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FAMILY PLANNING COMMUNICATION  
TECHNICAL ASSISTANCE MISSION TO DEVELOP AND ORGANIZE  
THE IEC COMPONENT OF THE USAID FAMILY  
HEALTH SERVICES PROJECT IN SOMALIA

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## Executive Summary

Sylvie I. Cohen, Consultant for the Population Communication Services Project of Johns Hopkins University (JHU/PCS), traveled to Somalia to help develop and organize the IEC component of the Family Health Services Project, prepared by the Agency for International Development. Ms. Margaret Neuse, Population Officer, USAID/Mogadishu, was the project coordinator.

Sylvie Cohen's scope of work, outlined by Margaret Neuse, was to develop and organize the Information, Education and Communication (IEC) component within the Somali Family Health Care Association (a nongovernmental voluntary organization) and among the participating institutions and organizations. Specifically, she was directed to: (1) design an IEC Unit for the Somali Family Health Care Association, by outlining the IEC Unit terms of reference, preparing the job description of the IEC Unit Director, and identifying the qualifications required by the director of the IEC Unit and a list of possible candidates for this position; (2) outline the terms of reference of an IEC Technical Group, and identify relevant participants of this coordination group; (3) identify the roles and overall responsibilities of each participating organization in the IEC activities of the Family Health Services Project, after completion of a IEC staff/human resources inventory and an audio-visual/IEC material resources inventory; and (4) work with local counterparts, such as the Executive Director and board members of the Somali Family Association, on the organizational aspects of the IEC component.

The scope of work was completed successfully. The core of the report was provided to the Population Officer, distributed to national counterparts and discussed with them. It served to improve national counterparts' understanding of IEC operational objectives and system, and to motivate them further for an immediate establishment of an IEC Unit and recruitment of an IEC Unit Director, and organization of an IEC Technical Group.

Local counterparts felt that it was premature and not appropriate for the consultant to look for possible candidates of IEC Unit Director (as formerly indicated in the consultant's job description). They were concerned with following the regular advertising procedure through the Ministry of Labor, and with not raising any premature expectations. However, Sylvie Cohen identified a potential candidate, whose profile was deemed very appropriate by national board members of the Somali Family Health Care Association (SFHCA).

Sylvie Cohen identified two other departments, whose IEC activities are very relevant to the Family Health Services Project; they are the Adult Education Center and the Workers' Education Institute.

The following recommendations were made by the consultant:

- o Since the IEC Unit Director will be the key person of the project as far as liaising with other institutions and monitoring and evaluating the IEC activities, the proposed salary should be upgraded (as compared with the initial budget estimates) to attract people with a good stature and to ensure full-time commitment.
- o The IEC Unit Director should be recruited immediately in order to involve him/her in the design and organization of the socio-cultural study, and organize the first meeting of the IEC Technical Group.
- o The functions, role and composition of the Project Coordinating Committee that are planned in the project should be finalized in regard to its relationship with the SFHCA board and the IEC Technical Group. The function and role of the recently recruited Information Officer of the SFHCA also should be clarified in regard to the IEC Unit.
- o Letters should be sent to local regional authorities (Somali Women's Democratic Organization, Ministry of Health, Ministry of Local Government, Ministry of Education) to announce the upcoming socio-cultural study, well in advance.

- o Two other departments, the Adult Education Center and the Workers' Education Institute should be involved in the IEC Technical Group, and as participating organizations.
  
- o The socio-cultural study will require considerable preparation, and cannot rely on one single person. At least nine national assistants should be trained at the central level by the planned consultant, in order to act as regional field directors and trainers of local interviewers. SWDO, Family Life teachers, and MCH nurses, at regional and district level, could help organize the survey.

## Abbreviations

AV	Audio-visual
CDC	Curriculum Development Center
FAO	Food and Agricultural Organization (of the United Nations)
FH	Family Health
FLE	Family Life Education
FLC	Family Life Centers
FP	Family Planning
GSDR	Government of the Socialist Democratic Republic of Somalia
IEC	Information Education Communication
ITT	Institute for Teacher Training
INTRAH	Program for International Training in Health
ILO	International Labor Organization
IPPF	International Planned Parenthood Federation
JHU/PCS	Johns Hopkins University/Population Communication Services
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health and Family Planning
MOE	Ministry of Education
MOH	Ministry of Health
MOI	Ministry of Information
PEP	Population Education Project
PHC	Primary Health Care
RHU	Refugee Health Unit
SWDO	Somali Women's Democratic Organization
TBA	Traditional Birth Attendant

UN	United Nations
UNICEF	United Nations Children's Fund
URTNA	Union des Radiodiffusions et Televisions Nationales de'Afrique (Union of National African Radio and Television Organizations)
UNESCO	United Nations Educational and Scientific Organization
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WED	Women's Education Department
WHO	World Health Organization

## Family Health Project in Somalia

### I. INTRODUCTION

The purpose of the consultant's visit to Somalia from September 15 - October 7, 1984 was to contribute to the development and organization of the IEC component of the Family Health Services Project. More specifically, under PCS's terms of reference, it was to contribute to: the formation of the IEC Unit of the Somali Family Health Care Association; the establishment of an IEC Technical Group; the identification of overall contributions and responsibilities of each participating institution in the IEC activities of the Family Health Services Project; and the completion of an audio-visual/human resources inventory of the participating organizations.

By departure, the core of the report for the IEC component had been completed, provided to the USAID Mission, distributed to national counterparts and discussed with them. All objectives of the consultant's visit were regarded as successfully achieved by the Population Officer.

#### 1. In-country work

After a briefing attended by the newly recruited Executive Director of the Somali Family Health Care Association, Margaret Neuse, the USAID Population Officer, arranged a first introduction with three key national project counterparts: the Acting Director of the Somali Women's Democratic Organization, the Director of the Women's Education Department, and the Director of the Family Health/Family Planning Division. These first contacts were extremely useful and the consultant managed to arrange follow-up meetings with their respective assistants and colleagues.

After ten days of work, meetings had been conducted with 90 percent of the key IEC professionals of the participating institutions.

The rapid progress of work with national counterparts allowed for a two-day field trip to Jowhar with Margaret Neuse, a Somali social researcher employed by USAID/Somalia, and the Family Health/Family Planning Education Coordinator. We met with regional Ministry of Health staff, the chairmen of regional and district committees of the Somali Women's Democratic Organization, and the Regional Education Officer. We also were able to attend part of a workshop organized by the Population Education Project and attended by the local educational staff.

Prior to the field trip, a draft of the consultant's report on the organizational aspects of the IEC Unit and the IEC Technical Group were distributed to the Somali Family Health Care Association board members. A meeting with the Somali Women's Democratic Organization Acting Director, the Director of the Women's Education Department, and the FH/FP Education Coordinator was arranged.

Supplementary explanations on the concept of joint activities and joint training plans were provided. Joint activities and training plans would be planned as much as possible in order not to duplicate efforts, but specific institutional training activities also would be supported. Another point of discussion was the necessity to carefully plan to share the facilities of the Somali Family Health Care Association's Resource Center.

National counterparts clearly expressed their willingness to give the IEC Unit Director enough access to internal information on the implementation of IEC activities by the participating institutions in order to get a complete "mapping" of what the institutions have already accomplished, and to evaluate IEC

programs in the field. Board members approved the suggestion of an appropriate candidate whom the consultant identified; they felt that his excellent qualifications and reputation might conflict with the salary proposed by the Association. They felt the need to review the SFHCA remuneration policy in that regard. They also were concerned with preselecting the candidate and participating in the recruitment process of the Ministry of Labor, in order not to get "appointees."

2. National counterparts.

Contracts were made with at least 14 units, some of which had not yet been considered as possible participating institutions (e.g., the Adult Education Center, and the Workers' Education Institute, whose activities and possible contribution are developed in another section of this report).

All senior officials contacted were favorable to participating in the project, except for the Director of the Curriculum Development Center and the Director of RHU Training Unit, who both felt that it was not a timely issue to be included in their curricula. However, the Director of the Curriculum Development Center is a member of the Project Coordinating Committee.

The SFHCA board members did not feel that they had the support of policy-makers. Therefore, the proposed strategy is: "let us educate people at grassroots level, and only then shall we worry about advocating child spacing and family health issues and motivating policy-makers."

A personal letter of introduction that I had obtained helped in gaining the full collaboration of the Ministry of Information. This Ministry had been formerly contacted by Guy Roppa, a IEC consultant, in March, 1984, but no follow-up had occurred. After the consultant's visit, the Head of Radio Mogadishu and the

Director of Broadcasting felt that they gained a better understanding of the scope of the project, and were willing to participate.

### 3. Conclusion and recommendations

The USAID Population Officer was very satisfied with the meeting held with national counterparts on the organizational aspects of the IEC component of the project. Their desire to strengthen the role of the IEC Unit Director and to recruit him/her as soon as possible was a positive indicator of their motivation to move on.

As the next step to getting the structures operational, the consultant recommends focusing on recruiting the IEC Unit Director, providing him/her with technical assistance for orientation in IEC and organizing an ad hoc IEC Technical Group.

The planned socio-cultural study should be postponed in order to involve the new IEC Unit Director and national counterparts in its design and implementation. This study will also benefit from other planned assessments by UNFPA (needs assessment report at the end of 1984), and UNICEF (Nutrition Survey). The results of these surveys will help in identifying information gaps. Besides the socio-cultural study, a media survey also could interest other development agencies and their support could be sought (e.g. World Bank, FAO, UNICEF).

Regarding training, the structure of Somali Women's Democratic Organization (SWDO) and the Women's Education Department (WED) lends itself to a joint IEC training program. For example, staff and village representatives of the SWDO could be trained in Family Health at the same time as the Family Life teachers of WED. This approach would ensure that women, who are or are not in education programs, would both receive instruction in family health.

Training at the regional level could be held at the orientation centers, in the health districts where the MCH clinics have trained staff ready to give advice on and administer child spacing methods and devices. Training could then be expanded to other districts, as MCH trained staff become available.

Training topics should include guidance and motivation of the community in the use of traditional child spacing methods and application of modern methods, through lectures, group discussions, home visits and demonstrations.

#### 4. Acknowledgements.

The consultant is grateful to Population Communication Services, Johns Hopkins University, the USAID and the Government of the Somali Democratic Republic for providing the opportunity to work in Somalia and contribute to the organization of such a valuable project.

