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TRIP REPORT:

EVALUATION OF THE FAMILY PLANNING BOOKLETS USED BY THE PLANNED PARENTHOOD FEDERATION OF NIGERIA

LAGOS, NIGERIA

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Dates of In-Country Work:
August 26 to September 2, 1985

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Executive Summary

D. Lawrence Kincaid, consultant for The Johns Hopkins University/Population Communication Services, visited Lagos, Nigeria, from August 26 to September 2, 1985, in order: (1) to meet with officials of the Planned Parenthood Federation of Nigeria to review and adapt a survey questionnaire for the evaluation, (2) to develop a strategy for the implementation of the evaluation, (3) to select appropriate sites for the evaluation, and (4) to develop a budget for the evaluation.

Discussions with PPFN resulted in a combined sample survey of 12 PPFN clinics and 12 matched public health clinics in the five Yoruba-speaking states and a quasi-experimental design to evaluate the impact on clients, field workers, and nurses of introducing the booklets (and accompanying training) into clinics not already using the booklets and of temporarily suspending use of the booklets in clinics that are already using them. The total budget for the evaluation is US $ 9,395, of which US $ 5,787 is already funded by PPFN's staff salaries and existing project funds for evaluation. So, a supplementary budget of US $ 3,614 is requested from JHU/PCS for the study and another US $ 2,902 for a special training conference for the study.

The consultant also visited the MOH of Ogun State to assess their June multimedia family planning campaign and to discuss the procedures for distributing the booklets. It was recommended that Sterling Drugs be asked to distribute the booklets along with their contraceptive supplies.

LIST OF ABBREVIATIONS

JHU/PCS	The Johns Hopkins University/Population Communication Services
PPFN	Planned Parenthood Federation of Nigeria
USAID	U.S. Agency for International Development

Introduction

D. Lawrence Kincaid, consultant for The Johns Hopkins University/Population Communication Services (Associate Professor, Department of Communication, State University of New York at Albany, Albany, N.Y. 12222) visited Lagos, Nigeria, from August 26 to September 2, 1985. The purpose of the trip was: (1) to meet with the officials of the Planned Parenthood Federation of Nigeria (PPFN) to review and to adapt a survey questionnaire for the evaluation of the production, distribution, use, and impact of Yoruba language family planning print materials for non-readers developed under a PPFN-JHU/PCS project, (2) to develop a strategy for the implementation of the evaluation, (3) to select appropriate locations for the evaluation, and (4) to develop a budget with PPFN staff for the evaluation. The highlights of the in-country report are organized around these basic objectives.

Revision and Adaptation of the Questionnaires

The evaluation of the impact of print materials on the sponsoring organizations, the training and functioning of health personnel, and family planning clients in Nigeria is part of an international comparison of similar print materials in several countries with JHU/PCS projects. The prototype questionnaires for the evaluation had already been designed by the consultant in advance of his visit in-country. Furthermore, the prototype questionnaires were initially de-

signed for the clinic-based program of Nigeria--for clients, clinic nurses and/or family planning field workers based in the same type of clinics.

Only a few minor revisions to the prototype questionnaires were required. The observation checklist which was created for a similar evaluation in Juarez, Mexico, was added to the Nigerian questionnaires. The checklist is used by the interviewer during the observation of the nurse or field worker's initial visit with a client. The interviewer observes how the nurse conducts the visit, and records on the observation checklist the extent to which she follows all of the proper steps using the print materials to explain the oral pill or IUD. It also asks her to record the number of questions the client is stimulated to ask during the visit, as well as the total amount of time devoted to the explanation of the method.

Before the consultant's arrival, Chris Nwosu (PPFN Programme Officer/Service Statistics) had prepared two pages of suggested revisions for some of the items on the questionnaire. This work accelerated the amount of time required to revise the questionnaire for the Nigerian setting. His specific recommendations are included in Appendix B. The seven suggestions deal primarily with the format of the questionnaire, the order of the questions, and wording of some of the questions. For example, a box format in which the answer is checked off by the interviewer was recommended for the question about the client's schooling. All of these

recommendations were discussed and implemented in the revision of the questionnaires.

