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Ms. Mary Reynolds
Regional Contract Officer
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Le Vallon; Deux Plateaux
Abidjan, COTE D'IVOIRE

Reference: Nigeria FHI II Design Phase Contract 698-0462-C-00-7013-00

Dear Ms. Reynolds:

Please find attached the combined quarterly and final report of the participation of Johns Hopkins University Population Communication Services (JHU/PCS) in the design phase of the Family Health Initiatives II Program.

JHU/PCS was responsible for the information, education, and communication (IEC) component of the design efforts and sent three senior officers to contribute to the overall design:

Dr. Phyllis T. Piotrow, Principal Investigator
Mr. Jose G. Rimon II, Deputy Project Director
Mr. Kim Winnard, Senior Program Officer

If you have any questions, please do not hesitate to contact us.

Sincerely yours,

Phyllis T. Piotrow

Phyllis T. Piotrow, Ph.D.
Director
Population Information Program

PTP:vga

ATTACHMENT

cc: Development Information Service

EXECUTIVE SUMMARY: INFORMATION, EDUCATION AND COMMUNICATION (IEC)

I. Principal Objectives

The overall purpose of this project is to increase the acceptability and availability of family planning information and services throughout Nigeria both in the public and private sectors. Hopefully, smaller family norms will result from knowledge about and use of family planning. To achieve this objective, there is a need for a strong, well-designed and managed information, education and communication (IEC) component to support activities of the public sector, private sector and policy components.

Information, education and communication (IEC) helps empower people to make informed decisions about their family's future. A good IEC program is vital in linking health and family planning (FP) needs to existing services. By making available culturally appropriate and easily understood information about FP services, IEC also helps refute misconceptions and ameliorate anxieties toward the concepts of FP and the use of modern contraceptives. In areas where latent demand for FP already has been met, demand creation activities can increase the number of FP acceptors.

II. Technical Approach

The IEC approach proposed in this project is based on the principle that knowledge, attitude and practice of individuals can best be influenced by exposure to consistent, reinforcing and culturally appropriate messages coming from familiar and multiple channels of communication. The message must be focussed, clear and frequent in its exposure. It must be communicated through the most creative and effective media available and must initiate an action by the viewer, reader or listener.

Based on this principle and JHU/FCS experience in Nigeria in the past three years, a "concentric circle" approach to design and implement IEC activities is proposed on the national, state and local government area (LGA) levels in both the public and private sectors. These "circles" are significant by themselves and create a greater influence when combined:

- o clinic-based face-to-face contact between the individual and the health provider;
- o clinic-based person-to-group communication;
- o clinic-based outreach activities;
- o non-health community outreach;
- o support from influentials;
- o support from the mass media.

III. Programs of Action

The following activities will be undertaken over a five-year period to produce, disseminate and effectively use IEC materials at each of the "circles" or levels of intervention:

- o Mass Media. Production of 3000 television, radio, film and folk media programs and spots, and newspaper and magazine inserts in at least five languages;
- o Influentials. Organization of 40 orientation symposia and campaigns as well as IEC packages to promote FP awareness among selected opinion leaders (e.g., traditional and religious leaders, political and business figures) and their constituents;
- o Clinic-based and Outreach Activities. Development of a national logo designed for use in identifying at least 15,000 service and sales outlets in the public and private sectors; 6 million copies of various print materials available at all service, sales and outreach points; 10,000 service, sales and motivational agents trained in IEC concepts as part of regular training conducted in the public and private sectors; and 20 specialized workshops conducted to improve public and private sector IEC capability; and
- o Family Life Education. A total of 30,000 copies of five types of Nigeria-specific teacher and student materials produced and distributed to at least 15 of 19 states through a series of workshops for 200 secondary school teachers.

IV. Program Management

In order to effectively manage the range and variety of activities proposed, it is essential that they are consolidated into manageable groups. All national and regional activities will be consolidated into seven major implementing Nigeria-based networks: the National Council on Population Activities (NCPA); the Federal Ministries of Health, Information, and Education; the Planned Parenthood Federation of Nigeria (PPFN); an advertising firm; and a technical assistance resource agency. At the state level, similar consolidation will take place, especially when working with primary health care-designated LGAs.

