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REPORT OF A SITE VISIT
TO NIGERIA

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Executive Summary

Ronald H. Magarick, Ph.D., The Johns Hopkins University/Population Communication Services (JHU/PCS) Deputy Project Director, Steven C. Smith, JHU/PCS Regional Program Coordinator, and Philippe Langlois, JHU/PCS Consultant, conducted a site visit to Nigeria during the period July 11-27, 1984. During the site visit, two projects with the Planned Parenthood Federation of Nigeria (PPFN) were finalized. The first one for the printing and distribution of Hausa, Ibo, and Pidgin English family planning methods booklets; and the second, for a family planning communication campaign in Plateau State.

The major purposes of the second and more important project are to:

- o Recruit a significant number of new users of modern family planning methods among the couples of Plateau State;
- o Increase awareness and positive attitudes about family planning, especially among men; and
- o Field a pilot broadbased family planning communication campaign from which experience can be obtained for possible replication in other states.

Project activities include:

- o Production of radio and T.V. spots in Hausa;
- o Recording and promotion of a family planning/MCH song;
- o Production of two posters (on male responsibility and on benefits of FP/MCH);
- o Production of a general booklet on the relationship between contraception and family health, directed toward literate audiences, particularly men;
- o Production of a leaflet specifically for men.

- o Expansion of media coverage for FP/MCH activities;
- o Placement of a series of newspaper advertisements;
- o Organization of one-day seminar for local journalists and media to include media coverage of population issues;
- o Development of a speakers bureau;
- o Organization of one- to two-day seminars/workshops on family planning/MCH for selected groups of influential leaders;

Materials developed as a result of this project may later be modified for national distribution. This project is anticipated to begin around January 1, 1985.

The logistics system for the already developed Yoruba language family planning methods booklets was discussed with PPFN, and plans for a one-day workshop to train PPFN branch state secretaries and storekeepers in utilization of the system were developed.

The visitors also met with staff of the JHU/PCS Kwara State Family Health Project, located in Ilorin. Plans for a multimedia family health campaign were discussed with project staff, with implementation expected to begin in late 1984.

Activities developed as a result of this visit are expected to serve as the basis of many future JHU/PCS activities in Nigeria. Once the statewide media campaign is underway, it is expected that JHU/PCS will work with other accelerated states to support public information activities, utilizing and/or adapting the materials already developed.

List of Abbreviations

ARHEC	-	African Regional Health Education Center
CBD	-	Community Based Distribution
CDC	-	Centers for Disease Control
FHED	-	Federal Health Education Division
FP	-	Family Planning
FPIA	-	Family Planning International Assistance
FRCN	-	Federal Radio Corporation of Nigeria
IEC	-	Information, Education and Communication
INTRAH	-	Program for International Training in Health
JHPIEGO	-	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MCH	-	Maternal and Child Health
MOH	-	Ministry of Health
N	-	Naira (equivalent to \$1.30 U.S.)
NFP	-	Natural Family Planning
NTA	-	Nigerian Television Authority
PPFN	-	Planned Parenthood Federation of Nigeria
STD	-	Sexually Transmitted Diseases
UCH	-	University College Hospital
UNICEF	-	United Nations Children's Fund
USAID	-	United States Agency for International Development
USIS	-	United States Information Services
VOA	-	Voice of America

INTRODUCTION

This report summarizes the findings of three JHU/PCS site visitors: Dr. Ronald H. Magarick, JHU/PCS Deputy Project Director, Steven Smith, Regional Program Coordinator; and Philippe Langlois, JHU/PCS consultant. All three visited Lagos, Ilorin and Jos. Dr. Magarick alone visited Ibadan. The team split up in Lagos and Jos to maximize time available for meetings. Also in Jos, Jake Obetsebi-Lampitey, another JHU/PCS consultant and Marc Okunnu, Programme Director of PPFN, joined the team for three days.

This was the fifth JHU/PCS site visit to Nigeria in the last 14 months. In many ways it was the most productive as it resulted in finalization of two major projects. Both projects are to be with The Planned Parenthood Federation of Nigeria (PPFN). One will cover the printing and distribution of Hausa, Ibo and Pidgin English FP methods booklets. This project builds on previous work developing and printing 110,000 copies of Yoruba-language booklets. (Dr. Carol Becker, a JHU/PCS consultant who oversaw the Hausa and Ibo booklet development was met by the site visitors and de-briefed about her assignment as she left Nigeria July 17, 1984.)