I am particularly grateful to Dr. Raquiya Haji Duale, Acting Director of the Somali Women's Democratic Organization, Mrs. Hawa Aden, Director of the Women's Education Department, and Dr. Rukia Seif, Director of the Family Health/Family Planning Division, and other leading officials for their guidance and friendly collaboration. My appreciation is also due to Margaret Neuse, the Population Officer, for her friendly and helpful assistance in the course of my visit.

## II. Overall Information Education Communication (IEC) objectives

1. To create and/or sustain a continuous flow of rural and urban Somali mothers who are asking for FH advice and services for the purpose of improving family welfare.

2. To relate IEC Programs to the overall policy of the GSDR in terms of mother and child welfare.
3. To relate IEC programs to FH service availability, in order to reinforce such services and not to give rise to insatiable expectations and demands.

III. Specific IEC operational objectives

1. To create and/or maintain a reliable information chain.
2. To use reliable channels of communication.
3. To provide efficient means of transportation.
4. To provide accurate and updated population data.
5. To strengthen a message-making capacity.
6. To improve and/or maintain trained IEC personnel and strengthen IEC capabilities.

IV. The IEC Technical Group

The purpose of the IEC Technical Group is to ensure that the first operational objective is being achieved, i.e. to create and/or maintain a reliable and efficient information chain among the participating organizations, through a coordinating structure.

The very fact that the Family Health (FH) project will have to operate through at least 6 participating institutions, at central, regional, district and community levels, and with the cooperation of several other national organizations and donor agencies, calls for an efficient coordinating structure which should ensure:

- o joint plans and strategies of all IEC units involved;
- o joint field promotion activities of their respective extension staff;
- o coordination of FH/IEC plans and activities with other development organizations.

1. Functions of the IEC Technical Group

In order to fulfill that strategic role, the IEC Technical Group will meet periodically to ensure regular technical coordination among IEC participating agencies and to examine and develop any IEC program aspect. This will be achieved by the completion of the following functions:

- o Design a coordinated long-term IEC strategy on the basis of the IEC Baseline Survey. The strategy will include for each year:
  - a. the target groups by geographical areas, ages, roles and institutions;
  - b. IEC methods (e.g. messages and channels) to be used and tested;
  - c. the planned activities of each institution (e.g. production, field testing, monitoring, evaluation, and training);
  - d. review of requirements for materials and resources.

- o Design and implement a coordinated annual IEC Work Program/Budget showing the responsibilities and contributions of each participating institution.
- o Plan joint public information campaigns through workshops, seminars, conferences, field meetings and events, and mass media campaigns.
- o Organize joint monitoring activities such as group supervisory visits, etc.
- o Initiate cooperative arrangements with other organizations such as: Ministry of Local Government, Ministry of Interior, Ministry of Higher Education and Culture, Ministry of Justice and Religious Affairs, Youth League, donor agencies, etc.
- o Synthesize and transmit all information and suggestions mentioned above, to the Project Coordinating Committee and to their respective institutions.

## 2. Organizational aspects

The IEC Technical Group will be composed of senior IEC professionals and/or technicians of the agencies, with particular IEC skills pertinent to the joint activities (e.g., communication planning, media planning, curriculum design, poster and visual aids production, training program development, etc.). It is advisable not to include people that are already involved in other project committees (such as the Somali Family Health Care Association Board, FH Project Coordinating Committee). This group is meant to be composed of technical experts and will be homogenous. The IEC Technical Group will also benefit from inputs of communication specialists of development agencies. Some of them already are working closely with national counterparts.

Once a year, the directors of the IEC institutions will meet to review the strategy planned and suggested by the Technical Group. At least twice a year, the directors of the IEC related programs in the institutions will meet to discuss progress made towards completion of their objectives, problems encountered, and share experiences.

Apart from these annual review meetings of the IEC directors, the Technical Group will meet at least every two months.

### 3. Management

All participating agencies will be responsible for the implementation of the IEC activities for which they assume the direction.

Responsibility of the coordinated management of the whole IEC program will lie with the IEC Unit Director of the SFHCA. The SFHCA IEC Unit Director will be the key liaison of the other agencies. He will act as chairman of the IEC Technical Group and be responsible for circulating agenda prior to meetings.

In order to ensure effective participation in meetings, it is advisable to provide logistic support as needed (transportation and/or honoraria).

### 4. List of proposed participants in IEC Technical Group.

The following list of participants is based on meetings with IEC staff at national institutions. The list is tentative: it offers suggestions based on a preliminary review of the actual and potential role of IEC technicians and experts. The volume of key IEC staff identified below is important. Therefore, it is advisable that at least one delegate of each IEC Division be

present at the meetings, according to the skills pertinent to the discussed joint venture. A rotation of staff can then be organized when applicable in order to ensure exposure and participation of a maximum number of IEC technical staff.

- a. Somali Women's Democratic Organization (SWDO)
  - Head of Information and Publications
  - Head of Mobilization Department
  - Head of Family Health Education Group
  - Head of Planning and Projects and/or Education and Training
  
- b. Ministry of Health (MOH)
  - Family Health/Family Planning Education Coordinator
  - Director, Health Education Program
  - Director, PHC Training Department
  - Director, RHU Training Department
  
- c. Ministry of Education (MOE)
  - c.1. Women's Education Department (WED)
    - Head of Family Life Field Programme Service
    - Head of Curriculum Development and Training Service
    - Head of Coordinators of Research and Educational Material
  
  - c.2. Population Education Project (PEP)
    - 1 or 2 senior staff members of the project  
(the Director of the project is already a SFHCA board member)
  
  - c.3. Adult Education Center
    - Acting Director or
    - Head of Radio section and/or
    - Head of Audio-Visual section
    - Head of Printing Unit

- c.4. Curriculum Development Center
  - 1 or 2 senior staff members  
(the Director is already a member of the Project Coordinating Committee).
  
- d. Ministry of Information (MOI)
  - Head of Radio Mogadishu or
  - Radio producer: Health programme
  - Radio producer: Labor news
  - Radio producer: Women's programmes and family programs
  - 1 journalist representative of Sunna (National News Agency)
  - 1 TV producer or journalist
  - 1 representative of National Film Agency
  
- e. National Federation of Trade Unions
  
- f. SFHCA
  - Director, IEC Unit
  - Resource Center Manager
  - Training Officer
  
- g. Communication specialists (International staff)
  - UNESCO Technical Advisor to Population Education Project
  - UNESCO Technical Advisor to Women's Education Department
  - ILO Expert in Family Welfare Education at the Workers' Education Institute
  - UNICEF Project Support Communication Officer (not yet arrived)
  - USAID IEC long-term Advisor (not yet arrived)
  - CDC Audio-Visual experts

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.

5. Organizational aspects: Minimum staff requirements

- Director of IEC Unit (see job description - p.17)  
Main functions:
  - manage activities of the IEC Unit
  - liaise with all other IEC institutions
  - act as permanent secretary and chairman of the IEC Technical Group
  - conduct monitoring field trips
- Resource Center:
  - 1 Manager:
    - supervise resource center
    - produce newsletter with IEC Unit Director
    - coordinate research activities and field testing
  - 1 Librarian:
    - manage library
    - promote distribution of materials
    - gather educational materials and visual aids



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.

3. Minimum qualification requirements essential to this post

Education: A master's degree/diploma in communication or related subjects, or B.A. and equivalent extensive experience in education, nonformal education, social sciences.

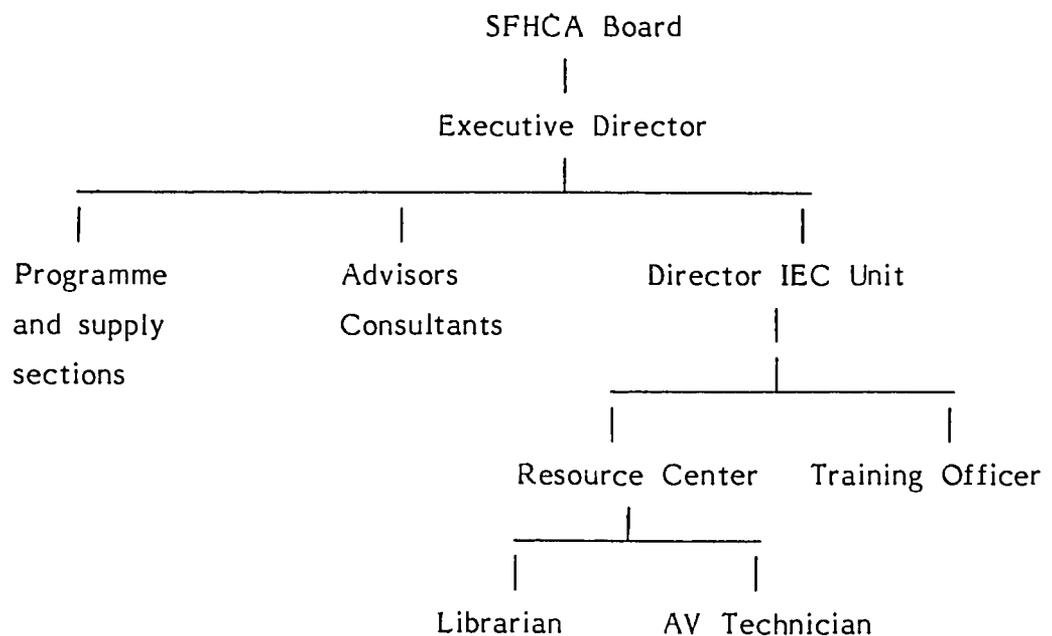
Language(s): Somali; English; knowledge of Arabic an advantage.

Specialized training: Media or educational materials development, planning, production, testing, evaluation; or community organization and public administration.

Experience: 8 to 10 years of experience in social communication, or nonformal education programs research, planning, execution, training and evaluation in developing countries. Ability to work with senior officials as well as rural communities. Experience in interpersonal communication and mass media support for development is desirable. Must possess diplomatic and supervisory skills.

Working conditions: Frequent travelling to the field essential for field work and evaluation.

4. Organizational chart



Reports to:

- the Executive Director
- the Board members

Supervisory responsibility

- IEC Unit staff (including consultants and contractors)
- secretarial and clerical staff

Personal contacts

- Internal
- External:
  - IEC Technical Group
  - IEC directors
  - Operational ministries and units  
(Health, Education, Planning,  
Information, etc.)
  - Communication specialists of other  
bilateral  
or UN agencies
  - National media personnel
  - Field project workers
  - Research and training institutes

VII. Role and contribution of each of the participating organizations--The use of reliable channels for Information, Education and Communication.

