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# THE PRAGMA CORPORATION

FINAL REPORT

PROGRAMS FOR

THE YEMEN MINISTRY OF SOCIAL AFFAIRS

AND

THE HEALTH MANPOWER INSTITUTE

Regional Population  
Project Number (398-0048)

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**AND**

**THE HEALTH MANPOWER INSTITUTE**

**Regional Population**  
**Project Number (398-0048)**

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## SUMMARY AND RECOMMENDATIONS

The Pragma Corporation under a contract for the U.S. Agency for International Development provided technical services to the Ministry of Social Affairs and the Health Manpower Institute of the Yemen Arab Republic. The project has two distinct parts. In Part I of the project, Pragma Senior Associate, Dr. Soheir Sukkary Stolba, designed a workshop in which concepts of Family Health were discussed with participants representing the Ministry of Social Affairs (MSA), the Girl's Guides, the Yemen Family Planning Association and the Yemen Women Association. Dr. Sukkary-Stolba was supported by Pragma Assistant Program Director, Margaret Chadwick. The support consisted of writing the subcontract to the MSA, overseeing the financial matters connected with the workshop, editing and typing the final report and related administrative matters.

The workshop was held in Sanaa, North Yemen, in August 1986. The participants were all young women who work or volunteer with the above mentioned institutions. They came from Sanaa, Ibb, Taiz and Hodeidah. The participants were eager and willing students who took active part in the discussions and continued to ask pertinent and insightful questions.

The MSA which hosted the workshop coordinated with Dr. Sukkary-Stolba in choosing and contacting several Yemeni speakers. These speakers lectured on topics which included midwifery, medicine, religion and psychology.

The press coverage of the workshop included television, newspaper, and radio interviews and features, as well as the promise of an article in the fall issue of a major Yemeni magazine.

Part II of the technical assistance was designed to assist the Health Manpower Institute (HMI) with curriculum development for a new course offering. In late January 1987, the HMI intends to offer a course in Family Health. The course will be offered for a full semester. Pragma Senior Associate, Dr. Soheir Sukkary-Stolba met with the curriculum committee over a period spanning the last twenty days of August 1986. This time period overlapped somewhat with the final accounting of the MSA workshop. The consultant persuaded the committee to use the mini-module format for the curriculum as it offers the opportunity for the greatest success in teaching new concepts. The Islamic holiday, Eid, came during this time and made it necessary for the consultant to meet individually with committee

members to discuss and offer suggestions for each of their sections.

### RECOMMENDATIONS

Based on the experience of the August 1986 MSA workshop the consultant makes the following recommendations:

1. That a booklet be produced. The participants recommended and the consultant concurs that a booklet which would cover all the issues and concepts presented in the workshop be presented to each of the participants with extra copies available for the hosting institutions.
2. That future training be held in Ibb, Taiz, and Hodeidah as well as Sanaa.
3. That future training be developed with separate workshops for men and women. As men are important decision makers in family health issues they should be kept as informed as women. However, the participants believe and the consultant agrees that mixed groups of men and women might inhibit open discussion.
4. That future workshops include more information on nutrition.
5. That one agency be responsible for the administration of the workshop. The MSA workshop was jointly hosted by four agencies. Conflicts between agency representatives tended to complicate matters.

Based on the HMI Curriculum Development Committee meetings the consultant makes the following recommendations:

1. That 1000-1500 student textbooks be printed.
2. That an instructor's manual be prepared.
3. That audio visual equipment be purchased. (The equipment is intended to aid in the development of an integrated curriculum.)
4. That an outside consultant evaluate the curriculum after one year.
5. That more in-service training be offered to all HMI faculty. That training abroad be considered for some HMI faculty and managers.

6. That the possibility of training nurse midwives to insert IUD's be explored.

7. That the issuance of health cards as means of record-keeping be coordinated with the MOH.

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## INTRODUCTION

This project was designed to provide technical assistance to health related institutions and agencies in Sanaa, North Yemen.

The scope of work stipulated that the consultants:

- plan all aspects of two workshops. Each workshop was to be about one week in duration. One workshop was to focus on "Communication and Family Welfare." The other was to focus on curricular development and final guidelines for incorporating "Family Welfare" into the Health Manpower Institute's (HMI) curriculum.
- prepare instructional materials, hire lecturers, and design all aspects of the workshops.
- procure Arabic audio-visual Family Planning materials from the Egyptian institution "Family of the Future" and present these materials to the HMI's new library.
- schedule and present two workshops in Arabic.
- oversee the logistical arrangements.
- prepare subcontracts for the two Yemeni institutions hosting the programs. Carry funds to Yemen for the subcontracts.
- handle all financial arrangements including exchange of funds to Yemeni rials, acquiring receipts from hosting institutions, and overseeing final financial reporting.
- prepare a final report of consultant in country activities.

The project has two distinct parts and each will be treated separately in this report. Part I will describe the training workshop held for the Ministry of Social Affairs and three cooperating agencies: the Yemeni Women Association, the Family Planning Association and the Girls Guides. Part II will describe the curriculum development workshop held for the Health Manpower Institute (HMI).

## Part I

The Pragma Corporation, under contract with the Agency for International Development was asked to implement a workshop in Sanaa, Yemen Arab Republic for four cooperating agencies. Pragma staff, Dr. Soheir Sukkary-Stolba and Margaret Chadwick arrived in Sanaa July 30 and 31, 1986. Their task was to conduct a workshop which would introduce concepts in family planning and family health to Yemeni staff of the Ministry of Social Affairs (MSA), the Yemen Family Planning Association (YFPA), the Yemen Women Association (YWA) and the Girl's Guides. Dr. Sukkary-Stolba was to handle all technical aspects. Margaret Chadwick was to handle all financial, logistical and administrative matters.

On her way to Sanaa, Dr. Stolba stopped in Cairo, Egypt to collect materials from the Family of the Future. She acquired from them examples of materials used in Egypt for communicating family planning ideas.

Soon after she arrived in Sanaa, Dr. Stolba was introduced to representatives of the Ministry of Social Affairs and the cooperating agencies. A committee was formed and they began the difficult task of agreeing on an agenda, speakers, budget, and lecture topics. Colorful meetings on July 31, 1986 and August 2-3, 1986 resulted in producing a schedule of speakers, and setting guidelines for all lecture topics.

### The Committee

The committee consisted of the following:

Mr. Abdo Al Idla - Executive Director of the Ministry of Social Affairs.

Mr. Ahmed Algalisi - Director of Yemen Family Planning Association.

Ms. Ahlam Al Mutawkil - Yemen Women Assoc. & Girl Guides.

Mrs. Bilgiss Al Rabassy - Ministry of Social Affairs.

### Cooperating Organizations

The Ministry of Social Affairs has been recently established. It oversees cooperatives, social programs for the poor, income generating programs for women, juvenile

protection, and literacy programs. Many of its programs are in the early stages of implementation.

The Yemen Women Association (YWA) is supervised and funded by the MSA. The Association is made up, largely, of women volunteers. They are active in a literacy campaign for women, training in income generation projects, such as knitting and sewing classes and they have a committee which monitors and lobbies for women's issues in the national legislature. They also sponsor lectures which promote family welfare.

The Girl's Guides consider themselves agents of social change. The volunteers function similarly to the Girl Scouts and duplicate many activities of the YWA. They have a modern facility on the outskirts of Sanaa on Haddah Road.

### Subcommittee Tasks

Under the direction of Dr. Soheir Sukkary-Stolba the general focus, content and schedule of the workshop was agreed upon. The committee members each took on organizational tasks.

The MSA under the leadership of Mr. Mohamad Hussein Al Farah, General Manager of National Cooperatives and Associations along with Mr. Al Idla notified trainees, arranged the schedules of MSA participants, arranged press coverage by the Saba news agency and Al Manor magazine. Mr. Al Farah will collaborate on an article for the magazine to appear in print this fall. Mr. Al Idla signed the subcontract (see Annex A) and handled all the funds including per diem for participants. He also supervised the financial report.

The YFPA, under the leadership of Mr. Ahmed Algalisi, hosted the training session in his fine meeting room. He purchased the workshop materials, arranged accommodations for YFPA participants, supplied books and other literature. Mr Algalisi also recommended speakers and was in charge of local transportation for participants.

Mrs. Bilgiss Al Rabassy took on the task of arranging and supervising secretarial and administrative support.

Ms. Ahlam Al Mutawkil notified speakers and contacted many of the participants from outside Sanaa. She also did an impressive job arranging and managing the press coverage. The heavy press coverage of the workshop will be covered in a later section of this report.

## The Philosophy of Training

The training program was designed on the basis of a clearly defined set of ideas that constitute the basis for all the technical aspects of the program. The workshop was designed to reflect the following principles:

- A. Participatory approach: learning best occurs in a participatory environment where trainers and trainees interact with one another, and exchange views through active participation rather than passive observation. From the outset, participants expressed a desire to take an active role in the discussions. The schedule was designed to involve HMI faculty, university professors and guest lecturers. The consultant worked with several of the lecturers to prepare a summary/outline of the training materials and incorporate the family planning training component. The consultant offered assistance, references, and suggestions on the use of audio-visual materials.

In participatory training, the trainee acts at the two levels of learning, namely recognition and production of materials. The training provided trainees with the opportunity to internalize basic concepts. Instead of the passivity involved in listening to a lecture on family planning, the participants were encouraged to discuss, ask questions freely and produce materials.

- B. Individual instruction: in the informal setting of the coffee break the trainees talked, discussed and asked questions of the technical consultant and the guest lecturers.
- C. Homework Assignments: participants were asked to bring to the consultant three home work assignments that involved preparing summaries of all printed materials distributed at the sessions.

## Workshop Training Objectives

One of the key requirements for introducing family planning concepts is to have a core of trained lecturers who know how impart FP knowledge and are themselves clear about the linkage between their subject matter and FP knowledge. The objectives of the workshop were to:

- Discuss the economic, religious, social and psychological aspects of family planning.
- Teach basic concepts of family planning theories, e.g., birth spacing, social marketing of contraceptives, demographics of Yemen, etc.
- Discuss the various methods of family planning in relation to maternal/child health.
- Examine the process of disseminating FP knowledge in Yemen.
- Compare the demographics of the YAR with other countries.
- Discuss the dynamics of a successful FP communication message in YAR.
- Develop materials suitable for communicating FP messages in Yemen.

### The Trainees

There were twenty-five participants, all women, in the Family Health training sessions. Attendance was at 100% level throughout the six day training. The participants came from four governorates of North Yemen. Thirteen are from Sanaa, 6 from Taiz, 4 from Ibb, and 2 from Hodeidah.

Eight of the 25 participants are married. They have an average of 2.5 children. The participants are employed or volunteer as teachers, girl guides, or staff of MSA and YWA.

One of the participants was from the Yemen Family Planning Association, nine were from the Yemen Women Association, five were from the Girl's Guides and ten were from the Ministry of Social Affairs.

The level of education of the participants was relatively high. Sixteen have attended secondary school, eight have been to college or university and one is working on her Master's degree.

On occasion there were several men sitting in the back of the room. They rarely spoke or took part. One man was there to cover the workshop for the press.

## The Program

The "Family Health" training workshop began at 8:30 Monday morning August 4, 1986. Mr. Ahmed Algalisi with Margaret Chadwick set up the room with tables, chairs and materials. They greeted guests and participants.

Brief but interesting opening statements were given by Mr. Bobby Allen, Controller, USAID; Mr. Mohamad Al Farah, General Manager of National Cooperatives and Associations (MSA); and Ms Ahlam Al Mutawkil, Yemeri Women Association. Outlines of their statements are found in Annex B. The Minister of Social Affairs expressed an interest in opening the workshop but was, unfortunately, busy on Monday morning.

