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Trip Report

#0-55

Travelers:

Miss Pauline W. Muhuhu, E/SA Office Director
Ms. Mindy Johal, INTRAH Consultant

Country Visited:

SOMALIA

Date of Trip:

June 2-16, 1985

Purpose:

To conduct training needs
assessment for Family Health Services
Project - IEC Component.

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LIST OF ABBREVIATIONS

CDC	Curriculum Development Center, Ministry of Education
CHW	Community Health Worker
FHD	Family Health Division, Ministry of Health
FHS	Family Health Services Project
I.E.C.	Information Education Communication
JHPIEGO	John Hopkins Program for Information Education in Gynaecology and Obstetrics
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health/Family Planning
MOE	Ministry of Education
MOH	Ministry of Health
MONP	Ministry of National Planning
NM	Nurse Midwife
PCC	Project Coordinating Committee
POP	Population
SWDO	Somali Women's Democratic Organization
WED	Women's Education Department, Ministry of Education

EXECUTIVE SUMMARY:

Miss Pauline Muhuhu, INTRAH E/SA Office Director and Ms. Mindy Johal, INTRAH consultant visited Somalia from June 2 - 16, 1985 to assess the training needs of the Family Health Services Project (649-0131)-IEC Component. The five IEC participating agencies visited are: Somali Women's Democratic Organization, Women's Education Department (Ministry of Education), Curriculum Development Centre (Ministry of Education), Family Health Division (Ministry of Health), and the IEC Unit of The Somali Family Health Care Association.

The INTRAH team worked closely with Mr. Abdulla Hirad, IEC Unit Director, Somali Family Health Care Association, and Ms. Margaret Neuse, Population Officer, USAID. Several meetings were conducted with IEC participating agencies' key staff. A field visit was made to one of the family life centres of the WED, Lower Shabelle region.

One of the most significant findings was that although key IEC staff and trainers have university science degrees and teaching experience, none except for those who are also MOH employees, are knowledgeable about family planning, maternal and child health, communication process or health education. And yet these are the essential components on which IEC training and strategies must be based to ensure that there will be changes in the behavior of selected target groups. As a result of this deficit most of the designated IEC staff are uncertain and unsure of what they should be doing. In spite of this deficiency, all participating agencies have begun IEC activities and have developed yearly work plans under the guidance of the IEC Director. All of the agencies are currently focusing on the preparation of a master plan strategy for all IEC activities in the 5 regions of Somalia. The strategy plan is based on the results of the recent IEC Baseline Study and Message

Guidelines Volumes I and II which was completed in April 1985. An IEC workshop for the participating agencies will be held on June 15 and 16, 1985 to provide staff with an understanding of how the results of the baseline study have implications for their specific IEC strategies and target groups.

The most striking need is for all IEC staff to have a solid knowledge base in family health. Then appropriate and relevant teaching strategies for IEC can be planned and carried out. Skills in curriculum development and training of trainers in family health are also urgently needed.

SCHEDULE OF VISIT:

June 2, 1985	17.00 hrs.	Arrival
June 3, 1985	8.45 a.m.	Meeting with USAID Population Officer at the Mission.
	10.00 a.m.	Meeting with SFHCA - IEC Unit staff at SFHCA Office.
	1.30 p.m.	Briefing meeting with USAID Mission Deputy Director.
	5.00 p.m. -	Review of the day's activities.
	8.00 p.m.	Development of interview questionnaire.
June 4, 1985	10.00 a.m.	Meeting with SWDO FHS staff.
	11.30 a.m.	Ministry of Health, FHD. (No meeting, contact person absent).
	5.00 p.m. -	Review and discussion of daily activities.
	8.00 p.m.	Planning for the next day.
June 5, 1985	9.45 a.m. -	Meeting at CDC.
	11.30 a.m.	
	5.00 p.m. -	Review and discussion of day's activities.
	8.00 p.m.	Planning for the next day.
June 6, 1985	9.15 a.m. -	Meeting at WED.
	11.00 a.m.	
	12.00 p.m. -	Review of activities and planning for the following day.
	2.00 p.m.	REST/READINGS
June 7, 1985		Meeting with SWDO trainers.
June 8, 1985	10.00 a.m.	Meeting with SFHCA Program Officer, IEC Unit Training Officer and Resource Centre Manager.
	12.00 p.m.	Review and discussion of day's activities and planning for next day.
	5.00 p.m. -	Health Education Coordination meeting at CDC.
	8.00 p.m.	Brief meeting with MOH/FHD/IEC staff.
June 9, 1985	9.30 a.m.	Review of day's activities and planning for following day.
	11.30 a.m.	
	2.00 p.m. -	
	5.00 p.m.	

June 10, 1985	9.00 a.m. - 3.30 p.m.	Visit to WED family life centre and MCH centre in Marka, Lower Shabelle Region.
	6.30 p.m. - 7.30 p.m.	Review of day's activities and planning for following day.
June 11, 1985	10.00 a.m. - 11.00 a.m. 12.30 p.m. - 1.15 p.m. 5.00 p.m. - 7.00 p.m.	Meeting with IEC Unit Director. Meeting with USAID Population Officer Review of day's activities and planning for the following day.
June 12, 1985	8.30 a.m. - 12.45 p.m. 5.00 p.m. - 7.00 p.m.	Meeting with MOH Family Health Division staff. Review and discussion of day's activities. Planning for the next day.
June 13, 1985	8.00 a.m. - 10.45 a.m. 5.00 p.m.	Preparation for debriefing session with IEC Unit Director, SFHCA. Review of day's activities. Report writing.
June 14, 1985		Report writing.
June 15, 1985	9.00 a.m. - 10.30 a.m.	Debriefing meeting with Mr. Abdulla Hirad, IEC Unit Director.
June 16, 1985	8.00 a.m. - 10.30 a.m. 12.00 p.m. - 1.30 p.m. 4.00 p.m.	Preparation for debriefing report. Debriefing meeting with USAID Population Officer. Departure for airport. Flight cancelled. Returned to hotel.
June 17, 1985	10.30 a.m. 3.00 p.m.	Departure for airport.
June 18 & 19, 1985	9.30 a.m. - 5.00 p.m.	Arrival in Nairobi. Completed report at INTRAH E/SA Office, Nairobi.

I. PURPOSE OF THE TRIP:

The purposes of this trip were:

1. To identify IEC core staff and the responsibilities of each.
2. To identify the training needs of all IEC core staff at the central, regional and district levels of the IEC participating agencies in the Family Health Services Project (649-0131).
3. To make suggestions as to how these needs might be met.
4. To plan INTRAH supported family planning training/technical assistance for appropriate Somali personnel.

II. ACCOMPLISHMENTS:

The USAID Mission Deputy Director and Population Officer were briefed on arrival. Many meetings and fruitful discussions with IEC participating agencies led to the development of a positive working relationship with the INTRAH team. Therefore, the team was able to accomplish its objectives. The USAID Population Officer and IEC Unit Director were debriefed on the outcomes of the visit.

III. BACKGROUND INFORMATION:

USAID Somalia has supported four major family health projects since 1979. These include the JHPIEGO Reproductive Health Training Program; the INTRAH Family Health Training Project; the Westinghouse Family Health Survey and the Family Health Initiatives Project.

In addition to the projects mentioned above, a review of Somalia's population activities was undertaken by AID technicians in 1983, and the project identification document was developed in 1984.

Family Health Services Project (649-0131)

The development of the FHS Project has taken place over a two year period. It has been developed to address two related issues: first, the very high infant mortality rate of 177 deaths per 1000 live births, and the high maternal mortality rate (statistics unavailable) which are contributing to the poor health, disease and death of mothers and young children (The Government of Somalia is committed to reducing these deaths); secondly, even with these high mortality rates, the population growth rate of 3% in 1980 and constant fertility levels of about 7 children per childbearing woman are contributing to a substantial growth of the population which may adversely affect development prospects for Somalia.

The long term goal of the FHS Project is to improve the quality of life for Somali people. Achievement of this goal will be indicated by improved maternal and child health and slowing of population growth. The purpose of the project is to strengthen the capabilities of Somali institutions to promote, support, coordinate and sustain family health programs.

This project has four components which are designed to serve four mutually reinforcing functions. The four components are: the Population Data Policy, Information, Education and Communication, the Clinical Family Health Services, and the Operations Research Centre.

The goal of the IEC component is to support family health programs and services with information, education and communication activities which are conducive to positive changes in the behavior of Somali

couples in the area of family health. IEC activities will focus on four target groups. These are: personnel of the Somali family health institutions; the national policy makers and local leaders; the general population; and the married Somali couples.

The principal institutions involved in the IEC activities are: the Somali Family Health Care Association, the Family Health Division of the Ministry of Health, the Somali Women's Democratic Organization, the Curriculum Development Centre of the Ministry of Education, the Women's Education Department of the Ministry of Education, and the Central Statistical Department of the Ministry of National Planning. The IEC activities of these agencies are coordinated by the IEC Unit of the SFHCA.

The INTRAH team was invited by the IEC Unit of the SFHCA to identify IEC core staff from each participating agency, assess their IEC training needs and make suggestions as to how these needs might be met.

IV. DESCRIPTION OF ACTIVITIES:

A. The Somali Family Health Care Association:

SFHCA was established in January 1984 and is one of the first voluntary non-governmental organizations in Somalia. It exists to promote the health and well-being of the family. SFHCA has designed a program of action based upon a multi-sectoral, inter-ministerial cooperative approach to family health development.

The SFHCA IEC Unit functions are:

- to develop an overall strategy and integrated work plan for IEC activities related to family health;

- to take a leadership role in those activities be conducted jointly by institutions involved with IEC;
- to manage IEC resources for family health;
- to coordinate, monitor and keep informed of all IEC activities in the FHS project; and
- to implement its own assigned activities.
(See Appendix E₁).

The INTRAH team had five meetings with the IEC Unit staff. On June 3, 1985 the team met with the IEC Director, Mr. Abdullah Hirad. (Appendix E₁). He described the structure, functions and activities of the IEC Unit and its relationship to other participating agencies. He also briefed the INTRAH team on the immediate plans for an IEC workshop to be held on July 15 and 16, 1985. The purpose of the workshop was to provide IEC staff with an understanding of how the results of the baseline study have implications for their specific IEC strategies and target groups. He also expressed an urgent need for a family health orientation workshop which would provide participants with a knowledge base and prepare them for family planning related workshops that 7 - 9 selected IEC core staff will be attending outside Somalia between July and September 1985. None of the intended participants have been trained in family health. The team also had an opportunity to meet with and interview the three other IEC Unit staff.

The INTRAH team discussed with IEC Unit staff the strategy the team intended to use in accomplishment of their task. The IEC trainer was

assigned to set up and coordinate appointments with four IEC participating agencies.

During subsequent meetings the INTRAH team discussed with IEC Unit staff their roles and responsibilities, their perceived training needs, progress on their workplans and problems in implementation of their plans.

The FHS project is now in its sixth month of implementation. At present, the IEC Unit is focusing on the development of a masterplan IEC strategy that is based on the findings of the survey. It is expected that the IEC strategy will be designed by the end of July.

A well-defined structure for the coordination of all IEC component activities has been designed into the FHS project. This coordinating mechanism consists of four separate elements which are described below.

1. IEC Unit, SFHCA.

This is the major coordinating body for the IEC component. It is the permanent secretariat of the IEC technical group and a coordinating body for planning and monitoring IEC activities of the participating agencies. The IEC unit is a focal point for in-service training and orientation programs.

2. IEC Technical Committee.

The IEC Technical Committee is a coordinating structure and consists of representatives of the SFHCA, the Health Education Unit of the FHD of the MOH, the WED and CDC of the MOE, the Population Education Project of the MOE, the SWDO, and the Ministry of Information and National Guidance.

The Technical Group is made up of senior IEC professionals and/or technicians with

specific IEC skills and expertise. It will meet at least every two months so that a reliable and efficient information chain will link participating agencies. The group will also ensure technical coordination and examine and develop any IEC program aspects. The IEC Unit Director is the Chairman of the Technical Committee. Persons who will be on this committee have not been identified and no meeting has taken place so far.

3. Project Coordinating Committee Secretariat.

The IEC Unit Director, SFHCA Executive Director and Program Officer make up the PCC Secretariat. Its functions are outlined in Appendix H.

4. Project Coordinating Committee.

The Project Coordinating Committee was formed to review component plans and progress reports; ensure coordination of component activities; support/assist implementation of project activities and resolve project implementation problems. The members of the PCC are as follows:

Chairman: Permanent Secretary of MONP
 Members : Director of WED
 Director of FHD/MOH
 Program Officer of SFHCA
 Vice President SWDO
 Director of CDC
 Director of SFHCA

Further discussions with the IEC Unit Director revealed that he feels there are two issues that need to be resolved by the participating agencies:

- a. The identification of IEC manpower-- who is going to do what?
- b. Are the individuals who have been identified capable of training in IEC and family health?

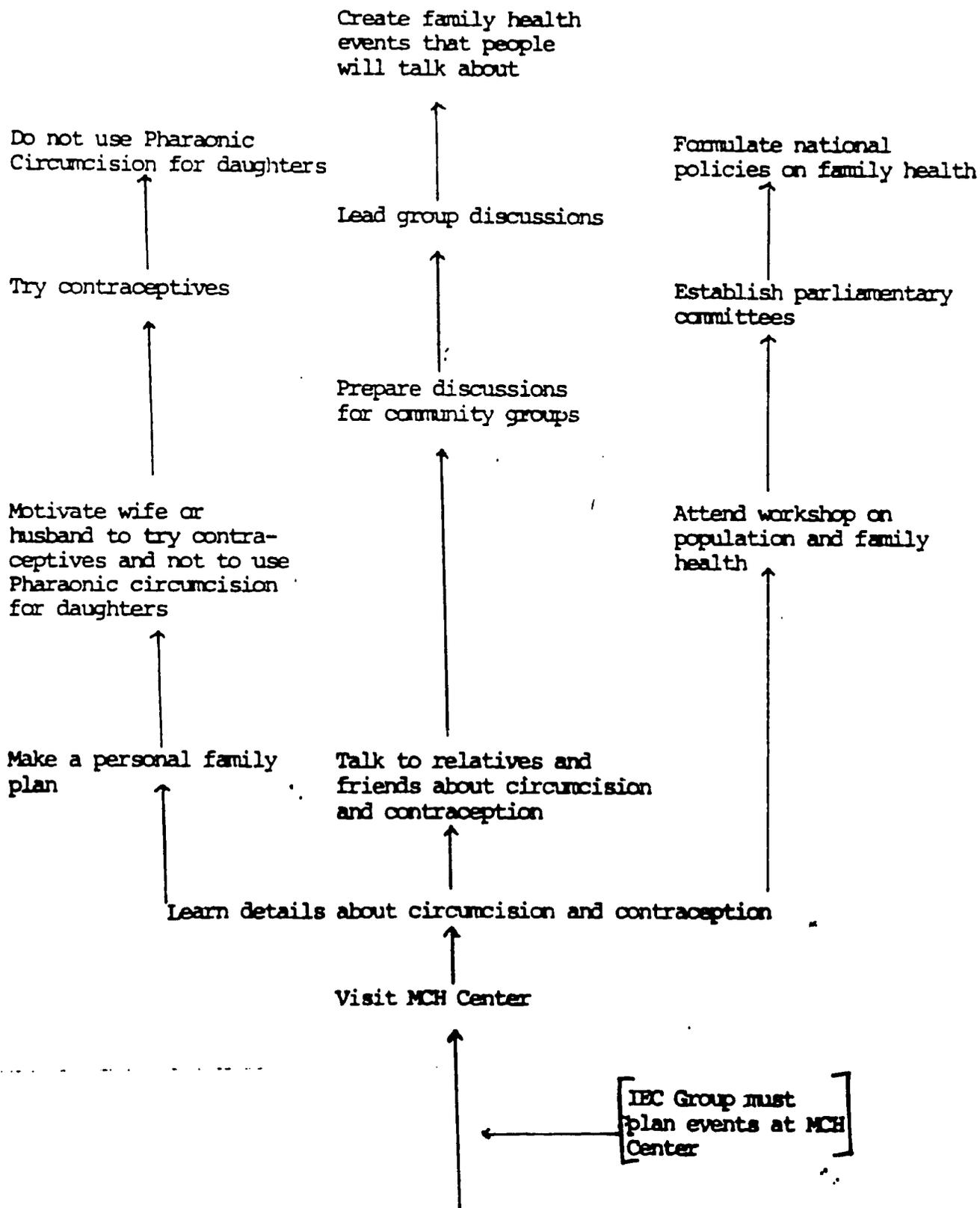
Another area of concern is that since the MOH has not developed a family health service delivery strategy the IEC Unit cannot determine where the implementation of its activities will start and in which directions they will evolve.