Three key questions have to be answered at this stage:

- o What is a reliable channel of communication?
  - o Which institutions/organizations exist that could implement/collaborate with a family health communication program?
  - o What are some of the critical constraints and targets of opportunity for family health communication programs?
1. What is a reliable channel of communication?

A channel of communication transmits purposeful informational, educational and/or motivational messages. The message relay can be interpersonal (face-to-face) (e.g., teachers, nurses, extension field workers, etc.), with or without help of audio-visual/printed materials, or mediated (i.e., mass media).

A reliable channel of communication gives us a guarantee that the messages will be:

- well received
- understood and accepted
- repeated and memorized

This can only be achieved through the use of existing and permanent structures which are credible, have sufficient outreach level, and experience in carrying out public education/information campaigns in Somalia.

As far as implementation is concerned, the implications of these preliminary conditions are the following:

- a. The FH services project will mostly rely on stable governmental institutions, as opposed to project structures which are depending upon external assistance (the latter will nevertheless be used for technical assistance).
  - b. The FH services project will mostly rely on established and experienced institutions. The newly established institutions will be used as coordinating bodies, and resources centers.
2. What institutions/organizations exist which could implement/ collaborate with the FH services project?

The consultant identified and visited the following institutions:

- a. SWDO
  - b. MOH: FH/FP Division  
Health Education Program
  - c. MOE: Women's Education Department  
Population Education Project  
Adult Education Center
  - d. MOI: Direction of Broadcasting
  - e. General Federation of Trade Unions: Worker's Education Institute
  - f. Somali Family Health Care Association
- a. Somali Women's Democratic Organization
1. Structure

SWDO is part of the National Party, but is actually a very independent organization. At the central level, the Committee is composed of several departments:

- Acting Director
- Mother and Child Welfare
- Family Dispute
- Planning and Projects
- Mobilization
- Information and Publications

SWDO has regional, district and village branches whose structure replicates those of the central committee. For example, in Jowhar, the district committee consists of:

- 1 Chairman
- 1 Vice-Chairman
- 1 Secretary of Economic Affairs
- 1 Secretary of Education and Training
- 1 Secretary for Maternal and Child Health
- 1 Secretary for Mobilization
- 3 Supervisors/Inspectors

All members are nominated by the central SWDO committee, with the help from regional and district-level party leaders.

2. Internal Communication

- Once a week, meeting of district committee; reports to regional committee;
- Regional committee communicates with central committee through mail and telephone; occasional visits to Mogadishu or central committee's visits to regions.
- Yearly national meeting in March.

3. Experience in health education campaigns/current health education activities

Regional and district committees get instructions from the central committee for carrying out yearly scheduled campaigns on specific themes. Other topics of discussion are decided at the regional level after discussion with village women's leaders.

### Topics of health campaigns already developed:

- Infibulation and health hazards
- Prevention of communicable diseases
- Immunization
- Primary health care (nutrition, etc.)
- Home economics
- Literacy campaign

### Campaign organization

Campaigns and health education activities are mostly implemented through weekly meetings of village women members at the orientation centers. Lectures on health issues are given by local MOH staff (PHC coordinator, MCH nurses).

#### 4. Media used

- Weekly radio programs: "Women's Voice" program produced by the Head of Information and Publications and broadcast every Friday and Saturday.
- Weekly page (every Wednesday) on women's issues in national daily newspaper "October Star."
- Occasional magazine and newsletter produced by the Mobilization Committee.

#### 5. Training activities

- Training needs are assessed and finalized during the national yearly meeting;

- Regional committees send women to be trained at the MOH as TBAs. The local SWDO committee supervises the activities of newly trained TBAs. Occasional training at MOE (not specified).

6. Collaboration with other organizations/institutions

- At central level:

The different departments include some representatives of Ministries. The plan is to increase the number of Ministries involved (e.g., Ministry of Labor, Ministry of Justice and Religious Affairs, Ministry of Interior).

- At regional and district level:

SWDO committee invites doctors, nurses, religious leaders, teachers to give lectures. Reciprocally, SWDO is asked by different Ministries to organize seminars and mobilize women.

- Influential pressure group at central level. Plans for establishing a Women's Department of Ministry of National Planning.

7. Contribution/role in FH Services Project

- Decisions to carry out family health campaigns are made at top level. Proposed theme by the Acting Director: "Family health for mother and child welfare."

- Managerial and administrative support from UNICEF and USAID.

- Good outreach in urban and per-urban areas for:

- a. training of women leaders in family health technical awareness/motivation raising activities (lectures, talks, radio programs)
- b. mobilization/organization (use of orientation centers, regular attendance by women, organizational skills)
- c. coordinating role at local level
- d. organizational help for implementation of socio-cultural study

8. Needs

- a. training of women leaders in family health technical aspects (methods available, choice of methods, religious implications, family life implications)
- b. use of IEC material (pamphlets, booklets, charts)
- c. transportation for visits to remote villages

b. Ministry of Health

1. Structure - staff involved

- Family Health/Family Planning Division (Community Health Department)
  - Director of Division
  - 1 FH/FP Education Coordinator
  - 1 Assistant Nurse
- Health Education program (Public Health Department)
  - Director
  - 15 staff members

- MCH Division (Community Health Department)

There is a network of MCH centers in regions, with nurses trained by FP services (the trainers for which were initially trained by IPPF and then by INTRAH)

- Physicians trained by Johns Hopkins University, and working in hospitals and clinics (regions and districts)

- PHC Division (Community Health Department)

- Training Unit
- Regional Coordinators
- Potential network of CHWs and TBAs

2. Health education activities/media used. (FH/FP Division)

This Division has already participated in a 1982 mass campaign for health whose main themes were:

1. Nutrition and encouraging breast-feeding
2. Benefits of child spacing
3. Causes of infertility
4. Health hazards of female infibulation

It was a multi-media campaign using:

- meetings at orientation centers, with help of SWDO (in Mogadishu only)

- visits to different agencies, Ministries, and factories (in Benadir region only)

- press and radio programs produced with the help of physicians and nurses

- conferences with films (during the National Youth League Conference)
- cloth posters (silk screen)

#### Previous activities

- 1983: the FH/FP Health Coordinator participated in a Nutrition and Health Survey (organized by WHO) which pinpointed demand for repeating radio health programs.
- 1983: the FH/FP Health Coordinator participated in radio programs (dramas and role plays) which consisted of visiting MCH centers and interviewing people.

#### Current activities (FH/FP Division)

- Planning timetables and implementing visits to Ministries (one-hour orientation talk every Monday) and to factories and agencies (one-hour orientation talks every Tuesday).
- Coordinating heads of MCH centers (qualified nurses) through feedback sheets and visits to MCH centers.
- Training of MCH trainers in visual aids, motivational skills, follow-up of drop outs, demonstrations.
- Participating in National Fair (every two years) with Health Pavilion with posters on contraceptive methods.
- Designing, drawing: use of tracing technique (stencil) and silk screen.

Plans for other campaigns (FH/FP Division)

- child care
- prenatal care
- sexually transmitted diseases
- contraceptive methods

3. Health Education Program: Activities/Media used

- Radio program unit:
  - they do their own recording and interviewing
  - broadcast every Monday (15-minute program, repeated twice)
  - produce local dramas and role plays on radio with help of local artists from the National Theatre
  - receive technical help from professional radio producer
- Print:
  - health education journal (issued approximately every 3 months) printed with help of the Party's artists and the Party Printing Press; distributed to public health and MCH nurses and "sanitarians."
  - pamphlets and posters: technical help from the Party's artist; financial help from UNICEF.

- Mobile film team:

- visit regions and show films (mostly in English version)

Topics covered:

A clear idea of topics covered so far was unable to be established. Some posters on PHC were seen in MCH centers and at the WED's library.

Planned activities (Health Education Program)

After the technical development phase of this program, which started in 1982 with the help of UNICEF and WHO, and which is expiring in 1984, a joint nutrition education project with aid from UNICEF and WHO is under discussion but not yet finalized.

#### 4. Training activities

- FH/FP Health Education Coordinator trains MCH nurses in design of visual aids and in promotion of FH services.
- Director of Health Education program trained the FH/FP Education Coordinator.
- External assistance: INTRAH (in-service training) in nonclinical skills, supervisory functions and visual aids development.
- PHC Training Unit (not visited): develops curriculum for training program of CHWs and TBAs.

5. Internal communication

At central level:

The MOH structure does not allow for much coordination between departments. This is apparent with the Health Education program which is more or less a "floating" structure: it simultaneously serves several MOH organs (FH/FP Division, PHC, MCH). Its integration into PHC is under discussion.

At regional level (Jowhar):

MOH staff are invited to give talks at orientation centers and schools, under the initiative of SWDO local committees and MOE's Regional Education Officer.

6. Collaboration with other organizations

At central level:

As mentioned above, the FH/FP Education Coordinator is very active:

- she visits ministries, factories and agencies and gives talks;
- she provides input into curriculum design for health/nutrition, sanitation education in primary schools and teacher training (cf. minutes of meeting held at CDC Appendix 6);
- The Director of the Health Education Program coproduces health radio programs with at least two radio producers;
- one weekly page in the press on health issues.

Some representatives of MOH in the SWDO's Mother and Child Health Department.

At regional level:

MOH staff is invited to give talks at orientation centers and schools, under the initiative of SWDO local committees and MOE's Regional Education Officer.

7. Preliminary conclusion

- Key structure and entry point for FH/IEC activities: mothers who visit MCH centers and have gynecological problems, are given information and advice on FP methods.
- Support of MCH and PHC by UNICEF, WHO, UNFPA, and USAID.
- Major bottlenecks:
  - transportation for: in-service training; supervision; outreach of rural mothers; and feedback information
  - insufficient number of trainers at the FH/FP Division;
  - seminars and workshops (educational settings, workplaces)
  - training of motivators (SWDO) and educators (MOE)

## 8. Needs

- training of nurses and midwives (and refresher courses) in IEC methods such as:
  - pretesting and improving visual aids
  - using visual aids
  - conducting group discussions
  - gathering feedback information (feedback sheets)
  - exploring attitudes and beliefs
  
- training of trainers (FH/FP Division and Health Education Program)
  
- material resources for visual aids production at MCH level
  
- logistic support for promotional activities (seminars, talks, etc.)
  