Each day of the workshop integrated lectures and discussion groups about family planning. The lecture topics were all designed to explore various aspects of FP in Yemen. Lecture topics included the following:

- Demographics of the YAR: A Comparison with other Countries by: Dr. Soheir Sukkary-Stolba.
- Family Planning a Religious Point of View, by: Mrs. Huda Al Qabati .
- Maternal/Child Health and FP: Mrs. Tahira Mohamed and Sayida al Tahwitt
- Family Planning Methods: Technical Assessment, by: Dr. Sukkary-Stolba
- The Roles of MOH and MSA in Family Welfare Programs, by: Nagiba A Ganni and Mr. Mohmoud Shahir
- Social Marketing and FP: Dr. Sukkary-Stolba
- Human Lactation, Nutrition and FP, by: Dr. Kalid Sa'aid
- Psychological Aspects of Child Welfare, by: Wahiba Fari'

## The Lecturers

In selecting lecturers, the consultant tried to bring the most knowledgeable and credible professionals in Yemen. Lecturers were invited from the Ministry of Health, the Yemen Women Association, and a local university. Physicians

gave the lectures on Lactation and Family Health: A Medical Point of View and the Role of the Ministry of Health in Family Planning.

### Audio-Visual Materials

A number of different audio-visual materials were used in conducting the workshop.

1. Charts on population growth and posters from the Family of the Future in Cairo, Egypt.
2. Small brochures and written material on contraceptives also from the Family of the Future.
3. Handouts for each lecture consisting of a summary and supporting statistical charts.
4. Examples of contraceptives, sponges, pills, condoms, etc.
5. A slide presentation on human lactation, nutrition and FP.

The consultant played a key rôle in lecturing in every training day. She also participated actively in preparing several lecturers. In addition she facilitated and moderated the discussion group exercises.

### The Workshop Budget

The total budget for the subcontract to MSA was \$7,274.00 or 78,700 rials at an exchange rate of 10.82. Mrs. Margaret Chadwick wrote the subcontract. The kindness of the USAID cashier, who had to make a special trip to the bank to exchange the dollars at a favorable rate is greatly appreciated. The subcontract was signed by Dr. Sukkary-Stolba and Mr. Abdo Al Idla on Sunday, August 3 at the Ministry of Social Affairs. At that time the guidelines for expenditures were explained to Mr. Al Idla and others present who will be making purchases and paying per diem to the participants. On August 12, 1986 Dr. Stolba and Margaret Chadwick met with Mr. Al Idla for a final accounting of the subcontract. At that time he returned 2,863 rials left after all expenses were paid. At an exchange rate of 10.82 the returned funds amounts to USD 264.60.

## Discussion Group Dynamics

A question and answer period followed each lecture. It should be noted that there was a great deal of diversity in the lecturer's styles. Some tended to be more flexible and realistic in their attitudes towards issues, others were more normative and rigid. However, the exchange of opinions was always useful and informative.

Some of the group exercises included the following:

1. Drawing a FP poster for Yemen.
2. Creating an effective FP slogan for Yemen.
3. Writing a response to medical case studies where participants apply the knowledge learned in the contraceptive lecture.

The participants were eager to learn from each other. There was a great willingness to share information and ideas. The YFPA provided written material, brochures, booklets and magazines from the WHO and Planned Parenthood International.

A competition was held for the best FP poster and best FP slogan. Some of the posters and slogans could be used in future FP campaigns. Prizes were given to the winners; a box of chocolates and two solar calculators.

## Pre and Post Testing

A short test consisting of twenty-two questions was administered at the beginning and the end of the workshop. The questions centered on Yemeni demographics, FP knowledge and communicating FP messages (see Annex E). In the pre-test the average grade was 13 correct answers out of a possible 22. The post test showed an average 18 correct answers of a possible 22. The results indicate a 22% increase in level of knowledge.

## Evaluation

An evaluation form was distributed at the end of the workshop. The evaluation form (See Annex R) used an open ended format. This design was used to encourage participants to share their reaction to the training and express the areas in which they felt they learned the most.

All the participants stated that they learned a lot from the training session. They expect to use their new knowledge not only in their personal lives, but to educate their neighbors and co-workers. They stated that their personal awareness of FP and population issues has risen considerably and that they are motivated to work more with associations and groups using social marketing strategies.

They believed the best lectures were those on Social Marketing and FP, Demographics, and Human Lactation. They saw the weak points in the training as insufficient time for discussion and inadequate number of visual aids.

### Participant Recommendations

The participants recommended that:

1. A book be produced which contains all lectures and printed materials handed out at the workshop. A copy should be provided to each participant.
2. Future sessions should include more lectures on nutrition.
3. Similar training should be done in Ibb, Hodiedah and Taiz.
4. The workshop be lengthened to two weeks.
5. Similar training be held for men as they are important in FP decision making.
6. More time be devoted to question and answer periods.
7. More audio-visual aids be used.

### Press Coverage

The Yemeni press showed a great deal of interest in the workshop. Television, radio, newspaper and magazine journalists were all present at one point or another during the workshop. Dr. Sukkary-Stolba was interviewed by several journalists. The film footage of the workshop was shown on the nightly news twice. The hosts of television and radio health programs taped interviews and workshop activities for use in their programs. Al Thawra newspaper had a full page write up with photos and interviews on Wednesday, August 6. Al-Manor magazine collected material for an article which

will appear in one of their fall editions. The consultant feels that the press coverage was an enormous benefit in spreading family health messages and encouraging interest in family health and FP ideas. Dr. Stolba was taped for a half an hour T.V. family health show to be aired in early September.

### General Comments

The consultant believes that the workshop was extremely successful in advancing the knowledge of FP and Family Health. Participation in the workshop both by participants and invited guests was very high and encouraging. Personal conflicts and administrative difficulties sometimes presented problems, but these were generally resolved either by compromise or by strong recommendations from the MSA officials.

### Recommendations

Based on the experience in implementing this training, the consultant makes the following recommendations:

1. The materials be developed and distributed to the participants and cooperating agencies.
2. The similar training programs be developed for implementation in districts outside Sanaa. Discussions with participants show that there is a great deal of interest in future programs and training of community workers in the governorates seems appropriate for the Yemeni culture.
3. There should be only one agency responsible for the administration of workshop. Administrative difficulties and personal conflicts between agency representatives tend to complicate matters.
4. Similar training programs be developed for men. The participants felt that mixed groups would not be able to speak openly. However, they felt that men also, need to be educated about family health and FP issues since they are important decision makers in FP matters.
5. That more nutrition education be included in future sessions.

6. USAID establish a list of potential Arabic- and English-speaking administrative assistants to be used by consulting firms. If such a list were available in Yemen, it would eliminate the need to bring an administrative assistance from U.S. and thereby reduce cost.

## Part II

### HEALTH AND MANPOWER CURRICULUM

In 1985, the Health Manpower Institute (HMI) held two "Family Welfare Workshops" in Sana'a. In the workshops about 50 HMI instructors from Sana'a, Taiz and Hodeidah attended lectures on topics including Yemeni demographics, maternal/child mortality rates, contraceptive technology, and Islam and family planning. Subsequently, overseas training for several of HMI faculty members helped explain contraceptive technology in different cultural settings, e.g. South East Asia, Morocco, and U.S.A. Shortly after the return of HMI's faculty members to Sana'a, a decision was made to integrate family planning ideas into the general HMI curriculum. Part II of this contract is designed to offer technical assistance to the HMI to produce a textbook for students. The textbook would include sections about contraceptives and family planning counselling. Also, it would offer a more specialized curriculum for the nursing, medical assistant, and midwifery sections at HMI.

There are two components to the curriculum, one which is geared to the general student body, and a second section where more details are offered to the nursing, medical assistant, and midwifery sections.

#### Technical Consultant's Role

Dr. Soheir Sukkary-Stolba, who coordinated and lectured at the 1985 workshops, began working with the Institute's officials again on August 2, 1986. Arrangements were made to form a Curriculum Committee. The committee convened on August 13 and 14 to approve the general outline of the curriculum and to divide and clarify tasks.

It was agreed that Dr. Stolba's role would include:

1. Coordinating all technical activities of the Curriculum Committee
2. Signing a subcontract with HMI
3. Receiving a financial statement and supporting receipts from HMI
4. Providing technical expertise on the curriculum's format, illustrations, references, etc.

5. Working with each committee member to sort out the issues and topics of the curriculum
6. Suggesting a list of educational materials, including audio-visual aids to be recommended for purchase
7. Editing the final draft of the curriculum
8. Holding meetings with individual committee members who produce the first draft
9. Supervising the typing and proof-reading of the final draft
10. Producing an instructor's manual for use by HMI's faculty members

### The Curriculum Committee

The Curriculum committee consisted of the following members:

Dr. Soheir Sukkary-Stolba	Technical Advisor
Mr. Mahmoud Zindany	Director, HMI, Sana'a
Dr. Ahmed Qahir	Assistant Director, HMI
Dr. Khalid Saeid	Ministry of Health
Dr. Nagiba Abdul Ghani	Ministry of Health
Dr. Abdul Wahab al-Gurbani	Yemeni-Swedish Center, Taiz
Mr. Ali Ali Kurush	HMI, Hodeidah
Mr. Mohamed S. Mohamed	HMI, Taiz
Ms. Zahra Ahmed Said	Yemeni-Swedish Center, Taiz
Mr. Abdul Hakim Modamed	HMI, Hodeidah
Mr. Radman Qaid	HMI, Sana'a
Mr. Nagi al-Samawi	HMI, Taiz
Mrs. Sayida al-Mahwiti	HMI, Sana'a
Mrs. Tahira Ali Mohamed	HMI, Sana'a
Listener: Mr. Yousef Ali Ahmed	HMI, Sana'a

It should be noted that the committee drew upon the expertise of specialists not only from HMI, but also from the Ministry of Health and the Yemeni-Swedish Center. Participation was not limited to those from Sana'a, six committee members came from Taiz, and Hodeidah.

The committee members specialties are in the following areas:

- M.D.'s
- Health Administration
- Midwifery
- Nursing
- Pharmaceuticals
- Maternal/Child Health Care
- Nutrition
- Medical Anthropology

### Technical Guidelines for the Textbook

On August 13, 1986, Dr. Stolba spent an hour outlining the main technical guidelines for the textbook. Committee members were advised of the following:

1. The textbook would be written using the mini-module approach. Each learning unit would include student objectives, a learning program and review questions.
2. The curriculum would reflect a developmental approach where the various stages of reproduction, pregnancy, delivery and family planning counselling would be presented to the students.
3. All modules are to reflect an emphasis on preventive as well as curative medicine.
4. All modules are to be written in simple Arabic in order for students to understand the materials presented.
5. Illustrations are important, hence, committee members were encouraged to provide illustrations for their respective sections.
6. Committee members were reminded that their recommendations for purchase of audio-visuals aids and equipment is crucial for having an integrated curriculum.
7. Each module's objectives should be clear. Objectives could be cognitive or behavioral.
8. Review questions should test for integration as well as knowledge. Case studies should be presented in order to help students apply their knowledge.

9. Emphasis should be placed on the question of "how". Therefore, the dynamics of biological and psychological aspects should be clearly explained to students.
10. The curriculum should reflect concerns about the practical issues that might face students as future health practitioners in Yemen.
11. The dynamics of Yemeni family-relations, customs, and norms should be reflected in the curriculum.

### The Meeting Schedule

The first meeting for the Curriculum Committee was held on August 12, 1986. See Annex U. for the meeting schedule. The subcontract was signed on August 11, 1986. The first day was spent introducing the concept of the curriculum and explaining the objectives. Philosophical and methodology issues were discussed by Dr. Stolba.

The second day, August 13, 1986 was spent mostly on discussing the proposed curriculum outline. It was clear that HMI had developed an outline which reflected their vision of a certain type of text. Committee members added and deleted topics. Lively arguments dominated this day's activities.

Because of the feast holiday, Eid, it became necessary to hold individual sessions with committee members to guide them in writing the first draft of the mini-modules. Several sessions were arranged to work and rework drafts. Dr. Stolba visited the home of Mrs. Tahira Ali Mohamad, Mrs. Sayida al-Mahwiti, and Mr. Zindany to discuss revisions of their sections.

Typing of the first draft began on Tuesday, August 19, 1986. On August 23, 1986, the committee reconvened and resumed reviewing the first draft.

