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TRIP REPORT: JHU/PCS VISIT TO
LAGOS, OGUN, IMO, ONDO AND KWARA STATES, NIGERIA

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Table of Contents

	<u>Page</u>
Acknowledgment	i
Introduction	ii
Executive Summary	iii
List of Abbreviations	v
Nigeria Visit, Part I	
Meeting with AAO	1
Department of Communication	1
Project Development Visit to Ogun State	2
Project Development Visit to Imo State	5
IEC Needs Assessment in Ondo State	7
Visit to Kwara State	9
Nigeria Visit, Part II	
Planned Parenthood Federation of Nigeria	11
Female VSC Booklet	15
TV Version of RAPID	16
Recruitment of Communication Specialist	16
Status of Other Project Leads	17
General Comments/Observations	18
APPENDICES:	
A. List of Contacts	
B. Suggestions for Ogun State TV Script	
C. Cable on Ogun State Project	
D. Suggested Newspaper Ad Samples	
E. Letter to Kwara State Project Director	
F. Draft Project Proposal with UCH/Ibadan	

Acknowledgment

We wish to thank AID Affairs Officer Keys MacManus and her staff for their wholehearted assistance and support during our visit to Nigeria. Special mention must also be given to Nigerian colleagues who took time out to see us and made our trip worthwhile.

José G. Rimon II,
Regional Program Coordinator

Dr. Carol Becker,
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Introduction

This report consists of two parts. Part I covers a three-week (Feb. 14-March 6) joint visit by JHU/PCS Regional Program Coordinator José Rimon and Consultant Carol Becker to Ogun State, Imo State and the University of Lagos. Kwara and Ondo States were visited separately by Rimon and Becker to maximize use of limited time.

Part II covers Rimon's extended stay from March 7-13 to: 1) follow-up potential projects with Nigerian Television Authority, Ibadan State, and the University College Hospital, Ibadan; 2) interview shortlisted candidates for the JHU/PCS and Pathfinder-supported Communication Specialist job; and 3) provide technical assistance to two ongoing projects with the Planned Parenthood Federation of Nigeria (PPFN).

Executive Summary

The objectives of our visit to Nigeria were:

1. To visit Ogun, Imo, Ondo and Anambra States to conduct IEC needs assessments and develop projects where feasible;
2. To provide technical assistance to the Planned Parenthood Federation of Nigeria (PPFN) in the implementation of two JHU/PCS-funded projects: 1) Development and Production of FP Booklets in Nigeria; and 2) FP Communication Campaign in Plateau State;
3. To monitor the JHU/PCS-funded Family Health Project with the Kwara State Ministry of Health and provide technical assistance in the development of media materials;
4. To finalize project to develop booklet on female voluntary surgical contraception with the Fertility Research Unit of University College Hospital, Ibadan;
5. To participate in the interview and recruitment of a Communication Specialist jointly funded by JHU/PCS and Pathfinder Fund; and
6. To develop other IEC projects in support of national and state efforts on family planning.

The report on Ogun, Imo and the University of Lagos Department of Communication reflects joint efforts by Mr. José Rimon II, Regional Program Coordinator, and Dr. Carol Becker, Consultant. References to Ondo State were prepared by Dr. Becker, while the rest of the report reflects Mr. Rimon's extended stay in Nigeria.

The major recommendations of this report are:

1. A project should immediately be operationalized with the Ogun State Ministry of Health preferably in time for the formal

launching of family planning (FP) by the State tentatively scheduled sometime in early summer. The project should build on creative initiatives such as the visit of nurses and midwives to the markets and to "mechanic villages" to motivate and recruit FP clients.

2. In Imo State, a project should be developed focusing on the mobilization of the numerous women's clubs and organizations in promoting family health and family planning programs, working closely with or influencing traditional leaders. The mass media support should be designed to facilitate motivational work of these influential groups and the clinic staff.
3. Both ongoing projects with Kwara State and PPFN are experiencing 2-3 months delay in funds availability in-country. Although PPFN has worked out its problem for the moment, there is little assurance that delays will not occur again. Turn-around time for banks which are subsidiaries of U.S. based banks are relatively shorter. It is recommended that Kwara State transfer the project account to another bank connected with a U.S. based institution.
4. A subagreement should be entered into with the University College Hospital, Ibadan to develop and distribute a booklet on female voluntary surgical contraception.
5. A popular TV version of the RAPID presentation on Nigeria should be developed with the Federal Ministry of Information (FMOI) or the Nigerian Television Authority (NTA).
6. A follow-up visit by JHU/PCS should be made to Ondo State when the State is better prepared to discuss developing IEC projects.

List of Abbreviations

AAO	-	AID Affairs Officer
AID	-	Agency for International Development
EPI	-	Expanded Program on Immunization
FBB	-	First Bank of Boston
FMOI	-	Federal Ministry of Information
FMOH	-	Federal Ministry of Health
FP	-	Family Planning
FRCN	-	Federal Radio Corporation of Nigeria
IBC	-	Imo Broadcasting Corporation
IEC	-	Information, Education and Communication
IUCD	-	Intrauterine Contraceptive Devices
JHU/PCS	-	Johns Hopkins University/Population Communication Services
MOH	-	Ministry of Health
NGA	-	Nigeria
NERC	-	Nigeria Education Research Council
MCH	-	Maternal and Child Health
NAMB	-	Nigerian American Merchant Bank
NTA	-	Nigerian Television Authority
ORT	-	Oral Rehydration Therapy
OGTV	-	Ogun State TV
PIACT	-	Program for the Introduction and Adaptation of Contraceptive Technology
PPFN	-	Planned Parenthood Federation of Nigeria
PPN	-	Product Promotions Nigeria

PW	-	Price Waterhouse
RAPID	-	Resources for Awareness of Population Impact on Development
UCH	-	University College Hospital
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations International Children's Emergency Fund
UNFPA	-	United Nations Fund for Population Activities
UBA	-	United Bank of Africa
UNILAG	-	University of Lagos
URTNA	-	Union des Radiodiffusions et Télévisions Nationales D'Afrique (Union of National Radio and Television Organizations of Africa)
VSC	-	Voluntary Surgical Contraception

NIGERIA VISIT, PART I

MEETING WITH AAO

The JHU/PCS team met with AID Affairs Officer (AAO) Keys MacManus and discussed the schedule and objectives of the visit. Letters were sent by DHL courier to Ogun, Imo and Ondo States informing them of the planned visit. A planned trip to Enugu, Anambra with the AAO and Program Specialist Mrs. Shitta-Bey was cancelled twice due to inclement weather.

DEPARTMENT OF COMMUNICATION, UNILAG

The AAO and staff, together with the JHU/PCS team, visited the University of Lagos Department of Communication to explore possibilities of developing a "hands-on" IEC training program. In discussions with Dr. Ralph Akinfeleye, Chairman, and Dr. O.E. Nwuneli, Senior Lecturer, it was agreed that they submit a budget proposal for three regionally-grouped 21-day training workshops with about 35 participants each.

In a subsequent visit by the JHU/PCS team, a budget of ₦406,000 was submitted. The largest portion was for board and lodging. The JHU/PCS team recommends that the number of participants and days and the rate for UNILAG consultants be reduced. Instead of three workshops, only one should be started. It should be limited to representatives of States where FP has started. Subsequent workshops would depend on the outcome of the first. While the Department of Communication has an impressive display of print, radio and TV equipment donated by UNFPA/UNESCO, the depth and the skills needed to effectively use the equipment remain to be proven.

It was agreed with the AAO that while IEC training with UNILAG presents a good opportunity, it is not a high priority activity relative to developing IEC projects with the States. The training workshop is proposed for 1986 and should be viewed as part of a long-range institution-building program.

PROJECT DEVELOPMENT VISIT TO OGUN STATE

MOH officials met: 1) Mr. A.A. Gdulano, Permanent Secretary; 2) Dr. S.A. Onadeko, Director of Medical Services; 3) Mrs. I.V. Mako, Director of Nursing Services; 4) Dr. Y.O. Aina, Chairman, FP Medical Advisory Committee; 5) Mr. J.A. Olabode, Senior Planning Officer; 6) Mr. G. Agboola, Health Superintendent, Health Education Unit; 7) Mrs. A.O. Taiwo, Course Coordinator, School of Family Planning; 8) Mrs. A.E. Ogirri, Assistant Course Coordinator, School of Family Planning; 9) Mrs. V.O. Osikomaiya, Principal Midwife Tutor, School of Midwifery; 10) Mrs. S.A. Ogunremi, Assistant Chief Midwife Tutor, School of Midwifery; 12 other members of the Medical Advisory Committee; and 33 nurses and midwives from all over Ogun State.

OGTV officials met: Mr. Olatunde Adebogun, Head of Presentation; and 2) Mr. Yomi Awokere, Principal Producer.

Activities and Observations. The most impressive display of activity in promoting family planning in Abeokuta has been the use of nurses and midwives enrolled in the School of Family Planning to motivate women in the markets and men in the "mechanic villages." To catch the attention of the public, the nurses ring bells as they walk around the market area and sing lively locally-adapted family planning songs. During two market visits, we saw the crowd responding positively by singing and dancing with the nurses to the rhythm of the music. The nurses then persuade the listeners about the benefits of spacing their children. Two display boards are used as visual aids. One board displays different traditional methods of birth spacing in Nigeria and the other displays modern contraceptive methods. The idea is to persuade listeners that FP is not something new or alien to the Nigerians.

