

AIRGRAM

DEPARTMENT OF STATE

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TO - AID/W

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DATE SENT
May 26, 1972

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FROM - LAGOS

SUBJECT - **PROF Revision - Family Health Training Project (500-789)**

REFERENCE - (A) TCALD 342 (Original PROF dated September 14, 1971)
(B) STATE 172521 (C) STATE 12794

Country : Nigeria

Submission Date : May 1972

Project Title : Family Health Training

Project Number : 620-11-50-789

U.S. Obligation Span : FY 72 - FY 75

Physical Implementation Span : 1st half FY 1973 - 2nd half FY 1975

Financial Requirements

U.S. dollars	\$ 1,637,000*
Cooperating country	36,360
(1:1 = \$3.06)	
TOTAL	\$ 2,023,360

Attachment:
Copy Logical Framework

* Includes special grant program to individual states which agree to set up and provide finances for a state internal child health/family planning program training center and statewide program.

Att to APR 6-5-72

PREPARED BY C. Wilson	OFFICE HEW/CS	PROJECT NO. 150	DATE 5-25-72	APPROVED BY DIR: William R. Ford
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Clearances: AD/P draft
PE/LVAL: Gilbert draft UNCLASSIFIED

This airgram transmits the PROP revision and requests Title X funding of subject project.

The PROP has been revised following the consultation of Mr. Kivime from the Regional Population Office, Accra. We have concluded that the project as originally designed in Ref (A) had two weaknesses: it was not directly tied in to the evolving child health/family planning infrastructure in Nigeria and it did not include a mechanism for ensuring that the training provided was utilized by client agencies. Thus the project design has been modified as described below to involve the Federal Ministry of ~~Health~~ in administration of the program and to provide means by which the Federal Ministry and the Institute of Child Health can assist client institutions (state ministries) in maximizing the utilization of training provided. We have also reached the conclusion that the present training site is physically inadequate to permit capacity operation of the program; funds have been included in the project for minor modification of another suitable site that has already been located. Regarding paragraph 1(B), Ref (C), cost of hostel rental will be absorbed by the Institute of Child Health in the first year of the project; thereafter ICH will attempt to negotiate arrangements whereby state ministries will subsidize housing. This PROP revision includes a detailed implementation schedule. The logical framework is submitted as an attachment.

I. Goal

The goal remains as stated in the original PROOP: to increase receptivity to family planning in Nigeria.

II. Purpose

The purpose is to improve the system of delivering preventive and curative health services to children under five and to integrate family planning counseling and services into the maternal/child health care system in Nigeria. Where there is a shortage of doctors as in Nigeria, medical auxiliaries can be relied upon as the principal agents for delivering better health care to children and family planning services to their mothers. Thus the emphasis in the project is on providing training for auxiliary health manpower. At the end of the project the Institute of Child Health will have produced a cadre of nurse trainers who in turn will be used to establish state centers where locally-based nurses and midwives will be trained to operate clinics.

III. Outputs

Model Clinic in Lagos - There is presently operating in Lagos a clinic, the Gbaja Family Health Nurse Project Clinic, which is using nurses in the manner envisaged by this project as a model for Nigeria. The basic features of the Gbaja operation are: (1) nurses and other health workers perform routine examinations, diagnose illnesses and prescribe treatments/medication for the majority of the children seen; the doctor treats only serious or complicated cases, (2) simplified record-keeping system in which patients retain their basic clinic record card, (3) pre-packaged medicines, (4) counseling of mothers in groups about child health, hygiene, nutrition, family planning,, (5) small family planning unit in the clinic and relationship with a nearby larger family planning clinic which can handle referrals and complications. As of June 1971, the clinic was serving 10,000 children representing 3,000 families. Gbaja

The original PROOP anticipated using the Gbaja clinic as a training/demonstration site for this project. A more careful look at the site has indicated that because of lack of space there, no more than six nurses and one doctor can be trained at a time. We are therefore proposing to relocate the clinic demonstration unit at a more suitable existing site in Shomolu near Lagos. The site which has been inspected by USAID is presently used as a maternity-dispensary. The maternity is a medium-sized concrete building of good construction containing four small rooms and one larger room with eight beds. The two buildings are in the center of an open area about 150 yards square. There is adequate room to construct a large covered writing/instruction area and cubicles for various clinic rooms. The construction of this additional space should not exceed \$25,000. Adequate running water and toilet facilities already exist at the maternity and dispensary.

