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Opportunities for Population/Family Planning
Program Expansion: Recommendations
to USAID/Somalia

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I. POPULATION OVERVIEW

The Somali Democratic Republic gained independence in 1960. It is comprised of Italy's former Trust Territory of Somalia and the former British Protectorate of Somaliland. The prevailing climatic factors are monsoon winds, a hot climate, and scarce, irregular rainfall with recurrent droughts. It is ethnically and religiously a remarkably homogenous society, with 99% of the population both Somali and Muslim. Sixty percent of the labor force is engaged in agriculture.

At present, demographic data on national, regional and district levels are not available. The first national census was in 1975, but to date, official results have not yet been released. The latest USAID Country Development Strategy Statement (CDSS) uses the figure of five million population in 1981, including approximately 500,000 who remained in refugee camps. Estimates for 1982's population growth rate yield a figure of 2.6 percent, which gives a population "doubling time" of 26 years.

In-migration and out-migration are concomitantly heavy. Heavy in-migration appears to be taking place in the more fertile and higher rainfall area of the Juba-Shebelle intra-riverine region. Migration to the Gulf states has traditionally served as a population outlet and is a major source of foreign exchange.

The broad age-group distribution of the population is as follows: 45% of the population are aged below 14 years; 53% are from 15-64 years; and only 2% were aged 65 and over. This last figure is consistent with the life expectancy at birth of 42 years. About 30% of the population live in urban areas; a figure which has risen rapidly from the 1960 7.1% rate. Most of the remaining population are nomads and semi-nomads.

Despite a low six person per square kilometer density ratio, there is great variation in regional density. About three-fourth's of the population is concentrated in the southern region and 24% of the population scattered in the three northern regions.

Fertility estimates are uniformly high. The Crude Birth Rate is 49 per 1,000 and the *Total Fertility Rate is 6.9.

* Total Fertility Rate is the average number of children that would be born alive to a woman during her lifetime if she were to pass through her child-bearing years conforming to the age-specific fertility rates of a given year.

Mortality in Somalia is also high. The Crude Death Rate is 22 per 1,000 and the Infant Mortality Rate is 171 per 1,000. An additional 135 per 1,000 children die between their first and fifth years. Gastroenteritis is reported to account for 50% of deaths among children below five years. The high incidence of malnutrition is a contributing factor.

II. HEALTH CARE DELIVERY SYSTEMS

The Government is virtually the sole provider of health care in Somalia. The Ministry of Health (MOH) has the primary responsibility for these services, with other Ministries and agencies also providing a variety of health-related services. The Government currently has a two-tiered health-care delivery system. The first system was set up soon after independence in 1960, and as is typical of LDC health delivery systems designed during that time, places emphasis on the provision of curative services in urban-based hospitals. This system is gradually being phased out in selected regions in place of the new Primary Health Care (PHC) program. The PHC program started in 1979 with USAID assistance in four regions on an experimental basis. Since that time, with UNICEF assistance, three regions have been added. The Ministry of Health hopes to develop a 20-year health plan which will integrate all PHC activities in its health delivery system throughout the country.

The MOH administers its programs through various regional, district and municipal level administrative units for offices which correspond to Somalia's eight administrative regions, 48 districts and 60 municipalities.

At the regional level, the Regional Health Office is responsible for a hospital with 100 or more beds, one or more specialized hospitals (e.g. TB, Pediatrics, mental Diseases, etc.) and an outpatient clinic. The hospital provides referral services for three to five district hospitals within the region. There are currently 16 regional hospitals staffed by one or more physicians, providing mostly curative care.

At the district level, the District Health Office is responsible for a hospital with 20 - 50 beds, outpatient services, and environmental health campaigns. These hospitals vary a great deal in staffing and quality of services. There are currently 70 district hospitals; fifty percent are staffed by nurses only, and another 11% are manned by medical assistants.

At the village level, there are a few dispensaries that provide simple curative services, however, many dispensaries are not open due to lack of staff or drugs or both. These dispensaries are staffed by Dressers and Traditional Birth Attendants neither of which have had any formal training.

The MCH and Community Health Department within the Ministry of Health administers the Maternal and Child Health (MCH) program. There are currently 95 MCH Centers in the country with most of the centers located in urban and peri-urban areas. Although typically understaffed, each Center is supposed to have a midwife, two nurses, two vaccinators and support personnel. Family planning services are now provided at 19 of these centers.

The National Health Plan (p.35) estimates that about 85 - 90% of the rural and nomadic population does not have access to existing health services. To remedy this situation, the Government has given priority to programs which provide primary health care to these rural underserved areas. However, a heavy urban bias still exists and most health services remain concentrated in the capital. Mogadishu has 10% of the population, 35% of the hospital beds and 58% of the physicians. As the GSDR does not have the financial resources to implement PHC programs throughout the entire country, PHC is restricted to regions that are assisted by bilateral or multilateral donor projects. For example, USAID, through its Rural Health Delivery Project (649-0102), supports PHC activities in four regions at a cost of \$15,249,000. (Host country contributions bring this figure to \$20,405,000). UNICEF supports PHC in three additional regions. Expansion to the remaining areas of the country will only be possible if donors or the GSDR provide additional resources.

The facilities and *staffing for the PHC program are different than previously described for the general health care delivery and MCH service.

At the lowest level of the PHC program, there will be one primary health care post for every 3,000 people at the "tulo" or village level. A post is to be staffed by one Community Health Worker (CHW) and one Traditional Birth Attendant (TBA). Both will be taught family planning information, but service delivery skills, equipment and supplies are not provided. However, this appears to vary. For example, the USAID program includes family planning but the UNICEF-supported program does not. A complicating factor in the PHC program is that each donor has developed its own training manuals and training curriculum.

*Please note that facilities and staffing levels for the PHC Program are planned rather than what currently exists.

The next level is the Primary Health Care Unit (PHCU) which covers a population of 10,000-15,000. The PHCU will be staffed by a public health nurse, a nurse-midwife, a sanitarian and a watchman and cleaner. The PHCU provides a more complex range of curative and preventive services. Family planning information is included in the public health nurse's and nurse-midwife's training curriculum but again, clinical skills, equipment and supplies for services are not provided.

The District Health Center (DHC) is the next level in the system. Located near or in the district hospital, each DHC provides backup to four PHCUs and provides coverage for 40,000-60,000 people. The DHC staff will include two senior public health nurses, two senior midwives, a senior grade sanitarian, a statistical clerk and four support staff.

The final level in the Primary Health Care Program is the Regional Health Center (RHC) which also functions as the DHC in those districts where the regional capital is located. The RHC is part of the Regional Health Office, and is headed by a Regional Health Coordinator who has responsibility for administering the entire health care delivery system in the region, including PHC. The staffing pattern of the RHC remains the same as the DHC, except that more senior staff are assigned to these positions due to their managerial and supervisory responsibilities.

Despite attempts to focus on reaching rural population with PHC, one WHO Advisor recently estimated that "only the small urban and peri-urban part of the population (about 25% of the total) and a very small part of the rural and nomadic population have access to existing health facilities". Rough estimates of health status bear this out. Infant Mortality Rate is 171 per 1000 live births, and an additional 135 children per 1000 will die before reaching the age of five. Crude birth and death rates are correspondingly high (49 and 22 per 1000 respectively).

