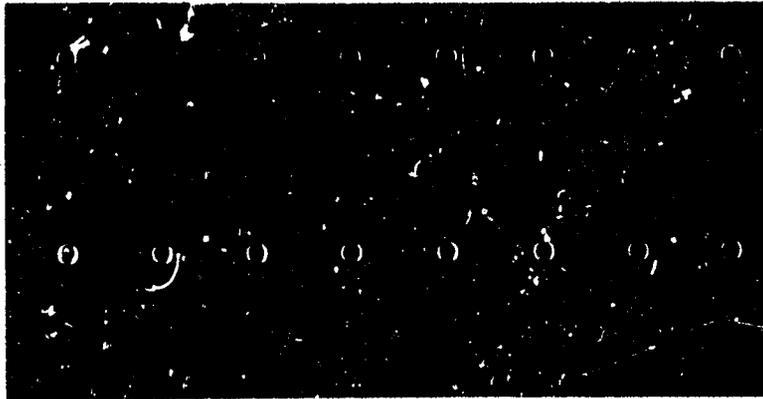


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**DEVELOPMENT OF A NATIONAL PLAN
FOR TRAINING IN FAMILY PLANNING
(YEMEN ARAB REPUBLIC)**

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During our visit we discussed family planning with many people, one of whom was Mohamet. The conversation with Mohamet is perhaps the one we will remember the longest. Mohamet was born in the Hogeriah (near Taiz) where he still owns a small farm. Now Mohamet lives and works 300 miles away in Sana'a where he earns a small salary as a junior employee of a multinational company. Mohamet has four children aged 9, 7, 4, and 2. He married his wife, Fatima, 11 years ago when she was 15 years old and he was 20. Now Fatima lives with the children at the family farm. In the last year Mohamet has seen his wife and children on only two occasions. Mohamet is not happy living alone in Sana'a and he dearly misses his wife and children. He would like to ask his wife to come to live with him in Sana'a but he is frightened to do so because that could mean they would soon have another child. Mohamet would like to give his children the best possible start in life. He feels that, on his small salary, he cannot afford to support another child. Mohamet can think of no other way of preventing another pregnancy than to live apart from his wife and he does not know where to turn for advice. It is to help people with problems like Mohamet and Fatima that family planning services are being established in Yemen Arab Republic.

While we were in Yemen there was an earthquake in Dhamar Governorate; over 2,000 lives were lost. We share the sorrow of the people of Yemen at this tragic event.

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EXECUTIVE SUMMARY

Provided that family planning services in Yemen Arab Republic are integrated with primary health care and are provided as a component of maternal and child health services, there is a new readiness among officials in various key institutions in Yemen Arab Republic to participate in the development of family planning in that country. Despite the continued lack of any official government policy statement in favor of family planning, great interest was shown in the consultants' efforts to assist in the development of a coherent strategy for training in family planning.

During this assignment a two-stage training plan was developed and agreed upon by all the main parties concerned. During the first phase (1983-84), workshops on (1) family planning program planning, (2) curriculum development, and (3) training of trainers will be held. The draft curricula for these training activities were developed. Recommendations were also made for third country training and technical assistance to be provided during this first phase.

The categories of staff to be trained during the second phase (1984-87) and the probable topic areas were defined. However, the detailed needs assessment and planning for the second phase should not take place until after the workshop on program planning and the workshop on curriculum development have been held.

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LIST OF ABBREVIATIONS

AID	Agency for International Development
CPO	Central Planning Office
CYDA	Confederation of Yemeni Development Associations
FH	Family Health
FP	Family Planning
HMI	Health Manpower Institute
IEC	Information, Education and Communication
INTRAH	International Program for Training in Health
IPPF	International Planned Parenthood Federation
LBA	Local Birth Attendant
LDA	Local Development Association
MLSA	Ministry of Labor and Social Affairs
MOH	Ministry of Health
MWCBA	Married Women of Child-Bearing Age
MCH	Maternal and Child Health
MPH	Master of Public Health
PHC	Primary Health Care
PHCW	Primary Health Care Worker
PIU	Project Implementation Unit
RAPID	Resources for the Awareness of Population Impact on Development
SFYDP	Second Five Year Development Plan
UNFPA	United Nations Fund for Population Activities
UNDP	United Nations Development Project
USAID	U.S. Agency for International Development
WHO	World Health Organization
YAR	Yemen Arab Republic
YARG	Government of Yemen Arab Republic
YFPA	Yemen Family Planning Association

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INTRODUCTION AND BACKGROUND

Objective and Scope of Work

The original objective of this assignment was to develop a draft training curriculum in maternal and child health and family planning (MCH/FP), with emphasis on information, education, and communication (IEC) for Yemen health care providers. However, during the briefing by Howard Keller, Health and Population Development Officer at the AID Mission it was agreed that the original objective was not feasible at this time. The revised objective was: to develop a coherent family health/family planning training plan for personnel with a role in family planning programs in the Yemen Arab Republic (YAR).

The discussions which led to this decision centered on the rationale that there are certain essential prerequisites for the development of training curricula. These are as follows:

1. An overall plan of action for family planning in the country.
2. A coherent overall training strategy based on this plan of action.
3. An analysis of specific family planning training needs of different groups of personnel likely to be involved in family planning programs.

The AID health and population officer requested that any training plan developed by the consultants should, as a prime objective, assist the Yemen Family Planning Association (YFPA) in fulfilling these three prerequisites. Additionally, it was requested that the means for implementing the original assignment to develop training curricula in family planning should be incorporated into any plans that were developed by the consultants.

In the light of the revised objective, the scope of work for this consultation was extended to include discussions with officials from all agencies and organizations likely to play a key role in future family planning programs in YAR.

Country Background

General Background

The background of YAR has been well documented (2,13,16)*. Several features of this background have implications for the development of family planning training strategies in YAR; these are as follows:

The geographical and sociocultural differences between the four natural regions of YAR must be taken into account in family planning programming. The four natural regions are:

1. The coastal lowlands (the Tihama), a slightly undulating plain dissected by wide, shallow wadis.

*Figures in parentheses refer to the Bibliography, page 23.

2. The foothills, a rugged area cut by deep wadis.
3. The central highlands, an upland area with rugged landscapes to the west and gentler tablelands in the East.
4. The eastern semidesert plateau, a flatter area which gently slopes towards the eastern desert (the empty quarter).

While immediate training in family planning should be aimed at strengthening the central capability to effectively deliver family planning services; over the longer term, family planning training activities in YAR must be decentralized. The map of YAR on the following page shows the main towns in YAR.

Western styles of administration, which are most in evidence at the governorate and central levels, have been superimposed on the traditional style of administration, which is most in evidence at the level of local government. In Arabic, the levels of governorate are:

