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ASSESSMENT OF THE
INTERNATIONAL CONFEDERATION OF
MIDWIVES
PROJECT: AID/csd 3411

A Report Prepared By:

EVELYN JOHNSEN, M.A., N.Ed. & P.H.N.
SHIRLEY A. MIDDLETON, M.A., P.H.N., M.P.H.

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ASSESSMENT OF THE
INTERNATIONAL CONFEDERATION OF MIDWIVES
UNDER CONTRACT NO. AID/csd -3411

I. INTRODUCTION

This review and assessment was conducted in two separate blocks of time. December 7-13, 1977 was spent in the AID/Washington offices. The consultants were oriented to the evaluation objectives and procedures, reviewed project documents and other pertinent materials, and had substantive discussions with the Project Monitor, and the Desk Officers of each AID region. Three staff members from the International Confederation of Midwives (ICM) headquarters in London visited the AID/Washington office during this time, facilitating a beginning dialogue with the ICM Executive Secretary, Project Director and Financial Manager.

The second block of time, from January 20-27, 1978, was spent at the ICM office in London. Project staff graciously made themselves available throughout the visit for individual and group interviews, group discussions and question answering sessions. All project files were open to the evaluators and extensive project records, documentation, country reports and correspondence were reviewed and assessed. Persons interviewed included:

Margaret Hardy--ICM Executive Secretary and
Project Assistant Administrator

Barbara Patterson--Project Director

Veronique Vatin--French Field Director

Harry S. Smith--Financial Manager

Katerina Andronicou--Secretary

Lydia Fernandes--Secretary

John S. Tomkinson--Secretary General, International
Federation of Gynecology and
Obstetrics

Because country reports and follow-up correspondence with participants were so extensive, and because one of the consultants has had substantial experience in project field activities, visits to participating countries did not seem to be indicated at this time.

The evaluators wish to express their sincere appreciation to Miss Hardy and all of her staff for their many kindnesses as well as for their frank discussions and the high degree of cooperation and assistance they provided throughout the London visit.

II. HISTORICAL BACKGROUND

The International Confederation of Midwives (ICM) is a federation of national midwifery associations in 51 countries and represent approximately 100,000 midwives throughout the world. In May, 1972 the ICM was given a three year grant by the U.S. Agency for International Development (AID) to conduct regional working parties for Midwives and Obstetricians in less developed countries (LDCs). Purpose of the working parties was to promote the concept of family planning as a midwifery responsibility. In March, 1975, a new grant agreement provided funds for another two years and a second extension carried the project to March 31, 1978.

The objective of the grant was to stimulate effective concern and action in the midwifery profession for delivery of information and education about population and family planning (FP) together with the delivery of FP services. The grant provided for ICM to conduct four or five regional working parties in which LDC midwives and physicians would:

- 1) analyze needs, potentials and resources necessary for midwives to participate actively in FP services,
- 2) develop recommendations on the role and training of the midwife for FP,
- 3) in consultation with ICM, agree on a plan of action to promote the working party recommendations in each country, and
- 4) encourage incorporation of traditional birth attendants (TBAs) in MCH/FP services.

ICM would promote and consult on implementation of working party recommendations and assist in establishing and strengthening national midwifery associations by follow-up visits to participating countries. They would also prepare and distribute reports of each working party, provided teaching materials and manuals on midwifery and FP to working party participants, and stimulate FP training for midwives. In addition, ICM would assist with in-country and regional

training seminars or workshops as requested. The grant extension made on April 1, 1977 provided for ICM's response to requests for in-country planning and training assistance for TBA programs.

Previous to 1972, the ICM had affiliated itself with the International Federation of Obstetricians and Gynecologists (FIGO) in a Joint Study Group which had as its aim the improvement of maternal and child care and quality of life through the inclusion of FP among the services provided by midwives of all categories in their expanding role. This affiliation has allowed ICM to carry out the activities of the grant with the assured cooperation of FIGO around the world.

III. SUMMARY

The International Cofederation of Midwives, with ICM/FIGO Joint Study Committee support, has continued to involve leading LDC midwives and physicians and Ministry of Health officials in it's AID project activity. It has continued to motivate midwives and obstetricians to work together to accept and develop recommendations for action promoting midwife and trained birth attendant involvement in family planning.

Since the last evaluation, personal observation of an evaluator of one working party and reports of others indicate a great improvement in ICM capability to plan, organize and conduct working parties and follow-up. The use and selection of consultants, the guidelines and direction, participant recommendations, and plans for implementation demonstrate an increased awareness of the total action needed to achieve the objectives of the grant. Time tables for scheduling follow-up plus written objectives for the visits and the participants' implementation plans have greatly improved field staff consultation in the past three years.

Follow-up of early working parties, with the exception of the one in Anglophone West Africa, has not had the same result. One wonders whether South and Central America and Francophone Africa have not felt the need for ICM support and assistance or whether more concentrated and effective follow-up would have made a difference in their response.

Reports for the past three years indicate more activity on the part of most participants in trying to do something about FP training, revision of curricula and training of TBAs. Midwifery associations in two countries worked to arrange FP training for privately employed midwives; and in another country, differences between two rival midwifery organizations were resolved and the two became one organization representing all midwives. In each of these cases, ICM assistance had been made available immediately after the working party and for several follow-up visits. Momentum is lost when needed return visits are not made, and the follow-up of the early working parties was very uneven. In some cases, frequent changes in Ministry of Health top personnel have negated arrangements for curriculum revision and training.

In addition to working parties, and as a result of follow-up, two regional FP training seminars have been conducted by ICM staff. The Sierra Leone Midwifery Association, supported by the Ministry of Health and sponsored by IPPF and AID, planned a three week seminar on family health training for Anglophone West African senior midwives, teachers and supervisors. A seminar on information, education and communication for midwives of Nepal, Sri Lanka and Bangladesh was sponsored by the midwives and Ministry of Health of Bangladesh.

Again in response to follow-up, and to letters from ICM to the Ministries of Health offering assistance with training to involve TBAs in rural MCH/FP programs, two TBA trainer-training seminars were held, one in Bangladesh and the other in Afghanistan. Post training assignment reports and letters were received from almost all participants and, in addition to discussion of their pertinent activities in FP, the midwives indicated their appreciation of the help they had received in teaching techniques and communication skills. Many midwives have had family planning training and feel they can provide good services to people but few of them feel ready to teach and supervise others. A number of midwives returning from Downstate, Singapore and other FP training programs have pointed out their need to be taught how to pass on their new knowledge to others. Over the years, many international and national agencies have organized and provided money and materials for training TBAs and other auxiliaries, but have not arranged for teachers. Some of these agencies are watching the ICM trainer-training programs with interest. For example, UNFPA field staff expressed interest in having the same kind of training for their Family Welfare Assistants trainers in Bangladesh, and Ministry of Health officials there have approached ICM about assisting in this program.

In conclusion, the ICM/AID project's new direction seems an important one. It is needed, wanted, and appears to be highly successful.

IV. RECOMMENDATIONS

1. Funding to the ICM/AID project should be continued for its program of consultation to and of training of TBA trainers. ICM with FIGO support, is in a unique position to provide consultation to midwives and physicians in LDCs in planning for utilization of TBAs and auxiliary personnel in rural MCH/FP programs and to assist with training for trainers and supervisors.
2. Together, ICM and AID/Washington need to reexamine present project objectives to be sure they are working toward the same goal and that the ICM program goals fit into the AID umbrella project on training and utilization of paraprofessionals. Communications between AID/Washington and ICM need to be improved, and anticipated changes in AID/Washington project back-up staff should be effected with adequate overlap and briefing to minimize loss of momentum or non-essential change in direction.
3. Follow-up visits to participating countries are extremely important and should be made within a shorter time frame. Regional staff and participants have remarked on the positive effects of the follow-up visit in reinforcing the participants activities and stimulating national authorities to study recommendations and seriously consider improving the utilization of midwives to strengthen MCH/FP services.
4. Project activity should be concentrated on a few specific training programs and consultations within a given time period, providing frequent and sustained consultation to these programs before going on to new countries and more seminars. If services are spread too thin, programs will not continue to be successful. Priorities for countries to be assisted should be based on criteria which include service and training needs and country readiness to move ahead.
5. ICM should actively continue to seek the cooperation of FIGO in planning for and conducting training seminars in LDCs. There is continued need for national cooperation

between Obstetricians and midwives and for each to value the contribution of the other.

6. Midwives around the world should continue to be assisted in developing national associations or midwifery sections in nursing associations. In countries which have viable organizations, these associations have been very helpful in gaining acceptance of working party recommendations and in their implementation.
7. A plan should be developed and implemented to attempt to revitalize midwife/physician acceptance of the midwife's role in FP in Latin American and Francophone Africa and to stimulate action in these areas.
8. Working party recommendations, country plans, and follow up action as they relate directly to the purpose of the project should be summarized by ICM and distributed to relevant country USAID Population Officers and to the AID Office of Population to be used as one of the basis for other AID activity in each country.

V. ORGANIZATION AND ADMINISTRATION

The organization chart (Appendix A.) reflects the lines of authority vested in the ICM Executive Secretary with guidance from the Executive Committee of the FIGO/ICM Joint Study Group and the ICM Executive Council. Minutes of the meetings of these two committees are available but do not reflect specific recommendations on project policy issues. Notations in the minutes reflect primarily the information given by the Executive Secretary to the members to keep them informed of the current status of the program. The involvement of the Joint Study Group Committee has become less direct this past year as the project has moved from working parties to the conduct of training seminars. A major aspect of the function of both of these advisory groups should be to provide the ICM project staff with information relevant to MCH/FP service needs which are appropriate to project activity and which will assist ICM in determining priorities for action. In addition, they can and should provide liaison between LDC midwives, Obstetricians, professional organizations, governments and the ICM/AID project staff.

Although the organization chart clearly identifies lines of authority, the organization and management of the project operates primarily on an informal basis. The small number of staff facilitates a close interdependent working relationship, each aware of her own responsibilities as well as each others, providing an ability for people to cover for each other. This is necessary because each professional staff member must be out of the office on travel status for varying lengths of time. The informal administrative structure is based on good interpersonal relationships and provides warm, helpful environment supportive of the constantly traveling staff. The secretarial and translation staff appear to be competent to keep records and answer necessary mail and maintain continuity when professional staff are away. Morale is good, staff are highly motivated and professionally prepared to do their jobs.

Financially the grant is adequate to support the various activities at the level described in the project agreement and other official documents. These activities include

travel, conducting training seminars and developing teaching material, manuals and guidelines for training of midwives of all levels of preparation and languages, as well as guidelines and procedures for services to be delivered safely. It would be useful to add a procedure manual for project staff with indexed and dated guidelines and procedures for all activities.

The project does not have a record of non-AID expenditures and in-kind contributions in the various countries. This would make an interesting adjunct to the total budget and expenditure. Our impression is that the non-AID contributions have been considerable from all the LDC's participating in Working Parties and Training Seminars to date. These contributions have been facilities, audiovisual aids, in-country transportation, staff time and assistance in hospitality.

The Edwina Mountbatten Trust donated British Pounds Sterling 2250 for a working party in Oceania, a sum which the donor has agreed the project may use to bring Oceania midwives to the next ICM Congress in Israel. IPPF has assisted a few people to attend working parties and has provided office space and assistance to field personnel and teaching materials for working parties. SIDA provided travel and per diem for 30 midwives, primarily from Asia, to attend the 1975 ICM Congress; and Pathfinder sponsored 20 midwives from Latin America and Africa at the Congress.

AID funds expended from the beginning of the project through March, 1978 total \$1,507,529. (See Appendix B.) There is an annual audit by AID/Washington auditors and the controls which have been established appear to be adequate. The financial management system is well equipped to be responsive to program needs, and it has adequate controls to preclude incurring obligations in excess of the total amount authorized or available in restricted categories. The petty cash fund is under the responsibility of the ICM Executive Secretary and is reasonable in size and limited as to purpose and amount disbursed.

Staffing

There are presently six professional midwives on the project staff: Director, Assistant Administrator (part time of

Executive Secretary), 3 Field Directors (English, French and Spanish speaking--1 part time), and 1 short term Regional Field Director (Arabic speaking). In addition there are a part time Financial Manager, 2 secretaries, and 2 part time translators.

All staff members are well prepared in their specific fields. The professional staff come from varied backgrounds reflecting a successful career prior to project employment. Secretaries and translators are unusually well qualified. All staff members are bilingual and at least three are multi-lingual. (See curriculum vitae--Appendix C.)

This is a stable staff and three--the Director, Assistant Administrator and Financial Manager--have been associated with or employed by the project since its beginning in 1972. Provision has been made for promotion within the system, i.e. Margaret Hardy, Exec. Sec./Assistant Administrator, began as Assistant to the previous Executive Secretary; Barbara Patterson, Director; and Belinda Brohier, Field Director, began as Regional Field Directors in the Caribbean and Asia Regions; and Harry Smith, Financial Manager, was employed by ICM in 1971 and has continued part-time for the life of the project.

New staff have been recruited from various areas of the world to fulfill specific objectives of the project. The previous years required Regional Field Directors who were selected from the regions and served on a short term basis, necessitating intensive in-service education, consultation and supervision. This was demanding and expensive for it involved new staff Parties. Now that the Working Parties have been completed there will no longer be a need for short term regional field staff.

In-service education seems to be provided on a casual basis. The orientation of new staff is structured and designed on an individual need basis. Records of orientation are kept in the personnel file of each staff member. However, we found no evidence of additional in-service education recorded. It is important for staff to have some exposure to planned in-service education and it is vital to their development and personal growth to attend their professional meetings. Somehow, attendance at one annual professional meeting needs to be facilitated. Also each staff member should read the original grant application and PROPS.

Pursuant to the above, it is recommended that:

1. Development of and budget support for a program to provide planned in-service education for each staff person.
2. ICM approval of project personnel policies which should be reviewed and assessed prior to the next ICM Congress. The Executive Committee of the Joint Study Group should also review the policies.

Facilities

The present office facilities at 47 Victoria Street are quite inadequate but the project will soon move to the Queen's Nursing Institute, 57 Lower Belgrave Street. These new quarters have adequate office space and are conducive to holding conferences and meetings, giving the project some of the visibility and style it so richly deserves.

The facilities used for Working Parties, both for conducting the meetings and housing the participants, varied from excellent to unacceptable. Saving money on housing creates a bad impression in LDC's and consequently decreases the importance of the Working Party and the image of Ob/Gyn Physicians and Midwives.

