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International Education and Training in
Reproductive Health

ANNUAL WORKPLAN
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JHPIEGO Corporation

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Communications, Management and Training Division
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Estelle Quan, PhD
Senior Technical Advisor
USAID, Office of Population/3 06/073
G/PHN/POP/CMT
Ronald Reagan Building
1300 Pennsylvania Avenue, NW
Washington, DC 20523-3601

Dear Estelle,

We are pleased to submit the Annual Workplan for FY99

As we have discussed with you in the past few weeks, the workplan now is linked to the CMT Division Training Results Framework. There is an additional chapter on Achievements which illustrates the country program activities by the TRF SO, IR or SR. Since JHPIEGO works quite a bit in materials development within country programs we found a need for an additional SR to capture that

SR 18 Training materials developed/adapted/localized and implemented in training programs

We have also provided the results expected for the core-funded activities. As we agreed, however, those are not linked directly to the TRF because they link at a higher level than a country training system by their nature of being prototype materials and activities.

We will be pleased to have your comments and feedback.

Sincerely,



Susan J. G. Brechin, DrPH, BSN
Director
Research and Evaluation

Enclosures 4 copies of JHPIEGO Workplan FY99

ANNUAL WORKPLAN—FY99

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COUNTRY WORKPLAN: KENYA

1 BACKGROUND

1.1 Country Situation

In 1990, USAID/Kenya commissioned an evaluation "to document the quantity and quality of the training which has already been accomplished and to make recommendations for future activities." Following this evaluation USAID requested that JHPIEGO assist the Division of Family Health (DFH) to review and revise the inservice training curriculum to address many of the issues raised in the evaluation. Between 1992 and 1994, the DFH and JHPIEGO refocused the training to follow a competency-based methodology as well as to integrate interactive training approaches. In 1994 and 1995, JHPIEGO assisted the DFH trainers to update their clinical training skills, standardize the clinical preceptors posted at training sites, and provide training materials and clinical supplies to the Decentralized Training Centers (DTCs), which is where the basic inservice FP courses are conducted.

Over the past three years, JHPIEGO has also helped the MOH to establish a computer-based Training Information System (TIS) to facilitate planning for, and evaluation of, the national FP training program. With JHPIEGO's help the DFH has also developed National Service Delivery Guidelines, and has established detailed performance standards for FP care based on observation checklists used in training. In addition, contraceptive technology updates have been conducted.

The new USAID/Kenya project paper, APHIA, places considerable emphasis on promoting sustainable programs. Within this context JHPIEGO is developing strategies to make the national RH training program more financially and programmatically sustainable as well as more cost-effective. The DFH and JHPIEGO are currently pilot-testing an on-the-job training course for nurses in IUD insertion/removal. In accordance with the national plan to decentralize training and service delivery, JHPIEGO is working with 12 "decentralized training centres" (DTCs) and 14 nursing schools to establish training capacity at the provincial level. To date DTC trainers have been trained in infection prevention (IP), family planning counseling skills, family planning clinical skills and clinical training skills. Following a cascade strategy, JHPIEGO will use these trainers to train tutors, trainers and clinical preceptors from each of the 60 clinical training sites supported under the JHPIEGO program. In addition, JHPIEGO, in collaboration with tutors, preceptors and inservice trainers have developed a "clinical practicum" curriculum to help standardize the clinical training that nursing students receive during their practica.

1.2 Overview/Vision of JHPIEGO Country Program

After many years of inservice FP training, Kenya has finally adopted a system that will ensure that more of the basic FP content will be taught during preservice, reducing dependence on costly donor-funded training. JHPIEGO has worked with the Ministry of Health for the past two years to develop links between inservice and preservice trainers and now needs to continue the process of developing high quality clinical training teams that consist of preservice tutors, inservice trainers and clinical preceptors. The 12 clinical training centers (which consist of approximately

200 preceptors, tutors and trainers from 75 service delivery sites) will provide the human capacity for training tutors supervisors clinical providers and nursing students throughout the country

Although training teams will have been updated in IP contraceptive technology FP counseling IUD and general FP method provision, and clinical training skills by the end of FY98, the implementation of the integrated preservice training approach will not begin until FY99 Under the integrated clinical training approach, nursing student training is conducted by both preservice tutors (teaching the classroom component) and inservice trainers (teaching the clinical component and supervising the clinical preceptors) The focus in PY6 will be to implement the new clinical teaching system at 14 nursing schools and 13 inservice training centers Support for the new system will concentrate on trainer followup and supervision In addition, JHPIEGO will continue to work with the MOH to institutionalize OJT at all inservice training centers as well as at health centers with adequate IUD caseloads

In addition JHPIEGO will integrate core funds provided by AID/W for MAQ activities into the existing training system The inservice and preservice trainers updated with JHPIEGO funds and TA will conduct CTUs for district-level administrators clinical supervisors and service providers with a focus on orienting them to the newly published service delivery guidelines JHPIEGO hopes that using the established training system to conduct updates will result in a national guidelines dissemination in a cost-effective way that will ensure that all key people involved in FP service delivery have essential information

2 COUNTRY PROGRAMMING OBJECTIVES

- To increase access to FP/RH services in Kenya by ensuring an adequate number of competently trained service providers,
- To develop sustainable cost-effective strategies for FP/RH training and
- To develop an integrated RH clinical training system that will ensure that preservice students and inservice participants will receive standardized FP/RH clinical training

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks/Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SO Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions						
	Revised curriculum is being adequately implemented, evaluation conducted to assess post-training skills Conduct evaluation of nursing school RH training and clinical training network				4/00	1 1d 1 3a 1 4b
SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions						
	A mechanism exists to train additional preceptors to supervise clinical practice			10/99		1 1a 1 3a 1 4b
	Followup visits to monitor progress of OJT expansion					
	Conduct OJT trainers course for service providers from 20 sites					
	A mechanism exists to train additional faculty to teach the classroom component of the curriculum Tutors to cotrain FP/RH component of curriculum			10/99		1 3a 1 4b
	Supervisory staff have configured their training site operations to ensure efficiency COPE orientation workshop for 24 DTC trainers		4/99			1 3a 1 4b
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	A mechanism exists to train additional preceptors to supervise clinical practice Instructional Design Workshop to develop additional OJT materials for other RH and MCH skills			10/99		1 1a 1 3a 1 4b
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Clinical Training Sites are adequate for clinical training Site visits conducted by DTC trainers to assess sites and update skills of staff			10/00		1 3a 1 4b
	Supervisory staff have configured their training site operations to ensure efficiency COPE conducted by DTC trainers and tutors at clinical training sites	3/99				1 3a 1 4b

TRF	Benchmarks/Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
SR 1 5 Links in place for provider mentoring between professional schools and associations and service delivery sites						
	Trained staff are officially assigned/responsible as preceptors (or equivalent) for the clinical practice component of the RH curriculum Provincial meetings held to develop detailed clinical training strategy	3/99				1 3a 1 4b
	Adequate orientation for supervisors/ managers at clinical training sites Program planning meeting for inservice trainers and tutors	3/99				1 3a 1 4b
SR 1 7 Effective approaches for training front-line and non-traditional providers used						
	A mechanism exists to train additional preceptors to supervise clinical practice Conduct OJT trainers course for service providers from 20 sites			10/99		1 1a 1 3a 1 4b
SR 2 4 Capacity for strategic planning and system for deployment of trained personnel established						
	A training information system has been established at the national level to document the number of FP/RH service providers trained Conduct workshop to define responsibility for data collection entry analysis and reporting			12/99		1 1a 1 1c 1 3a 1 4b
SR 2 5 Monitoring and information systems and tools in place to determine training needs						
	Criteria are developed to select appropriate participants for specific RH training			3/00		1 3a 1 4b
	Conduct a 2 day workshop to define selection criteria for all FP training courses					
	Pilot test mechanism for selecting participants in Embu District					
SR 2 6 Approaches to evaluating the effect of training on provider performance and quality of service delivery tested and used						
	Revised curriculum is being adequately implemented, evaluation conducted to assess post-training skills Conduct evaluation of nursing school RH training and clinical training network				4/00	1 1c 1 3a 1 4b
SR 3 4 Leadership training, support and mentoring programs in place						
	A mechanism exists to train additional faculty to teach the classroom component of the curriculum JHPIEGO will fund up to 10 international cotraining visits for DPHC and DTC staff				5/00	1 3a 1 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Country training strategy developed that will ensure designated clinical preceptors are available for FP training
- Reproductive health/family planning training more effectively incorporated into nursing curricula
- On-the-job training system for IUD services established
- Provincial clinical trainers developed who are qualified to provide technical assistance to district-level facilities
- Advanced trainers developed who are qualified to provide technical assistance to provincial and district-level facilities
- Adequate number of quality sites for conducting pre-and inservice clinical FP training exist
- Other donor agencies are using the clinical training network to introduce new technologies throughout Kenya

5 KENYA BUDGET (FY99 AND FY00)

Kenya Budget	Projected Expenses FY99	Projected Expenses FY00
Kenya	\$850,000	\$850,000

COUNTRY WORKPLAN: MALAWI

1 BACKGROUND

1.1 Country Situation

In October 1997, JHPIEGO visited Malawi to meet with representatives from the Department of Obstetrics and Gynecology, University of Malawi, the Kamuzu College of Nursing and USAID/Malawi to develop a scope of work for provision of JHPIEGO technical assistance to the medical and nursing schools. Strengthening of the reproductive health (including family planning component) of the curriculum for medical and nursing students and expanding comprehensive postabortion care (PAC) services throughout Malawi were identified as priority areas during this visit.

With the removal of restrictions to the provision of family planning services in 1992 and the subsequent adoption of a national policy to expand voluntary family planning services in 1994, the need for the development of quality services and providers continues to rapidly grow. The prevalence of modern contraceptive methods has risen significantly from 7% to 14% since these reforms, illustrating the receptive environment which would allow the success of such services. JHPIEGO views the expansion of quality family planning and postabortion care services as key to the control of the high population growth, maternal and child mortality rates affecting Malawi.

1.2 Overview/Vision of JHPIEGO Country Program

The JHPIEGO strategy in Malawi focuses on education and training in pre- and inservice settings as a means to develop a national level sustainable training system capable of producing qualified service providers.

As a first activity, JHPIEGO will conduct a training needs assessment to develop a country FP/RH training strategy and to refine the three-year project design. JHPIEGO will provide assistance to the MOH in updating the national FP/RH service delivery guidelines to ensure that all information therein is up-to-date and consistent with international recommendations (e.g., USAID, WHO). Once this document is revised, JHPIEGO will work with the MOH to prepare a strategy to ensure the updated information is disseminated to and implemented by all service providers in the country.

JHPIEGO's work at the College of Medicine and the Kamuzu College of Nursing will include strengthening the FP/RH component for medical students, interns, nursing students and midwifery students with the training of a core group of faculty/clinical trainers, revision of the curricula to reflect a competency-based approach and provision of teaching materials and equipment to support FP/RH education. JHPIEGO's capacity-building strategy at both schools will focus on strengthening both the clinical training and instructional design skills of faculty and adjunct MOH staff. Internet access capabilities at both colleges will be established, to allow for access to updated RH information such as JHPIEGO's ReproLine™.

Similar efforts will be made with the Ministry of Education/Ministry of Health to strengthen preservice FP/RH clinical training by developing faculty, reviewing and updating curricula implementing and monitoring of training supporting supervision visits to schools to ensure institutionalization of curricula and continuing competencies of school faculty and providing training materials

JHPIEGO will involve inservice trainers with preservice strengthening and vice-versa to foster a relationship between the various FP training partners This system will build an integrated FP/RH training network and will provide a sustainable environment for the updating and maintenance of training Collaboration with the Centre for African Family Studies (CAFS) will be arranged as appropriate, particularly in the strengthening of management activities, to build that institution's training capacity

This program will be supported by add-on funds from USAID/Malawi and by JHPIEGO core funds (for PAC activities) (See core funds section for PAC activities)

2 COUNTRY PROGRAMMING OBJECTIVES

- To develop an integrated clinical training network for both preservice and inservice FP/RH clinical training
- To integrate selected FP/RH topics into the preservice medical and nursing curricula in an effort to reduce the need for costly inservice training and
- To strengthen FP/RH content in inservice curricula for FP service providers
- To strengthen PAC services (core funds)

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO</i>	<i>Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>					
	Country Training Sector Assessed	2/99				
	Family planning/reproductive health training needs assessment					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions						
	Trained faculty/tutors and clinical trainers/preceptors are successfully providing FP/RH instruction in one or more institutions				9/00	1 3a 1 4b
	CTU/Counseling workshops					
	IUD/IP Clinical skills/counseling standardization workshops					
	STI workshops					
	Mimilap clinical skills/counseling standardization workshops					
	Clinical training skills courses					
	Followup visits by JHPIEGO consultant to each core group member teaching RH in preservice					
	Meeting to plan for Year Two training of three regional (national) inservice training teams and selected preservice faculty					
	Trained inservice faculty/tutors and clinical trainers/preceptors are successfully providing FP/RH instruction in one or more institutions				9/00	1 3a 1 4b
	CTU/Counseling workshops					
	IUD/IP Clinical Skills/Counseling Standardization Workshops					
	STI Workshops					
	Clinical Skills Training Courses					
	Followup visits by JHPIEGO consultant to each core group member teaching RH in preservice					
	Meeting to plan for Year Two training of regional inservice training teams and selected preservice faculty					
	Meeting for orientation to revised curricula and plan for training of service providers					
	Three two-week comprehensive RH workshops (1 workshop per region) conducted by regional inservice training teams for service providers					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
	Three one week RH clinical skills (to be determined) courses (1 course per region) to be conducted by the regional inservice training teams for service providers					
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	RH curricular component has been revised		8/99			1 3a
	Instructional Design Workshop to update preservice FP/RH curricula					
	RH course schedule has been revised		8/99			1 3a
	Instructional Design Workshop to update inservice RH curricula					
	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training in one or more institutions				9 00	1 3a 1 4b
	Provision of updated curricula reference manuals training materials AV equipment anatomic models medical kits etc to schools/associated clinical training sites and inservice training sites					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at sites affiliated with one or more institutions have been strengthened (and/or the sites have been upgraded) to meet clinical training requirements			3/00		1 4b
	One two-day assessment visit to each of 3 sites (used for training of core group)					
	One two-day assessment visit to each of 10 sites (used for inservice and preservice training)					
	Provision of updated curricula reference manuals, training materials, AV equipment anatomic models, medical kits, etc to schools/associated clinical training sites and inservice training sites					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	RH curricular component has been revised		8/99			1 3a
	Instructional Design Workshop to update preservice FP/RH curricula					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	RH course schedule has been revised		8/99			1 3a
	Instructional Design Workshop to update inservice RH curricula					
SR 2 2 Personnel policies, procedures and supervision systems in place						
	Orientation and/or training in clinical FP/RH skills has been initiated for existing "supervisors" who monitor post-training skills appreciation			3/00		1 3a 1 4b
	Two management/supervision workshops					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines officially endorsed by national policymakers			3/00		1 2a
	CTU/FP/RH Service Guidelines Development Workshop					
	Followup workshop to revise guidelines					
	Finalization/production of guidelines document					
	Meeting to officially launch guidelines					
	National Service Guidelines Disseminated				6/00	1 4b
	Regional update workshops (RH update and guidelines dissemination)					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Country training strategy developed
- National FP/RH service delivery guidelines revised and disseminated
- Service providers equipped with the most up-to-date FP/RH knowledge and a system in place to ensure that service providers' practices reflect national norms
- Preservice FP/RH training system strengthened through training of faculty (including clinical preceptors) and incorporation of up-to-date FP/RH content into nursing, midwifery, clinical officer and medical school curricula
- Quality of inservice reproductive health/family planning training improved

- Integrated clinical training network for both preservice and inservice FP/RH clinical training established
- Postabortion care services improved

5 MALAWI BUDGET (FY99 AND FY00)

Malawi Budget	Projected Expenses FY99	Projected Expenses FY00
Malawi	\$750,000	\$825,000

COUNTRY WORKPLAN: UGANDA

1 BACKGROUND

1.1 Country Situation

The Ugandan Ministry of Health and USAID are working together to improve service delivery through two main projects, the Delivery of Improved Services for Health (DISH) project and the JHPIEGO project. While DISH conducts inservice training and service delivery system improvement, JHPIEGO will focus on increasing the capacity of the Ugandan nursing, midwifery, clinical officer and medical schools to provide competency-based reproductive health education to all students during their preservice training.

1.2 Overview/Vision of JHPIEGO Country Program

For Uganda to improve the quality of RH services delivered in its health care facilities, a large number of competent providers is needed. DISH's training of inservice providers will help Uganda meet its short-term needs, but for lasting impact there must be a sustainable training system for health care providers. While the preservice training system will never entirely replace inservice training, this system must train future providers to have adequate knowledge and positive attitudes about reproductive health counseling and infection prevention, and give them a strong base of skills in these areas with which to begin working in the Ugandan health care system.

The Uganda Preservice Training Project, which is entering its fourth year, has succeeded in developing an integrated family planning/reproductive health (FP/RH) curricular component for use in the nursing, midwifery and clinical officers' schools. The essential maternal health care (EMHC) sub-unit is still in the process of being developed and will be finalized in FY99. To implement this component, a core group of nursing tutors, clinical instructors and clinical preceptors have been trained in competency-based FP training approaches and are skilled in teaching FP, infection prevention and counseling. In addition, schools have been provided with teaching materials and equipment and clinical training sites have been strengthened.

In addition, JHPIEGO worked with the medical school in FY97 and FY98 to develop a standardized obs/gynae internship package to be used by coordinators in training medical interns at each of the internship sites.

In response to a recent USAID/Uganda evaluation, JHPIEGO plans in FY99 to focus its resources on a smaller number of nursing, midwifery and clinical officer schools (nine instead of the original 15), strengthen these schools by institutionalizing the integrated FP/RH curricular component and develop them as models for replication. JHPIEGO will add an additional three schools in FY00. The EMHC sub-unit will be implemented in a smaller number of midwifery schools in FY99 in an initial phase (five schools), which will include standardizing EMHC skills of faculty from these schools and training them in how to implement this sub-unit. Some

additional materials and equipment will be provided to schools and MCH clinics may require additional inputs to ensure that students are learning best practices. It is anticipated that implementation of the EMHC component will begin six months post-FP/RH component implementation.

Depending on the availability of funds JHPIEGO will continue to work with the medical schools in FY99 and FY00 to develop the FP/RH curricular components for third, fourth and fifth years.

2 COUNTRY PROGRAMMING OBJECTIVES

- To develop, integrate and evaluate the FP/RH components for the nursing, midwifery, clinical officer and medical training schools
- To institutionalize a preservice integrated FP/RH training system which ensures competency of students in selected FP/RH skills prior to graduation
- To support and supervise teachers and service providers trained in previous program years and to institutionalize a preservice support supervision system
- To increase the number of faculty trained in FP/RH knowledge, skills and teaching methodology
- To improve service delivery in the clinics used by schools for students' clinical practice

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1.1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A trained core group of clinical trainers/preceptors is successfully providing FP/EMHC instruction in 1 or more institutions				9/00	1.3a 1.4b 2.4c
	EMHC clinical skills standardization workshops					
	STD/HIV workshops					
	RH knowledge updates					
	FP clinical skills standardization workshops					
	Counseling workshops					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Clinical training skills workshops					
	Support supervision visits to all participants trained in JHPIEGO workshops					
	Process evaluation to determine roll-out plan					
	A trained core group of faculty/tutors is successfully providing FP/EMHC instruction in 1 or more institutions				9/00	1 3a 1 4b 2 4c
	EMHC clinical skills standardization workshops					
	STD/HIV workshops					
	RH knowledge updates					
	FP clinical skills standardization workshops					
	Counseling workshops					
	Clinical training skills workshops					
	Support supervision visits to all participants trained in JHPIEGO workshops					
	Process evaluation to determine roll-out plan					
<i>SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	FP and EMHC components implemented in nursing, midwifery and clinical officers' schools				9/00	1 3a 2 4c
	Workshop to develop EMHC curricular component					
	Development of EMHC reference manual					
	Implementation of EMHC component					
	Support supervision visits					
	Followup meeting to assess implementation of FP component					
	Followup meeting to assess implementation of EMHC component					
	Process evaluation to determine roll-out plan					
	Obstetrics and gynecology component implemented in medical schools		9/99			1 3a 2 4c

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr Sept	Oct- Mar	Apr Sept	
	Workshop to develop 3rd 4th and 5th year medical school teaching materials					
	Adequate training materials and equipment are available at the schools to support FP/EMHC training			3/00		1 3a 1 4b 2 4c
	Provision of educational materials, models and equipment to schools					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at affiliated sites have been strengthened to meet clinical training requirements for EMHC training			3/00		1 4b 2 4c
	Site strengthening at MCH/FP clinics used for training					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	FP and EMHC components implemented in nursing midwifery and clinical officers' schools				9/00	1 3a 2 4c
	Workshop to develop EMHC curricular component					
	Development of EMHC reference manual					
	Implementation of EMHC component					
	Obstetrics and gynecology component implemented in medical schools		9/99			1 3a 2 4c
	Workshop to develop 3rd, 4th and 5th year medical school teaching materials					
SR 2 2 Personnel policies, procedures and supervision systems in place						
	A system exists to ensure compatibility and continuity between initial follow-up of trained faculty and routine/regular supervision of faculty		12/99			1 4b 2 4d
	Support supervision visits to all participants trained in JHPIEGO workshops					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- FP/RH curricular component institutionalized in a total 12 nursing midwifery and clinical officer schools by the end of FY00
- EMHC curricular component institutionalized in a total of five midwifery schools by the end of FY00
- Clear supervision strategy in place for both orientation/training of supervisors and effective monitoring of post-training skills of faculty/institutionalization of the curricular component

5 UGANDA BUDGET (FY99 AND FY00)

Uganda Budget	Projected Expenses FY99	Projected Expenses FY00
Uganda	\$500,000	\$500,000

COUNTRY WORKPLAN: ZAMBIA

1 BACKGROUND

1.1 Country Situation

The manual vacuum aspiration (MVA) procedure for emergency treatment of incomplete and septic abortion has been demonstrated to be safe and cost-effective, and was introduced in Zambia several years ago. It is only practiced, however, at the University Teaching Hospital (UTH) in Lusaka and to a lesser extent at Ndola Central Hospital. The service is managed mainly by interns and nurses in the acute gynecology ward. All medical interns in Zambia are trained in MVA before being posted to central hospitals to complete their internship training, but due to a lack of MVA kits nationwide, interns rarely practice MVA once they leave UTH. In facilities that provide emergency treatment for complications of pregnancy, such treatment is provided by doctors only and still consists largely of sharp curettage. The quality of medical care and infection prevention (IP) practices varies widely among facilities. In addition, family planning (FP) services are generally not offered at the time of emergency treatment for complications of abortion and links to other reproductive health care typically do not exist.

This situation underscores the need for the strengthening of postabortion care (PAC) training for both preservice and inservice personnel and the development of support systems for PAC within the larger context of health services, ranging from policies and service delivery guidelines to expendable supplies for emergency treatment and family planning commodities. Linkages between levels of service delivery (from the community to health posts, health centers, and the first and second level referral hospitals) are weak or not yet in place.

The preservice nursing curricula are weak. Neither the preservice midwifery or nursing curricula specifically address the emergency treatment of incomplete abortion. As a result of the Nurse's Act that has been recently signed by the Minister of Health, it is expected that nurses will be permitted to perform MVA, making it important that basic PAC skills, including IP and FP counseling be strengthened in preservice curricula.

1.2 Overview/Vision of Postabortion Care—Zambia

A needs assessment conducted by JHPIEGO, REDSO and POLICY Project staff in November 1997 in Zambia has identified how PAC services are now provided as well as how PAC training and services can be strengthened. Using the two central hospitals and UTH to establish model PAC services, JHPIEGO will assist the CBOH and UTH to use these model service sites to create an integrated PAC clinical training network at the central and district levels.

The basic strategy is to build upon the pilot MVA program established at UTH with IPAS assistance. Important elements of PAC services which will be expanded during this project will include high quality IP practices and linking family planning services with the provision of MVA based on up-to-date service delivery guidelines and appropriate case management protocols. During FY99, JHPIEGO will provide technical assistance to develop a cadre of national PAC trainers based at 3 hospitals who can begin training service providers in PAC in FY00.

2 COUNTRY PROGRAMMING OBJECTIVE

- Establish the capacity of central and select district-level hospitals in Zambia to provide quality postabortion care services and training

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1.1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of tutors/clinical trainer/preceptors involved in clinical practice have had their RH knowledge and skills updated and standardized		9/99			1 3a 1 4b 2 4b
	CTU/PAC counseling skills workshop for faculty and trainers of core training team					
	CTU/PAC counseling skills workshop for faculty and service providers from UTH, Kitwe and Ndola Hospitals					
	Postabortion care clinical skills standardization workshop for faculty & service delivery guidelines workshop					
	Infection prevention update workshop for core training team					
	Infection prevention workshops for staff/tutors maternity, gynae and FP units of UTH, Ndola, and Kitwe Hospitals and Nursing Schools					
	Standardization visits to UTH, Kitwe and Ndola to standardize MVA skills					
	A core group of faculty/tutors/trainers has been trained to effectively transfer RH knowledge			3/00		1 3a 1 4b 2 4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Clinical Training Skills workshop for faculty and tutors of core training team					
	Clinical Training Skills workshop for faculty and service providers from UTH, Kitwe and Ndola hospitals					
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	PAC curricular component has been assessed and revised			3/00		1 3a 1 4b 2 4b
	Instructional Design Workshop for faculty and tutors to develop PAC materials					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at clinical training sites have been strengthened to meet national service delivery standards				5/00	1 3a 1 4b 2 4b
	One two-day meeting with other donors to develop a plan for national expansion of PAC services					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	A core group of tutors/clinical trainer/preceptors involved in clinical practice have had their RH knowledge and skills updated and standardized		9/99			1 3a 1 4b 2 4b
	Standardization visits to UTH, Kitwe and Ndola to standardize MVA skills					
	Orientation and/or training in clinical PAC skills has been initiated for existing supervisors who monitor post-training skills application			3/00		1 3a 1 4b 2 4b
	Followup visits to establish PAC services at 3 sites					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	PAC curricular component has been assessed and revised			3/00		1 3a 1 4b 2 4b
	Instructional Design Workshop for faculty and tutors to develop PAC materials					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- The feasibility of an approach to national expansion PAC services and training tested and validated in Zambia
- PAC Service Delivery Guidelines developed and implemented at the 3 central hospitals and UTH
- National preservice PAC training system established

5 ZAMBIA BUDGET (FY99 AND FY00)

Zambia Budget	Projected Expenses FY99	Projected Expenses FY00
Zambia	\$150,000	\$100 000

COUNTRY WORKPLAN: ZIMBABWE

1 BACKGROUND

1.1 Country Situation

The overall goal of JHPIEGO's work in Zimbabwe has been to increase the capacity and efficacy of Zimbabwe's training system in order to meet the need for more clinicians competent to provide LT/P methods of contraception. To this end, activities conducted in FY95 included working with the Ministry of Health and Child Welfare (MOH/CW) to include a clinical practicum in the preservice nursing and midwifery programs and assisting the Training Unit of the Zimbabwe National Family Planning Council (ZNFPC) to develop a national 5 year family planning (FP) training strategy to complement and support the national 5 year FP program strategy (1997-2001).

In January 1997 it was announced that the USAID mission in Zimbabwe will be closing in the year 2003 and that no new FP funds will be allocated to JHPIEGO. JHPIEGO subsequently received a request from USAID/Zimbabwe for assistance with revising and disseminating the national FP/RH service delivery guidelines, in response to a recommendation made during a USAID/Washington visit to Zimbabwe in June 1998. The national guidelines were last updated in 1994 as part of a JHPIEGO program with ZNFPC (prior to the 1995 revision of the WHO eligibility criteria).

1.2 Overview/Vision of JHPIEGO Country Program

JHPIEGO will work with the ZNFPC and MOH/CW to first bring existing FP/RH guidelines up-to-date and in harmony with international standards. Following this, JHPIEGO will provide funding and technical assistance for a mass distribution of the guidelines to all service providers in the country. JHPIEGO will also work with the MOH/CW to test a supervision intervention to ensure service providers at selected pilot sites are implementing the revised guidelines. Following evaluation of this intervention, JHPIEGO, the MOH/CW and the ZNFPC will discuss the success of the supervision approach and how best to expand on this dissemination strategy. JHPIEGO has some core funds to assist with this project (see workplan on "New Initiatives—Maximizing Access and Quality—ESA Regional").

2 COUNTRY PROGRAMMING OBJECTIVES

- To update FP/RH service delivery guidelines and ensure a strategy is in place for future revision exercises
- To develop and test a model for accelerated dissemination and implementation of FP/RH service delivery guidelines

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 4 <i>Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>						
	Orientation in contraceptive technology has been initiated for existing supervisors who monitor post-training skills application				7/00	1 4b
	Select pilot test sites					
	Workshop to orient supervisors from pilot test sites to the revised guidelines and to develop supervision checklists based on the revised guidelines					
	Meetings to orient pilot site staff to the revised guidelines and supervision intervention					
	Baseline assessments (pilot and control sites)					
	Supervisory visits					
	Evaluation of the intervention					
	Workshop to review evaluation results and plan an expansion strategy					
SR 3 2 <i>Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	National service guidelines document published/officially endorsed by national policymakers		7/99			1 2a
	Contraceptive technology update/national FP/RH service delivery guidelines revision workshop					
	Meeting to launch revised service delivery guidelines					
	Mass mail-out of guidelines					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Inappropriate barriers to information and services removed
- System in place for future updating and dissemination of national FP/RH service delivery guidelines

5 ZIMBABWE BUDGET (FY99 AND FY00)

Zimbabwe Budget	Projected Expenses FY99	Projected Expenses FY00
Zimbabwe	\$250,000	\$100,000

REGIONAL WORKPLAN: REDSO/ESA

1 BACKGROUND

1.1 Regional Situation

Over the past three years, JHPIEGO has provided considerable technical assistance to REDSO/ESA in a variety of regional activities including workshops, assessment visits and meetings, particularly for support of REDSO's work to improve the quality of services throughout east and southern Africa. REDSO has recently funded JHPIEGO to provide TA to REDSO-supported programs.

1.2 Overview/Vision

JHPIEGO believes in leveraging technical assistance to effect regional change in family planning training and service delivery. Through strategic technical support, JHPIEGO plans to assist REDSO/ESA, host-country ministries of health, PVOs and other Cooperating Agencies to increase "better practices" to develop service delivery guidelines and protocols for other RH services such as PAC and EMHC, and to support technical assistance for "special regional initiatives" such as a "public health school without walls" in ESA.

2 REGIONAL PROGRAMMING OBJECTIVES

- To improve regional FP/RH training capacity and practices through select technical assistance to REDSO/ESA, ministries of health, PVOs and other cooperating agencies.

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO</i>	<i>Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>					
	Promote coordination by national authorities on formulation of FP/RH policies, approaches, standards, training and services, and enable these to be put into practice. TA to identify and increase "better practices" for FP/RH training and services.					1.2a 1.3a 1.3c 2.1a 4.2.1

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Develop national, regional or global partnerships to promote sound FP/RH policies, leverage resources, promote efficiency, and increase high quality FP/RH services to support development of special ESA initiatives					1 2a 1 3a
IR 1 Strengthened Preservice Education, Inservice Training & Continuing Education Systems						
	Develop national, regional or global partnerships to promote sound FP/RH policies, leverage resources, promote efficiency, and increase high quality FP/RH services to support development of special ESA initiatives such as a "public health school without walls"					1 2a 1 3a
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Adapt/update national FP/RH Service Delivery Guidelines and promote the use of the guidelines in training and service delivery to develop service delivery guidelines and protocols for other RH services such as PAC and EMHC					1 2a 2 1 2 2 4 2 1
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	Promote coordination by national authorities on formulation of FP/RH policies approaches, standards, training and services, and enable these to be put into practice TA to identify and increase "better practices" for FP/RH training and services					1 2a 1 3a 1 3c 2 1a 4 2 1
	Adapt/update national FP/RH Service Delivery Guidelines and promote the use of the guidelines in training and service delivery to develop service delivery guidelines and protocols for other RH services such as PAC and EMHC					1 2a 2 1 2 2 4 2 1

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Service Providers will have access to RH protocols, National Medical Standards, RH updates, and job aids to assist them in providing quality RH services to clients
- Medical barriers to family planning reduced in ESA

5 REDSO/ESA BUDGET (FY99 AND FY00)

REDSO/ESA Budget	Projected Expenses FY99	Projected Expenses FY00
REDSO/ESA	\$80,000	\$50,000

COUNTRY WORKPLAN: CÔTE D'IVOIRE

1 BACKGROUND

1.1 Country Situation

In 1996, the Ministry of Health (MOH) established a new Directorate of Reproductive Health (RH) to coordinate RH services in Côte d'Ivoire. Since that time, JHPIEGO and other partners have been working closely with this Directorate to increase family planning (FP) use in the public and private sectors. In addition, the World Bank has assisted the Government of Côte d'Ivoire (GOCI) to develop a 10-year strategic plan for decentralized and integrated health services. Specific challenges to the RH program remain despite this important development. Current programs have had limited impact (CPR at 4% over the last 10 years). There continues to be a lack of coordination among donors and an inefficient use of available resources as well as an overall lack of a suitable definition of RH needs. Moreover, in spite of large financial resources, the MOH has expended a low percentage of its overall budget due to an insufficient technical and managerial capacity to implement the program.

1.2 Overview/Vision of JHPIEGO Country Program

The primary objective of the project is to strengthen RH services in Côte d'Ivoire through strategic partnerships and leverage World Bank funds to support national RH training efforts. Major efforts will focus on advocacy and policy activities. More specifically, advocacy efforts will be directed toward appropriate stakeholders in two key areas: sensitizing them to the need for and the process of updating and disseminating National Service Delivery Guidelines, and reaching a consensus among stakeholders regarding the need for National Training Teams. Both of these areas require consensus regarding the institution of a standardized, competency-based approach to training (including appropriate training materials) and the establishment of model clinical training sites.

