

PS ARM-516

9/2/99

USAID MISSION FOR THE REPUBLIC OF YEMEN



**USAID/YEMEN
RESULTS REVIEW
AND
RESOURCE REQUEST
FY 1997-98**

February 18, 1996

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USAID/YEMEN
RESULTS REVIEW AND RESOURCE REQUEST
FY 1997-98

I. FACTORS AFFECTING PROGRAM PERFORMANCE

PROGRESS IN THE OVERALL PROGRAM

The development climate in Yemen has improved dramatically in the year since the July 1994 end of the Civil War. USAID/Yemen and other donors have noted an unprecedented openness to reform and a determination to restructure and reorganize the economy and government functioning. The Ministry of Public Health (MOPH), the Mission's principal development partner, has several new senior officials, including a very active Undersecretary of Planning, who have brought a reform mentality to the Ministry. They have encouraged discussion and some action on sensitive issues such as improved financial accountability and a reduction of unnecessary Ministry personnel.

The MOPH produced an impressive Five Year Health and Development Plan in late 1995, which despite resistance from some powerful physicians, favored preventive care over curative and advocated a unified donor and Ministry approach (using the WHO district health system model). For the first time in memory, the MOPH is working to direct and coordinate donors, using the Five Year Plan as its primary tool.

USAID/Yemen and other donors have actively encouraged this role for the MOPH and look forward to improved cooperation and program effectiveness.

During the past year, the Mission focused its attention on streamlining its program and moving from the design to the implementation phase. With some technical assistance from the Global and ANE Bureaus, the Mission developed its strategic framework and accompanying intermediate results and performance indicators. The strategic framework successfully integrates all of the Mission's activities into one MCH/FP

results oriented program. The Mission also completed the guiding document for assessment of program impact, which consists of detailed performance data tables with specific units of measures. Most of the required baseline data is now available and the Mission will begin establishing realistic quantitative targets against which program performance will be reported and judged.

A series of setbacks resulting from significant downsizing of the Mission and political and social changes including the 1994 Civil War delayed implementation activities. However, in early 1995 USAID/Yemen selected an institutional contractor and began implementation in earnest. The Mission has elected to conduct the vast majority of its program activities with a single prime contractor to better coordinate efforts and to reduce the Mission management burden.

Key contract staff were in place and assessment and planning activities were well under way by mid 1995. The contractor recently submitted assessment reports, a master workplan for the life of the contract, and a detailed annual workplan for approval. The workplan is results oriented and in accordance with the Mission's strategic framework. Simultaneously, the Mission is working with the Regional Contracting Office to amend the main contract to bring the scope of work and reporting requirements into conformance with the reengineering focus on results, and with recent modifications to the Mission's strategic framework.

Although the institutional contractor has been working in Yemen only since mid 1995, they have made progress toward the achievement of the Mission's Strategic Objective. In addition to the main contractor, Mission personnel and central USAID projects working with field support funds have contributed to further progress toward the SO, and their contributions are listed in the progress section below.

II. PROGRESS TOWARD ACHIEVEMENT OF STRATEGIC OBJECTIVE

A. Strategic Objective: Improved Maternal and Child Health and Increased Contraceptive Prevalence

1. Summary of Data

Since the last program review, USAID/Yemen has made significant progress toward the Agency's reengineering goals. After establishing objectives, intermediate results, and the appropriate measures, the Mission began working with the main contractor to collect the baseline data needed for the establishment of performance targets and assessment of program impact. The main contractor will be primarily responsible for on-going data collection. To date, the Mission has 75% of the baseline data required for monitoring implementation and assessing impact.

For Intermediate Result 1 (increased availability and quality of MCH/FP services) and Intermediate Result 3 (improved policy environment) almost all required data are available. For Intermediate Result 2 (increased use and community involvement), most of the data are dependent on knowledge, attitudes and practices (KAP) surveys which will be completed within six months.

USAID/Yemen is now engaged in establishing targets for program accomplishments which will allow the Mission to report on continued progress toward achieving these intermediate results in the 1997 program review. The Mission is approaching this exercise cautiously and seeking to balance the desire to produce short term, quantifiable results and to affect long term sustainable improvements in the health system.

2. Analysis of SO Progress

It is significant to note that as the Mission has just entered the implementation phase of its program this year, many accomplishments will not yet register in the data tables, nonetheless, they represent significant progress. For example:

- * The main contractor established offices in three governorates; Hodeidah, Hajja, and Hadramaut and will soon establish an office in the newest and in many ways, most challenging governorate to receive USAID/Yemen support, Lahaj. The establishment of governorate level offices, located in the same space as the Governorate Health Office in three of the four governorates, is in keeping with the decentralized approach now endorsed by the ROYG and MOPH.
- * The contractor established strong relationships with partners (including central MOPH officials, governorate level MOPH officials, National Population Council (NPC) officials, and other donors) and conducted comprehensive needs assessments in all four targeted governorates with appropriate partners.
- * Based on their needs assessments and in collaboration with their partners, the contractor developed a master plan for the life of the contract (five years) and the first annual workplan.
- * To date, the contractor has identified 18 communities willing to work with them in a performance based agreement to reach program goals.

These are important and required steps toward a successful and sustainable program. Other results achieved to date, according to the strategic framework's Intermediate Results and Indicators are highlighted below.

Intermediate Result 1: Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates

Indicator 1.1: Increased number of service delivery points (SDP) providing high quality, integrated MCH/FP services

- USAID/Yemen completed numerous activities under the Accelerated Cooperation for Child Survival Project (which ends in September 1996) to establish 90 new rural health units, which provide MCH/FP services to over 170,000 previously unserved people. The activities included developing curricula and guidelines, training health care workers, and providing essential

equipment and furniture.

- USAID/Yemen provided assistance to the MOPH to develop National Family Planning Guidelines and Medical Standards, an important step in improving the quality of family planning services. The Mission is now involved in disseminating the standards and training providers in their use.

Indicator 1.2: Increased number of SDP with trained female providers

- USAID/Yemen built the training capacity of the Health Manpower Institutes (HMI), the primary pre-service training institutes in the country, through the provision of training, technical assistance, and essential medical equipment and furniture.
- USAID/Yemen assisted the HMI branch in Hajja governorate to establish a midwifery training program. Efforts began in Hajja governorate because it has the fewest female health care providers, but will soon expand to other governorates.
- USAID/Yemen is supporting a MOPH task force to conduct studies and further develop the MOPH plan for training and supporting more midwives in accordance with the MOPH Five Year Health Development Plan. (The MOPH Plan sets the very ambitious goal of training 2,500 more midwives for rural areas by the year 2000. The Plan estimates that currently there are only 300 midwives in the country.) The task force is currently working on a customer focused survey which includes studying community attitudes about midwifery, the training centers, allowing their daughters to become midwives, and ways to meet the customer's needs for MCH/FP services.

Indicator 1.3: Increased number of SDP with adequate supplies available

- The Mission successfully encouraged the MOPH to include the improvement of systems including the supply system as a primary objective of the Five Year Health Development Plan and has begun working with other donors to

coordinate donor activities in this area.

Indicator 1.4: Increased use of data for decision making.

- * The Mission successfully encouraged the MOPH to include the improvement of systems including a rational, practical health information system as a primary objective of the Five Year Health Development Plan and has begun working with other donor interested in this area.
- * The Mission enhanced the capacity of the ROYG Central Statistics Organization to assess user needs and to prepare user friendly census and other survey reports.

Indicator 1.5: Increased provision of MCH/FP products and services through the private sector.

- USAID/Yemen is supporting an expert team to assess and develop plans for a private sector MCH/FP initiative to include social marketing concepts as appropriate (planned for spring/summer of 1996). The Mission consulted with other donors on this subject and some, notably the World Bank, expressed interested in jointly supporting private sector activities.

Intermediate Result 2 : Increased community use of and support for integrated and sustainable MCH/FP services in selected governorates

Indicator 2.1: Increased awareness of the benefits of MCH/FP services

- * The main contractor is designing a KAP survey to collect baseline data for this measure.

Indicator 2.2: Increased number of SDP with active community involvement

- * The main contractor is designing a KAP survey to collect baseline data for this

measure.

Indicator 2.3: Increased number of women who feel able to take care of their health and the health of their children

- Mission staff have been researching appropriate approaches to increasing women's participation in the achievement of the strategic objective. As a part of this, USAID/Yemen has selected a community participation approach that emphasizes women's involvement. This approach is similar to the USAID Health Education and Adult Literacy (HEAL) model used in Nepal.
- In addition to experimenting with the HEAL model, USAID/Yemen plans to initiate at least two other approaches to fully involving women; a) efforts to increase acceptance of women working outside of the home, which would contribute to the desired increase in female health care providers (Indicator 1.2), and b) activities designed to encourage parents to provide their daughters with basic education. Mission staff are completing research, assessments, site visits, and initial documentation to prepare for a technical assistance team from ANE/SEA. The team's goal is to assist the Mission with refining these plans and the related measures and targets (planned for late March 1996).
- * The USAID/Yemen main contractor is designing a KAP survey to collect baseline data for this indicator.

Indicator 2.4: Increased use of integrated MCH/FP services.

- * The contractor worked with appropriate counterparts to set strategies toward the goal of improved use, including performance based programming for inputs to service delivery points, community partnerships, and a systems focus.

Intermediate Result 3: Improved policy environment supportive of delivery of integrated and sustainable MCH/FP services.

Indicator 3.1: Increased government support for FP

- USAID/Yemen, through its work with the National Population Council (NPC), achieved the goal of incorporating family planning objectives into both the MOPH Five Year Health Development Plan and the National Five Year Development Plan. (The NPC is an interministerial agency established to work toward the goals of the National Population Strategy, which was adopted in 1991).
- * USAID/Yemen supported five very successful awareness raising events for governorate level leaders (in Hajja, Hodeidah, Ibb, Aden, and Taiz).
- * USAID/Yemen contributed to increased support for family planning from government leaders, as evidenced by at least eight positive, public statements on family planning from governorate and central level leaders. For example, the Deputy Prime Minister spoke at the opening of an NPC workshop on November 27, 1995 and strongly supported the expansion of MCH *and family planning* services in the country.

Indicator 3.2: Reduced policy barriers to MCH/FP service delivery

- USAID/Yemen, working with the NPC, contributed to the production of five reports which are analyses of the population dynamics in five governorates (where awareness raising events were held): Hajja, Hodeidah, Ibb, Aden, and Taiz.
- The NPC, with support from USAID/Yemen, made 11 policy recommendations including recommendations to: allocate 6% of the national budget for health care (currently it is approximately 4%), decentralize decision making and resources for health care, explore mechanisms for cost recovery, and expand contraceptive choices.

Indicator 3.3: Improved donor coordination

- USAID/Yemen led the revitalization of the health sector donor coordination subgroup.

- * USAID/Yemen contributed financially to the establishment of a staffed technical secretariat for the health sector donor coordination subgroup.
- * USAID/Yemen assisted the Ministry of Public Health in drafting the Five Year Health and Development Plan, the first five year health sector plan since 1990 and the first for the united country.
- * USAID/Yemen jointly sponsored a training activity with UNFPA.
- * USAID/Yemen jointly supported the development of the MOPH Five Year Health Development Plan with other donors including WHO, UNICEF, and UNFPA.
- * USAID/Yemen is exploring the possibility of jointly supporting a private sector activity with the World Bank.
- * The USAID Representative participated in a senior level donor coordination meeting to discuss the World Bank and International Monetary Fund supported economic reforms and the need for donor coordination to ensure a social safety net.
- * USAID/Yemen leads the Women in Development (WID) sector donor coordination subgroup, because of its significance to the Mission's strategic framework.
- * USAID/Yemen successfully coordinated UN Conference on Women (Beijing) related activities for all donor agencies in Yemen.
- * USAID/Yemen jointly supported the Yemeni delegation's preparatory work and participant travel costs for the UN Conference on Women with several other donors (including the Dutch and German government programs, UNFPA and UNDP).