Beyond the market visits, the nurses and midwives have developed and presented a dramatized play on the advantages of a planned family. This play has been recorded on video and viewed by the JHU/PCS team. This drama, videotaped by OGTV for free, displayed the initiative and enthusiasm of the nurses and midwives involved in the FP program. With proper script improvement and more professional treatment, the play could be turned into a popular TV drama.

The JHU/PCS team also met 33 nurses and midwives representing health clinics in Ogun State. Eight message concepts for the posters were generated in a meeting with them. About half of the nurses have seen the Yoruba pill, IUCD and condom booklets. All requested that they be given ample copies. (This has been arranged. A total of 3,000 booklets were delivered to Ogun in a return visit by the JHU/PCS team.)

The team toured OGTV facilities considered to be one of the more advanced in the country. The team also attended the FP Medical Advisory Committee Meeting. After the purpose of the visit was explained, the Chairman conveyed the group's appreciation for the planned JHU/PCS assistance.

In a visit to the School of Family Planning, the team was treated to samples of a variety of FP songs, as well as samples of the pill, IUCD and condom booklets prepared by each student. The booklets were modeled after the JHU/PCS-developed Yoruba booklets. The act of producing their own booklet is both educational (they learn about the content) and valuable (they will use the booklets as reference when they return to their clinics).

Recommendations

1. To further enhance the effectiveness of the market visits, the following inputs are recommended:
 - a. Provision of portable battery-operated megaphones to attract attention, increase voice reach and compete against noise in the market;
 - b. Production of simple mimeographed handouts with slogans and listing of where clinics providing FP services are available and at what time; the handouts would be color-coded with one color aimed at one zone; the size would be small enough to avoid being used to wrap items bought in the market; estimated cost is \$1,260.
2. The nurses' drama presentation should be rewritten, made more professional, and presented on TV as a one-hour drama. Estimated cost is \$2,400. (Please refer to Appendix B for script suggestions.)

3. The family planning songs and Ewi music conveying FP messages should be recorded using a professional group. (Ewi is a traditional Nigerian music backed up with a lot of drums and normally used to honor big occasions.)
4. Four posters should be produced in time for the state launching of family planning. The eight concepts generated with the nurses and midwives should be drawn and pretested. Only four would be chosen and produced in 500 copies each using the locally-available silk-screen process. Estimated cost is \$3,672.
5. As part of the State launching of FP, a 30-minute newsfeature documentary on TV should be produced to highlight key initiatives and enthusiasm about family planning in the State. The format should also be motivational by focusing on the health and economic benefits of birth spacing. Estimated cost is \$1,800.
6. Two TV spots should be produced: a "Feto Somo Bibi" FP song with a series of positive visuals on planned families and a spot to convey the idea that too many children too closely spaced together is not Nigerian tradition, therefore, there should be a return to the tradition of resting first before having the next baby. Estimated cost is \$1,800.
7. Five radio spots, two using the FP songs as jingles and the other three adapted from scripts prepared in Kwara, should be developed and produced.
8. A JHU/PCS consultant should immediately be sent to Ogun to assist in the development and pretesting of the materials. He should bring with him a certified check equivalent to the amount needed for the projects.

With the exception of the megaphones which will be bought in the US and the posters which will be produced by the Health Education Unit, all other materials will be developed with OGTV.

Please refer to cable (Appendix C) sent to JHU/PCS listing the projects and the cost breakdown. Primary JHU/PCS contact in Ogun State is Mrs. I.V. Mako, Director of Nursing, MOH.

PROJECT DEVELOPMENT VISIT TO IMO STATE

Officials met: 1) Ms. Bridget Nwankwo, Commissioner of Health; 2) Mr. A.E.N. Izuwah, Permanent Secretary; 3) Ms. Grace Rowland Ogbonna, State Family Planning Coordinator; 4) Mr. G.M. Eke, Chief Information Officer, MOI; 5) Ms. Rose Ezeakor, PPFN State Secretary; 6) Mr. Anyim C. Ude, Director-General, Imo Broadcasting Corporation; 7) Dr. Comfort C. Nwabara, President, Nigerian Association of University Women; 8) Dr. Pamela Njemanze, President, Business and Professional Women's Club of Owerri; 9) Ms. Kate N. Ejiogu, Financial Secretary of the National Council of Women's Societies, Imo State Branch; and 10) Mrs. A. Anosike, Health Educator.

Activities and Observations. Imo is 90% Christian with about 50% Catholic and 40% Anglicans of the estimated 8 million people. The Catholic Church and other church organizations are active and strong in the area. According to UNICEF data gathered from two representative villages, infant mortality (first two years) is high at 306 for males and 259 for females. The birth rate is high at 49/1000, and the population is young with 50 percent of the population under 16. The total fertility rate is also high, estimated at about 7.

In this situation, an integrated primary health care strategy incorporating family planning may be the most acceptable and appropriate approach.

At the time of the visit, only four PPFN-operated clinics, located within MOH facilities, are providing FP services once a week. According to the MOH plan, ten clinics manned by health personnel will be operational by June with 21 more by December 1985.

Under these circumstances, it is recommended that intensified IEC efforts should only commence when the services are well in place in order to avoid frustration among clients who may have to be turned away if services are not available.

The team also explored the possibility of cooperation and securing free air-time for both radio and TV. At the time of the visit, the Imo Broadcasting Corporation (IBC) was barely two weeks old as a result of the merger of the State radio and TV groups and the Federal Radio Corporation of Nigeria local radio station. The Director General explained that he was not in a good position

to discuss public service time since IBC was now mandated to generate its own income to pay the salaries of the staff. He was, however, receptive to the idea of JHU/PCS and MOH paying IBC for costs for radio and/or TV programs and IBC airing the program free of charge. It was agreed that discussions will be resumed in the next JHU/PCS visit when reorganization within IBC will have settled down.

In discussions with three representatives from the women's organizations, all were enthusiastic about the role of women's organizations in promoting family health and family planning programs. They agreed that village-based women's groups, if mobilized, could play a major role in getting support from traditional leaders as well as in recruiting or referring clients to service centers. It is estimated that there are at least 200 women's clubs in Imo State.

At the Ministry of Information, the Chief Information Officer offered the services of their artist in developing print materials. He also said that if appropriate 16mm FP films were made available MOI will carry them in the A/V vans. Since MOI does not have authority over radio, TV and newspapers, MOI could not help in media coverage of family health activities, but he agreed to include them in the weekly MOI bulletin distributed to the media.

In a visit to the School of Public Health, the team encouraged school officials to adopt the Ogun model of nurses and midwives motivating in the markets. Their response is that Ogun is already advanced.

Recommendations

The following activities are recommended for Imo State:

1. A statewide two-day workshop involving representatives from as many women's organizations as possible, including church groups; the focus would be on "Women's Participation in Promoting Family Health Programs"; the workshop would explore alternative ways of enlisting women's clubs support and strategies of involving or influencing traditional leaders.

The statewide workshop will be followed by a similar one at the zonal level, with more grassroot participation, and with selected representatives from four other zones. To recover part of the costs, a ₦5 registration fee will be charged.

2. Development and production of a 30-minute radio drama series interweaving health and FP messages; production costs would be provided by JHU/PCS and MOH; IBC would provide free air-time.
3. Production of radio/TV spots and posters using endorsements from respected leaders and popular personalities in the state;
4. Development of an illustrated or pictorial booklet on Natural Family Planning with focus on the cervical mucus method.
5. Development or procurement of durable cue cards highlighting important points in the presentation of different family planning methods; they will be used by the nurses/midwives in counselling clients in the clinics.
6. Provision of appropriate African-based 16mm films to the MOI for use in mobile A/V vans;
7. Invitation of more traditional leaders to the RAPID presentation on Nigeria scheduled for Imo State;
8. Training of a core group of male motivators to motivate lower-ranked civil service male employees (upon suggestion of the MOH Permanent Secretary).

Total estimated cost of the projects is \$51,000. Primary JHU/PCS contact in Imo State is Mrs. Grace Rowland Ogbonna, State Family Planning Coordinator, MOH.

IEC NEEDS ASSESSMENT IN ONDO STATE

Officials met: 1) Dr. A.A. Adetunji, Principal, School of Health Technology; 2) Mr. E.A. Ajayi, Health Education Unit; 3) Mrs. J.E. Akerele, Public Health Tutor, and 4) Mrs. V.I. Otiko, Community Health Officer.

Activities and Observations. Although the School of Health Technology requested IEC assistance through the AAO, counterparts in Ondo were not prepared for the visit. A pre-packaged IEC project was expected instead of a plan uniquely suited for Ondo State.

The MOH though has had experience in the promotion of the expanded program on immunization (EPI). This experience, however, is limited to working with traditional leaders on a one-to-one basis in two local government areas. When the ideas in Ogun were shared with representatives of the nursing groups, they became enthusiastic about possibilities of adaptation, especially since there seemed to be a common thread in the Yoruba versions of FP songs developed.

Discussions were also held on the possibilities of using a 15-minute radio comedy which is popular in Ondo to integrate health and FP messages. Dr. Andetunji suggested a 30-minute TV documentary showing the effects of rapid population growth on family life, agriculture and education. This kind of presentation, he felt, would make people aware of the issue and become more receptive to FP.^{1*} The market women's association, considered strong in Ondo, could also be tapped.

Carol Becker requested the Ondo team she met to research costs related to radio, TV and newspaper announcements production as well as line up key FP messages suitable to Ondo State. The information gathered would be useful in developing projects during the next JHU/PCS visit.