The second PPFN project will be for a family planning communication campaign in Plateau State. This marks the beginning of JHU/PCS involvement in trying to reach potential FP clients with motivational messages encouraging them to space their children. Previous efforts with the FP booklets were aimed at providing contraceptive-specific information to FP clients to help them understand and use contraceptive methods correctly.

The site visitors carried out a one-day project monitoring visit to the on-going JHU/PCS sponsored project in Ilorin with the MOH. Also meetings were held with Dr. Gary Gleason, UNICEF/Nigeria; Mr. Rogue, consultant to the Nigeria Education Research Council; Mrs. Henshaw, Acting Director of the Federal Health Education Division; Dr. Sulaiman, of the Federal MOH; and Dr. MacManus USAID/Lagos.

I. DISCUSSIONS WITH PPFN ABOUT THE FAMILY PLANNING METHODS BOOKLETS

Steve Smith met with Mr. Marc Okunnu, Programme Director and Mr. Ogunleye, Supply Officer of the PPFN, and reviewed the present status of these booklets and made plans to complete the development, production and distribution process.

A. Yoruba-Language booklets - present situation

The 110,000 Yoruba-language pill, IUCD and condom booklets were cleared through customs and placed in the PPFN/Lagos warehouse on the first day of this visit. The assistance of Mr. Adebayo Iginla, Logistic Assistant USAID/Lagos, was very helpful and much appreciated.

JHU/PCS has sent sample copies of these booklets, their English translations and instruction sheets to about 50 international family planning donors and agencies, explaining that supplies will soon be available from PPFN branches in the Yoruba-speaking areas of Nigeria. During the site visit the sample distribution letter to be mailed out from PPFN to all appropriate local family planning agencies, clinics, and MOHs and other interested parties was finalized. About 50-100 copies of this letter were distributed in late July/early August 1984. The PPFN letter included sample booklets and their translations and instruction sheets as well as a list of the 12 PPFN branch offices where the booklets can be procured and the initial order cover letter and requisition form.

The booklets were in these PPFN branches and available for distribution on August 31, 1984, after a one-day workshop in which PPFN branch State Secretaries and Storekeepers were oriented to the booklets, how to use them and the logistic system for their distribution. Initial stocks of booklets were distributed at this workshop.

B. Hausa-, Ibo- and Pidgin English Language booklets--present situation

Dr. Carol Becker, JHU/PCS consultant had just completed her consultancy for JHU/PCS in which she developed Hausa and Ibo artwork and texts for the pill, IUCD and condom booklets. A report of her activities accomplishing this (March-July 1984) has been prepared and is available from JHU/PCS.

Steve Smith reviewed the process gone through in developing these booklets in detail. The development and pretesting were done very thoroughly. The final artwork and text for the Hausa- and Ibo-language booklets were then carried to JHU/PCS by Mr. Smith. Ms. Ann Leonard, the PIACT consultant who worked on the Yoruba-language booklets, was then engaged to produce the final camera-ready copy which will then be returned to PPFN/Lagos for printing upon a subagreement being developed with JHU/PCS.

The Pidgin English booklets will use the artwork developed for the Ibo-language versions. The Ibo versions were developed and pretested in Enugu and are representative of Eastern Nigerian culture, clothing styles, etc. Thus, it is most appropriate for the Pidgin speakers, who live mostly in the east. The Pidgin text will be prepared by PPFN in coming weeks through a careful process of translating and back-translating from the final English translation of the Ibo-language booklets. Ms. Ann Leonard will then produce the camera-ready copy for the three Pidgin English-language booklets.

