PD-BISN-115

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: C (A = Add, C = Change, D = Delete) — Amendment Number: 1 — DOCUMENT CODE: 3

2. COUNTRY/ENTITY: Somalia

3. PROJECT NUMBER: 649-0131

4. BUREAU/OFFICE: Africa [6]

5. PROJECT TITLE (maximum 40 characters): Family Health Services

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 92

7. ESTIMATED DATE OF OBLIGATION (Under "B" below, enter 1, 2, 3, or 4): A. Initial FY 84 — B. Quarter 4 — C. Final FY 92

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	FIRST FY C. L/C	FIRST FY D. Total	LIFE OF PROJECT E. FX	LIFE OF PROJECT F. L/C	LIFE OF PROJECT G. Total
AID Appropriated Total						
(Grant)	(1,600)	( )	(1,600)	(10,710)	( )	(10,710)
(Loan)	(1,600)	( )	(1,600)	(10,710)	( )	(10,710)
Other U.S. 1.						
Other U.S. 2.						
Host Country		400	400		7,542	7,542
Other Donor(s)						
TOTALS	1,600	400	2,000	10,710	7,542	18,252

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	C. PRIMARY TECH. CODE 2. Loan	D. OBLIGATIONS TO DATE 1. Grant	D. OBLIGATIONS TO DATE 2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	E. AMOUNT APPROVED THIS ACTION 2. Loan	F. LIFE OF PROJECT 1. Grant	F. LIFE OF PROJECT 2. Loan
(1)				10,100		610		10,710	
(2)									
(3)									
(4)									
TOTALS				10,100		610		10,710	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BVW/BWW	RPOP	PVON	TNG	DEL		
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen the capabilities of selected Somali institutions to promote, support, coordinate and monitor improved maternal and child health care programs.

14. SCHEDULED EVALUATIONS: Interim MM 03 YY 87 — MM 04 YY 89 — Final MM 01 YY 92

15. SOURCE/ORIGIN OF GOODS AND SERVICES: [X] 000 [X] 941 [ ] Local [ ] Other (Specify) _____

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)

To increase life-of-project funding and extend the PACD. Project goal and purpose have been restated to reflect more accurately the focus of the project.

I concur in the methods of implementation and the financial arrangements under this Project.

Homi Jamshed, Controller

17. APPROVED BY — Signature: Kenneth Rikard — Title: Acting Mission Director — Date Signed: MM 11 DD 07 YY 89

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM 11 DD YY

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Acronyms

AID	Agency for International Development
AID/W	Agency for International Development in Washington, D.C.
BUCEN	Bureau of the Census
CALWANG	Computer Applications Limited WANG
CBD	Commerce Business Daily
CDC	Curriculum Development Center in the Ministry of Education
CDC-US	Center for Disease Control in Atlanta, Georgia, U.S.A.
COP	Chief of Party
CSD	Central Statistics Department in the Ministry of National Planning
CSM	Contraceptive Social Marketing
DDD	Domestic Development Department of the Generated Shillings Proceeds Committee in the Ministry of Finance
EOPS	End of Project Status
FH/FP	Family Health/Family Planning
FHS	Family Health Services
FSU	Field Support Unit
GSDR	Government of the Somali Democratic Republic
IA	Implementing Agency (e.g. SFHCA, IWE, CDC, SWDO, CSD, FH/FP Division)
IC	Institutional Contractor
IEC	Information, Education and Communications
IMPACT	Innovative Materials for Population Action
IPPF	International Planned Parenthood Foundation
IWE	Institute of Women's Education
KAP	Knowledge, Attitude, Practice
LOP	Life-of-Project
MCH	Maternal Child Health
MOH	Ministry of Health
MONP	Ministry of National Planning
NGO	Non-Government Organization
OR	Operations Research
PACD	Project Assistance Completion Date
PASA	Participating Agency Service Agreement
PHC	Primary Health Care
PP	Project Paper
PPSD	Public and Private Sector Development Office in USAID/Somalia
RAPID	Rapid Assessment of Population Development
REDSO/ESA	Regional Economic Development Support Office/ East and South Africa
RFP	Request for Proposals
S&T/POP	Science and Technology/Population Office in AID/W
SFHCA	Somali Family Health Care Association
SWDO	Somali Women's Democratic Organization
TA	Technical Assistance
UK/ODA	United Kingdom's Office of Development Assistance
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
URC	University Research Corporation, Inc.
USDH	United States Direct Hire
WHO	World Health Organization

II. BACKGROUND

The impetus for the Family Health Services (FHS) project was concern for the high rates of maternal and child mortality in Somalia and the desire to keep population growth within the means of the nation's resources to promote economic development. At the time the project was designed, knowledge, attitudes, and practices in areas such as maternal child health and child-spacing were limited. In addition, the infrastructure and other necessary supplies for expanding knowledge, attitudes, and practices were either inadequate or non-existent. It was thought that unless more detailed population and health information were available and well understood by both decision-makers and the general public, Somalia would not be able to move forward with much needed population and family health policies. The FHS project was designed to respond to this need. However, due to the sensitivities surrounding population issues and reduced fertility -- large families are highly regarded in Somali society -- the project was designed with the approach of using family health as the vehicle for promoting family planning.

The Family Health Services project was authorized on July 8, 1984, with a life-of-project funding commitment of $10.1 million and a PACD of June 30, 1989. The original purpose of the project was to strengthen the capability of Somali institutions to promote, support, coordinate and sustain family health programs. The project has four separate but mutually reinforcing components: (1) collection and analysis of demographic data; (2) information, education, and communications (IEC); (3) delivery of clinical services; and (4) operations research (OR). Project activities are focused in the five project regions of Benadir, Middle Shebelli, Lower Shebelli, Bay and Lower Juba.

In the original project design implementation of the FHS project was divided into two areas of responsibility. USAID/Somalia, in collaboration with the Central Statistics Department of the Ministry of National Planning, retained implementation and management responsibilities for the population data and policy component of the project because of its specialized technical requirements and the pre-existing involvement of centrally-funded AID population projects. The other three project components -- IEC, service delivery, and OR -- were implemented under an institutional contract with University Research Corporation, Inc. (URC). Because the URC contract was not signed until late 1985 and to allow for four full years of contractor support, in September 1985 the PACD of the project was extended to December 31, 1989. In October 1989 both the PACD and URC contract were extended to April 30, 1990, as a "bridge" period until a contractor could be identified for the activities described in this PP Supplement.

Six Somali insti utions receive FHS project support. Five are responsible for the implementation of family health programs: The Somali Family Health Care Association (SFHCA), the Family Health/Family Planning (FH/FP) Division of the Ministry of Health (MOH), the Institute of Women's Education (IWE) and the Curriculum Development Center (CDC) of the Ministry of Education, and the Somali Women's Democratic Organization (SWDO). While all of these institutions participate in IEC activities, the FH/FP Division of the MOH is principally responsible for clinical service delivery. The sixth institution to receive project support, the Central Statistics Department (CSD) of the Ministry of National Planning (MONP), is the Government of the Somali Democratic Republic (GSDR) institution responsible for the population data and policy component of the FHS project.

Project progress to date has been noteworthy. An outside evaluation found that family health awareness had increased significantly since the project's inception. Political and religious leaders and other target audiences increasingly recognized the need for improved health for mothers and children. Institutional strengthening had taken place through the establishment of a mainframe computer facility at the MONP, the training of many categories of personnel at all levels in the six participating institutions, and the provision of equipment and upgrading of facilities in the participating institutions. Family health messages had reached increasing numbers of people through materials and textbooks produced by the project; through community level IEC programs in breastfeeding, child-spacing and female circumcision; and through other outreach programs. Service delivery had improved through the training and expansion of the cadre of family health personnel, the improvement of management systems, the provision of commodities, and the improvement and expansion of MOH facilities. Project supported studies as well as project support for the 1986 National Census had expanded the demographic data base available to policy-makers and program planners.

One particularly noteworthy accomplishment was the project's impact on public knowledge of the dangers and hazards of female circumcision as it affects the health of mothers. The project supported several mass media campaigns on female circumcision, including radio programs and a photo novella. It also conducted a meeting of policy-makers at Party Headquarters to discuss female circumcision. At this meeting policy-makers agreed to ban the practice of female circumcision.

Many FHS project accomplishments have taken place because of the project's extensive dissemination of family health/family planning information. The project developed health education books for grades 1-6 and trained teachers in their use, produced and distributed 1000 copies each of two posters on breastfeeding, produced and aired twice twenty-four radio programs, produced and placed throughout the country ten billboards on breastfeeding and various flip charts on family health messages, developed and showed two slide-sets on breastfeeding, and developed and distributed over 500,000 leaflets and pamphlets.

