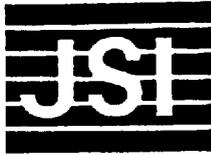


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OPTIONS FOR FAMILY CARE
John Snow, Inc

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OPTIONS FOR FAMILY CARE

A Contract between USAID Yemen and John Snow, Inc

ANNUAL PERFORMANCE REPORT

JANUARY 10, 1995 - DECEMBER 31, 1995

John Snow, Inc
International Headquarters

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ANNUAL PERFORMANCE REPORT

Project: Options for Family Care
Contractor: John Snow, Inc
Contract #: 279-0090-C-00-5516
Reporting Period: January 10, 1995 to December 31, 1995
Report #: Q-02/A-01

Section I - CONTRACTOR'S REPORT

A. Narrative:

1 Background

The Goal and Purpose of the contract between John Snow, Inc and USAID/Yemen under the Options for Family Care Project (OFC) are

Goal "To improve Yemeni family health and welfare", and

Purpose "To increase use by Yemeni women and children of health services in target governorates"

There are seven Activities within two broad Components specified in the existing OFC contract. The resources made available to accomplish the Goal, Purpose, and Activities include six long-term advisors, approximately 15 program and administrative staff locally recruited, and a total cost plus fixed fee of \$5,889,358.

During the second half of this reporting period, USAID proceeded with plans to modify this contract in a number of significant ways:

- 1 The incorporation of a revised USAID Strategic Framework with associated Intermediate Results, Performance Indicators, and Units of Measure
- 2 The incorporation of "performance-based" contracting principles
- 3 The orientation of the project to a broad MCH focus -- in which a variety of MCH interventions such as safe motherhood, child survival, and family planning -- are emphasized
- 4 The replacement of the original scope of work (SOW) with a revised SOW reflecting the above-mentioned changes
- 5 Extension of the contract for two additional years, addition of a fourth governorate (Lahj), and addition of financial and human resources

This modification process, expected to be completed in early 1996, will provide JSI and its subcontractors with flexibility in implementing project interventions to achieve

the desired results, based on the USAID Strategic Framework. To avoid loss of momentum, JSI staff have proceeded to plan activities based on this revised SOW in advance of the contract modification. This report, however, is organized according to the contract terms and SOW which remained in force through the end of calendar year 1995. Subsequent reports will be organized in accordance with the reporting requirements delineated in the revised contract.

2 Expected Results

The expected results of the original contract are stated in the form of "Performance Standards" related to each of the contract Activities. The attached document, entitled "Yemen Options for Family Care Summary SOW", summarizes the contract Components, Activities (with associated Tasks), and Performance Standards (this language has been taken directly from the contract schedule itself).

As indicated above, the revised contract will contain a related, but different, set of performance standards in the form of performance indicators and units of measure. While project planning during most of this reporting period has been in accordance with the performance indicators anticipated to be in the revised contract, this report (as a matter of contractual conformity) relates to the Performance Standards in the original contract.

3a Core activities during this reporting period

1 Activities completed

- a Establishment of project headquarters in Sana'a, and recruitment of local hire staff.
- b Recruitment and arrival of five long-term advisors

Chief of Party Mr Thomas W Hardy
Population Policy Advisor Dr Mahmoud Farag
Clinical Advisor Dr Nagiba Abdulghani
Training Advisor Dr Yvonne Sidhom
Management Systems Advisor Ms Susan Klem

- c Strategic planning and formulation of workplan for Year 1

All long-term advisors, including the candidates for Management and IEC Advisors, assembled in Sana'a at the end of June, 1995 for a team building/strategic planning meeting. They were joined by the JSI Boston staff responsible for technical and administrative backstopping, with participation by USAID, MOPH and NPC staff. This meeting produced a draft workplan for the first year of project activities, which was to be revised during governorate-level needs assessments. (The draft workplan was submitted to USAID and to the project's principal MOPH and NPC counterparts for review and comment.)

When it became apparent that USAID would be able to proceed with the anticipated revision of the OFC contract, it was agreed between JSI and USAID not to finalize the original workplan, but rather to prepare a revised workplan in accordance with the new contract SOW following its approval. The OFC team has therefore worked generally in accordance with the original draft workplan, extensively incorporating the new elements suggested by the USAID Strategic Framework as it evolved through the latter half of this reporting period

- d Provision of technical comments to USAID regarding the USAID Strategic Framework, Performance Indicators, and Units of Measure
- e Establishment of project office in Mukulla, Hadramaut Governorate
- f Naming of MOPH and NPC counterparts

During this period, the key counterparts for the OFC project were named by the central-level MOPH and the NPC. They are Dr. Mona Al-Mudwah, Director of MCH, MOPH, Dr. Mohamed Awad, Coordinator of MCH, MOPH, and Mr. Amm Ma'rouf Al-Junaid, Assistant Secretary General, NPC. Counterparts have also been identified and mutually agreed upon for Hadramaut and Hajjah governorates. These are Dr. Salim Obeid Ghanim, Director of MCH, Hadramaut, and Dr. Ismail Humeid, Director of Public Health, Hajjah. All of these are senior individuals with the organizational stature needed to effectively implement project interventions and assure that project activities constitute an integral part of their organizations' workplans. Just as important are the OFC team's ongoing efforts to nurture working relationships with many individuals throughout the health care system, upon whose efforts the success of the project will depend.

ii. Activities ongoing

- a Production of a Master Plan for the five-year period of the contract. This Plan is being prepared with information gathered from the Governorates and from the MOPH and NPC, and is based on discussions with key counterparts and a variety of management and service delivery personnel.
- a Conduct of baseline assessments (training, clinical, and management) in the four governorates, and more specialized assessments at the central level of MOPH and NPC. Approximately 75% of the field work for these assessments was completed during this reporting period.
- b Planning for project interventions in collaboration with central- and governorate-level counterparts. This planning will culminate in the production of the aforementioned Master Plan and a series of annual workplans.