It was agreed that after editing and typing the first draft in the U.S., a copy would be sent to Sana'a for approval by the Ministry prior to printing. This is a routine procedure, and not expected to take a great deal of time.

### The Objectives of the Curriculum

#### A. Cognitive Objectives

1. To explain basic concepts of family health to students.
2. Discuss the physiological and psychological changes of the expectant mother.

3. Explain the principles of pre- and post-natal care.
4. Examine the benefits of human lactation vs. bottle feeding.
5. Study contraceptive technology.
6. Clarify the principles of family planning counselling.
7. Examine Islam's position on family planning issues.

#### B. Behavioral Objectives

1. Accept family planning concepts as part of the overall welfare of the family.
2. Discuss ideas about family planning with neighbors, friends, and coworkers.

#### Curriculum Topics

HMI intends to offer its first course of "Family Health" at the end of January, 1987. The course will be taught for one complete semester, a total of thirty-two hours of class time.

HMI's faculty have suggested the following topics for the "general curriculum" which will be taught to all students who have completed the anatomy and biology pre-requisites.

1. Mini-Module: Conceptual Framework of Family Health
  - A. The importance of the family in Islam and Yemeni culture.
  - B. Psychological and sociological welfare of Yemeni families
2. Marriage and the Family: A Biological Point of View
  - A. An introduction to genetics
  - B. Blood types
  - C. Chromosomal abnormalities
3. Conception
  - A. Physiological changes and pregnancy

- B. Development of the embryo and the fetus
  - C. Psychology of the expectant mother
  - D. Pre-natal care
  - E. Nutrition and the expectant mother
4. Delivery
- A. Labor
  - B. The stages of a normal delivery
  - C. Post-natal care
5. Human Lactation
- A. The physiology of breast-feeding
  - B. Successful breast-feeding
  - C. Duration of breast-feeding
  - D. Breast-feeding vs. bottle-feeding in Yemen
  - E. Weaning foods
  - F. Immunization schedules
  - G. Breast-feeding and child spacing
6. Family Planning Services
- A. Family planning: a definition
  - B. Islam and family planning
  - C. Child spacing and maternal/child health
  - D. Contraceptives pros and cons
  - E. Family planning for the lactating mother
  - F. The role of the health worker in family planning counselling

The specialized curriculum is intended for the nursing, midwifery and medical assistant departments. The following topics have been suggested:

Unit One: Contraceptive Technology: A Detailed Outlook

- A. Pelvic examinations and IUD insertions
- B. Birth control pills: a medical assessment
- C. Foams and condoms
- D. Sterilization
- E. Norplant and new technology
- F. Infertility: a medical outlook

Unit Two: Family Planning Counselling

- A. The principles of successful family planning counselling
- B. Data about the counselled family
- C. Contraceptives and human lactation
- D. Contraceptives pros and cons in detail

Unit Three: Nutrition For the Child

- A. Nutrition of 2-5 year olds
- B. Growth, development and nutritional needs
- C. Caloric in-take for school age children

Budget Items

A subcontract was signed with HMI's Director, Mr. M. Zindany (see Annex V). The subcontract included the following budget items:

Stationery/materials  
Secretary/typist  
Administrative costs  
Travel/transportation  
Per diem  
Honorarium

A financial statement from the HMI was due on August 25, 1986.

### Committee's Dynamics

Committee members divided into three groups. Each group had a moderator. Discussions centered around the general topics of the proposed curriculum. Dr. Nagiba Abdul Ghani, Dr. Khaled Saeid and Dr. al-Gurbani took active parts in presenting the medical point of view. Collegial relations dominated the discussions as consultants and HMI's faculty members felt at ease with one another. The technical advisor spent a great deal of time moving between groups in order to monitor the progress of each.

### Committee Recommendations

The last day of the committee's work was devoted to drafting recommendations. As the overall objective was to teach a course on "Family Health" to all HMI's students by Feb. 1987, the recommendations dealt with students' textbooks, teacher's manuals, audio-visual equipment, etc. The committee recommended that AID's help be sought in funding the following:

1. Printing 1000 - 1500 copies of the approved students textbook.
2. Preparing an instructor's manual for the course and printing about 200 copies.
3. Purchasing the following audio-visual equipment:
  - A. Family welfare posters
  - B. Films
  - C. Film projectors
  - D. Film screens
  - E. Slide projectors
  - F. Overhead projectors and transparencies
  - G. Take up reels of different sizes
  - H. Slide trays
  - I. Transformers (It is preferred to have all equipment ready to use on 220 voltage)
  - J. Sample kits of contraceptives
4. Evaluating the curriculum in one year. Technical assistance will be needed for the evaluation.
5. More in-service training courses to be offered to all HMI's faculty members.
6. Training abroad for some of HMI's faculty and managers.

The following recommendations were made in order to seek approvals and coordinate efforts with various Yemeni health organizations:

1. Coordinate efforts with the Yemeni Family Planning Association, MCHs, and the Ministry of Health in finding areas where students could learn about IUD insertions, etc.
2. Explore the possibility of training midwives to insert IUD's. Currently, midwives in Yemen are not legally allowed to insert IUD's. The committee has suggested a two-day conference to discuss this issue in which invited guests would include, M.D.s, Ministry of Health officials and midwives. It is expected the discussion would lead to recommendations to the Ministry of Health. If the recommendations are favorable, HMI is interested in preparing a special course to teach midwives IUD insertion techniques.
3. Coordinate efforts with the Ministry of Health on the subject of health cards and their use for immunizations and other health related activities.

**ANNEXES**

## ANNEX A

### SUBCONTRACT AGREEMENT

This is a subcontract by and between the Pragma Corporation, a Virginia Corporation, hereinafter referred to as the Corporation, and the Ministry of Social Affairs of the Yemen Arab Republic, hereinafter referred to as the subcontractor for services under a United States Agency for International Development contract.

#### A. Scope of Work

The subcontractor will:

1. Form a committee to plan and present a workshop entitled "Family Welfare." The Workshop is intended to be about one week in duration and be presented to the Ministry of Social Affairs officials who are from Sanaa and other parts of North Yemen.
2. Work with Dr. Soheir Sukkary, Pragma Senior Associate, to prepare agendas and lectures for the workshop.
3. Be responsible for procuring commodities (locally) as required.
4. Be responsible for overseeing logistical arrangements for the workshop and for direct allowable payment for all in-country expenditures associated with the workshop as indicated in the proposed budget.
5. All presentations will be made in Arabic unless otherwise requested.
6. Upon completion of the workshop the Ministry of Social Affairs (MSA) will be responsible for the accounting of the advanced funds. The MSA will provide Mrs. Margaret Chadwick, Pragma representative, and USAID with all supporting documents justifying the allowable incurred costs for the workshop. At that time any necessary

adjustments will be made. Financial records should be submitted to the Pragma representative no later than the last day of the workshop.

B. Mode of Reimbursement

Mrs. Margaret Chadwick, Pragma representative, will provide the requested advance in Rials up to the equivalent of US dollars 7,870.00 for the preparation of the workshop and related expenses as per the following budget:

**BUDGET**

<u>LINE ITEM</u>	<u>US DOLLARS</u>	<u>RIALS</u>
Per Diem for Participants 12 persons x 6 days x \$70.00	\$ 5,040	50,040
Lecturers Honorarium 14 Lecturers x \$100.00	1,400	14,000
Training Materials	450	4,500
Secretarial Support	200	2,000
Administrative Costs	100	1,000
Transportation	180	1,800
Duplicating Costs	200	2,000
Miscellaneous Costs	300	3,000
<b>G R A N D T O T A L</b>	<b>\$ 7,870</b>	<b>78,700 Rials</b>

C. GUIDELINES FOR SUBCONTRACT

Per diem will be paid to participants based on their attendance at the training sessions. Attendance must be taken daily with each participant signing their own name.

The Pragma representatives, Dr. Soheir Sukkary and Mrs. Margaret Chadwick look forward to this opportunity to work with the Ministry of Social Affairs and the Yemeni Women Association.

\_\_\_\_\_  
Dr. Soheir Sukkary-Stolba for  
Jacques Defay, President  
The Pragma Corporation  
Telex 203507  
PRAGMA FSCH UR

\_\_\_\_\_  
Mr. Abdo Mahdy Al-Idla  
Executive Director  
Ministry of Social Affairs

DATE: \_\_\_\_\_

\_\_\_\_\_  
exchange rate 10 Rials per \$1.00 US

**ADDENDUM TO**

**ANNEX A**

Due to an exchange rate of 10.82 the total subcontract amount was USD 7,274.00. On August 12, 1986 Dr. Stolba and Margaret Chadwick met with Mr. Abdo Al Idla for a final accounting. At that time he returned unused rials. He returned 2,863 rial which at an exchange rate of 10.82 amounts to USD 264.60.

**ANNEX B**

**FAMILY WELFARE WORKSHOP  
Monday, August 4, 1986**

**by: Bobby Allen USAID/Yemen**

Good Morning: USAID is pleased to support this workshop on Family Welfare topics at the request from the Yemeni Women's Association and the Girl's Guides. Your schedule over the next few days will be filled with interesting topics and good advice to advance and promote the better health of women and children in Yemen. We believe that these discussions are of interest to all the people of Yemen and we urge you to discuss what you learn here with your colleagues, neighbors, relatives and friends when you return to your homes.

We are all aware that the family is the corner-stone of all societies. We at AID pay special attention to programs that promote maternal and child health. We believe that children.... healthy children... are the hope for the future. But an equally important consideration in the health of your next generation is the health of mothers who are the primary care givers. Healthy mothers are better able to care for their children in ways that encourage and promote good health now and in the future.

Current technology has the means to cure many diseases and provide women and children with a safe and healthy environment. Many of the major childhood diseases, such as polio, diphtheria, and diarrheal disease can be easily prevented, thereby sparing families great tragedies. While the death of a child is a tragedy and a great sadness, illness and early deaths of mothers can destroy the well being of the whole family.

The transfer of information and technology to the villages and small towns is not an easy task. Only highly dedicated individuals, like yourselves, can translate modern medicine into simple instructions for rural women. It is a difficult but important task when

one has to replace traditional beliefs with modern ideas. In communicating those ideas one has to be sympathetic to the needs of the women and understand their concerns and backgrounds. This difficult task is in your hands. You are the agents of change and motivators of the families of Yemen.

I can see that you are going to have a very busy, and challenging week ahead of you. I am pleased that the cooperation between USAID, the Ministry of Social Affairs, the Yemeni Women Association, and the Girl's Guides has resulted in a full and worthwhile schedule. I am also pleased to have this opportunity to strengthen these associations by providing the technical consultant, Dr. Soheir Sukkary-Stolba, to moderate the lectures and facilitate the panel discussions. Our office of health has worked very hard to encourage programs such as this.

I want to thank the Ministry of Social Affairs for their interest and participation in arranging the logistics. I also want to thank the Yemeni Family Planning Association for offering the use of this fine meeting room. I want you to know that we at USAID appreciate the efforts of the Yemeni Women Association and the Girl's Guides who have contributed their time and effort to make this workshop a success.

I, now, introduce you to Dr. Soheir Sukkary-Stolba, who will be the facilitator for this workshop. She will moderate the discussions and present materials for several of the sessions. Dr Sukkary-Stolba has come here from the United States where she is a professor at the American River College and works for the Pragma Corporation.

**SUMMARY OF OPENING STATEMENT**

**by: Ahlam Al Mutawkil**

**The Yemen Women Association**

On behalf of the Yemen Women Association and the Girl Guides, it is my pleasure to introduce this training session. Just as we all cooperate and work together in offering social services to Yemeni communities we would like to cooperate in this session.

In order for an individual to have a sound body and sound mind we must work together to protect our Yemeni families. I hope this session will show true cooperative spirit between all the participating associations.

I wish you a productive and fruitful session.