However, tradition is strong in Somali culture. The GSDR has issued no formal national family planning policy and universal acceptance of family planning and elimination of female circumcision will be slow. Much remains to be accomplished.

III. RATIONALE FOR PROJECT PAPER SUPPLEMENT

As described above the FHS project has played an instrumental role in promoting family health and family planning in Somalia. Progress towards achieving the project purpose of strengthening Somali family health institutions has been substantial. In addition, the project has built a foundation of political, religious, and popular support for family health objectives. The activities described in this PP Supplement will reinforce the progress already made as well as address specific weaknesses in the project. An extension of the PACD to September 30, 1992, is required for completion of the activities and achievement of the project purpose.

Initial implementation of the FHS project encountered various delays. It took much longer than expected to recruit and train staff and to establish basic management systems. Three of the six implementing agencies were essentially staffed and organized by the project. The FH/FP Division of the MOH was particularly weak, requiring major investments of time and effort to establish basic management systems for contraceptive storage and distribution, collection of data, supervision and training. Procedures and guidelines and training curricula for all levels of health personnel had to be developed as well. On top of this, there were delays in the procurement of commodities and local currency funding problems due to severe cutbacks in the DDD budget. Because of these setbacks the majority of project objectives achieved to date were realized only during the past two years.

In April 1989 an evaluation of the FHS project was completed. The evaluation concluded, "The Project can be viewed as a successful development venture. It can be safely stated that without the FHS Project, awareness of family health issues and services would have been significantly less than what exists today." However, the evaluation also pointed out that additional effort was needed. The team concluded, "Much remains to be done to improve service delivery and strengthen linkages between the service delivery and IEC effort in both urban and rural areas, and link FH/FP/MCH/PHC activities. Awareness building is only the first step towards use of a service and/or commodity. Additional time is then required to create substantial demand." The team thought that the service delivery component, in particular, had been neglected and that the PP targets were overly ambitious. Based on its findings the evaluation team proposed a series of activities which would require that the PACD of the FHS Project be extended.

The project activities described in this PP Supplement focus on improving institutional linkages, strengthening service delivery so that it keeps pace with IEC, and continuing past efforts to increase awareness of family health issues. This focus is consistent with the major findings and recommendations of the project evaluation. Specifically, under this PP Supplement the FHS Project will fund: knowledge, attitude, practice (KAP) surveys which will indicate the impact of IEC activities over the past years and form the basis

for future IEC strategy and policy plans; the production and analysis of demographic data and models which can be used by policy makers for informed decision-making; the training of FH/FP service delivery personnel; IEC programs to increase awareness of family health issues; the development of strategies to link IEC and service delivery and integrate FH/FP into MCH/PHC services needs; and participant training.

The evaluation team was unable to identify the baseline upon which the targets in the original PP were based. It, therefore, recommended that a revised set of indicators be established and monitored. Annex C of this PP Supplement provides the indicators against which achievement of the expected end-of-project status (EOPS) will be measured.

IV. PROJECT DESCRIPTION

A. Project Goal and Purpose

The project goal and purpose have both been restated to reflect more accurately the focus of the FHS project. The original project goal, "To improve the quality of life for the Somali people" as indicated by improved maternal and child health care and improved population data has been modified to read: "To improve family health care in Somalia."

The original project purpose "To strengthen the capabilities of Somali institutions to promote, support, coordinate, and sustain family health programs" is now amended to: "To strengthen the capabilities of selected Somali institutions to promote, support, coordinate and monitor improved maternal and child health care programs."

B. End of Project Status (EOPS)

The original PP contained the following EOPS, achievement of which, it was judged, would indicate achievement of the project purpose. Measurement of these EOPS is difficult as no baseline data was available at the project's inception. However, a Contraceptive Prevalence Survey was conducted in 1984 and the project has gathered family planning user data in three districts in Mogadishu. These data form a limited baseline against which future project achievements can be measured. Annex C includes a revised set of indicators of achievement for each EOPS.

1. The Central Statistical Department will use improved computational technology;

2. Participating institutions will have improved technical and management skills in the production, analysis and application of data;

3. Increased information, education and communication programs supporting family health services;

4. Greater effectiveness of service personnel in motivating couples to adopt and continue FH practices;

5. Upgraded and expanded clinical family health services of the MOH;

6. Personnel who are implementing family health programs will have improved their skills in operations research;

7. Family health programs will be guided by an effective operations research system; and

8. A contraceptive marketing program will be tested.

These EOPS remain valid for the new PACD of September 30, 1992. However, the seventh EOPS, "Family health programs will be guided by an effective operations research system," has been revised to read "Family health programs will be guided by the results of a region-wide KAP survey." This revision is consistent with the new focus of the OR component as recommended by the evaluation team. The team found that the OR component had not progressed as anticipated in the original project design. "Opportunities were missed due to difficulties concerning logistics, personnel, and clear strategic planning. Although a number of OR activities were pursued, results have been produced slowly and their application on a national scale is conjecture." The evaluation team, therefore, suggested that the OR component, rather than continue with small research studies, should restrict its efforts to "the development, execution, analysis, and reporting of a region-wide KAP/FH survey for Benadir, Middle Shebelli, Lower Shebelli, Bay, and Lower Juba." With this refocus, the OR component will contribute information critical to the formulation of informed, nation-wide family health programs.

The eighth EOPS "A contraceptive marketing program will be tested" has also been revised to "The potential for a contraceptive marketing program will be analyzed." The evaluation team questioned the readiness of Somalia for a highly visible form of contraceptive distribution such as contraceptive social marketing (CSM), but recommended that a feasibility study on CSM be conducted near the end of the extension period.

In addition to the eight EOPS listed above, it is anticipated that by the new PACD:

- The population data base will be expanded;

- Linkages between IEC and service delivery in both urban and rural areas will be stronger;

- Vertical and horizontal linkages within the MOH among the divisions responsible for family health, family planning, maternal-child health, and primary health care activities will be strengthened;

- FH/FP services will be fully integrated with MCH services in all MCH centers in the five project regions; and

- Political and religious leaders will have increased awareness of population issues.

C. Revised Element Description

1. Population Data and Policy

Access to accurate and timely population data and analyses are necessary for assessing the current conditions of the population and for making plans for and projections of future conditions. To meet their objectives, decision-makers must base population policies and programs on accurate information.

FHS project activities to date concerning population data and policy have focused on developing a mainframe computer facility at the Central Statistics Department (CSD) of the MONP and using the system to enter, edit and tabulate the data collected during the 1986 National Census. The project financed a PASA with the U.S. Bureau of the Census (BUCEN) to assist with these activities. To date the PASA has provided short-term technical assistance in developing procedures for processing the 1986 Census, editing specifications for the census, analyzing the Post Enumeration Survey, developing a computer program to edit data from the census, training CSD staff in computer programming, developing computer programs to tabulate data from the census, and producing statistical tabulations of census data. In spite of this assistance, data entry and editing have been slow -- in part because of the limited flexibility of the mainframe computer system. Final census tabulations are unlikely to be completed before August 1990; analysis will not be completed until the end of 1990. The microcomputers and tape streaming devices to be procured under this PP Supplement (see c. below) will help assure that these target dates are met.

PP Supplement activities for this project component continue to support the MONP in expanding the population data base and analyzing and applying population data. Specific activities include:

a. Supporting the GSDR in sponsoring Third National Population Conference. The results of the 1986 National Census as well as other FH/FP data will be disseminated at the conference.

b. Assisting the GSDR to develop an update of the RAPID model which can be used by policy makers and family health planners both to better understand the importance of population trends and to explore policy options for population development.

c. Completing the entry, editing, and tabulating of the 1986 National Population Census. In order to expedite and ease this process, three IBM-compatible (80286 and 80386) microcomputers and two tape streaming devices for microcomputers will be procured.

d. Operating and maintaining the CSD computer system and facilities, including exploring means of funding their operation and maintenance beyond the PACD.

In the original project design USAID/Somalia retained responsibility for assisting the GSDR in implementation of this project component. Under this PP Supplement, this responsibility will be divided between USAID and the Institutional Contractor.

USAID will be responsible for overseeing activities b., c., and d. described above. To assist the GSDR in developing an update of the RAPID model (activity b.), USAID will execute a buy-in with RAPID III (Rapid Assessment of Population Development), a centrally-funded project. The Project Officer will be responsible for developing a scope of work for the buy-in with input from the implementing agencies and RAPID III. The Project Officer will also be responsible for all other documentation associated with the buy-in, for handling logistics for each arrival/visit/departure of the buy-in personnel, and for supervising the buy-in. Activity c., the completion of the tabulations of the 1986 National Population Census, will continue to be implemented through the PASA with the Bureau of the Census. The current PASA contains sufficient funds to complete this activity. The Project Officer and the Agreement Officer in AID/W will be responsible for extending the agreement. The Project Officer will oversee the PASA. USAID will also procure the microcomputers and tape streaming devices for this activity. For activity d., the USAID Contracting Officer, working with the Project Officer, will negotiate contracts for the operation and maintenance of the CSD computer system. The Project Officer will take the lead in coordinating with other donors to identify sources of funding for this activity beyond the PACD.

