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SOMALIA FAMILY HEALTH SERVICES PROJECT

Final Report

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GLOSSARY

A/V	Audio-visual
BuCen	U.S. Bureau of the Census
CBD	Community-based distribution
CDC	Curriculum Development Center
COP	Chief of Party
CSD	Central Statistics Department
CTO	Cognizant Technical Officer
CSM	Contraceptive Social Marketing
DDD	Domestic Development Department of the Ministry of Finance
DHS	Demographic Health Survey
FH/FP	Family Health/Family Planning
FHS	Family Health Services
GSDR	Government of Somali Democratic Republic
IE&C	Information, Education & Communication
IPPF	International Planned Parenthood Federation
IWE	Institute for Women's Education
KAP	Knowledge, attitudes and practices
MING	Ministry of Information and National Guidance
MIS	Management Information System
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MONP	Ministry of National Planning
NGO	Non-governmental organization
OR	Operations Research
ORS	Oral rehydration salts
PHC	Primary health care
PPSD	Public and Private Services Division
RMO	Regional Medical Officer
SFHCA	Somali Family Health Care Association
Sh	Somalia shilling
SWDO	Somali Women's Democratic Organization
Tabella	Small cluster of families
TBA	Traditional birth attendant
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID/S	United States Agency for International Development/Somalia
WHO	World Health Organization

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Under Separate Volume:

"Clinical Family Health/Family Planning Curriculum for Health Professionals"

I. EXECUTIVE SUMMARY

University Research Corporation implemented the Family Health Services project in Somalia from 1985 through 1990. It was designed to strengthen the capabilities of Somali institutions to promote, support, coordinate and sustain family health programs. The project embodied a full complement of mutually reinforcing components: (1) Population Data and Policy; (2) Information, Education and Communication; (3) Clinical Services; and (4) Operations Research. USAID/Somalia's investment in the FHS project was based in the very high rates of maternal and child mortality, and the inverse relationship between population growth and economic development.

The FHS project was one of a few projects still functioning in Somalia when all foreigners began an ordered departure in early December 1990 due to the encroaching civil war and violence that had become endemic in Mogadishu. With a rapid deterioration of the economy and reduced donor assistance, exacerbated by war and insecurity, women and children stood to lose the most. Not surprisingly, the FHS project continued to function because it was working with women, and they were committed to help their less fortunate sisters. In addition, the work served as a distraction from the chaos and fear all around them.

As the security situation steadily worsened and travel and communications with the four project regions outside Mogadishu became difficult and dangerous during 1990, the project shifted its focus to activities in Mogadishu. Greater emphasis was placed on developing policies and procedures, training manuals and educational materials.

Visible outputs and important progress were made by the FHS project: indigenous skills improved; cooperation between the six implementing agencies was better than anyone ever imagined; educational materials were developed and produced; the census was taken; family health awareness increased and created a demand; the health education textbooks for grades 1-6 were published; "Where There Is No Doctor" was adapted and translated into Somali; clinical family health services had been integrated into MCH services in Mogadishu after extensive training and monitoring; and mass media campaigns became familiar. The total realization of these outputs has waned, however, with the recent evacuation of the entire expatriate community and the severe destruction and looting that resulted when Mogadishu became the field of battle between the government forces and the rebel groups.

In 1989 it became increasingly apparent that the Government of the Somali Democratic Republic was unfortunately incapable of sustaining the progress made in the project, so concerted efforts were made for enlisting other donor commitments. Eventual progress was achieved with UNFPA to support the project. This was deemed beneficial to all since the USAID and UNFPA programs were similar.

As health and population advisors return to Somalia, they may benefit from reading this report (Appendix E contains a list of key Somali FHS staff who may still be in-country and who may be available to assist) which attempts to summarize what the project had achieved and the lessons learned. Recommendations are also given for a new health and population program in the country since the need for services will be even greater than ever.

II. RECOMMENDATIONS

1. Integrate all programs within the MOH into an established administrative structure and not as a vertical program. The World Health Organization had recommended a reorganization to the Ministry of Health in 1988 whereby all public health programs would be placed under primary health care. A reorganization plan was developed, but it never went into effect.
2. Coordinate donor funding so programs don't compete with one another, particularly in terms of duplication of activities, salaries and incentives.
3. Design a project where national revenues provide a high level, or at least an increasing level, of funding thereby decreasing donor dependence.
4. Design a project where the objectives are clearly stated and achievable. Keep it simple.
5. Conduct a knowledge, attitude and practice survey to measure impact and effectiveness of any future programs developed. If data are analyzed as quickly as possible, staff morale and commitment can be enhanced. A KAP should include all the child survival interventions, as well as female circumcision, maternal mortality, and water and sanitation. In other words, a comprehensive survey would be required. Collaboration should occur between USAID, UNFPA and the Arab League.
6. Print "Where There Is No Doctor." The book had been adapted and translated into Somali. The Curriculum Development Center should have the computer diskettes and the illustrations. The book is critically needed.
7. Provide management and organizational assistance to the Institute of Women's Education; they could benefit from strategic planning. Although their infrastructure was strong, they needed to develop specific goals and objectives in order to better coordinate donor assistance. They also need assistance in developing adult-focused, participatory methods of training which recognizes and respects adults.
8. Support the Somali Family Health Care Association in meeting their mandate as an affiliate of the International Planned Parenthood Association. They need time to define their role and test their strengths before undertaking other new donor activities.

III. LESSONS LEARNED

1. UNFPA has funded family planning activities through the Maternal Child Health Division of the MOH for the last 3 years. This has resulted in duplication, a waste of scarce resources, and confusion over responsibilities. Recognizing the problem, the new UNFPA director in 1990 took steps to correct and remedy the situation. Better communication and coordination from the beginning of the project would have alleviated the duplication.
2. Because the government was unable to pay adequate salaries, the MOH used donor funding to pay salaries (referred to as incentives) to all persons directly and indirectly involved in their programs. Although the FHS project funds came from the sale of PL 480 commodities through the Ministry of Finance, there was extreme pressure to pay "incentives" to persons above the division director (for example, checks would not be approved until money was received), and to all nurses at the Maternal Child Health centers (services would be withheld or not offered, until they received incentives). Incentives were also used to pay persons attending workshops or conferences because for many it was there only means of survival.

Severe problems arose in late 1990, as donor funding diminished and the MOF was not releasing local funds for project support. It was learned that each program within the Ministry of Health had different "incentive" structures for the staff. This created ill will, disillusionment and resentment, as well as a constant reshuffling of persons from one division to another. The donors began coordinating with one another in an attempt to remedy the situation, and it should continue.

3. With the weakening economic and political situation of the country, it became apparent that even modest levels of sustainability were threatened. In retrospect, these factors were pervasive enough to clearly limit the ability of the country to maintain project activities without donor funding. Furthermore, the government's ideological commitment to the poor was not particularly strong compared to their need for remaining in power. As systems began to fail, it became clear that the donors should have collaborated more closely, coordinated their resources and prioritized their activities much earlier.
4. Visible outputs must be produced in a timely manner after they are developed and tested in order to keep motivation and enthusiasm high.
5. The purchase of project equipment should be carefully planned in terms of need, utilization and recurrent costs. Discussions should be held with: (a) the Ministry of National Planning to ensure that the equipment or vehicles are included in the government's 5-year plan, and (b) other donors to avoid duplication.

IV. DESCRIPTION OF THE PROJECT

A. THE COUNTRY CONTEXT

The Family Health Services project was designed at a time when the country was enjoying a slow, steady growth, private businesses were starting, and the government required assistance to meet the growing range of public services. It was against the backdrop of the following indicators that the FHS project emerged:

Demographic

Total population estimate	8,424,000
Rate of natural increase	3.2%
Population doubling time	22 years
Life expectancy	45 years
Infant mortality rate	132/1000
Death of under fives	221/1000
Maternal mortality rate	1,100/100,000
Total fertility rate	6.6
Population below age 15	47%
Urban population	33%

Socioeconomics

Literacy for women	6%
Literacy for men	18%
Births with a trained attendant	2%
Access to health services	
Urban	50%
Rural	15%
Total	27%

It is evident from the foregoing that there existed a real need for family health services. All of these predisposing conditions caused a severe strain to the government's meager resources, particularly once the war started in the north and resources were getting scarce. Therefore, the government relied heavily on donor assistance to meet nearly all of its health needs. In the 2-year period between the outbreak of the war in the north and the war in Mogadishu, working conditions became progressively difficult. All donors were terminating projects due to human rights violations and diminished security. Amid the constraining influences of economic decline, civil disturbances, out-flow of trained manpower, and reduced foreign assistance, there were some positive trends during these 2 years, albeit subtle. There were improvements in government planning, more efficient coordination activities among donors, and genuine efforts to protect the poor and disenfranchised.

B. BACKGROUND

The Family Health Services project was designed to provide assistance to the Government of the Somali Democratic Republic in strengthening the capabilities of

selected institutions to promote, support, coordinate and monitor improved maternal and child health programs. USAID/Mogadishu authorized the FHS project on July 8, 1984, and awarded the contract to University Research Corporation in October 1985. The completion date of the project was December 1989, but after an April 1989 evaluation, it was recommended that it be extended to September 1992 with a total commitment of \$10.4 million with another \$10 million equivalent contributed by the SGD. In May of 1990, URC was awarded a new, competitively procured contract to continue to provide assistance.