Indicator 3.4: Increased availability of health data

- * USAID/Yemen enhanced the capacity of the Central Statistical Organization in

survey design and analysis through training and assistance in establishing a computer network and upgrading other computer capabilities.

- * USAID/Yemen is preparing for a second Demographic and Health Survey to be fielded in 1997, to provide important national and governorate level health and population data.

3. Other USAID/Yemen Contributions

In addition to the accomplishments listed above, USAID/Yemen conducted the following activities:

- * The Mission is sending an increasingly larger number of females for long-term academic training in fields that are directly relevant to its MCH/FP strategic objective, e.g. public health and public administration. In addition, 50% of all short term training participants are women. These women are obtaining additional skills in management, administration, and health related fields.
- Through the centrally funded Democratic Institutions Support (DIS) Project, the Mission supported a series of in-country workshops to prepare the Yemeni delegation for the 1995 UN Conference on Women in China and to increase general awareness of women's issues. USAID/Yemen also sent three participants to the NGO Forum in China and organized the First Yemeni Conference on Women after Beijing. The Mission is using the findings from all of these workshops and conferences to integrate women's concerns and issues into it's strategic framework.

4. Expected Progress for the Next Year

Over the next year the Mission expects to see significant, measurable progress in the following areas.

Intermediate Result 1:

In order to improve availability and quality of services, USAID/Yemen is planning to

increase the degree of integration of MCH/FP services, through the introduction of needed service components, improving the simultaneous provision of these services, cross training of providers and increased "in-house" referrals. Through its main contractor USAID/Yemen also plans to make a limited amount of physical improvements to collaborating service delivery points (provision of equipment, furniture, or minor renovations).

The Mission also plans to make significant progress toward increased numbers of female providers in the country through increasing community support for female providers, and increasing the numbers of rural women enrolled in training programs. It is expected that the Mission will also need to improve the training capacity, approach, and/or facilities of the primary training institutes (the Health Manpower Institutes), but plans in this area are dependent upon on-going needs assessments and community input.

USAID/Yemen will support the development of a training capacity and system in the Governorate Health Offices. As importantly, USAID/Yemen will focus on working with the Governorate Health Offices to improve their management systems, including logistics and record keeping systems, primarily through on-site technical assistance.

Intermediate Result 2:

To improve community involvement and awareness, the Mission will work with the communities identified as willing to participate in a performance based agreement with USAID/Yemen. The agreement will require community involvement in the provision of improved MCH/FP services (such as selection of females for training as care providers and continuing support of the care providers after their training). This will increase the number of health centers with active community support and awareness of MCH/FP services and where to access them. In recognition of the limited resources of the public sector, the Mission is encouraging community participation as an essential strategy for the sustainability of MCH/FP services.

Through community involvement, USAID/Yemen will employ a customer focused approach and use customer input to improve clinic services. It is expected that the combination of improved quality (from efforts under Intermediate Result 1) and these

efforts to involve and educate community members will lead to increased use of MCH/FP services and increased satisfaction with MCH/FP services.

Intermediate Result 3:

In order to improve the policy environment, USAID/Yemen will sponsor additional awareness raising events for governmental and community leaders, including in all USAID/Yemen targeted governorates. The Mission will provide the NPC with the needed software and hardware as well as training to allow them to conduct RAPID-like presentations. The Mission will also work with the NPC to prepare and disseminate relevant policy reports and policy change recommendations.

USAID/Yemen would like the NPC to address important implementation issues such as the reduction of barriers to the employment of female health care workers, the approval of additional contraceptive methods such as injectables), and the removal of legal and policy obstacles to alternative health care financing schemes such as collecting user fees. It is currently unclear whether the NPC shares this agenda. Therefore, USAID/Yemen is evaluating its partnership with the NPC and the Mission's options for supporting policy change. While past efforts with the Ministry of Planning and Development and later with the NPC were successful in producing the National Population Strategy, recently the NPC has become quite process oriented, rather than action oriented. The Mission will hold a formal review of this situation and assess its options for achieving an improved policy environment by mid 1996. For this reason, there is no formal commitment to work with the NPC beyond 1997 and there are no policy targets set beyond 1997.

The Mission is planning to support a second Demographic and Health Survey to provide needed data for the ROYG, donors and other users. In addition, the Mission will continue its leadership role in donor coordination.

III. STATUS OF MANAGEMENT CONTRACT

A. Strategic Objective Changes or Refinements

No significant changes or refinements to the approved strategic objective are proposed at this time. However, in recognition of the crucial role women play in ensuring the health of their families and of the constraints placed on women in Yemeni society, USAID/Yemen is working to increase the focus on women's needs and participation in the strategic framework. The Mission expects a technical assistance team from ANE/SEA to visit in late March to assist in planning appropriate activities to benefit women. This work may lead to the addition of an indicator and corresponding units of measure to the framework.

B. Special Concerns or Issues

There are no special concerns or issues at this time.

C. 22 CFR Issues and Schedule

USAID/Yemen is not aware of any relevant environmental issues at this time.

IV. RESOURCE REQUIREMENTS

SUMMARY RATIONALE

Yemen is the least developed country in the Near East region. The country has extremely high population growth rate (3.7% annually according to the recent National Census) and infant and child mortality rates (98 and 138 per 1,000), lacks adequate health services, and has low average life expectancy, and widespread illiteracy. These conditions contribute to Yemen's status as one of the least developed countries in the world and its low ranking on the Human Development Index. Yemen is perhaps the only country in the Near East region which completely meets the internationally accepted World Bank and United Nations criteria for development assistance.

USAID's program in Yemen is an important support for the recently concluded economic reform package negotiated with the IMF and the World Bank. The

USAID/Yemen program contributes to the USG objectives of promoting stability on the Arabian peninsula and promoting the Middle East peace process. Given Yemen's strategic geographic location, at the confluence of the Red Sea, Indian Ocean, and the Gulf of Aden, Yemen's cooperative relationship with its neighbors, particularly Saudi Arabia, Oman and Eritrea, should contribute to regional stability. USAID's program in Yemen is critical to fostering better relations between Yemen and its neighbors, to promoting political pluralism, and national reconciliation. USAID's modest but effectively deployed resources, continue to be a pillar of Yemen's socio-economic development. The continuing USAID's program, demonstrates U.S. Government resolve to support these increasingly favorable trends.

USAID/Yemen has also been able to leverage assistance and cooperation significantly above the Mission's own resource levels. The recently concluded Dutch sponsored donor consultative group meeting on Yemen, is one outstanding example. This meeting was the direct result of USAID/Yemen's efforts among all donors and especially the World Bank, to reach a common understanding with the ROYG on economic development priorities following the conclusion of the structural adjustment and stand-by agreements. While no formal pledging has taken place, a notional figure of US\$500 million was discussed at the meeting in the Hague as the figure likely to be available over the next two years to support Yemen's reform efforts.

Likewise, USAID/Yemen has taken the lead in the donor coordination area by assuring, for example, that program implementation policies formulated by the donors are consistent. This has been assured, through USAID/Yemen's involvement and leadership in the previously mentioned health/population and women in development sector subgroups. The continuity of the USAID/Yemen program demonstrates the USG's resolve to support these favorable donor coordination trends.

Given the severe limitations of both current and projected program and OE resources, USAID/Yemen, in consultation with the ANE Bureau, has decided to concentrate on achieving a single strategic objective in the area of maternal/child health and family planning (MCH/FP). This program contributes to the Agency's and the ANE Bureau's sustainable development goal of protecting human health and stabilizing world population growth. A separate target of opportunity in the area of democracy and governance has been eliminated from the program. The quantitative targets being

established for the Yemen program will reflect current budget realities. In spite of its relatively modest resources, USAID/Yemen is recognized as a lead donor by the ROYG and other donors.

A. Program Funding Request by Strategic Objective

The Mission will not propose alternate funding scenarios or funding requests by SO as its program is already limited to one SO. Within the parameters of current funding limitations, USAID/Yemen will be able to continue to focus attention on its one strategic objective. At the proposed FY 1996 and FY 1997 levels, USAID/Yemen will continue to budget and use a limited amount of Field Support Funds from the Global Bureau. The Mission would completely eliminate Field Support resources from its funding plan if levels for FY 1997 and 1998 are further reduced.

Since the current pipeline in the population account is sufficient for the medium term (i.e., 1 1/2 to 2 years), the proposed decrease in funding in FY 1997 and 1998 would not adversely affect the Mission's program. Within the expected funding limitations, USAID/Yemen will be able to continue to implement its approved strategic plan without any major modification. If levels are further reduced, however, the Mission would be forced to curtail its training activities, particularly long and short term training and make downward adjustments in its planned quantitative targets.

As indicated in its previous submissions to the ANE Bureau, the Mission's program is currently at least as sensitive to the type of funds it receives as to the amount. The integrated nature of its strategic objective reflects the Mission's conviction, validated by recent experiences, that family planning in Yemen will not be easily introduced or widely accepted until the country's basic health care system is made more accessible and improved. The Mission's partners (including the Ministry of Planning and Development and the Ministry of Public Health) have made it clear that in accordance with the social and religious beliefs and characteristics of the country, a family planning program alone cannot be promoted, but will only be acceptable in the context of an integrated MCH/FP approach.

In FY 1995, although the Mission requested a mix of population and health funds, the Mission received all of its funding from the Population Account. As emphasized in its

FY 1996 Congressional Presentation and reiterated in the FY 1997 Budget Planning Document, continued large amounts of funds from this account would limit the Mission's ability to improve the very weak maternal and child health care system (upon which a family planning program depends).

The structure of USAID/Yemen's MCH/FP strategic objective makes it both possible and very desirable to use Child Survival money. Therefore, the Mission requests 40% of the program budget from this fund. The Mission requests 29% of its program funding from the Economic Growth Account (Health) and the remaining 31% from the Population Account. The Economic Growth (Health) funds are needed to complement the Population Account funds and, as with all funds requested, will be used for strengthening the MCH/FP system according to the SO. Given the Mission's programmatic requirements, USAID/Yemen believes that this funding arrangement represents the most appropriate and effective mix for achievement of its approved SO.

B. Program Management Requirements

1. Staffing

USAID/Yemen currently operates with the minimum staff required to manage its program portfolio and provide administrative support. Any further reductions in program funding, as discussed above, would not affect USAID/Yemen's staff size. Further reductions in staff would put the Mission at risk of being unable to meet the significant reengineering, reporting, and accounting responsibilities that remain the same regardless of program budget. Total USAID/Yemen staff is currently 34 employees. Twenty-three of these, including the two USDHs, are OE funded and 11 are program funded. None of the USAID/Yemen staff are trust funded.

The two USDHs serve as the USAID Representative and the Program Officer. The Mission employs three US PSCs and one University of Michigan Population Fellow. The first US PSC is the Mission's WID/Training Officer who is program funded and US hired. Her responsibilities include management of the Mission's on-going WID activities and long and short term training as well as the design and monitoring of the WID/training results packages under the MCH/FP strategic framework. The second US PSC is the Mission's Executive Officer, who is OE funded and locally hired.

