

150-1327  
AD-AAI-652

AGENCY FOR INTERNATIONAL DEVELOPMENT <b>PROJECT DATA SHEET</b>		1. TRANSACTION CODE <input checked="" type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number _____	DOCUME) CCDE 3
2. COUNTRY/ENTITY Interregional		3. PROJECT NUMBER 932-0604		
4. BUREAU/OFFICE  S&T/POP _____		5. PROJECT TITLE (maximum 40 characters) Physicians Post-Grad Trg in Reprd Health		
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 00 00 84		7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4) A. Initial FY 73 B. Quarter 1 C. Final FY 83		

8. COSTS (\$000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY 73			LIFE OF PROJECT 1/		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	3,203		3,203			54,391
(Grant)	( 3,203 )	( )	( 3,203 )	( )	( )	( 54,391 )
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S.	1.					
	2.					
Host Country						
Other Donor(s)						
<b>TOTALS</b>	3,203		3,203			54,391

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE		D. OBLIGATIONS TO DATE 1/		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)				40,236				54,391	
(2)									
(3)									
(4)									
<b>TOTALS</b>								54,391	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code \_\_\_\_\_

B. Amount \_\_\_\_\_

13. PROJECT PURPOSE (maximum 480 characters).

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

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000  941  Local  Other (Specify) \_\_\_\_\_

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment.)

The purpose of this amendment is to extend the final FY of obligation by two years, through FY 83.

1/ Obligations FY 73-81.

17. APPROVED BY

Signature: *J. Joseph Speidel*

Title: J. Joseph Speidel  
Acting Director, S&T/POP

Date Signed: MM DD YY  
10 16 81

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

Project Authorization Amendment

**BEST AVAILABLE DOCUMENT**

Name of Country: Interregional

Name of Project: Physicians Post-Graduate Training in Reproductive Health

Number of Project: 932-0604

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby further amend the authorization for this interregional project. This amendment does not change the total level previously authorized for the project of \$54,391,000 in grant funds, but extends the period for planned obligations through FY 1984, subject to the availability of funds in accordance with the AID/OYB allotment process, to help in financing foreign exchange and local currency costs for the project. (Of the total authorized, \$40,236,000 has already been obligated by the S&T Bureau or its predecessors during the period FY 1973 through FY 1981, and the balance of \$14,155,000 therefore remains authorized for obligation during the period FY 1982 through FY 1984.)

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

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

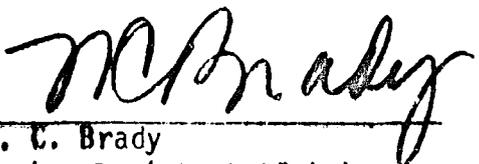
4. Source and Origin of Goods and Services

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

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

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

11/9/81  
Date

  
W. C. Brady  
Senior Assistant Administrator, S&T

Clearances:

GC/CP, CStephenson CS 10/19/81  
 S&T/POP, JJSpeidel JS 10/21/81  
 S&T/PC, BChapnick BC 11/2  
 AFR/DR, LHeilman LH 10/19/81  
 ASIA/TR, TArndt TA 10/21/81  
 LAC/DR, ACauterucci AC 11/2  
 NE/TECH, LPreade LP 10/21/81  
 PPC, JEriksson JE 11-9-81

Drafted by: S&T/POP/TI:ATW <sup>AW</sup> ley:v1w:10/19/81:x59675

NOV 2 1981

THRU: S&T/PO, Bernard Chapnick  
S&T, J. Jarrett Clinton  
FROM: S&T/POP, J. Joseph Speidel



**Problem:** Your approval is required for a two-year extension of "Physicians Post-Graduate Training in Reproductive Health," Project 932-0604, under an A.I.D. Cooperative Agreement with the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) at an estimated cost of \$14.155 million. This extension will not increase the total life-of-project funding for this project of \$54,391,000; the necessary project authorization is attached for your signature.

**Discussion:** A.I.D. has funded this project since 1973, a year before the actual formation of JHPIEGO, a private corporation affiliated with Johns Hopkins University. The JHPIEGO Corporation grew out of an earlier A.I.D. feasibility study and planning grant to a consortium of American universities in response to the growing demand from LDC physicians for short-term U.S. training in modern reproductive health techniques and concepts including laparoscopic sterilization. The current A.I.D.-JHPIEGO Cooperative Agreement, AID/DSPE-CA-0083, which was signed in August 1980 to run for two years, requires renewed A.I.D. authorization of the Project (932-0504) because the existing five-year A.I.D. Project Paper only provided A.I.D. authorization for JHPIEGO for the years 1977-1981. The attached Project authorization will permit extension/renewal of the A.I.D.-JHPIEGO Cooperative agreement through 1984.

JHPIEGO was designed as a training program in reproductive health, although JHPIEGO's principal early focus was on laparoscopic sterilization. The broader approach in reproductive health has given the program worldwide acceptability and credibility. JHPIEGO's strong emphasis on family planning is widely accepted because it demonstrates that making family planning services available is probably the single most effective step possible in improving LDC reproductive health. The approximately ten percent of JHPIEGO's time and effort devoted to other aspects of reproductive health promotes entry to developing countries where family planning is not yet seen as a priority.

The JHPIEGO Project Paper (attachment A), authorizing A.I.D. funding up to a maximum of \$14.155 million for 1982-1983 in support of training for LDC professionals in reproductive health in general, and family planning in particular, was reviewed on August 20, 1981. A memorandum reporting the outcome of this Agency review is forwarded for your reference as attachment B. It was agreed at the review that JHPIEGO could effectively use at least \$45 million over a five-year period, as had been proposed. However, the present A.I.D. budgetary situation makes it advisable to limit this to two-year's funding amounting to \$14.155 million.

There was complete agreement at the review that JHPIEGO is one of the most valuable centrally funded projects of the Office of Population. This is based on a record of having established contact with and trained leading medical professionals from over 100 countries in the past seven years, on a reputation of being broadly interested in the field of reproductive health and on a prestigious association with Johns Hopkins, a world renowned University. JHPIEGO has been able to initiate family planning activities in countries

where no other A.I.D. population-funded project could, such as in Burma, Turkey and in Mauritania, has helped to reopen the door for A.I.D. in India and has been very effective in expanding voluntary sterilization services in Brazil, Colombia and Mexico. The four A.I.D. Regional Bureaus are counting on continued strong central financial support for JHPIEGO to assist them in carrying out their regional population strategies. Between five and ten percent of JHPIEGO funds come from private sources.

A summary of cable comments received from USAIDs regarding the Project Paper is attached as attachment C. Also attached is a fact sheet on JHPIEGO (attachment D).

JHPIEGO carefully observes all the provisions of PD No. 56 concerning abortion and incorporates this prohibition of abortion-related activities in all its in-country agreements. Two issues, explored in depth at the project review, were: the relationship of the JHPIEGO project to the Association for Voluntary Sterilization (AVS) project; and the comparative and relative cost of JHPIEGO training in the USA and overseas.

AVS is primarily a service organization which also has an important advocacy function. Training is a component of AVS activities, but such training is strongly oriented toward providers of service for both men and women. JHPIEGO training is directed primarily at leaders in obstetrics and gynecology, faculty members, medical administrators and policy makers and is oriented largely toward reproductive health needs of women. The two projects are complementary as evidenced by their present joint programming in training and service programs in Brazil, Colombia, Tunisia and Morocco and as shown in the frequent pattern of AVS supporting provision of services after one or more physicians in a particular location or country have been trained and equipped by JHPIEGO. The two projects are also coordinated closely and effectively overseas to ensure that in-country medical equipment and repair and maintenance needs are being fully met without duplication or omission. The section in the Project paper (page 23, item 6) concerning the AVS-JHPIEGO relationship has been rewritten to further define and clarify their relationship and their respective roles, as was recommended at the review.

Between 1974 and 1980, 86% of JHPIEGO training costs were for training programs in the USA and only 14% of costs were for overseas training programs. This ratio is now reversed. During the past year, 227 professionals were trained by JHPIEGO in the USA (23%) and 773 were trained overseas (77%). In the years covered by this Project Paper, 12% of JHPIEGO training is projected for the USA and 88% for overseas - with cost-estimates being approximately 25% for U.S. training and 75% for overseas training.

The following table (Table I) compares JHPIEGO training costs in three selected countries versus training costs for physicians from those same countries if brought to the U.S. All costs, transportation, subsistence, consultants and tuition, are included. In addition, an average cost of \$1,000 for clinical practice at another site enroute home is included in U.S.-based costs. Costs for equipment, educational materials and field visits are not included since they would be similar whether training is based abroad or in the United States.

Table I

Comparison of JHPIEGO U.S. and In-Country Training Costs  
(Includes all costs except medical equipment and supplies)

	<u>Duration of Training (Days)</u>	<u>Total Cost Per Physician (\$)</u>	<u>Cost Per Day Per Physician (\$)</u>
Brazil - U.S.	21	4,400	210
Brazil - In-Country	13	2,075	160
Egypt - U.S.	21	3,600	171
Egypt - In-Country	17	1,900	112
Philippines - U.S.	21	4,750	226
Philippines - In-Country	30	2,464	82

Since the JHPIEGO U.S. training is primarily didactic in nature, Table II (below) provides a comparison of daily tuition costs for actual U.S. training days among several programs supported or used by A.I.D. Travel, subsistence, equipment and educational materials are not included in the rates.

Table II

Comparison of Tuition Costs in U.S. Based Programs

<u>U.S.-Based Programs</u>	<u>Daily Tuition Cost Per Trainee (\$)</u>
JHPIEGO Academic Skills (Baltimore)	60
JHPIEGO Administrators (Baltimore)*	80
JHPIEGO Clinicians (Baltimore)*	100
Univ. of California - FP Management (Santa Cruz)	72
Columbia - Family Planning, Nutrition (New York)	60
Univ. of Connecticut (Essential Training (Hartford)**	80
Margaret Sanger - Nurse Practitioner (New York)	70
Adolescent Fertility (Zion, IL)	75
CEFPA (Evaluation, Management) (Wash, DC)	100

\* Includes languages other than English

\*\* Given in French

Table II shows that JHPIEGO daily trainee tuition costs are essentially the same as other A.I.D. funded U.S.-based courses. It should be noted that cost of most U.S. post-graduate medical programs conducted for physicians range from \$100 to \$200 per day for six to eight hours of instruction.

Cumulative authorizations to date for this Project (in FY 1973 and FY 1977) total \$54,391,000. However, the 1977 Project Authorization, in adding \$38,650,000 of new funding authority, failed to include unused authority of \$2,592,000. The attached Project Authorization accurately includes the cumulative authorizations for this Project to date. This Project is cited on pages 49 and 53 of Annex V - Centrally funded programs of the Congressional Presentation for FY 1982 and corresponds to the authorization ceiling of \$54,391,000, included on page 92 of the data base previously submitted to Congress.