Coordination With Other Agencies

Coordination with other health and family planning organizations has been on an informal basis but has been particularly effective in the preparation and process of conducting Working Parties. The international agencies most frequently involved were WHO, IPPF, IPA, UNICEF, UNFPA and the Pathfinder Fund. In every country where they existed, the following were involved: Ministry of Health, National Midwives Association, Gynecological and Obstetrical Society, Pediatric Association, National Family Planning Board and the Voluntary Family Planning Association. The FIGO/ICM Joint Study Group has a significant influence with international agencies and should continue to reinforce and strengthen ICM relationships with both international and national agencies and associations.

In addition, project staff report and discuss activities with USAID Population Officers in the LDC countries which they visit, and work with AID contract personnel in the

field. Frequent contacts have been made with staff of the University of California/ Santa Cruz projects in Africa and Afganistan, the University of North Carolina AHTIP project in Africa, and the Downstate Family Planning Training Program for Midwives. Downstate program personnel have been consultants to many working parties, and Santa Cruz and AID personnel in Afghanistan assisted with the CENTO countries Working Party and were closely involved in planning for the Trainer-Training Seminar.

VI. ACTIVITIES AND OUTCOMES

ICM Congress--1975

The project provided \$30,000 to the ICM Triennial Congress held in Switzerland in 1975 to cover the proportion of program costs which were devoted to population/FP and the midwives' professional responsibilities in FP. At least one-third of the program content and background papers of the week-long meeting centered around family planning and the need for midwives to be involved. In addition, the keynote address presented the problem and pinpointed uncontrolled fertility as one of the conditions adversely affecting the quality of life.

Well over 200 midwives from 89 countries attended the Congress, a fair number of them representing associations in LDCs. From non-member countries primarily, fifty midwives were able to attend the Congress as a result of financial assistance from the Pathfinder Fund and the Swedish International Development Association, a major share of the assistance going to Asian midwives.

The Congress was of value to the project in providing contacts between LDC midwives and the ICM, and in offering opportunities for project staff to meet the midwives from Asian countries and make plans for future working parties. It also made it possible for regional field directors to discuss further progress on implementation of working party recommendations with participants who were present, and for Congress participants to discuss association problems and to seek help in finding training opportunities.

The Congress also offered an opportunity to project staff to report to the ICM Council and the membership on the AID grant to ICM, on the seven working parties already completed, and on progress achieved in reaching project goals. A FIGO representative reported his view that the working parties were influencing many Obstetricians to recognize the value of midwives. Copies of five working party reports were available at the Congress for the many participants who wished them.

The report of the Congress, containing reports of sessions, papers presented by speakers and technical background papers, has been published and distributed to member associations, LDC participants requesting it, and interested organizations such as WHO, IPPF, SIDA and Pathfinder. The report is available only in English as the expense of translation and publication in two additional languages was exorbitant and large numbers of the last Congress report in Spanish and French remain in storage in the ICM office.

Working Parties

As provided for in the grant, ICM has held six working parties in the last three years; in South America, East Asia, West Asia, India, the CENTO countries and the Anglo-phone Middle East. The ICM organization for these working parties began more than a year before preliminary requests for government approval of sites to hold the working parties were made. Discussions were held with personnel in AID regional population offices and with the AID Project Monitor and they determined the grouping of countries for each working party and suggested cities in which each might be held. When sites and possible dates for the working party had been determined by AID and ICM, government officials in the chosen country were approached through correspondence from the Joint Study Group for approval to hold a regional working party in their country. When approval from the government was received, ICM project staff proceeded with preparations, following guidelines established for working party organization (see Appendix D.).

Design of the program for working parties was to focus attention on the midwife as a key person in the FP field because of her unique position in the health team and to ensure that FP is included in the training curricula of all categories of midwives. Objectives for each working party have varied slightly, but usually lectures and discussions centered on the expanding role of the midwife, FP integrated in family health or MCH programs, TBAs, and the promotion of family planning.

Recommendations for countries of the region were formulated in small groups but discussed and approved by all participants. They varied in detail and in emphasis, but all said FP should be an integral part of family health or MCH services and all identified the responsibility of midwives in FP. Suggestions were made by some for legislative changes,

content to be included in training curricula, and evaluation of programs. Another recommendation made in every working party had to do with identification, training and registration of TBAs. There seemed to be more recognition of the need for utilization of TBAs in these last working parties though some country delegates continued to disregard them. All working parties recommended that FP be included in basic curricula for all categories of midwives and that the midwives' role be expanded to include FP, nutrition and child care.

In the last five working parties, the participants developed plans of action for implementation of the working party recommendations for each of their countries. Almost all had plans for presenting information about the working party to the government and obstetrical and midwifery groups, organizing midwifery associations, and developing in-country training sessions on family planning. More specific plans included conducting feasibility studies of midwifery role changes, meetings with midwifery training directors to urge inclusion of pediatrics, nutrition, FP and health education in existing curricula, promotion of policy changes to allow midwives to carry out clinical FP functions and to identify and supervise TBAs, orientation of the public, especially village leaders, to the expanded role of midwives and TBAs, etc. Participants from every country recognized that they could not make many of the needed changes themselves, except in their own schools or services, and that their greatest responsibility was to influence policy makers. Many countries indicated that ICM visits would be welcome to assist them in carrying out their implementation plans.

The process of developing working parties has had a time frame of: 1) initial visits to the region three months prior to the working party, 2) follow-up visits three months to two years after the meeting (and not to all countries), 3) interim reports within one month and final reports within one year. It is impossible to expect the small project staff to visit all countries, but a shorter time frame for follow-up visits to each region would strengthen the implementation of the recommendations and contribute to FP program development. This principle of frequent early consultation visits is applicable to follow-up of training seminars as well.

Following each working party, ICM staff produced a preliminary report which was mailed to each participant within a month. The recommendations of the working party were sent to the Minister of Health of each participating country at the same time. In the last few working parties, the preliminary report was completed and given to participants at their last session. Copies of papers presented by the speakers were also distributed to participants if available. However, the production of the final report was frequently delayed up to one year. (The only two year delay was the English translation of the Latin America working party report which had been originally published in Spanish and distributed soon after the working party.) Any delay decreases a report's value and experience has demonstrated that a current document with simplified information quickly accessible has an increased utilization rate. One of the problems which has caused delay is the long wait for all speeches to be submitted for inclusion in the report. In retrospect, complying with the participants' request that all papers be included was probably not worth the delay it caused. All final reports have now been completed, although two are still at the printers. Routinely, final reports have been sent to participants, consultants, observers, Ministries of Health and USAIDs as well as to international and national agencies affiliated with the ICM/FIGO Joint Study Committee.

As back-up for working parties and other project activities, ICM has developed a library of educational materials, books, posters, pamphlets and other documents related to MCH/FP. These have been obtained from private publishers and official agency sources in a number of countries as well as from international agencies. At each working party, examples of these materials were exhibited and library time was provided when participants could browse through the materials and order copies to be sent to their home countries.

During the life of the project, 570 key midwives and Obstetricians from 81 countries have participated in 12 working parties, each for an average period of 8 days. The Summary of Working Parties (see Appendix E.) identifies the participating countries, staff, and attendees, and the time frame for each working party activity.

The average cost per working party can be roughly calculated as follows: project staff estimate that each working party requires 1/3 of a working year of professional staff time; and an average of 3 working parties/training seminars have been held each year. One third of the average annual direct working party costs (see Appendix F.) plus one third of the average professional staff salary makes a total working party/seminar cost of approximately \$28,000. Even allowing for other concomitant costs, this is a small amount to pay for a significant distribution of FP information and commitment to MCH/FP program development by a wide spread of professional people from a large number of countries.

Follow-up (also see Appendix E)

Field visits to the participating countries and correspondence with working party participants have provided opportunity for observation and assessment of specific action toward achievement of project goals and for consultation and support. Almost all countries participating in project working parties have been visited at least once by consultants or ICM field directors; many countries have been visited twice or more often on special request. At the working parties each country's participants prepared plans for national follow-up action for implementation of recommendations. These specific plans have not only influenced returned participants to take action but have assisted the field directors in setting up objectives for their field visits and helped them in evaluating progress.

Almost all countries now consider FP to be an essential part of MCH services. This change of attitude in many LDCs has been influenced by a wide variety of external inputs, and it is almost impossible to assess how much of the change is a direct result of this project. However, officials in a number of countries credited certain specific changes to the influence and action of returned working party participants.

In some countries, as in Gambia, FP services are now being provided despite the non-open policy of the government. In West Africa, follow-up indicates that there is much encouragement of FP training from Ministry level personnel despite lack of government policy in some countries. Countries in the Asia region seem to have fully integrated government MCH/FP programs. Swaziland has no government program but independent family planning services are permitted to function. On the other hand, Kenya has an integrated MCH/FP program but FP does not seem to be fully accepted. Midwives are given training but their input to FP is minimal. However, in most countries midwives are providing more of the FP education and service. In some places, i.e. Thailand, Nepal, Taiwan, Malaysia and The Philippines, they are becoming fully involved in their countries' programs.

Several FIG representatives to working parties have reported on a changing attitude of Obstetricians toward the position of the midwife in MCH/FP programs. The East Asia working party highlighted the need for expanding the role of midwives and it is felt there has been some change in the Obstetricians' acceptance of and attitude toward the midwife. In the Philippines there has been cooperation between the obstetrical society and midwifery association in imple-

mentation of recommendations. In Malaysia, MCH personnel indicated that joint participation in the working party has brought about changes of attitude on the part of Obstetricians about working with midwives. In Sierra Leone hospital Obstetricians, Midwifery school faculty, MCH program staff and FPA staff were meeting together to develop guidelines for instruction of midwives and to coordinate all their activities. However, the ICM field visitors to Latin America felt that there continues to be need to motivate Obstetricians to accept midwives as professional colleagues. Elsewhere, there are still many Obstetricians who would limit the midwifery role, For example, in Sri Lanka most Obstetricians oppose midwives inserting IUDs although the government allows it. This same attitude is held by private practicing Obstetricians in many countries.

Ministries of Health personnel, especially those directly involved in the working parties, expressed interest in working party recommendations and were understanding of actions needed for implementation. In Turkey a large group of officials from the Ministry attended the working party and were motivated to take action to review training curricula and plan a new education program for rural or village midwives. In Manila, government personnel gave support to the midwives in amalgamation of their associations, in revision and acceptance of a new curriculum, and in providing training in FP. Malaysian government officials took an active part in the working party and proceeded to assist revision of curricula and to include TBAs in the newly developed health program. Taiwan and Afghanistan officials accepted recommendations and were immediately interested in planning for training programs.

Participation in working parties, reporting on recommendations and action plans, and ICM consultant visits encouraged midwives to begin planning for formation of a midwifery group which could ally itself with ICM for support of their actions. Midwifery associations already organized were stimulated to become more active and to develop programs which would attract additional midwives' support. For many years in some of these organizations, initiative had been shown by too few people and always the same people.

New midwifery associations from Israel, Lebanon, Mauritius, Togo and Uganda were admitted into the ICM at the 1975 ICM Congress. The Sri Lanka Association is requesting admission at the 1978 Congress. Midwifery associations which have been formed in Guyana, Niger and Cameroon are now awaiting approval or clearance by their governments. In Nepal a

small working committee has been organized to develop a midwifery organization. In the Gambia, a loosely organized group of midwives has formed an official association and at their request, ICM has provided them with practical guidelines to stimulate membership and encourage young graduates to join the association.

In Costa Rica, a special midwifery section was established in the nursing association. Bolivian midwives are also working toward this. In Bangladesh, Malaysia, Thailand, Pakistan and other countries where the majority of professional midwives are also nurses, the nursing associations are discussing the formation of midwifery branches in nursing associations. In Iran the FP Association was stimulated by working party participants to invite a representative of the Iran Midwifery Association to speak to a group of their midwives and encourage association membership to increase numbers and strengthen midwives' deliberations with the Ministry of Health to maintain standards and service. Fifty new members resulted from this meeting, and more similar meetings are being arranged. The president and another member of the Turkish Midwives Association translated the working party interim report into Turkish and distributed them to all schools of midwifery and nursing as well as to all participants of the Ministry of Health curriculum seminar. Great interest was aroused and numbers of midwives participated in organizing and supporting the National General Congress of Midwives held six months later. In The Philippines the Integrated Midwives Association is a result of the two previous organizations working together with the ICM, Ministry of Health personnel, and the National Board of Midwifery to form one strong effective organization. The new association is now officially registered with the National Security and Exchange Commission and is working on formation of branches of the association around the country and on improvements for midwives in MCH/FP matters.

Training in FP, begun as a direct result of working party influence, has been given high priority by organized midwifery groups. In the Philippines, the midwifery association recognized that privately employed midwives, whose number is greater than those employed by government, are an important manpower source. With the assistance of the ICM consultant, the association convinced the authorities that FP training of this large group of midwives was essential. As a result, The Population Center Foundation planned an 18-month study project for training private practicing midwives in delivery of comprehensive FP services with emphasis on IUD insertion

and pill dispensing; and with Asia Foundation support, the first two month course for private midwives commenced in August, 1976 at the MCH Institute. The Korean Midwives Association worked with Ministry personnel to develop a curriculum for a training course in IUD insertion for private midwives, but changes in Ministry personnel have slowed down implementation of these plans. In Taiwan, the midwives association formulated a joint project with the Association for Voluntary Sterilization (AVS) subsidized by the government, to train private practicing midwives in FP education. Another training project developed jointly by the Midwives Association and AVS and subsidized by the national health administration is for midwives working in health centers in remote areas. They are trained to set up and conduct mobile FP clinics and to insert IUDs. The trainers, one physician and five midwives, were trained at the Downstate FP training Center.

The Ministry of Health in Taiwan requested and received support from the ICM/AID project for a training project to gain the active participation of public health nurses and midwives of local health stations in the FP program. A total of 177 nurses and midwives participated in the five workshops and in the final evaluation seminars which were conducted one year later. An ICM consultant participated in the first workshop and in the evaluation seminars. National level health personnel supported and attended these local workshops which had encouraging results.

Sierra Leone midwives had tried for a long time to find financial support for a local training seminar. In 1975 they turned to the ICM project, which had had similar requests from The Gambia and Ghana. In collaboration with the Sierra Leone Midwifery Association, the Ministry of Health and the IPPF, ICM assisted with a three-week FP seminar for 27 midwives from Sierra Leone, The Gambia, Ghana, Liberia and Nigeria. The seminar provided training in family health, developed skills in communication, supervision and administration, and prepared participants to act as trainers and to organize training courses in their own countries. Post training assignment reports and correspondence indicate that trainees are using their new skills in conducting training courses, in FP services, in classes for motivators, in trying to organize new clinics, and in assisting a committee to develop trainers and training manuals in MCH/FP. A WHO consultant, a former ICM regional

field director, assisted with this seminar. WHO field personnel have participated in many of the other project follow-up activities.