The IEC Unit target group is all the IEC participating agencies in the FHS Project. The SFHCA target groups are the political leaders, religious leaders and adult men and women. The expected behaviors of these groups after the IEC activities are charted on the following pages:

SOMALI FAMILY HEALTH CARE ASSOCIATION

TARGET GROUP: POLITICAL LEADERS

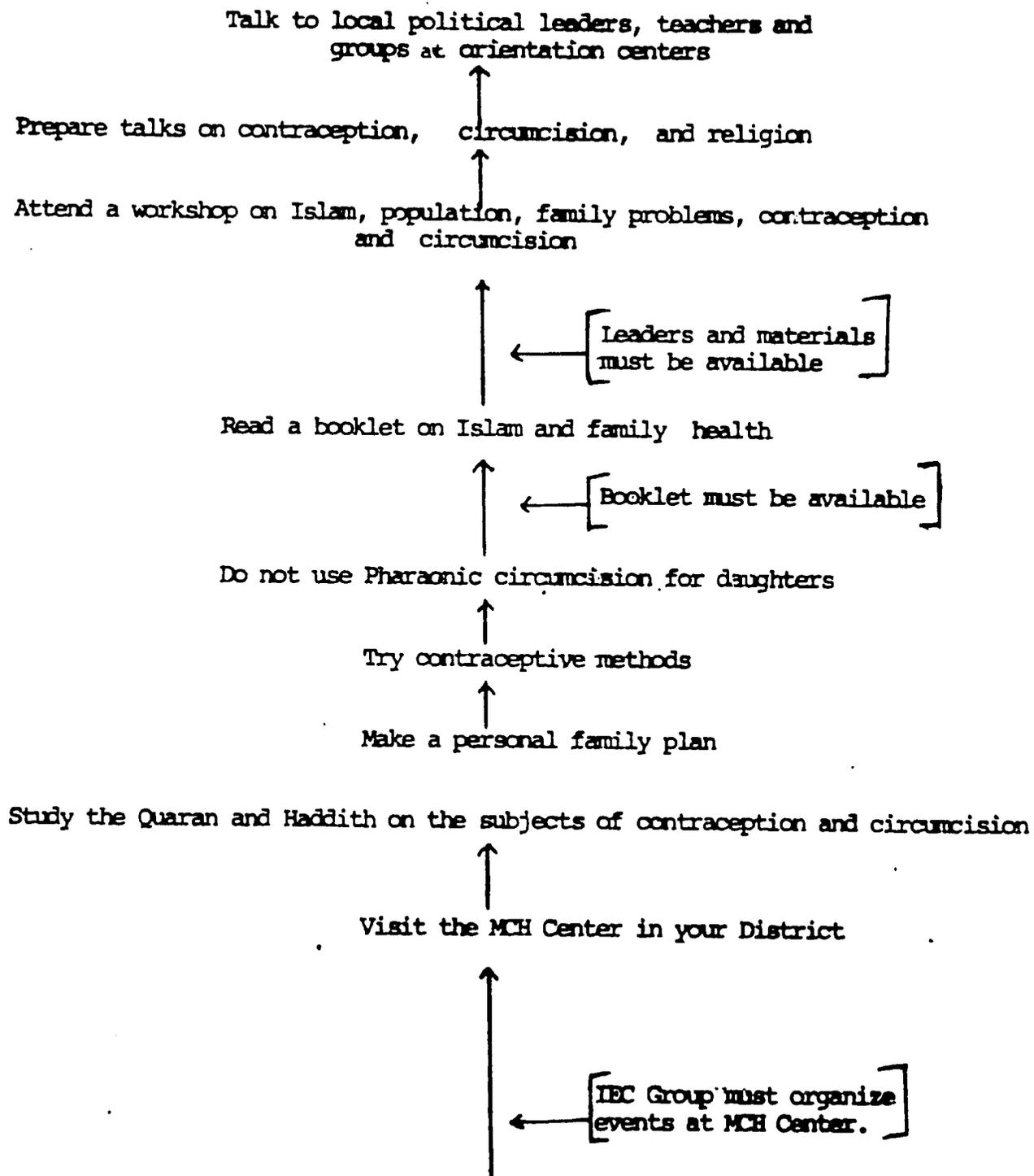
DESIRED BEHAVIORS



SOMALI FAMILY HEALTH CARE ASSOCIATION

TARGET GROUP: RELIGIOUS LEADERS

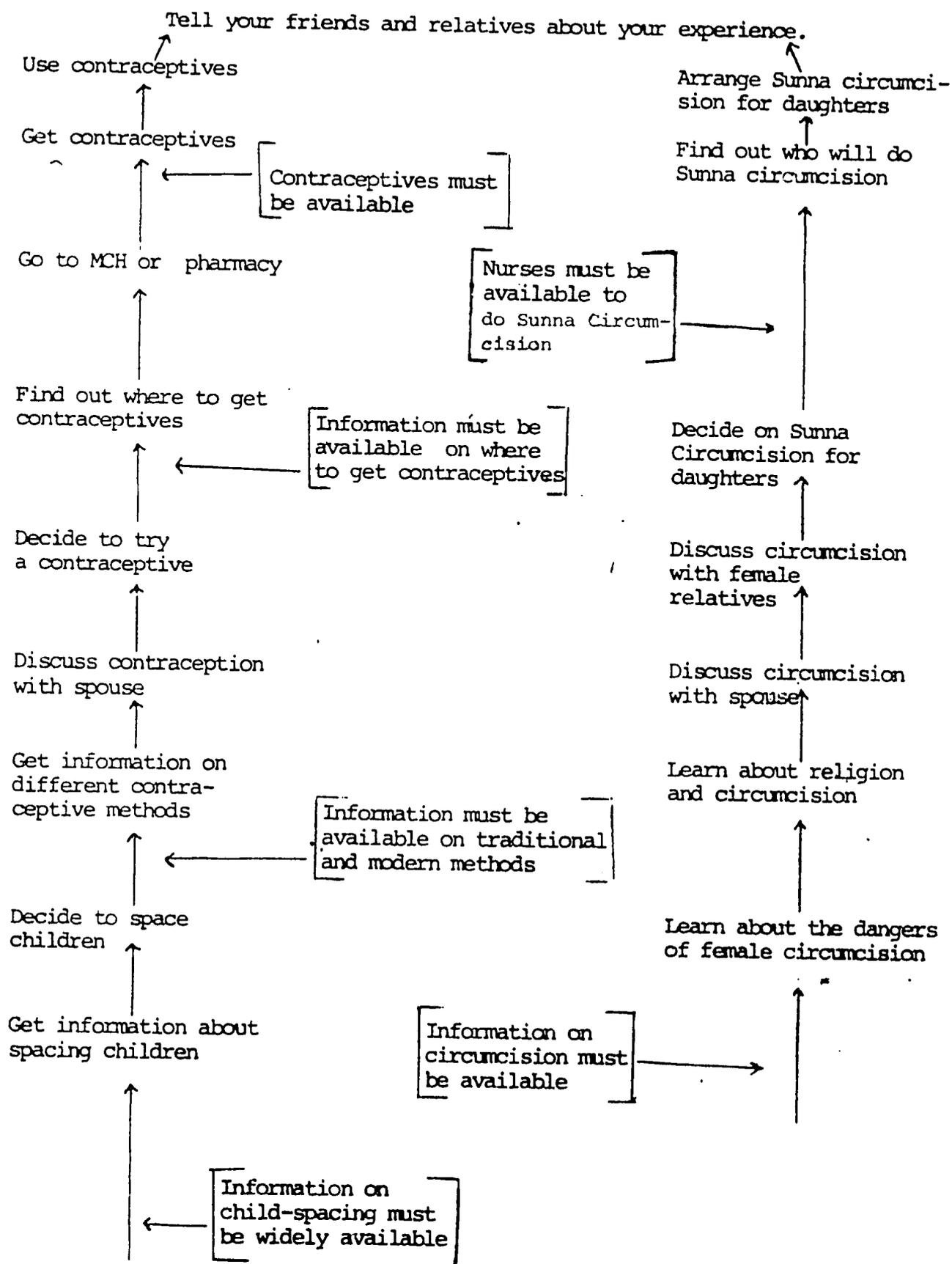
DESIRED BEHAVIORS



SOMALI FAMILY HEALTH CARE ASSOCIATION

TARGET GROUP: ADULT MEN AND WOMEN

DESIRED BEHAVIORS



B. Somali Women's Democratic Organization:

SWDO is a broad-based democratic organization that unifies cross-sectionally all the Somali women, motivating them to actively participate in the political, social, economic and cultural life of Somali society. Within the social function, the organization initiates programs intended to improve family health in general and that of the mother and child in particular.

The INTRAH team met twice with four of the five SWDO IEC staff of the Section for Planning Projects. There was discussion and clarification of training needs and issues in relation to IEC workplan objectives.

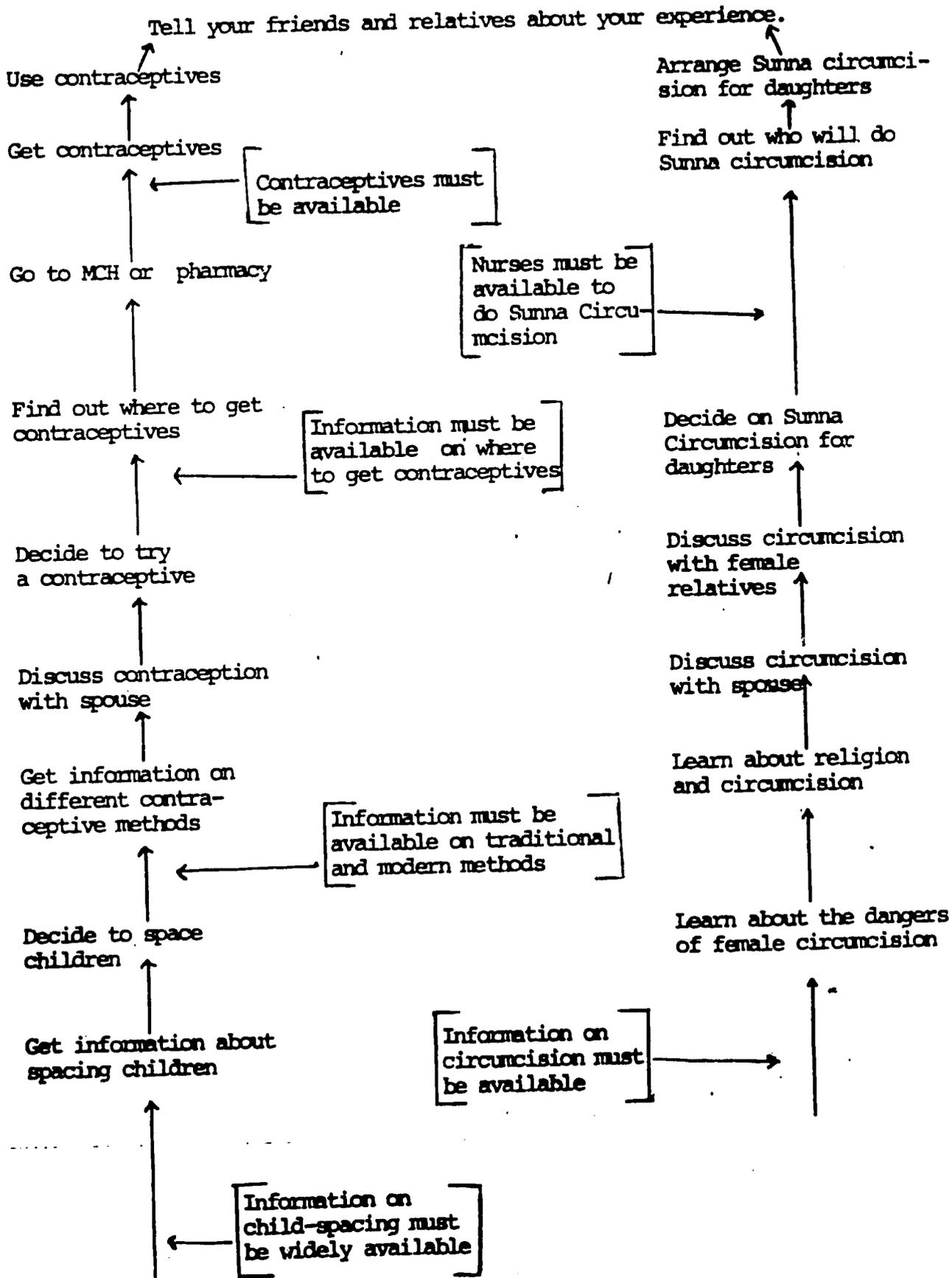
None of the members met had any background in family health and there appeared to be some confusion concerning the relationship of IEC to family health and the role of the IEC program in relation to the achievement of desired behaviors of target groups. One trainer is able to teach the dangers of circumcision and two trainers can discuss natural child spacing methods. Consequently, this Unit relies heavily on outside guest speakers to conduct the training sessions. Participants are required to make a three-month workplan before they leave for their districts. The implementation of these plans is reviewed by the central trainers within those three months. Central trainers plan to conduct regional workshops in order to assist women members who have been trained in family health with the organization and implementation of IEC workshops.

SWDO has orientation centers in each region, district and village. These orientation centers are used as training sites. The IEC target groups for SWDO are the SWDO leaders and middle-aged and young women. The expected behavioral outcomes of these target groups are illustrated in the flow charts on the following pages:

SOMALI WOMEN DEMOCRATIC ORGANIZATION

TARGET GROUP: ADULT MEN AND WOMEN

DESIRED BEHAVIORS



C. Women's Education Department - Ministry of Education:

The INTRAH team met with four of the WED/IEC central staff and made one field visit to a family life center in Marka. During the discussions, the team learned that WED is part of the Non-Formal Education Department of the Ministry of Education. In 1974, the Family Life Teacher Training Center was opened in Mogadishu to provide a permanent teaching base for family life teachers. WED focuses primarily on preparing poor, unskilled and uneducated women to become self sufficient through income-generating activities. WED also aims to improve family health through health education and IEC activities.

WED has 82 family life centers of which 66 are functioning in the 16 regions of Somalia. It is in these centers that WED's programs are implemented. The IEC activities will be organized by the recently formed Health Education Unit. (Appendix E₃). Up to now, WED central staff have conducted four IEC training sessions for 15 senior staff, 20 supervisors and headmistresses, 43 family life teachers, and 50 national service teachers. At the headquarters in Mogadishu, there is a well-organized library with a few health education materials and visual aids.

The central staff also conduct one-year family life teachers' courses for primary school teachers and provide annual upgrading and refresher courses for the teachers.

The INTRAH team had an opportunity to visit a regional family life center in Marka in the Lower Shabelle region and held discussions with Maryam

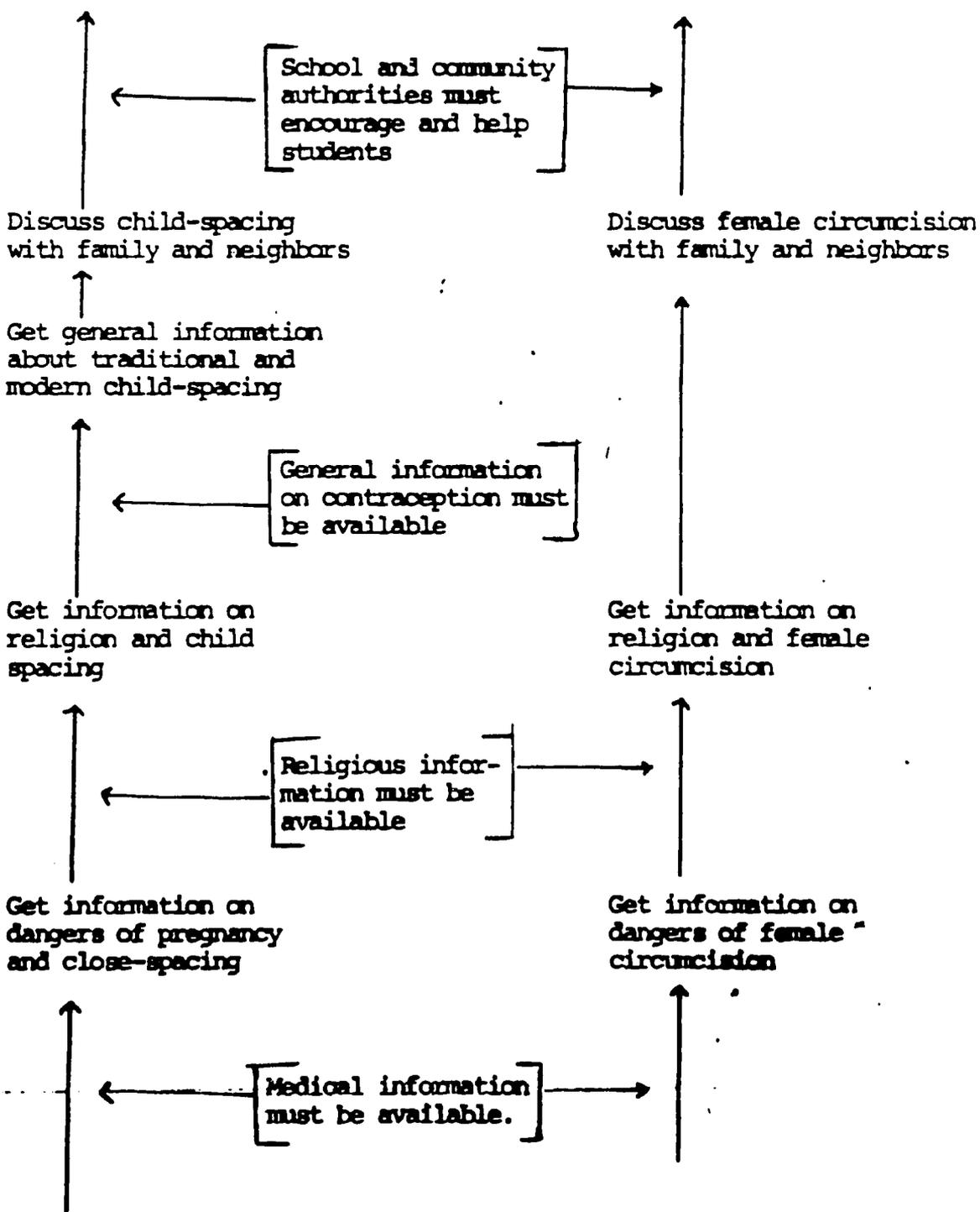
Sheikh, the regional WED/IEC coordinator. There are 8 family life centers in Lower Shabelle region with 52 family life teachers.