III. HISTORY OF POPULATION/FAMILY PLANNING

Although the Government of Somalia has not adopted a national population policy, it has made decisions which directly and indirectly have an impact on the size, structure and distribution of the population. Among such decisions are its strategies to deal with the status of women and their role in development, the labor force, improved education and communication and strategies to improve health problems.

Even though population control remains a sensitive topic, many leaders feel that rapid population growth in Somalia does adversely affect socio-economic development. However, the major limitation on awareness and understanding of the consequences of high population growth is the lack of reliable data.

The paucity of demographic data and health statistics as well as other economic and social data is a serious handicap to policy-makers and planners in Somalia. As was mentioned earlier, the first nationwide census was conducted in 1975, but official results have still not been released due to data processing delays. At the same time, information is lacking on levels, trends and patterns of fertility, migration and mortality. Health statistics are also unreliable and practically non-existent. This lack of data has made it practically impossible to formulate any type of population policy, health plan or for that matter establish program targets.

Somali leaders have recently become very interested in family planning. The Government recognizes the health benefits of child-spacing and promotes the integration of child-spacing as part of the Ministry of Health's Maternal and Child Health Program. In January, 1982, a new Family Health/Family Planning Division (FH/FP) was created in the Ministry of Health. This Division is part of the Department of Community Health and was given the responsibility for planning and coordinating all FH/FP activities in the country.

After its creation, the FH/FP Division immediately developed a Plan of Action to introduce family planning information and services into MCH Centers throughout the country. It was decided to begin in the five major urban areas of Benadir, Bay, Northwest, Togheer and Lower Juba Regions. Due to a higher literacy rate, a more settled population and a higher concentration of health facilities, the MOH felt that family planning would be more readily accepted in these areas first. Educational Campaigns were planned which consisted of radio programs and discussion groups. The campaigns were targeted for community leaders to orient them to the importance of reproductive health and clarify the health benefits of family planning. Advice was also given on where services could be received.

The plan called for family planning services to be introduced into 30 MCH Centers by the end of 1982. However, at that time, only 19 Centers were offering services. This, in part, was due to delays in receiving contraceptive supplies. By the end of 1982, there were only 400 reported active users. As supplies are now available, it is anticipated that the number of users will increase dramatically during 1983. The Centers for Disease Control (CDC), under an AID-funded RSSA, sent a Logistics Expert to Somalia in August, 1982. He helped design a contraceptive logistics and service statistics system and calculated contraceptive requirements for the program.

Also in 1982, four high ranking Somali officials visited family planning programs in Thailand and Indonesia. Upon their return, they decided that the MOH should formulate a written family planning five year plan and begin developing a written policy statement on population and family planning.

Preliminary plans have been made to develop a National Family Planning Coordinating Board chaired by the Minister of Health and comprised of senior ranking officials from other Ministries and offices to coordinate population and family planning activities throughout Somalia and provide policy guidance and input into a formal national population policy.

Over the next five years, the Ministry of Health plans to make family planning services available in all 95 MCH Centers in Somalia. An MCH/FP Training Center will be developed to support an expanded nurse and physician training program, voluntary surgical sterilization services will be offered in all 19 Specialty and Regional Hospitals and a pilot Community-Based Distribution Project is envisaged.

The Ministry of Education and the Somali Democratic Womens' Organization are planning health education workshops and courses in family planning. Opportunities also exist for providing family planning services in 35 refugee camps by making supplies and training available to the Refugee Health Unit, the coordinator for health services in the camps. There is also a possibility for developing a Commercial Retail Sales Program.

Clearly, in the short history of population and family planning in Somalia, this program represents one of the most exciting and rapidly expanding new programs in Africa.

A. AID Supported Assistance

A.I.D.-supported population assistance started with the initiation of the JHPIEGO training program in 1979 and has included five major activities summarized below.

Family Health Initiatives Project (Project No. 698-0662) This three year \$500,000 project began in September 1981. The purpose of the project is to improve and expand maternal and child health services to include family planning as an integral part of primary health care. The project was designed: (a) to provide family planning services delivered through existing health facilities starting in the four regions where the USAID/MOH Primary Health Care Program was being implemented; (b) to give intensive pre-service and in-service training courses to medical and nursing staff; (c) to train TBAS and CHW's in family planning; and, (d) to train other workers from the Primary Health Care Program and Ministry of Education in family planning.

The project has supported information, education and communication activities, logistics support including contraceptives, short-term training in the U.S., observation study tours, and assistance in conducting a family planning/family health survey.

The project is due to terminate in September, 1983. Except for delays in procurement of vehicles and commodities and minor modification in project activities made in May, 1982, all activities under the project have been implemented. One drawback has been that the Family Health Initiatives Project has not worked closely with the AID Rural Health Delivery Project as was planned, primarily due to delayed project start-up and slow implementation of the Rural Health Delivery Project.

JHPIEGO - Reproductive Health Training Program (Project No. 932-0604) From a historical perspective, real interest in family planning began in 1979 when the MOH and Benadir Hospital signed an agreement with JHPIEGO to train physicians in reproductive health. The project seeks to upgrade the knowledge and skills of primary health care physicians and other health professionals by providing training in reproductive health methods to include high risk pregnancy, infertility, gynaecologic infection, child spacing and pediatrics. The training includes didactic lectures, clinical management seminars and clinical tutorials.

The second phase of this project, approved in January, 1983, will expand the training activities to include training courses in family planning for medical students. The Life of Project cost is \$224,000.

Research Triangle Institute - Survey on Settlement Schemes for Nomads (Project no. 932-0537)

As the nomadic population of Somalia make up about 60% of the total estimated population of five million, the nomadic sector plays a significant role in the socio-economic development of the country. The Government has therefore actively pursued a policy of settling a greater proportion of its nomad population. This policy was formalized in 1975 after a severe drought in 1974-75, which left approximately 250,000 nomads destitute.

This project, with the Ministry of National Planning, supports a survey of six settlement areas (three agricultural and three fishing) to study the demographic and socio-economic implications of these settlement schemes in Somalia. The total life of project cost is \$116,000.

INTRAM - Family Health Training Project (Project No. 932-0644)
This project began in 1981 to support the training of 118 Somali nurses and midwives in family health related content and

skills to develop their capability to provide family planning services and train others in concepts of health and family planning. Four types of courses conducted were Non-Clinical Family Health Care, Clinical Family Health Skills, Supervision and Integration of Family Health Services and Development of Visual Aids materials.

Four nurses also received advanced clinical training in family planning skills and management, including IUD insertion in the Philippines. The project was recently evaluated with positive findings. Minor modifications have been made in the training program to include greater emphasis on clinical skills, and a follow-on agreement will soon be signed to continue this training for another year. The total life of project cost is estimated at \$167,000.

Westinghouse - Family Health Survey (Project No. 932-0624) This project supports a Family Health Survey that is being conducted jointly by the Ministry of Health and Ministry of National Planning. In addition to standard contraceptive prevalence questions, other information to be collected includes: current health and prenatal care practices, questions on female excision and resulting complications, childhood vaccinations, treatment of diarrhea, and breastfeeding practices.

A sample of 4500-5000 women will be interviewed from urban areas of Mogadishu, Hargeisa, Kismayo, Baidoa and Burao. The questionnaire has been field-tested and the survey is expected to take place in May, 1983. Results will be expected within 12 months. The total estimated project cost is \$72,000.