A post working party seminar on FP information, education and communication training was held in Dacca in 1976 at the request of the midwives and with full cooperation of the Ministry of Health of Bangladesh. Seventeen midwives and other health personnel from Bangladesh, Nepal and Sri Lanka attended the seminar. Post training assignment reports of more than half of the participants indicate that participation in motivation for male and female sterilization was seen as a major midwife responsibility. One Nepalese participant reported that 27 women were recruited for tubal ligation in a two month period. Another outcome is the active interest which has been stimulated in reviewing midwifery and FP curricula in light of seminar curriculum content. ICM staff members have maintained contact and provided encouragement to seminar participants through continuing correspondence.

Almost every participating country now provides some form of FP education for their midwives. Only about half include training in clinical techniques, and in a few countries like Ecuador, the Ministry of Health approves training for all but emphasis is still on training for physicians. Requests for assistance to midwives for training outside their countries are frequently received by ICM during field visits for countries.

Suggestions are made by ICM of organizations and foundations which can provide financial assistance and of training programs in various countries which would fill a particular need. Many times representatives of foundations and international organizations in the country are contacted directly by the field director to ask assistance. In Nepal, a need for scholarships for midwifery tutors who would be teaching in the nurse/midwife program was discussed with the British Counsel representative who offered to sponsor five or six nurses for training in England. The Asia Foundation representative in Manila was approached by the field director and brought together with the Population Commission about possible support for a medical mission FP program which provided training in all methods of contraception.

Changes in midwifery curricula to add or strengthen FP content is another major outcome of the project. Following the working party, Turkey held a seminar in 1977 on curriculum

development during which the nursing and midwifery training programs were reviewed and a draft midwifery curriculum, which included the expanded role of the midwife, was developed to present to the Professional Education Division of the Ministry of Health. A report was prepared about the expanded role of the midwife and a new midwifery law was suggested as it would not be possible to extend the role of the midwife under the present law. Here, as in many other countries, policies and regulations must be changed.

In Pakistan there are plans to extend the training of health visitors/midwives by three months to allow for expansion of curriculum as recommended by the working party. The recommendations and country follow-up plan are on file in the Nursing Council (a semi-autonomous nursing and regulatory body) and on the agenda for discussion at the next Council meeting.

In Korea the midwifery law is being reviewed for necessary revisions to allow for the expanded role of the midwife. In Taiwan, the midwifery curriculum approved by the Ministry of Education has been revised to include the recommended expanded program; midwifery legislation and practice is being reorganized, and the supervisory practices improved. In the Philippines, revision of the midwifery curriculum to include FP was approved and the training period was extended to two years to encompass the change. The amendments proposed to the existing midwifery law were passed by the Midwifery Board of the Professional Regulation Commission and have been circulated to all professional boards for study and comment. A final draft of the revised midwifery law has been submitted to the Presidential office for approval.

In the Dominican Republic the curriculum was revised and the manuals on functions and technics which serve as guides for supervision in FP were revised and printed. Ecuador had no official change in curriculum but midwives report that they are including FP in their teaching. Other countries of South America report that they are in the process of reviewing their curricula in the light of working party recommendations.

In Bangladesh, Nepal, Sri Lanka and Malaysia, training needs for midwives are being studied with a view to curriculum revision and training period modification. In Thailand the auxiliary midwifery training is under study. Indonesia has included FP in their curricula. With the exception of Liberia, all the countries of Anglophone West Africa have revised their curricula to include FP; and in Anglophone

East Africa most of the training programs provide for this expanded role of midwives.

Traditional birth attendants have been given increasing emphasis by the project during the past three years. In all working parties, the ICM has stressed the need for all categories of midwives, including TBAs, to be included in FP programs and services and to be trained for this role. In much of the world there has been reluctance on the part of professional midwives and Obstetricians to acknowledge the existence and the practice of TBAs. As the scarcity of trained personnel and the need for expansion of MCH/FP services to rural areas were highlighted in working party discussions, and as a few countries related the positive effects of their work with TBAs, most participants were stimulated to recognize the need for and potential values of TBAs to MCH/FP programs. All working parties made a recommendation regarding the identification, training and utilization of TBAs in FP.

Nepal, Indonesia, Sierra Leone, Ghana and Liberia all have ongoing training programs for TBAs. The number of countries having intermittent programs have increased and still other countries are developing training and utilization plans. A few countries have stopped their programs: The Gambia had no tutor available, and the Dominican Republic had no funds. In the Caribbean and South America TBA training is in process in a number of countries. Colombia has reviewed and revised its program since the working party. Malaysia was stimulated to review their need to identify and train TBAs; and training seminars are being planned for senior personnel who will have administrative and teaching functions in the government's newly developed MCH/FP program and who will be responsible for training TBAs. TBA's are integrated into the FP program in the Philippines but the supervisors report that they are weak in FP education and there are communications difficulties in trying to clarify problems for TBAs. The ICM consultant suggested workshops for the trainers and supervisors with emphasis on information, education and communication technics. This suggestion has been brought to the attention of the Chief of MCH.

ICM has attempted to locate and publicize resources which would help to strengthen TBA programs. One of these is the

management course in administration at the Post Basic Nursing Division of the University of Ghana which includes a one month TBA trainer course. Midwives from Sierra Leone and Nigeria as well as from Ghana have had this training.

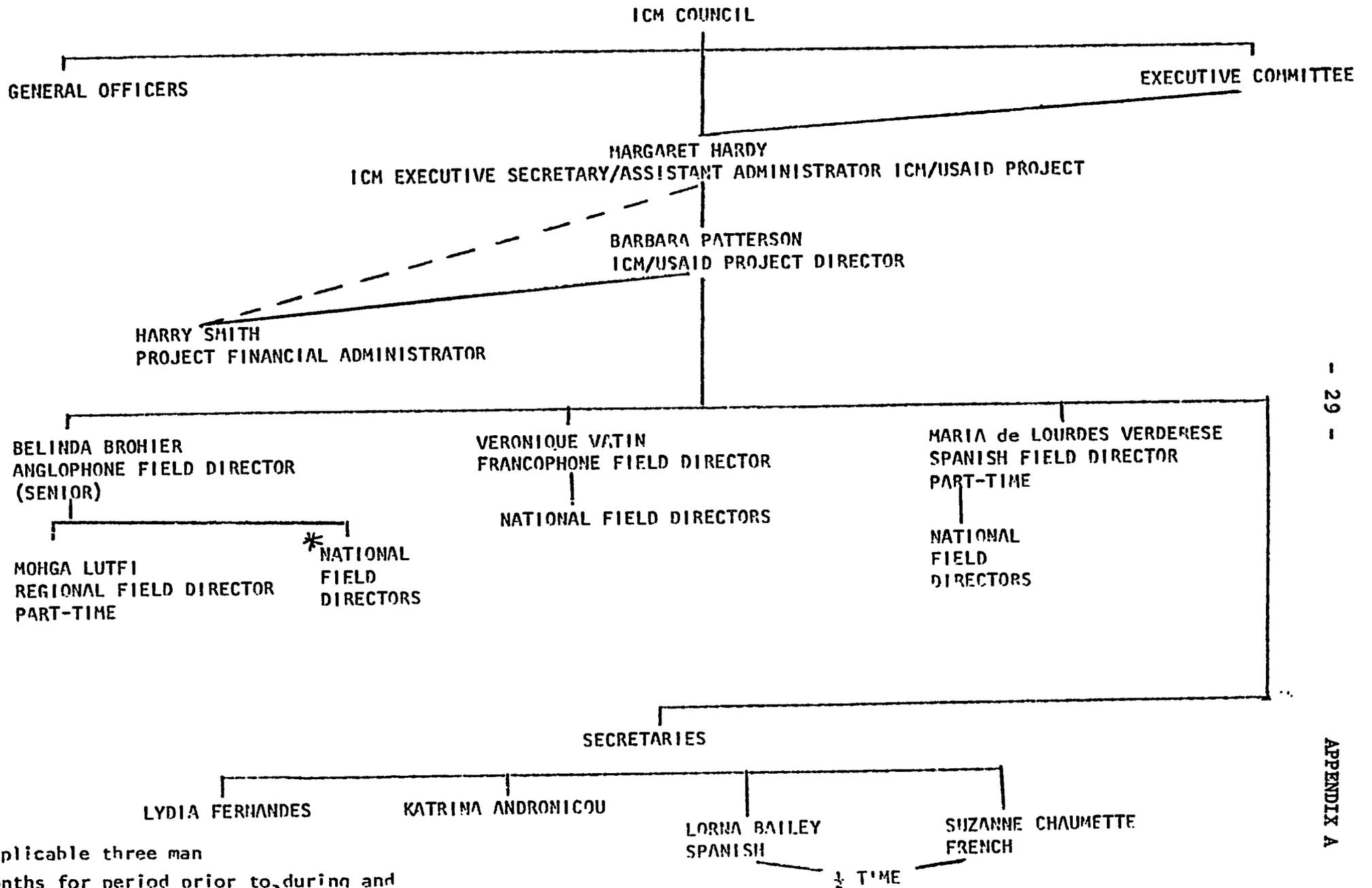
A small number of countries are still not interested in utilizing TBAs. Sri Lanka and Swaziland give them no encouragement. In Botswana, they may not be employed. Instead, Botswana uses family welfare educators and enrolled nurse midwives in the rural health posts of its integrated rural MCH/FP program. All of their enrolled nurse midwives have had FP training. Turkey does not legally recognize TBAs and opposes their training. Gradually they are being replaced by trained village midwives. In Turkey's population planning activity, education of the village midwives is considered a first priority because rural needs are so great.

The extension of the ICM project, entitled "Expanded Midwife Involvement in Reproductive Health", has special emphasis on the training of TBA trainers. The project goal is to prepare additional personnel for support of indigenous family welfare/ FP programs and to improve institutional capability for management and support of family planning. To determine interest and needs of countries for this kind of assistance, letters (See Appendix G) were sent to Ministries of Health of the countries which participated in working parties. In the responses received to date (See Appendix H.), 19 countries indicated active interest and suggested possible dates for visits and seminars. Of the 15 countries which reported "not required", many were countries which have developed programs as described in other parts of this report. Nine countries asked for more information before making a decision.

One early positive request was from Bangladesh where follow-up field visits had stimulated interest. The government planned to involve TBAs as semi-voluntary MCH auxiliaries, and they wanted a seminar to train TBA trainer/supervisors and to develop guidelines for a Dai Trainers manual. Rational for the seminar, objectives and training curriculum were prepared by ICM staff and the seminar was held in the spring of 1977. Participants were 24 Family Welfare Visitors/ Auxiliary Nurse Midwives. Content of their training included technics for identifying practicing TBAs, MCH/FP content needed by TBAs, and teaching technics and practice. Participants helped develop a curriculum for TBA training; and the

draft trainer's manual was compiled and submitted to the Population Control and FP directorate personnel. They commented on the success of the seminar and stated that their training committee would study the draft manual and translate it into Bengali. Post training reports have been received from most participants and correspondence continues to encourage their activities.

ICM has already responded to another request for continued assistance under the new project. Ministry of Health personnel in Afghanistan were enthusiastic about TBA training and asked ICM to start it for them. Discussion between the ICM field director, the General Director of Nursing and the Acting Minister of Public Health persuaded the Afghans to change their request and ask for ICM assistance with a seminar for trainers of TBAs. This seminar was to be held in Kabul in January and February of 1978.



↑ Applicable three man months for period prior to, during and after training seminar

Please Note

Staff Complement at present

- | | | |
|---|----------|------------------------|
| 1. Assistant Administrator half Time | = One | |
| 2. Project Director | = One | |
| 3. Field Directors | = Three* | * one starts part-time |
| 4. National Director (At present Working with
Field Director in Afghanistan) | = One | |

Addition to Staff

1. As of February 1978 - One Part-Time Regional Field Director to make follow-up visits for the Anglophone Middle East Countries, namely, Egypt, Lebanon, Syria, Jordan, and Sudan. Period six to eight weeks.
- * 2. As of March 1978 : Part-time Field Director to make initial visits to three Spanish speaking countries covering period five to six weeks. She will be replaced by a full-time Spanish speaking Field Director,
3. National Field Directors are appointed for In-Country Seminars as they are based in the country on three man months basis. The procedure is to utilize the services prior to, during, and following the Seminar.

International Federation of Gynaecology and Obstetrics

International Confederation of Midwives

Joint Study Group on the Training and Practice of Midwives and Maternity Nurses

Chairman Emeritus - Sir John Peel, K.C.V.O.