Project Components

The project consisted of four separate components that reinforced one another. USAID/Somalia retained direct management responsibilities for the first component. URC had responsibility for the remaining ones during the first 5 years. However, when the new URC contract was issued, URC assumed responsibility for all of the components:

1. Population Data and Policy
2. Information, Education and Communication
3. Clinical Family Health Services
4. Operations Research

FHS Project Institutions

Central to the project's activities was the establishment of a coordinating entity comprised of six Somali institutions that would emphasize family health/family planning. The six agencies were:

1. The Somali Family Health Care Association, an affiliate of the International Planned Parenthood Association. Although they called themselves a non-governmental organization, the AID Regional Legal Affairs office could not recognize them as such because members of the board were appointed by the government and not elected, and there was very little representation from the private sector. During the last 6 months of the project, the SFHCA board had begun to rectify the situation with assistance from an IPPF advisor.
2. The Ministry of Education's Curriculum Development Center, responsible for developing all public school textbooks.
3. The Ministry of Education's Institute for Women's Education, responsible for non-formal education or training.
4. The Somali Women's Democratic Organization, an arm of the Somali government, responsible for women's issues. Under the new constitution which had gone into effect October 1990, SWDO was essentially dissolved because they were part of the old government. During the life of the project, SWDO had the weakest infrastructure of all the institutions.

5. The Ministry of Health's Family Health/Family Planning Division, which was established by USAID for the delivery of family planning or child-spacing services.
6. The Ministry of National Planning, Census Division, was responsible for the 1987 census and its analysis. The Director General of the MONP was the government's authorizing representative for the project.

Project Evaluations

The first evaluation of the project occurred in 1987, and the team recommended that there be less emphasis on oral rehydration therapy and more on childspacing and that social marketing activities cease until the end of the project. In other words, project resources should be shifted to a slightly narrower scope, but one that is more realistic and attainable.

The second evaluation took place in April 1989 and was an external evaluation of the project. The team concluded that the original design was overly ambitious given the outbursts of war in different parts of the country and the deteriorating economy. As a result of their analysis, project outputs were modified and became more focused. Also, given Somalia's sizable nomadic population (over 60% according to the 1987 census), logistic difficulties, civil strife and recurrent cost burdens, the number of regions the project would serve was reduced to five with Mogadishu (Benadir Region) being one.

C. COMPONENT ONE: POPULATION DATA AND POLICY

From 1984 through April of 1990, this component was managed directly by the USAID mission. A mainframe computer facility was installed at the Central Statistics Department of the MONP to enter, edit and tabulate the data collected during the 1986-87 national census. Through an agency service agreement the mission had the U.S. Bureau of the Census (BUCEN) assist the MONP with these activities. BUCEN provided short-term assistance to develop procedures for processing the census, editing specifications, analyzing the postenumeration survey, developing a computer program to edit data, training CSD staff in computer programming, developing computer programs to tabulate data, and producing statistical tabulations. Approximately 10 persons were sent to the United States for training by BUCEN.

For many reasons data entry and editing had been extremely slow. The reasons were multiple: delays in the release of local funds (generated from PL 480), very low salaries (despite inflation salaries had not been increased since 1986) which resulted in people not showing up for work, frequent power outages, delays in obtaining spare parts for the generator, and the limited capability of the Wang mainframe. During the design phase of the project, desk-top computers were not as powerful as they are today; so, at the time, the decision was made to purchase a mainframe. Its use, however, became burdensome and maintenance became a major concern. Therefore, three 386 microcomputers and tape streaming devices were purchased by USAID and delivered in October 1990. These were intended to facilitate data entry and analysis.

As of December 1990, the only region whose data were tabulated and where analysis had begun was Benadir Region. UNFPA's advisor was primarily responsible for completing the work in this one region. Data entry had been completed for other urban and settled rural areas of the country, but it had not been edited or tabulated. Work was just starting on entering the nomadic population data.

Once the census data were tabulated and analyzed, there was to have been a Third National Population Conference to increase awareness of population growth and to promote further policy dialog among political and religious leaders.

D. COMPONENT TWO: IE&C

Purpose

The purpose of this component was to increase the capability and effectiveness of the IE&C institutions to deliver family health information. The IE&C component was responsible for increasing awareness in family health/family planning, breast-feeding and the eradication of female circumcision. The project made remarkable strides in sensitizing political and religious leaders to these issues, but most notably in the area of female circumcision.

Baseline Report

In April 1985 USAID/Somalia commissioned an IE&C baseline study to determine the knowledge, attitudes, practices, decision-making and means of communication among the target groups of the FHS project. This study, conducted by Dr. Judith Brown, formed the basis of the IE&C strategy which was developed by representatives of each of the implementing agencies.

The Population Communication Services, Center for Communication Programs at the Johns Hopkins University assisted the project in 1987 in developing that strategy. Every year when new work plans were being developed, the strategy was amended. It included the target groups by geographical area, age and sex; the methods to be used and tested; and the activities of each of the institutions. In November 1990, two consultants from PCS began to assist the project in revising the strategy, but their work was curtailed due to lack of security.

Establishment of an IE&C Unit and Resource Center

Prior to the URC contract, the SFHCA had already established an IE&C unit, and it had begun providing IE&C leadership among all the collaborating institutions. The director and his staff brought stability and motivation for all the IE&C activities. They were responsible for chairing the monthly meetings, organizing the technical committee and soliciting assistance on joint activities with the other institutions.

The Resource Center was established, but it experienced a checkered existence. There was a library which housed all the IE&C materials produced by the project, but it was rarely used by outside people. The library also contained a record summarizing the pretesting of all materials, videos and audio programs. There was also a video and audio editing room, but once the technician departed, there was no one who knew how to operate the equipment, or knew what was available. See Appendix A, Books Purchased and Appendix B, Commodities Purchased.

The IWE also expanded their Resource Center to include an IE&C unit and full media production. IWE has been active since the 1960's developing and adapting programs and services through its network of district-level Family Life Education Centers (FLECS). Through the FHS project they piloted a village outreach program that was extremely successful. Their focus was on young and non-literate women.

The IWE Resource Center was successful and well utilized. The FHS project assisted them by providing a computer, printer and an offset printer for producing teaching materials on family health. See Appendices A and B.

IE&C Training for Family Health Personnel

At the beginning of the project, there was little capacity to address family health issues in IE&C, but by the end of 1991 the FHS project had been instrumental in training personnel at all levels--central, regional, district and sub-district. This feat represented the combined activities of all the implementing agencies.

As the overseer of the entire IE&C program for the project, SFHCA trained staff in IE&C techniques. A cadre of core trainers, with a member from each of the implementing agencies, were trained as "trainer of trainers." They were then

responsible for the regional and district training events. Training manuals and flip charts on childspacing, female circumcision, oral rehydration and breast-feeding were prepared.

At the village level, but particularly in the rural areas, IWE staff provided the most effective means of communicating with the community. Their infrastructure was strong. In each of the regions IWE had a Family Life Education Center where the teachers who taught there underwent a 4-year program which focused on traditional home economics curricula, as well as Somali language literacy, numeracy, adult education and communication. Most of the teachers had a secondary education and taught in a very formal pedagogical method similar to that used in the public schools.

The FLEC teachers taught selected community women leaders from surrounding villages. This was a 2-week training course where the women and their young infants were brought to the center for training. There, the community women leaders were taught how to train the other women in the village. After the training, the teacher would routinely visit the community woman leader to offer support and guidance. It was through this mechanism that family health messages were communicated to the village level. Unfortunately, the rote method was also used in the village outreach program, but assistance was underway to design the training in a more participative approach.

Through the IWE structure approximately 180 community women leaders were trained in the family health messages, and each of those women was responsible for training 20 women in each of their villages. Approximately, a total of 3,600 women received very basic information on the hazards of female circumcision, breast-feeding, and on the health and childspacing benefits of breast-feeding. Some monitoring efforts verified the extent of the outreach program, but effectiveness was not evaluated.

Greater detail has been provided about the IWE structure because it warrants careful consideration when family planning programs are implemented again in Somalia. However, to be more effective IWE would need assistance on how to manage their various donor programs and how to set up an adult education program that utilizes experiential methods of training.

SWDO had its own system for reaching the community. It was based along political lines whereby communication from the top was transmitted to regional staff, to district, to sub-district and then finally to the village level. Each sub-district was responsible for coordinating activities for clusters of 50 households each. Each cluster was governed by a deris leader. Diagrammatically, it made sense, but as people got upset and frustrated with the government, they would resent mandates from the party. SWDO was used to mobilize people for neighborhood campaigns, but at each level people were paid off, and those thousands of women who attended the campaigns were, at times, politically pressured to do so. In total over 1,000 deris and community leaders were given about 10 hours of training in oral rehydration, breast-feeding and childspacing. SWDO, as an organization, was dissolved in late 1990.

IE&C Participant Training

Twenty-one person months of short-term training and study tours were provided for FHS project staff in IE&C. Emphasis was placed on sensitizing political and religious leaders in family planning, and in strengthening the management skills of those responsible for the planning, implementation and evaluation of family health programs. See Appendix C for a summary of the out-of-country training or study tour and the persons who attended.

Health Education Curriculum for Grades 1-12

Although public school attendance had decreased in the last 10 years, private school attendance had increased. This is because the teachers were so underpaid that often they did not come to class in the morning, but instead went to the school in the late afternoon and charged the students a fee. Not surprisingly, the same textbooks were used.

The FHS project assisted the Curriculum Development Center in developing health education textbooks, flip charts and related teaching material for the public schools. Following is a status of everything that was produced prior to the evacuation:

- Thirty thousand copies of health education textbooks for grades 1-6 were printed. The teachers, however, were to have been trained in 1991.
- The textbook for grades 7-8 was an adaptation of "Where There Is No Doctor." The book was written, drawings were made, and it was entered into the computer. Everything except the index was completed by the end of December. Forty thousand copies were to have been printed in 1991. The health terms used in the book had been approved by the Medical Panel Review Committee of the MOH and the leading health linguist in the country. See Appendix F for a list of the health terms.
- The textbooks for grades 9-12 were written, translated, and typed. However, they were all in various stages of being edited, requiring graphics, and awaiting approval.
- Teacher Guides for grades 1-6 were completed and typed. They were to be printed in 1991.
- The secondary school syllabus was written and was being typed.