Research Design for the Yoruba Family Planning Booklets

The research design was developed in collaboration with Chris I. Nwosu, PPFN's Programme/Service Statitics Officer, in consultation with Marc Okunnu, the Director of Programms.

The oral pill and IUD booklets had been in full use in Nigeria for some time which made it difficult to design a field experiment to evaluate the impact of introducing the booklets into the Nigerian program in Yoruba-speaking areas. To complicate matters further, it was not known which of the clinics in each area were actually using the booklets. A preliminary study of the distribution and use of the booklets would have had to be conducted to answer this question. Therefore, it was simply assumed that some of the clinics to be selected for evaluation were already using the booklets and others were not. The evaluation was designed to obtain an estimation of what proportion of clinics were using the booklets.

An evaluation design similar to the one developed for the Mexican project was adopted for Nigeria. In clinics in which the booklets have not yet been introduced, we decided to observe how the nurses function without them, then re-train them to use the booklets and observe them again with the booklets. The interviewers will observe the nurses

interaction with clients who come to the clinic both before and after the introduction of the booklets. They will conduct an interview with each client after the nurse has explained the oral pill or IUD, and then with the nurse herself.

A similar procedure will be followed in clinics that are already using the booklets. The interviewers will observe how the nurses function during their visits with clients while using the booklets, then ask them to suspend using the booklets for the next set of clients. The visits without the booklets will be observed to determine what the impact of not using the booklets would be. The suspension of the use of a particular practice is a real possibility that is often faced by program administrators. The suspension could be the result of a reduction in funds for the practice (for example, reprinting the booklets), or simply a policy decision on their part. A legitimate question for evaluation in this situation is the impact of such a change on the program. Such a design may be thought of as a form of reverse or inverse experiment, where the treatment involves the elimination of a practice rather than its introduction.

Although the proposed design lacks a randomized control group, it does have one of the advantages of survey research. The clinics to be studied were randomly selected from the list of all PPFN family planning clinics in the Yoruba-speaking states of Nigeria. After a random start, 12

PPFN clinics were systematically selected with a skip interval of four from the list of 48 clinics (or 25%) in the five Yoruba-speaking states: Kwara, Lagos, Ogun, Oyo, and Ogun States in proportion to the number of clinics exising in each state. Thus, only two clinics were selected from Kwara State as compared to three from Lagos State because it has less clinics overall. This sample design amounts to a sample survey of twenty-five percent of the PPFN family planning clinics. As a survey, the study will allow us to estimate what percentage of clinics are currently using the booklets. In order to evaluate the booklets in public clinics as well, a matched sample of public clinics was obtained by selecting the public clinic nearest to each of PPFN clinics in the sample. Thus, the overall sample consisted of twenty-four clinics: twelve randomly selected PPFN clinics and twelve (geographically) matched public clinics.

The following list of PPFN clinics were selected:

Kwara State:	(1) University of Ilorin Maternity Centre
	(2) Sobi Army Barracks Clinic
Lagos State:	(3) Ikeja General Hospital
	(4) Ajeromi Health Centre
	(5) Epe General Hospital
Ogun State:	(6) Abeokuta State Hospital, Ijaye
	(7) Ita-Alapo Maternal Child & Health Centre
Oyo State:	(8) Ilesha Wesley Guild Hospital
	(9) Molete Ibadan Municipal Gov't Dispensary
	(10) Igbo-Ora Maternity Centre
Ogun State:	(11) Akure State Hospital
	(12) Ado-Ekiti State Hospital

The chart on page seven summarizes the basic design of the study: The letter, X, indicates the unknown number of clinics which are currently not using the booklets. The top

half of the chart describes the design for clinics found to be using booklets; the bottom half, those found without booklets. The unknown number makes it impossible to know in advance how many observations will be done in the situation where the booklets are introduced for the first time and how many in the situation where the booklets are already in use and must be suspended. The maximum number of cases studied, however, will not exceed ninety-six new clients in the PPFN clinics, ninety-six new clients in the public clinics, and forty-eight current users in both the PPFN and public clinics, for an overall total of 288 client interviews. In addition, interviews will be conducted with the 24 (2 x 12 clinics) field workers who meet with new clients in the PPFN clinics, and the twelve nurses who meet clients in the public clinics.