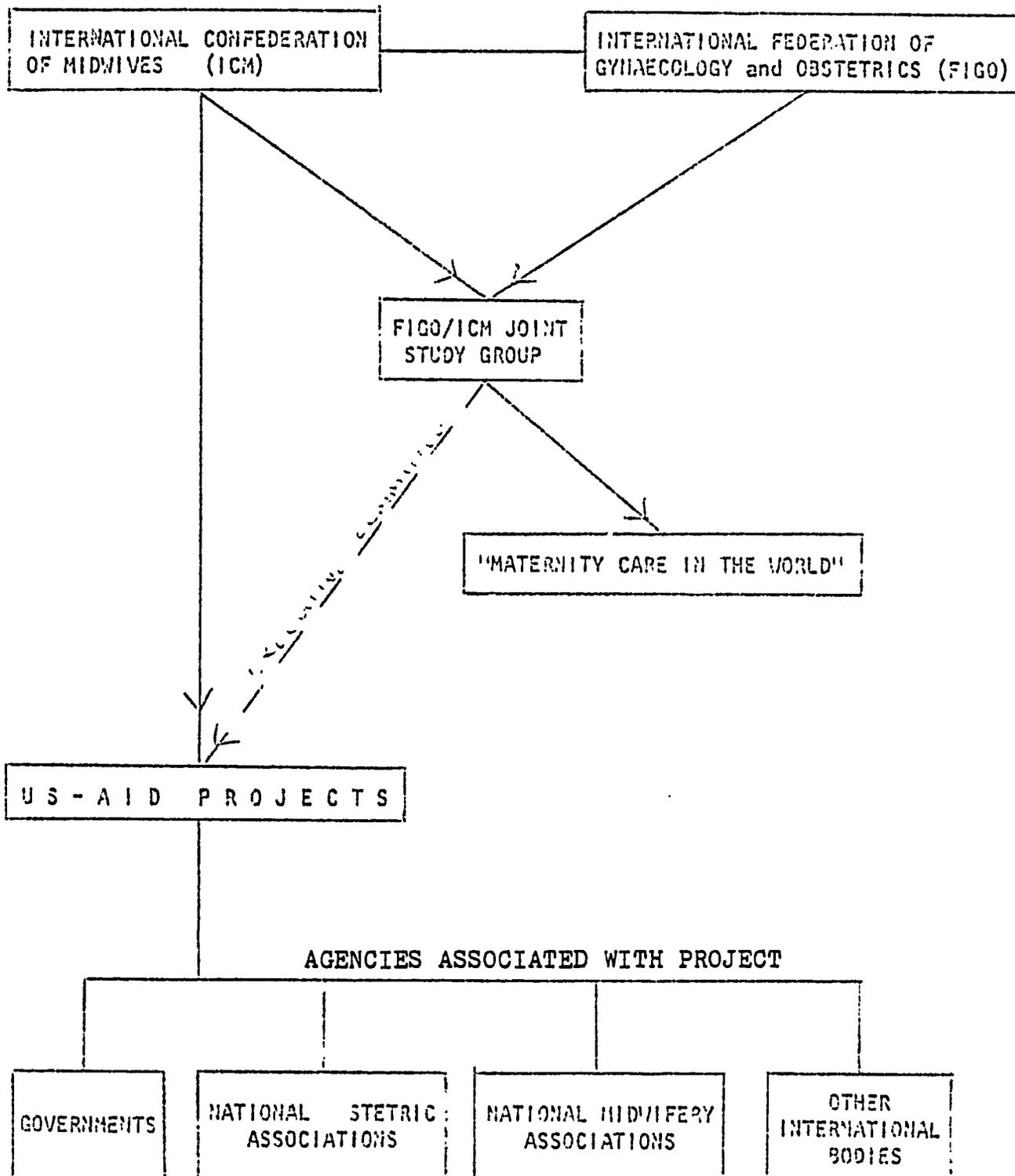
In cooperation with
The World Health Organisation
The International Planned Parenthood Federation
The International Paediatric Association
UNICEF

Chairman:
Mr. John Tomkinson
FRCS, FRCCO

Vice Chairman:
Miss Georgette Grossenbacher

Secretary:
Miss F. Margaret Hardy
International Confederation of Midwives
47 Victoria Street, London, SW1H 0EG

Tel. No. 01-222 2001-2 Telegraph: INTCONMD 3 W



I.C.M. / U.S.A.I.D. GRANT EXPENDITURE TO 31st MARCH 1978

<u>EXPENDITURE HEADING</u>	<u>Total Budget</u>	<u>Expended to 9/30/77</u>	<u>Qtr Ended 12/31/77</u>	<u>Qtr Ended 3/31/78</u>	<u>TOTALS TO 3/31/78</u>
	\$	\$	\$	\$	\$
Salaries & Benefits	632,797	549,222	25,000	33,300	607,522
Consultants	64,043	30,076	2,000	1,850	33,926
Travel/Per Diem-Staff & Consultants )	(	( 267,851	10,000	21,274	299,125
Travel/Per Diem-Participants )	(	( 151,403	18,000	-	169,403
Seminar Costs )	(	( 24,516	-	9,250	33,766
Reports & Publications	111,165	46,739	5,500	6,475	58,714
H.Q. Direct Costs	143,296	116,164	4,800	6,475	127,439
Pre-Grant Costs	3,984	3,984	-	-	3,984
AID Congress Grants	113,650	113,650	-	-	113,650
H.E.W. Joint Study Gp	40,000	40,000	-	-	40,000
H.E.W. 1972 Congress	20,000	20,000	-	-	20,000
Evaluation	16,000	-	-	-	-
AID Maternity Care in the World Contribution	15,000	-	-	-	-
TOTALS	1,674,711	1,363,605	65,300	78,624	1,507,529

CURRICULUM VITAE

Name: Amy Barbara Hyacinth Patterson



Present Position: Caribbean Regional Director

Nationality: Jamaican

Education: Private preschool, Chapleton, Jamaica
1933-1935

Primary School, Nav-la-ma, Jamaica
1936-1941

Secondary Schools:

The "Lance", Palmouth, 1941-43
St. Hugh's High, Kingston, 1943-46
Kingston Technical School, 1946-49
(Home economics, Art, etc.)
Durham Commercial College, Evening
Classes 1947-48

Certificates: Senior Cambridge: Grade 7 (English, English Literature, Maths, Physics, Geography, Spanish) Credit x 3; Distinction x 2; Pass x 2.

Higher School Certificate: 6 Subjects (Maths, Biology, English, English Literature, Spanish) Distinction x 3, Pass x 2.

Royal Society of Arts: Manufactures and Commerce London.

English Education Department Jamaica: Domestic Science subjects: Cookery, Laundry work, Housecraft, and Needlework.

Commercial: Typing and Shorthand

Nursing: State Registered Nurse: University Hospital and St. John Public Hospital, Jamaica, May 2, 1949-July 24, 1952

State Certified Midwife: General Midwives Board, England, December 11, 1950 No. 14246. Training Schools (a) St. Helier Hospital, Marshfield, Surrey England - Part I; (b) Bristol Maternity on the Downs, Bristol - Part II.

Nursing (continued) Midwife Teacher Diploma: Central
Midwives Board, England, July 1969

Premature Baby Certification: Bristol
Bristol Hospitals, Bristol General City
Hospital, November 24, 1966-
February 29, 1966.

Courses Attended: Triennial Congresses International
Midwives

Advanced Nursing and Midwifery Education-
Course 3/52 1972 U.N.W.I.

Top Level Management Course - Part time
Basils 10/9/73 -21/10/73, U.N.W.I.

Preschool and Basic School Regional
Seminar Interdisciplinary, U.N.W.I.
Campus November to December 1973 for
2/32

Experience: Staff Nurse S.N.W.I. July 1961-66
Casualty Department, Jamaica
S/Midwife, United Kingdom: St. Helier
Maternity Hospital and St. Helier
Hospital 1955-57

Ward Sister Maternity Unit. St. Helier
Hospital 1957-59

Midwifery Educator, U.N.W.I. 1960,
January-October 1972.

Principal Midwifery Educator, October 1972
to present time.

Professional Activities: President of Jamaica Midwives Assn.
Member of Nursing Council for Jamaica
Member of Nursing Committee U.N.W.I.
Member of Inservice Education Program

Other Activities: Member of Voluntary Organization for
Under-privileged Children West Indies
England

Charter Activities coordinator.

CURRICULUM VITAE

Name: Harry Smith
Age: 40
Present Position: Financial Advisor
Nationality: British/English
Education: Wolstanton County Grammar School
Cambridge Certificates of Education in:
Mathematics, English Language, English
Literature, History, Geography, German

Postgraduate Studies:
Two year full time course leading to
the passing of the final examinations
of the Association of Certified and
Corporate Accountants

Two year full time course leading to
the passing of the final examinations
of the Institute of Chartered Secretaries
and Administrators

Two year full time course leading to
the passing of the final examinations
of the Institute of Cost and Management
Accountants.

One year course leading to the passing
of the final examinations of the
Institute of Taxation

Six month course in Methods Study
and Work Measurement at the Work Study
School Shriverham (non-examination
course)

Qualifications held:

Member of the Association of Certified and Corporate Accountants
(Certified Accountant) (Holder of the Associations Public
Practitioners' Certificate)

Associate of the Institute of Cost and Management Accountants

Associate of the Institute of Chartered Secretaries and
Administrators

Associate of the British Institute of Management

Associate of the Institute of Taxation

Fellow of the Institute of Directors

Member of the Association of Lecturers in Accountancy

Current Appointments and Career Details - Concurrently since 1971:

- a. Managing Director of Scandinavian Homes Ltd., Construction Company, turnover One Million Pounds.
- b. Chairman of a "Data Processing Services" corporation.
- c. Director of two Public Quoted Corporations.
- d. On the Board of Directors of four other corporations.
- e. Partner in one Public Accountancy Practice and sole practitioner in another.
- f. Partner in a publishing company.
- g. Author of three books: (1) A Taxation textbook (2) A Corporation Law textbook (3) A textbook on "The Law and Conduct of Meeting".
- h. Appointed Financial Adviser to the ICM and to ICM/FIGO Joint Study Group in 1971.

Early Career Details

1951-1971 Ministry of Defence (Royal Army Pay Corps)

Locations: United Kingdom, Korea (UN), Japan, Hong Kong, Philippines, Borneo, Malaya, Singapore, Australia, Aden, Cyprus (UN), Libya, Holland, Germany, Italy, France

Appointments: Unit Paymaster; O.C. Offices Inspection Test
O&M Assignments Officer
Lecturer in Management, Economics, Office Management, and Statistics
Local Audits Officer;
Management Auditor and Financial Evaluator.

For the last five years before voluntary retirement on retired pay: - responsible for training senior officers in accountancy and administration. Also assigned to special evaluations, e.g., Royal Military Academy, Sandhurst, Military Prison Colchester, Military Hospitals at Aldershot and Colchester, and Civil Service organizations.

PERSONAL DATA

Name: BRONIA, Bellina S.G. nee LIM.
Nationality: Singaporean.
Marital Status: Divorced.

Profession: State Registered Nurse; State Certified Midwife;
Public Health Nurse; Family Planning Instructor
Consultant, Family Planning/Population Information
Education and Communication (FP/FOP., I.E.&C.)

Education:

A. General: Cambridge School Certificate (High School).

B. Professional:

1. General Nursing including Paediatric Nursing,
School of Nursing, General Hospital, Singapore.
1936/1939.
2. Midwifery I - Hospital Obstetrics, School of
Midwifery, Kangkar Kerbau Maternity Hospital,
Singapore. 1942/1942.
3. Midwifery II - Hospital and Domiciliary Obstetrics,
School of Midwifery, Colchester Maternity Hospital,
and Davenham Queen's District Nursing Service,
Dagenham, Essex, England. 1952/1953.
4. Public Health Nursing, emphasis on Maternal and
Child Health, Battersea Polytechnic College,
London, England. 1953/1954.
5. Intensive Specialist's Course on Family Planning
and Population Information, Education and Communicat
Communication.

C. Additional: Instructor's Training in Supervisory Skills such as:-
Job Relations (Interpersonal Relationships).
Job Instruction.
Job Organisation and Methods.

Short Courses on Business Management:
Law for the Commercial and Industrial Executives.
Commercial Psychology.

Languages:

- A. Spoken: Chinese; English; Indonesian and Malaysian well.
- B. Written: English - very well; Indonesian and Malaysian fair.
- C. Learned: French.

Employment Record:

Past Post I: May 15 1973 to May 14 1974.
Designation: Consultant, Family Planning/Population,
Information, Education and Communication in
Asia.
Employer: The Asia Foundation,
550, Kearny Street, San Francisco, California
94110.

Description of work:

- I. A. Provided advisory service and/or technical assistance to government and voluntary Family Planning organisations for developing, expanding or strengthening their FP/POP, I.E.&C programs, especially in the field of face to face I.E.&C. Training of face to face motivators:
A. Training of face to face motivators:
1. Assessment of training needs.
 2. Planning of I.E.&C. oriented training courses, paramedical and non medical personnel such as midwives, nurses and fieldworkers.
 3. Evaluation of training courses through follow-up trainees and observation of their performances.
 4. Revision of training courses when necessary.
- B. Preparation of educational materials - posters, pamphlets, flip charts, motivational films etc.
- C. Family Life Education.
- D. Sex Education for In and out of schools youth.
- E. Stimulated government FP agency to involve private practicing midwives as FP extension workers after they had been given adequate training.
- II. Motivated non family planning organisations such as midwives, nurses' associations and other professional organisations to accept FP/POP, I.E.&C. as their responsibility and help to promote it as one of their varied activities. Provided them with advisory service and/or technical assistance in their project planning.
- III. Cooperated with other donor agencies to get up Family Planning/Maternal and Child health Clinic for mothers and their 0 - 6 years old children. Technical assistance in the form of staff development and getting the clinic started and working satisfactorily.

Past Post: II. September 1 1971 to February 24 1973.
Designation: Training Officer, USAID/Population, Vietnam
Employer: International Rescue Committee (Agency for USAID
Contract Officers).
386 Park Avenue South, New York, N.Y. 10016.

Description of work:

- II. Advised and assisted the Chief Midwife Supervisor, Maternal and Child Health Services/Family Planning Officer as follows:-
- A. Training:
1. Identify training objectives for each category of trainees i.e. midwives and lay social workers.
 2. Develop curriculum accordingly.
 3. Plan courses, prepare budget and estimate the number of trained personnel required.
 4. Evaluate the training courses.
 5. Revise curriculum as indicated by the results of the evaluation.
- B. Upgrading of midwife instructors.
1. Improve teaching methodology.
 2. Supervise teaching technics.
 3. Build up educational resources.
 4. Demonstrate utilisation of resources.
 5. Develop simple teaching aids.
 6. Stress the importance of and need for the evaluation of the instructors' own performance and the trainees' work during and after training.
 7. Introduced methods of evaluating and using the information from the evaluation as guidelines for improving the standard of the courses.
- C. 1. Supervision of clinic and staff performance:
1. Enhance the standard of supervisory staff through:-
In-service training in supervisory skills.
Application of supervisory skills in field practice.
Discussions on problems, problem solving and new developments in the field.
Encourage self evaluation through self criticism.
- II. Organised and maintained the USAID Population Office Library; established and managed the Information Section of the Office.

Past Post III:
Designation:
Employer:

August 1963 to August 1971.
Training Officer/Public Relations Officer.
International Planned Parenthood Federation,
S.E.Asia & Oceania Region,
246 Jalan Ampang, Kuala Lumpur, Malaysia.

Description of work:

I.

Training Officer:

- a. Worked jointly with the Medical Director, Training, developed curricula for Basic Family Planning Courses for Instructors and Service Staff- clinical and field.
- b. Organised training courses, participated as lecturer, tutor and field supervisor in field practice
- c. Managed the Training Institute and Hostel. Supervised the management of the Training Clinic.
- d. Supervised professional, clerical and domestic staff.
- e. Organised Exhibitions, Training Workshops and Seminars.
- f. Evaluated training courses and amended curricula as indicated.
- g. Field Responsibilities - visits to Member Countries:
 1. Follow -up of trained personnel to determine their performance, in terms of new and sustained acceptors and drop-outs, areas which needed guidance and assistance.
 2. Advised and assisted in Training Programs, Clinic Management and fieldwork programs.
 3. In conjunction with training responsibilities, and on the request of National Associations, advised on the administration of the Organisations, program planning, budgetting and fund raising etc.