Clearances Obtained: S&T/Program Office, Regional Bureau technical offices, General Counsel, and PPC have concurred in this authorization recommendation.

Recommendation: That you sign the attached project authorization.

Approved: JCB

Disapproved: \_\_\_\_\_

Date: 11/9/81

Attachments:

- A. Authorization, Project Paper (No. 932-0604) and annexes
- B. S&T/PO Memorandum, dated August 24, 1981
- C. Summary of cabled USAID comments on PP
- D. Fact Sheet on JHPIEGO

Clearances:

S&T/POP, JPRooks JPR  
S&T/POP, AJee AJ  
S&T/POP, PBaldi PB

Drafted by: S&T/POP/TI:ATWiley:vlw:10/19/81:x59675

Physicians and Nurses Reproductive Health Training  
The Johns Hopkins Program for International Training  
In Obstetrics and Gynecology (JHPIEGO)

Project Paper

Prepared by:

Andrew T. Wiley, M.D.  
DS/POP/TI

To fully understand this PP the following term is clarified:

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

# Physicians and Nurses Reproductive Health Training

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

### Project Paper

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

Part I. SUMMARY AND RECOMMENDATIONS

A. Face Sheet

B. Recommendations

Year (FY)	1982	1983	Total
Grant Obligations	6,655	7,500	14,155

C. Description of the Project

1. Super Goal

To assist the LDCs to reach their desired population goals.

2. Goal

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

3. Purpose

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

4. Project Activities

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

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

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

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

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

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

JHPIEGO has implemented the project from FY 1974 through FY 1981, and works closely with LDCs in starting in-country training programs tailored to specific needs and existing cultural constraints. Coordination of efforts with other A.I.D.-funded agencies and with international donors will continue. JHPIEGO provides leadership, provide curriculum guidance, set goals and reviews the management and evaluation of in-country training programs.

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

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

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

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

#### D. Summary Findings

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

The recent U.S. Government study entitled, "Global 2000" points out the urgent need to rapidly bring present extraordinary worldwide population growth rates to reasonable and sustainable levels if irreversible global degradation is to be avoided. By introducing the concept of family planning as an integral component of reproductive health, this project

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

JHPIEGO's past trainee evaluation has indicated each trainee on the average trains at least five others upon return home. With over 3,000 professionals so trained by JHPIEGO through September 30, 1980, the multiplier effect will result in many thousands trained in the second generations and third generations. The logic of training reproductive health trainers for LDCs thus become evident.

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

The 1982 and 1983 funding levels in this Project Paper are consistent with Agency budgetary projections for these years. These levels do not, however, represent the full amounts which A.I.D. feels JHPIEGO could effectively spend during these years in support of overseas training in family planning and reproductive health. In planning in-country training programs it is, of course, recognized by both A.I.D. and JHPIEGO that each individual JHPIEGO proposal for such a program will be subject to the approval of AID/W and of the USAID Mission or U.S. Embassy concerned.

\*Annex No. 3 (JHPIEGO Training Plan)

## Part II. DETAILED PROJECT DESCRIPTION

### A. Background

#### 1. History of the Problem

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3. Funding of JHPIEGO

In June 1973, an A.I.D. Grant of approximately \$3 million was made to set up and support an institutional model. In June 1974, under this grant \$3,887,000 was awarded to the newly formed JHPIEGO Corporation so this new institutional model could serve as the intermediary agency to administer and lead collaborating institutions in the U.S. and in the LDCs in the Program for International Education for Gynecology and Obstetrics. Under this same Grant, AID/pha-G-1064, JHPIEGO received annual allotments of A.I.D. funds amounting to a cumulative total of \$25,297,570 over a six-year period. Under the subsequent A.I.D. Cooperative Agreement, AID/DSPE-CA-0083, signed in August 1980, JHPIEGO to date has been awarded \$12,028,399 in A.I.D. funds. This brings the cumulative total of AID/S&T funds received by JHPIEGO, since its formation to \$40,236,000.

### 4. Accomplishments

In the years since its actual incorporation in April 1974, the output of this collaborative international institution has steadily grown. Designed with multiple capabilities for management, advocacy,

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

a. Training and Equipment

JHPIEGO has produced the following results through September 1980:

(1) Directly trained nearly 3,000 professionals from 103 countries in reproductive health, 2,311 of these were physicians, and 948 of these physicians were trained in the USA. In 1980 alone, 689 professionals were trained and almost 70% of these were trained overseas. An increasing number of professionals will be trained overseas each year under this project.

(2) Provided over 1,000 laparoscopes for use in 80 countries.

(3) Set up ongoing training programs in 12 countries overseas.

(4) Set up ten overseas equipment maintenance centers.

(5) By September 1980, JHPIEGO had trained physicians from 1,292 institutions in 99 countries.

During this past year JHPIEGO:

(a) Put on 15 courses in five languages at its USA headquarters.

(b) Sent out 100 reproductive health manuals to overseas training institutions which, a follow-up questionnaire showed, were utilized in giving lectures to 30,000 students.

(c) Produced and sent out 270 copies of two technical films in four languages.

(d) Participated in 13 medical conferences in as many countries.

Almost 3,000 participants from over 100 countries have received first generation training under this project. As a result, almost 1,000 reproductive health clinics capable of providing reproductive health service are functioning, that is, physicians have been trained at centers in the U.S. or overseas and laparoscopes and other equipment such as minilap kits have been placed in their institutions.

b. Upgrading Technology

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

c. Institutionalization of Reproductive Health

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

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

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

JHPIEGO has already trained faculty from 239 of the 524 known LDC medical schools (excluding China) and has reached 85% of the medical schools in countries having only one or two medical schools. JHPIEGO's directory of medical schools, which lists 62 new institutions not even listed in the World Health Organization Directory, is the most complete such directory in existence. Over the remaining five years of this project, JHPIEGO will reach virtually all of the remaining eligible LDC medical schools, thereby completing the institutionalization of the worldwide teaching of reproductive health.

5. Result of Recent Evaluation

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

\*This report is available to all interested persons.

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

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

#### 6. Need for Follow-On Effort

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

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

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

### B. Description of the Project

#### 1. Sector Goal

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

## 2. Project Purpose

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

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

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

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

### a. Basic Assumptions for the Achievement of Purpose

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

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

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

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

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

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

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

b. End of Project Status

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

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

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

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

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

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

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

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

3. Statement of Project Inputs

a. By JHPIEGO Corporation

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

(1) Managerial Inputs by JHPIEGO

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

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

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

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

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

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

(2) Professional Inputs by JHPIEGO

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

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

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

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

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

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

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

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

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

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

b. By In-Country Training Centers

Training Centers make the following inputs:

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

(2) Facilities to conduct training.

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

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

c. By A.I.D.

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

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

(3) Evaluation of program.

4. Basic Assumptions About the Management of Inputs

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

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

The JHPIEGO Corporation will continue to purchase the instrumentation and spare parts for in-country institutions of the professionals trained, training centers and service clinics. It will also, through a contractual arrangement with the Brethren Service Center, maintain the capability for inspecting, storing, warehousing and delivering overseas the equipment which it procures for the recipient institutions. The provision of spare parts and the training of personnel in overseas facilities in maintenance capability will continue to include establishment of maintenance shops in strategic overseas areas to provide a revolving inventory for repair of equipment and to assure constant use of the instruments donated. To date JHPIEGO has provided over 1,067 laparoscopes and laprocaters to LDC institutions and has set up Repair and Maintenance centers in ten countries. These management arrangements are expected to continue.

## 5. Statement of Project Outputs

### a. First Generation Training

#### (1) Participants and Training Programs

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

#### (2) Follow-Up Visits by Field Training Teams

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

### (3) Clinical Practice

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

### (4) National Training Centers

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

### (5) The U.S. Center

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

#### b. Reproductive Health Training in LDC Institutions

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

#### c. Second and Third Generation Training

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

d. Diffusion of New Concepts and Techniques

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

e. Quantification of Outputs

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

- (1) 400 to 600 LDC professionals trained in reproductive health at the Baltimore Center in approximately 25 special courses.
- (2) 2,500 to 3,500 LDC professionals directly trained in LDC programs supported by JHPIEGO in 15-20 countries.
- (3) 400 to 500 overseas reproductive health clinics provided with endoscopic equipment and minilap kits and with capable personnel trained to provide a full range of services.
- (4) Each month an average of 15-20 LDC health clinics will be staffed with trained personnel and given appropriate equipment to provide reproductive health care.
- (5) An average of 2-3 equipment maintenance and repair centers initiated overseas each year.
- (6) Approximately 10,000 LDC medical and paramedical students trained.
- (7) Faculty members trained from approximately 65% of eligible medical schools.
- (8) Nursing school faculty members trained from at least one school in 50% of eligible LDCs.

6. Basic Assumptions for Achieving Outputs

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

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

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

#### 7. Methods of Verification

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

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

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

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

#### 8. Recommendations of Evaluation

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

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

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

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

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

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

### Part III. IMPLEMENTATION ARRANGEMENT

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

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

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

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

All required approvals (except as otherwise specified in the A.I.D.-JHPIEGO Cooperative Agreement) and interpretations of terms and conditions and charges to the Cooperative Agreement are made by the A.I.D. Grant Officer. It is the responsibility of JHPIEGO to conform with the requirements set forth in the provisions governing this Agreement and obtain the specified approvals. These include waivers for the payment of salaries which exceed the annual FSR-1 rate.

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

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

#### B. Functional Aspects of JHPIEGO

##### 1. Education and Delivery of Health Care

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

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

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

## 2. Ongoing Evaluation of the Program

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

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

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

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

An A.I.D. evaluation is planned in the fall of 1982 to determine the effectiveness of the in-country programs and overall project performance.

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

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

### 3. Management of the Financial Resources of the Program

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

### 4. Network of Centers

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

## C. JHPIEGO Plan of Action

### 1. General Training Strategy

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

#### a. By Professional Category

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

#### b. By Training Site

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

The need for a U.S.-based training center in Baltimore, however, is expected to continue through the period of this Project Paper for several reasons:

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

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

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

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

#### c. By Delivery System

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

Although JHPIEGO is primarily designed to train professionals for the first two of these delivery systems, it is anticipated that training of private practitioners will play an increasing role in certain JHPIEGO in-country programs.

d. By Geographic Region

Asia - JHPIEGO in-country training plans for Asia include phasing out of certain rapidly developing countries such as Thailand and Malaysia just as JHPIEGO has already phased out of Korea, Singapore, Hong Kong and Taiwan. Privately funded programs are planned in Pakistan and China. Significant support is planned to India, using A.I.D. funds if certain bureaucratic obstacles can be overcome. Continuing support of the Philippine and Indonesia in-country training programs is planned as is increasing support for the training of professionals in Burma.