IE&C Materials

The SFHCA was also responsible for overseeing all production of IE&C materials for the entire project. The IE&C Technical Committee would meet when documents or mass media activities had to be developed or approved.

Posters and Billboards

In December of 1989 there was a breast-feeding campaign in Mogadishu that was launched with media coverage and distribution of materials for policymakers. Six billboards were painted showing a breast-feeding mother. A Koranic verse about the

2-year requirement for nursing was also included on the billboard. The billboards were all painted by the project's artist. Over the years, his skill had increased remarkably.

In 1988 the project artist had also painted a 2-by-3 meter billboard of a nomadic family with their camels. Beneath that rural scene he painted a picture of a modern, urban couple. The words on the billboard said, "Childspacing is a Somali tradition, but when you come into the city, modern methods are needed." The billboard was shown at the International Trade Fair and won a second place award. The painting was a big hit!

Pictures were taken of the billboard, and made into colored posters of 11 by 17 inches. They were distributed throughout Mogadishu and the four outer regions. People liked the poster because it was colorful and they could relate to it.

There were many other posters developed by the project that were printed in Somalia. A childspacing poster of a breast-feeding woman and containing another Koranic verse was printed in color at the State printing office. Although the quality was not as good, it was still effective. There were five other posters produced, but they were simple drawings and copied onto colored paper. All posters were pretested.

Through a mission buy-in with the IMPACT project, there were three more posters produced. The most beautiful and the most popular, in and out of Somalia, is the picture of a breast-feeding Somali woman wearing a purple scarf over her head. There is also a Koranic verse that says to breast-feed for 2 years. The second poster produced was an announcement for the Islam and Childspacing Conference that was held in Mogadishu in July 1990. The third poster is a drawing of a happy, urban Somali family. The picture captures the three themes of the project--childspacing, breast-feeding and female circumcision. The third poster was not delivered to Somalia because of the onset of the evacuation. They will be sent later.

Photonovellas

The SFHCA worked with the graphic artist to develop photonovellas on breast-feeding, barrier contraceptive methods, and oral contraceptives. They were all popular with the young and with beginning readers. They were much sought after, and a few people indicated a desire to purchase them.

Slides

Numerous pictures were taken for slide presentations at meetings and for slide/audio shows. A population and development program was being established for the Third Population Conference that was to be held in 1991. A breast-feeding slide show was also being developed. The slides were developed, and the script written, but the audio cassette had not been completed.

Video

Although television coverage extended to Mogadishu, project events, interviews and panel discussions on family health were frequently aired and they were influential among political leaders. Video cassette recorders are widespread in urban areas

throughout the country. It is customary in the evening for large numbers of relatives and friends to crowd around and watch a video. Video rental stores were found everywhere, and though there is very little made specifically for the Somali audience, what there is, is quite popular.

The FHS project videotaped a 20-minute childspacing drama that was shown to the president at the National Theater in 1987. The drama was shown on television several times and was popular. It was produced by IFTIN, the theatrical group from the Ministry of Education.

Another childspacing drama of 90-minute duration was also produced by IFTIN, videotaped and edited for television. It was to have been aired in December 1990. Sufficient copies of the comedy were to have been made for distribution to the theaters in the large urban cities where the project was located.

Radio Programs

Radio is the most widely distributed modern mass media in Somalia. According to one study conducted by the Ministry of Information, over 50% of the population had a functioning radio. Many ministries had their own regularly scheduled air time which was routinely used. From the Ministry of Health, a nurse with a journalism background frequently aired messages about the FHS project, interviewed participants when they would return from out-of-the-country training and always covered training events sponsored by the ministry.

With assistance from a consultant with PCS, 24 radio dramas were developed and aired several times. The series was called "Kalabayr," meaning crossroads, because the dramas took place in a village at the crossroads. Each program was 15 minutes in length and revolved around a core group of four or five characters who integrated the project messages with the normal events of life as they would occur in the urban fringe areas of Somalia.

A prominent sheik and lawyer who later became the Attorney General of Somalia was very supportive of the Family Health project (his wife was a nurse trainer in the FH/FP Division) and would often speak out. One of his famous presentations, later printed by IMPACT in a brochure format, was recorded on audio cassettes and distributed throughout the five regions of the project. It was extremely effective for convincing people that the project messages were in fact supported by the Koran.

Poetry, Song and Drama

Somalia is a country where poets, storytellers and minstrels abound. All families pride themselves in their skill to compose and recite poetry. In fact, the Somali drama is more like the Greek drama than what we know as drama today. There is much recitation and poetry, which is often set to music. It was through these mechanisms that the project developed its own poems, songs and dramas. Since they were very Somali in presentation, sound and word, they were well received and very popular. For example, the breast-feeding song was so modern in tempo that it would play often on the radio, and even played on the British Broadcasting Corporation's Africa program when the composer was interviewed. (The composer was the leading poet and scriptwriter in Somalia).

Print Materials

Print productions are a key medium of IE&C programs, and in Somalia each institution had its own target audience, but despite research findings, the institutions were reluctant to disseminate messages discussing modern contraceptive methods. The FH/FP Division of the MOH was adamant in saying that information on modern methods only be disseminated by trained staff to married couples. By doing so, neither traditional nor religious sensitivities were offended. However, it did tend to limit where and who could discuss childspacing issues.

All of the IE&C institutions were reluctant to distribute motivational messages about where potential clients could obtain more detailed information about modern methods. There was a great fear of offending influential leaders, particularly with the political situation that existed. It wasn't until July of 1990 that the perceived risk was lessened, and this was attributed to the Islam and Childspacing conference sponsored by USAID and UNFPA. Guest speakers from Al Azar University in Cairo came to Mogadishu and presented the latest thinking on Islam and population.

After the Islam and Childspacing conference, three colorful brochures and a photonovella developed by SFHCA were printed and distributed. The brochures discussed barrier methods, breast-feeding and oral contraceptives.

The USAID centrally funded IMPACT project, through a buy-in with the mission, worked with project staff to print and produce:

- "Islam and Childspacing," a booklet by Sheik Mohamud, Attorney General,
- "Source Manual on Islam and Childspacing," written by Sheik Mohamud,
- "Childspacing Saves Lives In Somalia," a booklet written by the former Deputy Director of the FH/FP Division of the MOH,
- "Population and Development," a booklet written by the former Operations Research director of the SFHCA, and
- "Rumors and Realities," a booklet on myths about oral contraceptives, written by the IE&C director of the SFHCA.

In addition to booklets and brochures, the project also developed fact sheets on various topics such as breast-feeding. Fact sheets were useful for distribution at workshops when information was to be presented in a concise manner.

Children's board games were also developed as part of the health education textbooks, but the games were printed separately and widely distributed. "Snakes and Ladders" games were developed for hygiene, immunization and nutrition. Both children and young adults enjoyed playing with them. A study, conducted with assistance from AMREF, showed that they were enormously popular not only at school, but also at tea bars or wherever people gathered.

Daryeel Newsletter

The FHS project produced a quarterly newsletter which would report on project activities. It was also used as a forum to disseminate new information about family health issues to the readership. Daryeel was produced by SFHCA, and each issue would contain one or two lead articles on pertinent topics. Effort was placed into redesigning the format of the newsletter and to insert simple photos or graphics; this increased its popularity.

Training Materials

An IE&C training manual was developed for use by mid-level trainers to train health workers, traditional birth attendants or IWE teachers on the three basic themes of the project. The manual was revised several times after receiving comments on its effectiveness. The final version was simple to use and contained excellent flipcharts developed by the graphic artist at IWE. Unfortunately, the manual and flipcharts were to have been printed in 1991, so it is uncertain where the document is.

Campaigns

The FHS project utilized the campaign methodology to disseminate information about the project. SWDO's mobilization talents were used to gather people at local neighborhood meeting areas, usually under a large tree. The logistics for organizing a campaign was not an easy endeavor, and once the campaign began, it required constant monitoring. The campaigns were always conducted in the afternoon, after the heat of the day and when most of the women would be home.

District-level campaigns were held in Hodan, Yakshiid, Wadajir, Bondhere, Wardighly and parts of Hamar Jajab, all in Mogadishu. The studies conducted before and after the first two campaigns strongly indicated that there was an increase in awareness of the family health messages. The project staff was looking forward to a region-wide survey to assess the impact of the campaigns and all activities of the project.

E. COMPONENT THREE: OPERATIONS RESEARCH

The purpose of this component was to strengthen the capabilities of Somali institutions involved in family health to investigate and identify the most effective service delivery approaches and to implement a social marketing program. Given the skill levels required to undertake this component, the project paper was overly ambitious in what was expected.

Operations Research never really progressed as it should have in the project. This was mostly due to the fact that it was placed at the SFHCA, a relatively young organization, which was never quite sure where they belonged vis a vis the government. The SFHCA also lacked strong leadership to guide and support the staff in their research attempts. Although there was an OR director, he was not a researcher. He was sent for training outside of the country and tried as best he could, but he never seemed to be very interested in research. As a result, reports were never completed and project staff lost interest.

While the OR advisor was in Somalia, there were three surveys conducted before and after two district-level campaigns. It took so long to check the questionnaires and enter the data that, when the advisor completed his tour of duty, the OR director could not complete the analysis on his own. Since then, the advisor, who continues to live in Nairobi, has analyzed the data through his own initiative. There was no one in Somalia who knew how to use SPSS.

There were two systems analyses completed, one in Lower Jubba Region and the other in Wadajir, a district in Mogadishu. These helped to clarify the dynamics of the organizations working in those areas so services could be redesigned more effectively.

