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**JOINT REVIEW
SOMALI DEMOCRATIC REPUBLIC/UNICEF/WORLD HEALTH ORGANIZATION
THE HEALTH PERSONNEL TRAINING INSTITUTE,
SCHOOLS OF NURSING, HARGEISA AND MOGADISHU,
POST-BASIC HEALTH TRAINING CENTRE, SOMALIA**

19 November to 1 December 1983

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I AIMS AND OBJECTIVES OF THE EVALUATION

On the request of the Government of the Somali Democratic Republic a team consisting of members from WHO, UNICEF and the Ministry of Health, Somalia, carried out a joint review of the Health Personnel Training Institute, Mogadishu, the nursing schools in Mogadishu and Hargeisa and the Post-Basic Training Institute, Mogadishu.

The objectives of the review were:

1. To evaluate the existing curricula of the various categories of health personnel being trained.
2. To identify the strengths and weaknesses of the training programmes and suggest measures to minimize and/or solve the problems identified.
3. To formulate recommendations and a plan of action for future guidance and follow-up by the authorities concerned.
4. To orient the staff of the training department to the techniques of evaluating training programmes for health personnel for their future use.

II COUNTRY PROFILE

1. General Features.

The Somali Democratic Republic, situated in the Horn of Africa, has a population of 5.3 million and an area of 638,000 sq.km, divided into 16 regions which are sub-divided into districts. 51% of the population is nomadic, 23% rural settled farmers and 26% urban. The crude birth rate is 4.4%, the crude death rate 1.3% and the population growth rate 3.1%. The GNP was US\$ 110 in 1977 and US\$ 120 in 1983. Communications are difficult outside the main towns. There are no railways and few metalled roads.

Livestock, meat and hides are the chief exports, followed by bananas. Major constraints to economic development include acute shortage of trained manpower. Migration to oil-exporting countries has aggravated the problem.

2. Education

In 1973 the literacy rate was 5%. In 1975 it had increased to 50%. In 1971 there were 60,000 children in primary schools; in 1976 there were 230,000. The proportion of female students rose from 20% in 1969 to 35% in 1976. Secondary schools enrolled 30% more students between 1974-1977 (see Annex I). The educational ladder is constructed as follows: 4 years

elementary, 4 years intermediate, 4 years secondary and then higher education. Candidates for technical education are taken after successful completion of the 8th grade. Teaching of English starts in the 9th grade. In 1972, the Latin alphabet was adopted for the Somali language; this has facilitated the use of and proficiency in the language but there remain many problems to overcome, e.g. shortage of textbooks and translation of technical terms.

3. Health

Life expectancy at birth is quoted to be 45 years, reflecting the high mortality rate among children. The infant mortality rate is estimated to be between 150 and 177 per thousand live births. Serious nutritional deficiency and environmental health problems are major contributing factors to high mortality among children, others being tuberculosis, water-borne diseases, diseases of childhood and diarrhoeal diseases. Malaria seems to be on the increase.

The major ten health problems as identified in the current Five-Year Plan (1980 - 1985) in the order of priority are: tuberculosis, communicable diseases of childhood, diarrhoeal diseases, malaria, schistosomiasis, malnutrition, sexually transmitted diseases, respiratory infections, accidents and common obstetrical problems.

4. Health Delivery System

Although the health system is totally organized under the public sector (Ministry of Health), there are a few large paragonmental organizations, e.g. the Social Insurance Agency (CASS) and Drug Agency (ASPIMA). The Ministry of Health is organized into eight Departments at the central level headed by Departmental Directors under the General Administration of the Director-General (see Annex II). At the regional level the regional medical officer represents the Ministry of Health. The district medical officers work under him. Health care facilities are provided to the population through hospitals, MCH centres and health posts. There exists a great deal of traditional medicine and traditional health practices. There are 15 regional hospitals outside Mogadishu with a bed strength range of 50 to 200. There are 55 district hospitals and health centres with 20 beds. The Government is committed to Health for All by the Year 2000. In villages with 10 to 15 thousand population primary health care centres will be established. In

villages with about 3 000 to 4 000 population primary health care posts (PHCPs) will be established. So far this has been implemented in 4 regions.

5. Health Planning

In the current national health plan for 1980-1985 the objectives are stated as follows:

1. To upgrade the medical care services so as to deal effectively with the majority of acute and chronic diseases afflicting the population, including their potential residual effects.
2. To organize and encourage all measures that would stress preventive and promotive aspects of health, at the same time stimulating progressive community involvement.
3. To strengthen managerial and logistics support at various levels to accomplish the above.

The strategy for the achievement of these objectives is outlined in the national health plan as:

1. Extending health service coverage and accessibility to grassroots levels through Primary Health Care (PHC).
2. Strengthening of medical care at the district and regional levels to back up PHC.
3. Strengthening the health information system.
4. Strengthening of health management and administration.