The Institutional Contractor will be responsible for implementing activity a., supporting the MONP in planning and hosting the Third Population Conference.

2. Information, Education, and Communications (IEC)

IEC activities play a vital role in helping people understand the importance of family health programs to mothers and children. Project activities to date have successfully concentrated on strengthening the capabilities of the five implementing agencies which carry out IEC activities. However, to be successful, IEC activities must be directed not only at creating awareness, but also at promoting FH/FP service delivery. During the extension period greater effort will be placed on developing long-range regional strategies and action plans to strengthen IEC and service delivery linkages in the five project regions of Benadir, Middle Shebelle, Lower Shebelle, Bay, and Lower Juba. Discrete IEC activities will continue as part of this effort. Specifically, the project will:

a. Revise the IEC strategy to link routine IEC implementation to service delivery at the regional level, including clearly defining target populations, the messages to be delivered to these groups, the methods of delivery, the development and reproduction of IEC materials, and the role of each institution for each activity. KAP results will be used to further revise IEC strategies for years following project completion.

b. Sponsor forums to promote dialogue, including:

- the National Conference on Islam and Child-spacing by providing support with logistics, management, publication and distribution of the proceedings of the conference; distribute the Islamic Source Manual at the conference;

- discussion groups of those persons who have been on study tours to share knowledge gained and disseminate information;

- regional workshops on child-spacing and female circumcision for political and religious leaders;

- a workshop at party headquarters to review the status of family health in Somalia.

c. Develop strategies for seeking funding and plans for sustaining activities once the FHS project ends including: 1) prepare and submit proposals to potential funding institutions (IPPF, UNFPA, Rockefeller Foundation, CARE, UNICEF) and 2) explore coordination with other projects and institutions.

d. Complete the implementation of IEC activities already initiated, including:

- Establish an ongoing program for testing, evaluating and reproducing IEC printed materials, including the IEC Reference Manual, Resource Manual, and Resource Kit; CDC textbooks for grades 7-8 ("Where There Is No Doctor"); etc.

- Develop mass media programs for appropriate audiences, including: produce and distribute copies of a video drama on child-spacing and show it in the villages in the five project regions.

- Continue face-to-face campaigns, including training for trainers on the use of health education textbooks and training and orientation of FH messages to district, sub-district and "deris" (a political structure below the sub-district level) leaders as well as to village men and women.

Annex B provides a description of IEC activities which are expected to be completed during the PP Supplement period.

e. Provide training in the operation and maintenance of the CDC printing press.

IEC activities have been hampered by the irregular supply of city power -- a problem that developed after the original PP was approved. In response to this problem the project will procure three generators, one each for IWE, CDC, and the SFHCA. The USAID Engineer determined that full operation of the CDC printing press would require a 40 KVA generator. Without this source of power, printing of all IEC materials will be substantially reduced. The two smaller generators (20 KVA) will be used to run the offices of the IWE and SFHCA, which are frequently unable to use their office equipment (typewriters, photocopiers, computers, etc.) for lack of power. Operation, maintenance and repair of the generators is the responsibility of the beneficiaries.

In 1988 USAID executed a buy-in with IMPACT, which provides support for the IEC component of this project through the development of high-quality printed materials (posters, folders, brochures, booklets, etc.). To date IMPACT has provided a poster on breastfeeding, a booklet on Islam and Child-spacing and drafts of booklets entitled "Child-spacing Saves Lives" and "Population in Development." As of September 30, 1989, $151,592 of unexpended funds remained in the IMPACT agreement. The USAID Project Officer will request M/SER/OP to extend the completion date of this buy-in through June 30, 1990, the end date of the IMPACT contract. The Project Officer will be responsible for monitoring the agreement. IMPACT's principal contribution to PP Supplement activities will be through the provision of materials for the National Conference on Islam and Child-spacing (see b. above) including the conference folder, the source manual and other booklets.

Aside from the IMPACT materials, implementation of all activities in this project component, as well as the procurement of the generators, will be the responsibility of the Institutional Contractor.

3. Clinical Family Health Services

This project component supports the delivery of clinical family health services, thus allowing people to translate the knowledge of FH/FP gained through IEC activities into action by utilizing FH/FP services. The benefits of family planning programs to mothers and children are maximized by integrating family planning into primary health care. While the original PP design took this approach, the evaluation found, "Despite

declarations that family health must be promoted as a component of MCH, integration is far from being a reality at either the central level or at the periphery." The evaluation concluded, "Insufficient attention has been paid over the LOP to support the FH service delivery component. The PP targets were over-ambitious and the TA devoted to strengthening service provision and management has been limited." In accordance with the recommendations of the evaluation, the activities described in this PP Supplement emphasize the integration of FH/FP into MCH/PHC services needs at both the central and peripheral levels.

In support of this emphasis, this PP Supplement will fund the following activities:

a. Continuing the phased approach to regional FH strategy development, assuring that each region develops a strategy which integrates FH activities within the PHC and MCH systems and links IEC to service delivery capabilities;

b. Finalizing a training plan for MOH personnel for both in-country and overseas training based on the training needs assessments conducted earlier in the project;

c. Supporting the on-going program for upgrading and expanding the cadre of family health trainers through in-service and pre-service training, completing the development of curriculum and materials, and procuring donated reference manuals;

d. Completing the development of three clinics in Benadir, developing a clinic in one of the other project regions (possibly Merka in Lower Shebelli), and establishing operational training and demonstration programs in each;

e. Strengthening FH management systems and the management and supervisory skills of regional service delivery staff, including:

   - Upgrading the contraceptive logistics system to improve inventory control at the clinics, outposts and regional and central stores, to improve the system for regularly supplying clinics and outposts from regional stores, to assure distribution of supplies from the central to regional stores as needed, and to provide for MOH central procurement based on the inventory control system;

   - Training and supervising clinic staff in the proper recording of FH/FP data and assisting FH providers and managers in using this data for planning, monitoring, supervision and decision-making;

f. Completing the development and implementation of clinical standards of practice for FH/FP, including a FH clinical procedures manuals.

g. Introducing private sector delivery of FH/FP services through training private sector physicians, nurses, nurse-midwives and pharmacists and supplying them with contraceptives.

The Institutional Contractor will be responsible for implementation of all activities in this project component.

4. Operations Research (OR)

To identify effective IEC and service delivery approaches, assist in planning program implementation, and evaluate project progress, research studies to gather and analyze information are needed. To date the OR Unit of the SFHCA has pursued a number of small research activities. However, the results have been produced slowly and their application on a national scale is questionable.

On the recommendation of the project evaluation, operations research activities for the extension period will focus exclusively on the development, execution, analysis and reporting of region-wide KAP surveys for the Benadir, Middle Shebelle, Lower Shebelle, Bay, and Lower Juba regions. Throughout this process OR Unit staff will receive on-the-job training, thus strengthening their capacity to conduct future data collection efforts.

The results of the KAP survey will indicate the impact of IEC activities over the past years, particularly concerning female circumcision, child-spacing and breastfeeding among urban, rural and nomadic populations. It is essential to know what impact has been made and whether and how the IEC program has been most and least effective. Based on the KAP findings service delivery and IEC strategies will be revised. Thus, the surveys are critical for formulating IEC and service delivery activities in Somalia for the three-to-five year period following completion of the surveys.

This project component will also support a short-term study to determine the feasibility of contraceptive social marketing in Somalia. The Institutional Contractor will provide two weeks of short-term technical assistance for this study.

To implement the KAP survey the Project Officer, with input from the GSDR, the Institutional Contractor, and the Center for Disease Control (CDC-US), will develop a scope of work and execute a PASA. The Project Officer will be responsible for logistical arrangements for personnel under the PASA; the Institutional Contractor will coordinate KAP activities with the participating institutions and supervise and monitor the PASA.

5. Participant Training

The FHS project has sponsored 52 person-months of training to date. This represents only 49% of the target in the original PP. Given the progress made in component implementation and the activities proposed for the extension period, the participant training goal and plan will be revised and cut back.

Training activities during the PP Supplement period will focus on sensitizing religious and political leaders and strengthening the management skills of those responsible for the planning, implementation and evaluation of family health programs. During the extension period the project will fund short-term training and study tours for an estimated 35 people for three weeks each. URC will work with the implementing agencies to finalize a revised detailed training plan by February 1990. The Institutional Contractor will be responsible for implementing all participant training activities.