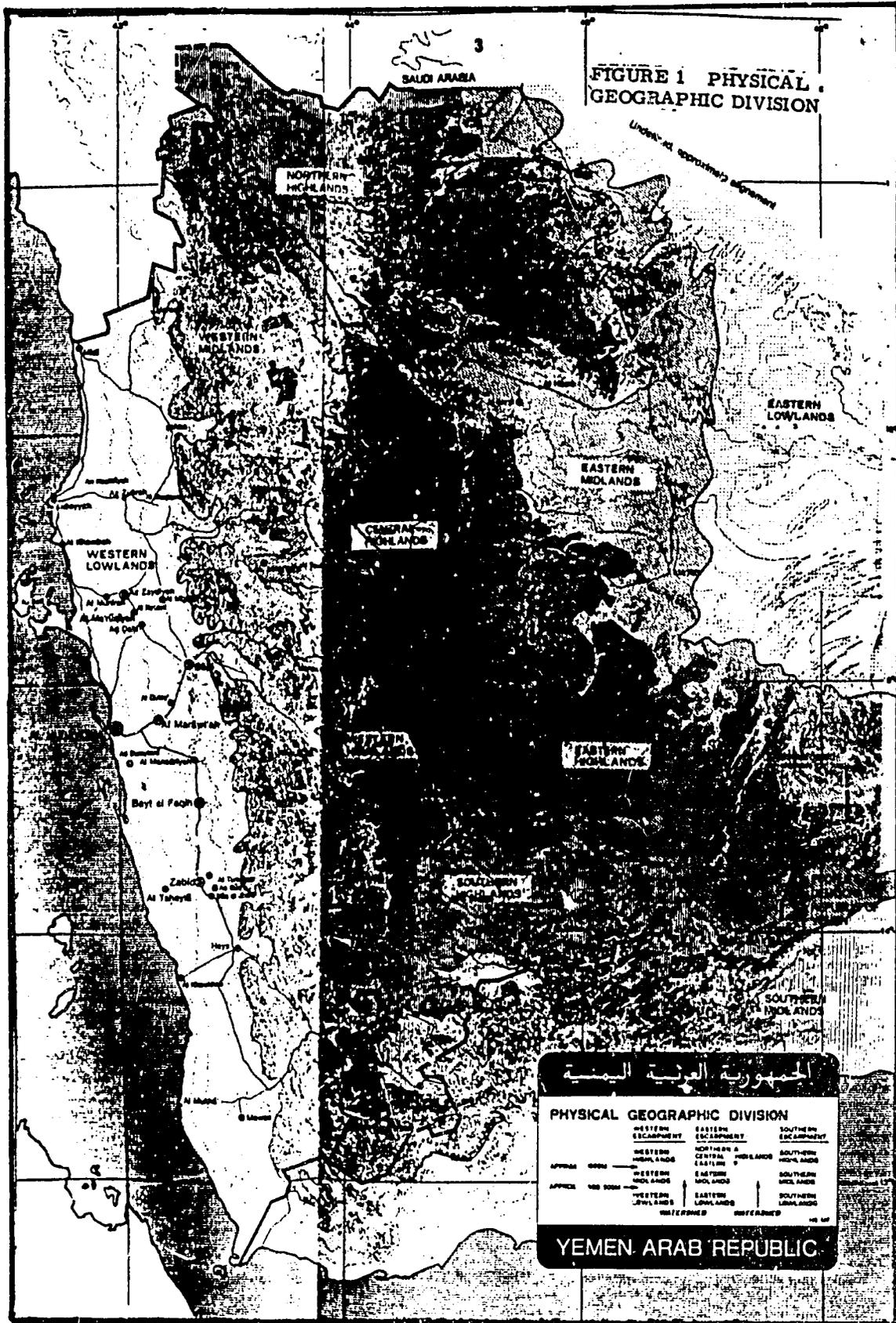
Mouhafaza (governorate) - 11 in YAR
 Quada'a (subgovernorates) - 40 in YAR
 Nahiyahs (districts) - 168 in YAR

The consultants witnessed both styles of administration and discussed with several officials the difficulties involved in transferring from one style to another, depending on the circumstance. Any training workshop on family planning management skills or in community development and family planning will have to take into account the fact that these two patterns of administration coexist in YAR.

There are serious constraints upon the overall socioeconomic development of YAR. In the Second Five-Year Development Plan of the Yemeni Government, these are listed as follows (4):

- o A crucial scarcity of trained and untrained manpower.*
- o Low productivity, particularly in the agricultural sector.
- o A weak administrative, organizational and institutional structure.*
- o A weak infrastructure.*
- o An underutilization of natural resources.
- o A lack of sufficient domestic financial resources.*
- o A dependence on external inflows of funds;*
- o A large importation of consumer goods resulting in balance-of-payments deficits.
- o An inequitable distribution of resources/benefits due to dispersed populations and the topography of the country.*

These constraints marked with an asterisk (*) have implications for the planning of family planning training, which remain to be investigated in detail.



The prevalent habit of chewing qat (the mainstay of the rural economy of YAR) surprisingly has implications for the planning of training in family planning education and motivation. Customarily qat-chewing sessions take place in the house of a well respected local leader; the possibility of involving such leaders in family planning education should be investigated.

The strategic geopolitical location of YAR (see inset map) has led to the interest and involvement of many countries and international agencies in the development of YAR (4). The temptation to invest scarce family planning training funds in developing the role of these agencies is strong. However, the consultants feel that, over the long term, it will prove to be more worthwhile to concentrate on the provision of family planning training for personnel from Yemeni agencies and institutions.

Demographic Background and Population Policies

The first census in YAR was conducted in 1975. A second census was conducted by the Confederation of Yemeni Development Associations (CYDA) in 1981, and the results of this census are just becoming available⁽¹⁰⁾. Some of the key demographic features of YAR are:

- The resident population in 1981 was estimated to be 6.4 million⁽⁸⁾.
- There are approximately 740,000 short-term emigrants working outside YAR; these emigrants usually send back remittances to YAR.
- Forty-eight percent of the total population is under the age of 15⁽⁸⁾.
- There are approximately 111 dependent children for every 100 resident adults of working age. In typical industrialized countries there are usually 200-300 working age adults for every 100 dependent children⁽⁸⁾.
- The fertility rate (average number of births per woman) is 7.0 to 7.9⁽⁸⁾.
- Life expectancy is about 44 years⁽⁸⁾.
- The annual rate of population growth is 2.5 - 3.1 percent. A doubling of the population is therefore likely to occur in less than 25 years.
- The child mortality rate is high (approximately 41 per 1,000) even for a developing country⁽⁸⁾.

The implications of the above figures in reference to the development goals of different sectors of government have been described by the Futures Group⁽⁸⁾. Decline in fertility rates would have major benefits in every sector.

To date there is no comprehensive population policy for YAR⁽⁶⁾. However, the formation of a demographic unit in the central planning office does indicate a commitment on behalf of YARG to seriously study the impact of population growth. This should lead to the eventual development of a comprehensive population policy.

Health and Family Planning

The trip report of Dunston and Thomas⁽¹³⁾ provided the consultants with a comprehensive insight into health and family planning needs in YAR. Recent developments and information that came to light during this assignment are described below.

Methodology and Itinerary

To achieve the objective of developing a coherent FP/FH training plan, the following steps were followed:

1. Revision and clarification of objectives of assignment and scope of work.
2. Identification of all agencies and organizations with a potential role in family planning programs in YAR.
3. Discussions with each agency/organization to:
 - o Assess the current level of awareness of family planning.
 - o Determine the current position of each agency/organization with regard to their future involvement in family planning programs.
4. Development of consensus among key agencies/organizations with regard to family planning training activities to be undertaken during next 4 years (including detailed proposals for training activities to be implemented during year one).

Throughout this assignment and in the training plans that have been developed, emphasis has been placed on two principles:

1. Undertaking activities that will enhance the roles in family planning of relevant Yemeni institutions. In this regard there seems to be little point in developing plans in which international institutions would play a key role unless a prime goal of such plans is to effectively develop the capabilities of the various Yemeni institutions to provide family planning services.
- (2) Providing opportunities for people who will be involved in future family planning programs in YAR to come together to discuss different aspects of family planning. The training activities that have been designed (see Appendix 4) have two functions: (1) to provide participants with the various skills necessary for the implementation of family planning programs; and (2) to provide a forum at which representatives of the various agencies involved can discuss the roles of their different institutions. As a result of the discussions at the training workshops, it is anticipated that effective mechanisms for future coordination and cooperation will be

developed. Thus, the basis for future coordination of family planning activities was laid during this assignment.

The dates during which the two consultants were in YAR were as follows:

Tom Milroy - Monday, November 29 to Wednesday, December 15,
1982.

Abderrazak Thraya - Saturday, December 4 to Wednesday, December 15,
1982.

At the request of the AID mission the time spent in-country by consultant Milroy was extended by APHA 5 days longer than originally planned (see Appendix 6).

In addition to the days spent in YAR, the two consultants spent 2 days in London working on the preliminary draft of this trip report.

A 6-day working week is followed by YARG and, at the suggestion of the AID Mission, the consultants worked a 6-day week while in YAR. No debriefing at the AID Mission was possible due to the earthquake and subsequent declaration of a state of emergency.

SUMMARY OF FINDINGS

The findings outlined below are based on:

- o Discussions with officials from organizations/agencies with potential key roles in future family planning programs in YAR (see Appendix 1 - List of Contacts).
- o Perusal of documents presented to the consultants as background reading prior to the assignment (see Bibliography).
- o Perusal of documents made available to the consultants during their stay in YAR (see Bibliography).
- o Visits to sites where family planning services are provided.
- o Informal discussions with a wide variety of people throughout the course of the assignment.

The findings of this trip are presented as (1) a series of general statements regarding the current status of family planning in Yemen Arab Republic; and (2) specific findings based on discussions with various individuals in different agencies and organizations in YAR.