The third US PSC position is currently vacant. It was authorized last year as a part of the program review to be used for the Mission's Health, Population and Nutrition (HPN) Office Chief. The Mission is in the process of recruiting for this position. As the HPN Office Chief will play a lead role in managing activities and monitoring progress toward USAID/Yemen's strategic objective, this is a crucial position and the need to hire for this vacancy is the most urgent management requirement of USAID/Yemen at this time. Out of a total of 20 OE funded FSN staff, two are FSN DHs and all others FSN PSCs. Several senior FSNs help to manage the Mission's GSO, B&F and program office, the rest perform a variety of support services. Of the eight program funded FSN PSCs, half of them are technical staff and half are support staff.

2. Operating Expense

USAID/Yemen's FY 96 Operating Expenses are projected to be less than the previous year and are expected to decrease further over the next fiscal year. The Mission's OE budget in FY 95, inclusive of \$24,000 for NMS hardware, was \$833,900. The proposed FY 96 OE budget of \$808,600 has already been reduced by 10.5% to \$723,700.

As part of the economic reform package agreed to with the IMF and the World Bank, the ROYG has floated the Yemeni Rial. This has resulted in foreign exchange gains and OE savings for USAID/Yemen. As of this writing, the implications of the devaluation on the Mission's local currency needs are being analyzed, however, by program week in mid March, the Mission should be able to present a figure of net savings which will be available to the ANE Bureau. The OE budget for FY 97, based on an assumed rate of YR 100 to one US Dollar, was proposed at \$669,000. It is probable that the final requested level, based on an even more favorable exchange rate, will be less than this projection.

USAID/Yemen constantly endeavors to make efficient use of its limited operating expense resources. For example, the Mission was able to negotiate new long term leases at a reduced rate (a 23% reduction) for its two USDH residences. The Embassy, which uses some storage space at the USAID compound, has agreed to share the costs for maintenance, utilities, and security services. USAID/Yemen is increasingly relying on inexpensive e-mails to consult with the RCO, RLA and Regional Controller in Amman, resulting in less travel and further reductions in OE expenses. Procurement of computer equipment for the NMS is complete. During FY 96 USAID/Yemen plans to procure two sets of replacement residential furniture as all current residential furniture is over ten years old. USAID/Yemen also plans to purchase two replacement vehicles this year, which would complete most of the Mission's capital requirements for the foreseeable future.

Internal Mission procedures and controls are constantly examined and revised to economize on routine operational and maintenance cost. For example, the Mission relies on local contractors for its maintenance and janitorial requirements, resulting in considerable savings. As stated earlier, USAID/Yemen staffing is already at minimal levels.

C. Technical Support Needs from USAID/W

Over the next year, USAID/Yemen will require technical support including assistance from Global and ANE Bureau personnel and support from centrally funded projects to meet its strategic objective.

USAID/Yemen has requested Global Bureau assistance in setting program targets. The Mission has requested Office of Population or Office of Health assistance in this effort. Baseline data are now available and USAID/Yemen would like assistance to ensure that the established targets are realistic and appropriate.

The Mission has requested assistance to develop more of a focus on women's concerns within Intermediate Result 2 of the strategic framework. A team from ANE/SEA is scheduled to assist the Mission in March 1996 with refining these plans and the related measures and targets.

USAID/Yemen has also requested assistance to reengineer the participant training program and initiate the Participant Training Management System developed by the Global Bureau's Office of Human Capacity Development (planned to begin in May 1996).

In addition, the Mission expects to make use of the following centrally funded projects during FY 96 to complement the work of the main institutional contractor supported with USAID/Yemen bilateral funds;

1) US Bureau of the Census (936-3046): to complete on-going activities designed to improve the capacity of the Central Statistical Organization to provide accurate population, economic, and other important national statistics (Indicator 3.4),

2) PRIME (936-3072): to assist the Mission in supporting a recently initiated Ministry of Public Health effort to develop a strategy and comprehensive plan of action for increasing the number of trained midwives in rural areas of Yemen (important for Indicator 1.2),

3) PopTech (936-3024): to provide consultants who will assist the Mission to assess the current situation and plan for beginning private sector and/or social marketing MCH/FP activities in Yemen (in accordance with Indicator 1.5),

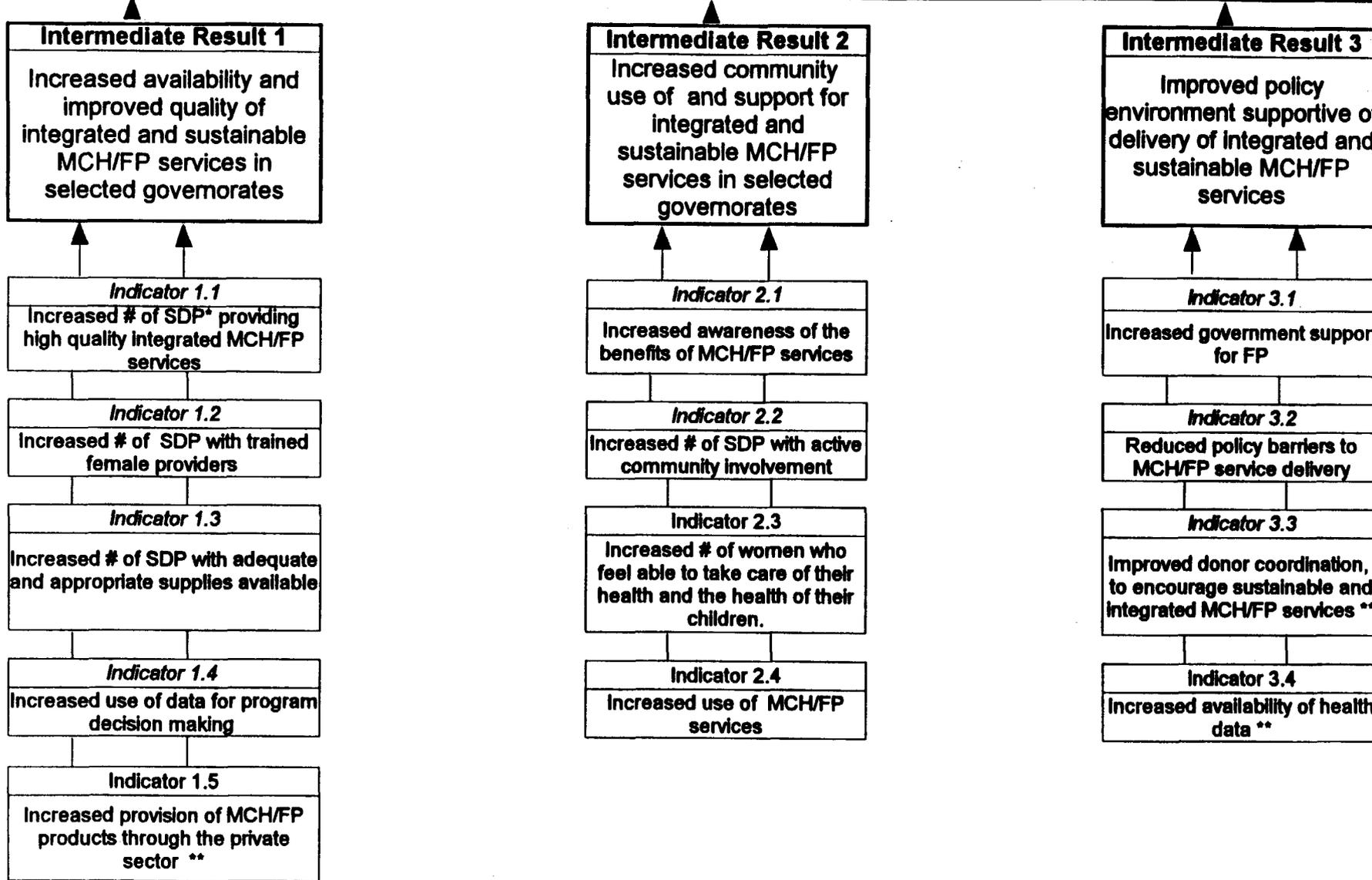
4) Demographic and Health Surveys (936-3023): to conduct a second survey for Yemen, with planning in 1996, fielding work in 1997, and the final report available in mid 1998 (contributes to Indicator 3.4).

5) Population Fellows (936-3054): to provide needed technical staff to assist in managing activities necessary for the achievement of the Mission's strategic objective.

Access to these centrally supported projects will primarily be funded using bilateral funds (through the buy-in mechanism). The Mission decided to use bilateral funds rather than field support funds to increase flexibility and control over the activities.

**Attachment 1
USAID/Yemen Strategic Framework Tree**

**Strategic Objective:
IMPROVED MATERNAL AND CHILD HEALTH STATUS AND INCREASED CONTRACEPTIVE PREVALENCE**



*SDP = service delivery points

** These indicators are not part of the scope of work for the JSI contract #279-0090-C-5516-00

February 1996

Attachment 2

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date/Mo SO approved:9/95		
STRATEGIC OBJECTIVE : Improved Maternal and Child Health Status and Increased Contraceptive Prevalence.				
Indicator 1: Infant Mortality Rate (National)*				
Unit of Measure: IMR		Year	Planned	Actual
Source: 1991/92 DHS	Baseline	1992		83/1000
Comments: * USAID/Yemen will seek to collect data on IMR by governorate in the 1997/98 DHS.		1993		
		1994		
		1995		
		1996		
		1997		
	Target	1998		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date/Month SO approved:9/95		
STRATEGIC OBJECTIVE : Improved Maternal and Child Health Status and Increased Contraceptive Prevalence.				
Indicator 2: Total Fertility Rate (National)*				
Unit of Measure: TFR		Year	Planned	Actual
Source: 1991/92 DHS	Baseline	1992		7.7
Comments: • USAID/Yemen will seek to collect data on TFR by governorate in the 1997/98 DHS.		1993		
		1994		
		1995		
		1996		
		1997		
	Target	1998		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date/Month SO approved: 9/95		
STRATEGIC OBJECTIVE : Improved Maternal and Child Health Status and Increased Contraceptive Prevalence.				
Indicator 3: <i>Child Mortality Rate (National)*</i>				
Unit of Measure: <i>CMR</i>		Year	Planned	Actual
Source: <i>1991/92 DHS</i>	Baseline	1992		122/1000
Comments: * <i>USAID/Yemen will seek to collect data on CMR by governorate in the 1997/98 DHS.</i>		1993		
		1994		
		1995		
		1996		
		1997		
		Target	1998	