The Marka center has 16 family life teachers and 60 students ranging in age from 15 - 35 years. The center conducts a four-year course in literacy, nutrition, health education, child spacing, child care, home management, handicrafts, sewing, knitting and embroidery. There are plans to decentralize in-service training of the family life teachers. Initially, this training will be conducted by the central staff and when competent, the regional family life teachers will take over the teaching responsibilities.

The regional coordinator expressed an urgent need for IEC teachers to have knowledge of child spacing methods and family health components. "Family health is a new concept for us," she stated and "none of us has a background in family health." She suggested that at least one teacher in each region, including the regional coordinator, be trained in family health. The target groups for WED are rural women attending family life courses and family life teachers. The expected behavioral outcomes of these target groups are illustrated in the flow chart on the following page:

CURRICULUM DEVELOPMENT CENTREWOMEN'S EDUCATION DEPARTMENTTARGET GROUP: STUDENTS IN FAMILY LIFEEDUCATION COURSES: DESIRED BEHAVIORS

Help create health events in school and community



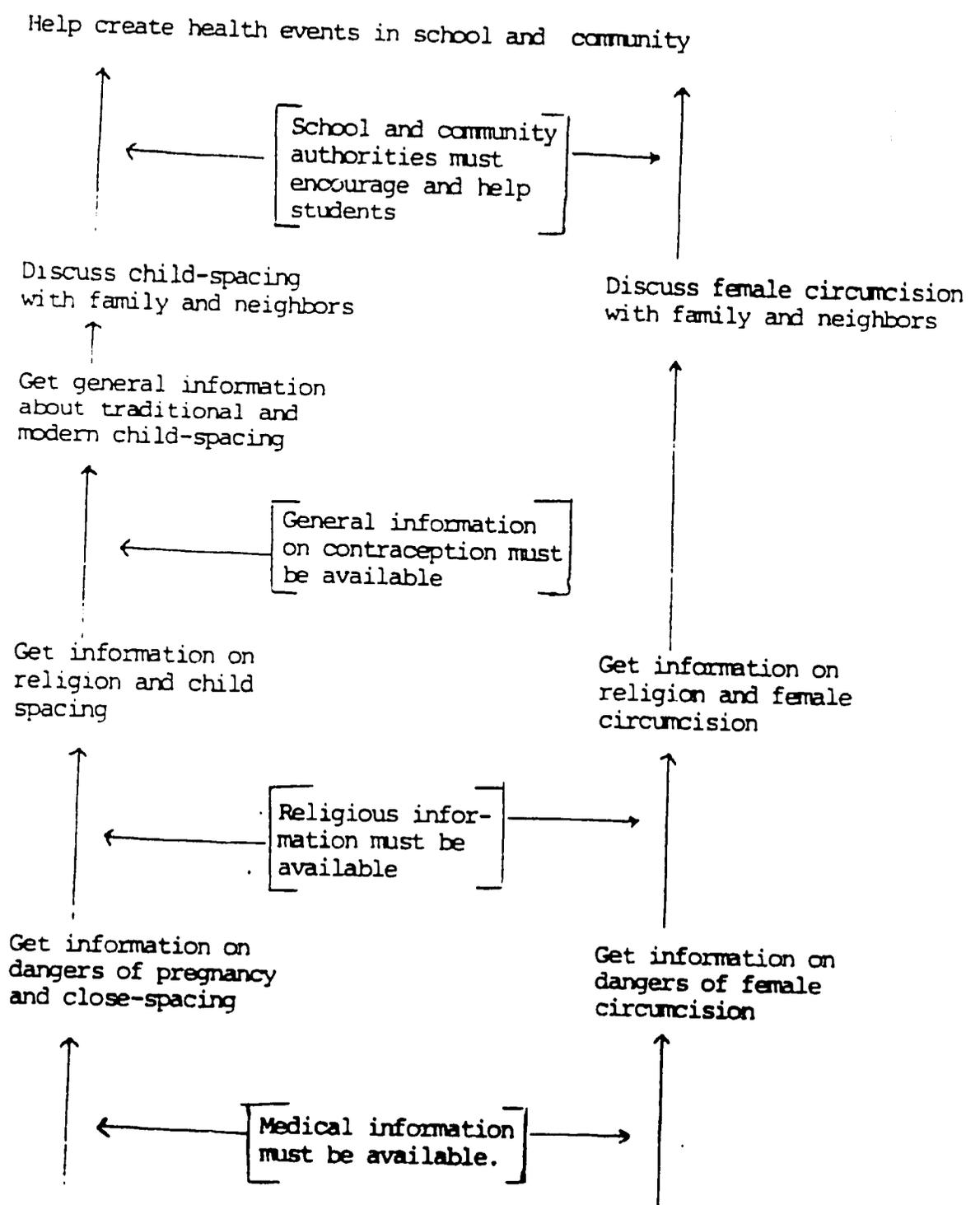
D. Curriculum Development Center - Ministry of Education:

A meeting with 5 senior CDC administrators revealed that CDC has a newly formed Health Education Unit. The Unit is responsible for the development of a family life curriculum for school children from grade 1 to grade 12. A curriculum and teacher's guide for grade 1 have been developed and are being pretested at this time. A major handicap for the 5 health education staff is their lack of background in health education or family health. A short term advisor under the FHS Project has just arrived to assist the team in the development of a curriculum for grades 2 - 8 and in the formulation of job descriptions for the health education section. The school teachers who will be implementing the family life curriculum are being assisted by the CDC Teacher Training Task Force. The task force works closely with the Health Education Unit. The expected behavioral outcomes of the students and teachers who are the CDC target groups are illustrated in the flow charts on the following pages:

CURRICULUM DEVELOPMENT CENTRE

TARGET GROUP: STUDENTS

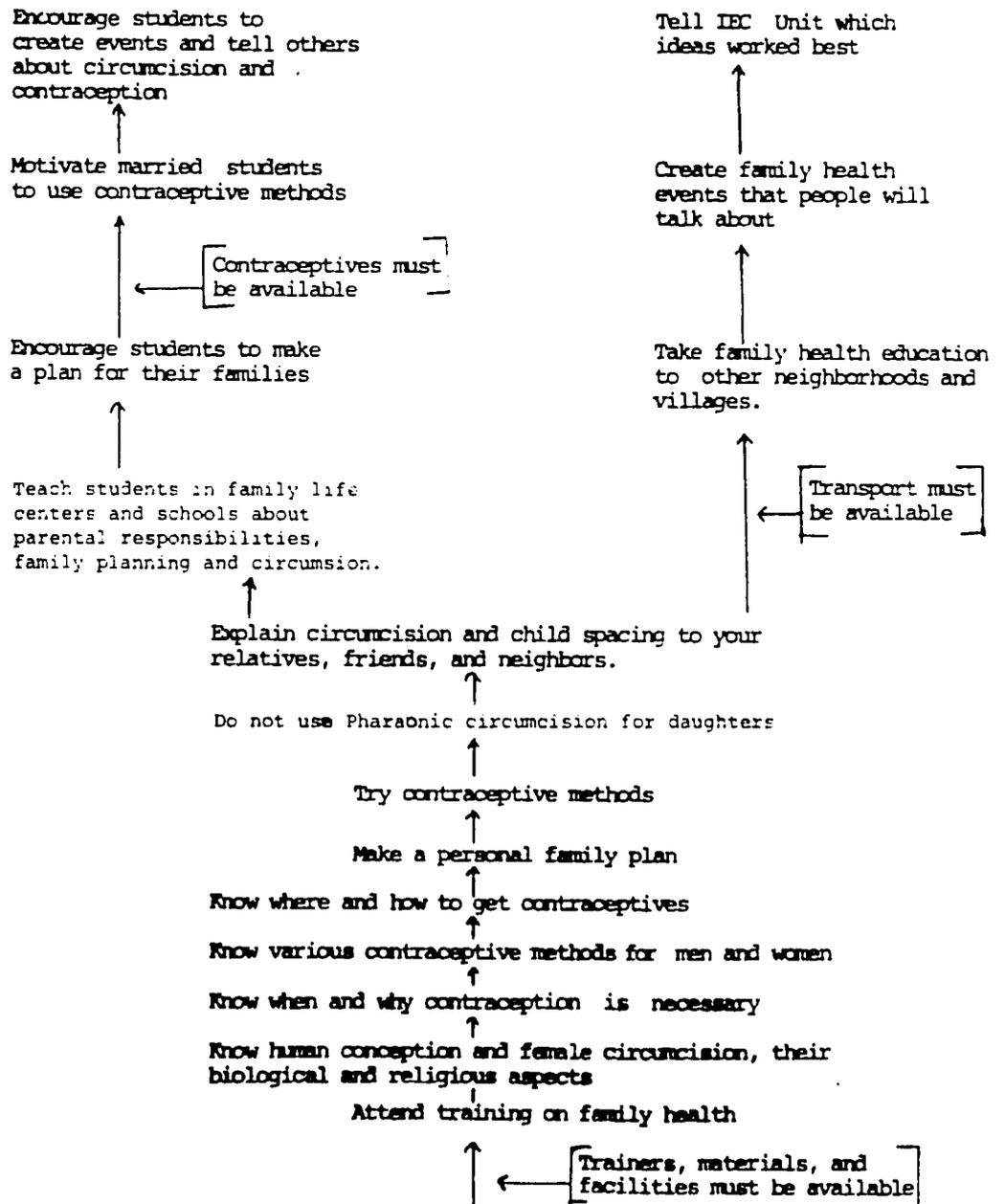
DESIRED BEHAVIORS



CURRICULUM DEVELOPMENT CENTRE

TARGET GROUP: TEACHERS

DESIRED BEHAVIORS



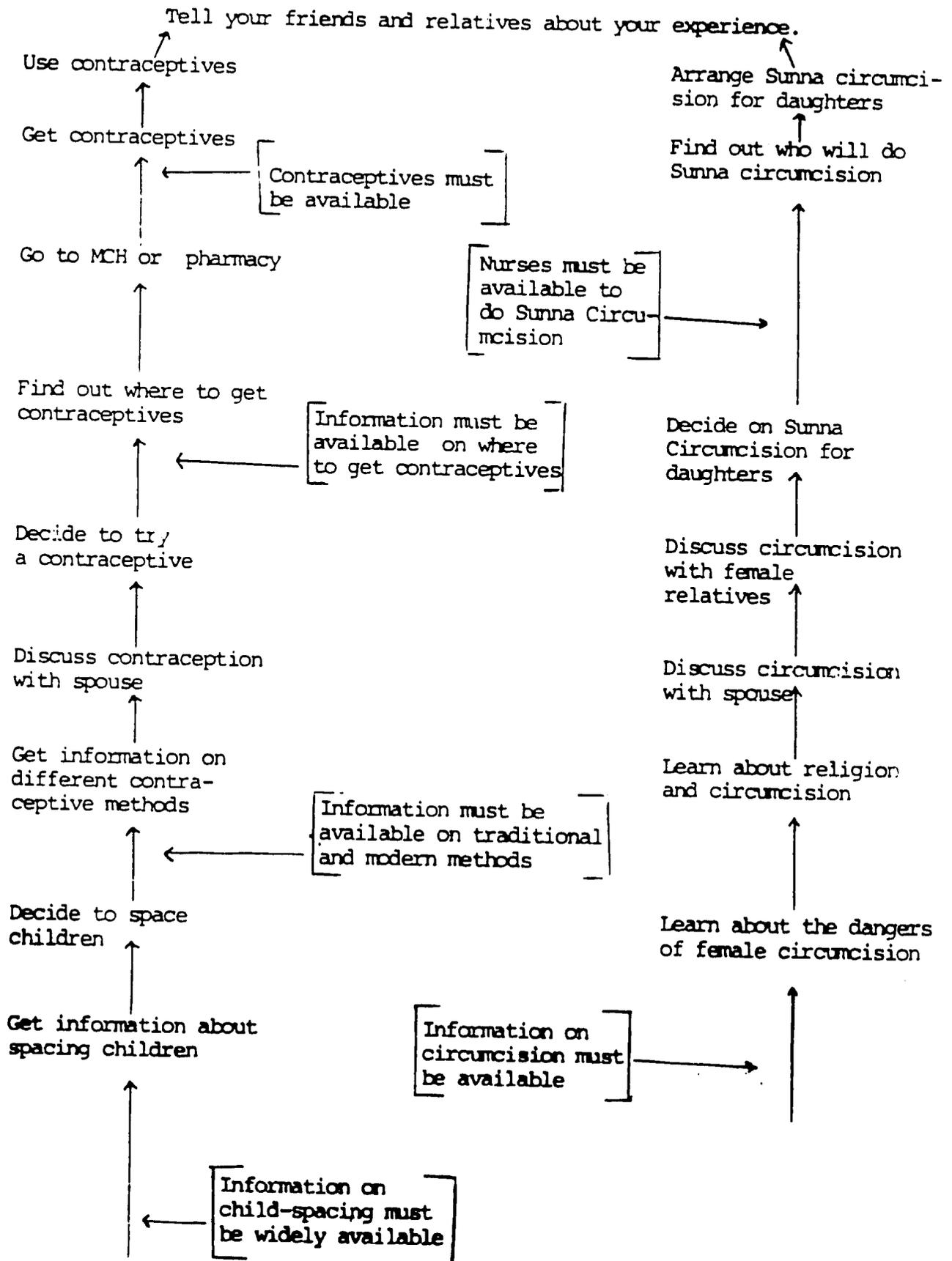
E. Health Education Unit - Family Health Division - Ministry of Health:

After three broken appointments, the INTRAH team finally met with the head of the Health Education Unit. Initially, a meeting was held with the two IEC Unit staff. The Director of the Family Health Division who is also the Secretary General of the PCC requested that her meeting be postponed again to a later date. Since this was about to become the fourth unsuccessful attempt for a meeting with the Director, the INTRAH team stated that it must occur at the scheduled time because the team was leaving in two days.

