

**Clinical Training of Nurse Midwives in Population**

APPENDIX ATTACHED  
 YES  NO 31p  
 2. PROJECT NO. 932-11-570-918  
 5. SUBMISSION  ORIGINAL  REV. NO. 1  
 CONT. PASS NO.

RECIPIENT (sp. city)  
 COUNTRY \_\_\_\_\_  
 REGIONAL \_\_\_\_\_  
 INTERREGIONAL **Worldwide**

3. LIFE OF PROJECT  
 BEGINS BY **71**  
 ENDS BY **78**

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMM. TRNG \$	F. OTHER COSTS \$	G. PASA CONTR.		H. LOCAL EXCHANGE CURRENCY RATES	
		(\$)	(MM)	(\$)	(MM)			(\$)	(MM)	(\$)	(MM)
1. FUND THRU 75 ACTUAL FY	1697	1112	480	216	540		369	1697	480		
2. OPRN FY 76	450	271	144	124	80		55	450	144		
3. BUDGET FY 77	600	362	144	145	80		93	600	144		
4. BUDGET FY 78	650	386	144	155	80		109	650	144		
5. BUDGET 72 FY											
6. BUDGET 73 FY											
7. ALL SUPP. FY											
8. GRAND TOTAL	3397	2131	912	640	780		626	3397	912		

9. OTHER DONOR CONTRIBUTIONS  
 (A) NAME OF DONOR \_\_\_\_\_ (B) KIND OF GOODS, SERVICES \_\_\_\_\_ (C) AMOUNT \_\_\_\_\_

III. ORIGINATING OFFICE CLEARANCE  
 1. DRAFTER PHA/POP/MI:CCollins TITLE Project Monitor DATE  
 PHA/POP/MI:JMassie PROGRAM OFFICER April 19, 1975  
 2. CLEARANCE OFFICER PHA/POP/MI:GWinfield TITLE -Chief, PHA/POP/MI DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL  
 This PROP approves a three year extension of the project Clinical Training for Nurse Midwives. Further extension and only additional funding for this project will be contingent on the results of an evaluation and program review to be completed not later than January 1978.

2. CLEARANCES

ORGANIZATION	SIGNATURE	DATE	OFFICIAL TITLE	SIGNATURE	DATE
PHA/POP	E. R. Backlund	10/17/76	GC/PHA	A. R. Richstein	draft 4/16/76
PHA/POP	R. T. Ravenholt	10/17/76	PPC/DPRE	J. Welty	draft 4/16/76
POP/LA	C. Johnson	draft 4/1/76	POP/AFR	C. Miracle	draft 4/1/76
LA/DR	M. Brackett	draft 4/16/76	AFR/DS	P. Lyman	draft 4/1/76
POP/NESA	R. Grant	draft 4/1/76	POP/EA	C. Terry	draft 4/1/76
NESA/TECH	G. Coleman	draft	EA/DP	W. Lefes	draft
			A/AID/WID	C. Varatti	draft
	Fred O. Pinkham	5-28-76		John E. Murphy	
				A/AID (Acting)	

**Additional clearances:**

AA/PPC  
GC  
PHA/PRS  
AA/PHA

P. Birnbaum  
C. Gladson  
C. McMakin  
A. Furman

AS 6/2/76  
Z  
5/25/76  
4/5/28/76

The attached PROP proposes a three year extension as Phase II of the Downstate Clinical Training for Nurse Midwives Project which is now completing the fifth year of its operation.

The original PROP developed in 1971, provided funding for a minimum of three courses per year (12 weeks each) for up to 60 LDC nurse midwives per year in clinical contraceptive procedures. The PROP also called for the establishment of 10 overseas training centers modeled on the Downstate curriculum to provide rapid multiplication of this training in LDCs.

Downstate Medical Center in Brooklyn, New York was selected as the grantee because of the center's experience in training and utilization of nurse midwives in clinical family planning services. Downstate had, since 1965, been conducting short term clinical contraceptive training courses for United States and LDC nurse midwives and had successfully demonstrated that nurse midwives with training could safely and effectively deliver a full range of contraceptive services including IUD insertion.

The Downstate Project developed very slowly from 1971-1973, for several reasons. The project evoked support and interest from A.I.D. Missions and international population organizations but few LDCs had developed population programs that were prepared to begin expansion through the use of paramedicals. The project was also delayed by the requirement that each participant be funded through a PIO/P. This limited participants since only larger A.I.D. Missions with training officers were able to complete the necessary documentation.

The PIO/P requirement was dropped in late 1972, and Downstate was permitted with A.I.D. clearances to recruit and make all travel arrangements for qualified applicants.