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

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

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

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

e. By Regional Emphases

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

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

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

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

## 2. The Development of In-Country Programs

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

## 3. Identification of Clinical Practice Centers for JHPIEGO Participants

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

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

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

#### 4. Repair and Maintenance (RAM Centers)

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

#### 5. Special Education Courses

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

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

JHPIEGO coordination with the International Project of the Association for Voluntary sterilization (IPAVS) will be extended to include joint planning of certain international activities where this can result in significant savings in travel or staff time. JHPIEGO and IPAVS will maintain ongoing communication to ensure mutually supportive program coordination as the programs were designed by A.I.D. to complement each other. IPAVS is concerned mainly with service delivery and demand creation whereas JHPIEGO is concerned primarily with providing high quality, high prestige training for LDC professionals. JHPIEGO does not generally support U.S. service delivery projects. Collaboration in the area of LDC medical training programs will generally continue to take the form of JHPIEGO funding the tuition costs and component of the program and IPAVS funding the service costs of the procedures required in the training program. By mutual agreement IPAVS will continue to support significant training programs in a few LDCs such as Bangladesh and Indonesia, where for historical reasons, IPAVS has had a primary role.

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

#### 7. Subgrants and Subcontracts

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

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

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

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

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

#### 8. Informed Consent

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

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

#### 9. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities, as outlined in Policy Determination No. 56, dated 6/10/74, (appended as Annex 7), and with Section 104 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project and subsequent grants will be used for the purpose of inducing abortions as a method of family planning; for information, education, training, or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

## 10. Annual Report

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

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

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

## 11. Evaluation

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

A.I.D.'s outside evaluation of JHPIEGO, which was most recently completed in the fall of 1980, may be repeated in the fall of 1982. Such an outside evaluation would address specific areas such as adequacy of field support, justification for central expenditures, prioritization of program effort where funding is tight, efficiency in handling funds and frequency and adequacy of staff and consultant field visits.

## 12. Possible Longer Range Effort

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

Part IV. PROJECT ANALYSIS

A. Social Soundness Analysis

1. Family Planning and Health

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

2. Integrated Health/Family Planning Approach

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

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

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

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

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

### 3. Enhancement of Quality of Life for Women

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

### 4. The Role of the Physician

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

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

### 5. Predominant Capability

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

## B. Technical Analysis

### 1. Technological Need

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

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

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

In 1974 at Bucharest, the United Nations declared that:

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

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

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

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

## 2. Technological Considerations/Laparoscope

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

### 3. Technical Design

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

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

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

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

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

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

### 4. Implications of the Technology

#### a. Employment Efforts

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

#### b. Suitability for Use, Replication and Diffusion

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

c. Host Country Capability for Operation/Maintenance

This significant factor has consciously been incorporated into project strategies.

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

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

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

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

C. Economic Analysis

This project is economically sound for a number of reasons:

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

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

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

a. Itemized Costs (\$ 000)

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

	<u>1982</u>	<u>1983</u>	<u>TOTALS</u>
Central Costs	2,105	2,540	4,645
Planning & Development Costs	860	890	1,750
Education & Training Costs	2,450	2,690	5,140
Equipment Costs	<u>1,240</u>	<u>1,380</u>	<u>2,620</u>
	6,655	7,500	14,155

b. Technical Resources and Reasonableness of Design

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

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

c. Cost Effectiveness

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

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

Between operational year 1982 and operational FY 1984, if training continues to be replicated within countries at anywhere near the rate shown in previous JHPIEGO follow-up surveys, it is reasonable to assume that a minimum of 10,000 professionals will have been secondarily trained as a result of providing direct first generation training to approximately 3,000 professionals and the institutionalization of this training will thus regularly continue to generate trained personnel. The numbers of future physicians and nurses directly trained in reproductive health concepts and practices as a result of JHPIEGO's integration of this subject into medical and nursing school curricula should also reach approximately 10,000 after two years of this project.

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

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

#### d. Other Donors

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

#### D. Environmental Analysis

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

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

## E. Financial Analysis and Plan

### 1. Financial Rating Return/Viability

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

### 2. Effect on Implementing Agencies

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

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

### 3. Financial Plan/Budget Tables

The cost of this project for work to be performed through September 30, 1984 is reflected in the Budget Table on the following pages.

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

JHPIEGO BUDGET

Summary of Program Projections (\$000)  
Funds to be Expended (Disbursed and Obligated)  
By JHPIEGO During Two Year Operational Years  
January 1, 1982 through September 30, 1984

Major Categories of Cost	82/83		83/84		Total Costs 10/82-9/84	
	Amount	%	Amount	%	Amount	%
Central Costs	2105	(31.7)	2540	(33.8)	4645	(32.8)
Planning/Development/ Monitoring	860	(13.1)	890	(11.9)	1750	(12.4)
Education and Training	2450	(36.3)	2690	(35.9)	5140	(36.3)
Equipment	1240	(18.9)	1380	(18.4)	2620	(18.5)
Totals	6655	(100)	7500	(100)	14155	(100)

JNPIEGO CORPORATION PROGRAM PROJECTIONS IN (\$000)  
 OPERATING YEARS JANUARY 1, 1982 THRU SEPTEMBER 30, 1984

CATEGORIES	82	83	TOTAL
<b>1. Central Costs</b>			
Salaries	1213	1545	2761
Fringe	237	260	497
Supplies	49	54	103
Travel (U.S.)	8	9	17
Office Equipment	5	10	15
Telecommunications	180	195	375
Space Costs	100	108	208
Other Direct Costs	55	56	111
TOTAL DIRECT	1847	2240	4087
IDC at 14%	258	300	558
<b>TOTAL CENTRAL COSTS</b>	<b>2105</b>	<b>2540</b>	<b>4645</b>
<b>2. Planning, Development Monitoring (P/D/M)</b>			
Site Visits for P/D/M	250	260	510
Consultants (Educational Material/Technology)	25	30	55
Publications/Exhibits/ Translations	107	127	234
Conferences	170	177	347
Audits of Overseas Agreements	127	126	253
Regional Monitoring Infrastructure	-	-	-
Evaluation Studies	75	60	135
TOTAL COSTS	754	780	1534
IDC at 14%	106	110	216
<b>TOTAL P/D/M COSTS</b>	<b>860</b>	<b>890</b>	<b>1750</b>
<b>3. Education and Training</b>			
Participant Costs	623	713	1336
Field Training	130	198	328
U.S. Training Center	450	530	980
Nat'l/Reg'l Programs	794	944	1738
Educational Materials	248	305	553
TOTAL Education/Training	2450	2690	5140
<b>4. Equipment</b>			
Instruments & Spare Parts	1059	1177	2236
Repair	48	53	101
Warehousing & Freight	113	124	237
TOTAL COSTS	1220	1354	2574
IDC at 14%	20	26	46
<b>TOTAL EQUIPMENT</b>	<b>1240</b>	<b>1380</b>	<b>2620</b>
<b>GRAND TOTAL</b>	<b>6655</b>	<b>7500</b>	<b>14155</b>

Annexes:

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

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project:  
From FY 73 to FY 84  
Total U. S. Funding: \$14,155,000  
Date Prepared: 4/30/81

Project Title & Number: Physicians and Nurses Training in Reproductive Health

Annex 1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: <u>Super Goal</u> - To assist LDCs to reach their desired rates of population growth.</p> <p><u>Goal</u> - To improve the health of mothers and infants by training LDC professionals to provide modern reproductive health services.</p>	<p>Measures of Goal Achievement: <u>Super Goal</u> - Attaining desired birth rates per 1,000 of population.</p> <p><u>Goal</u> - Measurable decrease in maternal and infant mortality rates.</p>	<p><u>Super Goal</u> and <u>Goal</u> Vital statistics and field surveys.</p>	<p>Assumptions for achieving goal targets: a. In most LDCs the need for help in reducing excess fertility is such that training professionals to provide these services will rapidly reduce birth rates. b. Training professionals in general reproductive health and the significant health benefits of family planning will have a positive effect on LDC family planning policies and practices.</p>
<p><u>Project Purpose:</u> to advance the teaching and practice of reproductive health in the LDCs by suitably training and equipping LDC medical professionals and preprofessionals.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status. 1) Adequate numbers of reproductive health professionals directly or indirectly trained by JHPIEGO to provide needed reproductive health services in most eligible LDCs. 2) General acceptance of AID-approved methods of family planning in these LDCs. 3) Network of urban and rural clinics in these LDCs providing good reproductive health services.</p>	<p>1) JHPIEGO records, trip reports, annual reports to AID and country evaluations. 2) JHPIEGO in-country training and evaluation reports. Contraceptive prevalence surveys. 3) Site visits, trip reports, USAID records, JHPIEGO records.</p>	<p>Assumptions for achieving purpose: a. a large number of LDC professionals and most undergraduate professionals are unaware of basic reproductive health services. b. training and equipping these professionals will result in improved LDC reproductive health and lowered birth rates. c. institutionalizing these new concepts and technologies in LDC medical training centers will result in this rapid acceptance and replication.</p>
<p><u>Outputs:</u> 1. Physicians, nurses and administrators trained by JHPIEGO. 2. Reproductive centers established. 3. In-country reproductive health training centers initiated and continuing. 4. Maintenance centers set up and continuing in LDCs. 5. Reproductive health courses incorporated into curriculum of most eligible LDC medical schools. 6. Medical equipment and supplies provided.</p>	<p>Magnitude of Outputs: 1. 1,700 LDC physicians and 1,600 other LDC professionals trained. 2. 350-480 service clinics functioning. 3. Reproductive health training centers functioning in 30 countries. 4. Centers functioning well in virtually all countries with 15 or more AID-funded scopes. 5. At least 10,000 medical students provided reproductive health training reached each year. 6. 400 endoscopes, 1,000 minilap kits &amp; 100 major educ. packages provided.</p>	<p>1. Statistics from JHPIEGO training centers in the LDCs and from Baltimore. 2. Annual enumeration by country of JHPIEGO service clinics established. 3. Annual listing of LDC training centers established by country. 4. Annual RAM center reports. 5. Annual listing of additional LDCs whose medical schools have been mobilized. 6. Annual listing of equipment provided.</p>	<p>Assumptions for achieving outputs: a. AID relations in most LDCs will permit JHPIEGO to work in those countries. b. Ministries of Health will continue to find JHPIEGO a highly desired form of U.S. technical assistance. c. Training will be ongoing once it is well institutionalized. d. salaries of equipment maintenance technicians will ultimately be paid locally. e. professionals trained will continue to train others.</p>
<p><u>Inputs:</u> JHPIEGO - 1. Professional and technical leadership; 2. Management of funds and programs; 3. Equipment procurement, distribution and maintenance; 4. Provision of educational materials and supplies; 5. Ongoing monitoring and evaluation of training programs. Host Country - 1. Training sites and facilities; 2. Most faculty members; 3. Local support and indirect costs; 4. Quarterly and final reports. AID - 1. provision of funds; 2. ongoing monitoring and evaluation. Other Donors - Funding</p>	<p>Implementation Target (Type and Quantity) JHPIEGO - Adequate numbers of effective staff visits to LDC training programs. Adequate equipment and supplies provided in timely manner, and put to field use. LDC training programs functioning efficiently. Host Country - Numbers of facilities provided; Numbers and calibre of faculty. Amount of financial support. Numbers of patients served. AID - Annual funding; consistent monitoring; regular outside evaluations. Other Donors - 3 or more other donors. 10% or more of funds.</p>	<p>JHPIEGO - Reports of site visits. Reports of training programs. Reports of equipment and supply distribution and use. Reports of RAM centers. Host Country - Training center reports. Evaluation visits. Reports of USAID Missions. F.I.D. - Funding PIO/Ts; AID reports; project evaluation reports. Other Donors - Annual report to AID.</p>	<p>Assumptions for providing inputs: JHPIEGO - The University approach and health orientation will effectively insulate JHPIEGO from political changes. The educational nature of this project will result in ongoing replication of training. Host Country - Host country support will continue after JHPIEGO support ends because faculty and facilities remain. AID - AID emphasis on population and health will continue. Other Donors - JHPIEGO's results will attract additional donations.</p>