II.

Public Relations Officer:

1. Responsible for planning, organising and administering business and social programs for International and Local V.I.Ps. and Ordinary Visitors.
2. Assisted allied agencies in their fund raising projects.

CURRICULUM VITAE

Name: Florence Margaret Hardy,
SRN, SCM, MTD, DN (London University)

Present Position: Deputy Executive Secretary, ICM

Education: Private School 3 years
Elementary School 7 years
High School 7 years

General Certificate of Education with
Matriculation Exemption, i.e.,
University Entrance in:
English Language
English Literature
German
Geography
History
Botany
Physics
Chemistry
Zoology
Mathematics
Religious Knowledge

Chelsea College of Science and
Technology leading to first degree
of Bachelor of Medicine

General Nursing - Guy's Hospital
London, 4 years
Midwifery Training - General Lying-In
Hospital and South London Hospital
for Women, 1 year

Midwife Teachers Diploma - Royal
College of Midwives

Diploma in Nursing - London University
in Physiology
Bacteriology
Social and Preventive Medicine
Social Psychology
History of Nursing
Obstetric Nursing

Family Planning course - Family
Planning Association, London

Top-Line Management Course - Glacier
Institute of Management

Experience:

Head Nurse - Guy's Hospital, London
- Obstetrics
- Ear Nose and Throat
- Surgery

Matron - Czech Refugee Hospital

Staff Midwife - Radcliffe Infirmary,
Oxford

Midwifery Sister - General Lying-In
Hospital, London

General Nursing Duties at Leigh
Memorial Hospital, Norfolk, Virginia
1946-50 and 2½ years in charge of
Obstetric Department

Education Officer, Royal College of
Midwives, 14 years

Publications:

Practical Nurse (USA) - Assistant Nursing in the U.K.

Obstetric Nursing (Nursing Times 1962)

Antenatal Care

Management of Labour - Nursing Aspects

Subsequent Care of Mother and Baby

Co-Editor

"Maternity Care in the World"

C U R R I C U L U M V I T A E

NOM : VATIN

PRENOM : Dominique-Marcelle, VERONIQUE

NATIONALITE : Française

SITUATION DE FAMILLE : Célibataire

DIPLOMES : Baccalauréat en 1963
Diplôme d'état de Sage-Femme en juin 1967

SITUATION PROFESSIONNELLE ACTUELLE :

Sage-Femme des Hôpitaux 4e échelon
Monitrice 1er échelon
Actuellement en cours de formation à l'Ecole des
Cadres de Sages-Femmes de DIJON

EXPERIENCE PROFESSIONNELLE :

- de juillet 1967 à octobre 1968

Remplacements de sages-femmes en clinique

- de octobre 1968 à septembre 1973

Titularisation dans les Hôpitaux de Paris (Assistance publique)

- Expérience de salle de travail : 2 ans

- Expérience de consultations prénatales, cours de préparation
à l'accouchement, archivage des dossiers : un an

- Expérience de brousse : 2 ans

Mise en disponibilité de juin 1971 à juin 1973

- Réintégration en salle de travail (4 mois)

- de septembre 1973 à juillet 1976

Monitorat au Centre Hospitalier Universitaire de CAEN (I4)
à l'École de Sages-Femmes.

- Elèves de première année : un an
- Elèves de seconde année : un an
- Elèves de troisième année : un an
- Organisation des cours
- Organisation des stages

- de septembre 1976 à juin 1977

Formation en cours à l'École des Cadres de Sages-Femmes

NOMBRE D'ANNEES D'EXPERIENCE :

- 3 années d'études
- 10 années d'exercice

EXPERIENCE EN BROUSSE :

Contrat de deux ans en brousse au Dahomey avec
ASSOCIATION DES VOLONTAIRES DU PROGRES

-
- Création d'une maternité de brousse
- Consultations maternelles et infantiles
- Enseignement de l'hygiène et de la diététique infantile
à l'aide de moyens audio-visuels
- Contraception
- Formation sur place de deux auxiliaires sages-femmes

EXPERIENCE PEDAGOGIQUE

- Encadrement au mouvement des Eclaireurs de France
- Nombreuses Colonies de Vacances comme monitrice
- Formation sur deux ans comme animatrice socio-culturelle

LANGUES :

- Anglais courant scolaire: 7 ans
(peu de pratique de la conversation mais possibilité
de recyclage intensif en deux mois)

EXPERIENCE COMPLEMENTAIRE

- Connaissance des méthodes audio-visuelles et de la
pédagogie de l'audio-visuel

C U R R I C U L U M V I T A

Family Name Lutfi
First Name Mohga
Others Fouad Has-an

Age 34 years
Nationality Sudanese
Sex Female
Height 5' 2"
Weight 176 Ib

1963. Completed Secondary Education

1963 - 1966 I had my training in Khartoum High Nursing College, Graduated successfully on August 1966 as Professional Nurse.

1966 - 1968 I worked in the General Wards, shifted from department to department as a Ward Sister supervising and teaching the Nurses beside bedside Nursing to the patients in Khartoum Civil Hospital.

1968 - 1969 I had my Training in Midwifery Institute

1969 - 1971 I worked in the Maternity department at Khartoum Civil Hospital supervising the Midwives and Nurses, but most of the time I carry on the Nursing care of the Patients myself. Also teaching the Nurses in the Ward.

February 1971 - September 1977 I was selected as Tutor Midwife for the Midwifery Institute Sept. 1971 - Sept. 1972 I had the chance to go abroad for the Post Basic Midwifery Course in the American University of Beirut.

Sept. 1972 - Feb. 1976 I was selected to work in Omdurman Training School for the Midwives, teaching the Students from the Southern Provinces by English.

I represented the Sudan in the International Seminar for Integration MCH/FP in the Curriculum of Nurses Midwives and allied Health

1974 In Ghana

1975 In Kenya

1976 In Alexandria - Egypt

Feb. 1976 Up to Now I was selected to work
in the Family Planning Project as Counter-Part of the
WHO Nurse/Midwife/Health Educator.

October 1976 - Feb. 1977 I had a Course of 18 weeks
in MCH/FP at Meharry Medical College, Nashville, Tennessee,
U.S.A.

I am also Member of the Sudanese Nursing Association.

Mohga Lutif
Mohga Lutif
F/P Project
Ministry of Health

PREPARATION - PROGRAMME - PROCEDURE
OF THE WORKING PARTY

PREPARATION

Governments - Ministries of Health, Obstetric Societies, Midwifery Associations (where they exist), Planned Parenthood Federations, Family Planning Associations (National or otherwise), World Health Organisation, UNICEF and International Paediatric Association were all sent letters with enclosures relating to the history of the ICM/FIGO Joint Study Group and the AIM and Objectives of the Working Party.

Countries invited to the Working Party were requested to nominate three delegates - two senior midwives and one obstetrician. All their expenses were paid by the International Confederation of Midwives (ICM) through a grant from the United States Agency for International Development (USAID). Governments and International Organisations were invited to send observers if they wished, but at their own expense.

A Local Committee was formed to advise the Regional Field Director of local customs and culture and to work with her in the general preparation of the Working Party and assist in the management during its duration. Members of the local committee are senior officials from the Ministry of Health - Maternal Child Health/Family Planning, Midwifery/Nursing Division, Midwifery School, National Family Planning Board, Obstetrical and Gynaecological Society and Dept. of OB/GYN University of Malaya.

Following the written communications, the Regional Field Directors visited the countries invited to participate and fully discussed the proposed Working Party. This personal contact stimulated the plan of action for the Working Party and the post Working Party action programmes.

The governments and delegates were asked to update their country reports on maternal and child health/family planning and where there were no previous reports, they were requested to prepare one. The reports were useful in that it enabled the delegates to review their own country's situation, helped the project staff in their planning and further understanding of the many complexities in each country, as well as useful data for the new publication of the book "Maternity Care in the World". *providing

Educational materials - books, posters, films, literature and documents relating to Maternal and Child Health/Family Planning (MCH/FP) and nutrition were sent from ICM headquarters to set up a library at the Working Party. The delegates were invited to take whatever materials they wanted. The delegates were asked to bring with them educational materials related to MCH/FP and nutrition as exhibits at the Working Party.

An evaluation questionnaire was prepared for use at the end of the Working Party.

Continuous communication was maintained between the participating countries, delegates and the Regional Field Director. The magnificent cooperation of the local committee and the hard work put in by the local committee and the Regional Field Director contributed greatly to the success of the West Asia Working Party.

WORKING PARTY SUMMARY

Countries	ICM Membs.	Initial Visits	Working Parties	Attendance (staff Cons.& Speak.	Part. & Obs.	Follow-up Visits	Activities Seminars
<u>Anglophone West Africa</u>							
Ghana	Ghana	72-Nov	72-Dec	3	13	P--16	76-June
The Gambia	Liberia		in			0--9	Sierra Leone
Liberia	Nigeria		Accra				Regional
Nigeria	Sierra Leone						Seminar
Sierra Leone							
<u>Central Amer</u>							
Costa Rica	Guatemala	73-May	73-Sept	2	8	P--17	75-Nov
El Salvador		73-July	in			0--6	
Guatemala			San Jose				
Nicaragua							
Honduras							
Panama							
<u>Francophone Cent. Africa</u>							
Cameroon		73-Mar &	73-Sept-	3	12	P--34	74-April
Chad		April	Oct			0--7	75--Dec
Cent Afr Rep			in				
Rep of Congo			Yaounde				
Gabon							
Zaire							
Malagasy Rep							
<u>Anglophone East Africa</u>							
Kenya	Kenya	73-Sept &	73-Nov-Dec	4	6	P--28	74-Ju-Jul
Uganda	Uganda	Oct	in			0--10	78-Jan
Tanzania			Nairobi				Lesotho
Zambia							In-Country
Botswana							Seminar
lesotho							
Swaziland							
Malawi							

Countries	ICM Memb	Initial Visits	Working Parties	Attendance Staff	Cons & Speak	Part & Obs	Follow-up Visits	Activities Seminars
<u>Caribbean</u>								
Barbados	Jamaica	73-	74-May in Bridgetown	4	11	P--25 O--4	76-Jan	
Jamaica		74-Apr					76-Mar	
Belize							77-Dec	
Grenada							76-June &	
Guyana							July	
Haiti							78-Jan	
Trin & Tobago								
Antigua								
Dominica								
Montserrat								
St Kits-Nevis								
St Lucia								
St Vincent								
<u>Francophone</u>								
<u>West Africa</u>								
Senegal	Togo	74-May & June	74-Nov in Dakar	4	13	P--28 O--8	75-Mar	
Niger							75-Apr	
Mauritania							75-May	
Mali								
Ivory Coast								
Togo								
Dahomey								
<u>South America</u>								
Colombia	Ecuador	74-Jan	75-Jan	5	11	P-21 O-12	75-May	
Bolivia	Peru	74-Aug	in				75-July	
Ecuador	Brazil	74-Nov	Bogota				75-Sept-	
Peru	Argentina						Oct	
Brazil	Uruguay						76-April-	
Argentina	Chile						May	
Dominican Rep								
Mexico								
Uruguay								
Paraguay								
Chile								
Venezuela								

Countries	ICM Memb	Initial Visits	Working Parties	Attendance Staff	Cons & Speak	Part & Obs	Follow-up Visits	Activities Seminars
<u>East Asia</u>								
Philippines	Philippines	74-Oct	75-April	4	5	P--21 O--20	75-Apr-May	76-July-Taiwan FP workshops for midwives
Korea	Korea	75-Feb-	in Manila				75-June	
Indonesia	Indonesia	Mar					75-Oct	77-July-Taiwan Evaluation workshop
South Vietnam	Taiwan							
Laos								
Taiwan								
Hong Kong								
<u>West Asia</u>								
Malaysia	Sri Lanka	74-Oct	75-Oct	3	11	P--17 O--24	76-March	76-Nov-Bangla- desh
Nepal		75-Aug	in Kuala Lumpur				76-Aug-Sept	Regional Training
Bangladesh								77-Apr-June Bangladesh Training of Trainers
Sri Lanka								
Thailand								
<u>All India</u>								
24 states and union territories		74--Oct 76--June- July 76--Sept	76-Nov in New Delhi	4	18	P--57 O--20	77-Oct & Nov	
<u>CENTO countries</u>								
Turkey	Turkey	76-July	76-Dec	5	11	P--15 O--23	77-April	78-Jan-Feb Afghanistan Training of Trainers
Iran	Iran		in Istanbul				77-May 77-Aug	
Afghanistan								
Pakistan								
Kuwait								
<u>Middle East</u>								
Sudan	Lebanon	77-July- Aug	77-Nov in Khartum	4	6	P--15 O--8		
Egypt								
Syria								
Lebanon								

Countries	ICM Memb	Initial Visits	Working Parties	Attendance Staff	Cons & Speak	Part & Obs	Follow-up Activities Visits	Seminars
Francophone North Africa Morocco Tunis		76-May	Cancelled by host country for political reasons					

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<u>Totals</u>		<u>21</u>	<u>12</u>	<u>125</u>	<u>291</u>	<u>30</u>	<u>7</u>
81 Countries	23 ICM Member Countries	Initial Visits	Working Parties 94 days	Cons & Speak	Part 151 Obs	F-up Visits to W.P. regions (several countries included in each)	Country or Regional Follow-up Seminars
				570 Key People involved in Working Parties			

H. SMITH & CO.
CERTIFIED ACCOUNTANTS

Telephone
WINCHESTER 68656

PITT LODGE
PITT
WINCHESTER
HANTS SO22 4JB

25th January 1978

Dear Shirley,

I have checked out the figures for two working parties and also the seminar in Bangladesh and I trust that the analysis below will be the information that you require:

	ISTANBUL WORKING PARTY (1976) \$	KHARTOUM WORKING PARTY (1977) \$	BANGLADESH SEMINAR (1977) \$
Participants' Per Diem	6,260	7,012	8,414
" " Travel	14,045	7,412	-
Speakers/Resource/Consultants Travel & Per Diem	2,022	2,346	-
Programme costs & Meeting Facility	774	4,513	326
	<u>23,101</u>	<u>21,283</u>	<u>8,740</u>
Core Staff attendance Travel & Per Diem	<u>4,020</u>	<u>2,020</u>	<u>2,213</u>
TOTAL COST	<u>\$27,121</u>	<u>\$23,303</u>	<u>\$10,953</u>

You will notice that the Programme costs and Meeting facilities costs were exceptionally low for Istanbul, this being due to the provision of facilities at little or no cost by the Hospital and other local authorities.