In the PPFN clinics currently using booklets, each of the two family planning field workers will be observed with two new clients: one interested in oral pills, one interested in the IUD. Following the observation, each new client will be interviewed using the structured questionnaire to measure the impact of the session and the booklet. At this point in the study, the field workers themselves will be interviewed to determine their own level of knowledge and attitudes of family planning methods. Then the field workers will be asked to continue to meet two new clients in the same manner, but this time without the use of the booklets. After these sessions end and the clients have

DESIGN:

Using Booklets	Observations: T_1 With Booklets	T_2 Without Booklets
PPFN Clinics	N=(12-X) x 2 FW x [1 Pill, 1 IUD] = 4 x (12-X)	N=(12-X) x 2 FW x [1 Pill, 1 IUD] =4 x (12-X)
Public Clinics	N=(12-X) x 1 Nur.x [2 Pill, 2 IUD] = 4 x (12-X)	N=(12-X) x 1 Nur.x [1 Pill, 1 IUD] =4 x (12-X)
Not Using Booklets	**T_1 Without Booklets**	**T_2 With Booklets**
PPFN Clinics	N= (X) x 2 FW x [1 Pill, 1 IUD] = 4 (X)	N= (X) x 2 FW x [1 Pill, 1 IUD] = 4(X)
Public Clinics	N= (X) x 1 Nur.x [2 Pill, 2 IUD] = 4 (X)	N= (X) x 1 Nur.x [2 Pill, 2 IUD] = 4(X)

Current Users:

PPFN Clinics: 12 x (2 Pill + 2 IUD) = 48 interviews
Public Clinics: -12 x (2 Pill + 2 IUD) = 48 interviews

been interviewed, the interviewers will reinterview the field workers about the impact of suspending use of the booklets. In the clinics not currently using the booklets the same procedures will be followed, but in reverse order: first without the booklets as usual, then after retraining and introducing the use of the booklets.

After this evaluation has been accomplished, similar interviews will be conducted with current users who return to the clinic during the study. Two pill and two IUD users in each clinic will be interviewed. These interviews will allow us to determine the degree of recall about the methods

after several months or weeks have passed since they were first taught about the methods. For those who were initially instructed with the booklets and then given a copy to take home we will be able to discover how the booklets are used at home and shared with friends and neighbors.

Estimated Budget for the Booklet Evaluation

The size of the study is determined by desire to obtain a general picture of the impact of the family planing booklets in all five of the Yoruba-speaking states and by the expected amount of funds and resources available. The proposed design calls for a total of 288 interviews with clients and 36 interviews with PPFN field workers and public health nurses spread out over 24 private and public health clinics in five different states. Many of the existing resources of PPFN will be used to conduct the study. Mr. Nwosu, of the PPFN national office, will direct and coordinate the study. He will travel to each state to conduct the training and supervise the field work. The PPFN field worker supervisors in each state will be trained to conduct the observations and interviews in the clinics.

The itemized budget for the study was developed during the visit with Mr. Nwosu and Mr. Okunnu of PPFN. The proposed budget may be found in Appendix C. It is calculated in terms of naira, the official currency of Nigeria which had an exchange rate with the US dollar of 1.18 at the time of the visit. The subtotals and totals of the budget are also shown in their US dollar equivalent.

The 2,499 naira required for the salaries of the personnel who will conduct the study are already covered on a cost-sharing basis by PPFN. This amounts to over 30 percent of the total cost of the study. Another 30 percent of the total budget will be covered by funds already allocated to evaluation in the PPFN-JHU/PCS project budget. This leaves an additional 3,063 naira or US $ 3,614 which needs to be obtained from JHU/PCS to conduct the study as planned. The major costs to be covered by these additional funds are for the field work itself (travel and per diem for interviewers), 2,767 naira, and for data processing and computer analysis of the results, 1,200 naira.