Annex

June 17, 1981

*Annex 2*

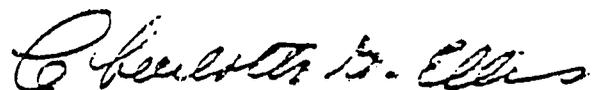
Dr. Andrew T. Wiley  
Project Monitor  
DS/POP/PI  
Room 215, RPE  
Agency for International Development  
Washington, D.C. 20523

Dear Dr. Wiley:

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

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

Sincerely,



Charlotte G. Ellis

CGE:jwa

Attachments

THE JOHNS HOPKINS PROGRAM FOR INTERNATIONAL  
EDUCATION IN GYNECOLOGY AND OBSTETRICS

PROGRAM PROJECTIONS  
October 1, 1982 through September 30, 1987

Presented by:

The JHPIEGO Corporation  
June 17, 1981

JIIPIEGO Corporation

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

FY81 (Balance of negotiated costs in AID/DSPE-CA-0083 not received)	FY82	FY83	FY84	FY85	FY86	Total
\$5082	\$10205	\$11437	\$12701	\$13088	\$13193	\$60624
<p>Note: Unless the balance needed to cover our negotiated costs are allocated from FY81 funds, the funding cycle will be off by a fiscal year.</p>	<p>If FY82 funds are used to offset costs previously negotiated which should have been covered by FY81 funds, the above funding years should be adjusted to compensate for this amount.</p>					

JIIPIEGO Corporation

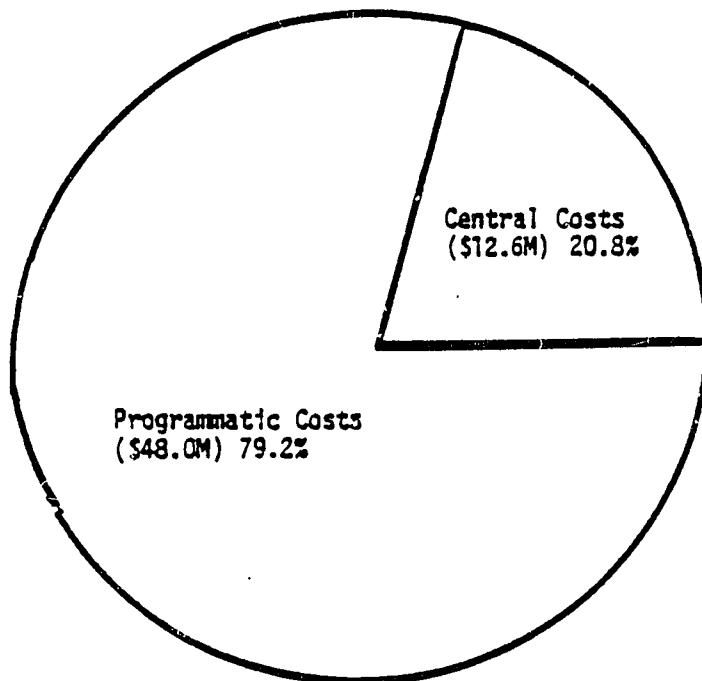
Major Categories of Cost	Cost Comparisons Prior Fiscal Years		Summary of Program Projections (\$000) Funds to be Expended (Disbursed and Obligated) by JIIPIEGO During Five Operational Years October 1, 1982 through September 30, 1987													
			80/81		81/82		82/83		83/84		84/85		85/86		86/87	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Central Costs	2013	(23.9)	2026	(23.4)	2105	(20.6)	2309	(20.2)	2533	(19.9)	2715	(20.7)	2947	(22.3)	12609	(20.6)
Planning/ Development/ Monitoring	588	(7)	827	(9.5)	1152	(11.3)	1290	(11.2)	1523	(12.0)	1751	(13.4)	1848	(14.1)	7564	(12.5)
Education and Training	5328	(63.1)	4623	(53.3)	5708	(55.9)	6548	(57.3)	7252	(57.1)	7532	(57.6)	7418	(56.2)	34458	(56.8)
Equipment	510	(6)	1195	(13.8)	1240	(12.2)	1290	(11.3)	1393	(11)	1090	(8.3)	980	(7.4)	5993	(9.9)
Totals	8439	(100)	8671	(100)	10205	(100)	11437	(100)	12761	(100)	13088	(100)	13193	(100)	60624	(100)
ABOVE FIGURES REPRESENT COSTS NEGOTIATED IN COOPERATIVE AGREEMENT AID/DSPE-CA-0083 TOTALLING \$17.1 MILLION THROUGH FY 81, OF WHICH JIIPIEGO HAS RECEIVED ONLY \$12 MILLION.					FUNDING FOR THE ABOVE OPERATIONAL YEARS TO COMMENCE WITH FY82 FUNDS.											

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

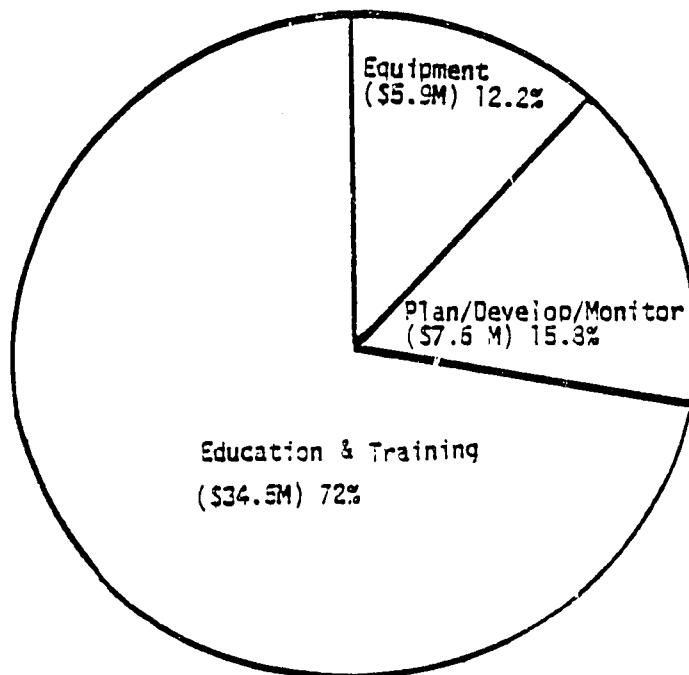
3

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<b>1. Central Costs</b>						
Salaries	1213	1334	1467	1589	1746	7351
Fringe	237	260	293	318	350	1458
Supplies	49	54	60	60	60	283
Travel (U.S.)	8	9	10	11	12	50
Office Equipment	5	10	10	8	6	39
Telecommunications	180	195	210	220	230	1035
Space Costs	100	108	115	118	120	561
Other Direct Costs	55	56	57	58	59	285
<b>TOTAL DIRECT</b>	<b>1847</b>	<b>2026</b>	<b>2222</b>	<b>2382</b>	<b>2535</b>	<b>11062</b>
IDC at 14%	258	283	311	333	362	1547
<b>TOTAL CENTRAL COSTS</b>	<b>2105</b>	<b>2309</b>	<b>2533</b>	<b>2715</b>	<b>2947</b>	<b>12609</b>
<b>2. Planning, Development, Monitoring (P/D/M)</b>						
Site Visits for P/D/M	350	385	423	465	430	2053
Consultants (Educational Material/Technology)	25	30	36	42	48	181
Publications/Exhibits/ Translations	107	127	152	184	220	790
Conferences	320	352	387	426	469	1954
Audits of Overseas Agreements	152	176	196	192	164	880
Regional Monitoring Infrastructure			75	150	200	425
Evaluation Studies	75	83	91	100	110	459
<b>TOTAL COSTS</b>	<b>1029</b>	<b>1153</b>	<b>1360</b>	<b>1559</b>	<b>1641</b>	<b>6742</b>
IDC at 14%	123	137	163	192	207	822
<b>TOTAL P/D/M COSTS</b>	<b>1152</b>	<b>1290</b>	<b>1523</b>	<b>1751</b>	<b>1848</b>	<b>7564</b>
<b>3. Education and Training</b>						
Participant Costs	863	938	1044	1148	1262	5255
Field Training	180	198	218	240	240	1076
U.S. Training Center National/Regional Programs	550	605	665	731	750	3301
Educational Materials	3817	4402	4899	4808	4309	22235
	298	405	426	605	857	2591
<b>TOTAL EDUCATION/TRAINING</b>	<b>5708</b>	<b>6548</b>	<b>7252</b>	<b>7532</b>	<b>7418</b>	<b>34456</b>
<b>4. Equipment</b>						
Instruments & Spare Parts	1059	1092	1183	905	832	5071
Repair	48	53	58	50	37	246
Warehousing & Freight	113	124	130	120	99	586
<b>TOTAL COSTS</b>	<b>1220</b>	<b>1261</b>	<b>1371</b>	<b>1075</b>	<b>968</b>	<b>5903</b>
IDC at 14%	20	21	22	15	12	90
<b>TOTAL EQUIPMENT</b>	<b>1240</b>	<b>1290</b>	<b>1393</b>	<b>1090</b>	<b>980</b>	<b>5993</b>
<b>GRAND TOTAL</b>	<b>10205</b>	<b>11437</b>	<b>12701</b>	<b>13088</b>	<b>13193</b>	<b>60624</b>

OVERALL PLANNED DISTRIBUTION OF FUNDS (\$60.6 M)  
October 1, 1982 through September 30, 1987

