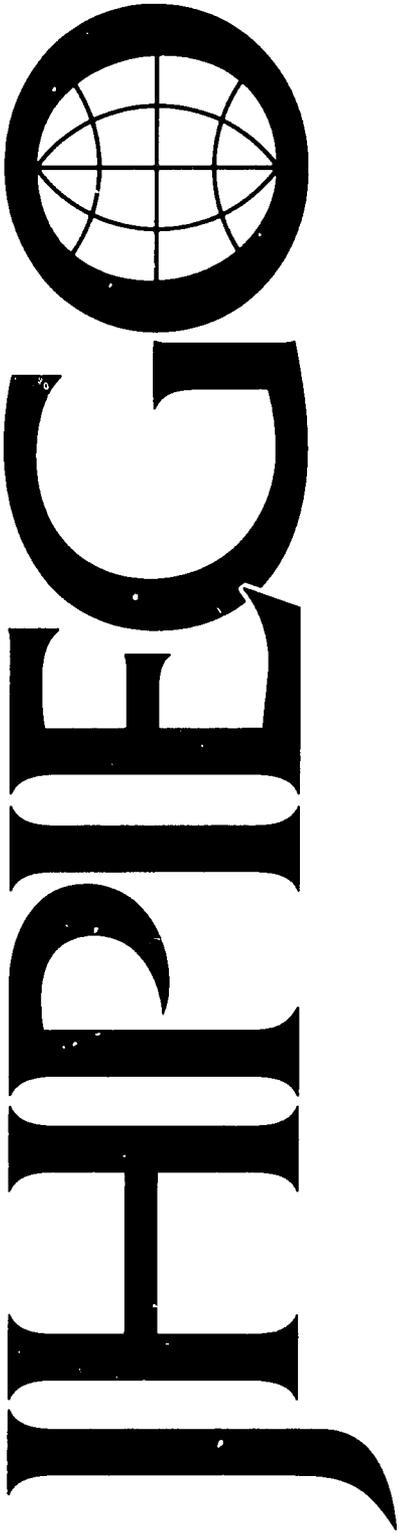


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1990 Annual Report

A Johns Hopkins Program
for International Education
in Reproductive Health



JHPIEGO, a Johns Hopkins Program for International Education in Reproductive Health, is a non-profit corporation working to improve the health of women and children in developing countries.

Since its inception in 1974, JHPIEGO has supported the training of more than 70,000 health care professionals, including medical, nursing and midwifery students, in over 100 countries.

TABLE OF CONTENTS

Annual Report

Letter from the President and Director	1
Overview	5
Regional Overview: Africa	11
Regional Overview: Asia & the Near East	17
Regional Overview: Latin America and the Caribbean	22
Regional Training Centers	26
Coordination with Other Agencies	27

Review of Operations

Review of Operations	29
Educational Materials, Technical Reports and Publications	38
Financial Report	40
Trustees and Employees	41

FROM THE PRESIDENT AND THE DIRECTOR

As we enter the final decade of the 20th century, the world faces an environmental crisis of unprecedented proportions triggered by overpopulation. World population growth is already overwhelming the carrying capacity of our environment and undermining the quality of life. Now is the time for new ways of thinking if we are to avoid projected catastrophes, ranging from global warming to environmental havoc due to toxic wastes. As a consequence the 1990's may well be the most decisive decade in humankind's history.

Because overpopulation is the ultimate environmental threat, the key to safeguarding our environment and solving many social and economic problems remains population stabilization. However, the impact of unchecked population increase, especially in the latter half of this century, still is not fully appreciated. Since 1950, world population has doubled from 2.5 billion to more than 5 billion and will soar to over 10 billion early in the next century. Consequences of this unprecedented growth are that:

- The world's forests are being destroyed; an area the size of a soccer field is cleared every second.
- Fossil fuel use has increased 10 times over, flooding the atmosphere with damaging levels of carbon dioxide.
- A continent-sized hole has opened in the Earth's protective ozone layer.
- Living species are dying out a thousand times faster than at any time in the last 65 million years.

To avert the catastrophic changes that, quite possibly, will irrevocably shape the world for ages to come, we do not need to try harder as much as to learn how to think, act and work together.

To begin with, there is an urgent need to understand that explosive population growth is a major cause rather than symptom of the environmental issue. For far too long a communication gap has kept environmental, population and development assistance groups apart, preventing them from being aware of common interests and concerns. Only recently have the conservation and development communities begun to

realize that to achieve their goals they must come firmly to grips with the population issue. "The whole purpose of development is to improve the quality of people's lives - increasing their options. Having too many children, too close together, forecloses those options, particularly for women."¹ Recognition that sustainable improvement in the living standards of the world's poor and effectively dealing with environmental degradation cannot happen unless population growth is curbed is a major advance in closing the gap.



Noel McIntosh in the field.

If we can continue to move toward sustainable levels of population growth globally, progress can be made in meeting the environmental and developmental crisis facing the planet. But this will be impossible without involving ordinary people - and women in particular - more closely in decision-making. Equally important will be a commitment to concentrate scarce governmental resources on reproductive health education and primary health care, especially family planning.

For international reproductive health training organizations such as JHPIEGO, planning for the nineties and beyond presents an opportunity to help determine the world's

future. In developing our strategic plan we have been guided by three factors:

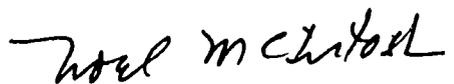
1. The number of potential contraceptive users will increase dramatically during the next 20 years - from 130 million to nearly 400 million.

¹ Source: Barber Conable, President, The World Bank. Address to the Member's Assembly, IPPF, November, 1989.

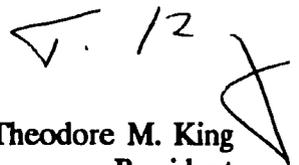
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2. With increasing numbers of users the method mix will shift from traditional, less effective methods to more effective methods such as IUDs, long-acting injectables and implants and voluntary sterilization.
 3. Resources to support population activities worldwide will remain limited.

To meet the anticipated increase in demand for skilled health professionals, JHPIEGO has developed and is field-testing new teaching technologies that shorten training time, enhance performance and conserve resources. Making reproductive health training - particularly clinical skills training - more effective and less expensive is an important issue: one that is crucial to providing better, more affordable and more available family planning services. JHPIEGO's new clinical skills training packages and continued emphasis on incorporating reproductive health training - both of which are featured in our annual report - represent important components in addressing this issue.

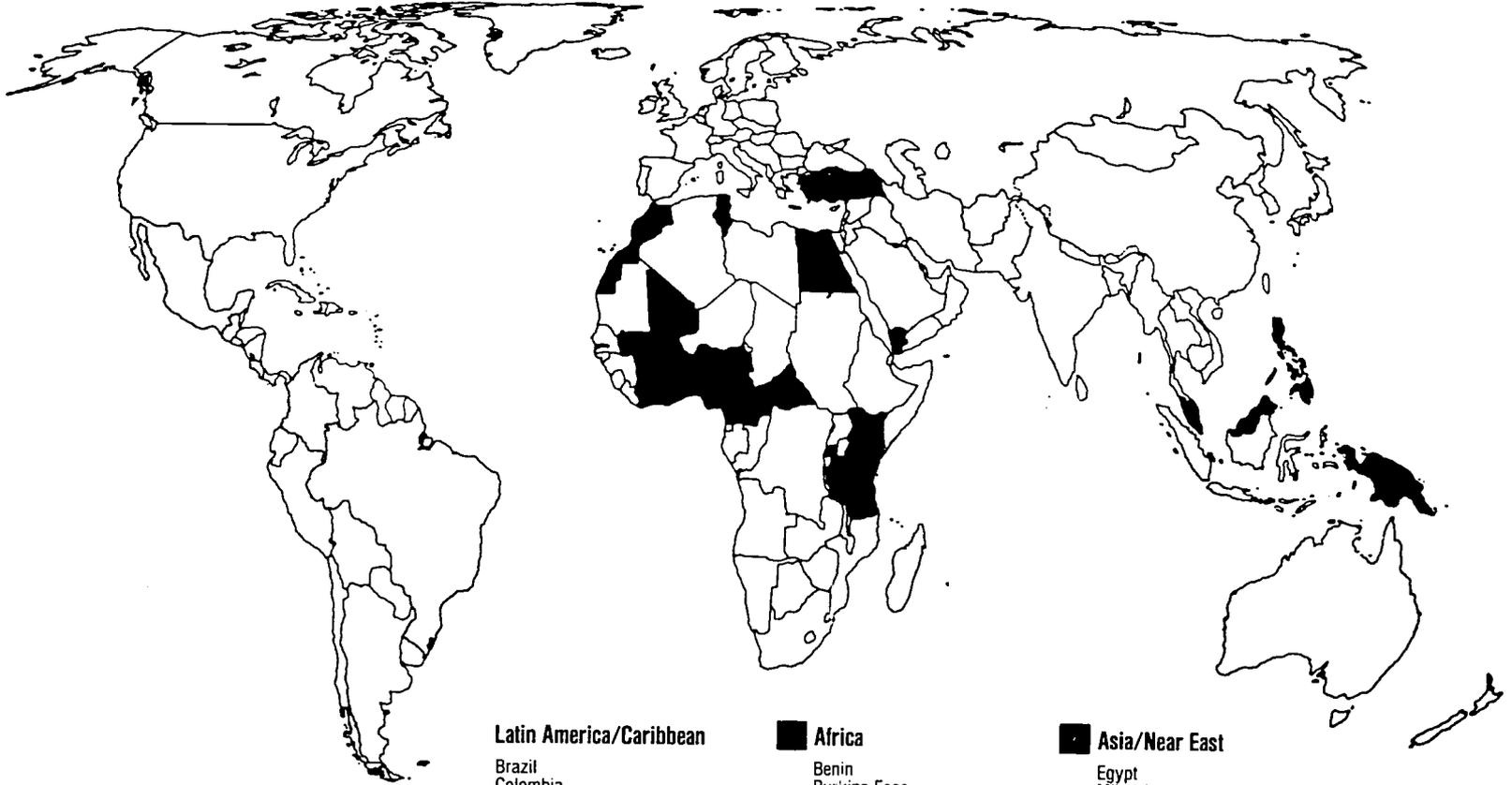
We still have time, though only just time, to get on top of the population problem before it gets on top of us. What we do in the next decade through our actions, or inactions, will play an important role in shaping the world for future generations. It is up to all of us to work together in making the final window of opportunity a positive one.