- transportation: vehicles and fuel

### c. Ministry of Education

There are at least four departments within the MOE which are worth considering as reliable channels for conveying FH-related messages. They are:

1. The Women's Education Department (WED)
2. The Population Education Project (PEP)
3. The Adult Education Center
4. The Curriculum Development Center (CDC)

1. The Women's Education Department

Current educational activities.

The WED has started its activities after the 1974 Literacy campaign. It serves adult women who range in age from 15-45. The women are mostly housewives, very young and school drop-outs.

The program was designed to be completed in four years; the women attend classes in half-day sessions. The program covers three areas: basic literacy, development of skills, and family life education (FLE). An entire year is devoted to the family life components which cover nutrition of mothers and children, personal health and hygiene, disease prevention and care of children. There are 70 district family life centers (FLC) staffed with 600 FLE teachers.

Current outreach

The FLCs do not provide any certificate of completion of the program and often lack necessary resources. Therefore, there is not real absorption of students in the employment market, their expectations are not met, and the attendance rate is presently very low.

Staff involved

The faculty of the centers are trained at training centers established by the MOE (Teacher Training for Family Life Centers), with the assistance of UNICEF and USAID. Most of the women are preservice trainees. The entry level requirement for teachers is a primary school education. The training for FLE teachers lasts one year and is followed by three years in-service training. In addition to teaching

regular classes at the centers, FLE teachers give periodic lectures and demonstrations on various subjects (home economics, nutrition and child care) to women in every district at the orientation centers. In addition, there are skills training teachers.

Plans: Structure/Curriculum/Integration of FH

According to an evaluation survey conducted by FAO, the Director of the WED has planned a major change in curriculum that will have implications on the structure of the department and on training activities.

The integration of family health education will be progressive: the emphasis will be strictly on motivation and awareness raising on the benefits of child spacing. The plan is to first motivate senior staff and in-service teachers. It is expected that senior staff and in-service teachers will then be motivators on their own. Therefore, integration of family health will be done through orientation of staff, but will be explicitly outlined in the new curriculum.

A new organizational chart (Appendix 8) was approved in 1983 but staffing and subsequent training have not yet been completed. There are three main divisions:

- Family Life Field Programme Service
- Curriculum Development/Training Service
- Research and Educational Material Service

A UNESCO Chief Technical Advisor is in charge of strengthening the WED through training in curriculum design. The WED will also receive audio-visual equipment for training and educational materials' production (see equipment list in Appendix 3).

### Research activities

UNICEF will assist to develop a community profile survey which will serve as a basis for designing a nutrition program. It is envisaged to include some questions on family health. The survey is to be conducted by newly trained nutrition teachers.

### Collaboration with other institutions

The Assistant Minister is promoting stronger coordination through meetings of WED/CDC/Adult Education Center and Population Education Project. These institutions have started working together closely.

The WED seems to have experienced good collaboration with the Adult Education Center in revising curriculum and preparing training materials.

### Constraints/Needs

- Low attendance rate at FLCs
- Lack of materials for FLCs:
  - teaching materials  
(equipment and supplies)
  - resources for staff  
orientation
- New structure and staff requirements not yet fulfilled
- Need for expertise in development of teaching curriculum and materials
- Need for training of trainers in family health

- Topics on the benefits of child spacing are not yet included in the curriculum for those who teach family life education. Because the WED delivers in-service training to teachers, the trainers should be given a course on the benefits of child spacing that would prepare them to go into the field and motivate teachers to include these topics

#### Contribution/role in FH Services Project

- Motivation and awareness raising by FLE teachers through lectures and group discussions at family life centers, adult education centers, and orientation centers at the district level.
- Distribution of promotional material (posters, pamphlets)

## 2. The Population Education Project

#### Activities in FH/Population Issues Media Used

The PEP, funded by UNFPA and executed by UNESCO has, since 1982, experimented with a full array of IEC activities, which consist of:

1. Integration of Population Family Life Education into the formal schooling system of Somalia, i.e., the Primary Teachers College at Halane (Mogadishu) and the Lafole Faculty of Education (National University of Somalia).
2. Training materials for teacher-training (source books in Somali and English).
3. Audio-visual support (teaching aids such as wall charts).

4. In-service training of primary and secondary teachers through regional seminars and dissemination of teaching aids, also involving family life education teachers, adult educators and MCH staff.
5. IEC seminar-workshops for selected groups with significant communication functions within the society. For example:
  - media personnel (press, radio, TV)
  - Community leaders (including Party regional leaders, SWDO, Ministry of Labor, WED, staff, etc.)
  - religious leaders
  - newly appointed adult education staff
6. Materials production:
  - logo for MCH Services
  - series of calendars covering methods of child spacing
  - picture storybooks with family life issues for literate and nonliterate audience distributed at family life centers and MCH clinics
  - cassettes with folk music and population/family life-related messages
  - hand-outs on value of child spacing, spacing methods, location of clinics, etc.

### Staff involved

16 members:

- National Director of the Project
- UNESCO Chief Technical Advisor
- 8 professionals: former teachers with University degree in Biology or Social Sciences who oversee post graduate studies
- auxiliary technical staff:
  - audio-visual technicians
  - illustrators and designers

### Research activities

Research project to establish the historical interrelationship between a series of population variables and the development of the formal schooling system in Somalia. The purpose of the study is to utilize this data as a basis for the analysis of alternative strategies for development. Use of a computer-based model developed by the Futures Group and the University of North Carolina Population Center under the Rapid II Project.

### Collaboration with other organizations

- Support of MCH activities
- Teaching aids for primary and secondary school teachers
- IEC seminars outside schooling systems

- Participating in internal seminars within the MOE in conjunction with the CDC and the WED on Health and Nutrition Education, with special emphasis on the interface between health and population variables.

- The PEP is under the supervision of the Planning Department of MOE. Its financing expires at the end of 1984 (but it might be extended according to the UNFPA representative). Its integration into other MOE departments is a controversial issue: should it be under CDC, WED, or Adult Education Center?)

#### Contribution/Role in FH Services Project

PEP is already contributing to the SFHCA. It is a:

- founding member, in the person of its director, and
- technical assistance, with help of its UNESCO Advisor, for the organization of a conference on "Population: Planning and Policy" and the production of a background briefing book.

The PEP is an invaluable resource for:

- training on population/FH issues
- training on IEC techniques
- concept/design/field testing of teaching materials, audio-visual aids, and background information materials.

It has gained experience in working with various audiences (formal, nonformal educators, community leaders and decision-makers).

It has some field experience.

It has an interesting conceptual approach linking macro and micro population/FH issues that make it more acceptable to Somali.

It possesses trained staff, who have a good background on knowledge, attitudes and practices of the Somali population.

It has audio-visual equipment and materials and therefore can be used as a resource unit.

### 3. The Adult Education Center

#### Structure

There are presently five sections:

1. Extramural activities
2. Educational radio
3. Printing Unit
4. Audio-visual section
5. Curriculum section (not operational)

A sixth section "Research and Training" is in the Family Health Services project.

The extramural activities consist of adult education centers in seven regions, and of four nomadic centers.

There are only three operational adult education centers in the low Shebelle region and the Mudugh region. The other four centers are under construction. The nomadic education centers possess lodging facilities for up to 100 persons each. The Adult Education Center is also represented by Regional Adult Education Officers in the 18 regions.

The Adult Education Center in Mogadishu was established in 1969 and has been assisted by the German Adult Education Association since 1972.

#### Current educational activities

In the nomadic education centers, seminars were organized on livestock, leatherwork, health, mother and child care, handicraft and land management. MOH staff provide assistance in conducting health courses and training TBAs.

Adult education courses are taught by voluntary primary teachers during evening classes. Attendance is good since these courses allow students to get a certificate (equivalent to the certificate of intermediate school) and workers to get promotions. Women represent 60 percent of the students.

The Educational Radio Unit participated in a Pilot Project in 1979-80 to be used as a feasibility case study for the use of educational radio. It produced programs with Radio Mogadishu; 800 radio sets and reading materials were distributed to village radio tutors and listening groups organized, with help of UNICEF. As part of the project, a consultant from Tanzania provided six months on-the-job

training for six staff members in radio production, and carried out an evaluation. The radio section has now stopped its production activities and is under reorganization.

The Printing Unit possesses a very good color printing press (Heidelberg). It is helped by the Head of the Audio-Visual section for layout and design.

### Staff involved

#### Mogadishu

- 1 director (on training in Kenya in Educational Administration and Supervision)
- acting director
- 4 professionals, graduated from the College of Education of Lafole
- 1 designer, also head of audio-visual section
- 1 radio producer, head of radio section
- 6 national printing technicians
- 1 technician expatriate for maintenance and repair of AV equipment
- 18 Regional Adult Education Officers
- Adult educators
- voluntary staff

### Collaboration with other organizations

The Adult Education Center is producing educational materials (booklets, posters, journals, leaflets) for the Population Education Project and for the Health Education Program (MOH).

### Constraints/Needs

The Adult Education Center is under reorganization. Its radio section, as well as its nomadic centers have stopped their activities because of lack of funding.

### Contribution/role in the FH Services project

This structure has good outreach in the regions: as already mentioned earlier, 60 percent of its students are women. This fact has been emphasized by the Director of Planning (MOE) and the Regional Education Officer (Jowhar). It is therefore a good channel for FH-related messages. It needs resources for operational costs and teaching aids.

The Adult Education Center staff seems very competent and eager to participate in the project and to share its audio-visual and printing facilities. It can be used for production of educational materials. Some assistance should be envisaged. Plan for its participation in the IEC Technical Group.

#### 4. The Curriculum Development Center

##### Functions

The CDC's primary tasks are to decide which subjects to teach in primary and secondary schools and to write teaching materials, such as teachers' guides, students texts and audio-visual aids.

##### Planned health education activities

Under the curriculum reform project, the CDC is now preparing a health education program to be tried in three regions in 1985 and expanded in 1986. For that purpose, workshops are currently organized with representatives of MOH and UNICEF for determining the content of the new program.

The director of CDC and its technical assistants (expatriates) are not keen on including any family-health-related messages. According to them, child spacing is not a national policy, nor a health priority. It is hoped that the active participation of the Family Health/FP Education Coordinator in the URTNA workshop will have a positive impact on their awareness and motivation (Appendix 5).