To provide on-site monitoring and timely technical assistance, JHU/PCS will field a country representative supported by five Nigerian program officers and financial and administrative staff. Four of the program officers will be responsible for activities occurring at the regional, state and LGA levels in each of the four regional health zones. The fifth program officer will be responsible for activities occurring in Lagos at the national level. Their efforts will be supplemented by U.S.-based consultants and staff from JHU/PCS and its subcontractors (PIACT, CEDFA, and AED).

Counterparts in appropriate departments of the Federal Ministries of Health, Information and Education will be established in order to involve the respective ministries in the design and implementation of activities. An ad hoc expanded IEC coordinating/planning committee to be composed of all major private and public sector agencies involved in IEC will also be established.

IEC COMPONENT WORK PLAN

I. IEC COMPONENT OBJECTIVES

A. Primary Goal

The overall purpose of this project is to increase the acceptability and availability of family planning information and services throughout Nigeria both in the public and private sectors. It is expected that a prevalence rate of 12 percent will be achieved with 60 percent of total users served by the private sector and 40 percent served by the public sector. Hopefully, smaller family norms will result from knowledge about and use of family planning. To help achieve this objective, there is a need for a strong, well-designed and managed information, education and communication (IEC) component to support activities of the public sector, private sector and policy components.

B. Rationale

Information, education and communication helps people make informed decisions about their family's future. A good IEC program is vital in linking existing health and family planning (FP) needs of the populace to existing health and family planning (FP) services. By making available culturally appropriate and easily understood information about FP services, IEC also helps to refute misconceptions and ameliorate anxieties toward the concepts of family planning and the use of modern contraceptives. In areas where latent demand for FP already has been met, demand creation activities can increase the number of FP acceptors.

In the past three years, there has been a rapid increase in the number of FP activities throughout the country. This is largely due to the assistance from USAID and its network of cooperating agencies. Clinicians have been trained and deployed throughout the country, commodities are available

nationwide through both public and private sector outlets and steady progress has been made in introducing states and organizations to the importance of IEC support for family planning programs.

JHU/FCS has visited 15 of the 19 states of Nigeria during the past three years, working closely with Federal and state health and information officials in designing and implementing family planning IEC projects. IEC campaigns and activities involving mass media, print materials, interpersonal communication and social mobilization have been developed and launched in seven states of the major ethnic areas of Nigeria, with positive results. Representatives of radio and television stations and the Planned Parenthood Federation of Nigeria (PPFN) also have been instrumental in the success of these activities.

A momentum now exists in all regions of Nigeria for establishing family planning services with trained staff and for developing IEC activities to inform and motivate the eligible population. Other state-level IEC projects are in various stages of planning and development. Private Nigerian voluntary organizations like PPFN and the National Council on Population Activities (NCPA) now have taken the initiative to organize media seminars and male motivation projects. But despite this level of activity, the magnitude of need in Nigeria dwarfs present IEC efforts.

C. Host Country Involvement in the Program Design

JHU/FCS has continued to benefit from close collaboration with Nigerian government officials and private sector organizations in the design of the FHI-II program.

Leading Nigerian authorities on communications teamed with representatives from the FMOH and JHU/FCS in shaping the strategy and implementation plan of the program. Working sessions with representatives from the FMOI were complemented by visits to the National Institute of Public Information (NIPI) and state level ministries of information.

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Meetings with the National Education Research Council (NERC), the National Education Technology Center (NETC) and state ministries of education firmed the strategy for supporting Family Life Education at the secondary school level.

Directors of the Planned Parenthood Federation of Nigeria and the National Council on Population Activities, the management of Sterling Products (Nigeria) Ltd., and representatives of advertising agencies provided insight into developing private sector elements of the design.

This quality of collaboration will continue to be sought during the next five years to help ensure the successful implementation of the project.

D. Principal Objectives

At the end of the project, 1) IEC action program incorporating a range of mass media activities, mobilization campaigns, print materials and skills training at the national, state and LGA level (at least one LGA per state in accordance with the prioritized LGAs identified by the FMOH's Primary Health Care Strategy) will have been approved and executed; 2) 80 percent of the eligible population will be knowledgeable about FP concepts; 3) information on the benefits of child spacing and modern methods of contraceptives in the form of wall charts, posters, picture booklets and promotional displays will have been made available to 12,000 private sector outlets and 3,600 public sector delivery points; and 4) trainers of teachers will be trained and materials for trained teachers and students in family life education will have been developed, produced and made available for use in secondary schools.