Noel McIntosh
Director



Theodore M. King
President



Latin America/Caribbean

- Brazil
- Colombia
- Costa Rica
- Guatemala
- Mexico

Africa

- Benin
- Burkina Faso
- Camaroon
- Central African Republic
- Côte d'Ivoire
- Ghana
- Kenya
- Mali
- Mauritius
- Nigeria
- Rwanda
- Tanzania
- Togo

Asia/Near East

- Egypt
- Malaysia
- Morocco
- Papua/New Guinea
- Philippines
- Tunisia
- Turkey
- Yemen

OVERVIEW

As the demand for clinical training in modern, contraceptive methods increases, JHPIEGO strives to make training more effective and efficient. Although conventional approaches in training programs are irreplaceable, their impact can be measurably expanded by incorporating technologies that are now, or will soon be, available. For example, computer, video, and audio equipment, as well as distance learning approaches, can be used singly or in combination to:

- Reinforce personal training methods
- Supply developing country health care providers with access to new learning techniques
- Make it easier for in-country programs to develop, adapt and produce their own training materials

Through a series of program assessments, JHPIEGO's training activities were evaluated as they relate to the reproductive health needs of physicians, nurses and midwives in the developing world. The findings and recommendations in the **JHPIEGO 1989 Evaluation Report** reveal that in light of limited resources and expanding training requirements, JHPIEGO should:

- Critically assess the relevance and effectiveness of each existing educational program
- Develop and field-test new cost-effective and competency-based education programs
- Promote sustainability through incorporation of reproductive health teaching in schools of medicine, nursing, midwifery and other allied health professions.

JHPIEGO's Approach to Training

Based on these findings, JHPIEGO has developed a new approach to

clinical skills training programs, built around use of the following essential elements:

1. Provision of need-to-know information
2. Development of guidelines (or standards) as educational references
3. Use of well-designed audio-visual materials and other teaching aids keyed to the guidelines and need-to-know material
4. Competency-based performance evaluation



JHPIEGO consultant Sally Cherry teaching Moroccan physicians and nurse/midwives.

To be effective, curricular materials should be tied to these four essential elements in ways which facilitate the learning process. The JHPIEGO strategy for clinical skills training, in both pre-service and in-service programs, stresses the importance of cost-effective use of resources, application of relevant technology and use of more humane teaching techniques. To date, this

strategy has been applied to the development and field testing of three new prototypic programs:

- IUD insertion and removal (Copper T 380A)
- Teaching skills development for health professionals
- Management of sexually transmitted genital tract infections (GTIs) (to be used primarily in conjunction with IUD training)

To supplement the material contained in these core training packages, we also have developed interchangeable training modules on clinical skills teaching (how to use and teach with anatomic models and other aids), counseling, infection prevention and STDs. These modules can be used alone or inserted in the training packages where appropriate.

Finally, because JHPIEGO's curricular materials are produced using IBM-compatible word processing software (WordPerfect 5.0), they can easily be updated and, perhaps more importantly, adapted for use in different training environments.

Humanizing Reproductive Health Training

JHPIEGO's education programs emphasize humanistic teaching techniques (i.e., the use of anatomic models and/or visual aids rather than clients) for **skills acquisition** and **beginning skills competency**. Incorporating a humanizing teaching approach, which minimizes risk to clients and facilitates learning, is a key step in improving the quality of clinical skills training.

Terms used to describe the levels of clinical skills training:

Skills acquisition: Knows tasks and sequence to perform the required skill

Skills competency: Able to safely perform the required skill under supervision

Skills proficiency: Able to efficiently perform required skill without supervision

For example, before a new trainee attempts to insert an IUD, two learning activities should occur which facilitate skills acquisition and minimize risk to the client:

- The essential skills and client interactions should be demonstrated several times using a model and/or appropriate training film/videotape.
- The required skills and client interactions should be practiced under supervision in a simulated setting using anatomic pelvic models and actual instruments and equipment.

Only when some degree of skills competency has been demonstrated should the trainee have his/her first contact with a client. An additional advantage of using anatomic models for skills acquisition is that fewer client IUD insertions are required before skills competency and some degree of skills proficiency is achieved by the trainee. Moreover, because lack of clients remains a perennial problem in IUD training, especially in countries where IUD use is low, some IUD training courses can take two months or longer. If shorter, they may not provide adequate clinical skills training. Through the appropriate use of pelvic models for skills training and not simply for demonstration purposes, effective IUD training can be cut to two weeks or less, a considerable time and cost savings.



Trainees practicing IUD insertion on pelvic and hand-held models.

Training Packages

JHPIEGO's most advanced and field-tested clinical training package is IUD insertion and removal. It includes:

- A reference manual containing only "need-to-know" information
- A curriculum keyed to the IUD (Copper T 380A) reference manual and performance guidelines
- An IUD training videotape and slide set
- Anatomical models for use in teaching safe IUD insertion/removal
- Competency-based pre- and mid-course assessment as well as post-training evaluation

This IUD training package has been field-tested in Egypt and will be extensively evaluated in Thailand and Zimbabwe during the current program year.

Teaching Skills Development Package

Throughout Africa and the Middle East (and to a certain extent in Southeast Asia and the Pacific) there is an increasing demand for teaching skills development training to facilitate incorporation of reproductive health curricula into pre-service education. The majority of the components of JHPIEGO's teaching skills development package were tested in Morocco, Egypt and the Philippines during the past year. An essential element in the successful integration of expanded reproductive health education is a knowledgeable faculty equipped with modern teaching skills. In April 1991, JHPIEGO will host an international workshop to finalize the design and production of the curricular materials and relevant teaching aids for inclusion in this training package. Attending this workshop will be participants drawn from JHPIEGO's network of teaching skills specialists in Africa (francophone and anglophone), the Near East and Asia. These specialists will become the nucleus for continuing the process of institutionalizing pre-service training.

Institutionalizing Reproductive Health Training

For a number of years, JHPIEGO has served as a catalyst for improving reproductive health training in developing countries. During this time, a major effort has been made to implement programs likely to have long-term impact on a country's reproductive health status. Incorporating (institutionalizing) basic reproductive health training in existing health (pre-service) education institutions, rather than continuing to depend on in-service training, promotes self-sufficiency, creates stronger linkages between training and service delivery. Additionally this approach should produce more knowledgeable health professionals.

JHPIEGO found that such institutionalization occurs in two stages. Initially, our efforts were directed toward educating individual leaders in the health professions. Many of them then worked to promote the establishment of national population policies and collaborated in the development of additional reproductive health programs, including family planning.

This first stage of institutionalization gradually has led to the second, where the focus has been to incorporate reproductive health curricula into medical, nursing and midwifery schools. However, before institutionalization at these educational institutions can happen, support of governmental policy

groups and professional educational societies is necessary to achieve a consensus for change. Once this critical mass of support is present, JHPIEGO uses a multi-pronged approach to introduce the teaching of reproductive health in basic pre-service education programs. The elements of our approach include:

- Assessment of the current state of reproductive health training
- Strengthening of faculty members' understanding of reproductive health
- Improvement of faculty teaching skills in reproductive health
- Follow-up technical assistance to ensure that the curricular changes (both didactic and clinical) are integrated into pre-service education
- Development of national family planning service guidelines as needed to improve the quality of clinical training for students

Although each component is equally important, priority in the design of programs is determined by the in-country leaders.

For the Nineties and Beyond

Before it's too late, the nations of the world must work to achieve sustainable levels of population growth. Through its wide range of training programs, JHPIEGO strives to equip health professionals with the knowledge and skills to meet the pressing population needs facing the world, now and in the future.

By working closely with local leaders to assure that training programs match the host country's needs, capabilities and cultural values, JHPIEGO helps build the base for meeting their population goals.