If there is anything further you would like please give me a ring.

Yours sincerely,

Sample Letter sent to MOH
regarding project which began
April 1, 1977

JT/FMH/BP

Dear Mr. Minister,

We are in receipt of a grant from the United States Agency for International Development (USAID) Washington which is to be used specifically in developing countries through a new ICM/USAID Project. The Project begins April 1, 1977.

The title of the Project is "Expanded Midwife Involvement in Reproductive Health." Special emphasis is to be placed on the Training of Trainers of Traditional Birth Attendants (TBAs).

The Project Goal is:

To prepare additional personnel for support of indigenous Family Welfare/ Planning programmes and to improve institutional capability for management and support of family planning.

The Project Objectives are:

- i) To establish expanded systems of Reproductive Health Care (RHC) to women of the poorest rural majorities through effective utilization of professional midwives and their auxiliaries.
- iii) To integrate the Traditional Birth Attendants/Indigenous Midwives (IM) into these delivery systems.

The International Confederation of Midwives (ICM) through the above Joint Study Group and with the assured cooperation of the International Federation of Gynaecology and Obstetrics (FIGO) is responsible for the Project.

We believe Sir, that the success of the Project depends largely on the consultations made by ICM with the Ministries of Health in the developing countries. In addition to this, the recognition for the need for priority in reproductive health care, and the acceptance by the developing countries leadership will provide further stimulus.

The ICM with the full cooperation of the Joint Study Group is open to invitation to assist in any of the programmes which would result in the involvement of TBAs/Indigenous Midwives within the scope and activities of our Project.

Training programmes may be conducted for a period not exceeding four weeks. With the success of such programmes it would be possible to involve the TBAs/IM as a primary health care worker within the Government's health services policy.

An early reply would be greatly appreciated as we need to plan our activities for the year 1978.

We have enclosed a copy of the History of the ICM and of the Joint Study Group for your information.

Again thank you.

We remain Sir,

Yours Obedient Servants.

John Tomkinson
Chairman

F. Margaret Hardy
Secretary

Barbara Patterson
Project Director

Letters were sent to the following countries including a copy of the History of the Joint Study Group, two months prior to the commencement of the Project, 3rd February 1977.

English Speaking

1. Botswana
2. Lesotho
3. Swaziland
4. Zambia
5. Tanzania
6. Kenya
7. Nigeria
8. Ghana
9. Liberia
10. Sierra Leone
11. The Gambia (No Nursing Officer)
12. Egypt
13. Sudan
14. Ethiopia
15. Jamaica - Low priority
16. Trinidad - Low priority
17. Grenada - Low priority
18. Belize - Low priority
19. Barbados (No Nursing Officer)
20. Turkey
21. Afghanistan
22. Iran
23. Pakistan
24. Jordan
25. Syria
26. India
28. Bangladesh
29. Sri Lanka
30. Thailand
31. Malaysia
32. Burma
33. Indonesia
34. Philippines
35. Korea
36. Taiwan

Spanish Speaking

1. Colombia
2. Ecuador
3. Peru
4. Venezuela
5. Chile
6. Paraguay
7. Bolivia
8. Uruguay
9. Mexico
10. Costa Rica
11. El Salvador
12. Honduras
13. Guatemala
14. Nicaragua

Spanish speaking cont'd

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15. Panama
16. Dominican Republic - Low priority
17. Brazil

French speaking

1. Mauritania
2. Morocco
3. Mali
4. Niger
5. Chad
6. Upper Volta
7. Senegal
8. Togo
9. Benin
10. Cameroon
11. Zaire
12. Rwanda
13. Ivory Coast
14. Burundi
15. Haiti - Low priority
16. Martinique - Low priority
17. Guadeloupe - Low priority
18. Algeria - Low priority
19. Malagasy Republic
20. Mauritius

Letters were not sent to the countries listed below, as advised by USAID, until permission was sought from Washington during the current year:

1. French Guyana
2. Guyana
3. Surinam
4. Kuwait
5. Saudi Arabia
6. Central African Empire
7. Republic of the Congo
8. Gabon

On 25th July 1977, advice was sought from Mrs. Susan Chaudry, Washington. On 30th August 1977, the response received by letter from Mrs. Chaudry stated that letters should not be sent to those countries already mentioned, and in addition:

1. Mozambique
2. Somalia
3. Malawi
4. Angola
5. Uganda

RESPONSE AND REPLIES FROM THE DEVELOPING COUNTRIES IN CONNECTION WITH ICM/USAID PROJECT

TITLED

"EXPANDED INVOLVEMENT OF THE MIDWIFE IN REPRODUCTIVE HEALTH"

POSITIVE	NEGATIVE	DOUBTFUL
<p><u>BANGLADESH</u> Training Seminar May 9-June 13 1977</p>	<p><u>GRENADA W.I.</u> See letter copies Not required</p>	<p><u>JAMAICA</u> Not now. Probably later See letter</p>
<p><u>BELIZE</u> ICM's second reply required some information. See attached reply Awaiting second reply. Second reply 6/7/77 - Cable sent by MOH - to send Project Staff to discuss matter. Visit 9-16th Jan '78.</p>	<p><u>BARBADOS</u> Not required</p> <p><u>THAILAND</u> Has own programme</p>	<p><u>SRI LANKA</u> Appears interested have their demands before finally making their own decision. Is outlined in attached letter.</p>
<p><u>AFGHANISTAN</u> Information sent. Representative H. Okay visited.</p>	<p><u>MAURITANIA</u> Requests funds to extend project.</p> <p><u>IVORY COAST</u> See reply attached.</p>	<p><u>INDIA</u> "Looking into the matter" is the reply received from MOH. No reply sent (Past Govt) 2nd letter sent Dec. '77 to new Govt.</p>
<p><u>LESOTHO</u> Information sent awaiting second reply.</p>	<p><u>ETHIOPIA</u> Has its own programme. See letters attached</p>	<p><u>BURMA</u> Reply from USAID Office. Letter sent to Mr. Kim, WHO rep. on the advice of USAID Office. See letters. No reply from the MOH.</p>
<p><u>LIBERIA</u> Information sent. Awaiting second reply.</p>	<p><u>ECUADOR</u> Seeking funds for extension of own project.</p>	<p><u>MALI</u> Reply not relevant to the Project. Much material was sent with their own project activities. Letter sent from headquarters with enclosed training guidelines.</p>
<p><u>KENYA</u> Interested - requires more information. Information sent. Awaiting second letter.</p>	<p><u>VENEZUELA</u> See letter copies. Not requested.</p> <p><u>SPANISH HONDURAS</u> Not required.</p>	

1 61 1
APPENDIX H

POSITIVE

NEGATIVE

DOUBTFUL

SWAZILAND

Requests information. Explained country's reaction to TBAs. Information sent from ICM. Awaiting reply.

NIGERIA

Requested information, Information sent. Awaiting reply.

COSTA RICA

Invited ICM to participate. Further information sent. Awaiting second reply.

SANTA DOMINGO

Invite ICM to participate. Further information sent. Awaiting second reply.

ALGERIA

Requested further information. Information sent. Awaiting second reply.

PARAGUAY

Information sent. Awaiting second reply

NICARAGUA

Requests representative to visit Ministry of Health with a view to convening two Training Seminars in 1978

CHAD

Requests representative's visit Visit made 25th Nov. 1977. MOH will confirm Training Seminar Nov 1978

PHILIPPINES

Not required. Many project activities already in action.

TRINIDAD - WEST INDIES

See letter copies Project not required.

BOLIVIA - SOUTH AMERICA

See letter copies Project not required. Country does not carry out Family Planning Programmes.

REPUBLIC OF NIGER

See letter copies Project not required Has has its own programme for the past 10 yrs.

TANZANIA

Not required (Project) USAID already supports Project & TBA's have their own programme

TAIWAN

Director General states there are no T.B.A. G/Auxillaries. OWN Course provided for country

TURKEY

Negative response in the first instance to TBAs due to laws & MOH suggests other courses. Letter and information sent August 1977. Positive response received from MOH.

SIERRA LEONE

In terms of our Project, response was negative. Their demands are different to our Project. See letter sent from ICM in response to MOH's letter July 1977. Positive response received from MOH.

URUGUAY

Requests further information. Same sent - Awaiting reply.

RWANDA

Omitted enclosures. Sent 25/11/77 - Training guidelines, Programme Informat and Histories of ICM & FIGO Awaiting second reply.

POSITIVE

NEGATIVE

DOUBTFUL

INDONESIA

Secretary General requests visit of representative. ICM promised to send representative during 1978.

The Gambia

Cable received from MOH via Permanent Secretary for Training Seminar to be convened. Letter following ICM awaits letter

Zambia

Minister of Health letter of 22nd December, states he is interested in project. Emphasis however on financial assistance. 22nd December ICM letter informed Minister that financial assistance is ICM's responsibility. Training information sent. Response awaited.

Panama

MOH letter December '77 states :- Interested in Project. Most personnel are nurses & if ICM is willing to work with them the project can be accented.

Guatemala

MOH accents receipt of letter, sent copy of letter to Division of Nursing & other Health Related areas response to MOH from their health areas positive. Representative from ICM will visit during 1978-1979

<u>POSITIVE RESPONSE</u> WITH CONVENTION OF SEMINARS	<u>POSITIVE RESPONSE</u> REQUESTS VISIT OF REPRESENTATIVES	<u>POSITIVE RESPONSE</u> INTEREST DISPLAYED. REQUESTED LITERATURE SENT ICM AWAITS SECOND RESPONSE
<p>Comilla</p> <p>1. <u>Bangladesh</u> 9th May - 4th June 1977</p> <p>2. <u>Afghanistan</u> 7th January - 2nd February 1978</p>	<p>1. Belize. Representative to visit 9th - 16th January 1978</p> <p>2. Costa Rica</p> <p>3. Nicaragua</p> <p>4. Paraguay</p> <p>5. Indonesia</p> <p>6. Turkey</p> <p>7. Algeria</p> <p>8. Tchad Visit paid 25th Nov -2nd Dec. for discussion with Govt. personnel. M.O.H. suggests convention of Training Seminar November 1978</p> <p>9. Santa Domingo</p> <p>10. Guatemala } 11. Panama } 1978 12. Zambia }</p>	<p>1. Lesotho</p> <p>2. Liberia</p> <p>3. Kenya</p> <p>4. Swaziland</p> <p>5. Nigeria</p> <p>6. Sierra Leone. Requests visit for evaluation of country's existing programmes.</p>

NEGATIVE RESPONSE

The term "negative" may imply:

- a) Avoidance of duplication,
- b) Requests for funds to assist own existing project,
- c) Does not have Auxiliary health personnel,
- d) Maximum International Aid.

- 1. Thailand
- 2. Taiwan.
- 3. Philippines.
- 4. Ivory Coast.
- 5. Mauritania.
- 6. Ethiopia
- 7. Republic of Niger.
- 8. Tanzania.
- 9. Venezuela.
- 10. Ecuador.
- 11. Spanish Honduras.
- 12. Bolivia.
- 13. Grenada.
- 14. Barbados.
- 15. Trinidad.

MIDDLE EAST SEMINAR

12th - 18th November 1977

Khartoum, Sudan

FINAL RECOMMENDATIONS BY PARTICIPANTS

It is recommended that:-

1. A National multidisciplinary body for Family Health Services should be created. The details of its establishment should be left to each particular country.

Its functions should include:

- a) Planning the identification of problem areas in Reproductive Health within the content of the overall health and development programmes of the country.
 - b) Implementation, supervision and integration of the National Programme of Reproductive Health.
 - c) Identification, training and supervision of all categories of personnel delivering Reproductive Health Services with the objective of improving their status and remuneration.
 - d) The inclusion of innovative programmes to meet the needs of maximum coverage especially in rural areas.
2. Health Education be considered an important tool in improving Reproductive Health and be included in general educational and other training programmes for community and social welfare organizations. It should include:-

- a) Pre-marital counselling
 - b) Reproductive Health
 - c) Child Health
 - d) Nutrition
 - e) Family Planning
3. Continuing education programmes be implemented for all personnel involved in the Reproductive Health Services. Such programmes should be tailored according to the level of previous training and experience.
 4. Maternal and Child Health/Family Planning be integrated into all basic curricula for all categories of midwives and nurses. For the personnel already graduated, continuous in-country training courses should be arranged in addition to the job and ad hoc training.
 5. Education, Information and Motivation for Family Planning and counselling be considered as an important function of all categories of midwives and T.B.As. In addition they should be trained in the management of some of the first-aids of obstetrical and paediatric emergencies.
 6. There is a need for a national survey to evaluate the role of T.B.As. Thereafter multidisciplinary training programmes should be organised in target areas with emphasis on information and education of the village communities in general.
 7. The curricula of midwifery training be reviewed and an assessment made of how much family planning, health education, paediatrics and nutrition be included in their basic programmes.
 8. Consideration be given to social, cultural and religious factors in formulating the basic curricula for training courses.
 9. Continuous updating and training of the trainers of all categories working in the reproductive health services is necessary. Cooperation with international organizations in this respect is desirable.

Follow-up:

The delegates of each country finalized and submitted their plans for follow-up action programme.

"CENTO" COUNTRIES WORKING PARTY

7th - 14th December 1976

ISTANBUL, TURKEY

RECOMMENDATIONS MADE BY PARTICIPANTS
.....

As a result of the group discussions on topic I
"The priorities and problems in Family Health Services and in Family
Planning, Information, Education and Communication " it was
recommended that:

a) Community

1. Family Health Education for the community should be one of the priorities. The use of mass media (radio, television, posters etc) for assisting in the education should be adopted. Adult literacy programmes should be developed through the mass media method. Midwifery personnel should work in collaboration with religious leaders, community leaders, school teachers, social workers, volunteers and other relevant personnel, to achieve a successful outcome.

b) Services

1. Practising Traditional Birth Attendants should be identified, trained and registered. Continuous supervision of the T.B.A. should be carried out by professional midwives.
2. Compulsory registration of births and deaths should be carried out by the Maternal and Child Health team personnel.
3. The number of midwives be increased especially of those practising in the rural areas.
4. The supervision of all midwives requires improvement with special attention given to the village workers. The supervisor should be a member of the health team, preferably a senior midwife, nurse midwife or doctor.
5. Incentives should be provided for trained midwives who respond to the challenge of working in rural areas.

c) Education

1. Continuing educational programmes be held for all categories of midwifery personnel.

2. After the functions of the various categories of midwives are identified suitable training programmes should be developed appropriate to their expanding role.
3. Family planning, nutrition, paediatrics and health education be integrated into the basic midwifery curriculum if not already included.