II. TECHNICAL APPROACH

A. Underlying Principle

The IEC approach proposed for this project is based on the principle that knowledge, attitude and practice of individuals can best be influenced by exposure to consistent, reinforcing and culturally appropriate messages coming from familiar and multiple channels of communication. The message must be focussed, clear and frequent in its exposure. It must be communicated through the most creative and effective media available and must initiate an action by the viewer, reader or listener.

For example, a person hears a message on the radio describing the health benefits of FP and extolling the listener to visit the nearest FP clinic. A similar visual message is aired on television and is supported by those the viewer respects. When the same message is repeated by a health worker in a clinic setting, that message has a higher probability of being absorbed than a message coming only from a single source. Based on this principle, and JHU/PCS experience in Nigeria in the past three years, a "concentric circle" approach to designing and implementing IEC activities is proposed.

There are six major "circles" to this approach (see Figure 1):

- clinic-based face-to-face contact between the individual and the health provider, motivator or seller;
- clinic-based person-to-group communication;
- clinic-based outreach activities;
- non-health community outreach;
- support from influentials; and
- support from the mass media.

"Clinic-based" includes government clinics, hospitals or maternal/child health centers, or private practitioners'

maternity clinics, traditional birth attendants' homes, or employment-based clinics. Service providers, motivators and sellers include nurses, midwives, doctors, traditional birth attendants, healers, herbalists, pharmacists, and market vendors, all of whom could be trained and encouraged to conduct outreach activities to further create a demand for their services and commodities.

B. The "Concentric Circle"

1. Clinic-based IEC: Groups and Individuals

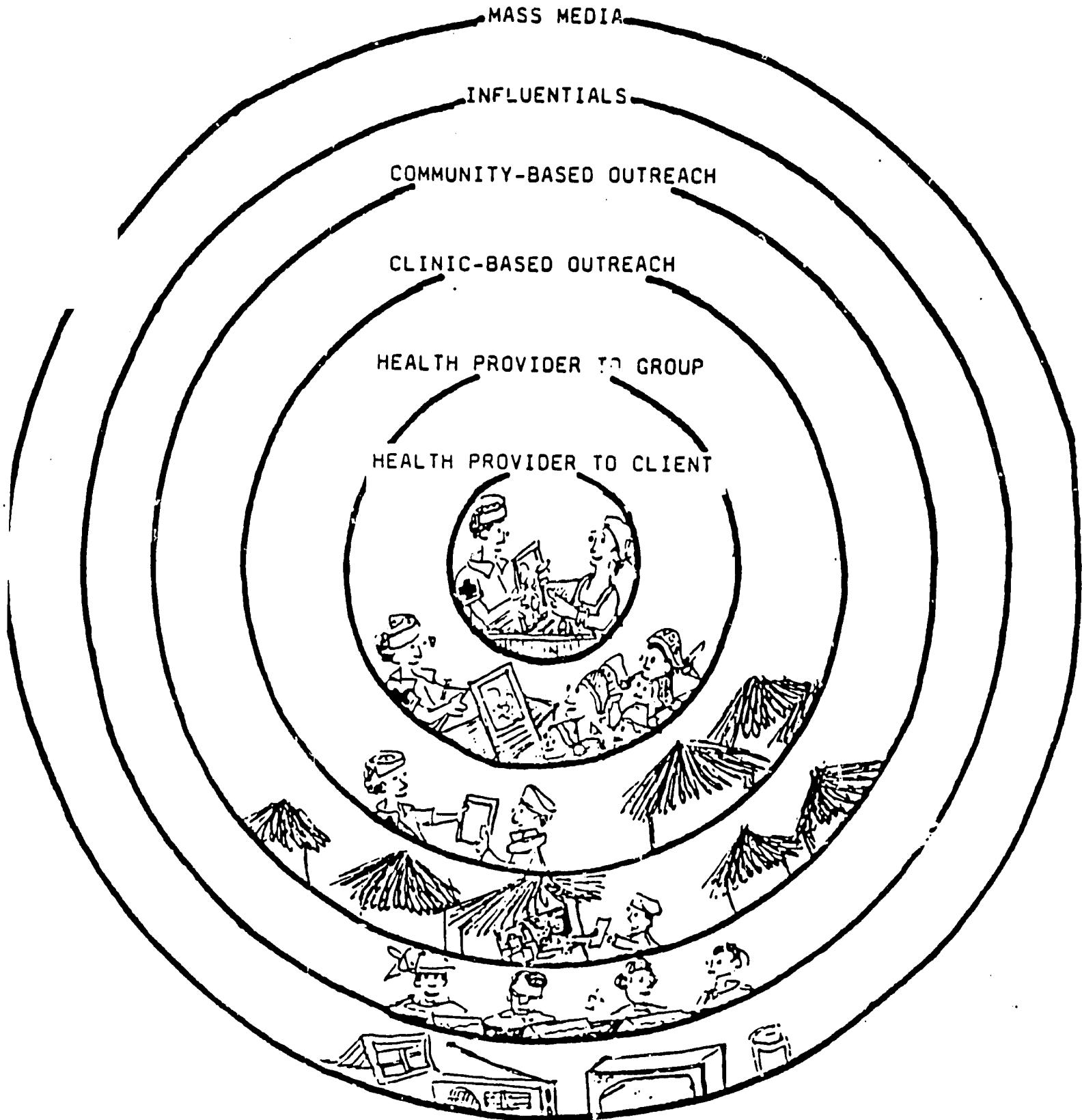
The face-to-face encounters between potential clients and the service provider are crucial events that have a lasting impact on the ultimate behavior of the client. These events are the inner two "concentric circles". Motivating groups of mothers who are already in the clinic for maternal and child health services to practice FP constitutes the most immediate and practical way of reaching out to and recruiting new acceptors; this is especially true in Nigeria where it is not unusual to see hundreds of mothers waiting in a common area for services in many clinics.