AFRICA REGIONAL STRATEGY

Needs

Family planning is receiving wider acceptance in Africa as an essential element on the road to socioeconomic development. Despite Africa's considerable problems - the world's highest infant and maternal mortality rates, rapid population growth and a severe lack of trained service providers - there has been recent progress in the area of family planning. For example, governments of a number of African countries have adopted policies favorable to family planning, in part as a result of a growing awareness among political leaders of the serious demographic, socioeconomic and maternal and child health problems that exist.

Training is a major need for family planning programs in Africa. A chronic problem faced by many countries is absent or inadequate coverage of reproductive health content in the medical and nursing school curricula. Many of Africa's physicians, nurses and midwives graduate from their respective schools with limited exposure to reproductive health issues and fail to develop adequate clinical skills. Long-term efforts are needed to improve didactic and clinical reproductive health care training at the pre-service level.

Due to pre-graduate training deficiencies, in-service training still imposes a heavy burden on many African countries. However, even in-service training is often inadequate due to a vicious cycle: low demand for particular methods (i.e., IUDs) reduces the ability to provide clinical instruction, which then results in poorly trained personnel. Limited training capability will continue to severely undermine service delivery if not addressed.

JHPIEGO's continuing strategy

JHPIEGO's regional strategy for Africa reflects the need to foster self-sufficiency and improve family planning training in Africa. Four strategic approaches are emphasized:

- Provision of quality in-service reproductive health training emphasizing clinical skills acquisition for both public and private practitioners
- Where appropriate, institutionalization of reproductive health curricula in medical and nursing schools

-
- Development of short courses to introduce new contraceptive technologies in countries where reproductive health curricula already have been institutionalized
 - In some countries development of self-instruction, continuing education courses and use of other cost-effective educational technologies

JHPIEGO continually assesses the appropriateness of its educational inputs in Africa. It is ineffective to begin the process of institutionalizing pre-service reproductive health training before government systems and the professional schools are politically and philosophically ready. In addition, to continue to foster donor-dependency through more costly regional (international) and in-country programs must be discouraged, especially in countries where the government structure and educational institutions are ready to take over.



JHPIEGO Program Development Officer Monica Kerrigan instructing a training session

In the past year JHPIEGO had 27 training activities in 13 African countries, some of which are highlighted below.

In Kenya, JHPIEGO, together with the Association for Voluntary Surgical Contraceptives (AVSC), is

assisting the Division of Family Health implement a countrywide program to expand the availability of voluntary sterilization services. For two years JHPIEGO has been working to institutionalize surgical training in minilaparotomy for medical interns at 13 teaching hospitals. When fully implemented, this program will drastically reduce the need for post-graduate in-service training and will supply the government with a steady and increasing supply of trained physicians.

In Ghana, JHPIEGO training programs are geared to expanding the pool of qualified practitioners skilled in providing the most effective, long-acting contraceptive methods, including voluntary sterilization. Based on a recently conducted survey showing that most private practitioners in urban Ghana wanted training in modern family planning methods, the emphasis in our

programming is shifting to include the private sector as well.

In Senegal, private sector practitioners are being provided comprehensive clinical training through programs that focus on IUD insertion, management of sexually transmitted genital tract infections (GTIs) and infertility.

Reorganization of the JHPIEGO Africa Office

Faced with the task of implementing this strategy in a continent as diverse and vast as Africa, the Africa Office was recently restructured. It is now split into five divisions. These divisions are geographically organized so that JHPIEGO staff are responsible for relatively contiguous areas. The purpose of this reorganization was two-fold:

- to improve the overall efficiency and functioning of the office, and
- to facilitate the development and strengthening of regional training capabilities.

This new structure is economically and logistically efficient as it permits visits to several neighboring countries in the course of a single trip. Furthermore, the clustering of countries according to similarities in culture, language, customs, historical background and religion may help to accelerate program development in reproductive health. Training programs are also easier to adapt and implement in neighboring countries with similar backgrounds because the time-consuming step of conceptualization and development can be shortened. Finally, this reorganization should facilitate the exchange of ideas and assistance among countries and foster regional training.

Programs Active During PY 1990 (Africa Region)

Benin

TCA-26 Ministry of Public Health. Continuation of a three-year training program for rural physicians, nurses and midwives from the six provinces to improve their knowledge of reproductive health and family planning. Training activities were halted in 1989 because of Benin's financial crisis.

Burkina Faso

TCA-22 Ministry of Health. Didactic and clinical reproductive health/STD program for physicians, nurses, midwives and laboratory technicians. Two STD referral centers developed and staff trained.

TSP-13 Medical school. Supported a 10-day course in educational skills development using reproductive health/family planning case studies for seven professors from the departments of Obstetrics and Gynecology, Pediatrics and related fields. Part of an on-going program to improve the quality of teaching.

Cameroon

TCA-14 National reproductive health/family planning training program with the Cameroon Baptist Convention School of Nursing and Midwifery. Training provided to increase availability of reproductive health/family planning services in the Northwest Province. Enabled midwives and nurses to better deliver reproductive health/family planning services including IUDs.

TCA-16 University Center for Health Sciences. Conducted a series of evaluation workshops on reproductive health activities initiated by former JHPIEGO trainees. Held a national conference on the ethics of reproductive health and developed policy recommendations which were presented to the Ministry of Health. Also conducted a national reproductive health curriculum assessment and development workshop for the medical and nursing schools in Cameroon.

Central African Republic

TCA-27 Third cycle of a national reproductive health/family planning training program with the Ministry of Public Health and Social Affairs (MOPHSA). Trained physicians, nurses and midwives to deliver reproductive health/family planning services and strengthened the training capacity of MOPHSA staff. Continued support for reproductive health, family planning counseling and information, education and communication (IEC) training for social workers and midwifery assistants involved in service delivery. As part of this project a sensitization workshop for provincial opinion leaders was held.

Cote d'Ivoire

TSP-14 Special project for University of Abidjan, School of Medicine. At the request of the Dean of the Faculty of Medicine assisted in development of a public health strategy and curriculum in reproductive health and related topics. Project implementation delayed at present.

TCA-13 National and regional reproductive health/family planning training projects with Faculty of Medicine, University of Abidjan. Programs include family planning teaching and skills training for nursing and midwifery tutors from Cote d'Ivoire and other francophone African countries; curriculum development activities at School of Midwifery; provision of technical assistance with educational materials to the Medical, Nursing and Midwifery Schools.

TCA-31 National program at Faculty of Medicine, University of Abidjan. Held reproductive health/family planning workshops for 70 physicians and 40 nurses and midwives.

Ghana

TCA-23 First year of a multi-year training project with the Department of Obstetrics and Gynecology, University of Science and Technology (UST). Continuing education program for 120 interns and general practitioners to improve accessibility and use of birth-control measures and voluntary surgical contraception (VSC). Contraceptive commodities and educational materials given to trainees at conclusion of training.

TSP-3 National program with Society of Private Medical Practitioners, Accra. Program designed to update the knowledge and skills of Ghanaian private practitioners in contraceptive technology and reproductive health to enable them to provide family planning services for their clients and backstop the private midwives.

TSP-17 Special project: National conference and observational tour. Supported eight nurse-midwives from four anglophone West African countries in a Ghanaian national conference and observational tour demonstrating the role of the private midwife in the Ghanaian family planning project.

TCA-53 National program with the Ministry of Health (MOH). Provided reproductive health training for tutors and nurse-midwives to strengthen pre-service training in family planning. Master trainers, trained through previous JHPIEGO programs, monitored and coordinated the training conducted under this project. Models and educational materials were supplied to each nursing school to teach family planning during basic training.

TCA-45 Multi-year national program with MCH/FP Division, MOH. Continued development of an integrated MCH/FP nursing curriculum. Trained 56 medical and nursing faculty members in methodologies for teaching reproductive health curricula in three-week courses. Institutionalized a training and evaluation process in "how-to-teach". Evaluated approximately 25% of the trained faculty through on-site classroom observations and student interviews.

TMA-3 Ghana maintenance center with the MOH for repair and maintenance of laparoscopic equipment supplied by JHPIEGO and other agencies. All several sites visited to assess personnel and equipment needs and survey infection prevention practices.

Kenya

TCA-19 National program with the University of Nairobi, Department of Obstetrics and Gynecology. Second year of a multi-year program to provide eight reproductive health care courses for 114 health professionals, conduct a reproductive health/perinatal meeting for 26 senior physicians from throughout Kenya, and train 34 physician/nurse teams in minilaparotomy using local anesthesia.

TCA-20 National program with the University of Nairobi, Department of Obstetrics and Gynecology. Second year of a multi-year program. Provided family planning knowledge update and trained 85 medical interns in VSC techniques (minilaparotomy using local anesthesia). Conducted impact evaluation of project and implemented quality assurance and supervisory system. Project was designed to become an integral part of the government pre-service intern teaching program.

TCA-20E Three month extension of a national program with the University of Nairobi, Department of Obstetrics and Gynecology. Trained medical interns who had just received their medical degrees from the School of Medicine in techniques related to reproductive health and family planning. Program designed to strengthen reproductive health knowledge and skills in VSC techniques, with emphasis on minilaparotomy using local anesthesia.

TMA-10 Repair and Maintenance (RAM) Center, University of Nairobi. Second year of a multi-year program to support a RAM Center for JHPIEGO and other AID-donated laparoscopic equipment currently located at 26 Kenyan institutions. All service centers visited to assess equipment, personnel status and survey infection prevention practices.