Using the cluster method, a rapid survey of 250 households was conducted in Wadajir prior to the district campaign. The laptop computers were utilized, and within 2 days tables were available to begin the analysis. A URC employee assisted in the design, implementation and analysis of the survey.

A knowledge, attitude, practice survey (KAP) was to have been conducted in late 1990, but with the war approaching Mogadishu, it became impossible. Lack of local currency also affected the early planning stages of the survey. The Ministry of Finance was not willing to release the funds.

Participant Training

The SFHCA's Operations Research Director participated in an OR workshop in Hawaii and then subsequently visited family planning programs in Thailand, Indonesia and Zimbabwe.

F. COMPONENT FOUR: CLINICAL SERVICES

The purpose of the Clinical Family Health Services component was to strengthen the capabilities of the FH/FP Division of the MOH to plan, implement and evaluate family health services. The principal focus was to extend and upgrade family health services. The initial project paper design was ambitious for this component as well, even without the economic deterioration. But with all the problems, it is truly amazing how so much was actually accomplished.

Training

At the beginning of the project all nurses, midwives, traditional birth attendants, physicians and community health workers in the 12 project regions had to be trained. However, when the war started in the northwest part of the country, training was limited to the central and southern portions of the country. During this period training documents were not organized into any sets of curricula. There was also no training plan established that would detail training needs, objectives, the number or type of persons to be trained, the methods to be used, a schedule for training or the resources required.

In late 1988 clinical family health services training began to be organized. A plan was developed and approved, and people were recruited to begin developing the

competency-based training curriculum. After nearly 10 months a preservice training manual was developed. Portions of it were tested during various training events, but the entire manual was first tested on the faculty of the nursing and midwifery schools. The manual was slightly modified, typed and then finally printed in English.

While the Curriculum for Health Professionals manual was being printed, it was translated into Somali, even though all nurses in Somalia are taught in English (or mostly in English). The Somali version was typed into the computer, and the graphics inserted; it was sent for printing at IWE when the war broke out in Mogadishu. Therefore, it is uncertain what the status is of that document. The English version is attached to this report as a separate, bound document.

The URC training nurse advisor was also responsible for establishing a clinical skills workshop consisting of 18 days of classroom instruction and 6 days of clinical training. Over 30 nurses (mostly head nurses or deputy nurses) and 10 tutors from the schools of nursing were trained in this intensive training which was directed towards new MCH nurse regional supervisors, new deputy head nurses who had never been trained, and new nurses at the FH/FP Division.

This clinical skills workshop proved to be very effective. Participants learned the general policy guidelines of the FH/FP Division, how to establish a proper environment for providing service, how to give good counseling, how to use the knowledge of Islam to justify and support family health, and how to identify the contraindications in the use of hormonal contraceptives and IUD's.

Because of the large number of births delivered in the home by traditional birth attendants, the FH/FP Division decided to train 30 TBA's in (a) childspacing awareness and referrals; (b) breast-feeding and (c) the hazards of severe forms of female circumcision. Contrary to what SWDO was promoting, i.e., complete eradication, the MOH promoted a small cut or nick. The two institutions never agreed on the final position to take, even though the government was openly stating complete eradication. MOH felt the TBA's would not accept eradication because circumcisions were a means of income for them, yet a small, symbolic gesture would still meet the intent of the Somali law.

The FH/FP Division also trained 30 physicians in a 2-day contraceptive technology update course. The physicians represented both public and private health sectors. Many of the physicians had received clinical equipment and contraceptives from the project because, other than Benadir Hospital, the private clinics were the only places where women could go for IUD insertions.

As a test pilot activity, 30 drug sellers were trained on family planning contraceptives, particularly the contraindications of orals. It was found that the druggists had contraceptives that were obtained by means other than the MOH, and that, if they were distributing orals, they should be aware of the contraindications. The druggists welcomed the training and the receipt of more commodities. However, a 1-year follow-up showed that most of them were no longer employed at the pharmacy.

Training Sites

Early in the project a training center was established within the FH/FP Division offices. The room was equipped for classroom instruction only and contained a library with books and teaching materials provided by the project. The training center was the most comfortable in the ministry. See Appendix A for a list of books purchased for the division.

In collaboration with the MCH Division, three Demonstration and Training Sites were developed by a committee composed of representatives from each of the pertinent divisions of the ministry, head nurses from the MCH clinics, the Regional Medical Supervisor, and representatives from Save the Children Foundation (UK), UNFPA, UNICEF, and the FHS project. Each of the donors was contributing to the development of these centers which would have provided birthing facilities, pre- and post-natal care, family planning services including IUD insertions, pediatric services and health education. SCF paid an engineering firm to update the architectural designs of the existing facilities, UNFPA renovated the buildings, FHS provided the generators and electrical hook-ups, and UNICEF was to have provided the drugs. SCF was also willing to place one nurse-midwife in each of the centers to provide on-the-job training to the center personnel. When the project terminated in December, clinic equipment was being installed and an opening ceremony was planned.

Supporting a Service Delivery System

In order to expand family health services, an appropriate and well-functioning infrastructure had to be developed. This meant that training had to be based on needs and had to follow a plan, and that policies and procedures for delivery of services had to be standardized.

Medical Panel Review Committee

The nurse training advisor was instrumental in establishing a Medical Panel Review Committee which would meet on an as-needed basis to review and approve procedures and guidelines for the delivery of quality family health services. The committee was critical for maintaining the momentum of the project and for obtaining the best thinking in the country of what should be done. An ancillary benefit to the committee was that the discussions formed a type of in-service training. It could not be referred to as such, because the members considered themselves experts, but they in fact did learn quite a bit about family planning judging from the questions that would arise. The committee was also responsible for approving family health terms in Somali. See Appendix F. This is the first time in the history of the country that proper words have been developed into the Somali language.

Policy and Procedures Manual

The Family Health/Family Planning Division, with assistance from the nurse trainer, developed general policy guidelines and clinical procedures for MCH nurses to use in the delivery of services. These guidelines were then formally approved by the Medical Review Panel; they were rewritten and edited and now appear as a separate document entitled "Family Health/Family Planning Protocols". See Appendix D.

The Protocols manual was to be one of several documents bound together in a three-ring spiral notebook containing policy and procedures for all services delivered by the MCH centers, e.g., immunizations, oral rehydration, nutrition and growth monitoring, pre- and post-natal care. WHO, in collaboration with UNICEF and Save the Children Foundation, UK, had developed most of the policies.

The FHS Protocols document was translated into Somali and typed into the computer. It was to have been printed in December along with the Somali family health curriculum manual.

Mother's Card

A review of family health records in the MCH centers indicated that they were not properly completed, and that many of the nurses complained about duplication of information with other divisions of the ministry. Therefore, in collaboration with the MCH Division a new medical chart was developed and tested over a 1-year period. It contained only relevant and essential information, it was easy to fill out, and it could be kept by the mother. The card contained all information necessary for the mother to receive efficient and adequate care.

The Mother's Card was to have been printed by UNICEF. A follow-up study was being planned to determine if the mothers actually remembered to bring their card to the center, if in fact it was useful, and if the nurses had suggestions for improving it.

Management Systems

Several modifications to the client reporting system were made over the years, but it continued to have problems. Information was not continually maintained, and when it was, the flow of information to the decision-makers was not often utilized. Monitoring and supervision of the management information systems was accomplished quarterly. This was not enough; more assistance was needed at the regional level where staff could visit the clinics with more regularity.

At the central level a decision was made to simplify the management information systems kept by the FH/FP Division. Standardized forms were developed for collecting the data and for recording and analyzing these data. The forms were developed on Lotus 123. Once collected the data could be entered onto summary sheets either manually or directly onto the computer. Two staff in the division responsible for collecting family health statistics were already trained in the manual system and had started to receive computer training when the project terminated in December.

Over the course of the project, inventory systems had improved. Some of the problems encountered were: illiterate storekeepers, a lack of written procedures, and a lack of checks and balances. However, once the problems were identified, they could be discussed, and the staff themselves resolved how to address them. This process took a considerable amount of time, but was essential.

Participant Training

During the project 11 persons from the MOH attended courses in the United States, 4 attended a CAF's nurse training course in Mombasa, 5 attended a management workshop in Cairo, 15 went on study tours, and 2 attended conferences in Europe. See Appendix C.

APPENDIX A:

BOOKS PURCHASED BY THE FAMILY HEALTH SERVICES PROJECT FOR THE MOH

1. (1) Bates, Barbara, *A Guide to Physical Examination and History Taking*, J. B. Lippincott Company, Philadelphia, 1987
2. (1) Billings, Diane McGovern and Lillian Gatlin Stokes, *Medical-Surgical Nursing, Common Health Problems of Adults and Children Across the Life Span*, The C.V. Mosby Company, Wash. D.C., 1987
3. (1) Boston Women's Health Book Collective, *The New Our Bodies, Ourselves*, Simon and Schuster Inc., New York, 1984
4. (1) Brown, Judith and Richard, *The Family Planning Clinic in Africa*, Macmillan, 1987
5. (1) Carrere's, Michael, M.D., *Sexual Health for Women, Your A to Z Guide*, Michael Friedman Publishing Group, Inc., 1990
6. (2) Carrere's, Michael, M.D. *Sexual Health for Men, Your A to Z Guide*, Michael Friedman Publishing Group, Inc. 1990
7. (1) Doress, Paula Brown, and Diane Laskin Siegal, *Ourselves, Growing Older*, Simon and Schuster, 1987
8. (1) Dickey, Richard, M.D., *Managing Contraceptive Pill Patients*, Creative Infomatics Inc., Durant, OK, 1987
9. (1) Ebrahim, Ahmed and Khan, *Maternal Child and Health in Practice*, Macmillan, 1988
10. (1) Eshuis and Mansschot, *Communicable Diseases, A Manual for Rural Health Workers*, 1988
11. (1) Feuerstein, M.T., *Partners in Evaluation*, Macmillan, 1990
12. (2) Gordon, Gill and Tony Klouda, *Talking AIDS, A Guide for Community Workers*, IPPF. Macmillan, 1988
13. (2) Gordon, Gill and Tony Klouda, *Preventing a Crisis, AIDS and Family Planning Work*, IPPF. Macmillan, 1989
14. (1) Greenwood, Sadjia, M.D., *Menopause Naturally, Preparing for thre Second Half of Life*, Volcano Press, Volcano, California, 1989
15. (1) Hamilton, Persis Mary, *Basic Maternity Nursing*, Sixth Edition, The C.V. Mosby Company, Baltimore, 1989