On Topic 2

"The expanding role of all midwifery personnel and Traditional Birth Attendants in Maternal and Child Health and Family Planning",

1. Governments be motivated to accept the increased responsibilities of all categories of midwives in their expanded role.
2. Professional midwives should be taught and allowed to give local anesthesia; perform dilatation and evacuation after abortion, make episiotomies and repair them; use low forceps and, possibly the vacuum extractor, and prescribe contraceptive pills and insert I.U.D.'s.
3. Professional midwives in practice should be responsible for the teaching and supervision of Traditional Birth Attendants.
4. Midwives of all categories should be responsible in the early identification of high risk mothers and referral of such for medical attention.
5. The activities of the Traditional Birth Attendant should be legalized. Therefore she should be identified, trained and registered. She should receive supervision, support and continual education. T.B.A.'s must be given suitable incentives to encourage their participation in health services and depending on local factors this could be done by a salary, or housing, or equipment and supplies, or transport, uniform etc.
6. Traditional Birth Attendants be trained in accordance with the needs of the community and the country. This should include family planning motivation, simple health education, prenatal care, motivation of families for the immunization of their children.
7. Midwifery Associations should encourage its members to recognise and accept the Traditional Birth Attendant as a useful member of the health team.
8. Non-midwifery and non-nursing functions should be allocated to other personnel, e.g. housekeeping.

On Topic 3

"Integration of Family Planning, Nutrition, Paediatrics and Health Education in training curricula"

a) In basic midwifery programmes

1. All categories of midwives require additional knowledge in

family planning, nutrition, paediatrics and health education and training programmes must be arranged specifically to meet these needs.

2. Midwives working in isolated and rural areas should be allowed to prescribe simple medications for mothers and children. To do this they would need additional knowledge in basic sciences. Course content would have to be decided according to the knowledge already possessed by the students.

b) Continual education

1. Continual education is essential for all categories of midwives to enable them to keep abreast of new developments. A refresher course should be compulsory every five years (more frequently if possible) for a midwife to continue in practice.
2. Midwives who assume senior responsibilities, as in administration or teaching, must receive special training and education in their chosen field.
3. The content of a continuing educational programme should be determined by good supervision of the performance of duties by midwives.
4. Midwifery associations or councils and Government Departments such as Maternal and Child Health and Family Planning should be responsible for the continuing education of the personnel, through journals and newsletters. Help and assistance may be obtained from outside e.g. I.C.M.

c) Other health personnel

1. Other health personnel should be taught about family planning, nutrition, paediatrics and health education, to be able to motivate and refer persons, where and when necessary.
2. Motivation of men in family health, should be done by male volunteers, teachers, male nurses, sanitarians, social workers, religious leaders, politicians and other well accepted members of the public.

On Topic 4

"Actions needed to achieve the expanded role of all categories of midwives"

a) On Health policies

1. More emphasis should be laid on pre and post natal care and the care of children.
2. Each country should improve the basic training curriculum for midwives, so that their graduates may obtain recognition for further studies internationally.
3. On completion of their training, professional midwives should give at least two years of professional service in rural areas. This would enable them to supervise other midwifery personnel.

4. Midwives should be instructed in the use and dosage of specific drugs for the relief of pain, control of haemorrhage and prevention of infections in mothers and babies.
5. Government's attitudes toward early abortion should be more liberal. Midwives should be able to motivate but take no active part in the actual procurement of abortion.

b) On Family Planning

1. Family Planning should be an integral part of midwifery training. Midwives should be able to instruct and take actions in all methods with the exception of tubal ligation.
2. Family planning training as inservice education, orientation or refresher courses, should be provided for the training of qualified midwives without family planning knowledge.

c) On Cooperation with other professional organisations

1. All midwives should be members of their national association of midwives and take united action to improve recognition, by their government, of the unique service they perform. Where there is no midwifery association in existence, steps should be taken to initiate one.
2. There must be close cooperation with non-governmental and governmental professional organisations such as : medical, nursing, family planning, I.P.A.V.S. and non-professional organizations such as : Scouts, Girl Guides, Rotary Clubs, A.P.W.A. (Pakistan) Womens institutions, etc.

d) On Legislation

1. Every country should establish a statutory body responsible to the government, for the education of midwives and for the improvement of their status and working conditions.
2. Continued education and refresher courses be compulsory for all categories of midwives, at least every five years.
3. Male and female sterilization should be made legal.
4. Traditional Birth Attendants should be identified, trained and legally recognised.

West Asia Working Party
RECOMMENDATIONS

Preamble

The Working Party participants, even at the outset of their deliberations recognized:

1. The broad range of primary health care needs that exist at the community level.
2. That the midwife of all categories is usually the primary and continuing contact with the family unit, and therefore must be fully equipped through training, to manage a broad range of primary health care needs.
3. That a potential overload of midwife functions could arise.

I. General

The West Asia Working Party, in the light of the proposed expanded role of the midwife of all categories, strongly urges that governments conduct:-

- a) Feasibility studies of such expanded roles before they are widely implemented.
- b) That after implementation of the recommended expanded roles conduct task and functional analyses at appropriate intervals to assess the effectiveness with which the expanded roles are carried out and where tasks and functions need to be modified.

II. Specific

- a) The Priorities and Problems in Family Health Services and in Family Planning Information, Education and Communication
 1. Planning and identification of the priority and problem areas in Family Health Service, should be considered as part of the overall development plan of the country.
 2. Proper identification of problem areas.
 3. The plan should be simple, practical and acceptable to the people.
 4. Good co-ordination between all Government departments and voluntary organisations.
 5. Planning of seminars should include all key personnel required by the planners - medical, administrators, midwives, economists and research staff.
 6. Health education of existing personnel by in-service training and refresher courses.

Crash training programmes of new personnel.

8. Incorporating Family Planning and General Health Education in schools, clinics and communities. This should include preparation for responsible parenthood with the ultimate reduction of the incidence of too early marriages.
9. Expand Basic Health Services in the rural areas by having more infra-structure, trained personnel and equipment.
10. Government should formulate national policies on food, nutrition, health and family planning.

b) The Expanding Role of all Categories of Midwives and Traditional Birth Attendants in Family Planning Information, Education and Communication

The Participants at Working Party recommend that:

1. Midwives of all categories including TBAs should give more emphasis to health education not only for the mother but also for the other members of the family and the community.
2. That greater emphasis be given to health education and motivation in basic training curriculum. Health Education materials suitable to the community should be made available.
3. That all midwives be given regular refresher courses at least every five years including Health Education and Family Planning.
4. a) More elaborate procedures such as insertion of IUD and the management of material and paediatric emergencies e.g. giving of intravenous and manual removal of placenta should be included in the basic midwifery curriculum so as to enable them to function effectively in isolation where medical aid is not readily available.
b) Midwives assigned to remote areas should be given special refresher courses in these procedures.
5. To improve the standard of patient care, promote efficiency of service and to ensure job satisfaction, there must be better liaison and two way communication between hospital and field service.
6. Limited curative medical care for minor ailments should be part of a midwife's function.
7. The reporting of all births, maternal and child deaths be a standard procedure for all midwives.
8. Immunization should be one of the essential functions of the midwife.

c) The Incorporation of Family Planning, Paediatrics and Nutrition in the Basic Midwifery Training Curriculum

The Working Party participants strongly recommend that Family Planning Paediatrics, and Nutrition be incorporated into the basic midwifery curriculum. It is therefore recommended that:

1. This should be implemented by modification or review of existing curricula, with emphasis on those aspects thought to be most important.
 2. Where applicable and available, medical personnel, especially obstetricians and paediatricians as well as health educators and nutritionists, should be involved in instruction.
 3. Health education and motivation must have a high priority in the training curricula of all categories of midwifery personnel and TBAs.
 4. That the basic training curriculum be expanded to include all aspects of family planning. Considering the implications and potential for complications of the IUD as a contraceptive device, instruction in its insertion should be a specialist post-basic training for midwives.
 5. The training of midwives in paediatrics should prepare them to provide care for the child from birth through school age. This should include:-
 - a) Infant feeding and the importance of breast milk.
 - b) Management of low birth weight babies.
 - c) The ability to detect certain abnormalities and genital problems.
 - d) Communicable diseases and immunization.
 - e) Interaction of infection and infestation with nutrition.
 - f) Assessment of growth and development.
 - g) Recognition of the "well-baby"; recognition of departures from the normal and recognition of critical signs such as dehydration and fever.
 - h) The ability to treat simple minor ailments.
1. It is recommended that nutrition be identified as an expanded area in the training curriculum, under the following headings:-
- a) Nutrition and home economists should be invited to participate as instructors, with consideration for local dietary patterns, eating habits, local taboos, cooking practices, etc.
 - b) Emphasis on nutrition for the pregnant, post-partum, and lactating mother.
 - c) Emphasis be given to feeding, and to the correct diet on weaning from the breast, and the importance of mixed feeding.

2. That the training syllabus be reviewed every three years after appropriate discussion with personnel at all levels.
3. Refresher courses for midwives should be held at least every five years, including new advances in family planning methods.
4. Instructors and supervisors should establish a good follow-up system to ascertain whether what was taught during the training period is being practised in the field.
5. In view of the responsibilities undertaken in their expanding roles, all midwives should have a more attractive salary and career structure.
6. Since auxiliary midwives are not expected to play a more important role in the delivery of health services, and their training is to be expanded and upgraded, it is therefore recommended that the entry requirements be raised according to their own country's educational criteria.
7. Tutors must be specially prepared for these expanded areas in the midwifery curriculum - family planning, paediatrics and nutrition.

d) The Delivery of Family Planning Education and Service is the Responsibility of all Midwives

The participants at the Working Party recommend that it should be the duty of midwives of all categories including TBAs to deliver family planning education and service through:-

- a) Sufficient political, administrative and technical support.
- b) Efficient follow-up of family planning acceptors.
- c) Identification and use of satisfied acceptors.
- d) High standard of service including continuous availability of supplies.

SUMMARY OF THE RECOMMENDATIONS

made

at the MANILA WORKING PARTY

held

4th - 11th April, 1975.

STATEMENT

The four consensus reports were approved and formed the major recommendations of the Working Party in relation to priorities. These are listed as:-

1. Integrated Maternal and Child Health and Family Planning Services
2. Traditional Birth Attendants.
3. Midwifery as a profession.
4. Midwifery training.
5. Health Services.

A detailed account of the consensus reports and recommendations will be published in the report of the Working Party. Below is a summary of the recommendations under each heading.

1. Integrated Maternal and Child Health/Family Planning Services

- a) Family Planning should be an integral part of maternal and Child Health Services.
- b) The fully integrated Family Planning programme should be recognised by all Countries as fundamental to the successful implementation of all programmes designed to improve the quality of family life.
- c) Emphasis should be placed on stimulating Governments to provide adequate finance, facilities and man-power for the strengthening of Maternal and Child Health/Family Planning programmes.
- d) In order to obtain maximum achievement of Maternal and Child Health/Family Planning, services should be integrated with emphasis on:-
 - 1) Legislation changes
 - 2) Provision of adequate training
 - 3) Incentives and adequate equipment
 - 4) Proper record keeping for evaluation of the programme

2. Traditional Birth Attendants

The Traditional Birth Attendants should be identified, trained, registered and licensed within their sphere to practise. This will enable the existing Traditional Birth Attendants to become useful extension members of the Health Team. The training criteria should meet the standards laid down by WHO.

3. Midwifery as a Profession

- a) The professional advancement of Midwives should be regularised in view of the fact that they will be acquiring expanded roles and functions.
- b) Practising Midwives should be involved at all levels of policy, and decision-making in Midwifery education, practice and legislation. This may be accomplished through their National Associations where possible.
- c) Midwives should promote their profession by every means available, through their National Organisations. They should encourage their Governments to accept the International definition of the Midwife as a support to her expanding role.
- d) The professional Midwives Association should initiate and support continuing education and research.

Definition of the Midwife

"A Midwife is a person, who, having been regularly admitted to a Midwifery educational programme, duly recognised in the Country in which it is located, has successfully completed the prescribed course of studies in Midwifery, and has acquired the requisite qualifications to be registered and/or legally licensed to practise Midwifery".

4. Midwifery Training

- a) Provision of basic training as well as in-service training programmes for Midwives to acquire skills in practice, communication, teaching, supervision, community co-ordination and co-operation.
- b) Private Midwives be trained to enable them to participate in the National Programme.
- c) Auxillary Midwifery training be evaluated to determine if training meets the actual service demands.
- d) Each Country as a matter of urgency modify its curriculum of Midwifery training, not only to meet the needs of Hospital practice, but also to cover adequately the situation in which Rural Workers may find themselves.
- e) The inclusion of a period of practice in Rural areas as an experience in the latter part of the basic Midwifery training programme.
- f) A period of compulsory assignment in the Rural area after registration.

5. Health Services

- a) Governments should provide low cost multi-purpose/comprehensive mobile teams and/or mobile clinics. These should be adapted to the needs of local conditions in order to make health services easily accessible to all the members of the Rural Communities on a regular basis. This would help to alleviate the uneven distribution of Health Services and the standard of health care.

Subject No. 1. "WHAT ARE THE PROBLEMS AND SUGGESTIONS TO THE PARTICIPATION OF THE MIDWIFE IN MOTHER AND CHILD HEALTH PROGRAMMES"

1. DEFINITION OF HER FUNCTIONS AND IDENTIFICATION

We recommend that, in view of the reality and health needs of our developing countries

- a) the midwife should carry out the role for which she has been trained;
- b) administrative structures should be created so that she should be part of the management of the state and other bodies responsible for the MCH in health teams and communities
- c) we ask that midwives be included in the administrative bodies of the Ministries of Health at all structural levels for her complete integration in the health team.

2. RESOURCES.

We recommend that:

- a) a sufficient number of maternity beds should be provided so that the mother's right to have the hospital resources is fulfilled.
- b) to reach a minimum of 6 ante-natal visits.
- c) to implement the necessary resources to integrate the midwife in the new born care.
- d) midwives should be able to participate in family planning programmes in countries where this is accepted.
- e) the improvement of the socio-economic situation of the Latin American midwife should be sought according to her university training and her community projection.