## **SUMMARY OF OPENING STATEMENT**

**by: Mohamed Hussein Al Farah**

**Ministry of Social Affairs**

### **Division of National Cooperatives and Associations**

This session will reflect the Ministry's efforts to raise the health standards of Yemeni families and women. We are certain the training will be useful in clarifying family planning methods and hope it will lead to the diffusion of ideas. Our charter says that the family is the corner stone of society and that women participate as mothers and educators in all creative endeavors. Our aim here is to clarify concepts and build awareness of family welfare. We will focus on the medical benefits and explain the pros and cons of contraceptives.

You will hear that the Ministry of Social Affairs is helping Yemeni communities achieve their potential. We hope that you will carry the message to other women through your social contacts and your families.

Choose whatever suits your needs and spread the ideas. Knowledge is the basis forming a healthy family. I am sure your knowledge will be furthered here in the session.

I want to thank the representatives of the Agency for International Development and the Pragma Corporation for providing their assistance in making this training session possible.

## TRAINING SCHEDULE: FAMILY WELFARE

	8:30-9:30 a.m.	9:30-10:30 a.m.	10:30-11:00	11:00-12:00 p.m.	12:00-1:00 p.m.
8-4-86					
Mon. 8/4	Opening Session Mr. Bobby Allen	Yemeni Demographics A Comparison with Other Countries Dr. Soheir Sukkary - Stolba	COFFEE BREAK	Family Planning: A Religious Point of View Mrs. Huda Al Qabati	Discussion Groups on Family Planning and Islam Mrs. AL Qabati
TUE 8/5	Maternal/Child Health and Family Planning Mrs. Tahira Mohamed	Discussion Groups on Maternal/Child Health Mrs. Tahira Mohamed	COFFEE BREAK	Family Planning Methods: A Technical Assessment Dr. Soheir Sukkary-Stolba	Methods Coninued Sukkary-Stolba
WED 8/6 29	The Roles of the Ministries of Social Affairs and Health in Family Welfare Programs Mrs. Nagiba A. Gabel Mr. Mahmoud Shahir	Community Health & Family Planning	COFFEE BREAK	Social Marketing & Family Planning Dr. Soheir Sukkary-Stolba	Family Planning Methods and Communication Sukkary-Stolba
THUR 8/7	Family Health: A Medical View Dr. Abdel Rahman Al Shary	Discussion Groups on Communication Messages & Family Planning Dr. M. Abdel Malik	COFFEE BREAK	Group Dynamics and Family Planning Dr. Soheir Sukkary-Stolba	
SAT 8/9	Human Lactation, Nutrition and Family Planning Dr. Kalid Sa'aid	Discussion Groups on Human Lactation, Nutrition and F.P. Dr. Kalid Sa'aid	COFFEE BREAK	Psychological Aspect of Child Welfare Wahiba Fari'	Discussion Groups Psychological Aspects for Child Welfare Wahiba Fari'
SUN 8/10	Review Workhop Evaluation Poster Contest Results	Closing Statements & Distribution of Certificates	TEA PARTY		

## ANNEX D

### Participant List

1. Adala Al Akbari	MSA
2. Bilgiss Arebahe	MSA
3. Ahlam Al Mutawakil	Girl's Guides & YWA
4. Muna Al Akbari	MSA
5. Nadia Al Akbari	MSA
6. Maruim Al Hamdani	YWA
7. Fatama Garala	Girl's Guides
8. Irea Ganum	Girl's Guides
9. Nadela Nasar	Girl's Guides
10. Samera Wahas	YWA, Sanaa
11. Lula Amedan	YWA, Sanaa
12. Huda Hussein	YWA, Hodeidah
13. Shams Hussein	YWA, Hodeidah
14. Shadia Abubaq	YWA, Taiz
15. Nadjua Galeb	YWA, Taiz
16. Uma Al-Rahman Al Haqem	Girl's Guides
17. Latifa Qasam	YWA, Ibb
18. Samera el Bali	YWA, Ibb
19. Saba Mohamed Asman	Girl's Guide, Taiz
20. Yakut Thabita	Girl's Guide, Taiz
21. Amel D'Han	Girl's Guide, Taiz
22. Nabela D'Han	Girl's Guide, Taiz
23. Dura Al Yemen	Girl's Guide, Taiz
24. Latifa Amutawakil	Girl's Guide, Taiz
25. Huda Qabati	YWA, Sanaa

## ANNEX E

### Pre and Post Test

1. According to the latest census, the Yemen Arab Republic's population is estimated at?
  - a) 4 million
  - b) 8 million
  - c) 5.3 million
2. The first census ever conducted in YAR was in the year?
  - a) 1960
  - b) 1975
  - c) 1980
3. The preferred contraceptive method in YAR is
  - a) the pill
  - b) IUD
  - c) diaphragm
4. What is the best time for inserting an IUD?
  - a) before the monthly period
  - b) immediately after or during the monthly period
  - c) two weeks before the monthly period
5. Lactation
  - a) guards against pregnancy
  - b) might guard against pregnancy in some women
  - c) does not guard against pregnancy at all
6. The average life expectancy for a Yemeni is?
  - a) 80 years
  - b) 42 years
  - c) 33 years
7. The health hazards for a pregnant woman increases
  - a) if she is past her early thirties
  - b) if she is in her twenties
  - c) there is no relationship between a pregnant woman's age and mother/fatal health risks
8. "Birth Spacing" means
  - a) Having a child every year
  - b) Having a child every few years
  - c) Planning a family with adequate time to allow a mother to recover from a delivery and care for the child

9. Forty-five percent of the population of the YAR is
  - a) under 15 years old
  - b) older than 25,
  - c) under 5 years old
10. Family Planning means
  - a) Having no children
  - b) Planning each child, so the family consists of the desired number of children
  - c) a woman should have a child every year
11. Birth control pills cause cancer of the uterus?  
True or False
12. Birth control pills are associated with breast cancer?  
True or False
13. One of the benefits of using a IUD is it does not affect human lactation? True or False
14. A woman who suffers from severe cramps and heavy periods should not use the IUD? True or False
15. Depo-Provera is the name of the contraceptive injections used by women? True or False
16. It is recommended that another contraceptive method should be used with condoms? True or False
17. The birth control pills are the most effective form of contraceptives? True or False
18. The more choices of available contraceptive methods, the better the chances of acceptability? True or False
19. Scientific research indicates that women who use birth control pills are less likely to suffer from breast cancer? True or False
20. TV and radio are the best ways of communicating ideas to the masses? True or False
21. In every corner of Yemen contraceptives can be found?  
True or False
22. Education is a main factor in accepting Family Planning and might lead to a reduced number of children?  
True or False

## ANNEX F

### Pretest results

<u>Question</u>	<u>% wrong answers</u>
1. According to the latest census, the Yemen Arab Republic's population is estimated at? a) 4 million    b) 8 million    c) 5.3 million	10%
2. The first census ever conducted in YAR was in the year? a) 1960            b) 1975            c) 1980	0%
3. The preferred contraceptive method in YAR is a) the pill    b) IUD            c) diaphragm	45%
4. What is the best time for inserting an IUD? a) before the monthly period b) immediately after or during the monthly period c) two weeks before the monthly period	15%
5. Lactation a) guards against pregnancy b) might guard against pregnancy in some women c) does not guard against pregnancy at all	45%
6. The average life expectancy for a Yemeni is? a) 80 years    b) 42 years            c) 33 years	50%
7. The health hazards for a pregnant woman increases a) if she is past her early thirties b) if she is in her twenties c) there is no relationship between a pregnant woman's age and mother/fatal health risks	10%

8. "Birth Spacing" means
- a) Having a child every year
  - b) Having a child every few years
  - c) Planning a family with adequate time to allow a mother to recover from a delivery and care for the child
- 60%
9. Forty-five percent of the population of the YAR is
- a) under 15 years old
  - b) older than 25,
  - c) under 5 years old
- 75%
10. Family Planning means
- a) Having no children
  - b) Planning each child, so the family consists of the desired number of children
  - c) a woman should have a child every year
- 30%
11. Birth control pills cause cancer of the uterus?  
True or False
- 50%
12. Birth control pills are associated with breast cancer?  
True or False
- 45%
13. One of the benefits of using a IUD is it does not affect human lactation? True or False
- 95%
14. A woman who suffers from severe cramps and heavy periods should not use the IUD? True or False
- 95%
15. Depo-Provera is the name of the contraceptive injections used by women? True or False
- 15%
16. It is recommended that another contraceptive method should be used with condoms? True or False
- 75%
17. The birth control pills are the most effective form of contraceptives? True or False
- 60%

18. The more choices of available contraceptive methods, the better the chances of acceptability? True or False 45%
19. Scientific research indicates that women who use birth control pills are less likely to suffer from breast cancer? True or False 95%
20. TV and radio are the best ways of communicating ideas to the masses? True or False 10%
21. In every corner of Yemen contraceptives can be found? True or False 95%
22. Education is a main factor in accepting Family Planning and might lead to a reduced number of children? True or False 50%

## ANNEX G

### LECTURE OUTLINE

#### Yemeni Demographics by: Dr. Soheir Sukkary-Stolba

- Difficulty in procuring accurate statistical figures
- In 1980, Yemen's population was estimated to be 5.9 million + 1.2 million migrants,
- Annual population increase averaging %2.6 - %3.1
- Average life expectancy- 42 years
- more than 45% of population less than 17 years old.
- Birth per 1000 is ... 54-55
- Infant mortality per 1000 is ... 154-171
- Comparisons with Egypt's population
  - 48 million
  - Annual increase 2.7%
  - Life expectancy 55 years

#### Jordan:

- Role of migration in tripling population
- Population estimated to be 3.7 million
- Average number of children per family - 8

#### Arab World Population:

	<u>Millions</u>
1950	72.2
1965	106.2
1975	137.1
2000	328

- Compare population size with natural resources

DEMOGRAPHICS OF YEMEN LECTURE

DEMOGRAPHICS OF YEMEN- A COMPARATIVE

STUDY WITH OTHER COUNTRIES

Dr. Soheir Sukkary-Stolba

Handout No. 1

1. Enumerated population, census of	<u>January 31-February 1, 1975</u>	<u>4,540,249</u>
2. Adjusted population, census of	<u>January 31-February 1, 1975</u>	<u>4,727,000</u>
3. Births per 1,000 population	<u>1975-79</u>	<u>54' - 55'</u>
4. Deaths per 1,000 population	<u>1975-79</u>	<u>21' - 23'</u>
5. Annual rate of growth	<u>1975-79 (per cent)</u>	<u>2.5 - 2.8</u>
6. Life expectancy at birth,	<u>1976-77</u>	<u>42' - 45'</u>
a) Male,           b) Female		<u>NA , NA</u>
7. Infant deaths per 1,000 live births,	<u>1976-77</u>	<u>154' - 171'</u>
8. Percent urban, 1975		<u>11'</u>
9. Percent of labor force in agriculture,	<u>1975</u>	<u>34'</u>
a) Male,           b) Female,		<u>30' , 62'</u>
10. Percent literate, 1975		<u>12'</u>
a) Male,           b) Female,		<u>24' , 2'</u>

PROJECTED ESTIMATES

11. Population, July 1, 1985	<u>6,159,000</u>
12. Births per 1,000 population, 1985	<u>53'</u>
13. Deaths per 1,000 population, 1985	<u>18' - 19'</u>
14. Annual rate of growth, 1985 (per cent)	<u>2.8' - 3.1'</u>

For internal use only:

Net migration rate per 1,000 population, 1985	<u>-4.22 to -5.92</u>
---	-----------------------

45

Midyear Population Estimates and Average Annual Period Growth Rates: 1950 to 2000  
 (Population in thousands, rate in percent)