Policy efforts will be directed toward formalizing a MOH-World Bank-JHPIEGO partnership through the establishment of a committee responsible for program coordination and implementation. Identification of other inputs necessary to achieve objectives of the National RH Program (Service Delivery, IEC, Operations Research and Social Marketing) will further augment the aim of policy efforts.

2 COUNTRY PROGRAMMING OBJECTIVES

- Provide TA to the Directorate of RH for management and organizational development activities
- Facilitate MOH synthesis of successes (relevant for Côte d'Ivoire) in various FP program components from mature FP programs in neighboring countries

- In support of existing 10-year strategic plan development of a five-year RH training implementation plan to include
 - a multi-year FP/RH technical assistance plan outlining MOH needs for support and identification of areas in which JHPIEGO could provide technical assistance
 - a mechanism for development of a National RH Training System supporting decentralized, integrated RH services
- Development of updated, revised Service Delivery Guidelines

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY 99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr Sept	Oct- Mar	Apr- Sept	
<i>SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	Existing national SDGs developed/updated, adopted and disseminated				9/00	1 2a
	Hold meetings with stakeholder groups to develop consensus on FP program strategies e.g. National Training Teams priority clinical sites (network)					
	SDG finalization and validation meeting					
	TA to develop and implement plan for production and dissemination of SDGs					
<i>SR 3 3 Improved policy development and implementation process</i>						
	Collaboration with selected national/international agencies to use standardized training approaches, curricula and materials in providing technical assistance and support to governments and NGOs				9/00	1 2a
	Conduct series of sensitization/orientation workshops and seminars for key stakeholders on needs for consistency and coordination of various program components					
	Meet with key stakeholders to develop a five-year RH training implementation plan (TIP)					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Study tours to 1 or 2 SFPS target countries to identify successful program components in mature FP programs					
	New/revised national regulations specifying what FP/RH services will be provided by which categories of providers using what drugs and commodities				9/00	1 2a
	Hold meetings with stakeholder groups to develop consensus on FP program strategies, e g , National Training Teams, priority clinical sites (network)					
	SDG finalization and validation meeting					
	TA to develop and implement plan for production and dissemination of SDGs					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Five-year RH training implementation plan developed, implemented and TA provided
- Consensus on development of a National RH Training System reached and strategy paper drafted
- Commitment from MOH to enter into partnership with JHPIEGO and World Bank
- World Bank funds technical assistance to support the multi-year TA plan
- SDGs finalized, approved and dissemination begun
- Directorate of RH strengthened and working as a team
- At least 3 successful FP program strategies identified in study tours and adopted/tested in Côte d'Ivoire

5 CÔTE D'IVOIRE BUDGET (FY99 AND FY00)

Côte d'Ivoire Budget	Projected Expenses FY99	Projected Expenses FY00
Côte d'Ivoire	\$150,000	\$100,000

COUNTRY WORKPLAN: GHANA

1 BACKGROUND

1.1 Country Situation

JHPIEGO activities are designed to support the USAID bilateral Ghana Population and AIDS Program (GHANAPA). GHANAPA outlines proposed USAID assistance to the Government of Ghana 1 Oct 1994 through 30 September 2000. It is designed to increase the use of modern and effective family planning methods and to increase awareness and practice of HIV/AIDS risk reduction behavior. Support has been provided to the following program areas:

Inservice FP Training JHPIEGO has worked in partnership with the MOH to build the capacity of the MCH/FP Unit to offer inservice FP/IUD training for nurse-midwives. The MOH gradually assumed technical and administrative responsibility for the training and has organized the program since 1993. JHPIEGO provided some technical assistance to train the national trainers 1994-1996. The MOH adapted the JHPIEGO IUD Training Package in 1991 and with assistance from JHPIEGO, updated these materials October 1997 based on the National RH and FP Service Policy and Standards (NRHSPS) document currently being disseminated.

Inservice STD/FP Training Included in the NRHSPS document is the requirement that all midwives and FP nurses be responsible for diagnosis and management of reproductive tract infections including STDs. Further to the request of the MOH, JHPIEGO worked with the MCH/FP Unit and the National AIDS Control Programme (NACP) to train selected FP providers to manage STDs in FP settings. Training was conducted in two regions of the country in 1996 and 1997. Follow up visits were conducted during 1998. JHPIEGO worked closely with the Regional Health Administration to develop local technical contacts who were involved in both the training and the follow up visits. The MOH is currently using the lessons learned from these experiences to determine how to implement this training on a national scale. It is anticipated that additional assistance will include provision of training materials only.

Training Information Systems Development Technical assistance was provided to the MOH during 1995 to develop systems for collection and analysis of training-related data. The Head of the MCH/FP Unit is interested in moving the process forward however, she acknowledged the need to identify appropriate human resources with requisite skills to work on this initiative.

Preservice-Medical Schools During 1996 and 1997, JHPIEGO worked with the two medical schools in the country to strengthen the RH component of their respective curricula. To determine the extent to which current medical school training meets national needs, JHPIEGO worked with the MOH and the schools to conduct a needs assessment of RH training at both schools. Further to the recommendations of the needs assessment, a core group of faculty representing the Departments of Ob/Gyn and Community Health and selected nurse trainers participated in a Contraceptive Technology Update, Clinical Training Skills Workshop and Instructional Design (ID) Workshop in the interest of strengthening the RH curricular component.

at both medical schools. Follow up visits to both schools by the lead consultant were conducted during 1998.

Preservice-Nursing and Midwifery Schools To respond to needs expressed by both the MOH and the Nurses and Midwives Council (NMC) and to complement the work accomplished with the medical schools, JHPIEGO worked with the MOH and the NMC during 1998 to develop training materials to support clinical training of nursing and midwifery students in FP and EMHC skills. A curriculum strengthening team comprised of representatives from the MOH, country experts and selected schools was brought together for the following workshops: RH/IP Update, Clinical Training Skills and Instructional Design.

1.2 Overview/Vision of JHPIEGO Country Program

The NRHSPS document includes the mandate for preservice RH training and outlines the duties required of nurses and midwives once they are posted. Assessments conducted 1997-1998 revealed that the RH training needs of the nursing and midwifery schools are considerable. Graduates can not provide services as outlined in the NRHSPS document, they lack basic RH skills and clinical training is largely unstructured. Over the next two program years it is expected that JHPIEGO will focus on strengthening preservice RH training for nurse-midwives for the following reasons:

- Service Delivery Guidelines have been developed however many preservice trainers were not involved in their development. This information needs to be disseminated to the schools and incorporated into their training programs.
- The Human Resources Development Division (HRDD) is already looking at the challenging issues related to the number of training institutions needed, student intake and desired teacher/student ratios. Strengthening RH training would support them in their efforts to determine the inputs necessary to provide quality preservice education and training.
- The HRDD (responsible for both pre- and inservice training) and the Nurses and Midwives Council (responsible for setting curriculum and testing standards) are motivated and committed to work in collaboration with the MCH/FP Unit (responsible for inservice training and service delivery) to strengthen preservice training for nurse-midwives. All have demonstrated their commitment by requesting that a strategy meeting be held by the end of 1998 to review progress made to date, to adopt the revised FP/RH Curricular component as the official standard for training in all institutions and to agree that FP/RH questions will be included on the graduation exam for nurses and midwives.

Initial assessments of selected nursing and midwifery training institutions revealed the following:

- Educational materials/models and access to national guidelines at most schools and clinical training sites are lacking,
- Tutors and clinical trainers need updated RH knowledge and skills as well as training skills,

- Standardized training materials are needed for clinical skills training
- Communication between tutors and clinical trainers needs to be improved

During the coming program year, interventions will be focused on

- training of additional nursing and midwifery tutors to update their RH knowledge and skills
- testing of preservice nursing/midwifery training materials developed during 1998
- continued strengthening of clinical training sites used by pre- and inservice training programs
- provision of educational materials and equipment to selected preservice institutions
- follow-up of inservice FP trainers who have preservice training responsibilities

2 COUNTRY PROGRAMMING OBJECTIVES

- To strengthen the capacity of Ghanaian preservice institutions to prepare health professionals to deliver quality reproductive health services,
- To improve inservice reproductive health training, including family planning, for nurses and midwives in Ghana,
- To increase access to FP and selected RH services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions			2/00		1 3a 1 4b 2 4c
	CTU/Skills Standardization for tutors/clinical trainers					
	CTS for tutors/clinical trainers					
	Meeting to review how to use new training materials					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Follow up visits to tutors to assist with implementation of new training materials					
	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institutions			2/00		1 3a 1 4b 2 4c
	CTU/Skills Standardization for tutors/clinical trainers					
	CTS for tutors/clinical trainers					
	Meeting for implementation and use of new training materials					
	Follow up visits to clinical trainers to assist with implementation of new training materials					
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	Revised FP/RH Curricular Component is the official standard for training in all institutions	11/98				1 3a 1 4b 2 4c
	Nurses Midwives Council adopts FP/RH curricular component as official standard for preservice training/orientation meeting					
	Follow up visits to schools document that they use the revised FP/RH curricular component as the official standard					
	Strategy Meeting to determine plan for expansion to other institutions					
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions Assessment of selected institutions for expansion strategy			2/00		1 3a 1 4b 2 4c
	FP/RH questions are included on the graduation exam			3/00		1 3a 1 4b 2 4c
	Nurses-Midwives Council adopts FP/RH curricular component as official standard/orientation meeting & commits to including questions on the graduation exam					
	Follow up visit to the Council to review how students perform on these questions & to determine if questions need to be strengthened					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Some clinical FP/RH training is required for graduation			3/00		1 3a 1 4b 2 4c
	Nurses-Midwives Council adopts FP/RH curricular component as official standard/orientation meeting					
	Follow up visits					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Service sites affiliated with one or more institutions are functioning effectively as clinical training sites			2/00		1 3a 1 4b 2 4c
	Follow up visits to clinical training sites assessed during initial needs assessment					
	Assessment of selected institutions for expansion strategy					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Preservice training materials harmonized with National Service Delivery Guidelines				6/00	1 3a 1 4b 2 4c
SR 1 5 Links in place for provider mentoring between professional schools and associations and service delivery sites						
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions follow up visits to inservice trainers with preservice responsibilities			2/00		1 3a 1 4b 2 4c
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training in one or more institutions				6/00	1 3a 1 4b 2 4c
	Production of draft copies of training materials incountry					
	Revision/Update of training materials developed by Curriculum Strengthening Team (1998) based on information from follow up visits					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct Mar	Apr- Sept	
SR 3 3 Improved policy development and implementation process						
	Revised FP/RH Curricular Component is the official standard for training in all institutions Strategy Meeting to determine plan for expansion to other institutions	11/98				1 3a 1 4b 2 4c
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions Assessment of selected institutions for expansion strategy			2/00		1 3a 1 4b 2 4c
	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institutions Assessment of selected institutions for expansion strategy			2/00		1 3a 1 4b 2 4c

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Approval of RH Curricular Component as official standard by NMC ensures commitment to use of national training standards
- Selected number of clinical training sites strengthened to adhere to national standards
- Increased communication between classroom tutors and clinical trainers regarding student progress demonstrated through written evaluation of clinical skills
- Adequacy of students' FP/EMHC knowledge demonstrated through RH questions included on the graduating exam of nurses and midwives
- All FP/EMHC preservice nursing-midwifery training materials harmonized with and adhering to national service delivery guidelines
- Additional clinical training sites strengthened to adhere to national standards
- Increased communication between NMC and HRDD regarding preservice training needs demonstrated through regular meetings

5 GHANA BUDGET (FY99 AND FY00)

Ghana Budget	Projected Expenses FY99	Projected Expenses FY00
Ghana	\$500,000	\$500,000

COUNTRY WORKPLAN: HAITI

1 BACKGROUND

1.1 Country Situation

Haiti's people have faced great political and social unrest in the past 10 years causing widespread poverty, illiteracy, and weakened government institutions. As a result the health infrastructure is a complex network of both private and public support.

Haiti's continuing rapid population growth has serious implications for the future of the country. The current 2.3% population growth rate will lead to a doubling of the present population of eight million people in the next 30 years. The country has the highest under-five mortality rate in the Western Hemisphere, and one in three children is chronically malnourished. Maternal mortality is estimated at 1,000 per 100,000 live births. Contraceptive prevalence is also low, 13% for modern methods among women 15-49 years of age.

The need for trained health personnel is also great. The last national personnel study conducted in 1994 found there was approximately one doctor for every 8,400 people, one nurse for every 8,300 people and one auxiliary for every 3,500 people—a human resource capacity well below any other country in the Caribbean.

During the past 10 years, the majority of health service support was provided by private and quasi-private health institutions. Inservice training of health personnel was carried out by private sector institutions such as the Haitian Institute for Health and Community Action (INHSAC). However, with the restoration of a constitutional government, there has been renewed focus on support to the public sector. In the past decade, INHSAC has provided training for almost 8,000 doctors, nurses and auxiliaries in Haiti. NGOs like INHSAC are starting to provide training assistance to the public sector and working towards the development of a national network of trainers.

JHPIEGO has supported the training of Haitian health professionals since the mid 1970s but had minimal input over the past 10 years. However in 1997 JHPIEGO responded to a request by USAID to develop an incountry training program.

During the past 6 months, JHPIEGO has been able to contribute to the following activities:

Service Delivery Guidelines Revision In collaboration with the Haitian Ministry of Health (MSPP) and MSH, JHPIEGO provided technical assistance towards the revision of Haiti's service delivery guidelines in family planning and maternal and child health care.

Inservice FP Training JHPIEGO is working with INHSAC towards the development of a national network of trainers. INHSAC trainers who have recently gone through JHPIEGO training were responsible for co-training and standardizing the IP, Norplant® implants and voluntary sterilization (VS) skills of an initial group of service providers teams from

decentralized sites including doctors nurses and auxiliaries (Minilap) These INHSAC trainers will continue to contribute to the development of a Haitian trainers network by co-training in a clinical training skills course in November 1998 for the same group of decentralized service providers/candidate clinical trainers

RH Policy and Advocacy JHPIEGO supported INHSAC for a contraceptive technology sensitization for 300 graduated doctors about to depart to Haiti's nine departments for their year of social service. In the area of RH policy, the future of Norplant implants services in Haiti has recently been under discussion. JHPIEGO supported the presence of four experienced trainers and programmatic planners to attend a francophone regional working conference on the future of Norplant implants services in Togo. JHPIEGO also collaborated with UNFPA to sponsor a representative of the MSPP. The outcome of the meeting was a decision by the Haitian delegation to adopt a continuation strategy for Norplant implants services in Haiti (vs expansion or phase out) which addresses key programmatic issues to be considered when delivering quality Norplant implants services including issues of removal, counseling issues and a mechanism to standardize Norplant implants trainers.

Haiti continues to be a priority for USAID. In FY99, USAID plans to introduce a new six-year strategy which will place a greater emphasis on long-term poverty reduction and will address some of the underlying causes of poverty—including high fertility. In the area of population health and nutrition (PHN), USAID is supporting programs in three of Haiti's nine departments. The PHN strategy is being developed to emphasize technical and financial decentralization to the regions.

As this strategy will address establishing on-going training and supervision in the regions, this appears an ideal time for JHPIEGO to offer technical assistance to INHSAC and the MSPP to strengthen existing training capabilities and contribute towards building a decentralized RH clinical training network. Several new opportunities appear imminent including upgrading the decentralized RH training centers in collaboration with MSH, the bilateral contractor. Collaboration on these different fronts could yield substantial results.

1.2 Overview/Vision of JHPIEGO Country Program

The Ministry of Public Health is working towards development of a national training strategy and a decentralized training system. In order for Haiti to establish an effective national training system, it will be necessary to disseminate updated quality standards derived from the newly revised service delivery guidelines, create a network of training clinics, strengthen the national network of trainers to meet inservice and preservice needs, conduct routine training activities, develop standardized training packages, and a plan for followup evaluation and post-training activities.

In FY99 and FY00, JHPIEGO will work towards the development of a national training network to improve the quality of RH services. Efforts will concentrate in the three bilateral priority departments by developing decentralized clinical trainers and standardizing clinical FP services at selected RH clinics. These clinics will be upgraded to model training sites over the next year. JHPIEGO will also continue to work with INHSAC to develop their capacity as a training

institution and will look at the potential to work at the preservice level with Haiti's four national nursing schools. In the interest of collaborating with other key organizations and programming efforts in Haiti, a variety of activities will be discussed.

Inservice training Development of a clinical training network Specifically, JHPIEGO will work with key organizations such as INHSAC and the MSPP on activities that help to reinforce the standardization of clinical services including adherence to the national service delivery guidelines. Based on the results of a June 1998 clinical training needs assessment, reinforcement of skills in several different clinical methods is needed; therefore, several different learning packages will need to be adapted for an inservice clinical training package (IP, Norplant implants, Minitap and basic surgical emergency procedures related to these methods). These learning packages could also be adapted into preservice training packages. Clinical training sites will be strengthened through a series of site visits to each of the seven candidate model clinics. The proposed sites are in the Northeast, South, and Grand Anse Departments. JHPIEGO will continue to provide technical assistance to INHSAC and the MSPP to develop trainers who share a set of standardized clinical and training skills. JHPIEGO will collaborate with key partners to strengthen the system for scheduling and supporting these trainers and organize a plan of evaluation assessing the progress towards the development of a clinical training network.

Preservice training For sustainability of training initiatives in Haiti, there is agreement at the MSPP and USAID that basic education and improved training in family planning and reproductive health should be incorporated into the nursing preservice training program. JHPIEGO proposes working with representatives of the national nursing school and the MSPP to conduct an institutional needs assessment of nurses' RH training at four national nursing schools located throughout Haiti. Efforts will be made to link preservice clinical training sites to the same inservice sites being upgraded with the assistance of JHPIEGO and MSH.

2 COUNTRY PROGRAMMING OBJECTIVES

- To increase number of clinical training sites with standardized FP clinical services (according to national SDGs)
- To increase number of trainers who can provide quality FP clinical training (according to national protocols)
- To improve quality of care through adaptation and implementation of RH training packages that have been harmonized with SDGs revision

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SO	<i>Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>					
IR 1	<i>Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>					
	Conduct an institutional needs assessment of graduate nurse at 4 nursing schools with DDRH/MSPP to assess RH training					
SR 1	<i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>					
	A core group of clinical trainers involved in clinical practice has been trained to effectively transfer RH skills in one or more institutions					1 3a 1 4b
	Conduct one 10-day clinical training skills course (Norplant implants Minilap) with an emphasis on elements key to instructional design necessary to the development of the Haitian inservice clinical training package (Nov)					
	Support 2 courses at 4 model clinical training sites where a newly-trained trainer conducts a course for service providers, with coaching from an INHSAC trainer (8 courses over 6 months Jan-June)					
	A core group of clinical trainers/preceptors involved in clinical practice have had their RF skills standardized					1 3a 1 4b
	Conduct a 3 week Standardization and Clinical Training Skills (CTS) Workshop for 20 training staff/nursing school tutors trainers to prepare them to for development of FP curriculum, to develop their training skills, and update their reproductive health knowledge					
SR 2	<i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>					
	Conduct two 2-day workshops to decide on the content and format of the clinical FP training package based on the newly revised SDGs					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Conduct two 2-day follow-up visits to training sites to assess implementation of FP training package prior to final revision and printing					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at sites affiliated with one or more training institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites					1 3a 1 4b
	Organize a 2-day meeting to plan for 3-day site visits including development of a Haiti-specific site visit report form and protocols for using the form based on the newly revised SDGS					
	Conduct three follow-up 3 day site visits to each of the 7 clinics that are designated as model clinic training sites (21 total)					
	Provide materials and equipment to strengthen 7 training sites and INHSAC					
	Conduct follow-visit to assess services at clinical training sites					
	Service Delivery sites affiliated with one or more institutions have been assessed for adequacy as clinical training sites					1 3a 1 4b
	Facility visits to approximately 12 clinical training sites (4 schools x 3 sites/school) to assess clinic infrastructure, materials supplies and RH clinical skills					
SR 1 5 Links in place for provider mentoring between professional schools and associations and service delivery sites						
	Conduct a 1-day Seminar for key FP personnel in order to orient them to the DRAFT FP training curricula, and facilitate strengthening of service delivery sites and selection and supervision of trainees					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials/supplies are available in sufficient quantities to support ongoing RH training in one or more institutions					1 3a 1 4b
	Edit/format a clinical FP learning package for inservice training of doctors and a companion clinical FP training package for nurses auxiliaries					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	ID Workshop for 10 INHSAC/MSPP training staff to revise DRAFT clinical FP learning package for use by clinical trainers					
	Edit/format a REVISED clinical FP training package for inservice training of doctors and a companion clinical FP training package for nurses, auxiliaries					
	Two-day meeting to launch finalized clinical learning package					
	The adequacy of the training materials supplies has been assessed in one or more institutions					1 3a 1 4b
	ID Workshop for 20 training staff /nursing school tutors to develop the clinical practice component of the preservice FP curriculum for use by tutors at nursing schools and clinical training sites					
SR 3 3 Improved policy development and implementation process						
	Adequacy of RH curricular component/course schedule has been assessed (or lack of such a component/course schedule identified)					1 3a 1 4b
	Two-day and 3 one-day meetings to plan for preservice nursing school assessment (first in Sept)					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Updated SDGs for Haiti being used at FP model training centers
- Standardized inservice training package approved for competency-based clinical training
- 20 functioning clinical FP trainers registered in national training network and providing clinical FP inservice training
- Improved FP services for clients attending 7 RH clinics
- A plan for development of a preservice training packages for 4 national nursing schools

5 HAITI BUDGET (FY99 AND FY00)

Haiti Budget	Projected Expenses FY99	Projected Expenses FY00
Haiti	\$550,000	\$500,000

COUNTRY WORKPLAN: LIBERIA

1 BACKGROUND

1.1 Country Situation

Liberia is coming out of a period of over 10 years of civil war which has devastated the country, both physically and in its ability to meet the needs of its people. Quality services, both in health and education are badly needed. Facilities have been destroyed and international donors are currently supporting the Government of Liberia's efforts to rehabilitate hospitals and other health facilities. USAID is planning on building a development program that is a transition of "from relief to recovery." USAID wants to focus on reproductive health (including family planning) and child survival. A USAID health sector assessment team completed a needs assessment in June, 1998. The needs assessment pointed out several priority areas. With the devastation of the war, training is badly needed for all categories of personnel. The Ministry of Health and Social Welfare fully supports the proposed initiative. The ministry wants to strengthen the county health team to decentralize health services.

1.2 Overview/Vision of JHPIEGO Country Program

Liberia does not have a specific family planning (FP) policy nor are there national guidelines for FP service delivery. Training, both pre- and inservice, needs to be strengthened and contraceptive technology updates given to all service providers and managers. The MOH has asked that priority training be given to mid-level (physicians assistants) and community-based health workers. The MOH also sees the necessity of reactivating the schools of nursing and midwifery to strengthen pre- and inservice training.

2 COUNTRY PROGRAMMING OBJECTIVES

- To develop up-to-date RH policies and national service delivery guidelines
- To develop a pre- and inservice training strategy

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 3 2 <i>Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	Draft service delivery guidelines produced				8/00	1 2a
	Have stakeholders meeting to advocate for updating guidelines					
	Establish a technical working group (TWG) to update guidelines					
	Hold a CTU to update the TWG					
	Develop the national RH policy and the SDG and circulate for comment					
	Format and Field test SDG document					
	Finalize SDG document and receive approval					
SR 1 2 <i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	FP/RH curricular component/course schedule has been revised				6/00	1 4b
	Stakeholders meeting to arrive at a consensus for curriculum revision					
	Training needs assessment for pre and inservice training conducted					
	Technical working group (TWG) established for curriculum revision					
	CTU held for TWG					
	CTS workshop held for TWG					
	ID workshop held to develop update RH curriculum					
SR 1 1 <i>Trained faculty and master trainers teaching /practicing in professional schools and training institutions</i>						
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions				8/00	1 3a 1 4a

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Faculty/tutors participate in a CTU					
	Faculty/tutors participate in STC					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- National RH policy and service delivery guidelines developed
- Pre- and inservice curricula updated
- Faculty and tutors are using competency-based training methods

6 LIBERIA BUDGET (FY99 AND FY00)

Liberia Budget	Projected Expenses FY99	Projected Expenses FY00
Liberia	\$250,000	\$250,000

COUNTRY WORKPLAN: MOROCCO

1 BACKGROUND

1.1 Country Situation

At the request of both the Ministry of Public Health, USAID and the faculties of Medicine of Morocco, JHPIEGO began, in 1997, a project of technical assistance to strengthen clinical training in FP and essential maternal health care within medical education. A collaborative process between JHPIEGO and the faculty of medicine led to the development of standardized FP and maternal health care modules and schedule for the training of 6th year students. JHPIEGO also conducted a needs assessment of the 5 participating maternities and 3 teaching family planning centers, made recommendations for improving student clinical practice opportunities, updated 50 faculty's skills in competency-based training approaches, introduced the use of models into the 6th year ob/gyn rotations and followed up with hands-on technical assistance as the rotations using the new competency-based modules were implemented. The initial cycle of this activity is drawing to an end, after an evaluation of 6th year students skills and confidence. JHPIEGO expects to end its work in Morocco under field support. The USAID Mission in Morocco is closing out its health program in 1999.

1.2 Overview/Vision of JHPIEGO Country Program

The project in Morocco is expected to end by December 1998 although the possibility of an additional follow-up visit in 1999 has been discussed. Our efforts in the remainder of 1998 will focus on ensuring that the investment in strengthening clinical training in the 6th year of medical school is sustainable. This will be done under two areas of activity:

- Finalizing the 6th year module. From Baltimore, the Morocco team in the West Africa office will continue to support faculty in finalizing and approving the family planning and essential maternal health care modules and work with John Snow, Inc. to ensure printing and distribution.
- Continued support to CBT. JHPIEGO staff will encourage the participation of Morocco trainers in ReproNet, the JHPIEGO online trainer network. A technical assistance visit will be scheduled after computers are delivered to university maternity classrooms to orient faculty and students to the use of information technology in general and ReproNet specifically.

2 COUNTRY PROGRAMMING OBJECTIVE

To improve the quality of family planning and essential maternal health care (EMHC) services through improved physician (general practitioner) knowledge and skills and better linkages between the medical schools and the Ministry of Public Health.

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

The evaluation conducted in June 1998 has demonstrated that many of the commitments for preservice training benchmarks had been attained. Below are the remaining benchmark commitments for the final quarter of 1998.

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1.2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	Revised FP/EMHC 6th year modules have been officially approved for use in all institutions. Follow-up to ensure that FP and EMHC modules are finalized, approved, printed and distributed.	12/98				1.3a 1.4b 2.1a 2.4c
<i>SR 1.6 Improved application of information technology for training</i>						
	A system exists for ensuring that all existing FP/EMHC instructors receive teaching skills and FP/RH content updates. Technical assistance in information technology to selected faculty of each university maternity.	12/98				1.3a 1.4b 2.4c

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- New clinical training modules approved for use in obstetrics and gynecology rotation in 6th year of medical school.
- A core group of faculty trainers are using ReproNet to continue developing their RH and training skills.
- System exists allowing faculty and students access to updated information through the Internet and other information technologies.

5 MOROCCO BUDGET (FY99 AND FY00)

Morocco Budget	Projected Expenses FY99	Projected Expenses FY00
Morocco	\$52,561	\$0

COUNTRY WORKPLAN: NIGER

1 BACKGROUND

1.1 Country Situation

Niger is one of the poorest countries in the world. Niger's mid-1997 population will approach 10 million and its doubling time is about 20 years. The country's low-resource, drought-prone environment in West Africa's inland Sahel region can no longer support the growing population. Illiteracy—especially among females—and infant, child and maternal mortality are among the world's highest. Modern health care services have become even less accessible as a result of public sector dysfunction and drug shortages. A coup in January 1996 led to the overthrow of the elected government. Although the needs are great, USAID decided to terminate all bilateral assistance to the Government of Niger (GON) in December 1998 and JHPIEGO will close down its project.

Under the Family Health Component of the bilateral project, *the Niger Family Health and Demography Project*, JHPIEGO provided technical assistance and training materials toward the development of complementary reproductive health curricula for the medical and paramedical schools. The following activities were conducted:

- Knowledge, Attitudes and Practices (KAP) survey (administered Spring 1994)
- National Reproductive Health (RH) Symposium (November 1994)
- Comprehensive RH and Contraceptive Technology Updates (Jan/Feb 1995)
- Clinical Training Skills Workshop (Mar/April 1995)
- Revision of RH Curricula workshop (June 1995)

A core group of faculty representing the Faculty of Health Sciences (FHS) and the National School of Public Health (NSPH) in Niamey and Zinder participated in all of above activities. A calming of political turbulence in Niger allowed the restart of JHPIEGO activities in 1997.

1.2 Overview/Vision of JHPIEGO Country Program

Due to the closure of the USAID mission JHPIEGO activities will cease after December 1998. In the past year, JHPIEGO partnered with UNFPA to contribute towards the revision of Niger Service Delivery Guidelines (SDGs). JHPIEGO provided technical support for revision of the SDGs in family planning, maternal and child health and the national FP protocols. The objective of this activity was to enable health professionals to use up to date service delivery guidelines and provide quality RH services.

In July 1998 JHPIEGO provided technical support for continued curriculum revision for the National Schools of Public Health (NSPH) located in Niamey and Zinder. The first activity will update the clinical training skills of the faculty who were last trained in 1995. This workshop will also train the faculty in how to develop curriculum that is competency based. A follow up workshop will provide assistance to the faculty in revising the Reproductive Health Curriculum. These activities focus on giving teachers the capability to develop detailed modules so they can continue to provide quality education and training in RH.

JHPIEGO will continue to facilitate training linkages between established contacts at the MOH, the NSPH and the Regional Family Health and Aids project for West and Central Africa (FHA/WCA) so that Nigerian health professionals will have the opportunity to participate in regional RH health meetings and improve RH outcomes for the Nigerian population.

2 COUNTRY PROGRAMMING OBJECTIVE

- To strengthen the preservice training for RH in Niger

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO</i>	<i>Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>					
<i>IR 1</i>	<i>Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>					
<i>SR 1.1</i>	<i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>					
	A core group of faculty/tutors has been trained to effectively transfer RH knowledge in one or more institutions	12/98				1.3a 1.4b
	One 2-week follow up Instructional Design workshop to assist in continuation of module development 25 participants	12/98				1.3a 1.4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- 25 faculty at National Schools of Public Health updated in clinical training skills
- 25 faculty at National Schools of Public Health updated in concepts of competency based curriculum revision

- Preservice FP/RH curriculum revised at National School of Public Health to strengthen RH education for nursing students

5 NIGER BUDGET (FY99 AND FY00)

Niger Budget	Projected Expenses FY99	Projected Expenses FY00
Niger	\$28,451	\$0

COUNTRY WORKPLAN: SENEGAL

1 BACKGROUND

1.1 Country Situation

Senegal is considered a leader among francophone West African countries and is beginning to assume a leadership role in reproductive health (RH) training. Since 1994, JHPIEGO's activities to support the standardization and decentralization of improved RH services and training have been conducted in coordination with the current bilateral, the Senegal Child Survival and Family Planning Project (SCS/FP) which is implemented by MSH and the National Family Planning Project (PNPF). JHPIEGO's efforts to support the development of a national and regional West African center for RH training have included collaboration with the Center for Reproductive Health Training and Research (CEFOREP) which is affiliated with the University Teaching Hospital of Aristide Le Dantec.

JHPIEGO has supported the utilization of the 1997 National Family Planning Service Delivery Guidelines (SDGs) in regional referral centers through standardization training activities. In addition, JHPIEGO is supporting the development of national trainer/supervisors and regional RH training teams. In collaboration with MSH, JHPIEGO has supported the establishment of a network of model clinics at which RH clinical training can be conducted. Currently, regional RH training materials are being updated to standardize inservice training based on the SDGs.

During FY98, JHPIEGO has strengthened postabortion care (PAC) services using manual vacuum aspiration (MVA), to improve care for women with complications of spontaneous and induced abortion. The PAC program activities included (1) An assessment of three pilot centers in Dakar that are both public and private sector facilities, (2) training for physicians and nurse-midwives in PAC infection prevention (IP), PAC counseling and FP counseling and services, (3) MVA training for physicians from each pilot site, (4) the adaptation of PAC Policies, Norms and SDGs, and (5) followup visits to monitor and supervise PAC services. The finalization and approval of the PAC-SDGs are planned during the remainder of FY98. The Population Council is collaborating with JHPIEGO to support a PAC evaluation to measure improvements made in PAC services at the three pilot sites.

The USAID/Senegal mission is developing a new country program in FY99. In this transition year, no field support funds are available. JHPIEGO will use remaining FY98 field support funds for program activities during the first six months of FY99.

1.2 Overview/Vision of JHPIEGO Country Program

During FY99, PNPF FP/RH supervisor/trainers and a JHPIEGO consultant will conduct followup visits, including IP supervision, for FP/RH services at seven regional referral centers. These followup visits will focus on improving IP practices and the utilization of the national SDGs.

To continue the PAC initiative CEFORP and MOH representatives will develop a PAC expansion plan for the decentralization of PAC services. If funding permits the standard series of PAC training activities will be conducted for trainer/service providers from regional FP/MCH centers.

The training needs in Senegal for FY99-00 continue to be the implementation of regional FP/RH training and the expansion and decentralization of quality postabortion care services including postabortion family planning.