Also in late 1972, Downstate received publicity through the International Confederation of Midwives Congress which was held in Washington. This Congress emphasized family planning as a nurse midwifery responsibility and was attended by midwives from 60 LDCs. After the Congress there was a rapid increase of applications for training and since that time Downstate has had a waiting list of trainees.

In 1973, with the increase of applicants, Downstate gave priority to nurse midwife training teams from LDC institutions that had agreed to begin this training in their institution. Evaluation visits to LDC institutions were initiated by Downstate staff to determine readiness of the institution for the training and to select the training team.

With proper selection of nurse midwife participants, Downstate experienced minimal difficulty in training nurse midwives in the 12 week Brooklyn program. For smaller homogeneous groups speaking the same language the training can be accomplished in 8 weeks.

The establishment of overseas training centers has proven to be much more difficult. Physician resistance to the expansion of the role of the nurse midwife was anticipated but not to the degree in which it occurred in many countries. This resistance has indefinitely delayed a training center in Turkey and training in Thailand is finally beginning after a three-year lag.

The major source of conflict has been over the insertion of IUDs, more in terms of physicians' reluctance to delegate this task to nurse midwives rather than the procedure itself. This conflict appears to be alleviating as physicians are trained in advanced fertility techniques and the IUD is no longer considered a practical method for extensive use in LDCs.

A more serious long-term problem is the lack of planning and organization in LDC governments and institutions for the training and utilization of midwives in clinical family planning services. Despite the pre-training evaluation visits and technical assistance from Downstate, the training seldom proceeds as planned. Problems mainly evolve from a lack of planning on the most elementary level. Trainees and their superiors are given no advance notice of the in-country training program and local arrangements for housing, travel, and per diem are slipshod or inadequate. Often the training site lacks necessary facilities and most important there is no overall plan for selecting trainees and perpetuating the training program.

Downstate has been able to assist a number of countries with initial cycles of training. Small training centers utilizing the Downstate curricula are operating in Durango, Mexico, and Dakar, Senegal. FPIA has also sponsored a program in Addis Ababa utilizing Downstate graduates as trainers. However, thus far only two countries (Thailand and The Philippines) have developed training programs which are part of a national plan for family planning services and neither of these programs are in full operation to meet projected needs.

Despite the lack of institutionalized programs, Downstate graduates are participating in family planning programs. Downstate sends an annual questionnaire to all graduates that generally elicits a 33 1/3% response. In the questionnaire sent out in 1975, 71 participants replied. In this response, 73% of the trainees reported prescribing orals, 66% inserting IUDs, and 80% involved in FP training programs. The respondents reported training 4657 nurse/midwives, 514 student N/MS, 1213 non clinical FP personnel, and 182 medical students.

To focus on the problem of planning and organization of training within the LDC in the second phase of the project Downstate plans to utilize field personnel posted in LDC regions.

It is anticipated that the regional personnel will be able to spend more time in the LDC working in the planning stage and be available for the first cycle, and more intensive follow-up of subsequent training than has been possible in the past.

In the first 5 years of the project, Downstate has trained 180 nurse midwives from 26 LDCs in the Brooklyn Clinic and an additional 284 midwives have been trained overseas in 9 countries through direct project technical assistance. The original PROP projected 250 U.S. trainees and 2,000 - 3,000 overseas trainees.

The U.S. trained number is smaller than projected partially because of the slow start and partially because Downstate found that 20 trainees per class is too large for optimum clinical instruction.

In the next 3 years Downstate will train 40 nurse midwives per year in Brooklyn and provide overseas assistance to up to six countries per year.

It is anticipated that a large portion of this effort will be expended in Africa where there are minimal numbers of physicians and nurse or midwives represent the majority of trained health personnel. The full responsibility for extending health and family planning services into rural areas will fall mainly on the professional nurse/midwife in teaching and supervising auxiliaries while African physicians provide advanced techniques of fertility control.

A formal evaluation of the Downstate Project was completed in November 1975. The Evaluation Team concluded that the basic goals of the project were being met in establishing the role of the nurse midwife in contraceptive programs. The team conceded that due to external problems which had not been totally foreseen, the establishment of overseas training centers was the weakest effort. A copy of the evaluation is attached.

A set of recommendations evolved from the evaluation which especially concerned strengthening the overseas effort and these recommendations have been incorporated in the new PROP.

It is anticipated that a 3 year continuation of the Downstate Project will provide from 30-35 LDCs with nurse midwifery expertise in the teaching, management, and delivery of family planning and reproductive health services through the U.S. training program in up to 25 countries will receive overseas technical assistance in the organization and initiation of training programs or centers.