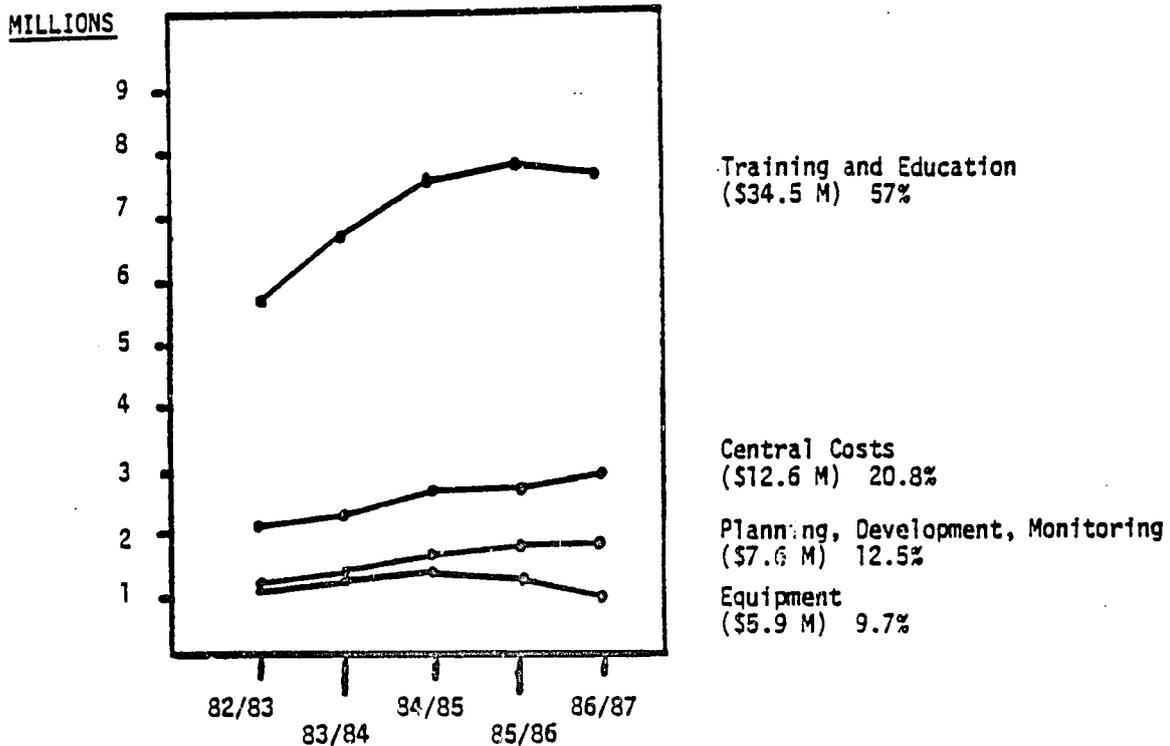


DISTRIBUTION OF PROGRAMMATIC COSTS (\$48.0 M)  
October 1, 1982 through September 30, 1987



OVERALL FUNDING TRENDS FOR MAJOR BUDGET CATEGORIES\*

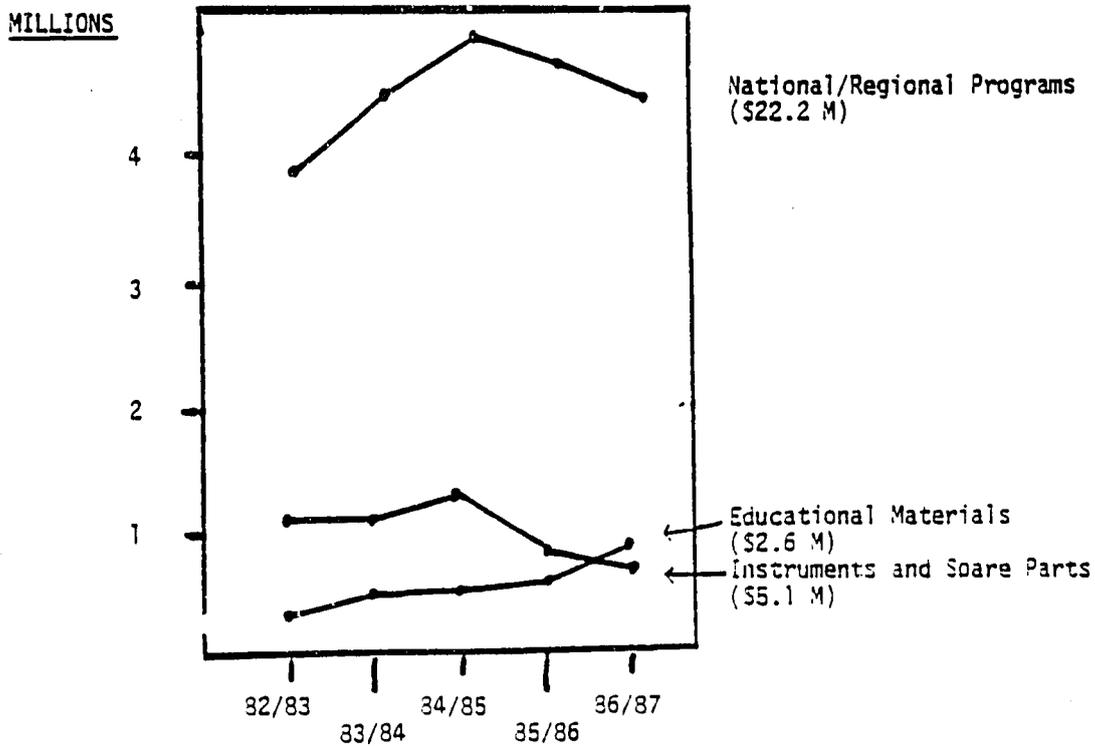
October 1, 1982 through September 30, 1987



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

IN-COUNTRY INPUTS\*

October 1, 1982 through September 30, 1987



\* National/Regional Programs; Instruments and Spare Parts;

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

REGIONS	82/83	83/84	84/85	85/86	86/87	Total
<b>AFRICA</b>						
Benin						
Botswana						
Burundi			60	60	60	180
Cameroon		60	100	165	166	491
Central African Emp.		56	56	57	60	229
Chad						
Congo						
Ethiopia	50	52	54	55	60	271
Gabon						
Gambia						
Ghana	58	57	59	72	78	324
Guinea						
Ivory Coast	40	60	69	72	80	321
Kenya	135	163	143	177	105	723
Lesotho						
Liberia		54	72	42	82	250
Madagascar						
Malawi						
Mali				50	50	100
Mauritania					20	20
Mauritius						
Niger						
Nigeria	149	153	134	132	275	843
Rwanda			50	50	100	200
Senegal	95	108	107	106	83	499
Sierra Leone	50	54	62	37	42	245
Somalia	29	20	20	20	20	109
Sudan	73	74	50	50	49	296
Swaziland						
Tanzania	121	144	147	157	100	669
Togo			83	89	80	252
Uganda	72	79	121	154	159	585
Upper Volta						
Zaire	67	84	77	82	81	391
Zambia						
Zimbabwe	72	110	140	140	40	502
Regional Med Cen.			150	200	350	1200
<b>Total</b>	<b>1011</b>	<b>1328</b>	<b>1754</b>	<b>1967</b>	<b>2540</b>	<b>3700</b>
<b>ASIA</b>						
Bangladesh	20					20
Burma	10	19	21	41	70	161
India	20	20	50	30	30	150
Indonesia	75	77	54			206

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

7

REGIONS	82/83	83/84	84/85	85/86	86/87	Total
<b>ASIA (cont'd)</b>						
Korea	5	5	5	5	5	25
Malaysia	19	16	19	19		73
Nepal		6	6	6	6	24
New Guinea			32	32	32	96
Pakistan	54	99	101	108	27	389
Philippines	150	155	160	140	140	745
Singapore						
Sri Lanka			25	25	25	75
Taiwan						
Thailand	60	60	62	35	35	252
<b>Total</b>	<b>413</b>	<b>457</b>	<b>535</b>	<b>441</b>	<b>370</b>	<b>2216</b>
<b>LATIN AMERICA</b>						
Argentina	57	57	63	69		246
Barbados						
Bolivia						
Brazil	620	639	505	530	658	2952
Chile	56	62	68	75		261
Colombia	184	191	210	230		815
Costa Rica						
Dominica						
Dominican Rep.	56	63	69	77		275
Ecuador	57	58	65	72		252
El Salvador	2	2	2	2	2	10
Guatemala	25	6	6	7		44
Guyana						
Haiti	65	68				133
Honduras	60	61	66	73		260
Jamaica	10	10	50	50	41	161
Mexico	310	454	518	288	20	1590
Nicaragua						
Panama	8	8	9	10		35
Paraguay	64	59	72	78		273
Peru	114	115	126	140		495
Trinidad	5	5	5	6		21
Uruguay						
Venezuela	62	60	65	72		259
<b>Total</b>	<b>1765</b>	<b>1918</b>	<b>1899</b>	<b>1779</b>	<b>721</b>	<b>9082</b>
<b>NEAR EAST</b>						
Afghanistan						
Algeria		49	53	64		166
Egypt	229	264	271	276	136	1176
Iran						
Iraq						
Jordan						

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

REGIONS	82/83	83/84	84/85	85/86	86/87	Totals
NEAR EAST(cont'd)						
Lebanon						
Morocco	53	53	53	53	130	342
Saudi Arabia						
Syria						
Tunisia	259	255	256	50	50	870
Turkey	87	78	78	178	262	663
Yemen Arab Rep.						
Total	628	699	711	621	578	3237
Grand Total	3817	4402	4839	4808	4309	22235

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

**NAME: JUIPEGO STAFFING**

		<u>80/81</u>	<u>81/82</u>	<u>82/83</u>	<u>83/84</u>	<u>84/85</u>	<u>85/86</u>	<u>86/87</u>
<b><u>PRESIDENT'S OFFICE</u></b>								
President	T.M. King	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Asst. to President	C. Ellis	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Executive Secretary	R. Chisholm	<u>1.0</u>						
		2.2	2.2	3.2	2.2	2.2	2.2	2.2
<b><u>DIRECTOR'S OFFICE</u></b>								
Director	R.T. Burkman	0.76	0.76	0.76	0.76	0.76	0.76	0.76
Executive Secretary	B. Fiat	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. Director	(vacant)	<u>0.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
		1.76	2.76	2.76	2.76	2.76	2.76	2.76
<b><u>RESOURCE MANAGEMENT</u></b>								
Director	J. Blouse	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Budget Officer	J. Spomey	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	T. Padgett	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	(Vacant)	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Inventory Clerk	W. Higgin	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	A. Scheerer	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Operator (860)	S. Morgan	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>		
		7.0	7.0	7.0	7.0	7.0	7.0	7.0
<b><u>LAND E SERVICES</u></b>								
Records Supervisor	C. Kennon	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Coder	D. Estep	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Research Assistant	E. Sheppard	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	L. Evans	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Clerk Typist	M. Green	<u>1.0</u>						
		5.0	5.0	5.0	5.0	5.0	5.0	5.0