B. Other Donor-Supported Projects

In addition to USAID, UNICEF and UNFPA are the other major donors which provide health and/or family planning assistance. WHO and UNESCO execute UNFPA funded projects and therefore these projects are described in the UNFPA section.

UNICEF

In FY 82 UNICEF had 14 projects totalling between 5-6 million dollars. UNICEF support includes projects in malaria control, extension of teacher training in health, primary education, Expanded Program in Immunization (EPI), MCH and diversification of primary education.

UNICEF provides support for the PHC program in the three regions of the Northwest and Middle and Lower Shebelli and also give training, equipment and supplies to the 95 MCH Centers in the country.

UNFPA

The total proposed UNFPA funding for 1983 is \$1,123,733. UNFPA expenditures before 1983 totaled \$4,295,329. An additional \$339,233 is programmed for 1984-85. As there is no UNFPA Resident Representative in Somalia, these projects are monitored by the UNDP Assistant Resident Representative (Mr. Imamura). A U.N. volunteer from Italy is expected to arrive soon to assist with these projects.

UNFPA currently has eight on-going projects, and one project scheduled to begin next year. The projects are described below in detail because of their relevance to this pre-PID exercise.

Preparatory Assistance to 1985 Population and Housing Census (SOM/80/PO2). This project is for \$10,605 and the executing agency is the Department of Technical Cooperation for Development (DTCDD). The project involves the training of Central Statistical Department (CSD) officials in census mapping operations to form the nucleus of a geography section at the CSD. This section will then undertake cartographic preparations for the 1985 Somalia population and housing census. Simultaneously, the Censuses and Surveys Section of CSD will initiate data collection plans. These plans involve the study of seasonal migration patterns of the nomadic population in the country to enable appropriate procedures for their enumeration to be developed. Census questionnaires will also be prepared and pre-tested.

Assistance to Demographic Studies (SOM/80/PO4). This project is for \$116,400 and the executing Agency is DTCDD. Using 1975 census data, information is being analyzed on population distribution, migration and urbanization, sex-age data, fertility and mortality levels, trends and differentials, education and literacy, labor force participation and population projections.

Human Resource Development and Family Planning Activities (SOM/79/PO4). This project is for \$88,700 and the executing agency is ILO. This program supports the development of a comprehensive population employment and manpower strategy for Somalia. The objectives of the strategy include the creation of employment opportunities in traditional and informal sectors, reduction of sectoral manpower imbalances, promotion of fuller utilization of the female labor force, reduction and/or planning of migration flows both internal and international, more homogenous distribution of population through viable settlement schemes, and reduction of seasonal unemployment and under-employment in rural sectors. This strategy will be developed after completion of studies, in-country training courses, and a national seminar has been held to disseminate project findings.

MCH/Family Planning (SOM/79/PO5). This project is for \$206,800 and the executing agency is WHO. The project has assisted the expansion of MCH Centers in Somalia. Support is given in the areas of equipment and supplies (including contraceptives), strengthening MCH administration and health manpower development. Specifically, the project provides for staffing, training, equipment and supplies so that the following services can be provided to women and children: nutritional surveillance, treatment of common illnesses, oral rehydration therapy, nutritional supplements to the severely malnourished, immunization of children and pregnant women, family planning education and services, and surveillance of high risk children and pregnant women for special care and referrals.

Assistance to Population Education Activities. (SOM/79/PO7). This project is for \$147,965 and the executing agency is UNESCO. This project introduces population education programs into primary and secondary schools. Funds are provided for the training of primary and secondary school teachers in three-day workshops, so that the teachers can, in turn, instruct students in population concepts. Population education materials have been developed for primary and secondary school textbooks.

Information, Education and Communication (IEC) Support for Population Activities (SOM/79/PO8). This project is for \$122,530 and the executing agency is UNESCO. This project supports the development of technical and administrative infrastructures in the Ministry of Health for the purpose of bringing about awareness of the problems related to population and development through intensified IEC activities throughout the country. The immediate objectives are to strengthen personnel in the MOH's Education Service Department, to prepare groundwork for future IEC activities by holding seminars for opinion leaders and policy makers, and to produce audiovisual materials, literature, and mass media campaigns.

Establishment of Worker's Population/Family Welfare Unit (SOM/79/PI0). This project is for \$71,880 and the executing agency is ILO. The objectives of this project are to plan population/family planning educational activities for the workers at the General Federation of Somali Trade Unions and to introduce population into the on-going Workers Education Training program at the Workers' Education Institute in Mogadishu. These objectives are being accomplished through a series of seminars, workshops and motivational meetings.

Strengthening the Demographic Survey Capability (SOM/80/PO1). This project is for a total of \$408,853 which includes \$50,000 for the rental and maintenance of the computers. The Executing Agency is DTCD. As the UNDP file on this project was missing, we were unable to find out specific information on the project.

A project that is scheduled to begin next year is titled Establishment of a Women's Unit in the Ministry of Labour and Social Affairs. (SOM/79/PO9). This project will support the development of a comprehensive framework for the integration of

women in the process of economic and social development and at increasing the understanding and knowledge of the interactions between female employment, education, training, fertility, mortality and other variables. The activities of the project include in-depth pilot studies to identify specific jobs suitable for women, conditions of life and work, social status, and how changes in productive activities of women affect marriage, fertility and mortality rates.

UNHCR

The United Nations High Commission for Refugees (UNHCR) can be considered another donor in the health sector. It coordinates relief and resettlement efforts for the 700,000 refugees in Somalia, including health efforts. UNHCR also coordinates the refugee activities of 31 PVO's and maintains a close relationship with the Refugee Health Unit of the Ministry of Health. A shift in emphasis is being made from curative to preventive health care. PVO's continue to play a leading role in the delivery of health care services to refugees, and concentrate on training CHW's, and TBA's and supporting national medical teams assigned to specific camps. No family planning services are currently being provided in the camps.

IV. OPPORTUNITIES FOR POPULATION/FAMILY PLANNING PROGRAM EXPANSION

A. Ministry of Health

The Ministry of Health has been the organization most active in family planning in Somalia. The Ministry has seven departments and the Maternal Child Health and Community Health Department is responsible for family planning. Primary Health Care, Expanded Program of Immunization and Maternal Child Health are also under this department. (See chart in Attachment C-1). As was mentioned previously, the Family Health/Family Planning Division in the MOH was created in January 1982 for the purpose of coordinating all family planning activities in the country. (See chart in Attachment C-2). USAID has been working directly with the Ministry of Health through its Family Health Initiatives Project, along with several other centrally funded population projects. As USAID is most familiar with the family planning activities of this ministry, time was spent with staff members but also in drafting a five-year project proposal to be included as part of a potential bilateral population agreement. (This draft can be found in Attachment B of this report). Generally, the MOH would like to make family planning information and services available in all MCH centers and Regional and Speciality Hospitals throughout the country. Both infertility and sterilization services will be provided and an MCH/FP Training Center will be developed to support the training of physicians and nurses. An

integrated information education and communication program will be developed and coordinated with similar programs in other Ministries. A Research and Evaluation Unit will also be created in the Family Health/Family Planning Division to conduct family health surveys and design a pilot community based distribution program.

