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REPORT OF A TECHNICAL
ASSISTANCE MISSION TO
NIGERIA

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Executive Summary

Two communications consultants, Ann Leonard and John R. Boone, travelled to Nigeria in mid-November 1983, for the Population Communication Services (PCS) project of Johns Hopkins University, with two objectives:

1. To begin implementation of a print materials development project with the Federal Health Education Division of the Ministry of Health (FHED); and
2. To pretest Yoruba-language materials developed in Kwara State that had been prepared under a previous USAID contract with the Community and Family Studies Center, University of Chicago.

Upon arrival in Lagos, the consultants were informed by Dr. Keys MacManus, USAID/Lagos, that the Permanent Secretary of the Federal Ministry of Health was not ready to give his approval to the FHED project. Therefore, in consultation with Dr. MacManus and JHU/PCS, it was decided that the consultants should proceed to visit some of the states professing interest in establishing a family health/family planning communication program in order to establish contacts; gather information on program activities, resources and level of commitment; and, if possible, begin some preliminary message development research. The pretesting in Kwara State would take place as planned, but would be carried out one week earlier in order to provide greater flexibility in scheduling.

Three states were selected for site visits, representing each of the three major languages spoken in Nigeria: Ogun (Yoruba), Niger (Hausa), and Anambra (Igbo). Similar information would also be sought from Kwara State (Yoruba) during the time of the pretesting. An additional state, Gongola, was added to the list after the consultants had arranged for meetings between UNICEF staff and Dr. MacManus of USAID. UNICEF had expressed an interest in working with USAID in areas of mutual interest in order to share resources and expertise. Gongola is a state with a strong UNICEF program and expressed interest in initiating a family planning program. Dr. MacManus, therefore, decided that she, along with a special team from the Centers for Disease Control (CDC), should plan to visit Gongola State and that the JHU/PCS communication consultants should join them.

In Ogun State, just north of Lagos state, the consultants found a high level of interest, a well-trained staff, and an innovative, although relatively new, program underway. Strong interest was expressed in development of a communication project with JHU/PCS. In Ogun, the consultants were able to carry out some focus group discussions and interviews that will be helpful in developing a communication strategy and specific materials for use in Nigeria.

In Niger State there was again a strong commitment and high level of interest. Although the consultants were unable to see much of the program in operation due to time constraints, the senior staff were both knowledgeable and enthusiastic. Again, a strong interest in developing a communication project with JHU/PCS was expressed.

Anambra State, in eastern Nigeria, was a different story. The consultants went to Anambra with virtually no established contacts--unlike the previous two states. The official attitude of the State Population Commission and Ministry of Health was reserved and cautious. No family planning services are currently available in the government program. The officials interviewed, however, expressed an interest in future contacts. Staff of the Anglican Mission School of Nursing expressed strong interest in family planning activities. Family planning services are regularly offered in their hospital out-patient program, and the staff informed the consultants that client interest is strong and positive.

In Kwara State materials to be pretested were still in rough condition. Since the materials are made up predominately of text, with a few illustrations, they were tested with a literate audience, but limited to those with less than a secondary school education. A list of necessary modifications, based on the fieldtesting, was left with the Kwara program. It was agreed that modified versions would be ready for review by Steven Smith of JHU/PCS when he returns to Nigeria in February 1984.

In Gongola State, the multi-agency/USAID team received a most enthusiastic welcome, including a televised interview with the Governor. While there is no active family planning program at the moment and a shortage of trained staff, the interest level and commitment seemed very high in Gongola State at all levels. Dr. MacManus, therefore, felt that Gongola might rightfully be added to the states being included in the first phase of the USAID-supported program.

Overall, the consultants found the climate very favorable for undertaking major family planning/family health initiatives. Positive attitudes towards child spacing, for health and economic reasons, were expressed at all levels. The Nigerian people, as a whole, seem very open to discussions of family planning, sexuality and contraception. These subjects currently are featured on TV, radio and in the press. There is, however, a need for better information for use by the mass media. Within the family planning programs, major constraints appear to be, above all, a lack of contraceptive supplies plus inadequate transportation, and few, if any, information materials for clients or teaching aids.

The consultants recommend:

- (1) JHU/PCS should assist the family planning effort in Nigeria through development of prototype print materials for distribution to clients, and provide assistance to individual states to develop programs to meet their specific needs; and
- (2) A coordinated effort of the various technical assistance agencies involved in supporting the program in terms of commodities, management, training and communication in order to ensure development of a comprehensive and effective overall program.

NOTE: This site visit took place before the recent change in government in Nigeria. All references to government programs, attitudes, etc. are those of the previous government.

ACKNOWLEDGEMENT

The consultants would like to thank Dr. Keys MacManus and her staff at the U.S. Embassy in Lagos for their kind assistance during their visit to Nigeria. They would also like to acknowledge the assistance of the staff in the various state ministries of health who provided generously of their time to work with the consultants.

List of Abbreviations

APHA	- American Public Health Association
A-V	- Audio-Visual
BHC	- Basic Health Clinic (Gongola State)
CDC	- Centers for Disease Control
CFSC	- Community and Family Study Center, University of Chicago
CHC	- Comprehensive Health Clinic (Gongola State)
CuT	- Copper T IUD
DSC	- Development Support Communication
FHED	- Federal Health Education Division
FP	- Family Planning
FPIA	- Family Planning International Assistance
HMB	- Health Management Board
IEC	- Information, Education and Communication
INTRAH	- Program for International Training in Health
IUCD	- Intrauterine Contraceptive Device (Term used in Nigeria)
IUD	- Intrauterine Device (Term used internationally)
JHU	- Johns Hopkins University
MCH	- Maternal and Child Health
MOE	- Ministry of Education
MOH	- Ministry of Health
MOSD	- Ministry of Social Development
OB-GYN	- Obstetrics and Gynecology
ORT	- Oral Rehydration Therapy
PCS	- Population Communication Services
PIACT	- Program for the Introduction and Adaptation of Contraceptive Technology
PPFN	- Planned Parenthood Federation of Nigeria
STD	- Sexually Transmitted Diseases
UCH	- University College Hospital, Ibadan
UNFPA	- United Nations Fund for Population Activities
UNICEF	- United Nations Children's Fund
USAID	- United States Agency for International Development

USAID FAMILY HEALTH PROGRAM IN NIGERIA

Dr. Keys MacManus, USAID/Lagos, outlined for the consultants her ideas for a four-pronged approach for development of a family health/family planning program in Nigeria. The major components are:

- (1) Standardized client information system cards throughout the country;
- (2) Standardized client (print) materials on methods (one on all methods and booklets on the pill, IUCD and condom);
- (3) Standardized training of service providers; and
- (4) Provision of contraceptive supplies including establishment of an efficient distribution system.

Technical assistance for this program is being provided mainly by CDC and FPPIA for management and commodities, JHPIEGO and INTRAH for training, and JHU/PCS for communication. Dr. MacManus indicated that she would like to see all activities coordinated. She suggested a target date of March 1984 for implementation, including provision of contraceptives, initiation of training and delivery of client materials for the five states which she proposed as first round participants in the program.

In addition to print materials on methods, as indicated above, materials on ORT and immunization would be included in the program. However, priority would be given to development of client materials on family planning. Dr. MacManus suggested that materials could be produced at the national level and then distributed to participating states. These could be distributed first in Yoruba, then Hausa and Igbo. At a later date, individual states could undertake development of versions in local languages if that is deemed appropriate.