Recommendations

1. An IEC team from various units of the Ministry of Health and representatives from other collaborating agencies should be assembled; this team should serve as a core group to process the IEC needs in Ondo as well as actively get involved in the implementation of future IEC activities;
2. Selected Ondo MOH officials should visit and consider sharing materials and innovative activities with Ogun State; they have indicated interest in this idea;
3. A JHU/PCS follow-up visit should be made to finalize a project agreement with Ondo State, taking into consideration the minimal IEC capability within the Ministry of Health system.

¹This need could well be served by the TV version of RAPID.

MONITORING AND TECHNICAL ASSISTANCE TO KWARA STATE

The JHU/PCS-funded project with the Kwara State Ministry of Health (AF-NGA-01) was in the third quarter of implementation during the time of the visit. Although Kwara State is multi-ethnic, about 60% of the population can speak Yoruba.

Officials met: 1) Dr. David Olubaniyi, Chief Health Officer; 2) Mrs. Florence Tolushe, Assistant Chief Nursing Sister; 3) Mrs. E.I. Adebayo, Project Supervisor; 4) Mrs. F.A. Shoyoola, Assistant Project Supervisor; 5) Mr. O. Kimrin, Graphics Arts Division, MOI; 8) Mr. Alahaji R.K. Yusuf, General Manager, Kwara Radio; 9) Mr. J.A. Bello, Commercial Manager, Kwara Radio.

Activities and Observations. JHU/PCS conveyed its serious concern to the Project Staff over the the continued delay in the launching of the media campaign. A revised workplan, the main feature of which is the launching of the media campaign in late April, has been agreed upon and signed. Despite the delay of 3-4 months in the availability of funds in-country, owing to constraints internal to Nigeria, a total of \$12,000 will be available by the end of April to fund the initial requirements for launching the media campaign.

During the two-day visit, agreement was reached with NTA/Ilorin to produce four TV spots, three in English and one in Yoruba for a package price of ₦5,000. NTA will provide the Project with a VHS cassette containing all four spots. More significantly, the spots would contain a tag line, "This is a public service announcement of NTA and Kwara Ministry of Health." This tag line was agreed upon with the Commercial Manager as a major step in gaining free air-time, or substantial discounts. Representation from MOH is, however, needed to firm up agreement with the NTA General Manager.

A total of six radio spots were produced in collaboration with Kwara Radio, three in English and three in Yoruba. While the quality of the spots is still relatively poor given limited production facilities, the Project Staff believe they are acceptable by local standards. After the final round of pretesting, the spots could still be improved upon. All the spots were recorded under extraordinary circumstances--at a time when about 60 Kwara Radio staff were being retrenched--and chaos, tension and pandemonium were the prevailing mood.

For the newspaper announcement, the visual of a "happy planned family" has been pretested. The process of preparing the final copy, to be done in a size which when reduced would fit the newspaper space allocated for, was discussed with the artist.

Three more newspaper announcements were added: 1) spacing benefits for children, 2) spacing is a Nigerian tradition, and 3) spacing benefits for mothers. Please refer to Appendix D for the proposed copy text.

The Chief Health Officer, Dr. Olubaniyi, who is also Project Director, promised to raise the issue of restoring free FP services to the State Executive Council. A decision is expected in May.

During the visits which coincided with the presence of the INTRAH Trainers Team, agreement was reached with Mr. Maurice Apted and Ms. Mary Kroeger, to integrate the use of the pill, IUCD and Yoruba booklets into the INTRAH training scheme. The booklets were tested by the INTRAH team in one of their training sessions and were greeted with enthusiasm.

The Kwara staff was also briefed on the Ogun project. With regard to the use of FP songs, Kwara insisted that they would do better than Ogun. In the last day of the visit, JHU/PCS Regional Program Coordinator José Rimon, was treated to a spectacle of about 500 mothers with babies, singing a variety of FP songs at the District Health Unit/Ilorin. The performance was impressive and the songs, which were tape-recorded, were sung with dancing, gusto and enthusiasm. We suggested that the same scene should be videotaped and used as one of the positive images for the TV spot "Feto Somo Bibi" conveying enthusiasm for the FP movement in Kwara.

Please refer to summary letter to Dr. Olubaniyi for details (Appendix E).

Recommendations

1. To avoid a 3-4 month delay in the availability of funds in Kwara, the project account should be transferred from the Union Bank of Ilorin to the United Bank of Africa, Ilorin Branch. The latter, on the basis of experience by INTRAH, is also delayed but only from 1-2 months; no funds should be released to the project until a new account is opened.

2. The twice-delayed launching of the media campaign calls into question the commitment and capability of the staff in managing the project. At the end of the first year of the Project in June, the second year commitment should carefully be reviewed, taking into consideration the lessons learned in the first year of the project.

NIGERIA VISIT PART II

PLANNED PARENTHOOD FEDERATION OF NIGERIA (PPFN)

Officials met: 1) Mr. Abayomi Fajobi, Executive Director; 2) Mr. Marc Okunnu Sr., Director of Programmes; 3) Mr. M.K. Awoyale, Controller of Finance and Administration; 4) Mr. Bolaji Thani, Client Service Director, Product Promotions Nigeria (PPN); 5) Mr. Laoye Oladunjoye, Client Service Director, PPN; 6) Mr. Gbenga Faturoti, Production Manager, PPN; 7) Mr. Jimi Sorunke, Client Service Executive, PAL Nigeria; 8) Mr. Olu Ajayi, Managing Director, FEM Publicity; and Ms. Yinka Ogunride, Public Relations Officer, FEM Publicity.

Activities and Observations

1. AF-NGA-03, FP Communication Campaign in Plateau State. Of the 18 advertising agencies bidded, six responded and three were shortlisted. The three are: Product Promotions Nigeria, PAL Nigeria and FEM Publicity. The three were requested to present their proposals and clarify the budgets. Although PAL was more impressive in its presentation, it was about ₦50,000 more expensive than Product Promotions. FEM Publicity only bid for selected items. If PAL could come up with comparable cost proposals as Product Promotions, it has a good chance of being chosen. Further negotiations between PPFN and the two agencies were encouraged to arrive at the most reasonable costs. By the end of May, PPFN is expected to submit its recommendations.

All the personnel to be recruited under AF-NGA-03 have been identified and hired with the exception of the Programme Officer. Although a Programme Officer has been chosen, he has not yet accepted the job.

The Project Advisory Committee based in Jos, Plateau State has been chosen. Members are:

1. Mrs. S.O. Dung - Coordinator, Basic Health Scheme
Ministry of Health, Plateau State
2. Mrs. R.L. Idakula - Principal Social Welfare Officer,
Ministry of Information and Social
Dev.
3. Alhaji Yahuza Makengiji - Chief Information Officer,
Ministry of Information
4. Mrs. Elizabeth Abashe - Principal Home Economics Officer,
Home Economics Division, Min. of
Agriculture
5. Mrs. Z.G. Mafuyai - PPFN Volunteer and Tutor, School of
Nursing, Jos
6. Mr. M.D. Kwen - PPFN Jos Branch Chairman
7. Mr. Philip Adiquizi - Chief Adult Education Officer
Ministry of Government

The proposed subcontract document between PPFN and the chosen advertising agency was discussed using the JHU/PCS subagreement with PPFN as a model. The "boiler plate" provisions of JHU were reviewed for appropriateness. The subcontract would also include a provision that materials developed are not considered final until approved by the Project Advisory Committee. PPFN is expected to send the draft of the subcontract in May for JHU/PCS review and concurrence.

2. AF-NGA-02, Development and Production FP Booklets. The purchase orders for the printing of the Ibo, Hausa and Pidgin English versions of pill, IUCD and condom booklets were submitted for JHU/PCS concurrence. Fine Print Ltd. won the bids for the Ibo and Pidgin English versions, including the English instruction sheets at a total cost of ₦42,886. Musobolaje and Brothers won the bid for Hausa at ₦29,300. An estimated shortfall in funds (₦38,186) to complete the printing will be provided by Pathfinder Fund from its Cooperative Agreement with AID/Lagos.

A penalty clause of one percent for every day delivery is delayed was included in the purchase order upon JHU/PCS suggestion, to ensure adherence to the delivery contract. Advance payments will be avoided as much as possible.

Although the booklets have not yet been printed and distributed, the PPFN State Secretaries nationwide and/or their representatives were oriented on the use of the booklets (using the Yoruba versions) and the need to distribute them actively.

Distribution of the Yoruba booklets is proceeding relatively fast, but not in sufficient quantities. For example, despite the 6,000 pieces previously given to Ogun State, about half of the 33 nurses and midwives the JHU/PCS team met have not seen the booklets. Another 3,000 copies were arranged by the JHU/PCS team for delivery. In Kwara, limited quantities were available at the MOH headquarters. The JHU/PCS team requested PPFN to send Kwara 5,000 copies. University College Hospital in Ibadan had copies in stock, but they are not sufficient if the idea is to give nurses and midwives undergoing training in FP ample copies to bring home. The PPFN branch in Ibadan reported complaints of women declining to take home the booklets for fear their husbands may not like the idea of family planning. This report, however, seems isolated.

In general, PPFN branches are still conservative in their distribution of the booklets to MOH, and the State Health Ministries also lack the initiative to inform the PPFN branches of their additional requirements. A good deal of movement is sometimes dependent on the individual relationships between MOH and the PPFN branches.