6. Health Manpower

The currently employed health manpower by categories and regions is given in Annex III. The characteristics of the health manpower have remained consistent over the years, comprising graduate physicians and a few nurses with B.Sc. degrees from abroad and non-graduate nursing, midwifery and paramedical assistants. In addition, there are several kinds of auxiliaries trained on-the-job.

7. Health Manpower Production

Health Manpower Production is the responsibility of the Somalia Faculty of Medicine (for physicians), basic and post-basic nursing schools, the HPTI and of the hospitals for on-the-job training. The Department of Training, one of the departments of the Ministry of Health, has overall national responsibilities for the planning, supervision and evaluation of nursing schools, the HPTI and the Post-Basic Nursing Centre. The staff consists of Director, Assistant Director, Head of Continuing Education and a clerk. The

Department was established in 1976. Its fifth, i.e. the present, Director was appointed about a year ago.

III HEALTH PERSONNEL TRAINING INSTITUTIONS

1. Health Personnel Training Institute (Mogadishu)

This was established in 1959 to train three categories of mid-level health personnel, i.e. health superintendents, PHN midwives and assistant sanitarians. Since its establishment other categories have been added according to national needs. The health superintendent programme no longer exists. The training of the other categories can be suspended and re-started according to their absorption in the health services. The categories trained in the past ten years by the HPTI and the 6 year projections are shown in Annexes IV(a) and IV respectively.

2. School of Nursing, Hargeisa

This was established in 1964 with a three-year programme for general nursing. Later the training period was reduced to two years, which proved inadequate and in 1983 the duration was increased to three years. The number of nurses trained by this school in the last ten years appears in Annex IV.

3. School of Nursing, Mogadishu

This school started in December 1970 as a part of the HPTI with a three-year programme which followed the same pattern of reduction and later increase in the training period as the Hargeisa School of Nursing. The School later became an independent institution and was no longer attached to the HPTI. The number of nurses trained by this school in the last eleven years is given in Annex IV(b).

4. Kismayo Regional School of Nursing

Plans have been finalized to open this school in January 1984.

The projected output of all the schools of nursing between 1980-85 is shown in Annex IV.

5. Post-Basic Health Training Centre

This was established in 1976 for post-basic courses in teaching, for continuing education and for courses for employees to upgrade their skills. At present the centre is training tutors for assistant sanitarians, assistant pharmacists, assistant laboratory technicians and nurses. Post-basic courses in midwifery and administration/nurse management are given for nurses only. The number of persons trained, by categories, in the last seven years and projections for the next five years is given in Annex IV(d) and Annex IV respectively.

IV THE REVIEW

1. Methodology

Information was collected by the following methods:

- 1.1 Interviews and meetings with the officials at the Ministry of Health, staff and students of the various institutions evaluated, and by studying the relevant documents made available to the team.
- 1.2 Field visits to the areas utilized to provide supervised practical experience to the student. (For sources of information please see Annex V).
- 1.3 Forms developed to get information from the administration and the teaching staff of the institutions visited (see Annex VI).
- 1.4 Observations by the individual team members, which were pooled.

This information was analysed and strengths and weaknesses of the various training programmes were identified. Recommendations to solve or at least minimize the problems were suggested. These were discussed with the teaching staff of the training institution and relevant officials of the Ministry of Health.

2. Findings

2.1 Efforts for Improvement of Curricula

Since 1977 nurse educators have tried to revise and modify the nursing curriculum with the help of WHO nurse educators. In 1978 a task-based curriculum was finalized and implemented for the 2 years' basic nursing education course in Mogadishu and Hargeisa.

In 1981 there was a WHO workshop in Mogadishu on curriculum development for those educators of the HPTI who were training assistant sanitarians and assistant laboratory technicians. A plan of action was drawn up (see Annex VII) in this workshop according to which a curriculum committee was to be established to improve the curricula by changing from subject-based to competency-based curricula; this was to be implemented by 31 August 1983. The initial work for competency-based curricula had started during the workshop to provide guidance for the continuation of the work.

In 1982 two of the three WHO consultants to the above workshop visited Somalia for follow-up purposes. However, apart from the work initiated during the workshop, not much had been accomplished.

In January 1983 a workshop was held in Mogadishu for the nurse educators of the basic and post-basic schools of nursing and repeated in Hargeisa in September 1983, to design the nursing curriculum for three instead of two years of training and improve upon the previous task-based curriculum. The curriculum which emerged from the efforts of the national nurse leaders and national and WHO nurse educators is now being implemented.

The curricula of the courses offered at the post-basic training centre have also been revised early this year and have been implemented since September 1983. These are a useful compromise of task-based and subject-based curricula.

2.2 Curricula and their Implementation:

General Situation

2.2.1 Pattern of Academic Activities

The academic year is divided into two semesters of 6 and 5 months each. The 12th month is the vacation period; it always coincides with the month of Ramadan. English is taught in the 1st and 2nd semester of the 1st year to all categories of health personnel.