Moving the service facility will offer the added advantage of providing a defined target area not previously served by this type of clinic for evaluation purposes. The population will be surveyed initially for base-line data particularly infant mortality rates and family planning attitudes and practices against which the effects of the clinic can be measured over time.

Qualitative indicators of improved child health services are noted in the original PROCP, pages 5 and 6.

The clinic requires a local staff of 14 nurses, one doctor and a part-time pharmacist who are included in the local staff budget for this project.

Training Capacity at ICH

The Institute of Child Health (ICH) will concentrate on training "nurse trainers" and imparting in them the techniques and methodologies necessary to establish nurse training centers in their respective states. ICH will limit itself to training the personnel described in the original PROCP as Senior Family Health Counselors. Through a four-month course of lectures, observations and practice, these nurses will be trained in health appraisal of children; treatment of minor ailments, preventive measures; health education, family planning; in addition they will receive instruction in organization and management of a Family Health Unit, supervision of staff employed in such a unit, program evaluation and training techniques.

An attempt has been made to build into the project means of assuring that the nurse trainers are used for the purposes intended once they are trained. Each ICH training session will concentrate on two or three states. Before agreeing to accept that state's nurse trainers, ICH will have satisfied itself that the state wants to introduce the child health/family planning scheme. The state will therefore have agreed to send to ICH for training in the four-month course about seven of its senior nurses and at least one doctor. When they complete the course, this team will form the nucleus of a state family health nurse training center which the state will agree to establish. The level of training to be offered at the state training centers must be defined; however, it can be assumed that the course will be shorter than the four-month ICH course and will resemble closely the Family Health Counselor course described on pages 7-8 of the original PROCP. It is expected that each state training center will be able to train 20-30 persons per year.

There will be two levels of training occurring and the following expected results:

FY	<u>ICH Course</u>		<u>State training centers</u>	
	Session	Graduates	No. Established	Graduates
1973	1	20	2	20
	2	30	2	40

FY	ICH Course Session #	Graduates	State training centers	
			No. Established	Graduates
1974	3	30	3	120
	4	30		
1975	5	30	3	210
	6	<u>30</u>		
		170		390

ICH's contribution to the extension of the family health nurse concept will be its capacity to offer and adapt the four-month course, and to consult with/advise state ministries of health on their own programs as described in the following section. To do this, ICH requires a Nigerian professional staff of fourteen who are included in the local staff budget for this project. Six of the local staff will receive training in the U.S. and the services of advisors from a U.S. school of public health will be provided during the three years of the project.

Consulting/Technical Assistance Capacity at ICH

In order to assure that the state MCH/FP programs will succeed, it is recommended that a special grant program fund be included in the project. This grant program would be administered by ICH with the advice and concurrence of the Federal Ministry of Health (FMH), the contractor advisor and coordinated with the Federal Ministry of Economic Development. The various states which have agreed to set up and provide finances for a state training center and statewide MCH/FP program will be eligible for grants of up to \$100,000 per state based on ICH's evaluation of the state's needs and financed by AID. The grants are for the purpose of helping to implement the statewide MCH/FP program. It is envisioned that the funds will be used to cover other than construction costs of clinics and salaries of program staff. The grant funds should be used mostly to cover additional expenses of the project like clinic equipment, contraceptives, additional on-the-job training of staff, and research activity related to the effectiveness of the statewide MCH/FP program. Specific criteria for the grants should be drawn up by the contractor ICH and FMH. AID/W might also wish to have an input in formulating the grants criteria. If the various states accept the MCH/FP approach to improve the quality of life for mothers and children within the state, then this project will be a vehicle for the establishment of a nationally coordinated system of state MCH/FP programs. Through this scheme each of the states can adapt the training needs and the actual state project to fit into existing MCH and other health programs. It also provides the states some latitude as to how they envision the project.

The state projects would be set up with the technical assistance of the ICH, contractor and FMH. ICH will develop models and prototypes for state training centers and statewide child health/family planning programs which will include staff, financial and equipment requirements for various sizes of units and programs. These will be adapted to the peculiar needs of the state during ICH's consultations with state officials. Typically, ICH staff will visit the state

while its nurse trainers are in training and work with the state to organize the state training center. By the end of the project, ICH staff should be spending at least three months of the year engaged in such consultation. This activity will be handled by the Nigerian professional staff referred to in the previous section.

Evaluation

The evaluation process is an integral part of this project. It will begin with the collection of baseline data on the area being served by the Shomolu clinic and will continue throughout the life of the project through various surveys of the target population to determine the effectiveness and efficiency of the MCH/FP approach.