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date/Month SO approved:9/95		
STRATEGIC OBJECTIVE : Improved Maternal and Child Health Status and Increased Contraceptive Prevalence.				
Indicator 4: Contraceptive Prevalence Rate (National)*				
Unit of Measure: CPR (modern methods)		Year	Planned	Actual
Source: 1991/92 DHS	Baseline	1992		6.1
Comments: * USAID/Yemen will seek to collect data on CPR by governorate in the 1997/98 DHS.		1993		
		1994		
		1995		
		1996		
		1997		
	Target	1998		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>				
Unit of Measure: # of SDP providing MCH/FP services in targeted governorates		Year	Planned	Actual
Source: Contractor reports and Governorate Health Office reports	Baseline	1995		98
<p>Comments:</p> <p>Baseline number refers to the number of Hospitals, Health Centers, and Health Units actually providing MCH services in 1995, as reported by the Health Offices in the three USAID-supported governorates: Hajja, Hodeidah, and Hadramaut. Targets will refer to SDPs added with OFC assistance, such as through service delivery during regularly scheduled community outreach and establishment of village-based SDPs. Services offered through these new SDPs will vary according to the level of training of the provider and facilities available, but will meet appropriate standards for quality of service.</p> <p>Note that Lahj Governorate will be added as a supported governorate in 1996, and baseline data will be collected at that time.</p>		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>					
Unit of Measure: <i>Average strength of EPI services at supported SDP</i>			Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>		Baseline	1995		.444
<p>Comments:</p> <p>"Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 2 points per supported SDP:</p> <p>0 points = Service not offered 1 point = Offered in the center only 1 point = Offered as a complete program (including outreach)</p> <p>Baseline scores are calculated as follows:</p> $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ <p>The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation.</p> <p>Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.</p>			1996		
			1997		
			1998		
			1999		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>				
Unit of Measure: <i>Average strength of ORS services at supported SDP</i>		Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>	Baseline	1995		.361
Comments: "Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 2 points per supported SDP, where: 0 points = Service not offered 1 point = Offered as a medical treatment (sick child care) 1 point = Offered as a complete program (case management approach at community and facility levels) Baseline scores are calculated as follows: $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation. Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>					
Unit of Measure: <i>Average strength of FP services at supported SDP</i>			Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>		Baseline	1995		.185
<p>Comments:</p> <p>"Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 6 points per supported SDP, where:</p> <ul style="list-style-type: none"> 0 points = Service not offered 1 point = Offers OCs, foaming tablets, condoms only 1 point = Offers IUD insertion 1 point = Offers Injectables 1 point = Offers expanded method mix 1 point = Offers outreach for FP 1 point = Offers family planning counselling <p>Baseline scores are calculated as follows:</p> $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ <p>The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation.</p> <p>Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.</p>			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>					
Unit of Measure: <i>Average strength of maternity care services at supported SDP</i>			Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>		Baseline	1995		.324
Comments: "Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 6 points per supported SDP, where: 0 points = Service not offered 1 point = Offers routine antenatal care 1 point = Offers recognition and appropriate mgmt. of high risk pregnancies 1 point = Offers routine deliveries 1 point = Offers appropriate management of complicated deliveries 1 point = Offers postpartum care 1 point = Offers neonatal care Baseline scores are calculated as follows: $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation. Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 9/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>					
Unit of Measure: <i>Average strength of ARI management services at supported SDP</i>			Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>		Baseline	1995		.472
Comments: "Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 2 points per supported SDP, where: 0 points = Service not offered 1 point = Offered as medical treatment (sick child care) 1 point = Offered as a complete program (case management approach at community and facility level) Baseline scores are calculated as follows: $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation. Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>				
Unit of Measure: <i>Average strength of health education services at supported SDP</i>		Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>	Baseline	1995		0.000
<p>Comments:</p> <p>"Strength of service" refers to an OFC contractor-developed rating system, with a total possible score of 2 points per supported SDP, where:</p> <p>0 points = Service not offered 1 point = Health education provided in waiting areas. 1 point = Offered as an organized program (including health promotion and awareness at the community and facility levels)</p> <p>Baseline scores are calculated as follows:</p> $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ <p>The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation.</p> <p>Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.</p>		1996		
		1997		
		1998		
		Target	1999	

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>				
Unit of Measure: <i>Average strength of nutrition services at supported SDP</i>		Year	Planned	Actual
Source: <i>Contractor reports and Governorate Health Office reports</i>	Baseline	1995		0.056
<p>Comments:</p> <p>"Strength of service" refers to an OFC-contractor developed rating system, with a total possible score of 2 points per supported SDP, where:</p> <p>0 points = Service not offered 1 point = Offer weighing of child only using growth monitoring chart 1 point = Offered as a complete program (including breastfeeding, weaning and nutritional rehabilitation education)</p> <p>Baseline scores are calculated as follows:</p> $\frac{\text{Total actual points for all current SDPs}}{\text{Total possible points for all current SDPs}}$ <p>The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation.</p> <p>Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.</p>		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.1: <i>Increased # of service delivery points (SDP) providing integrated MCH/FP services</i>					
Unit of Measure: <i>Degree of integration of MCH/FP services at OFC SDPs</i>		Year	Planned	Actual	
Source: <i>Contractor reports and Governorate Health Office reports</i>	Baseline	1995		0.000	
<p>Comments: "Degree of integration" refers to an OFC contractor-developed rating system, with a total possible score of 6 points per supported SDP, where:</p> <p>0 points = One or more of the MCH/FP services appropriate for the type of SDP are not available 1 point = All MCH/FP services being provided (appropriate to the type of SDP are available and in general conformity with program standards) 1 point = All services are concurrently available (i.e. on the same days and times) 1 point = Staff have been trained to identify windows of opportunity for making internal referrals for Child Health Services and are generally making these internal referrals when windows of opportunity present themselves. (Eg. Identification of a sick child during immunization and referral to nutrition, CDD or ARI) 1 point = Staff have been trained to identify windows of opportunity for making internal referrals for Reproductive Health Services and are generally making these internal referrals when windows of opportunity present themselves. (Eg. postpartum contraceptive counseling and service provision) 1 point = Staff have been trained to recognize windows of opportunity for identifying the need for a referral for service for other family members (based on the use of a family record or family-oriented outreach protocol) and are generally making these internal referrals when windows of opportunity present themselves. (Eg. When providing family planning to the mother, recognizing that one of the children is in need for immunization and referring for that service) 1 point = The service delivery system has been re-organized from a clinic orientation to a patient orientation (particularly for child health services). Staff has been cross-trained so that a given staff person can address multiple health care issues in a single encounter.</p> <p style="text-align: right;">Total actual points for all current SDPs ----- Total possible points for all current SDPs</p> <p>Baseline scores are calculated as follows:</p> <p>The initial 18 SDPs (17 Health Centers and 1 Hospital in Hajja, Hodeidah, and Hadramaut) to receive USAID support are included in the baseline calculation.</p> <p>Target scores will be calculated in the same manner, thus allowing for the rating of new SDPs (both from the three original governorates and from Lahj) as they enter the project.</p>		1996			
			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>					
Unit of Measure: # of female providers receiving in-service training to improve their skills.			Year	Planned	Actual
Source: Contractor reports, Health Center records and Governorate Health Office reports		Baseline	1995		42
<p>Comments:</p> <p>Baseline and targets refer to the number of providers receiving in-service training through project-assisted activities and as a result of USAID efforts to strengthen the the broader training system.</p> <p>USAID/Yemen supported the only two in-service training events identified for 1995 (in the four USAID/Yemen supported governorates). They were supported by the Mission's Accelerated Cooperation for Child Survival Project and included a workshop for 12 Trainer/Supervisors from Hajja and Hodeida governorates and a refresher training for 30 PHCWs in Hajja governorate.</p>			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>				
Unit of Measure: # of female students from areas outside governorate capitals in midwifery pre-service training programs.		Year	Planned	Actual
Source: Contractor reports, HMI reports, and Governorate Health Office reports	Baseline	1994		6
Comments: Baseline is based on investigation of midwifery program enrollment at Hajja, Hodeidah, and Hadramaut Governorate HMIs. Only Hajja Governorate, which received USAID support for their midwifery training program in 1994 and 1995, has students enrolled meeting the Unit of Measure criteria. Future enrollment, reflected in targets, is expected to be highest from areas receiving technical assistance and other contractor inputs; i.e., from catchment areas of supported SDPs. Of those enrolled in '94 and '95, 5 and 8, respectively, are from OFC-supported SDPs.		1995		12
		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>					
Unit of Measure: # of female students from areas outside governorate capitals in other pre-service provider training programs (e.g. nurses or PHCWs).			Year	Planned	Actual
Source: Contractor reports, HMI reports, Health Center records and Governorate Health Office reports		Baseline	1995		0
Comments: The contractor has been unable to identify any instance of lower-level female MCH provider (e.g., FPHCW) training in the baseline year in Hajja, Hodeidah, or Hadramaut. This type of training has been supported in the past completely with donor funding. The OFC project will seek to institutionalize training of this level of worker within the MOPH system.			1996		
			1997		
			1998		
			1999		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>					
Unit of Measure: # of females from areas outside governorate capitals completing midwifery training.			Year	Planned	Actual
Source: Contractor reports, HMI reports, Health Center records and Governorate Health Office reports		Baseline	1995		0
<p>Comments:</p> <p>HMIs in OFC-supported governorates graduated no midwives meeting the Unit of Measure criteria in 1995.</p> <p>The percentage of students completing their training is expected to be higher among those coming from the catchment areas of OFC-supported SDPs.</p>			1996		
			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>					
Unit of Measure: <i># of females from areas outside governorate capitals completing other provider training.</i>			Year	Planned	Actual
Source: <i>Contractor reports, HMI reports, Health Center records and Governorate Health Office reports</i>		Baseline	1995		0
<p>Comments:</p> <p>The contractor has been unable to identify any instance of lower-level female MCH provider (e.g., FPHCW) training in the baseline year in Hajja, Hodeidah, or Hadramaut. This type of training has been supported in the past completely with donor funding. The OFC project will seek to institutionalize training of this level of worker within the MOPH system.</p> <p>The percentage of students completing their training is expected to be higher among those coming from the catchment areas of OFC-supported SDPs.</p>			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>				
Unit of Measure: # of female from areas outside governorate capitals completing midwifery training and actively working at least six months after graduation.		Year	Planned	Actual
Source: Contractor reports, HMI reports, Health Center records and Governorate Health Office reports	Baseline	1995		0
Comments: Job longevity is expected to be greater among workers from catchment areas of SDPs supported by OFC.		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.2: <i>Increased # of service delivery points (SDP) with trained female providers.</i>					
Unit of Measure: <i># of female from areas outside governorate capitals completing health care worker training and actively working at least six months after graduation.</i>			Year	Planned	Actual
Source: <i>Contractor reports, HMI reports, Health Center records and Governorate Health Office reports</i>		Baseline	1995		0
Comments: Job longevity is expected to be greater among workers from catchment areas of SDPs supported by OFC.			1996		
			1997		
			1998		
			1999		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.3: <i>Increased # of service delivery points (SDP) with adequate supplies available.</i>					
Unit of Measure: % of SDP reporting no stock-outs for at least 10 out of 12 last months (ORS, vaccines, OCs and IUDs, Iron Folate Tablets).			Year	Planned	Actual
Source: Contractor reports, Governorate Health Office reports, Health Center records		Baseline	1995		see chart attached
<p>Comments:</p> <p>Baseline data is based on on-site examination of inventory records at each supported center. Stock-outs among these drugs were surprisingly rare – stock-outs among curative drugs appear to be much more common – although there is substantial room for progress in ORS and iron folate stocks in particular. Note that low service use rates probably contribute to slow use of supplies and the low number of stock outs reported. The challenge will be to keep these stock out rates low as service use increases.</p> <p>Data will be collected for supported SDPs; and, on a sample basis, for the entire governorate. Performance is expected to be better at OFC-supported SDPs than at other SDPs, primarily because of anticipated community support for transportation. Non-supported sites may begin to show some improvement by the end-of-project as Health Office management of drug supply improves, although lack of transportation will probably severely limit any improvements.</p> <p>The vaccines that will be measured include: DPT, polio, measles, BCG, and TT.</p>			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.3: <i>Increased # of service delivery points (SDP) with adequate supplies available.</i>					
Unit of Measure: % of SDP with well maintained, non-expired supplies.			Year	Planned	Actual
Source: Contractor reports, Governorate Health Office reports, Health Center records		Baseline	1995		0%
<p>Comments:</p> <p>Baseline data is based on on-site examination of supply records at each supported center. None were judged to be well-maintained according to criteria of cleanliness, organization, and record-keeping. Presence of out-of-date stock for some items is universal. This indicates that low service use rates may be more problematic than supply stock outs at this point.</p> <p>Data will be collected for supported SDPs; and, on a sample basis, for the entire governorate. Performance is expected to be better at OFC-supported SDPs than at other SDPs, because of direct technical assistance to improve systems and anticipated community support for transportation. Non-supported sites may begin to show some improvement by the end-of-project as Health Office management improves, although lack of transportation will probably severely limit any improvements.</p>			1996		
			1997		
			1998		
		Target	1999		