<u>Year</u>	<u>Population</u>	<u>Period</u>	<u>Average Annual Growth rate</u>
1950	<u>2,893</u>	<u>1950-55</u>	<u>2.0</u>
1955	<u>3,195</u>	<u>1955-60</u>	<u>2.2</u>
1960	<u>3,568</u>	<u>1960-65</u>	<u>2.0</u>
1965	<u>3,944</u>	<u>1965-70</u>	<u>1.6'</u>
1970	<u>4,276</u>	<u>1970-75</u>	<u>2.1'</u>
1971	<u>4,371</u>	<u>1975-80</u>	<u>2.5'</u>
1972	<u>4,469</u>	<u>1980-85</u>	<u>2.6'</u>
1973	<u>4,569</u>	<u>1985-90</u>	<u>3.0'</u>
1974	<u>4,671</u>	<u>1990-95</u>	<u>3.2'</u>
<b>Projected Estimates</b>			
1975	<u>4,776</u>	<u>1995-2000</u>	<u>3.3'</u>
1976	<u>4,899</u>		
1977	<u>5,019</u>		
1978	<u>5,142</u>		
1979	<u>5,268</u>		
1980	<u>5,399</u>		
1981	<u>5,535</u>		
1982	<u>5,679</u>		
1983	<u>5,830</u>		
1984	<u>5,989</u>		
1985	<u>6,159</u>		
1986	<u>6,339</u>		
1987	<u>6,528</u>		
1988	<u>6,727</u>		
1989	<u>6,937</u>		
1990	<u>7,156</u>		
1995	<u>8,409</u>		
2000	<u>9,907</u>		

ANNEX H  
LECTURE OUTLINE

Islam and Family Planning: A Religious Point of View

by: Mrs. Huda Al Qabati

1. In Islam there is a strong emphasis on the family as the pillar of society.
  - a. Supportive Quranic statements and prophet's sayings
2. Islam is concerned that procreation remain the right of individuals and not a societal mandate.
3. Islam is concerned about the numbers of Muslims.
4. Islam is concerned with cleanliness and sanitation.
5. Comments on abortion and Islam.
6. Discussion about the permanent methods of family planning as opposed to the temporary use of contraceptives.
7. Conditions under which family planning is accepted:
  - a. Freedom of choice, individual decisions not societal sanctions.
  - b. Spacing to allow for health of mother and provide an adequate lactation period.
8. Alternatives to family planning
  - a. development
  - b. redistribution of wealth

**ANNEX I**

**LECTURE OUTLINE**

**Maternal Health and Family Planning**

**by: Mrs. Tahira Mahammad  
Mrs. Sayida Al Mahwati**

1. Introduction
2. Maternal health concepts
3. Repeated pregnancies and maternal health
4. Health problems associated with pregnancies
5. Best age for conception
6. Maternal health hazards and late pregnancies
7. Welfare of the family
8. Proper dietary practices for a pregnant woman
9. Health benefits of small family size
10. Lactation and child survival rates
11. Psychological state of the mother and bonding

**ANNEX J**  
**LECTURE OUTLINE**

**A Technical Assessment**

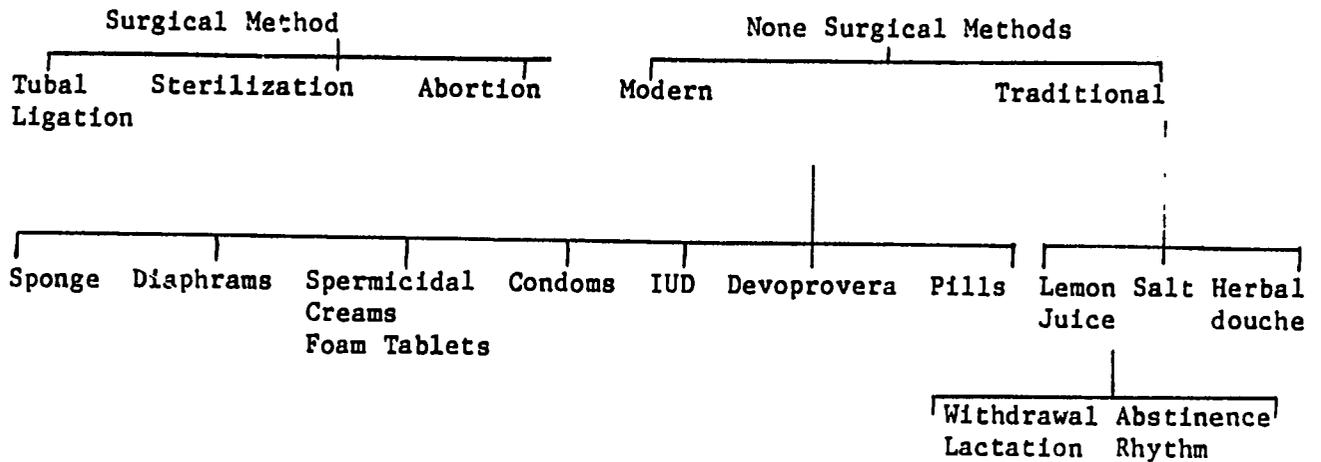
by: **Dr. Sohier Sukkary-Stolba**

Main concern in extending guidance for use of contraceptives:

1. Mother's age
2. Father's age
3. Desired number of children versus number of living children
4. Age of mother/father at marriage
5. Economic conditions of the family
6. Birth spacing between children
7. Literacy
8. Other social considerations like stability of the marriage, in-laws pressure ... etc.

Outline of the  
CONTRACEPTIVES & HEALTH ISSUES LECTURE

By: Dr. Soheir Sukkary-Stolba



Requirements for contraceptives' selection:

- Reliability
- Acceptability (personal & cultural)
- Effect on enjoyment of sex
- Health effects
- Easy to use
- Economical
- Reversibility
- Availability in market

## CONTRACEPTIVES & HEALTH ISSUES

Dr. Soheir Sukkary-Stolba

These are meant to be points to initiate discussion and not an exhaustive list of all pros and cons.

### 1. WITHDRAWAL (coitus interruptus)

#### Pros

1. No medical procedures
2. Good for areas where modern contraceptives are not available
3. Acceptable by some men
4. Does not interfere with lactation
5. Does not threaten mother's health
6. No cost

#### Cons

1. Not reliable
2. Timing is difficult for some men
3. Not acceptable by some men
4. Interferes with the total enjoyment of sex

### 2. RHYTHM

1. Does not require medical procedures
2. Not costly
3. No religious objections

1. Not acceptable to some husbands who object to abstinence for 10 days per month.
2. Proper application requires taking body temperatures or observing increase in mucus production which is difficult
3. Not very reliable.
4. Interferes with the spontaneity of the sex act.

### 3. LACTATION

1. Good for infants
2. Encouragement by religion
3. Effective in some women
4. No cost
5. No health problems

1. Not reliable in all women
2. Prolonging lactation leads to child malnutrition

#### 4. ABSTINENCE

1. Self-control - not always possible.
2. Interferes in married life.

#### 5. CONDOMS

1. Not too costly
2. Easily available in most communities
3. Relatively easy to use
4. No side effects known

1. Not totally reliable.
2. Some men do not like them, because they interfere with enjoyment of the sex act.
3. Leads to vaginal sensitivity in some women.

#### 6. DIAPHRAGM

1. No known health problems
2. Not too costly
3. Effective if used properly

1. Some men do not like the sensation of feeling the Diaphragm.
2. Not effective in some women who have lax vaginal muscles.
3. Requires initial medical fitting.
4. Washing and powdering the diaphragm is important - not always possible in some environments

#### 7. "THE PILLS"

1. Most reliable method
2. Available in most countries
3. Does not interfere with the same sex
4. Allows for spontaneity

1. Improper use leads to negative health problems e.g., bleeding anemia, etc.
2. Requires remembering to take the pill which is not always easy.
3. Not all women should use the pills. Heart disease, diabetes, hypertension, varicose veins, kidney problems, jaundice, etc.
4. Possibility of weight problems

## 8. INJECTABLES

- |  |  |
|--|--|
| 1. Regulate fertility for a known period | 1. Health impact not fully known,                              |
| 2. Reversibility                         | 2. Not medically accepted in many countries.                   |
|  | 3. Negative impact on lactation.                               |
|  | 4. Not available in most communities.                          |
|  | 5. No menstruation is not acceptable culturally to many women. |

## 9. IUDs

- |                                |  |
|--------------------------------|--|
| 1. Great degree of reliability | 1. Physician's service required.                     |
| 2. Allows for spontaneity      | 2. Improper insertion leads to health complications. |
|                                | 3. not recommended for all women.                    |
|                                | 4. Side effects.                                     |

## 10. TUBAL LIGATION & STERILIZATION

- |                                      |  |
|--------------------------------------|--|
| 1. Relatively easy medical procedure | 1. Difficult to reverse.                         |
| 2. Does not affect sexual drive      | 2. Not for all families.                         |
| 3. Reliable as a FP method           | 3. Misconception about virility & sterilization. |
|                                      | 4. Requires medical help.                        |
|                                      | 5. Costly.                                       |

## 11. CREAMS & JELLIES

- |                             |  |
|-----------------------------|--|
| 1. Available in many places | 1. Messy.  |
| 2. Relatively inexpensive   | 2. Reliable only when used with other contraceptives, like condoms, etc. |
|                             | 3. Proper instructions are not always followed by women.                 |

Booklet Distributed: A General Study of Contraceptives in Yemen  
by the Yemeni FPA

Main topics: A survey conducted among 911 women in four Yemeni governates. Women were asked questions about lactation, contraceptives, desired number of children, perceived side effects of contraceptives ... etc.

Major findings are the following:

1. Majority of women breast fed for a year.
2. Majority of women stop lactation upon pregnancy.
3. 13% of the sample used contraceptives.
4. Majority knew about one or more methods of contraceptives but were afraid to use because of religions, social or health issues.
5. Majority of users preferred birth control pills.
6. Withdrawal is used as a birth control method.
7. An assessment on the negative health effects of excision that is widely practiced in Tahama.
8. Ideal number of children is.
9. Major sources of contraceptives in Yemen are pharmacies, shops, and brought by returning husbands from other Arab countries.

BASIC INFORMATION ON CONTRACEPTIVE METHODS  
AND INSTRUCTIONS FOR CENTER PERSONNAL

Source: M. Assaad, Training Manual for  
FP Personnel, August, 1977

The family planning center presents and makes available a variety of contraceptive methods that can be used by any woman in the childbearing age.

The following percentages refer to the extent of the reliability and success of each contraceptive method, provided that the woman using any of these methods follows carefully the given instructions:

Oral Pill			prevents conception 100%
Intra Uterine Device (IUD)	"	"	98%
Diaphragm	"	"	65%
Creams	"	"	60%
Foam tablets	"	"	60%
Condom	"	"	72%

A. Oral Pills

The oral pills are the most reliable method of birth control and the most widely used at present. The reliability is 100% provided that one follows precisely the instructions for taking them. The pills contain hormones that stop the usual monthly release of an egg cell.

In the family planning centers there are various kinds of pills. The physician can help the woman wishing to use them choose one which is most suitable for her.

Directions for the Use of Oral Pills

When the woman decides to use the pills for the first time, she takes a pill on the fifth day of her menstrual cycle, preferably after the main meal.

She continues taking one pill each day at the same time for 21 days (i.e., three weeks). She stops for 7 days (i.e., one week), then starts taking them whether bleeding has ceased or not. She repeats this process of taking one pill a day at the same time for 21 days and stops for 7 days, etc. No pregnancy will occur if the pills are taken regularly.

- Once the 21 pills are all taken, the woman should only stop taking them for 7 days; otherwise, the pills lose their effectiveness in preventing conception.
- If no bleeding occurs after the completion of the packet of pills, the woman is asked to continue taking them, i.e., she starts a new series of pills 8 days after the termination of the first packet. In the meantime she must consult the physician.

What happens if the woman forgets to take the pills?

A woman who misses the pill or has not taken them regularly is susceptible to pregnancy unless she follows these instructions:

- If she misses one pill, she must take it as soon as she remembers, as well as taking the following one at its regular time.
- If she misses two or more pills, she loses immunity against pregnancy. Therefore, it is necessary to use another method of contraception during that month.

The following are two possibilities which are likely to occur if a woman forgets to take 2 or more pills:

1. Some women bleed heavily (the same as menstrual bleeding). If this happens, she must stop taking the pills and should start a new course of pills on the fifth day of bleeding.
2. Some women may not bleed or may only have slight spotting. In this case, the woman continues with the same packet of pills.