**NAME: JUMEGO STAFFING**

		<u>80/81</u>	<u>81/82</u>	<u>82/83</u>	<u>83/84</u>	<u>84/85</u>	<u>85/86</u>	<u>86/87</u>
<b><u>GRANT SUPPORT OFFICE</u></b>								
Grant Support Officer	J. Ohl	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. Grant Support Officer	M. Mitchell	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	T. Leonard	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>			
		3.0	3.0	3.0	3.0	3.0	3.0	3.0
<b><u>TRAINING CENTER</u></b>								
Training Officer	R. Magarick	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Associate	J. Lesinski	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Associate	J. Rock	0.15	0.15	0.15	0.15	0.15	0.15	0.15
Coordinator	M. Garcia	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	F. Anderson	<u>1.0</u>						
		3.4	3.4	3.4	3.4	3.4	3.4	3.4
<b><u>PROGRAM SUPPORT UNIT</u></b>								
Coordinator	A. Wurzberger	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	J. Frazier	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	B. Logan	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Travel Secretary	L. Schafle	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Travel Secretary	K. Kleeman	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	J. Andrews	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	V. Chambers	<u>1.0</u>						
		7.0	7.0	7.0	7.0	7.0	7.0	7.0

**NAME: JHPIEGO STAFFING**

		<u>80/81</u>	<u>81/82</u>	<u>82/83</u>	<u>83/84</u>	<u>84/85</u>	<u>85/86</u>	<u>86/87</u>
<b><u>REGIONAL DEVELOPMENT</u></b>								
<b><u>Latin America:</u></b>								
Regional Officer	H. Davis	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Assistant R.D.O.	K. Armstrong	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. R.D.O. Nurse	L. Altobelli	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Admin. Assistant	M. Villacres	1.0	1.0	1.0	1.0	1.0	1.0	1.0
BI-Ling Secretary	M. Schlegel	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>	<u>0.0</u>	<u>0.0</u>				
		4.95	4.95	4.95	4.95	4.95	3.95	3.95
<b><u>Asia:</u></b>								
Regional Officer	K. Rajadhyaksha	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Regional Officer	D. Huber	0.86	0.86	0.86	0.86	0.86	0.86	0.86
Asst. R.D.O. Nurse	C. Hussman	0.60	0.60	0.60	0.60	0.60	0.60	0.50
Secretary	P. Refemje	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	D. McCready	1.0	1.0	1.0	1.0	1.0	1.0	1.0
		<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>		
		4.46	4.46	4.46	4.46	4.46	4.46	4.46
<b><u>REGIONAL DEVELOPMENT (Cont'd)</u></b>								
<b><u>Africa:</u></b>								
Regional Officer	W. Wallace	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Admin. Assistant	D. Wilson	1.0	1.0	1.0	1.0	1.0	1.0	1.0
BI-Ling. Secretary	J. Thomlinson	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Asst. R.D.O. Nurse	(Vacant)	0.0	1.0	1.0	1.0	1.0	1.0	1.0
Regional Monitor M.D.	(Vacant)	<u>0.0</u>	<u>0.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
		3.0	4.0	5.0	5.0	5.0	5.0	5.0

NAME: JUIPIEGO STAFFING

		<u>80/81</u>	<u>81/82</u>	<u>82/83</u>	<u>83/84</u>	<u>84/85</u>	<u>85/86</u>	<u>86/87</u>
<b><u>EQUIPMENT AND EDUCATION UNIT</u></b>								
Manager	D. Clapper	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Assist. Manager	C. Oh	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Education Material								
Coordinator	M. Hirsch	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Secretary	L. Howe	<u>1.0</u>						
		4.0	4.0	4.0	4.0	4.0	4.0	4.0
<b><u>SUMMARY:</u></b>								
President's Office		2.2	2.2	2.2	2.2	2.2	2.2	2.2
Director's Office		1.76	2.76	2.76	2.76	2.76	2.76	2.76
Resource Management		7.0	7.0	7.0	7.0	7.0	7.0	7.0
I & E Services		5.0	5.0	5.0	5.0	5.0	5.0	5.0
Grant Support		3.0	3.0	3.0	3.0	3.0	3.0	3.0
Training Center		3.4	3.4	3.4	3.4	3.4	3.4	3.4
Program Support		7.0	7.0	7.0	7.0	7.0	7.0	7.0
Region - Latin America		4.95	4.95	4.95	4.95	4.95	3.95	3.95
Region - Asia		4.46	4.46	4.46	4.46	4.46	4.46	4.46
Region - Africa		3.0	4.0	5.0	5.0	5.0	5.0	5.0
Equipment And Education Unit		<u>4.0</u>						
<b>TOTAL</b>		<b>45.77</b>	<b>47.77</b>	<b>48.77</b>	<b>48.77</b>	<b>48.77</b>	<b>47.77</b>	<b>47.77</b>

## ANALYSIS OF COSTS

### OVERVIEW

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

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

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

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

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

1. CENTRAL COSTS

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<u>1. Central Costs</u>						
Salaries	1213	1334	1467	1589	1748	7351
Fringe	237	260	293	318	350	1458
Supplies	49	54	60	60	60	283
Travel (U.S.)	8	9	10	11	12	50
Office Equipment	5	10	10	8	6	39
Telecommunications	180	195	210	220	230	1035
Space Costs	100	108	115	118	120	561
Other Direct Costs	55	56	57	58	59	285
<b>TOTAL DIRECT</b>	<b>1847</b>	<b>2026</b>	<b>2222</b>	<b>2382</b>	<b>2585</b>	<b>11062</b>
<b>IDC at 14%</b>	<b>258</b>	<b>283</b>	<b>311</b>	<b>333</b>	<b>362</b>	<b>1547</b>
<b>TOTAL CENTRAL COSTS</b>	<b>2105</b>	<b>2309</b>	<b>2533</b>	<b>2715</b>	<b>2947</b>	<b>12609</b>

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

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

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

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

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

#### CENTRAL COSTS BY LINE ITEM

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

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

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

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

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

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

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

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

E. Office Equipment-This category includes items of furnishings and equipment with a value of \$550 or more purchased for staff use. It includes setting up an additional office for an additional staff member, additional items of furniture and equipment necessitated by work-load,

replacements of unusable equipment and furnishings.

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

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

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

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

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

<u>CATEGORIES</u>	<u>82/83</u>	<u>83/84</u>	<u>84/85</u>	<u>85/86</u>	<u>86/87</u>	<u>TOTAL</u>
<u>2. Planning, Development, Monitoring (P/D/M)</u>						
Site Visits for P/D/M	350	385	423	465	430	2053
Consultants (Educational Material/Technology)	25	30	36	42	48	181
Publications/Exhibits/ Translations	107	127	152	184	220	790
Conferences	320	352	387	426	469	1954
Audits of Overseas Agreements	152	176	196	192	164	880
Regional Monitoring Infrastructure			75	150	200	425
Evaluation Studies	75	83	91	100	110	459
<b>TOTAL COSTS</b>	<b>1029</b>	<b>1153</b>	<b>1360</b>	<b>1559</b>	<b>1641</b>	<b>6742</b>
IDC at 14%	123	137	163	192	207	822
<b>TOTAL P/D/M COSTS</b>	<b>1152</b>	<b>1290</b>	<b>1523</b>	<b>1751</b>	<b>1848</b>	<b>7564</b>

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

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

#### PLANNING, DEVELOPMENT AND MONITORING LINE ITEMS

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

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

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

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

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

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

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

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

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

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

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

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

### 3. EDUCATION AND TRAINING

CATEGORIES	82/83	83/84	84/85	85/86	86/87	TOTAL
<u>3. Education and Training</u>						
Participant Costs	363	938	1044	1148	1252	5255
Field Training	180	198	218	240	240	1076
U.S. Training Center	550	605	665	731	750	3301
National/Regional Programs	3817	4402	4899	4808	4309	22235
Educational Materials	298	405	425	605	357	2591
<b>TOTAL EDUCATION/TRAINING</b>	<b>5708</b>	<b>6548</b>	<b>7252</b>	<b>7532</b>	<b>7418</b>	<b>34458</b>

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

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

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

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

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

#### EDUCATION AND TRAINING LINE ITEMS

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

B. Field Training Visits-The institutions of the physicians, who are trained in the U.S. and are evaluated as qualified to use the laparoscope by the Clinical Training Centers, are visited by field Training Consultants who install the equipment, instruct O.R. personnel on the maintenance of the equipment and observe the physicians in their use of the equipment under local conditions. Projected are approximately 80 trips a year for these consultants who normally cover two institutions on each trip. 60% of the trips are made by regional consultants; 40%

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

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

Clinicians Course in Reproductive Health

Micro-Surgery

Management of Infertility

Administrator's Course

Academic Skills

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

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

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

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

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

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

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

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

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

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

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

	Funds (\$000)	Centers		Physic.	Trainees Nurse/Adm	Stud/Oth	Support		
		Train.	Main.				Laps	Mini-Lap	Ed. Pkg
Africa	8700	59	10	1651	2803	3551	316	1159	86
Asia	2216	41	11	1054	1011	2540	360	219	63
Latin America	8082	94	9	2200	750	27342	503	1366	56
Near East	3237	25	3	838	816	2052	265	552	14
Other	0	0	0	15	5	0	10	10	2
<b>Total</b>	<b>22235</b>	<b>219</b>	<b>33</b>	<b>5758</b>	<b>5385</b>	<b>35495</b>	<b>1454</b>	<b>3306</b>	<b>221</b>

All Regions  
 Summary of Major Activities by Fiscal Year

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)	3817	4402	4899	4808	4309	22235
Center	Training	169	176	167	141	219
	Maint.	22	25	31	33	33
Trainees	Physicians	1374	1394	1397	1169	5758
	Nurse/Adm.	1091	1199	1178	1055	5385
	Stud/Oth.	8372	9837	9515	3490	35495
Support	Laparoscopes	447	402	245	235	1454
	Mini-Lap Kit	752	742	682	666	3306
	Ed. Package	110	47	28	20	221

Africa Region:  
Summary of Major Activities by Fiscal Year

	82/83	83/84	84/85	85/86	86/87	Totals	
Funds (\$000)	1011	1328	1754	1967	2640	8700	
Center	Training	28	33	41	43	46	59
	Maint.	5	6	9	10	10	10
Trainees	Physicians	388	411	315	345	192	1651
	Nurse/Adm.	402	534	580	644	643	2803
	Stud/Oth.	262	282	716	710	1581	3551
Support	Laparoscopes	64	72	65	67	48	316
	Mini-Lap Kit	245	260	249	259	146	1159
	Ed. Package	29	25	14	7	11	86

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

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

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

on-going system of graduate or post-graduate education for all of these types of health care personnel, while others, by necessity, will provide direct training to individuals providing service.