##### Media used

Under the assumption that teachers are underqualified, the CDC has chosen the simple didactic methodology (memorization of themes). It is also planning to use dramas and posters. The production of a people's book (with photos and illustrations) to be used as a health discussion guide is planned.

UNICEF is also promoting a child-to-child methodology which has already been experimented with in Jowhar for an immunization program.

#### Collaboration with other agencies

According to its director, CDC has a satisfactory working relationship with:

- the Adult Education Center
- the WED (which gave advice on a syllabus for child care)
- ITT
- RHU
- some MOH physicians
- the Head of School of Nursing
- the SFHCA

On the other hand, its relations with PEP are strained for the following reasons:

- CDC would like PEP to be integrated into the structure
- CDC hesitates to use the materials produced by PEP, because they believe the materials are inappropriate for the Somali culture (cf. their reluctance to deal with population/family health issues)

- there is no provision of time for Population Education in the current curriculum

#### Contribution/role in Family Health Services Project

The director of CDC is a member of the Project Coordinating Committee. The presence of a CDC representative is advisable for the following reasons:

- it is hoped that it will raise CDC's staff awareness on the importance of family health issues;
- CDC can be used as a resource for production of educational materials and visual aids, with the help of its technical assistants (2 audio-visual experts, expatriates), when its audio-visual center will be operational.

#### d. Ministry of Information

##### 1. Structure

There are at least four different divisions of the MOI that supervise mass media channels relevant to the Family Health Project:

- Radio Mogadishu, within the Division of Broadcasting
- Sunna, the National News Agency
- the National Film Agency
- Television

## 2. Outreach and coverage

There is no audience survey as such that provides data on mass media outreach levels. Nevertheless, the two radio stations, Radio Mogadishu and Radio Hargeysa cover the whole territory. Given the use of one national language --Somali-- that is understood by everybody, radio is evidently the far most reaching and appealing medium. The number of radio receivers owned by the urban and rural population is not known; it is likely to be low in rural areas since all imported goods are very expensive. There are plans to organize listening posts in villages.

Television was only recently introduced in Somalia. It still has a very limited local production capability and reaches only the Mogadishu area. It will not be an immediately effective medium. Nonetheless, its reports could give coverage to family health issues if policy-makers agree with it.

Film is an expensive medium but use of the six mobile AV units operated by the Film Agency should be envisaged (PEP and the Health Education Program also have mobile AV units). There is no family health film stock in Somali language, but FH films in Arabic language could be used.

## 3. Current health education activities

Among the 72 different radio programs, broadcast 18 hours a day, there are several family-related programs:

- Women's affairs (co-produced with SWDO): twice a week

- Health program (co-produced with Health Education program, MOH): twice a week
- Family interradio (family welfare): twice a week
- Adult Education (targeted at nomadic population)
- Quiz Program
- Student life and school life program

These various programs are produced in coordination with MOE, MOH and SWDO.

#### 4. Radio Health program

A three-month campaign in 1983 focused on family health environment and maternal care. A 15-minute health program is aired twice a week. Health issues are also broadcast during radio shows. Their objectives are to educate the community in a preventive approach. The health radio programs have generated feedback letters that confirmed the audience's interest in the programs. They called for more explanations on the issues of fertility control in an Islamic society, the various child spacing techniques and the size of the nation's population.

#### 5. Training activities

As mentioned earlier, one radio health producer and the Head of Radio Mogadishu will attend a workshop in Nairobi, organized by JHU and URTNA. The objectives of the workshop are to: provide general orientation about population/family planning; present examples of successful FP/MCH radio broadcasts; and provide training in IEC

methodology. The Family Health Broadcasting workshop, also to be attended by the FH/FP Education Coordinator, will hopefully have a positive impact on future FH-related radio programs.

6. Contribution/role in the Family Health Services Project

Radio is a reliable channel for awareness-raising and dissemination of information to local authorities, educators and extension health personnel, community and women leaders. Since coordination with MOH, MOE and SWDO seems satisfactory, the use of radio programs to reach teachers (adult educators, FLE teachers, primary teachers) for awareness raising on FH issues should be more fully exploited, through the use of the Adult Education Center radio production facilities.

e. The National Federation of Trade Unions

1. Activities

Since 1982, UNFPA has funded a Family Welfare Education project at the Workers' Education Institute and provided technical assistance with a population expert from ILO.

The activities of the project consist of organizing motivational seminars on population/family welfare issues at workplaces. Target audiences include government officials in ministries, trade union leaders, and workers in factories.

According to the ILO expert, the first seminar with trade union leaders has been very successful. It was followed by four other seminars, in conjunction with SWDO. The project expires in 1984.

## 2. Structure

The Worker's Education Institute has three project personnel staff trained in communication and population issues by the ILO expert:

- a National Director of the Institute
- a Secretary of the Workers Education Institute
- a Coordinator and Instructor

A project subcoordination committee is composed of the National Director of the Institute, a representative of MOI (the Labor News' producer), a representative of SWDO and a representative of MOH.

## 3. Collaboration with other organizations

The ILO expert and the Workers Education Institute have coproduced family life-related booklets, in conjunction with the Population Education project.

## 4. Contribution/role in Family Health Services project

This project is a good entry point for reaching a male audience at workplaces. Although the project is now expiring, use of its trained and motivated staff should be fully exploited. Despite its small number, staff has gained experience in organizing population/FH related seminars. In particular, the project subcoordination committee should be fully absorbed by the IEC Technical Group.

They need help in visual aids and booklets.

VIII. Conclusion: Overall roles of each participating institution

Essential to the FH/IEC program effectiveness will be the use of an appropriate mix of communication channels and messages and their coordination with family health services.

The contributing role of the participating institutions can be planned according to their own existing IEC capabilities which have been described earlier in this section. Their potential role in the FH Services project is also dependent upon the hypothesis made on their impact within the context of the Somali socio-cultural environment.

A thorough socio-cultural study is planned later this year to collect more detailed data on that matter. The main starting assumptions are as follows:

- a tradition of verbal communication, use of poetry and story telling; and
- a nomadic rural society where news is carried by travellers, community couriers, and discussed in group assemblies.

In this context, a basic approach would be to foster a process of community involvement and to rely on interpersonal communication. Modern field channels such as mobilization agents, field educators, and community health workers, will reach the grassroots and the traditional community leaders. Mass media will serve as support to these field activities by amplifying people's messages and encouraging field workers.

The main local channels will be:

- the SWDO's orientation centers
- the FLE teachers of the WED

- the MCH centers, and gradually CHWs and TBAs in the slowly expanding network of PHC workers

Division of responsibilities

1. Planning

- |                                   |  |
|-----------------------------------|--|
| - SFHCA IEC Unit Director         | Overall planning                               |
| IEC Directors:                    |  |
| - WED                             | Planning of women's education                  |
|                                   | Planning of curriculum of trainers             |
| - PEP, CDC                        | Curriculum design                              |
|                                   | Educational material design                    |
| - FH/FP, Health Education Program | Materials design                               |
| - SWDO                            | Planning of social and mobilization activities |
| Workers' Education Institute      |  |
| - MOI                             | Planning of information on FH                  |

2. Field testing of IEC materials

- |                                |  |
|--------------------------------|--|
| - PEP staff                    | Train MCH and FLE teachers in field testing technique                              |
| Health Education Program (MOH) |  |
| - Radio producers              | Field testing with help of IEC long-term advisor and SFHCA Resource Center Manager |

3. Training of trainers in IEC methodology

- PEP
- SFHCA Training Officer
- Communication specialists (UN and other agencies)
- IEC long-term advisor
- Health Education program director

Plan for involvement of faculty members of:

- School of Nursing
- Faculty of Journalism
- Teachers Training Institute
- Faculty of Medicine

4.	<u>Production of IEC materials</u>	<u>Type of Materials</u>
	- Adult Education Center (with collaboration of PEP, CDC, WED and Health Education program for content)	- Visual aids and printed materials - educational radio programs for teachers and adult educators
	- Party Printing Press	
	- WED and CDC audio-visual centers (not yet operational)	
	- Radio	Health radio programs Women's radio programs Teachers' programs Adult education programs Weekly pages on women and health
5.	<u>Dissemination of IEC materials</u>	
	- SWDO	Orientation centers
	- National Federation of Trade Unions	Trade Unions
	- FLE teachers and Adult Educators	During seminars
	- MCH centers	With medicines and FH supplies
	- Village committees	Plans for involvement of local Government

6. Management of IEC activities

Participating institutions at central and local level:

- SWDO
- WED
- Adult Education Center
- Direction of Broadcasting
- FH/FP Division and Health Education Program

7. Education/Motivation of decision-makers

- SWDO and SFHCA at central level with help of the Workers Education Institute, the Population Education project, and the FH/FP Division, through radio and press, seminars and conferences

8. Motivation/Education of community leaders and community workers

- |   |   |
|---|---|
| - WED, PEP<br>Adult Education Centers                       | Education/motivation of FLE<br>teachers and adult educators                           |
| - SWDO, with help of MCH staff<br>and FH/FP Education staff | Meetings, workshops for<br>motivation/information of<br>women's and community leaders |
| - Trade Unions with help of<br>SWDO, MCH and FLE            | Motivation of workers   |
| - FH/FP and Health Education<br>Program                     | Training of MCH staff<br>Film shows by mobile film unit                               |

9. Monitoring/Evaluation of IEC activities

- |  |                                     |
|--|-------------------------------------|
| - SFHCA IEC Unit Director<br>with help of IEC Technical<br>Group and IEC long-term advisor | Field visits; surveys;<br>inventory |
|--|-------------------------------------|