D. Other Donors

The United Nations Fund for Population Activities (UNFPA) is the only major donor besides USAID involved in population activities in Somalia. UNFPA took the lead in supporting the 1986 National Population Census and is expected to support a series of small-scale studies during the intercensal period which will complement census data. In addition the UNFPA is supporting design of population curricula in the Somali National University and plans to initiate IEC activities in regions in which the FHS project does not work. The International Planned Parenthood Foundation (IPPF) provides some support to the SFHCA and the World Health Organization (WHO) donates contraceptives to the MOH.

The United Kingdom's Office of Development Assistance (UK/ODA), while not working in population activities, does provide support to CDC, one of the FHS project implementing agencies, through teacher training.

V. REVISED COST ESTIMATES AND FINANCIAL PLAN

A. Financial Status

The Project Authorization, signed July 8, 1984, authorized a LOP funding of $10,100,000. GSDR contributions were to equal the local currency equivalent of $10,300,000, for a total project cost of $20.4 million.

As of September 30, 1989, the dollar component of the project was fully funded at the authorized LOP level of $10.1 million. As shown in Table 1, the total dollar funding now required for the project, as revised in this PP Supplement, amounts to $10.71 million, requiring an increase in LOP funding of $610,000. A detailed Financial Plan for the extension period is contained in Table 2.

GSDR contributions to the FHS project were to total $10.3 million in local currency at the exchange rate in effect at the time of each disbursement. To date an estimated $6.7 million of this total has been allocated by the Generated Shillings Proceeds Committee for FHS project activities. The activities described in this PP Supplement program an estimated So. Sh. 939,989,000 or approximately $842,000 for a total GSDR contribution of $7.542 million, $2.738 million less than originally anticipated. This PP Supplement, therefore, revises the GSDR contribution to the local currency equivalent of $7.542 million for a total project cost of $18.252 million. It should be noted that $7.542 million in local currency equivalent equals 41% of the total project budget. This is far in excess of the 25% required by the Foreign Assistance Act -- a requirement from which Somalia is exempt as a relatively least developed country. Table 3 provides a local currency budget forecast for the 33-month period of the PP Supplement.

The future availability of local currency for development projects is uncertain because of the decline in generations of local currencies from U.S. dollar assistance (ESF and P.L. 480) and GSDR budget cuts agreed with the IMF. Should only limited local currency become available, the activities presented in this PP Supplement may have to be modified or alternative sources of funding found.

Table 1

Summary of Supplementary Budget - 1/1/90 to 9/30/92
($000)

Line Item	Committed Budget thru 12/31/89	Total PP Supplement Requirements	Total New Budget	Current Obligation	New Obligations
Technical Asst.	5135	1556	6691	5320	1371
Training	423	180	603	530	73
Commodities	2669	476	3145	4250	(1105)
Audit/Eval.	-0-	115	11!	-0-	111
Contingency	-0-	156	15(	-0-	156
TOTAL	8227	2483	1071(	0100	610

Table 2

Project Supplement Financial Plan
(January 1, 1990-September 30, 1992)
(U.S. Dollars)

Line Item	1/1/90-4/30/90[1]	5/1/90-9/30/90	10/1/90-9/30/91	10/1/91-9/30/92[2]	Total
1. CONTRACTOR		- Competitively Procured -			
a. Technical Assistance					
Long-term Advisor (30 pm)	-	85,000	200,000	150,000	435,000
Home Office Support (12 pm)	-	10,000	20,000	15,000	45,000
Executive Assistant (Local Hire US PSC)	-	13,000	38,000	28,500	79,500
Local Staff (ave. 3 FSNs)	-	5,000	12,000	9,000	26,000
Short-term TA (21 pm)	-	118,000	89,000	75,000	282,000
Communications	-	7,500	18,000	13,500	39,000
Local Costs [3]	-	20,000	40,000	30,000	90,000
b. Training [4]	-	25,000	105,000	50,000	180,000
c. Commodities					
IEC	-	150,000	50,000	25,000	225,000
Spare Parts	-	10,000	20,000	15,000	45,000
Generators/Spare Parts	____	46,000	-	-	46,000
Contractor Sub-total	-0-	489,500	592,000	411,000	1,492,500
2. AID					
a. Technical Assistance					
RAPID III (6 pm)	20,000	30,000	50,000	-	100,000
FSU	40,000	50,000	120,000	90,000	300,000
Computer Maintenance	35,638	62,000	62,000	-	159,638
b. Commodities					
Contraceptives	-	60,000	30,000	10,000	100,000
Computers	30,000	-	-	-	30,000
Vehicle Spare Parts (FSU)	-	-	-	30,000	30,000
c. Evaluation/Audit	____	____	____	115,000	115,000
AID Sub-total	125,638	202,000	262,000	245,000	834,638
3. CONTINGENCY (7%)	-	49,000	61,000	46,000	156,000
TOTAL	125,638	740,500	915,000	702,000	2,483,138

(Table 2 cont'd)

1/ Costs from 1/1/90 to 4/30/90 for the URC contract as well as costs for the agreements with IMPACT ($151,592) and BUCEN ($71,440) are not included in this supplement as full funding has already been committed for these activities.

2/ Although the PACD is September 30, 1992, the technical assistance contract and major implementing activities are expected to end by June 30, 1992. Only closing activities will take place between July 1 and September 30, 1992.

3/ Local costs includes contingency to cover local expenditures if funds are not forthcoming from the GSDR.

4/ Based on an assumption of 35 persons, five to the U.S. for 3 weeks training at an average cost of $6000 each, and 30 to Africa or the Far East for 3 weeks training at an average cost of $5000 each.

Table 3

GSDR Contribution

Estimated Local Currency Budget Requirements
(SH000)

LINE ITEMS	CY1990	CY1991	1/1/92-9/30/92	Total
Personnel	42,949	60,129	42,090	145,168
Per Diem/Travel	6,895	9,653	6,757	23,305
Building Maintenance	5,856	8,198	5,739	19,793
Office	20,624	28,874	20,212	69,710
Vehicles	34,494	48,292	33,804	116,590
Training	20,001	28,001	19,601	67,603
Project Implementation	60,062	84,087	58,861	203,010
Capital	19,360	16,450	-0-	35,810
KAP Survey	90,000	-0-	-0-	90,000
Contingency	50,000	70,000	49,000	169,000
TOTAL	350,241	353,684	236,064	939,989

Note: The above budget is prepared at an estimated average exchange rate of So.Shs. 900 to the U.S. dollar for 1990, So.Shs. 1,200 to the U.S. dollar for 1991, and So.Shs. 1,500 to the U.S. dollar for 1992. The GSDR's local currency contribution will total the dollar equivalent of $389,157 for 1990, $294,737 for 1991, and $157,376 for 1992 for a total of $841,270 for the 33-month extension period.

B. Recurrent Costs

The issue of recurrent cost obligations as a result of project activities is difficult to resolve. The GSDR depends heavily on donors for budget support, and, given the GSDR's limited capacity to collect taxes, such dependence will continue for some time. As a percentage of GDP, Government revenues fell from 12 percent in 1983 to only five percent in 1988. Over 1986-1988 revenues equalled only 23 percent of total GSDR expenditures. Projections for 1989 indicate that grants from donors will be required to cover over two-thirds of total GSDR expenditures. Given this situation, it is unrealistic to expect the GSDR to assume any new expenses. However, unless on-going support is provided for the IAs, it is unlikely that the benefits and activities that occurred during the life of the project will continue beyond the PACD. External sources of funding will have to be found either from other donors or from the shillings generated by the P.L. 480 program, assuming it continues. Specific activities included in this PP Supplement which explore options for funding project activities beyond the PACD include:

- Incentive payments for staff: Whereas the project will leave behind a staff trained and capable of maintaining project activities beyond the PACD, this staff, in accordance with GSDR guidance for incentives, currently receives incentive payments for each conference, training session, etc. in which they participate. After the PACD, they will receive only their Government salaries, which currently are extremely low. It is hoped that as a result of the IBRD's public expenditure review being conducted in late 1989/early 1990, Government salaries will be raised to realistic levels before the PACD. However, should adequate adjustments not be made, it can be anticipated that some FH/FP staff will leave their positions for higher paying jobs and others will slowly lose their enthusiasm for FH/FP activities. Family health/family planning may gradually receive less attention in outreach programs and the integration of FH/FP into MCH/PHC may gradually dissolve. If Government salaries are not increased, new, donor-supported projects which include family planning will be needed. The project IAs are currently developing a proposal for the UNFPA for an integrated family planning, nutrition, and parasite control project. If funded, this will help keep family planning issues active in the short-run.