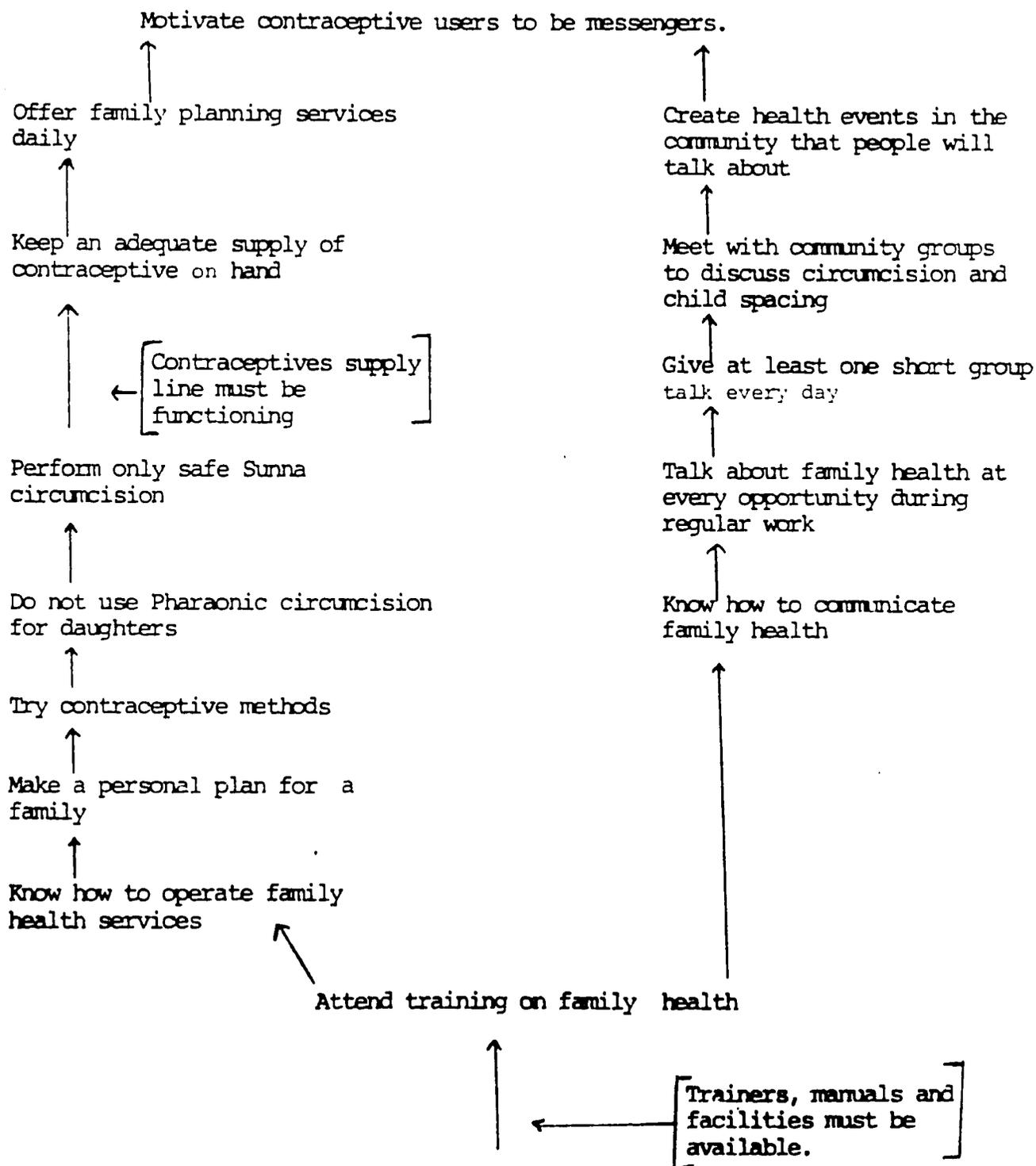
The Health Education Unit's goal is to provide accurate information about all aspects of health to the general population. Specifically, the IEC component will provide family health education to certain target groups; that is, physicians, nurse-midwives, community health workers and TBAs. The expected behavioral outcomes of these target groups are illustrated in the flow charts on the following pages. The 1985 IEC workplan for the MOH IEC Unit (Appendix E₅) is the same family health training plan that was developed in March 1985 during Miss Pauline Muhuhu's technical assistance visit to the Training Unit. The only difference between the Training Unit workplan and the IEC Unit's workplan is the addition of three activities which are:

MINISTRY OF HEALTH
TARGET GROUP: ADULT MEN AND WOMEN

DESIRED BEHAVIORS



MINISTRY OF HEALTH
TARGET GROUP: HEALTH PERSONNEL
DESIRED BEHAVIORS



1. Selection of New Health Education Topics:

New topics in family health will be identified according to the health needs of each region. New topics identified for the Bay region are personal and environmental hygiene, prevention and management of diarrhoea, MCH/FP services and family planning in mental health. This activity will be conducted in five regions, one of which is not designated in the FHS Project. The Target group that will be served is clients in MCH/FP clinics.

2. Health Education Campaign:

This activity will be conducted in four regions, two of which are in the project's geographical mandate. Ministries, agencies and factories have been identified as the target groups for these campaigns.

3. Supply of Commodities:

This activity will be conducted in the regions which are the target areas for the ongoing FHI Project. It is assumed that the commodities will be supplied to the MCH centers in the five project regions.

The IEC Unit of the MOH also intends to incorporate knowledge and skills in communication in the Training Unit's planned activities. This will be accomplished by the addition of a one-week communication process component to the original three-week non-clinical family health and refresher courses. The IEC Unit has already conducted one communication skills workshop. Communication skills were taught by adding 20 hours to the non-clinical family health refresher course for 15 nurses in Bay Region. Communication classes were held from 5.00 p.m. to 8.00 p.m. during the length of the course.

Since the activities of the Ministry's Training and IEC Units have been linked and are closely interrelated, it is difficult to identify and clarify what the IEC Unit is doing in relation to specific IEC activities that are directed towards their various target groups. It is worth noting that some of these target groups have not been specified in the FHS Project; for example, factories, agencies, clients etc.

Since the IEC Unit training activities have been added to the workplan of the Training Unit, it is only the nurses of the MOH FHS Project who will be trained. Physicians, TBAs and community health workers have not been provided for. It appears that the IEC workplan is the same plan that is being utilized by the entire Family Health Division and a separate Health Education Unit IE&C workplan has not been developed.

The IEC Unit Coordinator anticipates that several problems may arise because the MOH has designated MCH Heads at the district level as responsible for all IEC family health activities. The MCH Head is already overburdened with other responsibilities such as distribution of food supplements, immunization, and service delivery and will not have sufficient time to do IEC-related field supervision of CHWs and TBAs. The IEC Unit Coordinator recommended that an IEC-trained public health nurse be designated responsible for all IEC and health education activities outside the MCH centers. The public health nurse will train, supervise and follow up TBAs and CHWs in IEC; prepare simple visual aid kits on each MCH/FP topic; evaluate effectiveness of the visual aids; plan how, where and when IEC topics will be

delivered in her area; and keep records of health talks given and clients motivated and referred for various MCH/FP services. The public health nurse could also participate in IEC activities at the MCH center, identify community health problems and make recommendations for solving the problems. And finally, the public health nurse could coordinate MOH IEC activities in her area and participate in interagency IEC meetings. The MCH head would be responsible for the supervision of the PHN on a daily basis.

V. FINDINGS:

The INTRAH team has identified several problems which may affect the planning, implementation and coordination of the IEC component of the FHS project:

1. Nearly all the individuals who are involved in the IEC activities do not understand the definition or concept of IEC and its relationship to health education and family health. Most have no knowledge base in family health and have little understanding of the components of family health. Most of the trainers are biology, agriculture or home economics university graduates. A few have had teaching experience. Without an adequate family health knowledge base, they are unaware of key concepts that should be taught in order to inform and change the behavior of their target groups. Consequently they are unable to design appropriate family health curricula. A lack of training in the educational process hinders them from identifying relevant training methodologies and curriculum process components which would facilitate the desired learning outcomes. Because they are uninformed about the role of evaluation and feedback in curriculum revision, training cannot be geared towards the needs of the learning groups and achievement of objectives.
2. Since IEC is a new idea and in some cases an additional work activity that is to be performed, there is considerable role confusion about who is to do what and when in relation to IEC. There is confusion about how this new role fits into the

objectives of each agency and about the relationship of IEC to the FHS Project. Role confusion is further intensified because there are 5 agencies participating in the project; all are involved in IEC, but each agency does not know its role and its relationship to the other agencies in regard to IEC family health and project outcomes.

At the personal level, it has been difficult to determine exactly what each individual is doing in IEC. But it may be too early in the project to make this decision. All agencies are waiting for the development and dissemination of the official IEC strategy which will determine each agency's workplan objectives and activities. This strategy should facilitate the preparation of individual workplans. Job descriptions also need to be formulated. A comprehensive strategy and job descriptions will assist in the clarification of roles for each individual and also for each agency.

3. Before the implementation of FHS Project, the participating agencies worked independently on their various activities. Now they are required to coordinate their IEC activities with other agencies so that messages are complementary, not conflicting or overwhelming for all target groups. The INTRAH team has identified that individuals are not able to effectively work as a team and that they need assistance to develop a team concept and approach to their work at the individual agencies and also at the interagency levels.
4. The SFHCA Program Officer's understanding of her role in relation to IEC appears to conflict with the IEC Unit Training Officer's job description. There is confusion about who is responsible for IEC of the political and religious leaders who are the target groups of the SFHCA. This issue needs to be resolved.
5. Although SWDO has identified its trainers at the central headquarters, it has not been able to identify who its family health trainers will be in the regions outside of Mogadishu. In Mogadishu, SWDO intends to rely heavily on outside agencies for its trainers; for example, the Faculty of Medicine and Ministries of Health and Planning. Since trainers in the regions have not been identified, the INTRAH team could not assess the training needs for this unknown group.

6. When the IEC activities of the participating agencies are operative, it is anticipated that there will be many motivated clients and families who will require family health services which are effective and accessible. This increasing number of new clients may overburden the already limited capacity of the MCH centers and hospitals.

Presently, family health services are being provided at approximately 31 centers and 9 hospitals. Each MCH center and hospital has about two trained family health service providers. Sixty of these nurse-midwives will be attending family health refresher courses this year. These trained providers also have other service obligations; for example, field-visiting, food distribution, immunizations, and other MCH services. Therefore, in reality, there is probably only one FP trained nurse-midwife at each center at one time.

There are only 15 nurse-midwives in the country who have been trained to insert IUDs and manage these clients. However, of the 15 trained nurse midwives, only two are actually inserting IUDs without any constraints. Gynecologists will not permit the trained nurses to insert IUDs. Also, there is an insufficient supply of equipment and sterilizing facilities in the MCH centers and hospitals. Consequently clients are provided contraceptives without adequate examination. All of these factors contribute to a poor quality of service and clients do not receive the services they require.

Although through the efforts of the family health services component and other parts of the FHS Project, services will be improved and expanded to include at least 60 MCH centers and 20 hospitals, the issues mentioned above will need to be addressed before the IEC-motivated clients can be effectively served. Also,

improvement and expansion of the family health clinical services should proceed at a pace which complements the increased number of IEC activities.

The charts on the following pages identify the trainers and the family health training needs of all participating agencies. The role of INTRAH and other agencies in meeting these needs has also been clarified.

SOMALI FAMILY HEALTH CARE ASSOCIATION - IEC UNIT

IEC TARGET GROUPS - IEC PARTICIPATING AGENCIES

GOAL	IEC CORE STAFF	TRAINERS	ADDITIONAL TRAINERS REQUIRED	POST TRAINING FUNCTIONS	IMMEDIATE IEC/FAMILY HEALTH NEEDS	OTHER SUPPORT	POSSIBLE ROLE OF INTRAH	ROLE OF OTHER AGENCIES
To support, monitor and coordinate the IEC activities of the participating agencies of this FHS Project and other IEC organizations.	<p>Abdullah Hirad (Director)</p> <p>Amina Hersi Adah (Training Officer)</p> <p>Abbirahman Mohamoud Mohamed (Resource Center Manager)</p> <p>Rahma Ahamed (Member of IEC Secretariat Program Officer SFHCA)</p> <p>Librarian and Audio Visual Technician to be appointed.</p>	<p>Amina Hersi Adah</p> <p>Other IEC Core staff also participate in training activities.</p>	<p>Too early in the project to determine whether additional Trainers are required.</p>	<p>Through consultative activities, will provide guidance and support to the participating agencies and assist them to effectively organize and conduct their training activities.</p> <p>Organize workshops with IEC technical group.</p> <p>Disseminate research findings, field experiences and feedback information to policy makers, IEC Directors, Development Organizations and Trainers.</p> <p>Provide resources and training materials to participating agencies.</p>	<p><u>Trainer and Program Officer:</u></p> <p>:Knowledge of family health education</p> <p>:Communication skills</p> <p>:Visual Aids development</p> <p>:Curriculum development</p> <p>:Training Program management</p> <p><u>IEC Unit Director:</u></p> <p>:Updates in communication process and mass communication and family health</p> <p>:IEC program development and strategies</p> <p><u>Resource Center Manager:</u></p> <p>:Materials development training</p> <p>:Communication and coordination in IEC management training</p>	<p>Training in evaluation of health training programs for the Trainer and program officer</p>	<p>Training in family health content</p> <p>Communication</p> <p>Visual Aids development</p> <p>Training Program Management</p> <p>Training in evaluation of health training programs</p> <p>Curriculum development</p>	<p>Mass communication</p> <p>IEC program development and strategies</p> <p>Study tour of IEC programs for Director of IEC Unit</p> <p>Study tour for resource center manager to see well set up IEC resource centers in developing countries</p> <p>Training in evaluation of health training programs</p>

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SWDO SOMALI WOMEN'S DEMOCRATIC ORGANIZATION

IEC TARGET GROUPS - SWDO LEADERS, MIDDLE AGE AND YOUNG WOMEN

GOAL	IEC CORE STAFF	TRAINERS	ADDITIONAL TRAINERS REQUIRED	POST TRAINING FUNCTIONS	IMMEDIATE IEC/FAMILY HEALTH NEEDS	OTHER SUPPORT	POSSIBLE ROLE OF INTRAH	ROLE OF OTHER AGENCIES
To inspire, motivate and unify Somali women to actively participate in the political, social, economic and cultural life of the Somali society through social activities that will initiate programs to improve family health.	Abdullah Issa Good (Coordinator) Maryan Gacal (Assistant Coordinator) Batula Shiek Hassan (Member of PCC) Rhoda Abdullah (Accountant)	Dr. Asha Adan teaches female circumcision and traditional child spacing. Raho Mohamed Janaqow teaches breast feeding and traditional child spacing. Rhoda Abdullah teaches home management.	22 Trainers: -4 at Headquarters. -18 at regional level (1 Trainer for each region in Somalia). 1 Audio Visual Technician at Central Office.	Increased knowledge and use of child spacing methods. Reduced practice of circumcision. Improved coordination of activities from central to regional levels. Improved family health.	Training in family health. Management and supervision training. Training of Trainers in family health. Visual Aids Development. Training in Community development. Program Planning Skills. Yearly refreshers in family health.	:Workshop materials :Videos :Video cassettes :Finances :Films Experienced manpower in family health Office space transport Translation of English films into Somali	Training in family health Training in Management and supervision Visual Aid development Training of Trainers	Training in development of visual aids for mass communication (PCS) Community Development Program Planning Identify relevant family health films Translation of English films to Somali Developing Somali family health films

WOMEN'S EDUCATION DEPARTMENT - MINISTRY OF EDUCATION

IEC TARGET GROUPS FAMILY LIFE CENTERS AND SECONDARY SCHOOLS

GOAL	IEC CORE STAFF	TRAINERS	ADDITIONAL TRAINERS REQUIRED	POST TRAINING FUNCTIONS	IMMEDIATE IEC/FAMILY HEALTH NEEDS	OTHER SUPPORT	POSSIBLE ROLE OF INTRAH	ROLE OF OTHER AGENCIES
<p>To contribute to the national development goal of improving the quality of life for poor, unskilled and uneducated rural families through an integrated, participatory approach.</p> <p>To integrate IEC into family life education programs.</p>	<p>Maryan Mohammed Haji</p> <p>Zahara Said</p> <p>Rukiaya Abdulla</p> <p>Dahir Elmi Abdi</p> <p>These 4 core staff are at the headquarters and will train teachers there.</p> <p>There are also 4 course writers (curriculum) at the headquarters.</p>	<p><u>Senior Staff</u></p> <p>:2 area coordinators</p> <p>:10 supervisors</p> <p>These Trainers are at regional and district levels.</p>	<p>There should be an IEC Trainer in each of the 16 regions.</p>	<p>Improvement in all aspects of WED's program</p> <p>:Training service</p> <p>:Family life and IEC service</p> <p>:Research service</p> <p>:General Administration and Documentation service</p> <p>:Proposed Health Education Service</p> <p>Twenty family health trained senior staff will train 20 - 30 family life center headmistresses in family life in each project region.</p> <p>Family life trained headmistresses will facilitate training of 600 teachers and approximately 4,000 students.</p>	<p>Training in family health</p> <p>Family health curriculum development</p> <p>Training in health program development and program management skills</p> <p>Training in research and evaluation skills</p> <p>Training in project development, needs assessment, project proposal writing, negotiation and collaboration skills with donor agencies</p> <p>Scholarships in IEC related topics</p> <p>Study tours of successful IEC programs</p>	<p>Educational materials for Trainers and students</p> <p>Short term consultant for project development assistance</p>	<p>Training in family health content</p> <p>Training of Trainers in family health</p> <p>Management and supervision workshop</p> <p>Visual aids workshop</p> <p>Family health curriculum development</p> <p>Study tour to Population and Community Development Association in Thailand for at least 1 Trainer who speaks English and is involved in IEC income-generating activities</p>	<p>Short-term consultancy (See "Other Support").</p>

MINISTRY OF EDUCATION - CURRICULUM DEVELOPMENT CENTER - HEALTH EDUCATION SECTION
IEC TARGET GROUPS - ELEMENTARY, INTERMEDIATE AND SECONDARY STUDENTS, SCHOOL TEACHERS