BACKGROUND

Official Attitude Towards Family Planning

While there is still no official policy supporting family planning, the attitudes of an increasing number of officials range from supportive to enthusiastic. The Vice President has spoken out in favor of emphasizing family planning; a number of government and other high ranking officials have spoken publicly in support of family planning; Dr. MacManus has received invitations to pursue programs in a number of states; and the media report more and more family planning/population stories--almost all of a positive nature. Some of the reasons behind this are the current recession, severe drought and the austerity measures that affect the country and everyone in it. The time seems ripe to begin an effective program at all levels.

Attitudes of the General Public

The consultants found an open, and generally supportive, attitude towards family planning throughout the country. Only in Anambra State, where there is no official family planning program, were officials cautious. However in Anglican mission hospitals, where services are provided, the public reception was reported to be supportive. Public discussion of family planning takes place without negative feedback. Nigerians seem quite comfortable openly discussing matters related to sex and family planning. Method-specific information has been featured on radio and television and in the press without incidence.

While there is a definite lack of information about family planning, there is not too high a level of "misinformation" as there is in many countries. In addition, the nursing sisters who provide education and services appear to be well trained and interested. They are well respected by the community. The major concern among the public is that use of family planning can have adverse effects on future fertility. The ability to have children is critical to almost all Nigerians. It is essential that family planning messages emphasize that methods will not inhibit future ability to have children. Since large families are still desired, emphasis on child spacing for the health of mother and child should be the approach taken.

Commodities

The major constraint in every family planning facility visited was a lack of supplies. In one hospital in Gongola State, family planning is offered on request. However, all supplies must be provided by the client. In initiating IEC activities, great care must be taken not to stimulate demand until an ample supply of different methods is available at both the training centers and the various clinics and supply points.

Media

The best media appear to be traditional song and dance (which is very effectively used for health education in clinics), print materials, video, radio/TV/press. Incorporation of messages in popular songs also may be a viable approach. Nigerians love sayings and proverbs: bumper stickers with a catchy message might be developed for use.

Men

Men are a hard group to reach regarding family planning. There is a strong "macho" ethic. The consultants have found that men lack knowledge about reproduction and contraception and do not have access to this information within their normal contacts. A number of programs (e.g., Kwara and Ogun State MOH programs) have started Fathers' Clubs where men can get information. Results have been encouraging--the men are really interested and anxious to know. These efforts should be supported and expanded. Making men aware that they, not the woman, determine the sex of a child could do a lot to reduce pressure on women to "produce sons." Appeals to men can also be made on economic grounds - the cost of feeding and educating children - and on the use of child spacing to enhance the attractiveness and health of the wife.

Availability of Services

In many programs family planning services are only offered during special family planning clinics held at different times from normal clinic services. (Regular services are usually in the morning and family planning is offered late in the afternoon or evening.) This is an ineffective approach. First of all, it makes clear to everyone that the person is coming for family planning. Second, it means additional trips to the clinic for clients and staff (and lack of transportation is a real problem now due to cutbacks in state funds). In cases

where family planning services are being offered during regular clinic hours, there has been greater success. It is recommended that all clinic programs be encouraged to adopt this system.

Youth and Students

Studies show that a very large percentage of Nigerian students, from secondary through college level, are sexually active and that few are knowledgeable about the practice of family planning. Teenage pregnancy is a growing problem that results in girls being expelled from school or seeking illegal abortions. Abortions and sexually transmitted disease have resulted in a high rate of infertility which in Nigerian society has very serious social consequences. Programs to inform youth about reproduction, fertility, sexually transmitted disease, and contraception are urgently needed.

Cooperation with UNICEF

Gary Gleason and Ludo Wefflin of UNICEF expressed strong interest in working with AID to better utilize the strengths and skills of both organizations in reaching program goals. Several meetings between UNICEF, Keys MacManus and the consultants were held and some fruitful interactions begun. It is thought that Gongola State might be a good place for a coordinated effort to begin. UNICEF is already active there and the Health Commissioner has requested family planning assistance.

FEDERAL HEALTH EDUCATION DIVISION PROJECT

The site visitors--a communications consultant and a pre-test message development specialist--arrived in Lagos to implement pre-project activities on the Federal Health Education Division (FHED) proposal. Dr. Keys MacManus indicated that the Permanent Secretary for Health was not ready to give his permission for the activities to begin. The site visitors called on Dr. Laoye, and he indicated that there would be some delay in commencing the scheduled activities. All parties agreed that something might occur in two to three weeks. The site visitors left a complete draft of a subagreement package for the proposed project worked out on the previous September/October JHU/PCS site visit. Dr. Laoye and Federal MOH personnel are to review this document to determine its acceptability to the FHED and Nigerian federal government. It may be possible to go ahead with a modified form of this proposed subagreement in the future.

In consultation with Dr. MacManus and JHU/PCS, the site visitors proceeded to develop an alternative plan for message development and began making contacts in the various states for potential JHU/PCS project definition and implementation.

As of the time the site visitors departed Nigeria, there was no indication from the FHED that program implementation might commence in the near future. This was a major disappointment since, at the request of Dr. MacManus, the previous Smith-Boone visit had focused heavily on developing a project with the federal government. This lack of willingness on the part of the federal government suggests that future efforts should definitely focus on interested state governments and on the private sector until a definite commitment is made by the new government.

OGUN STATE

The site visitors, including Susan Rieh, a locally engaged temporary consultant, arrived in Abeokuta, Ogun State, on Wednesday, November 16th. The team proceeded to the office of Dr. S. Ayodele Oni, consultant, Maternal and Child Health and Medical Officer of Health, Health Management Board, Ogun State. Dr. Oni, along with Mrs. Mako, Chief Nursing Sister, had attended a recent program at The Johns Hopkins University and indicated an interest in a JHU/PCS project. When the team arrived Dr. Oni was busy lecturing a group of 15 student nurses from the Aro Psychiatric Hospital. Their three-year training program includes a nine-week course in public health which is done by Dr. Oni. This training includes family planning. The consultants made arrangements to come back to the clinic the following morning to interview groups of nursing students, nurses, clients and the male immunization staff.

Health Management Board Family Planning Program

There are five centers directly under Dr. Oni. His center is called the Center for Human Concern. Its services include: routine immunization, well-baby clinic, prenatal and postpartum clinics, and an exercise class for pregnant women to help in delivery. There are another 19 Ministry of Health centers which include primary health centers, comprehensive health centers, and MCH units. Dr. Oni says he has control over half the population he would like to reach. The PPFN in Abeokuta uses his facilities in the evenings for its family planning clinics.

Currently the program has the following contraceptives: pills, IUCDs, injectables, condoms, Neo-Sampon. The injectable is not in use yet, as Dr. Oni wants to design a research project to look into complications and continuation. Ninety staff nurses have been trained to insert IUDs.

Dr. Oni has already made use of the mass media in support of the program. He has appeared on OGTV (local station) to talk about various methods and their benefits.

Dr. Oni sees three major areas where communication support would be helpful: (1) mass media for general awareness; (2) information on specific methods for clients; and (3) posters for use in clinics. Dr. Oni's clinic currently has a number of posters on the walls from various sources. He makes use of anything he can get hold of. Oni sees every acceptor as a communication tool. He has had good success with Neo-Sampoon in his program--no failures--which he attributes to proper education of the users. Right now the clinic is short of condoms, but he says they would be popular if he had sufficient supplies.