General Findings

Despite the lack of an official policy on family planning in YAR, there is a readiness on the part of YARG officials (particularly in the Ministry of Health) to consider the issue of family planning and to focus at least some attention on the future development of adequate family planning services in YAR. Unfortunately the recently published Five Year Plan of the MOH pays scant attention to the issue of family planning, and it receives only a single mention in the section on maternal and child health services.

There is no long-term plan of action for the development of family planning in YAR. This provides a singular opportunity to develop a plan that has the general support of all agencies and institutions that could be involved in family planning programs. Such support can best be generated by involving these key agencies and institutions in the development of a program plan for family planning in YAR.

The staffing of the Yemen Family Planning Association (YFPA) has undergone many changes in recent months. Of these, perhaps the most critical was the recent departure of the program officer (Ms. Negwa Ksaifi), who was in the process of establishing coordination and linkage between the YFPA and the MOH.

The various agencies and institutions with whom discussions were held have only a very limited understanding of their role in family planning programs. Without exception, they are looking to the YFPA to provide leadership and coordination of family planning activities.

Thus, in general it is apparent that family planning in YAR is still in its earliest stages of development. Any training plan that to be developed must take account of this context.

Specific Findings

Specific Findings arising from discussion with each agency/institution that should be involved in family planning in Yemen are as follows:

Yemen Family Planning Association

Daily discussions were held with the executive director and staff of the YFPA (for names and titles, see Appendix 1 - List of Contacts). Specific conclusions drawn from these discussions are as follows:

There is at present no overall, long-term plan for the development of family planning services. In this regard the YFPA stands in contrast with YARG, which has recently published its second Five-Year Development Plan for the period 1983-87. The executive director of YFPA proposed that a plan for the YFPA to cover the same period as the government plan should be developed during a program planning workshop to be held as early as possible during 1983.

No attempt has apparently been made to bring together those organizations in YAR that can play a key role in the future provision of family planning services. During the consultants' visit, these key organizations were identified (see Appendix 1) and approaches were made to them with a view to assessing their interest in family planning and, in particular, to finding out if they would participate in any training activities that may be organized by the YFPA during 1983.

The present efforts of the YFPA are directed in three main directions:

(1) Toward the provision of contraceptive supplies to a small number of MOH hospitals and clinics and to some health-care facilities run by overseas missions. (2) Toward the acquisition of new premises for the YFPA. The present plans for these premises involve the establishment of a model family planning clinic. In discussion it was suggested that these plans might be modified so that the space that would be available in the new premises could also be used for a family planning training center. Selected MOH clinics could be used as model sites to demonstrate the efficient and effective provision of family planning services. This arrangement would have the advantage of demonstrating that the YFPA could help the MOH to provide better family planning services. (3) Toward the recruitment of more staff for the YFPA.

Ministry of Health Directorate of Basic Health Services

The Ministry of Health has recently signed an agreement with the World Bank. Under the terms of this agreement, the MOH has been restructured along the lines shown on the organigram in Appendix 2. This reorganization has put both the Project Implementation Unit of the World Bank project and the Planning and Follow-up Unit in key positions in the Ministry of Health. It

remains to be seen whether this reorganization will enhance the capabilities of Yemen MOH personnel to plan and organize health services or whether it will lead to a feeling that the policies and procedures of the MOH are being dictated by an external funding agency.

The provision of basic health services throughout YAR is the cornerstone of MOH policy. The MOH and the World Health Organization (WHO) recently entered the second phase of the national primary health care (PHC) program, which aims at making basic health services available to the entire population of YAR by the year 2000. The PHC project has the usual components of primary health care and makes use of village-level health workers and local birth attendants: (see table 1).

The implications of the above development for the future provision of family planning services are enormous and have yet to be fully explored by the YFPA and the MOH. The proposed workshop on program planning will provide an opportunity to start the planning, which should eventually lead to the effective integration of family planning into basic health services. In this regard, the clearly expressed point of view of the MOH is that family planning services must be fully integrated into the PHC program and that there is little point in the YFPA setting up an alternative system for the provision of services.

The numbers and distribution of health manpower in YAR is an important issue that must be taken into account when family planning services are being planned. The Annual Statistical Report by the MOH for 1981 summarizes the available information regarding health manpower. The tables in Appendix 5 are extracted from this report. The key features of the pattern of distribution of health manpower follow:

Continuing reliance on expatriate staff, particularly in the medical area. The planned opening of the Faculty of Medicine in the University of Sana'a during 1984 will, of course, eventually lead to the availability of more Yemeni physicians but not before the end of the decade.

The inequitable geographical distribution of health manpower is always a problem in developing countries. Given the geography of Yemen and the fact that there were no health services in the country until recently, it is surprising that these inequities are not worse. This is probably due to the Government's policy of encouraging foreign missions to work in remote areas. Some of the most successful of YAR's experiments in primary health care are being implemented in these remote areas.

The dropout of Yemeni trainees and newly qualified staff from the health sector to work in the private sector is distressing. In discussion, an estimate was given that 50 percent of recruits to the Health Manpower Institute (HMI) will not be working for the MOH within a year of completing their training.

The above issues have important implications for family planning service delivery and, in particular, for the planning of training in family planning. These can be explored during the first workshop in program planning.

On several occasions during discussions with maternal and child health personnel in the MOH, mention was made of a project proposal which has been forwarded to the United Nations Fund for Population Activities (UNFPA). This proposal evidently is for the integration of aspects of family planning into in-service curricula of Yemen health-care providers. Unfortunately, this proposal could not be seen by the consultants.

Table 1. Health Manpower Institute Graduates by Field of Study, Yemen, 1981

Graduates	Governorates			Total	Percentage of Total
	Sana'a	Taiz	Hodeidah		
Three-years' study:					
Qualified nurses*	21	7	19	47	53
Sanitarian*	14	-	-	14	16
Lab. technician	8	-	-	8	9
Medical asst	10	-	-	10	12
Pharmacist tech	9	-	-	9	10
Total	62	7	19	88	100
One year study					
Asst. nurses*	-	23	-	23	33
Lab aide	2	12	-	14	20
X-ray aide	15	17	-	32	47
Total	17	552	-	69	100
Grand Total	79	59	19	157	100

Source: Ministry of Health - YARG, Annual Statistical Report for 1981.

*Categories of staff that could have a role in the delivery of family planning services.

The Ministry of Health: Health Manpower Institute

The present training activities falling under the auspices of the HMI are as follows:

The number enrolled for the year 1982-83 shows a large increase over previous years.

In addition to the staff listed on the chart, the HMI is also responsible for training the supervisors of primary health care workers (PHCWs) and local birth attendants (LBAs). The LBAs and the PHCWs are the two categories of workers who will be the cornerstone of basic health services in YAR. The PHCW is a local community member who has received health training and conducts diagnosis, treatment, prevention, and referral of diseases in his community. He gives initial (primary) care to members of his community, working from the PHC unit or health subcenter. The LBA is a community woman who has received training in basic midwifery and provides prenatal, delivery, and postnatal care and referral in the community. She works from the PHC unit or health subcenter. The PHCW is supervised by a medical assistant and the LBA is supervised by an assistant midwife or community nurse. These supervisors are trained at the HMI. One of the main responsibilities of the supervisors is to organize the short training courses at which the PHCW's and the LBA's are trained.

There is a very short section on family planning in the English version of the training manual for PHCWs and LBAs (but not in the Arabic version). Unlike other sections in the manual, the section on family planning contains no learning objectives. Also some of the statements on family planning are of dubious veracity, e.g., "The contraceptive injection given every third month is a very dangerous method. It often causes irregular periods or no periods at all and can sometimes cause sterility." No reference is made to the role of the PHCW and the LBA in promoting positive attitudes to family planning in the community.

Perusal of the other curricula of the HMI, which are said to be under review, indicated that family planning is not presently a component of any of the training courses. However, there are plans for a staff person from the YFPA to contribute a series of lectures for the nursing trainees and for the medical assistants.

In discussion with the MOH and the HMI, it was agreed that a workshop on curriculum development in family planning would be helpful. Such a workshop would be for staff who have responsibility for developing the curricula in the various sections. One of the objectives of a curriculum development workshop would be to contribute to the development of family planning training capability within each of the relevant sections in the institute. In this regard, the role of the expatriate curriculum development advisers who will shortly be joining the HMI as part of the World Bank project may well be important.