After the budget was prepared, an alternative method of training was proposed. Initially, the plan was to have the coordinator for the study, Mr. Nwosu, orient and train the interviewers for each state one at a time as he himself traveled from state to state to conduct the study. The alternative is to have a special training conference in one centralized location such as Ibadan. Such a conference would provide a better atmosphere for training and increase the level of priority given to it by PPFN. It would also improve the quality of the training. The travel, lodging, and per diem for 25 interviewers (PPFN field workers from the five Yoruba-speaking states) plus the director of the study would cost an extra 2,459 naira, or US $ 2,902. The conference would raise the total cost of the additional funds needed from JHU/PCS from US $ 3,614 to US $ 6,516.

The extra amount of expense associated with the train-

ing conference does not seem excessive. The study can be done without it, of course, but PPFN feels that it would be able to do a better job with the conference. Besides standardizing the training itself, the conference would also increase the level of commitment and motivation to do a good job on the study.

Visit to the Ministry of Health, Ogun State

During the visit the consultant had the opportunity to drive to Abeokuta in nearby Ogun State to visit the Ministry of Health headquarters. Arrangements had been made ahead of time to see Mrs. I.V. Mako, the Director of Nursing, but she was on casual leave and not available. She had received supplies of the PPFN booklets and was responsible for their distribution to public clinics in Ogun State. One purpose of the visit was to discuss the distribution of booklets and obtain her opinion about their use. Because no one else was available who knew about the booklet distribution, little new information could be obtained.

It was possible, however, to learn how contraceptives are delivered and distributed in Ogun State and ask about the feasibility of using the same channel and procedures for booklet distribution. Each clinic keeps a daily record of each type of contraceptive that is given to clients on that day. The daily records are summed at the end of each month and transferred to a monthly summary sheet with the following rows and columns:

SUMMARY OF CONTRACEPTIVES ISSUED AND F.P. USERS
Clinic _____ Zone _____ State _____

	No. of Clients	Type of Contraceptives: Oral	IUCD	Condoms	Etc.→
New Acceptors:					
Continuing Users:					
Total Visits:					
Beginning Balance of Supplies:					
Amount Dispensed:					
ENDING BALANCE:					

These inventory sheets are turned in each month to the director of each zone within Ogun State. They usually travel to the central MOH office once or twice a month in their own cars. The combined inventory of each zone is then used to estimate how many new quantities of each family planning contraceptive are required for resupply. The zone director obtains the quantity needed at the central warehouse and delivers them himself to clinics in his zone. The central warehouse itself is resupplied periodically by trucks provided by Sterling Drugs.

When asked if it would be feasible to add three columns to the existing inventory sheet (corresponding to the three FP booklets--Pill, IUCD. & Condom) several officials at the MOH replied that it would not cause any problems. This raises the possibility that the same Sterling Drug trucks could be used to distribute the booklets along with the contraceptives themselves. Apparently, it

was not possible in the past to include the booklets along with Sterling's international shipments of contraceptives supplies from the United States to Lagos. It may, however, be possible to deliver the next set of booklets to be published in Lagos to the central warehouse of Sterling in Lagos for distribut on along with the contraceptives. In a sense, this procedure would increase the likelihood that the information necessary to use the contraceptives properly would accompany the contraceptives all the way to the clients themselves.

The second purpose of the visit was to try to obtain the most recent statistics regarding the impact of the multimedia communication campaign to promote family planning in Ogun State which began in June of 1985. The latest data on the number of new acceptors and current users was obtained for the months of June and July, but not for August. The records were also available for all of 1984 and the first half of 1985. These data are presented in Appendix D in both table and graph formats.

In order to estimate the impact of the June campaign on new acceptors, the level of acceptors month by month was graphed from January 1984 to July of 1985. A gradual, but steady increase is indicated by the linear regression line which was calculated on the same set of data. The broken regression line indicates the general trend over one and a half years. The trend line highlights the fluctuations that occurred from month to month above and below it.

There is actually a drop in new acceptors from May

(883) to June (817), the month the campaign began. This is not a significant drop. It does indicate, however, that the level of new acceptors remained about the same during the first month of the campaign. The second month (the first full month) of the campaign, July, does seem to show a signficant increase over the previous two months, from a level of about 800 per month to a new level of over 1,000 new users. This suggests that the impact of the communication campaign is cumulative and somewhat delayed.