3. Problems with Fund Transfers. JHU/PCS project funds with PPFN are deposited with WEMA Bank Nigeria. JHU/PCS requested fund transfer the second week of February for two PPFN projects. As of March 12, PPFN has not been notified of the availability of funds wired through Fidelity Bank of New York. A check and a visit to the Overseas Branch Manager of WEMA Bank, Mr. Alhaji M.A. Akangbe, showed that

WEMA received a telex February 22 for \$47,218 to be credited to AF-NGA-02. A second telex was sent February 28. Both were garbled. An earlier request for funds transfer for the initial release of funds for AF-NIG-03 was also delayed. Because the WEMA telex machine was out of order at the time, Fidelity Bank sent by mail \$40,868 February 2 and the mail was received March 7.

On both occasions, WEMA International Division "did not know" that the funds were for PPFN whose account was with their branch at Lopal House. We impressed upon the Manager that if the problems continue, we will have to find alternative ways. He has assured JHU/PCS and PPFN that next time it would take only three days upon receipt of the telex for funds to be transferred to the project account.

One alternative in wiring funds to Nigeria is through the First Bank of Boston which has an investment bank subsidiary called Nigerian American Merchant Bank (NAMB). In discussions with Mr. Folabi Cardoso, Assistant Manager for Corporate Finance, and Mr. Lekan Owolabi, Assistant Manager, Foreign Department, the following process was established. JHU transfers dollar amount to First Bank of Boston (FBB), FBB informs NAMB/Lagos, NAMB/Lagos issues naira check equivalent to 80% of the amount in three days in favor of the project account; the remaining 20% will be made available as soon as the JHU check is cleared, normally in about a month; this system works only for Lagos and Kano, but not in other states where NAMB has no branch; to clear an NAMB check issued to another State takes a minimum of one month since the check is centrally processed through the Central Bank.

In general, it is recommended that future project accounts should be opened with banks which are subsidiaries of U.S. based banks and that language to this effect be included in any future sub-agreements.

4. Injectables Booklets. PPFN has requested JHU/PCS assistance in clarifying the status of the UNFPA-supported project in developing booklets on injectables patterned after the JHU/PCS-supported pill, IUCD and condom booklets. In particular, PPFN wanted to know

whether UNFPA would release the funds to PIACT as executing agency or the Federal Ministry of Health.

5. National Family Health Broadcasting Workshop. Preliminary estimate for the proposed national radio and TV workshop is about ₦60,000. An organizing committee to be composed of the PPF Director of Programmes, the Controller of Programmes for NTA, Ibadan and the Principal Producer for FRCN/Lagos will be convened. Although PPFN will be the primary agency responsible for convening the workshop, the Federal Ministry of Health (FMOH), Federal Ministry of Information (FMOI), the Nigerian Television Authority (NTA) and the Federal Radio Corporation of Nigeria (FRCN), would also be co-sponsors of the event.

A draft project document has been discussed with PPFN with the final proposal submitted to JHU/PCS in May. The one-week workshop is tentatively scheduled the third week of October.

On the whole, PPFN projects have been moving according to schedule. PPFN is not hampered by the bureaucratic inertia normally characteristic of projects with government agencies.

FEMALE VSC BOOKLET WITH UCH/IBADAN

Officials met: 1) Dr. O.A. Ladipo, Head, Fertility Research Unit; 2) Dr. E.O. Otolorin, Consultant, Dept. of OB-GYN; and 3) Ms. Grace Delano, Head, Family Planning Clinic.

JHU/PCS consultant Ms. Carol Kazi of PIACT was briefed fully on the proposed projects including previous agreements reached with UCH/Ibadan. The JHU/PCS team met again with Dr. Ladipo and Grace Delano. On the basis of further discussions with them, a draft project document was prepared by Ms. Kazi for their review and concurrence. The development of the female VSC booklet will be patterned after the previously developed illustrated FP methods booklet designed for the semi-literate.

Please refer to the draft project document in Appendix F for details about the project. Expected start of the project is July 1985. Estimated project cost is \$28,700.

Recommendation. The project document should be finalized as early as possible and submitted for approval to the JHU/PCS Advisory Group and AID/Washington.

TV VERSION OF THE NIGERIAN RAPID PRESENTATION

After the RAPID presentation to some members of the Federal Military Government Cabinet by the Futures Group, the Federal Minister of Information requested a TV version of the presentation. JHU/PCS was requested by the AAO/Lagos and Phil Claxton of the Futures Group to develop and produce the Nigerian version in collaboration with FMOI. JHU/PCS has done a similar film for Liberia.

It was agreed that AAO/Lagos will cable the names of JHU/PCS counterparts at FMOI. Discussions with FMOI will be scheduled in the next JHU/PCS visit.

Recommendation

A project agreement should be drawn up with either FMOI or the Nigerian Television Authority Network Programs, during the next JHU/PCS visit to Nigeria, to produce the TV version of RAPID.

RECRUITMENT OF COMMUNICATION SPECIALIST

Three candidates were shortlisted by Price Waterhouse for the Communication Specialist job jointly supported by JHU/PCS (20%) and Pathfinder Fund (80%).

After interviewing the three candidates, both José Rimon of JHU/PCS and Dr. Ajayi of the Pathfinder Regional Office recommended hiring Dr. A.C. Daramola, a lecturer at the Department of Communication, University of Lagos. Daramola, has a Ph.D. in Communication from the University of Illinois and had worked with Lintas Nigeria, a large advertising firm, during his national youth service corps stint. His Ph.D. dissertation is on population and family planning communication in Nigeria. Although he lacked exposure to the different regions of Nigeria and has, in fact, spent most of his student days out of the country, he

was by far the best available candidate. The Communication Specialist is expected to be on board May 1.

STATUS OF OTHER PROJECT LEADS

A number of other project leads were followed up and/or discussed during the course of the trip.

1. Yoruba TV Program with NTA/Ibadan. As a follow-up to the URTNA workshop in Nairobi sponsored by JHU/PCS, Ms. Ronke Okusanya, NTA/Ibadan Controller of Programs, proposed the development of a Yoruba TV drama program promoting health and family planning. However, she was unable to prepare a draft project proposal as agreed during the last JHU/PCS visit. JHU/PCS proposed the idea of producing a number of pilots which could be shown on NTA free of charge. JHU/PCS will provide financial assistance in the production of the pilots. Okusanya's proposed ₦5,000 budget per episode using professional talent is still relatively high. Okusanya will prepare a project proposal for consideration by JHU/PCS.
2. National Workshop in the Development of IEC Strategy. JHU/PCS and AAO/Lagos agreed that use of limited IEC funds should be prioritized for state-level IEC projects.
3. Motivational Film on FP/ORT/Immunization. AAO proposed the idea of developing a motivational film aimed at the public to underscore the benefits of FP, ORT and immunization. It was agreed that the feasibility of doing such a film will be explored by JHU/PCS.
4. TV Production of POP-ED Scripts. Under the UNFPA-assisted Population Education Project with the Nigerian Education Research Council (NERC), four scripts on pop-ed were written at ₦1,000 each. The scripts have potential for modification to incorporate strong FP messages. JHU/PCS may consider producing the scripts for TV. AAO is supportive of the idea especially if the scripts were redirected to highlight FP, ORT and immunization.

GENERAL COMMENTS/OBSERVATIONS

By the end of 1985, JHU/PCS will have between 12-15 major IEC projects in Nigeria. About half are projects at the state level and the other half across states. The experiences gained and the materials accumulated in these projects and that of other related agencies, present a good opportunity to develop and launch a national media campaign.

The quickening pace and the widening scale of IEC projects in Nigeria also necessitate the formation of a strengthened IEC team to keep up with the monitoring of ongoing projects, developing and opening new ones and providing technical assistance badly needed in the field. JHU/PCS should play a key role in developing this team both in response to present and future needs.

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Executive Director

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Ms. Florence Tolushe
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UCH/IBADAN

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Mrs. I.V. Mako
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Dr. Y.O. Aina
Chairman, FP Medical Advisory
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Mr. J.A. Olabode
Senior Planning Officer, MOH

Mr. G. Agboola
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Course Coordinator
School of Family Planning

Mrs. A.E. Ogirri
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School of Family Planning

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Mr. G.M. Eke
Chief Information Officer, MOI

Ms. Rose Ezeakor
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Ms. Pamela Njemanze
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Ms. Kate N. Ejiogu
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Dr. A.A. Adetunji
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Mrs. J.E. Akerule
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Mrs. V.I. Otiko
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Mr. E.A. Ajayi
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Asst. Manager for Corporate Finance

Mr. Leka Owolabi
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21

SUGGESTIONS FOR THE PLAY FOR OGUN STATE

The following are some suggestions which your team might consider in reworking the family planning play:

1. The children in the play need to be a mix of ages and both male and female in order to make the play realistic on video. The planned family should have the three children about three years apart. The unplanned family should have about seven children all very close in age.
2. The set should be improved to the extent possible. For example, the chairs in the dining room scene should not have the government stamp at the back.
3. In video, long periods of silence are difficult. Since it is not traditional for the family to talk during dinner, the eating scenes need to be shortened.

The after dinner scenes at which discussion could take place could be lengthened instead. A talk by the father about fine achievement of all of the children would be one way of doing this. It would show the entire family rejoicing over how well all the children in the planned family have done.

4. Try to write the dialogue between the members of the family the way they would really talk in daily life.
5. For an hour long play, a more complex story would be more dramatic than your group might want to discuss to see if they would be culturally acceptable.
 - a. Setting the scene - Right now there is no indication in the play that the two families know each other except when the planned family visits the unplanned family. Perhaps about five minutes could be spent revealing the two men growing up as boys in the same village and being friends. They then would be coming from the same economic group. While their fortunes became different, they still remained friends. Then the story could continue and a link between the families would be established.