I. Goal

A. Statement

To improve training and institutional capabilities of less developed countries (LDCs) to support Population/Family Planning (FP) Programs by assisting LDC governments and medical establishments to identify, train, and utilize nurse/midwives (N/Ms) and auxiliaries as principal service delivery personnel needed to expand FP services through health service systems.

B. Measurement

Acceptance by LDC leaders and institutions of the need for positive action to support population programs in national development through the use of paramedicals. (N/Ms)

C. Assumptions

1. LDC governments are seeking ways to expand the increase FP services.
2. LDCs recognize that FP services can be increased through the use of N/Ms.
3. LDCs will support training programs for N/Ms in FP.

II. Purpose

A. Statement

To establish and expand the availability of family planning services in health service delivery systems in LDCs through:

1. Development of training programs in family planning for nurse midwives and auxiliaries.
2. Assistance to LDCs in organizing family planning services for optimum use of nurse midwives and auxiliaries.

**B. Conditions Expected at End of Project**

1. Family planning is recognized and supported as a professional nurse/midwife (n/m) responsibility through the integration of family planning in routine MCH services and the utilization of n/ms in free standing family planning services in the majority of countries assisted.
2. N/Ms trained in the United States or overseas programs are contributing to family planning programs either through direct service or in teaching programs in the majority of countries assisted.
  - a. Teams of N/M trainers, physicians, and administrators from 20 countries have received training in the United States.
  - b. Overseas assistance in planning and initiating in-country training programs provided to 20 countries.
3. Training programs for N/Ms based on the grantee curricula are organized and operating on a routine basis in 10 to 20 countries assisted.

4. Family planning clinical facilities in 10 to 20 countries assisted are receiving increased assistance and offering a wider range of contraceptive methods and reproductive health services through the utilization of N/Ms.

C. Assumptions About Achievement of Purpose

1. LDCs are responsive to the need to increase the quantity and scope of clinical family planning services through training and utilization of N/Ms.
  - a. N/Ms represent the largest body of health professionals in most countries and have basic clinical skills which enable them to be trained in contraceptive techniques in a short period of time.
  - b. N/Ms have immediate access to a target group of fertile women and are responsive to the need for integrating family planning into maternal child services.
2. LDCs can strengthen and expand family planning services through better organization of training programs planned for optimum use of personnel trained.

III. Project Outputs

A. Outputs and Output Indicators

1. U.S. Training

- a. Trained N/Ms in three 8-week clinical training courses per year and 1 week in rural observation. Up to .0 LDC N/Ms per year or 120 in 3 years.

- b. Trained physicians allied with N/M training program for up to 3 months. Four physicians per year to accompany N/M teams or 12 in 3 years.
- c. Trained FP administrators involved in developed N/M training programs for up to 3 months. Four administrators per year in conjunction with N/M teams or 12 in 3 years.

2. Overseas Training

- a. Provided in-country technical assistance and follow-up to LDC training programs for up to six country training teams per year or 15 in 3 years.
  - (1) Five to ten days evaluation and planning in LDC. Consultation by field faculty prior to initiating in-country program up to 30 days.
  - (2) Assistance with initial training cycle (6 weeks to 3 months) by regional field faculty.
  - (3) Follow-up visit of 1 to 2 weeks per year after initial training cycle.
- b. Provided refresher training seminars in LDC regions. Two regional refresher seminars per year for 8-10 N/Ms per session.

3. Provided publications and training materials

- a. Newsletter published by grantee twice a year for distribution to all former trainees with information about the program, activities of trainees, and a review of the latest developments in contraceptive techniques.

- b. Training materials and training aids developed, as needed, by grantee. Publications in English, Spanish, and French distributed to training centers or programs.

B. Assumptions About Outputs

1. Downstate short-term training can prepare LDC N/Ms to deliver clinical contraceptive services and to conduct similar training programs in their own countries. U.S. rural integrated MCH/FP (Frontier Nursing Service) can provide a model for LDCs. Physician support and good administration can strengthen LDC training and utilization of nurse/midwives in family planning programs.
2. Development of LDC training programs will increase family planning personnel at a more rapid rate and eliminate the need for U.S. training.
3. Appropriate teaching materials and training aids in family planning and reproductive health techniques are needed for nurse/midwifery training programs in English, Spanish, and French.

IV. Project Inputs

A. By Grantee

Grantee input will consist of its extensive clinical facilities. A Family Planning Clinic with a teaching caseload offering a full range of clinical contraceptive experience and managed by N/Ms in an organized family planning program.

B.