If a woman has forgotten to take 3 pills she should take the forgotten pills along with the usual ones. This process is repeated each day until all the missed pills are taken. Remember the necessity of using another method of contraception along with the pills until that series is finished.

When the husband is away:

There exists no relation between the husband's absence for short periods and the woman's discontinuing the pills. In other words, the woman should know that in spite of her husband's being away, she has to continue taking the pills regularly.

These pills should be taken regularly even if the absence of the husband lasts for three months. Stopping the pills may lead to a disturbance of the menstrual cycle, and may even cause the same symptoms that accompany the use of the pill for the first time.

Who can use the pill?

1. Newlywed: A bride-to-be or a newlywed may use the pill without any effect on her ability to conceive. She can start taking the pill at least 2 months prior to marriage, allowing her sufficient time to get used to them before marriage. The pills will ensure the prevention of conception. The oral pill does not cause sterility.
2. Mothers who have given birth recently & non-lactating mothers: These women should start the pill 2 weeks prior to the renewal of sexual relations in order to insure the effectiveness of the pills.
3. Lactating Mothers: These women can start taking the pill 3 months after childbirth. This insures that the pill will not affect the quantity of breast milk. During the first 3 months after childbirth, women can use any other method of birth control.
4. After abortion of still-births: The woman can start taking the pill immediately and should not wait for the start of the menstrual cycle. Her menstrual cycle will be regulated with the use of the pills.

Cases which contraindicate the Use of the Pill:

<u>The Case</u>	<u>The Symptoms</u>
Heart Disease	Severe chest pains, abnormal feeling of strain after effort
Breast tumors	Presence of tumors or discharge from nipples
Hypertension	Severe and constant headaches
Diabetes	Increased frequency of urination, sensation of thirst

### The Case

### The Symptoms

History of Jaundice	Yellowish color of skin and eyes
Albumin	Swelling of eyes and legs
Tumors or growth of uterus	Irregular bleeding, bleeding after sexual intercourse or between menstrual cycles
Kidney or liver disease	Yellowish color of skin and eyes
Varicose veins	The appearance of varicose veins in the legs
History of thrombosis in any part of the body, such as legs, chest, heart, veins	Swelling and severe pains in legs or chest
Bilharziasis	Blood in the urine or in the stools

### Side Effects:

During the first three months, women taking the pill may feel minor side effects, i.e., irregular spotting or other symptoms similar to those experienced in the first few months of pregnancy, such as nausea, headaches, fatigue, tenderness or discomfort in body weight, or skin pigmentation. Most of these side effects disappear after the first three months. However, if they continue a physician should be consulted.

Menstrual flow may increase or decrease with the use of the pill. This should be considered normal and should neither be regarded as harmful to the woman's health nor a cause for worry.

### B. Intra Uterine Devices

#### "The Loop" (see Fig. 2)

There exists a variety of IUDs of different shapes and sizes. The most widely used are those made of plastic. The IUD is not a 100% reliable method.

It is 98% safe; i.e., risk of pregnancy is 2%. Its effectiveness starts as soon as it is inserted in the womb by the physician. A woman can have sexual intercourse at any time after the insertion of the IUD unless she feels exhaustion, fatigue, or starts bleeding.

#### Instructions to the Woman who has inserted the IUD

- The woman must be told to check and feel for the thread of the IUD at weekly intervals, especially after the first menstrual cycle, to make sure that the IUD is in place. If she cannot feel the thread she must immediately contact the physician.
- The client should never try to remove the device herself. This should be done only by the doctor.

The woman should have regular vaginal douches to prevent infection or vaginal discharge.

#### Side Effects

- The woman may have colic, backache or a little bleeding. The attendant should advise the client to take aspirin or Novalgine for the pain.
- The IUD may cause excessive menstrual flow especially during the first three months. This is usually regulated after that time.
- A physician should be consulted immediately if any of the following symptoms occur: hemorrhaging, persistent colic, excessive vaginal discharge, partial or total expulsion from the uterus, or if there is a sensation of the existence of a foreign body in the vagina. He may remove the loop if necessary.

#### Contraindications of the IUD

- The presence of any cervical growth, severe or chronic infection, or pregnancy.

#### Follow-up

- The client must be examined one week after the insertion. The examination must be repeated 4 weeks later or after menstruation. A third check-up is necessary after three months since most of the complications occur during that period.
- A woman should go to the family planning center if she notices the disappearance of the thread, if bleeding occurs, or if there is fever accompanied by abnormal discharge (change in color and smell).

- The loop need not be changed before three years.

#### The most appropriate time to insert the loop

The physician inserts the loop in the woman who has previously given birth. This is done after or during menstruation, 40 days after childbirth, or soon after an abortion. This is done to insure that there is no possible pregnancy.

#### Diaphragm

The diaphragm is made from soft rubber that is fixed to a circular frame or cap.

The diaphragm comes in different sizes and is 65% reliable in preventing conception.

When used for the first time, the doctor fits the woman with the proper size (according to the size of her vagina) and he shows the woman how to wear and remove it.

#### Instructions to the woman using the Diaphragm

- Before using the diaphragm one must rub a little cream or jelly. (spermicide) on both sides of the cap in order to prevent any sperm from getting into the womb. (see fig. 3)
- The diaphragm is placed into the vagina so that it covers the opening of the uterus and prevents the sperm from meeting the egg. (see. fig. 4)
- The diaphragm is inserted before intercourse and should be removed not less than eight hours after intercourse. The woman should not use any vaginal douche.
- After removal, the diaphragm should be washed, rinsed and dried, and coated with talcum powder until it is used again.

### Creams and Jellies

The creams and jellies (spermicidal preparations) are 60% reliable and are made from chemical substances that kill the sperm before they can meet the egg cell. The cream is placed in a tube and is inserted with a special applicator. (see fig. 5)

#### Instructions for use

- Fill the applicator with the cream and push it up into the vagina.
- Press the applicator to release the cream and allow it to spread into the vagina then remove it.
- Apply cream once more if sexual intercourse is to be repeated during the same period of time.
- The woman who has had 2 or 3 childbirths should be advised to use 2 applications of cream or jelly.
- Creams and jellies are effective for six hours providing the woman does not douche within 8 hours after intercourse.

### Rhythm Method

Normally, a woman produces one egg cell each month and she cannot become pregnant unless sperms are present at that time.

The egg cell is usually present midway between one menstrual cycle and another and remains ready for fertilization for several days. The woman is not susceptible to pregnancy for a few days before and after menstruation and it is during this period that she can have intercourse with less risk of becoming pregnant.

This method is unreliable because there are wide variations in the length of the menstrual cycle. The time of ovulation varies from one woman to another and may even vary for the same woman.

### Coitus Interruptus

This is an ancient technique that a man uses to prevent pregnancy. The man withdraws just before ejaculation so that the sperm does not enter the vagina. This method is considered unreliable because it is probable that there could be sperms in the male fluid which become discharged before the final act of ejaculation. Moreover, the sperm have the power to penetrate the vagina if they are near the opening.

### Foam Tablets

Foam tablets are 60% reliable.

#### Instructions:

- Place the tablets as far up into the vagina as possible about 10-15 minutes before intercourse so that the foam starts to spread.
- If the tablets do not produce foam then they are not effective at all. New tablets must be used.
- The effect of the foam tablets lasts for six hours. A woman can have sexual intercourse within that period without being exposed to pregnancy under the condition that she does not douche.
- The woman should not douche before 8 hours.

### Condom

The condom is 72% reliable in preventing pregnancy. It is made from a very fine rubber and prevents the sperm from entering the vagina.

#### Instructions:

- The condom can only be put on after the penis has become hard and erect so that it totally covers it and prevents the male fluid from entering the vagina.

#### Instructions:

- The condom can only be put on after the penis becomes hard and erect so that it totally covers it and prevents the male fluid from entering the vagina.
- The woman may use a contraceptive cream or jelly for added protection.

- After ejaculation, the man must hold the tip of the condom to prevent the spilling of any fluid into the vagina.
- The disadvantage of the condom is that it may accidentally break during intercourse, or that it might have holes that will allow the sperms to enter the vagina. Therefore, it is very important to make sure that it does not have any defect.
- The condom should be used only once and a new one should be used for each act of intercourse.

### Sterilization

Sterilization is a permanent and irreversible method of preventing pregnancy. It is necessary for the couple who are considering sterilization to be satisfied with the actual size of their family because of the nature of this method of contraception. This is a very difficult decision to make, especially in the culture of the developing nations. Medical research is continuing in its search for a reversible form of sterilization, in case a couple should later want more children.

#### Sterilization of the female:

The principle underlying this operation for the woman is the following: The gynecologist ties the tubes to prevent the meeting of the sperm with the ovum. This operation does not affect the hormonal production and the woman continues to menstruate. In the past, the only existing method of sterilizing the female was to tie the tubes by opening the abdominal cavity. The procedure requires hospitalization for several days.

There are at present, other simplified ways of performing sterilization. The following two methods have been tried in some hospitals in Egypt:

1. Colposcopy: This is performed through the vagina or through a small surgical incision so the gynecologist can tie the tubes. The woman needs hospitalization only for a short period of time.
2. Laparoscopy: The gynecologist, with the aid of the laparoscope, ties the tubes, either through the vaginal opening or by making an incision in the abdomen. The patient remains in the hospital for a few hours only.

### The effect of female sterilization

- Sterilization does not affect the sexual drive, or libido of the woman
- It does not affect the menstrual cycle
- The tying of the tubes prevents the ovum from passing through the tubes to meet the sperms
- A woman who has undergone an operation for sterilization need not use any other method of contraception. Sterilization is 100% successful in preventing pregnancy.

### Sterilization of the male (Vasectomy)

After using local anesthesia the doctor ties the tubes by making a small opening on each side of the man's scrotum. The tubes are located under the skin and the operation is simple and can be performed in less than half an hour. It requires no hospitalization.

### The effect of male sterilization

- Sterilization does not affect the man's virility
- The tying of the tubes prevents the sperms from passing into the fluid which is ejaculated during sexual intercourse. Of course no pregnancy occurs because the sperm never reaches the female ovum.
- Sterilization is 100% successful in preventing pregnancy after a lapse of 6 weeks from the time of the operation. It requires periodical analysis of the male fluid to insure the absence of sperms from the male fluid. During the six-weeks period, the couple should use another method of contraception.

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"The Basic Information on Contraceptive Methods and the Instructions for Center Personnel" was compiled by Samiha El Katsha and revised by Drs. Khalil Mazhar, Ibrahim Kamal and K. Laurence during January, 1974.

ANNEX K

LECTURE OUTLINE

Roles of the Ministry of Social Affairs and  
The Ministry of Health in Family Welfare

by: Mahmoud Shahir

1. Introduction
2. The relatively short history of the Ministry of Social Affairs.
3. The Ministry's concern with the welfare of the Yemeni family.
4. Future programs
  - a. Social Welfare
  - b. Juvenile Corrections
  - c. Income Generation project that focus on social and economic issues
5. Question and Answer.

**ANNEX L**  
**LECTURE OUTLINE**

**Community Health and Family Planning**

**by: Mrs. Nagiba Ganni**

1. Statistics: Infant Mortality in Yemen vs. other countries
2. Maternal mortality statistics
3. Gyno problems
4. Limiting the number of children vs. FP
5. Women's role in FP
6. MOH role in training jidahs, elderly female midwives

**ANNEX M**

**LECTURE OUTLINE**

**Social Marketing and Family Planning**

**by: Dr. Soheir Sukkary-Stolba**

1. Family Planning messages
2. Group work on messages
3. Written work on diffusing Family Planning ideas using social marketing strategies.

**ANNEX N**

**LECTURE OUTLINE**

**Family Health: A Medical Point of View**

**by: Dr. Abdul Rahman Al Shary**

1. Islamic view point of FP, limiting the number of children
2. Acceptance of child spacing
3. History of YFPA in Yemen and their objectives
4. Conditions for performing a tubal ligation
5. Birth frequency and medical problems
6. Question and Answer

**ANNEX O**

**LECTURE OUTLINE**

**Working Session on Communication Strategies**

**by: Dr. Soheir Sukkary-Stolba**

1. Participants break into five groups
2. Each group presents a skit in which they convince a woman who has a heart condition and five children to use an appropriate contraceptive method.