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Baseline Data

Indicator 1.3: Increased # of SDPs with adequate supplies available

Unit of Measurement: # of SDPs reporting no stock-outs for at least 10 of 12 last months

Governorate / Site	ORS	Vaccines					Oral Contraceptives			IUDs	Iron Folate
		DPT	Polio	Measles	BCG	TT	Micro-gynon	Neo-gynon	Micronor/Microlut		
Hajjah City	11/12 ¹	12/12	12/12	12/12	12/12	12/12	2/12 ²	12/12	12/12	12/12	0/12
Mahabisha MCH	10/12 ³	12/12	12/12	9/12 ⁴	12/12	12/12	10/12 ⁵	10/12 ⁵	12/12	3/12 ⁶	0/12 ⁷
Shaghadirah Health Center	9/12 ⁸	12/12	12/12	12/12	10/12 ⁹	12/12	12/12	12/12	12/12	12/12 ¹⁰	9/12 ¹¹
Ku'aidaneh Health Center	Unk ¹²	12/12	12/12	12/12	6/12 ¹³	12/12	12/12	12/12	12/12 ¹⁴	NA ¹⁵	0/12
Ash Shahel Health Center	8/12 ¹⁶	12/12	12/12	12/12	8/12 ¹⁷	12/12	NA ¹⁸	NA ¹⁸	NA ¹⁸	NA ¹⁸	6/12 ¹⁹
Bait Al Faqih MCH	9/12	12/12	12/12	12/12	12/12	12/12	10/12	12/12	12/12	12/12	9/12
Bajil Health Center	7/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	6/12
Al Zuhra Health Center	8/12	11/12	11/12	12/12	9/12	12/12	6/12	6/12	6/12	NA ¹⁵	7/12
Al Qutai Health Center	12/12	7/12	7/12	7/12	7/12	9/12	12/12	12/12	12/12	NA ¹⁵	0/12
Al Marawah Health Center	0/12	10/12	10/12	12/12	10/12	12/12	12/12	12/12	12/12	NA ¹⁵	9/12
Al Dahi Health Center	0/12	11/12	11/12	11/12	10/12	12/12	12/12	12/12	6/12	NA ¹⁵	0/12
Mukallah Hospital	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	10/12	12/12
Gheil Bawazir Health Center	4/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	7/12
Al Shehr Hospital MCH	12/12	12/12	12/12	12/12	12/12	12/12	9/12	10/12	10/12	9/12	10/12
Al Shuheir PHC Unit	12/12	12/12	12/12	12/12	9/12	12/12	7/12	7/12	3/12	0/12	0/12
Al Hami Health Center	12/12	12/12	12/12	12/12	11/12	12/12	12/12	12/12	11/12	7/12	4/12
Al Dais Al Sharkiyah	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12	12/12
Summary Measure (# w/no stock-outs)	8/17	16/17	16/17	15/17	12/17	16/17	13/17	15/17	14/17	13/17	3/17

1. Out of stock in June/July
2. Out of stock January through October

3. Out of stock September and October
4. Out of stock October through December
5. Out of stock April and May
6. All were expired. No in-date IUDs from January through September
7. Iron folate has not been available at the site for the past 2 years
8. Out of stock September, October and November
9. Out of stock September and October
10. Although there was stock, there was no one qualified to do insertions
11. Out of stock October, November and December
12. Stock kept in the pharmacy. MCH staff do not know about the stock
13. Out of stock April through September
14. Stock available throughout 1995, but expired at the end of December
15. No one qualified to do insertions
16. Out of stock April through July
17. Out of stock September through December
18. FPHCWs did not start working until October, and because they are not yet officially employed, they have not received any stock
19. Out of stock July through December

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.4: <i>Increased use of data for program decision making.</i>				
Unit of Measure: <i>% of SDP submitting accurate reports in a timely manner.</i>		Year	Planned	Actual
Source: <i>Contractor reports, Health Center records</i>	Baseline	1995		0%
<p>Comments:</p> <p>"Timely" is defined as submitting reports on schedule (e.g., 9 out of 12 months.)</p> <p>Baseline is based on examination of summary statistics received from all SDPs by Health Offices in Hajja, Hodeidah and Hadramaut.</p> <p>Data will be collected for supported SDPs; and, on a sample basis, for the entire governorate. Performance is expected to be better at OFC-supported SDPs than at other SDPs, because of direct technical assistance to improve systems, distribution of feedback reports from Health Offices, and anticipated community support for transportation. Non-supported sites may begin to show some improvement by the end-of-project as Health Office management improves, although the lack of other supporting interventions will probably limit any improvements.</p>		1996		
		1997		
		1998		
	Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.4: <i>Increased use of data for program decision making.</i>					
Unit of Measure: # of Governorate Health Offices submitting accurate reports to the central level in a timely manner.			Year	Planned	Actual
Source: Contractor reports, Health Center records		Baseline	1995		0
Comments: "Timely" is defined as submitting reports on schedule (e.g., 9 out of 12 months; or in 3 of 4 quarters.) Baseline was established through examination of central MOPH records for the three supported governorates.			1996		
			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.4: <i>Increased use of data for program decision making.</i>				
Unit of Measure: % of SDP receiving feedback reports from the Government Health Offices.		Year	Planned	Actual
Source: Contractor reports, Health Office records	Baseline	1995		0%
Comments: Baseline is for all SDPs in the three supported governorates. Data will be collected at the Health Offices on reports submitted to both supported and un-supported SDPs, with the goal of reports submitted to all. It is expected that this universal feedback will provide substantial incentive for SDPs to submit their reports.		1996		
		1997		
		1998		
	Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>				
Indicator 1.5: <i>Increased provision of MCH/FP products and services through the private sector.</i>				
Unit of Measure: # of pharmacies with trained staff providing OCs, condoms and ORS.		Year	Planned	Actual
Source: Contractor reports	Baseline	1996		
Comments: The Mission conducted a survey of 65 private pharmacies operating in Hodeidah and Hajja governorates in October 1994. This survey revealed that 88% (57) sold ORS and 57% (37) sold at least one type of contraceptive (primarily oral contraceptives). More exact baseline data will be collected as the planning activities for private sector work continue through the spring of 1996.		1997		
		1998		
		1999		
	Target	2000		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 1: <i>Increased availability and improved quality of integrated and sustainable MCH/FP services in selected governorates</i>					
Indicator 1.5: <i>Increased provision of MCH/FP products and services through the private sector.</i>					
Unit of Measure: # of other trained private providers (not pharmacies) offering OCs, condoms, or ORS (such as depot holders, unofficial but trained midwives, and private clinics).			Year	Planned	Actual
Source: Contractor reports		Baseline	1995		0
Comments: Note that there may be substantial overlap between this Unit of Measure and that measuring increases in SDPs in Indicator 1.1. The intent is not to "double-count", but rather to provide this separate measure of increases in distinctly private sector activity.			1996		
			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.1: <i>Increased awareness of the benefits of integrated MCH/FP services.</i>					
Unit of Measure: <i>% of men and women aware of MCH/FP services and when and where to access them (e.g., ORS, vaccines, maternity care and FP).</i>			Year	Planned	Actual
Source: <i>KAP survey, Central Statistical Organization, DHS</i>		Baseline	1996		see comments
<p>Comments:</p> <p>Baseline data for catchment areas of supported SDPs will be collected by the main contractor through KAP studies scheduled to begin in March 1996. USAID/Yemen will always collect sex disaggregated data to better target its educational activities and for comparison purposes.</p> <p>1991/92 DHS results indicate that, nationwide, approximately 53% of married women know a modern FP method and 27% know of a source for such a method. About 57% of mothers had heard of ORS, and 37% had used it.</p>			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.1: <i>Increased awareness of the benefits of integrated MCH/FP services.</i>				
Unit of Measure: <i>% of women and men aware of at least two modern FP methods.</i>		Year	Planned	Actual
Source: <i>KAP survey, Central Statistical Organization, DHS</i>	Baseline	1996		see comments
Comments: Baseline data for catchment areas of supported SDPs will be collected in KAP studies scheduled to begin in March 1996.		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.1: <i>Increased awareness of the benefits of integrated MCH/FP services.</i>				
Unit of Measure: % of men expressing support for FP.		Year	Planned	Actual
Source: KAP survey, Central Statistical Organization, DHS	Baseline	1996		see comments
Comments: Baseline data for catchment areas of supported SDPs will be collected in KAP studies scheduled to begin in March 1996.		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.2: <i>Increased # of SDP with active community involvement.</i>					
Unit of Measure: <i>% of supported SDP with functioning community advisory boards.</i>			Year	Planned	Actual
Source: <i>SDP records, Health Office reports, Contractor reports</i>		Baseline	1995		see comments
Comments: "Functioning" is defined as providing substantive, on-going advisory and/or decision-making input to the SDP (in this case, most often a Health Center or Health Unit). None of the Health Centers in the supported governorates had this type of relationship with the community in 1995. However, there may be other SDPs (health units) within supported catchment areas with functioning community advisory boards, therefore, establishing a baseline for this measure will be deferred until the KAP studies are conducted.			1996		
			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.2: <i>Increased # of SDP with active community involvement.</i>					
Unit of Measure: % of supported SDP receiving financial or in-kind contributions from the community.			Year	Planned	Actual
Source: SDP records, Contractor reports		Baseline	1996		see comments
Comments: Baseline will be collected through KAP surveys to begin in March 1996.			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.2: <i>Increased # of SDP with active community involvement.</i>					
Unit of Measure: <i>% of SDP with women participating on their community advisory boards.</i>			Year	Planned	Actual
Source: <i>SDP records, Contractor reports</i>		Baseline	1995		0%
Comments:			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.2: <i>Increased # of SDP with active community involvement.</i>				
Unit of Measure: # of communities that replicate the community advisory board model (without direct USAID Program interventions).		Year	Planned	Actual
Source: SDP records, Contractor reports, other Donor reports	Baseline	1995		0
Comments: This Unit of Measure is intended to capture any "spontaneous" replication (in the supported governorate or nationwide) of the OFC model, either through community efforts alone or as assisted by MOPH personnel independent of USAID inputs.		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.3: <i>Increased # of women who feel able to take care of their health and the health of their children.</i>					
Unit of Measure: <i># of women and men with knowledge of prevention and treatment for the major health problems in Yemen, such as diarrhea and respiratory tract infection.</i>			Year	Planned	Actual
Source: <i>KAP surveys</i>		Baseline	1996		see comments
Comments: Baseline data for catchment areas of supported SDPs will be collected during KAP surveys scheduled to begin in March 1996.			1997		
			1998		
		Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.3: <i>Increased # of women who feel able to take care of their health and the health of their children.</i>					
Unit of Measure: # of women and men reporting satisfaction with the MCH/FP services they receive in the public health care system.			Year	Planned	Actual
Source: KAP surveys		Baseline	1996		see comments
Comments: Baseline data for supported SDPs will be collected during KAP surveys scheduled to begin in March 1996.			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>					
Indicator 2.4: <i>Increased use of integrated MCH/FP services.</i>					
Unit of Measure: # of new FP users.			Year	Planned	Actual
Source: DHS, Health Office, Health Center and other SDP records		Baseline	1995		3,440
<p>Comments:</p> <p>Baseline is based on direct examination of data at 18 supported SDPs in Hajja, Hodeidah, and Hadramaut. Attempts to collect this data at Governorate Health Offices, as well as to determine governorate-wide figures, were unsuccessful because of poor quality and missing data.</p> <p>Increases are expected to be greatest at supported SDPs because of direct technical assistance and other inputs. Improved data collection procedures at the governorate level should improve data quality in general -- and governorate-wide data will be collected to assess any increases in family planning use governorate-wide. This will provide valuable comparative data for determining the differential impact of project interventions.</p> <p>1991/92 DHS data indicate that 6.1% of married women are using a modern method, and 9.7% any method.</p>			1996		
			1997		
			1998		
		Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.4: <i>Increased use of integrated MCH/FP services.</i>				
Unit of Measure: # of continuing FP users.		Year	Planned	Actual
Source: DHS, Health Center and other SDP records	Baseline	1995		10,415 visits
<p>Comments:</p> <p>SDP records only contain data on visits by continuing family planning users. Because a single continuing user may make multiple visits, data on continuing users is not available. The baseline number given is for visits to 18 supported SDPs in Hajja, Hodeidah, and Hadramaut.</p> <p>The contractor will assist SDPs in collecting data on continuing users prospectively, so that continuation rates can be determined.</p>		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.4: <i>Increased use of integrated MCH/FP services.</i>				
Unit of Measure: # of pregnant women receiving antenatal care.		Year	Planned	Actual
Source: DHS, SDP records	Baseline	1995		6,230 first visits; 12,713 follow-up visits
<p>Comments:</p> <p>Baseline is based on direct examination of data at 18 supported SDPs in Hajja, Hodeidah, and Hadramaut. Attempts to collect this data at Governorate Health Offices, as well as to determine governorate-wide figures, were unsuccessful because of poor quality and missing data.</p> <p>Increases are expected to be greatest at supported SDPs because of direct technical assistance and other inputs. Improved data collection procedures at the governorate level should improve data quality in general – and governorate-wide data will be collected to assess the differential impact of project interventions.</p> <p>Data will be collected on both first and follow-up visits to determine the number of women receiving care, as well as to indicate the frequency of that care.</p> <p>1991/92 DHS data indicate that 74% of births have no associated antenatal care.</p>		1996		
		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.4: <i>Increased use of integrated MCH/FP services.</i>				
Unit of Measure: # of deliveries attended by trained female care providers.		Year	Planned	Actual
Source: DHS, SDP records	Baseline	1996		see comments
Comments: Baseline data for supported catchment areas will be collected through KAP surveys to be conducted beginning March 1996. The 1991-1992 DHS survey survey indicates that, nationwide, 15.9% of births are attended by doctors, nurses, or midwives; with an additional 18.6% by Traditional Birth Attendants.		1997		
		1998		
	Target	1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 2: <i>Increased use of and community support for integrated and sustainable MCH/FP in selected governorates</i>				
Indicator 2.4: <i>Increased use of integrated MCH/FP services.</i>				
Unit of Measure: <i>% of fully vaccinated* children under one year of age.</i>		Year	Planned	Actual
Source: <i>DHS, Health Center records</i>	Baseline	1996		see comments
<p>Comments:</p> <p>*Fully vaccinated* children are those who have received BCG, measles, and three doses of DPT and polio by one year of age.</p> <p>Baseline data for supported catchment areas will be collected through KAP surveys to be conducted beginning March 1996. Governorate-wide data will be based on statistics gathered at each Health Office.</p> <p>The 1991-1992 DHS survey indicates that, nationwide, 32.7% of children 0-11 months were fully vaccinated.</p>		1997		
		1998		
	Target	1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.1: <i>Increased government support for FP/Child spacing.</i>				
Unit of Measure: <i>FP objectives incorporated into MOPH Five Year Plan.</i>		Year	Planned	Actual
Source: <i>MOPH reports, NPC reports</i>	Baseline	1995		Recommendation made by NPC
Comments: The MOPH Five-Year Plan for 1996-2000 includes specific family planning objectives within its MCH Programme strategies. These include to increase utilization of FP (i.e., CPR) to 35%; to lower the TFR to 6.0; to raise community awareness of the benefits of FP; and to strengthen FP service delivery at all levels. Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.	Target	1996	Incorporated	Incorporated
		1997		
		1998		
		1999		