B U D G E T

Budget Year (\$000)<sup>a/</sup>

Budget Category	FY 77 Amount	FY 78 Amount	FY 79 Amount	Total Amount
<b>Personnel</b>				
<b>Salaries</b>				
New York	205	225	220	650
Overseas	20	75	100	195
Fringe Benefits	44	59	62	165
Consultants	2	3	4	9
Subtotal	271	362	386	1019
Student Costs <sup>b/</sup>	124	145	155	424
Other Costs <sup>c/</sup>	55	93	109	257
TOTAL	450	600	650	1700
Man-Month Activities	144	144	144	432

<sup>a/</sup> Funds for each budget year will be made available in the year preceding the budget year (e.g., FY 1976 funds will be made available to fund the FY 1977 budget year).

<sup>b/</sup> Includes maintenance, insurance, housing, graduation, travel and field fees.

<sup>c/</sup> Includes supplies, postage, telegrams, programmed instructions, computer service publications, travel (domestic and foreign), interpreter service, and overhead (paid on overseas salaries only).

C. Assumptions for Providing Inputs

1. The grantee can provide necessary expertise and facilities for the project.
2. The 3-year budget is adequate to support project activities.

V. Rationale

N/Ms represent a key source of personnel for the expansion of population/family planning delivery systems in LDCs. As women, N/Ms are more acceptable to perform gynecological examinations and to counsel women on contraception and advanced fertility techniques in conservative cultures. With training, N/Ms are capable of managing and delivering routine clinical contraceptive services and other reproductive health techniques in both free standing and integrated services. The use of N/Ms in these routine services free the limited numbers of physicians for the more advanced techniques of fertility management.

In many LDCs, N/Ms represent the largest body of trained health personnel available. In these areas, N/Ms already carry the major responsibility for normal obstetrical services and maternal child health care and thus have immediate access to a prime target group of women for family planning. While available maternal child health services remain limited in the majority of LDCs, future expansion of these services with family planning will be largely dependent on auxiliaries and traditional birth attendants trained and supervised by the professional nurse/midwife.

Over the past decade, training programs in the United States and abroad have successfully demonstrated that N/Ms can be taught clinical contraceptive techniques, including insertion of IUDs and

other reproductive health services safely in a short period of time (i.e., two to three months). These contraceptive skills coupled with broader reproductive health techniques, principles of clinic management, and teaching skills enable the N/Ms not only to deliver a broad range of clinical services but also to manage clinics and to conduct LDC training programs to rapidly multiply the number of N/Ms trained in family planning within a country. This training, supported and expanded by LDC governments and institutions, can enable LDCs to rapidly prepare qualified personnel to deliver family planning services and to train peers and lower level personnel.

VI. Course of Action

This PROP proposes a 3-year extension as Phase II of the "Clinical Training for Nurse Midwives in Population" Project which is now completing the fifth year of its operation. (For further information on Phase I activities of this project see Appendix A. See Appendix B for background information on the grantee, Downstate Medical Center, State University of New York and the Frontier Nursing Service.)

During Phase II activities of this project, the grantee will train 40 N/Ms per year in the United States and provide overseas assistance to up to six countries per year.

It is anticipated that a large portion of this effort will be expended in Africa where there are minimal numbers of physicians and where nurses or midwives represent the majority of trained health personnel. The full responsibility for extending health and family planning services into rural areas will fall mainly on the professional nurse/midwife in teaching and supervising auxiliaries, while African physicians provide advanced techniques of fertility control.

A. Implementation Plan

The total activity of this project is aimed toward the ultimate goal of establishing training programs for nurse midwives based on the grantee model. Therefore all emphases are grouped under Overseas Technical Assistance as follows:

1. Evaluation and Planning
2. U.S. training of trainers
3. Implementation of training in LDCs
4. Follow up and continuing education for Downstate trainees.
5. Reports and Evaluation.

1. Evaluation and Planning

In response to a request for training from an LDC, a team of grantee faculty members will make a preliminary visit to the country to consult with the government or institution concerning the required training. During this preliminary visit, the grantee team will assist

the local personnel to select sites for training and to identify a team of LDC N/Ms for the U.S. training program. Based on the evaluation of country needs, a physician and/or family planning administrator may be included in the team. Flexible plans will be formulated for grantee assistance for at least the first cycle of training to be done after the U.S. training is completed. The evaluation visit may vary from 3-10 days depending on the local situation and the need to coordinate with AID Missions. In the event circumstances require more intensive preliminary assistance, a grantee faculty member may with AID concurrence, remain in country for a more extended period of time.

2. U.S. Training of Trainees

The grantee will conduct three (Spring, Summer, and Fall) 9-week courses per year at the grantee's clinic in New York for teams of N/M trainers. The grantee will train up to 40 N/Ms per year in these courses. In addition to the clinical training in contraceptive and reproductive health techniques, the N/Ms will receive theoretical training in population dynamics, demography, clinic management, and training of trainers techniques. One week of the course will be spent observing a rural integrated Maternal Child Health/Family Planning program (i.e., the Frontier Nursing Service).