16. (1) Kass-Annese, Barbara and Hal Danzer, M.D., *The Fertility Awareness Workbook*, Printed Matter, Inc., Atlanta, Georgia, 1986
17. (1) King, F. Savage, *Helping Mothers to Breastfeed*, African Medical and Research Foundation, 1987
18. (1) King, King, Martodipoero, *Primary Child Care Book One, A manual for Health workers*, Oxford Medical, 1988
19. (2) Massawe, F., R.Evans,J.Kagimba, *Gynaecology and Obstetrics*, African Medical and Research Foundation, 1988
20. (1) Macmillam/CFNI, *Nutrition Handbook for Community Workers in the Tropics*, Macmillan, 1986
21. (1) McMahon, Rosemary, Barton, Piot, *On Being in Charge, A guide for middle level management in primary health care*, WHO, Geneva, 1988
22. (2) *The Merck Manual of Diagnosis and Therapy*, Merck Sharp and Dohme Research Laboratories, Rahway, N.J., 1987
23. (1) Morley, David, and Hermione Lovel, *My Name is Today*, Macmillan, 1986
24. (1) *Mosby's Medical, Nursing, and Allied Health Dictionary*, Third Edition, The C.V. Mosby Company, Philadelphia, 1990
25. (2) Netter, Frank H., M.D., *The Ciba Collection of Medical Illustrations, Volume 2, Reproductive System*, Seventh Printing, CIBA, 1984
26. (1) Nofziger, Margaret, *A Cooperative Method of Natural Birth Control*, The Book Publishing Company, Summertown, Tennessee, 1979
27. (1) Nofziger, Margaret, *Signs of Fertility the Personal Science of Natural Birth Control*, MND Publishing, Inc. Nashville, Tenn., 1988
28. (2) *Nursing 90, Drug Handbook*, Springhouse Corporation, Springhouse, Pennsylvania, 1990
29. (1) Pfeiffer, Regina Asaph and Katherine Whitlock, *Fertility Awareness, How to Become Pregnant When You Want to and Avoid Pregnancy When You Don't*, Prentice Hall Press, New York, 1984
30. (1) *Physician's Drug Handbook*, Springhouse Corporation, Springhouse, Pennsylvania.
31. (1) Reeder, Sharon J.and Leonide L. Martin, *Maternity Nursing, Family, Newborn, and Women's Health Care*, J.B. Lippincott Company, Philadelphia, 1987
32. (1) Stewart, Felicia, M.D., et al, *Understanding Your Body, Every Woman's Guide to Gynecology and Health*, Bantam Books, New York, 1987

33. (1) *Taber's Cyclopedic Medical Dictionary*, 16th edition, F.A. Davis Company, Philadelphia, 1985
34. (1) Timby, Barbara K. Timby, *Clinical Nursing Procedures*, J. B. Lippincott Company, Philadelphia, 1989
35. (2) Upunda, G. and J. Yudkin, G.V. Brown, *Guidelines to Drug Usage*, Macmillan, 1989
36. (2) Varney, Helen, *Nurse-Midwifery*, Second Edition, Blackwell Scientific Publications, Boston, Ma., 1987
37. (2) Werner, David, and Bill Bower, *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto, Cal., 1987
38. (2) Werner, David, *Where There is No Doctor, village health health care handbook for Africa* OXFAM with TALC, Macmillan, 1987
39. (1) Werner, David, *Disabled Village Children, A guide for community health workers, rehabilitation workers, and families*, The Hesperian Foundation, 1988

Other:

- (2) *Weight for Height Charts*, produced by Save the Children U.K

**BOOKS PURCHASED BY THE FAMILY HEALTH SERVICES PROJECT
FOR INSTITUTE FOR WOMEN'S EDUCATION**

1. (1) Feuerstein , M.T., *Partners in Evaluation*, Macmillan, 1990
2. (1) Brown, Judith and Richard, *The Family Planning Clinic in Africa*, Macmillan, 1987
3. (1) Feuerstein , M.T., *Partners in Evaluation*, Macmillan, 1990
4. (1) Macmillan/CFNI, *Nutrition Handbook for Community Workers in the Tropics*, Macmillan, 1986
5. (1) Morley, David, and Hermione Lovel, *My Name is Today*, Macmillan, 1986
6. (1) Werner, David, *Where There is No Doctor, a village health care handbook for Africa*, OXFAM with TALC, Macmillan, 1987
7. (1) Werner, David, and Bill Bower, *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto, Cal., 1987

BOOKS PURCHASED BY THE FAMILY HEALTH SERVICES PROJECT

FOR THE SOMALI HEALTH CARE ASSOCIATION

1. (1) Brown, Judith and Richard, *The Family Planning Clinic in Africa*, Macmillan, 1987
2. (1) Ebrahim, G. J., *Breast Feeding: The Biological Option*, The Macmillan Press LTD, 1988
3. (1) Ebrahim, Ahmed and Khan, *Maternal Child and Health in Practice*, Macmillan, 1988
4. (1) Kass-Annese, Barbara and Hal Danzer, M.D., *The Fertility Awareness Workbook*, Printed Matter, Inc., Atlanta, Georgia, 1986
5. (1) King, F. Savage, *Helping Mothers to Breastfeed*, African Medical and Research Foundation, 1987
6. (1) Massawe, F., R.Evans, J.Kagimba, *Gynaecology and Obstetrics*, African Medical and Research Foundation, 1988
7. (1) *Merck Manual of Diagnosis and Therapy*, Merck Sharp and Dohme Research Laboratories, Rahway, N.J., 1987
8. (1) Morley, David, and Hermione Lovel, *My Name is Today*, Macmillan, 1986
9. (1) *Taber's Cyclopedic Medical Dictionary*, 16th edition, F.A. Davis Company, Philadelphia
10. (1) Werner, David, *Disabled Village Children, A guide for community health workers, rehabilitation workers, and families*, The Hesperian Foundation, 1988
11. (1) Werner, David, and Bill Bower, *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto, Cal., 1987

**BOOKS PURCHASED BY THE FAMILY HEALTH SERVICES PROJECT
FOR BENADIR HOSPITAL**

1. (1) Bates, Barbara, *A Guide to Physical Examination and History Taking*, J. B. Lippincott Company, Philadelphia, 1987
2. (1) Eshuis and Mansschot, *Communicable Diseases, A Manual for Rural Health Workers*, 1988
3. (1) King, King, Martodipoero, *Primary Child Care Book One, A manual for Health workers*, Oxford Medical, 1988
4. (1) Netter, Frank H., M.D., *The Ciba Collection of Medical Illustrations, Volume 2, Reproductive System*, Seventh Printing, CIBA, 1984
5. (1) Varney, Helen, *Nurse-Midwifery*, Second Edition, Blackwell Scientific Publications, Boston, Ma.

APPENDIX B:

MAJOR EQUIPMENT PURCHASED FOR THE FHS PROJECT BY USAID AND URC

Note: It is anticipated that nothing remains.

<u>Description</u>	<u>Quantity</u>	<u>FHS Institution</u>
1. Audio-Visual Equipment		
a) Address system, Schor (portable)	4	SFHCA
b) Cassette recorder, Sharpe	8	SFHCA
c) Projection Screen, Da-Lite	3	SFHCA
d) Radio/recorder, Panasonic	22	SFHCA
e) Slide projector, Kodak	5	SFHCA
f) Slide projector, Telex	2	SFHCA
2. Clinic Equipment		
a) Basins, washbands, stainless	80	MOH
b) Blood pressure cuffs	80	MOH
c) Examining tables	80	MOH
d) Foot stools	80	MOH
e) Lights	80	MOH
f) Stethoscopes	80	MOH
3. Computer Equipment		
a) Computer, NCR	6	IWE
b) Computer, Toshiba	5	IWE
4. Miscellaneous		
a) Copier, Canon	3	SFHCA (2), MOH
b) Desk lamps, Crownlite	9	Distributed to all
c) Wind generators	2	SFHCA
5. Printing Press Equipment		
a) Light table, Foster	1	CDC
b) Paper cutter	1	CDC
c) Paper drill	1	CDC
d) Printing press, Hamada	4	CDC, 1 @ IWE
e) Racks, Foster	5	CDC
f) Stitcher, Bostitch	2	CDC

6.	Typewriters		
	a) Typewriter, IBM	4	SFHCA, MOH, IWE, SWDO
	b) Typewriter, Olivetti	1	SFHCA
7.	Vehicles		
	a) Jeep, International	14	Distributed to all
	b) Jeep, Cherokee	3	SFHCA (2), SWDO
8.	Video Equipment		
	a) Tape disk	3	SFHCA, MOH, IWE, SWDO
	b) Television Monitor for editing, Sony	1	SFHCA
	c) Television Monitor for editing, Sony Trinitron	2	SFHCA
	d) Television Monitor for editing, JVC Field (5")	1	SFHCA
	e) Television Monitor for editing, Sony (5")	1	SFHCA
	f) Television Monitor, Toshiba	1	SFHCA
	g) Television Monitor, portable (5")	1	SFHCA
	h) VCR, Sony portable	1	SFHCA
	i) VCR, JVC	1	SFHCA