More importantly, the quality of the transaction between the service provider or the motivator and a potential client offers the best opportunity to turn an acceptor from a passive recipient into an active promoter of family planning.

The types of IEC interventions that help improve the quality of these encounters are varied:

- integrating appropriate IEC curricula into the training of service providers/motivators with an emphasis on techniques of counseling individuals, improving face-to-face interaction, motivating groups, countering rumors and misconceptions, and using low-cost, simply produced IEC materials to support their efforts;

FIGURE 1: THE "CONCENTRIC CIRCLE" APPROACH



- providing service providers/motivators with reference materials (e.g., simple visual methods-specific cue cards) to improve their knowledge of FP methods and increase their level of confidence;
- providing low-literate client groups with pictorial leaflets and booklets on how to use different methods of contraception;
- providing appropriate visual aids (e.g., wall charts depicting modern and traditional methods) to health workers or sellers in explaining the different methods available;
- providing attractive posters to clinics with motivational messages with which potential clients could identify;
- providing practical person-to-group motivation-enhancing equipment (e.g., megaphones);
- encouraging new clients to become motivators and to bring their friends and relatives when they make their next visit;
- identifying the location of the clinic with an attractive logo displayed on a poster, banner or other signs; and
- providing low-cost portable audio-visual low-cost equipment to enhance counseling activities and to provide information and motivation when a service provider is not readily available (e.g., sound-slides).

2. Clinic-based Outreach

Clinics in general are patronized by clients who live within their immediate proximity. It is therefore necessary to devise ways of reaching potential clients in the catchment area beyond the immediate periphery of the clinic walls. One effective way of doing this is to encourage clinic-based personnel to do outreach work. These types of activities include:

- encouraging service or sales providers to visit markets where women usually congregate, or mechanic villages (large vehicle repair depots) where men work and live;
- conducting specialized campaigns directed at one particular sector of the populace (e.g., male motivation);
- equipping health workers with appropriate posters, samples of contraceptives, displays depicting traditional and modern methods, and megaphones to attract more people;
- exposing service providers from other parts of Nigeria to activities in areas where clinic-based outreach is taking place; and
- distributing simple mimeographed flyers indicating when and where FP services are available in a given locale.