- c Implementation of selected interventions as appropriate for the early stages of the project. These are detailed in the "Performance" section which follows.
- d Development of operating principles and guidelines for the project, e.g., performance-based programming, human resource development scheme, clinic selection/addition criteria, etc. These will be detailed in the Master Plan.
- e Donor coordination as appropriate for governorate-based activities as well as for such central-level activities as HMIS and logistics system assistance.
- f Recruitment of remaining long-term advisors. Several strong candidates for Hodeidah and Lahj have been identified after an extensive search. Appointments are anticipated in January, 1996.
- g Establishment of Governorate offices in Hajjah, Hodeidah, with preliminary work on establishment of a Lahj office in anticipation of that governorate joining the project.
- h Recruitment of remaining local hire staff (governorate-level). All Hadramaut positions have been filled except for the Community Participation Coordinator. A short list of candidates for all positions in Hajjah has been developed, with appointments anticipated in January, 1996. Recruitment of local staff for Hodeidah and Lahj await the arrival of the senior advisors, although a file of candidates has been assembled.
- i General management, administrative, procurement and logistical activities.

3b Current buy-ins

Not applicable to this contract

3c Current subcontracting activities

- a Association for Voluntary and Safe Contraception International provides the MCH/Clinical Advisor (Dr. Nagiba Abdulghany) and related consultants.
- b International Health and Development Associates provides the Training Advisor (Dr. Yvonne Sidhom), related consultants, and support for procurement of clinical equipment and supplies.
- c Program for Appropriate Technology in Health provides the Community Participation/Social Analyst and related consultants.
- d World Education Incorporated provides the services of Mr. Joseph Moyer, Senior Technical Advisor.

4 Performance

This section is organized according to the performance standards delineated in the existing contract. The letter “C” refers to the project Component, “A” refers to Activity, and “PS” refers to Performance Standard. In accordance with the new USAID Strategic Framework that evolved during this reporting period, some of the activities from which these Performance Standards are derived may not be emphasized over the life of the project. Significant areas of de-emphasis or alteration of activities are discussed in the “commentary” sections below, along with information useful to an understanding of JSI’s approach to project interventions covered by that Performance Standard.

COMPONENT ONE – POPULATION POLICY

C1-A1-PS1 “Three policy studies are conducted and disseminated in collaboration with the Policy Advisor and NPC ”

Commentary USAID’s Strategic Framework emphasizes direct action in the policy area which will improve the climate for MCH/FP service delivery. To the extent that research is needed either to define the nature of service delivery problems, or to test the feasibility of proposed solutions to those problems, such research may be supported under the OFC contract.

Performance

- OFC staff (the Policy, Training, and Clinical Advisors) participated in a workshop designed to establish an operations research agenda for the NPC related to reproductive health and family planning issues. Such research would be carried out under the auspices of the National MCH/FP Program, which has been established under the leadership of the NPC. The OFC Policy Advisor worked during this reporting period with staff of the NPC Studies, Research and Evaluation Unit to prioritize and otherwise plan for implementation of these research activities.

C1-A2-PS1 “An operational mechanism established to bring major field implementation problems and policy issues to the NPC policy dialogue agenda ”

Commentary This will remain a high priority for the OFC Contract under the new USAID Strategic Framework.

Performance A number of operational mechanisms linking the NPC with direct service delivery have been established and continue to be nurtured.

- The regular meetings of all OFC staff ensure that the Policy Advisor is aware of and can bring to the NPC’s attention those service delivery problems and issues that are identified in the course of implementing OFC’s service delivery component.

- The Policy Advisor from the NPC side, and other OFC staff from the MOPH side, have worked to regularize and improve substantive contact between the MOPH and the NPC. For example, the NPC assisted the MOPH in incorporating policy objectives related to MCH/FP into the MOPH's five-year Plan for Health Development. These policy objectives are summarized in Chapter Two of the Plan, and reflected in various of the implementation strategies which appear throughout the Plan.
- The planned National MCH/FP Program provides, in principle, a direct linkage between the NPC's policy agenda and the service delivery functions of the MOPH and other implementing agencies.
- The Policy Advisor helped to establish the Population Projects Follow-up Committee, with representatives from all of the Yemeni implementing agencies, which regularly receives and reviews project progress reports.

C1-A2-PS2 "Support to the NPC provided for selected conferences, workshops, policy studies, and information dissemination

Commentary This type of direct policy dialogue will continue to be emphasized under the new Strategic Framework.

Performance During this reporting period, the OFC project participated actively in the NPC's population awareness-raising program.