Priority will be given to teams of N/M trainers from countries that have potential for establishing local programs or centers. Individuals sponsored by international population organizations with a specific purpose for training will be given second priority and individuals without sponsorship will be accepted on a low priority space available basis.

On demand, the grantee may conduct a fourth session during the year. This session will be reserved for special groups coming from one country or region or for a special type of training. The course may be conducted from 2-9 weeks depending on the objectives.

A maximum of four physicians and four family planning administrators may be trained per year. The physicians will participate in the training of nurse/midwives and receive training in advanced techniques of fertility. The family planning administrators will be trained in management of training programs and clinical services. Programs for physicians and administrators will be individually planned for up to 3 months.

With prior notification for planning, the grantee may conduct sessions for French or Spanish speaking participants. For classes of participants speaking an esoteric

language, the grantee may bring in additional bilingual team members to assist with training. An interpreter may be hired on a temporary basis, as necessary.

3. Implementation of Training in LDCs

The major focus will be on actual implementation of training in LDCs. The grantee will provide overseas technical assistance of up to six LDCs per year. To intensify overseas assistance, the grantee may recruit two to three regional nurse/midwife trainers.

The use of regional personnel will permit the grantee to work with LDC teams and institutions to shorten the lag time between U.S. training of the LDC teams and the initial in-country training cycle. The grantee's regional trainer will visit the LDC teams within 2 months of their return from the United States. Plans made by the grantee evaluation team will be reviewed with the LDC training institution and specific preparations made for an initial training cycle. The regional trainer will then plan to return to the LDC training institutions at least 10 days prior to the starting date of the training cycle to insure that the necessary preparations have been made. The regional trainer will be available to assist the LDC training institution with the first training cycle. In

special situations, a member of the grantee's U.S. faculty may also assist in the first training cycle.

During the in-country assistance, the regional faculty member will continue to work with LDC governments or institutions to more firmly establish training on an ongoing basis. Governments or ministries of health will also be encouraged to change legislation which prohibits midwives from delivering contraceptive services and to develop broader definitions of midwifery practice. The regional faculty member will submit a report for each country assisted describing the training program in general, problems encountered, plans for continuing the program, future problems anticipated, recommendations, and plans for follow up.

4. Trainee Follow Up and Continuing Education

The grantee will maintain individual contact with all trainees through correspondence. A newsletter will be published twice a year. This publication will contain news about former trainees and the grantee staff, as well as the latest information on contraceptive methods and techniques. Former participants will be invited to contribute to the newsletter.

The grantee will also send a questionnaire to former trainees annually asking where they are working and to what extent they are using the skills learned.

All former trainees will receive copies of new training publications as they are produced by the grantee.

As part of the follow up, the grantee may conduct two refresher programs per year for former trainees. These programs will include eight to 10 midwife trainers from a region. The programs may be conducted in the region if there are suitable facilities or at the grantee's center in the United States between regular sessions. These programs will, whenever possible, be coordinated with or be supported by other agencies, such as Pathfinder, that are also involved in population programs on a regional basis.

5. Reports and Evaluation

a. Annual Report

The grantee will prepare an annual report giving a complete summary of all United States and overseas training activities.

b. Annual Budget and Work Plan

The grantee will prepare an annual budget based on estimated costs for U.S. and overseas operations.

The budget will be accompanied by a Work Plan proposing planned activity for the year. The Work Plan shall be updated quarterly.

c. LDC Technical Assistance Reports

A series of reports will be prepared for each country assisted. These include:

- (1) A summary of the evaluation team visit to the LDC. This report will outline the plan of action for the country and contain recommendations for implementation of the training with focus on actions required prior to the team's return. Copies of the recommendations will be given to the host country institution with copies to the local AID Mission and AID/W.
- (2) A report on the initial in-country program as described in the implementation phase. This report will be due within 60 days after completion of the program.
- (3) Brief summaries of each follow-up visit.

VII. Evaluation Plan

A formal evaluation of this project was completed in November 1975. The Evaluation Report concluded that the basic goals of the project were being met in establishing the role of the N/M in contraceptive programs. The Report also stated that due to external problems

which had not been totally foreseen, the establishment of overseas training centers was the weakest effort.

A set of recommendations evolved from the evaluation which especially concerned strengthening the overseas effort and these recommendations have been incorporated in the new PROP.

An evaluation will be scheduled for January 1978, after 2 years of operation under these recommendations. Further revisions of this project will be based upon recommendations of the 1978 evaluation.

