



Program for the Introduction and Adaptation of Contraceptive Technology

Program for Appropriate Technology in Health

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TRIP REPORT:

LAGOS; IBADAN, OYO STATE;

AND

ABEOKUTA, OGUN STATE,

NIGERIA

Prepared by Carol A. Kazi, M.P.H.
PIACT Associate

Dates of In-Country Work:
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I. EXECUTIVE SUMMARY

PIACT Associate Carol Kazi, based in Maiduguri, Borno State, Nigeria, met with JHU/PCS Regional Program Coordinator, Mr. Jose Rimon, in Lagos to assist with the following JHU/PCS activities during March 6-16th, 1985:

- ° Project development with UCH in Ibadan to produce an educational booklet on female VSC.
- ° TA to JHU/PCS project staff in Abeokuta, Ogun State, to develop and pretest motivational posters on FP for a state-wide IEC campaign.

Project staff in Abeokuta have requested that PIACT Associate Kazi return in April 1985 to assist with finalization of the posters for the IEC campaign.

UCH staff in Ibadan have also requested Kazi's TA in the development of the VSC booklet.

II. LIST OF ABBREVIATIONS

FGD - Focus Group Discussion

FP - Family Planning

IEC - Information, Education, and Communication

JHU/PCS - Johns Hopkins University/Population Communication Services

MOH - Ministry of Health

NTA - National Television Authority

OGTV - Ogun State Television

PIACT - Program for the Introduction and Adaptation of Contraceptive Techno

PPFN - Planned Parenthood Federation of Nigeria

TA - Technical Assistance

UCH - University College Hospital, Ibadan

USAID - United States Agency for International Development

VSC - Voluntary Surgical Contraception

III. INTRODUCTION

The original Request for Services received from PIACT allowed for 15 days to develop a working paper on the production of a VSC educational booklet with UCH. This request was amended during my initial meeting with Mr. Rimon in Lagos. It was decided that I should visit Ibadan from March 8-11th to develop the VSC project plan, and in addition should also travel to Abeokuta (March 12-16th) to provide project staff there with TA in the development and pretesting of FP motivational posters.

In connection with JHU/PCS activities in Nigeria, I attended meetings in Lagos (along with Mr. Rimon) with Keys MacManus, USAID Population Officer; PPFN's Executive Director and Director of Programmes, Mr. Fajobi and Mr. Okunnu; Mr. Aduwole of Price Waterhouse; Dr. Adjei of Pathfinder Fund/Nairobi; and Mr. Ward and Mr. Cardoso of Nigerian American Merchants Bank.

IV. DESCRIPTION OF ACTIVITIES

1. IBADAN

Mr. Rimon, Mr. Marc Okunnu, PPFN, and I travelled to Ibadan and met with both Professor Ladipo and Mrs. Grace Delano at UCH.

Since Professor Ladipo had cabled JHU/PCS informing them of his unavailability during our scheduled site visit, and requested a rescheduling, we were pleased to find him at UCH and grateful that he was able to meet with us. (At present, there is a nationwide doctor's strike in Nigeria, protesting the Federal government's proscription of the National Medical Association. Ladipo, one of the few doctors working at UCH during the strike, was attempting to keep the clinics running and treat as many patients as possible.)

It had been decided that I was to remain in Ibadan to develop a project paper and work plan with Grace Delano, while Rimon and Okunnu travelled back to Lagos, after meeting with representatives from NTA/Ibadan concerning a FP drama.

As the plans for the development of a female VSC booklet were conceived during the November 1984 Conference on Reproductive Health Management in Sierra Leone, Dr. Ladipo was anxious for the project to get underway.

Because the third key project staff member at UCH, Dr. Otolorin, had contracted malaria and was bed-ridden for the duration of my visit, Grace Delano and I worked out project plans and activities for the development of the VSC booklet.

Professor Ladipo was able to review and sanction the project paper that was hand-carried back to Baltimore by Jose Rimon. For details of project activities, please refer to the project paper, Appendix B.

It should be noted that staff are anxious to get the project underway as quickly as possible. There exists a great need for the booklet, and staff expressed the desire to have the booklets ready for a July 1985 training for nurses and midwives. This, however, is probably impossible.