The MOH clinics offering family planning make their services available during regular clinic hours. Dr. Oni feels this is the best approach. The PPFN has its clinic at night, but then it is clear to everyone that a woman is coming for family planning. If she can get family planning during a regular clinic visit, it is her own business. Dr. Oni says it is the women who make the family planning decision. He does think that the center could be utilized in the evenings for a youth program that would include family life education. This might involve the social welfare department. All services in the program are free. Commercially pills sell for N 3.50 a cycle, and condoms are N 1.50 for three. (Note: 1 Naira = \$1.40.)

Additional audiences for a communication strategy were identified as: adults in school (e.g., teacher training institutes where there are many married students who would be easy to get together); market women; and food vendors (who sell food in schools). The latter meet once a month at the clinic as they come under the public health department.

Dr. Oni felt that print materials and video would be the most useful media. The program already makes ample use of song and dance in the clinic education program. He thought print materials should be in Yoruba and English, and should cover all methods.

Oral Rehydration Therapy (ORT)

ORT is included in the clinic education program. Women are told how to use packaged salts and how to prepare their own. Dr. Oni says ORT packets are available in pharmacies. He is talking to someone about preparing a packaged formula for his program. He had some earlier discussions with UNICEF, but

nothing happened. Dr. Oni also has a Nutritional Rehabilitation Program for children.

Immunization

The immunization program has a village outreach component. An advance man goes in first, sees the headman, secures a public building and announces the date of vaccinations. The team then goes in on the appointed date and gives inoculations. So far they have reached 30 percent of their target. The goal is to reach everyone by 1985. Right now they are short of vaccines and vehicles.

Visits to MOH Facilities

On Thursday the team went to Dr. Oni's clinic first thing in the morning to observe the educational talk. The women were singing songs about family planning. Susan Rich recorded the lyrics of some of the songs and translated them. Jack Boone and Ann Leonard then conducted a focus group session with the student nurses, dividing them into two groups. Following that, Ann did another group with the nurses and Jack talked with the immunizers. Susan talked with some of the clients and then went out with one of the nursing sisters to talk to women in the marketplace. A separate report on these conversations is on file at JHU/PCS.

On Friday, the team visited Iberekodo Clinic on the outskirts of Abeokuta. They were taken there by Mrs. Mako and the sister in charge of family planning at the clinic. Again a health education lecture was going on which included lively singing and dancing by the women. They were a happy, enthusiastic group. The nurses have devised some teaching materials which show traditional family planning methods and then the modern ones. Again family planning services are available at any time the women are attending the clinic. The nurses here, as in the central clinic, were very knowledgeable and enthusiastic about their work.

The clinic has a mobile van that goes out for education and delivers some basic services. It doesn't go out as much as they would like due to a shortage of petrol. Nurses have been using their own money to buy fuel. The van is equipped with a sound system and loudspeakers, and could easily be put into good working condition.

The nurses teach the women how to make ORT solution. They have them make some at home and then bring it in to be checked.

The nurses were enthusiastic about getting materials to give to patients. They told us that the women love to look at pictures and try to figure out what they are about. They said they would fight to get leaflets and are sure they would be very popular.

The clinic also has begun a Fathers' Club. There are now 22 members who meet at the clinic monthly. The club is designed to make men more responsible. The men contribute by helping the clinic. The nurses teach the men about reproduction and family planning, especially informing them that it is the man who determines the sex of children, not the woman. In addition, they have Village Health Committees that operate in the villages.

Regarding printing capacity within the MOH, the nurses told the consultants that there is a health education unit that can print materials, but you have to provide the paper, ink, etc. They cannot reproduce/make audio or video tapes.

The nurses always put on a play for World Health Day. They make good use of this medium. They are now working with the food vendors to do a play for their graduation. At their graduation, in addition to the play, some 500 vendors will be dressed in matching outfits and will sing and dance through the streets of Abeokuta.

There is also a School Services Unit which is part of the state program. It teaches first aid and examines all children in primary school. They hope eventually to extend it to secondary school. They work with teachers too. Right now they transfer a child's records from the clinic to the primary school when they reach school age.

Deliveries are not done at these centers, but at the primary health centers. Most, however, are done in hospitals.

The nurses also go out into the markets. They ring a bell and get people to come around. They have to keep track of the different market days in each area. They also do some home visits on special days. They follow-up on those who drop out from the clinic. When they go out, women gather around them in the compound for an informal health talk.

There is a special MCH Unit, also under Dr. Oni. It includes a Mother Craft program in sewing and embroidery that is carried out while the women wait. It also offers lessons on nutrition and gardening.

Action

The team had two additional meetings with Dr. Oni. A brief outline for a proposal was drawn up and a copy of the "Guidelines for a Proposal" was left with him. The site visitors told him the kinds of information that he would need to have ready for a follow-up visit by Steve Smith in February of next year. It was also decided that the team would return to Abeokuta to make a videotape of activities in the program for viewing by AID/Lagos and JHU/PCS. It was hoped that OGTV would provide equipment and air the tape on the local station. The tape would include the morning health talks with singing and dancing, the rural outreach unit, the play for food vendors, etc. The taping was scheduled for December 1 and 2.

Postscript

The team returned to Abeokuta as scheduled for the taping, but Dr. Oni was not there. He had gone to a STD meeting in Ibadan and apparently was not able to get back. Word was left for him that the team had been back and were sorry to have missed him.

KWARA STATE

The JHU/PCS team arrived in Kwara State one week ahead of schedule. Plans were immediately set in motion to carry out the pretesting of materials during the week. (See separate report on pretesting activity.) While the MOH and HMB staff were involved in setting up the pretesting, the team visited several clinics and had discussions with staff (headed by Dr. Olubaniyi, Mrs. Tolushe, Mr. Adeseko of the State MOH and HMB).

Family Planning Clinics

There are seven clinics now in the program. Six of them are active. The seventh has supplies, but is "waiting" for approval from local authorities before beginning. Mrs. Tolushe indicated that this clinic might be dropped and another substituted if they did not get moving soon. Four of the clinics are within Ilorin and three are in outlying areas (including the reluctant clinic). There are two main problems in the program: materials and commodities.

Materials

The print materials now being developed will be the first print materials on family planning to reach the clinics. Flip charts sent from Chicago by Donald Bogue were sent out to the seven clinics during our visit. They are the only display materials available. The charts are designed to be used during oral health talks. However, since the illustrations on the various methods are made up of small pictures and text, we suggested they might be more effectively used as wall charts that could be viewed by individuals or reviewed with small groups along with a nurse. There is a definite need for materials that can reach a nonliterate audience. The current materials under development can be understood only by those who can read.

Commodities

This is a real problem. Dr. Bogue brought about 300 cycles of pills and they were able to get another 1,000 cycles from Dr. Fakeye (PPFN). They basically have to go around begging for supplies. Dr. Fakeye gave them 12 Copper Ts, but no inserters. They have some Lippes Loops, but only size D. There are no condoms. The program is in desperate need of a reliable source of contraceptive supplies. It will be useless to create a greater demand through print and mass media if there are no supplies in the clinic.

Fathers' Clubs

One clinic in Ilorin has started a Fathers' Club. It has held two meetings so far. The first, held after the Mosque, attracted a large group, but many drifted away before it began. Attendance was approximately 15. The second meeting had about 25 in the audience. The meeting was conducted by one of the nursing sisters. She said the men were interested and responsive. They have little knowledge of reproduction and/or contraception, but usually they are too proud to ask. In this setting, they voiced questions. They wanted more information, but the nurse told them they have to come back to the next meeting. She is planning to announce the meetings on the radio to bolster attendance. Men's attitudes are very important in determining fertility behavior. This is an excellent way to reach them, and the program should be expanded to other clinics.