GOAL	IEC CORE STAFF	IEC CURRICULUM DESIGNERS	ADDITIONAL TRAINERS REQUIRED	POST TRAINING FUNCTIONS	IMMEDIATE IEC/FAMILY HEALTH NEEDS	OTHER SUPPORT	POSSIBLE ROLE OF INTRAH	ROLE OF OTHER AGENCIES
To develop a family health curriculum for school children grades 1 - 12 and assist the teachers to implement the curriculum.	<p>Ahmed Ali Abbi (Head of Environmental and Practical Studies Department)</p> <p>Zabra Gibril (Head of Health Education Section)</p> <p>Safi Gibril</p> <p>Mah'di Haaji Hassan</p> <p>Said Elmi Musse</p> <p>Short term consultant (10 weeks)</p>	<p>Zahra Gibril</p> <p>Safia Gibril</p> <p>Mahidi Haaji Hassan</p> <p>Said Elmi Musse</p> <p>Teacher Training Task Force</p> <p>(Assist teachers in implementation of curriculum)</p> <p>Dahir Abdul-lahi Waberi (Head of Task Force)</p> <p>Jaylani Mohamed Abu</p> <p>Ibrahim H. Omer</p> <p>Yusuf Ahmed Siyad</p>	<p>According to core staff, no additional people are required to design the curriculum.</p>	<p>Health Education curriculum developed and implemented for primary, intermediate and secondary school children.</p> <p>Teachers able to teach family health education from grades 1 - 12.</p> <p>Improved health of school children.</p> <p>School children will act as health educators for their families and communities and improve health status.</p>	<p>Health education core group are all university science graduates and have no training in teaching or curriculum development, health education and family health.</p> <p>They need training in all the above areas.</p> <p>Note that other needs may occur after job specifications have been developed.</p>	<p>Reference materials (at present time the core group has no health education, IEC, family health or communication resources)</p>	<p>Training in family health content</p> <p>Training of Trainers in family health</p> <p>Curriculum development process</p>	<p>Identification and supply of reference materials for health education core group.</p> <p>Study tour of successfully integrated health education and family health curricula for the Head of the Environmental and Practical Studies Department and the Head of Health Education Section.</p> <p>Long term family health curriculum development consultant (budgeted for in FHS project document).</p>

MINISTRY OF HEALTH/FAMILY HEALTH DIVISION - HEALTH EDUCATION UNIT - IEC COMPONENT

IEC TARGET GROUPS - HEALTH PERSONNEL (TBA, NM, DR. AND CHW)

GOAL	IEC CORE STAFF	TRAINERS	ADDITIONAL TRAINERS REQUIRED	POST TRAINING FUNCTIONS	IMMEDIATE IEC/FAMILY HEALTH NEEDS	OTHER SUPPORT	POSSIBLE ROLE OF INTRAH	ROLE OF OTHER AGENCIES
<p>To update knowledge in family health skills for nurse-midwives providing family health services in MCH centers, hospitals and nursing schools.</p>	<p>Headquarters Health Education Unit.</p> <p>:Halima Abdi Sheikh (Coordinator)</p> <p>:Adar Fidow (Assistant Coordinator)</p> <p>:Faliza Hassan (Regional Coordinator for Bay Region)</p> <p>Each MCH Center (39) has a head midwife who is responsible for IEC activities.</p> <p>There are plans for each of the 26 hospitals in 5 project regions to have a nurse-midwife for IEC activities. The head of each ward will be in charge of IEC (48 incharges).</p>	<p>Halima Abdi Sheikh</p> <p>Adar Fidow</p> <p>Faiza Hassan</p> <p>Faduma Haji</p> <p>Mohammed Abdi</p> <p>Maryan Mohammed</p> <p>Saiida Elmi</p> <p>Zahara Musfaffa</p> <p>Nurta Abdulkadir</p> <p>MCH Center heads</p> <p>1 nurse from each of the 26 hospitals in the 5 project regions.</p>	<p>3 additional Trainers at Headquarters.</p>	<p>Teaching of other health workers (as identified in the target groups).</p> <p>Teaching TBA's and community health workers in the use of visual aids.</p> <p>Preparation of visual aids for every MCH/FP topic.</p> <p>Evaluation of the effectiveness of the visual aids.</p> <p>Participation in IEC activities and meetings.</p> <p>Preparation and submission of monthly reports.</p> <p>Identification of problems and suggestions for improvement.</p> <p>To have trained 115 nurse-midwives by December 1985 (75 in communication skills and 40 in family health and communication skills).</p>	<p>Training in communication process and its application.</p> <p>:Example - visual aids, use of film projectors.</p> <p>Training of Trainers and MCH heads.</p>	<p>Short term advisor to:</p> <p>:assist in training</p> <p>:IEC activity coordination</p> <p>:write job descriptions for all staff</p> <p>:develop an organized and coordinated IEC Unit</p> <p>:develop IEC materials for the specific target groups; e.g. client appointment cards with family health slogans</p>	<p>Training of Trainers</p> <p>Visual aids</p> <p>IEC Communication curriculum development</p>	<p>Short term advisor (see "Other Support").</p>

VI. CONCLUSIONS AND RECOMMENDATIONS:

The INTRAH team has been successful in accomplishing the objectives of the visit to Somalia. The identification of needs for training among the five IEC participating agencies in the FHS Project have been identified and a plan for INTRAH-supported family health training for appropriate Somali personnel has been developed. The role of other agencies in providing additional support for specific training needs has been suggested. The implementation of this plan will be determined by the prospective Family Health Services Project contractor. It is anticipated that the Project contractor will be identified by the end of June 1985 and will be in Somalia by October, 1985.

1. The most urgent need that has been identified is for provision of family health training for all IEC personnel. First priority must be given to family health training of IEC core staff. A knowledge base in family health will assist them to know what needs to be taught and help them to gain confidence in their new roles.
2. There are six major areas of training that are required by all trainers at central and regional levels of the participating agencies. These are in order of priority:
 - a. Family health orientation, including IEC.
 - b. Training of trainers in family health.
 - c. Curriculum development in family health.
 - d. IEC training program management (not for CDC).
 - e. Visual aids development skills.
 - f. Program evaluation.

Other training needs specific to each agency are:

- a. Knowledge in community development (SWDO).
- b. Translation of selected foreign films into Somali (all agencies).
- c. Viedo, video cassettes, transport, finances and manpower in family health (SWDO).
- d. Research and evaluation (WED).
- e. Short term advisors (MOH, WED).
- f. Study tours (WED, IEC Unit, CDC).

The recommended content components for each area of training and a suggested time framework for their completion are indicated below:

<u>Area and Components of Training</u>	<u>Time</u>
a. Knowledge Base In Family Health: -child spacing -maternal and child health -communication, health education -sexuality -child spacing and socio-cultural and religious attitudes and beliefs.	To be completed within 3 months by October 1, 1985.
b. Training of Trainers In Family Health: -adult training methods -developing a training design -planning, conducting and evaluating teaching sessions -selection and use of visual aids and other materials -evaluation of training	Within 6 months by January 1, 1986.
c. Curriculum Development In Family Health: -community needs assessment -job functions (knowledge and skills required to do the job -philosophy -setting goals and objectives -determining content -situation -identifying training methodologies and learning experiences -methods of evaluation -curriculum revision	Within 6 months by January 1, 1986.

- d. IEC Training Program Management: Within 1
 -planning year by
 -implementing October 1,
 -evaluating 1986
 -principles of management
 -management case studies
 -developing a work plan
- e. Visual Aids Development Skills: Within 1
 -selecting year by
 -planning October 1,
 -developing 1986
 -using
 -evaluating
- f. Program Evaluation: Within 1
 -types of evaluation year by
 -planning October 1,
 -developing a design 1986
 -selecting methods for measurement
 -implementing (data collection)
 -compiling and analyzing data
 -evaluating
 -reporting

It is further recommended that the training of IEC Trainers in the previously mentioned areas should include participants from all participating agencies. This mixing will allow greater sharing of ideas, experiences and problems and will also contribute towards the development of a team approach and identification of a group goal towards IEC and family health. The role of each agency towards achievement of target group behaviors can also be clearly identified. Reference materials, textbooks, journals and other resources are required by each agency. Participating agencies will need assistance in the identification of training resources most appropriate for their target groups.

3. The Ministry of Health, Family Health Division, Health Education Unit has not designed a workplan strategy for their target groups of physicians, TBAs and community health workers. It is recommended that they begin planning for next year.

Since the MOH Health Education Unit's IEC strategy plan is an extension of the Training Unit's family health skills course, one week of IEC training has been added to the 3-week family health skills course. Consequently, plans are that the Health Education Unit's IEC activities will be conducted

in other regions that are not included in the FHS project. This means that the five project regions will not be adequately serviced by the MOH IEC trained staff if trainers extend their activities beyond the project regions. Also, the SFHCA's IEC Unit will not be able to effectively monitor and coordinate the IEC component of the project. It is recommended that the Training Unit continue with its family health plans that go beyond the project regions but the IEC Health Education Unit should concentrate its IEC activities in the project areas.

4. As mentioned earlier, the MCH centers and hospitals have insufficient manpower and equipment to service the family health needs of their communities. It is recommended that these inadequacies be rectified as soon as possible. The approval and certification for trained nurse-midwives to insert IUDs should be granted as soon as possible. A mechanism for IUD certification must be developed immediately.

Since it is possible that the numbers of newly motivated IEC clients requesting family health services may exceed the currently existing FH services that are available, it is recommended that the MOH and relevant FHS Project officials plan and design a strategy which will ensure that the development of services coincides with the additional numbers of newly motivated IEC clients.

The MOH must develop a service delivery plan which indicates where IEC service components will be initiated and when and how these IEC services will expand to other MCH centers and hospitals in the project regions. A systematic approach by the MOH to IEC service delivery will assist the SFHCA's IEC Unit to plan and conduct its initial IEC activities at the same service delivery points and will enable the IEC Unit to proceed to extend its activities in line with MOH service strategy.

5. SWDO needs to identify and develop its own IEC core Trainers and should not depend on other agencies and ministries to provide its training. It is also critical that SWDO immediately signify who the IEC Trainers will be in those areas and regions that are beyond Mogadishu.

6. In order that each IEC trainer is cognizant of his/her roles and responsibilities in the IEC strategy, it is recommended that as soon as the IEC strategy workplan has been developed, job descriptions for each trainer at central, regional and district levels should be formulated. This will minimize role confusion, duplication of effort, and clearly identify and clarify work responsibilities for each person.

APPENDICES:

- A - Persons Contacted
- B - INTRAH Team's Assignment Cable
- C - Map of Somalia
- D - Family Health Services Project Proposed Organization
Structure, Project Component Linkages
- E - IEC Component Participating Agencies
 - 1. SFHCA
 - 2. SWDO
 - 3. WED
 - 4. CDC
 - 5. FHD/MOH
- F - Calendar of Major Activities By Implementing Agencies
- G - Procedures For Carrying Out Planning, Monitoring and
Reporting Process
- H - Project Coordinating Committee Secretariat's Functions
and Workplan, IEC Technical Group
- I - List of Documents and Publications Reviewed

APPENDIX A

LIST OF PERSONS CONTACTED:

A. USAID MISSION MOGADISHU: Tel 81657 Telex 789
AMEM MOG

Ms. Margaret Neuse Population Officer
Mr. Gary Nelson Mission Deputy Director

B. SOMALI FAMILY HEALTH CARE ASSOCIATION - IEC UNIT:
Telephone 80425 Mogadishu

Mr. Abdulla Hiraad Director
Mrs. Amina Hersi Aden Training Officer
Mr. Abdirahman Mohamoud Resource Center Manager
Mohamed
Mr. Rahma Ahmed Elmi SFHCA Program Officer
Mr. Scott Loeliger Short term Advisor

C. SOMALI WOMEN'S DEMOCRATIC ORGANIZATION:
P. O. Box 1740, Telephone 21942, Mogadishu

Mrs. Abdullahi Assi Good FHS Coordinator
Mrs. Maryan Gacal FHS Assistant Coordinator
Mr. Raho Mohamud Janaqow Trainer
Mrs. Rhoda Abdulle Accountant/Trainer

D. CURRICULUM DEVELOPMENT CENTER:

Mr. Hassan D. Obsiye CDC Director
Mr. Mike Kiernan CDC Advisor
Mr. Ahmed Ali Abdi Head, Environmental and
Practical Studies
Mrs. Sahra Gibril Head, Health Education
Mr. Mohamed Haaji Hassan Staff

Mr. Michael Savage	Advisor
Mrs. Dahir Abdullahi Waberi	Head, Teacher Training Task Force (TTTF)
Mr. Jayylani Mohamed Abu	Member, TTTF
Mr. Ibrahim H. Omer	Member, TTTF
Mr. Yusuf Ahmed Siyad	Member, TTTF

E. WOMEN'S EDUCATION DEPARTMENT (MINISTRY OF EDUCATION) - MOGADISHU:

Mrs. Mariam Mohamed Haji	Ag. Director
Mrs. Zahara Said	Head of Training
Mrs. Rukiya Abdulle	Head of Family Life Education and IEC
Mrs. Dahir Elmi Abdi	Ag. Deputy Director and Course Writer
Mrs. Mariam Sheikh	Regional Coordinator, Lower Shabelle

F. FAMILY HEALTH DIVISION/MINISTRY OF HEALTH:

Dr. Rukiya Seif	Director, FHD
Mrs. Halima Abdi Sheikh	Head, Health Education Unit, FHD
Mrs. Adar Fidow	Health Education Unit, FHD
Mrs. Faduma Haji	Head, Training Unit, FHD

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APPENDIX B

22683 DODWELL
789 AMEMB MOG

INTRAH Team's Assignment Cable

TELEX

TC: PROGRAM FOR INTERNATIONAL TRAINING IN HEALTH
(INTRAH)
NAIROBI, KENYA
TELEX NO. 22683 (DOD WELL)

ATTN: PAULINE MUMUHU, INTRAH REGIONAL DIRECTOR

SUBJ: NEEDS ASSESSMENT VISIT TO SOMALI FAMILY HEALTH
CARE ASSOCIATION (SFMCA)

REF: YOUR TELEX RECEIVED 13 MAY 1988

1. AFTER LONG DISCUSSION WITH THE SFMCA IEC UNIT DIRECTOR ABDULLA MIRAD REGARDING PURPOSE AND TIMING OF SUBJECT TRIP, IEC UNIT DIRECTOR AND MISSION CONCUR WITH PROPOSED TRIP FOR JUNE 2-16, 1988. AT THE TIME OF MUMUHU'S MARCH VISIT WE HAD ANTICIPATED THAT BY EARLY JUNE, THE IEC STRATEGY AND WORKPLANS FOR THE PARTICIPATING AGENCIES WOULD HAVE BEEN FINALIZED. WHILE THESE ARE IN PROCESS, WE ARE STILL RECRUITING A CONSULTANT TO WORK WITH THE AGENCIES IN FORMULATING THE STRATEGY AND FINALIZING THE STRATEGY AND WORKPLAN. THEREFORE, THESE ASPECTS OF THE IEC COMPONENT WILL NOT BE AS WELL THOUGHT OUT AND AS FIRM AS ANTICIPATED, AND COULD MAKE YOUR TASKS SOMEWHAT MORE DIFFICULT; YOU MAY NOT BE ABLE TO IDENTIFY NEEDS IN AS SPECIFIC A MANNER AS WE HAD ANTICIPATED.

2. MISSION AND SFMCA PERCEIVE TRIP AS GEARED TOWARDS IDENTIFYING WHO IN THE PARTICIPATING AGENCIES NEEDS TRAINING IN WHAT AND SUGGESTING HOW THESE TRAINING NEEDS MIGHT BE MET. IN THE COURSE OF MEETING THIS OBJECTIVE, WE ANTICIPATE THAT INTRAH WILL ASSIST IN CLARIFYING WHO/WHICH STAFF AT THE CENTRAL, REGIONAL, AND DISTRICT LEVELS WILL BE INVOLVED IN THE DIFFERENT ASPECTS OF IMPLEMENTATION OF THE IEC ACTIVITIES; OF SPECIAL CONCERN ARE THE STAFF FOR THE SOMALI WOMAN'S DEMOCRATIC ORGANIZATION (SWDO), THE SFMCA, AND THE WOMAN'S EDUCATION DEPARTMENT (WED). WE HOPE THAT YOUR TRIP WILL OVERLAP WITH WORK OF THE CONSULTANT TO WORK ON THE STRATEGY, BUT, IN ANY CASE, YOUR ACTIVITIES WILL ASSIST IN THIS PROCESS.