Six trained interviewers, six field workers, an interviewer supervisor will be part of the permanent ICH evaluation staff. The interviewers normally would engage in special demographic, KAP and other controlled research activities related to the project. The field workers would engage in motivational house-to-house visits plus follow-up of IUD and pill patients and other project related activities.

As state training centers become operational, part of the interview and evaluation group will go to the participating states to help establish baseline data in the states and to set up an evaluation and follow-up capability within the state training centers.

After the second training session is completed by ICH in June 1973, the first full scale evaluation of the project will take place. A special team of three evaluation experts from the Contractor University will come to Nigeria to make an evaluation of the project with the assistance of ICH and USAID. They will also evaluate the first State Training Center which should have been operational for six months and should have graduated its first set of 10 to 15 nurses.

By June 1973, there will be a substantial body of survey data collected by the ICH evaluation team. Some of this data will have been analyzed but a substantial amount will need detailed computer analysis which is to be carried out by the Contractor University in conjunction with ICH. ICH will have the capability to enter the survey data on punch cards but computer programs and facilities are not readily available. The contractor will have funds provided to carry out this computer analysis part of the evaluation.

Although the final evaluation plan and special areas to be analyzed will be worked out by ICH and the contractor, the following questions will most likely be covered,

1. Effectiveness of a nurse-based comprehensive care MCH/FP service in Nigeria,

2. The receptiveness of the MCH/FP service to the public as compared to the straight family planning approach.

3. Effectiveness of the MCH/FP nurses training program. Does it train the nurses to do what they need in the field?

4. To what extent are states willing to adopt the MCH/FP concept and set up statewide MCH/FP programs? What kind of financial support do the states provide to these programs?

5. To what extent have mothers become more receptive to family planning? Actual IAP data and family planning acceptor data can be used for this evaluation.

6. To what extent has infant mortality been reduced in the pilot area by this project? Comparison of baseline data and data collected by evaluation team.

7. Is the attitude of mothers with high percentage of surviving children different towards family planning than mothers with low percentage of surviving children? IAP studies and other follow-up data.

8. Cost effectiveness to determine, if possible, the cost of one woman year of contraceptives and cost per birth averted.

IV. Inputs

A) USAID

American Advisors - Remain as stated in original FROP except that the nursing advisor would serve a two-year tour and a short-term consultation of 3 months in the third year along with the training advisor. Short-term consultants would consist of a specialist in clinic organization for five months in each of three years and a 3-man research/evaluation team provided by the contractor for a total of nine months during the life of the project. The estimated number of man-months to be provided is 70 or 6.5 man years.

Commodities - Medical supplies, contraceptives, teaching aids, and two small project vehicles to be assigned to the Institute of Child Health in the amount of \$140,000 will be purchased during the life of the project. Not all these supplies are to be purchased by the U.S. contractor in the U.S. since \$30,000 for contraceptives and equipment in FY 73 and \$19,000 in FY 74 will be part of the U.S. contribution to local costs.

Participants - Six one-year fellowships for ICH staff (\$42,000).

Other Costs - The U.S. contribution toward local costs of running ICH's clinic/training/evaluation activities was discussed with representatives of the ICI, Ministry of Health, and Ministry of Economic Development. We were informed that the FMO could not increase its support as steeply as originally planned for this revision over a relatively short-time span of three years. As a result, the U.S. contribution (which includes both "other" and "commodity" costs) is higher than we had hoped. In FY 72, a U.S.ID grant for \$145,000 will cover all local professional salaries and clinic improvements and enable work to get underway while contractor is being selected. In FY 73, \$95,000 (salaries) and \$30,000 (contraceptives and equipment covered above under "commodities") and in FY 74, \$25,000 (salaries) and \$19,000 (commodities) will constitute the U.S. contribution.

State Grant Program - As mentioned previously, it is our conclusion that state ministries of health will probably need one-time financial assistance to cover the non-recurring costs of establishing nurse training centers and child health/family planning schemes. Each participating state will be eligible for a grant of up to \$100,000. Since we expect about nine states to participate in the first three years, the cost of this part of the project could be \$900,000.

B) GOV

Nigerian Sources - Throughout the life of the project, it is assumed that ICH will provide in kind or finance from its normal budget: internal transportation for U.S. and local staff, including operating and gasoline expenses for the two project vehicles, air travel, taxis, etc., housing for U.S. staff and international transportation for participants. State ministries or other sponsoring institutions will provide transportation to Lagos for trainees and their normal training allowances. We estimate that the recurring budget of the clinic/training/evaluation activities of ICH (but not including items enumerated above) will be approximately \$245,000 to \$250,000. During the first year ICH will contribute about \$40,000 covering local supporting staff (clinic assistants, laboratory assistants, drivers, clerical staff, janitorial staff) and rental of a hostel in Lagos for trainees. In the second year about 50% (\$125,613) of operating expenses; and in the third year 65% (\$209,120) will be contributed by the GOV.