Mali

TCA-9 Program with the National School of Medicine and Pharmacy (Bamako). Multi-year program designed to expand and strengthen reproductive health education topics in the curriculum and to enhance teaching and technical skills among faculty members. Provided a 2-week academic skills/curriculum development workshop for 15 faculty members from the School of Medicine.

Mauritius

TCA-47 National program with the Institute of Health. Through short courses updated knowledge and skills of physicians working in family planning clinics and worked to expand the family planning role of nursing/midwifery personnel based at MCH centers throughout the island.

Nigeria

TCA-35 Regional (international) West African training project with the College of Medicine, University of Ibadan. Assisted training of 15 anglophone West Africa nurse tutors who will be responsible for upgrading, integrating and implementing family planning components into the basic nursing curricula of their schools.

TMA-4 Nigeria Maintenance Center, Femope Marking Company, Lagos. Repair and maintenance project for 71 laparoscopic systems donated to Nigerian institutions. All service sites visited to assess personnel and equipment needs and survey infection prevention practices. Ministry of Public Health; conducted one day visits to 10 centers in various regions to evaluate previous trainees.

Rwanda

TCA-32 Program with National University of Rwanda. Conducted eight 3-week courses in reproductive health for general practitioners and Obstetricians/Gynecologists; held 12 coordination meetings with ONAPO staff and Ministry of Public Health; conducted one day visits to 10 centers in various regions to evaluate previous trainees.

Tanzania

TCA-41 National program with the Family Planning Association of Tanzania (UMATI). A three-year program intended to provide each of the 50 nurse/midwife and maternal and child health aide training schools with two family planning trained tutors. Training to update reproductive health knowledge and skills of tutors is part of a five-year national program geared toward improving maternal and child health by increasing family planning practice.

TSP-5 Program with the Association of Gynecologists and Obstetricians of Tanzania. Supported a continuing education workshop in safe motherhood and a medical curriculum review of reproductive health/family planning content and clinical practice. Drafted curriculum to be implemented with October 1990 intake of medical students.

Togo

TCA-40 National program with the Faculty of Medicine, University of Benin. Project designed to strengthen reproductive health education topics in the curriculum and improve knowledge and skills of medical students. Activities also directed toward enhancing teaching and technical skills of faculty members.

ASIA/NEAR EAST REGIONAL STRATEGY

Needs

Generalizations about the Asia/Near East (ANE) region are frequently unproductive because of the great diversity of the area. However, a promising trend is taking shape in significant numbers of both Asian and Middle Eastern nations. Most countries in the region already understand and appreciate the importance of good reproductive health status to the health and economic well being of their nation. Many have become extremely concerned that, without a major investment in family planning service, serious consequences for national well being will result. However, enthusiasm for increasing the availability of family planning services is met with many challenges including limited resources and technical constraints.

In Egypt, Yemen and Papua-New Guinea, for instance, demand for services far outstrips the availability of qualified service providers, especially those who can deliver the more effective contraceptive methods, such as IUDs, injectables and voluntary sterilization. Constraints to the preparation of sufficient numbers of practitioners include:

- Insufficient numbers of trainers with suitable experience, skills and knowledge to provide practical clinical family planning service training
- Inadequate numbers of well organized clinical training programs and sites
- Inefficiencies in the training of competent family planning service providers

Inefficiencies in family planning training especially in the public sector are numerous, and potentially will continue to undermine efforts to increase the availability of family planning services if not addressed. For example, there are many countries where family planning is still taught exclusively through in-service training programs. This is a costly approach to teaching core topics more appropriately provided during basic education.

Another inefficiency in medical and nursing schools occurs when family planning course work is not guided by curricula, but instead occurs as a hodge-podge of lectures and practice sessions given without planning as to the sequence, content or objectives. Additionally, teaching methods, such

as audio-visual aids, are often ineffective and fail to communicate the content to trainees.

JHPIEGO's continuing strategy

JHPIEGO's ANE regional strategy for increasing the availability of family planning services is to foster the incorporation of practical family planning skills and knowledge into basic undergraduate and postgraduate educational institutions for physicians, nurses and midwives. Initiatives emphasizing resolution of the constraints outlined above are given priority. In aiming to assess, revise, and implement curriculum changes, JHPIEGO is developing and bringing into everyday practice new self-sustaining approaches to family planning education. These approaches will help to more efficiently use the resources of those nations enthusiastically searching for ways to expand and extend services.



Turkish physicians learning GTI laboratory procedures

Much of JHPIEGO's focus in Asia and the Near East over the past year has been to develop and strengthen regional centers to serve the needs of those neighboring countries with limited in-country training capability.

In Turkey, where the IUD is the most popular form of contraception, concerns about the consequences of sexually transmitted genital tract infections (GTIs) for

family planning users are emerging. Here JHPIEGO assisted the Ministry of Health and Social Affairs (MOHSA) establish a reference capability for laboratory and clinical diagnosis of the most common GTIs; determine the prevalence of GTIs in selected populations; and develop preliminary guidelines for application of GTI screening in family planning clinics at different levels of the health system.

In Egypt, JHPIEGO has continued development of the regional training center (RTC) at Ain Shams University. This RTC supports improved quality and effectiveness of family planning training in Egypt, and is providing

technical assistance to family planning programs and institutions not only in Egypt but also in the Middle East.

In Morocco, JHPIEGO continues its regional training activities through the Centre National de Formation en Reproduction Humaine (CNFRH). To shift the contraceptive method mix to more effective methods over the next five years, the Ministry of Health will expand family planning training programs with emphasis on IUDs and laparoscopy. A continuing objective is to decentralize training efforts by establishing training centers throughout Morocco, such as at the Averroes Teaching Hospital, University Hassan II, Casablanca and at eight rural centers. Finally, the program also includes training medical and paramedical personnel from the private sector in contraceptive technology.

JHPIEGO has assisted 126 nursing and several medical schools in the Philippines to initiate a full cycle of activities to strengthen the reproductive health component of their undergraduate curricula. This process has included reviewing the existing curricula, updating the technical content, providing refresher teaching skills training to master trainers and faculty, and developing training materials keyed to the new curricula. JHPIEGO also has upgraded its RTC at the Fertility Care Center to enable it to respond to emerging reproductive health training opportunities in both the public and private sector in the Philippines and the Pacific basin as well.

At the Chulalongkorn University School of Medicine in Thailand, JHPIEGO worked with staff and the Planned Parenthood Federation of Thailand to produce a teaching video on the Copper T-380A IUD. Shot at Thailand clinics, it has since been translated into English, French and Spanish. The video has been successfully used in our IUD training courses worldwide.

Finally, in Papua/New Guinea, JHPIEGO has established the first nationwide continuing education course for all health workers in family planning which is linked to written materials, group meetings and radio broadcasts.

Programs Active During PY 1990 (Asia/Near East Region)

Egypt

TCA-29 Second year of a multi-year national and regional program at the Regional Center for Training in Family Planning, Department of Obstetrics and Gynecology, Ain Shams University, Cairo. Project designed to strengthen and expand development of the center as a technical family planning resource. Primary objectives of this years activities were to include the center's capability to develop, produce and disseminate resource materials; to provide technical support of the center's comprehensive training program and to coordinate its transition to self-sufficiency. Designated for introduction of JHPIEGO's distance learning project using the Optel system.

Malaysia

TMA-7 Repair and Maintenance, Malaysia Maintenance Equipment Center, National Population and Family Development Board, Government of Malaysia.

Morocco

TCA-30 National program, with the Centre National de Formation en Reproduction Humaine (CNFRH). Second period of a specialized training program for training 42 health professionals from Morocco (obstetricians, gynecologists, surgeons, general practitioners and nurses/midwives). Emphasis on clinical skills training, the use of highly effective contraceptive methods such as IUD and VSC, and the management of sexually transmitted genital tract infections (GTIs) in family planning clients. Also assisted USAID mission develop strategic plan to coordinate implementation of new, five year bilateral assistance program.

TSP-8 Special project with the CNFRH. Workshop to review and finalize three new family planning educational/training guidelines. Participants included directors of four JHPIEGO regional training centers (Egypt, Morocco, Thailand and the Philippines). Workshop showcased how family planning training of physicians, nurses and midwives has been fully integrated into the service delivery system of the CNFRH.

TCA-49 Regional (international) program, CNFRH. Designed to upgrade the skills of physicians, nurses and midwives from francophone African countries in reproductive health/family planning techniques with emphasis on IUDs. Conducted impact evaluation to assess quality of training provided. Since the beginning of this program in July 1981, over 250 regional physicians and nurse/midwives have been trained. Supported through REDSO/WCA.

TMA-9 Repair and Maintenance (RAM) Center, CNFRH. Laparoscopic VSC services provided through 34 national centers. All centers visited by JHPIEGO equipment officer to assess equipment and personnel needs and survey infection prevention practices.

Papua New Guinea

TCA-2 Department of Health. Provided a series of eight study units on issues in reproductive health using distance learning techniques to nurses and health extension officers who have completed their basic training. Conducted evaluation to assess impact of the project.