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3. IN OUR PRELIMINARY ANALYSIS, WE ANTICIPATE TWO MAJOR INPUTS FROM INTRAM WHICH WOULD BE PARTICULARLY USEFUL AND WOULD LIKE YOUR THOUGHTS ABOUT THEM. THE FIRST IS A TRAINING MENTIONED DURING YOUR MARCH VISIT IN FAMILY HEALTH CONTENT FOR THE CORE IEC STAFF OF THE IMPLEMENTING AGENCIES. WE WOULD SUGGEST THE WEEK OF JULY 14-20 FOR THIS TRAINING. THE SECOND WOULD BE ASSISTING THE IEC AGENCIES IN CONDUCTING TRAINING OF TRAINERS PROGRAMS, WHICH WOULD MOST LIKELY START IN SEPTEMBER, 1985. UP TO 7-9 STAFF MEMBERS OF THE IEC AGENCIES WILL BE ATTENDING SHORT-TERM TRAINING PROGRAMS IN IEC THIS SUMMER. BY SEPTEMBER THEY WOULD BE ABLE TO WORK WITH INTRAM TO PLAN AND IMPLEMENT SOME IEC TRAINING PROGRAMS, POSSIBLY T OF T.

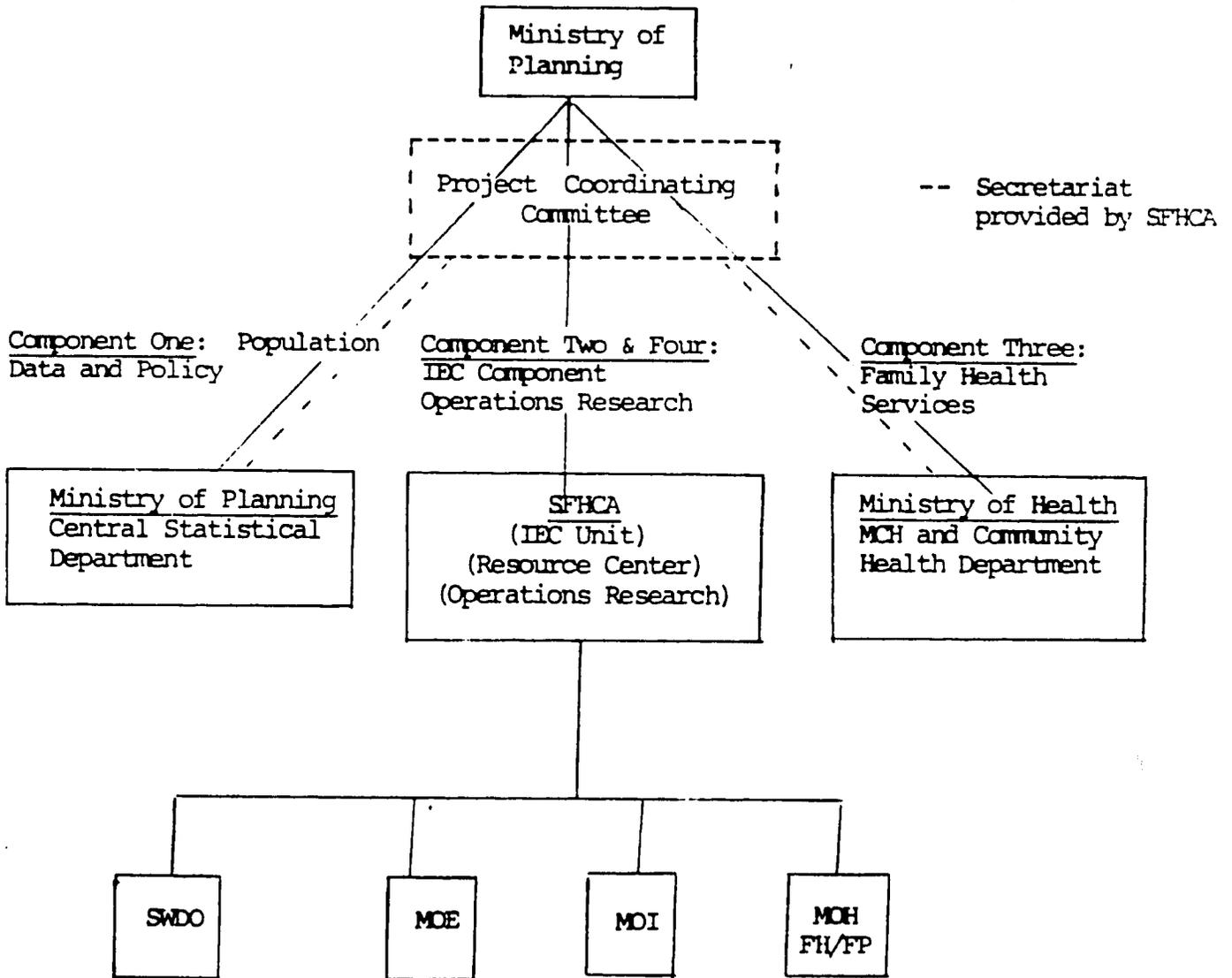
4. PLEASE ADVISE SOONEST NAME AND QUALIFICATIONS OF "ANOTHER" REFERRED TO IN REPTEL. MISSION CANNOT CONCUR ON THIS PERSON'S TRAVEL TO MOGADISHU WITHOUT KNOWING WHO HE/SHE IS.

REGARDS, M. HEUSE.

MARGARET HEUSE
REFUGEE AFFAIRS/RURAL DEVELOPMENT DIVISION
USAID/SOMALIA
AMERICAN EMBASSY
MOGADISHU, SOMALIA
TELEX 789 AMEMB MOB

789 AMEMB MOB
22683 DODVELL.....

PROPOSED ORGANIZATION STRUCTURE
FOR FAMILY HEALTH SERVICES PROJECT.



- Women's Organization
- Curriculum Development
- Population/Education

Source: Myrna Seidnan, Somali Report March 1985.

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SOMALI FAMILY HEALTH CARE ASSOCIATION: PURPOSE AND PROGRAM

A presidential circular issued on January 15, 1984 officially established the Somali Family Health Care Association as one of the first voluntary, non-governmental organizations in Somalia. As the title of the organization explains, the Somali Family Health Care Association exists to promote the health and well being of the Somali family, the fundamental unit of Somali society. All major ministries and governing bodies concerned with family health and population issues are represented in the Association. In addition, the Association has affiliated itself with International Planned Parenthood which provides financial support to the organization.

In its endeavors to care for and promote the well being of Somali families, the SFHCA has recognized that family planning can significantly contribute toward achieving this goal. There are two guiding principles the Association applies when discussing family planning. The first is that the SFHCA respects and follows the sovereign right of the Government to formulate national population policies and programs. The second is that the right to determine family size lies with couples and individuals. Family planning, therefore, refers to those practices, voluntarily adopted which help individuals or couples space the births of their children. Family planning information, services and supplies, education about sex and parenthood, and diagnosis and treatment of infertility make the attainment of these goals possible. The Association supports family planning activities with any or all of the following rationales:

1. As a human right
2. For improvement in family health
3. As an adjunct to socio-economic development
4. For demographic change

Specific objectives of the Association are as follows:

1. To disseminate knowledge concerning the importance of family planning and to make this knowledge a human right for those who wish to make use of it.
2. To protect the health of mothers and to promote improvement of their status.
3. To disseminate information about healthful nutritional practices.

4. To create centers for the provision of social and health services for families.
5. To organize seminars about family health conditions and problems resulting from lack of family planning.
6. To conduct studies on the health and socio-economic status of Somali families.
7. To communicate with similar organizations in this region and at an international level to exchange knowledge and expertise according to international and Somali rules and usage.
8. To educate people on health hazards due to female circumcision and infibulation.

The Association is governed by a management board constituted of fourteen members. The management board is composed of a president, a vice-president, a secretary-general, a treasurer, and ten administrative members. Selected Board members serve as expert consultants to Association units pertaining to research, planning and evaluation, training and health education, fund raising, and medical services. The management board appoints an executive director to administer the Association's programs and activities under its direction.

During the past year the Association has experienced the usual growing pains associated with newly-organized volunteer groups. It has established a headquarters, recruited capable staff, and designed a program of action based upon a multi-sectoral, inter-ministerial cooperative approach to family health development.

It has also ambitiously agreed to serve as the secretariat for the Family Health Services Project, a USAID-funded project aimed at promoting, supporting, coordinating and sustaining, family health programs in Somalia.

While the overall responsibility for this project resides with the Ministry of National Planning, the Association is charged with coordinating the implementation of two of the project's four components. In conjunction with this task, the Association plans to establish an Information, Education, and Communication Unit and Resource Center which will develop IEC programs related to family health. The Association will also establish an operations research unit which will monitor, evaluate, and guide operations of various family health programs.

During the coming months the Association plans to launch a series of strategies aimed at furthering its goals. Initial activities will concentrate on expanding its grass roots voluntary base through increasing Association membership. It especially wants to motivate and mobilize volunteers from various sectors of the

society in the under twenty age group. In this regard it will focus on secondary school and university students and members of the Somali Youth Association. The Association will also sponsor a series of consciousness raising workshops for senior government decision makers and businessmen. Here the objective will be strengthening governmental support for the Association's programs and activities by highlighting the relationship between family health and family planning. A second objective is to demonstrate that Association goals frequently reflect existing government programs and to discuss ways and means that Government agencies and ministries and the Association can coordinate mutually beneficial activities.

The Association is most ready to collaborate with any ministry or group and is willing to assist other national institutions in incorporating activities in their respective programs that are geared towards special areas of interest such as population education, social welfare, family planning, health education and income-generating activities for women. In addition to emphasizing information, education and communication activities, the SFHCA plans to strengthen family planning service delivery in Somalia by opening model family planning clinics.

All of the Association's initial activities will be concentrated in Mogadishu and surrounding regions. However as the Association develops its expertise in various areas, it will expand its operations until a national network has been established.

Thus far I have shared with you a bit of the Association's history philosophy, operating principles and future plans. Now I would like to talk for a few moments about the Association's research activities. Since last March the SFHCA has been instrumental in developing and implementing a series of small scale studies aimed at providing an analysis of various policy-relevant problems of family health and population dynamics. The Association was instrumental in identifying experts in a variety of areas who then submitted population-policy development proposals to the Association's Advisory Committee. The Committee identifies research topics, finds expert persons ready and able to pursue each, considers specific project plans (including methodology and budgets), receives reports and advises on how findings can best be disseminated, discussed and acted upon by policy leaders.

In this activity the SFHCA has received technical and financial assistance from the Futures Group's Rapid II Project. The SFHCA contracted to implement four research projects last July. Two of these projects were reported on earlier in this conference. They include the preliminary report on "Family Formation Patterns and the Health of Mothers and Their Children: An Analysis of Pregnancy Outcomes at Benaadir Hospital" and the paper on "The Inter-relationship between the Population Dynamic and Educational Development in Somalia." The other two research projects are in progress but are unable at this point in time to provide any preliminary findings.

At this point I would like to briefly summarize the objectives and significance of the two research projects which are currently underway. The first of these projects is a review of Somali population laws. This project aims to review provisions and regulations of the Somali legal code that are dedicated to population and family planning issues. Subjects to be covered by the review are as follows:

- I. The formation and continuation of families
 - marriage and polygamy, minimum age at first marriage
 - divorce, dissolution of marriage and re-marriage
 - support of wife by husband and vice versa
 - inheritance

- II. Parental and societal responsibilities to children
 - paternity and adoption
 - protection of the family
 - maintenance and education of children, child penal responsibility

- III. Employment
 - sexual restrictions in employment
 - maternity leave and benefits, labor regulation governing care and feeding of infants during the workday.
 - employee compensation and disability, pension and retirement (including differences in provision for the two sexes)
 - child labor

- IV. Direct Fertility Control Measures
 - use, import, sale or distribution of contraceptives
 - abortion
 - sterilization

- V. Taxation
 - (The extent to which personal income tax liability is or is not affected by family size)

This study will help to clarify the present situation in the area of population law including possible gaps, inconsistencies and further needs. It will help to suggest lines of additional legal action or other steps in support of population-related policies.

The second study deals with male attitudes towards family planning, female circumcision and related health topics. A sample of male residents of Mogadishu will be surveyed to ascertain their knowledge and attitudes towards the health topics of family planning, maternal and child health services and female circumcision. Since men are acknowledged to be the dominant members in the Somali family, efforts to improve the health and well-being of families and especially of women and children must be based on an understanding of male knowledge and attitudes towards health problems of other family members. This study will be an initial step in documenting

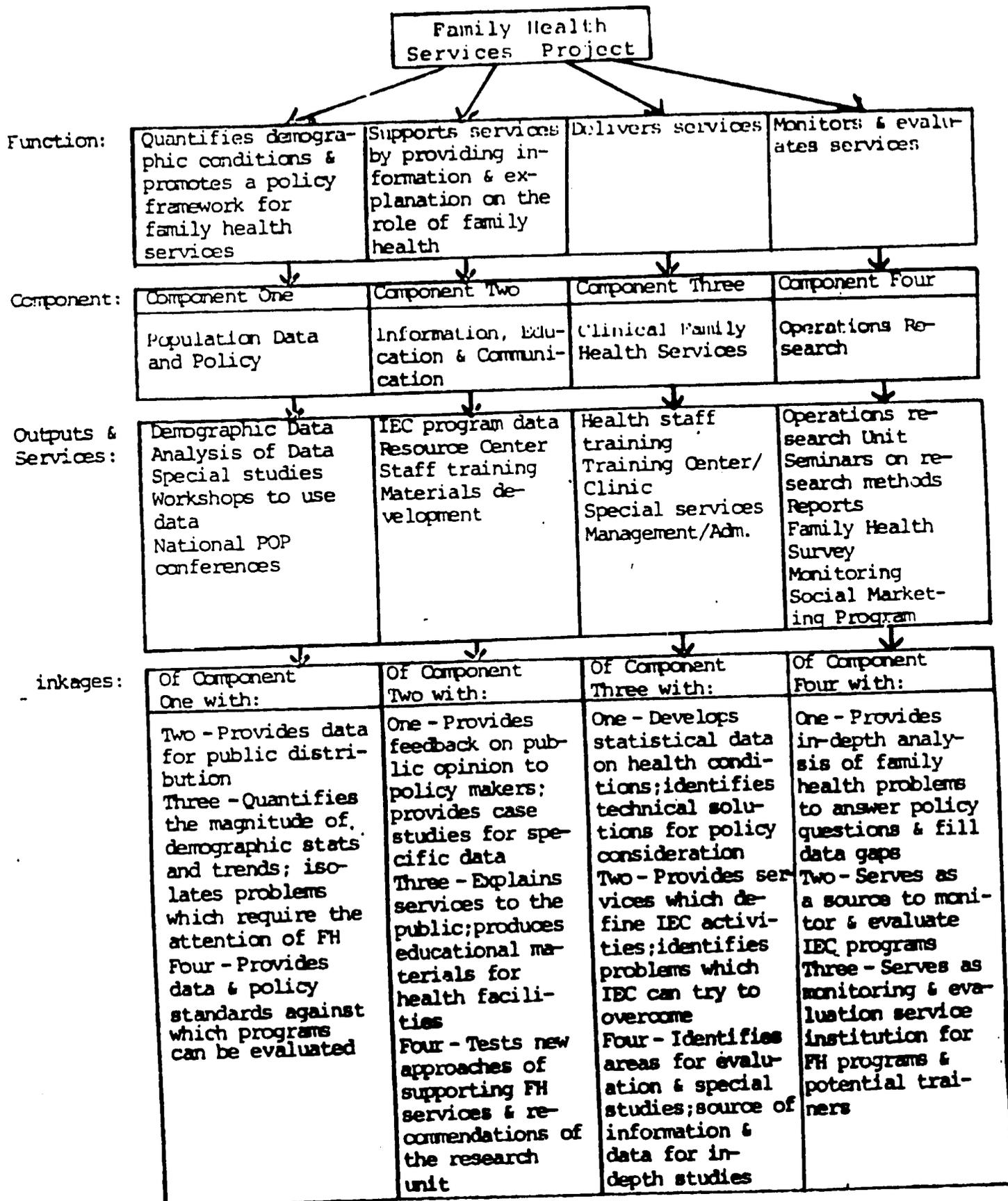
male attitudes and knowledge in these areas and to determine what type of educational campaign should be designed for male audiences.

The Association views its support of policy-related research as an ongoing activity and is continually looking for research topics and qualified personnel of conduct studies in relevant areas. By continuing to support policy-oriented studies, the Association hopes to develop a data base whereby the implications of various policy alternatives can be projected thus facilitating the selection of paths of action which will best meet national goals.

As can be gathered from the above remarks, the Somali Family Health Care Association is devoted to enhancing the quality of Somali life. To achieve this goal, it will focus on improving the health status of Somali families by strengthening programs which promote maternal and child health and child spacing as a means of upgrading the health of mothers and children. The Association seeks the support, encouragement and collaboration of all people concerned in attaining this national goal.

Figure 3

Family Health Services Project Component Linkages



V. The Somali Family Health Care Association IEC Unit

1. Purpose of the IEC Unit

The SFHCA, a private nongovernmental institution, solicits members and associates from various family-health related institutions.

Given the plan to use a number of institutions and media for diffusing family-health related messages to all social groups of the Somali society, and given that the messages that people receive from different sources should be consistent and mutually reinforcing, the SFHCA was identified as the most appropriate coordinating body for IEC activities.

