Hopkins University School of Hygiene and Public Health.

The remaining two courses were:

- Academic Skills in Reproductive Health for Medical and Nursing/Midwifery School Faculty Members (held once in French)
- Advances in Reproductive Health for Administrators of Family Health and Family Planning Programs (held once in English)

A six-week course, "Program for Training of Master Trainers in Family Planning," was specially developed for the six trainers at the newly-funded JHPIEGO Regional Training Center in Family Planning at Ain Shams University in Egypt. The course was designed to build the reproductive health and family planning training and service delivery skills of the core trainers, and featured small group work, individual study and clinical observations. The course was funded by the USAID mission in Egypt.

# EVALUATION

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JHPIEGO evaluates educational programs that it supports in a number of ways:

- Needs assessment surveys prior to initiating training programs in selected countries
- Tests of participants' knowledge at the beginning and end of a course
- Competency-based clinical skills assessment of participants
- Written evaluations by participants immediately after a course has been completed
- Attitudinal surveys of Baltimore course participants at the beginning and end of courses to determine the participants' attitudes towards reproductive health issues
- Follow-up surveys of clinical and reproductive health training to assess the change in trainees' practices (Annual Participant Survey)
- The impact of training physicians during their internship in minilaparotomy or expanding availability of services (Kenya)
- The quality of training in selected new courses (Morocco Regional Training Center)
- The impact of training physicians in reproductive health during internship on their subsequent performance (Guatemala)
- The effectiveness of the reproductive risk approach to influence acceptance of family planning services and reduce maternal morbidity and mortality (Brazil)

During PY 1989, special projects have been initiated to assess:

- The joint impact of training nurses and physicians versus each of these categories alone, on subsequent family planning performance (Ghana)

To meet the growing need to critically examine the quality and relevance of regional and in-country training, program staff have been added to the JHPIEGO Monitoring and Evaluation Division.

## TECHNICAL ASSISTANCE

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JHPIEGO consultants and staff made 33 technical assistance visits to 17 African and five Near East/Asian countries in PY 1989. Some of the visits were designed to strengthen family planning service delivery skills of JHPIEGO project personnel.

Visits were also made to assist medical and nursing schools to revise reproductive health curricula and improve the abilities of faculty to teach reproductive health topics.

Other examples of technical assistance provided include:

- The Mary Johnston Hospital, Manila, in conducting a workshop for the standardization of VSC curricula in medical schools throughout the Philippines
- JHPIEGO Regional Training Centers in Morocco and Kenya in developing strategies for managing sexually transmitted diseases in family planning clients
- The University of Ibadan, Nigeria, to improve the reproductive health knowledge and teaching skills of nurse-tutors working in nursing schools throughout the country

- The Ain Shams University Regional Training Center in Family Planning, Egypt, to strengthen clinical family planning skills of regional training center master trainers.

## PUBLICATIONS AND AUDIO-VISUAL PRODUCTIONS

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During PY 1989, JHPIEGO published a technical report titled "Evaluation of Nigerian Reproductive Health Curriculum and Training Projects in Nurse-Midwife Education." This report documents our phased approach to curriculum development and training in nursing education. It summarizes the progress made in integrating family planning into the curricula of Nigerian nursing and midwifery schools.

We also published the proceedings of a conference sponsored by JHPIEGO in collaboration with the World Health Organization (WHO). This document, titled "Reproductive Health Education and Technology: Issues and Future Directions," included keynote addresses by Nyle C. Brady, USAID Senior Assistant Administrator for Science and Technology, and Halfdan Mahler, former WHO Director General and newly-named Secretary General of the International Planned Parenthood Federation (IPPF).

JHPIEGO contributed two articles to the Philippine Obstetrical and Gynecologic Society's (POGS) official publication, The POGS Newsletter. Dr. Clayton Ajello, Associate Director for Asia/Near East, wrote on "Worldwide Maternal Mortality," and Dr. Noel McIntosh, Director, provided current data on "AIDS in Pregnancy."

The JHPIEGO Evaluation Report for PY 1987 also was issued. The format for this internal evaluation differed from previous years in two ways. First, rather than being a comprehensive quantitative statement of accomplishments, it provided a more detailed assessment of the strengths and weaknesses of selected JHPIEGO programs. Second, evaluation of program activities was divided into two sections: one dealing with the examination of clinical training programs and the other involving the analysis of didactic programs.

In PY 1989, several audio-visual materials were produced by a JHPIEGO project. Under the auspices of the JHPIEGO Regional Training Center in Reproductive Health at the Chulalongkorn University School of Medicine in Thailand, a teaching video on the Copper T-380A (TCu 380A) IUD was developed. Also produced were six teaching slides sets covering key topics in reproductive health, such as insertion techniques for the TCu 380A and the impact of sexually transmitted diseases on family planning.

Finally, JHPIEGO assisted IPPF in development of a general IUD training film. Although this film featured instruction on the use of the TCu 380A, it also provided detailed information on other types of IUDs as well.

# TRENDS

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## INCREASING DEMAND

Over the next twenty years, projected demand for contraceptive services worldwide will more than triple -- from 130 million users to nearly 400 million. With increasing numbers of contraceptive users the method mix will shift from traditional, less effective (low technology) methods to more effective (high technology) methods such as sterilization, IUDs, long-acting progestin injectables and implants.

As a consequence, training organizations such as JHPIEGO must develop increased training capability in modern (high technology) methods. Sterilization, IUDs and implants, like NORPLANT, require clinic delivery sites, counseling support systems, improved follow-up and chart-tracking systems and specially-trained personnel. These methods also require new management systems to strengthen supervision and ensure quality control.