- Three governorate-level seminars were held -- in Ibb, Hajar, and Aden -- designed to inform local policy makers across all sectors of the implications of rapid population growth and associated issues on their programs, and to assist them in incorporating appropriate population action into their future plans (Principle funding for this series of seminars is provided by UNFPA, with the OFC Policy Advisor providing technical input.) It is important to note that these events were fully covered by the mass media -- TV, radio and newspapers -- thereby increasing public awareness of the country's official assessment of population-related problems in Yemen, and the Government's adoption of a national program to address these problems.
- The NPC, again with technical support from OFC, also provided assistance to all appropriate Ministries in incorporating population-related action into their respective components of the national five-year plan.
- The Policy Advisor assisted NPC staff in updating important elements of the National Population Strategy, including revision of demographic goals which had been clearly unachievable.

- The NPC sponsored other events in which high-level government support for MCH/FP was vividly demonstrated. The planning meetings for the National MCH/FP Program provided the occasion for prominent government leaders to specifically endorse and encourage strong MCH/FP program efforts. These NPC-sponsored, OFC-assisted events were
 - 1 A two day seminar was held in Sana'a November 27-28, 1995 to incorporate the population component into the five year plan and to discuss the Ministries' proposals for updating the National Population Strategy. The Deputy Prime Minister gave a speech at NPC strongly supporting the goals of the National Population Strategy and the MCH/FP program elements necessary to achieve them. The speech and the seminar sessions were well covered by the mass media
 - 2 The Population Planning Committee, attended by the Planning Directors of the different Ministries, held two meetings to follow-up the status of the incorporation of the population component into the sectoral five year plans
- OFC also made plans during this period to support the NPC's capacity to continue these awareness-raising and policy support activities through the acquisition of the necessary equipment and expertise to produce "RAPID-type" presentations. Negotiations are underway with the POLICY project (managed by the Futures Group) to provide the necessary technical assistance

C1-A3-PS1 "The computer needs assessment completed and approved and the hardware and software is in place and operational."

Commentary While the most important aspect of this activity is the computer equipment needed for the "RAPID" presentations, the NPC also has need of computer equipment for more general research, evaluation, and information dissemination activities

Performance

- The computer needs assessment begun during this reporting period will determine all of these needs, with the probable outcome of purchasing both types of computer equipment. The original contract specifications and budget called for three computers capable of RAPID presentations -- probably more than the NPC can usefully absorb for that purpose -- thus freeing funds for more general purpose computers
- During the reporting period, the Policy Advisor conducted on the job training of the NPC/TS staff in such areas as general planning, integrating population variables into the sectoral development planning, development and operationalization of some coordinating, monitoring, and follow-up tools, family planning target setting, utilization of research findings in policy reform,

carrying on policy dialog through the advocacy events, program project design, etc

C1-A3-PS2 “The needs assessment and workplan for TA/tramng completed and implemented ”

Commentary Appropriate tramng and technical assistance to enhance the NPC’s capacity to effectively advocate for policy reform and implementation will continue to be important The NPC needs to establish a specific prioritized tramng plan, taking into consideration the internal and external resources requirements needed

Performance

- A team of OFC and NPC staff completed the NPC tramng needs assessment during this reporting period The NPC is studying the assessment to determine how to implement its findings through available resources OFC has resources to provide some of the recommended tramng and technical assistance, but will need to review the NPC’s tramng plan in order to set priorities and timetables
- The Policy Advisor provided on-the-job tramng to NPC staff in such areas as strategic planning, program management, data analysis, research design, use of computer models for setting family planning program targets, and awareness-raising message development

COMPONENT TWO – MCH SERVICE DELIVERY

C2-A1-PS1 “Initial tramng needs assessments completed for Component 2 activities, using competency-based task analyses where possible ”

Commentary Tramng at a variety of organizational levels and across a range of substantive areas will continue to be a focus of the OFC project

Performance

- During this period, the tramng needs assessment was completed for Hadramaut governorate, and neared completion for Hajjah and Hodeidah While the assessments focus on in-service tramng, substantial information has been collected on pre-service needs which will be useful to OFC and to other agencies involved in supporting pre-service tramng
- “Tramng Advisory Groups” have been formed within each governorate’s Health Office, with one member designated as the Tramng Coordinator This will ensure that OFC’s tramng plans, implementation, and follow-up will reflect the larger tramng strategies within the governorates

C2-A1-PS2 “Activity-specific training plans and workplan with implementation schedule, targets and resource requirements completed, approved, and updated yearly”

Commentary Annual training workplans will remain part of the OFC annual planning process under the amended contract, reflecting both the importance and resource requirements of training activities

Performance

- The training plan for 1996 was prepared during this reporting period by the Training Advisor in collaboration with the Training Advisory Groups from each governorate (including Lahj in anticipation of that governorate joining the project) and central MOPH counterparts. This plan focuses on training of trainers in the first half of 1996 and training of locally appropriate groups of service providers in the second half of the year. The plan was submitted to USAID for approval in December 1995, in advance of submission of the remainder of the 1996 workplan in order to assure that the training could commence and be completed on schedule.
- Two Yemeni midwives were contracted by JSI to serve as interim faculty at the Hajjah governorate Health Manpower Institute. These trainers will assure, in the short-term, that the HMI will continue to graduate midwives to serve a governorate with a severe shortage of female providers. For the long-term, these trainers (with additional support from OFC) will identify and train as trainers two of the young women presently enrolled in the midwifery program at the HMI, thus creating a local training capacity independent of future donor support.
- Preliminary discussions were held with the HMI in Hodeidah concerning the need to reactivate their midwifery training program, with special emphasis on training young women from outside Hodeidah City, and possible strategies for implementation.