B. Ministry of National Planning

The Central Statistics Department (CSD) in the Ministry of National Planning is the main governmental agency charged with the collection and dissemination of statistics. CSD's mandate includes the collection, analysis and publication of statistics, censuses and surveys, supervision and coordination of governmental statistical work and promotion of non-governmental statistical activities.*

We met with the Director-General to explain the purpose of our visit and describe discussions with other Ministries on their requests for specific activities that may be included in a possible AID supported population/family planning project. With the knowledge that CSD has a series of donor-financed projects, we advanced no specific ideas but rather asked for suggestions. The Ministry asked to be given time to formulate project ideas for potential future AID support. Therefore, the PID team is encouraged to review in detail all relevant Ministry of Planning projects and to hold further discussions with the Ministry of Planning during the development of the PID.

C. Ministry of Education

The Ministry of Education, through the Women's Education Service, runs training programs for women at 82 Family Life Centers distributed throughout the country. About 200 women are trained annually as teachers and supervisors at the Women's Education Service Center in Mogadishu. Skills taught include nutrition, childcare, sewing and handicrafts, hygiene, etc. At present, there is no family planning content in the curriculum.

The Women's Education Service would like to introduce family planning into the teachers' training curriculum and then include these topics in their regular programs conducted at the 82 Family Life Centers. A three-year project is envisaged and training funds are required for materials development and printing, teacher training and a three-month consultancy of a materials development specialist.

*Please refer to the section on "Other Donor Support" for a complete description of current UNFPA-financed, DTCD-executed projects within CSD.

In the first year of the proposed project, a workshop of 20 key Women's Education service trainers and MCH advisors would be convened to develop family planning training materials and a manual in Somali. The training materials would be for use by the trainers and supervisors and the manual for inclusion in the standard Family Life Center curriculum. After pre-testing and printing, in-service training courses would be held for all current teachers, trainees and supervisors. This would continue throughout the second and third year of the project. At the same time, this training would become a standardized part of the two year training that Family Life teachers receive at the Women's Education Service headquarters.

Also in the second year of the project, funds would be provided for a consultant to come to Somalia for three months to assist in developing posters and other mass media materials for use in the Centers and pamphlets for literate and non-literate women. These pamphlets are intended for the trainees to use themselves and distribute among their friends. After pretesting and printing, distribution of these materials can continue throughout the life of the project.

As the Women's Education Service prefers to remain in an educational and motivational role, all women will be referred to MCH Centers for family planning services.

D. Somali Democratic Women's Organization

The Somali Democratic Women's Organization (SDWO) was created in 1977 and is the official voice of representation for women. The main objective of the SDWO is:

the struggle towards the betterment of the social life of Somali women, their liberation from social and economic inequality, the safeguarding of their basic rights and the encouragement of their full participation in the national construction.

The SDWO has an extremely well organized structure of committees that reach to the village level. The president serves in Parliament and a National Committee of 15 members works out of the central headquarters in Mogadishu. Regional, District, Village and Town Quarter Committees also exist for the purpose of coordinating and carrying out activities outlined in a yearly plan of action developed by the National Committee.

The SDWO supports programs that enhance the development of women and their welfare which includes projects in training, self-help, technical skills, income-generation, education and cooperatives. There are members that serve on the National, Regional and District Committees who are directly responsible for specific areas such as health, education and child care. The facilities of the orientation centers, which were established in almost every village and town after the 1975 revolution, are used for program activities.

Within the past year, the SDWO has worked very closely with the MOH in planning information, education and communication programs to orient women and the community to the importance of reproductive health care, including promotion of child-spacing. SDWO representatives assisted in educational sessions given at orientation centers in Mogadishu in which topics on the importance of good nutrition and prenatal care were presented along with talks on causes of infertility, benefits of child spacing and health consequences of female excision. These educational campaigns were very successful and well attended by women.

The SDWO would like to extend these educational campaigns throughout all orientation centers in the country. Because all women are encouraged to attend orientation centers, and because the SDWO structure is so well organized, designing a project with SDWO is an ideal way to reach many women in need of information on reproductive health issues and child spacing services.

Therefore the SDWO, and specifically their information and health representatives, would like support for an expanded educational campaign to communicate family health and child spacing information and services throughout the SDWO network.

The proposed four-year project would include the following activities:

1. A two week workshop in Mogadishu at SDWO Headquarters for Health Representatives and other key women from each of the 16 Regional Committees to overview reproductive health topics to be presented in sessions, and to train them in motivation and training skills.
2. All regional representatives upon return to their regions will organize similar two week workshops for District Committee personnel.
3. These District Representatives will in turn organize one week workshops for women in orientation centers throughout the towns and villages.
4. Support for developing Somali posters and audio-visual materials to be used during the workshops is also needed.
5. The SDWO would also like to explore the possibility of providing oral contraceptives and condoms to women attending the sessions. Contraceptive supplies and additional training would then be required. (This will have to be discussed in greater detail with the PID team).

Over a four year period, SDWO would like to reach all SDWO women throughout Somalia. The SDWO is writing up this project proposal along with a budget and will be ready to discuss the project in greater detail when the PID team arrives. As the SDWO is such a strong and active group, we highly recommend this as an excellent project idea that should be developed and included in the AID bilateral project.

SDWO has also been recently involved in establishing a new non-governmental organization to support and promote family health and family planning programs in Somalia. (See chart in Attachment C-4). The SDWO and MOH submitted a proposal to the Government to establish this new association and we understand it has been approved. They are now awaiting a visit by the IPPF Middle East Director to receive advice on how to set up the association in line with IPPF funding requirements. Once IPPF visits Somalia and determines what activities they will be willing to support, AID should review the possibility of also providing assistance to the new Family Health/Family Planning Association.

SDWO TEC Project - Target Regions

1984

1. Lower Shebelle
2. Bay
3. Northwest
4. Togdheer

1985

1. Middle Shebelle
2. Gedo
3. Sannag
4. Bari

1986

1. Lower Juba
2. Hiraan
3. Mudug
4. Bakool

1987

1. Gal-Godduud
2. Middle Juba
3. Nugaal

E. Private Sector Options

One of the options USAID is encouraged to consider in view of the Agency's current emphasis on private enterprise is a project with the private sector. Assistance to the private sector recognizes that the government simply does not have the resources to provide family planning services to the majority of its population.

It is our opinion that a viable idea for USAID to consider is a Contraceptive Retail Sales (CRS) or Social Marketing Program (SMP). The 1981 APHA assessment of population and family planning programs in Somalia also made this recommendation. The report states that "AID should explore, through an experienced intermediary, such as PSI or Westinghouse, the possibility of a CRS program involving the appropriate governmental agencies and the Pharmaceutical Association." (p.19). Norman Lane, a consultant for the AID Rural Health Delivery Project who was in-country during our visit to do a feasibility study on possible subsidized private sector drug sales, also recommended exploring the possibility of a CRS approach.

CRS is a program in which highly subsidized commodities are sold at commercial retail outlets at affordable prices. The commodities usually include at a minimum oral pills and condoms, but can also be expanded to foaming tablets, oral rehydration solution packets, and simple midwifery kits. Modern marketing techniques, including an aggressive advertising campaign, are used to sell these products. CRS projects have been tried in Africa (in Kenya and Ghana) and have enjoyed considerable success in Asia and Latin America.