#### VIII. Women's Impact Statement

The training of nurse midwives to assume responsibility for contraceptive and reproductive health services has significance for LDC women in several ways. On the professional N/M level, it upgrades well established procedures and provides a set of new skills which broaden employment potential and opportunity. The N/M trainers can also be used to teach family planning to auxiliaries and traditional birth attendants (TBAs) working in rural areas.

The auxiliaries and TBAs, who assist with 80% of LDC births, represent formal and informal service delivery points with access to women of the poorest rural majorities in remote areas and can be utilized to distribute orals. These skills provide alternate employment opportunities to these uneducated women and decrease their dependence on birth assistance for a livelihood.

The training and utilization of all service delivery personnel increases the availability of fertility control to LDC women. Access to fertility control not only limits births and alleviates the problems of overpopulation, but it also improves the health of the LDC woman, increasing her chances for survival beyond the childbearing age by preventing the common causes of morbidity and mortality associated with excess fertility. With better health and fewer children, the LDC woman has the energy and freedom to participate more fully in the development process.

IX. Abortion-Related Activities

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

Appendix A

Project Title: Clinical Training of Nurse/Midwives in Population

Project Number: 932-11-570-918

Grantee: Downstate Medical Center, State University of New York

Phase I Activities

This project developed very slowly from 1971-1973 for the following reasons:

1. Few LDCs had developed population programs that were prepared to begin expansion through the use of N/Ms or paramedicals.
2. Delays encountered in funding and processing participants to the United States through the use of PIO/Ps. The AID PIO/P procedures limited the number of participants trained as only larger AID Missions with training officers were able to complete the necessary documentation. (The PIO/P requirement was dropped in late 1972 and the Grantee was permitted, with AID clearance, to recruit and make all travel arrangements for qualified applicants. Currently, the grantee has experienced minimum difficulties in training N/Ms in the United States.)
3. Difficulties encountered in the establishment of overseas training centers. Physician resistance to the expansion of the role of the N/Ms was anticipated but not to the degree in which it occurred in many countries. This resistance delayed a training center in Turkey and the training program in Thailand.

The major source of conflict has been the insertion of IUDs. The physicians have been reluctant to delegate this task to N/Ms. (This conflict appears to be alleviating, as physicians are being trained in advanced fertility techniques.)

4. Lack of planning and organization in LDC governments and institutions for the training and utilization of midwives in clinical family planning services. Despite the pre-training evaluation visits and technical assistance by the grantee, the training seldom proceeded as planned. Problems mainly evolved from a lack of planning on the most elementary level.

Trainees and their superiors were given no advance notice of the in-country training program and local arrangements for housing, travel, and per diem were inadequate. Often the training sites lacked necessary facilities. More important, no overall plan existed for selecting trainees and perpetuating the training program. (The grantee has been able to assist a number of countries with initial cycles of training but thus far only two countries; Thailand and the Philippines have actually been able to establish a national plan for training and provide some semblance of a training program.

In the first 5 years of the project, the grantee has trained 180 N/Ms from 26 LDCs at its New York Clinic and an additional

284 midwives overseas in nine countries in direct assistance programs. Former trainees report conducting programs for 4,657 N/Ms, 514 students N/Ms, 182 medical students and 1213 non clinical workers.

Appendix B

Background Information

A. Downstate Medical Center, State University of New York

The grantee for the Clinical Training of Nurse Midwives in Population Project is the Downstate Medical Center (Downstate) in Brooklyn, New York. Downstate was selected because of the Center's pioneer experience in the training and utilization of N/Ms in the delivery of clinical family planning services. Downstate began training U.S. nurse midwives in 1965, in a short term program that successfully demonstrated that N/Ms could safely and effectively deliver a full range of contraceptive services, including IUD insertion. This program was expanded to include LDC. nurse midwives in 1966.

Downstate provides excellent clinical teaching facilities with a caseload that simulates the LDC situation. The clinic is located in a densely populated low income section of Brooklyn. A large percentage of the clinic population consists of first and second generation immigrants from the Caribbean and Latin America as well as the rural South of the United States. These clients, although in somewhat better economic conditions and better educated than their LDC counterparts, have similar health problems and beliefs about health and fertility.

The density of the Downstate population provides a caseload of 300-400 clients per week. LDC nurse midwives are taught pelvic and breast examination, Pap Smear techniques, evaluation for prescription of orals, IUD insertion, and conventional contraception including diaphragm insertion. Trainees perform an average of 200 examinations, prescribe orals for, and provide follow-up counseling and support for an average of 160 women, and insert 20-25 IUDs during training. In addition the trainees receive theoretical instruction in population demography and the organization and administration of family planning clinics.