An examination of the two-year trend and monthly fluctuations suggests that this increase in July may be an annually occurring event. There is a noticeable bump above the trend line during July, August, and September of 1984. If this is indeed an annually occurring event, then some of the increase in July may be seasonal and would have occurred anyway. Another possibility is that a similar media campaign was conducted in 1984, beginning in June. Because the question did not arise until after the visit to Nigeria, the consultant was unable to determine if a similar campaign was conducted or not. If history repeats itself--either campaign or seasonal variation--then we would expect to see the same pattern unfold in 1985. The number of new acceptors should increase through October, and then show a significant drop in November. The drop could be explained by either a seasonal change or simply the result of having provided service to most of the couples who wanted it ahead of time because of influence of the media campaign. Either way one would expect the general trend to continue over the

next year. And it is always possible that the media campaign is contributing to the continuation of that trend.

Conclusions and Recommendations

The discussions with PPFN resulted in a combined sample survey, quasi-experimental design to evaluate the impact of the family planning booklets on clients, nurses, and field workers in the Yoruba-speaking areas of Ogun State. Questionnaires previously prepared were revised and adapted to fit actual conditions in Nigeria more closely. An adequate budget to conduct the evaluation was prepared and later submitted to JHU/PCS.

The problems which PPFN has encountered in the distribution of the booklets throughout Nigeria were discussed, but not resolved. Several factors appear to have been working against adequate distribution. PPFN is not sufficiently funded to deliver booklets to each clinic, but has to rely on periodic distribution when transportation is available to central points in each state, such as the state MOH's, where zone directors, clinic directors, etc., are expected to retrieve them. Distribution from the regional centers is not a high priority, nor especially considered to be their responsibility. To work, this system would also require an adequate notification system and sufficient motivation to retrieve them, as well as a reasonable degree of cooperation between PPFN and the public health system. The omission of one of these factors alone would jeopardize the distribution process. Where all these elements are weak

or not dependable, then another system of distribution should be created.

It is recommended that JHU/PCS provide the additional funds necessary to conduct the evaluation as planned. If funds are available, it is recommended that the supplementary budget for the special training conference also be provided. To allow sufficient time to complete the study, analyze the data, and prepare a report it is recommended that the regular period for the project be extended to the end of January. Finally, it is recommended that an alternative distribution system be explored with Sterling Drug Company, and, if feasible, make use of the same national distribution system which they provide for contraceptives to distribute the family planning booklets of PPFN.

APPENDIX A

List of Contacts

USAID/Lagos

Dr. Keys MacManus
AID Affairs Officer

Larry Eicher
Visiting Affairs Officer

Ms. H.O. Shitta-Bey
Program Specialist

Address: American Embassy
2 Eleke Crescent
Victoria Island
Lagos, Nigeria

PPFN

Mr. Abayomi Fajobi
Executive Director

Mr. Marc Okunnu, Sr.
Director of Programs

Chris Ikechukuiu Nwosu
Program Officer/Service Statistics

Ministry of Health, Ogun State

Alhaji Alao
Deputy Director of Nursing Services

Babatunde Olufowobi
Nursing Officer

Mrs. I.V. Mako (Not Available/Personal Leave)
Director of Nursing

APPENDIX B

PLANNED PARENTHOOD FEDERATION OF NIGERIA

I have gone through the attached questionnaire and below are my comments:

1. Since the questionnaire is for current contracepters, I think separate questionnaires (preferably in different colours) should be produced for each type of accepter while the KAP section is made general for all the categories. This will, apart from saving production costs (i.e. eliminating possible blanks in questionnaire due to non-applicability) will lessen the burden or load to be carried by the interviewers who may do home interviews.

2. Since we already know the name, address and type of method used by the proposed respondent through clinic records, I doubt the importance of questions 7 and 8 except may be to reconfirm our records.

3. I do not think question 1 i.e.'How old are you' fits in as a first question. All the same, we shall confirm this during the pretesting when the consultant is around.