C2-A1-PS3 “Computerized project training information system operational and in use at the governorate MOPH.”

Commentary A training information system should be an integral part of a larger management information system (MIS) which directly benefits service delivery program managers. Given the large number of local implementing agencies and donor agencies in Yemen who express interest in and have committed resources to various aspects of an MIS, the OFC team intends to take a rational, collaborative approach to its own inputs in this area. The continued use of duplicative data collection systems to serve donor’s needs rather than those of the service delivery system will be strictly avoided.

Performance

- The Training Advisor has begun to identify the various files which would be included in the training portion of an MIS system. This will be conceptualized to work either in a manual or automated mode
- The Management Systems Advisor began to work during this period with MOPH staff and staff of different donor groups in planning (and integrating existing plans) for a common, MOPH-driven, HMIS. This early work is encouraging, in that the MOPH is taking the initiative in creating a system that would best serve its management and evaluation needs. Continued donor assistance is needed, however, to avoid the almost inevitable tendency to collect data that serves little or no program purposes

C2-A1-PS4 “Competency-based training materials adapted for educational level and cultural environment, fully tested with intended users, reproduced and in use ”

Commentary Materials adaptation and development will continue to be a part of OFC training activities, with an emphasis on use of materials that have already been successfully employed in Yemen and/or the region

Performance

- One of the initial activities of the 1996 training plan will be the development of the curricula for the various courses to be undertaken. An inventory of locally- and regionally-available training materials from which these curricula will be drawn is in development. OFC will emphasize the adaptation of existing curricula whenever possible

C2-A1-PS5 “The beginning of an inservice training program established at the governorate level. ”

Commentary One of the primary aims of the OFC project is to assist the MOPH in the development of a rational, sustainable human resource development and deployment plan. One component of such a plan will be an inservice training program that contributes to career longevity and to enhanced quality of care

Performance

- The establishment of the governorate level Training Advisory Groups and the drafting of the 1996 OFC training plan are the first steps in the development of an integrated human resource development plan. These were both accomplished during this reporting period

C2-A2-PS1 “Computerized clinic capacity data base with inventory, services, supplies, personnel profiles, and service use statistics updated and used as management tool by governorate level MOPH.”

Commentary As mentioned above, the development of a useful and usable MIS is a priority for OFC, to be done in cooperation and collaboration with government and donor agencies. While the original OFC contract, as quoted above, specified a “computerized clinic capacity data base”, automated systems will only be introduced where automation is both appropriate and feasible.

Performance

- The management systems needs assessments begun during this reporting period represent the first step in identifying the appropriate content of an MIS and the process through which it should be developed and implemented.
- Meetings held during this period with MOPH and donor agencies interested in MIS development (including GTZ, UNFPA, ICD and others) have laid the groundwork for cooperative work in this area.

C2-A2-PS2 “Clinic improvements satisfactorily implemented, equipment in place, operational, and being used correctly.”

Commentary Improvements in target clinics will remain a focus of OFC activity. Like most other project interventions, a performance-based approach will be adopted whereby clinics will establish their “eligibility” for certain improvements by meeting certain performance criteria.

Performance

- The clinical assessments and target clinic selection begun during this period represent the initial steps in the process of implementing clinic improvements. Inventory of equipment present and its condition has been done as part of these baseline assessments. During the next period, specific improvement plans will be developed for each clinic, with timetables and associated performance criteria.
- A list of basic clinical equipment needed for MCH/FP service delivery was developed during this period and is now being reviewed by the MOPH and USAID. The list was developed by the OFC Clinical Specialist taking into consideration the inventories identified during the assessments mentioned above. Once finalized, this equipment will be ordered immediately to avoid delays in distribution to clinics that demonstrate readiness to receive it.

C2-A2-PS3 “Functional FP and basic MCH services protocols developed/ revised, and satisfactorily used in clinic facilities ”

Commentary The project can assist the MOPH as appropriate in identifying needs in this area, identifying appropriate mechanisms for adapting protocols, and assuring that any new or revised protocols are introduced in OFC target governorates. Where appropriate -- and examples might include CDD, Safe Motherhood, and ARI -- OFC will offer to take a lead role with the MOPH in developing/adapting protocols.

Performance

- OFC staff, notably the Clinical Advisor, assisted the MOPH during this period in the development of medical standards for the delivery of family planning services. This process, organized and assisted by AVSC, will continue with the introduction of the standards throughout the country in 1996. OFC will assist in the introduction in its target governorates.

C2-A2-PS4 “Basic FP services available in all project facilities with evidence of integration and improved quality of FP ”

Commentary Family planning service introduction and strengthening will remain an important part of OFC assistance to the MOPH, along with similar assistance in other MCH interventions.

Performance

- During this period, OFC staff began to develop a functional, operational definition of integration which will allow the rating of clinical sites with respect to integration and the assessment of future improvements.

C2-A2-PS5 “Expanded contraceptive mix being accepted in communities, including new methods ”

Commentary The appropriate expansion of contraceptive choice will continue to be emphasized through OFC’s effort to assist clinics in offering higher quality, integrated MCH services.