Detailed discussions were held with the technical director of the HMI regarding the process to be followed to effectively integrate family planning component into the various curricula. It was agreed that a workshop on curriculum development should be held in 1983 and that, after this Workshop, the HMI representatives who attended it would work on developing the curricula for their various sections.

Ministry of Health: Health Education Unit

There are only three health education officers for the whole of YAR, all based in Sana'a. There is also a WHO health education adviser. To date, the staff of the Health Education Unit have not been involved in family planning education and they did not consider this missing aspect of their work to be of importance.

Ministry of Health: Al Qaa Clinic

The consultants took the opportunity provided by the YFPA to visit an MCH clinic in which family planning services are provided. This particular clinic serves a large part of Sana'a where there are probably 3,000 to 4,000 married women of child-bearing age. In a tortuous Russian/Arabic/English conversation, the staff here expressed enthusiasm about the potential of family planning in helping to improve family health in the community surrounding the clinic. However, at the present time services are provided to only about 100 women. The staff expressed the opinion that the staffing and clinic provision could effectively provide services for at least ten times this number.

The potential of the Al Qaa Clinic and its catchment community as a possible site for a demonstration project in both information, education, and communication and family planning service delivery was discussed with the staff of the YFPA. If such a project were undertaken, the benefits would be reflected in the quality of the practical training in family planning that could be provided by the YFPA.

Ministry of Labor and Social Affairs

The umbrella sponsorship of the YFPA rests with the Ministry of Labor and Social Affairs (MLSA) and not with the MOH, as has been stated in previous trip reports. The MLSA is also responsible for registering several other organizations which could have a key role in any family planning educational programs undertaken by the YFPA. A list in Arabic of all organizations falling under the MLSA was given to the consultants.

In discussion, the director general for national organizations and associations expressed great interest in family planning. He was enthusiastic about representatives from the MLSA participating in the proposed family planning program planning workshop and suggested that the Women's Association would have a key role in future projects.

Central Planning Office

The Central Planning Office (CPO) is central to all development activities that take place in YAR. All project proposals are required to receive approval from that organization before they can be implemented.

As mentioned earlier in this trip report, the CPO has a Demographic Unit which, among other functions, is responsible for the analysis of census data. The information generated by this unit, can be extremely helpful to the YFPA. The undersecretary of the CPO suggested that his staff should have a key role in the proposed program planning workshop, and contact was made with some of the staff that he suggested (see Appendix 1).

International Organizations

Discussions were held with representatives from the following agencies: the World Bank, United Nations Development Programme (UNDP), the Futures Group, and AID: Tihama Primary Health Care Project.

From the UNDP, the consultants obtained a list of all development projects that were undertaken in YAR during 1981. Unfortunately, lack of time prevented the consultants from finding out more about projects that might incorporate training in family planning as a component.

Tom Milroy was fortunate to be able to attend a Resources for the Awareness of Population Impact on Development (RAPID) presentation that was given to senior officials in USAID during the first week of the visit⁽⁸⁾. This presentation provided a valuable insight into how computers can be used to present demographic information in a convincing manner.

Ministry of Education

The Ministry of Education would have a key role in any family life education projects that are mounted by YFPA in the future.

Ministry of Agriculture

In many countries, Ministry of Agriculture staff, particularly agricultural extension officers, have played a major role in IEC activities relating to family planning. The potential for their involvement in family planning programs in YAR was not fully explored during this assignment. However, the Ministry of Agriculture was able to provide the following information concerning numbers of agricultural extension staff in different regions of YAR.

<u>Area</u>	<u>No. of Center</u>	<u>No. of Workers/Center</u>	<u>No. of Workers</u>
South hills project	62	1	62
Zabid Region	10	2 plus 5 others	25
Rema Region	6	2	12
Hodeida	17	1	17
Sadaa	2	10	20
Governorates of Sana'a and Dhamar	3	1	3
		Total	<u>139</u>

The IEC officer of the YFPA investigated the possibility of senior representatives from the Ministry of Agriculture being involved as participants in the proposed family planning program planning and family planning curriculum development workshops.

Confederation of Yemeni Development Association

One of the most interesting organizations in YAR is Confederation of Yemeni Development Association (CYDA). Throughout YAR, there are Local Development Authorities (LDAs), which are composed of local leaders and government representatives. The LDAs have played a crucial role in the development of primary health care services to date. They have also been active in road building, school construction, and several other aspects of development.

The funds for the CYDA are provided by the local communities in the form of zakat (local tax), and matching funds are often made available by government. CYDA and the LDAs constitute a major indigenous force for development in YAR, and their potential role in family planning services should be further investigated.

PROPOSED TRAINING PLAN

PROPOSED TRAINING PLAN

In-Country Training

The consultants' findings indicate an urgent need for training in three main areas: family planning program planning, family planning curriculum development, and development of family planning training capability.

Short workshops in these three topic areas should be held during 1983 (phase one). The outcomes of these workshops will enable a realistic training plan for 1984-87 to be developed (phase two).

The anticipated outcomes of the first series of workshops are:

1. Teams of Yemeni trainers capable of providing training in key family planning topic-areas.
2. Long-term plans for the YFPA, which would have the support of all key implementing agencies in YAR.
3. Capability within the YFPA and other key institutions to effectively implement the plans that are developed.
4. Adequate and appropriate family planning components to be included in relevant basic and in-service training curricula.

A summary chart showing the in-country training activities to be implemented during phase one is shown on the following page.

To reach that these outcomes, each workshop will include an overview covering the bases of population, demography, simple reproductive physiology and contraceptive methods (3). In phase two of the plan, an in-depth study of each of these content areas will be included.

The workshop will be used to strengthen the YFPAs Management capacity by:

1. Developing long-term plans for the YFPA in family planning. (Workshop 1 and 4).
2. Promoting ongoing collaborative activities between the YFPA and other institutions, i.e., MOH, Agriculture, and Social Welfare. (All workshops).
3. Training the new YFPA staff in the area of family planning and family planning program planning. (Workshop 1 and 4).
4. Training people within the existing government structures who can play a key role in a Fertility Planning Program. (Workshop 2 and 3).
5. Increasing the awareness of family planning and in particular, of the YFPA's role in family planning.

Phase Two (Proposed Dates April 1984 to April 1987)

The detailed training plan for phase two will be developed in draft form at workshop 2 and will be further developed during workshop 4. It is likely that the training required during phase 2 will be in some or all of the topic areas listed along the top of the attached matrix (see Appendix 3). This matrix will have been used by the trainers during workshop 2 to assist in the definition of specific training needs in YAR for both basic training courses and in-service training courses. Draft curricula for the first two workshops are included as Appendix 4.

U.S.-Based Training

An overriding objective of any training strategy for family planning must be the development of in-country training capability. Thus, while technical assistance will be necessary for the effective implementation of the first phase, it is proposed that in-country capability be developed and made available for the implementation of the second phase. Capability in training skills can be developed by means of the third workshop, but there are some areas of family planning expertise which will not be available in YAR for the implementation of the second phase unless use is made of third-country training opportunities. Since the YFPA is likely to be the initiator and coordinator of all future family planning activities in YAR, special attention should be given to the training needs of individual YFPA staff. Particular needs exist in the areas of management and administration of family planning programs and in other technical skill areas relevant to the implementation of a national family planning program. The provision of third-country training opportunities is also relevant to key MOH staff, whose role in family planning programs is likely to be substantial.

During the consultants' visit, a cable was received by the AID health and population officer this cable outlining the characteristics of several U.S. training courses that are relevant to YAR needs. However, it is suggested that staff of the YFPA not be sent on U.S.-based training until 1984, by which time they will be, through exposure to the proposed Third-country training, in a better position to take the fullest possible advantage of training in the United States. The priority needs of staff are as follows:

- Executive director - Management of family planning programs
- Supplies officer - Family planning administration
- Program officer - Family planning project development
- IEC officer - Family planning project development.

Since none of the above staff (with the possible exception of the supplies officer) has a lengthy background in family planning, it is recommended that they be sent to courses which have a strong family planning component.