2 COUNTRY PROGRAMMING OBJECTIVES

- Strengthen FP/RH IP practices at regional referral and training centers
- Integrate SDGs into service delivery at regional referral and training centers

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct Mar	Apr Sept	Oct-Mar	Apr-Sept	
SR 1 1 <i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	Service sites affiliated with one or more institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites				8/00	1 3a 1 4b
	5 Practicum visits to regional RH training activities					
	Advanced Training Skills Courses for trainers from 5 regional training centers					
	5 additional practicum visits to supervise regional RH clinical training skills activities					
SR 1 4 <i>Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>						
	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institution. Followup visits, including IP supervision, for RH services at 7 regional referral centers		8/99			1 3a 1 4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
<i>SR 3 4 Leadership training, support and mentoring programs in place</i>						
	A core group of clinical trainers have become advanced trainer candidates after completing the ATS course Advanced Training Skills Courses for trainers from 5 regional training centers				8/00	1 3a 1 4b 2 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Improved FP/MCH services and training, including IP practices, at 7 regional FP/MCH referral centers
- FP SDGs being implemented by service providers in 7 regional referral centers
- 5 Regional MCH/FP referral centers with strengthened PAC services including family planning

5 SENEGAL BUDGET (FY99 AND FY00)

Senegal Budget	Projected Expenses FY99	Projected Expenses FY00
Senegal	\$130,214	\$100,000

COUNTRY WORKPLAN: INDONESIA

1 BACKGROUND

1.1 Country Situation

JHPIEGO's country program in Indonesia assists the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health (Depkes) to strengthen existing training activities and unify this training into a National Clinical Training Network (NCTN). Clinical training through the NCTN began with family planning topics in response to BKKBN's need for Norplant removal and an increased programmatic priority on long-term contraceptive methods, but has expanded to include additional reproductive health topics presented using the competency-based training approach.

To date, clinical training courses and materials have been developed through the NCTN for all contraceptive methods available in Indonesia. Thirty-two national trainers and approximately 111 provincial and 232 district trainers have been prepared to conduct family planning clinical training courses. These trainers continue to train thousands of district service providers each year in long-term contraceptive methods and other topics.

Reduction of maternal mortality has been a top priority of Depkes for several years. JHPIEGO is working jointly with PRIME to train community-level providers through a Basic Maternity Care course developed and pilot tested in the previous year. This course focuses on the prevention and reduction of obstetric complications, particularly postpartum hemorrhage — the leading cause of maternal mortality in Indonesia.

Recent political and economic problems in Indonesia have led to serious questions about the repercussions in the access to and use of reproductive health care by the Indonesian people. There are critical shortages of contraceptives and essential drugs and medical supplies. There is a decrease in contraceptive prevalence and an increase in pregnancies. With the rising costs of health care, people are seeking less expensive care in the villages. Utilization of referral centers for obstetric emergencies is declining as fewer women and families are willing or financially able to afford the costs of hospital care. The USAID mission, which was planning to phase out assistance to the health and population programs at the end of fiscal year 1999, has reprioritized the country program with support for the social safety net and humanitarian assistance as one of the top priorities. As the costs of supporting inservice training are also rising, JHPIEGO's support to operationalizing training of district and community-based family planning and maternal health providers becomes even more important in this environment.

1.2 Overview/Vision of JHPIEGO Country Program

The development of the NCTN has progressed remarkably, currently there are two national training centers: 11 provincial training centers and 55 district training centers that were developed with USAID support. A sufficient number of trainers have been trained to meet the needs of the family planning program in these provinces, and the effort is just beginning to

prepare trainers for the safe motherhood program. However, additional effort is needed to ensure that the NCTN can respond to growing demands as it becomes truly national. Activities are underway to strengthen the management of the Network, including financial reporting, a training information management system, a training supervision system, and provider performance improvement. To promote the institutionalization of the Network, a marketing strategy will be developed to ensure utilization of the NCTN for clinical reproductive health training by the government and other donor programs. JHPIEGO assistance may also be required to help operationalize certain activities in the NCTN, particularly training that reaches the community level service providers directly.

Due to the serious economic crisis, people are seeking maternal health and family planning services in the villages, rather than at referral centers. It is incumbent upon the program to meet the needs of the clients by ensuring that training is reaching providers at the lowest service delivery levels. To this end, JHPIEGO will expand the training model that was pilot-tested this past year to the health center level. By preparing the staff of the health center as trainers, the village-based midwives can receive inservice training as well as followup mentoring one day per week at the health center. This reduces travel and per diem costs and does not require the midwives to be away from their work sites for extended periods of time. The model was tested using a comprehensive family planning training package. Other training materials for antenatal, postpartum and newborn care can be adapted for use with this training approach.

To meet the needs for the safe motherhood program, a training approach is being developed for the district model. A basic maternity care training package was developed and tested for training village-based midwives and health center providers. Current plans include the development of an intermediate maternity care course for the referral centers in the district. Clinical standards for maternal health care are also being developed and will include a cost component for determining appropriate standards given the resource scarcity due to the economic crisis.

2 COUNTRY PROGRAMMING OBJECTIVES

- Strengthen the reproductive health training system with emphasis on developing a unified, supervised and standardized National Clinical Training Network
- Expand the numbers of trainers and providers competent in reproductive health clinical skills
- Introduce new courses, training approaches and technologies into the clinical training network
- Strengthen the management capabilities of POGI, IBI, BKKBN and Depkes to plan, implement, report, finance, and evaluate clinical training

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 1 <i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of clinical trainers are qualified in family planning and maternal health and are still functioning in this role one year after qualification				9/00	1 3a 1 4b 2 4 b
	Training of trainers and providers through BMC/IMC courses					
	Expand BMC training into two additional provinces and from 4 to 8 districts					
	RH Updates for NCTN trainers					
	MH clinical training staff assigned and training (from 0 to 4 provinces)					
SR 1 2 <i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	New training packages developed, tested and implemented for maternal and other reproductive health care courses			3/99		1 1a
	Finalization of BMC and development of IMC training packages					
	Develop MH audiovisual training materials					
	Promotion of CBT approach by medical school faculty and MOH					
SR 1 3 <i>Clinical training sites and centers established and fully functioning at optimal performance</i>						
	A sufficient number of sites are functioning effectively as clinical training sites to meet clinic practice training needs in all institutions Fully-functional clinical training sites strengthened to 18 (from 15)				9/99	1 3a 1 4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
SR 1 4 <i>Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>						
	A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers				9/00	1 3a 1 4b 2 4b
	Develop and implement performance monitoring system					
	Implement and integrate IBI peer review for followup to maternal health training in 8 districts					
SR 1 5 <i>Links in place for provider mentoring between professional schools and associations and service delivery sites</i>						
	Orientation and/or training in clinical FP/RH skills has been initiated for existing "supervisors" who monitor post-training skills application Linkages established between personnel at IBI POGI and preservice education institutions				9/00	1 3a 1 4b 2 4b
SR 1 6 <i>Improved application of information technology for training</i>						
	New computer-assisted training packages developed Working with World Bank funded project, adapt ModCal IUD package for Indonesia		9/99			1 1a
SR 1 7 <i>Effective approaches for training front-line and non-traditional providers used</i>						
	A core group of clinical trainers/preceptors involved in clinical practice has been trained to effectively transfer FP/RH skills in one or more institutions				9/00	2 4b 1 3a 1 4b
	IBI periodic village midwife training in COFP course expanded into selected districts in 4 provinces					
	IBI Puskesmas trainers prepared to train village-based midwives in COFP course					
	IBI DTC trainers prepared to supervise Puskesmas trainers					
	Village-based midwives trained in the COFP course at the Puskesmas level					
	A system exists for following up graduate participants to support skills retention and appropriate application of (newly acquired) skills on the job IBI implements and manages the peer review program					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Competency-based training in clean and safe delivery held for over 100 trainers and 200 providers					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Training Packages Updated (CAI) Indonesian adaptations of JHPIEGO CTS (2nd Ed), ATS, ID and ModCal/IUD training materials completed				9/00	1 1a
SR 2 2 Personnel policies, procedures and supervision systems in place						
	A quality assurance system is functioning to monitor the quality of training and assess trainer performance				9/00	1 3a 1 4b 2 4b
	NCTN and IBI organizations internal structures and capabilities in program management strengthened					
	Develop and implement performance monitoring system					
SR 2 3 Financial management systems functioning						
	Inservice FP/MH training system (NCTN) is institutionalized and utilized for clinical training in family planning and maternal health Strengthen financial and management systems of POGI	3/99				1 2b
SR 2 4 Capacity for strategic planning and system for deployment of trained personnel established						
	A mechanism exists for monitoring whether adequate numbers of providers are being trained for service delivery		9/99			1 1c 2 4b
	Implementation of ProTrain™ in West Java					
	MH clinical training staff assigned and training (from 0 to 4 provinces)					
SR 2 5 Monitoring and information systems and tools in place to determine training needs						
	Inservice FP/MH training system (NCTN) is institutionalized and utilized for clinical training in family planning and maternal health		9/99			1 1a 1 1c
	Implementation of NCTN training information application					
	Analysis/Reports produced of first year's training data from NCTN training monitoring system					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 2 7 Approaches for cost containment and recovery tested and used						
	A cost analysis is incorporated in the development of EMHC clinical standards Costing study conducted for essential drugs and medical supplies as outlined in the maternal health NRD		9/99			2 2b
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National MH service guidelines officially endorsed by national policymakers				9/00	1 2a 1 3a 2 4a
	MH updates for physicians and midwives					
	Develop and disseminate EMHC national resource document					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- National Clinical Training Network institutionalized in at least 15 provinces
- National MH Service Guidelines adopted
- New MH training package developed and implemented
- Inservice Training Information System Developed and Operational (TIA, ProTraining)
- Qualification of Trainers/Trainer Development
- Quality Assurance System designed and operating to ensure the quality of training and to assess the post-training clinical skills of providers and trainers (Training Supervision, Performance Improvement)
- NCTN expanded and more accessible to community providers

5 INDONESIA BUDGET (FY99 and FY00)

Indonesia Budget	Projected Expenses FY99	Projected Expenses FY00
Indonesia (Field Support)	\$1,900,000	\$0
Indonesia (Core Support)	\$350,000	\$0
Total	\$2,250,000	\$0

COUNTRY WORKPLAN: NEPAL

1 BACKGROUND

1.1 Country Situation

While Nepal has shown some encouraging signs of progress toward reaching the government's health policy goals for the year 2000, there is still a tremendous need to strengthen the national family planning (FP) program. There remains a very large unmet need for FP, a great number of gaps in service delivery and training, a large number of high risk births, and a dangerously high population growth rate. Nepal's population of almost 19 million is expected to double in less than 30 years. His Majesty's Government of Nepal (HMG/N) is committed to promoting FP and in particular to addressing the unmet need for FP by upgrading and institutionalizing FP training in preservice curricula and in the National Health Training Center (NHTC), an entity formed to coordinate and provide inservice training.

A comprehensive FP/RH strategy developed by USAID designated JHPIEGO responsible for assisting HMG/N with all aspects of training in family planning and postabortion care (PAC) services. JHPIEGO assisted HMG/N in the development of volume I of the *National Medical Standards for Reproductive Health Services*, the resource document for all FP services in Nepal. After several years of collaboration, inservice training is functioning well in the area of training delivery. In FY99 and FY00, JHPIEGO will continue to offer inservice training system support in all areas of RH training with an increased emphasis on followup of participants and decentralization of the training system. Over the next several years, JHPIEGO's role with inservice training will diminish as the NHTC becomes more self-sufficient and as basic FP skills acquisition moves to the preservice training system. JHPIEGO will continue its work to strengthen FP training in the preservice education system, for which comprehensive FP components have been developed for use in teaching medical (MBBS) students and Certificate of Nursing (CN) students. In FY99 and FY00, the preservice training program will be expanded to include training of Auxiliary Nurse-Midwives (ANMs) and an increased emphasis on alternative teaching methodologies such as self-paced and computer assisted learning (CAL).

During the past 3 years, JHPIEGO has assisted HMG/N with the development of Postabortion Care (PAC) services in Nepal. JHPIEGO will continue to assist with the development of PAC services, and will expand its focus to include selected Essential Maternal Health Care (EMHC) topics such as management of postpartum hemorrhage (PPH). The main focus for introduction of these services will be in preservice education, but JHPIEGO/Nepal will also collaborate with the Nepal Safer Motherhood Project, a DIFD-funded project, to improve inservice training of service providers in EMHC skills.

1.2 Overview/Vision of JHPIEGO Nepal Program

JHPIEGO will continue to support HMG/N in their efforts to deliver quality family planning and reproductive health services. Sector-wide, JHPIEGO is involved in influencing FP/RH policy by taking a leading role in the development of RH protocols, medical standards for FP/RH

services and service delivery guidelines collaborating with HMG/N and other donors. In the next two years, JHPIEGO will assist HMG to develop RH protocols for RH services, to revise Volume I and finalize Volume II of the *National Medical Standard for Reproductive Health* and to develop appropriate job aids based on these protocols and standards for use by service providers at their job sites.

Inservice Training System The basic elements of the inservice training system have been established. The NHTC is now proficient at organizing and supervising training in clinical FP skills such as minilap, no-scalpel vasectomy (NSV), PAC, and Norplant, all of which are currently conducted in the Kathmandu Valley. Over the next two years, clinical training will need to move outside the valley to meet HMG and private sector training needs, while maintaining high quality. In addition, NHTC needs to implement closer monitoring of FP training currently conducted at the Regional Training Centers (RTCs), which includes most IUD and virtually all COFP and FP counseling training. Also, USAID has requested that NHTC followup participants once they have returned to their workplace to ensure that they develop proficiency in newly-developed skills and are able to apply these skills in their work stations. Finally, NHTC needs a system to more accurately track trained personnel. JHPIEGO will offer support to the NHTC by assisting with the adaptation of a computer system to track trained personnel, the development of a system for followup and monitoring of trained personnel until they reach proficiency and services are incorporated into their worksite, establishment of two model training centers outside the Kathmandu Valley, development and revision of training packages as needed, including the development of a curriculum for the orientation program for physicians entering HMG/N service and training additional trainers for model training sites. To meet expanding training needs, JHPIEGO will assist NHTC to explore alternative training approaches to classroom based training, including computer-assisted, self-paced and distance learning packages.

Preservice Education JHPIEGO will collaborate with the Institute of Medicine (IOM) and the Council for Technical Education and Vocational Training (CTEVT) of the MOE to train student doctors, certificate-level nurses, and auxiliary nurse-midwives in a wide range of family planning skills and selected reproductive health interventions. In the MBBS program, support for the Junior Internship program will continue, and assistance will be offered to structure the FP portions of the Minor Posting and Internship rotations in Obstetrics and Gynecology. To achieve this objective, JHPIEGO will assist Tribhuvan University Teaching Hospital (TUTH) in setting up a family planning clinic, where students can complete family planning training. In addition, JHPIEGO will assist TUTH in establishing a learning lab, with access to computers and where computer-assisted and self-paced learning packages will be introduced, and Internet access established. Support to the Certificate of Nursing (CN) programs will continue with additional skills training for teachers, strengthening of the clinical training sites and hospitals where CN students acquire clinical skills, and provision of additional anatomical models for training at the schools and clinics. FP and clinical training skills will be introduced into the Bachelor of Nursing program, the preservice training program for CN teachers. Finally, the FP component for CN programs will be adapted for use with the Auxiliary Nurse-Midwife (ANM) programs, where teachers will learn FP and clinical training skills.

Postabortion Care PAC units already established at Paropakar Shree Panch Indra Rajya Laxmi Devi Maternity Hospital (MH), TUTH and Western Regional Hospital (WRH) will continue to receive support as needed and new units will be established in 5 regional hospitals. In addition, JHPIEGO will initiate pilot training of nurses in MVA skills, and in collaboration with other donors will strengthen a few health posts which meet minimum criteria for delivery of quality PAC services.

2 COUNTRY PROGRAMMING OBJECTIVES

- To increase the capacity of medical, nursing and ANM preservice health training institutions to train students effectively and provide them with the required FP/RH knowledge and clinical skills
- To improve FP/RH inservice clinical training capacity for physicians, nurses, and paramedics in minilaparotomy, laparoscopy, NSV, Norplant, IUD, PAC, and IP
- To update the level of knowledge about FP and related RH services among service providers, managers, educators, and policymakers
- To strengthen PAC services and training in selected sites within and outside Kathmandu
- To support the MOH/National Health Training Center and Family Health Division (FHD) in the FP/RH trainer development process

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO</i>	<i>Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>					
	Evaluation conducted to assess post-training skills of providers			3/00		1 1a 1 4b
	Monitoring of inservice FP training using the field monitoring and followup system developed					
	Evaluation of efficacy of two inservice training interventions (to be selected)					
	Evaluation of the results of the project to strengthen FP/RH training in the medical, nursing ANM and medical assistant schools					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr Sept	
IR 1 Strengthened Preservice Education, Inservice Training & Continuing Education Systems						
SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions						
	Technical assistance consultant visits to address MAQ issues Deliver CTU/MAQ training for NESOG trainers and support NESOG trainers as they conduct additional CTU workshops and conferences for other NESOG members				9/00	1 4
	Trainer Development A core group of advanced trainers who can ensure that training curricula, materials, supplies, etc , are appropriately modified as needed for future training activities has been identified in the country. Develop a core group of advanced trainers with curriculum development skills (both preservice instructors and inservice trainers)				9/00	1 3a
	Staff Faculty Classroom Instruction A core group of faculty /tutors in one or more institutions have been updated in their FP/RH knowledge. Orientation to curriculum module, skills standardization and training skills workshops for IOM and ANM faculty members and clinical trainers in COFP, IUD, NSV, Norplant, minilap laparoscopy, IP and PAC		9/99			1 3a
	Clinical Practice A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized		9/99			1 3a 2 4
	Clinical training for Institute of Medicine faculty and clinical trainers in IUD, IP, Norplant, minilaparotomy, laparoscopy, PAC, NSV					
	Clinical training for ANM faculty in COFP, IUD, IP training and training in counseling for VSC					
	PAC training for service providers and clinical trainers at the 6 PAC units and selected health posts					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	National FP/RH Service Guidelines Adopted national service guidelines officially endorsed by national policymakers, Medical barriers are addressed in National FP/RH Guidelines Development of appropriate job aids for RH service providers based on the National Reproductive Health Protocols and Medical Standards			3/00		1 2a 1 3b
	FP/RH Curricular Component/Course Schedule revised FP/RH curricular component/course schedule has been officially approved for use in all institutions Revision, translation and distribution of the preservice FP/RH curriculum modules for medical Certificate of Nursing and ANM schools				9/00	1 3a
	Training Materials Adequate Training Materials/Supplies are available on Sufficient Quantities to Support Ongoing FP/RH training in one or more institutions		9/99			1 3a 1 4a
	Training Equipment & Materials provided for NHTC inservice training centers, AMREH training center and PAC units					
	FP/RH training materials and equipment provided to medical nursing and ANM schools					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Clinical Training Sites service sites affiliated with one or more institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites		9/99			1 3a 1 4a
	PAC equipment and supplies provided to upgrade 6 PAC units to enable health providers at the units to provide PAC services and training					
	Clinical training sites for preservice training strengthened (including IP strengthening)					
	Establishment of a Family Planning Clinic at TUTH to be used as an FP clinical training site for MBBS students					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 6 Improved application of information technology for training						
	Staff Faculty Classroom Instruction A core group of faculty /tutors in one or more institutions have been updated in their FP/RH knowledge Establishment of a Learning Lab at TUTH for self paced and computer-assisted learning (CAL)			3/00		1 3a
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	New Training Packages Developed		9/99			1 1a
	Development of NSV as a self-paced learning package					
	Development of RH training materials for orientation training of new HMG/N physicians					
	Training Package(s) Updated		9/99			1 1a
	Adaptation of PAC materials for use in training nurses to perform MVA procedure					
	Minilap Norplant IUD and COFP training packages revised and translated into Nepali					
	RH training materials developed approved and distributed to medical nursing and ANM					
SR 2 2 Personnel policies, procedures and supervision systems in place						
	Supervision A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers Develop Field-Monitoring and FU Systems for FP training				9/00	1 4
SR 2 4 Capacity for strategic planning and system for deployment of trained personnel established						
	Supervision A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers Link NHTC training monitoring system with HMG/N's HuRDIS (Human Resources Development Information System)				9/00	1 4

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
SR 2 5 <i>Monitoring and information systems and tools in place to determine training needs</i>						
	Supervision A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers Link NHTC training monitoring system with HMG/N's HuRDIS (Human Resources Development Information System)				9/00	1 4
SR 3 2 <i>Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	National FP/RH Service Guidelines Adopted national service guidelines officially endorsed by national policymakers Medical barriers are addressed in National FP/RH Guidelines			3/00		1 2a 1 3b
	Development of National RH Protocols for RH services in Nepal		9/99			
	Revision of Volume I of the National Medical Standards and development of Volume II (including PAC and STD service standards)			3/00		
IR 3 <i>Improved Policy Environment</i>						
	Country Training Strategy Developed Country Training Strategy updated to reflect implementation of ongoing FP service provision in Norplant IUDs and provision of NSV and Laparoscopy		9/99			1 1b 1 2a
	National FP/RH Service Guidelines Adopted national service guidelines officially endorsed by national policymakers Development of appropriate job aids for RH service providers based on the National Reproductive Health Protocols and Medical Standards				9/00	1 2a 1 3b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

Medical standards

- Service providers will have access to RH protocols, National Medical Standards, Reproductive Health Updates, and job aids to assist them in providing quality RH services to clients

Inservice

- Training standards for FP clinical training methods will be maintained
- A functioning system for follow-up of trained personnel will be in place, this system will be linked to other HMG/N supervisory structures such as the Quality of Care Management Center (QoCMC) and HuRDIS, the Human Resources Development Information System
- The NHTC inservice training system for clinical FP training will be decentralized to two non-valley training sites delivering high-quality training in clinical methods
- The quality of FP training at the Regional Training Centers will be improved through increased training, monitoring and support from NHTC
- The Non-scalpel vasectomy (NSV) training package will be developed as a self-paced learning package
- Newly-employed HMG/N physicians will be trained in RH skills prior to posting at HMG/N health institutions

Preservice

- Preservice training instructors will use comprehensive skill-based FP components to teach MBBS, CN and ANM students basic counseling Infection Prevention and FP skills
- Training sites where preservice medical nursing and ANM students complete their clinical training will have improved IP and will be offering high quality FP services to clients and learning opportunities to students
- MBBS students and Instructors will have access to computerized health data resources and computer assisted learning (CAL) packages through a RH learning lab

PAC

- High quality postabortion care services will be established in six regional training centers
- Certificate level nurses will be trained to competently perform the MVA procedure, thus increasing access to treatment of incomplete abortion

Essential Maternal Health Care

- EMHC training materials will be tested and revised based on the pilot course

Evaluation

- NHTC will have a plan to evaluate the results of training interventions
- NHTC will conduct evaluations of two training interventions
- The efficacy of preservice training interventions will be assessed

5 NEPAL BUDGET (FY99 AND FY00)

Nepal Budget	Projected Expenses FY99	Projected Expenses FY00
Nepal	\$1,200,000	\$1,320,000

COUNTRY WORKPLAN: REPUBLIC OF MOLDOVA

1 BACKGROUND

1.1 Country Situation

Since 1995 JHPIEGO has been one of several cooperating agencies implementing the USAID Women's Reproductive Health Project in Moldova. The purpose of the USAID project is to reduce high rates for maternal mortality and morbidity by increasing contraceptive use as an alternative to abortion. At this stage in the project, USAID no longer plans to fund reproductive health projects in Moldova. Therefore, it is anticipated that JHPIEGO will complete its USAID-funded activities in Moldova in FY99.

JHPIEGO's programming objective in Moldova is to develop and institutionalize the capacity of medical institutions to generate a consistent supply of skilled family planning providers. In FY95, activities were conducted to incorporate family planning into curricula at 2 refresher training sites, provide training materials to training sites, update approximately 300 ob/gyns in family planning through Moldova Family Planning Association (MFPA) training, evaluate the effectiveness of MFPA training, and develop the capacity of the MFPA to conduct evaluation activities in the future.

1.2 Overview/Vision of JHPIEGO Country Program

In FY99, JHPIEGO will close out activities in Moldova. Activities will focus on completing the evaluation study of MFPA training, finalizing inservice family planning curricula and training materials for midwives and ob/gyns, and updating up to 200 rural midwives in family planning.

Specific needs to be addressed include:

- Strengthening the training skills of local trainers
- Increasing access to family planning services by training additional family planning service providers, especially midwives in small, rural health posts
- Research demonstrating the effectiveness of and unmet need for family planning training for service providers
- Additional Moldova-specific training and resource materials, in Romanian when possible

2 COUNTRY PROGRAMMING OBJECTIVE

- To reduce women's reliance on abortion, and the subsequent consequences of repeated abortions, by developing a system to train service providers to deliver high-quality contraceptive services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
IR 1 <i>Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>						
SR 1 1 <i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions	12/98				1 3a 1 4b
	Clinical skills courses for rural midwives at the Refresher training Institute for Midwives (conducted by local trainers)					
	Planning for inservice ob/gyn FP/RH courses with Refresher Training Institute faculty					
SR 1 2 <i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	Adequate training materials have been developed for use in one or more institutions	12/98				1 3a 1 4b
	Training materials finalized and printed for the 3-day and 5-day FP/RH component at the Refresher Training Institute					
	Training materials translated into Romanian finalized and printed for the 5-day FP/RH component at the Refresher Training Institute for Midwives					
	Revised FP/RH curricular component/course schedule has been officially approved for use in one or more institutions FP/RH component officially approved at the Refresher Training Institute for ob/gyns and Refresher Training Institute for Midwives	12/98				1 3a 1 4b
SR 2 6 <i>Approaches to evaluating the effect of training on provider performance and quality of service delivery tested and used</i>						
	Evaluation Conducted to Assess Post-training Skills of Providers Evaluation of knowledge and skills of service providers trained in FP/RH by the MFPA completed and disseminated	12/98				1 1d 1 4b

4 ANTICIPATED OUTCOMES (FY99)

- Three (3) FP/RH curricular component/course schedules have been revised and officially adopted at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives
- Three (3) different FP/RH courses revised and being implemented at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives
- Faculty and trainers are officially assigned to teach the FP/RH course at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives
- Adequate training materials have been developed for use at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives
- Results of evaluation of knowledge and skills of service providers trained in FP/RH by the MFPA disseminated

5 REPUBLIC OF MOLDOVA BUDGET (FY99 AND FY00)

Moldova Budget	Projected Expenses FY99	Projected Expenses FY00
Republic of Moldova	\$66,000	\$0

COUNTRY WORKPLAN: RUSSIAN FEDERATION

1 BACKGROUND

1.1 Country Situation

Since 1995, JHPIEGO has been one of several cooperating agencies implementing the USAID Women's Reproductive Health Project. The purpose of the USAID project is to reduce high rates for maternal mortality and morbidity by increasing contraceptive use as an alternative to abortion. At this stage in the project, USAID has revised its strategy to focus on policy initiatives. Therefore, it is anticipated that FY99 will be JHPIEGO's final year of USAID-funded activities in Russia.

JHPIEGO's programming objective in Russia is to develop and institutionalize the capacity of Russian institutions to generate a consistent supply of skilled family planning providers. In PY5, activities were conducted to develop national service guidelines, incorporate family planning into curricula at 6 additional refresher training sites, and provide training materials to training sites.

1.2 Overview/Vision of JHPIEGO Country Program

In FY99, JHPIEGO will close out activities in Russia. Most of the programming will focus on the publication and dissemination of the national service guidelines. In collaboration with JHU/CCP, JHPIEGO will also contribute to the development and dissemination of a training video for counseling.

Specific needs to be addressed include:

- Widespread dissemination of MOH-endorsed technical information regarding modern contraceptive use
- Expansion and strengthening of counseling training for reproductive health care providers

2 COUNTRY PROGRAMMING OBJECTIVE

- To reduce women's reliance on abortion, and the subsequent consequences of repeated abortions, by developing a system to train service providers to deliver high-quality contraceptive services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>						
<i>SR 1 8 Training materials developed/adapted/localized and implemented in training programs</i>						
	Adequate training materials have been developed for use in one of more institutions	12/98				1 3a 1 4b
	Counseling video developed					
	User's guide for counseling video developed					
	Video and user s guides disseminated					
<i>SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	National service guidelines disseminated					1 3a 1 4b
	National service guidelines finalized and approved	9/98				
	National service guidelines published and disseminated at national MOH conferences for ob'gvns	12/98				

4 ANTICIPATED OUTCOMES (FY99)

- National family planning service guidelines adopted (20 000 copies disseminated)
- Adequate materials have been developed to support counseling training at project sites (200 videos with trainer's notes distributed)

5 RUSSIAN FEDERATION BUDGET (FY99 AND FY00)

Russia Federation Budget	Projected Expenses FY99	Projected Expenses FY00
Russian Federation	\$100,000	\$0

COUNTRY WORKPLAN: TURKEY

1 BACKGROUND

1.1 Country Situation

The training strategy for Turkey concentrates JHPIEGO resources on strengthening competency-based preservice midwifery training and developing an inservice and refresher training model for MOH general practitioners and midwives in Istanbul. The goal of the MOH, GD/ MCH/FP is to institutionalize preservice training for midwives, in addition to interns, and limit the length and focus of inservice training to new FP initiatives.

Midwives are a key category of FP service providers in Turkey. Since the IUD is the method of choice of women in Turkey, midwifery students need to graduate with the skills to provide all reversible methods of contraception. By the year 2000, the Government of Turkey will transfer responsibility for preservice midwifery education and training from 80 MOH schools to universities. JHPIEGO will work closely with the General Directorate of Health Training (GD/HT) and universities during this transition period to standardize the midwifery FP/RH curriculum module and to begin training midwifery instructors who have been or will be transferred to universities.

During the past year, JHPIEGO has been supporting efforts to improve FP/RH training in 17 schools of medicine and 4 schools of midwifery (Ankara, Istanbul, Izmir, Diyarbakir) including training for faculty members and the development of standardized training material and equipment such as anatomical models. All of the project-affiliated schools are currently implementing the standardized FP competency-based training approach.

1.2 Overview/Vision of JHPIEGO Country Program

The preservice training strategy includes the continued development of a core group of advanced GD/HT trainers to provide competency-based participatory training for instructors in schools of midwifery linked with universities. Central Training Team (CTT) members will assist with the GD/HT trainer development process. GD/HT trainers will join instructors from the four original midwifery schools to provide training for instructors from 4 additional schools of midwifery. The 4 new project-affiliated schools will use standardized training materials and receive anatomical models for their competency-based training.

In addition, GD/HT trainers will join members of the University Medical Faculty National Training Team (NTT) to train midwifery instructors from two schools that have been integrated into universities. The joint effort of medical faculty from universities trained under prior JHPIEGO projects and GD/HT trainers will help to ensure that instructors trained during the next two years will be integrated into the university system. The formation of a joint GD/HT and Hacettepe University Department of Public Health task force to develop standardized midwifery FP training material, acceptable to all groups, will result in a smooth transition.

The inservice training strategy will be to test a FP training model in the Istanbul region. Istanbul was chosen because of the large and migratory population. The model includes the development of a core group of 20 advanced GD/MCH/FP trainers in Istanbul to provide competency-based participatory inservice or refresher training for 100 general practitioners and midwives at 32 MCH/FP and 180 Health Centers where there are at least one GP and one midwife. Central Training Team (CTT) members will assist with the GD/MCH/FP trainer development process.

To support both inservice and preservice training, national standardized FP training material will be developed for infection prevention and the national service delivery guidelines will be updated. The national inservice training material and refresher training material will be finalized. Postpartum and postabortion family planning training is integrated in all preservice and inservice training activities and models.

During FY00, JHPIEGO will support the expansion of midwifery faculty training in 6 additional universities. Preference will be given to universities that are affiliated with the Hacettepe University DPH/JHPIEGO project. Inservice and refresher training models will be expanded to 1 additional high risk region. GTI training models will be tested in high risk areas and if successful, a plan for dissemination of GTI training throughout the country will be developed.

2 COUNTRY PROGRAMMING OBJECTIVES

- Continue to strengthen the Central and National Training Teams
- Strengthen competency-based training in 6 additional schools of midwifery
- Update SDGs for Turkey and develop standardized midwifery, inservice, refresher and IP training material that can also be used for inservice and preservice university-based training
- Strengthen an MCH/FP training team in Istanbul that will provide inservice RH training for physicians and midwives
- Strengthen GTI services in medical and midwifery clinical training facilities

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>						
<i>IR 1 Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>						
	Outcome of training skills courses evaluated Meeting to present the results of the evaluation of faculty development and the quality of preservice training for midwifery students	3/99				1 1b 1 1d
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions RH clinical standardization courses for 24 midwifery faculty members from 12 midwifery schools				9/00	1 3a 1 4b
	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institutions				9/00	1 3a 1 4b
	Training practicum to support 24 newly trained midwifery faculty members from 12 midwifery schools					
	Training followup site visits for 12 midwifery schools and clinical training sites					
	A core group of clinical trainers/preceptors involved in clinical practice has been trained to effectively transfer FP/RH skills in one or more institutions					1 3a 1 4b
	20 MCH/FP trainers in Istanbul conducting regional competency-based CTUs including postabortion FP				9/00	
	20 MCH/FP trainers in Istanbul conducting regional competency-based refresher training, including postabortion FP	3/99				

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
	A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized A GTI course for 10 clinical trainers at MCH/FP clinics affiliated with midwifery and medical schools	3/99				1 3a 1 4b
SR 1 2 <i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	A core group of clinical trainers have become advance trainer candidates after completing the ATS course ATS/Curriculum Development course for 15 CTT, GD/HT and NTT trainers	3/99				1 3a 1 4b
SR 1 3 <i>Clinical training sites and centers established and fully functioning at optimal performance</i>						
	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institutions Training followup site visits for 12 midwifery schools and clinical training sites				9/00	1 3a 1 4b
SR 1 8 <i>Training materials developed/adapted/localized and implemented in training programs</i>						
	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training in one or more institutions					1 3a 1 4b
	Development and distribution of standardized midwifery training material and 5000 student reference manuals for GD/HT and university-based schools of midwifery				9/00	
	Distribution of training equipment to project affiliated 12 schools of midwifery			3/00		
	Standardized training materials developed and distributed for inservice, refresher and IP training as well as GTI posters		9/99			
SR 3 2 <i>Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>						
	National FP/RH Service Guidelines Adopted Review and update National SDGs	3/99				1 2a 1 3a 1 4a

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Standardized inservice, refresher and IP material being used in competency-based training in Istanbul
- A plan for the expansion of improved GTI services and training in 17 medical and 16 midwifery clinical training facilities
- 3 Functioning Central, National and Istanbul GD/MCH/FP Training Teams providing inservice and preservice training
- Institutionalized competency-based training in 12 additional schools of midwifery whose graduates are capable of providing training for all reversible methods of contraception including the use of standardized midwifery training material
- Inservice and refresher training model field tested in one province (Istanbul)
- Updated SDGs for Turkey being used in 120 MCH/FP centers and preservice and inservice training
- Improved GTI services for clients who attend 5 MCH/FP clinical teaching facilities

5 TURKEY BUDGET (FY99 AND FY00)

Turkey Budget	Projected Expenses FY99	Projected Expenses FY00
Turkey	\$621,134	\$700,000

COUNTRY WORKPLAN: UKRAINE

1 BACKGROUND

1.1 Country Situation

Since 1995, JHPIEGO has been one of several cooperating agencies implementing the USAID Women's Reproductive Health Project in Ukraine. To date, the purpose of the USAID project has been to reduce high rates of maternal mortality and morbidity by increasing contraceptive use as an alternative to abortion. However, the Ministry of Health has recently highlighted two priority areas for health development of primary health care services and preventing the spread of HIV/AIDS. To respond to the needs of the Ministry of Health, USAID has developed a new strategy for the country. According to the strategy, reproductive health funds will now be used to expand primary health care services for women and curtail the HIV/AIDS epidemic in Ukraine.