Performance No activities specifically related to this Performance Standard were undertaken during this period.

C2-A2-PS6 “Increased number of new and continuing FP users at targeted sites ”

Commentary This will continue to be an OFC priority, in order to give women and children greater access to the health benefits of family planning, to enhance women’s ability to control their health and welfare, and to

contribute to ameliorating Yemen's alarming population growth rate

Performance No activities specifically related to this Performance Standard were undertaken during this period

C2-A2-PS7 "New approaches undertaken, including postpartum, LAM, and expansion of services in hospitals and urban areas "

Commentary As indicated in the commentary above, the introduction of new methods and the use of new approaches to the delivery of FP services will continue to be a part of the integrated MCH package promoted by the OFC project. It should be noted that the emphasis on urban centers in the original contract will be changed to a more flexible approach, where the OFC project will work in areas -- urban and/or rural -- selected in conjunction with governorate Health Offices

Performance

- A consistent problem in virtually all health centers that have been thus far visited by the OFC team is a lack of effective outreach. It is difficult to envision how overburdened staff with inadequate budgets would be able to provide this outreach within the existing system, especially in rural areas. OFC has begun to investigate possible models for adding outreach services. Two such models have been explored during this reporting period: 1) an altered staffing model in facilities that would allow for rotating outreach into the surrounding community and 2) a scheme whereby young women from communities would receive literacy training combined with health education and training as outreach workers. This model has met with substantial success in Nepal, and OFC will send a Yemeni contingent to Nepal in early 1996 to a conference/workshop on this outreach scheme.

C2-A3-PS1 "Needs assessments and training completed and approved, training information documented in the training information system."

Commentary The need for better information about, and management of, the training process is but one example of the need for improvement of management capacity at all levels of the MCH system -- central, governorate, and service delivery points. This capacity-building will continue to be a high priority for the OFC project.

Performance

- Management needs assessments in two governorates were undertaken during this period, with completion anticipated in early 1996.

C2-A3-PS2 Problem-solving training successfully applied to contraceptive resupply, record-keeping, and other problems ”

Commentary The OFC project’s approach to this and other “skill transfer” objectives is to develop working “partnerships” at all levels of the system. Problem-solving will thus not be so much a formal training process as it will be a day-to-day, collaborative working process, in which OFC staff work with counterparts to identify and implement solutions. Thus on-the-job training will include development of the necessary planning, monitoring, and evaluation skills

Performance

- Working partnerships have been established at the NPC, central MOPH, and at the governorate level in Hajjah and Hadramaut. The collaborative problem-solving approach is already being applied in such areas as policy improvement, human resource development and deployment, clinical improvements, and management systems improvement

C2-A3-PS3 “Clinic facilities reporting through a simple health and FP data collection system, contraceptive supply sufficient and stable, clinic flow and scheduling of services more convenient, increased use of FP and all MCH/FP services at targeted clinics

Commentary These all will remain objectives of the project. It bears repeating that many issues and problems related to MIS and drug supply are national in nature -- sustainable solutions to these problems are not directly controllable by OFC or any other project with limited geographic scope. That understood, OFC is seeking to work with the MOPH and other donors to collaboratively address these problems, and will help to implement and refine identified solutions within the target governorates

Performance

- Baseline assessments both at the Health Office and service delivery points are documenting weaknesses in the system. These assessments will allow OFC to have informed, meaningful input into the collaborative systems development process

C2-A3-PS4 “All targeted centers are reporting timely and reliable data on contraceptive use and other key MCH and FP indicators to the central governorate health office and other decision-makers, formal and informal training on the use of this data have been conducted ”

Commentary See previous commentary. Also, the OFC project will adopt a performance-based approach to assuring that centers expected to collect accurate and timely data reap the benefit of so doing. Initially,

project data processing resources will be made available to Health Offices for the input and analysis of reports received from service delivery points. Those Health Offices which provide timely feedback to service delivery points in the form of useful statistics will become eligible to receive their own data processing equipment.

Performance

- The performance-based approach was conceptualized during this period and discussed with Health Office and central MOPH staff. In addition, OFC staff began to work with MOPH and donors at the national level to improve the quality and consistency of the data collection system.

C2-A3-PS5 “The capacity of the MOPH and the clinics to maintain records and a health and FP data system is significantly increased.”

Commentary See commentary on previous Performance Standards

Performance No activities specifically related to this Performance Standard were undertaken during this period.

C2-A3-PS6 “All targeted clinics meet the minimum standard for quality FP services.”

Commentary Standards for all MCH services (i.e., not just family planning) developed by the MOPH with assistance from OFC and other donors will be used by OFC as the quality standard for assessing the clinical performance of target centers.

Performance No activities specifically related to this Performance Standard were undertaken during this period.

C2-A4-PS1 “Tested community links are active and supporting the clinic health workers, clinic staff and community groups are involved in services outreach.”

Commentary This aspect of service delivery and support will take on much greater importance and emphasis over the life of the Contract. It is clear that even in the best of circumstances, the MOPH will not have sufficient resources to support an adequate MCH service delivery system for the foreseeable future. It is equally clear that Yemen has a strong tradition of community-based support for services that benefit the community. The OFC project will provide resources to encourage communities to play a very active role in supporting -- both financially and logistically -- the delivery of MCH services.