- b. Some scenes could be developed where the eldest daughter of the unplanned family reflects on the situation. In the final scenes you might have a conversation with the daughter of the planned family about the future. She could indicate that when she married she would plan her family so her children would have a chance at a better life.
- c. In order to create more variety in the scenes, you might have the wives of the two families meet in the market. The wife in the unplanned family might seek advice from the other wife about what to do about so many children. The wife from the planned family would tell her about family planning and the clinic. She would emphasize that it would be bad for her friend to get pregnant again so soon, not only because of the economic circumstances but also because her health is not good after so many pregnancies. The woman would agree but indicate that her husband would never consent. The woman from the planned family says that her husband would talk to him and try to persuade him.

There could be another scene where the two husbands meet and the husband from the planned family tries to convince the friend that he should send his wife to the family planning clinic. He stresses both the economic argument and the maternal health one.

There are two possible endings which might work:

1. A similar ending to the one presently in the play: the husband from the unplanned family is convinced and goes with his wife to the family planning clinic.
2. The husband from the unplanned family is not convinced. His wife gets pregnant again and dies in childbirth. The husband feels remorse that he did not let his wife take a rest before she became pregnant.

99 WEST SHEFFIELD AVENUE, ENGLEWOOD, NEW JERSEY 07631

FAX GRAM

(201) 980-7707

TNAB

3E D102 21-3 3B101 2 02/25/85 14:30 21205

MR. RON MAGARICK
POPULATION COMMUNICATION SERVICES
624 NORTH BROADWAY
BALTIMORE, MD 21205
- TEL: 301-955-7666

→ CC. - Rimon
Yellow
- M/M C
COC -
Ritay
File - Nitem

1. AAO AND MRS. SHITTA-BEY JOINED BECKER AND RIMON OF POPULATION COMMUNICATIONS ON THE LAST DAY OF THEIR VISIT TO OGUN STATE. WE MET WITH THE PERMANENT SECRETARY; F.P. COORDINATOR; MAKO; PRINCIPAL OF THE NEWLY ESTABLISHED (FIRST IN NIGERIA) F.P. SCHOOL; HEAD OF HEALTH EDUCATION; AND MINISTER OF INFORMATION OFFICIALS.

2. BEFORE GOING INTO I&E AREA, WE DISCUSSED SERVICE PROGRAM WITH MRS. MAKO AND THE MOH STATISTICIAN WHO IS NOW FULLY INVOLVED IN MONITORING SERVICE STATISTICS. AS OF JANUARY FIRST, PER VISITS OF CDC TEAM DALMAT AND JOHNSON, CONDOMS NOW LISTED AS SEPARATE LINE ITEM. PILLS AND IUD NEW ACCEPTERS FOR JANUARY INDICATE ABOUT 5 TO 1 RATIO OF NEW TO CONTINUING ACCEPTERS. REQUEST CDC COMMENT ON POSSIBLE CAUSE.

3. MAKO AND STAFF EXTREMELY PLEASED TO RECEIVE CLIENT RECORD FORMS, DAILY ACTIVITY SHEETS SUMMARY TABLES, AND AFRICA-CONTRACEPTION WHICH WE HAND DELIVERED. CURRENT CLASS AT F.P. SCHOOL WILL BE TRAINED IN THEIR USE.

4. BELIEVE ONE MORE FOLLOW-UP VISIT TO OGUN STATE BY CDC WILL COMPLETE THEIR TRAINING IN THIS VITAL AREA.

5. MAKO TOLD US THAT 12 MORE CLINICS WOULD BE OPENED AS SOON AS BIG SHIPMENT OF CONTRACEPTIVES RECEIVED.

6. HEALTH CENTERS WILL ALSO BE ABLE TO OFFER SERVICES, EXCEPT INSERTIONS, AS SOON AS PATHFINDER TRAINING OF 80 NURSE/MIDWIVES FOR TEN DAYS IS COMPLETE. PLEASE ADVISE STATUS.

7. RE I&E AREA, WE ACCOMPANIED SEVEN NURSE/MIDWIFE F.P. TRAINEES TO TWO LARGE MARKETS WHERE THEY RANG BELLS AND SANG F.P. SONGS TO ATTRACT GOOD SIZED CROWDS, MOSTLY YOUNG WOMEN WITH A BABY ON BACK. THEN THE LEAD NURSE ENTERED INTO A DIALOGUE WITH THE CROWD AND SHOWED THEM TRADITIONAL AND MODERN METHODS. THERE WAS A HIGH DEGREE OF INTEREST, WHICH WITH CERTAIN IMPROVEMENTS (MEGAPHONE

TO SPEAK ABOVE THE MARKET NOISES) COULD RESULT IN MUCH WIDER ACCEPTANCE. AFTER VISIT TO TV STATION, WE RETURNED TO MOH TO CONCLUDE DISCUSSIONS.

8. WE AGREED ON I&E PROGRAM TO SUPPORT OGUN'S PLANNED F.P. LAUNCH WEEK IN MAY, OR SOONER IF PROMOTIONAL COMPONENT IS READY.

9. RIMON/BECKER HAVE WORKED CLOSELY WITH OGUN STAFF TO DEVELOP BALANCED PROGRAM USING PRACTICAL/CREATIVE APPROACH TO MAXIMIZE LOCAL MATERIALS AND TALENT. PCS FUNDS ARE TO BE LIMITED TO DESIGN AND PRODUCTION COSTS. SUBJECT TO FURTHER DISCUSSIONS IN OGUN ON MARCH 3, THE FOLLOWING ACTIVITIES ARE PROPOSED.

- SMALL HANDOUTS WITH CLINIC ADDRESSES, HOURS, AND F.P. MESSAGES TO BE DISTRIBUTED AT MARKETS ETC. (SEE PARA 7 SUPRA) - NAIRA 675

- POSTERS WITH FOUR F.P. THEMES - NAIRA 2,400

- TWO TV SPOTS - NAIRA 1,400

- ONE HOUR LONG TV PROGRAM WITH SUB-PLOTS - NAIRA 1,700

- FIVE RADIO SPOTS - NAIRA 1,500

- ONE HOUR LONG NEWS FEATURE INCLUDING THE GOVERNOR, TRADITIONAL LEADERS, ETC. - NAIRA 1,700

- ONE PROFESSIONAL TAPE OF LOCALLY COMPOSED F.P. SONGS; ONE SIDE FOR MALE MOTIVATION AND ONE SIDE FOR WOMEN - NAIRA 1,700

- TOTAL NAIRA 10,575 (DOLLARS 12,704)

ADDITIONALLY, WE WOULD LIKE TO PROVIDE 40 SMALL MEGAPHONES FOR CLINIC STAFF TO USE ON MOTIVATIONAL VISITS AND FOR TRAINING IN THE F.P. SCHOOL. THESE NOT AVAILABLE HERE, SO WILL HAVE TO BE PURCHASED IN U.S.

10. BELIEVE TOTAL COST CAN BE KEPT UNDER DOLLARS 15,000.

Subject: Spacing Benefits for Women

This is the physical cost of a pregnancy to a mother:

1 Kilo calcium

3 amino acids (A normal year's needs)

The baby developing in the womb takes it's needs from the body of the mother.

When the baby is born, it continues to draw its needs from the mother, physically and emotionally.

A mother's body needs time to recover. Needs time to rebuild its store of essential supplies that a new baby will demand.

When you space your childbearing--say two or three years between births--the mother's body has the chance and time to recover.

Too many babies too quickly together means weaker, less developed babies and weaker mothers.

SPACE YOUR CHILDBEARING FOR STRONGER, HEALTHIER MOTHERS AND STRONGER, HEALTHIER BABIES.

VISIT YOUR NEARBY HEALTH AND FAMILY PLANNING CLINIC TODAY.

Subject: Spacing is Nigerian

Spacing your childbearing is new and foreign to Nigeria!

True? or False?

FALSE. Spacing childbearing has been practiced in Nigeria for countless generations. Different parts of the country had different traditions, all aimed at spacing the years between childbearing.

In some cases, a man had more than one wife. If a wife becomes pregnant, she went to her family house to deliver and wean the child. She returned to her marital home after the child was weaned, about 2-3 years.

In other areas, there was a taboo against having sexual relations with a woman who was still breastfeeding. This woman would not have another child until the first was at least two years old.

Modern times have changed many of our practices. However, with modern times have come modern methods. Today, you can use effective contraceptives to space your childbearing. Our forefathers practiced spacing because it helps the mother and the child and the husband, too.

ANSWER:

FOR BEST ADVICE VISIT YOUR NEARBY HEALTH AND
FAMILY PLANNING CLINIC

22

PRESS ADS EXAMPLES

Subject: Spacing Benefits for Children

Take a tip from an old farmer.

"I grow corn. When I sow the seeds, I space the plants. I leave at least two feet between each plant.

I do this so that each plant can have room to grow, can get nourishment from the soil, can get enough sunshine. Then, each plant grows strong and yields more."

You should space your childbearing, too. If you leave two or three years between births, it gives each child a full chance to get all the support he or she needs to grow healthy.

Give your children a better start. Take a rest between births.

VISIT YOUR NEARBY HEALTH AND FAMILY PLANNING CLINICS.