APPENDIX C:

SUMMARY OF TRAINING AND STUDY TOURS

(1) Training: Project Management

Connecticut-Feb. 13-April 7, 1986

1. Amina Hersi Aden, SFHCA
2. Marian Sh. Hussein, IWE

(2) Training: "IEC Communication for Professionals"

Santa Cruz, CA-March 13-April 4, 1986

1. Ahmed Ali Abdi CDC
2. Marian Maslah Ahmed MOI
3. Marian Mohamed Ga'al IWE
4. Maruab Mohamoud Aden IWE

(3) Training: "Communication for Population Health and Family Planning"

Chicago, IL-Sept. 3-28, 1986

1. Shukri Abdi Jama SFHCA
2. Hinda Ahmed Hassan SFHCA
3. Asha Abdulle Wagad SWDO
4. Marian Mohamed Aden IWE
5. Fadumo Ahmed Sheekh SFHCA

(4) Training: Administrative

Washington-Oct. 5-Nov. 2, 1986

1. Mohamed Abdilahi Rage URC

(5) Study Tour

Thailand/Indonesia-June 16-July 5, 1986

1. Hassan Dahir Obsiye CDC
2. Ahmed Ali Askar MOI
3. Abdillahi Issa Good SWDO
4. Mohamed Ali Hassan MOI

(6) **Study Tour**

Zimbabwe-Sept. 17-29, 1986

- | | |
|------------------------|-------|
| 1. Ahmed Mire Shire | SFHCA |
| 2. Hassan Dahir Obsiye | CDC |
| 3. Ahmed Ali Askar | MOI |
| 4. Abdullahi Issa Good | SWDO |
| 5. Mohamed Hassan Ali | MOI |
| 6. Hawa Aden Mohmoud | IWE |

(7) **Training: Management Training**

San Diego, CA-April 6-May 12, 1987

- | | |
|-----------------------|-----|
| 1. Hawa Aden Mohamoud | IWE |
|-----------------------|-----|

(8) **Training: Curriculum Development**

New York-April 30-June 12, 1987

- | | |
|----------------------------|-----|
| 1. Sahra Jibril Ali | CDC |
| 2. Mahdi H. Hassan | CDC |
| 3. Safiya Jibril Abdi | CDC |
| 4. Sirad A/rahman | CDC |
| 5. Xalimo Mohamed Xersi | CDC |
| 6. Mohamoud Mohamed Khalif | IWE |
| 7. Isma'il Mire Mohamed | IWE |

(9) **NCIH Conference**

Washington-June 14-17, 1987, 1 wk

- | | |
|---------------------|-------|
| 1. Shukri Abdi Jama | SFHCA |
|---------------------|-------|

(10) **Study Tour**

Thailand-August 9-19, 1987

- | | |
|---------------------------|------------------------------|
| 1. Murayo Garad Ahmed | SWDO |
| 2. Abdillahi Mah Mohamed | Ministry of Religion & Just. |
| 3. Mohamed Abdillahi Rage | URC, FSN |

(11) **Study Tour**

Egypt-March 23-April 2, 1988

- | | |
|----------------------------|------------------------------|
| 1. Ahmed Mire Shire | SFHCA |
| 2. Dr. Mohamoud Omar Farah | Ministry of Religion & Just. |
| 3. Abdirahman Hussein Abdi | Public Relation of Party |

- (12) **Study Tour for Regional Communicators and Core Trainers**
Port Luis, Mauritius-Oct. 16-26

OPERATIONS RESEARCH

- (1) **Training: NCIH Conference**
Washington-June 14-17, 1987
1. Abdirahman M. Nero SFHCA
- (2) **Study Tour and Training**
Hawaii/Thailand/Indonesia-June 8-July 2, 1986
1. Abdirahman M. Nero
- (3) **Study Tour**
Zimbabwe-Feb. 17-28, 1987
1. Abdirahman M. Nero SFHCA
2. Farah Abokor Khayre USAID, FSN
3. Rahma Ahmed Elmi SFHCA

MINISTRY OF HEALTH

- (1) **Training: "Communication for IEC Professionals"**
Santa Cruz, CA-March 13-April 7, 1986
1. Halima Abdi Sheikh
- (2) **Training: Supervision and Evaluation Management at CEDPA**
Washington-May 5-June 5, 1986
1. Sahra Aden Guled
2. Shun Aden Suleyman
- (3) **Training: Management Information at CEDPA**
Washington-May 11-May 30, 1986
1. Marian Mohamed Abdulle

(4) **Training: Supervision and Evaluation**

Washington-Aug. 4-Sept. 5, 1986

1. Adar Abdi Fidwo
2. Mana Osman Gedi
3. Mohamed Ahmed Abdi

(5) **Training**

Boston, MA-Oct. 19-Nov. 13, 1987

1. Marian Mohamed Abdulle

(6) **Study Tour**

Bangkok-Aug. 9-19, 1987

1. Dr. Mohamed Abdi Yusuf
2. Dr. Mohamed Warsame Ali

(7) **Study Tour**

Cairo/Tunis-Nov. 29-Dec. 1987

- | | |
|--------------------------------|----------|
| 1. Dr. Abdillahi Mohamed Siyad | MOH |
| 2. Dr. Kasim Aden Egal | MOH |
| 3. Dr. Osman Mohamed Ahmed | MOH |
| 4. Mr. Hassan Ali Dirie | MOH |
| 5. Mr. Mohamed Abdillahi Rage | URC, FSN |

(8) **Study Tour**

Cairo/Tunis-Dec. 20-Jan. 3, 1988

1. Dr. Sharif Abbas
2. Dr. Mohamed Hassan Dirir
3. Dr. Mohamed Abdi (Dr. Baydhaba)
4. Dr. Mohamed Warsame

(9) **Training: International Health Program**

Washington-April 6-May 10, 1988

1. Sahra Aden Hussein
2. Kaltun Abdillahi Ali

- (10) **Technical Workshop**
Washington-April 13-April 30, 1988
1. Dr. Abdillahi Mohamed Siyad
- (11) **Training**
Zion, IL-Sept. 5-30, 1988
1. Drs. Asha Abdillahi Mohamed
- (12) **Conference**
Rome-June 12-19, 1988
1. Mohamed Warsame Ali
- (13) **Conference**
Stockholm-June 12-16, 1988
1. Dr. Mohamoud Ahmed Omar
- (14) **Training-Clinical Family Planning**
Mombasa-Oct. 24-Nov. 18, 1988
1. Halimo Abdi Sheikh
2. Sahra Aden Guled
3. Mana Osman Gedi
4. Madina Bilal Shegow
- (15) **Study Tour-Political and Religious Leaders**
Morocco-Sept. 25, 1988
1. Dr. Mohamed Ali Yusuf
2. Omar Ugas Mohamed
3. Osman Farah Isma'il
4. Osman Aamin Obsiye
- (16) **Study Tour-MOH Policy-Makers**
Egypt-Nov./Dec. 1988
1. Dr. Munsar
2. Dr. Mohamud
3. Dr. Rukia Sief

APPENDIX D:

FAMILY HEALTH/FAMILY PLANNING PROTOCOLS

For MCH Clinic Nurses and Midwives

I. INTRODUCTION

Protocols are the various steps the MCH nurses and midwives should take when providing integrated family health/family planning services in the MCH centers in Somalia. These protocols were based on the General Policy Guidelines, and Clinical Procedures and Guidelines, approved by the Medical Review Panel of the Family Health/Family Planning Division of the Ministry of Health. The guidelines are published in "The Clinical Family Health/Family Planning Curriculum for Health Professionals", which is to be used as a training and reference manual in the MCH centers.

II. FACILITIES NECESSARY FOR PROVIDING FAMILY HEALTH/FAMILY PLANNING SERVICES

A. A Proper Environment

1. The Clinic

- (a) A clean and organized clinic
- (b) Display contraceptives where they can be easily seen by all clients entering the clinic for antenatal and postpartum child care and those coming for immunizations and food supplements.
- (c) Hang the family planning posters on the walls

2. The MCH/FH Counseling Area

- (a) A private and comfortable place for counseling
- (b) Display the contraceptives on the table
- (c) Display the contraceptive brochures

B. Equipment and Supplies

1. Essential Equipment

- (a) Blood pressure cuffs
- (b) Stethoscope
- (c) Scales

2. Contraceptive Commodities Available

- (a) Oral Contraceptives
- (b) Spermicide
- (c) Condoms
- (d) IUD's will only be available at the Family Health/Family Planning clinic at Benadir Hospital or at a private OB/GYN physician's clinic.

C. Recording Forms

- 1. Daily register
- 2. Family Health/Family Planning card where exist
- 3. Mother's Card
- 4. Monthly statistics form
- 5. Inventory forms

III. THE ROLE OF THE MACH NURSES AS FAMILY HEALTH/FAMILY PLANNING PROVIDERS

The goal of the Family Health/Family Planning Division is to have integrated family health/family planning services. In order to accomplish this, all MCH nurses should be able to provide level one Family Health/Family Planning services plus prescribe oral contraceptives. (See the General Policy Guidelines). Every MCH center should have the head nurse, the deputy nurse and one (1) family health/family planning specialist who has completed the clinical skills training provided by the Family Health/Family Planning Division. These specialists will be available for consultation by the staff of the MCH nurses and will provide on the job training.