List of Key Contacts

SWDO	Dr. Raquiya Haji Duale Zahra Ahmed Salhan  Zaqa (Jowhar)	Acting Director Head of Information and Publications Chairman of district committee
ILO	Hani Khader	Population expert
Workers' Education Institute	Haroun Hassan	National Director
UNICEF	Stuart McNabb Norinne Marianno Safia M. Jama	Country Director Program Officer Nutritionist
MOH	Dr. Rukia M. Seif Halima Abdi Sheikh Jaamac Jusuf Mohamud Elmi Mohamed Mohamud	Director, FH/FP Division FH/FP Education Coordinator Director, Health Education Program Director, RHU Training Unit
MOH (Jowhar)	Dr. Abdi Gan Sheikh Ali Dr. Salah Mohamed Mulaa Xa Haji Ali Awrala Raghe Hassan	PHC Regional Coordinator Regional Medical Officer Head of MCH "
MOE	Hawa, Aden Mariam Sheikh Hussein Zahra Siad Rukia Abdulle Faduma Farah  Sadia Ali Michael Damm Tony Johnston Abdi Ibrahim Awaleh Sadya Musa Ahmed Hussein Abdoulaye  Ahmed Omar Ahmed  Ismaël Aden  Ali Hassan  Hassan Dahir Obsiye  Mike Kiernan	Director, WED Head of Family Life Field Service Nutritionist, WED Head of Curriculum Development Acting Head of Research and Educational Material Economist, WED UNESCO, Technical Advisor, WED UNESCO, Technical Advisor, PEP Director, PEP Population Education Project Acting Director, Adult Education Center Head of Extra-mural activities, Adult Education Center Head of Educational Radio, Adult Education Center Deputy Director of Panning Department Director, Curriculum Development Center Advisor (Danida) Curriculum Development Center

MOE (Jowhar)	Said Noor Farah	Educational Education Officer
MOI	Hassan Ali Henry Jusuf Abdi Jusuf Abdi Mohamed Ali "Waji" Hassen Ahmed "Embassy" Noor Shire Barkh Aidi Awaleh	Permanent Secretary Director of Foreign Relations Director of Broadcasting Head of Radio Mogadishu Radio Health Program Producer Radio Children's Program Producer Head of Regional Radio Programmes
UNFPA	Luis d'Angeli	Project Development Officer

IEC Human Resources InventorySWDOSahra Ahmed Salhan

- B.A. in Language Studies at the University of Mogadishu (in French)
- 1-year Journalism course sponsored by the Ministry of Information
- 10 years experience at the Ministry of Information (journalist and radio producer) and at SWDO.

Workers' Education InstituteHaroun Hassan, National Director

- good training in population communication by ILO expert.

## MOH

Halima Abdi Sheikh  
FH/FP Education Coordinator

- Midwife and Public Health nurse trained at School of Nursing and Post Basic School (Somalia)
- 6 months training in Family Planning in India (1967)
- Public Health training in Lebanon
- Visual aids development, nonclinical and supervision skills by INTRAH in Mogadishu

Jaamac Jusuf

## Director, Health Education Program

- Postgraduate diploma in Health Education in India (1967)
- Communication summer course at University of Chicago (1983)

Staff, Health Education Program

- School of Health and post basic training course (1 year)
- PHC training course in Bayaba and Bwico (assisted by USAID)
- locally trained by international staff

## MOE, WED

Mariam Sheikh Hussein  
Head of Family Life Field Service

- College of Education of Lafole: B.Sc. in Biology and Home Economics
- 3 years at Primary Teacher Training Centre in Biology
- FAO counterpart up to 1983
- 1983-1984: experience at WED

Zahra Siad  
WED, Nutritionist

- B.Sc. in Biology and Home Economics
- degree in Curriculum Development
- postgraduate degree in Nutrition
- 3 years' experience at Ministry of Education
- teaching nutrition at family life centers
- experience in survey and field work

Rubia Abdulle  
Head of Curriculum Development

- B.Sc. in Agricultural Education and Biology
- 15 days' training in curriculum development in Nairobi (ILO)
- interviewer for a community profile survey at the Adult Education Center
- teaching agricultural education in secondary schools and in family life centers

Faduma Farah  
Acting Head of Research and Development of Educational Materials

- B.Sc. in History and Geography
- 8 months' experience at WED

Sadia Ali

- M.A. in Economics of Development from Pakistan

Abdi Ibrahim Awaleh,  
Demographer

- Director, Population Education Project
- Graduate studies at Regional Institute for Population Studies at Lagon, Ghana
- 2 years as a demographer
- formerly Head of Planning Service at the Ministry of Education

Sadya Musa Ahmed  
Staff member of Population Education Project

- secondary teacher in biology
- joined PEP two years ago
- knows how to develop materials and organize a seminar

Adult Education Center

Ismaël Aden  
Head of Radio Section

- graduate of American University of Beyruth
- training in educational radio production by Fabian P. Nyambo, consultant from Tanzania

MOI Radio Producers

- 7-9 months' training by URTNA in Cairo
- 18 months' training by Deutsche Welle
- training in Hilversum (Holland) for some of them
- Faculty of Journalism (Mogadishu)

MOE Ahmed Farah Askar  
Senior Staff member, Population Education Project

1966 National Teachers' Education Center (Afgoi)  
1966-71 Teacher in primary school in Sciences and Maths  
1972-76 School Headmaster  
1976-79 B.A. Faculty of Education (Mogadishu)  
1979-81 Secondary teacher in English and Somali  
1981-83 Inspector of Primary and Secondary schools  
1983 Participated in a seminar on Curriculum Development in Nairobi (German Technical Council)  
Joined the Population Education Project as a researcher and translator and producer of books and pamphlets

Other:

- experience in working with illiterates and women
- travels: Djibouti, Nairobi, Tanzania
- audio-visual experience: use of tape recorders and film projectors
- member of village committee, trade unions, educational district committees, ex-leader of Youth League, knows many political leaders

Comments: Possible candidate as SFHCA Resource Center Manager  
Good basic knowledge in IEC methods and approach  
References: Abdi Ibrahim Awaleh (PEP)

MOI Hassan Ahmed Ibrahim "Embassy"  
date of birth 1955 (Hargeyā)

1981 B.A. in Linguistics (English)  
College of Education (Lafole)  
1982 Training seminar "Teaching English as a Foreign Language," sponsored by Experiement in International Living (Mogadishu)

- 1982 "Principles of audio-visual production" a 2 months organized by the Health Education Program (MOH)
- 1983 1 year of post-graduate study at SIDAM (U.S.-sponsored Management and Administration, Statistics and Marketing Program)
- 1984 Selected as a candidate for the "Family Planning Broadcasting Workshop" organized by URTNA/JHU in Nairobi

Professional experience

- 1976-present Radio program producer with emphasis on radio health programs
- 1981-present Part-time teacher in English at College of Lafole
- 1982 Teacher at Somali Telecommunications Institute, Mogadishu
- 1981-83 Information Advisor to Somali Blood Bank Association
- 1983 Training Counterpart Officer at Experiment in International Living, Mogadishu

Technical skills

Radio production, sound recording and editing, use of slide and film projectors and photo cameras

Other Well-known and popular radio speaker

Comments Good resource person for the SFHCA IEC Unit (Resource Center)

MOE Abdi Hafbi (not met)

- M.A. in Math and Science (U.S. degree)
- B.A. in Education (USA)
- Teacher of science in Faculty education (Lafole)
- 27 years of experience
- 7-10 years as Head of Education Department
- participated in adult education, women's education programs and literacy campaigns
- ex-UNICEF Board member, UNESCO Advisor for literacy programs, and member of the Arab League for Education
- used to be a focal point for setting up projects with UN agencies (ILO, UNICEF, UNESCO)

Ministry of Information participants of the Population Education Project  
media seminar

Mustafa Cabdi Shaafi  
Hasa Omar Husen  
Ahmed Omar Amaree  
Mohamed Robleh Noor

Radio Mogadishu  
Radio Mogadishu  
War Filmmada Somalis (Film Agency)  
Heegan (Press)

Audio-Visual Resources Inventory

1. MOH                    FH/FP Division
  - silk screen

Health Education Program

  - Gestetner offset machine
  - 1 vehicle
  - 2 16mm film projectors
  - 1 tape recorder
  - film stock: international films
  - photo cameras
  
2. MOE                    WED library
  - flannel graphs
  - posters from Adult Education Center
  - 1 film strip projector with (Carousel) slide trays
  - 2 overhead projectors
  - charts
  - slide roller attachment
  
3. Population Education Project
  - 16mm film projectors
  - audio-tapes and cassettes
  - film stock from UN Population Division, UNICEF, FAO and WHO
  - 2 video cassette recorders (VHS) and 1 generator
  - 2 vehicles (Toyota diesel)
  - film strip projectors with film strips
  - slide projector with slides
  
4. WED (Planned equipment from UNESCO)
  - video camera, recorder and monitor JVC (VHS) and editing unit
  - 1 Honda generator
  - slide projector
  - 3 tape recorders
  - 2 Canon cameras
  - 2 Rotary stencil duplicators
  - duplicators
  - photocopiers
  - electric typewriter
  - 2 Toyota diesel
  - 1 Suzuki
  - 1 Toyota Corolla

5. Adult Education Center  
Recording Studio

- 1 tape recorder Revox
- 1 mixing sound table
- 1 turntable
- 1 amplifier
- 1 cassette deck
- 2 loudspeaker
- microphones
- 16mm projectors
- 4 slide projectors
- 2 UHER tape recorders
- 1 IBM typewriter
- 1 cassette duplicator
- 800 old radio sets (no batteries)

Printing Press

Heidelberg with negative poster plate color printing  
Dark room

6. Curriculum Development Center (Planned equipment)

- 1 offset machine
- dark room
- tape-recorders

5

Interagency Collaboration  
between SOM/79/P10 Project and other Agencies in Somalia

Agency	Project Title	Field of Cooperation	Type of Cooperation
UNESCO	Assistance to population education activities	- Poped Education in Schools and out-of-school	- Workshops - Production Ed. - lecturing
WHO	- Basic health services - Health statistics	Educational aspects of the MCH/FP	- lecturing - demonstrations
ILO	- SIDAM - Human resources and Planning activity	- Migration/Immigration - Development and Population	- lecturing
FAO	Strengthening the agricultural research	Nutrition and health	lecturing
UNICEF	Health/Nutrition	Medical Aspects of the MCH	lecturing
UNFPA		UNFPA assistance to population programmes in Africa	lecturing

Contribution of SOM/79/P10 to other Agencies

ACTU	African Confederation of Trade Unions	- FP/Population education for workers	- lecturing
	Arab Labour Organizations	- FP/Population education for workers	- lecturing

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ACTION: AIL INFO: CDA A/DCM ECON