The Downstate Family Planning Clinic is operated and managed by nurse/midwifery staff under physician supervision. The Downstate Medical Staff stand firmly behind the philosophy that nurse midwives can deliver family planning and reproductive health services to clients without medical problems. The clinical operation has provided an excellent observation of the capabilities of nurse midwives for LDC physicians who have been reluctant to delegate these responsibilities to midwives in their own countries.

The Downstate Staff has also been able to operate overseas in evaluation and planning with LDC governments and institutions for training of nurse midwives and in assisting with the initiation of training programs in LDCs.

B. The Frontier Nursing Service

The Frontier Nursing Service (FNS) located in the rural Appalachian area of Kentucky is internationally known for the excellence of its nurse midwifery service and training. Founded 50 years ago to provide nursing and midwifery service to isolated poor rural families with no access to medical care, it has always relied on N/Ms for delivery of services.

Formerly this area had birth and infant mortality rates which were among the highest in the United States. The services of the N/Ms initially reduced infant and maternal mortality rates and gained the confidence of the families served. Family planning services have since been introduced and the birth rate now compares with that of other areas in the United States. The high rate of family planning acceptors in a population which shares many common cultural characteristics with LDC rural populations has been attributed to the confidence of the people in the advice and care of the nurse midwives.

The FNS due to its own teaching load is unable to take participants from LDCs for actual fieldwork but it can provide a short-term observation. These observations allow the LDC midwife to see an integrated health and family planning program that reaches a high proportion of an isolated rural population primarily delivered by the nurse midwife. This observation provides a supplementary experience to the urban clinic of Downstate and allows the nurse/midwife to see that rural services can be of good quality.

**PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK**

Life of Project:  
From FY 71 to FY 79  
Total U. S. Funding 3,397,529  
Date Prepared: 4/2/76

Project Title & Number: Clinical Training of Nurse/Midwives in Population 931-11-570-918

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS								
<p><b>Program or Sector Goal:</b> The broader objective to which this project contributes:</p> <p>To improve LDC training and institutional capabilities for supporting indigenous Population/Family Planning Programs by assisting LDC governments and medical establishments to identify, train, and utilize nurse/midwives (N/Ms) or paramedicals as principal service delivery personnel.</p>	<p><b>Measures of Goal Achievement:</b></p> <p>Acceptance by LDC leaders and institutions of the need for positive action to support population programs in national development through the use of nurse/midwives or paramedicals.</p>	<p>LDC plans embody training and organizational efforts to utilize paramedicals in FP service delivery programs.</p>	<p><b>Assumptions for achieving goal targets:</b></p> <ol style="list-style-type: none"> <li>LDC governments are committed to expand and increase FP services</li> <li>LDCs recognize that FP services can be increased thru the use of paramedicals in delivery of a broad range of reproductive health services.</li> </ol>								
<p><b>Project Purpose:</b></p> <p>To establish and expand the availability of family planning services in health service delivery systems in LDCs through:</p> <ol style="list-style-type: none"> <li>Development of training programs in FP for nurse midwives and auxiliaries.</li> <li>Assistance to LDCs in organizing FP services for optimum use of nurse midwives and auxiliaries.</li> </ol>	<p><b>Conditions that will indicate purpose has been achieved: End of project status.</b></p> <ol style="list-style-type: none"> <li>FP counselling &amp; services are recognized &amp; supported as a professional N/M responsibility.</li> <li>N/Ms contributing to LDC FP programs.</li> <li>N/Ms FP training organized in 10 to 20 countries assisted.</li> <li>FP clinical facilities in 10 to 20 countries assisted receiving increased assistance and offering wider ranges of methods &amp; services.</li> </ol>	<ol style="list-style-type: none"> <li>Follow up of Downstate trainees.</li> <li>Country information reports. Follow up of in-country training sites.</li> <li>LDC FP Reports.               <ol style="list-style-type: none"> <li>Number of centers &amp; locations</li> <li>Methods and services available.</li> <li>Numbers of acceptors.</li> </ol> </li> </ol>	<p><b>Assumptions for achieving purpose:</b></p> <ol style="list-style-type: none"> <li>LDCs will provide legal and administrative sanction to utilization of N/Ms.</li> <li>LDCs will provide adequate material and budget support for training of N/Ms.</li> </ol>								
<p><b>Outputs:</b></p> <ol style="list-style-type: none"> <li><b>U.S. Training</b> Didactic clinical and managerial training for teams of N/Ms, physicians and FP administrators. 1 week of rural observation.</li> <li><b>Overseas Training</b> Technical assistance to LDC training programs.</li> <li><b>Materials</b> Publications, teaching materials in Spanish, French, and English.</li> </ol>	<p><b>Magnitude of Outputs:</b></p> <ol style="list-style-type: none"> <li>8 weeks clinical training for up to 40 N/Ms per year. Up to 3 months training each for up to 4 MDs and 4 administrators per year.</li> <li>Technical assistance for up to 6 country training teams per year for up to 3 months each.</li> <li>Publications, teaching materials, and training aids as needed for centers and teams.</li> </ol>	<ol style="list-style-type: none"> <li>Downstate Records and Reports.</li> <li>Contacts with MOHs, LDC training institutions, USAID Missions, Trip reports.</li> <li>Distribution reports.</li> </ol>	<p><b>Assumptions for achieving outputs:</b></p> <ol style="list-style-type: none"> <li>LDCs will send qualified personnel for training.</li> <li>LDCs will support training team in organizing courses on return and in establishing ongoing training programs based on projected needs.</li> </ol>								
<p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li><b>Downstate</b> Clinical facilities.</li> <li><b>AID/W</b> Salaries, consultants, travel, participant costs, publication costs, teaching materials, etc.</li> <li><b>LDCs</b> Facilities for training and release of faculty members for training.</li> </ol>	<p><b>Implementation Target (type and Quantity)</b></p> <p>Three year funding FY 76-78</p> <table border="0"> <tr> <td>Personnel</td> <td align="right">1,019,000</td> </tr> <tr> <td>Student Costs</td> <td align="right">424,000</td> </tr> <tr> <td>Other Costs</td> <td align="right">257,000</td> </tr> <tr> <td><b>Total</b></td> <td align="right"><b>1,700,000</b></td> </tr> </table>	Personnel	1,019,000	Student Costs	424,000	Other Costs	257,000	<b>Total</b>	<b>1,700,000</b>	<ol style="list-style-type: none"> <li>Fiscal reports.</li> <li>Activity progress reports, participant reports, faculty activity in Downstate.</li> <li>Overseas faculty activities and number of overseas training programs.</li> </ol>	<p><b>Assumptions for providing inputs:</b></p> <ol style="list-style-type: none"> <li>Downstate can provide adequate staffing and facilities.</li> <li>3-year budget is adequate to support project activities.</li> </ol>
Personnel	1,019,000										
Student Costs	424,000										
Other Costs	257,000										
<b>Total</b>	<b>1,700,000</b>										