In addition, regional and/or international seminars or conferences will be utilized to interest health care professionals in this region in reproductive health, provide didactic material, and to recruit candidates for other programs. As part of the overall Africa region strategy, will be efforts to establish or substantially support a regional school for either medical students or other health professionals. This activity is designed to address one of the major health needs of the region, lack of skilled health care professionals. Potential sites could be the Sahel area or the Anglophone area near Zimbabwe. Since this region, in comparison to most of Asia and Latin America, is less advanced both in the establishment of effective health care and health education infrastructures and less advanced in orientation towards the public health approach to reproductive health, one might anticipate that progress and success in programs will be slow.

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

1. Reproductive health education for surgical specialists including endoscopy training - Ivory Coast, Kenya, Nigeria, Senegal, Uganda, Zaire, and Zimbabwe.
2. Reproductive health education for non-specialist physicians with some emphasis on infertility - Burundi, Cameroon, Ivory Coast, Kenya, Liberia, Mali, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, and Zimbabwe.
3. Reproductive health education as a specific component of a medical school curriculum - Cameroon, Ethiopia, Ghana, Ivory Coast, Kenya, Liberia, Nigeria, Rwanda, Senegal, Sudan, Tanzania, Togo, and Uganda.
4. Nurse education in reproductive health with provision usually of clinical training such as IUD insertion when appropriate - Burundi, Cameroon, Central African Republic, Ethiopia, Liberia, Mauritania, Rwanda, Somalia, Togo, Zaire, and Zimbabwe.
5. Clinical practice centers to teach surgical approaches such as endoscopy or mini-laparotomy - Kenya, Nigeria, and Zimbabwe.

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

BENIN		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	3	3	4	3	15
	Nurse/Adm.		1	3	3	3	4	14
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	2	1	1	8
	Mini-Lap Kit		4	4	4	2	2	16
	Ed. Package		0	0	0	0	0	0
BOTSWANA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	1	3	3	3	12
	Nurse/Adm.		1	1	1	3	4	10
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	2	1	1	1	6
	Mini-Lap Kit		2	4	2	2	2	12
	Ed. Package		0	0	0	0	0	0
BURUNDI		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	60	60	60	180
Centers	Training		0	0	2	2	2	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	3	11	12	11	39
	Nurse/Adm.		1	2	20	21	21	65
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	1	1	1	7
	Mini-Lap Kit		4	4	2	2	2	14
	Ed. Package		1	0	1	0	0	2

CAMEROON		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	60	100	165	166	491
Centers	Training		0	1	3	4	4	4
	Maint.		0	0	1	1	1	1
Trainees	Physicians		6	7	6	20	20	59
	Nurse/Adm.		0	40	40	46	40	166
	Stud/Oth.		0	0	102	100	100	302
Support	Laparoscopes		5	5	5	3	2	20
	Mini-Lap Kit		10	10	10	25	25	80
	Ed. Package		1	0	1	1	0	3
CENTRAL AFRICAN REPUBLIC		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	56	56	57	60	229
Centers	Training		0	1	1	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		3	3	3	3	3	15
	Nurse/Adm.		3	41	42	42	51	179
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	2	2	0	0	5
	Mini-Lap Kit		2	4	4	0	0	10
	Ed. Package		0	1	0	0	0	1
CHAD		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		0	1	1	1	1	4
	Nurse/Adm.		0	1	1	2	1	5
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	1	0	0	2
	Mini-Lap Kit		0	2	2	0	0	4
	Ed. Package		0	1	0	0	0	1

CONGO		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	2	2	2	2	9
	Nurse/Adm.		1	1	2	2	2	8
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	2	1	0	0	4
	Mini-Lap Kit		2	4	2	0	0	8
	Ed. Package		1	0	0	0	0	1
ETHIOPIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			50	52	54	55	60	271
Centers	Training		1	1	1	1	1	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		3	3	3	0	0	9
	Nurse/Adm.		51	51	1	1	1	105
	Stud/Oth.		0	0	100	100	100	300
Support	Laparoscopes		2	2	1	1	1	7
	Mini-Lap Kit		4	4	2	2	2	14
	Ed. Package		0	3	0	0	0	3
GABON		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	1	1	2	0	6
	Nurse/Adm.		1	1	1	0	1	4
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	0	1	0	3
	Mini-Lap Kit		1	1	1	1	0	4
	Ed. Package		0	1	0	0	0	1

GAMBIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	0	0	1	3
	Nurse/Adm.		1	0	1	1	0	3
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	0	1	0	0	2
	Mini-Lap Kit		1	1	0	0	0	2
	Ed. Package		0	0	1	0	0	1
GHANA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			58	57	59	72	78	324
Centers	Training		1	1	1	1	1	1
	Maint.		1	1	1	1	1	1
Trainees	Physicians		3	3	2	2	2	12
	Nurse/Adm.		1	1	1	1	1	5
	Stud/Oth.		80	80	80	80	120	440
Support	Laparoscopes		2	2	2	2	1	9
	Mini-Lap Kit		3	4	4	4	2	17
	Ed. Package		0	1	1	0	0	2
GUINEA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	1	1	1	5
	Nurse/Adm.		0	0	0	1	1	2
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	1	1	1	5
	Mini-Lap Kit		2	2	2	2	2	10
	Ed. Package		0	1	0	0	0	1

IVORY COAST		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			40	60	69	72	80	321
Centers	Training		1	1	2	2	2	3
	Maint.		0	0	0	0	0	0
Trainees	Physicians		21	22	31	31	10	115
	Nurse/Adm.		13	10	20	20	41	104
	Stud/Oth.		0	0	0	0	80	80
Support	Laparoscopes		1	3	3	4	4	15
	Mini-Lap Kit		1	2	11	11	10	35
	Ed. Package		0	2	0	0	1	3
KENYA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			135	163	143	177	105	723
Centers	Training		8	8	8	8	8	8
	Maint.		1	1	1	1	1	1
Trainees	Physicians		32	32	32	32	11	139
	Nurse/Adm.		22	22	22	22	9	97
	Stud/Oth.		0	0	0	0	100	100
Support	Laparoscopes		3	3	3	3	2	14
	Mini-Lap Kit		45	35	35	35	12	162
	Ed. Package		12	0	0	0	0	12
LESOTHO		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	2	1	0	0	4
	Nurse/Adm.		0	1	1	2	1	5
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	0	1	0	2
	Mini-Lap Kit		1	2	0	0	0	3
	Ed. Package		0	0	0	1	0	1

LIBERIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	54	72	42	92	250
Centers	Training		0	2	3	2	2	4
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	21	31	10	1	64
	Nurse/Adm.		1	21	20	20	20	82
	Stud/Oth.		0	0	0	0	80	80
Support	Laparoscopes		1	2	3	3	3	12
	Mini-Lap Kit		1	1	11	10	1	24
	Ed. Package		0	2	1	0	0	3
MADAGASCAR		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	3	2	4	1	12
	Nurse/Adm.		2	3	1	0	1	7
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	2	1	1	8
	Mini-Lap Kit		2	3	2	3	1	11
	Ed. Package		0	1	0	0	1	2
MALAWI		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	0	1	2	0	4
	Nurse/Adm.		0	2	0	2	0	4
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	0	1	0	1	3
	Mini-Lap Kit		1	0	1	2	0	4
	Ed. Package		0	0	0	0	1	1

MALI		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	50	50	100
Centers	Training		0	0	0	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	3	3	21	21	49
	Nurse/Adm.		1	2	2	22	21	48
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	0	2	1	2	6
	Mini-Lap Kit		1	3	3	1	1	9
	Ed. Package		0	1	0	0	1	2
MAURITANIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	20	20
Centers	Training		0	0	0	0	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	3	1	2	1	9
	Nurse/Adm.		2	2	2	1	41	48
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	0	1	1	4
	Mini-Lap Kit		2	3	1	2	1	9
	Ed. Package		0	0	0	1	1	2
MAURITIUS		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	3	1	0	2	7
	Nurse/Adm.		4	3	3	4	2	16
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	0	0	0	1	2
	Mini-Lap Kit		1	2	1	0	2	6
	Ed. Package		0	0	0	1	0	1

NIGER		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	2	5	1	1	10
	Nurse/Adm.		1	1	6	6	5	19
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	1	2	2	6
	Mini-Lap Kit		1	2	3	1	1	8
	Ed. Package		0	1	0	0	0	1
NIGERIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			149	153	134	132	275	843
Centers	Training		2	2	2	2	6	6
	Maint.		1	1	1	1	1	1
Trainees	Physicians		18	18	18	18	9	81
	Nurse/Adm.		3	3	3	3	1	13
	Stud/Oth.		80	100	100	100	440	820
Support	Laparoscopes		5	4	4	4	2	19
	Mini-Lap Kit		20	18	18	18	9	83
	Ed. Package		2	0	0	0	4	6
RWANDA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	50	50	100	200
Centers	Training		0	0	1	1	2	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	2	2	1	7
	Nurse/Adm.		2	1	41	41	40	125
	Stud/Oth.		0	0	0	0	80	80
Support	Laparoscopes		0	1	1	1	1	4
	Mini-Lap Kit		1	1	1	2	1	6
	Ed. Package		0	0	0	1	0	1

SENEGAL		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			95	108	107	106	83	499
Centers	Training		2	2	2	2	2	2
	Maint.		0	0	1	1	1	1
Trainees	Physicians		11	11	11	12	1	46
	Nurse/Adm.		22	26	25	25	27	125
	Stud/Oth.		100	100	102	100	100	502
Support	Laparoscopes		1	5	5	5	1	17
	Mini-Lap Kit		2	20	20	20	2	64
	Ed. Package		0	2	1	0	0	3
SIERRA LEONE		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			50	54	62	37	42	245
Centers	Training		1	1	1	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		12	12	13	3	3	43
	Nurse/Adm.		31	30	31	30	30	152
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	1	1	1	5
	Mini-Lap Kit		2	1	11	11	1	26
	Ed. Package		0	2	1	0	0	3
SOMALIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			29	20	20	20	20	109
Centers	Training		1	1	1	1	1	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		27	2	1	1	0	31
	Nurse/Adm.		1	31	30	31	31	124
	Stud/Oth.		0	0	0	0	1	1
Support	Laparoscopes		0	1	0	1	0	2
	Mini-Lap Kit		20	0	0	0	0	20
	Ed. Package		1	0	0	0	0	1