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>					
Indicator 3.1: <i>Increased government support for FP/Child spacing.</i>					
Unit of Measure: # of awareness-raising events targeted to leaders.			Year	Planned	Actual
Source: MOPH reports, NPC reports		Baseline	1995		5
<p>Comments:</p> <p>The baseline represents the number of governorate-level population awareness-raising seminars sponsored by the NPC in 1995. These occurred in Ibb, Hajja, Aden, Hodeidah, and Taiz.</p> <p>Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.</p>		Target	1996		
			1997		
			1998		
			1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.1: <i>Increased government support for FP/Child spacing.</i>				
Unit of Measure: # of appropriately disseminated policy analyses/reports.		Year	Planned	Actual
Source: MOPH reports, NPC reports	Baseline	1995		5
Comments: These reports are analyses of demographic trends and their implications for the five governorates where awareness raising events took place (Ibb, Hajja, Aden, Hodeidah, Taiz). Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.	Target	1996		
		1997		
		1998		
		1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>					
Indicator 3.1: <i>Increased government support for FP/Child spacing.</i>					
Unit of Measure: # of statements of leaders in support of FP.			Year	Planned	Actual
Source: MOPH reports, NPC reports		Baseline	1995		7
Comments: Of the eight statements by leaders, 5 occurred at the governorate level in conjunction with NPC-sponsored awareness-raising seminars on population issues, and 2 at the national level. Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.		Target	1996		
			1997		
			1998		
			1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.2: <i>Reduced policy barriers to MCH/FP services.</i>				
Unit of Measure: # of recommendations made to remove policy barriers to MCH/FP service delivery and use.		Year	Planned	Actual
Source: NPC reports, Contractor reports	Baseline	1995		11
Comments: Baseline represents the number of recommendations made to reduce policy and practical barriers to MCH and FP service delivery at an NPC-sponsored seminar (Nov. '95) designed to ensure the incorporation of population-related issues and activities into the national five-year plan. Examples of these recommendations are: <ul style="list-style-type: none"> ■ Allocation of 6% of the national budget to health care. ■ Decentralize decision-making and resources for health care. ■ Identify an effective mechanism for cost recovery. ■ Expand the range of contraceptive choices to include injectables and Norplant®. Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.	Target	1996		
		1997		
		1998		
		1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.2: <i>Reduced policy barriers to MCH/FP services.</i>				
Unit of Measure: # of actions taken to remove barriers to MCH/FP service delivery and use.		Year	Planned	Actual
Source: NPC reports, Contractor reports	Baseline	1995		0
Comments: Targets for policy related activities are not set beyond September 1996 because the nature of USAID/Yemen activities and possible assistance in this area has not been determined.	Target	1996		
		1997		
		1998		
		1999		

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.3: <i>Improved donor coordination, expressed as standardized approaches in the delivery of sustainable and integrated MCH/FP services.</i>				
Unit of Measure: # of activities USAID jointly supports with other donors.		Year	Planned	Actual
Source: USAID reports, Contractor reports	Baseline	1995		3
Comments: USAID/Yemen jointly supported three activities with other donors in 1995: 1) development of the Five Year Health Development Plan with the MOPH (jointly supported by WHO, UNICEF, and UNFPA); 2) technical assistance in improving clinical training for the Sana'a University Medical School and provision of a RHU for the Medical School Faculty (jointly supported with UNFPA); and 3) sponsorship of the Yemen delegation for the UN Conference on Women in Beijing in September 1995 (jointly supported with UNFPA and the German and Dutch governments).		1996	5	
		1997	6	
		1998	7	
	Target	1999	8	

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.3: <i>Improved donor coordination, expressed as standardized approaches in the delivery of sustainable and integrated MCH/FP services.</i>				
Unit of Measure: # of donors coordinating with USAID to develop workplans.		Year	Planned	Actual
Source: USAID reports, Contractor reports	Baseline	1995		4
Comments: USAID/Yemen worked very closely with four donors in 1995 in developing their workplans and discussing other donors' workplans. These donors were the International Cooperation in Development (ICD), Oxfam, the United Nation's World Food Programme, and the Dutch government.		1996	5	
		1997	6	
	Target	1998	7	

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.3: <i>Improved donor coordination, expressed as standardized approaches in the delivery of sustainable and integrated MCH/FP services.</i>				
Unit of Measure: # of donors using standardized approaches in logistics.		Year	Planned	Actual
Source: USAID reports, Contractor reports	Baseline	1995		0
Comments:		1996	2	
		1997	3	
		1998	4	
	Target	1999	5	

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Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95		
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>				
Indicator 3.3: <i>Improved donor coordination, expressed as standardized approaches in the delivery of sustainable and integrated MCH/FP services.</i>				
Unit of Measure: # of donors coordinating and using standardized approaches in training.		Year	Planned	Actual
Source: USAID reports, Contractor reports	Baseline	1995		0
Comments:		1996	2	
		1997	3	
		1998	4	
	Target	1999	5	

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>					
Indicator 3.4: <i>Increased availability of health data.</i>					
Unit of Measure: <i>availability of data from a second DHS.</i>			Year	Planned	Actual
Source: <i>National Census, DHS</i>		Baseline	1996		Planning Phase
Comments:			1997	Fielding Phase	
		Target	1998	Completion	

Table 1: PERFORMANCE DATA TABLE

Republic of Yemen		Date SO approved: 09/95			
INTERMEDIATE RESULT 3: <i>Improved policy environment supportive of integrated and sustainable MCH/FP services.</i>					
Indicator 3.4: <i>Increased availability of health data.</i>					
Unit of Measure: <i>availability of December 1994 census data.</i>			Year	Planned	Actual
Source: <i>National Census, Central Statistics Organization, DHS</i>		Baseline	1995		Preliminary results available
Comments:		Target	1996	Final results available	

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Attachment 3

**Table 2
ALL RESOURCES TABLE
USAID/YEMEN
(\$000)**

Funding Category	FY 1996*	FY 1997		FY 1998	
		Base**	Base - 20%	Base - 10%	Base -30%
Sustainable Development					
Economic Growth	2,063	2,173	1,736	1,956	1,521
Of which: Field Support ***	0	0	0	0	0
Child Survival/Disease	2,940	2,991	2,393	2,992	2,094
Of which: Field Support ***	0	0	0	0	0
Basic Education	0	0	0	0	0
Of which: Field Support ***					
Population	2,198	2,314	1,851	2,063	1,620
Of which: Field Support ***	375	500	500	0	0
Environment	0	0	0	0	0
Of which: Field Support *** USAEP					
Democracy		0	0	0	0
Of which: Field Support ***		0	0	0	0
Economic Support Funds	0	0	0	0	0
Of which: Field Support ***					
Of which Child Survival					
Of which: Field Support ***					
Of which Basic Education					
Of which: Field Support ***					
PL480:					
Title II	0	0	0	0	0
Title III	0	0	0	0	0
Other (HG, MSED)	0	0	0	0	0
GRAND TOTAL	7,099	7,476	5,982	6,730	5,235

* The FY 1996 level is from operating bureau allocations based on 75 per cent of the 1996 CP level.