In support of the USAID Reproductive Health Project, JHPIEGO's programming objective in Ukraine is to develop and institutionalize the capacity of Ukrainian institutions to generate a consistent supply of skilled family planning providers. In PY5, activities were conducted to develop national service guidelines, develop trainers and incorporate family planning into curricula at 4 additional refresher training sites, support second-generation training activities, and provide training materials to training sites.

1.2 Overview/Vision of JHPIEGO Country Program

In FY99, JHPIEGO's role in the USAID reproductive health project will expand. The number of cooperating agencies working in Ukraine will be reduced, and JHPIEGO has been asked to take on clinical and training activities that support primary health care services for women. In addition, JHPIEGO will complete dissemination of national service guidelines developed in PY5.

Specific needs of the MOH to be addressed include:

- Widespread dissemination of MOH-endorsed technical information regarding modern contraceptive use
- Development of primary health care providers who are capable of providing high quality, comprehensive family planning and reproductive health services
- Transition from a health care system that focuses on tertiary care to a system that promotes preventive medicine
- Strengthening of infection prevention practices, including the promotion of policy change regarding infection prevention practices

2 COUNTRY PROGRAMMING OBJECTIVES

- To increase access to primary health care services for women by developing competent primary health care providers
- To promote sustainability of primary health care services by developing a system to train service providers to deliver high-quality primary health care services
- To promote the health of Ukrainian families by shifting governmental support for tertiary care to preventive care

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SO Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions</i>						
<i>IR 1 Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>						
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of faculty/trainers have been trained to effectively transfer FP/RH knowledge in one or more institutions	9/99				1 3a 1 4b
	Clinical skills course conducted for faculty of family practice refresher institutes					
	Clinical training skills course and practicum conducted for faculty of family practice refresher institutes					
	Followup visits conducted to observe second generation training					
<i>SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	Revised FP/RH curricular component/course schedule has been implemented in one or more institutions on at least a pilot basis	9/99				1 3a 1 4b
	Meetings conducted to familiarize MOH with existing FP curricula in Ukraine					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
	Workshop conducted with MOH and faculty members to gain consensus on revising existing curricula					
	Workshop conducted to develop trainers and participant's handbooks					
	Trainer's notebook and participant handbook produced					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Trained participants achieve qualification or competency (direct training)	9/99				1 3a 1 4b
	RH services assessed at selected primary health care sites					
	Clinical skills courses conducted at selected primary health care sites					
	Infection prevention assessed at selected primary health care sites					
	Infection prevention courses conducted at selected primary health care sites					
	IP follow up visits conducted					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials have been developed for use in one of more institutions	9/99				1 3a 1 4b
	Training materials assessed at selected family practice refresher institutes					
	Provision of training materials and equipment to family practice refresher institutes, including trainer's notebooks and participant handbooks					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines disseminated	12/98				1 3a 1 4b
	National service guidelines finalized and approved					
	National service guidelines published and disseminated at national MOH conferences for ob/gvns					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- National family planning service guidelines adopted (28 000 copies disseminated)
- Revised FP/RH course is being implemented at family practice refresher institutes
- Faculty and staff are competent to effectively transfer FP skills and knowledge
- Revised FP/RH curricular component is officially adopted by MOH for use in family practice refresher institutes
- Adequate materials have been developed to support FP training at 6 project primary health care sites
- 36 staff members of primary health care sites achieve competency in clinical skills, including infection prevention

5 UKRAINE BUDGET (FY99 AND FY00)

Ukraine Budget	Projected Expenses FY99	Projected Expenses FY00
Ukraine	\$500 000	\$500 000

REGIONAL WORKPLAN: CENTRAL ASIAN REPUBLICS

1 BACKGROUND

1.1 Regional Situation

PY5 saw the completion of JHPIEGO's involvement in the Reproductive Health Services Expansion Program (RHSEP). Under contract to IPPF, JHPIEGO began work on a UNFPA-sponsored project of technical assistance aimed at revising and introducing standardized preservice and inservice FP/RH curricular components for medical and nursing/midwifery schools. JHPIEGO made use of its existing network of incountry trainers for this purpose, focusing on a core group of 5 regional coordinators who were brought to Baltimore in August 1997 to prepare for the project. The coordinators secured MoH approval for the curriculum revision effort, formed national working groups, prepared course outlines and schedules, and developed requisite learning materials. In the capacity of advanced clinical trainers, they also conducted second-generation roll-out training to ensure that the faculty of key institutions was prepared to conduct instruction according to the new curricular components by the 1998-99 academic year.

1.2 Overview/Vision of JHPIEGO Regional Program

In FY99, JHPIEGO will provide technical assistance for trainer development activities in support of the curriculum revision effort. Now that standardized national FP/RH curricular components have been adopted by each republic, the chief task is to make sure that medical and nursing/midwifery school instructors from institutions not covered in the initial round of training receive the knowledge and skills they need to effectively train new students and service providers.

Specific needs include

- Development of additional standardized participant learning materials for national clinical FP/RH courses currently being introduced at both preservice and inservice levels,
- Co-training opportunities using the standardized national curricular components for 17 new clinical trainers who participated in one of 2 regional clinical training skills (CTS) workshops in May-June 1998,
- Instructional design and advanced training skills training for the 17 new clinical trainers, to include planning and assessment requirement for infection prevention (IP), mimilap (ML) and other technical interventions,
- Subsequent CTS co-training for the new advanced trainers and concurrent development of a new generation of clinical trainers,

- Strengthening the existing advanced trainers/master trainer candidates and integrating them into JHPIEGO's worldwide network of trainers and training resources

2 REGIONAL PROGRAMMING OBJECTIVES

- To strengthen existing learning packages by standardizing the content of participant's materials,
- To further the introduction of standardized national FP/RH curricular components at the preservice and inservice levels at medical and nursing/midwifery schools,
- To strengthen preservice family planning and reproductive health training in medical and nursing/midwifery schools,
- To strengthen inservice family planning and reproductive health training for service providers,
- To upgrade selected clinical training sites by assisting in the acquisition of standardized packages of training equipment and supplies,
- To strengthen a core group of regional trainers by providing cotraining experience and advanced clinical training skills and electronically linking them to JHPIEGO's worldwide network of trainers and training resources

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>IR 1 Strengthened Preservice Education, Inservice Training & Continuing Education Systems</i>						
<i>SR 1.1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of advanced trainers who can ensure that all training curricula, materials, supplies, etc., are appropriately modified as needed for future training activities has been identified in the region	1/99				1.3a 1.4b
	Roll-out CS/CTU cotraining by new clinical trainers for their faculty colleagues in each republic					
	Two regional second generation CTS courses					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	A core group of advanced trainers who can ensure additional future training of trainers has been identified in the region Regional ID/ACTS course for experienced clinical trainers	3/99				1 3a 1 4b
	Trained faculty/tutors are officially designated/responsible to teach the classroom portion of the FP/RH course schedule in all PS & IS institutions Roll-out CS/CTU cotraining by new clinical trainers for their faculty colleagues in each republic		9/99			1 3a 1 4b
	Trained practitioners are officially designated/responsible as clinical trainers/preceptors for the clinical practice portion of the FP/RH curricular component/course schedule in all PS & IS institutions Roll out CS/CTU cotraining by new clinical trainers for their faculty colleagues in each republic				9/00	1 3a 1 4b
<i>SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	A system exists for ensuring the provision of a sufficient number of (new/revised) training materials/supplies to all PS & IS institutions Learning package workshop for regional coordinators				9/00	1 3a 1 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Standardized participant materials produced for national preservice and inservice courses at medical and nursing/midwifery institutions in all five Central Asian republics,
- Standardized national FP/RH curricular components officially adopted by all preservice and inservice medical and nursing/midwifery schools in all five Central Asian republics,
- Selected clinical training sites upgraded through the acquisition of standardized packages of training equipment and supplies,
- Seventeen (17) medical and nursing/midwifery institution faculty trained in clinical training skills to transfer clinical training skills to other faculty,
- Six (6) advanced trainers who can ensure that all training curricula, materials, supplies, etc , are appropriately periodically modified as needed for future training activities

- Eight (8) candidate advanced trainers who can ensure additional future training of trainers operates regionally and is electronically linked to JHPIEGO's global network of trainers and training resources

5 CENTRAL ASIAN REPUBLIC BUDGET (FY99 AND FY00)

Central Asian Republic Budget	Projected Expenses FY99	Projected Expenses FY00
Central Asian Republic	\$252 621	\$250 000

COUNTRY WORKPLAN: BOLIVIA

1 BACKGROUND

1.1 Country Situation

JHPIEGO initiated program activities in Bolivia in 1991 with the goal of developing an integrated reproductive health training network in the country. JHPIEGO has worked to accomplish this goal by supporting the Bolivian Ministry of Health (MOH) in three areas: 1) strengthening Bolivia's family planning policy environment, 2) reinforcing the MOH inservice training capability, and 3) strengthening the family planning training at preservice medical and nursing schools. Under previous projects (LAC-2039 and FCP -5425) both family planning policy and inservice training capability were greatly strengthened. In the area of family planning policy, JHPIEGO supported the creation, publication and dissemination of the *Texto de Referencia en Salud Sexual y Reproductiva*, a reference text for reproductive health service providers. Inservice training capabilities were expanded and improved by the creation of ten national training centers (NTCs) located within district hospitals and the development of a trainer network which has trained 2,659 service providers including 779 nurses and 1,269 physicians. These training courses have benefitted from JHPIEGO's success in leveraging funds to cover participant costs from both USAID/La Paz and the Pan-American Health Organization (PAHO).

A major challenge for JHPIEGO in Bolivia is to strengthen the training capabilities of preservice institutions. JHPIEGO has had success working with nurse auxiliary and nursing schools, but fostering change in curricular content and clinical training methodologies at Bolivia's medical schools has proven more difficult. Working with medical schools will be a priority during the upcoming program year.

A change of government in July 1997 has led to considerable turnover in personnel at the MOH and significant delays in producing the National Reproductive Health plan. Several of JHPIEGO's planned program activities for the 1997-1998 were postponed as a result. JHPIEGO intends to conduct these activities early in the 1998-1999 fiscal year. The MOH is currently in the process of decentralizing health budgets and human resource development. JHPIEGO will support the decentralization process by continuing to work with local health authorities in the nine departments of the country.

1.2 Overview/Vision of JHPIEGO Country Program

A new project paper for fiscal years 1999 and 2000 is under development. This project will comprise preservice education and inservice training activities. In the upcoming year the Bolivia program will emphasize the strengthening of family planning training at preservice medical, nursing and nurse auxiliary schools while continuing to support activities which promote inservice training capabilities.

Preservice strengthening of reproductive health training will be achieved by 1) encouraging curricular change to include more coverage of reproductive health/family planning (FP/RH) and

2) by promoting changes in teaching methodologies to include humanistic and competency based training. Clinical supervision of medical and nursing students by preceptors at clinical training sites will be emphasized. Efforts will be made to facilitate communication between medical and nursing faculty responsible for classroom education, and preceptors, who are responsible for clinical training. USAID/Bolivia strongly supports JHPIEGO's current efforts to institutionalize reproductive health education and training at Bolivian preservice institutions and affiliated clinical training sites.

Inservice activities will include the development of systems for maintenance of current FP/RH knowledge and training abilities through electronic technologies such as ReproLine™ and an advanced training skills course. This course will be conducted by two long-term incountry consultants who will attend the 5-day Latin America and Caribbean office regional Advanced Training Skills (ATS) workshop in Arequipa, Peru, and cotrained by a JHPIEGO staff member. JHPIEGO will work with Bolivia's mature network of inservice clinical trainers to expand their involvement in supervising trained personnel to strengthen the quality of service delivery using tools which have already been developed by JHPIEGO's Latin America and Caribbean office. JHPIEGO will also work with the British Department for International Development (DFID) to conduct supervision visits at clinical sites being served by JHPIEGO-trained health care providers.

USAID/Bolivia has also encouraged JHPIEGO to provide technical assistance to the national social security institute (CNS). During the next program year, JHPIEGO will work with Pathfinder to provide technical assistance, equipment and materials to establish a reproductive health training center at a national security institute (CNS) site in Santa Cruz and to strengthen an existing center in La Paz.

2 COUNTRY PROGRAMMING OBJECTIVES

- To strengthen Bolivia's ability to produce medical, nursing and nurse auxiliary graduates who are capable of meeting the reproductive health care needs of the country's population. Specifically, to 1) improve FP/RH knowledge by increasing FP/RH content in preclinical curricula, 2) incorporate mastery learning and humanistic teaching methodologies, including practice on models and supervised client practice, into clinical training.
- To strengthen inservice reproductive health training capabilities by developing systems for maintaining up-to-date reproductive health knowledge by implementing electronic technologies at ten national training centers.

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		G/PHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions						
	Adequacy of FP/RH curricular component/course schedule has been assessed, Service delivery sites affiliated with one or more institutions have been assessed for adequacy as clinical training sites Standardization visits	3/99				1 3a 1 4b
	A core group of faculty has been trained to effectively transfer FP/RH knowledge in one or more institutions, A core group of clinical preceptors has been trained to effectively transfer FP/RH skills		9/99			1 3a 1 4b
	CTU/MAQ workshops for medical and nursing school faculty					
	CTU/MAQ for CNS Santa Cruz					
	CTS courses for medical and nursing school faculty					
	CTS for CNS La Paz and Santa Cruz					
	A core group of clinical trainers have become advanced trainer candidates		9/99			1 3a 1 4b
	Regional ATS in Peru					
	ATS for NTC trainers					
	Service delivery guidelines distributed Guidelines distribution	3/99				1 3a 1 4b
SR 1 2 Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses						
	Adequate training materials are available to support ongoing FP training at preservice institutions Preservice materials provision	3/99				1 3a 1 4b
	Adequacy of FP/RH curricular component/course schedule has been assessed, Service delivery sites affiliated with one or more institutions have been assessed for adequacy as clinical training sites Preservice needs assessment	3/99				1 3a 1 4b

TRF	Benchmarks Activities	FY99		FY00		G/PHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr Sept	
	FP/RH curricular component/course schedule has been revised Curricular change meetings				9/00	1 3a 1 4b
SR 1 6 Improved application of information technology for training						
	A core group of faculty has been trained to effectively transfer FP/RH knowledge in one or more institutions, A core group of clinical preceptors has been trained to transfer FP/RH skills Internet workshops for medical and nursing school faculty		9/99			1 3a 1 4b
	Service sites affiliated with one or more institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites Internet workshops NTCs				9/00	1 3a 1 4b
SR 2 2 Personnel policies, procedures and supervision systems in place						
	Training officials and service delivery program managers have met to review and discuss how training meets service delivery needs Supervisory system workshops		9/99			1 3a 1 4b
	A system exists to ensure compatibility and continuity between initial follow-up of trained providers (by the training organization) and routine/regular supervision of providers				9/00	1 3a 1 4b
	Supervision visits to recent medical and nursing school graduates					
	Supervision activities CNS					
	Supervision visits by trainers of trained service providers					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines officially endorsed by national policymakers Guidelines dissemination plan meeting	3/99				1 3a 1 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- FP/RH curricular component/course schedule has been revised
- A core group of clinical trainers have become advanced trainer candidates after completing the ATS course

- A core group of faculty/tutors in one or more institutions have been updated in their FP/RH knowledge
- A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized
- A core group of advanced trainer candidates have qualified to become advanced trainers after cotraining at least one training event within a year after the ATS course under the supervision of a qualified advanced trainer or master trainer or technical expert
- A core group of faculty/tutors has been trained to effectively transfer FP/RH knowledge in one or more institutions
- A core group of clinical trainers/preceptors involved in clinical practice has been trained to effectively transfer FP/RH skills in one or more institutions

5 BOLIVIA BUDGET (FY99 AND FY00)

Bolivia Budget	Projected Expenses FY99	Projected Expenses FY00
Bolivia	\$270,000	\$200,000

COUNTRY WORKPLAN: BRAZIL

1 BACKGROUND

1.1 Country Situation

Brazil has one of the highest contraceptive prevalence rates in Latin America. However, access to quality reproductive health services varies considerably across states and is often limited for adolescents and other underserved populations. In 1992, USAID/Brazil developed a family planning strategy focused on the Northeast region of Brazil. The strategy was designed to phase-out USAID assistance for population activities by 2000. USAID identified clinical training as a key intervention in order to expand access for underserved populations and improve the quality of family planning services by increasing the range of methods available in Ceara and Bahia States. JHPIEGO was named as a lead Cooperating Agency in this effort.

During six years of work with the State Secretariats of Health in Bahia and Ceara states (SESAB and SESA, respectively) JHPIEGO has established networks of reproductive health training centers which have trained nearly 1,000 health professionals in Bahia and 1,751 in Ceara. In addition, JHPIEGO has worked with SESAB and SESA to develop, disseminate and implement reproductive health service guidelines (RHSGs) for each state. The RHSGs serve to 1) standardize the clinical components of reproductive health service delivery, 2) establish standards for client-provider interaction including counseling, informed choice and client confidentiality, and 3) establish standards for reproductive health services organization. JHPIEGO has also provided technical assistance to strengthen adolescent reproductive health policy, training and services through a demonstration project in Bahia state. This project sought to create a supportive environment for adolescent reproductive health care by developing and disseminating Standards for Sexuality Education in conjunction with the RHSGs, sensitizing local decision-makers to the reproductive health needs of adolescents, training health providers to meet adolescents' special needs and strengthening referral systems between secondary schools and service delivery points.

1.2 Overview/Vision of JHPIEGO Country Program

A 1995 assessment of USAID/Brazil's population assistance strategy identified the following programmatic issues: sustainability, quality of care, and public/private roles in service delivery. To promote sustainability and assure the effective phase-out of USAID support by 2000, the assessment recommended that JHPIEGO focus on preservice reproductive health education and training while continuing to strengthen inservice training capabilities.

In order to address the issue of quality, USAID/Brazil has supported a multi-year project designed to create a sustainable client-driven model for quality reproductive health service delivery. The PROQUALI project is being implemented by SESAB and SESA with technical assistance from JHPIEGO, Johns Hopkins University/Population Communication Services (JHU/CCP), and the FPMD Project of Management Sciences for Health (MSH/FPMD). The project establishes a model for accreditation of quality services at the primary care level. Unit

personnel receive training in three technical areas (clinical training management and information education and communication) and participate in self-assessment activities to identify their strengths and weaknesses in the provision of quality services. The units and staff are also evaluated by an external accreditation committee using external assessment tools. The PROQUALI project aims to move beyond traditional monitoring and supervision systems by creating a feedback system among health managers, service providers and clients. PROQUALI is also exploring the potential for introducing new technologies for distance monitoring.

During the pilot phase in 1997–98, unit teams (physicians, nurses, auxiliary nurses, social workers and community health agents) received clinical training in selected RH topics. Training content included the RHSGs, quality criteria for service delivery and the self-assessment checklists for performance improvement. In addition, JHPIEGO provided technical assistance to implement the self-assessment checklists and to monitor adherence to the service delivery guidelines outlined in the RHSGs.

During Phases II and III of the PROQUALI Project scheduled for 1998–2000, activities will expand and responsibility for the project will gradually shift toward Regional Quality Assurance Teams who are supported financially by the individual State Secretariats of Health. JHPIEGO, JHU/CCP and MSH/FPMD will continue to provide technical assistance during these phases. Expansion of the model will take place regionally before the project is implemented statewide. Expansion will involve dissemination of the standardized tools and procedures and training health unit personnel. Key elements to institutionalization are **political commitment** (at central, regional and local levels), **technical capacity** (quality assurance teams and SESAB/SESA resource personnel trained to replicate specific training interventions-clinical skills management and logistics and interpersonal communication) and **geographic profile** (political support coverage impact, and integration with other programs such as STD/AIDS).

Because of JHPIEGO's success in developing inservice training capability, USAID/Brazil requested that JHPIEGO implement a project to strengthen preservice reproductive health education and training in the Federal University Medical Schools in Bahia and Ceara States. The goal of this project is to ensure that medical graduates at these universities master the knowledge and skills necessary to provide quality family planning services. In order to achieve this goal faculty and clinical preceptors will be updated in contraceptive technology and infection prevention and will be trained to incorporate innovative curricular design methodologies and clinical training skills into both classroom teaching and clinical training. JHPIEGO will provide technical assistance to support improvements in the clinical training of medical students, interns and Ob/Gyn residents. JHPIEGO will continue to strengthen the integrated reproductive health training and service networks in Bahia and Ceara and will work to develop linkages between these clinical training sites and preservice institutions. In addition, three long-term incountry consultants will attend the 5-day Latin America and Caribbean office regional Advanced Training Skills (ATS) workshop in Arequipa, Peru.

2 COUNTRY PROGRAMMING OBJECTIVES

Bahia State

- Develop a model accreditation system for service delivery points that recognizes quality of care
- Strengthen and institutionalize SESAB's capacity to provide reproductive health training for physicians, nurses, auxiliary nurses and community health agents in the public sector
- Strengthen the reproductive health clinical skills of physicians in a cost-effective and sustainable manner through improved preservice education in medical schools

Ceara State

- Develop a model accreditation system for service delivery points that recognizes quality of care
- Strengthen and institutionalize SESA's capacity to provide reproductive health training for physicians nurses, auxiliary nurses and community health agents in the public sector
- Strengthen the reproductive health clinical skills of physicians in a cost-effective and sustainable manner through improved preservice education in medical schools

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	State service delivery guidelines disseminated				09/00	1 2a
	Bahia Disseminate RHSGs through CTS course to faculty and clinical instructors at UFBA under preservice project					
	Bahia CTS course for physician and nurse teams					
	Bahia RH "echo" courses held to train physician and nurse teams					
	Bahia PROQUALI quality assurance teams training in RH (phase II and III)					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
	Ceara CTU/MAQ workshop for SESA resource persons to disseminate RHSGs					
	Ceara Disseminate RHSGs through CTU/MAQ replica workshops statewide expansion of PROQUALI project					
	Ceara Disseminate RHSGs through CTS course to faculty and clinical instructors at UFC under preservice project					
	Faculty have been trained to effectively transfer FP/RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer FP/RH skills				9/00	1 3a 1 4b
	Bahia CTS course held for faculty					
	Bahia Followup to implement clinical training skills into preservice education					
	Faculty have been trained to effectively transfer FP/RH knowledge Clinical trainers involved in clinical practice have been trained to effectively transfer RH knowledge and/or skills, Service at sites affiliated with one or more training institutions have been strengthened to meet clinical training requirements				9/00	1 3a 1 4b
	Ceara CTS course for auxiliary nurses and community health agents					
	Ceara RH echo courses held to train auxiliary nurses and community health agents					
	Ceara CTS course for physician and nurse teams					
	Ceara RH "echo" courses held to train physician and nurse teams					
	Ceará PROQUALI quality assurance teams training in RH (phase II and III)					
	Ceará CTS course held for faculty					
	Ceará Followup to implement clinical training skills into preservice education					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
SR 1 2 <i>Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>						
	Revised FP/RH curricular component has been implemented in university medical school on at least a pilot basis				9/00	1 3a 1 4b
	Bahia Curriculum revision workshop held for faculty					
	Bahia Followup to implement revised curriculum					
	Ceara Curriculum revision workshop held for faculty					
	Ceara Followup to implement revised curriculum					
SR 1 4 <i>Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>						
	State service delivery guidelines disseminated				9/00	1 2a
	Bahia Follow-up visits to PROQUALI expansion SDPs (phase II and III) to apply the self-assessment checklists based on the RHSGs					
	Bahia PROQUALI quality assurance teams training in RH (phase II and III)					
	Bahia PROQUALI on-the job training and monitoring in RH service delivery for SDPs' teams including utilization of computer-assisted learning technology (phase II and III)					
	Ceara Followup visits to PROQUALI expansion SDPs (phase II and III) to apply the self-assessment checklists based on the RHSGs					
	Clinical trainers involved in clinical practice have been trained to effectively transfer RH knowledge and/or skills, Revised FP/RH course schedule has been officially approved for use in all institutions, Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training in one or more institutions, Service at sites affiliated with one or more training institutions have been strengthened to meet clinical training requirements				9/00	1 3a 1 4b
	Ceara PROQUALI quality assurance teams training in RH (phase II and III)					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct- Mar	Apr- Sept	
	Ceara PROQUALI on the job training and monitoring in RH service delivery for SDPs teams including utilization of computer assisted learning technology (phase II and III)					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	State service guidelines disseminated				9/00	1 2a
	Bahia Disseminate RHSGs through CTU/MAQ replica workshops-statewide expansion of PROQUALI project					
	Bahia Disseminate RHSGs through CTS course to faculty and clinical instructors at UFBA under preservice project					
	Ceara CTU/MAQ workshop for SESA resource persons to disseminate RHSGs					
	Ceara Disseminate RHSGs through CTU/MAQ replica workshops statewide expansion of PROQUALI project					
	Ceara Disseminate RHSGs through CTS course to faculty and clinical instructors at UFC under preservice project					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- State RHSGs (4,000 copies - 2,000 for Bahia and 2,000 Ceara) disseminated
- Preservice RH training program strengthened in Bahia and Ceara Federal Universities
- Inservice public service quality assurance established

5 BRAZIL BUDGET (FY99 AND FY00)

Brazil Budget	Projected Expenses FY99	Projected Expenses FY00
Brazil	\$586,000	\$0

COUNTRY WORKPLAN: ECUADOR

1 BACKGROUND

1.1 Country Situation

As Ecuador's population grows, so does its demand for reproductive health and family planning services. While contraceptive prevalence has increased markedly during the last fifteen years, many Ecuadorians still lack access to high quality FP/RH services. In Ecuador the private sector, especially non-governmental organizations, plays an important role in FP/RH service delivery. Under a successful project completed in 1997, JHPIEGO worked with Ecuador's IPPF affiliate, APROFE, to strengthen training systems and improve quality of care at APROFE clinics. The Ministry of Health provides FP/RH services and serves as the regulating institution for both public and private service delivery sites. However, the MOH had not revised its FP/RH norms since 1992. MOH authorities and JHPIEGO staff identified a need to update national FP/RH norms and to develop, disseminate and implement national RH service guidelines. The guidelines are intended to: 1) standardize the medical and technical components of RH services independent of who is providing the service and the setting where services are delivered, 2) establish standards for client-provider interaction including counseling, informed choice and client confidentiality, and 3) provide a reference to service providers, educators and administrators with up-to-date accessible information regarding all aspects of RH services. These guidelines are intended for use in both the public and private sectors.

MOH authorities and JHPIEGO staff have also identified a need to address the issue of postabortion care. Ecuador's maternal mortality rate is the fifth highest among Latin American countries, complications related to induced abortions are a major contributor to maternal deaths. Because currently 45 percent of Ecuador's population is under the age of 18, absolute numbers of maternal deaths due to abortion are likely to increase in the near future as a large cohort of women enters reproductive age. In addition to causing maternal mortality, complications from abortion result in significant morbidity and drain scarce resources from the health system. Despite evidence that the MVA technique of treating incomplete abortion is a safe, cost-effective and low-technology alternative to dilation and curettage (D&C), the majority of abortion complications continue to be managed with D&C. The quality of PAC services in Ecuador needs to be strengthened not only to provide more humane treatment for women with incomplete abortions, but also to reduce abortion related costs for health care delivery organizations.

1.2 Overview/Vision of JHPIEGO Country Program

Two projects will be active in Ecuador during program year 1999: 1) "Strengthening Reproductive Health Policy, Training and Services in Ecuador" and 2) "Strengthening Reproductive Health Services, Education and Training at the Hospital Vicente Corral Moscoso in Cuenca, Ecuador." Both projects are directed toward the public sector, in order to maximize their sustainability. The first project is centered around the development, publication and dissemination of national reproductive health service guidelines (RHSGs). This project is expected to conclude by the spring or summer of 1999. The second project focuses on improving

postabortion care at a teaching hospital in Cuenca. This project will be active throughout the program year. The objectives and activities of the two projects are complementary. For example, the RHSGs will be used to support several activities in the postabortion care project.

The RHSGs will be completed by the end of program year 1998. Dissemination of the guidelines will continue during program year 1999. In order to most effectively implement the RHSGs, the Ecuador program will conduct activities to strengthen Ecuador's human resources at key institutions such as the MOH, NGOs involved in reproductive health service delivery, and professors from schools of medicine and nursing. These activities will focus on contraceptive technology and infection prevention. In addition, one long-term incountry consultant will attend the 5-day Latin America and Caribbean office regional Advanced Training Skills (ATS) workshop in Arequipa, Peru.

Postabortion activities will take place at Vicente Corral Moscoso Hospital, which is the teaching hospital affiliated with the Universidad de Cuenca. Inservice clinical training will be directed toward physician and nurse providers at the hospital. A core of four physician/nurse teams will be trained to provide postabortion care and will become candidate clinical trainers. Faculty from the medical and nursing schools of the Universidad de Cuenca will also participate in the project's workshops. Faculty who participate in project activities will transfer their updated knowledge and skills by conducting replica courses/workshops for fellow faculty members, medical residents and medical and nursing students, thus strengthening FP/RH education and training at the preservice level. Postabortion activities will emphasize infection prevention, using MVA to manage abortion complications, postabortion counseling and the importance of linking postabortion care to FP/RH services.

2 COUNTRY PROGRAMMING OBJECTIVES

Reproductive Health Service Guidelines

- To standardize reproductive health knowledge among health care providers
- To standardize reproductive health service provision among health care providers
- To strengthen knowledge and skills among a core of health care providers representing MOH, selected NGOs, and medical and nursing school faculty

Postabortion Care

- Establish a MVA service at the Vicente Corral Moscoso Hospital, which serves as a clinical training site for Universidad de Cuenca medical and nursing students
- Increase the clinical knowledge and skills of a cadre of four physician/nurse teams in the care and treatment of complications due to incomplete abortion, including the use of MVA with appropriate pain management and recommended IP practices

- Strengthen linkages between FP/RH and PAC, including linkages with preservice faculty
- Improve FP knowledge and skills of Ob/Gyn and health care personnel providing treatment for postabortion complications

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/TR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of faculty/tutors have been updated in their FP/RH knowledge, A core group of clinical trainers/preceptors have had their FP/RH skills standardized	12/98				1 3a 1 4b
	IP Workshop for MOH clinical trainers working on RHSGs					
	CTU/MAQ for MOH clinical trainers working on RHSGs					
	Faculty have been trained to effectively transfer RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer RH skills	9/98				1 3a 1 4b
	CTS for MOH clinical trainers working on RHSGs					
	CTU/MAQ echo courses for MOH clinical trainers working on RHSGs					
	A core group of faculty/tutors in one or more institutions have been updated in their RH knowledge	9/99				2 4b
	IP Workshop for Cuenca initiative					
	CTU/MAQ for Cuenca initiative					
	A core group of clinical trainers/preceptors involved in clinical practice have had their RH skills standardized	12/99				1 3a 1 4b 2 4b
	Counseling workshop for Cuenca initiative					
	MVA training for Cuenca initiative					

TRF	Benchmarks Activities	FY 99		FY00		GPHN SO/IR
		Oct- Mar	Apr- Sept	Oct Mar	Apr- Sept	
	A core group of faculty/tutors in one or more institutions has been trained to effectively transfer RH knowledge, A core group of clinical trainers/preceptors has been trained to effectively transfer RH skills in one or more institutions			3/00		1 3a 1 4b
	CTS for Cuenca initiative					
	Practicum for Cuenca initiative					
	Followup visit for Cuenca initiative					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Service delivery at sites affiliated with one or more have been assessed for adequacy as clinical training sites Needs assessment of Hospital Vicente Corral Moscoso	12/98				2 4b
SR 1 6 Improved application of information technology for training						
	Advocacy Medical and nursing school faculty and hospital authorities sensitized about the need to strengthen postabortion care Motivational Meeting at Universidad de Cuenca	12/98				2 4b
SR 3 4 Leadership training, support and mentoring programs in place						
	Faculty have been trained to effectively transfer RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer RH skills Send one consultant to regional ATS in Arequipa Peru		5/99			1 3a 1 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

Reproductive Health Service Guidelines

- National RHSGs are officially endorsed and adopted through a formal dissemination strategy
- Reproductive health providers in at least 50% of provinces oriented to the national RHSGs
- A core of providers representing MOH, selected NGOs and medical and nursing schools with updated knowledge of contraceptive technology and infection prevention

Postabortion Care

- Improved IP practices for PAC services at the Hospital Vicente Corral Moscoso in Cuenca
- Four teams (nurse/physician) candidate clinical trainers in PAC services, including MVA, infection prevention and postabortion contraception and counseling
- Institutionalization of MVA to manage incomplete abortion at the Hospital Vicente Corral Moscoso in Cuenca
- Improved linkages to and/or provision of FP/RH counseling and services for women receiving postabortion care at the Hospital Vicente Corral Moscoso in Cuenca

5 ECUADOR BUDGET (FY99 AND FY00)

Ecuador Budget	Projected Expenses FY99	Projected Expenses FY00
Ecuador (Field Support)	\$75 000	\$0
Ecuador (Core Support)	\$195 000	\$0
Total	\$270,000	\$0

COUNTRY WORKPLAN: GUATEMALA

1 BACKGROUND

1.1 Country Situation

In 1997, JHPIEGO was invited to assist the Guatemalan Government meet its national goal to reduce maternal mortality by 50% and specifically to strengthen efforts to improve the efficacy and efficiency of health services and focus on a renewed commitment to quality of care. JHPIEGO's program is identified in the bilateral agreement between USAID and the Ministry of Health (MOH) which proposes an incremental approach to developing a rural Mayan-focused program testing innovative approaches to improve the quality, coverage and access to health services.