**ANNEX P**  
**LECTURE OUTLINE**

**Human Lactation And Family Planning**

**by: Dr. Kalid Sa'aid**

1. Each participant submits a medical question
2. One hour to answer questions
3. Human lactation vs. bottle feeding
4. Infant nutritional requirements
5. Physiological description of glands and process of lactation
6. Immunity and human lactation
7. Factors impacting duration of human lactation
8. Comparison: duration of lactation , Yemen vs. other countries
9. Nutritional needs of mothers
10. Lactation as a contraceptive
11. Impact of contraceptives on human lactation
12. Infant mortality and bottle feeding
13. reasons for cessation

ANNEX Q  
LECTURE OUTLINE

Psychological Aspects of Child Welfare

by: Mrs. Wahiba Fari'

1. Childhood development
2. Effects of child abuse and frequent births
3. Rationale for family planning
4. Questions and Answers

**ANNEX R**  
**Evaluation Form**

1. Do you think the training session is successful?  
Yes 100%      No 0%
  
2. List the lectures you liked the most.
  - a. Social Marketing, Sukkary-Stolba
  - b. Demographics of Yemen, Sukkary-Stolba
  - c. Human Lactation, Dr. Khalid Sa'aid
  
3. Did you learn or benefit particularly from the discussion groups?  
Yes 100%      No 0%
  
4. Name the lecture which is most important to the type of work you do.
  - a. Human Lactation, Dr. Khalid Sa'aid
  - b. Social Marketing, Sukkary-Stolba
  - c. Contraceptive Pros and Cons, Sukkary-Stolba
  
5. What are some of the weak points in the session?
  - a. Need more time for discussion
  - b. Need more audio-visual aids
  
6. What are your recommendations for future training?
  - a. Workshop should be held in Ibb, Taiz, and Kodeidah.
  - b. There should be a booklet distributed containing all the lectures.
  - c. Include nutrition in future sessions.
  - d. The workshop should be longer, maybe two weeks.
  - e. Hold similar workshops for men, they are important decision makers, too.
  - f. More time should be allowed for questions and answers.

**ANNEX S**  
**CLOSING STATEMENTS**

**by: Edward Hirabayashi, Women in Development Officer USAID**

I believe that one of the most enlightened and farsighted responses to the present difficulties in all developing countries is a more conscientious, integrated and participatory action to advance the economic and social situations of women.

It is very clear to me that any kind of development provided by men on assumptions that are centered principally on men is not only morally indefensible, but economically unsound.

Participation is the key. This means that all of you here, with other women, must take it on yourselves to be agents of change. If change is to take place, you must do it.

As I said before, you must not wait around for others to take the initiative to bring about change and development in your situation. You cannot sit around and wait for things to happen. It never will. This is true in the United States. It is true in High Yemen.

Each of you, as an individual, must take the initiative to help motivate your sisters to make the changes happen in their own lives.

Why?

Because health and sanitation change that are desperately needed will be carried out by women. Because better ideas in nutrition for healthier children will be implemented by women. Because thoughtful procedures in family planning will be instituted by women.

So, there is no doubt in my mind that each of you, as an individual, must take it upon yourself to become an agent of change and motivate the women to make change and development happen in High Yemen.

It is not enough for you to have learned all these ideas yourself.

Do not forget: it is not enough for you to have been in this workshop and received all this information and these ideas -- you must become agents of change and motivate others.

It has been an honor for us to be allowed to participate with the Ministry of Social Affairs, the Yemeni Women Association, the Girl's Guides, and Yemen Family Planning Association. It has been a privilege for USAID to share in this opportunity.

Our thanks to Dr. Soheir Sukkary-Stolba for being a very effective facilitator in this workshop.

On behalf of the USAID, to all of you, our grateful thanks for your wonderful participation which has made this workshop a stimulating and thoughtful experience.

I end with a Latin phrase: "Quo Vadis?" which means, "Where do I go from here?"

Thank you.

**ANNEX T**

**Debriefing Agenda**

**Debriefing August 13, 1986**

**The Workshop Hosts:**

Ministry of Social Affairs  
Yemen Family Planning Association  
Girl's Guides  
Yemen Women Association

**The Trainees:**

From Ibb, Taiz, Hodeidah

**The Pretest**

**Goals and Objectives of Training**

**The Program:**

Lecturers  
Discussion Groups  
Schedule  
Topics

**Recommendations:**

Consultant recommendations  
Participant recommendations

**Findings:**

What the participants learned

## ANNEX U

## CURRICULUM COMMITTEE MEETINGS

DAY	09:30-10:00	10:00-10:30	10:30-11:00	11:00-13:00
Tuesday 8/12/86	Opening statement. The History and educational objectives of HMI Mr. M. Zindany	Objectives of the Curriculum Committee Dr. Ahmed Qahir	Coffee Break	The philosophical and methodological issues of the curriculum Dr. S. Stolba
Wednesday 8/13/86	Group discussions of the proposed curriculum outline	Additions/deletion of topics	Coffee Break	Work session
8/14 - 8/28	Production of mini- modules and individual meetings with consultant			
Saturday 8/23/86	Review of the first draft	Review of the first draft	Coffee Break	Work session
Sunday	Review of the first draft	Review of the first draft		Final touches to first draft
Monday	Final report Recommendations	Final report Recommendations	Coffee Break	Administrative and financial statement

## ANNEX V

### SUBCONTRACT AGREEMENT

This is a subcontract by and between the Pragma Corporation, a Virginia corporation, hereinafter referred to as the Corporation and the Health Manpower Institute of the Yemen Arab Republic, hereinafter referred to as the subcontractor for services under a United States Agency for International Development contract.

#### A. PURPOSE

The purpose of this subcontract is to make final the curriculum for a Family Health and Family Planning course which shall be taught at the Health Manpower Institute beginning January 1987. The one semester course will be taught twice per week for a total of three hours per week.

#### B. SCOPE OF WORK

The subcontractor will:

1. Form an advisory committee consisting of four Health Manpower Institute faculty and administrators which will meet August 12 and 13, 1986. The purpose of the advisory committee is to discuss, recommend and consult with a working committee on the curriculum needs for the aforementioned course.
2. Form a working committee which will meet with Pragma Senior Associate, Dr. Soheir Sukkary-Stolba, on August 23, 24 and 25, 1986. The committee will consist of the four people from advisory committee, two people from the Ministry of Health, two outside Yemeni consultants and four HMI staff from governorates outside Sana'a. The working committee in cooperation with Dr. Soheir Sukkary-Stolba, will produce a first draft of the curriculum.
3. The working committee, in addition will recommend audio-visual aids and a list of equipment necessary for the Family Health and Family Planning course. The committee will discuss and make recommendations for additional materials required for an integrated curriculum. The additional materials are expected to be subscriptions to population and family planning related magazines and journals, and films and slide presentations.

#### C. MODE OF REIMBURSEMENT

Mrs. Margaret Chadwick, Pragma representative, will provide the

requested advance in Rials up to the equivalent of U.S. \$3,575.00 for the workshop and related expenses as per the following budget.

Line Item	U.S. Dollars	Rials
Stationery/materials	\$ 506.00	5,500
Secretary/typist	230.00	2,500
Administrative costs	193.00	2,100
Travel/transportation	657.00	7,140
Per diem		
6 persons x \$82 x 3 days	1,358.00	14,760
Honorarium		
12 persons x \$92	<u>\$1,104.00</u>	<u>12,000</u>
GRAND TOTAL	\$3,575.00	44,000 Rials

Exchange rate 10.87

D. GUIDELINES FOR SUBCONTRACT

Per diem will be paid to committee members based on their attendance at all sessions.

The Pragma representatives, Dr. Soheir Sukkary-Stolba and Mrs. Margaret Chadwick, look forward to this opportunity to work with the Health Manpower Institute and members of the committees.

\_\_\_\_\_  
Dr. Soheir Sukarry-Stolba

\_\_\_\_\_  
Mr. Mahmoud Abdou Zindany  
Director

for

Jacques Defay, President  
The Pragma Corporation  
Telex 203507 PRAGMA FSCH UR

\_\_\_\_\_  
Date

ANNEX W

OUTLINE OF OPENING STATEMENTS

The History and Educational Objectives

Mr. Mahmoud Zindany

- Prior to the Yemeni revolution, there was a tremendous need for training health practitioners.
- In 1958, three schools of nursing, laboratory assistants, and environmental health were established.
- In 1975, HMI was established to train health auxiliaries.
- Branches of HMI were established in Taiz and Hodeidah.
- In 1977, a new department for training medical assistants was opened.
- In 1979, we added a new nursing school in Hodeidah and opened a department for X-ray technicians.
- In 1982, we expanded our activities to Ibb.
- In 1983, we opened a midwifery section at Taiz
- In 1984/85, we devoted more attention to in-service training of our faculty members. In cooperation with the Agency for International Development, we sent several faculty members to the U.S., South East Asia and Morocco. Funded by a World Bank grant, we have trained several faculty members in Egypt, Bahrain, and India.
- WHO has cooperated by sending a consultant to discuss the possibility of opening a section for eye specialists.
- We have also participated with the Ministry of Health in their "Gidat", traditional midwives, training.
- Currently we have two faculty members studying in the U.S. They are studying Public Health Administration. We also have one

faculty member in Bahrain studying nursing. At Alexandria, Egypt, we have a faculty member studying laboratory science.

- To this date, a total of 2189 health auxiliaries have been graduated from the HMI and its branches. Currently we have approximately 600 students.
- In the future, we look forward to expanding our use of audio-visual aid.
- Teacher evaluations are seen as important in improving our standards.
- We hope to evaluate all of our present curriculum.
- We hope to continue introducing new subjects into our curriculum, like the family health curriculum we are presently preparing.

## ANNEX X

### The Proposed Family Health Curriculum

by: Dr. A. Qahir

- In recent years we have devoted a lot of attention to maternal child health care.
- We have recognized the importance of integrating family planning services into our curriculum.
- We see an important role for the health auxiliary worker in disseminating family planning ideas.
- We aim at informing our students about the importance of family planning counselling.
- We propose to start teaching a new course entitled "Family Health" which would include knowledge about reproduction, maternal/child health, nutrition and family planning.
- The course would start end of January, 1987.
- The general curriculum will be a total of 32 hours based on teaching two periods a week.
- We will work on finding a suitable time to offer a specialized curriculum for nurses, midwives, and medical assistants.

## ANNEX Y

### Trip Reports

#### Trip Report

To: Lee Feller, Health Officer, USAID/Sanaa

From: Dr. Soheir Sukkary-Stolba, Pragma Senior Associate

July 25, 1986-- Departure from Sacramento, CA for San Francisco, 12:00 pm

July 26, 1986-- Depart San Francisco for New York, 8:15 am

July 27, 1986-- Arrive Cairo from NY and Amsterdam, 3:00 pm

July 28, 1986-- Meeting with Mrs. Mushira Al Kaddie, Asst. Director of the Family of the Future in Cairo. The Director, Dr. Iffat Ramadan joined us in the meeting. The Family of the Future's officials were please to make available to Pragma, some of their literature which will be helpful to the works hop in Yemen. Mrs. Mushira explained the objectives an structure of the organization. She indicated that FOF is willing to provide technical training to Yemeni doctors on subjects ranging from IUD insertions to medical information about contraceptives in general. In the afternoon, I visited the offices of FOF to pick up the materials they brought from their warehouse.

July 29, 1986-- rest stop in Cairo

July 30, 1986-- Travel to Sanaa, arrival 5:00 pm. A meeting was held with Lee Feller at 21:30 at the Sheraton Sanaa. Ms. Feller informed me that the Ministry of Social Affairs is eager to start their workshop immediately. She has also indicated that HMI's workshop has not been approved yet, and there may be changes in my scope of work and the training schedule. I indicated my flexibility about the work assignment. We agreed to meet the following day at 8:00 am to go to the Ministry of Social Affairs (MSA), to discuss the details of the training program.