Clinic Hours

Most of the clinics are offering family planning services in the evenings, generally from 4:00 to 6:00 p.m. This is after regular clinic activities which are carried out in the morning. There are several disadvantages to this system. First of all, anyone coming in the afternoon is obviously coming for family planning. This makes their business common knowledge. It also means that nurses have to return to the clinic in the afternoon. There is already a "transportation problem" (see below) in the project and this system just makes it worse. In some predominately Muslim areas they have started offering family planning services during regular clinic hours. It seems this would be a more sensible approach for all clinics to pursue.

Transportation

The current economic situation has resulted in state services being cut back. Staff members are not being paid regularly, and vehicles are hard to come by for visits to clinics. Team members suggested that the project keep up persistent pressure on the MOH to provide them with needed transport and/or to make arrangements to gain access to vehicles of other agencies to take them on some of their visits. The team explained that JHU/PCS could not provide transportation as part of the project.

Project Document

The project document was signed by the Permanent Secretary and three copies provided to the team to take back to JHU/PCS for signatures.

NIGER STATE

From December 2-5, 1983 the site visitors were in Niger State to meet with Dr. M. O. Jibril, Director of Health Services, Ministry of Health, and his staff to discuss the possible development of a family health program for the state in collaboration with JHU/PCS.

Background

Niger State, in north central Nigeria contains 2-5 million inhabitants, and about 80-85% of the people are Muslim. An estimated 50% speak Hausa, 45% Nupe, 35% Gwari and 25% English (many people speak two to three of these languages).

The MOH operates some 70 institutions within the state including schools of nursing, hospitals, clinics and offices. There are 13 MCH clinics. Some of these now offer family planning services and it is planned to expand services to all 13 by the middle of next year. Once this is accomplished, family planning will be included in eight rural health units as well. Currently expansion is curtailed by lack of trained staff and commodities.

Services

Family planning education is offered as part of the daily health education talks given in all MCH units. Where offered, family planning services are administered by nursing sisters. Methods discussed are: pill, IUCD (Loop and few CuTs), condom, injectable and diaphragm. Nurses are trained to insert IUCDs. The program has been receiving its commodities through the PPFN, but this source has proved unreliable and they are currently short of supplies. They are talking with UNFPA and AID/Lagos about establishment of a reliable source of commodities.

Training

Some staff have already received INTRAH training. An INTRAH team visited Niger State a few weeks before the JHU/PCS team. Plans are for them to conduct a 4-week training of trainers' workshop for 10 participants early next year followed by additional staff training sessions. The site visitors were told that INTRAH provides trainees with a packet of clinical materials.

Communication Program

The program has made some efforts towards developing a communication component. A health education unit actively supports the program. Its resources at the moment are mostly in terms of personnel. There is no in-house graphics or print capability. A-V is limited to two movie projectors.

Nevertheless some posters have been produced. The two examples given to the site visitors were of good quality. Done in Hausa, the first shows a family with three obviously well-spaced children. The text is roughly translated as: "Save the children through child spacing--attend a family planning clinic." The second shows a pregnant woman with a baby on her back and small child at her feet. The text is, "Dangerous! to be pregnant when the other child is so young--visit an MCH clinic for advice." These posters were printed by a commercial company and distributed to clinics, local government secretariats and other health institutions. They cost N3 (US \$4.20) each to print.

The program has made effective use of radio and TV. Local broadcast authorities will donate air time if they are provided with the program. These activities have been discontinued because of the shortage of commodities. The program rightfully does not want to create demand when they cannot deliver the services. Staff report that the response from radio and TV was strong, and anticipate that further exposure will generate a significant demand. The MOH produces TV and radio spots themselves.

Project Needs

1. Print Materials. They would like to have IEC materials for:
 - (a) delivery personnel
 - (b) clients
 - (c) general public

Major target audiences are: (a) illiterates and low-literates, and (b) educated elites. Therefore, two different types of materials are required. A need for better information for the medical establishment also was expressed. The site visitors suggested that a list of appropriate personnel be drawn up for inclusion on the Population Reports mailing list.

There is a need for flip charts to use in clinic education sessions and for more general awareness posters for use in the community. These might be developed from appropriate prototypes supplied from the JHU/PCS media materials collection.

2. Audio-Visual Support.

Use of video is seen as potentially aiding the project in several ways: (a) training of personnel; (b) health education; and (c) community outreach.

3. Transportation.

As in all the other states visited to date, this was reiterated as one of the program's most critical needs. Getting out to clinics is currently very difficult. Also all outreach programs have been curtailed due to lack of transport. This severely limits the program's effect on the community.

4. Commodities.

Again a shortage of contraceptives is inhibiting program performance and expansion. They need IUD kits and other gynecological equipment.

Men

The team was interested in learning about the program's effort to reach men. Some examples of approaches in other states, e.g., Fathers' Clubs, were cited as examples. The MOH staff said that Niger State is a more traditional Muslim State and that it is hard to get men to come out for such activities. They will rarely come to a clinic even if requested to do so for general health reasons. However, the staff felt that men could be reached by holding talks at clubs and other places where men gather on their own. In rural areas, program staff could work through traditional village head men.

Religion

When the program began, religious leaders were consulted. The Grand Kaddi has sanctioned the program as long as it does not promote immoral behavior. Therefore, program services are offered only to married couples, and both parties must give their consent.

The program has an advisory committee that includes religious leaders. It has become inactive, but could be revived as a means of developing greater community support.

The PPFN has prepared a book called Family Planning and Islam. Only limited copies have been made available. It would be very useful to get copies of this book more widely distributed.

Oral Rehydration Therapy (ORT)

There is no organized ORT program going on now, and there are no support materials available. Packaged ORT mixture is available in clinics in limited quantities. The program would welcome materials. They suggest such materials include the use of both the packaged and homemade solutions so that mothers will know how to make and give solution without waiting to get to the clinic for supplies.

Immunization

There is a need for information on the importance of immunization. The subject is regularly covered in clinic health talks. The immunization program itself is experiencing difficulties due to insufficient supply of vaccines and ineffective cold-chain storage facilities.

Project Development

After discussing program needs and resources with the staff, the team developed a draft proposal which was reviewed with Dr. Jibril and a copy left for his careful review. At the team's request, Dr. Jibril provided an organizational chart, some of the job descriptions and outlines of program activities. A copy of the proposal will be taken to JHU/PCS for review and modification. It was explained that Steven Smith of PCS would be in touch with Dr. Jibril regarding the proposal and would probably be returning to Niger in February to discuss project implementation.

Climate for Family Planning

While the state government has yet to actively support the program, it has offered no resistance. In fact, Dr. Jibril told the visitors that, during a recent visit, the Nigerian Vice President told a meeting of the State Economic Council that family planning should be one of the things the government is emphasizing. Dr. Jibril sees a more supportive climate on the horizon, especially given the current economic situation. As there is no religious opposition and community interest seems high, it appears an ideal moment for a concerted IEC effort to commence.

Commercial Sale of Contraceptives

The team stopped into several pharmacies and informally asked about availability of family planning methods. Smaller stores offered condoms. A larger pharmacy stocked pills and condoms. The pills sell for N 4.80 to 5.30, and they said about 10 cycles per day are sold. Condoms cost N 1.00, and about 3 packs per day are sold. (Note: the Naira 1.00 = US \$1.40)

Vasectomy

The subject of vasectomy came up in the discussions and led to a lively debate on the subject which began in a morning session, and was still going on when the team returned in the afternoon. The two nursing sisters led the pro-vasectomy forces with active support from Jack Boone, Dr. Jibril and Dr. Reddy, the Indian Chief Public Health Consultant. The reluctant male attitudes of the other men attending were attacked by the sisters as typically selfish. The men voiced the "family planning is women's concern" argument and were soundly rebuked. The sisters insightfully noted that to sterilize one woman means one less person having children, but to sterilize a man has a multiple effect since they frequently deposit their seed in more than one field!