Philippines

TCA-33 National program with the Department of Obstetrics and Gynecology, University of the Philippines. Designed to strengthen skills and knowledge base of trainers preparing to be family planning service providers in the Philippines. Major focus on promoting acceptance at all Philippine medical colleges of the newly revised reproductive health training curriculum.

TCA-15 National program with Association of Deans of Philippine Colleges of Nursing. Final phase of a three-year plan to strengthen reproductive health content of the curriculum throughout the four-year Baccalaureate in Nursing program.

TCA-38 Fertility Care Center, Mary Johnston Hospital. Continuation of a laparoscopy/minilap training program to facilitate certification of physicians previously exposed to VSC surgery in order to increase availability of family planning services in the Philippines.

TMA-5 Repair and Maintenance (RAM) at the Mary Johnston Hospital. Provided limited support and spare parts.

TCA-37 National program with the Association of Deans of Philippine Colleges of Nursing. Project objectives are to improve teaching of reproductive health content in Philippine Colleges of Nursing by training the faculties in academic skills, improved teaching methods and helping them develop, revise and edit an academic skills curriculum.

Thailand

TCA-25 National and regional program at the Regional Center for Training in Reproductive Health, Department of Obstetrics and Gynecology, Chulalongkorn University. Project designed to take advantage of the training and research capability of the center to stimulate a sustained increase in appropriate reproductive health services, especially family planning, in Thailand and the region.

TMA-6 Repair and Maintenance (RAM) Center, National Family Planning Program, Ministry of Public Health, Bangkok. Provided limited support and spare parts.

Tunisia

TSP-12 Special program with the Office National de la Famille et de la Population (ONFP). In collaboration with RONCO conducted a three-day regional (international) conference to review the development of curricula and educational modules on reproductive health for medical and paramedical students. Workshop focused on the importance of family planning, and consolidation of these curricula into the schools of medicine, midwifery, public health nursing and social work.

TSP-10 Special project with the ONFP. On-site evaluation of its training capabilities in contraceptive methods, especially family planning and VSC. Recommended steps and resources required to develop the ONFP into an internationally recognized regional training center in family planning.

TMA-2 Repair and Maintenance Center at the ONFP. Provided limited support (spare parts and Falope rings) and six new laparoscopic systems for use in Tunisia's expanding VSC program.

Turkey

TCA-39 National program with the Ministry of Health and Social Affairs (MOSHA). Project developed a core group of individuals with standardized skills and knowledge regarding laboratory and clinical diagnosis of common sexually transmitted genital tract infections (GTIs). Trained staff can now determine the relative importance of GTIs in Turkey and provide standardized laboratory and clinical diagnostic skills training for use in the family planning clinic setting.

TMA-8 Repair and Maintenance (RAM) Center, Turkey Maintenance Equipment Center General Directorate of MCH and Family Planning. Provided limited assistance and spare parts.

LATIN AMERICA AND THE CARIBBEAN REGIONAL STRATEGY

Needs

The population of the Latin America and Caribbean region has doubled since 1960 with more than half of the population living in Brazil and Mexico.

In terms of fertility levels and contraceptive prevalence rates, the AID-eligible countries in the region can be grouped as follows:

1. the "advanced" fertility transition countries of Brazil, Colombia, Costa Rica, Dominican Republic, Mexico, Panama, Venezuela and most of the English-speaking Caribbean;
2. the "intermediate" fertility transition countries of Ecuador, El Salvador, Paraguay and Peru; and
3. the "delayed" fertility transition countries of Bolivia, Guatemala, Haiti, Honduras and Nicaragua.

Not surprisingly, the "advanced" fertility transition countries also tend to be the most economically advantaged countries; however, for most of the region, the 1980's were years of profound economic depression and declining standards of living. In the "intermediate" fertility transition countries, the basic infrastructure to support family planning services often is still underdeveloped. In both the "advanced" and "intermediate" countries, insufficient resources - the lack of trained personnel, service sites, commodities - to meet the growing demand for modern contraceptive methods are a major constraint. Finally, in the "delayed" fertility transition countries, there is often considerable official resistance or social dislocation that hinders the development of even basic infrastructures to support family planning services.

JHPIEGO's continuing strategy

JHPIEGO's strategy for the "advanced" group focuses on nationwide programs and those that can serve as regional resources. In addition, institutionalization and other ideas that foster self-sufficiency are promoted

to help these countries prepare for the likelihood of diminishing external support.

In Brazil, JHPIEGO has been implementing integrated statewide community and clinical family planning projects based on the concept of reproductive risk in the high-priority states of Ceara, Pernambuco and Rio de Janeiro. A comprehensive evaluation of the reproductive risk programs is being designed and will be implemented in the coming year in collaboration with Family Health International.

An increased emphasis is being placed on clinical IUD training in Brazil, where the current rate of IUD use is less than 1%. Projects are designed specifically to build and strengthen linkages between private organizations and government programs.

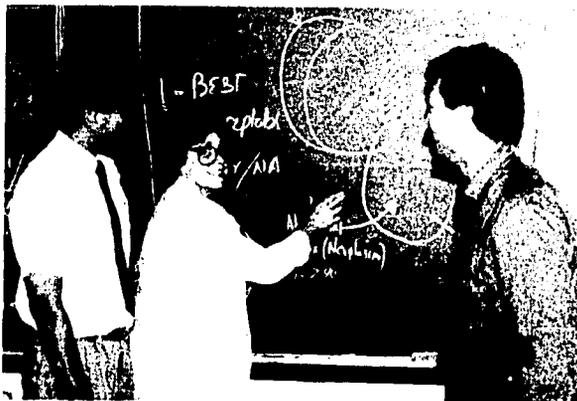
As part of the Second Latin American Family Planning Congress in Rio, JHPIEGO recently supported an international symposium on reproductive risk.

In Mexico and Colombia, JHPIEGO has been supporting large scale programs to improve the reproductive health content in schools of nursing. The projects offer fertility management courses

oriented towards students as potential family planning users as well as future health professionals. Institutionalization, of course, is the key objective and both programs will be evaluated in this regard. This approach has generated interest in a number of other Latin American countries.

In Costa Rica, technical assistance is being provided for a comprehensive review of the existing medical and nursing school curricula.

The "intermediate" fertility transition countries have had more modest fertility declines. The basic infrastructure to support family planning services is often still underdeveloped in these countries and like the "advanced" and "delayed" countries, they too suffer from insufficient trained personnel and lack of quality service sites.



Dr. Laurie Cappa with consultant Dr. Daniel Gutierrez from Bolivia and a trainee.

In this "intermediate" group - Peru, Ecuador, El Salvador, and Paraguay - JHPIEGO focuses on programs that are institution-wide in scope or can serve as national resources.

The "delayed" fertility transition countries - Bolivia, Guatemala, Haiti, Honduras and Nicaragua - often exhibit official resistance to family planning and can hamper the development of even basic infrastructures to support family planning services.

JHPIEGO's strategy for "delayed" countries is to focus on smaller, achievable programs that can be expanded or replicated in steps. The provision of sound, up-to-date information and appropriate educational materials is especially crucial in these countries.

In Guatemala, JHPIEGO is supporting didactic courses for upper level medical students and additional clinical training in IUD management. A longitudinal evaluation has been built into the program. In addition, a fertility management project for lower-level students will be developed and a reproductive risk training project serving an indigenous population will be explored.

In Bolivia, there appears to be a growing national consensus that family planning, or at least birth spacing services, must be available to address and combat Bolivia's high rates of infant mortality, maternal mortality and illegal abortion. A number of small, pilot-type programs will be supported in Bolivia: Programs to help the public sector create a training capability and programs to provide technical and clinical information to both public and private sector clinicians as well as medical and nursing students.

Programs Active During PY 1990 (Latin America and the Caribbean)

Brazil

TCA-18 BEMFAM (Sociedade Civil Bem-estar Familiar no Brasil). Supported 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 in the states of Rio de Janeiro and Pernambuco.

TCA-44 National program for BEMFAM. First year of a three-year project to develop an integrated state-wide community and clinical family planning program based on the concept of reproductive risk in Ceara, Brazil. Modeled after similar projects in Pernambuco and Rio State.

TCA-21 National program with Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca (CPAIME) to provide training in reproductive health and contraceptive technology (including family planning, minilaparotomy and IUD management) to teams of physicians and nurses with strong representation from health service institutions in the northeast of Brazil and urban poverty areas.

TSP-9 Special project for BEMFAM. Presented a symposium on reproductive risk as part of the Second Latin American Family Planning Conference.

TMA-1 Repair and Maintenance (RAM) for CPAIME.

Colombia

TCA-28 Second cycle of a three-cycle program with Asociacion Colombiana Para el Estudio de la Poblacion (ACEP). Established the basis for adoption of a standardized user-oriented FP course for first year nursing and medical students within the regular curriculum of participating schools. Geared toward students as users to increase their knowledge of FP and influence their future practice as professionals.

TCA-3 National program with Instituto de Seguro Social (ISS). Supported a reproductive health and IUD training program for general practitioners and nurses employed by the ISS; allowed ISS to increase the quality and availability of FP services to its population; provided training to 50% of the ISS general practitioners in reproductive health and IUD insertion and management.