3. OFFER AND DEMAND

In reason of the excessive demand for maternity attention in our countries and knowing that a large percentage of maternal population is neglected, we ask for all available midwives to be trained for the woman's direct attention and for the allocation of resources for creating midwifery schools.

4. PROFESSIONAL AND INTERPROFESSIONAL RELATIONS

We recommend to keep each professional in the sphere of practise for which he/she has been trained and recognised in order to reach the best interprofessional relations within the health team.

5. TEACHING

We suggest that midwives should be integrated in the university teaching team of their speciality and to the educational programmes for in-service personnel. To consider the need to have post-graduate courses, in order to keep her knowledge up-to-date.

6. PROGRAMMATION

The midwife must participate in the formulation, realisation and evaluation of every MCH attention programmes made at national, departmental, provincial and local levels.

7. OTHERS

To ask WHO and other international bodies to invite the ICM to participate whenever any educational programmes are studied related to the MCH

SUBJECT No. 2

1) "TO CHOOSE A COMMON NAME FOR ALL LATIN AMERICAN MIDWIVES. SUGGESTIONS FOR INTEGRATING NEW ACTIVITIES TO THE MIDWIFE'S ROLE BY LEVELS OF ATTENTION AND IN RELATION TO OTHER PERSONNEL INVOLVED IN MCH and FAMILY PLANNING"

1.1. We suggest the name "OBSTETRIZ" as a common name for all official activities related with the international bodies; however, each country might keep its traditional name as changing the name may cause problems.

1.2. The new suggested activities will depend on each country's situation and MCH policy. For a wider coverage in the MCH attention and family well-being we recommend to develop the role of the midwife in activities related to family planning, nutrition, gynaecology such as:

a) to share the responsibility in formulating, realising and evaluating programmes for the care of the woman and the new born at national, regional, local and rural levels.

b) New activities at all levels:

a) family planning:

- education
- prescription, control and follow-up of reversible contraceptive methods
- research

b) nutrition:

- Evaluation of the nutritional state of the mother and new-born.
- Nutritional education according to her socio-economic condition emphasizing breast-feeding.

prescription of complementary nutrition for the mother and new-born.

c) gynaecology:

- Detection of gynaecological problems and referring to the doctor, emphasizing the detection of cervical, uterine and breast cancer.

- d) Attention to normal maternal and child morbidity and to emergencies in the absence of a doctor according to the established regulations and procedures.
- e) to participate in sexual educational programmes
- f) to give anaesthetics in obstetric cases, in the absence of the anaesthetist doctor and under the supervision of the obstetrician.

SUBJECT No. 3

1. HOW TO INCORPORATE NEW AREAS , INCLUDING FAMILY PLANNING TO THE PROGRAMMES OF BASIC TRAINING AND CONTINUING EDUCATION OF THE MIDWIFE. LEGISLATION CONCERNING THESE NEW AREAS.

1. We have identified the new activities of the midwife as follows:

- a) family planning
- b) gynaecology
- c) nutrition
- d) anaesthetics
- e) teaching and research

We recommend that the necessary, knowledge, abilities and skills to become competent on the previous activities should be integrated in the curricula of the Midwifery Schools according to the situation in each country.

2. We recommend that there should be developed regular post-graduate programmes for training & up-dating in the different areas according to the existing curricula and to the needs of each country.

We recommend that the midwife should take part in the planning, realisation and evaluation of these courses.

3. The obstacles to the integration of the new activities would be:

- a) health policy in some countries
- b) lack of collegiated midwifery bodies in some countries
- c) lack of sufficient financial resources.
- d) lack of communication and co-ordination between the bodies responsible for health and the universities in each country

As a way to overcome such obstacles we recommend:

- to promote the creation of midwifery colleges
- to ask the governments and/or the pertinent institutions to provide with the necessary financial resources so that the training of midwives for the new activities becomes true.
- to promote the necessary conditions for a better communication and co-ordination between the health bodies and the university
- the direction of midwifery schools should be given to midwives after background test.

1. "FUNCTIONS OF THE T.B.A. in the MCH and FAMILY PLANNING".

1. The aspiration of this group is, that, respecting the dignity of the woman of all socio-economic levels, we should endeavour for them to be attended by professionals, using, in their mother and child health programmes all the graduate midwives who are unemployed to a great extent, or who are not in some countries, carrying out their specific functions.
2. If after having integrated all the qualified personnel for the MCH care and seeing that there exists in many countries a sparse population which is reflected in the high mother and child mortality and morbidity: In an attempt to eradicate the empirism and in order to improve the MCH in places where the empirica (TBA) exists and where there are no professionals, it would be absolutely necessary for the midwife to advise train and supervise the TBA to enable her to carry out her practice better.

OTHER SUGGESTIONS

To suggest the Governments to use totally all professional available resources in order to avoid the emigration of midwives and other members of the health team. We recommend the Governments of the countries where there are professional midwives available, or who are not carrying out their specific duties, to create the necessary posts in order to eliminate the TBA progressively.

To suggest the Universities to create Regional Midwifery Schools in order to increase in those regions the professionals of the health team necessary to cover the demand at a shortest term.

To ask the Governments to make it compulsory for the midwife to spend some time in a rural boarding school. This may be done through teaching-attendance agreements.

We recommend not to use the name of "partera" which has been given internationally to the TBAs because such name is given in some countries to the midwives with an university degree.

FINAL CONCLUSIONS AND RECOMMENDATIONS

1. Being this year (1975) the Year of the Woman, we have to do our best to intensify in our countries the health activities concerning the MCH which should be of the best quality so that each of us looks for the best way to give it according to the situation in each country.

WE RECOMMEND:

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1. That the conclusions made at this Working Party should be sent to International bodies such as: WHO, PAHO, IPPF, Population Council, Pathfinder, FAO, UNFPA, FORD FOUNDATION; etc, etc, and to all government institutions, universities and agencies involved in health care and to all midwifery associations.
2. That Midwifery associations should promote the implementation of the recommendations made at this Working Party.
3. To promote the exchange of professionals at international level between different countries.
4. To establish an evaluation system in order to know this suggestions have been implemented in each country, within a year's time.

Egota, D.E. January 1975

INTERNATIONAL CONFEDERATION OF MIDWIVES APPENDIX J

47 Victoria Street,
LONDON SW1H 0EQ

Long before the beginning of this century, there were national associations of Midwives in several European countries.

The idea for an International Union of Midwives started in Belgium in 1922, when midwives from France, Germany, Holland, Belgium, England and other European countries met at a scientific conference in Bruges and were encouraged to form their own international association by Professor Daels, a Belgian paediatrician. Holland, where the standard of midwifery is, and has always been, very high, supported this proposition through Miss Graaf van den Elst, who, as a result, became the founder member of the International Midwives' Union. From then onwards, until the outbreak of World War II, there were meetings at regular intervals in different European countries. Unfortunately, during the war, all records between 1922 and 1939 were lost.

From 1949 to 1953 the Secretariat of the International Midwives' Union was in France. To restart this international association, a meeting of European midwives took place in London in 1949, when the British Council donated £100 for this purpose, and although there is no record of it, there was a meeting in Italy in 1950. In 1953, there was a second meeting in Paris, when it was agreed that the first World Congress of Midwives should take place in London in 1954. At this Congress, the title "International Midwives' Union" was changed to "International Confederation of Midwives". Miss Marjorie Bayes, MBE., was elected Executive Secretary, a post which she held until June 1975. Triennial World Congresses have been held in Sweden, Italy, Spain, West Germany, Chile, in Washington D.C, USA, in 1972 which was the Golden Jubilee Year and in Switzerland in 1975. Miss Bayes retired from the post of Executive Secretary of the ICM in June 1975 and Miss F. Margaret Hardy was appointed to supersede her.

GENERAL DEVELOPMENT OF ICM

Gradually membership of the ICM has grown so that there are 54 member countries. Non-political national associations with midwives acceptable to their own Governments are all eligible for membership, but their applications must be proposed and seconded by two member countries. Acceptance into membership is by a majority vote by members of Council of the ICM.

The Objectives of the ICM are as follows :-

- a) To further among its member groups knowledge and good understanding of all problems relating to reproduction and childbirth.
- b) To assist the national groups in working together for the purpose of promoting family health, improving the standard of maternal care and advancing the training of midwives and their professional status.
- c) To provide means of communication between midwives of various nationalities and with other international organisations, to improve

the standard of maternal and child care.

d) To create opportunities for discussion of questions relating to the social aspects of midwifery and the advancement of midwives.

e) To maintain facilities for the promotion of international understanding and the interchange of international hospitality.

f) To provide a centre of information, documentation and liaison and to promote the study of problems which affect the health of mothers and babies and also the professional life of the midwife.

SPECIFIC

a) Association with the International Federation of Gynaecology and Obstetrics

Internationally, midwives and obstetricians are working very closely together. In 1961, the Third General Assembly of the International Federation of Gynaecology and Obstetrics (FIGO), which met in Vienna, agreed that a study group on "Training and Practice of Midwives and Maternity Nurses" should be set up. Eight obstetricians were appointed under the Chairmanship of the late Professor W.C.W. Nixon of Great Britain. It was realised by the Members of FIGO that "such a study would only be feasible with the co-operation of ICM". The ICM readily agreed to assist, and a Joint Study Group was formed with Marjorie Bayes as Secretary. After four years intensive research, information was analysed on 75 per cent of the World's population, and the Report, "Maternity Care in the World", was published and presented to the Congress in West Berlin 1966. At this Congress it was decided that the Joint Study Group should continue to work together, but that there should be equal midwife and obstetrician representation. The full committee of the Joint Study Group did not meet after the publication of "Maternity Care in the World", until September 1972, but in the meantime, a small sub-committee met at regular intervals and all Joint Study Group Members were kept informed of any important deliberations.

On the death of Professor Nixon, Sir John Feel became Chairman of this Joint Study Group. One of the ten recommendations laid down in "Maternity Care in the World", was "Although varying circumstances make the idea of an internationally agreed curriculum for midwifery impracticable, there are certain relevant areas where a common approach would be beneficial. We therefore recommend :

1. The establishment of a basic training requirement which would set a common minimum standard;
2. Uniformity of licensure regulations;
3. Further training schemes for fully trained and experienced midwives, potential midwife tutors, administrators, etc. Whereas such schemes might benefit personnel by taking place in countries other than where they were trained or are working, the development of local post graduate training opportunities should be encouraged.
4. In general, midwives, either through the university faculty or through their official organisations, should be responsible, in conjunction with obstetricians, for the academic content of their training courses".

It was realised that this recommendation could not be achieved on a global basis. Further research, however, was carried out by the

Sub-Committee of the Joint Study Group, into the "Education and Training of the Midwife in Europe". A Conference was held in London in March 1969, which resulted in the setting up of a Working Party, consisting of equal numbers of midwives and obstetricians, representing the English, German, French, Italian, Spanish and Scandinavian speaking countries and in addition, one obstetrician from Greece and a midwife from Czechoslovakia.

The Working Party, under the Chairmanship of Sir John Peel, met in Copenhagen in September 1969, and produced the "Report of the Working Party on the Education and Training of the Midwife in Europe", better known as the "Copenhagen Report". This Report was presented at the Congress in Chile in 1969. The South American midwives expressed a wish that a study of this nature be made in their Continent, but at the FIGO General Assembly in New York in 1970 it was recommended that World Study should be undertaken. Through the generosity of the United States Agency for International Development (USAID), who made a substantial grant to the ICM, investigation into the education and training of midwives (including Family Planning), began in anglophone West Africa in December 1972, and has continued through the convening of Working Parties by the ICM, under the US-AID grant. Working Parties have been held with the cooperation of the ICM/FIGO Joint Study Group (see attached).

On her retirement from the ICM, Miss Bayes was replaced by Miss Hardy as Secretary of the Joint Study Group.

Sir John Peel tendered his resignation as Chairman of the Joint Study Group in 1973 and was replaced by Mr. John S. Tomkinson. Mr. Tomkinson held this office until October 1976 when he became Secretary General of FIGO. Professor D.V.I. Fairweather has succeeded Mr. John Tomkinson as Chairman of the Joint Study Group.

b) Association with the European Economic Community (EEC)

Since 1963, Marjorie Bayes, as Executive Secretary of the ICM had been in contact with the EEC. A Permanent Committee of Midwives, representing the six countries of the EEC was set up in November 1967, following a request to the ICM from the Commission of the EEC. The Liaison Committee was chaired by Soeur Hougardy, a Belgian Midwife, until June 1975 when she was replaced by Mme Fouvreau Romilly of France.

Because of the close association of the ICM with the EEC, there has always been awareness of events within the community concerning medical and paramedical personnel. In fact, the pronouncement of the EEC on the education and training of midwives in the EEC Countries follows almost entirely the same lines as the recommendations made in the Copenhagen Report.

c) Association with other International Groups

Marjorie Bayes was a Nursing Advisor to the World Health Organisation (WHO) and attended several meetings in Geneva, Moscow, etc. WHO sends representatives to the Triennial Congresses and to other conferences and meetings; for example, there were two WHO representatives at the Conference held in London in May 1971, when the Executive Committee of the ICM and the International Planned Parenthood Federation (IPPF) met to discuss "Family Planning in Midwifery Training". This Conference was made possible through the generosity of USAID. The ICM continues to be represented at WHO and other international meetings, when invited.

There is also close contact with the International Paediatric Association, UNICEF, International Labour Organisation (ILO), and with many others.

The ICM has direct contact with the embassies of other nationals both in London and abroad and with many government departments in this country.

COUNSELLING AND ADVISORY ROLE OF THE ICM

Overseas visitors to Headquarters frequently make appointments to talk with the Executive Secretary about problems in their own country. British and overseas midwives who have won travelling scholarships frequently ask the ICM that a programme be arranged for them.

FUTURE OF THE ICM

- a) The ICM will continue to hold Triennial Congresses in countries which issue an invitation. The President of the ICM is elected for a period of three years and is a national of the country in which the Congress is to be held.
- b) The work of the FIGO/ICM Joint Study Group has increased and will continue to do so. This has become an integral part of the daily work carried out at headquarters and elsewhere. The second edition of "Maternity Care in the World" was published in October 1976. The format is this time more in the narrative style and the book contains details of midwifery training and practice and maternal and child care/family planning services in 210 countries of the world.
- c) The ICM will continue to work in an advisory and counselling capacity.

LONDON

January 1977.