3. Non-health Community Outreach

The number of groups promoting FP can be multiplied when other non-health sectors are mobilized to motivate their constituents. Types of activities include:

- training agricultural extension workers or home agents as part of their routine to promote FP and refer people to service outlets;
- training information officers in community mobilization techniques and the use of FMOI mobile vans to show films and disseminate other IEC materials;
- orienting taxi drivers to sell non-prescriptive methods and refer potential clients to appropriate public or private service points;
- holding contests for the best orators on family planning topics from among the ranks of town criers, market women, taxi drivers and other groups; and
- supporting non-health outreach motivators with user leaflets, stickers and other promotional print materials.

4. Influentials

For the FP movement to acquire greater legitimacy and acceptance, it is crucial that influential groups and opinion leaders are mobilized and, in turn, supported in their motivational efforts.

IEC addressed to influentials is an important building block for the population program, especially in a multi-ethnic society like Nigeria. Influentials should be elicited to help motivate their own constituents to support the program. Types of activities involve:

- organizing traditional and religious leaders' symposia and meetings at the national, regional, state and LGA levels;
- organizing workshops for producers and managers of television and radio, and editors and journalists of newspapers and magazines;
- transforming the Nigerian RAPID computer presentation into more easily understood radio, television or print formats for general public consumption;
- organizing orientation workshops and initiating activities with organizations having potential outreach roles among their vast networks, affiliates or branches (e.g., Union of Transport Workers, National Council of Women's Societies, Association of Wives of Military Officers);
- supporting the National Council on Population Activities to develop IEC packages for its constituency-building activities addressed to influential groups, professional associations and opinion leaders; and
- publishing special works addressed to specific groups (e.g., Islam and Family Planning, Cost-effectiveness of FP IEC Activities in Industries)

5. Mass Media

While "concentric circles" mentioned thus far are significant by themselves and create greater influence when combined, they are labor intensive and reach only a limited number of people.

The mass media offers an opportunity to reach the greatest audience possible in the shortest time period. When used effectively, the mass media not only brings about wider awareness and knowledge about FP but also can persuade potential clients to change behaviors. A creative use of the mass media is essential in creating and maintaining a positive public atmosphere for the population program.

There are over 22 television and 35 radio stations that relay nationally produced programs as well as produce local programs in local languages and dialects. Nineteen daily and 18 weekly newspapers and nine major magazines circulate throughout Nigeria.

Of all the mass media, radio has the widest reach, particularly in the rural areas. Access to television in many urban areas is estimated by some officials to be between 60 and 80 percent. Newspapers are believed to be a primary medium for reaching opinion leaders.

Beyond the modern mass media, Nigeria has a rich history of traditional media: town criers, talking drums, dance and songs, drama troupes, puppet shows. All these could be utilized, and when used in combination with the electronic media, could provide excellent opportunities for reaching a wider audience through "enterteach" (entertainment that teaches) programs.

Mass media types of activities include:

- integrating FP messages into existing popular radio and TV series (variety shows and soap operas) or newspaper/magazine sections;
- developing and producing 5-minute TV and radio fillers with FP messages, including recorded testimonials from traditional and religious leaders;
- developing and producing TV and radio specials and serials;
- developing and producing TV and radio spots, jingles and newspaper ads;
- organizing media events such as state and LGA FP launchings;
- adapting traditional media with FP messages, and recording in modern media for broadcasting;
- organizing workshops for media practitioners;
- training selected MOI/MOH personnel in radio and TV production techniques and print material development;
- providing observation study tours for selected media practitioners;
- providing limited radio recording and editing equipment to selected radio stations on a pilot basis;
- providing video equipment to selected MOI offices on a pilot basis to develop and produce motivational and technical video programs for broadcast or transfer onto 16 mm film and shown through mobile vans; and
- promoting the national FP logo whenever possible.

There will be three major thrusts of the mass media. The first involves a centralized generic and "brand" specific campaign to support private sector programs. Viewers, listeners or readers will be informed that FP information and services are available in outlets identified with a prominently displayed national logo. Although national in scope, the materials produced will also be available in five major languages. Mass media and point-of-purchase messages and images will be mutually reinforcing. The generic campaign is also expected to have a significant impact on the promotion of public sector programs.