## DECREASING FUNDS

Regrettably, funding will not keep pace with the increased demand. By the year 2000, a \$1.4 billion gap between family planning needs (\$5.0 billion) and level of support (\$3.6 billion) is anticipated. To fill this gap, more cost-effective means of training providers and delivering services must be devised. Also, in the coming years, cost-recovery and sustainability will be a requirement not only of service delivery organizations, but expected of training organizations, such as JHPIEGO, as well.

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## COMMUNICATIONS REVOLUTION

We are living in the middle of a true revolution in information processing and packaging -- the change from chemical processes to electronic ones. Not since the 1880's, with the introduction of the telephone and electricity, has society experienced such fundamental changes.

The force that fuels this information revolution is the ability to change all manner of words, images and sounds into computer data. Liberated from paper and reborn again as streams of ones and zeros, information can be fragmented, reformulated, manipulated and sent almost anywhere.

During the next few years, JHPIEGO will pioneer the use of an interactive audiographic distance learning system for A.I.D. This telecommunication system uses "off-the-shelf" hardware (PC computer) and special software, which permits graphic, hardcopy and electronic data to be transmitted selectively and interactively over public phone lines. JHPIEGO will investigate the full potential use of this system. Not only will we be assessing its distance learning capability, i.e., use for lectures and seminars, but perhaps more importantly, use of the system as a distance communication tool -- for proposal development, project monitoring, trouble shooting and backstopping projects

6,000-12,000 miles away. (When one considers the costs of placing a US advisor and his or her family overseas compared to hourly telecommunications rates of \$100-150 using this system, the potential for savings is significant.)

In addition, during the nineties we will be experimenting with ways to create customized training material and handbooks using "generic" databases. For example, training material for sexually transmitted diseases (STDs) courses, while emphasizing the same basic microbiologic data, can be customized to fit a particular country's STD profile and epidemiologic data. Using low-cost distance learning technologies and innovative teaching methods, including self-paced program instruction, in the coming years we should be able to nearly halve the course time currently required to more effectively provide training worldwide.

# FINANCIAL REPORT

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PY 1989 (May 1, 1988 to April 30, 1989) was JHPIEGO's second year under Cooperative Agreement No. DPE-3045-A-00-7004, which went into effect on May 1, 1987 and currently runs through April 30, 1992.

Agreement No. DSPE-CA-0083 is closed out. The financial information set forth in Recap "A" serves as a combined fiscal report for both agreements. Recaps "B" and "C" report on each agreement separately.

**Recap A AID Grants DSPE-CA-0083 & DPE-3045-A-00-7004-00**

	Disbursements			Proj. Disbur. & Unliquid. Oblig. 4-30-89	TOTAL
	9-1-80\4-30-87	5-1-87\4-30-88	5-1-88\4-30-89		
Central Cost	11,818,446	2,312,922	2,203,368	3,296,638	\$19,631,374
Planning & Development	1,596,107	169,827	610,956	461,307	2,838,197
Training and Education					
Participant Cost	3,926,264	641,340	351,269	424,686	5,343,559
Field Training	699,162	204,740	248,187	255,637	1,407,726
Equipment	4,953,626	809,300	675,611	748,955	7,187,492
National/Regional Progs.	12,863,407	2,894,958	1,572,954	6,669,186	24,000,505
JHIPIEGO Educ. Ctr.	1,343,834	135,360	166,234	112,964	1,758,392
Total Training & Educ.	23,786,293	4,685,698	3,014,255	8,211,428	39,697,674
<b>TOTAL</b>	<b>\$37,200,846</b>	<b>\$7,168,447</b>	<b>\$5,828,579</b>	<b>\$11,969,373</b>	<b>\$62,167,245</b>

**Recap B AID Grant DSPE-CA-0083**

	Disbursements			Proj. Disbur. & Unliquid. Oblig. 4-30-89	TOTAL
	9-1-80\4-30-87	5-1-87\4-30-88	5-1-88\4-30-89		
Central Cost	11,818,446	727,233	643	0	12,546,322
Planning & Development	1,596,107	90,585	486,283	0	2,172,975
Training & Education					
Participant Cost	3,926,264	343,695	10,397	0	4,280,356
Field Training	699,162	184,969	147,218	0	1,031,349
Equipment	4,953,626	768,804	367,515	0	6,089,945
National/Regional Progs.	12,863,407	2,710,934	242,641	0	15,816,982
JHIPIEGO Educ. Ctr.	1,343,834	135,360	0	0	1,479,194
Total Training & Educ.	23,786,293	4,143,762	767,771	0	28,697,826
<b>TOTAL</b>	<b>\$37,200,846</b>	<b>\$4,961,580</b>	<b>\$1,254,697</b>	<b>0</b>	<b>\$43,417,123</b>

**Recap C AID Grant DPE-3045-A-00-7004-00**

	Disbursements	Disbursements	Proj. Disbur. & Unliquid. Oblig.	TOTAL
	5-1-87\4-30-88	5-1-88\4-30-89	4-30-89	
Central Cost	1,585,689	2,202,725	3,296,638	7,085,052
Planning & Development	79,242	124,673	461,307	665,222
Training & Education				
Participant Cost	297,645	340,872	424,686	1,063,203
Field Training	19,771	100,969	255,637	376,377
Equipment	40,496	308,096	748,955	1,097,547
National/Regional Progs.	1,04,024	1,330,313	6,669,186	8,183,523
JHIPIEGO Educ. Ctr.	0	166,234	112,964	279,198
Total Training & Educ.	541,936	2,246,484	8,211,428	10,999,848
<b>TOTAL</b>	<b>\$2,206,867</b>	<b>\$4,573,882</b>	<b>\$11,969,373</b>	<b>\$18,750,122</b>

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