ANAMBRA STATE

Federal Development Support Communication (DSC) Unit, Enugu

The site visitors arrived in Enugu, Anambra State on Wednesday, December 7th. They traveled to Enugu with Gary Gleason of UNICEF. The team accompanied Dr. Gleason to the DSC Unit located in the State Ministry of Social Development (MOSD) complex near the airport. This unit has been equipped by UNICEF with printing equipment and is staffed by graphic and production people. The Unit is designed to support social development/community development initiatives, primarily through the MOSD. Initial materials will probably be in support of UNICEF programs. Dr. Gleason is anxious to get work for them to do. We discussed the possibility of using the unit to support JHU/PCS materials development efforts. Apparently it would not be possible, for example, for a State Ministry of Health to directly request the services of the unit. Instead they would have to go through the state-level PPFN affiliate. This is because PPFN and all NGO institutions come under the MOSD and receive some support from the Ministry. The request would then be forwarded to the MOSD and from there to the DSC Unit. The DSC Director, Tony Olu Agboola, said that a request should be directed to Mr. David Jack at the MOSD with a copy to him. It should state something to the order: "message and materials to be developed and pretested to be culturally appropriate throughout the Federation." Emphasis should be on the three major language groups. At this time the DSC Unit has no price structure so prices for design and printing could not be estimated.

Contact Mr. Tony Olu Agboola
Federal DSC Unit
PMB 01211
Enugu, Anambra State

Population Commission

The team next met with Dr. M. O. Nduanya, Population Commissioner, Anambra State. Dr. Nduanya had met Dr. Keys MacManus during a recent visit to Washington, D. C. The consultants carried a letter from Dr. MacManus notifying Dr. Nduanya that she and a three-person team from CDC would be coming to Enugu December 15 and 16.

Dr. Nduanya was not too familiar with the family planning aspects of population programs in the area. He expressed a very cautious concern about how the subject could be approached. He mentioned the attitude of the church and suggested that it should be approached in a nondirect manner. He did say, however, that they were finding that young girls were using birth control pills. He said this constituted "drug abuse" as they were getting them without medical supervision. The consultants explained briefly the type of communication support that JHU/PCS provides to programs. Dr. Nduanya, whose background is in education, was interested in some kind of two-tiered approach through formal and non-formal education. The consultants explained that JHU/PCS programs would tend to fall into the latter category and not into the area of curriculum development in the schools.

Dr. Nduanya thought it might be useful for us to see a staff member in community medicine at the University Teaching Hospital, but he was unable to get in touch with him. Jack Boone mentioned Dr. Ukeje at the MOH. Dr. Nduanya agreed that he would be a good person to see. He told us that Dr. Ukeje had just been made head of the Health Management Board.

Health Management Board

The next day, the site visitors proceeded to the office of Dr. Ukeje. Despite a busy schedule, the doctor agreed to meet us briefly. He also expressed a very cautious approach to family planning. There is no family planning program in the MOH at this time. All services are provided by PPFN which holds a once-a-week clinic on Thursday evenings. Dr. Ukeje is affiliated with the PPFN Anambra organization. Dr. Ukeje said that family planning is not a part of current state policy and the Health Management Board follows state policy. He said he hoped that eventually family planning would be integrated into the program. Possible work with the MOH in Anambra should proceed by making contacts with the following: (1) the Permanent Secretary for Health; (2) the Honorable Commissioner for Health, who is the executive head; (3) the Chief Health Officer who should be able to discuss technical matters. Dr. Ukeje said they should be approached in that order. He indicated that it would not be possible to see the Permanent Secretary the day of our visit. We told him we would pass the information on to Dr. Keys MacManus who possibly would contact him during her forthcoming visit. Another contact suggested by Dr. Ukeje was

Dr. Mba, the PPFN Zone Coordinator, who is headquartered at the Ministry of Youth, Sports, Culture and Social Welfare.

Enu Hospital (Anglican Mission Hospital), Onitsha, Anambra

The team had been given the name of Mrs. B. N. Orefo of the School of Nursing, Enu Hospital, by Dr. Keys MacManus. She had expressed an interest in meeting with the team. The consultants, therefore, drove from Enugu to Onitsha. Unfortunately, they arrived shortly after Mrs. Orefo had departed. They were able, however, to talk with staff members of the School of Nursing. The School of Nursing has 300 students taking a three-year program. A separate School of Midwifery has 100 students completing a one-year program. Both nurses and midwives serve in the hospital. The hospital now offers a family planning clinic for out-patients one day a week (Tuesdays). Family planning is also covered in the health education talks given daily at other clinics (antenatal, postnatal, etc.). The head nursing sister said that there is a lot of interest in family planning among their clients. She told us that they used to have about 400 patients a day in the out-patient clinics. However, since the austerity, the number has dropped. The hospital charges N 8.00 for a consultation and a N 2.00 registration fee. Medicines are additional. In-patient charges for a normal delivery are from N 50-80. (Note: Naira 1.00 = US \$1.40) The hospital, as an NGO, comes under the Federal Ministry of Social Development. However, they apparently have received no funds from the Ministry for the past two years and are suffering from financial hardship.

The hospital has an ORT clinic. The nurses prepare ORT solution in a bottle and give it to patients. The patients are not taught how to prepare their own solution. They also do vaccinations, but are short of vaccines all the time. They would like to have a more active immunization program. The hospital has no support materials (pamphlets, etc.) for its programs.

There are seven Anglican hospitals in Anambra State. The nurse told us that she thinks there are a similar number in Imo State. All of the facilities come under the direction of the Nursing and Midwifery Council of Nigeria located in Lagos.

Remarks

Unlike the other states visited by the team, the MOH in Anambra does not appear to consider family planning a priority and, in fact, seems to regard it with great caution at the official level. One evening the team was invited by Dr. Nduanya to join him, his wife and Dr. Ukeje for dinner. During this informal discussion, some of the tension seemed to lessen and both men expressed an interest in having further discussions about possible activities in the area of family planning. We told them that either we, or Steve Smith, or someone else from JHU/PCS would follow up as would Dr. Keys MacManus from AID.

The Anglican Mission Hospital seemed to be much further along in both activities and interest in a program. The team left a note saying that someone else from JHU/PCS would be writing, and hopefully visiting, in the near future to discuss project possibilities. Once again the nursing sisters seem to be in the lead in implementing the service delivery program.

On Thursday afternoon, the team happened to overhear a radio broadcast by a woman from PPFN, Enugu, on family planning. It was a half-hour discussion program concerning the need for child spacing and discussing methods. It was quite open and candid and gave information about available services.

GONGOLA STATE

On Sunday, December 11th, Ann Leonard joined with a team from CDC and other technical assistance agencies on a visit to Gongola State. Team members included:

Dr. Keys MacManus - USAID, Lagos

Mrs. Shitta - USAID, Lagos

Mike Dalmat - CDC, Atlanta

Tim Johnson - CEC, Atlanta

Mac Coffman - FPIA, New York

Ayo Ajayi - Pathfinder, Nairobi

Richardo Johnson - APHA

Ann Leonard - PCS

The team was visiting Gongola State at the request of the Health Commissioner. Gongola was not originally among the states that AID had targeted for a family health project. However, the Commissioner (newly appointed following a change in state government in the last election) recently told UNICEF that he wanted family planning and followed up by contacting Dr. MacManus during a trip to Lagos. Therefore, it was decided that the team should visit to see what the situation is in the state and the level of interest and commitment in evidence. UNICEF staff were to be in Gongola at the same time as the AID team.