There is a final examination at the end of each semester and a comprehensive examination at the end of the training. This comprehensive examination is supervised by a committee from the Ministry of Health but all examinations are prepared, conducted and evaluated by the teaching staff of the respective institutions.

In nursing in the final grades 40% are for theory, 40% for practical and 20% for personality traits as graded by the tutors.

2.2.2 Implementation of Planned Activities

The staff are trying to implement the planned activities but are faced with many difficulties and problems. Shortage of human and material resources tops the list of the problems, followed by almost double the planned intake of students. Some subjects included in the curricula are not taught at all or are only partially taught because there are either no permanent staff and/or no funds available for the part-time teachers. Moreover, salary subsidies provided to the staff in the past from UNICEF funds were not available in 1983, with the result that the staff are dissatisfied and even the available part-time staff is no longer available to participate in teaching and training.

2.2.3 Implementation of Task-based Curricula

With the exception of listing of the tasks in the task-based approach it appears that not much has been fully comprehended by the nurse leaders/educators.

Deep concern was expressed by all those involved in planning and implementing teaching activities regarding their incomplete understanding of the task-based approach to curriculum design.

Many individuals from the health personnel education and health services informed the team that the nurses trained by following the task-based curriculum are less competent than before when the subject-based curriculum was used. It came out in the discussions that the nursing students were taught skills mentioned in the tasks and not given the background of knowledge on which the skills were based. In Mogadishu it seems to be the impression of some of the nurse leaders/educators that WHO favours the task-based curriculum, and that therefore it had to be implemented. The team members tried to remove this misconception, referring to the January 1983 workshop where the resistance of some of the participants had been objectively overcome by frank discussion.

2.2.4 Teaching Activities

Almost all the classroom teaching is in the form of the traditional lecture method, illustrated by pictures if and when available. Lecture notes are either dictated or given to the students in the form of handouts. Visual and other teaching aids are very limited and rarely used. Facilities for simulation of learning experiences in the demonstration rooms or classrooms are limited and those existing are not being made full use of, e.g. some of the equipment is still in its original packing.

Supervised practical experience is not implemented as planned because of the following reasons, stated by the teachers:

- (a) The large number of students and shortage of teachers/supervisors.
- (b) Inadequate available facilities for practical work/learning of skills because areas outside big towns cannot be utilized due to non-availability of funds (UNICEF).
- (c) Inadequate transport.
- (d) Limited collaboration between the Health Personnel Education staff and the Health Service staff.
- (e) Limited skills of the teaching staff in modern educational methods.

2.2.5 Language of Instruction

When the HPTI was established in 1959 the courses were conducted in the Italian language for the trainees coming from the Southern part and in English for those coming from the Northern part of Somalia. In 1977 the language of instruction was changed to Somali. After an intake of 2 batches of each category, which graduated in 1979 and 1980 respectively, the language of

instruction was changed to English; this system continues so far. The students enter the health training institution after 8 years of schooling having received all instruction in the Somali language. English starts as a language from Class IX. The health training institutions start with teaching English. The number of hours taught per week differs with each institution. Except for the School of Nursing, the other institutions introduce other subjects alongside the English language right from the beginning.

The evaluation team interviewed a random sample of students from various classes in the HPTI and Mogadishu School of Nursing as well as those trained and employed in various health services. While some could understand very simple sentences like "What is your name?" and "Where do you come from?" others could not comprehend even these. There were very few who responded to these questions in English. The team also visited some classes in session and saw that the teaching was done in Somali while the writing on the blackboards was in English. The handouts given to the students in lieu of lecture notes and textbooks are in English but the students write the Somali translation under the English lines. Thus the lecture seemed more like an English-to-Somali translation class rather than a technical teaching session. But it is very significant to note that every class voted for teaching to continue in English, even though they agreed that if the handouts and lectures were given in Somali they would understand better.

In the final analysis, the team members were of the opinion that the students were extremely keen to learn English because of the variety of job and career opportunities in fields, not necessarily related to health, to which knowledge of English is a key.

2.2.6 Evaluation of Learning Outcomes

The written examinations consist of objective-type questions, i.e. "true and false" and multiple choice. In addition the "fill in the blanks" system is used. Short-answer questions may or may not be included. At the time of the review, the post-basic training centre was found to be the only institution using short-answer questions.

Practical and oral examinations are conducted as a part of the final examination. A committee from the Ministry is supposed to supervise the conduct of these. The exact techniques for evaluating skills was not clearly defined. The personality traits of the students are evaluated by the tutors on a form using a rating scale.

The examination question papers supplied to the team as samples reflected that those making these examinations were not familiar with the principles of

constructing objective-type questions. The teaching staff without exception expressed their inadequacy in the area of evaluation and requested assistance.

2.3 Specific Observations

2.3.1 HPTI

This Institute is the major source of supply of middle-level health personnel in Somalia. Both staff and students are working under difficult conditions and with extremely limited resources, e.g. there is no water available, and there is extreme shortage of learning/teaching materials.