C. Project proposal AF-NIG-02 to support the production and distribution of the family method planning methods booklets.

During the site visit a project proposal was developed to support the production of the Hausa-, Ibo- and Pidgin English-

language booklets and the distribution of these nine booklets plus the subsequent distribution of the three Yoruba-language booklets. Specifically the proposal will support:

1. Printing booklets in approximately the following quantities:

<u>Language</u>	<u>Booklet</u>	<u>Quantity</u>
Hausa	pill	47,000
Hausa	IUCD	37,000
Hausa	condom	10,000
Ibo	pill	17,000
Ibo	IUCD	28,000
Ibo	condom	8,000
Pidgin English	pill	30,000
Pidgin English	IUCD	30,000
Pidgin English	condom	8,000

2. A training workshop for PPFN branch State Secretaries and Storekeepers from the Hausa-, Ibo-, and Pidgin English-speaking areas of Nigeria. (Tentatively scheduled for January 1985.)
3. Distribution of all twelve booklets, i.e., freight costs, a small amount of shelving and supplies, etc.
4. A full-time Administrative Assistant at PPFN/Lagos to oversee the production and distribution of these booklets.
5. An evaluation of the booklets and redesigning them as necessary for reprinting in very large quantities. (This reprinting may be funded from other sources.)

D. The booklet distribution system

A note is necessary to explain the distribution system for these booklets developed by PPFN and JHU/PCS with assistance from the Centers for Disease Control (CDC). This system was developed to speed and simplify the booklet distribution process. It is designed to be as simple as possible while providing a minimum of information to document where the booklets are going and being used.

The system is essentially a one-form system. This form, the "Quarterly Report and Requisition Form for Family Planning IEC Materials," is to be completed by agencies requesting supplies and submitted to the nearest PPFN branch on a quarterly basis. The form asks very few questions: enough only to determine the quantity of booklets that the requesting agency will need in the coming quarter.

There is also an "Initial Requisition Cover Letter" which the requesting agency must sign promising to use the booklets correctly and to submit quarterly report/requisition forms. An evaluation form has been developed as well which will be completed by as many requesting family planning clinics as possible to assist in the evaluation of these booklets at the end of this initial field trial period (approximately six months).

The system has been designed to be flexible. It will be evaluated and modified as necessary after its first three to four months. It will then be expanded nationwide to deliver the total of 325,000 copies of the 12 different booklets to clinics throughout Nigeria from over 30 PPFN branch locations. Other IEC materials such as posters, booklets, leaflets and radio and TV spots which are currently planned in a second proposed project between PPFN and JHU/PCS may be distributed through this system as well.

II. COMPREHENSIVE FP COMMUNICATION CAMPAIGN IN PLATEAU STATE

The JHU/PCS representatives--Ronald Magarick, Steven Smith and Philippe Langlois--travelled to Plateau State to look into the possibility of developing a regional family planning communication campaign in that area. They were accompanied by Marc Okunnu, Programme Director of the Planned Parenthood Federation of Nigeria (PPFN), and J. O. (Jake) Obetsebi-Lampsey, a Lagos-based advertising executive who was a consultant to JHU/PCS.

A. Analysis

Plateau State is one of 19 states that make up the Nigerian Federation. It is located in the central part of the country. In the absence of any recent census, the state government estimates the population at 3.48 million people. The last official census in 1963 had the population at 2.019 million. The largest city is Jos which is said to have a population of 430,000 people. There are no figures as to the proportion of urban and rural residents, but the national urban/rural ratio of 27/73 is probably correct for Plateau State as well.

Plateau State is basically a Hausa-language area, but there is actually a great variety of ethnic groups and languages. Hausa is the lingua franca for the people of the region. No official estimate as to what percentage of the population understands English or Hausa could be found, but "guesstimates" varied between 60 and 80 percent for Hausa, and were around 50 percent for English. Furthermore, an informal survey of several large groups of women in MCH clinics revealed that, on average, 30 percent of their husbands could read English, and 60 percent could read Hausa. Many fewer of the women themselves were literate. The proportion of Muslims and Christians is about 50/50, a balance not found in other states where one religious group usually has a strong majority.

Plateau State has been chosen as the site for this model FP IEC campaign for several reasons. Plateau State currently has more FP acceptors and operating FP service delivery points than any other state in the nation: possibly over twice as many as the next highest ranked state. Thirty-nine of the 60 health clinics in the state are now regularly providing FP services.

Most of them report their statistics through PPFN/Plateau. The remaining FP clinics now functioning were started as "after-hours" clinics using government staff paid a small extra amount by PPFN. The government then decided to incorporate the FP clinic sessions into their normal service delivery schedule and now the FP clinics are held within normal hours. Staff are paid for this as part of their normal job by the government. This has greatly helped increase the effective availability and credibility of FP services.