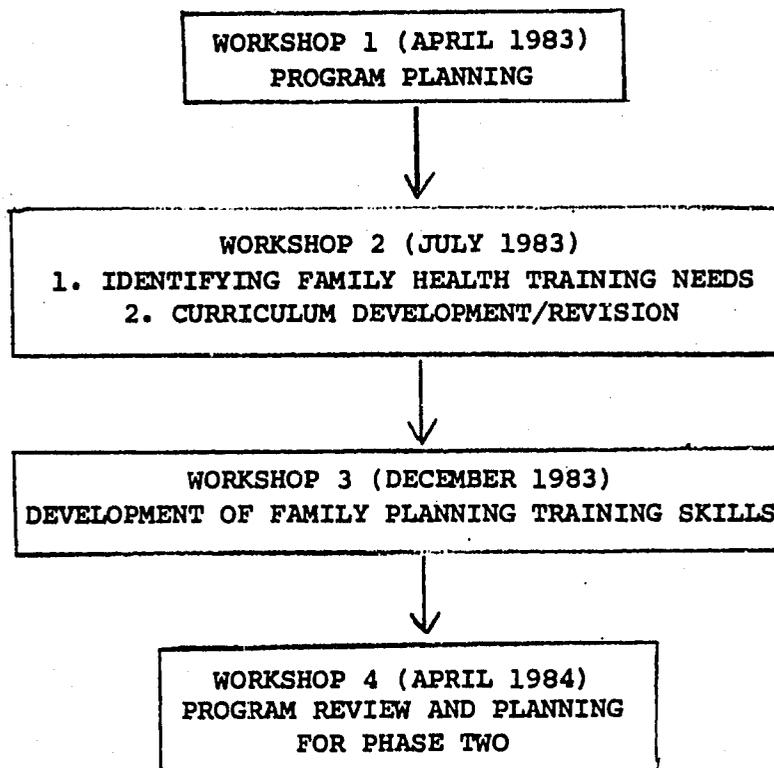
Technical Assistance

Technical assistance will be necessary for each of the four workshops to be held during the first phase of the training plan. There should also be a technical assistance visit prior to the first program planning workshop, to

make necessary arrangements and to collect the information that will be required as a basis for program planning.

For the second phase of the training plan, technical assistance for project review and evaluation will be necessary.

FIGURE 1. Summary of Training Plans: Phase One Proposed Dates : April 1983 - April 1984)



*During the 6-month period between Workshop 2 and 3, it is anticipated that participants would work within their own institutions to revise/develop family planning training curricula.

RECOMMENDATIONS

Bearing in mind the findings of this trip and the proposed training plan for family planning in YAR that has been developed, the following recommendations are made by the team of consultants:

- That the costs of implementing both phases of the in-country training plan should be met by an external funding agency.
- That arrangements should be made for the provision of technical assistance necessary for implementation of both phases of the training plan.
- That the in-country training plan should be implemented as closely as possible according to the proposed schedule, so that the program for the development of family planning in YAR can coincide as closely as possible with the Five-Year Plan of YARG (1983-87).
- That a 2-week project development visit should be undertaken early in 1983. The main objective of this visit would be to make all arrangements necessary for the implementation of the first phase of the training plan.
- That arrangements should be made for YFPA staff to attend relevant U.S.-based family planning training courses during 1984.
- That the planned recruitment of a new program officer for the YFPA take place before the proposed workshop in program planning so that the person appointed is available not only to participate in the training but also to be involved in some of the activities that will result from the workshop.

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BIBLIOGRAPHY

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9. Primary Health Care Manual (for Primary Health Care Workers and Local Birth Attendants). Ministry of Health/Health Manpower Institute (Yemen Arab Republic) October 1981 (under revision). (This is an English version of the Arabic training manual used for training of PHCWs and LBAs - the contents of the two versions are not identical).
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APPENDIX 1

List of Persons Contacted*

USAID

Howard B. Keller	Health and Population Development Officer
Mr. Noel Brown	Interim Administrator: Tihama P.H.C. Project

YEMEN FAMILY PLANNING ASSOCIATION

Mr. Zaine Al Saqaf	President
Dr. Abderrahman Sharai	Secretary-General
Mr. Amin Kassim	Executive Director
Ms. Mehtab A.R. Onar	Assistant Program Officer
Mr. Mohamet Yeslam Salah	I, E, & C Officer
Mr. Kirit Shah	Supplies Officer
Mr. Mohamet Salah	Driver
Mr. Mohsen	Accountant

MINISTRY OF HEALTH-HEADQUARTERS

Dr. Haggar	Director-General of Health & Medical Services
Dr. Abdul Wahab Makki	Director of Primary Health Care
Dr. Mootasem Sabri	Director of MCH Services
Dr. Nagiba Abdulghani	Deputy Director of MCH Services
Mr. Khaled Al Saqaf	International Office
Mr. Rashida Asadi	Health Education Officer
Mr. Al Siwari	Health Education Officer

*Spellings of Arabic names are transliterations and may be spelled differently in other documents.

MINISTRY OF HEALTH - AL Qaa CLINIC

Dr. Salma Salem O. Bahubaish	Ob/Gyn
Dr. Lida Al Ashwal	Ob/Gyn
Ms. Ammad A. Al Mutakawal	Head Nurse
Ms. Khadisa M.A. Haddad	Midwife

MINISTRY OF HEALTH-HEALTH MANPOWER INSTITUTE

Mr. Mahmud A.H. Al Zindani	General Director
Mr. Ahmed Al Kaher	Technical Director
Ms. Zara Nooman	Tutor (Taiz Nurse-Training School)

MINISTRY OF SOCIAL AFFAIRS

Mr. Mohamet Hussein Al Fareh	Director-General for National Organizations and Associations
------------------------------	--

CENTRAL PLANNING OFFICE

Mr. Taher Ali Saif	Under-Secretary
Mr. Yahia Hussein Quezel	Chief of Department of Statistics

WORLD BANK (I.D.A.)

Dr. Abdullah John	Director (MOH Project)
Dr. Harold Gustafson	Project Implementation Unit

WORLD HEALTH ORGANIZATIONS

Dr. Mohamet Aliafi	WHO Program Coordinator
Dr. Ginawi	Primary Health Care Adviser
Dr. Higazi A. Yunes	Health Education Adviser
Dr. Ali Idris	Training Adviser (HMI)

UNITED NATIONS DEVELOPMENT PROJECT

Mr. Mustapha Refai	Project Officer
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FUTURES GROUP (UNIVERSITY OF CONNECTICUT)

Mr. Jonathan Bye	Project Officer
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The following appointments were cancelled due to the earthquake that occurred on 13th December (and subsequent direction of officials to the disaster zone):