Costa Rica

TSP-4 Special project for the Costa Rican Social Security System (CCSS). Developed to review and improve the family planning content of courses for pre- and post-graduate medical and nursing students at University of Costa Rica and the Autonomous University of Central America.

Guatemala

TCA-36 National program with APROFAM (Asociacion Pro-Bienestar de la Familia de Guatemala) to provide 30 hour-long didactic courses in reproductive health for medical students. Selected students also received clinical training in IUD management. A longitudinal evaluation measuring changes in knowledge and attitude is a component of this program.

Mexico

TCA-17 National program with AMFEM (Association Mexicana de Facultades y Escuelas de Medicina). Project designed to educate nursing students early in their professional careers about family planning to enable them to manage their own fertility and advise patients and friends about contraception; includes advocacy meetings for nursing school deans, professors' meetings for curriculum development and courses in fertility management for nursing students. Training intended to be integrated into the nursing school's official curriculum.

TCA-56 National program with AMFEM Third and final program period of the Fertility Management Education Program for Mexican Nursing Students. Designed to prepare future nurses to be family planning promoters and to provide a model for a practical, user-oriented family planning course for institutionalization in Mexican nursing schools.

REGIONAL TRAINING

JHPIEGO maintains a worldwide network of regional training centers (RTCs) developed to meet the needs of health professionals throughout an area. By providing technical, informational and financial resources, JHPIEGO assists its RTCs in bringing new reproductive health measures into common practice.

The RTCs provide an appropriate setting for developing and disseminating reproductive health interventions because regional leaders in reproductive health are often included as staff or as associates. This ensures a solid and credible base for promotion of worthy new reproductive health initiatives. In addition, the RTC's staff are often senior members of, or influential within, the host country or regional professional societies. As such they form the nucleus of JHPIEGO's regional consulting capability, providing follow-up, backstopping and other technical assistance services.

Generally located in large, well-equipped teaching hospitals, the RTCs serve many purposes such as to:

- Conduct assessments of innovative training approaches (including educational technologies) for teaching new reproductive health measures
- Alert policy makers and leading health professionals to the pressing need for accelerated, effective reproductive health and family planning interventions
- Assist leading trainers in a region, such as medical, nursing and midwifery faculty incorporate new reproductive health approaches into the curricula and improve their teaching skills
- Assist governments to develop practical national family planning guidelines or other service manuals which further strengthen training programs

In any given program year, not all RTCs may be engaged in regional training activities. Resumption of regional training in subsequent years is possible because most of our RTCs are largely self-supporting, i.e., located in a medical or nursing school or with organizations having parastatal status. As such, JHPIEGO provides only limited or no institutional (recurrent) support, contracting for training/technical assistance on an as-needed basis.

COORDINATION WITH OTHER AGENCIES

During the past year JHPIEGO made a concerted effort to further develop its relationship with other Cooperating Agencies (CAs). Activities undertaken in this behalf include co-sponsorship of a conference, joint development of educational materials, and frequent meetings and phone conversations between JHPIEGO staff and staff of other CAs to discuss country programming strategies.

In addition, many JHPIEGO staff were represented on Office of Population CA working groups and task forces. The following are illustrative of the types of coordination and collaboration which occurred over the last year.

In September, 1989, JHPIEGO collaborated with RONCO in conjunction with the Tunisian National Office of Family Planning in reproductive health and family planning. JHPIEGO supported country delegations to the conference from Algeria, Egypt, Morocco, and Turkey.

In the development of the National Family Planning Service Guidelines for Egypt, JHPIEGO worked with 11

other family planning projects (all USAID funded) and worked with or drew upon materials from at least three U.S. Cooperating Agencies (INTRAH, PCS/PIP, and IISNFP). In addition, INTRAH has been very helpful in the editing of the JHPIEGO publication "Managing Genital Tract Infections in Family Planning." INTRAH staff have also been of valuable assistance to JHPIEGO in the development of a prototype pelvic model for use in pelvic



Women outside a rural health center in Nigeria.

assessment and IUD insertion training.

Both in-country and in the U.S., JHPIEGO staff make frequent contacts with other CAs to discuss programming strategy and approaches. For example, JHPIEGO staff met with Development Associates (DA) PAC IIB staff in December to discuss possible cooperative activities including sub-contracting for certain types of regional and in-country training activities in Asia and the Near East. JHPIEGO's Latin America Region staff met with AVSC and Population Council representatives in Peru resulting in the development of a joint postpartum IUD project with the Peruvian Institute of Social Security and AVSC.



A mobile family planning clinic in Tunisia.

In Baltimore, JHPIEGO met with representatives of the Population Council to discuss collaboration on NORPLANT introductory activities in Morocco and, when possible, Algeria.

In the South Pacific, JHPIEGO has coordinated its programming with the South Pacific Alliance for Family Health (SPAFH) which is in the process of becoming a USAID contractor. JHPIEGO has provided technical assistance and training to SPAFH which complements Pathfinders role and responsibilities with the organization. JHPIEGO is about to initiate it's first project in

which SPAFH will formally participate.

JHPIEGO also collaborates with other international donor organizations. For example, JHPIEGO staff met with PAHO in Bolivia and as a consequence may develop a collaborative training program for public sector health personnel. Finally, in London, JHPIEGO staff recently met with the Medical Director of the International Planned Parenthood Federation to discuss the potential for collaboration on production of selected new training materials.

REVIEW OF OPERATIONS

JHPIEGO's mission in developing countries is to strengthen and expand training in reproductive health, especially family planning. In accordance with the Cooperative Agreement (DPE-3045-A-007004) between USAID and JHPIEGO the strategy for achieving this goal requires a multi-faceted approach which includes the development, implementation and monitoring of national and regional projects designed to:

- Train health care professionals and undergraduate medical, nursing and midwifery students
- Incorporate reproductive health training into the curricula of medical education institutions
- Develop educational materials to facilitate, as well as standardize, the training process

Statistics from all JHPIEGO program activities have been compiled here to provide a comprehensive analysis of our accomplishments during Program Year (PY) 1990 (May 1, 1989 - April 30, 1990), the third year under our current agreement (TABLE 1).

During the year JHPIEGO supported 57 training and related projects. The outputs were: 163 post-graduate and 332 undergraduate courses conducted; 29 conferences and workshops covering a variety of topics such as education skills and curriculum development sponsored; 9,086 health professionals and undergraduate medical and nursing students trained. Additionally, 93 professionals attended five courses at the JHPIEGO International Education Center in Baltimore. The total number of post-graduate courses sponsored was 168; health professionals and students trained, 9,179.

Since its inception in 1973, JHPIEGO has supported the training of over 70,000 participants, 96% of whom were trained at national and regional (international) centers. As illustrated by FIGURE 1 the dramatic increase in training, which began in 1981, has continued to the present. A breakdown of training statistics is illustrated in TABLE 2.

FIGURE 1
Cumulative Number of Participants Trained (1974-1990)

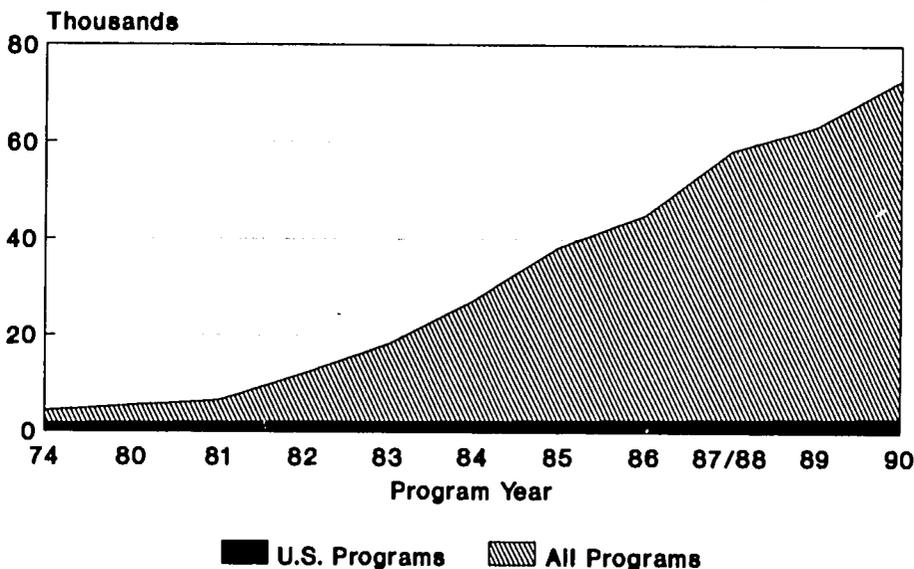


TABLE 1
JHPIEGO Program Outputs
May 1, 1989 - April 30, 1990

Outputs	Number
Subagreements Supported	57
Training	41
Special Activities	6
Preventive Maintenance, Equipment	10
Courses Supported	500
Post-graduate	168
Undergraduate	332
 New Courses Introduced	 2
Course Participants	9,179
Professionals Trained in United States	93
In-Country and Regional	
Professionals	1,969
Students	7,117
Curriculum Development	7
Designed	2
Workshops	5
Workshops and Conferences	3
International	1
Regional	2
Short-Term Technical Assistance (TA)¹	39
Project Related	30
Special Projects ²	9
Educational Materials Produced	7
Training Packages	2
Training Guidelines	2
Reference Manuals	3
Publications	8
Journal Articles	3
Technical Reports	5
Institutions Represented By Trainees	854
Medical Schools	52
Nursing and Midwifery School	115
Clinics	379
Hospitals	275
Others (i.e. family planning associations)	33

¹ Includes but is not limited to curriculum development, needs assessment, evaluations and development of country strategies.