- Operational costs of the Somali Family Health Care Association (which was created by the project): As part of the funding strategy discussed in Section IV. C.2.c. on page 12, the SFHCA will receive assistance in developing proposals for funding to support both operational and program costs. Additionally, the Mission is helping the SFHCA review the option of becoming a legally established Non-Government Organization (NGO) and thereby expand its potential sources of funding. The current IEC advisor has drafted a concept paper entitled "Establishing a Broader Funding Base for the FHS Project Implementing Institutions" which outlines a strategy for future IEC programs, identifying various projects and potential sources of support for each.

- o Continued implementation of IEC activities by the other implementing agencies. During the PP Supplement period the other IAs, as well as the SFHCA, will be assisted in developing strategies and preparing and submitting proposals to various donor organization to seek the funding needed to sustain an active IEC program once the project ends.

- o Maintenance of the CDC printing press: A meeting of USAID, the World Bank, the Ministry of Education, UK/ODA and UNICEF will be held to discuss options for maintaining the CDC printing press. One possible alternative is through the proposed IBRD Education Project which will include curriculum development and printing of textbooks for basic education programs.

- o Maintenance of the CSD computer system and facility: USAID, the MONP, the Government of Italy, and the UNFPA will meet in January 1990 to discuss options and resolve the issue of maintaining the CSD computer system and site.

- o Operation of the clinical training and demonstration sites: Clinics and staff are part of the MOH system; training materials for one year will be turned over at the end of the FHS project.

- o Contraceptives: The MOH will seek a supply of contraceptives from other sources, such as IPPF and UNFPA. Contraceptive supplies are already being received from WHO.

- o A one-year supply of spare parts for vehicles, generators and office equipment will be turned over to the IAs at the end of the project.

As a complement to public sector activities, the FHS project is also training some private sector clinical health personnel in the delivery of family planning services and supplying them with contraceptives. In addition, selected pharmacists in Mogadishu and the regional capitals are being trained. Finally, the project will fund a feasibility study for contraceptive social marketing which will include an analysis of FHS support to the private sector and evaluate the viability of "fee-for-services" as an option for continuing family health/family planning services in Somalia.

C. Implementation and Financing Methods

The Mission Contracting Officer will initiate required contracting actions for goods and services required by the project; PIOs will be prepared by USAID staff. Activities identified in this PP Supplement will be implemented and financed in the following manner:

Component	Method of Implementation	Method of Financing	Costs ($000)
1. Technical Assistance			
- Extension of URC contract	Direct AID contract (Institutional)	Direct Reimbursement	0*
- LT Advisors and short-term TA	Direct AID contract (Institutional)	Direct Reimbursement	996
- RAPID III	Buy-in	Direct Reimbursement	100
- CDC-US	PASA	Central Funds	0
- IMPACT	Buy-in	Direct Reimbursement	0*
- BUCEN	PASA	Direct Reimbursement	0*
- FSU	Services provided by a division of USAID	Cost Sharing	300
- Computer Maintenance	Direct AID contract	Direct Reimbursement	160
2. Training	Direct AID contract (Institutional)	Direct Reimbursement	180
3. Commodities	Direct procurement (Institutional and AID)	Direct Reimbursement	476
5. Evaluation	Direct AID contract	Direct Reimbursement	115
		Sub-total	2,327
		Contingency	156
		Total	2,483

* Funding requirements beyond 1/1/90 for URC ($120,302), IMPACT ($151,592) and BUCEN ($71,440) have been fully committed under the original PP.

VI. REVISED IMPLEMENTATION PLAN

A. Overall Project Administration

1. USAID Mission to Somalia

The Office of Private and Public Sector Development (PPSD) will have overall responsibility within the USAID/Somalia for project coordination and management. The Project Officer will receive backstopping assistance from the PPSD Office Director and the USAID Project Committee consisting of representatives from the Program Office, the Project Development and Support Office, the Controller's Office, and the Management Office.

USAID will be responsible for executing all technical assistance contracts, buy-ins and PASAs. Implementation responsibilities for individual activities are divided between the USAID and the Institutional Contractor as set forth above at the end of the revised description of each project component.

2. Government of the Somali Democratic Republic (GSDR)

Within the GSDR, the Ministry of National Planning will continue to have overall responsibility for the administration of the FHS Project. As described in the original PP, the Ministry of Foreign Affairs will approve all substantive project modifications and sign all Project Grant Agreements; the Central Statistics Department (CSD) will be responsible for implementing the Population Data and Policy Component; the FH/FP Division of the MOH will implement the Clinical Family Health Services Component; and the SFHCA will have overall responsibility for implementing the IEC and OR components.

B. The Coordinating Structure

The project evaluation recommended that the Project Coordinating Committee established by the original PP be dissolved and that a new committee structure be established as follows:

- Policy Coordinating Committee - A Family Health Policy Coordinating Committee, under the Chairmanship of the Director General of the MONP is being established. The purpose of this Committee is to involve chief Government officers in FH/FP policy dialog, to keep them informed of initiatives in this area, and to promote FH policy development at high government levels. Membership consists of the Director Generals of the Ministry of Health, Ministry of Education, Ministry of Information and National Guidance, Ministry of Justice and Religious Affairs, and Ministry of Finance and Treasury; the Chairman of the SFHCA Board; and a representative from SWDO. This Committee is to meet semi-annually. The Executive Director of the SFHCA will be the secretary and the SFHCA will provide the secretariat. Representatives of relevant donor organizations will be invited to attend as observers when deemed appropriate by the Committee.

- Program Coordinating Committee - A Family Health Program Coordinating Committee is being established to develop strategies for the implementation of the GSDR national family health program within the policy framework established by the Policy Committee. This Committee ensures that all donor efforts are coordinated and provides technical guidance. Membership of this Committee consists of one Director from each of the following institutions/units: FH/FP/MOH; SFHCA; SWDO; IWE; CDC; and CSD/MONP; together with the RMO and the Regional Educational Officer from each of the FHS Project regions, a representative from each USAID and the Institutional Contractor, and a representative from each of the other relevant family health donors. This Committee meets quarterly, with the chairmanship rotating between the Somali Directors every six months. The SFHCA provides the secretariat and facilitates the preparation of agendas.

- Project Implementation Committee - The Implementing Directors' Committee has been renamed the FHS Project Implementation Committee. It meets monthly with the chair rotating among IA Directors every three months. The role of this Committee is to coordinate the implementation of FHS Project activities within the technical guidance provided by the Program Coordinating Committee. Membership of the Committee consists of one Director from each of the project IAs, and one representative from each USAID and the Institutional Contractor. The SFHCA provides the secretariat.

- Technical Task Forces are created as necessary for planning and coordinating specific activities of the FHS Project. Examples of such Task Forces include the current IEC Committee, the Core Trainers Group, and the PHC/MCH/FH/FP Divisional meetings of the MOH. These groups report on their plans and progress to the FHS Project Implementation Committee.

Although the USAID has some reservations about viability of the new committee structure, the participating institutions fully support the evaluation team's recommendation. They feel that it will assist the project in its effort to:

a. establish broader support for FH/FP activities in Somalia;

b. ensure the integration of FH/FP into normal Ministry of Health programs without donor support;

c. provide an appropriate forum to resolve policy issues before they are presented to higher level decision-makers; and

d. increase feedback and promote collaboration.

The project is currently undertaking the recommended reorganization. The first meeting of the Policy Coordinating Committee will convene in December 1989. Over the next six months the new committee structure will be tested. Should it prove to be too cumbersome or ineffective, it will be modified to better reflect the needs and resources of the project.

C. Institutional Contractor

Technical assistance during the extension period will be provided by two contractors.

From January 1, 1990, to April 30, 1990, technical assistance will be provided under a four-month extension of the current URC contract at no additional cost. A Justification for Other Than Full and Open Competition based on unusual and compelling urgency was prepared to justify this extension. The Mission Contracting Office will be responsible for negotiating the extension of the URC contract. During this period URC will provide only technical assistance. No procurement or training will take place under the contract. As this extension requires nc new obligation of funds, it is included on the financial tables for informational purposes only. The costs are not included in the total figures for PP Supplement activities.

Two options were considered for the provision of technical assistance from May 1, 1990 to June 30, 1992: an institutional contract or a Personal Services Contract (PSC). The principal issues under discussion were which could better support the varied short-term technical assistance needs, a large participant training program, and the procurement of approximately $316,000 of commodities, including generators, spare parts, and other supplies. It was decided that an institutional contract was more suited to the needs of the project, particularly given that the current staff readjustment taking place at the USAID would make training and procurement activities as well as backstopping of the PSC particularly difficult.

Based on this decision, a direct AID institutional contract, competitively awarded, will be used to provide long-term and short-term technical assistance after May 1, 1990. The Contractor will be responsible for providing technical assistance, procuring commodities, and supporting participant training.