VZCZCM30332  
 RF RUEFMG  
 RI RUEHC #8536 2432038  
 ZNR UUUU 22H  
 R 321947Z AUG 84  
 FM SIGSTATE WASHDC  
 TO RUTAGN/AMEMBASSY ACCRA 7947  
 RUTHIR/AMEMBASSY DAR ES SALAAM 3397  
 RUEHCN/AMEMBASSY GABORONE 4799  
 RUEHSE/AMEMBASSY HARARE 4673  
 RUEHMA/AMEMBASSY LAMPALA 1495  
 RUEHDS/AMEMBASSY LAGOS 8898  
 RUEHIG/AMEMBASSY LILONGWE 8358  
 RUEHIS/AMEMBASSY LUSAKA 5761  
 RUEHNG/AMEMBASSY MORONI 6647  
 RUEHNV/AMEMBASSY MONROVIA 1484  
 RUEHKE/AMEMBASSY NAIROBI 2938  
 RUEHMC/AMEMBASSY PORT LOUIS 5119  
 RUEHFC/AMEMBASSY PORTAUPIAN 7026  
 UNCLAS STATE 28836

100: 02 787  
 32 AUG 84 2230  
 CR: 00266  
 CDFG: AIL  
 DIST: AIL

ATTENTION LUF:

Office Address: Letter sent to  
Post de representation  
 NO ACTION NECESSARY: \_\_\_\_\_  
 [Handwritten initials]

R/D/R/A  
 D/E  
 P/R/M

ATTAC, NAIROBI FOR FEDSC/ESA, ABIDJAN FOR FEDSC/WA

R.O. 28836: N/A

SUBJECT: POPULATION: URTNA FAMILY HEALTH BROADCAST PROJECT

REF: (A) NAIROBI 26123 & STATE 28242 (C) NAIROBI 28284 (I) ABIDJAN 28142

1. JOHNS HOPKINS UNIVERSITY/POPULATION COMMUNICATION SERVICES (JHU/PCS) HAS INITIATED A FAMILY HEALTH BROADCASTING PROJECT WITH THE UNION DES RADIODIFFUSIONS ET TELEVISIONS NATIONALES D'AFRIQUE (URDNA). URTNA, A PAN-AFRICAN ASSOCIATION OF BROADCASTING ORGANIZATIONS IN FOURTY-FOUR AFRICAN COUNTRIES, IS BASED IN DAKAR, WITH OFFICES IN NAIROBI, BANAKO AND QUABALOUGOU.

2. MAJOR PROJECT ACTIVITIES WILL INCLUDE: DISTRIBUTION OF A MONTHLY BROADCAST BULLETIN IN FRENCH AND ENGLISH WITH FIFTY-TO-ONE PERS AND PROGRAM NOTES; TWO RADIO WORKSHOPS (ONE ANGLOPHONE, ONE FRANCOPHONE) FOR BROADCASTING OFFICIALS AND FAMILY PLANNING EXPERTS; TECHNICAL ASSISTANCE AND FUNDING FOR DEVELOPMENT OF RADIO PROGRAMS IN AT LEAST FOUR COUNTRIES; AND EXCHANGE OF INNOVATIVE RADIO PROGRAMS AMONG URTNA MEMBER COUNTRIES.

3. ANGLOPHONE WORKSHOP IS SCHEDULED FOR NOVEMBER 19-24 IN NAIROBI. ITS OBJECTIVES ARE TO: PROVIDE GENERAL ORIENTATION ABOUT POPULATION/FAMILY PLANNING; PRESENT EXAMPLES OF SUCCESSFUL FR/NCB RADIO BROADCASTS; AND PROVIDE TRAINING IN MESSAGE DESIGN, SCRIPT DEVELOPMENT AND THE PLANNING PROCESS FOR DEVELOPMENT COMMUNICATION.

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STATE 28836

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4. AN ESTIMATED THIRTY-SIX PARTICIPANTS WILL ATTEND FROM TWELVE COUNTRIES. EACH COUNTRY TEAM WILL CONSIST OF TWO RADIO REPRESENTATIVES (THE DIRECTOR OF RADIO PROGRAMS AND THE DIRECTOR OF HEALTH OR WOMEN'S PROGRAMS) PLUS ONE FP/MCE REPRESENTATIVE.

5. FAMILY PLANNING DELEGATES ARE TO BE SELECTED FROM THE ORGANIZATION WHICH IS THE MOST ACTIVE IN FP/IEC AND WHICH CAN BE EXPECTED TO WORK IN CLOSE COLLABORATION WITH GOVERNMENT RADIO BROADCASTERS. CANDIDATES MIGHT INCLUDE THE MCE CHIEF OF FP/MCE, THE DIRECTOR OR THE IEC DIRECTOR OF THE FAMILY PLANNING ASSOCIATION OR SIMILAR AGENCY. ALL TRAVEL AND PER DIEM COSTS OF PARTICIPANTS WILL BE PROVIDED DIRECTLY BY JEU/PCS.

6. REQUEST MISSIONS SUBMIT DELEGATE RECOMMENDATIONS TO ST/POP/IT AT EARLIEST OPPORTUNITY. SHULTZ

IT  
#8886

RRR

OFFICE	IN	...
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PROG	✓	
PROJ		
EN		
P:		✓



VARUNTA HORUMARINTA MANAAHIJTA  
M.A.I. 04/11-02/84

مجلس الوزراء  
الجمهورية الصومالية

REPORT. MEETING ON HEALTH EDUCATION CDC SLMT. 1984

1. Present:

Bashir Farah Kahiy	IITT	H.D.Obsiye	CDC
K.Mortensen	" "	A.Cabdi	"
J. Bungaard	" "	A.H.Ahmed	"
S.McNab	UNICEF	S.H.A.Ahmed	"
Safia Jama	" "	S.C.MUSE	"
M. Yussuf	" "	A.I.Elmi	"
M.M. Elmi	RHU(MOH)	M.Hiernan	"
Dr.M.M.Osman	MOH(Planning)		
H.A.Shekh	Moh(Family H.)		

2. Agenda.

1. Presentation of data
2. Deciding Priorities
3. Deciding objectives of health education
4. Deciding strategies
5. Work for next meeting
6. Objectives for next meeting.

The meeting, the second of its kind, was opened by H.D.Obsiye who said that the overall aim was to decide on the most effective form of F.H.E programme for Somali schools. The first task was to collect the necessary data on the health situation concerning children, as the basis from which teaching strategies could be devised.

4. Two points were noted: 1) Schools accounted for 30% of all national children, therefore strategies agreed upon would have to attempt to include not only the school population but also to reach those out-of-school; 2) Schools were but one component of a necessary comprehensive community health education programme - schools should not be seen as surrogate clinics.

5. The RHU of the MOH appeared to be the only department with statistical data on child health hazards. On the basis of this data RHU prioritized the following

1. Diarrhoea.
2. Immunisation/vaccination
3. Respiratory illnesses
4. Malnutrition.

The family Health section of the MOH prioritized the following in their courses:

1. Nutrition, esp. relating to pregnancy
2. Infiltration
3. Breast-feeding
4. Pre and post natal care
5. Family spacing.



6. UNICEF pointed out that the 0-5yr age group were those at greatest risk and that school children should be seen somehow as 'agents' to improve the health of this group through, for example, Child-to-child activities.
7. It was further noted that, in possible contrast to the refugee situation where nutrition-related diseases were often caused by not having the right kind of food, the national situation was characterised more by the poverty factor. (Kwashiorkor, for example, is not very frequent in Mogadishu, though malnutrition is in general a serious problem). However, there were elements of both ignorance of food values/preparation and poverty affecting the nutrition issue.
8. Throughout the meeting references were made to the need to utilise the cultural resources available in efforts to communicate health messages. The Islamic faith lays particular stress on personal hygiene and there were many traditional habits and attitudes embodying good health practices which should be part of a H.Ed. approach. Attention was drawn to the fact that not all habits were good-reference was made to a survey which showed that even some doctors in Mogadishu favoured starvation of diarrhoea patients in the first 24 hours whereas it is accepted that food intake is need to give the patient the strength necessary to survive the illness.
9. The group faced two main tasks: first to focus on emergency health situations affecting children, and the second to adopt more long term prevention-oriented health education programmes which would lead to a comprehensive H.Ed school strategy. It was decided then to focus on diarrhoea as an 'emergency' topic and to begin the preparation of materials for lower Primary classes which could be tested in the near future. It was felt that it was important to make a concrete start and that diarrhoea was an appropriate starting topic. However, although the aim would be to decrease the incidents of diarrhoea the school health programme should focus on improvement of environmental and hygienic conditions which would help in preventing diarrhoea.
10. The need to formulate general objectives for a school health programme was related to the national objectives for child/community health. Therefore, further information from MOH was needed. Efforts were to be made by MOH personnel present to contact Dr. Rashid and community Health representatives so that communication channels were kept open and active.
11. UNICEF and MOH would continue to collect data and relevant literature and materials. IIT and CDF would prepare proto-type teaching materials, exploring appropriate methodologies, esp. the child-to-child approach.
12. The next meeting will be at UNICEF (UNDP compound) at 9:00am 26 Sept.
13. The meeting closed at 11:30.

Population, Resources, Environmental Education, Pre & Post Evaluation

Do NOT write your name on this paper.

M.            F.  
M+           N/M.

A. Put a tick against what you think is the best answer to each of the following questions:

1. The present best estimate of the Population of Somalia is:

2½ Millions.....  
3 Millions.....  
4 Millions.....  
5 Millions.....

2. In recent years in Somalia:

birth rates have increased.....  
death rates have decreased.....  
birth rates have decreased.....  
death rates have increased.....

3. The population of Somalia is growing:

very slowly.....  
slowly .....  
quickly .....  
very quickly.....

4. When a child is born in Somalia he or she can expect to live for:

30 years.....  
40 years.....  
50 years.....  
60 years.....

5. Most of Somalia's people are found in the age group:

- 15 years of age or under.....
- between 15 & 30 years of age.....
- between 30 & 70 years of age.....

6. The fastest growing section of Somalia's population is:

- our nomadic population.....
- our rural (Agricultural) population....
- our urban population.....

7. In comparison to the rest of the world the infant and child death rates in Somalia are:

- very low.....
- low.....
- high.....
- very high.....

8. The present population of Somalia is expected to double within the next:

- 12 years.....
- 22 years.....
- 28 years.....
- 34 years.....

9. The Majority of Somalia's population live in:

- Nomadic regions.....
- Settled Agricultural regions.....
- Towns and Cities.....

10. In Somalia the largest group of migrants are those:

- who move from the cities to the countryside.....
- who move from Somalia to the Gulf States .....
- who move from the countryside to the towns .....
- who move from the north to the south .....

B. Are these statements true or false? If you think the statement is true put a circle around the letter T. If you think the statement is false put a circle around the letter F.