In February 1998 JHPIEGO launched an inservice initiative with the MOH to establish an integrated reproductive health training network in 15 priority regions of the country. The two-year project was originally developed early in 1997 to take advantage of an opportunity to work with the public sector following the Peace Accords signed in December 1996. The project was delayed due to ongoing bilateral negotiations between the MOH and USAID which delayed the obligation of funds to Cooperating Agencies.

The current program builds on JHPIEGO's previous work with the San Carlos University Medical and Nursing Schools which strengthened curricula content and faculty knowledge and skills. Several faculty members from both schools will assist the MOH and JHPIEGO with its decentralized inservice initiative. The program's premise is to strengthen provider performance on the job, disseminate the National Norms and RHSGs *Manual Tecnico de Orientacion Familiar*, *Manual Tecnico de Prevencion de Infecciones*, *Manual Tecnico de Enfermedades de Transmision Sexual* (hereafter referred to as Service Manuals), which were developed with JHPIEGO assistance from 1994-1996 and published in 1998.

1.2 Overview/Vision of JHPIEGO Country Program

The purpose of JHPIEGO's work in Guatemala is to contribute efforts to improve the health of Guatemalan women and their families. The project goal is to develop Guatemala's public sector capacity to train its own health care personnel to deliver quality RH services. During the project period, JHPIEGO will support strategies to 1) improve the services and policy environment to improve the quality of provider performance, and 2) to establish 10 regional training centers with the capacity to update the knowledge and provide clinical skills training for reproductive health care providers. JHPIEGO's program supports USAID/G-CAP Health Strategic Objective Results Framework 1997-2000, JHPIEGO specifically contributes to improving IR1 related to the provision of quality services.

During FY99, JHPIEGO will reinforce the dissemination of the National Norms and service manuals mentioned above through dissemination workshops followup training activities and activities that support the introduction of performance improvement strategies at the health care facility

JHPIEGO primarily contributes to following results of USAID/G-CAP IR1

Continuous education processes based the national norms for integrated women s health care, are implemented and facilitated in 15 priority areas

- Continuous education centers in support of integrated women’s health care are strengthened in 10 priority areas

It secondarily contributes to the following three results of IR1

- Health counseling strategy is implemented and developed in 15 priority areas Social mobilization and promotional processes in support of the national plan to reduce maternal mortality are implemented
- Integrated women s health services, based on the national norms, are strengthened at the three levels of health care
- Quality of care of integrated women s health services is evaluated

2 COUNTRY PROGRAMMING OBJECTIVES

- Improve the services and policy environment to improve the quality of provider performance
- Establish 10 regional training centers with the capacity to update the knowledge and provide clinical skills training for reproductive health care providers

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	National service guidelines disseminated				9/00	1 2a 1 3a
	RH technology update workshops					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Supervision workshops					
	Clinical trainers involved in clinical practice have been trained to effectively transfer RH knowledge and skills, Service sites affiliated with one or more training				9/00	1 3a 1 4b
	CTS courses for training center staff					
	Clinical training skills practica for trainers					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	A strategy for effectively monitoring quality in service delivery sites is implemented				9/00	1 3a 1 4b
	Supervision workshops					
	Quality assurance teams training in RH					
	Supervision and monitoring visits					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines disseminated RH technology update workshops				9/00	1 2a
SR 3 4 Leadership training support and mentoring programs in place						
	Clinical trainers involved in clinical practice have been trained to effectively transfer RH knowledge and skills, Service sites affiliated with one or more training Send two trainers to regional ATS in Arequipa Peru				9/00	1 3a 1 4b

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Network of 10 regional training centers with capacity to update the knowledge and strengthen clinical skills of reproductive health providers established
- Internal performance improvement process and external monitoring and evaluation system based on national norms and standards established

5 GUATEMALA BUDGET (FY99 AND FY00)

Guatemala Budget	Projected Expenses FY99	Projected Expenses FY00
Guatemala	\$330,000	\$330,000

COUNTRY WORKPLAN: PERU

1 BACKGROUND

1.1 Country Situation

Peru has recently experienced improvements in some health indicators, although others, such as maternal mortality, demonstrate a need for continued attention. Peru reported 265 maternal deaths per 100,000 live births between 1990 and 1996. In Latin America only Bolivia had a higher maternal mortality rate, according to the 1996 Demographic and Health Survey (DHS). Contributing factors include limited access to reproductive health care services, uneven quality of prenatal care, and limited confidence in the services being provided. It is notable that while 67% of Peruvian women receive prenatal care from a health professional, only 49.6% of women deliver in a health facility. The incidence of cervical cancer in Peru is among the highest in the world.¹ Although the total fertility rate has decreased from 4.0 children per woman (DHS 1992) to 3.5 children per woman (DHS 1996), high rates of unintended pregnancy continue to undermine women's health. Unmet need for Family Planning (FP) services is estimated to be 12% among women in union.

Peru's ratio of health care providers to the population is adequate to cover the country's demand for Reproductive Health (RH) services. However, providers are unevenly distributed throughout the country, with the majority concentrated in urban centers. In order to address this problem, the MOH assigned priority status to three regions (PASARE-Peru) for USAID program support. These regions were to receive expanded and improved FP services in the public sector through activities that improve quality of care including pre- and inservice training, materials and equipment provision, and improved FP/RH counseling. JHPIEGO's program activities are concentrated in these priority regions.

USAID, the MOH and authorities from Peru's medical and midwifery schools have identified a need to strengthen preservice reproductive health education and training in order to better meet the needs of Peru's population. Medical training often emphasizes high technology, curative medicine rather than primary and preventive care. As a result, medical students and interns receive relatively little reproductive health and family planning (FP) education and training. Midwifery students are exposed to more FP/RH knowledge than medical students, but have very few clinical training opportunities.

Since its inception in 1994, JHPIEGO's Peru program has strengthened the abilities of a cadre of medical and midwifery faculty. JHPIEGO has worked with faculty from five medical and five midwifery schools, including schools in the PASARE-Peru priority regions. These faculty have updated their RH knowledge, standardized their skills and learned participatory training methodologies. In addition, JHPIEGO provided technical support to the MOH to develop comprehensive Reproductive Health Service Guidelines (RHSGs) which are currently used as

¹ Cervical Cancer Screening in Latin America and the Caribbean. PAHO/WHO 1996.

a reference document for education and training by midwifery and medical schools and which constitute the standard of service provision at service delivery points

JHPIEGO is also working to facilitate a shift from a knowledge-based to a skill-based evaluation system for medical and midwifery students. Traditionally, training has emphasized the acquisition of facts instead of skills or competencies, and skill acquisition has been measured by the number of procedures completed, rather than verification that a skill was performed adequately. While several midwifery schools have already incorporated content from the RHSGs into the RH classes and use the RHSGs as a primary reference tool, changes in their classes has typically involved increasing the number of classroom hours in which students receive information on RH without a corresponding increase in clinical practice. Medical schools have been slower to incorporate changes into their RH classes. Efforts to standardize across universities and provide accreditation for students' skills acquisition have also been slow. JHPIEGO will emphasize skill-based evaluation and the development of an accreditation system during the upcoming program year.

1.2 Overview/Vision of JHPIEGO Country Program

Since 1994 JHPIEGO has worked closely with its in-country counterparts to build a sustainable program. In the upcoming program year JHPIEGO and its counterparts will work with the existing RH training network to continue to strengthen public and private sector RH education and training institutions and service delivery sites. Fiscal year 1999 activities will consist of four complementary activity clusters.

The first set of activities concentrates on the preservice. These activities will include continued efforts to increase competency-based clinical training in RH for medical and midwifery students, and advocacy work to facilitate the shift from knowledge-based to skill-based evaluation systems. Assessment tools will be developed to determine when a medical or midwifery school has succeeded in adopting a competency-based approach to RH education and training. Medical and midwifery schools which have satisfied requirements to qualify as an Institute of RH Excellence will then be paired with other schools which continue to need technical assistance. Additionally, three Peruvian consultants will participate in a Learning and Performance Support (LPS)-sponsored regional ATS.

The second activity cluster is directed toward the continued strengthening of Peru's RH policy environment through the dissemination and follow-up of the revised national RHSGs, which were published in 1997 and distributed nationwide in 1998. Activities will include data collection regarding providers' adherence to the guidelines and extent to which RHSGs are used at the preservice level as a teaching tool. Meetings with the MOH and in-country counterparts will also be held to identify a timeline for future revision of the RHSGs. The third set of activities involves training providers in the technique of visual inspection with acetic acid (VIA) for diagnosing precancerous cervical lesions. The fourth set of activities aims to increase access to scientific information through electronic technologies such as videoconferencing and JHPIEGO's performance support system which includes ReproLine, JHPIEGO TrainerNews, ReproNews and the ReproNet listserv. JHPIEGO will develop an users guide and a procedures manual to facilitate the use of the videoconferencing system. JHPIEGO will advocate for the

establishment of an archive of cases for future videoconferencing discussions and the allocation of specific time periods for case review in the hospitals in Lima and Puno

Evaluation of the Peru program will include documentation of who has received and uses the national RHSGs from existing information of distribution With JHPIEGO s TA, the MOH will conduct random chart reviews at sentinel sits to determine the level of adherence to the guidelines

2 COUNTRY PROGRAMMING OBJECTIVES

- Continue to strengthen preservice training for students at five medical and five midwifery schools
- Continue to strengthen Peru s RH policy environment through the dissemination and follow-up of existing RHSGs
- Increase access to and quality of RH services through provision of performance support/supervision
- Increase access to early detection of precancerous cervical lesions
- Test and implement innovative computer and electronic-based technologies, including JHPIEGO performance support system in selected preservice sites

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of clinical trainers have become advance trainer candidates after completing the ATS course Three consultants participate in Regional ATS		9/99			1 3a 1 4b
	A core group of advance trainer candidates have qualified to become advanced trainers after cotraining at least one training event within a year after the ATS course under the supervision of a qualified advanced or master trainer or technical expert Candidate advance trainers cotrain ATS for medical and midwifery faculty		9/99			1 3a 1 4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	A core group of clinical trainers/preceptors involved in clinical practice has been trained to effectively use VIA as alternative method to screen for precancerous cervical lesions Conduct VIA update workshop	12/98				1 3a 1 4b 4 2 1
	Trained clinical trainers/preceptors are successfully providing VIA services in one or more institutions Conduct follow-up and quality control visit to clinical sites where VIA is being practiced by VIA-trained service providers	3/99				1 3a 1 4b 4 2 1
	A core group of faculty/tutors has been trained to effectively transfer VIA knowledge in or more institutions Conduct clinical skills training workshop VIA-trained service providers		6/99			1 3a 1 4b 4 2 1
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	National service guidelines adherence assessed as a training tool and as clinical standards Collaborate with MOH to determine adherence to RHSGs at service delivery sites and extent of their use as a teaching tool		6/99			1 2a 1 3a 1 4b
SR 1 6 Improved application of information technology for training						
	Services at sites affiliated with one or more institutions have been strengthened (and/or the sites have been upgraded) to meet clinical training requirements Provide TA to install and test videoconferencing hardware and software		9/99			1 1a
	Adequate training materials have been developed for use in one or more institutions Develop and test an users guide and a procedure manual to be used by persons using videoconferencing		9/99			1 1a
	A core group of providers have acquired knowledge and skills to use videoconferencing system for specific RH purposes Train personnel to operate their hospital's videoconferencing system		9/99			1 1a
	A core group of health and computer professionals have been trained to effectively archive Ob/Gyn cases for use during videoconferencing Support development of Ob/Gyn case archive for use during videoconferencing sessions			3/00		1 1a

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Advocate host country officials sensitized to the need to allocate time for case review Support allocation of specific time periods for case reviews at hospitals participating in videoconferencing			3/00		1 1a
IR 2 Improved Management Support Systems						
	Revised FP/RH curricular component has been implemented in one or more institutions on at least a pilot basis Provide TA to participating universities with support for a local coordinator				9/00	1 3a 1 4b
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines adherence assessed as a training tool and as clinical standards		6/99			1 2a 1 3a 1 4b
	Collaborate with MOH to determine adherence to RHSGs at service delivery sites and extent of their use as a teaching tool					
	Conduct meetings to inform MOH and universities of data gathering procedures regarding adherence to RHSGs					
	National service guidelines disseminated Support continuous dissemination of RHSGs at preservice level				9/00	1 2a
	A system exists for ensuring the provision of a sufficient number of new/revised training materials/supplies to all institutions at the classroom and clinical levels Support continuous dissemination of RHSGs at preservice level				9/00	1 2a 1 3a 1 4b
SR 3 3 Improved policy development and implementation process						
	Consensus reached on the need for policy/service guidelines revision at the preservice level by host country officials Establish national working group to strengthen RH policy at the preservice level		3/99			1 2a 1 3a
	Competency assessment is built into the licensure/certification process Facilitate national meetings to advocate for RH education and training changes at the preservice level			12/99		1 2a

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Policies/procedures/regulations have been identified/developed/issued by relevant officials which support a link between job designation and FP/RH skills training Facilitate semi-annual meetings to monitor and review universities progress to qualify as Institute of RH Excellence and compliance with new RH certification standards for graduates				9/00	1 2a
	National service guidelines adherence assessed as a training tool and as clinical standards Conduct meetings to inform MOH and universities of data gathering procedures regarding adherence to RHSGs		6/99			1 2a 1 3a 1 4b
<i>SR 3 4 Leadership training, support and mentoring programs in place</i>						
	A core group of clinical trainers have become advance trainer candidates after completing the ATS course Three consultants participate in Regional ATS		9/99			1 3a

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- **Continuous Strengthening RH Training, Education and Services**

- Set of identified and approved RH essential skills for graduating medical and midwifery students
- Criteria for participating universities to qualify as an Institute of RH Excellence established and implemented by the PSWG for midwifery schools
- Phased introduction of VIA testing at MOH-selected clinical sites
- Up to three midwifery schools qualified as Institutes of RH Excellence
- Institutionalization of skill-based evaluation system by midwifery schools
- Medical schools agree to institutionalize minimum necessary RH skills for graduating students established by the PSWG

- **Continuous dissemination and follow-up of national RHSGs**
 - RH professionals' knowledge and skills updated in accordance with national RHSGs
 - National RHSGs used nationwide at preservice institutions, clinical training sites and service delivery sites
 - All preservice RH training materials harmonized and consistent with national RHSGs content
 - Mechanisms established to revise national RHSGs
- **Performance Support System**
 - Clinical decision-making by providers/faculty improved through use of electronic technology for clinical case review

5 PERU BUDGET (FY99 AND FY00)

Peru Budget	Projected Expenses FY99	Projected Expenses FY00
Peru	\$500,000	\$500,000

MATERIALS DEVELOPMENT, PRODUCTION AND DISTRIBUTION

1 BACKGROUND

1.1 Situation

JHPIEGO has developed standardized reproductive health and training skills learning materials for use in pre- and inservice training throughout the world. A training package is developed for each area in which training is offered. Each package contains all the materials needed to deliver the training which include, but are not limited to, the following elements:

- A reference manual containing need-to-know information
- A course handbook for participants and course notebook for trainers
- Course-specific audiovisuals (training videotapes) and other training aids (anatomic models)
- Competency-based learning guides to help participants chart their own progress and performance checklists to evaluate participant knowledge, skill and practice

Audiovisual training materials are an integral component of both print-based and electronic learning packages. These materials provide participants with a step-by-step introduction to the clinical or training skill being learned. JHPIEGO produces the video components of the training packages in-house.

These materials are produced to support JHPIEGO training interventions and do not duplicate those produced by other organizations. They are updated on a regular basis.

In addition to learning materials, JHPIEGO publishes organizational materials which document lessons learned and accomplishments. These technical reports, strategy papers, workshop proceedings, fact sheets and the annual report are used for both programming and training purposes.

To support JHPIEGO training activities, anatomic materials and other training aids must be purchased, warehoused and shipped by a central unit. This activity is carried out by the Materials Administration Division of the IRO on behalf of projects.

Appendix 1 summarizes the learning packages and Proceedings published since 1991.

1.2 Overview/Vision of JHPIEGO Program

As JHPIEGO enters its next Cooperative Agreement with USAID our focus is expanding from training to performance improvement. This broader scope will necessitate developing new and innovative learning interventions and materials to meet the varied and changing demands of the field. For example, where it is difficult to support traditional instructor-led training courses, we may use on-the-job learning approaches and learning activity packages to accomplish knowledge transfer in both pre- and inservice settings. To support performance improvement initiatives, materials will be needed in the areas of needs assessment, personnel deployment (ProTrain) training information management, clinical supervisor training and trainer followup.

Another initiative of the new Cooperative Agreement will support JHPIEGO's global network of trainers and affiliated institutions. Use of our learning packages will help to standardize the way RH education training is conducted. This in turn leads to standardization of practices which benefits both the healthcare community and the client.

In addition to the development of new learning materials, existing manuals and videos must be updated on a regular basis and quickly published in order to provide current information for users. To maintain the quality of the learning packages we plan regular revisions of learning materials. A second edition usually is published within 18 to 24 months after the first edition and the third edition is published 48 months after the second.

Thus, in any given year we will develop and publish two new learning packages, revise and publish two learning packages and translate and publish up to three learning packages into at least two languages.

To maintain this schedule, an assured core funding level is required. Our workplan budget reflects the amount needed to produce materials to support our projects at this level.

In summary, the Materials Development, Production and Distribution work will meet the following organizational needs:

- New learning materials, including videotapes, in specific content areas must be developed according to program needs generated from the countries in which JHPIEGO is working.
- Existing training packages, including training videos, must be updated on a regular basis in order to provide the latest technical information to clinical trainers and service providers.
- New and existing learning materials must be harmonized with international consensus documents including World Health Organization medical eligibility criteria and the USAID Technical Guidance Working Group guidelines.
- New and revised learning materials must be translated, formatted and printed.
- Strategy papers which summarize JHPIEGO's experience in reproductive health capacity building, with a focus on education and training, must be produced.

- Technical reports that document the results of a program activity, evaluation study or training evaluation research must be produced
- Workshop proceedings that record the activities of a JHPIEGO- sponsored workshop or symposium must be produced
- Materials which summarize JHPIEGO initiatives and accomplishments such as *Fact Sheets* and the Annual Report (required under the terms of our Cooperative Agreement) must be produced

2 PROGRAMMING OBJECTIVES

- To produce learning materials in reproductive health subjects for which adequate, appropriate materials do not yet exist
- To ensure that new and existing materials are consistent with international consensus documents
- To ensure that existing materials are up to date and made available on a regular basis
- To make JHPIEGO learning materials available to as wide an audience as possible
- To document the results of program activities or evaluation studies to provide substantial evidence of accomplishments
- To document experience in capacity building, particularly with regard to education and training
- To provide resources for the capacity building and medical barriers activities

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY GPHN/SO/IR (FY99 AND FY00)

TIMELINE					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
New learning packages (including videotapes) developed					1 1a 2 4c
Publish reference manual and courseware for advanced training skills in 2 languages					
Field test and publish reference manual and courseware for essential maternal health care in 2 languages					
Publish reference manual and courseware for minilaparotomy in 3 languages					
Develop, field test and publish reference manual and courseware for unaided visual inspection in 3 languages					
Develop, field test and publish trainer followup materials in 3 languages					
Develop, field test and publish NSV learning activity package (LAP) with videotaped illustrated lectures in 1 language					
Produce a video on <i>How to do a Pelvic Exam</i> in 3 languages					
Develop and publish <i>ModCal for Infection Prevention Services</i>					
Develop field test and publish reference manual and courseware for fundamentals of family planning in 1 language					
Field test and publish reference manual on emergency preparedness in 1 language					
Field test and publish learning activity package on nursing management in the operating theater in 1 language					
Develop, field test and publish OJT learning materials for supervisors					
Learning packages updated					1 1a 2 4c
Publish 2nd edition of <i>Postabortion Care Services</i> in 2 languages					
Publish 3rd edition of <i>IUD Service Guidelines for Family Planning Service Programs</i> in 3 languages					
Publish 3rd edition of <i>Norplant Implants for Family Planning Service Programs</i> in 2 languages					

JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Strategy papers developed					1 1a 1 1d 2 1 2 4
Publish strategy papers to document experience in capacity building with emphasis on education and training, possible topics include pre- and inservice training, alternate training approaches, evaluation strategies					
New learning packages developed					
Technical reports published which document achievements in the various components areas (e g , country training strategy developed, evaluation of skills and courses etc)					1 1d
Publish proceedings of JHPIEGO-sponsored workshops or symposia on selected reproductive health topics					1 1d 2 1
Publish JHPIEGO Annual Report and Fact Sheets					1 1d

5 ANTICIPATED OUTCOMES (FY99 AND FY00)

- New learning materials (at least 5 reference manuals 1 video and 2 learning packages) developed, made available and in use in developing countries around the world
- Four different existing learning materials updated and made available to users
- New and existing learning materials harmonized with international consensus documents
- Information about the application and effectiveness of JHPIEGO's training approach and materials made accessible and available in developing countries (disseminated in a variety of ways)

6 MATERIALS DEVELOPMENT, PRODUCTION AND DISTRIBUTION BUDGET (FY99 AND FY00)

The costs for training materials development production and dissemination includes a percentage of time for members of the Reproductive Health Division (RHD) and Learning and Performance Support Office (LPSO) Director as well as external consultants who may serve as subject matter experts. It does **not** include time of other staff who work on a funded project residing in their office. Printing costs for manuals and courseware are included in these figures and reflect an estimated inventory cost which accounts for cost recovery from JHPIEGO programs and sales to other organizations.

Materials Development, Production and Distribution Budget	Projected Expenses FY99	Projected Expenses FY00
Materials Development, Production and Distribution	\$905 000	\$81,298

APPENDIX 1 JHPIEGO LEARNING MATERIALS

LEARNING MATERIALS	YEAR ENGLISH PUBLISHED	TRANSLATIONS
Global Reference Manuals		
<i>Clinical Training Skills for Reproductive Health Professionals</i> , 1st ed	1995	French, Portuguese, Russian (Spanish in process)
<i>Clinical Training Skills for Reproductive Health Professionals</i> 2nd ed	1998 (in process)	
<i>Genital Tract Infection Guidelines for Family Planning Service Programs</i>	1991 (out of print)	French
<i>Infection Prevention for Family Planning Service Programs</i> 1st ed	1992	French, Portuguese, Russian, Spanish
<i>Infection Prevention for Family Planning Service Programs</i> , 2nd ed	1998 (in process)	
<i>Instructional Design Skills for Reproductive Health Professionals</i>	1997	French (Spanish in process)
<i>IUD Guidelines for Family Planning Service Programs</i> , 1st ed	1992	French
<i>IUD Guidelines for Family Planning Service Programs</i> 2nd ed	1993	Portuguese, Russian, Spanish
<i>Norplant® Implants Guidelines for Family Planning Service Programs</i> , 1st ed	1993	French
<i>Norplant® Implants Guidelines for Family Planning Service Programs</i> , 2nd ed	1995	Russian
<i>Postabortion Care A Reference Manual for Improving Quality of Care</i> (with Postabortion Care Consortium)	1995	French, Portuguese (Spanish in process)
Service Provision Guidelines		
<i>PocketGuide for Family Planning Service Providers</i> , 1st ed	1995	French, Portuguese, Russian, Spanish
<i>PocketGuide for Family Planning Service Providers</i> 2nd ed	1996	French, Russian
<i>Service Delivery Guidelines for Family Planning Service Programs</i>	1996	French

JHPIEGO WORKSHOP PROCEEDINGS

PROCEEDINGS	YEAR PUBLISHED
<i>Alternatives for Cervical Cancer Screening and Treatment in Low-Resource Settings</i>	1997
<i>Globalizing Access to Reproductive Health Information (Virtual Seminar Review Series Vol 2)</i>	1997
<i>Impact of Information Technology on Higher Education (Virtual Seminar Review Series Vol 1)</i>	1996
<i>Issues in Cervical Cancer Seeking Alternatives to Cytology</i>	1994
<i>Issues in Management of STDs in Family Planning Settings</i>	1996
<i>Issues in Training for Essential Maternal Health Care</i>	1997
<i>Learning Without Walls A Pre-Congress Seminar</i>	1995
<i>Regional Conference on Increasing Access and Improving Quality of Family Planning and Selected Reproductive Health Services in Francophone Sub-Saharan Africa (with FHI and INTRAH)</i>	1995
<i>Summary Report of Updating Service Delivery Guidelines and Practices A Workshop on Recent Recommendations and Experiences (with FHI)</i>	1995
<i>Workshop Highlights Alternatives for Cervical Cancer Screening and Treatment in Low-Resource Settings</i>	1997

JHPIEGO GLOBAL VIDEOS AND PHOTOSETS

VIDEOS/PHOTOSETS	YEAR	TRANSLATIONS
<i>Infection Prevention for Family Planning Service Programs</i>	1994	French, Portuguese, Russian, Spanish
<i>Insertion/Removal of the Copper T 380A IUD</i>	1998	French, Portuguese, Russian, Spanish
<i>Introduction to the ZOE® Gynecologic Simulator</i>	1996	French, Portuguese, Russian, Spanish
<i>Introduction to the ZOE® Gynecologic Simulator (revised edition)</i>	1998	French, Russian
<i>Postabortion Care A Global Health Issue (Produced by Postabortion Care Consortium)</i>	1994	French, Portuguese, Russian, Spanish
<i>Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments</i>	1996	French (Spanish in process)

COUNTRY-SPECIFIC LEARNING MATERIALS

MATERIALS*	YEAR
<i>Family Planning Policy and Service Delivery Standards for Uttar Pradesh (India)</i>	1995
<i>Handbook for Family Planning Service Providers in Uttar Pradesh (India)</i>	1995
<i>IUD/GTI Programme On-the-Job Training (Zimbabwe)</i>	1996
<i>Laparoscopy Under Local Anesthesia Manual for Uttar Pradesh (India)</i>	1997
<i>Laparoscopy Under Local Anesthesia Reference Manual for Nepal</i>	1998
<i>Managing STDs in Family Planning Settings in Ghana</i>	1996
<i>Mimilaparotomy Under Local Anesthesia Manual for Uttar Pradesh (India)</i>	1997
<i>Mimilaparotomy Under Local Anesthesia Reference Manual for Nepal</i>	1997
<i>Refresher Course Update on Copper T 380A IUD Norplant® Implants DMPA Infection Prevention Guidelines (Indonesia)</i>	1995
<i>Reproductive Health Resource Document for Uttar Pradesh (India)</i>	1995

* May include a reference manual, trainer's notebook, participant's handbook and/or video/photoset

NEW INITIATIVES

MAXIMIZING ACCESS AND QUALITY—EAST AND SOUTHERN AFRICA REGIONAL

1 BACKGROUND

1.1 Situation

Medical barriers to provision of quality family planning services continue to exist in East and Southern Africa. Although it is often easy to update national service delivery guidelines and produce a quality document, effective dissemination and implementation present more difficulties. Translation of written guidelines into actual service delivery improvements entails a much broader approach to the guidelines revision process, to ensure change in provider behavior, improved provider performance through management and supervision and promotion of provider's adherence to guidelines in service delivery.

The Kenya National Family Planning Service Delivery guidelines were published with financial and technical assistance from JHPIEGO in June 1997. With funding and technical assistance from JHPIEGO, the DPHC and DTC trainers have conducted one contraceptive technology update (CTU) for the core preservice/in-service RH training teams from each DTC, and then have funded "echo" CTUs at all 13 training centers. The in-service trainer/tutor team at each DTC has now co-trained a CTU at their respective sites with an advanced trainer from the Division of Primary Health Care, and each has training materials necessary for conducting CTUs.

JHPIEGO assisted the ZNFPC and MOH in 1994 to revise Zimbabwe's national service delivery guidelines, followed by publication of a document and dissemination through provincial CTUs. It has recently been determined that the guidelines need some additional revisions to ensure that up-to-date international standards are reflected therein. In 1996, ZNFPC conducted an evaluation of the dissemination strategy, which showed that provincial CTUs are perhaps not the most effective way to get new knowledge to providers currently in service.

1.2 Overview/Vision of Maximizing Access and Quality—ESA

JHPIEGO expects to provide assistance to two countries in East and Southern Africa in testing models for accelerated dissemination and implementation of national service delivery guidelines. JHPIEGO will work with the MOH to develop strategies and activities to maximize the utilization of revised or new guidelines in programs and through changed provider practices. These models will be assessed to determine their impact on programs, providers and clients.

Many medical barriers, including restrictive age and parity requirements, are still prevalent throughout Kenya. In order to address these issues, JHPIEGO will provide funding to the 13 DTCs to conduct one district-level CTU for each of the approximately 5 districts that fall within their catchment area (total of 64 districts). Up to 100 participants will be selected from among district hospital staff, nursing school tutors and district administrative staff, such as the district

medical officer, district public health nurse and other members of the district health management team, as well as FP incharges from other hospitals and health centers in the district. The focus of the district CTUs will be on updating participants in the changes in the national FP/RH guidelines in order to reduce medical barriers to FP service provision, and to update preservice trainers in order to ensure that nursing and clinical officer students receive up to date information on family planning. Up to 6000 FP service providers and key administrative staff will be updated based on this strategy. During each CTU, a questionnaire will be distributed to each participant to identify the practices they personally engage in which represent medical barriers to FP. In addition, a survey will be conducted in selected districts prior to the CTU to identify medical barriers present at service delivery sites. A post-CTU questionnaire will be given and a followup survey will be conducted 2-3 months following the activity to identify which of the barriers have been eliminated. A CTU training package will then be developed based upon the results of these questionnaires, addressing the specific medical barriers and respective solutions. This strategy will assure that the guidelines are fully disseminated throughout the 64 districts in the country and will aid in the elimination of medical barriers.

In Zimbabwe, JHPIEGO will work with the ZNFPC and MOH to first bring existing guidelines up-to-date and in harmony with international standards. Following this, a workshop will be held for national trainers and other key stakeholders to brainstorm ideas for dissemination in a cost-effective and influential manner. It is anticipated that dissemination possibilities could include district-level CTUs, development of a poster to be displayed in the service delivery area, user-friendly pocket version of the national guidelines document to be distributed to service providers, and incorporation a service delivery guidelines-focused checklist into the national supervision system. The project will then implement a number of these suggestions with an evaluation 6 months post-implementation to determine effectiveness of the dissemination model.

2 REGIONAL PROGRAMMING OBJECTIVE

- To develop and test national models for accelerated dissemination and implementation of service delivery guidelines in two countries in ESA

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1.1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	Orientation in contraceptive technology has been initiated for existing supervisors who monitor post-training skills application (Kenya)				9/00	1.3a 1.4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	CTU for DTC Trainers					
	CTUs conducted for district-level decision-makers and FP service providers					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Orientation in contraceptive technology has been initiated for existing supervisors who monitor post-training skills application (Kenya)				9/00	1 3a 1 4b
	Survey to identify medical barriers at service delivery sites					
	CTU Training Package Development Workshop					
	Followup survey to identify medical barriers at service delivery site					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Orientation in contraceptive technology has been initiated for existing supervisors who monitor post-training skills application (Kenya)		9/99			1 3a 1 4b
	CTU Training Package Development Workshop					
SR 2 6 Approaches to evaluating the effect of training on provider performance and quality of service delivery tested and used						
	National service guidelines disseminated (Zimbabwe)				9/00	1 2a
	Evaluation of dissemination strategies					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines disseminated (Zimbabwe)				9/00	1 2a
	Contraceptive technology update/revision of national service delivery guidelines					
	Workshop to develop dissemination strategies					
	Testing of dissemination models					
	Evaluation of dissemination strategies					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Medical barriers to family planning reduced
- National FP/RH service delivery guidelines revised and disseminated
- Supervisors equipped with updated FP/RH knowledge
- Effective dissemination strategies identified and tested

5 MAXIMIZING ACCESS AND QUALITY-ESA REGIONAL BUDGET (FY99 AND FY00)

NEW INITIATIVES Maximizing Access and Quality-ESA Regional Budget	Projected Expenses FY99	Projected Expenses FY00
Maximizing Access and Quality-ESA Regional	\$150,000	\$50,000

NEW INITIATIVES

MAXIMIZING ACCESS AND QUALITY—WEST AFRICA

1 BACKGROUND

1.1 Overview

MAQ is a worldwide initiative to improve the access to and quality of family planning and other reproductive health services. Since the introduction of MAQ in the early 1990s, the development and dissemination of service delivery guidelines (SDG) has been a keystone of the initiative. Since guidelines reflect national policies and standards, they can orient service providers as to how to improve service delivery and provide quality services. The content of SDGs is being incorporated into training, supervisory tools, IEC materials and performance appraisals so that there is a consistent focus for national quality service delivery in reproductive health.

JHPIEGO has incorporated the MAQ principles as an integral part of its ongoing country programs. In 25 countries JHPIEGO has been able to work to develop, disseminate and promote utilization of service delivery guidelines to improve service delivery. JHPIEGO's work has progressed from advocacy and sensitizing national leaders as to the importance of guidelines, to collaborating with local counterparts to draft guidelines, working for their official adoption, as well as planning for and disseminating the guidelines. In several countries JHPIEGO has gone beyond disseminating service delivery guidelines to ensuring their utilization in service provision. JHPIEGO's competency-based training approach is an ideal opportunity to use the SDG for training in improved service delivery.