The USAID Mission with the assistance of the GSDR will prepare a Request for Proposals (RFP). In November 1989 the Mission will advertise the requirement in the CBD. The selection and contracting of the follow-on Project Contractor will be urdertaken by USAID/Somalia. Interested offerers will forward a technical proposal and a business/management proposal directly to the REDSO/ESA Contracting Officer. A technical selection committee, comprised of the Project Officer, a representative from PDS, and two GSDR or SFHCA officials will review the technical proposals and rank them for technical merit by January 30, 1990. The USAID Contracting Officer will review the technical committee's recommendations, examine the

business/management proposals, negotiate with all offerors within the competitive range, and execute a contract by March 15, 1990. The Contractor will begin contract performance on May 1, 1990.

Given the desire to maintain the current momentum in project implementation, this tight schedule must be adhered to as closely as possible.

D. Technical Assistance

During the four-month extension of the URC contract URC will provide seven person-months of technical assistance, four person-months from the IEC Advisor/Chief of Party and three person-months from the Nurse Trainer.

During the following twenty-six month period, the Institutional Contractor will provide 47 person-months of technical assistance, including 26 person-months of long-term assistance and 21 person-months of short-term technical assistance. Annex A details the anticipated short-term TA to be provided under the institutional contract. Because of the Mission's goal of limiting the U.S. presence in Somalia, the FHS project will be allowed only one long-term advisor. Given the extensive implementation responsibilities expected of the advisor, the project will support a full-time Executive Assistant to be hired locally.

Additional short-term technical assistance will be provided through he execution of a PASA with the Center for Disease (CDC-US) and a uy-in with RAPID III. CDC-US will provide approximately six erson-months of TA to assist in implementation of the KAP survey. APID III will provide an estimated six person-months of assistance to evelop and demonstrate an updated RAPID model. The Mission has lready initiated contact with RAPID III and CDC-US. In coordination ith the GSDR, USAID/Somalia will review the services offered by each nd execute buy-ins as appropriate (see pages 11 and 15 for more etail). The S&T/POP Office in AID/W has informed the Mission that DC-US can cover the dollar costs of the KAP survey through central unds, but that the project would have to cover all local costs (personnel, per diem, fuel, etc.). Table 3, "Estimated Local Currency Budget Requirements," includes local currency for these costs. However, should local currency be unavailable, the Mission reserves the option of converting dollars from the U.S. dollar budget into Somali shillings to fund this essential activity.

Further technical assistance will be provided through the extension of the current PASA with the Bureau of the Census and the extension of the current buy-in with IMPACT. As explained in Sections C.1. and C.2., funds already committed for these agreements have not been fully expended. During the PP Supplement period, BUCEN will provide approximately three person-months of assistance for tabulating the results of the 1986 National Census. IMPACT will provide one person-month of technical assistance at the National Conference on Islam and Child-spacing as well as provide printed materials for the conference and IEC programs. Extension of these agreements requires no new obligation of funds and the amounts are not included in the total budget figure for PP Supplement activities.

The USAID/Somalia Field Support Unit (FSU) will be responsible for providing housing, utilities, maintenance, customs clearance, shipping and guard services for the project's long-term technical assistance personnel. It will also provide lodging for short-term, non-government technical advisors and maintain project vehicles, including procuring a one-year supply of spare parts to be turned over to the IAs at the PACD.

E. Procurement

USAID/Somalia will be responsible for the procurement through GSA of all the contraceptives required during the extension period as well as for the procurement of the microcomputers and tape streaming devices for the MONP. FSU will be responsible for procuring spare parts for vehicles as described above. The Institutional Contractor will procure all other commodities. Such expenditures consist of spare parts for IEC equipment; generators for GSDR project facilities as identified above; commodities for the IEC program; office supplies and equipment; and paper for computers, for photocopying and for printing.

F. Extension of the Project Assistance Completion Date (PACD)

The PACD will be extended by twenty nine (29) months for a new LOP of eight years, two months and twenty-three days.

G. Project Implementation Schedule

A revised project implementation schedule which covers the remaining life of the project, including the extension period, is presented on the next page.

Project Implementation

Month/Year	Action	Agent
Oct. 89	PACD extended until April 30, 1990, Project Authorization amended.	USAID
	PIL to GSDR advising of PACD extension.	USAID
	Project Implementation Reports due (semi-annually in October and April until PACD).	URC,USAID
Nov. 89	URC Contract extended until 4/30/90.	USAID,URC
	PP Supplement completed, Project Authorization amended.	USAID
	CBD notice published.	USAID
	PIO/T and RFP prepared.	USAID
	PIL to GSDR extending PACD and revising Annex 1.	USAID
	Exploratory visit by CDC-US; preparation of PIO/T and contract for KAP survey.	CDC-US,OR,USAID, CSD,URC
Dec. 89	RFP for new Institutional Contractor issued.	USAID
	CDC printing press operational.	CDC
	Regional workshop for political and religious leaders.	IAs
	Field test Islamic Source Manual and print.	IAs,IMPACT
	New committee structure implemented. First meeting of Policy Coordinating Committee.	IAs,URC
	Child-spacing video produced and distributed.	IAs
	Breastfeeding campaign.	IAs
Jan. 90	MONP, USAID, Government of Italy (GOI) and UNFPA discuss options and resolve issue of future maintenance of computer system and site.	MONP,USAID,UNFPA, GOI
	Submit and review CY 90 Annual Workplan.	URC,IAs,USAID
	CALWANG contract option exercised (1/1/90-7/31/90).	USAID
	Renovation of IWE resource center completed.	IWE,URC
	Technical evaluation completed for new Institutional Contractor.	Selection Committee
	First meeting of Program Coordinating Committee (quarterly in January, April, July, and October until PACD).	IAs

ANNEX E

FIRST AMENDMENT TO THE PROJECT AUTHORIZATION

Name of Country: Somali Democratic Republic (USDR)

Name of Project: Family Health Services

Month/Year	Action	Agent
Feb. 90	CDC-US survey design team arrives in Somalia to begin work on KAP survey.	CDC-US,OR
	Regional service delivery strategies for Bay and Lower Shebelle completed.	MOH,URC
	Pre-service and in-service training workshops begin (ongoing until PACD).	MOH,URC
	Overseas training/study tour plan for extension period completed.	URC,IAs
	IBRD, USAID, CDC discuss options and resolve issue of maintenance of CDC printing press.	IBRD,USAID,CDC
	First meeting of Project Implementation Committee (meets monthly until PACD).	IAs
Mar. 90	KAP training and pretesting.	CDC-US,OR,CSD
	Clinical standards of practice developed and FH clinical procedures manual completed.	MOH,URC
	Clinic staff training in proper recording of data begins (ongoing until PACD).	MOH,URC
	Regional service delivery strategies for Benadir, Middle Shebelli and Lower Juba regions completed.	MOH,URC
	Curriculum and materials for pre-service and in-service training developed and printed.	MOH,URC
	RAPID visit to assess policy situation and begin data collection.	RAPID,MONP,USAID
	Contract with Institutional Contractor (IC) signed.	USAID,PC
	Finalize 1986 Census tabulation.	BUCEN, CSD
Apr. 90	IEC reference manual revised and reprinted.	IAs
	URC Contract ends - Final report submitted.	URC
May 90	New Institutional Contractor begins work.	IC
	KAP Survey field work begins.	CDC-US,OR,CSD
	Renovation of Bondhere clinic completed.	MOH
	National Conference on Islam and Child-spacing.	IAs,IMPACT
June 90	KAP field work.	CDC-US,OR,CSD
	Training in RAPID modeling, data collection, first draft of model.	RAPID,MONP
	IEC strategy revised.	IAs
	Textbooks for grades 7-8 printed.	CDC
	Begin process of competitively awarding computer maintenance contract for 8/1/90-4/30/92.	USAID
	Policy Coordinating Committee meets.	MONP

Month/Year	Action	Agent
July 90	KAP field work.	CDC-US,OR,CSD
	Training on use of health education textbooks begins.	MOH,IC
	Questionnaire design for small scale surveys completed.	MONP,IC
	Review of new Committee structure; decision on its future.	IAs,USAID,IC
Aug. 90	Complete tabulations of 1986 Census.	MONP
	Training plan finalized for 5 regions.	MOH,IC
	Improved contraceptive logistics system implemented.	MOH,IC
	Bondhere begins operation as demonstration site.	MOH
	Prepare CY 91 Annual Workplan.	IAs,IC
	FH/FP fully integrated into MCH/PHC as evidenced by Annual Work Plans.	MOH
Sept. 90	Discussion group of study tour participants.	IAs
	Coding, data entry, editing of KAP information (through February 1991).	CDC-US,OR,CSD
Oct. 90	Training for FH managers in collection and use of data for decision making.	MOH,IC
	Maintenance manual for all major equipment produced and distributed to IAs.	IC
Nov. 90	Strategies/plans for sustaining IEC activities developed.	IAs
	Regional workshop for political and religious leaders.	IAs
	Complete RAPID model, policy analysis.	RAPID,MONP
Dec. 90	Contraceptive distribution based on monthly utilization reports from clinics.	MOH
	Policy Coordinating Committee meets.	MONP
Jan. 91	Proposals for funding submitted by IEC IAs to funding institutions.	IAs
	Analysis of 1986 National Census completed.	MONP
	Submit and review CY 91 Annual Workplan.	IAs,IC,USAII
Feb. 91	Discussion group of study tour participants.	IAs
	Third Population Conference.	RAPID,MONP