The available curricula and time schedules were studied by the team with the individual(s) responsible for each course. The hours allocated in the curriculum do not always correspond with the actual teaching hours. The scheduled teaching hours leave the student free for a considerable part of the school day. There are no self-instructional or guided study activities to keep the student fully occupied. The curricula being followed are old and mainly subject-oriented.

The HPTI has recently moved into a new, ideally situated building close to the School of Nursing, Medical Faculty and the Digfer Teaching Hospital. The building, however, is not yet completed hence it is inadequate for the needs of the HPTI. Additional rooms will be needed for a common staff office, a library and two laboratories; one laboratory is needed for public health for training assistant sanitarians in the analysis of water, milk, etc. and another as a clinical laboratory to train assistant laboratory technicians. These laboratories will also be utilized by the School of Nursing.

There is a shortage of teachers which results in inadequate supervision of students in field practice areas.

2.3.2 School of Nursing, Hargeisa

This School serves the northern region of the country. It has sufficient physical facilities including a hostel for all students. However, these facilities need minor functional rearrangement for their full use. The School uses hospitals, MCH centres, a refugee camp and PHCUs to provide field training to the students. The service personnel seem to be fully committed and willingly participate in such field training.

The newly appointed Director is a dedicated person with many good ideas, but needs back-up support in terms of personnel. Additional furniture is also needed.

Given proper facilities the WHO nurse educator's capabilities could be effectively utilized in the area of training of trainers, construction of teaching modules and procedure manuals.

The post-basic midwifery course was stopped in 1978. This needs to be re-established because of the need for trained nurse-midwives who are vital to the establishment of primary health care units and for the planned training of TBAs.

There are 14 full-time staff members including two English teachers. Six of these have post-basic qualifications and long teaching experience. Three have no post-basic qualification but long experience and five are fresh graduates of the School. Three part-time service personnel are also participating in the teaching activities.

2.3.3 School of Nursing, Mogadishu

It is ideally situated near the Digfer Teaching Hospital, the HPTI and the Medical Faculty. It has adequate physical facilities for the originally planned numbers but, due to the intake being 4 or 5 times more than planned, the classrooms and the hostel are overcrowded. Similarly, the number of teachers is inadequate to cope with the large intake. The first-year class visited by the team had 220 students and only one teacher. The shortage of teachers is one of the contributing factors to poor standards of training because the supervision in the field practice areas is far from adequate. The School of Nursing is following the task-based curriculum and facing the problems already mentioned previously in this report. The staff are trying their best to implement the curriculum and are being assisted by a WHO nurse educator.

2.3.4 Post-basic Health Training Centre

This Centre has recently shifted to the old building previously occupied by the HPTI. The accommodation, though adequate space-wise, is badly in need of repairs, painting and restoration of water supply. There are seven faculty members including the Director but five were on leave during the period when the review was conducted. This Centre is the only one for post-basic courses for health personnel.

IV RECOMMENDATIONS

1. In the HPTI and nursing schools the intake of students is more than double the planned intake, thus affecting the quality of training.

It is recommended that the number of students be reduced to correspond with the available facilities.

2. Entrants to the HPTI and nursing schools have no background in English which is the language of instruction in the health personnel institutions.

Although English is taught to the students during the first year their comprehension and expression are extremely limited.

It is recommended that either the language of instruction be changed to Somali as soon as possible or the basic educational requirements for admission be raised from intermediate to secondary school certificate. In either case, English should be continued to be taught as a language.

3. In spite of all the efforts directed towards curriculum development there is a need for sustained efforts to complete the nursing and the HPTI curricula.

It is therefore recommended that:

- (a) each institution form a curriculum committee composed of selected members of staff from the health personnel training schools and the service areas, to plan, implement and evaluate all the components of the training programmes and submit budgetary proposals for their plan of action to the Training Department, Ministry of Health;
 - (b) the staff from the teaching institutions and selected staff from the service training areas meet regularly to accomplish the various tasks leading to completion of curriculum documents, including educational evaluation plans for students, programmes and staff.
4. Since collaboration between the health personnel education staff and the health services staff is inadequate, it is recommended that the service personnel be motivated and encouraged to participate actively in planning, implementation and evaluation of all aspects of the training programmes.
5. Since shortage of transport is one of the major contributing factors in limiting the use of available facilities for practical and field training, it is recommended that 50- to 60-seater buses be provided to the HPTI and nursing schools in Mogadishu and Hargeisa, with budgetary provision for running and maintenance. Alternatively buses could be hired on contract bases to transport the students and teachers to and from the field practice areas.
6. The new HPTI building does not have laboratories, library and common office for the teachers and the water supply has not been connected yet.

It is recommended that two laboratories, one for public health and one clinical, a room to be used as library and one common office be built and equipped and water supply connected as soon as possible.

7. The Post-basic Health Training Centre building is in urgent need of water supply, general repairs and painting.

It is recommended that this receive prompt attention.