USAID

Mr. Charles Ward

Mission Director

MINISTRY OF AGRICULTURE

Mr. Mohamed Al Ariania

Head of Rural Extension Unit

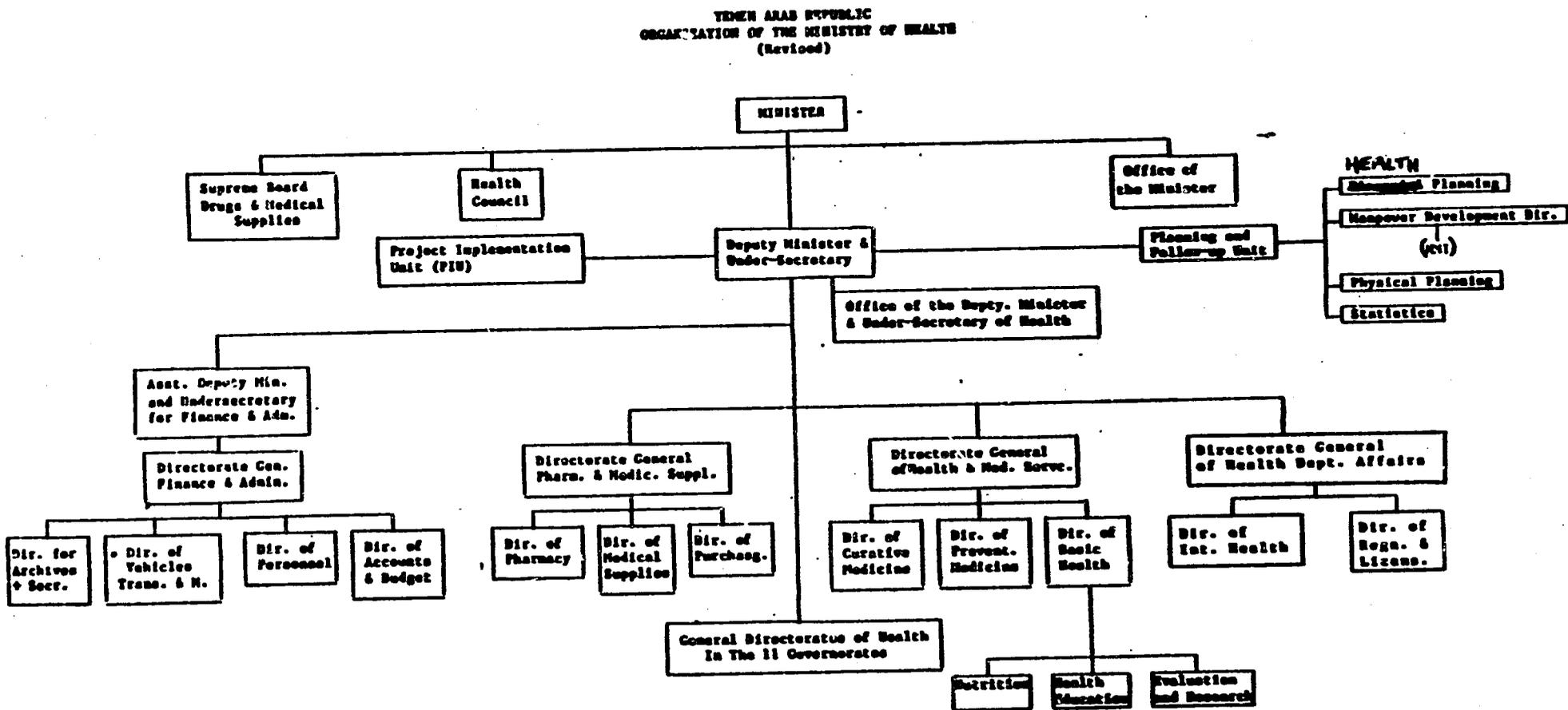
Mr. Lotel Al Ansi

Head of Planning Unit

APPENDIX 2
ORGANIZATIONAL CHARTS OF MINISTRY OF HEALTH
AND
HEALTH MANPOWER INSTITUTE

APPENDIX TWO (a)

Organizational Chart of Ministry of Health (newly revised)



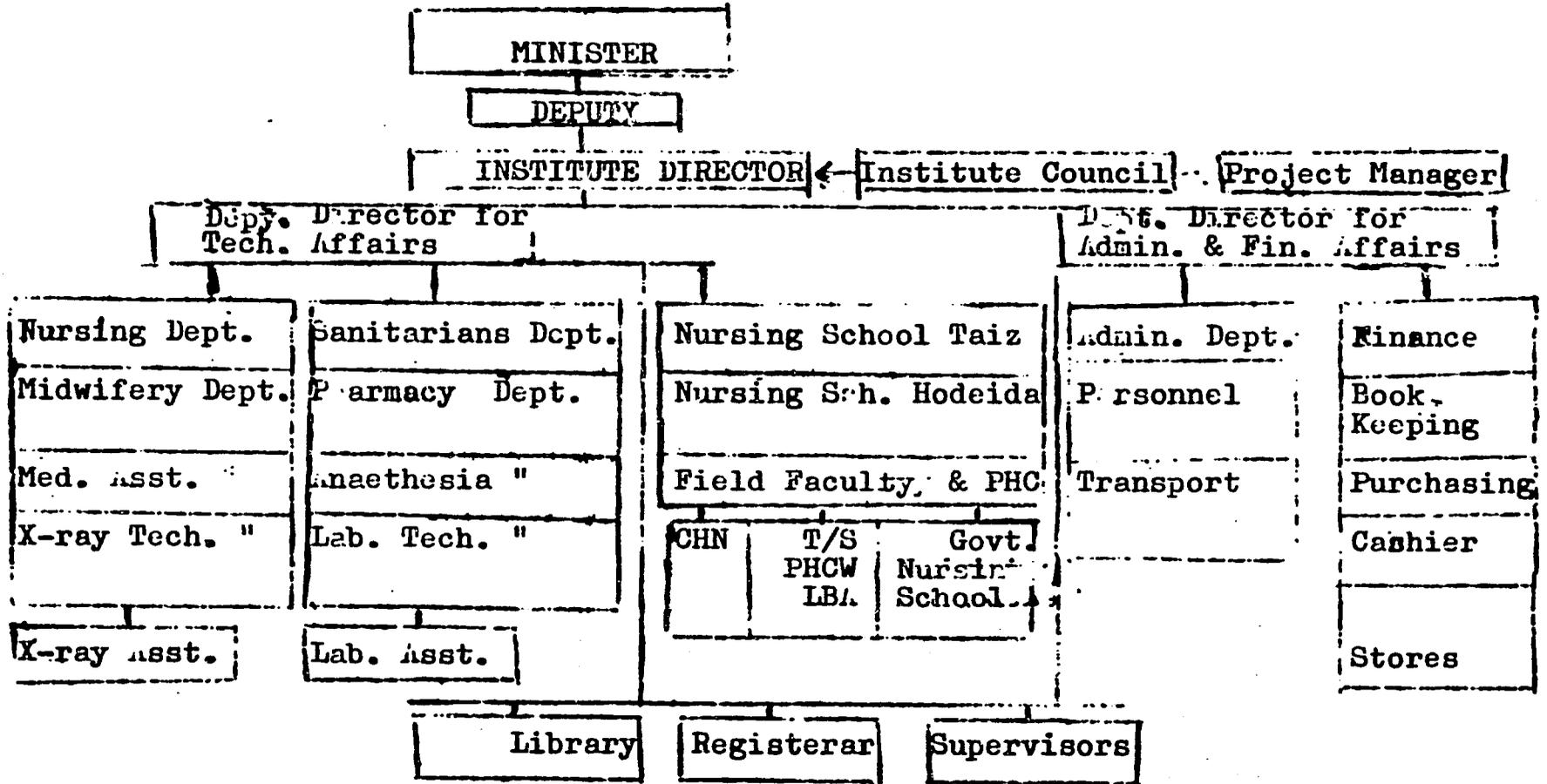
Source: World Bank

Best Available Document

89

ORGANIZATIONAL CHART OF
HEALTH MANPOWER INSTITUTE

(DRAFT)



Source: World Health Organization (Dr. Ali Idris)

APPENDIX 3

FRAMEWORK FOR PLANNING
FAMILY PLANNING TRAINING IN YAR

APPENDIX 3

1. CLINIC-BASED
F.H. STAFF
2. OTHER CLINIC-BASED
WITH ROLE IN F.H.
3. COMMUNITY-BASED
F.H. STAFF
4. OTHER HEALTH STAFF
WITH RULE IN F.H.
5. TRAINER/SUPERVISORS
(CLINICAL)
6. TRAINER/SUPERVISORS
(NON-CLINICAL)
7. PLANNERS/ADMINISTRATORS
(F.H. SERVICES)
8. OTHER PLANNERS &
ADMINISTRATORS
9. NON HEALTH-SERVICE
STAFF WITH ROLE IN F.H.
10. POLITICAL/RELIGIOUS &
COMMUNITY LEADERS

F.P. TRAINING SKILLS	F.P. TECHNICAL SKILLS	F.P. CURRICULUM DEV. & REVISION	COMMUNITY ORGANIZATION FOR F.P. PROGRAMS	ADULT/COMMUNITY ED. IN F.P.	MASS MEDIA FOR F.P.	F.P. COUNSELING SKILLS	FAMILY LIFE EDUCATION (SCHOOLS)	F.P. TRAINING MATERIALS DEVELOPMENT	F.P. PROJECT DEV./F.P. PROGRAMMING SKILLS	F.P. SUPERVISION & MGT. SKILLS	DEMOGRAPHY/ POP. DYNAMICS	EVALUATION OF F.P. PROGRAMS
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A FRAMEWORK FOR PLANNING
F.P. TRAINING IN YAR

(adapted from the Draft Version of the INTRAH F.P. TRAINING MATRIX)

CATEGORIES OF
STAFF INVOLVED
IN F.P. PROGRAMS

APPENDIX 4

DRAFT WORKSHOP CURRICULA

1. Draft Curriculum for Workshop in Program Planning

A. Proposed date of Workshop: April 1983.

B. Objectives:

By the end of this workshop participants should be able to:

- o define the various components of family planning programs
- o define and discuss the advantages and disadvantages of the different approaches to the provision of family planning services
- o plan pilot family planning projects to be implemented at the local, governorate, and national levels
- o coordinate their own activities in the field of family with the efforts of others working in the field.