The team met with Dr. Samuel Tor-Agbidye, the Commissioner and Dr. M. L. Malgwi, the Chief Medical Officer at the MOH. They then were taken to the office of the State Health Management Board. A meeting with senior staff had been arranged. The staff had met prior to our arrival to talk about a possible family health program in Gongola.

It was explained that the MOH, with the Commissioner as the political head, is in charge of administration, training, planning, etc. The Health Services Management Board, headed by the Executive Secretary, is charged with delivery of services. The Board is divided into preventative and curative sections.

There are 12 hospitals in Gongola under the Ministry of Health. A 13th was scheduled to open the day of our visit. In addition, they have two Comprehensive Health Clinics (CHCs) and 50 Basic Health Clinics (BHCs). There are no physicians below the hospital level at this time. Almost 3/4 of the doctors in the MOH are ex-patriots. (Until last year all 13 MOH dentists were from outside Nigeria; the first Nigerian dentist was added last spring.) CHCs have nurse/midwives, but the BHCs have only community health personnel.

The MOH would like to see a family health program that focuses on: family planning, antenatal and postnatal care, MCH and STD. Family planning now is only included in health education. Some services are provided in the hospitals, but the patients must bring their own contraceptives (IUD, diaphragm) or get them from commercial sources. We were told that the ante and postnatal programs are well established, but there is a shortage of drugs and equipment. STD is not being well handled because they do not have the equipment or skills to do proper diagnosis. Therefore, the basic needs of the program are family planning and STD service provision.

The MOH stated that they would like to see the 12 hospitals well-equipped to offer any form of family planning. They would like to have two doctors to oversee each family planning clinic who are both knowledgeable and interested. They would also like two trained midwives in each facility. For the CHCs, they would like to have trained midwives. It is their opinion that the BHCs would have to be limited to health education for the time being.

The following are some statistics from Yola Hospital:

New antenatal cases (Jan.-Nov. 30, 1983)	8,241
Average old antenatal cases	2,716/month
Average postnatal cases	1,028/month
Deliveries (Jan.30-Nov. 30, 1983)	5,034
Well-baby clinic (Jan.-Sept.)	11,758

Immunization:

BCG	3,341
Triple Antigen	3,830
Polio (all)	1,636
Measles	749
Deocide for expectant mothers	7,005

There are more than four million people in Gongola State. There are 130 physicians within the MOH and 755 nurse/midwives. Twenty-five of the physicians are in Yola. In addition to MOH facilities, there are clinics operated by local governments; these do not have any physicians. The Yola Teaching Hospital graduates about 100 nurses and 100 midwives annually. In addition, there are two schools of health technology in the state. The team was advised that in order to include local government clinics in the family health program, it would be necessary to work through the Ministry of Local Government in Yola.

Dr. Keys MacManus explained to the Gongola MOH staff the AID strategy for family health (patient record cards, supplies, training, IEC). The CDC representative talked about the importance of establishing a team approach to implementation. This involves the appointment of a project coordinator and establishment of a working group on administration and planning. It was explained that one thing that might be done is to establish a training center within the state. Another option would be to use facilities of another state (Zaria was suggested). A training center cannot be established until there is sufficient patient flow.

Three nurses from Gongola were sent to UCH Ibadan for training in 1981. No MOH personnel at the meeting were familiar with this. They said they would try to locate them. Staff are:

Maya Daniel Farfa, Yola General Hospital
Maryanne Mshella, Government Hospital, Mubi
A. Unaru Saidu, Government Health Center, Yola

It was agreed that some senior nursing staff would be sent abroad for training in the U.S. (e.g., Margaret Sanger). The importance of developing a training plan for all levels was stressed. A discussion of types of training and payment of costs then ensued.

The AID team then divided up into three groups: one to check supplies and statistics, one to visit the nursing school and MOE, and one to visit Yola General Hospital. Ann Leonard was a member of the latter team.

Yola General Hospital

The Yola General Hospital was quite well equipped in comparison with other facilities visited. They have an immunization program, but are short of almost all vaccines. The nursing staff give a health education talk every morning. Subjects covered are cleanliness, nutrition, delivery, immunization. They do not talk about family planning and no contraceptives are available. They do not use any song and dance in their presentations, nor do they have any teaching aids. There were a few posters in the clinic--many quite tattered. These were on nutrition, breastfeeding, vaginal infections, and malaria. Their patient record cards have been printed in Yola by two different firms: Unity Press and M.B.M. Press. Family planning is offered on request. However, all supplies must be provided by the client. They do not do any ORT.

The hospital statistics were well kept. One alarming statistic was the very high level of maternal deaths--two to three per month. The doctor in charge said that this is due to the fact that many difficult cases are referred to the hospital from long distances and are in bad shape when they arrive. Also they do not have a blood bank, and if no relative is there, it is difficult to get a blood donor.

The stores were in excellent condition--the best CDC has seen. The record keeping was also good.

Meeting with the Governor

The team met with the Governor, at his request, in the afternoon. The meeting and discussion between the Governor and Dr. Keys MacManus was videotaped for television. (At the airport on departure some people remarked that they had seen the team on TV the night before.) The Governor was very supportive of the family health program and appreciative of the assistance being offered.

Girei Clinic

On Tuesday, Ann Leonard, Keys MacManus, Mrs. Shitta and Ricardo Johnson visited a clinic about 10 kms. outside of Yola. They were greeted by Mr. Paul Marafa, who is in charge of this clinic and six others in his zone. He is a Community Health Supervisor and is assisted by Community Health Assistants, Community Aids and one community midwife stationed at the Girei Clinic.

No drugs are available at this clinic, not even for immunizations. Patients have to be referred to Yola Hospital (a long trip) or a private pharmacy for all medicines. Contraceptives are recommended to interested patients. The clinic staff is trained to do IUCD insertions, but have no supplies. Mr. Marafa says all the staff is knowledgeable about family planning. Right now he refers about one client a week for family planning. He feels that if contraceptives were available in the clinic he would have 10 clients per day.

Mr. Marafa and his staff have made some of their own teaching aids. These are the first the site visitor has seen in a clinic. They are on all aspects of health. They are amateur, of course, but useful and show a high level of interest by the staff. Mr. Marafa has also written a story in Hausa that emphasizes the importance of child spacing. ORT therapy was understood by the staff and is explained to mothers with children suffering from diarrhea.

Summary

The team's reception in Gongola was enthusiastic. The MOH/HMB staff were well prepared, interested and cooperative. The state is clearly not as far along as many others, but it appears to have a strong base on which to establish

a program and the interest and commitment to carry it out. Therefore, Dr. MacManus is recommending it be one of the initial states included in the program. Since training is needed in Gongola to a greater extent than in some other areas, the state may receive priority in the selection of candidates for training programs.

In terms of IEC, there is a definite need for both materials and training. The two major languages in the area are Hausa and Fulani.

Dr. MacManus reported that her visits to the nurse/midwife training schools and the MOE both indicated a high level of interest in incorporating family health in the training curriculum.