The SFHCA IEC Unit will help in bringing IEC institutions together in the IEC Technical Group, facilitating its work and the development of joint plans, operation systems and activities, and possibly, may mediate differences.

The functions and organizational aspects of the IEC Unit are summarized as follows:

- o The SFHCA IEC Unit is a coordinating body for planning and monitoring IEC activities.
- o The SFHCA IEC Unit is a resource center for research, documentation, audio-visual equipment and materials.
- o The SFHCA IEC Unit is a focal point for in-service training and orientation programs.

2. The SFHCA IEC Unit - A coordinating body

Functions

- a. To foster the needed coordination of FH/IEC activities, the SFHCA IEC Unit will act as permanent secretariat of the IEC Technical Group, and the Director of the SFHCA IEC Unit will act as chairman of the IEC Technical Group.

The Unit Director will:

1. be responsible for circulating the agenda well in advance to the IEC Technical Group members;
 2. meet at least once every two months with members of the IEC Technical Group;
 3. hold informal meetings with the directors of IEC institutions.
- b. To coordinate the planning functions performed by the IEC Technical Group, the Director of the SFHCA IEC Unit will assist in:
1. designing and reviewing a long-term IEC strategy and annual IEC work programs;
 2. assessing material needs of each institution and subsequent budget allocations for IEC activities within the FH project;
 3. initiating an IEC joint training plan to upgrade the IEC skills of the institutions' staff.

-
- c. In order to initiate and help organize a joint IEC operational system, the SFHCA IEC Unit Director will:
1. suggest guidelines and methodology for monitoring IEC activities and participate in supervisory visits;
 2. evaluate IEC activities, in conjunction with the IEC long-term advisor, through field visits, interviews of participants and beneficiaries;
 3. identify implementation problems and provide guidelines for gathering feedback information from the field.
 4. synthesize information and experience derived from IEC operations, process information and produce a newsletter in conjunction with the SFHCA Resource Center manager, for the IEC Technical Group.

3. The SFHCA IEC Unit - An IEC Resource Center

- a. Coordinate implementation of the IEC Baseline Survey (socio-cultural study; material resource survey; human resources survey) and centralize results.
- b. Disseminate results of IEC Baseline Survey to all IEC Technical Group members and IEC Directors.
- c. Initiate and organize continuous update of the surveys.
- d. Promote use of baseline data in the planning process of the IEC strategy, IEC work programs, IEC procurement plans and IEC training plans.

-
- e. Provide information, materials and equipment which can be used by all IEC institutions participating in the Project and the IEC Technical Group. The following resources will be made available:
1. documents produced by the project and related agencies;
 2. audio-visual aids (films, slides, posters, pamphlets, cassettes);
 3. equipment (on loan), such as slide projectors, film projectors, tape recorders, electrical generators, etc..
- f. Design guidelines for field testing methods of IEC materials and provide resources for field testing activities.
- g. Distribute and promote distribution of all IEC materials produced by the SFHCA IEC Unit and the participating institutions.
- h. Organize and monitor a library on all FH/IEC related research findings, case studies, training manuals, to be used by planners, policy-makers, trainers and technicians.
4. The SFHCA IEC Unit - A focal point for orientation and training

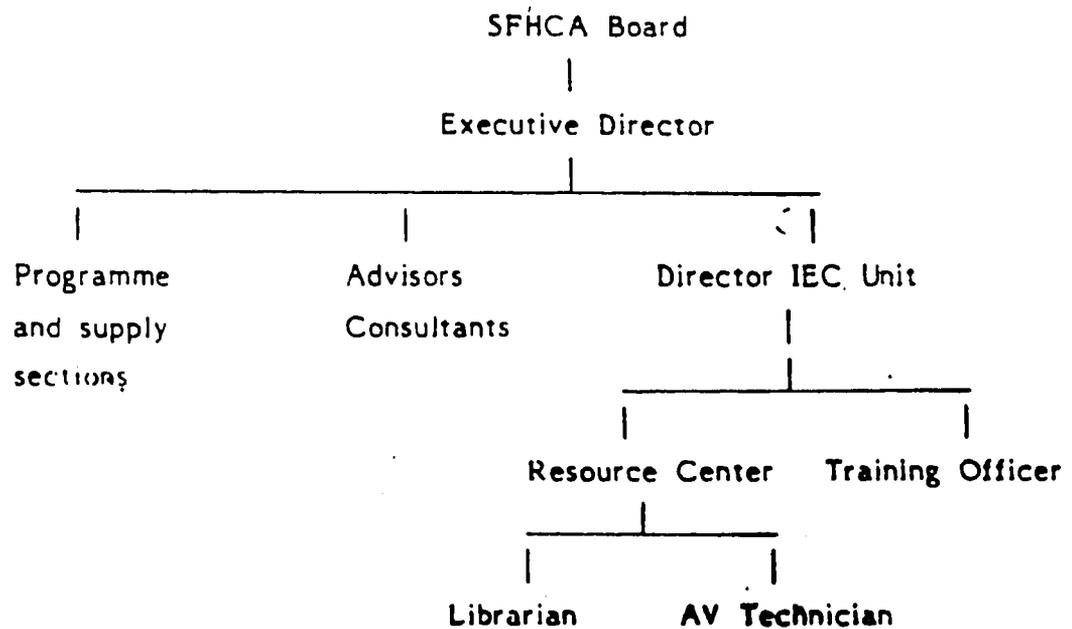
Functions:

- a. Together with the IEC Technical Group, organize workshops, seminars, conferences to disseminate research findings, field experiences, feedback information, managerial constraints. Target: policy-makers, IEC directors, other development organizations, trainers.

b. Provide assistance for implementation for a joint IEC Training plan (pre-service and in-service training) by:

- allocating support for training;
- centralizing requests and acting as liaison between all IEC institutions and FH Project Coordinating Committee;
- assisting in curriculum design of educational materials, teaching aids and training of trainers.

4. Organizational chart



Reports to:

- the Executive Director - the Board members

SFHCA (IEC) UNIT
JOB DESCRIPTION

TRAINING OFFICER

Post Title: Training Officer

Organizational Unit: IEC Unit, SFHCA

Duty Station: Mogadishu

Source of Funding: Family Health Services Project, USAID

1. Functions and purposes of the post

- (a) Together with the IEC Technical group organizes workshops, services, conferences to disseminate research findings, field experiences, feedback information, managerial constraints with special emphasis on informing policy-makers, IEC Directors, other development organizations, trainers.
- (b) Provides technical support in relation to the planning, implementation, and evaluation of individual IEC Training programs/plans.
- (c) Organizes and maintains efforts leading to the integration of IEC Training activities for the implementation of joint IEC Training plans (preservice and inservice Training) by:
 - allocating support for training
 - centralizing requests and acting as liason between all IEC institutions and FH project co-ordinating committee.
 - assisting in curriculum design of educational materials, teaching aids, and training of trainers.
- (d) Collaborates with the family health clinical services component and with the training units of other IEC institutions to develop an integrated approach to family health services and family health training programs.

2. Major duties and responsibilities of the Training Officer

- (a) Together with other IEC Directors, identifies needs for training at various levels.
- (b) Plans, manages and evaluates specific IEC training programs, workshops, seminars, conferences to disseminate field information to policy-makers, IEC Directors, trainers, etc.
- (c) Provides educational development support to other IEC institutions with regard to training programs in their specific areas.
- (d) Plans, manages, and evaluates training programs for the training of trainers.

- (e) Liases with those responsible for training programs in other IEC institutions to co-ordinate training programs within the country.
- (f) In conjunction with other IEC institutions, assists in the selection and placement of candidates for overseas training.
- (g) Initiates/assists, plans and executes, in conjunction with SFHCA senior staff, development programs for the association staff.
- (h) Acts as an internal consultant and a change-agent in educational areas such as curriculum planning, educational media and methodology, educational evaluation for all IEC Training activities.
- (i) In collaboration with the IEC Resource Center Manager contributes regularly to the establishment and maintainance of the educational resource center.
- (j) In conjunction with the IEC Directors, Resource Center Manager and institutions, assists in the production, distribution and utilization of IEC printed and audio-visual materials accross IEC levels and institutions.
- (k) Initiates activities to identify policies, issues, problems, constraints that have implications for future and on-going training programs; and organizes efforts to involve those concerned for collective reviewing and policy-making.

3. Minimum qualification requirements essential to this post

- Education: B.A. graduate; preference given to those with training in adult education, education, social sciences, or health sciences.
- Languages: Somali; English; knowledge of Arabic an advantage.
- Specialized Training: Preference given to those with skills in management, communication, health services, or rural development training; curriculum/training program design and training materials production; stand-up training skills, group dynamics.
- Experience: 2-5 years experience in systematic training course design, including writing of learner-oriented objectives, selection and sequencing of learning experiences, delivery of training sessions, evaluation of reactions and results. Ability to lead groups and work well with other people of diverse backgrounds and opinions.

Working Conditions: Travel to the field will be required; must be able to manage the conduct of training with limited support materials in the field.

4. Organizational Relationships

Reports to:

- the IEC Unit Director

Personal Contacts:

- External: IEC Technical Group
IEC Directors and staff
Operational ministries and units
Field workers
Training institutes

VI. Job description of the Director of the SFHCA IEC Unit

Post title Director of Information, Education
and Communication Unit

Organizational unit. Somali Family Health Care Association

Duty station Mogadishu

Source of funding. Family Health Services Project, USAID

1. Purpose of the post

- o To ensure that as part of their design and execution, SFHCA programs and projects contain essential information, education and communication components to facilitate acceptance, understanding, community education and participation in family health programs and services.
- o To assist governmental institutions involved in family health programs to strengthen the coordination structure of family health services and structures through improved communication among themselves, with other organizations, and with the general public.
- o To assist government and nongovernmental institutions which train extension or educational and health field workers to introduce or enhance a communication training capability.

2. Major duties and responsibilities

- a. Work closely with IEC governmental counterparts, IEC advisers, FH programs and project personnel, and SFHCA IEC Unit staff, in existing and planned IEC activities for family

health. This will include the formulation, implementation, monitoring and evaluation of the IEC components supporting the family health programs, in conjunction with the IEC Technical Group.

- b. In coordination with the IEC Technical Group, advising and/or supporting SFHCA Board and the FH Project Coordinating Committee in the field of advocacy and public information, especially the development of strategies and plans to explain problems and needs of mothers and children for family welfare to senior government officials, religious leaders and planners.
- c. In coordination with the IEC Technical Group, the Project Coordinating Committee and the SFHCA board, advising the participating institutions on appropriate Information-Education-Communication instruments, and providing orientation and training to staff in the theory and practice of IEC in family health programs in order to strengthen their IEC capacities.
- d. Organizing the development, pretesting and production of prototype IEC materials and training curricula for trainers.
- e. Organizing IEC field research, evaluation and training activities; conducting frequent field trips for evaluation of IEC activities.
- f. Disseminating communication research findings and field experience to government officials, technical and administrative staff through workshops, seminars and conferences. In coordination with the IEC Technical Group, organizing workshops and seminars targeted to key IEC groups.

- g. In coordination with the IEC Technical Group and the IEC long-term advisor, exploring opportunities, e.g., use of village committees, women's and youth groups, family life centers, community health workers, and MCH Center for family health communication programs.
- h. In coordination with the IEC Technical Group, identifying, selecting, and supervising technical outside expertise for specific communication activities such as mass media productions, audio-visual aids, folk media, cultural events, etc.
- i. Supervising all IEC Unit staff and assisting the SFHCA program staff in their supervision of administrative details of IEC programs, e.g., training grants disbursements, issuance of consultancy contracts, equipment and supply specifications, logistic support for field testing and monitoring.

Component/Agency: SFHCA - IEC

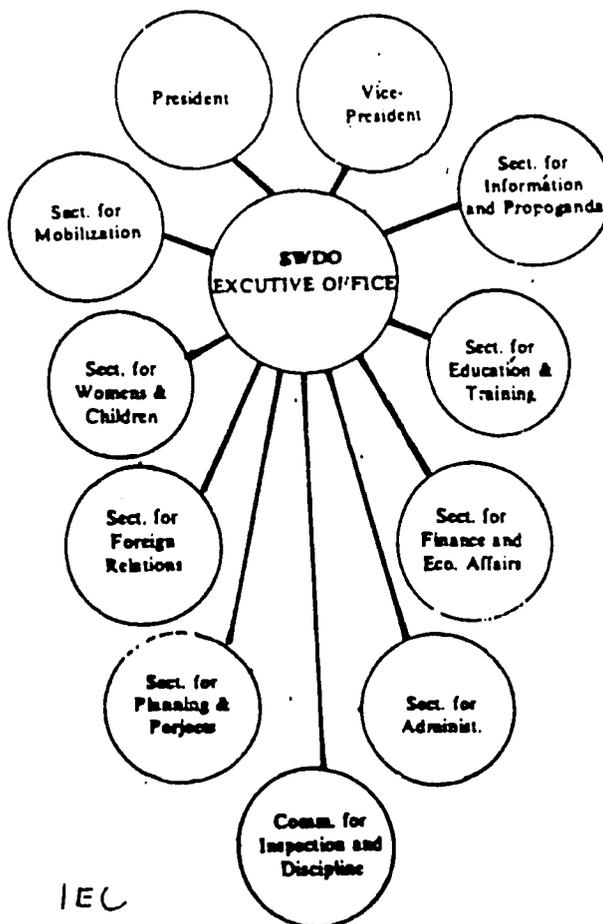
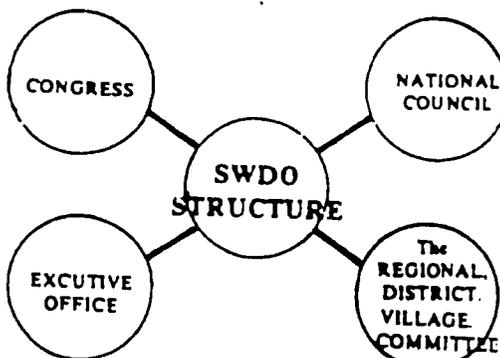
Time period: March to December 1985

Objectives: To increase knowledge about and support for family planning programmes among political, religious leaders, youth organization, adult males; to create climate for government policy on population.

<u>ACTIVITIES PLANNED</u>	<u>PERSON/UNIT RESPONSIBLE</u>	<u>DATES COMPLETED</u>	<u>EXPECTED OUTPUTS</u>
1. Plan and conduct seminars for Assistant Ministers	Ahmed - protocols Rahma - Planning Axlala Presentation	March 26 - April 15 April 24 - Presentation	25 Assistant Ministers will be informed about problem of population growth importance of FP.
2. Plan and conduct discussion meeting for religious leaders (leaders from mosques in Mogadishu)	Resource person to lead discussion chair meeting; to help plan the meeting	May 2nd - planning Meeting - last week of May.	Will agree to conduct of orientation in FP their ministries. ----- 20 religious leaders will give understanding of importance of Family Planning support the work of the associator, help to develop program for religious leaders
3. Identify staff of Adult Education Centres to be trained as trainers for adult education centres in districts.	Amina Hersi Rahma Ahmed	April 1st - May 15 Preparation of training course June - Conduct Course	15 - 20 staff will have gained knowledge of FP family health (10) be able to educate/train others.
4. Identify youth from Ministry of Labour and sports a part to be trained for youth in orientation centres in Mogadishu.	Amina Hersi Rahma Ahmed	July - September Preparation of training course October - Conduct of course.	

STRUCTURE (What SWDO is).