JHPIEGO has carried out a desk review of four Latin American countries (Bolivia, Brazil, Guatemala and Peru) to document the process in removing medical barriers from service delivery guidelines. This documentation provides guidance in what needs to be done for a successful revision process. In West Africa, program managers and service providers contributed articles to a series of newsletters outlining what changes various countries implemented after the Francophone MAQ meeting held in Ouagadougou in 1995.

1.2 Overview/Vision of Maximizing Access And Quality—West Africa

During May 1998, USAID/Washington hosted a meeting which had among other objectives “to share lessons and experiences in the process of developing and disseminating state-of-the-art, written service delivery guidelines” and “share lessons and experiences in how to translate written guidelines into actual service delivery improvements”. Participants felt that this meeting was a useful forum to share experiences regarding the MAQ initiative. Discussions included next steps beyond the development and dissemination of SDG, such as, how to use SDG to

improve quality. USAID felt that replication of this meeting at a regional level could be helpful in bringing regional reproductive health experts, program managers and service providers up-to-date as to what is happening in the various countries of their region. They can share experiences and learn from one another about effective ways to go from "Guidelines to Action."

In West Africa, countries find themselves at various points on the MAQ road for improved service access and quality. Many countries have developed or revised service delivery guidelines, fewer have fully disseminated them and fewer still have followed up to ensure that the service delivery guidelines are being used to improve quality. A regional meeting to share West African experiences on the process of development, dissemination and utilization of guidelines will benefit all participants. Cooperating Agencies which may have more advanced programs in maximizing access and assuring quality through the use of SDG will be invited to present examples of successful projects in- or outside of the region to give participants ideas about what programs are doing to improve service provision.

Each participant country will be represented by a delegation which will discuss the present situation for quality improvement in their country. They will review the action plan drafted during the MAQ meeting of 1995 to determine how far they have come on the MAQ road and make revisions where necessary. "Pearls" will be chosen by participants from discussions of their experiences with guidelines and quality of care issues.

2 REGIONAL PROGRAMMING OBJECTIVES

- Share lessons and West African experiences in the process of developing and disseminating state-of-the-art, written service delivery guidelines,
- Share lessons and experiences in how to translate written guidelines into actual service delivery improvements, through improvements in access to and quality of service delivery systems,
- Identify and discuss West African policy and advocacy issues which favor or hinder implementation of the MAQ initiative,
- Discuss elements which are important in successful strategies to maximize the implementation and utilization of updated guidelines in West Africa,
- Discuss strategies to assess the impact of updated guidelines on programs, providers and clients, and
- Review country-level action plans which lay out strategies and steps to move forward in the process of increasing access and quality service provision.

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
Benchmarks	Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 3 3 Improved policy development and implementation process						
	RH Technical Advisory Group formed to lead service guidelines revision process	10/98				1 2a
	Establish regional technical working group to identify issues to improving access and quality in Francophone West Africa context, develop survey instruments to collect data and develop agenda for regional meeting					
	Host country officials sensitized about the need to strengthen the policy environment through revising service delivery guidelines/policy norms	3/99				1 2a
	Hold regional MAQ meeting to raise awareness of country officials about the importance of SDG in improving service delivery					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	Service guidelines externally reviewed		6/99			1 2a
	Hold regional meeting to exchange experiences and lessons learned in developing, disseminating and utilizing SDG					
	Develop country-level action plans to indicate strategies and activities needed to improve service provision					
	Disseminate a final report which indicates the status of the MAQ initiative in Francophone West Africa and identifies needed steps/activities to further the process for maximizing access to and quality of RH services					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Policymakers and program managers in nine West African countries sensitized to the importance of having SDG incorporated and used in daily service provision
- National two-year work plans for nine West African countries revised to direct actions to increase quality in service provision

- Final report documenting where West African countries are on “MAQ road” “pearls gained from the SDG experience and actions to be taken to further the process to improve access to and quality of RH services

5 MAXIMIZING ACCESS AND QUALITY BUDGET (FY99)

<p align="center">NEW INITIATIVES Maximizing Access and Quality—West Africa Budget</p>	<p align="center">Projected Expenses FY99</p>	<p align="center">Projected Expenses FY00</p>
<p>Maximizing Access and Quality—West Africa</p>	<p align="center">\$200 000</p>	<p align="center">\$0</p>

NEW INITIATIVES

MAXIMIZING ACCESS AND QUALITY PRESENTATION PACKAGE

1 BACKGROUND

1.1 Situation

In order to help standardize MAQ presentations and workshops, it is proposed that a MAQ presentation package be developed and tested. This package would be used by various presenters and trainers as part of a MAQ "Road Show" and would include presentation outlines and electronic files of PowerPoint visuals which could be used to produce slides, transparencies or be used as part of a computer-based presentation. The package would also contain descriptions of various activities which could be used as part of this workshop, case studies and evaluation forms for the participants to complete. If requested, the entire package could be placed online allowing users to download the package when needed. This would also allow the package developers to keep the materials up-to-date.

Once developed, the package would be tested in at least one if not several countries. Following appropriate revisions, the package would be ready for dissemination.

To help ensure consistent delivery of the information contained within the package, workshops would be conducted to help train presenters. These MAQ-qualified presenters would then be prepared to conduct the MAQ workshops around the world. In addition, selected presenters could be trained to train additional MAQ presenters.

1.2 Overview/Vision of the MAQ Presentation Package

The vision of USAID and JHPIEGO with regard to the MAQ Presentation Package is to develop a set of standardized presentation materials to be used to conduct MAQ workshops. This will include the training of MAQ presenters.

2 PROGRAMMING OBJECTIVES

- To develop a standardized set of MAQ presentation materials
- To train a core group of qualified MAQ presenters
- To test the MAQ presentation materials during a MAQ workshop in one or more countries

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>IR 3 Improved Policy Environment</i>						
	MAQ presentation materials developed					
	MAQ presenters trained					
	MAQ presentation materials tested and finalized					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- MAQ prototype presentation materials developed
- MAQ presenters trained
- MAQ presentation materials tested and finalized

5 MAQ PRESENTATION PACKAGE BUDGET (FY99 AND FY00)

NEW INITIATIVES MAQ Presentation Package	Projected Expenses FY99	Projected Expenses FY00
MAQ Presentation Package	\$300,000	\$0

NEW INITIATIVES

POSTABORTION CARE—EAST AND SOUTHERN AFRICA REGIONAL

1 BACKGROUND

1.1 Situation

Complications of abortion are a major cause of morbidity and mortality in East and Southern Africa (ESA), accounting for about one-fourth of all maternal deaths in many of the countries in the region. In some countries, such complications (sepsis, hemorrhage and/or a perforated uterus) are the number-one cause of mortality among women in their reproductive years. Postabortion care is a strategy to reduce death and suffering from unsafe abortion and prevent repeat abortion by providing emergency treatment for complications in combination with postabortion family planning and other reproductive health services.

While studies in ESA have shown that the Manual Vacuum Aspiration (MVA) procedure for treatment of incomplete abortion has been demonstrated to be safe and cost effective, few clinicians in the region have been trained to provide this procedure. Emergency treatment is typically provided by doctors only, and still consists largely of sharp curettage. For the most part, family planning services are not routinely offered at the time of emergency treatment, and links to other reproductive health care typically do not exist. Preservice training for health personnel is inadequate, and support systems for PAC within the larger context of health services, ranging from policies and service delivery guidelines to expendable supplies for emergency treatment and family planning commodities, is lacking.

A strong interest and commitment to strengthening PAC services exists at all levels of the health care and education system in ESA (Ministries of Health, medical and nursing schools) as well as with the various NGOs and donors who work in reproductive health in the region. In addition, PAC is often included in a country's National Safe Motherhood Programme and the MCH/FP strategic planning may include training in MVA.

In ESA, over the last year JHPIEGO provided technical assistance on a REDSO-sponsored PAC needs assessment visit to Zambia leading to the development of a JHPIEGO project which will strengthen PAC training in Zambia. (See Zambia/core section). A JHPIEGO team also conducted a PAC needs assessment in Uganda as part of a broader EMHC needs assessment. In FY99 it is anticipated that needs assessments will be conducted in one to two additional ESA countries (Malawi or one other country to be selected) to determine how to establish and/or improve PAC services quickly and effectively.

REDSO/ESA has a strong interest in promoting PAC within the ESA region and JHPIEGO will work closely with REDSO to promote a coordinated approach. In addition, JHPIEGO may invite Centre For African Family Studies (CAFS) trainers to participate in the skills standardization and clinical training skills workshops in order to strengthen CAFS' technical expertise in this area.

1.2 Overview/Vision of Postabortion Care— ESA

JHPIEGO expects to provide PAC technical assistance in three to four ESA countries (e.g. Uganda, Malawi, Zambia, etc.). This assistance might involve

- Assessment of service provision and clinical training sites
- Establishment and/or improvement of PAC services at selected key service delivery/clinical training sites
- Developing or adapting PAC training materials and service delivery guidelines for use in the region
- Training of physician/nurse teams in treatment of incomplete abortion using MVA standardized procedures for infection prevention and pain management and provision of family planning counseling to women who have received treatment for an incomplete miscarriage or induced abortion
- Conducting followup visits to hospital sites where physician/nurse teams are based to ensure the provision of quality and comprehensive postabortion care

More specifically, in Malawi, JHPIEGO plans to work with the Department of Obs/Gynae of the College of Medicine University of Malawi to expand PAC services (initially started by IPAS) throughout the country. It is anticipated that a pilot program will be started at three sites. A needs assessment in early FY99 will provide programming guidance.

Because JHPIEGO's focus in Uganda is in preservice training and because need is greatest to establish services quickly, PAC in Uganda will focus on strengthening PAC services and, eventually, training in hospitals where interns are posted. Currently, Mulago Hospital has a functioning PAC unit which offers MVA in addition to curettage treatment of incomplete abortions and offers counseling. (The hospital currently provides FP counseling and services to about half of the patients who are treated for incomplete abortion.) Makerere University School of Medicine (MUK) provides classroom training with some clinical exposure but little actual practice. Interns at MUK are taught to use MVA at Mulago but are not exposed to post-procedure counseling as that is done by midwives. Of the ten other hospitals where interns are trained, none have comprehensive PAC services in place, and none offer MVA. Interns are trained to treat incomplete abortions with curettage and post-treatment FP counseling is not always addressed.

A separate project has been approved, (funded with both core and field support funds) which will strengthen PAC training in Zambia (see Zambia/core funding section).

2 REGIONAL PROGRAMMING OBJECTIVES

- To increase the clinical knowledge and skills of Ob/Gyn specialists in the care and treatment of complications due to spontaneous or induced abortions, including the use of MVA with appropriate pain management and recommended infection prevention practices
- To improve family planning counseling knowledge and skills of Ob/Gyn and health care personnel providing treatment for postabortion complications
- To increase the knowledge of and use of family planning services by women receiving postabortion care treatment
- To establish sites which provide MVA services and which can potentially serve as clinical training sites
- To strengthen linkages between FP/RH and PAC services
- To strengthen preservice training for PAC services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

Please note this timeline reflects achievement of benchmarks in Malawi and Uganda, it will be adjusted accordingly once the third country for PAC technical assistance has been identified

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions						
	A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized				9/00	1 3a 1 4b 2 4b
	PAC training in IP, PAC and FP counseling, MVA, FP/CTU for service providers					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements				9/00	1 3a 1 4b 2 4b
	Facility needs assessment conducted					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Facility visits to strengthen clinical sites conducted					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Trained clinical trainers/preceptors are successfully supervising RH clinical practice in one or more institutions				9/00	1 3a 1 4b 2 4b
	Followup visits by trainers to ensure quality service provision					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials have been developed for use in one or more institutions			3/00		1 3a 1 4b 2 4b
	Adaptation of PAC training materials for on site training					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines document published			11/99		1 2a 1 4b 2 4d
	Meeting held to finalize guidelines					
SR 3 3 Improved policy development and implementation process						
	Host country officials sensitized to the need to strengthen the policy environment through revising policy norms		9/99			1 2a 1 3a 1 3c 2 2b 2 4d
	PAC Strategy Meeting					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- An approach to provision of quality PAC services tested and validated in three countries
- Needs assessments conducted in two countries and programming strategy established for PAC sites
- Selected sites providing quality MVA services

- Clinical preceptors and medical school faculty in three countries have been trained to effectively transfer PAC clinical skills
- FP/RH counseling and services and PAC linkages strengthened in three countries
- Quality PAC services provided by a core group of service providers/faculty and clinical preceptors who are knowledgeable and skilled in MVA

5 POSTABORTION CARE—ESA REGIONAL BUDGET (FY99 AND FY00)

<p align="center">NEW INITIATIVES Postabortion Care—ESA Regional Budget</p>	<p align="center">Projected Expenses FY99</p>	<p align="center">Projected Expenses FY00</p>
<p>Postabortion Care—ESA Regional</p>	<p align="center">\$210,000</p>	<p align="center">\$0</p>

NEW INITIATIVES

POSTABORTION CARE—WEST AFRICA REGIONAL

1 BACKGROUND

1.1 Regional Situation

Unsafe abortion presents an important problem in maternal health worldwide. Whether or not abortion is legal, in most developing countries, complications from incomplete spontaneous or unsafe abortions are a major contributor to maternal mortality and morbidity. The most frequent postabortion complications are hemorrhage, sepsis and perforated uterus.

There has been much discussion, but little had been done to improve postabortion services in Francophone West Africa until recently. There is a critical need for quality service provision including improved infection prevention practices, better treatment of complications and linkage to family planning (FP) services to end the cycle of unwanted pregnancy. Introduction of more effective ways of treating postabortion bleeding complications met with resistance in Francophone countries because it was thought that the instruments could easily be used to induce abortions, rather than taking care of postabortion complications. JHPIEGO has been able to work with recognized RH experts in seven health facilities in three countries - Burkina Faso, Senegal and Guinea, to introduce improved postabortion care services, using manual vacuum aspiration to treat bleeding complications, upgrade infection prevention practices, provide postabortion FP counseling and offer FP services to women coming for postabortion care.

JHPIEGO, in collaboration with local counterparts, carried out a series of activities to prepare the sites and a core team of midwives and physicians for this new maternity service. A needs assessment of the facilities and providers documented how the maternity was presently taking care of PAC cases and indicated the appropriateness of the facility to introduce the new initiative. Then, a contraceptive technology update provided the core team with current knowledge on family planning issues, PAC service delivery standards were developed, skills in counseling and interaction with the patient were updated. Technical assistance was provided as to how to set up PAC services and technicians were trained in the manual vacuum aspiration (MVA) technique. An orientation meeting was held so that others in the health facility and neighboring maternities were aware of the project and could make timely referrals. After the initiation of the services, follow-up visits were made during the first few months to resolve problems and assure that quality services were being provided.

The three pilot countries have had a successful initiation of services and are interested in decentralizing PAC, thus improving access and quality of care to women outside of the capital city.

1.2 Overview/Vision of Postabortion Care—West Africa Regional

With continued technical support for the pilot sites to become training centers and advocacy activities for improved maternal health, JHPIEGO in collaboration with the core teams from each country and representatives of their respective Ministry of Health, will develop a decentralization strategy to introduce PAC services to appropriate sites outside of the capital. Training, logistic and management questions for quality service delivery and institutionalization of the service will also be addressed during the strategy meeting. With up to one year's experience, the policy and service delivery guidelines document will be reviewed and finalized, if not already accomplished.

The development of a decentralization strategy will orient where and when expansion of the PAC activities will take place. The strategy will designate which level of service providers will be trained and the best way to transfer to them the necessary knowledge and clinical skills to provide quality services. Training materials will be developed to meet the training needs. With an expected small number of women coming to the outlying health facilities for PAC services, a form of on-site training may be the most effective and efficient way to attain competency. As with all of JHPIEGO's training approaches, providers will be assessed as to their competency before being given the responsibility to provide services. Visits will be done by a member of the core team and a representative of the Ministry of Health to the new sites to assure that quality services are being provided. They will work with providers to resolve any problems.

Orientation seminars for national and regional policymakers and program managers will be held at the beginning of the process to insure their involvement and buy-in.

In FY00 the process for introducing PAC services will be initiated in two other Francophone countries, depending on the availability of funds.

2 REGIONAL PROGRAMMING OBJECTIVES

- To raise the awareness of national and regional policymakers and program managers as to the importance of effective PAC services in improving maternal health
- To develop a strategy for decentralized training and service delivery of quality PAC services
- To increase and improve health personnel's knowledge and skills in treating complications of spontaneous and induced abortions, including use of manual vacuum aspiration (MVA) and the recommended procedures for infection prevention and pain management
- To increase and improve health personnel's knowledge and skills in counseling and family planning services for women who have been treated for postabortion complications
- To increase the knowledge and use of family planning services by women receiving postabortion care treatment

- To establish sites in- and outside of the capital which provide MVA services and which could potentially serve as training sites
- To strengthen infection prevention knowledge and practices among hospital staff
- To develop appropriate training materials which can be used to decentralize training
- To integrate into the current logistic and management systems to ensure institutionalization of quality PAC services
- To raise the awareness of national and regional policies and inform program managers of the benefits of effective PAC services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 3 3 Improved policy development and implementation process						
	Host country officials sensitized to the need to strengthen the policy environment through revising policy norms	12/98				1 2a
	Meeting to develop decentralization strategy					
	Meeting of officials for initiation of PAC in new countries					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National PAC service guidelines document published	1/99				1 2a
	Meeting held to develop guidelines (in new initiative countries)					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials have been developed for use in one or more institutions	3/99				1 4b
	Adaptation of PAC training materials for on-site training					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 1 3 <i>Clinical training sites and centers established and fully functioning at optimal performance</i>						
	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements				6/00	1 4b
	Facility needs assessment conducted					
	Facility visits to strengthen clinical sites conducted					
SR 1 1 <i>Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of clinical trainers/preceptors involved in clinical practice have had their RH skills standardized				6/00	1 4b
	PAC training in IP PAC and FP counseling MVA FP/CTU for service providers					
SR 1 4 <i>Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>						
	Trained clinical trainers/preceptors are successfully supervising RH clinical practice in one or more institutions				6/00	1 4b
	Followup visits by trainers to ensure quality service provision					

5 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Strategy for decentralization of PAC services, which can be used as a model for West African countries, produced
- Appropriate materials for decentralized training in Francophone West Africa developed
- Decentralized quality PAC services being provided in three West African countries
- Improved PAC services introduced in two additional countries

6 POSTABORTION CARE BUDGET—WEST AFRICA REGIONAL(FY99 AND FY00)

NEW INITIATIVES Postabortion Care Budget—West Africa Regional	Projected Expenses FY99	Projected Expenses FY00
West Africa Regional—Postabortion Care	\$559,733	\$500,000

NEW INITIATIVES

POSTABORTION CARE—TURKEY

1 BACKGROUND

1.1 Country Situation

Abortion is legal in Turkey but the provision of family planning services for women during the postabortion and postpartum period (PAC/PP) is lacking. Family planning (FP) services are not routinely offered at the time of emergency treatment, and links to other FP care typically do not exist. The prevention of repeat abortions and unwanted pregnancies soon after delivery is an important part of quality reproductive health care for Turkey. The JHPIEGO strategy is to support efforts to improve family planning services for women presenting for induced abortion, spontaneous abortion and postpartum services.

A USAID/Washington mid-project evaluation team in Turkey recommended that special initiatives should be taken to strengthen family planning services to women in the postabortion and postpartum periods. The Istanbul region was chosen for the special initiative because it is the most populated region of Turkey and has a large urban migration problem. If successful, this initiative could be applied to other regions by the General Directorate for maternal and child health/family planning (MCH/FP).

1.2 Overview/Vision of Postabortion/Postpartum Care—Turkey

In response, JHPIEGO will support a special new initiative to provide family planning training for general practitioners and midwives (trainers and service providers) who provide abortion and delivery services in maternal health centers in Istanbul. Clinical service sites that provide preservice clinical training for midwives would be given priority. This training would enable service providers to begin new or improve existing FP services for women in Istanbul during their postabortion and postpartum periods.

In addition, JHPIEGO would support the integration of PAC/PP FP care into the revision of the National Service Delivery guidelines. Efforts will be made to include PAC/PP FP care in the FP curriculum module and training material that is developed for preservice midwifery training.

Specifically, JHPIEGO expects to work with the Department of Health and other USAID cooperating agencies to provide PAC/PP family planning technical assistance in Istanbul. This assistance may involve

- Assessment of PAC/PP service provision and clinical training sites
- Provision of FP training for service providers and clinical instructors who provide services for incomplete miscarriage induced abortion or delivery
- Establishment and/or improvement of PAC family planning counseling and clinical services at selected key MCH service and clinical training sites in Istanbul
- Addition of PAC/PP FP care to the National FP/RH Service Guidelines
- Addition of PAC/PP FP to the inservice training materials
- Addition of PAC/PP FP care to the FP curriculum module and training material that is developed for preservice midwifery training
- Conducting followup visits to sites where physician/nurse teams are based to ensure the provision of quality and comprehensive postabortion family planning care

2 COUNTRY PROGRAMMING OBJECTIVES

- To improve family planning counseling knowledge and skills of health care personnel providing treatment for postabortion complications and postpartum care
- To increase the knowledge of and use of family planning services by women receiving postabortion care treatment and postpartum services
- To strengthen linkages between FP/RH and PAC/PP services
- To strengthen preservice training for PAC/PP FP services

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 1 Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>						
	A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized		9/99			1 3a 1 4b 2 4b

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	PAC/PP FP counseling and clinical training for service providers					
SR 1 3 Clinical training sites and centers established and fully functioning at optimal performance						
	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements		9/99			1 3a 1 4b 2 4b
	Facility needs assessment conducted					
	Facility visits conducted to strengthen clinical sites					
SR 1 4 Demonstrated adherence to quality standards by professional schools and clinical training and education sites						
	Trained clinical trainers/preceptors are successfully supervising RH clinical practice in one or more institutions		9/99			1 3a 1 4b 2 4b
	Followup visits by trainers to ensure quality service provision					
SR 1 8 Training materials developed/adapted/localized and implemented in training programs						
	Adequate training materials have been developed for use in one or more institutions		9/99			1 3a 1 4b 2 4b
	Adaptation of PAC training materials for inservice and preservice training					
SR 3 2 Improved national standards, guidelines, norms and protocols for service delivery and education sites						
	National service guidelines document published		9/99			1 2a 1 4b 2 4d
	Meeting held to finalize guidelines					

4 ANTICIPATED OUTCOMES (FY99)

- Needs assessments conducted at 3 MCH sites in Istanbul
- Effective PAC/PP FP training provided by a core group of clinical trainers in Istanbul
- Selected sites providing quality PAC/PP FP counseling and services or with linkages developed with FP service providers

- National Service Delivery guidelines and inservice and preservice midwifery training material that include PAC/PP FP information
- Clinical preceptors and midwifery school faculty trained to effectively transfer PAC/PP FP clinical skills

5 POSTABORTION CARE—TURKEY BUDGET (FY99 AND FY00)

<p align="center">NEW INITIATIVES Postabortion Care—Turkey Budget</p>	<p align="center">Projected Expenses FY99</p>	<p align="center">Projected Expenses FY00</p>
<p>Postabortion Care—Turkey</p>	<p align="center">\$123,033</p>	<p align="center">\$0</p>

TECHNICAL LEADERSHIP SYSTEMS

Leadership in Training

DEVELOPING HUMAN RESOURCES IN REPRODUCTIVE HEALTH

1 BACKGROUND

1.1 Situation

As populations continue to grow globally, placing ever increasing demands on national health care systems, resources available to meet these demands are decreasing. Not only are the financial constraints severe, but throughout the world, reproductive health training and service delivery systems are faced with a lack of sufficient numbers of experts able to fill leadership positions. In addition, a significant problem facing JHPIEGO and many international agencies is an insufficient number of technical expert consultants available to provide short-term assistance to national programs worldwide.

1.2 Overview/Vision of Developing Human Resources in Reproductive Health

In order to strengthen these national systems, a continuous supply of competent trainers and technical experts/advisors must be available. These individuals should come from within the country or region itself and must have experience in policy, programming, evaluation and research in addition to clinical expertise. These same individuals can also be an invaluable consultant pool for international agencies such as JHPIEGO. JHPIEGO can play a key role in the development of a pool of reproductive health training expertise.

JHPIEGO will support a program to develop a pool of reproductive health training expertise. Each year, one physician, nurse and/or midwife from the countries and regions in which we work will be identified who is already an experienced reproductive health trainer with demonstrated leadership potential. In accordance with the partnership between JHPIEGO and the Johns Hopkins Leadership Program in Population and Public Health, this individual comes to Baltimore to complete coursework toward a Master of Public Health at the Johns Hopkins School of Hygiene and Public Health following the standard one year course of full-time study. During this year of study, s/he will be supported by the Leadership Program.

Following completion of her/his studies, this individual will then join JHPIEGO as a full-time employee in the Reproductive Health Division of the Training Office for one or two years. In the capacity of Reproductive Health Advisor, s/he will serve as an internal consultant to JHPIEGO's regional offices in the planning, implementation and evaluation of reproductive health training programs. S/he will also assist with the development of JHPIEGO's training materials and approaches. Her/his extensive field experience, training expertise and technical knowledge will be of invaluable assistance to the entire organization. Every effort will be made

to coordinate her/his practical work experiences with her/his course of studies giving her/him the chance to practice what was learned during the MPH year, as well as contribute her/his new knowledge and skills to JHPIEGO

Attaining an MPH, combined with the subsequent practical work experience will significantly increase her/his value both to her/his national/regional reproductive health service delivery and training systems and to JHPIEGO as s/he continues to work with us in the future as a consultant

Upon completion of her/his practical experience here at JHPIEGO (2 or 3 years including the MPH year) it is anticipated that s/he will return to her/his home countries/regions to take up leadership positions with the national health care systems and/or continue to collaborate with JHPIEGO as a consultant or in a similar capacity

2 PROGRAMMING OBJECTIVE

- Development of Reproductive Health Advisors, prepared to take on leadership roles in their national/regional health care systems and/or to serve as international consultants

3 TIMELINE OF ACTIVITIES AND BENCHMARKS GPHN/SO/IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Technical experts developed who are qualified to provide FP/RH technical assistance		9/99		9/00	1 2 2 4 2 4 4 2 4 4

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- 2 Reproductive Health Advisors with complete MPH degree providing technical assistance to the JHPIEGO organization
- 1 Reproductive Health Advisor with completed MPH degree and practical work experience, taking on new leadership roles in her/his home countries/regions or with JHPIEGO

**5 DEVELOPING HUMAN RESOURCES IN REPRODUCTIVE HEALTH BUDGET
(FY99 AND FY00)**

TECHNICAL LEADERSHIP SYSTEMS Developing Human Resources in Reproductive Health Budget	Projected Expenses FY99	Projected Expenses FY00
Developing Human Resources in Reproductive Health	\$218,343	\$241,279

TECHNICAL LEADERSHIP SYSTEMS

EVALUATING THE OUTCOME OF INTEGRATED FP/RH EDUCATION AND TRAINING ON PERFORMANCE

1 BACKGROUND

1.1 Situation

Evaluations and research studies are critical in assessing the impact of learning interventions on service delivery. JHPIEGO has been using Kirkpatrick's framework for training which contains 4 levels of training evaluation. USAID and other donors have been moving away from input and process evaluation and increasingly focus on impact (Level 4). While the latter is a positive step, results at the impact level are often achieved only through mid- to long-term interventions (10–20 years) which are costly to achieve and difficult to document. Level 3 evaluations, however, document the effect on service delivery of learning interventions.

A significant problem facing JHPIEGO and many international agencies in conducting these evaluations is an insufficient number of technical expert consultants available to provide short-term training assistance to national programs worldwide. USAID's focus on strategic objectives and intermediate results has reinforced the need for specialized assessments and evaluation of JHPIEGO's various training activities and strategies. There is a particular need for evaluators with FP/RH clinical skills training expertise to assist in evaluation activities.

Additionally, the focused efforts being made by JHPIEGO in preservice education (PSE) have illustrated that the time is ripe for a review of PSE efforts for FP/RH training in developing country settings.

Finally, R&E has only limited statistical assistance and even more limited data synthesis capability, so second-level analyses of existing data and first-level analyses of applied-research activities cannot be done. In addition, as more baseline assessments using similar tools are conducted, our capacity for cross-analysis and synthesis of mixed qualitative and quantitative datasets needs to expand.

1.2 Overview/Vision of Technical Leadership

Under the Performance Improvement approach in this next Cooperative Agreement, JHPIEGO will institutionalize Level 3 evaluations so that performance of trainees as well as faculty (classroom and clinical instructors) and trainers will be assessed in service delivery settings.

JHPIEGO will conduct Level 3 and Level 4 research activities in two areas

- 1 Evaluations of country-specific education and training activities
- 2 Applied research studies of new learning technologies

The applied research studies will be evaluations of new performance improvement tools and the way they are used. In FY99, JHPIEGO will conduct one Level 3 evaluation. Planning for one of the Level 4 outcome evaluations will begin in this program year with the strategy for a Level 4 evaluation being developed. Strategy development for this outcome evaluation will include identification of an inter-agency working group and of potential sites.

To conduct these evaluations, a continuous supply of competent trainers and technical experts/advisors must be available. In FY98, selected advanced and master trainers assisted with trainer assessment activities, especially the intensive activities for trainer followup. Development of consultants through mentoring activities in applied research and evaluations will continue. Opportunities for meeting this need continue to be limited primarily because of the funding limitations of country program budgets.

A key study (desk review) on the global status of preservice education will examine the efforts made in preservice education over the past decade internationally, outlining the ways in which FP/RH classroom and clinical training have been integrated into preservice education, and the potential of preservice education to meet country FP/RH training needs.

Synthesis of findings and results from the various levels of analyses will be supported through work with experienced researchers, especially those skilled in small-dataset analyses.

2 PROGRAMMING OBJECTIVES

- To evaluate and document program successes at Level 3 (outcome of training) and Level 4 (impact of training)
- To evaluate performance improvement as a function of innovative learning approaches, educational resources and the delivery of reproductive health information through new technologies
- To increase the pool of trainers and consultants with applied research/evaluation skills to meet JHPIEGO needs
- To produce a variety of evaluation results from existing and related datasets
- To synthesize the global status of preservice education for FP/RH learning

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	RH Program Evaluation of RH human resource development in key JHPIEGO country programs (Level 4 evaluation)					1 1c 1 1d
	Identify interagency working group and country representing essential incountry and collaborating agents					
	Identify mature country program design assessment tools/methods to collect baseline information					
	Gather and synthesize baseline information in a baseline report, identify human resource development areas to be assessed and compared to baseline, design and test the impact evaluation methods and tools					
SO Improved Provider Performance and National Capacity for Training and Education for Family Planning and Other Reproductive Health Interventions						
	Service providers and trainers are providing RH services/training competently and according to service delivery guidelines (Level 3 evaluation), Preservice graduates are providing services competently and according to service delivery guidelines (Level 4 evaluation)					1 1c 1 1d
	Conduct one Level 3 evaluation					
	Produce technical report of evaluation results					
SR 1 6 Improved application of information technology for training						
	New technologies and approaches field-tested (e g , anatomic models, online courses, learning aids) and implemented in country programs (10 field tests over 5 years) conduct field-test and develop technical report on at least one new learning technology or approach each year					1 1a 1 1d

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 3 4 Leadership training, support and mentoring programs in place						
	Technical experts develop who are qualified to provide technical assistance advanced trainers and master trainer candidates participate in trainer followup assessments and Level 3 evaluations (at least 3 mentoring opportunities provided each year)		9/99		9/00	1 3a 1 4b 2 4c
	Special studies showing improved effectiveness/ efficiency of training		9/99		9/00	1 1d
	Desk synthesis studies conducted (preservice baseline assessments inservice assessments etc)					
	Technical document on global status of PSE					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Level 3 evaluation of job performance in one country conducted and documented after training
- Outcome study development group has defined study questions and designed evaluation strategy
- Two advanced/master trainers developed and functioning for trainer followup and other evaluation activities each year
- Global status of PSE for FP/RH training synthesized
- Level 3 evaluation of job performance in one country conducted and documented after training
- One outcome study will be in process to document the outcome of USAID inputs and results from FP/RH program efforts including training
- An expanded pool of trainers and technical experts will provide services to JHPIEGO for its programs
- Two learning approaches/technologies have been evaluated for their effectiveness and for their performance improvement potential
- Two synthesis studies conducted each year on various aspects of training

5 TECHNICAL LEADERSHIP SYSTEMS—EVALUATING THE OUTCOME OF FP/RH EDUCATION AND TRAINING ON PERFORMANCE BUDGET (FY99 and FY00)

TECHNICAL LEADERSHIP SYSTEMS Evaluating the Outcome of FP/RH Education and Training on Performance Budget	Projected Expenses FY99	Projected Expenses FY00
Evaluating the Outcome of FP/RH Education and Training on Performance	\$470,000	\$1,620,000

TECHNICAL LEADERSHIP SYSTEMS

Leadership In Training

TRAINING INFORMATION SYSTEMS FOR HUMAN RESOURCE DEVELOPMENT

1 BACKGROUND

1.1 Situation

JHPIEGO focuses on Training Information Systems (TIS) development as an aspect of capacity-building for management of training programs. A TIS includes the persons, processes and tools promoting the use of training-related information. This information is essential to a wide variety of audiences in government, the not-for-profit sector and professional organizations. It provides them with the data they need to monitor training programs, including deployment of trained service providers. Additionally, policymakers and planners can use information from a TIS to explore the implications of their training strategies in light of projected needs for services.

Key to both a TIS and a HIS (Health Information System) is the need for a paper-based system for collecting information to be established before computer-based tools can be implemented. A functioning TIS requires that a mechanism for collecting the information to track training efforts be functioning: those who coordinate training efforts collect the information, process it, and then work with other units such as the Statistical Services Division of the MOH to process it into reports as well as to synthesize it for planning discussions. Then the information must be used for monitoring program efforts and for decision-making about program functioning.