In some facilities FP services are offered daily, but in most the FP clinic is held only once a week. If the demand were present, it is possible that more clinics could be added to provide services. Trained personnel are available at every site, and more are being trained at a rapid pace by the state government with assistance from INTRAH. There is elasticity in the system and room for expansion to serve more FP clients.

Besides facilities and trained personnel, FP commodities have, in the past, been a chronic problem. Supplies were available from PPFN and a project supported by The Pathfinder Fund. Now these have been complemented by much larger and more continuous supplies coming into Nigeria on a national level with assistance by AID, FPIA and CDC. Shortage of commodities should no longer be a problem.

The PPFN branch in Plateau State is one of the strongest in Nigeria. It also has some regional responsibilities and oversees the work of four other PPFN offices in Kano, Kaduna, Benue and Bauchi States. There are eight staff at the branch. The State secretary is the office head. The branch has a good track record and functions well. It is backed up by a strong group of volunteers and local PPFN Executive Committee.

The local broadcast media and newspaper have put out direct family planning messages and have no problem discussing the topic as one of the many health issues of interest to their audience. PPFN has received discounted and free air-time/space for spot announcements or appearances on news, health, current affairs or women's programs.

Plateau State is a state that can absorb an FP/MCH IEC campaign and provide services to meet an increased demand. The state government strongly supports FP in a MCH context. The PPFN/Plateau branch is strong and active, and has a good record of collaborative efforts with the state MOH. Plateau is an optimal state to develop a comprehensive IEC campaign. The materials developed can be used in other states. (Hausa-language materials can be used throughout the northern part of Nigeria and English-language materials can be used nationwide.) Also, much can be learned from the planning and implementation and evaluation of this campaign which could be used in other states.

B. PPFN/Plateau Branch IEC Experience

The Plateau State PPFN Branch has been working on its own small IEC program this year, using what modest resources were available to deliver family planning messages.

In the summer of 1984, they produced a simple 30-second radio spot--English and Hausa versions--which they broadcast ten times each weekend on Plateau Radio for eight weekends. The spot was an invitation to space children and was written by local PPFN people. The radio station gave them a discount for air time.

A series of family life education lectures are planned this year by PPFN branch volunteers. Talks have been delivered to the Government Teachers' College in Jos, the Akwanga Advance Teachers' College, the School of Nursing and Midwifery. More talks are planned at other training institutions and for government and factory employees.

The main IEC effort of the branch are the talks given by a Senior Fieldworker in the 30-40 MCH/FP clinics throughout the state. She spends most of her time addressing groups of up to 400-500 women during antenatal, post-natal or FP sessions at these clinics. Her dynamic talks have been given essentially without visual aids, but they have been very well received by the clients and clinic staff. She has been instrumental in developing a FP song in a number of clinics. The clients and staff know it well and enjoy singing it often.

The PPFN branch originally had seven other field workers, but they were absorbed into the government program. Unfortunately, they were later laid off when the government had to make serious staff cutbacks in April 1984.

C. The Mass Media in Plateau State

The variety and the quality of the mass media in Plateau State are quite impressive. They would be the envy of many African countries.

1. Press

There is one English-language daily originating from the Plateau area: the Nigerian Standard published in Jos. It is owned by the State Government. The circulation currently stands at 40,000, but their advertising manager says they could sell double that amount if they were to get a license to import more newsprint.

The Standard is available to all major centers in the State. In the Plateau region, it is said to have the largest readership of any Nigerian daily. The cost of a full-page advertisement is N880 (US \$1,222) if the newspaper produces the artwork, and N700 (US \$972) if it is supplied by the client. Smaller ads are priced proportionally. Family planning can be talked about freely in the Standard and is discussed from time to time.

According to the advertising manager, it would probably be possible to get space--free of charge--for a weekly health/FP column in the paper, since staff are always on the lookout for interesting ready-to-print material.

2. Radio

The national radio network--the Federal Radio Corporation of Nigeria (FRCN)--has an affiliate station in Plateau State which can take a feed of national programs

from the central broadcasting station in Lagos, but which produces most of its programs in its own studios. Affiliates must, by law, carry certain programs such as the news, messages from the Head of State, etc. FRCN does not accept advertising either at the national or state level.