V. Implementation Schedule

Several state ministries of health have shown interest in the past MCH/FP activities carried out by ICH, in particular North-Western, North-Eastern, Senegal-Plateau and East Central States. To acquaint all states in Nigeria with this project, a national MCH/FP seminar lasting 3-5 days will be set up by ICH and the Federal Ministry of Health. The Contractor will also participate in the seminar. The seminar might be held between October 1-15, 1972. Participants would be the State Commissioners of Health and Permanent Secretaries of Health of each state. ICH and FHI would explain the operation of the ICH project and would indicate the requirements for participation in the program. Two to three states most interested and willing to back their interest through financial support to the state nurses training center and the stateside ICH/FP program would be invited to submit a minimum of seven nurses and one doctor to attend the first ICH training program. Other interested states would submit candidates for subsequent training sessions.

Implementation Schedule

<u>Kind of Input</u>	<u>Action by</u>	<u>Date Scheduled For Delivery</u>
Revised PROP submitted to AID/W	USAID/W	May, 1972
PROP approved AID/W	Funds Obligated	June, 1972
USAID/W Direct Grant Local Costs to ICH	USAID \$145,000	July, 1972
Contractor Selected, Contract Signed	AID/W and ICH	August, 1972
Contractor First Field Visit	Contractor	October 1-15, 1972
National HCH/FP Seminar 3-5 days	Federal Ministry of Health, ICH and Contractor	October 10, 1972
Selection of Nurses in Field Begins	State Ministries and ICH	November, 1972
Contractor Operational in Lagos	ICH/Contractor	December, 1972
Training Program Finalized; move to new site	ICH/Contractor	January, 1973
First training program starts 14 nurses from 2 states and 2 doctors from 2 states		January, 1973
Visits to proposed state training centers (2)	ICH/Contractor	January-April, 1973
First two participants depart	ICH/Contractor/USAID	January, 1973
First training ends		April, 1973
Organization state training centers complete (2)	ICH/Contractor	June, 1973
Opening of two state training centers	ICH/YMH/Contractor	June, 1973
Second training session begins 3 states		May, 1973
Visit to proposed state training centers (3)	ICH/Contractor	June-October, 1973
First two participants return		December, 1973

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<u>Kind of Event</u>	<u>Action by</u>	<u>Date Scheduled for Delivery</u>
<u>End</u> second training session		August, 1973
Second two participants depart		September, 1973
Organization 3 state training centers complete		December, 1973
Opening 3 state training centers	XXXXXXXXXXXX	December, 1973
First evaluation ICH and state centers and revision of training and project by Contractor Evaluation Team, ICH and USAID	Contractor/ICH/FBI/ USAID	October-December, 1973
<u>Third</u> training program starts 3 states		October, 1973
Third training program ends; 3 states training centers opened		May-August 1973
<u>Fourth</u> training program		May-August, 1973
Second two participants return		June 1974
Full-time U.S. advisors depart		July, 1974
Third two participants depart		September, 1974
<u>Fifth</u> training program		December, 1974
<u>Sixth</u> training program		May-August, 1975
Third two participants return		June, 1975
Final evaluation with participation by Contractor Evaluation Team, ICH and USAID		Completed June, 1975

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TABLE I

Details of AID Financing
(\$000)

ITEM	FY 72	FY 73	FY 74	FY 75
<u>SALARY, ALLOWANCES, TRAVEL</u> for U.S. Personnel	135 (27 mm)	165 (33 mm)	45 (9)	45 (9)
<u>PARTICIPANTS</u>	<u>14 (2)</u>	<u>14 (2)</u>	<u>14 (2)</u>	
<u>COMMODITIES</u>	<u>76</u>	<u>40</u>	<u>24</u>	0
Contraceptives and Equip- ment	50	30*	19**	
Two Project Vehicles	6			
Teaching Materials, etc.	20	10	5	
<u>OTHER COSTS</u>	<u>345</u>	<u>325</u>	<u>321</u>	0
Local Salaries	120	95	25	
Clinic Improvements	25			
STATE GRANTS	200	300	300	
T O T A L	570	614	408	45

* These commodities constitute U.S. contribution to local costs.
** as well as costs listed under 'Other Costs' .