Organizationally, the project can take a variety of shapes. Most typically, a private sector company is formed specifically to suit the needs of the project, with guidance and policy direction provided by the host government. An advisory board is made up of prominent business people and government officials with responsibility for the day-to-day decisions made by the project staff. CRS projects are contracted out to U.S. intermediary organizations which have special expertise in this area. CRS contracts are now held by John Snow Public Health Group, Inc., Westinghouse Health Systems and Population Services International.

The GSDR has a written policy that all drugs and over-the-counter medicines (including condoms) be sold in pharmacies. Until this policy is changed, any CES project must start out on a small scale by only supplying the 300 pharmacies in the country. GSDR also has a policy that no drugs can be advertised on the radio. However, Dr. Hussein Barre, Director, Medical Supplies Department, Ministry of Health (and our most knowledgeable informant on CRS possibilities) suggested that perhaps the Government would be willing to make an exception in this case in view of the importance of the program.

The most viable option for CRS which USAID may want to consider is through ASPIMA, the Government pharmaceutical distribution company. Oral pills are now sold through ASPIMA at KSh 30-40 per cycle. With USAID commodity support, ASPIMA could distribute them to pharmacists who in turn could sell them to the public for only distribution and mark-up costs. It would have to be determined if it were possible to include a separate advertising campaign, which is a major component of the CRS strategy.

Whether or not USAID prefers to include this private sector option as part of a bilateral project, we would still urge the Mission to consider CRS in Somalia. The Office of Population has specific projects that can support feasibility studies and support for such a program.

In many other AID-assisted countries, the Mission's population/family planning bilateral portfolio is complemented by a variety of centrally funded activities. These activities are often in the private sector. With the arrival of a Population Officer, we would also urge the Mission to consider additional centrally funded activities that would assist USAID in achieving its population strategy. Resources are available in operations research, population policy development, FP service delivery, information, education, communication activities and training.

F. Refugee Health Unit

The Refugee Health Unit of the Ministry of Health coordinates all health activities in camps. Most of these activities are carried out by expatriate PVO's.

Time did not permit the pre-PID team to meet this Unit, although repeated attempts were made to do so. As we know that currently there are no family planning services in the camps, we recommend that the PID team discuss the feasibility of adding an education and service delivery component to existing refugee health services. As PHC activities are already on-going and well-organized in the camps, the potential exists for a good sub-project, which would probably include only support for training and supplies for a small investment in project funds.

V. RECOMMENDATIONS FOR FUTURE POPULATION ASSISTANCE

1. There is a need to develop a broad base of expertise for population and family planning activities. To date, all family planning activities have been coordinated by one person in the Ministry of Health. As the program expands, so will the need to develop expertise to manage it.
2. Any project development in the area of family planning service delivery should be closely coordinated with the Primary Health Care Program and the WHO MCH Project.
3. There is a need to improve the management capacity of the staff in the Family Health/Family Planning Division. Specifically, assistance is needed in planning, program design, implementation and evaluation.
4. Coordination among donors assisting with population/family planning is needed. At the same time coordination among Ministries and organizations planning and implementing Pop/FP programs is required and will greatly affect the successful implementation of any future population project.
5. USAID should establish a population officer position and take steps to fill the position as soon as possible. We suggest that an ideal candidate would be a woman with major expertise in family planning program development and contraceptive technology and secondary skills in demography. This candidate should also be able to get along well with USAID, Government and donor officials.
6. Any population/family planning PID should fully cover the following issues:
 - . fee for service
 - . recurrent costs
 - . voluntary aspect of surgical contraception
 - . natural family planning
 - . integration of FP services with health and other development activities
 - . use of Depo-Provera. PID should state current situation but point out that AID does not support it
 - . technology transfer, if appropriate
7. The PID should make special attempts to contact those Ministries and Departments which were not contacted by the pre-PID team due to lack of time. These include the MOH's Refugee Health Unit, Ministry of Religious Affairs (Vice-Minister's suggestion), Ministry of Local Development and the President's Office (Mr. Abdul Kadir Hadji Mohammed, Political Party Representative and Mr. Musa Rabile, former Minister of Health and "grandfather" of family planning in Somalia)

A. PERSONS CONTACTED

Ministry of Health

Abdirashid Shiekh Ahmad
Vice-Minister
Ministry of Health

Dr. Mohammed Ali Hassan
Director-General
Ministry of Health

Yassin Farah Ahmad
Director of Planning Department
Ministry of Health

Hussain Barre
Director of Medical Supplies
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Dr. Rukiya Mohammed Seif
Head of Family Health/
Family Planning Division
Ministry of Health

Dr. Mohammed Warsame Ali
Director
Benadir Hospital

Dr. Kamal El Deen
Regional Medical Director
Northwest Region

Dr. Mohammed Warsame Dirali
PHC Coordinator
Northwest Region

Maryam Hamid
MCH Supervisor
Northwest Region

Mohammed Abde Ahmad
Family Planning Training Coordinator
Northwest and Togdheer Regions

Asia Osman Ahmed
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Mariam Osman
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Hawa Aden Mohammed
Director
Women's Education Centers

Somali Democratic Women's Organization

Murayo Ga'ad Ahmed

President

Zahra Ahmed Salhan

Secretary of Ideology and

Information Department

Asha Haji Sa'eed

Secretary, Child Care and

Welfare Department

Ministry of Planning

Hussein Elabe Fahiye

Director-General

Somali Research Unit for Emergencies and Rural Development

Dr. Hussein M. Adam

Attachment B

Draft Proposal - Ministry of Health
Family Planning Project

Work was begun on drafting a five-year project proposal to support and expand the Ministry of Health's family planning program. An outline was developed and certain of the topics were developed and drafted jointly with staff from the Family Health/Family Planning Division. This, of course, will have to be developed in greater detail by the PID team.

Outline

- I. Goal; Purpose and Objectives
- II. Family Health/Family Planning Division
 - A. Headquarters, Office and Staff
 - B. Training Unit
 - C. Health Education Unit
 - D. Logistics and Statistical Unit
 - E. MCH Unit
 - F. Research and Evaluation Unit
 - G. MCH/FP Regional Coordinators
- III. Family Planning Services
 - A. MCH Centers and Staffing
 - B. Infertility and Sterilization Services
- IV. Training
 - A. Training for Nurses and Physicians
 - B. MCH/FP Training Center
 - C. Seminars and Conferences
- V. Logistics and Statistics
- VI. Research and Evaluation
 - A. Family Health Survey
 - B. Community Based Distribution Program
 - C. Special Studies
- VII. Information Education and Communication

I. GOAL, PURPOSE, OBJECTIVES

Goal: Establish the institutional capability for the collection and analysis of population related data in order to develop and implement population policies and family planning programs consistent with basic human rights and national goals.

Purpose: To improve the reproductive health of women and health of children by providing family planning information and services to enable couples to achieve the desired number and spacing of their children.

Objectives:

1. By the end of five years 10% of the at risk population will be practicing modern methods of family planning.
2. Family planning information and services will be made available at 90 MCH Centers and 19 Regional and Specialty Hospitals throughout Somalia.
3. Training will be given to 160 nurses, 600 general medical officers, 41 gynecologists and 200 medical students in the area of reproductive health and family planning.
4. A Research and Evaluation Unit will be developed in the Family Health/Family Planning Division in the Ministry of Health with the capability to plan and conduct research and evaluation activities including a pilot community-based distribution project.
5. Voluntary sterilization services will be made available at 19 Regional and Specialty Hospitals throughout Somalia along with an infertility service at Benadir Hospital.
6. An MCH/FP Training Center will be established in Mogadishu in order to train nurses and other paramedical personnel in family planning service delivery, management and supervision and training of trainers.
7. A viable logistics management system will be developed to assure that contraceptive and other commodities are available and a service statistics system is in place.