To support the people and processes in a TIS, JHPIEGO has developed two computer-based tools to assist in and automate the monitoring and planning of training program management:

- ProTrain™ is a computer-based software package for the purposes of projecting service provider training needs. It serves as a manpower planning and resource allocation tool, usually at the national level, by allowing policymakers and senior program managers to examine FP/RH program assumptions and the effects of training interventions on the FP/RH program. ProTrain by its nature (projections) is not a tool used continuously but it should be used for major planning exercises such as national budget planning in an MOH. The use of ProTrain requires coordination with other national-level data to ensure that the training projections meet service delivery demands.

- The Training Information Monitoring System (TIMS[®]) is a computer-based database application to monitor and track training efforts both at the trainee and the training event level. Data can be used to monitor trainee progress through a series of events and to determine training program efforts (such as annual number of courses conducted) as well as for allocating training resources. This tool should be used regularly and continuously for tracking training-related efforts in an area (country, province) and information from the database should be used in quarterly and annual training program reviews.

In addition to these tools, there is critical programmatic work (advocacy and program planning) that must be ongoing to support TIS interventions and ensure that a TIS functions in a country. These efforts are key to ensuring that discussions on provider deployment, certification and credentialing, and inservice/preservice training allocations use field-based data for decision-making so that training resources are allocated efficiently and expended appropriately.

1.2 Overview/Vision of JHPIEGO Program

JHPIEGO first began formally working with in-country collaborators on Training Information Systems in Kenya. This work addressed the types of training information collected and the ways in which it is stored, used and shared. A TIS database application was developed in Kenya to increase the efficiency with which training information could be processed and disseminated. (This has been refined and updated into TIMS.) Partners in other countries have expressed the need for more efficient sharing of information related to training, and planning has begun for introduction of the TIS database tool in Nepal for use by the National Health Training Center. JHPIEGO is also collaborating with the Indonesian National Family Planning Board (BKKBN) on TIS development for the National Clinical Training Network, and has been working with BKKBN to introduce ProTrain in various provinces. During FY99, JHPIEGO will assist these countries in strengthening their existing Training Information Systems, and, where appropriate, this work will go on in other countries in FY00. Ghana is particularly interested to move forward, but field support funding is not available. Use of the data in conjunction with other data sources will also be explored.

2 PROGRAMMING OBJECTIVE

- Assist countries in more efficient use of training data for planning, monitoring and evaluation purposes.

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
SR 2 6 Approaches to evaluating the effect of training on provider performance and quality of service delivery tested and used						
	Special study conducted to assess the impact of training evaluating the effect of training interventions on service delivery including use of data from TIMS to project training needs using ProTrain					1 1c
SR 2 5 Monitoring and information systems and tools in place to determine training needs						
	A mechanism exists for monitoring whether adequate numbers of providers are available/being trained for FP/RH service provision, by method and by cadre to meet ongoing/changing service delivery needs					1 1c 1 3a
	Provide technical assistance to one country per year to conduct a needs assessment of the existing training information system elements, and to develop consensus among key stakeholders about actions to strengthen the system					
	Modification of training forms and customization of TIMS incountry					
	Provide followup technical assistance including one followup visit to each country to monitor use of TIMS and the general functioning of the TIS					
SR 2 4 Capacity for strategic planning and system for deployment of trained personnel established						
	The TIS links training statistics with service delivery information to enable service delivery gaps to be identified					1 1c
	Provide technical assistance to one country per year to conduct a needs assessment of the existing training information system elements, and to develop consensus among key stakeholders about actions to strengthen the system					
	Provide followup technical assistance including one followup visit to each country to monitor use of TIMS and the general functioning of the TIS					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Through technical assistance—including the customization of database tools—participating institutions in at least two countries will have established and strengthened Training Information Systems for monitoring training programs as well as for spearheading discussions with authorities on deployment of trained service providers
- In at least one country, training monitoring data will be linked with ProTrain to project service provider training needs

5 TRAINING INFORMATION SYSTEMS FOR HUMAN RESOURCE DEVELOPMENT BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP SYSTEMS Training Information Systems for Human Resource Development Budget	Projected Expenses FY99	Projected Expenses FY00
Training Information Systems for Human Resource Development	\$211 000	\$300,000

TECHNICAL LEADERSHIP SYSTEMS

Innovative Training Approaches

PERFORMANCE IMPROVEMENT

1 BACKGROUND

1.1 Situation

Performance improvement refers to a systemic set of human resource development processes designed to improve the quality and accessibility of family planning, essential maternal health care and other selected reproductive health services. These processes may encompass strategies and interventions in the areas of national reproductive health policy, organizational management policies and practices, education and training, and performance evaluation systems. Overall, performance improvement processes will contribute to the sustainability of services and systems. Growing populations globally have overburdened national health care systems creating a particular need for sufficient numbers of reproductive health experts able to fill leadership positions. In addition, a significant problem facing JHPIEGO and many international agencies is an insufficient number of technical expert consultants available to provide short-term assistance to national programs worldwide.

Performance improvement requires comprehensive assessment processes and instruments, a variety of interventions designed to improve job performance, human resources capacity-building through mentoring and continuing education activities and appropriate followup to ensure a transfer of knowledge and skills from a learning intervention to the job site.

1.2 Overview/Vision of Performance Improvement

The vision of JHPIEGO's performance improvement initiatives is quality reproductive health and family planning services provided by qualified service providers within efficient service delivery sites. In order to strengthen national systems, a continuous supply of competent trainers and technical experts/advisors must be available. These individuals should come from within the country or region itself and must have experience in policy, programming, evaluation and research in addition to clinical expertise. These same individuals can also be an invaluable consultant pool for international agencies such as JHPIEGO. Performance improvement initiatives can play a key role in the development of a pool of reproductive health training expertise.

To move from training to performance improvement, JHPIEGO will need to develop an overall performance improvement strategy, strengthen performance analysis processes, explore the need for training clinical supervisors, develop followup support protocols and provide mentoring and continuing education opportunities for advanced and master trainers.

2 PROGRAMMING OBJECTIVES

- To develop a strategy paper outlining JHPIEGO's shift from a training to a performance improvement organization
- To develop and test a standard set of performance analysis assessment instruments
- To review existing materials available to support the preparation of clinical supervisors
- To develop post-training followup protocols
- To standardize and update competencies of an international group of reproductive health advanced and master trainers and technical experts to assist in strengthening training and service delivery systems worldwide
- To determine the geographic distribution of former training participants the settings in which they are applying/not applying their skills and to identify barriers to post-training application of skills
- To develop Reproductive Health Advisors, prepared to take on leadership roles in their national/regional health care systems and/or to serve as international consultants

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY GPHN/SO/IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Strategy paper developed	1/99				1 1d
Performance improvement strategy paper written					
Performance improvement strategy paper disseminated to JHPIEGO staff and trainers					
Performance analysis assessment instruments developed and tested				9/00	1 1a
Existing needs assessment instruments revised					
New performance assessment instruments developed					
Performance analysis assessment instruments field tested and revised					

JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
New training packages developed		9/99			1 1a
Clinical supervisor training materials reviewed and adapted or adopted					
Post-training followup protocols developed and tested				9/00	1 1a
Post-training followup protocols developed					
Post-training followup protocols tested in the field					
A core group of clinical trainers have become advanced trainer candidates after completing the ATS course				9/00	1 3a 2 4c
Track the development of preservice faculty and clinical trainers in each country					
A core group of advanced trainer candidates have qualified to become advanced trainers after cotraining at least one qualifying event within one year after the ATS course under the supervision of a qualified advanced or master trainer or technical expert				9/00	1 3a 2 4c
Identify advanced trainer candidates					
Design appropriate cotraining events to qualify the candidate advanced trainers as advanced trainers					
Track the development of advanced trainers in each country					
A core group of proficient master trainer candidates participate in at least one training needs assessment and one level three training evaluation within two years of completing the instructional design course				9/00	1 3a 2 4c
Identify master trainer candidates					
Design appropriate cotraining events to qualify the candidate master trainers as master trainers					
Track the development of master trainers in each country					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Strategy paper on PI developed and disseminated
- Performance analysis instruments developed and tested
- Performance analysis instruments finalized and being used
- Clinical supervisor training materials reviewed, adapted or adopted

- Post-training followup protocols developed and tested
- At least 5 Master trainers and technical experts qualified and providing FP/RH technical assistance regionally and internationally

5 PERFORMANCE IMPROVEMENT BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP SYSTEMS Innovative Training Approaches Performance Improvement Budget	Projected Expenses FY99	Projected Expenses FY00
Performance Improvement	\$417,217	\$426 059

TECHNICAL LEADERSHIP SYSTEMS

Innovative Training Approaches

MODIFIED COMPUTER-ASSISTED LEARNING (MODCAL™)

1 BACKGROUND

1.1 Situation

As the number of health professionals (physicians, nurses and midwives) required to deliver reproductive health services increases during the next decade, there will be a corresponding need to prepare trainers and service providers in a more cost-effective manner. The time and resources required to provide group-based training courses in reproductive health can greatly limit a country's ability to increase access to services. Modified computer-assisted learning (ModCal™) is JHPIEGO's solution for this critical challenge.

1.2 Overview/Vision

ModCal Courseware for Reproductive Health Professionals is a series of courses covering selected areas of reproductive health in an interactive multimedia format. ModCal merges text, graphics, sound, video and animation with the ability to navigate through these media.

Computer-assisted learning is a logical and necessary addition to JHPIEGO's innovative learning interventions. ModCal combines the best aspects of computer-assisted learning (flexibility, standardization and cost-effectiveness) with JHPIEGO's hands-on, competency-based learning approach.

ModCal enables faculty and clinical trainers to make better use of their time by reducing or eliminating the need for them to give group lectures or other formal presentations. Course faculty/trainers are encouraged to interact with learners and to engage them in hands-on activities to reinforce their knowledge and understanding of the information being taught on the computer.

In the ModCal method, clinical demonstrations, clinical practice, role play and evaluation remain integral parts of the learning experience. They are combined with brief interactive modules (IMs) that provide the essential, standardized information which serves as the solid base for learning new skills (e.g., IUD insertion and removal). Participants using ModCal gain both the knowledge and motivation they need to complement their new clinical skills, eliminating the need for them to give lectures and other formal presentations.

Participants move through ModCal at their own pace shifting from IMs on the computer to interactive clinical demonstrations assisted by facilitators. This allows a more self-paced approach to knowledge transfer with an option to review and reduces both training time and expense. In situations where the number of clients for family planning services is limited, small groups of students can move through the course in staggered segments, thereby reducing the amount of time spent waiting between practice with models and experience with clients.

Installation of ModCal into a training system requires a partnership between the training institution, which provides the human resources, the government, which provides the financial commitment, and donor organizations, which provide equipment and technical assistance. Such collaboration produces a sustainable learning intervention that continues after direct donor support ceases.

2 PROGRAMMING OBJECTIVE

- To develop and implement more cost-effective learning approaches for RH service providers and trainers

3 TIMELINE OF ACTIVITIES AND BENCHMARK BY GPHN/SO/IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
New learning packages developed					
Publish <i>ModCal for IUD Services</i>					
Develop, field test and publish <i>ModCal for Clinical Training Skills</i>					
Develop, field test and publish <i>ModCal for Infection Prevention Services</i>					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Existing training packages converted to computer-assisted learning approach

5 MODCAL BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP Innovative Training Approaches Modified Computer-Assisted Learning (ModCal™)	Projected Expenses FY99	Projected Expenses FY00
Modified Computer-Assisted Learning (ModCal™)	\$526 516	\$552 842

TECHNICAL LEADERSHIP SYSTEMS

Innovative Training Approaches

PERFORMANCE SUPPORT SERVICE

1 BACKGROUND

1.1 Situation

JHPIEGO, through its work in RH education and training, has found that an interactive, adult-oriented training approach is effective in transferring knowledge and skills. It is, however, very labor intensive, and the number of individuals that can be reached is limited. JHPIEGO faces similar challenges in supporting its network of 500 trainers from countries around the world. In addition, JHPIEGO also faces other challenges such as continuing support of trainers after USAID withdraws from countries, slowing attrition of trainers from JHPIEGO's network and decreasing the isolation of trainers by fostering peer support. Recent advances in information technology offer a means of overcoming many of these challenges.

JHPIEGO began meeting these needs in 1995 with the development of the ReproLine® (Reproductive Health Online) website (www.reproline.jhu.edu), which continues to be expanded and updated. In 1998, JHPIEGO added a complementary interactive service—the REPRONET-L listserv (e-mail discussion list)—to enable its network of trainers to discuss their challenges in reproductive health training.

1.2 Overview/Vision of the Performance Support Service

JHPIEGO plans to further leverage advances in information technology through creation of a **Performance Support Service (PSS)**. Currently, it is targeted to serve our worldwide network of over 500 qualified trainers (core users)—referred to as ReproNet. The PSS will include the electronic and human resources needed for these core users to continue their professional development and gain continued support for their activities. Participation through the PSS will increase interaction between members of the network, thereby helping to build South-to-South ties. The PSS will also serve to meet the needs of policymakers and faculty (secondary users) working to develop and update national RH policies, service delivery guidelines, and improved integrated (pre- and inservice) education and training systems.

The PSS will provide the means for delivering information, providing forums for communication, evaluating performance, delivering distance education and helping JHPIEGO's trainer network navigate through the ever-growing body of information available on the Internet. JHPIEGO's work in this area will focus on the application of cost-effective solutions to improve education and training systems, increase the effectiveness of training and ensure sustainability. JHPIEGO's experience in developing websites to support its field staff (ReproLine® and the JHPIEGO website) and in developing computer-assisted learning (ModCal™) provide a firm foundation for taking the next step to implementing the PSS.

2 PROGRAMMING OBJECTIVES

- To increase access to up-to-date reproductive health information and training tools for ReproNet members
- To develop and electronically disseminate newsletters containing timely information on training techniques and methodology, and reproductive health news briefs and article reviews
- To implement and manage communication forums such as listservs and chat rooms to facilitate ongoing discussions of reproductive health training
- To assess the feasibility of disseminating Internet-based interactive distance learning on reproductive health topics
- To assist affiliated institutions of ReproNet to establish technology-assisted learning centers with computer workstations and Internet connectivity
- To develop and test electronic tools (e.g. videoconferencing) and methodologies for followup evaluation of skill retention
- To evaluate the effectiveness of components of the PSS in achieving objectives

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY GPHN/SO/IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Website for RH trainers established and maintained					1 1a
Website contents and functionality developed					
Internal and field testing conducted					
Implemented on production server					
Website maintained and updated					
Electronic newsletters developed and disseminated					1 1a
Newsletters written					
Newsletters electronically disseminated by e-mail to subscribers and made available on website					
Internet-based communication forums developed, managed and facilitated					1 1a

JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Listserv server and message traffic managed and supported					
Enhancements to listservs developed as needed (e g , language-specific lists)					
New communication forums (e g , chat rooms) developed and tested					
New computer-assisted training package developed					1 1d
Assessment of feasibility of internet-based distance learning for performance improvement					
Pilot technology-assisted learning centers (PTALCs) established					1 1a
Two PTALCs established at healthcare training institutions, including computers, Internet connectivity and technical and training support					
Computer skills learning package adapted to host institution's training needs					
Cost-recovery plan developed to promote longer-term sustainability of the PTALCs					
Special studies to evaluate new approaches/materials					1 1d
Evaluation study of PSS					
First stage PSS evaluation conducted					
Second stage PSS evaluation conducted					

5 ANTICIPATED OUTCOMES (FY99 AND FY00)

- FP/RH training website developed, implemented and maintained
- At least 12 issues of electronic newsletters developed and disseminated per year
- One forum expanded or two or more communication forums developed, managed and facilitated
- Study conducted and documented on feasibility of Internet-based distance learning
- One or more pilot Technology-Assisted Learning Center established
- Evaluation plan for PSS written and implemented

6 PERFORMANCE SUPPORT SERVICE BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP SYSTEMS Innovative Training Approaches Performance Support Service Budget	Projected Expenses FY99	Projected Expenses FY00
Performance Support Service	\$474,982	\$496,353

TECHNICAL LEADERSHIP SYSTEMS

Innovative Learning Approaches

PERFORMANCE SUPPORT—HAITI

1 BACKGROUND

1.1 Situation JHPIEGO Pilot Project

INHSAC's mission is to improve the quality of care in Haiti through the training of public health professionals. The staff at INHSAC train in FP, infertility, maternal health, contraceptive logistics, sexually transmitted disease, program management, Information Education and Communication and management information systems. However, resources at INHSAC are limited. Despite funding constraints, INHSAC is a major public health training institution in Haiti and provides a strategic location for the use of newer technologies to provide up-to date health information to Haitian health professionals. In an eight-month pilot project, JHPIEGO will assist INHSAC to develop an electronic technical resource center (ETRC) to strengthen training capacity by providing support to INHSAC's network of trainers and linking them, through the Internet, to topical health resources and to other trainers around the world.

JHPIEGO will provide human and electronic resources to maximize INHSAC's support of trainers. Trainers will have access to JHPIEGO's website ReproLine, an online source of up-to-date information reference materials and presentation graphics on selected reproductive health topics, including family planning. All INHSAC trainers will register to be a part of JHPIEGO's listserv which provides an opportunity for e-mail discussions of reproductive health (REPRONET-L). Additionally, INHSAC trainers will register into JHPIEGO's trainer database and receive electronic news letters, JHPIEGO TrainerNews and ReproNews. ETRC support will assist INHSAC to refine their scope as a public health training institution by providing INHSAC's teacher/trainers with current curricula and the latest information.

1.2 Vision of JHPIEGO Pilot Project

Learning technology JHPIEGO is working with INHSAC towards the development of a national network of trainers in Haiti. INHSAC trainers who have recently gone through JHPIEGO training will be responsible for co-training and standardizing the infection prevention (IP), Norplant U-technique and voluntary sterilization (VS) skills of an initial group of doctor-nurse teams from decentralized sites. INHSAC trainers will continue to contribute to the development of a Haitian trainer's network by co-training in a clinical training skills course in November 1998 for the same group of decentralized service providers/candidate clinical trainers.

To further strengthen INHSAC's trainer's network, JHPIEGO will support an eight-month pilot project towards the development of an electronic technical resource center (ETRC). The aim of this resource center is to provide trainers and health professionals with the latest reproductive health technology and link INHSAC trainers to JHPIEGO's trainers network. This pilot project will bring computers, a variety of CD-ROM based learning packages and reliable access to the

WWW JHPIEGO will fund local technical support to support the center To continue the project past the pilot phase JHPIEGO will help INHSAC staff to investigate various cost-recovery mechanisms and strengthen linkages with external funding support from agencies specializing in global technological resources

2 PROGRAMMING OBJECTIVES

- Increased number of INHSAC trainers who can provide quality FP/RH training
- Increased number of INHSAC trainers using new technologies to obtain up-to-date RH information
- Increased number of INHSAC trainers linked with international RH experts

3 TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS BY TRAINING RESULTS FRAMEWORK INTERMEDIATE RESULTS (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND RELATED BENCHMARKS						
TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
<i>SR 1 6 Improve application of information technology for training</i>						
	Internet-based communication forum developed, managed and facilitated					1 1a 1 3a
	Improved application of information technology for training					
	Computer and human resources needs assessment-technical visit to identify computer trainer/leader, ISP and install computers					
	Electronic technical resource development-monitoring support to establish Internet connectivity					
	Pilot technology-assisted learning centers established					
	Human resource and management followup for ETRC monitoring and support to identify trainers for first class					
	Pilot training classes-conduct three 2-day pilot training classes in use of the Internet, trainers register in JHPIEGO's trainers network					

TRF	Benchmarks Activities	FY99		FY00		GPHN SO/IR
		Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
	Study to evaluate new approach/materials					
	Computer and human resource and followup visit for ETRC					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

By the end of this pilot project

- INHSAC will have an operational electronic resource center providing access to the Internet and up-to-date RH information,
- One trainer affiliated with INHSAC will have been developed as INHSAC's trainer/leader,
- 20 INHSAC trainers will be using Internet for RH,
- Revised computer training materials will be available for use in Internet training,
- A cost-recovery and marketing plan to promote longer-term sustainability of the electronic resource center

6 PERFORMANCE SUPPORT HAITI BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP Innovative Training Approaches Performance Support— Haiti Budget	Projected Expenses FY99	Projected Expenses FY00
Performance Support—Haiti	\$50,000	\$0

TECHNICAL LEADERSHIP SYSTEMS

General

ENHANCING THE AUTOMATED PROGRAM MONITORING SYSTEM (APMS®)

1 BACKGROUND

1.1 Situation

The Automated Program Monitoring System (APMS®) captures programmatic information to support project monitoring and program evaluation. It is also intended to organize, analyze and summarize this information to meet a variety of needs, from project management to external reporting. JHPIEGO staff utilize the APMS benchmark linking module to monitor and document incremental as well as cumulative achievement on a quarterly/regular basis by linking programmatic information to relevant benchmarks. JHPIEGO-wide use of the APMS provides the means for systematically analyzing and reporting information at all levels of the organization and for external reporting.

1.2 Overview/Vision of JHPIEGO Program

There are four areas of concentration in the next program period:

- Information Systems—Management, Processing and Maintenance
- Information Systems—Training and Support
- Information Exchange and Interconnectivity
- New Application Development

(1) Information Systems—Management, Processing and Maintenance

The APMS requires continual maintenance, periodic modification and occasional enhancements in response to changes in organizational practices regarding program/project development and implementation. Daily monitoring and backup of the system are needed to ensure data integrity and ready access by users.

Prime products of APMS information-processing are specialized reports aggregating and synthesizing data supporting monitoring and evaluation of projects. FY99 will see an increase in support for both corporate and regional reporting needs.

The master country database will be converted to the ISO-3166 country coding standard which

is used by JHPIEGO Corporate Services and the Internet community. Adopting this standard and updating dependent tables, forms and reports will increase the ability of the APMS to exchange or combine with information contained in other JHPIEGO or external datasets.

A key activity will be the conversion of the APMS from Paradox to Access with an online help system.

(2) Information Systems—Training and Support

The need for regular training and technical support for new and experienced users is critical. The benchmark linking application within the APMS, fully implemented in FY97, allows users to connect projects and activities with anticipated and realized results. Regular introductory/refresher workshops are planned on a quarterly basis to support use of this application, promote uniformity in approach and keep users updated on new features. In addition, an expansion of the benchmarks is needed for the new areas where JHPIEGO will be working. In the new Cooperative Agreement, we will now link benchmarks to additional Results Frameworks which also requires training.

(3) Information Exchange and Interconnectivity

The revision of the training classification system by the Learning and Performance Support Office will be completed toward the end of FY98 and implemented in the APMS beginning in FY99 and all projects will be re-classified. Where possible, connections between APMS data and related external datasets will be enhanced. In FY98, connections between the APMS trainee registration database and the Learning and Performance Support Office consultant database system allowed greater tracking of expert resource development. Technical assistance will be provided to Materials Production Department in development of content and status reports of the Publications database on the corporate Intranet as well as to Corporate Services.

(4) New Application Development

New reporting approaches need to be developed with a focus on analysis and visual (graphical) presentation of information. Analysis and presentation of APMS information in this fashion along with other concise reporting methods will enhance the value of the APMS as a tool—highlighting achievements and focusing on areas for improvement.

The variety of reporting needs in country-level offices has increased the demand on the APMS to support remote information update and retrieval beyond current means. APMS reporting systems will be modified to take advantage of Internet and Intranet technologies for information exchange.

Mapping the relationship between JHPIEGO's Monitoring and Evaluation System indicators and benchmarks and USAID's CMT Division Training Results Framework as well as the development of new benchmarks for JHPIEGO programming is an ongoing process. The ability to map achievements in other monitoring frameworks will be expanded to individual country mission Results Frameworks.

2 PROGRAMMING OBJECTIVE

- To improve JHPIEGO's program development, monitoring and evaluation capabilities, thereby increasing the efficiency and effectiveness of JHPIEGO's programs

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY GPHN/SO/IR (FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Information Systems—Management, Processing and Maintenance					
Routine data management and system maintenance on APMS components tables forms reports etc					
Revise APMS reports and continue development of custom reports as requested					
Upgrade master country database to ISO 3166 standard for country names and codes utilized by Corporate Services Division					
Information Systems—Training and Support					
General technical support to APMS users					
Introductory and refresher training workshop in benchmark linking and APMS benchmark system use (2-4 sessions per year)					
Information Exchange and Interconnectivity					
Implement revised training classification system, update APMS to reflect and support the system on both old and new records, upgrade user knowledge in this area					
Enhance the tracking of Global Expert Resources through improved computerized connectivity of the registration and consultant databases					
Develop an application to deliver content and status reports of the MPD Publication database to the JHPIEGO Intranet					
New Application Development					
Investigate formats/tools for graphical presentation of qualitative and quantitative information, obtain feedback from program staff on new potential forms					
Convert existing and newly developed APMS reports and graphics into Web-based format using tools such as Crystal Reports					

JHPIEGO Benchmarks Activities	FY 99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Explore and test options for improved information access and exchange capability for remote offices and employees (direct ISDN communication line to R&E, establishment of an FTP site for large file transfer)					
Pilot APMS data exchange system via the Internet, for transmissions to and from field offices					
Continue development of APMS application in MS-Access					
Pilot test and implement Access version of APMS					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Increased efficiency and flexibility in gathering, analyzing and reporting priority programmatic information to a variety of audiences
- Sustained use by JHPIEGO program personnel of the APMS as a planning and monitoring tool
- More appropriate project and program planning through a standardized planning and monitoring system
- More efficient and standardized internal and external reporting on project, country and organizational achievements in a variety of Results Frameworks

5 ENHANCING THE AUTOMATED PROGRAM MONITORING SYSTEM BUDGET (FY99 AND FY00)

TECHNICAL LEADERSHIP General Enhancing the Automated Program Monitoring System Budget	Projected Expenses FY99	Projected Expenses FY00
Enhancing the Automated Program Monitoring System	\$287,000	\$250,000

RESEARCH

REDUCING MORBIDITY AND MORTALITY THROUGH MANAGEMENT OF PRECANCEROUS CERVICAL LESIONS

1 BACKGROUND

1.1 Situation

Since 1989, JHPIEGO has been exploring the feasibility of visually assessing the cervix as a low-technology (and low-cost) means of cancer screening in host countries. Visualization, if done by well-trained practitioners, allows observers to quickly and easily identify (on-the-spot) abnormal tissue for biopsy and/or possible treatment. In March 1994, JHPIEGO hosted a workshop during which the status of cervical cancer screening, diagnosis and treatment in various countries worldwide was presented by international experts. During this workshop, recent developments in the area of cervical cancer screening and diagnosis also were described. The workshop participants discussed and agreed upon how a study to test the sensitivity and specificity of visualization as a screening technique should best be designed.

These ideas were further developed by JHPIEGO staff at a working meeting on Cervical Cancer Prevention, Screening, and Treatment sponsored by AVSC and PATH, to which numerous international cervical cancer experts were invited. Following this, a pilot study on visual inspection with acetic acid (VIA) was designed by JHPIEGO and conducted in Harare with the University of Zimbabwe in 1995. A full study began there in October 1995 (first quarter of FY96) to examine the feasibility of VIA as a screening technique in a low-resource setting.

In May 1997, a workshop (*Alternatives in Cervical Cancer Screening and Treatment in Low-resource Settings*, Board of Trustees Workshop) was conducted to discuss the implications of the impending results in this and in other similar studies. By July 1997, approximately 11,000 women had been screened for cervical cancer by nurses using VIA. The final results (for the main study question) were available in April 1998. In May 1998, the *Linking Testing to Treatment For Management of Precancerous Cervical Lesions in Low-resource Settings: Update and Next Steps*, Board of Trustees Mini-workshop, was held to discuss proposed models for future cervical cancer management projects.

1.2 Overview/Vision of JHPIEGO Country Program

While we have demonstrated the feasibility of visually assessing the cervix as a low-technology (and low-cost) means of cancer screening, there is a need to continue dissemination of these results and to provide advocacy and policy technical assistance (TA) and materials for informing host-country governments about options for ensuring nationwide access to screening for precancerous cervical lesions before the progression to cervical cancer.

The research data from this study continues to define additional questions about VIA as a

screening mechanism Using the very large dataset, JHPIEGO will continue to analyze and document the various aspects demonstrating the usefulness of VIA in this population of women In addition, TA by clinical experts to host governments of countries requesting information on alternatives to expand screening for cervical cancer is needed along with further dissemination of results Finally, revising the training strategy and the VIA learning package based on the study findings of nurse performance of VIA and client profile for precancerous lesions are also included

2 PROGRAMMING OBJECTIVES

- To provide TA to host country governments to assess existing cervical cancer screening programs and define alternative mechanisms for a national screening program
- To continue dissemination of the study results
- To finalize the VIA prototype training materials

3 TIMELINE OF ACTIVITIES AND BENCHMARKS BY GPHN/SO/IR(FY99 AND FY00)

TIMELINE OF ACTIVITIES AND BENCHMARKS					
JHPIEGO Benchmarks Activities	FY99		FY00		GPHN SO/IR
	Oct-Mar	Apr-Sept	Oct-Mar	Apr-Sept	
Special Studies showing improved effectiveness/ efficiency of training		1/99			1 1a 1 1c 1 1d 2 4c 4 2 1
Provide technical assistance to countries examining alternatives for national cervical cancer screening programs					
Continue dissemination and advocacy activities using additional study results					

4 ANTICIPATED OUTCOMES (FY99 AND FY00)

- Increased understanding in the international reproductive health community of the need for national cervical cancer screening programs

**5 REDUCING MORBIDITY AND MORTALITY THROUGH MANAGEMENT OF
PRECANCEROUS CERVICAL LESIONS BUDGET (FY99 AND FY00)**

RESEARCH Reducing Morbidity and Mortality through Management of Precancerous Cervical Lesions Budget	Projected Expenses FY99	Projected Expenses FY00
Reducing Morbidity and Mortality through Management of Precancerous Cervical Lesions	\$202,000	\$150,000

FY99 ACHIEVEMENTS

This chapter on achievements for the fiscal year period is divided into the following sections

- Description of the evaluation activities which will take place during the year
- Achievements for the core-funded activities
- Country program achievements according to the TRF SO, IRs and SRs

EVALUATION ACTIVITIES DURING FY99

To respond to the SO indicator, percentage of trained service providers (from preservice and/or inservice training programs) performing to standard, the following are the expected evaluation activities

- Level 3 evaluation of job performance after learning events in one country conducted and documented (Possible countries Indonesia, Ecuador, Peru, Bolivia, Kenya)
- Outcome study development group for (RH Program Evaluation of RH human resource development in key JHPIEGO country programs, Level 4 evaluation) has defined study questions and designed evaluation strategy

In addition we will have results from evaluation activities for *SR 1 6, Improved application of information technology for training*

- Up to two learning approaches/technologies have been evaluated for their effectiveness and for their performance improvement potential
- Up to two synthesis studies conducted each year on various aspects of training

A desk review of the global status of preservice education (PSE) for FP/RH training will be synthesized in this fiscal year to capture the base from which PSE is beginning in this cooperative agreement period

A detailed review of these evaluation activities is described in the Technical Leadership section, *Evaluating the Outcome of Integrated FP/RH Education and Training on Performance*

CORE-FUNDED ACTIVITIES

The following results from core-funded activities are those which support JHPIEGO training programs worldwide. Because they are not country-specific and do not relate to training systems development, they do not readily fit into the CMT Division TRF and so are not categorized that way.