4. Boxes should have been provided in the right hand corner of pre-coded questions to be ticked (✓) by the interviewer. This will prevent the common occurence of interviewers circling more than one response or ticking between alternative responses. As the questionnaire is now designed, this may be very common.

5. The question 'How many years did you go to school' should be preceded

No schooling	☐
Koranic	☐
Primary uncompleted	☐
Primary completed	☐
Secondary uncompleted	☐
Secondary completed	☐
Modern school	☐
Above secondary	☐
Other, specify	☐

The above will give a clearer picture of the level of education of the respondent because somebody can go to school for 10-12 years but did not complete primary school (due to repeated failures to pass to the next grade).

../2

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6. In the Nurses questionnaire, suggestion (5) also applies but it should be commended thus:

Did you complete (thick as appropriate)

Pry.school	Modern school	Secondary school	Nursing school	(Sch.of Mid.	Univ.

There will be multiple answers here and it will also clearly show the general educational background of the nurse (not FP background).

7. Also in the Nurses Questionnaire, Q 56 can read

Can I see your stock of booklets now

Yes ☐
No ☐

Interviewer remark shown ☐
not shown ☐

While the other questions are shifted downwards to end with Q 59.

APPENDIX C

PROPOSED BUDGET

Salaries:				
Coordinator	1.5 mo. @ N 702.00	N 1,053*		
Supervisors (5)	2.0 mo. @ N 290.00	580*		
Interviewers (20)	4.0 mo. @ N 186.50	746*		
Coders	2 x 5 days @ N 12.00	120*		N 2,499*
Mimeograph Costs:				
Paper	(400/bundle) x 17 bundles @ N 30	510		
Ink	5 bottles @ N 30	150		660
Office Supplies:				
6 pkgs. notebooks @ N 2		12		
Erasers		20		
Pencils		30		
IBM coding sheets		50		112
Fieldwork Expenses:				
Pretesting questionnaires		50		
Coordinator Travel				
Ilorin:	one-way airfare	N 34		
	local travel	40		
	lodging 2 x 50	100		
	food 3 x 30	90		
Oyo State:	surface travel	20		
	local travel	30		
	lodging	100		
	food	90		
Ogun State:	Surface travel	40		
	Other	210		
Ondo State:	Surface travel	50		
	Other	210		
Lagos State:	Surface travel	40		
	Local travel	30		
	Lodging	50		
	Food	60	1,194	
Supervisors:				
Lodging 5 x 2 nights @ 50		500		
Local travel		144		
Other costs 5 x 3 days @ 25		375	1,019	
Interviewers:				
Perdiem 16 x 2 days x 3		96		
Perdiem 4 x 2 days x 15		120		
Other costs 12 x 2 x 12		288	504	2,767

PROPOSED BUDGET CONTINUED

Data Processing:		
Keypunching (324 questionnaires)	100	
Computer time & supplies (IBM 360)	600	700
Honoraria:		
Translator (English-Yoruba) 3 days @ 100	300	
Computer programmer (SPSS)	200	500
SUBTOTAL:		N 7,238
Overhead (10%):		724
SUBTOTAL:		N 7,962
PPFN In-Kind Contribution*:		(2,499)
Previously budgeted for evaluation:		(2,400)
TOTAL:		N 3,063
Exchange Rate (8/85) 1.18:		US $ 3,614

SUPPLEMENTARY BUDGET:

Group Training Conference in Ibaden):

Travel	26 x N 20	N 520	
Lodging	25 x 1 night @ N 25	625	
	1 x 1 night @ N 40	40	
Food/Perdiem	25 x 2 days @ N 20	1,000	
	1 x 2 days @ N 25	50	N 2,235
Additional Overhead (10%):			224
TOTAL:			N 2,459
Exchange Rate (8/85) 1.18:			US $ 2,902
COMBINED TOTAL:			N 5,522
			US $ 6,516

*Represents in-kind contribution of PPFN already covered by their existing budget.