The second involves state-level use of mass media to establish public sector capabilities in IEC. This allows for "ownership" of programs and products at the state level and the development of capability in IEC among state and ultimately LG personnel. This state-specific media component would also allow for development and placement of messages uniquely appealing to the particular state. This is especially true for "testimonials" shown on the media, and for giving prominence to outstanding personnel in the field. States then could actively plan to exchange their materials on a regional level on the basis of "competitive advantages," thus achieving economies of scale.

The third thrust focusses on using mass media to support the policy sector. This involves transforming the RAPID computer presentation into easily understood formats and using media coverage of FP events and special broadcasts on population issues to enlighten decision-makers.

C. Message Development

1. Research

It is essential to use only select high quality and appropriate messages in a variety of creative ways. To be able to identify these key messages in the cultural context of Nigeria, a practical audience research activity is necessary.

Three research tracts will be followed closely. The first, market research, will be conducted by the private sector. The results will be used to develop messages to be used in an advertising campaign, especially those aimed at the buying client.

For general reference, but particularly in IEC support of public sector and policy component activities, "rapid anthropological research" (e.g., mini-studies combined with focus group discussions) will be conducted in the four major

health zones of the country early in the life of the project. This will help provide a dimension to IEC planning necessary for producing regionally-distributed materials.

The IEC component also will actively participate in and closely monitor the research activities conducted under the policy and public sector components. The findings of these research efforts will feed into developing message and channel strategies including specific design of materials. They also will be useful for establishing benchmark data needed for evaluation.

2. Design

It is important to underscore, particularly in the context of Nigeria, that messages should be specifically designed for a particular audience. This is especially true when using mass media, as this media cannot be contained in urban areas.

For example, a large percentage of rural women practice post-partum abstinence for an average of 14 months and breastfeeding for an average of 18 months. Messages that promote modern methods may dissuade mothers in the rural areas from using traditionally effective methods; and if the modern methods are not readily available nor fully understood by the user, the net effect is an increase in fertility. Hence, messages also should reinforce effective traditional methods currently being practiced, especially in the rural areas. The message of modern methods should be directed more to people in the process of naturally breaking away from tradition -- the urban population -- and who have greater access to services and commodities.

Similar care needs to be taken in designing messages for women as opposed to men. The experience of JHU/PCS has shown that men tend to care more about the economic implications of child spacing, whereas women are more concerned about the health aspects.

Messages for men also have to be directed toward different locales at different times. For instance, men work and congregate in areas that are sometimes distinct from where women work and live. A good example is the mechanic village, a depot of vehicular repair on the outskirts of towns which is mostly inhabited by men. Outreach activities to these places must specialize in motivating males to be concerned about child spacing, and radio programs must be aired during times when men congregate around their radios during morning or afternoon breaks.

A very different and perhaps more creative media strategy should be created for youth. Issues of teenage pregnancy, early marriage and other concerns need to be addressed (see below "f. Family Life Education (FLE)").

The importance of audience research cannot be over emphasized.

D. Lifeline Project Design

To achieve the principal IEC objectives identified under this Family Health Initiatives II Project, financial, technical and material resources will be made available at the national, state, and local government area (LGA) levels in collaboration with the policy, public and private sector components.

1. Programs of Action

A national IEC program of action to support both the public and private sectors' IEC activities will be formulated and implemented. This action program also will lend support to similar state IEC action programs to be designed and implemented in each of the 19 states and the Federal Capital Territory. IEC action programs also will be developed and activated in at least one local government area (LGA) of each state. Priority will be given to LGAs identified as priority by the FMOH's Primary Health Care Delivery System. These IEC action programs will be the framework. at

different levels, within which materials will be developed and disseminated, and where appropriate service and sales providers will be trained in the development and use of the materials.