The state radio - Radio Plateau - is under the jurisdiction of the local Government. Like the FRCN, it broadcasts over eighteen hours a day. It broadcasts Hausa, English and eight local vernacular languages.

Radio Plateau can sell advertising time and it is expected to do so, since the station's charter emphasizes that it must pay its own way as much as possible. It also rents studio facilities for the production of radio spots. According to the Advertising Manager and the Program Manager, every advertiser must pay for commercial time, whether it be a beer company or the Ministry of Health.

3. Television

The Nigerian Television Authority (NTA), the federal Government's television system, has an affiliate in Plateau State, and the same broadcasting arrangement with the "head office" exists as with the radio network. The NTA sells advertising time, and here also the site visitors were told that every advertiser must pay for the time. NTA offers advertising production services.

Plateau Television is the state television network. It has been in existence for barely a year. One knowledgeable observer of the Nigerian broadcasting scene has commented that Plateau TV may have the best technical quality in the country. Most of its people come from the NTA, and apparently many of them have received some training in the

United States. Plateau TV also sells advertising time and offers commercial production services.

4. Broadcast media - a further note

The radio stations and--to a lesser extent--the television stations broadcast in a variety of languages, although overwhelmingly in Hausa and English. Their schedule includes a good range of programs on health, women's issues, etc.

Neither the radio nor the television stations have carried out listenership surveys in recent years. However, it is safe to say that radio and TV signals reach most locations in the State. The site visitor's informal survey of groups of women in MCH clinics showed that virtually all of them owned a radio receiver, and that a significant number (perhaps 30 percent) also owned a television set.

The media executives agreed that the national radio and television stations had more listeners and viewers than their Plateau State counterparts. The difference is even more marked in the case of television, perhaps because NTA has been in existence much longer and has a better lineup of entertainment programs.

It is not cheap to advertise on the broadcast media in Plateau State. The standard rate for a 30-45 second ad on Radio Plateau is N40 (US \$56). The production cost for a simple radio spot (one announcer plus a short intro and exit music) is N200 (US \$278). Discounts start at the N3000-5000 level (US \$4,167-6,944).

Television advertising rates on NTA (where the costs are slightly higher than on Plateau Television) are N75 (US

\$104) for a 60-second, and N49 (US \$68) for 30-second prime-time commercial. The production of a commercial is N600 (US \$833). The site visitors did not get a chance to see samples of locally produced commercials.

It should be noted that those production rates are low in comparison to the exorbitant production costs asked by private studios in Lagos.

5. The broadcast media and family planning

All the broadcast media in the State were visited, and everywhere it was agreed that family planning could be discussed on the air without any problem. FP is simply considered one of many health issues of interest to listeners. PPFN or the MOH are not charged for appearances on news and current affairs programs.

Should the local PPFN office want to negotiate a regularly-scheduled time spot on a current affairs program, the idea would be agreeable to any one of the media. There would be no charge as long as the FP segment does not entail any additional cost to the broadcaster. The only requirement, some of the station executives told us, is that any such proposal should include an agenda and a commitment for 13 weeks of programming. They have had unpleasant experiences in the past with other social or health organizations who pulled out after three or four weeks, and left the station with a programming hole.

D. Recommendation

It is recommended that an FP communication campaign for Plateau State be designed. The key players in such a project would be the following:

- PPFN as the direct grantee. The national headquarters would administer the campaign's budget, provide the overall guidance and supervision, and would subcontract the project's creative and production work to an advertising agency. PPFN/Plateau would carry out the local interpersonal communications and public relations components of the project.
- A PPFN subcontract with a yet-to-be-determined advertising or communication agency chosen through a call for tenders. The selected agency will be responsible for producing top quality IEC material (radio, television, print).
- The MOH (Federal and/or State) which will undertake the negotiations with the Ministry of Information (MOI) and the broadcast media to ensure that free air time can be obtained for all FP commercials.

The campaign will be aimed at the audience of couples of reproductive age, but a good part of it will be allocated towards men, especially via print and the mass media, since they are very difficult to reach in person-to-person communications.

The budget for the proposal is tentatively estimated at US \$200,000. Much of the material (posters, booklets, leaflets, FP song, etc.) will also be used nationally or throughout the Hausa-speaking region of Nigeria.