SUDAN		:	82/83	83/84	84/85	95/86	86/87	Totals
Funds (\$000)			73	74	50	50	49	296
Centers	Training		3	3	1	1	1	4
	Maint.		1	1	1	1	1	1
Trainees	Physicians		142	142	2	2	2	290
	Nurse/Adm.		4	4	4	4	4	20
	Stud/Oth.		0	0	150	150	150	450
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		20	20	0	0	0	40
	Ed. Package		0	0	1	0	0	1
SWAZILAND		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	0	0	1	3
	Nurse/Adm.		1	1	1	1	0	4
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	0	0	1	3
	Mini-Lap Kit		1	1	0	0	0	2
	Ed. Package		0	0	1	0	0	1
TANZANIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			121	144	147	157	100	669
Centers	Training		3	3	3	3	4	4
	Maint.		0	0	0	1	1	1
Trainees	Physicians		36	36	36	36	11	155
	Nurse/Adm.		32	32	32	32	11	139
	Stud/Oth.		0	0	0	0	100	100
Support	Laparoscopes		2	2	2	2	1	9
	Mini-Lap Kit		45	38	38	35	12	168
	Ed. Package		6	0	0	0	0	6

TOGO	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	83	89	80	252
Centers	Training	0	0	1	1	2	2
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	1	21	21	5	50
	Nurse/Adm.	1	1	20	28	30	80
	Stud/Oth.	0	0	0	0	50	50
Support	Laparoscopes	1	1	1	1	1	5
	Mini-Lap Kit	2	2	2	2	2	10
	Ed. Package	0	1	1	0	0	2
UGANDA	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		72	79	121	154	159	585
Centers	Training	1	1	2	3	3	3
	Maint.	0	0	1	1	1	1
Trainees	Physicians	22	23	21	30	30	126
	Nurse/Adm.	22	20	22	30	30	124
	Stud/Oth.	0	0	82	80	80	242
Support	Laparoscopes	2	3	1	10	10	26
	Mini-Lap Kit	20	20	20	30	30	120
	Ed. Package	2	0	0	2	0	4
UPPER VOLTA	:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)		0	0	0	0	0	0
Centers	Training	0	0	0	0	0	0
	Maint.	0	0	0	0	0	0
Trainees	Physicians	2	3	1	1	1	3
	Nurse/Adm.	2	1	2	1	0	6
	Stud/Oth.	0	0	0	0	0	0
Support	Laparoscopes	1	0	1	0	1	3
	Mini-Lap Kit	2	3	1	1	1	5
	Ed. Package	0	1	0	0	1	2

ZAIRE		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			67	84	77	82	81	391
Centers	Training		3	4	4	4	4	4
	Maint.		0	1	1	1	1	1
Trainees	Physicians		3	11	12	20	10	56
	Nurse/Adm.		152	150	156	151	150	759
	Stud/Oth.		0	2	0	0	0	2
Support	Laparoscopes		3	4	4	8	1	20
	Mini-Lap Kit		3	11	12	20	10	56
	Ed. Package		1	1	1	0	0	3
ZAMBIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	1	2	1	6
	Nurse/Adm.		0	1	1	1	0	3
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	1	0	1	3
	Mini-Lap Kit		1	1	1	2	1	6
	Ed. Package		0	1	0	0	1	2
ZIMBABWE		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			72	110	140	140	40	502
Centers	Training		1	1	2	2	1	2
	Maint.		1	1	1	1	1	1
Trainees	Physicians		16	21	30	40	21	128
	Nurse/Adm.		17	18	18	20	40	113
	Stud/Oth.		2	0	0	0	0	2
Support	Laparoscopes		15	10	10	5	0	40
	Mini-Lap Kit		10	20	20	10	10	70
	Ed. Package		2	0	0	0	0	2

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

SEYCHELLES		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	3	0	2	0	6
	Nurse/Adm.		1	1	1	0	1	4
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	0	1	0	2
	Mini-Lap Kit		1	2	0	1	0	4
	Ed. Package		0	1	0	0	0	1
GUINEA BISSAU		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	1	2	0	5
	Nurse/Adm.		1	1	0	1	0	3
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	1	0	0	1	2
	Mini-Lap Kit		1	1	1	2	0	5
	Ed. Package		0	0	1	0	0	1
Regional Training Ctr:		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	150	200	850	1200
Centers	Training							
	Maint.							
Trainees	Physicians							
	Nurse/Adm.							
	Stud/Oth.							
Support	Laparoscopes							
	Mini-Lap Kit							
	Ed. Package							

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

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)	413	457	535	441	370	2216
Center						
Training	33	34	21	16	16	41
Maint.	10	10	11	11	10	11
Trainees						
Physicians	307	243	365	101	38	1054
Nurse/Adm.	324	327	188	87	85	1011
Stud/Oth	460	550	500	530	500	2540
Support						
Laparoscopes	172	164	12	6	6	360
Mini-Lap Kit	75	69	42	18	15	219
Ed. Package	48	4	7	4	0	63

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

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

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

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

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

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

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

BANGLADESH		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$20	\$0	\$0	\$0	\$0	\$20
Centers	Training		1	0	0	0	0	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		20	1	0	1	0	22
	Nurse/Adm.		20	0	1	0	1	22
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		0	0	0	0	0	0
	Ed. Package		9	0	0	0	0	9
BURMA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$10	\$19	\$21	\$41	\$70	\$161
Centers	Training		1	2	2	2	3	3
	Maint.		0	0	1	1	1	1
Trainees	Physicians		10	2	2	2	2	19
	Nurse/Adm.		10	10	10	10	10	50
	Stud/Oth.		0	30	30	60	90	210
Support	Laparoscopes		4	1	1	1	1	8
	Mini-Lap Kit		10	2	2	2	2	18
	Ed. Package		1	1	1	0	0	3
INDIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$20	\$20	\$50	\$30	\$30	\$150
Centers	Training		16	16	2	0	0	18
	Maint.		6	6	6	6	6	6
Trainees	Physicians		150	150	250	1	1	552
	Nurse/Adm.		151	151	1	0	0	303
	Stud/Oth.		150	150	0	0	0	300
Support	Laparoscopes		150	150	0	0	0	300
	Mini-Lap Kit		0	0	0	0	0	0
	Ed. Package		12	0	0	0	0	12

INDONESIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$75	\$77	\$54	\$ 0	\$ 0	\$206
Centers	Training		2	2	1	0	0	2
	Maint.		0	0	0	0	0	0
Trainees	Physicians		79	37	2	1	1	120
	Nurse/Adm.		70	90	100	1	1	262
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		35	35	0	0	0	70
	Ed. Package		22	0	0	0	0	22
KOREA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	\$ 25
Centers	Training		5	5	5	5	5	5
	Maint.		0	0	0	0	0	0
Trainees	Physicians		0	0	0	0	0	0
	Nurse/Adm.		0	0	0	0	0	0
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		0	0	0	0	0	0
	Ed. Package		0	0	0	0	0	0
MALAYSIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			\$19	\$16	\$19	\$19	\$0	\$73
Centers	Training		1	1	1	1	0	2
	Maint.		1	1	1	1	0	1
Trainees	Physicians		15	10	60	60	1	146
	Nurse/Adm.		15	10	0	0	0	25
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		10	5	0	0	0	15
	Mini-Lap Kit		10	10	10	0	0	30
	Ed. Package		0	0	0	0	0	0

NEPAL		:	92/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	6	6	6	6	\$24
Centers	Training		0	1	1	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		2	12	12	12	12	50
	Nurse/Adm.		2	10	10	10	10	42
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		0	0	0	0	0	0
	Ed. Package		0	1	0	0	0	1
NEW GUINEA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	32	32	32	\$96
Centers	Training		0	0	1	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	0	0	0	2
	Nurse/Adm.		1	1	2	2	2	8
	Stud/Oth.		0	0	100	100	100	300
Support	Laparoscopes		1	1	0	0	0	2
	Mini-Lap Kit		1	1	0	0	0	2
	Ed. Package		0	0	1	0	0	1
PAKISTAN		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			54	99	101	108	27	\$389
Centers	Training		1	1	1	1	1	1
	Maint.		1	1	1	1	1	1
Trainees	Physicians		4	4	4	4	1	17
	Nurse/Adm.		4	4	4	4	1	17
	Stud/Oth.		40	100	100	100	40	380
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		4	6	6	6	3	25
	Ed. Package		1	2	3	4	0	10

PHILIPPINES		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			150	155	160	140	140	\$745
Centers	Training		4	4	4	3	3	4
	Maint.		1	1	1	1	1	1
Trainees	Physicians		16	16	16	10	10	68
	Nurse/Adm.		50	50	50	50	50	250
	Stud/Oth.		150	150	150	150	150	750
Support	Laparoscopes		6	6	6	0	0	18
	Mini-Lap Kit		6	6	6	0	0	18
	Ed. Package		1	0	0	0	0	1
SRI LANKA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	25	25	25	\$75
Centers	Training		0	0	1	1	1	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	10	10	10	32
	Nurse/Adm.		1	1	10	10	10	32
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		1	1	5	5	5	17
	Mini-Lap Kit		1	1	10	10	10	32
	Ed. Package		0	0	2	0	0	2
THAILAND		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			60	60	62	35	35	\$252
Centers	Training		2	2	2	1	1	2
	Maint.		1	1	1	1	1	1
Trainees	Physicians		9	9	9	0	0	27
	Nurse/Adm.		0	0	0	0	0	0
	Stud/Oth.		120	120	120	120	120	600
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		3	3	3	0	0	24
	Ed. Package		2	0	0	0	0	2

Latin America Region:  
Summary of Major Activities by Fiscal Year

	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)	1765	1918	1899	1779	721	8082
Center						
Training	91	90	86	61	35	94
Maint.	7	7	8	9	9	9
Trainees						
Physicians	536	529	521	519	95	2200
Nurse/Adm.	153	142	178	179	98	750
Stud/Oth	7470	8820	8102	1950	1000	27342
Support						
Laparoscopes	111	110	111	109	62	503
Mini-Lap Kit	296	286	278	277	229	1366
Ed. Package	28	13	7	6	2	56

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

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

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

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

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

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

ARGENTINA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			57	57	63	69	0	246
Centers	Training		1	1	1	1	0	1
	Maint.		0	0	0	0	0	0
Trainees	Physicians		1	1	1	1	1	5
	Nurse/Adm.		0	0	0	0	0	0
	Stud/Oth.		150	150	150	150	0	600
Support	Laparoscopes		1	1	1	1	1	5
	Mini-Lap Kit		1	1	1	1	1	5
	Ed. Package		1	0	0	0	0	1
BARBADOS & OTHERS		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		3	3	3	3	3	15
	Nurse/Adm.		0	0	0	0	0	0
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		2	2	2	2	2	10
	Mini-Lap Kit		2	2	2	2	2	10
	Ed. Package		1	0	0	0	0	1
BOLIVIA		:	82/83	83/84	84/85	85/86	86/87	Totals
Funds (\$000)			0	0	0	0	0	0
Centers	Training		0	0	0	0	0	0
	Maint.		0	0	0	0	0	0
Trainees	Physicians		0	0	0	0	0	0
	Nurse/Adm.		0	0	0	0	0	0
	Stud/Oth.		0	0	0	0	0	0
Support	Laparoscopes		0	0	0	0	0	0
	Mini-Lap Kit		0	0	0	0	0	0
	Ed. Package		0	0	0	0	0	0