July 31, 1986-- At 8:00 am I accompanied Ms. Lee Feller and Rashida Hamdani to the MSA where we met with Mr. Ahmed Abdo Al Idla, Executive Director of the Ministry; Ms. Ahlam Al Mutawakil, Representative of the Yemeni Women Association; Mrs. Bilgiss Al Rubas; and Mr. Ahmed Algilisi of the Yemen Family Planning Association. We discussed the details of the program including the number of trainees, schedule, lecturers, topics for the program and the financial arrangements. We agreed to meet on Saturday at the

Ministry with the tentative schedule and a subcontract prepared for signatures. Most of Thursday afternoon was spent working on a draft for the training schedule, and writing my report to Pragma.

August 1, 1986-- This day was spent working on lecture notes and technical aspects of the workshops. I prepared a draft of the subcontract and guidelines for expenditures. I prepared a weekly report for USAID and briefed Maggie Chadwick on logistic needs for transportation, typing, duplicating, etc.

August 2, 1986-- Both Maggie and I met with the Executive Officer at USAID for a security briefing. At 9:00 am I had a brief meeting with Rashida Hamdani to clarify some of the issues related to the training program. At 10:00 am I met with the training committee to discuss the final details of the training. I visited the Yemen Family Planning Association (YFPA) to ensure that their facility is adequate for the training sessions. Mrs. Hamdani joined us in negotiating the budget for the subcontract at MSA. At 2:00 pm I worked with Maggie and Mrs. Hamdani on translating the schedule and solving some of the logistical problems related to the training.

The evening was spent reading and analyzing HMI's curriculum needs.

August 3, 1986-- In the morning I had a meeting with Mahmoud Zindany and Rashida Hamdani to discuss the scope of work and subcontract for the HMI curriculum development workshop. After this we went to the MSA and made final arrangements for the Family Welfare workshop. We signed the subcontract and advanced the funds to Mr. Al Idla. Last minute details were ironed out.

In the afternoon I met again at the HMI with Mr. Zindany and Mrs. Hamdani. The late afternoon was spent at USAID preparing for an evening meeting with Mrs. Huda al Qabati. The 7:00 pm meeting with Mr. Al Qabati, the Monday afternoon speaker, went very well. I gave her my suggestions and guidelines for her talk and the group discussions to follow. She explained to me her view of religion and FP and her role as president of Yemeni Women Association. In the late evening I prepared for my next morning's talk on Yemeni demographics.

August 4, 1986-- Maggie and I were picked up by Mr. Ahmed Algalisi of the YFPA. He took us to the meeting room where we prepared for the beginning day of the workshop. I greeted the participants and speakers as they arrived. After the opening statements were made I administered the pretest. The first lecture on Yemeni demographics was well received by an enthusiastic group. There was a lively discussion. Mrs. Al Qabati arrived on schedule and spoke to the group on the religious point of view.

There was a good deal of press coverage of the first day activities.

I was interviewed by a newspaper journalist during the mid-session break. In the afternoon, I spoke by phone with the second day's speaker and corrected the pretest. Part of the afternoon was spent at AID taking care of administrative matters. In the evening I prepared for my Tuesday lecture. I spoke by phone with members of the organizing committee.

August 5, 1986-- The second day of the workshop went quite well. Mrs. Tahira A. Mohammad and Mrs. Sayida Al Mahwati lectured and discussed maternal and child health with the participants. The discussions were animated, the participants had many interesting and thoughtful questions.

My late morning lecture on contraceptives was well received. The participants, again, showed great interest in the topic and actively discussed and asked questions.

In the late afternoon, Maggie and I met with Mr. Zindany and Dr. Qahir. We discussed, at length, their ideas for the advisory and working committees. We agreed upon the basics of a scope of work for the committees and discussed the budget and guidelines for expenditures. In the evening I prepared for my next day's lecture.

August 6, 1986-- The third day of the workshop began with a discussion by Dr. Mahmoud Shahir and Dr. Nagiba Abdel Gany from the Ministries of Social Affairs and the MOH respectively. They spoke about the roles of their Ministries in promoting family welfare programs.

Dr. Nuria Hamid's lecture on Community Development was well received.

After the workshop I met with Lee Feller to discuss the HMI. In the evening I prepared for the next day's lecture.

August 7, 1986-- the workshop continued with a lecture in the morning by Dr. Abdel Rahman Al Shary who was supposed to speak on Family Health: A Medical Point of View.

Dr. Abdel Malik gave the second lecture communication messages and family planning. Late morning my lecture on communication messages and family planning provoked a lively discussion.

In the evening I organized the materials from the past week and geared up for Saturday's reconvening of the workshop.

August 8, 1986-- The day was spent doing social things with Maggie, Mr. Zindany and his family and Dr. Roshan. In the evening I prepared for Saturday's presentations.

August 9, 1986-- Dr. Kalid Sa'aid gave a thoughtful discussion on human lactation, nutrition and family planning. Each of the participants was encouraged to ask a medical question. The questions were often to the point and eagerly asked. Wahiba Fari' spent the late morning presenting the psychological aspects of child welfare. In the evening I prepared the post test and workshop evaluation forms.

August 10, 1986-- I spent the morning reviewing the material, lectures and discussions that took place in the workshop. I used a highly participatory method and the girls were quick and eager to give their answers to my questions.

Closing statements were given by USAID/Sanaa Women in Development officer and the Deputy Minister of the Ministry of Social Affairs.

The Deputy Minister and Ahmed Algilisi of YFPA, presented the certificates. Photos, prizes for the poster contest, and a tea completed the workshop.

In the evening I met with Zindany to sign the subcontract for HMI.

August 11, 1986-- At 8:45 am I met with the advisory committee at the HMI. This meeting included discussions about schedule, logistics arrangements, preparation for the working committee meetings, preparing Mr. Zindany's opening statements and putting the final touched to the suggested topics of the curriculum. At noon Maggie and I met with the MSA representative, Mr. Al Idla, to assist them in finalizing their accounting of the funds spent on the subcontract.

August 12, 1986-- In the morning I met with the HMI curriculum advisory committee, where I lectured on the mini-module concept and the format for the text book. I explained the general philosophy behind the curriculum.

August 13, 1986-- At 8:00 am I met with Mr. Al Mahwity to explain the my recommendations on the "section on pregnancy." This meeting was followed by a half an hour meeting with Mrs. Tahira to discuss the section on "delivery." At 9:00 am the curriculum committee resumed its second day of activities. After an 11 am debriefing at AID, I spent the afternoon reviewing curricula changes and working on the final report. At 6:00 pm I had a meeting with Tahira at her home to present final draft changes.

TRIP REPORT

TO: LEE FELLER  
FROM: MARGARET CHADWICK, PRAGMA

July 29, 1986-- 6:15 pm left Dulles Airport for London.

July 30, 1986--7:00 am arrival in London, rest stop.

July 31, 1986--10:00 am left London, arrived Sanaa shortly after midnight.

August 1, 1986-- I met with Soheir Sukkary-Stolba around noon for a briefing on the status of the project. I set up an "office" in my hotel room and starting working on the subcontract for the Ministry of Social Affairs (MSA). I drafted the subcontract based on the information supplied by Dr. Stolba.

August 2, 1986--8:00 am we met with Karl Mahler for a security briefing. 9:00 am meeting with Rashida Hamdani and Dr. Stolba for guidance on the training session with the MSA. 10 am meeting where I was introduced to members of the committee involved in the MSA training. We looked over the meeting room and made suggestions about the placement of tables, chairs, etc. That afternoon I took care of administrative details at USAID and did some typing. I also met with the controller and cashier to make arrangements for the exchange of dollars to rials. In the evening I typed the schedule and made final calculations of the subcontract. After speaking with Mrs. Hamdani and Soheir I drafted an opening statement for the USAID controller for Monday morning's opening session of the MSA workshop.

August 3, 1986-- In the morning I did administrative chores while I waited for the rials to arrive from the bank. When I had the rial I took them to the MSA where the subcontract was read and signed. I advanced the rails to Mr. Al Idla who will be responsible for overseeing the expenditures. At that time we met Mr. Mohammed Hussein Al Farah, General Manager for the National Cooperatives and Associations. In the evening I collated materials for the next days opening session. Much of the evening was spent with financial matters concerning our contract. I sent a telex to Pragma regarding the HMI subcontract and requesting advance of funds for the HMI subcontract.

August 4, 1986-- Opening day! I supervised the preparations for the workshop, made sure the proper materials were put out that participants were greeted and that speakers were introduced to Soheir. I supervised the secretarial help and took notes for inclusion in the final report. I interviewed representatives of the YFPA, and th MSA whose remarks and suggestions will be incorporated in the final report. Afternoon was spent with administrative details

at AID. In the evening I calculated results of the pretest and worked on my weekly report.

August 5, 1986-- I attended the workshop and supervised the secretarial staff. I interviewed the Women's Association representative and oversaw the general management of the workshop. In the afternoon I met with Zindany and Stolba to discuss the subcontract and financial arrangements. In the evening I drafted a student profile questionnaire for the MSA workshop. I also wrote the subcontract, scope of work and budget for the HMI based on conversations with Stolba and Zindany.

August 6, 1986-- I worked on financial matters, estimating the actual expenses to date and wrote a request to use the remaining money for a booklet for the MSA, the workshop participants and cooperating agencies. In the evening I spoke with Mr. Zindany by phone regarding his workshop and began the final report for the MSA and USAID/Sanaa.

August 7, 1986-- I attended to Pragma concerns in the morning, one half the day will be charged to Pragma G&A account. The other half of the day I worked on the final report.

August 8, 1986-- We had a very pleasant day with Mr. Zindany, his family and Dr. Roshan. In the evening I worked on home office issues.

August 9, 1986-- In the morning I prepared materials for the final report of the MSA training workshop. I typed and edited the material. I met with Ms. Feller to discuss the amendment to our contract.

In the afternoon, I worked on amendment issues, the time spent on that, one half of Saturday will be charged to Pragma. In the evening I revised and wrote the final HMI subcontract.

August 10, 1986-- Until mid day I attended the MSA workshop. There I collected materials for inclusion in the Arabic and English reports. In the afternoon at USAID I exchanged dollars to pay the HMI subcontract. I attended to administrative details for the final report.

Mr. Zindany, Soheir, Mr. Qahir and I met in the evening to sign and discuss the subcontract. We advanced the rials to Mr. Zindany to cover the upcoming workshop expenses.

August 11, 1986-- In the morning I edited and typed more of the English final report. I collated the Arabic report. In the late morning I went to USAID to speak with the cashier. Soheir Stolba, Mr. Al Idla, and I met at YFPA at noon to get their financial report. They still had some questions and concerns about the accounting

method. As they had lumped together some of the line items we requested that they separate the expenses by line item and meet us again the next day. We submitted the Arabic report to Mr. Al Idla. In the evening I edited and typed more of the English final report.

August 12, 1986-- I spent two hours in the morning finishing the text for the English final report. Late morning I went to USAID to speak with the cashier and discuss the money remaining in our account which he kept for us. We discussed the issuance of a check for the balance. I also worked on weekly reports. At one o'clock I met with Mr. Al Idla and Dr. Stolba to finalize MSA's report of subcontract expenditures.

In the evening I finished the annexes of the English report and prepared an agenda for the Wednesday morning debriefing at USAID.

August 13, 1986-- I completed work on the debriefing report in the early morning. At 11 am. Dr. Sukkary-Stolba and I met with USAID officials for a debriefing. In the evening I attended a meeting at the home of Mrs. Tahira Mohammad.

August 14, 1986-- I spent the morning calculating the financial status of the project. I made an advance of the remaining funds to Dr. Stolba who will be staying on another two weeks. In the afternoon, I reviewed the materials collected in the past two weeks.

August 15, 1986-- Early morning departure to Frankfurt, West Germany.