Performance

- An active recruitment process has been underway during this period to identify a long-term advisor with special skills and interests in the area of community participation
- In addition, the basic staffing pattern for each governorate office has been modified to include a locally-recruited individual who will concentrate on the implementation of community participation within each governorate

C2-A4-PS2 “Results of at least one KAP study per governorate used in communications approaches, training, and service provision ”

Commentary The OFC project will use KAP studies and other primary and secondary research techniques for a variety of planning, implementation, and evaluation purposes

Performance No activities specifically related to this Performance Standard were undertaken during this period. The Clinical Specialist will take responsibility for the design and coordination of these studies during the first quarter of 1996

C2-A4-PS3 “Contraceptive strategies developed for different target populations ”

Commentary Given the cultural, economic, and geographic diversity of the governorates in which OFC operates, different program strategies will be necessary for a variety of MCH interventions. OFC will seek to strike a balance between altering its strategies to account for these differences, and utilizing common approaches which might be more efficient and generalizable across the country

Performance No activities specifically related to this Performance Standard were undertaken during this period

C2-A4-PS4 “Appropriately adapted and tested communications materials and programs are widely in use ”

Commentary OFC will focus its IEC efforts on the adaptation and distribution of existing materials whenever possible. Care will be taken to avoid communications which might serve to increase demand for services which do not currently exist or are inadequate. The OFC strategy will thus be to promote better health education at the point of service (both facility- and community-based), and to increase the general level of awareness of health issues, particularly those which can be addressed by the clients themselves

Performance

- During this period, a number of videotapes for use in training and for patient education were ordered from international sources. In addition, initial contact was made with the MOPH General Directorate for Health Education and Information to determine which of their locally produced videos are appropriate for use in health centers and for other purposes.

C2-A4-PS5 “Recommendations produced from the focus groups in each targeted governorate have been submitted to the NPC, MOPH, and USAID for follow-up action.”

Commentary Focus groups are one of a number of research tools that will be used, not only for generating recommendations for actions by others, but to guide OFC project interventions.

Performance No activities specifically related to this Performance Standard were undertaken during this period.

Other activities not directly related to these Performance Standards

- OFC provided support to the MOPH five-year planning process in supporting financially the participation of approximately two representatives from each governorate (35 participants in total). This inclusive planning process allowed the governorates to have their various concerns heard and incorporated in the plan that will guide MOPH activities into the year 2000. OFC staff also participated substantively in the planning process, serving on two of the working groups.
- OFC agreed to support a central MOPH plan to renovate and improve a storage facility for MCH/FP supplies and equipment. Bids for the work were being finalized during this reporting period.
- Recognizing the importance of donor coordination, OFC staff held a variety of information sharing and joint planning sessions with virtually all organizations who support health delivery in Yemen. While primary emphasis has been given to interaction with those organizations working in the same geographic areas as OFC (such as ICD in Hajar and Hodeidah, ADRA in Hodeidah, and the Dutch government in Hodeidah), meetings have also been held with other organizations from whom OFC might profitably learn and collaborate (such as UNICEF, UNFPA, GTZ, and the World Bank).

5 Statement of Work

As indicated in Section I A.1 above, a major revision to this contract and its scope of work was initiated by USAID during the latter half of this reporting period. OFC team members reviewed and commented on the various drafts of the USAID Strategic Framework, the Performance Indicators, and the Units of Measure. This also provided

the opportunity to remove or clarify a number of elements, both programmatic and administrative, in the original contract that were inconsistent or otherwise created difficulty from an implementation point of view

B. Administrative Information:

Contract Data

1	Total estimated cost	\$5,889,358
2	Expenditures (January 10, 1995 to December 31, 1995)	\$ 754,189
3	Remaining unexpended balance	\$5,135,169

Section II - PROJECT OFFICER'S COMMENTS

Section III - CONTRACT OFFICE'S COMMENT

YEMEN OPTIONS FOR FAMILY CARE SUMMARY SOW

CONTRACT GOAL:	<i>“ To improve Yemeni family health and welfare”</i>
CONTRACT PURPOSE:	<i>“ To increase use by Yemeni women and children of health services in target governorates”</i>

PROJECT COMPONENT I: Population policy and planning to improve national climate for MCH/FP programs.

Activity 1: Complementary support to the NPC to conduct policy research

Task 1: *Provide appropriate support to the NPC with a total of at least three selected priority research projects as recommended by the Policy Advisor and approved by the USAID Project Management Committee*

Performance Standard

- Three policy studies are conducted and disseminated in collaboration with Policy Advisor and NPC

Activity 2: Complementary support to the NPC to carry on policy dialogue and enhance MCH / FP and policy environments

Task 1: *Assist the Policy Advisor as needed with tasks such as developing and prioritizing NPC workplans, identifying*



community leaders and potential opposition to family planning efforts, and identifying regulations and inter-ministerial red tape that impede implementation of the OFC Project field activities

Task 2: *Assist the Policy Advisor and NPC, if necessary, to study the problems of access to services, to identify solutions and modifications (regulatory and policy) necessary to support internal MOPH changes for increased MCH / FP service delivery This may include addressing the private health care system*