8. Shortage of teaching/learning materials is affecting the quality of learning.

It is recommended that relevant teaching/learning materials be made available by local production, e.g. duplicated handouts, by adaptation e.g. by translation and by direct purchase of carefully selected audiovisual and printed materials from non-profit-making agencies.

9. The nursing skills laboratories (demonstration rooms) in the Schools of Nursing in Mogadishu and Hargeisa are inadequately equipped.

It is recommended that these be improved by addition of equipment and replenishment of supplies and that the demonstration room of the School of Nursing in Mogadishu be also used by the HPTI for training the public health nurse-midwives.

10. At present the practical and field practice areas are limited to a few institutions.

It is recommended that the training institutions make maximum use of the existing service delivery institutions as well as explore new community and field practice areas for utilization to achieve the institutional/programme objectives.

11. The overall competence of the teachers in educational methodology and evaluation is poor.

It is recommended that both full-time and part-time trainers of health personnel be assisted in developing competence by a series of activities including WHO/UNICEF-assisted workshops, seminars, working group activities etc. leading to specific products and results.

It is further recommended that some of the capable and interested individuals be sent on fellowships for further education in these areas.

12. The Department of Training in the Ministry of Health needs to be strengthened by clearly defining its functions, its budget allocation, and job descriptions and specifications of its personnel.

The functions of this Department are recommended to include educational planning, supervision of implementation, evaluation, and follow-up of all the training programmes of health personnel excepting university education.

13. A National Council should be established to regulate the practices and quality of the health professions. Such a Council should be under the chairmanship of the Minister of Health, with representatives from the public, the judiciary, Ministries of Health and Education and health professions. The Council should establish committees to include medical, nursing and midwifery and pharmacy committees and one committee for all other categories.

14. The standard of planning, management and supervision, including records and statistics, was found to be extremely weak at all levels in the areas visited.

It is recommended that extensive training courses be conducted for health personnel in health planning and management, educational management, record-keeping and biostatistics, starting with those in administrative and supervisory positions in the Ministry of Health, and health personnel in educational and health services institutions.

15. Health educational institutions should be supported and encouraged to contribute to the health services including primary health care, in the form of planning and implementing in-service and refresher courses for the health service personnel, and by direct contribution to community health activities during their field work.

16. The back-up support services in all the teaching institutions visited were found to be weak, leading to poor recording, filing systems and inventories etc.

It is recommended that each institution be provided with a storekeeper, a clerk, a librarian, and an accountant.

17. Since the continuous migration of experienced health personnel from the HPTI, the Schools of Nursing and the Post-basic Health Training Centre is leading to disruption of planned activities and affecting the quality of training, it is recommended that career ladders be developed for all categories and opportunities for career development be provided, including promotions based on proficiency, and that salary scales be revised to be in keeping with expected qualifications and the nature of the responsibilities attached to a post.

It is further recommended that specific contribution and production, e.g. conducting examinations, writing text-books or parts thereof, translation, construction of relevant teaching aids and innovative teaching techniques be substantially rewarded financially.

18. Since basic physical and material facilities to reestablish the badly-needed basic midwifery course are available in the Hargeisa School of Nursing, it is recommended that the Ministry of Health approve restarting the course and appoint two qualified midwife tutors.

19. Like most countries of the Third World, Somalia is passing through stringent financial difficulties leading to limiting expenditures in many areas including the health sector. International financial assistance has

continued to support many health programmes. Any disruption or discontinuity of such support leads to serious deterioration of the supported programmes.

Therefore it is extremely important to continue the previous allocation by UNICEF/WHO and to budget for the extra support needed until the end of the existing National Health Plan (1980-1985).

A task-force may be formed to draw up a plan of action to implement the above recommendations which should be submitted with their budgetary components and phasings. Meanwhile, it is extremely important to provide allocations for overtime expenses to full and part-time staff, student allowances, teaching/learning materials, transport, specified continuous refresher and in-service courses, equipment and supplies, field practical activities, and additional rooms to be used for laboratories, a library and a common staff office at the HPTI.

ACKNOWLEDGEMENT

It is not possible to mention each individual by name but the Review Team wishes to place on record its deep appreciation of all the help and assistance provided, either directly or indirectly, throughout its mission.