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER

POPULATION INFORMATION PROGRAM
624 North Broadway, Baltimore, Maryland 21205 USA
Population Reports • POPLINE
301/955-8200 • Cable POPINFORM
Population Communication Services (PCS)
301/955-7666 • Telex 701815

March 19, 1985

Dr. David Olubaniyi
Project Director
Kwara State Ministry of Health
Ilorin, Kwara State

Dear Dr. Olubaniyi:

Let me summarize what we have agreed and what has been achieved during my two-day visit to Ilorin:

1. Revised Workplan

We have agreed on a revised work schedule (see enclosed Workplan) to be followed for the duration of the project, the main feature of which is the launching of the delayed media campaign by April this year. You have assured me that since you have finally been notified by your bank last February 8 of the availability of \$3,247 JHU/PCS wired you as early as November 19, this amount, together with the 700 naira balance in the project account is sufficient to fund the initial requirements of launching the campaign. Given the three-month delay currently experienced in the transfer of funds, the \$8,872 advance wired to you in January 21, should be available by the third week of April. This delay would not however affect the the launching of the project as you believe you could negotiate to get billed later for the full media cost.

2. TV Spots

In discussions with officers of Nigerian Television Authority (NTA/Ilorin), agreement was reached on the production of four television spots, three in English and one in Yoruba, at a package price of 5,000 naira. NTA will provide the Project with a VHS cassette containing all the four spots. Although NTA has promised to produce the spots for final pretesting before the launching of the media campaign, it would be prudent for the Project Staff to follow up the progress of the work.

More significantly, the spots would contain a tag line at the end, "This is a public service announcement from NTA and the Kwara Ministry of Health." This tag line was agreed upon with the Commercial Manager as a major step in gaining free air time. The Commercial Manager, however, suggests that representations from the Ministry of Health is needed with the NTA/Ilorin General Manager. We have agreed that you will pursue the issue from the Health Ministry's end.

Dr. David Olubaniyi
March 19, 1985
Page 2

In my discussions with NTA, we made special mention of the need to carefully consider that the video should not convey visual signs that the campaign is aimed at a particular ethnic group. While the TV spots will undergo final pretesting (to screen out any offensive material, among others) your attention on this matter would certainly be helpful.

The morning I left for Lagos, I had occasion to witness a most impressive scene of about 500 women with young babies at the District Health Unit in Ilorin singing family planning songs. The women were enthusiastic about the songs and I observed some babies responding to the rhythm of the singing. I had the songs taped.

As you know, we have used "Feto Somo Bibi" and "Plan Your Children" in the radio spots. Another song which Florence Tolushe introduced to the women, "Omobere Osi Bere" was obviously popular as women sang them with gusto. I am reiterating my handwritten recommendation sent to you and Florence through Dr. Ajayi of Pathfinder Fund, to use the song as one TV spot by itself with positive visuals of women enthusiastic about planning their families. The video should portray images of women singing, nurses providing immunization and FP services, children going to school, children being groomed, parents playing with their children, close-up of healthy smiling children, etc. The song should provide the audio all through the duration of the TV spot. The singing, of course, should be recorded in a studio preferably with about 15 women voices to simulate the mass singing in the clinic.

This TV spot could either be an addition to the four spots originally discussed with NTA, if a reasonable cost is negotiated. If not, I suggest that you include this proposed spot as part of the four spots we negotiated with NTA, and drop either TV spot No. 2 "Respect" or No. 3 "Tradition."

I suggest Florence explain this to the NTA officials concerned.

3. Radio Spots

A total of six radio spots were produced in collaboration with Kwara State Radio, three themes each of which done in Yoruba and English. Only the first four spots, however, (the Yoruba and English version of "Mara Olu" and "Think First") were acceptable for final pretesting. Since it would take a while for the TV spots to be ready for final pretesting, I urge you to proceed with the pretesting of the radio spots and the newspaper ads soonest. This would give you ample time to incorporate necessary modifications based on the pretests.

I would also urge you to assign Florence to closely supervise the final production of the radio spots after the pretests. If you have difficulties with the Commercial Manager, who is also in charge of production, I suggest you discuss the matter with the General Manager.

Dr. David Olubaniyi
March 19, 1985
Page 3

4. Newspaper Ads

I am happy to know that your staff has pretested the posters which would be used for newspaper ads. Although one has been chosen, there is a need to improve it to make the visuals more appealing. I have discussed the necessary modifications with the artist from the Ministry of Information. I explained to him the process of and the need for a final copy to be done in a size which when reduced, would fit the space allocated for.

You will remember though, we have added three more newspaper ads, two of which needing improved visuals, for the final pretests. The three print ads are: 1) spacing benefits for children, 2) spacing is Nigerian, and 3) spacing benefits for women. The second does not need visual illustration. (Please see enclosed.)

5. Free FP Services

In my discussions with you, I called your attention to the steep decline in the number of FP acceptors since fees were levied on FP services. You also expressed your own feelings and promised that you would raise the matter not only to higher authorities within the Health Ministry, but also to the State Executive Council. It would be most opportune if a favorable decision is arrived at before the start of the media campaign. We could then request NTA and Radio Kwara to add an announcement that services are free, after the spots are aired.

6. I have discussed with the INTRAH Team, Mr. Apted and Ms. Kroeger, the use of the Yoruba IUCD, Pill and condom booklets in the training sessions they are conducting. They have agreed. In fact, the participants were very pleased with the booklets. They could bring back with them sufficient copies for distribution to their clients. Kindly ensure that they get enough copies.

7. You have submitted to me the third quarter report covering October to December 1984. I called your attention to the need for the artist to sign in the payroll register and the need to relate mileage cost to project-related activities.

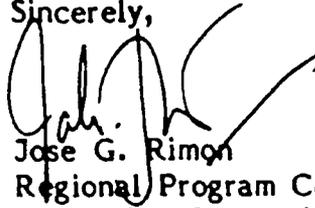
8. Finally, I am happy to know that at DHU/Ilorin FP songs and dramatic role-playing are being used by the nurses to spread the FP message. Florence Tolushe has assured me that the nurses will also be motivating in the markets soon. I hope the enthusiasm and creativity displayed at DHU/Ilorin would spread to other clinics.

Dr. David Olubaniyi
March 19, 1985
Page 4

I'd like you to know that I left Kwara affected by the enthusiastic singing of FP songs by about 500 women. I hope to see the same degree of enthusiasm in my next visit. By that time, the FP songs would have been popularized through the media campaign.

With warmest regards,

Sincerely,



Jose G. Rimon
Regional Program Coordinator
Population Communication Services

JGR/eaf

cc: Dr. Keys MacManus, AAO/Lagos

DRAFT

PROJECT LOCATION: Ibadan, Oyo State, Nigeria

PROJECT TITLE: Female VSC Booklets

ORGANIZATION: Fertility Research Unit
Department of Obstetrics and Gynecology
University of Ibadan

PROJECT DIRECTOR: Dr. E.O. Otolorin
Consultant, Fertility Research Unit
University College Hospital (UCH)

PROJECT DURATION: July 1985-January 1986 (seven months)

PROJECT BUDGET: N23,248 (\$US 28,701)

PROJECT NUMBER: AF-NGA-04

PROJECT SUMMARY:

The basic objective of this project is to improve the understanding, among both health workers and potential clients, of voluntary surgical sterilization as a means of family planning appropriate for women who want no more children.

To accomplish this objective, the project will develop and print female voluntary surgical contraception (VSC) pictorial booklets for low-literate women. A total of 20,000 booklets will be printed in four languages: Yoruba, Hausa, Ibo and English. These materials will be distributed through the Fertility Research Unit of the University College Hospital (UCH) in Ibadan to family planning clinics, state hospitals and Ministry of Health clinics with VSC programs throughout Nigeria. Booklets will also be used in UCH training programs for trainers on the proper use of the booklet and the comprehension of its content.

ANALYSIS

A. Demographic Background

Nigeria, with approximately 100 million people and growing at an estimated rate of 3.2 percent per year, is the most populous country in Africa: one of every five Sub-Saharan Africans is a Nigerian. It is the eighth largest country in the world. At its current growth rate, the population will double in about 23 years.

Fertility rates, with no evidence of historical decline are estimated at almost seven children per woman with a crude birth rate of 46 per 1,000 live births. The infant mortality rate is 133 per 1,000 live births, and one of every six children born does not reach the age of five.

While birth rates have remained high, crude death rates have decreased to 16 per 1,000 live births. As is typical in countries where fertility has been historically high, Nigeria has a very young population: over 47 percent of the population is under the age of 15.

B. National Development Plan

The impact of this growing population has received attention in the National Development Plans. Previous emphasis was placed on the establishment of primary health care centers which would focus on the reduction of morbidity and mortality through improved maternal and child health. Family planning was to be integrated into this scheme. Only in the most recent plan (1981-1985) was specific mention made of the Government encouraging education of couples and provision of family planning services in the primary health/preventive health care scheme. This attention later reappeared in the National Health Plan. The National Health Plan addresses various areas of training, information, education, communication and provision of family planning services.

C. Need for IEC Development

Throughout Nigeria, clinics and hospitals offer voluntary surgical contraception (VSC) as one of the family planning methods from which their clients may choose. Because VSC is a permanent method of contraception, it is essential that potential clients be fully informed about the procedure, its advantage, and proper post-operative care.

At present, there is a lack of appropriate educational material on VSC available in Nigeria, particularly for the low-literate or non-reading population. As the number of facilities providing VSC grow, the need for educational materials on this method will increase, both as support material for acceptors and as motivational material to counteract rumors and misconceptions on the method.