** Base is defined as operating bureau allocations from the FY 1997 OMB request level.

*** Refers to Field Support – both Global-funded and Mission-funded.

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**Table 3
Funding Scenarios by Objective
(\$000)**

OBJECTIVE	FY 1996*	FY 1997		FY 1998	
		Base**	Base - 20%	Base -10%	Base - 30%
Strategic Objective 1: Improved Maternal and Child Health Status and Increased Contraceptive Prevalence					
Economic Growth	2,063	2,173	1,738	1,966	1,521
Of which: Field Support ***	0	0	0	0	0
Child Survival/Disease	2,840	2,891	2,363	2,662	2,084
Of which: Field Support ***	0	0	0	0	0
Population	2,186	2,314	1,861	2,063	1,620
Of which: Field Support ***	375	500	500	0	0
Democracy	0	0	0	0	0
Of which: Field Support ***	0	0	0	0	0
Total SO 1:	7,069	7,478	5,962	6,730	5,235
Strategic Objective 2: (text) (insert appropriate accounts)					
Total SO 2:					
Special Objective 1: (text) (insert appropriate accounts)					
Total SPO 1:					
GRAND TOTAL	7,069	7,478	5,962	6,730	5,235

* The FY 1996 level is from operating bureau allocations based on 75 per cent of the 1996 CP level.
 ** Base is defined as operating bureau allocations from the FY 1997 OMB request level.

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**Table 4
GLOBAL FIELD SUPPORT**

Mission Strategic Objective	Field Support: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)							
				FY 1996**		FY 1997***				FY 1998***	
				Obligated by:		FY 1997 Base		FY 1997 Base - 20%		FY 1997 Base - 30%	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau	Operating Unit	Global Bureau	Operating Unit	Global Bureau
S.O.T. Improved Maternal and Child Health Status and Increased Contraceptive Prevalence	936-3023 DHS	High	2 years (1996-97)	375	---	500	---	500	---	0	0
GRAND TOTAL.....				375	---	500	---	500	---	0	---

*For Priorities use high, medium-high, medium, medium-low, low
 ** The FY 1996 level is from operating bureau allocations based on 75 per cent of the 1996 CP level.
 *** Base is defined as operating bureau allocations from the FY 1997 OMB request level.

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Table 5

Staff Requirements (FY 1996)

Staff	Strategic Objective 1: Improved Maternal and Child Health Status and Increased Contraceptive Prevalence	Strategic Objective 2: (title)	Strategic Objective 3: (title)	Special Objective 1: (title)	Special Objective 2: (title)	Special Objective 3: (title)	Other	Total Staff by Class
USDH	1.5						0.5	2
FSN (OE)	2						17	19
FSN (TF)	0							0
FSN (Prog.)	4						4	8
US/CCN PSC (OE)	0						2	2
US/TCN PSC (TF)	0							0
US/TCN PSC (Program)	1.5						0.5	2
POP FELLOW (Program)	1							1
Total Staff by Objective	10	0	0	0	0	0	24	34

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Table 6	
Operating Expense Requirements	
OE/Trust Funded Levels by Major Function Code	FY 1996
U100 USDH	\$52,000
U200 FN Direct Hire	\$41,400
U300 Contract Personnel	\$240,500
U400 Housing	\$31,200
U500 Office Operations	\$256,800
U600 NXP	\$101,800
Total Mission-Funded OE	\$723,700
.....Of which Trust Funded	\$0

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ANCL@bans00034.usaid.gov, ANEN@bans00034.usaid.gov
ANMS@bans00034.usaid.gov, ANRI@bans00034.usaid.gov
BHR@bans00034.usaid.gov, GC@bans00034.usaid.gov
GCAN@bans00034.usaid.gov, GDG@bans00034.usaid.gov
LBEG@bans00034.usaid.gov, OFDA@bans00034.usaid.gov
OPA@bans00034.usaid.gov, OPE@bans00034.usaid.gov
OPOD@bans00034.usaid.gov, POP@bans00034.usaid.gov
PPSP@bans00034.usaid.gov, PVC@bans00034.usaid.gov
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Cc:
Bcc:
From: The Cable Room <cablerm@uxns0003.usaid.gov>
Subject: AGENCY REVIEW OF USAID YEMEN'S COUNTRY PROGRAM
Date: Thursday, May 25, 1995 at 3:01:53 pm EDT
Attach:
Certify: N
Forwarded by:

/tell1/./95/05/17/01585m

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INFO OFFICE(S): AAG AANE ANCL ANMS ANRI ANEN BHR GAFS GC
GCAN GDG HEAL IG IGII LBEG OFDA OPA OPE
OPOD POP PPCE PPSP PVC STN WID

INFO LOG-00 TEDE-00 /000R

DRAFTED BY: AID/ANE/ENA:FMILLER:MKORIN:YEMEN3.CAB:
APPROVED BY: AID/AA/ANE:MCCARPENTER AID9303
AID/DAA/ANE:TBROWN AID/GC/ANE:MVELASQUEZ (DRAFT)
AID/ANE/ORA:FYOUNG (DRAFT) AID/ANE/SEA:DDIJKERMAN (DRAFT)
AID/ANE/RI:JDEMPSEY (DRAFT) AID/G/PHN/HN/PSR:JTOMARO (DRAFT)
AID/G/GDG:JWILLIAMS (DRAFT) AID/ANE/EMS:RGRAY (DRAFT)
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E.O. 12356: N/A

TAGS:
SUBJECT: AGENCY REVIEW OF USAID YEMEN'S COUNTRY PROGRAM
STRATEGY AND ACTION PLAN DOCUMENT

I. SUMMARY. THIS CABLE REPRESENTS AGREEMENTS REACHED IN
THE AGENCY'S PROGRAM WEEK REVIEW (JANUARY 30 THRU FEBRUARY
3, 1995) OF THE USAID YEMEN COUNTRY PROGRAM STRATEGY (CPS)

AND ACTION PLAN.

THE MISSION IS COMMENDED FOR PREPARING AN EXCELLENT
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ANALYSIS OF CURRENT CONDITIONS AND DEVELOPMENT PROJECTS IN
YEMEN. THE PROPOSED STRATEGY OBJECTIVE (S.O.) WAS FOUND
TO BE TOO BROAD GIVEN THE LIMITED BUDGET AND STAFFING
LEVELS PLANNED FOR YEMEN IN FY'S 1995 AND 1996. AGREEMENT
WAS REACHED TO FOCUS THE S.O. ONLY ON IMPROVED MATERNAL
AND CHILD HEALTH STATUS AND INCREASED CONTRACEPTIVE
PREVALENCE. THIS NARROWER FOCUS SHOULD ALSO HELP THE
MISSION MANAGE FOR AND REPORT ON RESULTS.

SECTION II OF THIS CABLE SUMMARIZES THE CONCLUSIONS AND
DECISIONS AGREED ON IN THE PROGRAM WEEK WRAP-UP SESSION
CHAIRLED BY AA/ANE, MARGARET CARPENTER. SECTION III
PROVIDES A SUGGESTED REVISED STRATEGIC OBJECTIVE AND
SUGGESTED PROGRAM OUTCOMES AND INDICATORS FROM THE
TECHNICAL REVIEW SESSIONS. THE REVISED STRATEGIC
OBJECTIVE, PROGRAM OUTCOMES AND INDICATORS WILL BE

FINALIZED BY THE MISSION WITH TDY ASSISTANCE FROM THE
GLOBAL BUREAU.

THE MISSION WILL PROCEED WITH IMPLEMENTING THE STRATEGY,
PER GUIDANCE IN THIS CABLE, AND WILL MANAGE FOR AND REPORT
ON RESULTS. UNTIL FORMAL DELEGATION OF AUTHORITIES TO
IMPLEMENT THE STRATEGY UNDER A RE-ENGINEERED AGENCY
SYSTEM, THE MISSION MUST CONTINUE TO REQUEST AD HOC
DELEGATION OF AUTHORITY WHEN REQUIRED. WHEN RE-ENGINEERED
SYSTEMS ARE IN PLACE, ANE WILL WORK WITH THE MISSION TO
MOVE FROM THE CURRENT STRATEGY AGREEMENT TO A FORMAL RE-
ENGINEERED MANAGEMENT CONTRACT, AS NECESSARY. END
SUMMARY.

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II. GENERAL AGREEMENTS

THE FUNDAMENTAL ISSUE DISCUSSED AT THE REVIEW WAS WHETHER
THE EXPECTED IMPACT OF THE USAID PROGRAM IN YEMEN ON
HEALTH AND NUTRITION IS SUFFICIENT TO JUSTIFY A USAID
PRESENCE. THE AGENCY DOES NOT YET HAVE STANDARDS OF
COMPARISON TO ANSWER SUCH QUESTIONS. HENCE, PPC/CDIE,
PPC/PC, G/PHN AND ANE/SEA WILL WORK TOGETHER TO PROPOSE AN
AGENCY STANDARD AND REVISIT THIS ISSUE.

THE BASIC RATIONALE FOR CONTINUING OUR VERY MODEST PROGRAM
IN MCH/FP IS THAT IT LEVERAGES OTHER DONOR AND GOVERNMENT
OF YEMEN (GOY) RESOURCES. RESULTS IN THIS EFFORT
THEREFORE ARE KEY INDICATORS OF SUCCESS IN THE S.O.
FRAMEWORK DEFINED UNDER PARAGRAPH III BELOW. THUS, IN NEXT
YEAR'S ACTION PLAN, THE MISSION MUST REPORT ON HOW OUR

INTEGRATED MCH/FP APPROACH AND RELATED ACTIVITIES ARE BEING REPLICATED AND SPREAD THROUGHOUT YEMEN BY OTHER DONORS AND THE GOY.

A. DECISIONS: THE CPS FRAMEWORK

1. POPULATION/HEALTH: THE STRATEGIC OBJECTIVE WAS FOUND TO BE TOO BROAD GIVEN THE LIMITED BUDGET AND STAFFING LEVELS PLANNED FOR YEMEN IN FY'S 1995 AND 1996. THEREFORE, THE STRATEGIC OBJECTIVE IS REVISED FROM "INCREASED PARTICIPATION BY YEMENI WOMEN AND THEIR FAMILIES IN EXPANDED HEALTH, EDUCATIONAL AND ECONOMIC SERVICES IN PROJECT AREAS" TO TENTATIVELY "IMPROVED MATERNAL AND CHILD HEALTH STATUS AND INCREASED CONTRACEPTIVE PREVALENCE." NEW PROGRAM OUTCOMES AND

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INDICATORS HAVE BEEN SUGGESTED, AS SPECIFIED IN SECTION III. THE SUGGESTED S.O., OUTCOMES, AND INDICATORS WILL BE REFINED AND FINALIZED WHEN G/HPN STAFF VISIT YEMEN LATER THIS SPRING.