² Consultations conducted at the request of USAID.

TRAINING

United States

During PY 1990, 93 senior level health professionals attended five courses at the International Education Center in Baltimore. As shown in FIGURE 2, 72 of the participants (77%) were from Africa. Since 1980, there has been a nearly three-fold increase in trainees from Africa. Courses offered were:

- Academic Skills in Reproductive Health for Medical School Faculty (English)
- Strategies for Strengthening Reproductive Health Content in Nursing and Midwifery Curricula (English)
- Strategies for Strengthening Reproductive

Health Content in Nursing and Midwifery Curricula (French)

- Advances in Reproductive Health For Administrators of Family Planning Programs (French)
- The Role of Family Planning Programs in the Diagnosis and Management of Sexually Transmitted Diseases (French)

This year saw the end of an era for JHPIEGO: the closing of the International Education Center in Baltimore. Since the first U.S. course was offered in 1972, over 200 courses have been sponsored at the center for 2,871 senior level professionals. While JHPIEGO will continue to offer selected customized courses and workshops in Baltimore, the center will no longer provide a regular schedule of course offerings.

TABLE 2
Total Training Conducted at all JHPIEGO Education Centers

Category	PY 1990	Since Inception
Participants	9,179	70,097
National and Regional	9,086	67,226
U.S.	93	2,871
Professionals Trained	2,062	25,785
Physicians	893	13,931
Nurses, Midwives, Paramedics	828	9,684
Administrators	226	1,898
Interns	90	222
Social Workers	25	50
Undergraduates Trained	7,117	44,312
Medical	66	24,116
Nursing/Midwifery	7,051	20,196
Clinical Trainees	962	13,908
Physicians	534	8,911
Nurse/Midwives	369	4,852
Interns	41	127
Medical Students	18	18

National and Regional Training

Of the 9,086 participants in JHPIEGO's national and regional (international) training programs, 23% were health care professionals. The regional distribution of the professionals by number and percentage is as follows:

AFRICA	829 (42%)
ASIA	248 (13%)
LATIN AMERICA	687 (35%)
NEAR EAST	205 (10%)

TABLES 3 and 4 illustrate the type of training conducted at the national and regional training centers (RTCs). Countries sending participants to JHPIEGO for regional training were: Morocco RTC: Algeria, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, the Congo, Cote d'Ivoire, Guinea, Madagascar, Mali, Niger, Rwanda, Senegal, Tchad, Togo and Zaire; Thailand RTC: Fiji, Pakistan, the Philippines and Tonga.

In October 1989, JHPIEGO also sponsored a three-day Regional Training Center Directors' Meeting in Rabat, Morocco. RTC directors from Egypt, Morocco, the Philippines and

Thailand met to discuss the training approaches used in their centers and to review the family planning training program at the Morocco RTC which has successfully integrated training into the services delivery system. In addition, the directors assisted JHPIEGO in preparing guidelines and a reference manual for use in clinical training in the following:

- Client selection and local anesthesia guidelines for use in ambulatory surgical laparoscopy programs
- Infection prevention guidelines (Part I - recommended practices)
- Management of sexually transmitted genital tract infections (GTIs) in the family planning setting (reference manual)

Subsequently, JHPIEGO piloted the use of the GTI reference manual in April 1990 during its Management of STDs in Family Planning workshop. Twenty-three senior level health professionals from six francophone African countries attended the workshop. The GTI manual was critiqued by the participants and successfully used to develop country-specific strategies for managing sexually transmitted GTIs.

FIGURE 2
Distribution of Health Professionals Trained in Baltimore

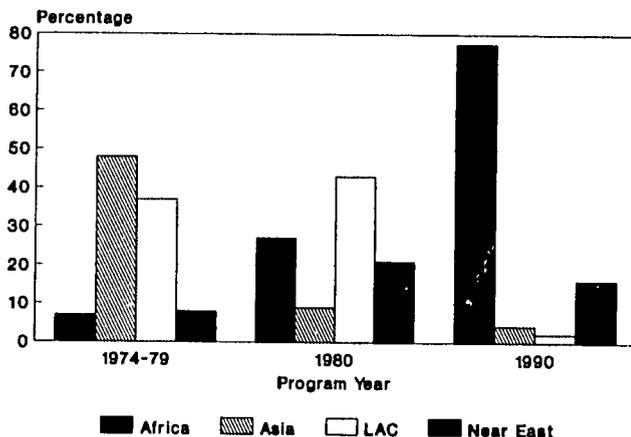


TABLE 3
National and Regional Training: Clinical Skills

Category of Training	Targeted Audience	Number Trained PY 1990	Total Trained PY 1988-PY 1990
Laparoscopy	Physicians	89	358
	Nurses	20	196
Minilaparotomy	Physicians	33	240
	Nurses	35	133
	Interns	41	127
Clinical (Combination of Skills)	Physicians	98	150
	Nurses	67	141
IUD Insertion	Physicians	316	1,113
	Nurses	242	803
	Instructors	0	128
	Medical Students	18	18
GTI (STD) ¹	Physicians	3	71
	Nurses	11	88
Infertility/GTI (STD) ¹	Physicians	0	31
Anesthesia	Physicians	0	39
	OR Nurses	0	101
Microsurgery	Physicians	0	17

¹ Sexually transmitted genital tract infections (GTIs)

Pre-Service

Pre-service training continues to be an integral part of JHPIEGO's strategy for increasing the availability of health professionals trained in the delivery of reproductive health/family planning services. During PY 1990, 7,117 medical and nursing students were trained using a number of approaches. In Colombia and Mexico, courses were designed to educate students

about family planning to better understand population issues as they apply to themselves and others. In Guatemala, JHPIEGO supported training in general reproductive health for 66 medical students, 18 of whom also received clinical training in IUD insertion. JHPIEGO, in conjunction with the University of Nairobi in Kenya, is providing pre-service training in minilaparotomy for female sterilization to over 100 medical interns annually.

TABLE 4
National and Regional Training: Didactic

Category of Training	Targeted Audience	Number Trained PY 1990	Total Trained PY 1988-PY 1990
Reproductive Health Update	Administrators	0	31
	Physicians	0	207
	Nurses	214	1,191
	Interns	49	95
	Medical Students	48	548
	Nursing Students	7,051	18,414
Perinatal (Child Health)	Physicians	41	88
Neonatal (Child Health)	Physicians	0	24
	Nurses	0	34
Laboratory GTI (STD) ¹	Physicians	5	5
	Nurses	4	4
	Technician	1	1
FP Update	Physicians	12	12
Education Skills	Physicians	66	153
	Nurses	79	329
Trainer of Trainers	Physicians	0	24
	Nurses	12	187
Curriculum Development	Physicians	0	109
	Nurses	15	205
Information, Education and Communication	Social Workers	25	50
Program Planning	Administrators	1	1
	Physicians	9	9
	Nurses	6	6
Conferences and Workshops	Administrators	200	378
	Physicians	171	805
	Nurses	104	632

¹ Sexually transmitted genital tract infections (GTIs)

EVALUATION

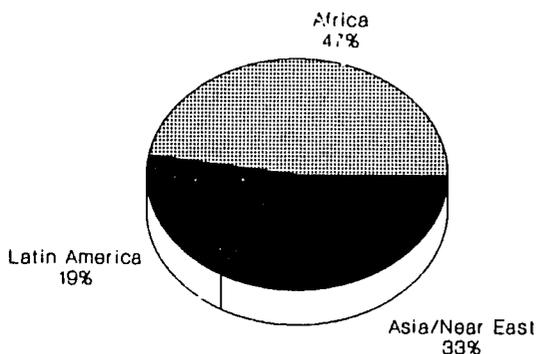
Critical examination of the quality, relevance, and impact of training is important to ensure that our interventions are appropriate and the correct audience has been reached. As such, an integral step in program design is the development of an appropriate evaluation tool.

Some of the special projects initiated in PY 1990 were to:

- Study the impact of education skills training of medical school faculty (Mali)
- Evaluate the impact of training medical interns in minilaparotomy (Kenya)
- Assess the reproductive health curriculum in nursing schools (Colombia and Mexico)
- Assess the impact of IUD insertion training on the skills of selected trainees sent to the RTC (Morocco)
- Assess the quality of service delivery at the Fertility Care Center family planning training clinic (Philippines)

Detailed summaries of the outcomes of all evaluation activities compiled during the year are provided in JHPIEGO's Annual Evaluation Report which is submitted to A.I.D.

FIGURE 3
Regional Distribution of
New and Continuing Projects (Total = 57)



PROGRAM DEVELOPMENT

As delineated in FIGURE 3, JHPIEGO supported 57 projects, forty of which were new and 17 continuations. Dollars obligated to support these projects totaled \$4.027 million. FIGURE 4 shows the regional disbursement of financial support to our national and regional programs for PY 1990 and the first three years of the cooperative agreement (1988 to 1990).