D. Other FP Methods Booklets

The Planned Parenthood Federation of Nigeria (PPF), in collaboration with the Johns Hopkins University/Population Communication Services and the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT), has developed and produced a total of 105,000 copies of the pill, IUCD and condom booklets in Yoruba. The booklets have been distributed to Yoruba-speaking areas of Nigeria since the third quarter of 1984. By June 1985, the Hausa, Ibo and Pidgin English versions of the same booklets will be available for distribution (Hausa: 97,000; Pidgin English: 68,000; Ibo: 53,000; and Instruction Sheets: 9,000).

The VSC booklet complements the availability of print support materials for family planning methods in Nigeria.

INSTITUTIONAL CAPABILITIES

The University College (UCH) is responsible for the training of medical, nursing, midwifery, and support staff of the University of Ibadan College of Medicine. It also serves a local catchment area of over six million people.

In 1965, UCH established one of the first planning clinics in the country through the Fertility Research Unit (FRU). The head of FRU reports the chairman of the OB-GYN Department who, in turn, reports to the Dean of the College of Medicine.

For 13 years, the FRU clinic has offered a full range of services including pills, condoms, IUCDs, barrier contraceptives as well as permanent methods: laparotomy, laparoscopy, culpotomy, culdoscopy, and vasectomy.

In 1972, with assistance from the Pathfinder Fund, an outpatient culdoscopic tubal ligation program was initiated at the unit. And in 1975, a program of outpatient tubal ligation using the mini-laparotomy technique was set up, financially supported by the International Project of the Association for voluntary Sterilization (IPAVS). Under the auspices of The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), a training program in laparoscopy for tubal ligation and investigation of infertility was established in 1979 at UCH. Physicians throughout Nigeria and in other African countries have been trained under this program. In 1984, IPAVS offered equipment for an outpatient operating theatre which is currently providing services.

Clinic staff have attended numerous training sessions in the United States and in other parts of the world. The Head of FRU, Prof. O.A. Lapido, and Consultants, Dr. Dbeziako and Dr. E.O. Otolorin, have attended advanced training courses at Johns Hopkins University and at other locations throughout the United States. Prof. Ladipo has been instrumental in developing and directing numerous projects and programs for health personnel in Nigeria and in other African countries.

The Head of the Family Planning Clinic, Mrs. G.E. Delano, and various members of her staff have also been trained in the United States, primarily through the Centre for Development and Population Activities (CEDPA) and Downstate Medical Center in family planning clinic administration, training and service provision. The staff includes fourteen part-time nurse/midwives, four theatre sisters, two clinic attendants, one theatre attendant, one theatre orderly, one store assistant, and two social workers who offer counseling and educational services to the clients.

Nearly 1,000 patients are seen each month at the clinic, among them 250-300 new acceptors. At present, the clinic performs several hundred sterilization procedures per year; two hundred twelve were recorded in 1984. Clinic personnel think this number could be significantly increased with the use of appropriate educational materials. Staff have also trained approximately 1,000 personnel in family planning service delivery throughout the country.

PROJECT DESIGN

A team from UCH, with technical assistance from PIACT through JHU/PCS, will undertake the development of a culturally appropriate pictorial educational booklet on female VSC. The booklet, approximately 20 pages in length, will contain a series of illustrations and brief text to accompany each pictorial message. There will be four versions of the booklet: Yoruba, Hausa, Ibo and English.

The booklets will be used as support materials to nurses, midwives, and social workers in talking to multiparous clients about the benefits of female VSC. This will help women better understand exactly what is involved so they can make an informed choice.

The booklets will be distributed to all family planning clinics throughout the country, targeting those with VCS teaching and referral programs, including those affiliated with the 13 medical schools in Nigeria, and MCH clinics.

Copies will also be provided to trainees from various parts of the country who attend UCH's numerous training programs. During such training programs, UCH will integrate a session for trainers on the proper use of the booklets. This training step is critical so that they, in turn, can ensure that all those persons working in family planning understand how the support materials should be used whenever they interact with clients.

The objectives of the project are:

1. To prepare a primarily user-oriented booklet that explains VSC, its advantages, side-effects, and what actions are required on the part of women undergoing this procedures, thus ensuring that they are provided with accurate and uniform information.
2. To adapt the booklet so that there will be separate versions for each of the three major ethnic groups: Yoruba, Hausa, and Ibo. Depending upon cultural differences that surface during FGDs, some of the messages may be slightly different in one or more versions.
3. To prepare a leaflet describing the materials and how they should be used by health professionals when they talk to women about VSC.
4. To print a total of 20,000 copies of these booklets for use throughout Nigeria.
5. To integrate educational sessions on the booklets' use in UCH training programs so participants have a good understanding of why the booklets have been prepared, how they should be used, and how proper use can aid both the health worker and the client.
6. To distribute additional quantities of booklets to all the major service points capable of providing VSC services.

WORK PLAN

The following activities will be undertaken in order to achieve the project's objectives:

1. The Project Staff will hold a series of focus group discussions (FGDs) with clinicians, field and social workers connected with VSC service delivery, as well as with potential clients, VSC acceptors and women who are interested but have not opted for VSC. From the discussions, Project Staff will learn as much as possible about VSC, each group's perceptions of it, its advantages, disadvantages, side effects, and rumors.

2. Available literature will also be reviewed by Staff to further enhance understanding of research findings, health benefits, acceptability, morbidity and mortality implications.
3. Based on the outcome of the discussions and literature review, the Project Staff will draw up a series of messages for possible inclusion in the booklet.
4. The Project Staff will then work with the medical illustrator from the Biomedical Communication Centre at the UCH who will design illustrations to accompany the messages. The medical illustrator has previously designed various family planning posters for use in the clinic program, and is the graphic designer for the Unit's Magazine, The Planner's Forum.
5. The illustrations will be pretested and revised until an acceptable level of comprehension is achieved. Ibadan is an ideal site in Nigeria for the development of these materials, as there are communities of all three major ethnic groups (Yoruba, Hausa, and Ibo) residing there from which a pre-testing audience can be drawn. To verify the cultural appropriateness and acceptability of the illustrations, however, one trip to pre-test the final versions of Hausa in the North and Ibo in the East is proposed. Pretests in the North can be conducted by the PIACT Consultant residing in the area. A brief two-day trip to the East to pretest the Ibo version will be made by the Project Staff to Enugu, Anambra state. Both Yoruba and English versions will be pretested solely in Ibadan and the surrounding villages. Translations for the text will be done by the Linguistics Department of the University and pretested along with the illustrations.
6. A total of 20,000 copies of the booklet will be printed locally in Ibadan. Of the 20,000, 20% will be in Yoruba, 20% in Hausa, 20% in Ibo, and 40% in English.

7. Distribution of the booklets will be undertaken by the Project Staff after a distribution plan has been developed. Booklets are to be actively distributed to the institutions mentioned in the project design, using a variety of methods most appropriate to the particular place.
8. UCH will include a session in their numerous training programs on the proper use of the booklet. This will serve as a training of trainers session, as those receiving training at UCH will be expected to train colleagues in their respective clinics.

Project Staff are prepared to begin activities immediately. It is anticipated that the VSC booklets could be completed in four months and booklet printing, distribution and training could be completed in the following two months (see Attachment A1 Work Plan).

PERSONNEL

Dr. E.O. Otolorin of the Fertility Research Unit will be Project Director. He will have overall responsibility for all project activities. Mrs. G.E. Delano, Head of the FP Clinic, will assist Dr. Otolorin and will serve as Project Coordinator. She will be responsible for supervising training schedules and daily administrative tasks. Professor O.A. Ladipo, Head of FRU, will act as medical advisor to the project (See Attachment A2, Organizational Chart).

Medical Advisor (part-time)	Prof. O.A. Ladipo
Project Director (part-time)	Dr. E.O. Otolorin
Project Coordinator (part-time)	Mrs. G.E. Delano

Job Descriptions:

Medical Advisor	- To provide guidance in the design and implementation of VSC booklets;
Project Director	- To provide overall supervision and guidance to the project and take ultimate responsibility for all project activities, including disbursement of funds;

- To provide guidance and approve narrative and financial reports;
 - To serve as the liaison between the project, the Fertility Research Unit, and JHU/PCS.
- Project Coordinator
- To coordinate all project activities and insure that implementation proceed according to the work plan;
 - To prepare and arrange work schedule and personnel involved in the implementation of the project;
 - To provide general administrative support to the project;
 - To ensure that materials developed are actively distributed to intended service centers.

EVALUATION

A small evaluation budget is provided as supplementary to a larger print evaluation effort by JHU/PCS. The evaluation will identify what impact the project has had on UCH/FRU, the health personnel involved, and clients.

Collaboration with UCH/FRU will be sought in an international comparative study to assess the impact of print materials. If necessary, additional funds and/or technical assistance may be added.

Evaluation of this project is proposed to be undertaken as part of the overall print evaluation effort which JHU/PCS will be conducting, beginning in 1985, on selected print materials worldwide. Among the issues to be addressed in this cross-cultural assessment are likely to be the following:

Production/Distribution

1. Length of time and costs (direct and indirect) to produce how many booklets?

112

2. To what degree have local health personnel been involved in the design, and production of the booklets?
3. What is the extent and volume of distribution of booklets to health and other user distribution centers?
4. What is the extent of distribution to clients?
5. What is the extent of orientation and training for use of materials by health workers?

IMPACT

What is the impact of this project, if any, on family planning, IEC activities and strategies in Nigeria generally?

On UCH/FRU: Key Staff will be interviewed to find out:

1. To what degree UCH/FRU has been directly involved in planning and preparing the materials;
2. To what extent this project has enhanced UCH/FRU's relations to clinics and institutions using the materials;
3. To what extent this activity has improved or burdened the administrative structure of UCH/FRU.