Task 3: *In accordance with the NPC Workplan and USAID Project Management Committee approval, provide financial support and logistics for selected conferences and workshops across government sectors, private organizations, academic institutions, religious groups and institutions, etc Support selected dissemination activities*

Performance Standards

- An operational mechanism established between the Contractor and the NPC (through the Policy Advisor) to bring major field implementation problems and policy issues to the NPC policy dialogue agenda (e g , personnel and budget issues, counterpart collaboration, donor coordination, contraceptive logistics, opposition encountered among leadership)
- Support to the NPC provided for selected conferences, workshops, policy studies, and information dissemination

Activity 3: Complementary support to improve NPC Technical Secretariat management and computer skills

Task 1: *Assist the Policy Advisor in preparing a procurement schedule and training and TA plan for complementary computer /*

management skills training under this contract

- Task 2:** *Provide up to three sets of RAPID-like computer hardware and software to the Technical Secretariat for use in presentations at the national, governorate, and local level*
- Task 3:** *Assist the Policy Advisor in conducting a management needs assessment of the TS and provide short-term TA / training for organizational management*
- Task 4:** *Coordinate with BUCEN to assess needs and provide for specialized training on computerized data and policy analyses and survey data*

Performance Standards

- The computer needs assessment completed and approved and the hardware and software is in place and operational
- The needs assessment and workplan for TA / training completed and implemented

PROJECT COMPONENT II: Strengthening MCH / FP service delivery at the community level in three target governorates.

Activity 1: Skills training

- Task 1:** *Conduct a comprehensive training needs assessment in the first three months of the Contract for the selected clinics and health centers*
- Task 2:** *Develop and computerize training plans by activity and year , maintain a computerized training information system, including cost information , give priority to improving urban and hospital-based services*
- Task 3:** *Conduct training in clinical skills, counseling and referral service management and basic health information systems, and communications, based on the needs assessment, including training of trainers for each governorate to ensure sustainability , make the training of urban staff, particularly at hospitals, a priority*
- Task 4:** *Adapt, develop, and replicate competency-based training curricula and materials, including providing limited assistance to incorporate general family planning training into the Sana 'a University Medical school curriculum*
- Task 5:** *Continue to support the salary for two local trainers for the midwifery training program at the Health Manpower Institute in Hajja governorate for two years, provide limited supervision and assistance to these trainers*
- Task 6:** *Establish ongoing in-service training capacity at the governorate level*

Task 7: *Develop guidelines and recommendations for improving and sustaining family planning skills training, and forward these to the NPC through the Policy Advisor (I e , regarding training, employment of trainees, staff placement by the MOPH in the project areas)*

Task 8: *Evaluate training activities, revise training plans, and modify training, as necessary*

Performance Standards

- Initial training needs assessments completed for Component 2 activities, using competency-based task analyses where possible
- Activity-specific training plans and workplan with implementation schedule, targets and resource requirements completed, approved , and updated yearly
- Computerized project training information system operational and in use at the governorate MOPH
- Competency-based training materials adapted for educational level and cultural environment, fully tested with intended users, reproduced and in use
- The beginning of an in-service training program established at the governorate level, with two qualified clinical trainers of trainers working in each governorate, simple task-competency assessments in use of reevaluation, and appropriate task-base refresher training being conducted, improved service delivery capacity evident at targeted urban centers and hospitals

Activity 2: Clinical improvements and introduction of new family planning approaches

- Task 1:** *Assess the potential for success and select approximately, five clinics from Hadramout to support and improve during the life to this project. At least three of these shall be in urban areas and hospital-based. Selection should maximize the benefits of the inputs assuming no further USAID inputs to these clinics. The contractor may choose to select one or two new hospital-based clinics in the other governorates to develop as model clinics and training referral centers, or may focus on one of the larger already selected clinics for this purpose.*
- Task 2:** *Develop a clinic capacity data base by updating and computerizing a comprehensive baseline profile of all targeted hospitals and clinics, the baseline quality of services, utilization patterns, staff and FP training status MCH / FP equipment, and supply situation, verify the actual services available note whether privacy is available and which sites are suitable to serve as training sites.*
- Task 3:** *Assess remaining MCH / FP equipment and facility improvement needs (including privacy needs, procure and distribute equipment, train clinic staff in use and upkeep, maintain the relevant data in the computerized clinic capacity database.*
- Task 4:** *Assess needed service delivery improvements through a) evaluating FP services and health worker competencies (the outcome should be integrated into the refresher training programs) and b) conducting a random 10% community follow-up study of FP clients and / or MCH cases to assess perceptions of health workers and health facilities, service access and use, and other needs.*
- Task 5:** *Develop and implement strategies and plans of increasing and strengthening FP services, introducing appropriate new methods such as injectable, introducing postpartum FP and LAM, particularly in urban and hospital-based clinics, and gradually integrating additional primary health care.*

interventions for women and children to improve the quality and range of FP / MCH services

- Task 6:** *Continue efforts begun by past USAID projects to improve contraceptive supply in the target governorates*
- Task 7:** *Coordinate with the MOPH , NPC , and USAID to improve the supply of oral rehydration solution for the agreed project centers as an MCH complement to the FP efforts (Note the cost of limited purchase of ORS is included in the equipment and supplies figure)*
- Task 8:** *Strengthen the FP and MCH services reporting system*
- Task 9:** *Improve the ability of at least one urban or hospital based clinic per governorate to serve as a model clinic and training referral site*
- Task 10:** *In collaboration with the MOPH and other donors, revise and test simple, functional protocols for basic MCH / FP services, using competency-based methods Test and improve existing clinic manuals and / or “ Standing Orders ” for PHC workers*
- Task 11:** *Promote expanded contraceptive mix and improve FP services access an attractiveness to women*