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JUN 2 1976

ACTION MEMORANDUM FOR THE ADMINISTRATOR

JUN 2 11 39 AM '76

THRU: EXSEC

EXECUTIVE SECRETARIAT

FROM: AA/PPC, *Philip Birnbaum*

Problem: Because this PROP proposes an additional three years for this project your signature is required.

Discussion: LDCs unable to meet medical manpower needs for the delivery of health and family planning services are expanding the roles of paramedical (nurse/midwives) and auxiliary personnel.

The Downstate Project prepares LDC nurse/midwives to deliver and teach clinical contraceptive and reproductive health techniques, and assists institutions and governments to establish training programs in LDCs. The project did not become fully implemented until 1973, because of PIO/P requirements and the limited number of LDC population programs that were prepared to begin use of paramedicals.

Since 1973, Downstate has trained at full capacity, with up to a one-year waiting list. In five years, 181 participants from 26 LDCs have been trained. These participants have in turn trained: 4657 nurse/midwives; 514 student/midwives; 182 medical students; and 1213 non-clinical personnel.

A formal evaluation of this project was completed in November, 1975. The evaluation team determined that the short term clinical training program being carried out in the U.S. was successfully preparing nurse midwives to deliver reproductive health services. The team noted that the least successful effort had been in the establishment of the training overseas, mainly, because of LDC organizational problems in planning, implementing, and supporting new programs.

The evaluation team recommended that in the future more emphasis be placed on assistance to LDC governments and institutions in planning and organizing training programs consistent with present and future personnel requirements. These recommendations are incorporated in this revised PROP.

An extension of this project will assist LDC governments in meeting the demand for nurse midwife trainers to prepare personnel for expanded rural programs. This project impacts on the delivery of

reproductive health and family planning services to poor rural women and expands employment potential for LDC women paramedicals, auxiliaries, and traditional birth attendants.

An additional three years will permit training 120 nurse midwife trainers in the U.S., and intensified assistance in establishing training programs in 10-20 LDCs.

Recommendation: It is recommended that you sign the attached PROP.

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Clearance:

AA/PHA:FPinkham FP Date 5-25-76

PHA/POP:RTRavenholt RTR Date 12-4-76

GC:CLGladson UP Date 5-25-76