On Health Personnel:

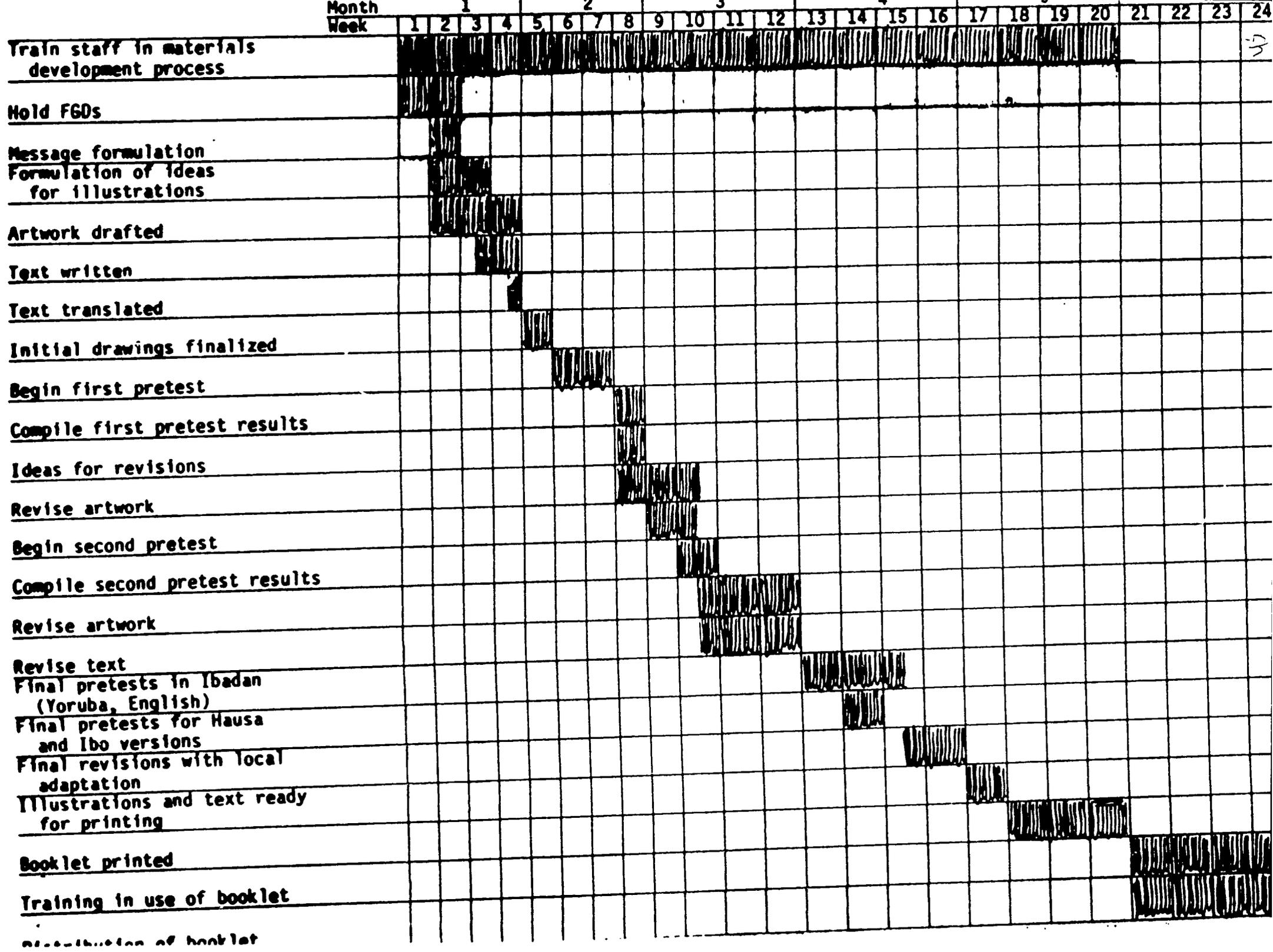
Selected staff using the booklets in clinics will be observed, interviewed, or surveyed to find out:

1. Knowledge: Do health workers with booklets have a better knowledge of method use, benefits, and expected side effects than workers without booklets?
2. Behavior: Do health workers hand out booklets? Do they answer questions? Do they give booklets to other health workers?
3. Attitudes: Do health workers have a more favorable attitude toward family planning or toward VSC if booklets are available?

On Clients:

A random sample of clients who have been given booklets will be questioned to find out:

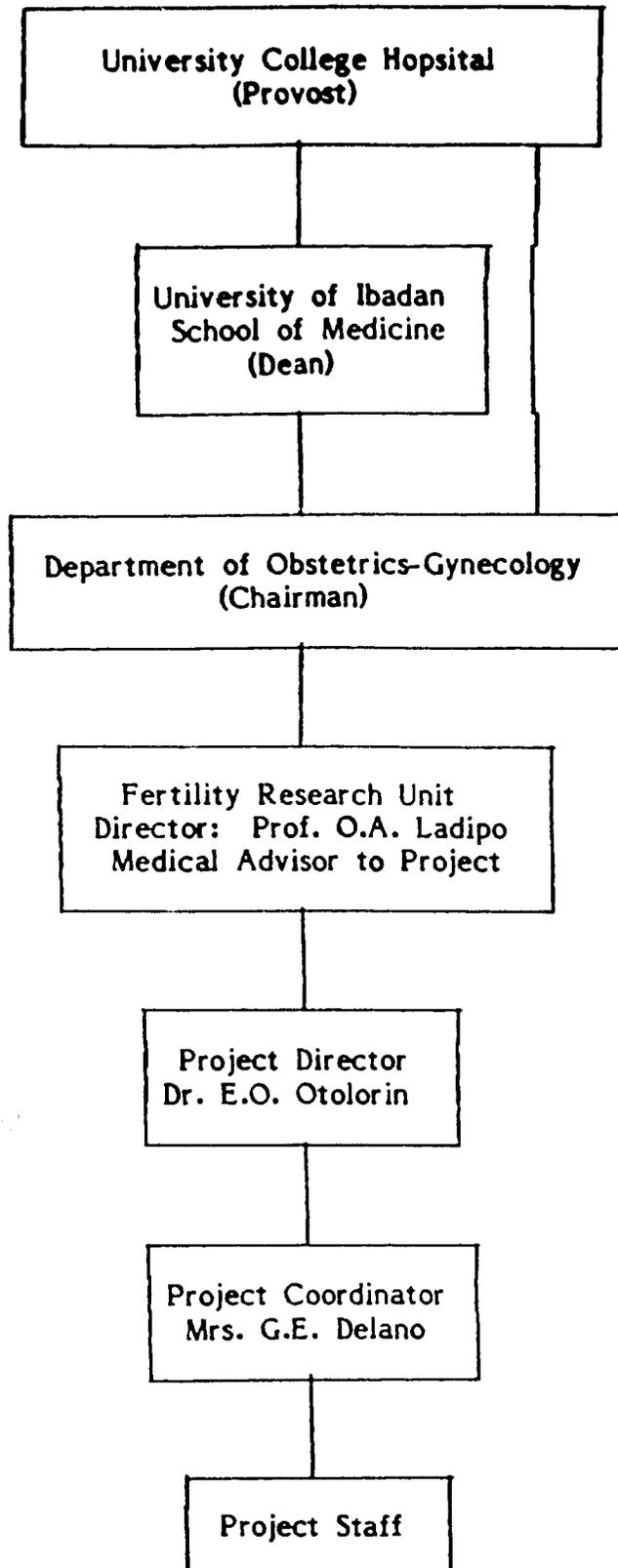
1. How they received a booklet and whether they kept it;
2. Comprehension: Did they remember information better than those who only received verbal information?
3. Knowledge: Is knowledge of method use, benefits or side effects greater than among those who did not receive booklets?
4. Behavior: Has the booklet been discussed with husband, family or friends?
5. Whether they acted as referral agents.



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ORGANIZATIONAL CHART



AF-NGA-04

ESTIMATED PROJECT BUDGET

I. Salaries

	<u>Naira</u>	<u>US\$</u>
- Medical Advisor: Prof. O.A. Ladipo (part-time) Annual Salary @ N24,000 x 10% time (6 months)	1,200	
- Project Director: Dr. E.O. Otolorin (part-time) Annual Salary @ N20,000 x 10% time (6 months)	700	
- Project Coordinator: Mrs. G.E. Delano (part-time) Annual Salary @ N12,552 x 30% time (6 months)	1,883	
- Four fieldworkers (for pre-testing) 26 days @ N15	1,560	
- Three translators (Hausa, Yoruba, Ibo) @ N 75	<u>225</u>	
Subtotal salaries	N 5,568	\$ 6,874

II. Travel and Allowances

Travel/Transportation

- Pre-testing in Ibadan area 25 days @ N52	1,300	
- One roundtrip to Enugu, Anambra	250	
- One day per diem-Enugu	<u>80</u>	
Subtotal Travel and Allowances	N 1,630	\$ 2,012

III. Other Direct Costs

- Clerical services	200	
- Messenger Services	100	
- Graphic services and supplies	1,000	
- Photocopying	500	
- Telecommunications	250	
Printing and Distribution		
- Printing of booklet and instruction sheets		
- Unit cost @ N.65 x 20,000	13,000	
- Shipping/handling/bank charges	<u>1,000</u>	
Subtotal Other Direct Costs	N 16,050	\$ 19,815
<u>Total</u>	N 23,248	\$ 28,701

Budget assumes \$1.00 US = \$.81 Naira