To strengthen program development and expand technical support capability, JHPIEGO restructured its staff to increase the number of staff available for international travel from six to nineteen. During the year JHPIEGO staff and consultants took 108 trips to 39 countries. The majority of these trips were to develop or monitor programs, perform follow-up site visits, or provide technical assistance (TABLE 5).

TABLE 5
International Travel by JHPIEGO
Staff and Consultants, PY 1990

Category of Trips	Number
Program Development/Monitoring	29
Follow-Up Site Visits	13
Technical Assistance	
Project Related	30
Special Project	9
Conduct Conference/Workshops	15
Equipment Repair & Maintenance	9
Other (Meetings, Administrative)	3
TOTAL	108

PROGRAM SUPPORT

Program support statistics (TABLE 6) reflect JHPIEGO's support of clinical family planning training, especially minilaparotomy and IUD insertion. The 168 minilap kits shipped represent a 66% increase over the previous year's total of 101 kits.

TABLE 6
Program Support Statistics

Equipment Shipped	
Laprocators	12
Minilaparotomy Kits	168
IUD Backup Kits	463
Educational Packages (Textbooks, Pop Reports, etc.)	1,162
Audio-visual Materials (Films, Slides & Videos)	137
Anatomical Models (Eva & Hand-Held)	204
Technical Support Sites	
Regional Training Centers ¹	4
Equipment Repair and Maintenance Centers ²	10

¹ Egypt, Morocco, Philippines and Thailand.

² Brazil, Ghana, Kenya, Malaysia, Morocco, Nigeria, Philippines, Thailand, Tunisia, and Turkey.

Over the past 15 years, JHPIEGO has made substantial donations of laparoscopic equipment to countries where it has supported VSC training. To ensure that this equipment continues to function and is properly maintained, periodic visits are made to the nine repair and maintenance (RAM) centers established for this purpose. RAM centers in six countries (Ghana, Morocco, Philippines, Thailand, Tunisia and Turkey) were visited by JHPIEGO's Equipment Officer in PY 1990. Medical institutions in Kenya, Nigeria and Tanzania also were visited to install or service equipment. During these visits, service records were reviewed and on-site assistance was provided in infection prevention.

The number of laparoscopic voluntary sterilization procedures reported in selected countries visited are detailed in TABLE 7.

FIGURE 4
Program Obligations by Region

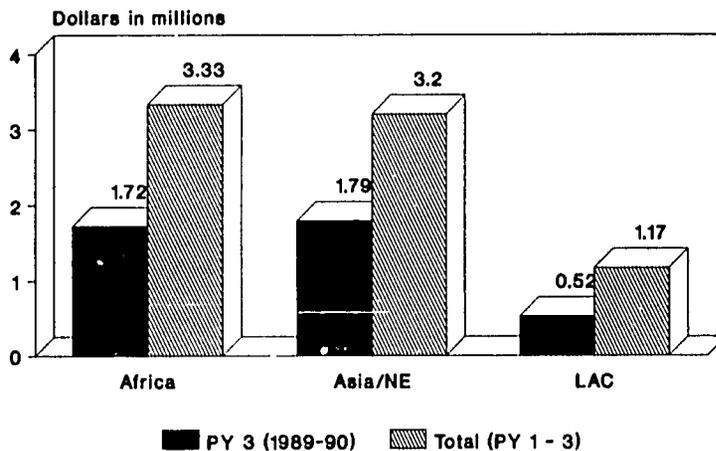


TABLE 7
Voluntary Surgical Contraception (VSC)
Activity in Selected Countries

Country	Number of Institutions Visited	Average Number of Laparoscopies Per Month	Total For PY 1990
Ghana	7	43.0	516
Kenya	19	408.0	4,896
Nigeria	47	685.0	8,220
Philippines	33	280.0	3,360
Tanzania	7	32.8	394
Turkey	14	227.9	2,735

JHPIEGO'S REACH

JHPIEGO makes every effort to ensure its training programs are available to as many health professionals as possible. Through use of multiple training sites, course participation is not limited to professionals working at urban centers, but includes those located at rural hospitals, clinics and health centers as well. Since its inception JHPIEGO has supported the training of health care professionals and students from over 7,000 institutions (medical and nursing schools; teaching, maternity and general hospitals; clinics and health centers). In PY 1990 JHPIEGO supported training for participants from 854 institutions.

Incorporation of its reproductive health training into the curricula of medical, nursing and midwifery schools is another way JHPIEGO increases its reach. To facilitate the process, JHPIEGO supports education skills courses and workshops for medical, nursing and midwifery school faculty to review and strengthen existing curriculums, develop new ones and to provide instruction on how to better teach the new material. This year JHPIEGO supported the training of 160 medical, nursing and midwifery school faculty and 72 master trainers in these subjects.

EDUCATIONAL MATERIALS, TECHNICAL REPORTS AND PUBLICATIONS

During PY 1990, JHPIEGO produced a number of education materials, technical reports and publications, many of which have accompanied JHPIEGO-sponsored courses. The training materials aim to improve service delivery skills of family planning workers. The increased number of technical reports reflects JHPIEGO's continued commitment to evaluate the impact of the training programs. The lessons learned are used to improve training.

Some of the materials form the nucleus of JHPIEGO's new clinical training packages. Most have been translated into second, and sometimes third, languages, depending upon the need.

JHPIEGO Educational Materials

TRAINING PACKAGES

Copper T 380A IUD Insertion Training (5-day and 10-day courses)

Managing Genital Tract Infections in Family Planning Clients (10-day course)

AUDIO VISUAL MATERIALS

Insertion and Removal of the Copper T 380A IUD (video)

"No Touch" Technique for IUD Insertion (Copper T 380A) (slide set)

MANUALS AND GUIDELINES

Clinical Skills Teaching Manual, 1990.

Copper T 380A Reference Manual, 1990.

Family Planning Service Guidelines for Egypt, 1990. JHPIEGO and Ain Shams University, ed.

Infection Prevention Guidelines for Family Planning Clinics, 1989.

Managing Genital Tract Infections (GTT's) in Family Planning Clients, 1989.

Optel Distance Learning System Users Manual, 1990.

JHPIEGO Technical Reports

- Ajello, Clayton and Kinzie, Barbara. An Assessment of In-Service Education in Reproductive Health for Nurses and Health Extension Officers in Papua New Guinea Using a Distance Learning Approach. November 1989.
- Bhatia, Shushum; Dean, Deborah; Otolorin, Emaneul and Powell, Winifred. An Assessment of Medical Training in Reproductive Health and Family Planning in Ghanaian Medical Schools. April 1990.
- Bhatia, Shushum; McIntosh, Noel and Kamau, Koigi. Evaluation of the Medical Intern Minilaparotomy Training Program of Kenya, (Phase 1). April 1990.
- Dean, Deborah; Bhatia, Shushum; Delano, Grace and Ogundeyin, Winifred. Evaluation of the Reproductive Health and Education Skills Training Project for Anglophone West African Nurse-Tutors. April 1990.
- Diegel, Denise. A Survey of JHPIEGO Donated Laparoscopic Equipment in Selected Francophone African Countries and Haiti. March 1990.
- McIntosh, Noel. An Assessment of Indonesian Secure Contraception (VS) Reversal Program and Infertility Services. July 1989.
- Toumi-Metz, Liliane and MacNeil, Joan. An Assessment Report of the National Training Center of the Tunisian Office of Family and Population. September 1989.

JHPIEGO Publications

- Ajello, Clayton: "Maternal Mortality." Philippines Journal of Obstetrics and Gynecology, 13:2. April - June 1989.
- McIntosh, Noel: "AIDs in Pregnancy." Philippines Journal of Obsetrics and Gynecology, 13:2. April - June 1989.
- Teitjen, Linda and McIntosh, Noel. "Infection Control in Family Planning Facilities." Outlook, 7:2. June 1989. (English, French and Spanish)

FINANCIAL REVIEW

Program Year 1990 (May 1, 1989 to April 30, 1990) was JHPIEGO's third year under Cooperative Agreement number DPE-3054-A-00-7004, which went into effect on May 1, 1987 and currently runs through April 30, 1992.

TABLE 8
RECAP AID GRANT DPE 3045-A-00-7004

	DISBURSEMENTS		UNLIQUID OBLIG. AS OF 4/30/90	TOTAL
	5/1/87-4/30/89	5/1/89-4/30/90		
CENTRAL COST	\$3,788,414	\$2,883,689	\$768,228	\$7,440,331
PLANNING & DEVELOPMENT	203,915	157,431	306,876	668,222
TRAINING & EDUCATION				
Participant Cost	638,517	474,972	0	1,113,489
Field Training	120,740	295,559	104,601	520,900
Equipment	348,592	616,630	140,038	1,105,260
National/Regional Programs	1,514,337	2,151,427	2,801,159	6,466,923
JHPIEGO Education Center	166,234	148,257	0	314,491
Unobligated			4,420,663	4,420,663
Total Training & Education	2,788,420	3,686,845	7,466,461	13,941,726
TOTAL	\$6,780,749	\$6,727,965	\$8,541,565	\$22,050,279

NOTE: The unobligated funds will be used to support in-country agreements during the next program cycle, May 1, 1990 through April 30, 1991.

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