Month/Year	Action	Agent
Mar. 91	Analysis of KAP results begin.	CDC,OR
Apr. 91	Workshop at Party Headquarters.	IAs
May 91	Regional workshop for political and religious leaders.	IAs
June 91	Key finding of KAP survey presented, report writing begins.	CDC-US,OR,CSD
	Policy Coordinating Committee meets.	MONP
July 91	Full range of FH/FP services provided at all MCH centers in project regions.	MOH
Aug. 91	Prepare CY 92 Annual Workplan.	IAs,IC
Oct. 91	KAP report printed and distributed.	CDC-US,OR,MONP
Nov. 91	Feasibility study of CSM.	OR,IC
Dec. 91	IEC strategy for next 3 years prepared based on KAP results.	IAs,IC
	Policy Coordinating Committee meets.	MONP
Jan. 92	Final Evaluation.	USAID
	Submit and review CY 92 Annual Workplan.	IAs,IC,USAID
Feb. 92	IEC and service delivery linkages are institutionalized.	MOH,IAs
June 92	Policy Coordinating Committee meets.	MONP
	Institutional Contract ends; final report submitted.	IC
July 92	Closing activities.	USAID
Aug. 92	Closing activities.	USAID
Sep. 92	PACD.	

Note: This schedule will be further detailed and refined in accordance with agreements with centrally funded-projects and approved annual workplans.

VII. REVISED EVALUATION AND MONITORING PLAN

A. Evaluation Plan

Two evaluations of the FHS project have already been conducted. The first evaluation, completed in March 1987, made several recommendations which were taken into account in implementing the project during the following years. The second evaluation, completed in April 1989, was scheduled to be the final evaluation. However, that evaluation proposed a series of activities necessary for achieving the project purpose which required extension of the PACD. This PP Supplement was prepared in response to that evaluation.

The PP Supplement schedules a final evaluation for January 1992 to assess progress that the FHS project will have made in achieving the objectives specified for the period of this supplement.

The 1992 evaluation will cover the following topics:

- The extent to which the policy environment for FP/FH has improved;
- The effectiveness of IEC activities and project developed IEC materials;
- The extent to which IEC and service delivery linkages have been institutionalized;
- The effectiveness of service delivery;
- The extent to which FH/FP services have been integrated into the MCH/PHC system;
- An assessment of project training activities;
- Achievement of the project indicators described in Annex D.
- The effectiveness of the project coordinating committee;
- The project's impact on women;
- Policy changes instituted by the project.

A four-person evaluation team should be headed by a family planning specialist and include an IEC specialist and one representative from each USAID and the GSDR.

B. Monitoring Plan

Monitoring of the Family Health Services Project will be carried out by both AID and the GSDR to ensure that project activities adhere to stated objectives and implementation schedules. The Project Officer will be responsible for monitoring the Institutional Contractor, the PASAs, the buy-ins, FSU services, and the computer maintenance contracts. The implementing agencies will be expected to monitor and evaluate their own progress against their annual workplans.

Annex A

ANTICIPATED SHORT-TERM TECHNICAL ASSISTANCE
(January 1, 1990-September 30, 1992)

1. Provided by the Contractor

Component	Person-Months	Cost*
Information, Education, and Communication		
Teacher education/textbook evaluation (2 1-mo. periods)	2.0	28,000
Graphics training	0.5	9,000
Operation/maintenance of CDC printing press	2.0	24,000
Setting up and use of video equipment	1.5	19,000
Equipment maintenance manual	0.5	9,000
Strategy development (2 1-mo. periods)	2.0	28,000
Proposal development (2 1-mo. periods)	2.0	28,000
Service Delivery		
Management Information Systems	1.0	14,000
Curriculum development	1.0	14,000
Regional strategy development (2 1-mo. periods)	2.0	28,000
Nurse-trainer (3 2-mo. periods)	6.0	72,000
Operations Research		
CSM feasibility	0.5	9,000
Sub-total	21.0	282,000
2. Provided through Buy-ins with Centrally-Funded Projects		
RAPID III	6.0	100,000
IMPACT	1.0	-0-**
Sub-total	7.0	100,000
3. Provided through PASAs		
Bureau of the Census	3.0	-0-**
Center for Disease Control	6.0	-0-***
Sub-total	9.0	-0-
TOTAL	**37.0**	**382,000**

* Costs for short-term TA to be provided by the Institutional Contractor are based on an average of $9,000 for .5 pm, $14,000 for 1 pm, and $29,000 for 2 pm. This includes salary, travel and per diem as well as institutional costs (overhead, G & A and fixed fee).

** Costs were committed under previous years. No additional funding is required for the PP Supplement period.

*** Project will cover local currency costs only. Dollar costs will be covered by central funds. See Section VI.D. for more detail.

Annex B

IEC PROGRAM

A. PRINT MATERIAL

Item	US $
1. Daryeel, the quarterly newsletter. US$600 per issue, for 2 years, 4 issues per year.	4,80(
2. Billboards (circumcision campaign), 10 billboards, @ US$500 per billboard.	5,00(
3. Photonovellas a) Development costs 2 titles, @ US$500 per title	1,00(
b) Printing costs 6 titles, 500 copies per title @ US$0.50 per title	1,50(
4. Brochures/Leaflets 10 single page brochures, 2500 copies each, @ US$0.05 per copy	1,25(
5. T-Shirts 3 designs, 100 shirts each, @ US$3.50 per shirt	1,05(
6. Dress patterns 2 patterns, @ US$1,500 per pattern	3,00(
7. Posters 6 posters, 2500 copies each, @ US$0.75 per poster	11,25(
8. Reference Manual 500 copies, @ US$5 per copy	2,50(
9. Resource Manual 500 copies, @ US$12 per copy	6,000
10. Resource Kit, 500, @ US$20 each	10,000
11. Flip Charts, 4 charts, 1500 copies, @ US$5 each	30,000
4 charts, 200 copies, @ US$5 each	4,000

Item	US $
12. Printing of Textbooks for Grades 7-8 "Where There Is No Doctor"	150,000
13. Training Materials (MOH)	
Procedures Manuall, 500 copies, @ US$5 each	2,500
Training Curriculae, 500 copies, @ US$1.5 each	750
14. Training Materials (IWE) Manual	
600 copies, @ US$1.5 each	900
15. Training Materials (CDC)	
In-Service & Pre-service Manuals	
1500 copies, @ US$1.5 each	2,250
16. Games Book	
1500 copies, @ US $1.5 each	36,000
Total Print Material	273,750
B. VISUAL MATERIAL	
1. Video Dramas	
a) Production	
2 dramas, @ US$7,500 per drama	15,000
b) Dissemination	
2 dramas, @ US$1,000 per drama	2,000
2. TV Programs	
6 programs, @ US$1,500 per program	9,000
3. Slide Tapes	
4, @ US$1,000 each	4,000
Total Visual Material	30,000
C. AUDIO MATERIAL	
1. Cassette of Project Songs,	
1,500, @ US$2 each	3,000
2. Radio Programs	
12 programs, @ 1,200 per program	14,400
Total Audio Materials	17,400
GRAND TOTAL IEC PROGRAM	$321,150

It is anticipated that dollar funding will be needed for the printing of the CDC Textbooks for Grades 7-8 ($150,000) and an average of 44% ($75,000) of the materials required for other items. Dollar funding for this activity therefore totals $225,000. Local currency funds will finance the balance.

Annex C

Indicators of Achievement of EOPS

The Central Statistical Department will use improved computational technology.

Assumptions: With more trained staff and improved computer technology, the CSD will be able to produce accurate population data on a timely basis. Policy-makers will use the data to monitor population programs and to make population policies.

Indicators:

- o Mainframe computer system installed, operating, and being used in the production and analysis of population data.
- o Three (3) microcomputers and two tape streaming devices installed, operating, and being used in conjunction with the mainframe computer system.
- o Forty-eight (48) persons trained and using the mainframe computer, including 48 in data entry, 6 in operations and 10 in programming.
- o Forty-eight (48) persons trained and using the microcomputers.
- o Local site maintenance of computer facilities achieved.
- o Maintenance of computer system achieved.