A. All MCH Nurses should be able to:

- 1. Provide Health Education on the following topics:
 - (a) Benefits of Child-Spacing (Lesson 1)
 - (b) Islam position on child-spacing (Lesson 2)
 - (c) Islam Position on female circumcision (Lesson 3)
 - (d) Female circumcision (Lesson 30)
 - (e) Benefits of breastfeeding in relationship to child spacing (Lesson 12)
 - (f) Natural child spacing methods (Lessons 13 & 14)
 - (g) Modern Methods of childspacing (Lessons 15,16,18,19,141)
 - (h) AID's and sexually transmitted diseases (Lesson 25)
 - (i) Anemia (See the MCH guidelines)
 - (j) Infertility (Lesson 27)

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2. Counsel regarding traditional and natural methods
 - (a) Encourage "full breastfeeding" and counsel women on the use of breastfeeding as a contraceptive method
 - (b) Teach women how to detect their most fertile time and when their safe days are by use of the calendar and mucus method.
3. Counsel and provide contraceptives
 - (a) Counsel new acceptors and those considering taking contraceptives
 - (b) Provide oral contraceptives, spermicide and condoms to any eligible couple
 - (c) Provide proper follow up to revisit clients
4. Manage Side Effects
 - (a) Identify and manage common side effects of oral contraceptives
 - (b) Know when to refer to a physician
5. Identify and Refer IUD Acceptors
6. Identify and refer women who are at high risk for Maternal Mortality
 - (a) Counsel regarding sterilization methods
 - (b) Refer to a physician for consultation regarding best suited contraceptive for them
7. Record
 - (a) Family Health/Family Planning card where it exists
 - (b) Mother's card
 - (c) Family Health/Family Planning Daily register

B. All MCH nurses should integrate Family Health/Family Planning with the following services:

1. Antenatal care
 - (a) Discuss the importance of breastfeeding and childspacing
 - (b) Information should be given on all family planning methods

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2. Postnatal Care

Encourage all women 40 days postpartum to breastfeed fully or to start a modern childspacing method such as:

- (a) Condoms and or spermicide
- (b) Condoms and or spermicide until the third month when they can start the combined pill

3. Immunizations

- (a) Encourage all women at the six EPI week appointment to start using a childspacing method and provide Family Health/Family Planning follow-up at every EPI visit.
- (b) Discuss and promote breastfeeding as a child-spacing method
- (c) If the mother is not fully breastfeeding, then encourage another method appropriate for her

4. Community Health (Nurses working in the lanta sites)

- (a) Provide Family Health/Family Planning health education to the community and to individuals
- (b) Counsel and refer women to the MCH centers of Family Health/Family Planning services

C. Role of the head nurse, deputy nurse and Family Health/Family Planning services: Performs level 2 of the Family Health/Family Planning services (See the general policy guidelines). These include all the duties of the MCH nurse, plus the following:

- 1. Assesses complaints and possible complications associated with the pills and IUDs and know when to refer clients to a physician or senior nurse/midwife Family Health/Family Planning expert;
- 2. Provides initial assessment and counseling of infertile couples and refer appropriately;
- 3. Recognizes the signs and symptoms of the common sexually transmitted diseases including PID and refer clients to the Family Health/Family Planning clinic at Benadir Hospital or a private M.D. for further evaluation and treatment;
- 4. Keeps inventory records and ensure there is a sufficient supply of contraceptive commodities and store properly using the first in first out system; and,
- 5. Submits monthly reports on contraceptive usage

IV. PROTOCOLS FOR PROVIDING FAMILY HEALTH SERVICES

A. Protocol for Family Health/Family Planning counseling

1. Family Health/Family Planning counseling must be provided to all clients coming to the MCH centers
2. Family Health/Family Planning must be conducted in a private area
3. Every client should be properly greeted, asked the reason for the visit and feel free to ask any questions
4. Every client that desires a child-spacing method must be counseled on all methods (traditional and modern) available in order so that they can select the best method for them
 - (a) New FP clients should be given counseling that includes:
 - * How each method prevents pregnancy
 - * The effectiveness if used correctly
 - * The benefits
 - * The side effects and possible problems with the method

B. Protocol for Oral Contraceptive Users: (Refer to the oral contraceptive information/sheet guidelines for family planning providers, Lesson Plan 18)

1. Rule out any contraindications
 - (a) Ask all the questions on the pill checklist
 - (b) Take the BP (To be a normal BP, the systolic must not be higher than 140 and the diastolic not higher than 90)
 - (c) If the client says no to the questions on the pill checklist and her BP is normal she is a good candidate for the pill.
2. Provide the client instructions on:
 - (a) When to begin taking the pill
 - (b) How to take them
 - (c) Common side effects the first three months
 - (d) What to do if one or two pill(s) are missed
 - (e) What the danger signs are
 - (f) When to return to the clinic

3. Dispensing pills

(a) New pill users

- * Dispense one cycle to new pill users
- * Instruct new pill users to return to the clinic for a follow-up visit before finishing the first pack.

(b) Revisit pill users

- * Dispense three cycles to clients already taking the pills and who have no problems

4. Follow-up Visits

(a) Take the blood pressure

(b) Ask the client the following questions:

- * Do you have any problems when on the pill?
- * Ask them to demonstrate using a pill packet
- * When was your last period?
- * If you miss one pill, what should you do?
- * If you miss two pills, what should you do?

(c) Manage common side effects of the pill and refer complications to the Family Health/Family Planning clinic at Benadir, a senior Family Health/Family Planning nurse/Midwife expert or to a private OB/GYN physician. (See Appendix A)

C. Protocol for clients selecting condoms: (Refer to the Condom Guidelines in Lesson Plan 15)

1. Give them instructions on the following:

- (a) When to use
- (b) How to use
- (c) How to lubricate the condom
- (d) How to properly care and store them

2. Dispense 20 condoms at one visit

D. Protocols for clients selecting spermicide: (Refer to the spermicide guidelines in Lesson Plan 15)

1. Give clients information on the following:
 - (a) When to use
 - (b) How to use
 2. Dispense at least a three month supply:
 - (a) 1 tube of tablets OR 20 suppositories
- E. Protocols for clients selecting the IUD: (Refer to the IUD guidelines in Lesson Plan 19)

In Somalia, the Medical Panel Review recommends only women who have at least one living child, who have no contraindications, and who choose this method may use this IUD. (Refer to #22 of the family health/family planning general policies in the Family Health/Family Planning curriculum).

1. Rule out any contraindications; contraindications are listed in the IUD guidelines
 2. Provide the client instruction:
 - (a) What the IUD is
 - (b) How it works
 - (c) The advantages of the IUD
 - (d) The possible side effects and problems that can occur
 - (e) How long the IUD will prevent pregnancy
 - (f) When it can be inserted
 - (g) The importance of checking the string
 - (h) Danger signs and when to return to the clinic
 - (i) Refer to Family Health/Family Planning clinic at Benadir Hospital, or a private OB/GYN physician for an IUD insertion and follow-up
- F. Protocols of infertile clients: (Refer to the infertility information/guidelines sheet Lesson Plan 27).
1. When a client comes for infertility problems, try to talk with both the husband and the wife together
 2. Assess whether or not the client has primary or secondary infertility
 3. Try to assess the possible cause based on taking a history of the couple (Refer to History Forms in the guidelines)

4. Counsel of fertility awareness

- (a) With the couple figure out when her most fertile time is in her menstrual cycle
- (b) Discuss timing of intercourse

APPENDIX E:

LIST OF KEY SOMALI FHS PROJECT STAFF

Ministry of Health

Headquarters

Dr. Kasim Andew Egal, Director General
Dr. Osman Mohamed Ahmed, Director of Community Health
Dr. Abdikamal A. Salad, Director, MCN
Asli Aden Askir, Deputy Director, MCN
Hassan Muse Khalif, Training Officer, MCN

Family Health/Family Planning Division

Dr. Mohamed Warsame Ali, Director
Dr. Ayub Sheik Yero, Deputy Director
Halima Abdi Sheikh, Head of Public Sector
Adar Abdi Fidow, Regional Coordinator
Maryan Mohamed Abdulle, Head of Private Sector
Mana Osman Ghedi, Head of General Services
Zahra Aden Hussein, Head of the Resource Center
Medina Bilel, Public Sector Unit
Abbas Ahmed Mao, Office Manager

Benadir Hospital

Dr. Abdiaziz Ahmed Hassen, Director
Dr. Faduma Hagi Mohamud
Dr. Muhubo Ahmed Gure
Dr. Salah Abdalla Omar
Dr. Mohamed Haddi Ahme
Dr. Maryan Haji Aweys

Somali Family Health Care Association

Abdi Hali, Director
Hawa Aden, Board Member
Ahmed Mire Shire, Former Director, Ministry of Education

Institute of Women's Education

Faduma Sharif, Director

Curriculum Development Center, Ministry of Education

Hassan Dahir Obsiye, Director

World Health Organization

Dorothy Delaney, Advisor to the Basic and Post Basic Midwifery School
Shameen Ahmed, MCH/FH consultant

Post Basic Midwifery School

Seynab Mohamed Afrah, Principal

APPENDIX F

**FAMILY HEALTH/FAMILY PLANNING HEALTH TERMS
ERAYBIXINTA CAAFIMAADKA QOYSKA/QORSHEYNTA QOYSKA
ENGLISH - SOMALI**

A.

Abdomen	-	Ubuc
Abortion	-	Dhicin
Absolute	-	Sugan/deysan
Abstinence	-	Galmo-kasoon
Adnexa	-	Kularneyaasha minka (minxajisyo)
AIDS	-	AIDS: Bushiga Adkeysiyarida la yeeshay
Allergy	-	Kahsi
Amenorrhea	-	Caado la'aan
Anemia	-	Dhiigyari/dhiigdarro
Anteflexed	-	Hore u dheellisan
Antibiotic	-	Antibiyootik
Anus	-	Futada/dubburta
Areola	-	Heeladka ibnaasta (ibnaaska)
Applicator	-	Meeleeye
Axillary	-	Kilkilsha

B.