ANNEX I

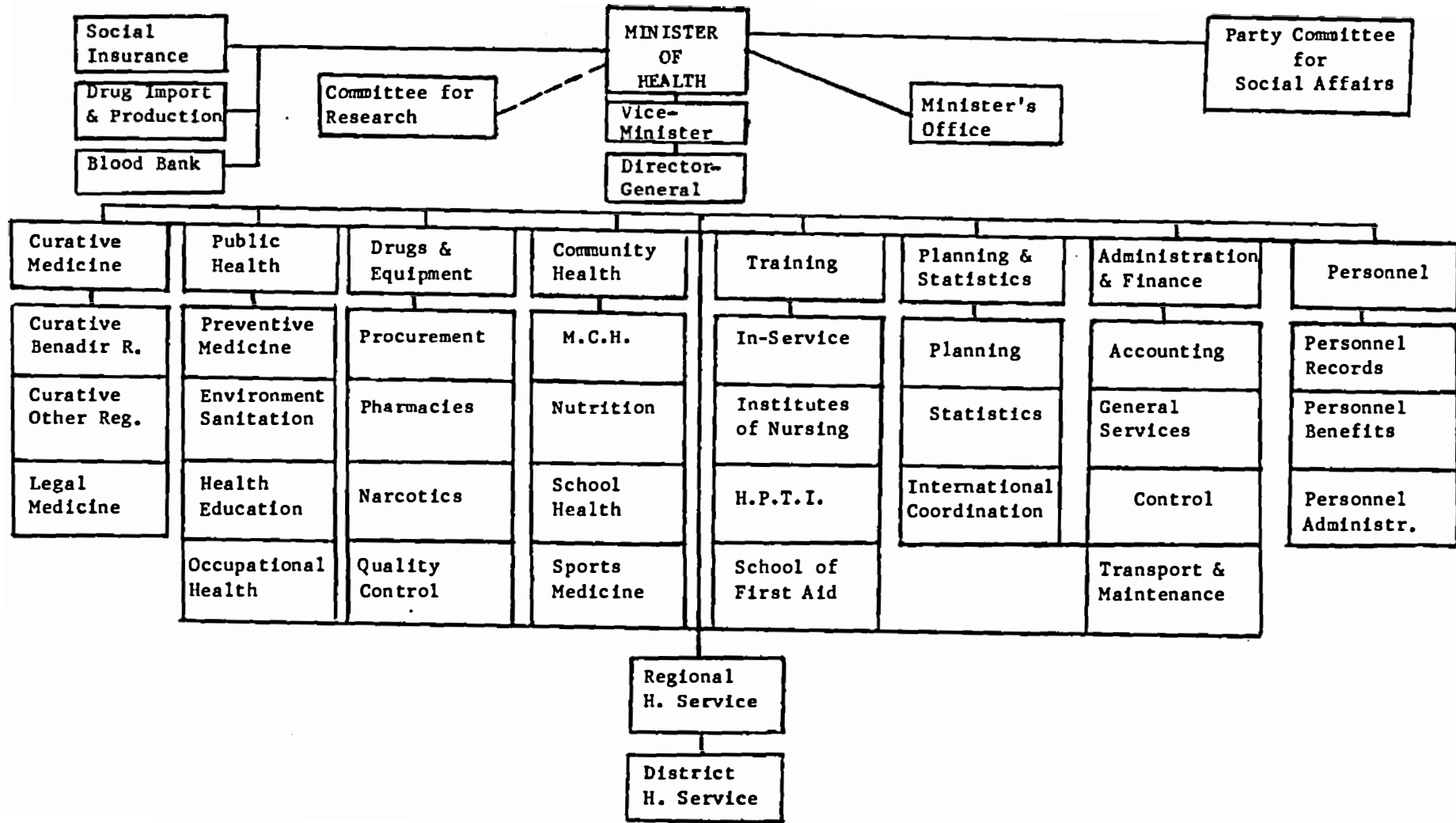
EDUCATION BY LEVEL - 1978 - 1979
NO. OF SCHOOLS, CLASSES, ENROLMENT, TEACHERS
AND CLASSROOMS

Level of Education	Schools	Classes	Enrolment		Teachers		Classrooms		Total
			MF	Female	MF	Female	Occupied	Unoccupied	
Pre-elementary	18	54	5,296	2,757	146	137	15	45	60
Elementary	820	3,867	148,361	56,798	4,014	1,225	2,606	242	2,848
Intermediate	618	2,989	115,390	38,402	4,127	845	2,152	49	2,201
<u>Secondary Schools</u>									
(a) General	36	282	11,130	2,373	706	35	232	71	303
(b) Tech. vocation	15	127	4,430	1,098	333	43	114	4	118
(c) TTC	2	65	2,856	902	162	9	65	-	65
(d) Correspondence	1	-	2,385	988	25	6	-	-	-
Women's education	51	175	3,714	3,714	300	291	143	11	154
Adult education	-	768	27,083	14,314	*	*	*	*	*
T o t a l	1,561	8,327	320,645	121,316	9,813	2,591	5,357	392	5,749

* Shared with Primary School.

Source: Ministry of Education.