II. FAMILY HEALTH/FAMILY PLANNING DIVISION

A. Headquarters Office and Staff

The Family Health/Family Planning (FH/FP) Division in the Ministry of Health was created in January 1982 for the purpose of coordinating all FH/FP activities in Somalia. The Division has a Director, a Deputy Director and four divisions consisting of a Training Unit, Health Education Unit, Logistics and Statistical Unit and MCH Unit. The Division currently has a staff of 16. (An organization chart can be found in Attachment C-2).

B. Training Unit

This unit has a staff of two and is responsible for all training activities to include in-service training, pre-service training and organizing and coordinating seminars and workshops. Staff are directly involved in the training of all paramedical personnel in FH/FP and for coordinating the training of physicians at Benadir Hospital in Mogadishu.

Support for the training unit under the project will include an external training advisor to assist in designing and implementing training programs, expanding the staff by five nurse trainers and providing training equipment and supplies and local costs to support training activities.

C. Health Education Unit

This unit is responsible for information, education and communication (IEC) activities of the FH/FP program. This has included organizing educational campaigns which consist of radio programs and formal talks to health and community organizations on topics of family health and family planning. These campaigns are targeted for local government leaders, health personnel and the community with a special emphasis on reaching men. Topics discussed during these radio broadcasts and discussion sessions include nutrition and pregnancy, breastfeeding, causes of infertility and health consequences of female circumcision. These educational campaigns serve to orient the community and leaders to the importance of reproductive health and in particular to clarify the health benefits of family planning. They also inform couples where they can receive family planning services.

Educational campaigns have been conducted in Mogadishu with great success. Radio broadcasts were conducted weekly and educational talks given to women in MCH centers, orientation centers and hospitals. Early feedback from women attending these sessions indicated that their husbands would also have to be educated and convinced of the importance of child spacing before family planning could be accepted and practiced. Therefore, these same sessions were given to men working in factories, cooperatives, and local government agencies.

Family planning services will be extended throughout all regions of Somalia during the next five years. Educational campaigns will be planned prior to the introduction of family planning services.

The project will support two additional staff members, audio-visual equipment and supplies and technical assistance. Early in the project, the centrally funded Population Communication Services Project with Johns Hopkins University will visit Somalia to conduct an

overall needs assessment of the IEC program for the next five years. Both mass media and person to person communication activities will be planned. As it is envisaged that other ministries and organizations will be involved in IEC activities, such as the Ministry of Education and the Somali Democratic Womens Organization, this Health Education Unit will be responsible for coordinating all of the planned IEC activities in support of the family planning program.

D. Logistics and Statistical Unit

This unit has a staff of four and is responsible for managing the commodity logistics system which includes calculating projected commodity and equipment needs, and assuring that commodities are ordered, received, stored and distributed to all service delivery points throughout the country. At the same time, the logistics staff are responsible for collecting and tabulating service statistics on all active users. A representative from the centrally funded project with the Centers for Disease Control (CDC) visited Somali in August 1982 to provide technical assistance in logistics management and service statistical systems. Working with personnel from the FH/FP Division, a simple logistics system and service statistics system was developed. CDC will visit Somalia in July-August 1983 to train all MCH supervisors from three regions in how to use the newly established service statistics system.

As the family planning program expands over the next five years, so will the need to have additional staff and transport to successfully manage the program. The project will support the addition of four staff members. The responsibilities of the unit will expand to cover administrative aspects of the program which will include maintenance of equipment and vehicles, making arrangements for international visitors and technical assistance teams, and be responsible for handling the budget and financial management of the project. The project will also support the purchase of contraceptives and equipment required for the program along with technical assistance.

E. MCH Unit

This unit is responsible for supervising all family planning services delivered in MCH centers and hospitals, and coordinating the services to be given under the Refugee Health Program. This unit is staffed by two persons, one responsible for eight northern regions and the other responsible for the remaining eight southern regions. The staff from this unit coordinate all FH/FP activities for their respective regions. They also work closely with the MCH/FP regional coordinators.

F. Research and Evaluation Unit

While the FH/FP Division is conducting a Family Health Survey in 1983, supported by Westinghouse, there is currently very little expertise and activity in research and evaluation. This project will support the development of a new Research and Evaluation Unit within the FH/FP Division. An expatriate advisor with research and evaluation skills will be hired along with two local social scientists to work in the unit.

G. MCH/FP Regional Coordinators

An MCH/FP Coordinator will be designated for each of the 16 regions. This person will be assigned to the Regional Medical Officer and be responsible for coordinating all MCH/FP activities throughout the region. He or she will supervise the delivery of services within the hospitals and MCH centers, coordinate all other population and family planning activities, and be responsible for the distribution of commodities and collection and compilation of service statistics from all service delivery points. This person will also take an active role in in-service training programs for staff working in FH/FP to upgrade their knowledge and skills.

III. FAMILY PLANNING SERVICES

A. MCH Centers and Staffing (to be developed). (Three charts were developed: 1) MCH Centers offering Family Planning; 2) MCH Center Staffing; and 3) Health Personnel from MCH Centers to be trained by Region 1984-1988)

B. Infertility and Sterilization Services

Benadir Hospital has been operating a 30 bed infertility service for the past six years. Both primary and secondary infertility cases are seen at the hospital. The primary cause of primary infertility in Somalia is a result of infection due to female excision. The project will provide support to the infertility services unit by providing equipment and training staff, along with educational activities to educate the community and leaders on the health hazards of excision.

To date, voluntary sterilization in Somalia is virtually unknown. This has been due in part to lack of motivation and information on sterilization, and also as a result of the Family Planning Program still being very young. It is hoped by training all 47 gynecologists in the country in techniques of voluntary sterilization that the

MCH CENTERS OFFERING FAMILY PLANNING

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>Total Centers</u>
Benadir	12			(2) ¹⁾				14
Northwest		6	3		(1)			10
Bay		5						5
Lower Juba		2	2			(2)		6
Togdheer		2	2					4
Middle Shebelli		2	2					4
Lowere Shebelli		3	3				(3)	9
Gedo				2	2			4
Bakool				2	2			4
Hiraan				3	2			5
Gal Goduud				2	2			4
Mudug				2	2			4
Nugaal				3	1			4
Bari						2	2+(1)	5
Saraag						2	2	4
Middle Juba						2	1+(1)	4
	<u>12</u>	<u>20</u>	<u>12</u>	<u>16</u>	<u>12</u>	<u>8</u>	<u>10</u>	<u>90</u>

1) Centers planned but not yet built

MCH Center Staffing

MCH Centers Benadir Region

- 1 Registered Nurse
- 3 Public Health Nurses
- 1 Sanitarian
- 5-6 Traditional Birth Attendants

MCH Centers Other Regions

- 2 Registered Nurses
- 1 Sanitarian
- 2-4 Traditional Birth Attendants

MCH Centers at the District Level

- 1 Registered Nurse
- 1 Sanitarian
- 1-2 Traditional Birth Attendants

Health Personnel from MCH Centers to be Trained By Region 1984-1988

	MCH Centers
Benadir (Mogadishu)	60
Northern (Hargeisa)	13
Bay (Baidoa)	7
Togdheer (Burao)	6
Lower Juba (Kismayo)	8
Middle Shebelle (Howhar)	6
Lower Shebelle (Marka)	11
Gedo (Garba-Hare)	5
Bakool (Hudur)	5
Hiraan (Keletwen)	7
Gal-Gaduud (Dusa Mareb)	5
Mudug (Galkaayo)	6
Nugaal (Garoe)	5
Bari (Boonso)	6
Sanaag (Briqayo)	5
Middle Juba (Bardere)	<u>5</u>
	<u>160</u>

demand for these services, one made available in all regional hospitals, will increase. By the end of 1983 approximately 30 sterilizations (for medical reasons) will have been performed in Somalia. It is hoped with a strong educational campaign, along with making these services available, that over the next five years there will be a gradual increase and demand for this service and that there will be over 350 voluntary sterilizations performed. (This section needs to be expanded.