1. In the year 2000 there is likely to be 10 million people living in Somalia..... T. F.
2. Death rates are falling in Somalia because many doctors have gone to work in the rural regions of Somalia..... T. F.
3. In Somalia the average number of children born to the average mother is 5.6 .....
4. In Somalia only a very small percentage of adults divorced and remarry..... T. F.
5. In Somalia about one third of our people are undernourished or mal-nourished in some way..... T. F.
6. In Somalia approximately 50 percent of the primary aged school children are enrolled in primary schools..... T. F.

7. In Somalia one child / every 4 <sup>in</sup> does not live to be 5 years of age..... T. F.
8. The fastest growing city in Somalia is Kismayo..... T. F.
9. A mother cannot become pregnant if she is breast-feeding..... T. F.
10. Somalia is growing more food per person than ever before..... T. F.

C. There are no right or wrong answer to these statements. What is important is only What you think about them. Do you agree with them or disagree.... If you agree with the statement put a circle around the word 'agree'. If you disagree put a circle around the word 'disagree'.

1. Somalia needs a large population to defend the nation.  
Agree  
Disagree.
2. Somalia needs a large population in order to develop the resources of the nation.  
Agree  
Disagree.
3. Bottle milk is better for babies than breast-milk.  
Agree  
Disagree.

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- 5 -

4. The best age for a mother to have a family is between the ages of 25 and 30 years of age.  
Agree  
Disagree.
5. A mother can safely have a baby every year.  
Agree  
Disagree.
6. Parents should only have the number of children that they can afford to keep healthy, feed, clothe and educate.  
Agree  
Disagree.
7. People who are undernourished are more likely to become ill.  
Agree  
Disagree.
8. The time, or spacing interval, between births is of no importance to the welfare of the family.  
Agree  
Disagree.
9. If a mother does not bear sons it is her fault.  
Agree  
Disagree.
10. People should be encouraged to move to the towns and cities.  
Agree  
Disagree.
11. It is important to have a large family in case some children do not survive to become adults.  
Agree  
Disagree.
12. If a married couple is infertile, nothing can be done to help them.  
Agree  
Disagree.
13. A pregnant mother needs the same quantity and quality of food, as does the rest of the family.  
Agree  
Disagree.

15



Organizational Framework  
of the  
Women's Education Department  
Ministry of Education

- Organizational Chart
- Functions of Services
- Post Descriptions for  
professional personnel

Mogadiscio  
Somalia

November 1983.

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Organizational Chart of the  
Women's Education Department,  
Ministry of Education:

DIRECTOR GENERAL, MOE

Director  
WED

MOE Departments

Administration  
Department

*General Supervisor*  
Deputy Director  
WED

Administrators  
Accountants

Head  
Lib. Fil. I.  
Program Service

Head  
Curriculum Development  
Training Service

Head  
Research  
Material Service

2 Coordinators

Coordinator FL Curri-  
culum Dev. & Training

Coordinator Skill  
Training & Income

Coordinator of re-  
search & ED. Mat.

ional Super-  
ors.

FL/EC  
mistresses

FL Trainers  
(Nutrition & Day Care)

Course  
Writers

Skill  
Trainers

Production &  
Management Trainers

Research  
Specialists

ED. Ma  
Speci

Teachers  
Skill, Nutri-  
on, day care

Asst.  
Trainers

Librarian

Arti  
Plan

on Leaders

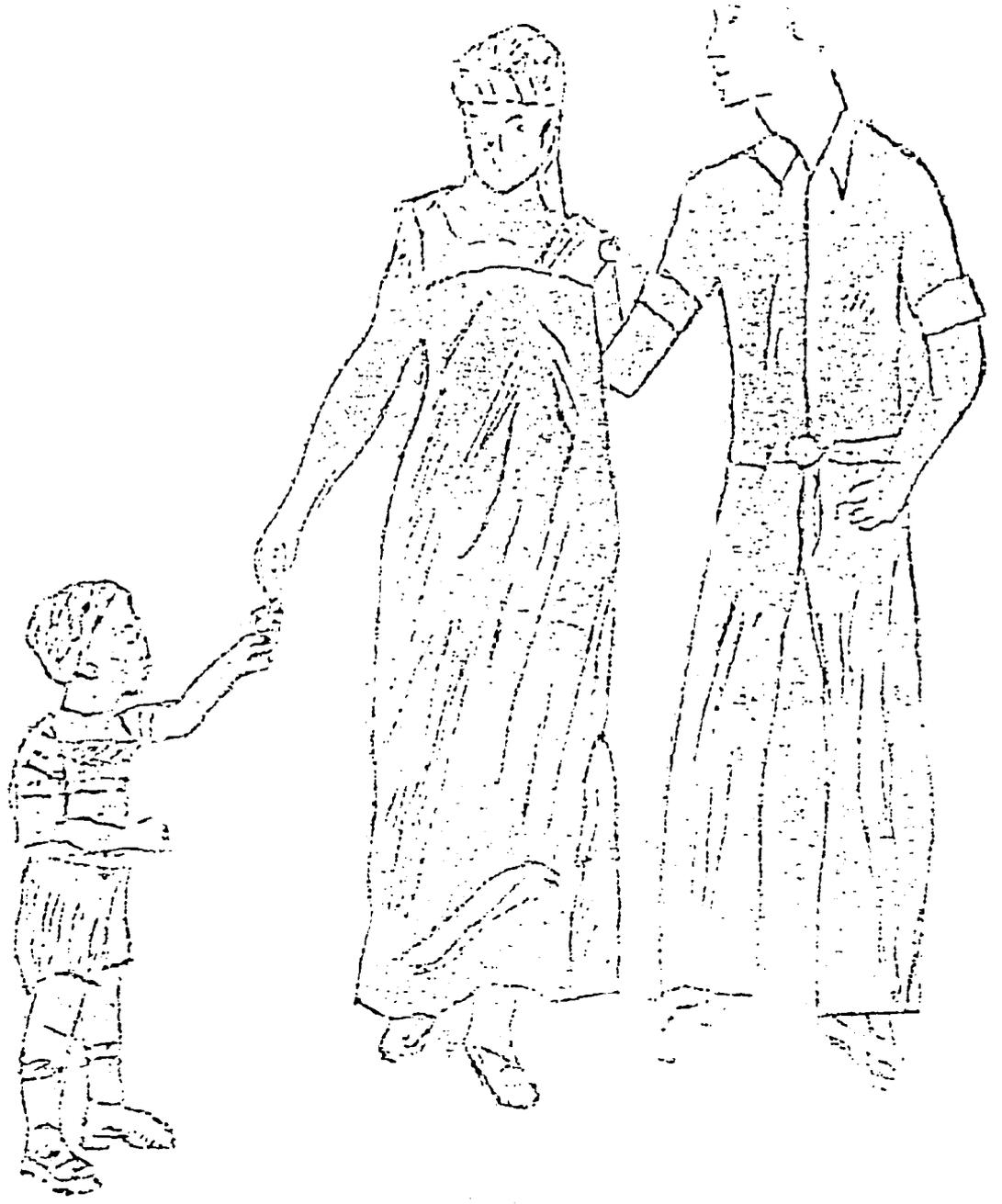
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.HOCYADIE WAIJAY U BAAHAF TAAHAY GURUHE WOTE  
 .KALA MPEREMTA HORIMADA CARTEP.  
 .IYO EN HIRISTU HELG FERSAD UH HI NTIGO SAANARA WAASEA HOCYADIE  
 .SAANARA KASBIT WIA GURZEDA UGU HIRONWEE THALLAINTA.

S.K. SHEEL

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WALAH HUBAH AH EN AY NULASHA QONSHI HAGAARDI  
MARIH LA QONSHIYO OO LA HELA QANTH CAAFIIMAD CAPIA,  
HOCNABA IYO AABAHA CAAFIIMAD QARA. TAASHE VEHAY  
KONSHIYAS LA LA HELA DULSHO CAAFIIMAD CAPIA.

SISTIRI

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DHALMO LA'AANTA



HOGYADANI MA DHALSHO

Haddana waxay jeceshahay in ay carruur  
Dhalso.

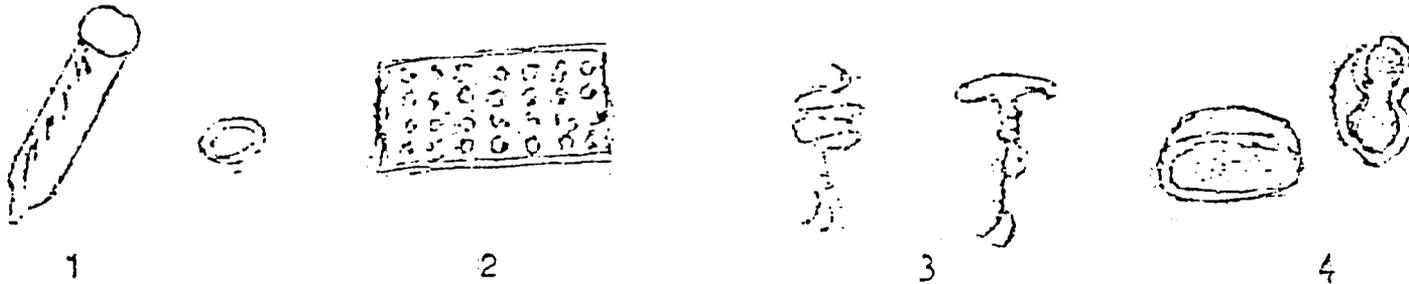
FAA...FAA.....

Barwanaajka Gaafimada in qoorta waa  
hubaal in uu wax u qabax karaayo.

AMTI AN.

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HABABKA KALA DHEEREYNTA  
DHAAMADA CARUURTA



1. Bandoirada Raggga (Condoms)
2. Kaniini (Pills)
3. Gaaga Galaha Mirka (IUD)
4. Jaboolka Mirka (Diaphragm)

WASBARAADA QALBIYADA HAY'ADAH KULIYADAH  
IN AAD KA QALBADA DAWOOWYIN IYO DAWOOWYI  
GOLAYASHA HOYOOWYI IYO IYO IYO IYO, etc.  
ROBOLKA BANAADIR OO IYAN, KA IYAN IYAN IYAN,  
OYDI IYAN IYAN IYAN IYAN, IYAN IYAN IYAN  
IYAN IYAN IYAN IYAN IYAN IYAN IYAN.

SUNSHINE/

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