Bacterial vaginosis	-	Dhuqlahan bakteeri
Barrier	-	Teed
Bartholin's gland	-	Qanjirka Bartolini
Benefits	-	Faa'idooyin
Bimanual exam	-	Baarista labada gacmood
Bladder	-	Kaadiheysta
Blindness	-	Indho la'aan
Blood clot	-	Xinjirdhiig
Blood clotting	-	Dhiigxinjirow
Blood pressure	-	Cadaadiska Dhiigga/Baariga dhiigga
Blood pressure cuffs	-	Dhiigbeeg
Blurred vision	-	Arag caweersan
Body Basal Temperature	-	Kulka saldhigga ah ee jirka
Body temperature-	-	Heerkulka jirka
Body weight	-	Culeysa jirka
Breastfeeding	-	Naasnuujin
Breasts	-	Naaso
Burning	-	Hur/Gubasho

C.

Calendar method	-	Habka xilliraaca
Candida cervicitis	-	Qoorminholoca Kandidooska
Cardio vascular disease	-	Cudur wadnaha iyo dhuundhiigyada
Centrifuge	-	Warfiso
Cervical cancer	-	Kansarka qoorta minka
Cervical mucus	-	Xabka qoorta minka
Cervix	-	Qoorta minka
Child birth	-	Imodhalid
Child spacing	-	Kaladheereyn dhalmo
Chills	-	Buruunjiyeys/Jarcayn
Chlamydia	-	Kalamiidiya
Climax	-	Xaraaradkac
Clinic	-	Rug caafimaad
Clitorectomy	-	Kintirgoyn/feetingoyn
Clitoral hood (prepuce)	-	Hagoogta kintirka (feetinka)
Clitoris	-	Kintirka (Feetinka)
Colostrum	-	Danbar
Combined oral contraceptives	-	Rimidreebka dhafan ee afka
Conceive	-	Rimid
Condom	-	Galcaar, galcisal
Condyloma	-	Kondiloom
Contraception	-	Rimidreebid
Contraindication	-	Kareebbanaan
Corpus Luteum	-	Jurmiga hurdiga ah
Counseling	-	Latalin
Cowper's gland	-	Qanjirka Kowber
Cream	-	Labeen
Cystocele	-	Kaadihaysdabac

D.

Diarrhea	-	Shuban
Diaphragm	-	Aaburka
Dipstick	-	Qoriga kaadibaarka
Disease	-	Cudur/Jirro
Dysmenorrhea	-	Caadolur
Dyspareunia	-	Galmolur
Dysuria	-	Kaadilur
Diabet	-	Sonkorow

E.

Eclampsia	-	Sidsumow/Eglamsiya
Ectopic pregnancy	-	Uurhabow (uurdibadeed)
Edema	-	Barar
Effectiveness	-	Wax ku-oolnimo
Ejaculation	-	Biyobax

Endometrium	-	Gudaha minka
Epididymis	-	Ebididimis/Xiniinfuul
Epilepsy	-	Qallal
Estrogen	-	Esterojiin
Exam table	-	Saariirta baarista
Excision	-	Rujin
Expulsion	-	Sootuurid
Extremities	-	Addimada
Eyes	-	Indhaha

F.

Fallopian tubes	-	Dhumaha Falloob
Family	-	Qoys
Female Circumcision	-	Gudniinka haweenka
Fertile/unsafe days	-	Maalmaha bacrinsanaanta
Fertility	-	Bacrinsanaan
Fertilization	-	Bacriminta
Fever	-	Xummad/Qandho
Fibroid	-	Buro minka/Fiboroon/Taharfooc
Fingers	-	Faraha
Flashing lights	-	Ifbiriq
Follicle	-	Qaldhab
Follicle Stimulating Hormone (FHS)	-	Hormonka kiciya qoldhobka

G.

Genital warts	-	Honqorta xubnaha taranta
Gonorrhea	-	Jabto/Bushimegel

H.

Haematocrit	-	Qiyaasta casaandhiigga
Haemorrhage	-	Dhiigbax
Headache	-	Madax-xanuun
Health education	-	Baraarujin caafimaad
Heart attack	-	Wadnewareen
Hemoglobin	-	Midibeeyaha dhiigga/Hemooglobin
High fever	-	Xummad sare/Qandho daran
Hormones	-	Hormoonyo
Hygiene	-	Fayadhowrid/Nadaafad
Hymen	-	Bikirka
Hypertension	-	Dhiigkar/Baarikac
Hypothalamus	-	Hibotalamka

I.

Implantation	-	Beerimid/Tallaalimid
Impotence	-	Kudidli'i, kudidbeel
Incision	-	Jeexid, sarid
Infection	-	Lahankac
Infertile days	-	Maalmaha bacrin la'aanta
Infertility	-	Dhalla'aan
Infibulation	-	Qodbid
Injection	-	Duris, durid
Inguinal lymph nodes	-	Qanjirliin foodka saracda
Inspection	-	Fiirin
Intercourse	-	Isutegid/Galmo
Intrauterine device	-	Qalabka minkujirka

J.

Jelly	-	Xabkood
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L.

Lab	-	Sheybaar
Labia majora	-	Bushimaha waaweyn
Labia minora	-	Bushimaha yaryar
Legs	-	Lugaha
Liver tumor	-	Burada beerka/Beerfooc
Lubricant	-	Subke/Dufan/Aglool
Lump	-	Gunud
Lung diseases	-	Cudurrada sambabka
Luteinizing Hormone (LH)	-	Hormoonka hurdiyeynta

M.

Mackintosh	-	Banbiirada sariirta
Menopause	-	Dhalmodeys
Menorrhagia	-	Xayl daad
Menstruation	-	Caado/Ciso/Xayl
Menstrual cycle	-	Meertada caadada
Mid position	-	Meeldhexaad

Migraine	-	Goonjab/Dhanjaf
Mild sunna	-	Sunna fudud
Miscarriage	-	Dhicin
Modern contraceptives	-	Rimidreebyada casriga ah
Morbidity	-	Bukasho
Mortality	-	Dhimasho
Moniliasis	-	Moniliyaas
Mouth	-	Afka
Muscles	-	Muruqyada

N.

Natural Family Planning	-	Kala dheereynta dhalmaada ee dabiiciga ah
Neonate	-	Dhallaanka
Nipples	-	Ibnaas
Nongonococcal urethritis	-	Kaadimareenholoc aan jabto ahayn

O.

Operation/surgery	-	Qalliin
Ophthalmia	-	Indhaxanuun
Ovary	-	Ugxeeye
Ovulation	-	Ugxayn
Ovum or egg	-	Ugxan, ugax
Oxytocin	-	Oksitosiin

P.

Pain	-	Xanuun
Palpation	-	Taabasho
Pap smear	-	Tirmada pap
Penis	-	Cisalka
Pelvic examination	-	Baarista miskaha (qabaalka)
Perforation	-	Daloolin, faruurid
Perineum	-	Saxaax, cawro

PID (Pelvic Inflammatory Diseases)	-	Cudurrada holaca ee miskaha (qabaalka)
Pituitary gland	-	Qanjirka bituwitarka
Pneumonia	-	Oofwareen, qaarjeex
Post-natal	-	Dhalmada ka dib
Pregnancy	-	Uur, sid
Premature-ejaculation	-	Biyobax degdega
Prepuce	-	Buuryo
Progesterone only pill	-	Kiniinka borojesteroon-kelilaha ah
Progestron	-	Borojesteroon
Prolactin	-	Borolaktiin
Prostate glands	-	Qanjirka Buruqda
Protection	-	Dhawrid/Difaac
Purulent	-	Malaxaysan

R.

Rectocele	-	Malawaddabac, Maroordabac
Relative	-	Dhimman
Retroflexed	-	Dib u dheellisan

S.

Scale	-	Miisaan
Scar	-	Haar
Scrotum	-	Qandiga/kiishka xiniinyaha
Self breast exam	-	Naas baarid shakhsi
Semen	-	Minada, xawada, shahwada
Seminal vesicles	-	Dhitays, minokaydshe
Sheet	-	Go'
Skene's glands	-	Qanjirka Iskenes
Speculum	-	Dhalimuuje, dhalifure
Sperm	-	Xawo, shahwo, mino
Spermicides	-	Xawodile
Spleen	-	Beeryaro
Sponge	-	Isbuunyo
Blood Spotting	-	Baro dhiig

STD (Sexually Transmitted Diseases)	-	Cudurrada galmada
Sterilization	-	Tarantirid
Stethoscope	-	Maqliye
Stomach	-	Caloosha
Stroke	-	Maskaxwareen
SUNNA	-	Sunna
Supplementary feeding	-	Quudin dheeri ah
Suppositories	-	Cubaalo
Sympto-thermal	-	Astaankul
Syphilis	-	Waraabow/Xabbad

T.

Testes	-	Xiniinyaha
Thromboembolism	-	Saaruqmeer
Thrombosis	-	Saaruqow
Timing	-	Waqtiyeyn
Traditional	-	Dhaqan
Trichomoniasis	-	Tirikomoniyaas
Tubectomy	-	Dhuungoyn
Thyroid gland	-	Qanjirka tiyroydka

U.

Urethra	-	Kaadimareenka
Urethritis	-	Kaadimareenholoc
Uterus	-	Minka/ilmagaleenka, ilmasideha

V.

Vagina	-	Mataan, dhuq
Vaginal opening	-	Afka mataanta
Vaginal tablets	-	Kiniinka mataanta (dhuqda)
Vaginitis	-	Mataanholac
Varicose veins	-	Aroorshefid
Vas deferens	-	Xawomareenka
Vasectomy	-	Xawomareengoyn
Vulva	-	Dhali

W.

Weight gain	-	Koror miisaan
Wet mount	-	Beeridda dheecaanka qoorta minka
Withdrawal	-	Casli

Y.

Yeast	-	Khamiir
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