ANNEX II
 ORGANIZATIONAL CHART, MINISTRY OF HEALTH



ANNEX III

Health Manpower Categories and Regions

REGIONS	DOCTORS	ASS. DOCTORS	NURSES	MIDWIVES	SANITARIANS	ASSIST. PHARMACISTS	ASS. LABORATORIES	X-RAY TECHNICIANS	CLERKS (STATISTICAL)	AUXILIARY NURSES	OTHERS	TOTAL
Banadir	242	41	600	101	205	146	182	72	46	728	606	2969
N/West	23	-	249	7	13	5	8	9	-	194	135	643
L/Shabeli	11	-	89	12	21	12	16	6	-	66	96	338
Hiran	7	-	69	4	14	18	8	5	-	113	51	278
Bay	6	1	75	7	9	1	8	5	-	85	54	251
L/Juba	4	1	70	8	7	2	9	7	-	50	67	225
Togdheer	6	-	83	2	3	1	3	5	-	49	73	225
M/Shabeli	8	-	46	9	10	5	7	5	1	69	42	202
Gedo	4	-	71	2	7	1	4	1	1	41	33	165
Bakool	3	-	14	1	2	1	1	4	-	52	61	139
M/Juba	3	-	21	1	3	-	2	2	-	35	56	123
Nugaal	3	-	30	-	-	4	1	1	-	52	25	116
Bari	2	-	35	2	1	-	1	-	36	36	31	108

ANNEX IV
 MEDICAL AND HEALTH TRAINING INSTITUTES
 NUMBER TRAINED AND PROJECTED UP TO 1985

Institute & Category	At end 1979*	Expected Output						Total Output 1980-85
		1980	1981	1982	1983	1984	1985	
<u>Medical Faculty</u>								
Doctors	146	55	44	100	65	65	65	394
Specialists		Starting	-	22	22	24	24	92
<u>HPTI</u>								
Sanitarians	208	89	65	50	40	40	40	324
Laboratory tech.	217	58	35	30	25	20	20	188
X-ray tech.	67	37	30	20	20	20	-	127
Assist. pharmacist	196	57	35	30	23	20	20	187
Statistical clerk	27	-	25	25	25	25	25	125
P.H. nurses	282	-	-	-	-	-	-	-
<u>Nursing Schools (All)</u>								
General nurses	809	372	320	210	240	240	240	1 622
<u>Post-Basic H.T. Centre</u>								
Nurse tutors	38	14	15	15	15	15	10	84
Sanitarian tutors	-	4	5	5	-	-	-	14
Laboratory tech. tutor	-	3	5	5	-	-	-	13
Nurse administrators	-	22	25	25	25	25	25	147
Nurse midwives	36	7	25	25	25	25	25	132

* All are not necessarily in service.

ANNEX IV (a)

NUMBER OF STUDENTS GRADUATED FROM HEALTH PERSONNEL TRAINING INSTITUTE BY YEAR FROM: 1971 TO 1981

Category	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	Total
1. PHN/Midwives	30	-	-	37	39	34	-	59	-	-	-	-	199
2. Asst. Sanitarians	-	-	-	-	20	28	-	57	66	86	67	42	366
3. Asst. Pharmacists	-	-	-	13	11	21	32	24	57	56	54	47	315
4. Asst. Lab. Technicians	-	12	10	20	19	16	19	26	66	53	57	40	338
5. Asst. X-ray Technicians	-	-	-	-	-	17	-	-	26	35	42	-	120
6. Statistical Clerks	-	-	-	-	-	-	-	-	27	-	26	-	53

ANNEX IV (b)

NUMBER OF GRADUATES - MOGADISHU NURSING SCHOOL

Year	Number of Students
1973	26
1974	28
1974	63
1975	57
1976	26
1977	46
1978	147
1979	257
1980	277
1981	277
1982	198

ANNEX IV (c)

GRADUATES, HARGEISA NURSING SCHOOL

Years	Enrolled	Graduates		
		Total	Boys	Girls
1964-1967	6	2	0	2
1965-1968	5	4	0	4
1966-1969	9	6	0	6
1967-1970	12	9	0	9
1968-1971	11	9	0	9
1969-1972	8	5	0	5
1970-1973	12	9	0	9
1971-1974	34	20	14	6
1972-1974	36	24	18	6
1973-1975	43	24	14	10
1974-1976	55	20	11	9
1975-1977	27	11	7	4
1976-1978	88	39	19	20
1977-1979	55	39	23	16
1978-1980	104	63	35	28
1979-1982 Jan.	103	80	36	44
1981-1982 Dec.	137	103	35	68
1982-1984	124			
1983-1986	104	467	212	255
Total	973			

ANNEX IV (d)

NUMBER OF GRADUATES FROM THE POST-BASIC
 HEALTH TRAINING CENTRE FROM 1976 TO 1982

Year of Graduation	Nurse/Administrator	Tutor course for				Nurse/Mid.
		Nurses	Assist. sanitarians	Assist. lab. tech.	Assist. plan	
1976	-	-	-	-	-	-
1977	-	16	-	-	-	-
1978	-	22	-	-	-	-
1979	-	-	-	-	-	-
1980	24	20	2	1	-	7
1981	-	-	-	-	-	-
1982	16	9	2	1	1	9
1983	Nil (No intake in 1982)					
Total	40	67	4	2	2	16
Candidates under training (started September 83, will graduate Sept. 84)	14	13	-	1	2	17