IV. TRAINING

A. Training for Nurses and Physicians

The Family Health/Family Planning Division has already trained both nurses and physicians in reproductive health, family planning, management and supervision and training skills. All training to date has focused on the five priority regions. From 1980-1982 a total of 95 nurses, 93 physicians and 74 medical students received training with the support of JHPIEGO and INTRAH. It is anticipated that by the end of 1983 an additional 100 nurses, 80 physicians and 40 medical students will be trained. Most of the training to date has taken place in Somalia with only 30 participants going for out-of-country training.

By the end of this five-year program, family planning information and services will be made available in all 95 MCH centers, and 19 General and Specialty Hospitals throughout the country. The 160 health personnel from MCH centers will receive training in family planning motivation, counseling and family planning service delivery. At least one nurse from each region will receive extensive training in the management of family planning clients which will include skills in IUD insertion.

Medical staff from 19 general and specialty hospitals throughout the country will also be trained in reproductive health and family planning. There are currently two physicians who have received special training in laparoscopy and mini-laparotomy. In Mogadishu, thirty gynecologists working at the Ob/Gyn Referral Hospital and the General Medical Hospital will receive advanced training in family planning and infertility to include mini-lap and laparoscopy techniques. These gynecologists will then provide referral services in infertility and voluntary sterilization services. In the first year of the project, five gynecologists will go for out-of-country training in laparoscopy at a JHPIEGO-sponsored course. Two laparoscopes will be placed in Medina and Benadir Hospital in order to provide sterilization services and to serve as a training site for future planned in-country courses.

Gynecologists from the remaining 17 regional hospitals will receive training under this project at Benadir Hospital in reproductive health including mini-laparotomy. While there are currently only eight gynecologists in these regional hospitals, by the end of 1984 an additional nine gynecologists will be recruited, so that each hospital will be adequately staffed to provide voluntary surgical contraceptive services.

At the same time, more general orientation courses will be held for general medical practitioners. There are approximately 600 physicians in the country. By the end of 1983, JHPIEGO will have supported the training of 173 physicians in three-week orientation courses on reproductive health which includes topics on maternal health, child health and child spacing.

The project will support the training of 450 physicians in Family Health orientation courses. Four 3-week courses will be held per year with approximately 20 participants per course. The training will also be held at Benadir Hospital.

Courses will be continued for medical students in reproductive health and family planning. The staff at Benadir Hospital will conduct four 2-week courses per year, training 200 students over the life of the project.

Special courses will also be held for in-service training of physicians as needed on such topics as infertility, sexually transmitted diseases and high risk pregnancy.

B. MCH/FP Training Center

By the end of 1983 over 195 nurses in Somalia will have been trained in family health and family planning. Of these, eleven nurses will have gone for out-of-country training in advanced techniques of patient management for family planning services to include IUD insertion.

In the future, it is planned that all clinical training will be held in Somalia and one of the larger MCH centers in Mogadishu will be turned into a National Training Center. The center will be completely staffed by trained nurses. It will be responsible for training nurses and midwives in reproductive health, including clinical skills in physical and pelvic exams, treatment of minor gynecological problems and IUD insertion. Depending upon the volume of clients, the center will accept 3-4 students for month-long courses, 4-5 times a year. The center will also be responsible for organizing training and orientation courses for nurses and nursing students.

C. Seminars and Conferences

Se. i-annual workshops will be held for all Family Health staff and Regional Primary Health Care and MCH/FP Coordinators to review the program activities, discuss problems and provide technical assistance in management and supervision.

V. LOGISTICS AND STATISTICS

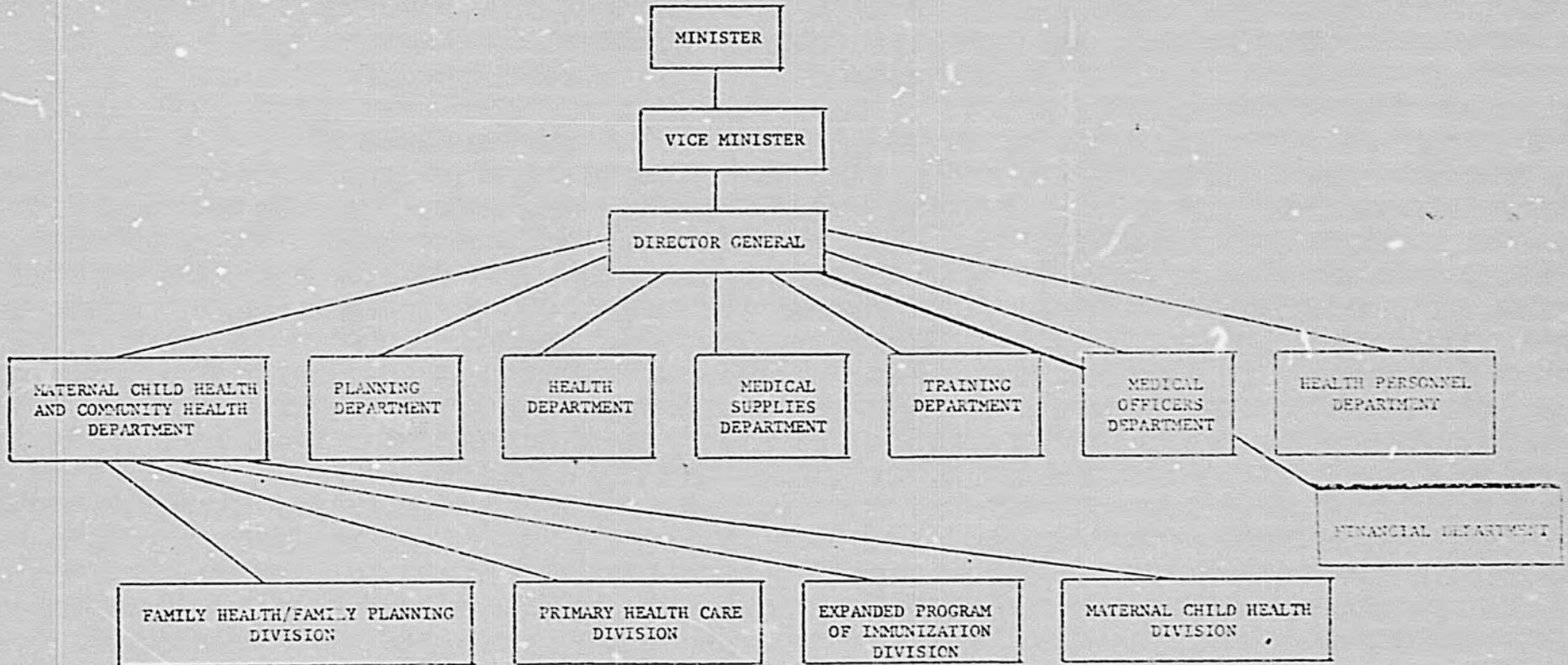
Until recently there was no logistics system for contraceptive commodities in Somalia. Commodities were supplied by a number of donors such as USAID, The Pathfinder Fund, UNFPA, and IPPF and supplies were made available on an ad hoc basis at the request of individual centers and clinics. This lack of supplies explains in part why contraceptive usage has not increased more dramatically.