The principal project activities would be:

- the production of four TV spots in Hausa;
- the recording of the FP/MCH song developed by PPFN/ Plateau and the Masawara clinic staff, and distribution of copies to appropriate media;
- the production of two posters (on male responsibility, and on benefits of FP/MCH) in Hausa and English;
- the preparation of a booklet (English and Hausa versions) on contraceptives and male responsibility in FP;
- ensuring adequate coverage in the local mass media about FP/MCH in the news, health, women's and public affairs sections and programs;
- the development of a speakers' bureau program to give talks on FP/MCH to local groups and organizations;
- one- or two-day seminars/workshops on FP/MCH for selected groups of influentials;
- a one-day seminar for local journalists and media people; and
- an evaluation at the end of the project.

III. FAMILY PLANNING RADIO SCRIPTS

In the context of this site visit, the USAID office in Lagos asked JHU/PCS to investigate the possibility of preparing ready-to-air health and family planning material for the radio stations of Nigeria. This is

a concept the United States Information Service (USIS) has recently been offering in Nigeria with the "Your Healthy Family" series.

The USIS project is an ambitious one: 52 15-minute programs (scripted interviews) on a whole array of health topics--from bedsores to worms--produced by the Voice of America (VOA), and available as scripts or on cassettes.

A. The JHU/PCS team, with much help from the Lagos USIS office, spent considerable time studying the USIS experience, and looking into the cost and logistics of producing and distributing a multi-episode FP radio series. Much of the following information is the result of a conversation with Mr. Lawrence Emeka, Manager of National Programs at the FRCN.

1. Family planning/child spacing can be discussed on national radio programs, but one has to use tact. The VOA scripts on STD's and Hygiene had to be toned down by FRCN writers because some of the language was deemed inappropriate for potential family audiences.

2. The FRCN would welcome a proposal for a FP series. It would be preferable if the proposal came from the MOH or the PPFN. Apparently the USIS scripts were offered directly to the radio stations without any consultation with the MOH. This might have hurt the credibility of the project.

The FRCN had had joint ventures with ministries before. Recently, they produced 26 programs on mass literacy with the Ministry of Education.

If a program idea is accepted, the FRCN gives its full collaboration and will do the following:

- assign one of its people to the outside organization's planning committee for the project
- help finalize the proposal
- pay for all production costs which are part of regular FRCN operations
- help the outside organization in its negotiations with other talents (actors, drama writers, etc.)
- provide promotional support
- conduct an evaluation of the series

3. Mr. Emeka suggested that it would be better to have a FP segment as part of a regular current events or women's program rather than create an entirely new series. Tagging on to an existing program would ensure a ready-made listenership.

4. The programs should be supplied in script form rather than on tape, according to Mr. Emeka. It allows the broadcaster to tailor the form to his needs. The FRCN could then send the texts to its state affiliates for local language productions should they want it. Also, the English spoken by non-Nigerians is difficult to understand for Nigerian listeners for whom English is a second language. Mr. Emeka estimates that 30 percent of Nigeria's population understands at least some English.

5. The series should have at least 13 episodes (26 would be better). This allows the radio station to block out the required time slot when preparing the schedule. The scripts should be forwarded six or seven episodes at a time so the network can have a comfortable backlog. It is believed that the piecemeal distribution of the VOA scripts to the radio stations of Nigeria hurt their chances of getting consistently on the air.

6. The PPFN likes the idea of family planning radio scripts. However it does not feel that it should be an isolated effort, but rather one element of an overall campaign. For the time being, there are other priorities such as the current FP methods booklets and other print material they would like to see produced. Also, if the Plateau State FP IEC campaign gets under way in the near future, PPFN figures that it will have its hands full.

B. Recommendation

Scripted family planning radio programs may eventually be a feasible project. There appears to exist a strong spirit of collaboration at the FRCN, but--for the time being--PPFN is unable to give the project its full support.

Perhaps it would be possible to use an organization other than PPFN, maybe the MOH, to sponsor the programs. However, it is not certain that it would be a wise move to leave PPFN out of the picture in such a visible project.