C. Outcome:

The outcome of this workshop will be a draft plan of action, to be submitted to all departments and agencies with a role in family planning in YAR.

D. Content:

What is family planning?
Components of family planning programs
Role of different organizations in family planning
Planning of pilot projects
Primary health care
Community-based family planning programs
Program development

E. Duration of Workshop:

The workshop will be for 10 days (8:30 a.m. - 1:30 p.m. each day).

F. Proposed Participants:

The final list of 12-15 participants will be drawn up by the Yemen FPA and will include senior officials from the key agencies and institutions identified in the body of this report.

2. Curriculum for Workshop in Curriculum Development and Revision

a. Proposed date of Workshop: July 1983.

b. Objectives:

By the end of this workshop participants should be able to:

- o Define and implement the steps in the process of curriculum development.
- o Define the role of their trainees in the Yemen family planning program.
- o Define and implement strategies for integrating family planning into training curricula.
- o Define the roles of other agencies involved in family planning programs in YAR.
- o Define the specific skills required for the implementation of family planning programs.

c. Outcome:

The outcome of this workshop will be a series of draft family planning training curricula and defined strategies for integrating these curricula into the overall curricula of the various training courses in YAR. Another outcome will be a clear statement of the training needs to be met during a training of trainers workshop to be held in late 1983.

d. Content:

The program plan for the YFPA (1984-87)
Benefits of family planning (health and economic benefits)
Technical aspects of family planning
Definition of roles played by each category of worker in different settings
Defining training needs
The curriculum development process
Strategies for change.

e. Duration of Workshop:

The workshop will be for 6 days (8:30 a.m. - 1:30 p.m. each day)

f. Proposed participants

The final list of participants will be drawn up by the YFPA and will include tutors from the various training schools in YAR where the trainees have a role in family planning programs. It will also include representation from agencies with responsibility for in-service training programs into which aspects of family planning training could be integrated.

APPENDIX 5:

Health Manpower in Yemen Arab Republic

Source: Annual Statistical Report for 1981 (Ministry of Health - Yemen Arab Republic)

5: HEALTH MANPOWER

YEAR 1981

5:a Specialized Manpower

Governorate	Physicians			Dentists			Pharmacists			Nutritionists			Biochemists			Agriculturists		
	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T
Sana's	139	138	277	10	5	15	23	14	37	-	8	8	3	1	4	-	3	3
Taiz	105	50	155	2	1	3	10	4	14	-	1	1	-	-	-	-	-	-
Ibb	14	39	53	1	-	1	3	2	5	-	1	1	-	-	-	-	-	-
Hodeidah	42	50	92	2	2	4	4	-	4	-	2	2	-	-	-	-	-	-
Hajja	4	14	18	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
Dhamar	9	18	27	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Sa'ada	1	21	22	-	1	1	-	1	1	-	1	1	-	-	-	-	-	-
Beida	11	11	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mahweet	3	18	21	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Marib	-	16	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jawf	-	13	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	328	388	716	15	11	26	40	22	62	-	14	14	3	1	4	-	3	3

5:b MEDICAL SPECIALISTS

Specialties	Yem	Exp	T
Paediatrics	17	7	24
Internal Medicine	21	22	43
General Surgery	22	22	44
Plastic Surgery	1	1	2
Chest Diseases	13	6	19
Cardiology	-	2	2
Ophthalmology	9	6	15
E.N.T.	5	5	10
Dermatology	6	3	9
Urology	4	1	5
Gynaecology & Obstetrics	15	10	25
Neurology	8	6	14
Public Health	10	6	16
Anaesthesiology	4	12	16
Radiology	3	12	15
Acupuncture	-	1	1
Orthopaedic Surgeon	15	11	26
Laboratory	5	11	16
Total:	158	144	302

5:c NURSING STAFF

Governorates	<u>Qualified Nurses</u>			<u>Qualified Midwives</u>			<u>Asst. Nurses</u>			<u>Theatre Nurses</u>		
	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T
Sana'a	121	293	414	9	35	44	183	21	204	3	7	10
Taiz	79	30	109	7	2	9	216	1	217	-	1	1
Ibb	17	38	55	-	6	6	70	-	70	-	-	-
Hodeidah	50	39	89	4	5	9	131	11	142	-	-	-
Hajja	2	25	27	-	1	1	41	-	41	-	1	1
Dhamar	11	30	41	-	3	3	44	-	44	-	-	-
Sa'ada	4	63	67	-	7	7	12	-	12	-	1	1
Beida	6	22	28	2	3	5	13	-	13	-	-	-
Mahweet	2	14	16	1	1	2	19	-	19	-	-	-
Ma'arib	3	25	28	-	1	1	7	-	7	-	-	-
Jawf	-	22	22	-	-	-	-	-	-	-	-	-
Total:	295	601	896	23	64	87	736	33	769	3	10	13

5:d Qualified Health Technicians

Tech. Category	Sanitarians			Medical Asst.			X - Ray Technicians			Lab. Technicians		
	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T
Governorates												
Sana'a	44	3	47	9	2	11	8	17	25	36	31	67
Taia	24	-	24	9	1	10	5	4	9	13	5	18
Ibb	10	2	12	5	-	5	2	3	5	2	5	7
Hodeidah	16	-	16	1	-	1	2	2	4	8	3	11
Hajja	4	1	5	1	1	2	-	4	4	-	2	2
Dhamar	8	1	9	3	-	3	-	3	3	-	3	3
Sa'ada	-	1	1	-	1	1	-	3	3	1	6	7
Beida	3	-	3	-	-	-	1	5	6	-	3	3
Mahweet	3	1	4	1	1	2	1	-	1	-	3	3
Ma'arib	-	1	1	-	1	1	-	1	1	-	3	3
Jawf	-	-	-	-	-	-	-	-	-	-	-	-
Total:	112	10	122	29	7	36	19	42	61	60	64	124

5:e QUALIFIED HEALTH TECHNICIANS

Tech Category	Anesthesiology Tech			Medical Equip Tech			Malaria Surveyors			Dental	Pharmacology
	Yem	Exp	T	Yem	Exp	T	Yem	Exp	T	Tech	Tech
Sana'a	3	10	13	-	-	-	-	-	-	17	4
Taiz	3	2	5	-	-	-	-	-	-	12	-
Ibb	1	2	3	-	-	-	-	-	-	3	-
Hodeidah	1	3	4	-	-	-	-	4	4	8	-
Hajja	-	1	1	-	-	-	-	-	-	1	-
Dhamar	1	2	3	-	-	-	-	-	-	2	-
Sa'ada	-	-	-	-	2	2	-	-	-	-	-
Beida	1	-	1	-	-	-	-	-	-	1	-
Mahweet	-	-	-	-	-	-	-	-	-	1	-
Ma'arib	-	-	-	-	-	-	-	-	-	1	-
Jawf	-	-	-	-	-	-	-	-	-	-	-
Total:	10	20	30	-	2	2	-	4	4	46	4

5:f ASSISTANT TECHNICIANS

Category Governorates	Pharmacist Aims	X-Ray Aids	Lab Aids	Vaccina tors	Nutrition- ists Aids
Sana'a	24	5	30	13	3
TAiz	11	4	41	3	-
Ibb	6	3	7	2	-
Hodeidah	4	5	14	8	3
Hajja	2	1	6	1	-
Dhamar	2	-	4	2	-
Sa'ada	2	-	2	1	-
Beida	2	-	3	1	-
Mahweet	1	-	1	2	-
Ma'arib	-	-	1	-	-
Jawf	-	-	-	-	-
Total:	54	18	109	33	6