Participating institutions will have improved technical and management skills in the production, analysis and application of data.

Assumptions: Technical and management training will improve the skills of those trained. Improved skill levels of staff will strengthen an institution's capability to perform its functions.

Indicators:

- o Three (3) trained persons operating and maintaining the CDC printing press.
- o CDC printing press being used to produce family health/family planning information that has been developed based on data (such as KAP survey) which indicates what types of materials are most effective.
- o Within the MOH, SWDO and IWE five levels of staff (management, section heads, central office staff, regional heads, and regional staff) in the five project regions receive technical and management training. Five levels of staff within the MOH also receive training in logistical system.
- o Within the CDC, national teacher trainers and selected teachers in the five project regions receive technical and management training.
- o Within the SFHCA central office and field staff receive technical and management training.

Increased IEC programs supporting family health services.

Assumptions: IEC programs promote improved family health practices and increase the demand for clinical family health services.

Indicators:
- o Three (3) television programs produced and shown.
- o Ten (10) radio programs produced and aired.
- o Five hundred thousand (500,000) pamphlets produced and distributed.
- o One (1) video drama on child-spacing produced, distributed and shown in villages.
- o Thirty thousand (30,000) posters distributed.
- o Textbooks for grades 1-12 printed and distributed.
- o Two thousand (2000) village women reached per year through outreach programs.
- o One (1) workshop held at party headquarters
- o One (1) National Population Conference held.
- o National Conference on Islam and Child-spacing held and Islamic Source Manual distributed.
- o Two (2) discussion groups for study tour/overseas studies participants held.
- o Sixty percent (60%) of the 2000 health education teachers in the five project regions trained in the use of health education textbooks.
- o IEC resource manual, reference manual and resource kit in use.

Greater effectiveness of service personnel in motivating couples to adopt and continue FH practices.

Assumptions: Service personnel can affect an individual's FH practices.

Indicators:
- o Clinical service statistics improve yearly.
- o Service delivery strategy is developed and implemented based on results of KAP survey.
- o Demand for private sector providers increased as demonstrated by physician records.
- o Results of KAP survey indicate that FH practices are improving.
- o Results of KAP survey and small surveys in Mogadishu indicate that the number of people using family planning is increasing.
- o Pharmacy audits indicate increase in demand for contraceptives.
- o Practice of female circumcision is declining as indicated by hospital records, KAP survey results, and data collected by service delivery personnel.

Upgraded and expanded clinical family health services of the MOH.

Assumptions: Increased demand for FH/FP services as a result of IEC program will necessitate expanded services from the MOH. Use of FH services indicates an acceptance of improved FH practices.

Indicators:
- o All persons working in the MCH centers located in the five target regions received in-service and pre-service training.
- o Fifty percent (50%) of TBAs identified in the 5 regions received training.
- o Two (2) clinics operating as training and demonstration sites.
- o Two (2) update training workshops for physicians conducted.
- o Clinical standards of practice developed and implemented for FH/FP services.
- o FH curriculum and classroom materials for tutors developed (one curriculum and 100 sets of materials) and being used for training tutors.
- o Contraceptive logistics systems functioning efficiently; supplies available as needed.
- o Sixty (60) MCH centers and regional hospitals providing FH services.
- o Clinical data being systematically recorded.

Personnel who are implementing family health programs would have improved their skills in operations research.

Assumptions: Operations research skills are used to improve and upgrade FH/FP programs.

Indicators:
- o Family health data base is used by IAs for planning, monitoring, supervising and making decisions about family health programs.
- o Clinical staff recording FH/FP data in a systematic manner and using it to revise FH programs.
- o KAP data used in revising IEC and service delivery strategies.

Family health programs will be guided by the results of a region wide KAP survey.

Assumptions: KAP survey will provide information on what types of programs are most and least effective for different population groups.

Indicators:
- o IEC strategies are based on KAP results.
- o Service delivery strategies are based on KAP results.

The potential for a contraceptive marketing program (in the private sector) will be analyzed.

Assumptions: The IAs will incorporate the results of this study into future activities, strategies and workplans.

Indicators:
- o Feasibility study completed.

The population data base will be expanded.

Assumptions: An expanded data base will provide a baseline against which to measure program effectiveness and will support the CSD in providing decision-makers with accurate information.

Indicators:
- o Baseline data available against which to measure basic demographic and population trends, including contraceptive prevalence rate, access to FP, total fertility rate, population growth rate.
- o 1986 Census analyzed.
- o KAP survey completed and analyzed.
- o MOH personnel systematically record FH/FP data which will indicate trends in FH practices.

Linkages between IEC and service delivery in both urban and rural areas will be stronger.

Assumptions: Stronger linkages will assure that IEC is not creating a demand for services that cannot be met by service delivery.

Indicators:
- o Annual workplans.
- o Strategy documents.
- o Annual budgets.

Vertical and horizontal linkages within the MOH among the divisions responsible for FH, FP, MCH, and PHC activities will be strengthened.

Assumptions: The benefits FH/FP programs to mothers and children are maximized by integrating FH/FP into MCH/PHC programs.

Indicators:
- o Monthly and quarterly meetings held.
- o New committee structures implemented and functioning.

FH/FP services will be fully integrated within MCH services in the MCH centers in the five project regions.

Assumptions: The benefits of FH/FP programs to mothers and children are maximized by integrating FH/FP into MCH/PHC programs.

Indicators:
- o Regional strategies.
- o Annual workplans.
- o Sixty (60) MCH centers providing FH/FP services.

Political and religious leaders have increased awareness of population issues.

Assumptions: Increased awareness will lead political leaders to making better FH/FP policies. Religious leaders can affect the Somali public's thinking on FH/FP issues.

Indicators:
- o RAPID III presentations to political and religious leaders.
- o Islam and Child-spacing Conference held.
- o Political and religious leaders' statements booklet on FP and female circumcision printed and distributed.
- o Political and religious leaders speak at National Population Conferences.
- o Population issues are addressed in Five-Year National Development Plans.
- o Religious and political leaders participate in overseas training and study tours.

ANNEX D

Jamhuuriyadda Dimoqraadiga Soomaaliya
WASAARADDA QORSHEYNTA QARANKA IYO HORUMARINTA DOOXADA JUBBA
MUQDISHO (Soomaaliya)

Somali Democratic Republic
Ministry of National Planning & Juba Valley Development
MOGADISCIO (Somalia)
Telex: 3715 MNP MOGA

جمهورية الصومال الديمقراطية
وزارة التخطيط الوطني وتنمية وادي جوبا
ص.ب: ١٧٤٢
مقديشو ـ صوماليا
تلكس: ٣٧١٥

QAYBTA QORSHEYNTA

ACTION COPY
ACTION TAKEN PP PROJ being amended
Signature C.B. Date 10/19

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[illegible]	✓	
PR [illegible]	✓	
ARD		
PDS		
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PDS/CNIO		
PPSD	✓	✓
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MGT		
MGT/CO	✓	
MGT/DPM		
MGT/PER		
FSU		

Tix/Ref.: MNP/CSD/029/1365/89 89/1522

Ujeeddo/Subject: Extension of the Family Health Services Project since 1991

To :- Ministry of Foreign Affairs
MOGADISHU

cc :- Ms. Lois Richards
USAID Mission Director
MOGADISHU

action due: 10/8/89

We would like to inform you that the family health services project has enjoyed our full support and cooperation over the last four years. Although there have been some improvments in policy reform and the service delivery, more work is needed in these areas.

The Government of Somalia accepts the recommendations made by the evaluation team to extend the project completion date to 1991, reccgnizing that a more focused set of activities will be pursued.

Therefore, we would highly appreciate you if could inform USAID Mission Director, accordingly.

Yours Sincerely

(ABDULLAHI SHEIKH MOHAMED)

OCT 01 1989

ANNEX E

FIRST AMENDMENT TO THE PROJECT AUTHORIZATION

Name of Country: Somali Democratic Republic (SDR)

Name of Project: Family Health Services

Number of Project: 649-0131

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Family Health Services Project for the Somalia Democratic Republic was authorized on July 8, 1984. That authorization is hereby amended as follows:

a. The text of paragraph 1 of the Authorization is deleted and the following text substituted therefore:

"Pursuant to Section 104 the Foreign Assistance Act of 1961, as amended, I hereby authorize the Family Health Services Project (the "Project") for the Somali Democratic Republic (the "Cooperating Country") involving planned obligations not to exceed ten million one hundred thousand United States dollars ($10,100,000) in grant funds over a five-year eight-month and twenty three day period from date of authorization, subject to the availability of funds in accordance with the AID OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project."

2. The authorization cited above remains in force except as hereby amended.

Lois Richards
Mission Director

Date: October 28, 1989