Furthermore, the preparation and production of a series of scripts such as the ones USIS is currently offering represents an enormous task. Each fifteen-minute script (which is a lot of text) has to be written and then approved. There have been serious delays in the delivery of the VOA scripts, perhaps because

the amount of work involved was underestimated. Even with shorter five or ten minute scripts, a series of 26 episodes would take considerable time and resources to bring to a satisfactory conclusion.

At this stage, it may be preferable to gain more experience with a few regional IEC projects before tackling a program with national ramifications.

IV. VISIT TO KWARA STATE FAMILY HEALTH PROJECT

The site visitors met with Dr. David Olubaniyi, Project Director, Mrs. Florence Tolushe, Project Coordinator, and Mrs. Adebayo, Project Supervisor, for one day. The progress of the project to date was reviewed and plans for future activities discussed.

The project has received the initial funds advanced from JHU/PCS, although no funds have been expended yet. The budget was reviewed and several minor adjustments made to facilitate project implementation. A financial report for the first quarter was received by the site visitors. (The progress report for this quarter was mailed to JHU/PCS later.)

The site visitors reviewed plans for the multi-media family health campaign. The project had gathered prices for newspaper (The Nigerian Herald--printed in Ilorin), radio and TV advertising. The media mix was discussed and ideas for messages for each media also reviewed. The project will complete the development of the campaign and be ready to initiate it as soon as the supply of family planning commodities is received from Lagos. (The project had limited commodities at the time of the site visit, but a large quantity was in the pipeline and expected soon.)

The site visitors also presented the results of the June 1983 survey carried out by the project and analyzed at JHU. A detailed 35-page FP IEC questionnaire was administered to 283 people in the initial seven-clinic project area in and around Ilorin. The survey produced some very important data about the target population. Information was gathered on the following subjects:

- reproductive ideals
- fertility
- awareness of demographic problems
- husband-wife communication
- attitudes towards family planning
- knowledge and use of contraceptive methods
- methods of communication

This original information was very useful in developing the media plan and messages for the above-mentioned FP IEC campaign. The survey sample was small, but it was an in-depth interview and the information gathered is quite unique as almost no other surveys have been carried out in Nigeria. The Project Director will now work with the statistician that helped design and carry out the survey to write a complete report.

The Project Director announced that the MOH is expanding the FP service provision sites, from the existing seven to twenty-one. Five more clinics have to be added in the Ilorin area and eight or nine in the Okene and Lokoja areas in eastern Kwara State. Ofa General Hospital and District Health Unit, Enle Rural Health Center and Omuroan District Health Unit and General Hospital have been visited by project staff and discussions about initiating FP services begun. Plans have been developed for an August training session for about 30 staff from the new clinics. JHU/PCS-supported project resources would cover costs of training the staff in counseling and interpersonal communication techniques, and other MOH resources would cover clinical training costs.

Six of the seven now functioning clinics have switched to providing FP services in the mornings; several even have services on a daily basis. This is much preferable to afternoon sessions, as clients had to come after normal hours, which was not only difficult for them, but made it obvious to everyone that they were coming for FP services.

The client statistics for 1984 show a marked increase in the number of FP clients. In January to March 1984, 326 clients were provided FP services and in June to July 1984, 232 clients received contraceptives. Given the severe commodity shortage, the lack of project funds, and the lack of IEC efforts, this is an achievement.

A plan to evaluate the project was discussed and outlined, and steps agreed to develop and finalize it. It will include mid-project (one year) and end-of-project (two year) activities aimed at learning the impact of the project on FP client load, public awareness of FP and institutional development within the MOH of a FP IEC support structure. The evaluation will provide feedback information to improve project IEC activities, strategies and implementation methodology.