In August 1982, a logistics expert from the Centers for Disease Control (CDC) visited Somalia to assist the Ministry of Health in logistics management and service statistics systems. A simple logistics system and service statistics system were developed. Projection for commodity needs were also calculated. (This section needs to be expanded).

VI. RESEARCH AND EVALUATION (to be developed)

VII. INFORMATION, EDUCATION AND COMMUNICATION (to be developed)

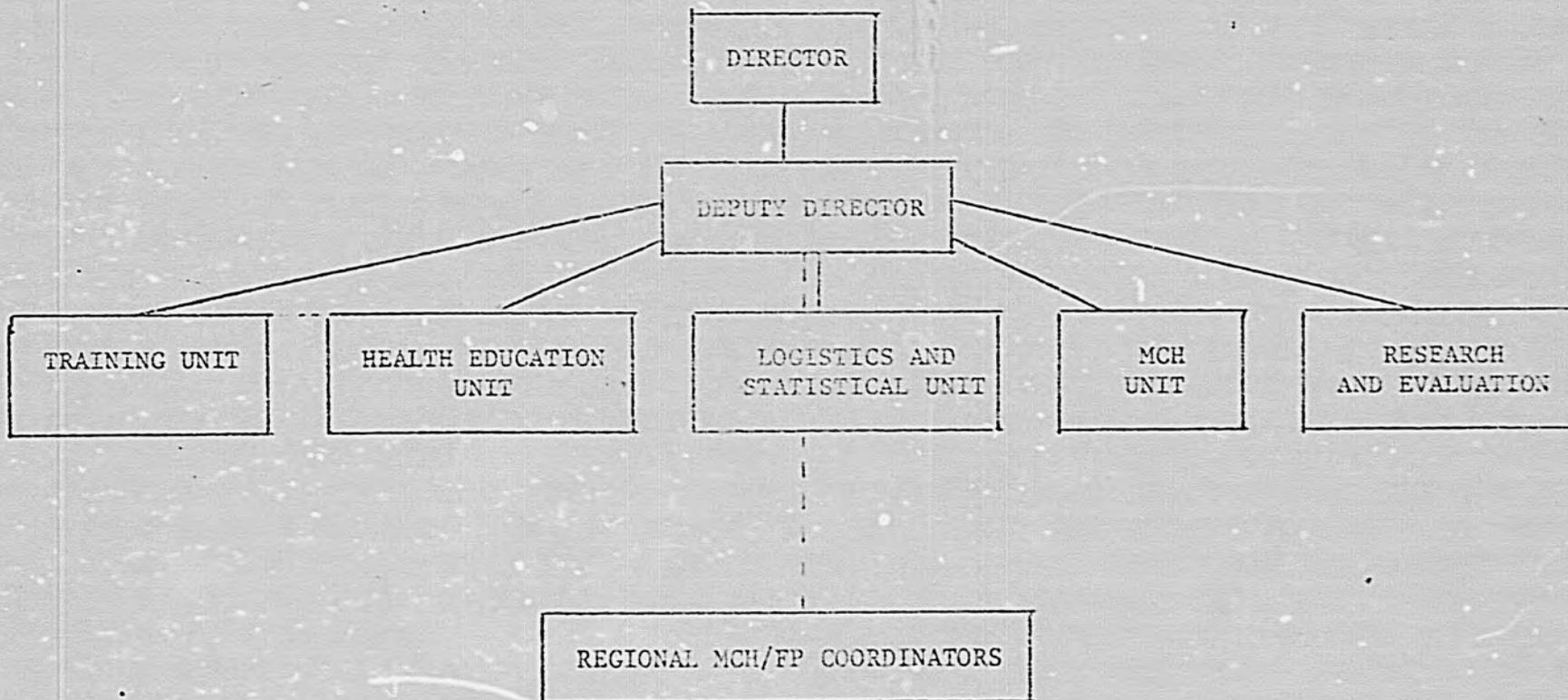
MINISTRY OF HEALTH



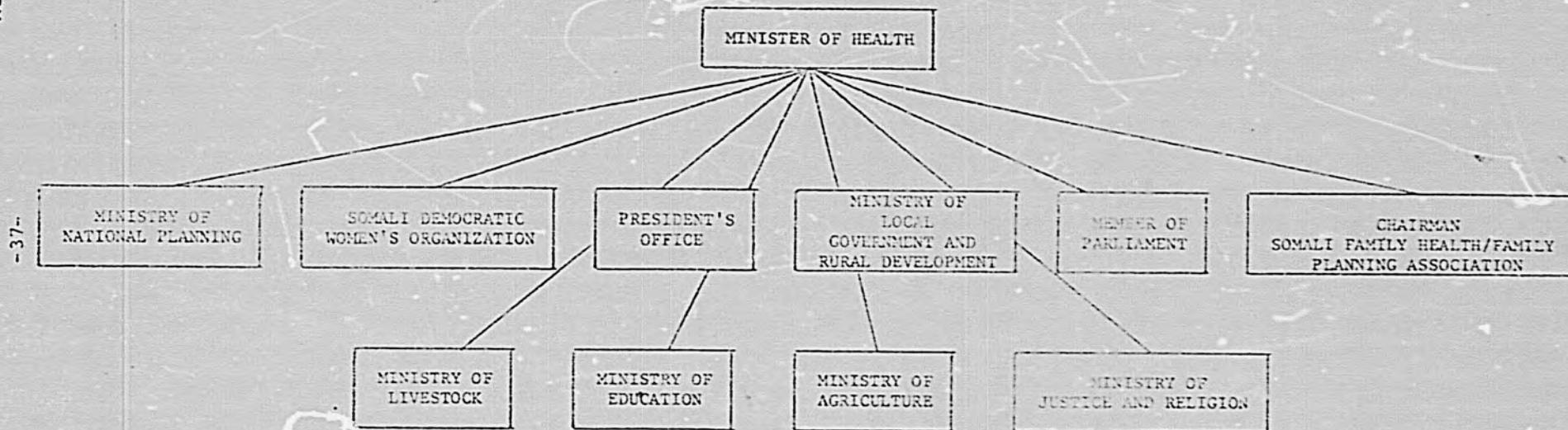
FAMILY HEALTH/FAMILY PLANNING DIVISION

Attachment C-2

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NATIONAL FAMILY PLANNING
COORDINATING BOARD



Proposed Organizational Structure

Somali Family Health/Family Planning Association