The importance of providing adequate training in the materials' development methods (to ensure project replicability), as well as the critical necessity of organizing FGDs and pretesting, was not initially recognized by project staff and thus was not accounted for in their overly ambitious time schedule.

The question of printing site was debated among project staff. They decided to print the booklets locally, if at all possible, either at University Press in Ibadan or at Academic Press in Lagos. If this proves too difficult, due to unavailability of supplies, the booklets could be printed in Baltimore.

UCH project staff are awaiting concurrence from JHU/PCS concerning the project and have requested that I return to Ibadan to train them and to get activities underway. They have also requested I provide TA for the duration of the project.

2. ABEOKUTA

Because of communication difficulties within Nigeria, my trip to Abeokuta had not been pre-arranged, and project staff had not been informed of my site visit. The unscheduled trip was ill-timed for several reasons:

1. The Project Director, Mrs. Mako, was on leave due to a sudden and serious illness in the family.
2. The Project Artist, Mr. R. A. Ogunweide, was also on leave, and having travelled out of the area, could not be contacted for the duration of my visit.
3. The Head of State, Major-General M. Buhari, was also visiting Abeokuta during this period. As well as creating a flurry of activity in the city, the Head of State's visit involved MOH and Health Board personnel in various official functions and related duties.
4. A second Project Artist, Mr. D. Amlkusan from OGTV, was also inaccessible due to Buhari's visit.

Although it was not the most opportune time to work in Abeokuta, available project staff were particularly helpful in making my brief stay as productive as possible.

Before travelling to Abeokuta, Rimon briefed me on the IEC project in Ogun State and the ideas project staff had formulated for the FP motivational posters. There are to be eight or nine posters designed and pretested, four of which are to be finalized and printed for use in the IEC campaign.

Poster Concepts

Upon my arrival in Abeokuta, project staff presented five posters, which had already been sketched by Mr. Ogunweide:

1. Baskets on a Scale

The scene is of two families, the large "unplanned" family and the smaller "planned" family, both standing inside two giant native baskets balanced on a large scale. The larger family outweighs the smaller family; the message being that the burden of a large family is heavier than that of a well-planned family. The caption translated literally reads, "If you don't plan your family, there are many children and many problems."

2. Education

The scene portrays parents congratulating their son on his graduation. The caption translates as, "Plan your family, educate your children."

3. Stairway

The scene illustrated is that of an unplanned family with children on every step of a steep staircase. The translation of the Yoruba caption is, "Don't make a staircase out of your children, space your children . . . Take a rest."

4. Food

The poster contrasts two families, the "planned" and "unplanned," with equal amounts of food during a meal. The poster was without a caption, but project staff had envisioned a caption reading, "This or that, the choice is yours. Visit your Family Planning Clinic."

5. Agriculture

The intention of this poster was to contrast the "planned" or well-spaced cornfield with that of the field planted haphazardly and to draw an analogy between the planned farm and the planned family. Unfortunately, the artist was unable to illustrate the concept well, as the unplanned field simply looked like a close-up of the

planned field. The artist had also placed crawling children among the plants, which further confused the intended message. This poster was not pretested as it was because staff felt it needed revisions to make the intended message clear. The translated poster caption reads, "Well-spaced children, like well-spaced plants, grow healthy and strong."

A sixth poster which had been completed, but was with the OGTV artist, and thus not available for our comments, is that of a pregnant man with a baby at his back and a vessel on his head (a take-off from a U.S. Planned Parenthood poster). The caption would read, "If it were you, would you plan your family?"

Other ideas formulated for posters are as follows:

7. Social Security

The poster would portray an old retired couple with three of their children attending to them. The children would all be well educated, their attire representative of their respective professions. The caption would state that a few well-educated children can provide well in one's old age.

8. Male motivation

The poster would illustrate a group of men sitting around a village elder or tribal chief, as he speaks. The caption would quote the chief's words, "The quality, not quantity, of children produced is the measure of manhood. Strengthen the community by spacing your children."

An additional idea for a poster message was, "It is not traditional to have babies one after the other. Return to the Nigerian way--rest two to three years before your next baby. Visit your family planning clinic." There were various ideas for illustrating this concept, e.g., an older respected woman of the village talking to a group of women,

but project staff thought it a difficult concept to illustrate visually. It was felt that a radio spot might be a better medium to carry this message.