V. VISIT TO THE UNIVERSITY OF IBADAN AFRICAN REGIONAL HEALTH EDUCATION CENTRE AND DEPARTMENT OF GYNECOLOGY AND OBSTETRICS

Dr. Ronald Magarick visited Dr. Joshua Adeniyi, Director, African Regional Health Education Center (ARHEC) at the University of Ibadan in an attempt to identify possible avenues of collaboration between JHU/PCS and the ARHEC. The African Regional Health Education Center was founded in 1975 as a joint venture between the World Health Organization, the Nigerian Federal Ministry of Health and the University of Ibadan. It was established in response to a need identified from various governments throughout Africa for African trained health educators. The Health Education Center is a division of the Department of Preventive and Social Medicine of the University. It

offers an advanced diploma in health education which is a 12-month program for mid-level health workers (nurses, social workers, educators, and agricultural extension workers, etc.) It also offers M.P.H. and Ph.D programs. Currently, there are 35 students enrolled in the diploma course, six students in the M.P.H. program (2 year program) and five doctoral students. To date, there have been more than 350 graduates of the diploma program and 35 M.P.H. graduates from 14 countries throughout Africa. Also two students were from Tonga. ARHEC consists of seven faculty members with varying experiences, none of whom have a primary interest in child spacing.

Ongoing research programs at the ARHEC include those identifying the effects of health education on preventing various primary health care related diseases. ARHEC is also involved with evaluating health education interventions in the Columbia University-supported community based distribution (CBD) project being conducted in collaboration with the Department of Gynecology and Obstetrics at the University of Ibadan.

The health education curriculum is experiential in nature and emphasizes not only didactic training for students, but provides considerable exposure to practical experiences in the field. Dr. Adeniyi noted that within 20 kilometers of Ibadan the range of practical experiences go from what he called the urban-traditional, to urban-rural and rural-rural.

The site visitor discussed with Dr. Adeniyi the possibility of developing collaborative activities with JHU/PCS. Adeniyi noted that the ARHEC has long been interested in conducting short-term courses for health education practitioners. JHU/PCS might consider a proposal from the Center for the updating of Nigerian and possibly regional health educators in family planning communication. If such a proposal is received from the African Regional Health Education Center, JHU/PCS should carefully consider the benefits, particularly regarding the possibility of orienting Nigerian health educators to basic concepts of child spacing.

Dr. Adeniyi was also provided with a copy of Population Reports which he had not seen. He requested 75 copies of each report for distribution to students and faculty. Also, the book "Family Planning in Africa", which he had not seen, was also of interest. One hundred copies of this book should be provided to Dr. Adeniyi for distribution to ARHEC faculty and students. To date, child spacing receives limited attention within the overall training of the health educators. (Books being sent by Mrs. Shitta of USAID/Lagos).

Later, the visitor met with Professor O. A. Ladipo, of the Department of Gynecology and Obstetrics. Prof. Ladipo mentioned that the atmosphere had changed in Nigeria over the last few years regarding child spacing, and that it was much easier at this point to develop programs.

Prof. Ladipo is director of the Columbia University-funded CBD Project in Oyo State. This program, after some initial start-up problems and resistance by the community and local government, seems to be progressing quite well. Contraceptive disbursements went from 6,600 in 1982 to more than 13,000 in 1983. A more detailed document summarizing this project is on file at JHU/PCS. One of the principal findings of the project which had some implications for JHU/PCS communication programs is as follows:

"Postpartum sexual abstinence is universally practiced, typically for 2 to 3 years in the rural communities. Most (but not all) use of modern family planning is a substitution for abstinence; as such, it has a very strong taboo attached to it. Open and cross-sex (male/female) communication about family planning is very difficult. Thus, it is important that both male and female community agents introduce and promote modern contraceptives in these rural areas."

The site visitor met with Ms. M. A. Adelowo, Director of Training, Family Planning Unit, University College Hospital. He reviewed the newly developed Yoruba-language booklets on the condom, IUCD, and the pill with Ms. Adelowo, who expressed great interest in obtaining copies for use among clients. The technique for training staff in utilization of the booklets was emphasized. The site visitor was fortunate in meeting Ms. Adelowo since she is the individual responsible for staff training, as well as the JHPIEGO training project at UCH. Ms. Adelowo indicated that upon receipt of the booklets, she would include a component in the JHPIEGO nurse training course regarding utilization of the booklet in clinics.

During the visit Adelowo emphasized the need for other communication materials, including posters relating to planned versus unplanned families, as well as male involvement in family planning. The only recently produced poster seen on the walls of the UCH Family Planning Clinic was related to the RITE-AID Natural Family Planning System. The machine which is required (US \$150 each) to use this method of NFP is not available in Nigeria since the company is unable to receive an import license. There is no question that a need exists in Nigeria for posters. They are a very important way of communicating health messages to clients in this country.

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