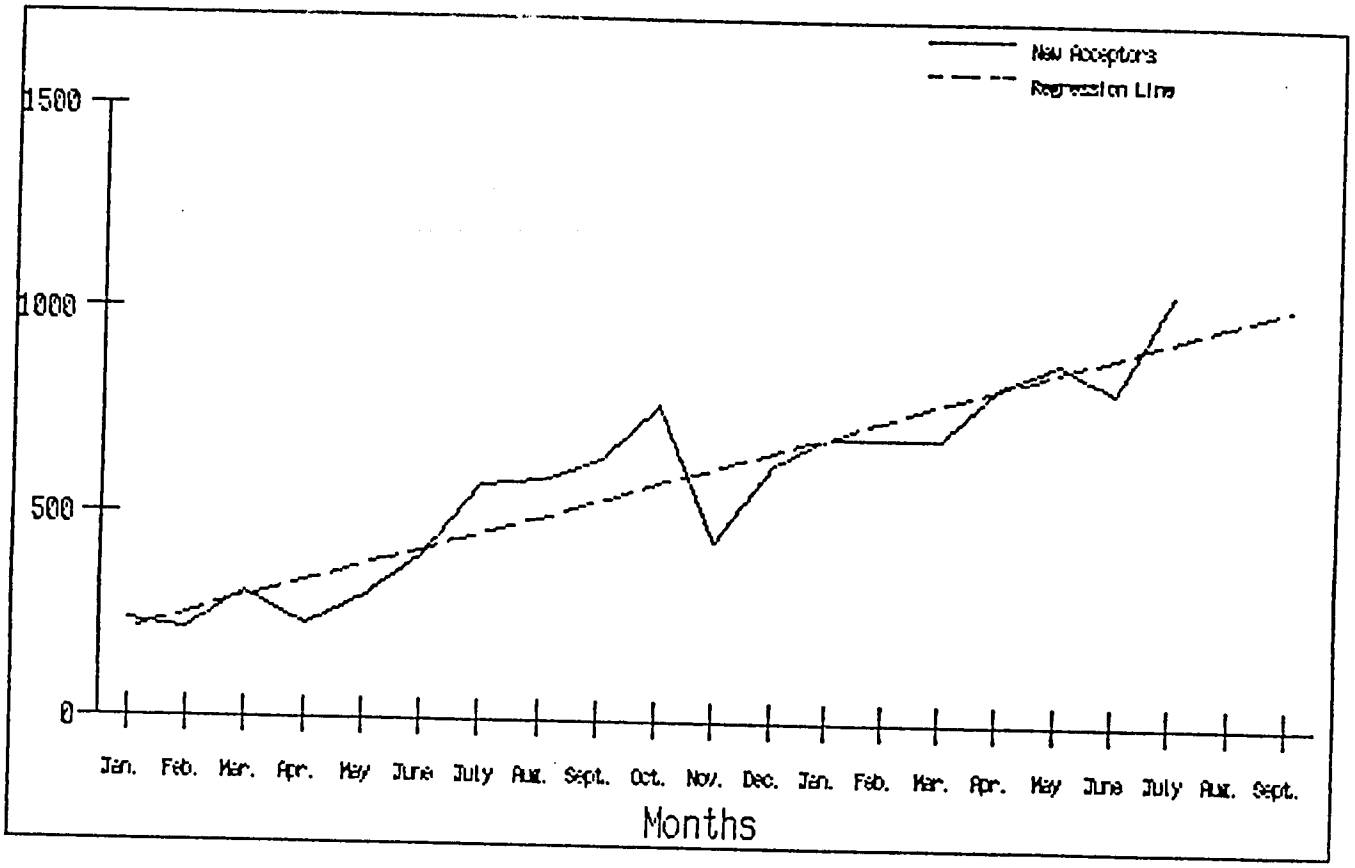

Figure 1. Graph of New Family Planning Acceptors in Ogun State During 1984-1985

Table 1. New Family Planning Acceptors in Ogun State During 1984-1985

Month	1984	1985	
January	235	696	Average
February	213	696	
March	305	696	
April	230	830	
May	297	883	
June	399	817	
July	575	1,057	
August	588	---	
September	637	---	
October	775		
November	437		
December	632		