KWARA STATE - PRETESTING OF CFSC MATERIALS DEVELOPED WITH CFSC

SUPPORT

On arrival the team found that Mr. Adeseko of the Kwara State Ministry of Health had developed Yoruba language prototypes of seven pamphlets and five posters based on English-language models supplied to the project by Donald Bogue of the University of Chicago's Community and Family Studies Center (CFSC). One additional pamphlet, on the condom, had not yet been translated. The prototype materials were made up of Yoruba text and illustrations either taken directly from the CFSC versions or rendered by a local artist. Most of the artwork had been photocopied numerous times resulting in dark and smeared images in many instances. The team, therefore, recommended that an artist be engaged to clean-up and "Nigerianize" the graphics as appropriate.

An artist was engaged and was able to complete the modifications. However, there was not sufficient time to reconstruct the materials using the new artwork prior to the pretest. Therefore, copies were made of the existing pieces. Fortunately, the quality of the photocopying was very good and most of the illustrations could at least be made out. Mr. Adeseko was able to complete the translation of the condom pamphlet in time for the pretest. The materials tested, therefore, consisted of pamphlets on the pill, IUCD, condom and one on general family planning, ORT, fever and immunization, and posters on breastfeeding, ORT, fever and two on general family planning.

Letters were sent by Mrs. Tolushe to each of the participating clinics requesting that the 14 staff members (two from each clinic) who had been trained in interviewing techniques be released to work with the team on Wednesday and Thursday (November 23 and 24). Unfortunately, the wrong dates appeared on a few of the letters so that only 10 of the 14 arrived at the MOH office on Wednesday.

A special pretesting response form was developed whereby the interviewers were asked to test the materials page by page for comprehension of (a) text, and (b) picture(s). The form also allowed for testing of the posters on the same basis. In addition, each form contained a series of questions on family size and family planning knowledge and practice to be asked at the end of the interview.

The purpose of the pretest was explained to the interviewers (nine women and one man) at a training session on Wednesday morning. Since all the interviewers had received prior training and had experience interviewing and recording data, preliminary training was not required.

The target audience was to be women of childbearing age typical of those attending the participating clinics. Because the pamphlets are primarily words, with a few illustrations, there seemed no point in testing them with illiterate audiences. Therefore, the interviewers were told to select women (and some men for the condom pamphlet) who were literate, but who had less than a secondary school education.

The form and basic techniques for interviewing were explained and the pretesters divided into two-person teams. One member of the team conducted the interview, while the other recorded the responses on the form. The interviews were done in various sections of Ilorin, as assigned by Mrs. Tolushe. The pretesters were instructed not to interview people they had contacted for the CFSC baseline survey carried out in June 1983.

Each team was given two pamphlets and one poster to test. Pamphlets on the pill were tested by two teams as these are the methods currently in use in the program. Each team was asked to conduct between 15 and 20 interviews, allowing each interviewee sufficient time to respond completely to each item tested.

The testing was done on Wednesday afternoon and Thursday. The interviewers returned to the MOH office on Friday morning to present their findings. Their perceptions of the materials and the interviewees' responses were solicited at that time and the interview forms collected. The session was attended by Mr. Adeseke, Mrs. Tolushe and the consultants. Dr. Olubaniyi came to close the meeting by thanking the interviewers for their help and encouraging their continued good work.

The consultants then tabulated the responses onto a summary sheet. "Excellent" and "partial" responses to text and pictures on each page were added together. "Poor" responses were tallied separately. Where the percentage of "excellent" and "partial" responses combined fell below 70% of the responses, the text or picture on that page was noted as requiring improvement. The consultants then prepared a summary for each item tested reflecting the tabulated responses plus the specific comments presented by the interviewers during the Friday morning session.

In addition, the consultants had gone through the English versions of the four family planning pamphlets and suggested changes and deletions that would reduce the amount of text and simplify the language. (Some information, especially in the pill pamphlet, was incorrect and out-of-date.) These suggestions, along with the pretest summaries, were reviewed with Mr. Adeseko and left behind as the basis for making further modifications. Mr. Adeseko was encouraged to make use of the interviewers (perhaps one or two teams) to test the revisions for comprehension before preparing layouts for printing. It was also suggested that he seek assistance from the printer in providing someone to do the layouts as part of the negotiated price of printing. They also might be able to provide an artist with greater skill than the Ministry of Information staff person who has worked with the project so far. However, that artist has agreed to make any modifications to the work he has done so far without additional charge to the project.

The revised materials are to be ready for review by February 1984 when Steve Smith returns to Kwara State. It was suggested that the project might consider printing a smaller number of these pamphlets than originally envisioned, get them out in the clinics on a test basis, and then supplement them with some materials aimed at illiterate and low-literate clients. The Kwara materials will not be printed until reviewed by JHU medical experts and a written approval is secured from JHU/PCS. (Also later USAID/Lagos suggested that they too would have to give approval prior to any printing.)

MESSAGE DEVELOPMENT

Some message development research was carried out by the team during the visit to Abeokuta, Ogun State. Jack Boone and Ann Leonard met with two groups of psychiatric nursing students who were at the clinic for a nine-week public health course that included family planning. Subsequently, Ann Leonard met with a group of nurses and Jack Boone with a group of all-male immunizers. Susan Rich interviewed women in the clinic and in the market. A separate report has been prepared by Susan on her market interviews and is on file at JHU/PCS.

Student Nurses

The student nurses (15) were about equally divided between males and females. They came from a number of states within Nigeria and represented three different language groups: Hausa (Plateau State), Yoruba (Ondo), Igbo (Imo), as well as some other language groups.

The students were very knowledgeable about family planning methods and reproduction. They discussed the subject in a mixed group, openly and with no hesitation or embarrassment. Some of the information gleaned from the discussions is as follows:

Condoms are not popular; they interfere with pleasure.

Pills and condoms are well known; IUCD and injection less so.

People fear that family planning will interfere with fertility. Some say that to get family planning is to have the womb turned upside down or to have it sewn closed.

The student nurses indicated a strong preference for large families. They stated desired family size as ranging from 1-6, with the average responses being 3 or 4.

Most of the students had heard/seen family planning messages on radio and TV, as well as in the press. They did not see anything wrong in having method specific information included in the mass media. They indicated that they felt slides and video would be very useful for teaching about family planning in clinics. They felt that audio tapes alone would not work as people would not pay attention unless there was something to look at. Talking drums had been suggested as a medium for messages. The students reported that while most people do understand them, "the drum language varies from one locality to another so messages would not be understandable to a wide audience, even among the major ethnic groups."

In response to how to reach men, it was suggested that economic concerns should be stressed. They also responded very positively (especially the male students) to telling men that family planning will increase their pleasure by keeping their wife more attractive and healthier. "Every man wants an attractive woman--that way he won't have to run around!"

The students reported that contraceptive supplies are readily available in pharmacies. They felt that they should be limited to pharmacies and clinics and should not be made available through other commercial outlets.

Apparently there is little awareness of the contraceptive effect of breastfeeding among this population.

Other possible mediums to reach people that the students suggested were posters in public places, popular songs and cinema. They said that traditional theatre is not that widespread and would not be very effective.

Most young couples live separately from their parents so they did not feel that they had too much parental pressure as to the number of children; that is a decision for husband and wife was the consensus. It was finally agreed that it is really the women who make the family planning decision--that women in Nigeria are strong.

The students felt strongly that there was a need for sex education in the secondary schools and then some follow-up with parents. They suggested a visiting nurse should go to the schools. They also felt it would be good to talk to religious leaders and other elites so that they, in turn, could talk to parents.