SOMALI WOMEN'S DEMOCRATIC ORGANIZATION



IEC

ANNUAL WORK PLAN

COMPONENT/AGENCY FAMILY HEALTH SERVICES PROJECT (649-0131) IEC (SWDO)
TIME PERIOD: 7.5.85 TO 30.12.85

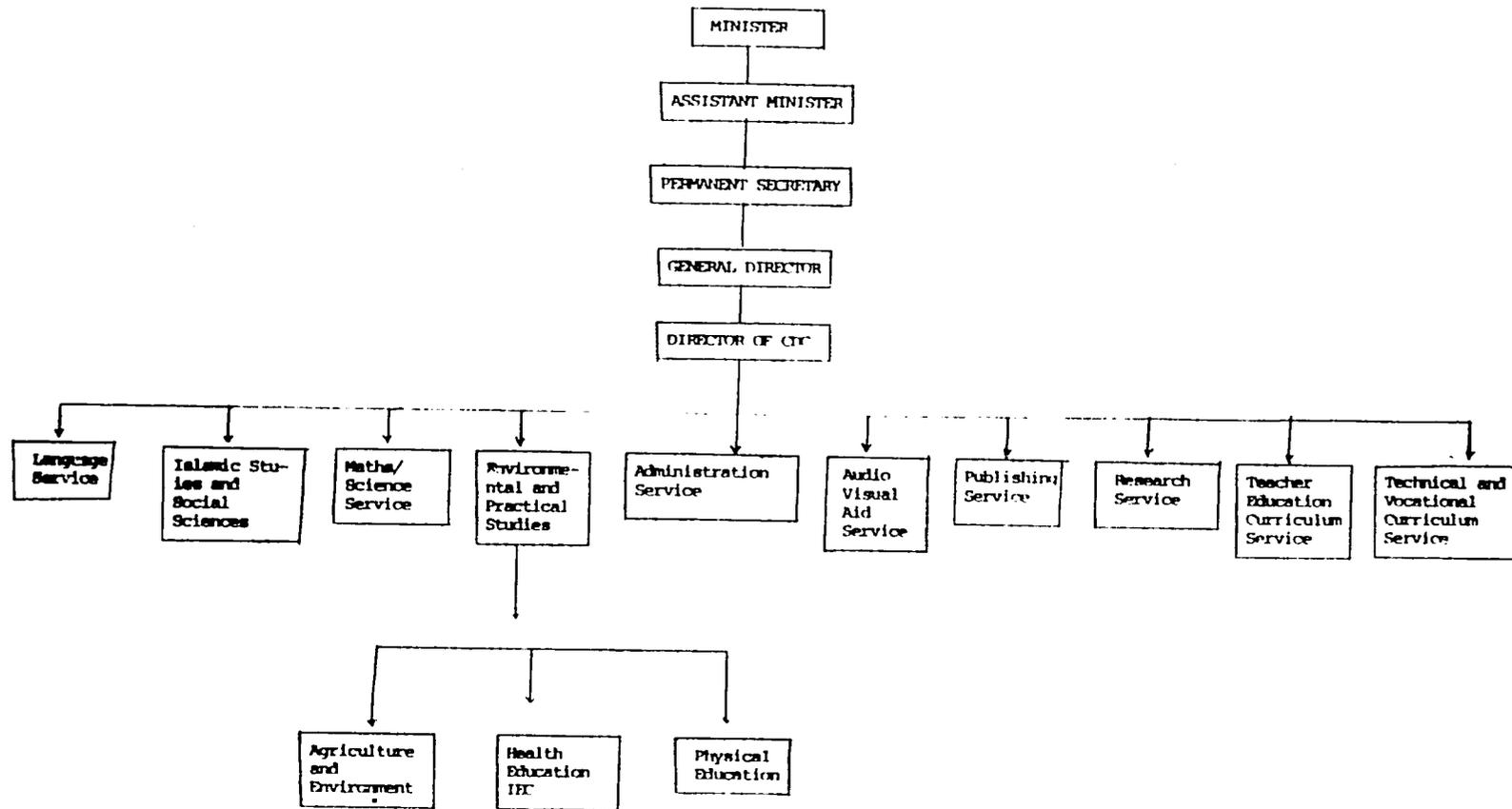
OBJECTIVES: To introduce the purpose and activities of FHS Project 20% of SWDO membership and middle age women to develop women potential capacity of knowing and maintaining good health for their benefit and for the benefit of their community.

<u>ACTIVITIES PLANNED</u>	<u>PERSON/UNIT RESPONSIBLE</u>	<u>DATES COMPLETED</u>	<u>EXPECTED OUTPUT</u>
1. Conduct orientational workshop to SWDO leaders in Mogadishu.	SWDO IEC Members	27-28.4.85	Program awareness on positive attitude development toward the program.
2. The ongoing baseline study will be completed by the first week of May.	IEC Coordinators	8.5.85	Information gathering
3. Conduct group discussion on the baseline report analyze problems and identify possible solution and recommendation	SWDO Project Coordinator	10.5.85	IEC/SWDO Active Group understand
4. Prepare and conduct workshop for Regional Representative in Mogadishu	IEC/MOH/USAID/SWDO	12.6.85	IEC needs recommend programme approaches for SWDO workshop plan completed.
5. Develop workshop plan	"	"	Workshop participants will understand IEC objectives and progr.
- Inviting participants by telegram	"	8.-22.5.85	Regional Representatives will understand and will be able to assist workshops conducted in their regions.
- Conduct workshop	"	5-19.6.85	
- Participants travels and workshop evaluation	"	20-22.6.85	

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ORGANIZATIONAL CHART FOR CURRICULUM DEVELOPMENT CENTRE
MINISTRY OF EDUCATION

APPENDIX E₄



FHD MINISTRY OF HEALTH
ANNUAL WORK PLAN:-

COMPONENT / AGENCY FAMILY HEALTH SERVICES PROJECT 649,0131 / IEC MOH
TIME PERIOD FROM JANUARY 1985 TO DECEMBER 1985.

**OBJECTIVES:- To up-grade knowledge in Family Health Skills, Clinical, Non-Clinical and Management to:-
Nurse Midwives providing Family Planning Services in MCH Clinics, Hospitals & Nursing School.**

Activities Planned	Person / Unit - Responsible	Schedule	Site	Expected Out puts
- Organizational, Development Workshop	- Director, Deputy FH/FP Division Head of Units, training coordinators in FH Supervisors, Regional Medical Officers & Nurse Midwives of 7 Regions providing Family Planning Services	February	Mogadishu	Recommendation in Future Planning through problem solving.
- Curriculum Development for refresher training.	- Training Coordinators INTRAH consultant Head Units and trainers	3.3.1985 28.3.1985	Mogadishu	Plan Curriculum for refresher Courses
- Baseline survey on I E C	- IEC Coordinator - group work USAID consultant	November 1984	Benadir Region Lower Shabelle R Middle " " Bay Region Lower-Jubba Reg.	Data collection to develop and design educational material for different target groups
- Training of Health personnel two family health skills training including Record Keeping development of educational material IEC charts posters, pamphlet story boarding.	- Training Coordinator and trainers.	24.8.1985 19.9.1985	Gedo and Hiran Regions	40 Nurse midwives skilled in providing family health services

- Three refresher Trainings	- Training Coordinator and trainers	27.4.1985 9.5.1985 3.8.1985 15.8.1985	Mogadishu 25 Bay 15 Hargeisa 20	60 Nurse midwives up-dated know ledge in Family Health Skills providing FP services
- T O T (Training of Trainers)	- Training Coordinator and trainers	6.7.1985 1.8.1985	Mogadishu	Increase Number of trainers
- Selection of Health Education New topics counselling to clients attending MCH Clinics for Pre & Post natal Care, food supplement, immunisation and active users.	- I E C Coordinator M C H Staff	1.4.1985	- Benadir Region - N/W/Region - Togdher Reg. - Bay Region - Lower Jubba Region	Providing knowledge to the community through counselling and motivation Number of active users will increase.
- Health Education Campaign to:- Ministries, Agencies, Factories, Regional to District level and community through radio & newspaper articles, posters pamphlets charts	- IEC - Coordinator physician and Nurse Midwives trained in Family Health Skills.	15.5.1985 31.12.1985	- Hiran Region - Gedo and two Shabelle Regions.	Changing of attitude on Family planning.
- Supply of Commodities, Benadir Region every two months. Other regions every three months.	- Team work - Unit Coordinator	1.1.1985 31.12.1985	- Benadir and previous other regions	Provide facilities for services- data collection of active users on different methods for future planning
- Follow-up an Organization: 1 Development workshop	- FIU/FF Division, Head Units Director, Deputy, training coordinators or directors in PHIS, PHC Coordinators, Supervisors R.F.O., Nurse, Nurse Midwives of:- a) ? Regions; N/W/ and Togdher	2.11.1985 7.11.1985	- Hargeisa	Recommendation in Future Planning.

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<p>- Annual review and Planning for 1986</p>	<p>b) 7 Regions 2 Shabelle Bay, Lower Jubba</p>	<p>20.11.1985 30.11.1985</p>	<p>Mogadishu</p>	<p>Feed back on Programme Development</p>

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CALENDAR OF MAJOR ACTIVITIES BY IMPLEMENTING AGENCIES

	<u>WED</u>	<u>SWDO</u>	<u>MOH</u>	<u>SFHCA</u>	<u>JOINT</u>
YEAR 1	FH incorporated into teacher training curriculum	FH series for orientation centers developed	IEC workshops for staff in Area A developed	Resource Center organized. Training for staff of SWDO, WED, MOH planned & begun	Selection/elaboration of basic FH messages/themes. Preparation of charts, posters, pamphlet, 1 radio series
YEAR 2	Teachers trained in Area A; FH program started in Area A. FH curriculum revised. Teachers trained in Area B & program started	Staff trained in Area A & FH series started in Area A; FH series revised. Staff trained in Area B & program begun	Workshops implemented & revised; implemented for staff in Area B	Workshops in IEC for high-level staff. Training for staff of SWDO, WED & MOH. Start newsletter	Elaboration of FH messages/themes. Preparation of poster 1 slide set; radio drama series
YEAR 3	FH curriculum updated. Teachers trained in Area C. Refresher training for Area A	FH series updated. Staff trained in Area C & program started. Refresher training for Area A	IEC workshops updated & implemented for staff in Area C. Training of teachers in IEC	In-service IEC training for other agency staff. Community Action program developed. Newsletter	Elaboration of FH messages. Preparation of posters, pamphlet, radio series
YEAR 4	Teacher training in Area D. Refresher training for Area B. Community Action/IEC training for selected staff in Areas A and B	Staff trained in Area D, refresher training in Area B. Community Action/IEC training in Areas A and B. IEC for pilot area program	Training of MOH staff in Area D. Community Action/IEC training in Areas A & B. IEC for pilot program	Preparation of sample materials for Community Action/IEC program. Newsletter	Preparation of sample Community Action/IEC materials; 1 slide series; posters; pamphlets
YEAR 5	Refresher training in Areas C & D, with training in Community Action/IEC	Refresher training in Areas C & D with training in Community Action/IEC. Revision of IEC for pilot program	Refresher training as needed; Community Action/IEC training for staff in Areas C & D. Revision of IEC for pilot program	IEC workshops for Agency staff; refresher training series. Newsletter	Revision of messages; Radio series; posters; pamphlets

PROCEDURES FOR CARRYING OUT PLANNING, MONITORING AND
REPORTING PROCESS

1. Project Components

Develop component workplans yearly (January of each year)
Use plans to manage activities
Prepare quarterly progress reports (April, July, October)
Use reports to monitor progress, identify problems
Review annual progress (December)
Develop plans for following year
Submit workplans and progress reports to Project Coordinating
Committee secretariat.

2. Project Coordinating Committee Secretariat

Oversee and manage the planning and reporting process
Collect, compile, analyze workplans and progress reports
Identify project implementation/ coordination problems and
and needs for Project Coordinating Committee
Followup on recommendations of PCC regarding planning and
implementation
Assist components in planning and reporting

3. Project Coordinating Committee

Review component plans and progress reports
Ensure coordination of component activities
Support/ assist implementation of project activities
Resolve project implementation problems

Functions of the Project Coordinating Committee
Secretariat

The following functions of the Secretariat were discussed with the Somali Family Health Care Association and approved by the Committee during its first meeting.

- (1) To provide staff support to the Project Coordinating Committee in the preparation and conduct of its meetings and in the performance of the Committee's functions and responsibilities.
- (2) To serve as a clearinghouse of project information and a repository of project documents.
- (3) To identify, analyze and bring to the Committee's attention, problems affecting the implementation and coordination of the project as well as recommendations for their resolution.
- (4) To recommend to the Committee methods of coordinating and/or integrating project activities.
- (5) To identify, analyze and bring to the Committee's attention, issues constraining the development of family health services and population policies.

In order to carry out these functions, the following specific roles and responsibilities will need to be performed by the staff of SFHCA. The list of roles is an elaboration of those reviewed and approved by the

Project Coordinating Committee.

Roles and Responsibilities of the Secretariat

- (1) Plan Project Coordinating Committee meetings, develop meeting agenda and background materials as necessary and coordinate meeting plans with the chairman.
- (2) Prepare, compile and distribute to PCC members meeting materials such as minutes, work plans, progress reports, etc.
- (3) Follow up on the implementation of Committee recommendations and report to Committee on status and progress.
- (4) Oversee the implementation of the project planning and monitoring system; develop formats for workplans and progress reports, ensure their timely completion and submission.
- (5) Collect, compile, analyze and synthesize work plans and progress reports. Prepare an analysis and summary for PCC members.
- (6) Identify for the Committee, problems affecting implementation of project activities, propose solutions, follow up on Committee's decisions and recommendations and report back.

- (7) Develop a system for collecting, filing, retrieving and disseminating project documents such as component work plans, progress reports, reports of technical Committees, policies and guidelines, official correspondence, as well as materials related to the functioning of the PCC.
- (8) As directed by the Committee, prepare correspondence, develop draft policies, procedures and guidelines and other materials as needed.
- (9) Undertake other activities in support of PCC functioning as directed by the Committee or the Chairman.

Staffing the Secretariat

It is recommended that two staff persons be assigned by the Somali Family Health Care Association to assist the executive director in carrying out the secretariat functions. They should be a mid-level professional and secretary/typist. Job descriptions for the secretariat staff are provided below:

The Executive Director should be responsible for managing the secretariat functions under the general

**Source: Seidman, March 1985, Project Coordinating Committee Technical Assistance Report.

SECRETARIAT'S SUPPORT OF THE PLANNING/REVIEW PROCESS - PROJECT COORDINATING COMMITTEE

OBJECTIVES: TO ENSURE THAT THE F.H.S. PROJECT PLANNING, MONITORING/EVALUATION AND REPORTING PROCESS IS CARRIED OUT

<u>Activities Planned</u>	<u>Person Responsible</u>	<u>Dates</u>	<u>Outputs</u>
1. Oversee Development of Component Workplans <ul style="list-style-type: none"> o develop schedule for workplans o inform components o follow up 	Ahmed and Rahma	March 25 - March 30	Component workplans completed and submitted
2. Collect, Review, and Compile Workplans	Ahmed and Rahma	March 25 - May 15	Final workplans compiled/ distributed to PCC
3. Oversee Preparation/ Submission Reports of Progress	Admed and Rahma	June 1 - 10 September 1 - 10	Progress reports from components
4. Review Progress Reports: Compile, Synthesize for PCC	Ahmed and Rahma	June 1 - 10 September 11 - October 6	Analysis of Progress Report

THE IEC TECHNICAL GROUP (SYLVIE I. COHEN REPORT)

PURPOSE: To ensure that the first operational IEC Unit creates and maintains a reliable and efficient information chain among the participating organizations, through a coordinating structure.

The Coordinating structure should ensure:

- : joint plans and strategies of all IEC units involved.
- : joint field promotion activities of their respective extension staff.
- : co-ordination of FH/IEC plans and activities with other developed organizations.

Functions:

- : Design a coordinated long term strategy on the basis of the IEC baseline survey. The baseline will include for each year:
 - a) the target groups by geographical areas, ages, roles and institutions;
 - b) IEC methods (e.g. message and channel to be used and tested.
 - c) the planned activities of each institution (e.g. production, field testing evaluation, monitoring and training.
 - d) review of requirements for materials and resources.
- : Design and implement a coordinated annual IEC work program/budget showing responsibilities and contributions for each participating agency.
- : Plan joint public information campaigns through workshops, seminars, conferences, field meetings and events and mass media campaigns.
- : Organize joint monitoring activities such as supervisory visits etc.
- : Initiate cooperative arrangement with other organizations such as Ministry of Local Government, Interior, Higher Education and Culture, Justice and Religious Affairs, Youth League, Donor agencies etc.
- : Synthesize and transmit all information and suggestions mentioned above to POC and their respective institutions.

Membership:

At least one member from each IEC Division should be present at meetings

- SWDO
- MOH
- MOE
 - WED, PEP, AEC, CDC
 - National Federation of Trade Unions
 - SFHCA (IEC UNIT Staff)
 - Communication specialists

LIST OF DOCUMENTS AND PUBLICATIONS - REVIEWED

1. Community Health Department MCH Section Training Program for MCH Personnel 1985.
2. Family Health Services Project (649-0131)
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prepared by Judith Brown and Farax Abokor Khyre, Social Anthropologists and the Base Study Work Group, April 1985.
3. Family Planning Communication Technical Assistance Mission To Develop and Organize. The IEC Components of the USAID Family Health services Project in Somalia.

by Sylvie I Cohen
JHU/PCS consultant
September 15 - October 7, 1984.

Population Communication Services
Population Information Program
The John Hopkins University
624 North Broadway
Baltimore, Maryland, 21205
4. Report of Assistance Provided To The USAID Somalia Family Health services Project In the Implementation of Project Coordination Activities

Consultation provided by
Myrna Seidman MA
March 10 - March 31, 1985
5. Report of assistance provided to the Project Coordinating Committee of the Family Health services Project USAID/ Somalia

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6. Somali Family Health Care Association
Purpose and Program
7. Somali Women's Democratic Organization
Mogadishu Somalia, 1984
8. The Future's Group. Somalia.
Population Factors on Social and Economic Development.
Rapid Resources for The awareness of Population impacts on Development.
January 1985.