Performance Standards

- Computerized clinic capacity data base with inventory, services, supplies, personnel profiles, and service use statistics updated and used as management tool by governorate level MOPH
- Clinic improvements satisfactorily implemented , equipment in place, operational, and being used correctly

- Functional FP and basic MCH services protocols developed / revised, and satisfactorily used in clinic facilities
- Basic FP services available in all project facilities with evidence of integration and improved quality of FP
- Expanded contraceptive mix being accepted in communities, including new methods
- Increased number of new and continuing FP users at targeted sites
- New approaches undertaken , including postpartum, LAM, and expansion of services in hospitals and urban areas

Activity 3: Developing administrative and management capacity

- Task 1:** *Conduct an assessment of the major operational problems and related management needs on the clinic and governorate health office levels , identify problems for solution through training and policy or organizational change*
- Task 2:** *Develop a training plan for practical problems solving and for relate simple management skills (to be approved by the USAID project management Committee)*
- Task 3:** *Adapt and test a simple task-based management system for clinic management*
- Task 4:** *Adapt and test a system for basic management and support at the governorate level (with competency-based tasks)*
- Task 5:** *Building on past USAID / Yemen efforts in contraceptive supply management and in consultation / coordination with UNFPA and other appropriate donors, support a simple*

contraceptive supply system for the areas targeted under the OFC Project

- Task 6:** *Train designated clinic and governorate personnel to maintain the supply systems for FP and MCH*
- Task 7:** *Establish and apply minimum, basic standards for measuring the quality of clinic services and the program's success in improving clinic services*
- Task 8:** *Assess which components of the former NEEDS program (ending Sep 94) to continue and build on to create a basic health and FP data collection system This shall include the collection of data on family planning including new and active users of contraception and on MCH including infant and maternal morbidity and mortality, and key indicators such as diarrheal disease prevalence*
- Task 9:** *Develop MOPH capacity to maintain this basic data collection and reporting program in the three governorates and to use the information in decision making and planning*

Performance Standards

- Needs assessments and training completed and approved , training information documented in the training information system
- Problem-solving training successfully applied to contraceptive resupply, record-keeping , and other problems
- Clinic facilities reporting through a simple health and FP data collection system , contraceptive supply sufficient and stable ,clinic flow and scheduling of services at targeted clinics
- All targeted centers are reporting timely and reliable data contraceptive use and other key MCH and FP indicators to the

central governorate health office and other decision-makers , formal and informal training on the use of this data have been conducted

- The capacity of the MOPH and the clinics to maintain records and a health and FP data system is significantly increased
- All targeted clinics meet the minimum standard for quality FP services

Activity 4: Developing communications mechanisms for community outreach and other FP approaches

Activity 4 A: Study the community networks and attitudes

Task 1: *Identify existing channels of formal and informal communication and influence, particularly among women, social networks, community influential groups and authorities, that can be persuaded and activated to promote FP, and to be supportive of the centers and clinics*

Task 2: *Conduct focus groups and simple KAP studies in each governorate to learn about the communities' perceptions of need, attitudes to FP, expectations of health providers, perceived barriers to FP and use of health services, and the cultural attitudes, behaviors, and perceptions that put women and infants at risk during pregnancy, delivery, and afterwards*

Task 3: *Use the results of these studies to help determine the best strategy and schedule of promoting various contraceptive options for different target populations*

Task 4: *Develop a communication strategy and a workplan for developing community linkages , adapt or develop and test FP/MCH information for communities*

Task 5: *Establish informal / formal mechanisms of communication and support for female health workers in communities*

Task 6: *Develop communications approaches for new approaches, such as to support postpartum FP interventions*

Task 7: *Conduct focus groups for problem solving with identified women's networks, especially to find solutions to service access problems such as shortages of female health care workers , conduct similar but separate focus groups with male community leaders*

Activity 4 B: Prepare educational materials and programs

Task 1: *Identify, adapt, and test regional educational and awareness-raising materials and programs on FP, including some targeting men , combine these with priority child survival topics such as immunization and home diarrhea management in young children as appropriate (Note that high illiteracy rates mean that an exclusively print approach is not appropriate, additional methods such as entertainment education are recommended)*

Task 2: *Integrate use of these materials into the training programs for local health workers (and other community leaders)*

Task 3: *Assist and oversee the production, distribution, and use of materials , integrate evaluations results into planned training*

Performance standards

- Tested community links are active and supporting the clinic health workers , clinic staff and community groups are involved in services outreach

- Results of at least one KAP study per governorate used in communications approaches, training and service provision
- Contraceptive strategies developed for different target population
- Appropriately adapted and tested communications materials and programs are widely in use , clinic staff have been trained in the use of educational materials and techniques, and materials are integrated with on - going training programs
- Recommendations produced from the focus group in each targeted governorate (to solve problems such as a shortage of female health care workers, the need to improve male acceptance of FP) have been submitted to the NPC, MCH, and USAID for follow-up action