KEY AREA	RESULT
<i>PAC Initiatives</i>	
National service guidelines document published	• PAC guidelines finalized in WCA countries with established PAC programs
	• PAC Service Delivery Guidelines developed for Zambia
	• National Service Delivery guidelines and inservice and preservice midwifery training material that include PAC/PP FP information developed in Turkey
Host country officials sensitized to the need to strengthen the policy environment through revising policy norms	• Strategy for expansion of PAC services which can be used as a model for West African countries, produced
	• The feasibility of an approach to national expansion PAC services and training tested and validated in Zambia
	• An approach to provision of quality PAC services tested and validated in three ESA countries (Malawi, Uganda and third country)
Postabortion Care Services established	• Quality PAC services being provided on a pilot basis in 2 West African countries
	• FP/RH counseling and services and PAC linkages strengthened in three ESA countries
	• High quality postabortion care services established in six regional training centers in Nepal
	• High quality postabortion family planning services and established in 5 health facilities in the Istanbul region
<i>MAQ Initiatives</i>	
MAQ prototype presentation package developed	• MAQ presentation materials developed, presenters trained, presentation materials tested

KEY AREA	RESULT
<p>MAQ Regional Francophone conference held</p>	<ul style="list-style-type: none"> ● Policymakers and program managers in 9 West African countries sensitized to the importance of having SDG incorporated and used in daily service provision ● National 2-year workplans for 9 West African countries revised to direct actions to increase quality in service provision ● Final report produced documenting where West African countries are on "MAQ road," "pearls" gained from the SDG experience and actions to be taken to further the process to improve access to and quality of RH services
<p><i>Materials Development</i></p>	
<p>New learning packages developed, made available and in use in developing countries around the world</p>	<ul style="list-style-type: none"> ● <i>ModCal for IUD Services</i> published ● <i>ModCal for Clinical Training Skills</i> and <i>ModCal for Infection Prevention Services</i> developed, field tested and published
<p>New learning materials developed, made available and in use in developing countries around the world</p>	<ul style="list-style-type: none"> ● Reference manual and courseware for advanced training skills published in 2 languages ● Reference manual and courseware for essential maternal healthcare field tested ● Reference manual and courseware for unaided visual inspection developed and field tested ● Video on <i>How to do a Pelvic Exam</i> produced in 3 languages ● Reference manual and courseware for minilaparotomy published in 2 languages ● Reference manual and courseware for fundamentals of family planning developed and field-tested in 1 language ● Learning videos for essential maternal healthcare developed and field tested
<p>Learning packages updated made available to users</p>	<ul style="list-style-type: none"> ● Third edition of <i>IUD Service Guidelines for Family Planning Service Programs</i> published in 3 languages ● Third edition of <i>PocketGuide for Family Planning Service Providers</i> published in 3 languages ● Second edition of infection prevention learning video produced
<p>Information about JHPIEGO's training approach and materials made accessible and available in developing countries</p>	<ul style="list-style-type: none"> ● Strategy papers to document experience in capacity-building with emphasis on education and training published (possible topics including preservice and inservice training, alternate training approaches, evaluation strategies) ● Technical reports published which document achievements in the various component areas (e g , country training strategy developed, evaluation of skills and courses, etc) ● Proceedings of JHPIEGO-sponsored workshops or symposia on selected RH topics published ● JHPIEGO Annual Report and Fact Sheets published

KEY AREA	RESULT
JHPIEGO Training and Educational Materials Harmonized with USAID Working Groups' Standards	<ul style="list-style-type: none"> All of the materials listed above updated on a regular basis and made consistent with international consensus documents
<i>Technical Leadership: Leadership in Training and Innovative Training Approaches</i>	
Global expert resources to support FP/RH training and education developed and providing international TA	<ul style="list-style-type: none"> 2 RH Advisors with completed MPH degree providing TA internationally to JHPIEGO country programs 2 advanced/master trainers developed and functioning internationally for trainer followup and other evaluation activities each year
Performance Support Service facilitate trainer mentoring and foster development of a cadre of professional trainers through the PSS s capacity to link trainers electronically, keeping them updated, current and in touch with their international colleagues	<ul style="list-style-type: none"> RH training website developed, implemented and maintained At least 12 issues of electronic newsletters developed and disseminated per year One forum expanded or two or more Internet-based communication forums developed managed and facilitated Feasibility of Internet-based distance learning for performance improvement determined One or more pilot Technology-Assisted Learning Centers established
<i>General</i>	
APMS	<ul style="list-style-type: none"> Increased efficiency and flexibility in gathering, analyzing and reporting priority programmatic information to a variety of audiences through conversion of APMS to Access97 Sustained use by TRH-III program staff of the APMS as a planning and monitoring tool APMS linking to CMT Division TRF accomplished and assessment of feasibility or multiple reporting formats determined APMS adaptations provided through TA for expanded monitoring and evaluation support provided to JHPIEGO field offices other JHPIEGO projects and to other CAs
<i>Research</i>	
Cervical Cancer	<ul style="list-style-type: none"> Dissemination of Zimbabwe cervical cancer screening study results for specific study components (training effect and implications, user risk profile, etc) provided along with TA for host-country requests to explore alternatives for national cervical cancer screening programs

COUNTRY PROGRAM FY99 ACHIEVEMENTS, BY TRF RESULT

SO: Improved Provider Performance and Sustainable National Capacity for Training and Education in FP/RH		
COUNTRY	FY99 RESULT	SPECIFIC RESULT
General	Strengthened preservice education systems are producing competent service providers to meet defined RH training needs	<ul style="list-style-type: none"> Global status of preservice education (PSE) for FP/RH training synthesized and document/experiences disseminated
	The TIS links training statistics with service delivery information to enable service delivery gaps to be identified	<ul style="list-style-type: none"> Through technical assistance—including the customization of database tools—participating institutions in at least two countries will have established and/or strengthened Training Information Systems for monitoring training programs as well as for spearheading discussions with authorities on deployment of trained service providers
	Trained service providers (from preservice and/or inservice training programs) performing to standard	<ul style="list-style-type: none"> Level 3 evaluation of job performance in one country conducted and documented after training Outcome study development group has defined study questions and designed evaluation strategy
Turkey	Outcome of preservice midwifery training skills courses evaluated	<ul style="list-style-type: none"> Results of the evaluation of faculty development and the quality of preservice training for midwifery students presented
Malawi	Country training strategy developed and implemented	<ul style="list-style-type: none"> Country training strategy developed
Côte d'Ivoire	Country training strategy developed and implemented	<ul style="list-style-type: none"> Five-year RH training implementation plan developed, implemented and TA provided Consensus on development of a National RH Training System reached and strategy paper drafted
<i>IR 1: Strengthened Preservice Education, Inservice Training and Continuing Education Systems</i>		
Haiti	FP/RH training needs identified	<ul style="list-style-type: none"> An institutional needs assessment of graduate nurses at 4 nursing schools to assess FP/RH training conducted with DDRH/MSPP
Zambia	PAC training system expanded	<ul style="list-style-type: none"> The feasibility of an approach to national expansion of PAC services and training tested and validated in Zambia

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Turkey	Training system expanded	<ul style="list-style-type: none"> A plan for the expansion of improved GTI services and training in 17 medical and 16 midwifery clinical training facilities developed and implemented
Nepal	Training system expanded	<ul style="list-style-type: none"> The NHTC inservice training system for clinical FP training (including maintaining training standards for FP clinical training methods) decentralized to 2 non-valley training sites delivering high-quality training in clinical methods
<i>SK 1.1. Trained faculty and master trainers teaching/practicing in professional schools and training institutions</i>		
Kenya	Faculty and preceptors trained and supervising	<ul style="list-style-type: none"> Provincial clinical trainers developed who are qualified to provide technical assistance to district-level facilities Advanced trainers developed who are qualified to provide technical assistance to provincial and district-level facilities OJT trainers course conducted for service providers from 20 sites
	Supervisory staff have configured their training site operations to ensure efficiency	<ul style="list-style-type: none"> COPE orientation workshop conducted for 24 DTC trainers
Malawi	Trained inservice faculty/tutors and clinical trainers/preceptors are successfully providing FP/RH instruction in one or more institutions	<ul style="list-style-type: none"> Workshops held for CTU/Counseling IUD/IP Clinical skills/counseling standardization, STI, Mmimalap clinical skills/counseling standardization, Clinical training skills courses Followup visits by JHPIEGO consultant to each core group member teaching RH in preservice
Uganda	A trained core group of faculty/ tutors and clinical trainers/ preceptors is successfully providing FP/EMHC instruction in 1 or more institutions	<ul style="list-style-type: none"> EMHC skills of faculty/tutors and clinical trainers/ preceptors standardized Support supervision visits to faculty/tutors and clinical trainers/preceptors conducted to ensure quality teaching
Ghana	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institutions	<ul style="list-style-type: none"> Followup visits to clinical trainers conducted to assist with implementation of new training materials Assessment of supervisory skills by consultant documented with trip report

COUNTRY	FY99 RESULT	SPECIFIC RESULT
PAC WCA	A core group of clinical trainers/preceptors involved in clinical practice have had their RH skills standardized	<ul style="list-style-type: none"> PAC training in IP, PAC and FP counseling, MVA, FP/CTU for service providers
	Trained clinical trainers/preceptors are successfully supervising RH clinical practice in one or more institutions	<ul style="list-style-type: none"> Followup visits by trainers to ensure quality service provision
Haiti	A core group of clinical trainers involved in clinical practice has been trained to effectively transfer RH skills in one or more institutions	<ul style="list-style-type: none"> 20 functioning clinical FP trainers registered in national training network and providing clinical FP inservice training One 10-day clinical training skills course (Norplant implants, Minilap) conducted with an emphasis on elements key to instructional design necessary to the development of the Haitian inservice clinical training package 8 courses held at 4 model clinical training sites with newly-trained trainer conducting the service providers' course, with coaching from an INHSAC trainer
Niger	A core group of faculty/tutors has been trained to effectively transfer RH knowledge in one or more institutions	<ul style="list-style-type: none"> 25 faculty at National Schools of Public Health updated in clinical training skills and concepts of competency-based curriculum revision
Nepal	A core group of faculty/tutors effectively transferring RH knowledge in one or more institutions	<ul style="list-style-type: none"> Newly-employed HMG/N physicians trained in RH skills prior to posting at HMG/N health institutions Preservice training instructors use comprehensive, skill-based FP components to teach MBBS, CN and ANM students basic counseling, infection prevention, and FP skills Certificate-level nurses trained to competently perform the MVA procedure, thus increasing access to treatment of incomplete abortion
Moldova	Trained faculty/tutors are successfully providing FP/RH instruction in one or more institutions	<ul style="list-style-type: none"> Clinical skills courses conducted for rural midwives at the Refresher Training Institute for Midwives (conducted by local trainers) Inservice ob/gyn FP/RH courses conducted by Refresher Training Institute faculty

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Ukraine	A core group of faculty/trainers are competent to effectively transfer FP/RH knowledge in one or more institutions	<ul style="list-style-type: none"> ● Clinical skills course conducted for faculty of family practice refresher institutes ● Clinical training skills course and practicum conducted for faculty of family practice refresher institutes ● Followup visits conducted to observe second generation training
Turkey	Trained faculty/tutors and clinical trainers/preceptors are successfully providing FP/RH instruction in one or more institutions/clinics	<ul style="list-style-type: none"> ● RH clinical standardization courses for 24 midwifery faculty members from 12 midwifery schools ● Training practicum conducted to support 24 newly trained midwifery faculty members from 12 midwifery schools ● Training followup site visits conducted for 12 midwifery schools and clinical training sites ● 20 MCH/FP trainers in Istanbul conducted regional competency-based CTUs, including postabortion FP ● 20 MCH/FP trainers in Istanbul conducted regional competency-based refresher training including postabortion FP
CAR	A core group of advanced trainers who can ensure that all training curricula, materials, supplies, etc , are appropriately modified as needed for future training activities has been identified in the region	<ul style="list-style-type: none"> ● 17 medical and nursing/midwifery institution faculty trained in clinical training skills and are co-training as candidate advanced trainers with 6 advanced trainers according to standardized national FP/RH curricular components ● 6 advanced trainers qualified who can ensure that all training curricula, materials, supplies, etc , are appropriately modified as needed for future training activities active in introducing standardized national FP/RH curricular components in CAR medical and nursing/ midwifery institutions through co-training activities
Ecuador	Faculty have been trained to effectively transfer RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer RH skills	<ul style="list-style-type: none"> ● Clinical training skills courses held for MOH clinical trainers working on SDGs ● Reproductive health providers in at least 50% of provinces oriented to the national SDGs ● Four teams (nurse/physician) are candidate clinical trainers in PAC services, including MVA, infection prevention and postabortion contraception and counseling

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Guatemala	Faculty have been trained to effectively transfer RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer RH skills	<ul style="list-style-type: none"> • RH technology update workshops held • Supervision workshops held
Peru	A core group of advanced trainer candidates have qualified to become advanced trainers after cotraining at least one training event within a year after the ATS course under the supervision of a qualified advanced or master trainer or technical expert	<ul style="list-style-type: none"> • Advanced trainer candidates qualified as advanced trainers through conducting replica advanced training skills courses
Brazil	Faculty have been trained to effectively transfer FP/RH knowledge, Clinical trainers/preceptors involved in clinical practice have been trained to effectively transfer FP/RH skills in Bahia and Ceara states	<ul style="list-style-type: none"> • Bahia/Ceara 15 (per state) university faculty and clinical instructors standardized and competent in selected RH procedures and teaching methodology • Supervision and followup system established
PAC ESA	A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized for PAC	<ul style="list-style-type: none"> • PAC training in IP, PAC and FP counseling, MVA, FP/CTU conducted for service providers • Clinical preceptors and medical school faculty in three countries trained to effectively transfer PAC clinical skills • Quality PAC services provided by a core group of service providers/faculty and clinical preceptors who are knowledgeable and skilled in MVA
PAC-Turkey	A core group of clinical trainers/preceptors involved in clinical practice have had their FP/RH skills standardized for PAC	<ul style="list-style-type: none"> • PAC/PP FP counseling and clinical training for service providers
<i>SR 1.2: Capacity for FP/RH curriculum development established, mandatory courses in FP/RH instituted and appropriate materials and technologies utilized to implement and evaluate curricula and courses</i>		
Ghana	Revised FP/RH Curricular Component is the official standard for training in all institutions	<ul style="list-style-type: none"> • Nurses-Midwives Council adopted FP/RH curricular component as official standard for preservice training/orientation meeting • Followup visits to schools conducted to document that they use the revised FP/RH curricular component as the official standard • Strategy Meeting held to determine plan for expansion to other institutions

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Ukraine	Revised FP/RH course is being implemented at family practice refresher institutes	<ul style="list-style-type: none"> • Meetings conducted to familiarize MOH with existing FP curricula in Ukraine • Workshop conducted with MOH and faculty members to gain consensus on revising existing curricula • Workshop conducted to develop trainer's and participant s handbooks • Trainer s notebook and participant handbook produced
	Adequate training materials have been developed for use in one or more institutions	<ul style="list-style-type: none"> • Training materials and equipment provided to family practice refresher institutes including trainer s notebooks and participant handbooks
Niger	Revised FP/RH curricular component/course schedule has been implemented in one or more institutions on at least a pilot basis	<ul style="list-style-type: none"> • Preservice FP/RH curriculum revised at National School of Public Health to strengthen RH education for nursing students
Morocco	Revised FP/EMHC sixth year modules have been officially approved for use in all institutions	<ul style="list-style-type: none"> • Followup conducted to ensure that FP and EMHC modules are finalized approved printed and distributed • New clinical training modules approved for use in obstetrics and gynecology rotation in sixth year of medical school
Malawi	RH curricular component/course schedule revised	<ul style="list-style-type: none"> • Instructional Design Workshop held to update preservice FP/RH curricula • Instructional Design Workshop held to update inservice RH curricula
Uganda	FP and EMHC components implemented in nursing, midwifery and clinical officers' schools	<ul style="list-style-type: none"> • EMHC curricular component developed and implemented in 5 schools
Liberia	Adequacy of FP/RH curricular component/course schedule has been assessed	<ul style="list-style-type: none"> • Stakeholders meeting held to arrive at a consensus for curriculum revision • Training needs assessment for pre and inservice training conducted • Technical working group (TWG) established for curriculum revision

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Moldova	Revised FP/RH curricular component/course scheaule has been officially approved for use in one or more institutions	<ul style="list-style-type: none"> 3 FP/RH curricular component/course schedules have been revised and officially adopted at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives 3 different FP/RH courses revised and being implemented at the Refresher Training Institute for Ob/gyns and Refresher Training Institute for Midwives
	Adequate training materials have been developed for use in one or more institutions	<ul style="list-style-type: none"> Training materials finalized and printed for the 3-day and 5-day FP/RH component at the Refresher Training Institute Training materials translated into Romanian, finalized and printed for the 5-day FP/RH component at the Refresher Training Institute for Midwives
Haiti	Revised FP/RH curricular component/course schedule has been implemented in one or more institutions on at least a pilot basis	<ul style="list-style-type: none"> key FP personnel oriented at a 1-day Seminar for orientation to the draft FP training curricula and to facilitate strengthening of service delivery sites and selection and supervision of trainees
Bolivia	FP/RH curricular component/ course schedule has been revised	<ul style="list-style-type: none"> Consensus for curriculum revision at the state university and medical schools in Sucre developed at Stakeholders meeting
	Revised FP/RH curricular component/course schedule has been officially approved for use in one institution	<ul style="list-style-type: none"> The revised preservice curricula for the fourth year of nursing school and the sixth year of medical school presented to authorities at the Universidad Mayor de San Andres in La Paz
<i>SR 1.3: Clinical training sites and centers established and fully functioning at optimal performance</i>		
Kenya	Adequate number of quality sites for conducting pre-and inservice clinical FP training exist	<ul style="list-style-type: none"> Site visits conducted by DTC trainers to assess sites and update skills of staff
Nepal	Services at sites affiliated with one or more training institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites	<ul style="list-style-type: none"> Training sites established where preservice medical, nursing, and ANM students complete their clinical training with improved IP while offering high quality FP services to clients and learning opportunities to students

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Ghana	Services at sites affiliated with one or more training institutions are functioning effectively (including being adequately equipped/supplied) as clinical training sites	<ul style="list-style-type: none"> Selected number of clinical training sites strengthened to adhere to national standards Followup visits document clinical coaching skills of preceptors and materials/equipment have been provided to selected sites
Ecuador	Service delivery at sites affiliated with one or more have been assessed for adequacy as clinical training sites	<ul style="list-style-type: none"> PAC training site needs assessment of Hospital Vicente Corral Moscoso conducted
Haiti	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements	<ul style="list-style-type: none"> Materials and equipment to strengthen 7 training sites and INHSAC provided
PAC ESA	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements	<ul style="list-style-type: none"> PAC facility needs assessment conducted Facility visits to strengthen PAC clinical training sites conducted
PAC Turkey	Services at sites affiliated with one or more institutions have been strengthened (and/or sites have been upgraded) to meet clinical training requirements	<ul style="list-style-type: none"> PAC facility needs assessment conducted Facility visits to strengthen PAC clinical training sites conducted
Malawi	Services at sites affiliated with one or more institutions have been strengthened (and/or the sites have been upgraded) to meet clinical training requirements	<ul style="list-style-type: none"> One 2-day assessment visit conducted to each of 3 sites (used for training of core group) Materials and equipment provided to strengthen training
CAR	Services at sites affiliated with one or more institutions have been strengthened (and/or the sites have been upgraded) to meet clinical training requirements	<ul style="list-style-type: none"> Selected clinical training sites upgraded through the introduction of standardized national FP/RH curricular components and constituent learning packages

COUNTRY	FY99 RESULT	SPECIFIC RESULT
<i>SR 1.4: Demonstrated adherence to quality standards by professional schools and clinical training and education sites</i>		
Nepal	Monitoring of inservice FP training using the field monitoring and followup system developed	<ul style="list-style-type: none"> • A functioning system for followup of trained personnel is in place
Ghana	Approval of RH Curricular Component as official standard by NMC ensures commitment to use of national training standards	<ul style="list-style-type: none"> • Communication increased between classroom tutors and clinical trainers regarding student progress demonstrated through written evaluation of clinical skills
Ukraine	Trained participants achieve qualification or competency (direct training)	<ul style="list-style-type: none"> • RH services assessed at selected primary healthcare sites • Clinical skills courses conducted at selected primary healthcare sites • Infection prevention assessed at selected primary healthcare sites • Infection prevention courses conducted at selected primary healthcare sites • IP followup visits conducted
Brazil	Quality assurance system established as part of SDG dissemination	<ul style="list-style-type: none"> • Bahia/Ceara Followup visits conducted to PROQUALI expansion SDPs (phase II and III) to apply the self-assessment checklists based on the SDGs • Bahia/Ceara PROQUALI quality assurance teams training conducted to transfer PROQUALI methodology at state level
Guatemala	A strategy for effectively monitoring quality in service delivery sites is implemented	<ul style="list-style-type: none"> • Supervision workshops conducted • Quality assurance teams training in RH conducted • Supervision and monitoring visits take place
Senegal	Trained clinical trainers/preceptors are successfully supervising FP/RH clinical practice in one or more institution	<ul style="list-style-type: none"> • Followup visits, including IP supervision, for RH services at 7 regional referral centers, conducted
PAC-Turkey	Trained clinical trainers/preceptors are successfully supervising RH clinical practice in one or more institutions	<ul style="list-style-type: none"> • Followup visits by trainers to ensure quality service provision conducted
Peru	National service guidelines adherence assessed as a training tool and as clinical standards	<ul style="list-style-type: none"> • Adherence to RHSGs at service delivery sites and extent of their use as a teaching tool determined through collaboration with MOH

COUNTRY	FY99 RESULT	SPECIFIC RESULT
<i>SR 1.5. Links in place for provider mentoring between professional schools and associations and service delivery sites</i>		
Kenya	Trained staff are officially assigned/responsible as preceptors (or equivalent) for the clinical practice component of the RH curriculum	<ul style="list-style-type: none"> Detailed clinical training strategy developed at provincial meetings Program planning meeting held for inservice trainers and preservice faculty/tutors
<i>SR 1.6. Improved application of information technology for training</i>		
Nepal	A core group of faculty has been trained to effectively transfer FP/RH knowledge in one or more institutions, A core group of clinical preceptors has been trained to transfer FP/RH skills	<ul style="list-style-type: none"> MBBS students and instructors using computer-based health data resources and computer assisted learning (CAL) packages through a RH learning lab
Bolivia	A core group of faculty has been trained to effectively transfer FP/RH knowledge in one institution, A core group of clinical preceptors has been trained to transfer FP/RH skills	<ul style="list-style-type: none"> Internet workshops conducted for medical and nursing school faculty at the Universidad Mayor de San Andrés in La Paz Internet workshops conducted for the nurse/physician trainer teams from the 10 National Training Centers
Haiti	Internet-based communication forum developed, managed and facilitated	<ul style="list-style-type: none"> Computer and Human Resources Needs Assessment- Technical visit conducted to identify computer trainer/leader, ISP and install computers Electronic Technical Resource Development- Monitoring support instituted to establish Internet connectivity
	Pilot Technology-Assisted Learning Centers established	<ul style="list-style-type: none"> INHSAC has an operational electronic resource center providing access to the Internet and up to-date RH information One trainer affiliated with INHSAC developed as INHSAC's trainer/leader 20 INHSAC trainers using Internet for RH Revised computer training materials are available for use in Internet training
	Outcome of training skills courses evaluated	<ul style="list-style-type: none"> RH trainers in Haiti use the Internet to access RH technical and training materials
Morocco	A system exists for ensuring that all existing FP/EMHC instructors receive teaching skills and FP/RH content updates	<ul style="list-style-type: none"> A core group of faculty trainers are using ReproNet to continue developing their RH and training skills

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Peru	A system exists for ensuring that all existing FP/EMHC instructors receive teaching skills and FP/RH content updates	<ul style="list-style-type: none"> • Clinical decision-making by providers/faculty improved through use of electronic technology for clinical case review, development of an Ob/Gyn case archive and dedication of specific time periods for case reviews at hospitals participating in videoconferencing • Users guide and a procedure manual to be utilized by persons using videoconferencing developed and tested
SR 1.7: Effective approaches for training front-line and non-traditional providers		
Kenya	A mechanism exists to train additional preceptors to supervise clinical practice	<ul style="list-style-type: none"> • Visits conducted to monitor progress of OJT expansion show expansion is on schedule • OJT trainers course for service providers from 20 sites conducted to expand OJT
SR 1.8 Training materials developed/adapted/localized and implemented in training programs		
Nepal	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training	<ul style="list-style-type: none"> • The non-scalpel vasectomy (NSV) training package developed as a self-paced learning package • EMHC training materials tested and revised based on the pilot course
Uganda	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training	<ul style="list-style-type: none"> • EMHC reference manual developed • Workshop held to develop third, fourth and fifth year medical school teaching materials
Kenya	Adequate training materials have been developed for use in one of more institutions	<ul style="list-style-type: none"> • CTU Training Package Development Workshop conducted for existing supervisors who monitor post-training skills application
		<ul style="list-style-type: none"> • Additional OJT materials for other RH and MCH skills developed in Instructional Design Workshop
Ghana	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training	<ul style="list-style-type: none"> • Draft copies of in country training materials produced • Revision/update of training materials developed by Curriculum Strengthening Team (1998) based on information from followup visits

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Russia	Adequate training materials have been developed for use in one of more institutions	<ul style="list-style-type: none"> • Counseling video developed to support counseling training at project sites (200 videos with trainer's notes distributed) • User's guide for counseling video developed • Video and user's guides disseminated
PAC ESA	Adequate training materials have been developed for use in one of more institutions	<ul style="list-style-type: none"> • PAC training materials for on-site training adapted
PAC WCA	Appropriate materials for decentralized PAC training in Francophone West Africa developed	<ul style="list-style-type: none"> • PAC training materials for on-site training adapted
PAC-Turkey	Adequate training materials have been developed for use in one or more institutions	<ul style="list-style-type: none"> • PAC training materials for pre and inservice training adapted
Malawi	Adequate training materials have been developed for use in one of more institutions	<ul style="list-style-type: none"> • Preservice FP/RH curricula updated in Instructional Design Workshop • Inservice FP/RH curricula updated Instructional Design Workshop
Haiti	Adequate training materials/supplies are available in sufficient quantities to support ongoing RH training in one or more institutions	<ul style="list-style-type: none"> • A clinical FP learning package for inservice training of doctors and a companion clinical FP training package for nurses auxiliaries edited/formatted • Draft clinical FP learning package for use by clinical trainers revised at Instructional Design Workshop for 10 INHSAC/MSPP training staff • A revised clinical FP training package for inservice training of doctors and a companion clinical FP training package for nurses, auxiliaries edited/formatted
	Adequate training materials have been developed for use in one of more institutions	<ul style="list-style-type: none"> • Two 2-day workshops conducted to decide on the content and format of the clinical FP training package based on the newly revised SDGs • Two 2-day followup visits to training sites conducted to assess implementation of FP training package prior to final revision and printing

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Turkey	Adequate training materials/supplies are available in sufficient quantities to support ongoing FP/RH training in one or more institutions	<ul style="list-style-type: none"> Standardized midwifery training material and 5,000 student reference manuals for GD/HT and university-based schools of midwifery developed and distributed Training equipment to project affiliated 12 schools of midwifery distributed Standardized training materials developed and distributed for inservice, refresher and IP training as well as GTI posters
<i>SR 2.2: Personnel policies, procedures and supervision systems in place</i>		
Kenya	Orientation and/or training in clinical FP/RH skills has been initiated for existing supervisors who monitor post-training skills application	<ul style="list-style-type: none"> Provincial meetings held to develop detailed clinical training strategy, Supervisors equipped with updated FP/RH knowledge
Uganda	A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers	<ul style="list-style-type: none"> Supervision visits to all participants trained in JHPIEGO workshops conducted
Zimbabwe	Orientation and/or training in clinical FP/RH skills has been initiated for existing "supervisors" who monitor post-training skills application	<ul style="list-style-type: none"> Workshop conducted to orient supervisors from pilot-test sites to the revised guidelines and to develop supervision checklists based on the revised guidelines Pilot site staff oriented to the revised guidelines and supervision intervention
Malawi	Orientation and/or training in clinical FP/RH skills has been initiated for existing "supervisors" who monitor post-training skills application	<ul style="list-style-type: none"> Two management/supervision workshops conducted
Bolivia	Training officials and service delivery program managers have met to review and discuss how training meets service delivery needs	<ul style="list-style-type: none"> Supervisory system workshops conducted for nursing and medical school faculty and providers who supervise nursing/medical students at clinical training sites
	A system exists to ensure compatibility and continuity between initial followup of trained providers (by the training organization) and routine/regular supervision of providers	<ul style="list-style-type: none"> Supervision visits to recent medical and nursing school graduates conducted Supervision visits to the JHPIEGO trained National Social Security Institute trainers supported National Social Security Institute Supervision visits by trainers of trained service providers conducted

COUNTRY	FY99 RESULT	SPECIFIC RESULT
<i>SR 2.4. Capacity for strategic planning and system for deployment of trained personnel established</i>		
Kenya	A training information system (TIS) has been established at the national/regional/institutional level to document the number of FP/RH professionals trained, by method and cadre	<ul style="list-style-type: none"> Workshop conducted to define responsibility for data collection, entry, analysis and reporting for district-level TIS establishment
<i>SR 2.5. Monitoring and information systems and tools in place to determine training needs</i>		
Kenya	Criteria are developed to select appropriate participants for specific RH training	<ul style="list-style-type: none"> Mechanism pilot tested for selecting participants in Embu District based on defined selection criteria for all FP training courses
Nepal	A training information system (TIS) has been established at the national/regional/institutional level to document the number of FP/RH professionals trained, by method and cadre	<ul style="list-style-type: none"> A functioning system for followup of trained personnel put in place (linked to other HMG/N supervisory structures such as the Quality of Care Management Center (QoCMC) and HuRDIS the Human Resources Development Information System)
<i>SR 2.6. Approaches to evaluating the effect of training on provider performance and quality of service delivery tested and used</i>		
Kenya	Evaluation conducted to assess post-training skills of nursing students	<ul style="list-style-type: none"> Evaluation of nursing school RH training and clinical training network planned
Nepal	Evaluated the efficacy of inservice training interventions	<ul style="list-style-type: none"> NHTC conducted evaluations of 2 training interventions
Haiti	Study to evaluate new approach/materials	<ul style="list-style-type: none"> Computer and Human Resource and Followup for ETRC conducted
Moldova	Evaluation Conducted to Assess Post-training Skills of Providers	<ul style="list-style-type: none"> Evaluation of knowledge and skills of service providers trained in FP/RH by the MFPA completed and disseminated
<i>IR 3: Improved Policy Environment for Training</i>		
Côte d'Ivoire	Promote coordination by national authorities on formulation of FP/RH policies, approaches, standards, training and services, and enable these to be put into practice	<ul style="list-style-type: none"> MOH committed to enter into partnership with JHPIEGO and World Bank World Bank funded technical assistance to support the multi-year TA plan

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Zimbabwe	Promote coordination by national authorities on formulation of FP/RH policies, approaches, standards, training and services, and enable these to be put into practice	<ul style="list-style-type: none"> • TA conducted to identify and increase "better practices" for FP/RH training and services
Ecuador	Medical and nursing school faculty and hospital authorities sensitized about the need to strengthen postabortion care	<ul style="list-style-type: none"> • Motivational Meeting about PAC held at Universidad de Cuenca
<i>SR 3.2: Improved national standards, guidelines, norms and protocols for service delivery and education sites</i>		
Nepal	SDGs disseminated	<ul style="list-style-type: none"> • Service providers have access to RH protocols, National Medical Standards, Reproductive Health Updates, and job aids to assist them in providing quality RH services to clients
Zambia	PAC SDGs disseminated	<ul style="list-style-type: none"> • PAC Service Delivery Guidelines developed and implemented at 2 central hospitals and UTH
Malawi	National service guidelines officially endorsed by national policymakers	<ul style="list-style-type: none"> • National FP/RH service delivery guidelines revised
Zimbabwe	System in place for future updating and dissemination of national FP/RH service delivery guidelines	<ul style="list-style-type: none"> • Meeting held to launch revised service delivery guidelines
PAC ESA	National service guidelines document for PAC published	<ul style="list-style-type: none"> • Meeting held to finalize PAC guidelines
PAC-Turkey	National service guidelines document for PAC published	<ul style="list-style-type: none"> • Meeting held to finalize PAC guidelines
Kenya	System in place for dissemination of national FP/RH service delivery guidelines	<ul style="list-style-type: none"> • National FP/RH service delivery guidelines revised and disseminated • Effective dissemination strategies identified and tested
Senegal	SDGs disseminated	<ul style="list-style-type: none"> • FP SDGs implemented by service providers in 7 regional referral centers
Russia	System in place for future updating and dissemination of national FP/RH service delivery guidelines	<ul style="list-style-type: none"> • National service guidelines published and disseminated for ob/gyns
Ukraine	System in place for future updating and dissemination of national FP/RH service delivery guidelines	<ul style="list-style-type: none"> • National family planning service guidelines adopted (28,000 copies disseminated)

COUNTRY	FY99 RESULT	SPECIFIC RESULT
Turkey	National FP/RH Service Guidelines Adopted	<ul style="list-style-type: none"> National SDGs reviewed and updated
Bolivia	National service guidelines officially endorsed by national policymakers	<ul style="list-style-type: none"> Guidelines dissemination plan meeting held
Guatemala	National service guidelines disseminated	<ul style="list-style-type: none"> RH technology update workshops held
Ecuador	System in place for future updating and dissemination of national FP/RH service delivery guidelines	<ul style="list-style-type: none"> National SDGS are officially endorsed and adopted through a formal dissemination strategy
Cote d'Ivoire	Existing national SDGs developed/updated, adopted and disseminated	<ul style="list-style-type: none"> SDGs finalized, approved and dissemination begun
Brazil	State service delivery guidelines disseminated	<ul style="list-style-type: none"> SDGS disseminated through CTU/MAQ replica workshops-statewide expansion of PROQUALI project State SDGS (4 000 copies - 2,000 for Bahia and 2,000 Ceara) disseminated
<i>SR 3.3: Improved policy development, dissemination and implementation process</i>		
Peru	Policies/procedures/regulations have been identified/developed/issued by relevant officials which support a link between job designation and FP/RH skills training	<ul style="list-style-type: none"> National meetings facilitated/held to advocate for RH education and training changes at the preservice level
		<ul style="list-style-type: none"> Criteria for participating universities to qualify as an Institute of RH Excellence established and implemented by the PSWG for midwifery schools
		<ul style="list-style-type: none"> Up to three midwifery schools qualified as Institutes of RH Excellence
	Competency assessment is built into the licensure/certification process	<ul style="list-style-type: none"> Set of identified and approved RH essential skills for graduating medical and midwifery students developed
		<ul style="list-style-type: none"> Skill-based evaluation system by midwifery schools institutionalized
		<ul style="list-style-type: none"> Medical schools agreed to institutionalize minimum necessary RH skills for graduating students established by the PSWG

COUNTRY	FY99 RESULT	SPECIFIC RESULT
PAC (Malawi, Uganda and third country)	Host country officials sensitized to the need to strengthen the policy environment through revising policy norms	<ul style="list-style-type: none"> • PAC Strategy Meeting developed
Côte d'Ivoire	Collaboration with selected national/international agencies to use standardized training approaches, curricula and materials in providing technical assistance and support to governments and NGOs	<ul style="list-style-type: none"> • 5-year RH training implementation plan (TIP) developed
		<ul style="list-style-type: none"> • Study tours to 1 or 2 SFPS target countries identified successful program components in mature FP programs
	New/revised national regulations specifying what FP/RH services will be provided by which categories of providers using what drugs and commodities	<ul style="list-style-type: none"> • Consensus developed on FP program strategies, e g , National Training Teams, priority clinical sites (network)
<i>SR 3.4: Leadership training, support and mentoring programs in place</i>		
Kenya	A core group of advanced trainers are providing support to country training programs	<ul style="list-style-type: none"> • Up to 10 DPHC and DTC staff will have had international co-training experiences
Senegal	A core group of clinical trainers have become advanced trainer candidates after completing the ATS course	<ul style="list-style-type: none"> • Trainers from 5 regional training centers qualified after Advanced Training Skills Courses