2. WID: IT WAS AGREED THAT WID ACTIVITIES WILL FOCUS ON STRENGTHENING WOMEN'S ORGANIZATIONS. THIS IS PARTICULARLY IMPORTANT FOR YEMEN SINCE THERE IS A DEARTH OF INTERMEDIARY ORGANIZATIONS WITH WHICH TO WORK. STRENGTHENED WOMEN'S ORGANIZATIONS WILL ALSO CONTRIBUTE TO THE DEVELOPMENT OF CIVIL SOCIETY. THE MISSION'S PLAN TO EXPAND ITS MODEST INCOME-GENERATING ACTIVITIES WITH WOMEN'S UNION BRANCHES INTO A LARGER MICROENTERPRISE PROGRAM WAS NOT APPROVED. ECONOMIC GROWTH FUNDS FOR THIS PURPOSE WILL NOT BE AVAILABLE IN FY 1995 AND PROSPECTS FOR FY 1996 ARE GRIM. THE MISSION WILL BE DOING A WID ASSESSMENT, WITH THE HELP OF USAID/W, IN 1995 TO CLARIFY THE MISSION'S FUTURE WID ACTIVITIES. THE MISSION SHOULD KEEP USAID/W AWARE OF POTENTIAL WID OPPORTUNITIES, PARTICULARLY AS THEY RELATE TO DG.

3. DEMOCRACY/GOVERNANCE: THE DECISION ON WHETHER THE DG PROGRAM SHOULD BE AN S.O. OR A T.O. WAS POSTPONED PENDING THE OUTCOME OF AN ASSESSMENT CURRENTLY BEING FINALIZED. THE DG PROGRAM, WHETHER PROPOSED AT A T.O. OR S.O. LEVEL, MUST FOCUS ON ATTAINABLE RESULTS. GLOBAL BUREAU/DG STATED THAT 300-400,000 U.S.DOLLARS FROM THE DIS PROJECT AND FY 1995 FUNDING IS AVAILABLE FOR YEMEN, CONTINGENT ON THE CONCLUSIONS OF THE ASSESSMENT AND A COMMITMENT BY THE MISSION TO DEVOTE MISSION TRAINING FUNDS TO COMPLEMENT G/DG RESOURCES.

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4. TRAINING PROGRAM: IT WAS AGREED THAT THE DEVELOPMENT TRAINING PROGRAM WILL BE FOCUSED ON MCH/FP AND DG, THEREBY REENFORCING THE PROGRAM OBJECTIVES. ANY TRAINING FALLING

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OUTSIDE THESE AREAS WILL NEED TO BE CAREFULLY REVIEWED BY THE MISSION.

B. DECISIONS: THE ACTION PLAN

1. MATERNAL CHILD HEALTH CARE (MCH) NAD. IT WAS AGREED THAT THE MISSION WOULD NOT GO FORWARD WITH THE MCH NAD. INSTEAD, THE MISSION WILL INCORPORATE RELEVANT ELEMENTS OF THE NAD INTO THE EXISTING OPTIONS FOR FAMILY CARE PROJECT (OFC). WHERE AUTHORIZATION PERMITS, SELECTED ACTIVITIES OF THE REVISED OFC PROJECT WILL BE FUNDED FROM THE POPULATION ACCOUNT.

2. RESOURCE LEVELS.

2.A. STAFFING. NO CHANGES ARE PLANNED AT THIS TIME. THE MISSION WILL NOT GET AN ADDITIONAL USDH FTE. DESPITE THE MISSION'S REQUEST FOR A THIRD FTE, THE MISSION'S CURRENT

STAFFING CEILING AND MIX WERE DETERMINED TO BE ADEQUATE. THE SECOND USDH POSITION WILL REMAIN A PROGRAM OFFICER. THERE WILL BE NO CHANGE IN THE MISSION'S LEVEL OF PERSONAL SERVICE CONTRACTORS (PSC). WHEN AND IF A FEASIBLE AND ACCEPTABLE DG STRATEGY IS DEVELOPED AND IF SUFFICIENT G/DG FUNDS ARE AVAILABLE, THE THIRD PSC POSITION WILL BE FILLED BY A DG SPECIALIST. IF NOT, THE PSC SLOT WILL BE FILLED BY AN HPN PSC TO BE FUNDED BY G/HPN.

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2.B. FINANCIAL. GIVEN THE MORE FOCUSSED S.O. ON FAMILY PLANNING AND MCH, THE MISSION'S PROGRAM APPEARS TO HAVE SUFFICIENT FLEXIBILITY TO ACCOMMODATE REASONABLE VARIATIONS IN FUNDING LEVEL AND STRUCTURE WITHOUT HAVING TO ELIMINATE ANY OF THE PLANNED POS OR SCALE BACK EXPECTED RESULTS. FUNDING FOR FUTURE DG ACTIVITIES, AND ADDITIONAL FUNDING FOR WID ACTIVITIES BEYOND WHAT THE MISSION ALREADY HAS IN ITS PIPELINE, BOTH OF WHICH MUST RELY ON DISCRETIONARY FUNDING IN ECONOMIC GROWTH AND DEMOCRACY, ARE UNCERTAIN; MISSION REQUIREMENTS WILL BE REVIEWED IN THE FY96 ACTION PLAN.

2.C. EXCHANGE RATES. AT THE TIME OF THE YEMEN PROGRAM REVIEW, THE PARALLEL MARKET RATE IN YEMEN WAS 102 RIALS TO ONE U.S. DOLLAR. THE OFFICIAL EXCHANGE RATE IN YEMEN WAS 12 RIALS AND A PREFERENTIAL RATE AVAILABLE TO U.S. GOVERNMENT AGENCIES WAS 25 RIALS. THE MISSION IS ABLE TO TAKE ADVANTAGE OF THE LEGAL PARALLEL RATE BY DOING SOME LOCAL PROCUREMENT AND CONTRACTING FOR SERVICES IN DOLLARS CONVERTED AT THE PARALLEL RATE. FSN SALARIES, HOWEVER, ARE ALMOST EXCLUSIVELY IN RIALS AND CONVERSIONS MUST BE MADE THROUGH THE BANKING SYSTEM AT 25 RIALS TO THE DOLLAR. SINCE FSN SALARIES COMPRISE A LARGE PART OF THE MISSION'S OPERATING BUDGET, THIS CONVERSION PLACES A CONSIDERABLE BURDEN ON THE MISSION'S BUDGET. USAID/YEMEN IS EXPLORING VARIOUS OPTIONS, INCLUDING SETTING UP AN ORGANIZATION THAT WOULD FUND FSNS AS CONTRACTORS, SIMILAR TO THE MODEL USED

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IN EGYPT. ALSO, DONORS AND EMBASSIES IN YEMEN, AS A GROUP, ARE EXPLORING THE POSSIBILITY OF SALARY PAYMENTS IN DOLLARS TO LOCAL STAFF, THUS DECREASING TOTAL OUTLAYS.

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THE MISSION WILL KEEP THE AGENCY INFORMED OF DEVELOPMENTS.

3. USAID/W SUPPORT.

3.A. G/PHN CENTER: THE CENTER WILL SUPPORT THE PLANNED G/PHN ACTIVITIES IN YEMEN, ALL OF WHICH WERE DISCUSSED DURING PROGRAM WEEK. DEPENDING ON THE OUTCOME OF THE PLANNED DG WORK, G/PHN WOULD CONSIDER FUNDING AN EXTRA PSC.

3.B. G/PHN AND ANE STAFF WILL GO ON TDY TO YEMEN IN THE SPRING TO ASSIST THE MISSION IN INCORPORATING ELEMENTS OF THE ABOVE-REFERENCED NAD INTO AN AMENDED OFC PROJECT AND TO FIRM UP INDICATORS AND THE EXPECTED LEVEL OF RESULTS (TARGETS) AND TIMEFRAMES FOR THE REVISED PHN S.O. AND P.O.S. (THE COST OF ANE USDH STAFF WOULD BE SHARED BETWEEN THE MISSION AND ANE.)

3.C. DG SUPPORT: ANE AND G/DG CENTER SUPPORT FOR MISSION'S DEVELOPING DG PROGRAM WILL BE DETAILED IN A SEPTTEL.

III. THE FOLLOWING STRATEGIC OBJECTIVE WAS SUGGESTED: IMPROVED MATERNAL AND CHILD HEALTH STATUS AND INCREASED CONTRACEPTIVE PREVALENCE. INDICATORS TENTATIVELY SUGGESTED FOR THIS S.O. ARE PRESENTED BELOW. THE S.O., INDICATORS, TIMEFRAMES AND MAGNITUDE OF RESULTS WILL BE FINALIZED DURING THE GLOBAL BUREAU TDY.

A. -- INDICATORS

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A.1. INCREASE CONTRACEPTIVE PREVALENCE BY 10 PERCENT

A.2. DECREASE INFANT MORTALITY AND MATERNAL MORTALITY (MCH) BY 10 PERCENT

A.3. P.O.1 INCREASED USE OF INTEGRATED FAMILY PLANNING AND MCH SERVICES

B. -- INDICATORS

B.1. NUMBER OF NEW FAMILY PLANNING USERS INCREASED BY 20 PERCENT

B.2. AWARENESS OF FAMILY PLANNING AND MCH SERVICES AMONG YEMENI WOMEN AND MEN INCREASED BY 50 PERCENT

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B.3. PERCENTAGE OF CHILDREN FULLY IMMUNIZED INCREASED BY 40 PERCENT

B.4. PERCENTAGE OF WOMEN ATTENDED AT DELIVERY BY AN EXPERIENCED PRACTITIONER INCREASED BY 50 PERCENT

B.5. P.O. 1 INCREASED CAPACITY OF CENTRAL GOVERNMENT TO PLAN, FINANCE AND EVALUATE INTEGRATED MCH/FP PROGRAMS

C. -- INDICATORS

C.1. ALLOCATION OF CENTRAL GOVERNMENT RESOURCES TO INTEGRATED MCH/FP INCREASED BY 10 PERCENT

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C.2. POLICY TO ENCOURAGE PRIVATE SECTOR PARTICIPATION IN MCH/FP DEVELOPED AND IMPLEMENTED

C.3. NUMBER OF CENTRAL LEVEL TECHNICAL STAFF TRAINED AND WORKING IN HEALTH ECONOMICS, HEALTH POLICY, EPIDEMIOLOGY AND HEALTH ADMINISTRATION INCREASED FROM X TO Y

C.4. CULTURALLY APPROPRIATE/CUSTOMER-FOCUSED MODELS OF INTEGRATED MCH/FP DEVELOPED, TESTED AND REPLICATED

C.5. P.O.3 INCREASED AND CONTINUED OTHER DONOR PROMOTION AND IMPLEMENTATION OF U.S. INTEGRATED APPROACH TO MCH/FP, PARTICULARLY IN THE SOUTH

D. -- INDICATORS

D.1. DONOR RESOURCES (FINANCIAL AND/OR COMMODITIES) COMMITTED TO INTEGRATED MCH/FP SERVICE DELIVERY APPROACH INCREASED BY X PERCENT

D.2. NUMBERS OF INTEGRATED MCH/FP SERVICE DELIVERY CENTERS FUNDED BY OTHER DONORS ESTABLISHED AND IN USE INCREASED FROM X TO Y MISSION MANAGE FOR AND REPORT ON RESULTS.

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