Pretesting

During my visit, I was able to train available project staff in techniques of pretesting, all of which were new concepts to them. Due to time constraints, lack of available project funds, vehicles, and complete staff, our pretesting was confined to Abeokuta and its immediate environment.

We chose the markets for our pretesting, as it allowed us access to a broad spectrum of the population, buyers and traders, male and female. Also, the market traders are a target audience in the IEC campaign, making it an ideal site for pretesting. The pretesting sites were: Kuto Market, Lipede Market, Itoku Market, and Omida Market. (As a result of our pretesting, traders, market organizers, and officials invited project staff to return with completed posters to display in the market.)

After each pretesting session, we met as a group and discussed our techniques and the responses of our audience to the posters. At this time, we also collated the responses of the pretests. After several days of enthusiastic pretesting, techniques were refined and project staff began to analyze the perceptions of their target audiences.

The results of the initial pretest illustrated to staff that it was not necessary to portray the stark contrast of the large, "unplanned" vs. the smaller, "planned" family, in order to convey the advantages of FP. The pretests also indicated that many people were offended by the often exaggerated portrayal of the large family and many preferred instead the simple, straightforward, positive message. It is hoped that this awareness on the part of the project staff will be reflected in the type and quality of the posters chosen for the statewide IEC campaign.

Project staff requested that I return in April to assist them in finalizing the posters. In the meantime, staff were to continue with pretests and subsequent revisions, and the artist was to sketch out the remaining ideas in preparation for pretesting.

V. CONCLUSION

Staff in both Ibadan and Abeokuta are cooperative and enthusiastic about the IEC projects. The UCH staff in Ibadan has submitted a project paper for development of a female VSC educational booklet and are awaiting response from JHU/PCS. In Abeokuta, project staff has designed five posters for the statewide IEC campaign. During my visit to Abeokuta, staff were trained in pretesting techniques and an initial round of pretests with the five posters was completed.

UCH staff requested my TA throughout the VSC booklet project. This request was made known to Jose Rimon and Keys MacManus.

Abeokuta project staff requested follow-up TA with the poster production in April 1985. This proposed visit was also made known to Rimon and MacManus and is to commence April 9th, coinciding with JHU/PCS consultant Jack Boone's scheduled visit to Abeokuta, Ogun State.

CONTACT LIST

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IBADAN

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Medical Illustration and Graphic Arts Unit
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ABEOKUTA

Ogun State Health Management Board

Abeokuta, Ogun State

Mr. A. A. Odulana, Permanent Secretary
Mrs. Mako, Chief Nursing Officer/Director Nursing Services
Mr. O. A. Oratidoye, Secretary, Finance and Administration
Mrs. Y. Afonja, Principal Health Sister
Mrs. A. O. Taiwo, Health Sister/Project Coordinator
Mr. Goke Agboola, Health Superintendent
Mr. Abayome Oludoton Ogun, Health Superintendent
Ms. Bridget Job, Health Superintendent
Mr. Johnson Erinoso, Artist, Health Board
Mr. R. A. Ogunweide, Artist, Health Board

School of Midwifery, Abeokuta

Mrs. Sabina Sangoleye, Clinical Instructor

OGTV, Abeokuta

Mr. Depo Amusan, OGTV Artist

Draft
IBADAN PROJECT PAPER

The Johns Hopkins University
POPULATION COMMUNICATION SERVICES PROJECT

PROJECT LOCATION: Ibadan, Oyo State, Nigeria

PROJECT TITLE: Female VSC Booklets

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

RESPONSIBLE INDIVIDUAL: Dr. E.O. Otolorin
Director

PROJECT DURATION: July-December, 1985 (six months)

PROJECT BUDGET: \$US 28,701

PROJECT NUMBER: AF-NGA-04

PROJECT SUMMARY:

The purpose of this project is to 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. The basic objective 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.

ANALYSIS

A. Demographic Background

Nigeria, with approximately 100 million people and growing at an estimated 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 having declined historically, are estimated at almost seven children per woman. The crude birth rate is estimated at 46 per 1,000. But the infant mortality rate is 133 per 1,000 live births. 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. 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 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, several clinics and hospitals offer voluntary surgical contraception (VSC) as one of several 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 advantages, 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 clinics acquiring the skills and equipment necessary for VSC continues to grow, the need for such educational materials is increasingly felt throughout the country, both as support material for acceptors and as motivational material to counteract rumors and misconceptions on the method.