Nurses

The nurses were very well informed and highly motivated. They said that they try initially to deal with fears about family planning. These include loss of fertility--again it was mentioned that many feel that family planning means turning the uterus upside down, excess bleeding, etc. All methods are described to the clients and then they decide. The nurses themselves favor the IUCD.

About the pill, the nurses tell the women to take it at 8:00 p.m. every night; if they miss a day, they should take it the next morning; if they miss two days they should come back immediately to the clinic. They will take them off the pill and recommend another method.

They say they have 15-20 family planning acceptors each week. Right now they are short of contraceptives. They are also short of other Ob-Gyn equipment.

The nurses would like to go out to talk to staff in private clinics about family planning. They would also like to do more outreach, but they do not have transportation.

In terms of reaching men, the nurses say it is very hard to get men to come to the clinics. The men think family planning makes women promiscuous. The nurses also stated that it is the women who make the family planning decision. Often they do not even tell the husband.

They have seen family planning information on TV, radio, etc. This has been okay and there has been no negative feedback.

The nurses say they have no problem with women returning for follow-up. Most of the clients are very interested. The nurses see very good results from the song and dance used during health education. The women are really appreciating the idea that more spacing means healthier children. They are seeing the results for themselves. The song and dance also has a "snow-ball effect." The women go home and sing the songs which are heard by husbands, children and other women. They become popular and the message spreads.

Immunizers

The men go out to conduct immunization programs in villages. They have had no family planning training. They have, however, heard messages. They are concerned that information on radio, for example, might conflict with a doctor's advice.

The men were very curious about female reproduction and had little knowledge. They wanted to know about menstruation--why is there pain, why clotting, can you have intercourse during a woman's period, can she get pregnant? What is the safe period?

The men expressed a desire for an average of from 4 to 10 children.

They expressed concern about family planning information on television because children watch.

The men indicated that they would be interested in working with the family planning program, as well as immunization.

Market Women

The following summarizes some information gathered by Susan Rich in the markets. She has transcribed the interviews which are on file at JHU/PCS.

Market women expressed a problem with clinic hours. They cannot get there between 8:00 a.m. and 3:00 p.m.

Most of the women had no knowledge of family planning, but they were interested. Many did know about oral rehydration. They mentioned Edialit, Oralite and Dextralite. Only one knew about the home prepared remedy.

There was a lack of information about immunization. There is a taboo about measles: once you get measles you should not have an injection. Many women had seen a show on OGTV about measles.

Many women asked for the address of the clinic. When they heard that the contraceptives were free, they wanted to come; the "free" made them very excited. They were very interested that you could have "contact with the husband" without getting pregnant. (Phrase used by local women for sexual intercourse.)

RECOMMENDATIONS

1. JHU/PCS should develop standardized print materials on contraceptive methods (and ORT and immunization). These would include basic messages using simple text with emphasis on illustrations.

The development of the print materials should proceed through the following phases:

Phase 1

Development of three prototype materials for the pill, IUCD, and condom. Funding from other sources should be obtained to support development of materials on injectables. (ORT and immunization should also be done, but methods should be done first.) It is the opinion of the consultants, after visiting several states in Nigeria and talking with people at all levels, that one set of culturally appropriate materials can be developed and used successfully throughout the country with only minor modifications for the different regions. These materials should first be developed in Yoruba and then translated and slightly modified for Hausa, Igbo and then other linguistic groups. This would allow materials to be in the clinics and health institutions when INTRAH supported training is going on and when commodities are available.

The consultants recommend that PIACT, the agency with the greatest expertise in development of simple print materials and a JHU/PCS subcontractor be requested to assist in the development of these materials. English preliminary prototypes can be done in the U.S. Once these prototypes are designed they would be:

- a) Reviewed for medical accuracy by JHU.
- b) Translated into Yoruba
- c) Then the leaflets should be pre-tested with semi-literate Yoruba speaking family planning clients or potential clients. This pre-testing may be done with the assistance of MOH staff in Lagos state so that they can learn to better understand the materials development process. Also a local artist should be engaged to re-draw all the drawings to make them look more Yoruba and culturally appropriate.

(Note that all print materials on methods should include the message that family planning will not affect ability to have children when desired.)

Phase 2

Printing materials for distribution to state programs and teaching institutions, etc. in Yoruba-speaking states. JHU/PCS should look into the pluses and minuses of printing in Nigeria versus printing in U.S. in terms of both cost and logistics. A distribution system must be carefully developed concurrently and documented in a Distribution Plan which should be shared with all involved agencies.

Phase 3

Training of health providers in the use of materials. The main target groups are nursing sisters. It is essential they understand the importance of using the materials as part of their instructions to clients and of giving them out for people to take home. Training workshops should be held in a few Yoruba-speaking states. It is recommended that video be used as an integral part of this process and as a means of reinforcement and training of additional service providers. It is also recommended that traditional methods such as song and dance, already so effectively used throughout the country, be incorporated in the training.

Phase 4

Assist state programs to develop translations in other local languages as appropriate, and in multi-media campaign support for the introduction of the family health program. A mass media awareness program is recommended that would coincide with the availability of commodities and print materials in the clinics. Basically what needs to be said is that family planning is now available in the clinics and where the clinics are located. When talking about family planning it should always be emphasized that family planning will not affect ability to have children when desired. Emphasis should be on child spacing and choice.

2. Provision of teaching aids

All the clinics visited by the consultants were without teaching aids. The CFSC flipcharts distributed in Kwara were the first materials of this kind to be put in use. These charts leave much to be desired, but at least they are something. It is recommended that JHU/PCS provide good quality teaching aids (e.g., posters and flipcharts) for distribution to clinics. This should be coordinated with INTRAH to insure consistency of information with the training component. Currently available materials should be checked out and then selected materials purchased for distribution. With all that has been done to date it seems doubtful that new materials need be developed from scratch.

3. A coordination meeting with INTRAH and JHU/PCS

A meeting should be arranged with JHU/PCS and INTRAH to determine the content of its training program and to look into how the two efforts can be mutually supportive to better achieve program objectives. (Done January 27, 1984.)

4. Family planning/population information for the media

It is recommended that JHU/PCS, using the resources of PIP, distribute information on family planning and population issues to Nigerian radio, TV and press. The subjects are currently being given significant attention throughout the country, but the quality of information is often poor. Providing this information would allow the media to easily pick up and print/air quality news on the subject.

5. Development of broader communication programs within the states

Level of interest, resources, commitment, etc. vary from state to state. JHU/PCS should consider working with individual states, as appropriate, to develop a more broadly based communication strategy for each area. Such programs might include use of video, traditional media, mass media, community outreach and the targeting of specific groups such as men, and community leaders.

6. Use of existing health programming

It is suggested that JHU/PCS do some research into the existence and availability of programming on appropriate health subjects within the U.S. Nigeria is short of quality television programming and makes ample use of syndicated programs from the U.S. Therefore, they might welcome programming that supports in-country health programs.

7. Collaboration with Federal Development Support Communication (DSC) Unit in Anambra State

There are federal DSC units in a number of states. They are under the Ministry of Social Development and are designed to support programs of the MOSD and other community development efforts. The unit in Enugu, Anambra State has recently been equipped by UNICEF with a lot of equipment. UNICEF is anxious to see the unit perform, and has expressed interest in collaborating with JHU/PCS programs. At the current moment the Enugu unit is not operational and has not proven its capabilities. In addition, working with the unit appears to require a number of interagency linkages that could prove difficult and time consuming. Therefore, the consultants recommend that JHU/PCS adopt a "wait and see" attitude in terms of working with the unit. It might look into collaboration specifically on programs initiated with PPFN, since both agencies come under the MOSD.

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