ANNEX V
SOURCES OF INFORMATION

1. WHO & UNICEF Representatives in Somalia,
2. Director-General, Ministry of Health.
3. Director and Staff, Department of Training, Ministry of Health.
4. Head of Department of Statistics, Ministry of Health.
5. Director and Staff HPTI, Mogadishu.
6. Director and Staff Nursing School, Hargeisa.
7. Director and Staff Nursing School, Mogadishu.
8. Director and Staff Post-Basic Health Training Centre, Mogadishu.
9. Directors, Heads and Personnel in service areas used for practical training.
10. National Health Plan 1980-1985.
11. Files and Reports on the Nursing Schools, HPTI and Post-Basic Health Training Centre.
12. Curriculum documents for the various categories of health personnel being trained in Somalia.
13. Statistical data about the health sector.
14. Reports of Workshops:
 - HPTI Workshop; 1981, Mogadishu.
 - Competency-based curriculum for Nursing Schools; January 1983, Mogadishu.
 - Improving competence of Nurse Educators; June 1983, Mogadishu.
 - Development of Task-Based Curriculum for Nurses; September 1983, Hargeisa.
15. Somalia in Figures; 1983.

ANNEX VI
SET OF FORMS USED AS ONE OF THE TOOLS
TO COLLECT INFORMATION

Who wanted the Review? It was requested by the Ministry of Health,
Somalia.

Objectives of the Review:

1.

2.

3.

4.

5.

6.

7.

PROFILE OF THE INSTITUTION

Name: _____

Established in 19--

Reasons _____ for
starting: _____

Present objectives: _____

Categories being trained:

Category	Intake		Output		Drop-outs	
	Year	Number	Year	Number	Year	Number

Future plans:

- (a) Curriculum
- (b) Numbers
- (c) Any other changes

GENERAL CHARACTERISTICS OF THE HEALTH PERSONNEL
EDUCATION PROGRAMME

Category of Health Personnel: _____

Duration of training: _____ years

Job description: _____
Available Does not exist

Number of trained: _____
Total to-date Present in the country

Numbers needed: _____
Rough estimate Exact figures

Targets for 198 = _____ 198 = _____

Future plans: _____
Will continue Will phase out Will stop

Who is in charge of the programme: _____

Any branches of the category; _____

Characteristics of the students:

Number: _____
1st year 2nd year 3rd year

Age: Between _____ and _____ years

Sex: % %
male female

Educational level: _____

Previous training in health care: _____

Strengths and weaknesses of the programme:

(a) As stated by those involved in the programme:

(b) As observed by the Review Team:

B. Buildings

Nature of building	Number		Remarks
	Needed	Available	
Offices			
Classrooms			
Nursing demonstration rooms			
Science laboratory			
Library			
Recreation room			
Hostel accommodation			
Faculty accommodation			
Toilets			
Bathrooms			
Others			

C. Personnel

Category	Number		Remarks
	Needed	Available	
1. Teaching Personnel			
2. Support Personnel			

ADMINISTRATIVE ASPECTS

Chief Administrator: _____ Designation: _____
Name

Nationality: _____

Professional Background: _____

Responsible for: _____

Actual Administrator: _____ Designation: _____
Name

Nationality: _____

Professional Background: _____

Responsible for: _____

**Strengths and weaknesses of the
administrative set-up.**

(a) As described by the administration:

(b) As observed by the Review Team:

FINANCIAL ASPECTS

Sources of funding: SS _____ Other sources _____
 From National Budget _____
 SS _____
 From other sources _____

Allocation of funds	National	International
Salaries		
Stipends		
Teaching aids		
Equipment and supplies		
Maintenance of building		
Others		

Total cost: _____

Cost per graduate (if available): _____

Are available funds ensured for the next 5 years?

National If 'No' how will this be compensated?
 Yes No

International If 'No' how will this be compensated?
 Yes No

PROFILE OF THE HEALTH SERVICE DELIVERY SYSTEM

A. Government Institutions

	Number		Remarks
	Present	Needed	
1. <u>Urban</u> City Hospitals MCH Centres			
2. <u>Rural</u>			

	Number	Ratio to population
3. Number of hospital beds		
Doctors		
Nurses		
Midwives		
Others		

B. Private Practitioners

1. Traditional Birth Attendants

PREPARATION OF HEALTH MANPOWER FOR ROLES IN PHC
AND HFA/2000
(Specify role, i.e. Providing PHC/Supervision/
Training/Planning etc.)

Category	Expected role in PHC or HFA/2000	Approach to training	Problems encountered

EM/NUR/274
EM/HMD/479
Annex VI
page xiv

SOURCES OF INFORMATION

Persons met and interviewed:

Documents and reports studied:

Observation of the team:

1. During interviews

2. During field visits

- 3.

- 4.

- 5.

- 6.

ANNEX VII
IMPLEMENTATION AND FOLLOW-UP PLAN
HEALTH PERSONNEL TRAINING INSTITUTE, MOGADISHU
FLOW CHART

Objective: Improve and gradually change the traditional subject-based curriculum into competency-based curriculum.