D. Other FP Methods Booklets

The Johns Hopkins University/Population Communication Services, in collaboration with the Planned Parenthood Federation of Nigeria (PPFN) 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 Hospital (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 family planning clinics in the country through the Fertility Research Unit (FRU). The head of FRU reports to 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 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 at UCH. Physicians throughout Nigeria and in other African countries have been trained under this program. In 1984, IPAVS provided equipment for an outpatient theatre which is currently in operation.

Clinic staff have attended numerous training sessions in the United States and in other parts of the world. The Director of the Clinic, Prof. O.A. Ladipo, and Deputy Director, Dr. E.O. Otolorin, have both attended advanced training courses in the United States. Prof. Ladipo has been instrumental in developing and directing numerous projects and programs for participants in Nigeria and West Africa.

The Nursing Officer of the 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 and have recorded the highest number of tubal ligations in Nigeria, perhaps in West Africa.

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 will contain a series of illustrations, be approximately 20 pages in length with a brief line of 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 female VSC. This will help women better understand exactly what is involved so they can make an informed choice.

Booklets will be sent to all family planning clinics throughout the country, targeting those with VSC programs, all state hospitals and MCH clinics.

Copies will also be given out 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 pictorial 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. Adapt this 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. Prepare a leaflet describing these materials and how they should be used by health professionals when they talk to women about VSC.
4. Print a total of 20,000 copies of these booklets for use throughout Nigeria.
5. Train trainers so that they 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. Ensure that the booklets are distributed to all the major service points capable for providing female FSC 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.** 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. 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. A leaflet will also be prepared outlining proper usage of the booklet. One leaflet will accompany each booklet distributed.

Project Staff are prepared to begin activities in June 1985. 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, Deputy Director of the Fertility Research Unit, will be Project Director. He will have overall responsibility for all project activities. Mrs. G.E. Delano, Nursing Officer, will assist Dr. Otolorin as Project Coordinator. She will be responsible for supervising training schedules and daily administrative tasks. Professor O. A. Ladipo, Director of FRU, will act as medical advisor to the project. (See Attachment A2)

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 medical accuracy and 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;

- 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.

ASSESSMENT

While an evaluation budget is not reflected in the project budget, an evaluation will be conducted following the project's six month duration. It will cover production; distribution; training; usage; impact; and relationship to the overall IEC strategy and activities. The evaluation will include the impact on UCH/FRU, 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 evaluated 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?

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?
6. What is the extent of orientation and training in future production of similar materials?

IMPACT

What is the impact of this project, if any, on faculty 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;
4. To what extent UCH/FRU can and will develop future similar materials without funding and technical assistance from JHU/PCS and subcontractors;
5. What UCH/FRU leaders/staff like/dislike about the planning process, production, orientation, distribution, use and actual booklet;

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 take 10-15 minutes to discuss booklets individually with clients? Do they 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?
4. What health workers like/dislike about booklets/about distribution;
5. How this activity compares with other clinic and IEC activities;

On Clients:

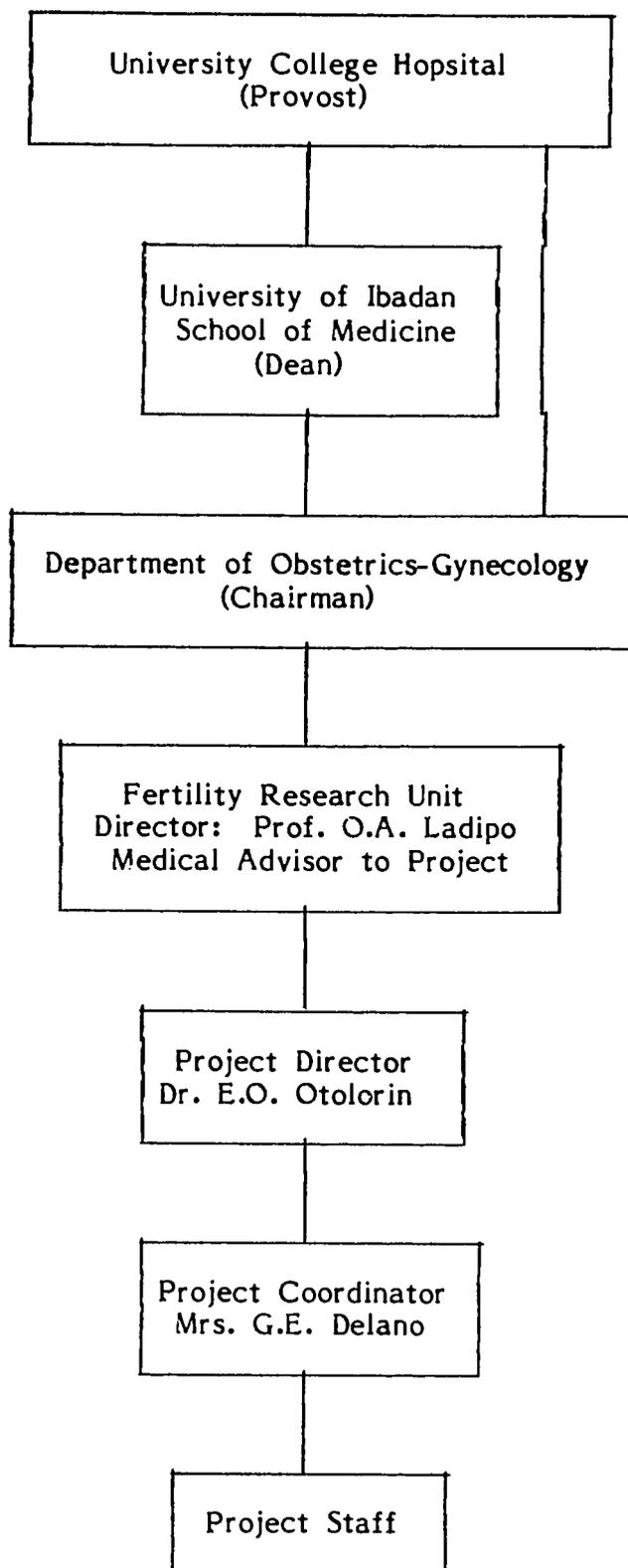
A random sample of clients who have been given booklets will be questioned to find out:

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 among family or friends?
5. Whether they acted as referral agents.

WORK PLAN

	Month																									
	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Train staff in materials development process	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Hold FGDs	X	X																								
Message formulation		X																								
Formulation of ideas for illustrations		X	X																							
Artwork drafted		X	X	X																						
Text written			X	X																						
Text translated				X																						
Initial drawings finalized					X																					
Begin first pretest						X	X																			
Compile first pretest results								X																		
Ideas for revisions								X																		
Revise artwork								X	X	X																
Begin second pretest									X	X																
Compile second pretest results										X																
Revise artwork										X	X	X														
Revise text										X	X	X														
Final pretests in Ibadan (Yoruba, English)														X	X	X										
Final pretests for Hausa and Ibo versions															X											
Final revisions with local adaptation																X	X									
Illustrations and text ready for printing																		X								
Booklet printed																			X	X	X					
Training in use of booklet																						X	X	X	X	
Distribution of booklet																						X	X	X	X	

ORGANIZATIONAL CHART



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 @ N14,000 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	<u>\$ 6,874</u>

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	<u>\$ 2,012</u>

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	<u>\$ 19,815</u>
Total	N 23,248	<u>\$ 28,701</u>

Budget assumes \$1.00 US = .81 Naira

**ADDITIONAL DIRECT COSTS TO BE PROVIDED
FROM THE USA BY JHU/PCS**

I. Consultants

Program Director: Margot Zimmerman	
Daily Rate @ \$150 x 5 days	\$ 750
Program Associate: Carol Kazi	
Daily Rate @ \$75 x 30 days	2,250
Secretarial Support	
Daily Rate @ \$60 x 5 days	<u>300</u>
Subtotal of Consultants	\$3,300

II. Travel and Allowances

Consultant travel	
Four roundtrips (Maiduguri-Lagos-Ibadan- Lagos-Maiduguri) x \$450	\$1,800
Per Diem	
30 days x \$139/day	<u>4,170</u>
Subtotal travel and Allowances	\$5,970

III. Other Direct Costs

Communications	\$ <u>500</u>
Subtotal Other Direct Costs	\$ 500

Total Additional Direct Costs	\$9,770