5:g AVERAGE OF POPULATION NUMBER PER PHYSICIANS

Category	Est. Pop mid year 1981*	Percent	Total	Percent	Average of popula-
Governorates	Population	of	Number of	of Total	tion per physician
	Number	Total	Doctors	Doctors	
Sana'a	1,012,599	17.9	277	38.7	3,656
Taiz	1,115,295	19.6	155	21.6	7,195
Ibb	990,859	17.5	53	7.4	71,695
Hodeidah	835,974	14.7	92	12.9	9,087
Hajja	576,241	10.2	18	2.5	32,013
Dhamar	478,653	8.4	27	3.8	17,728
Sa'ada	191,977	3.4	22	3.1	8,726
Beida	197,182	3.5	22	3.1	8,963
Mahweet	219,294	3.9	21	2.9	10,443
Ma'arib	50,583	0.9	16	2.2	1,744
Jawf		0.9	13	1.8	
Total	5,668,657	100	716	100	7,917

*Computed from year 1975 census with natural increase 3-3.9%

42

5:h AVERAGE PF POPULATION NUMBER PER NURSE

Category Governorates	* Estimated Population mid 1981		Nursing Staff			Percent of total	Average Pop per One Nurse
	Population No.	Percent of Total	Qualified Nurse'	Asst. Nurse	Total		
Sana'a	1,012,599	17.9	468	204	672	38.0	1,507
Taiz	1,115,295	19.6	119	217	336	19.0	3,319
Ibb	990,859	17.5	61	70	131	7.4	7,536
Hodeidah	835,974	14.7	98	142	240	13.6	3,483
Hajja	576,241	10.2	29	41	70	4.0	8,232
Dhamar	478,653	8.4	44	44	88	5.0	5,439
Sa'ada	191,977	3.4	74	12	86	4.9	2,232
Beida	197,182	3.5	34	13	47	2.7	4,195
Mahweet	219,194	3.9	18	19	37	2.1	5,927
Ma'arib	50,583	0.9	29	7	36	2.0	872
Jawf		0.9	22	-	22	1.3	-
Total:	5,668,657	100	996	769	1765	100	3,212

*Computed from year 1975 census with natural increase of 3-3.9%.

APPENDIX 6
DRAFT BUDGETS FOR WORKSHOPS

March 15, 1983 Planning

1st Workshop:

April 23 - May 5 (11 days)

1st day:

Presentations Opening Sessions
Pre-evaluation Co-Trainers
What is Family Planning? (questions groups)

Day 2

MCH - 5 hour resource

Day 3

Reproduction
- 5 hour resource
Contraception

Day 4:

Visits Co-Trainers
Problems Discovered

Day 5:

Framework of plan of action

Day 6:

Study questionnaire (design) - 5 hour resource session

Day 7:

Implementation of study

Day 8:

Analysis of data (El Qua) Resource

Day 9:

Plan of Action (Local, El Qua)

Day 10:

Plan of Action (National)

Day 11:

Post Evaluation
Closing Session

CURRICULUM DEVELOPMENT WORKSHOP

LOCAL COSTS

Honoraria for Lecturers/Resource People

Ob/Gyn @ Yr 300/hr x 5 hours	Yr 1,500
Pediatrician @ Yr 300/hr x 5 hours	Yr 1,500
Sub-Total	Yr <u>3,000</u>

Lunch - Coffee - Tea - Soft Drinks	
15 participants x 6 days x Yr 300 day	Yr 27,000

Transportation/miscellaneous	
15 participants x 6 days x Yr 200/day	Yr 18,000

Facilities and equipment	
6 days x Yr 1,500/day	yr <u>9,000</u>
Sub-Total	Yr <u>54,000</u>

Incidentals @ 20%	Yr <u>11,400</u>
Sub-Total	Yr <u>11,400</u>

TOTAL: Yr 68,400

U.S. COSTS

Co-Trainer:	
Travel	\$ 4,000
Per Diem	\$ 1,000
Fee	\$ <u>1,500</u>
TOTAL	\$ <u>6,500</u>

Budget Summary

Total Local Costs:	Yr 68,400
Current Exchange Rate:	\$1 = Yr 4.5
U.S. Equivalency:	\$ 15,200
Total U.S. Costs:	\$ <u>6,500</u>
Total Costs:	\$ <u>21,700</u>

Workshop 2 Curriculum Development

- Day 1: Opening Session
- Day 2: Identifying Training Needs
- Day 3-5 Development of Curriculum Design (Skills and Techniques)
- Day 6: Closing Session

Workshop 3

- Day 1: Opening Session
- Day 2: Definition of Training (Training needs assessment)
- Day 3: Developing tools and instruments for training needs assessment
- Day 4-5: Utilizing tools and instruments for training needs assessment
- Day 6: Analyzing information obtained during needs assessment
- Day 7-8: Developing training programs (based on needs assessment analysis)
- Day 9-10: Conducting training (practical training making use of programs developed during Day 7-8)
- Day 11: Closing Sessions (evaluation)

DEVELOPMENT OF FAMILY PLANNING TRAINING SKILLS

LOCAL COSTS

Lunch - Coffee - Tea - Soft Drinks		
15 participants x 11 days @ Yr 300/day	Yr	49,500
Transportation/miscellaneous		
15 participants x 11 days @ Yr 200/day	Yr	33,000
Facilities/Equipment		
11 days x Yr 1,500/day	TOTAL Yr	16,500
	Yr	<u>99,000</u>

U.S. COSTS

Honoraria for Lecturers/Resource People

1 Communication Specialist (? Tunisian):

Travel		\$ 2,000
Per Diem		\$ 2,000
Fee		\$ <u>2,000</u>
	Sub-Total	\$ 6,000

Co-Trainer:

Travel		\$ 4,000
Per Diem		\$ 1,000
Fee		\$ <u>2,900</u>
	Sub-Total	\$ 7,900

TOTAL: \$13,900

Budget Summary:

Total Local Costs:	Yr	99,000
Exchange Rate:	\$1 = Yr	4.5
U.S. Equivalency	\$	22,000
Total U.S. Costs:	\$	<u>13,900</u>
Total Costs:	\$	35,900

Workshop 4

Program Planning and Review

Day 1:

Opening Session

Day 2:

Feedback on activities covered since Workshop 1

Day 3-4

Planning I&E activities

Day 5:

Planning training activities

Day 6:

Planning research/evaluation activities

Day 7:

Planning medical activities

Day 8-9-10:

Coordinating activities and task distribution and finalizing plan of action

Day 11:

Closing Session

PROGRAM PLANNING WORKSHOP

LOCAL COSTS

Honoraria for Lecturers/Resource People (local)

Ob/Gyn @ Yr 300/hr x 5 hours	Yr 1,500
Pediatrician @ Yr 300/hr x 5 hours	Yr 1,500
Researcher @ Yr 300/hr x 5 hours	Yr 1,500
Planner @ Yr 300/hr x 5 hours	Yr 1,500
Sub-Total	Yr <u>6,000</u>

Lunch - Coffee - Tea - Soft Drinks

15 participants x 11 days x Yr 300/day	Yr 49,500
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Transportation/miscellaneous for participants

15 participants x 11 days x Yr 200/day	Yr 33,000
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Facilities and equipment

11 days x Yr 1,500/day	Yr 16,500
Sub-Total	Yr <u>99,000</u>

Incidentals @ 20%

Yr 21,000	
Sub-Total	Yr 21,000

TOTAL: Yr 126,000

U.S. COSTS:

Co-Trainer:

Travel	\$ 4,000
Per Diem	\$ 2,000
Fee	\$ <u>3,000</u>
	\$ 9,000

Budget Summary

Total Local Costs:	Yr 126,000
Current Exchange Rate:	\$1 = Yr 4.5
U.S. Equivalency:	\$ 28,000
Total U.S. Costs:	\$ <u>9,000</u>
Total Costs:	\$ 37,000

PROGRAM REVIEW WORKSHOP

LOCAL COSTS

Lunch - Coffee - Tea - Soft Drinks
15 participants x 11 days x Yr 300/day Yr 49,500

Transportation/miscellaneous
15 participants x 11 days x Yr 200/day Yr 33,000

Facilities and equipment
11 days x Yr 1,500/day Yr 16,500
Sub-Total Yr 99,000

Incidentals @ 20% Yr 19,800
Sub-Total Yr 19,800

TOTAL: Yr 118,000

U.S. COSTS

Co-Trainer:
Travel \$ 4,000
Per Diem \$ 2,000
Fee \$ 3,000
TOTAL: \$ 9,000

Budget Summary:

Total Local Costs: Yr 118,000
Exchange Rate: \$1 = Yr 4.5
U.S. Equivalency: \$ 26,400
Total U.S. Costs: \$ 9,000
Total Costs: \$ 35,400