2. Outputs

The following IEC activities will be undertaken over a five-year period to produce, disseminate and effectively use IEC materials at the national, state and LGA levels:

- Mass Media. Production of 3000 television, radio, film, and folk media programs and spots, and newspaper and magazine inserts in at least five languages;
- Influentials. Organization of 40 orientation symposia and campaigns as well as IEC packages for selected influential groups to promote FP awareness among private and public leaders and interest groups;
- Client-based and Outreach Activities. Development of a national logo designed for use in identifying at least 15,000 service and sales outlets in the public and private sectors; 6,000,000 copies of various print materials available at all service, sales and outreach outlets; 10,000 service, sales and motivational agents trained in IEC concepts as part of regular training conducted in the public and private sectors; and 20 specialized workshops conducted to improve public and private sector IEC capability; and
- Family Life Education. A total of 30,000 copies of five types of Nigeria-specific teacher and student materials produced and distributed to at least 15 of 19 states through a series of workshops for 200 teachers.

3. Five-year Planned Activities

The gamut of materials to be produced, the activities to be conducted and the ways in which the outputs will be made public is indeed a great task.

a. Mass Media. Television and radio drama programs and variety shows that have a proven viewership or listenership will incorporate family planning messages and socially significant health themes. This is an entertaining method of providing educational materials through a channel familiar and acceptable to the desired audience. Songs, dance, mobile folk drama troupes, puppet shows and other culturally familiar and respected means of communication will be developed to disseminate valuable family planning information. A special music project will be developed nationally and by region to involve local popular musicians to record and distribute popular songs which contain family planning themes.

b. Print Materials. Print materials such as methods reference cards for service providers to use in explaining the benefits, risks and application of various available methods of contraception, and supporting wall charts depicting traditional and modern methods of contraception will be produced. A national logo will be designed through a widely publicized contest. The winning logo will be reprinted on posters, decals, banners, displays and markings to indicate locations of service points and sales outlets.

c. Specialized IEC Workshops. To support the production, dissemination and effective use of the IEC materials and activities, 20 specialized IEC training workshops will be held throughout the life of the project. These workshops include creative ways for television and radio scriptwriters to incorporate family planning messages into programs; low-cost audio-visual material production for service providers; illustrative and low-cost printing techniques for artists involved in print material production; video and radio pre- and post-production techniques in developing higher quality and more creative programs. Advanced overseas IEC training for a limited number of local staff will be provided, especially in cases where the best returns can be obtained in terms of increasing IEC products.

d. Motivational Skills Training. Counselling and motivational skills also will be provided to a network of trainers involved in teaching family planning at selected regional training institutions. These skills will be taught to health workers attending in-service training on family planning. Print materials will be used as part of the training, and trainees can take samples back to their locale for use. Relevant IEC equipment such as videos, sound slides and tape recorders will be provided to regional training sites to improve training techniques.

e. Mobilization/Materials Development Skills Training. Workshops for selected state and local government workers involved in materials development and social mobilization will be held to supplement their skills in conducting orientation symposia and public campaigns to increase the awareness of local leaders and community groups in the importance and availability of family planning.

f. Family Life Education. Sets of print and audio-visual materials for teachers and students will be produced and introduced through a series of workshops for teachers. These workshops will assist teachers to creatively implement a family life education secondary school curricula as approved by the GRN.

These activities have naturally evolved out of the extensive training programs conducted by the Center for Development and Population Activities (CEDPA) over the last three years. CEDPA (a U.S.-based subcontractor to JHU/FCS for this program) has assisted state ministries of education to incorporate an expanded range of primary health and population education concepts into existing secondary school curricula. The objectives of these workshops were to strengthen the inclusion of family life education, population, responsible parenthood and primary health care into secondary schools. Over 180 participants have been trained under these programs and now are developing state-level activities of their own.

Building on the momentum that CEDPA has created, JHU/PCS will concentrate its efforts on introducing Nigeria-specific print and audio-visual materials for use by teachers and as reference for students at the secondary school level. This will be accomplished through a national workshop for CEDPA alumni trainers held to design a standard training curriculum for training teachers. Trainers' and teachers' guides and audio-visual materials, and students' reference materials specific to Nigeria will be designed and produced to be introduced to teachers during the workshops and implemented into the existing family life education curricula during the course of the five-year program. State-specific FLE activities will continue to be encouraged and supported concentrating efforts on LGAs identified as priority under the FMOH's Primary Health Care Delivery System. The public sector component also will be involved, as they have had substantial experience in developing FLE curricula.

As a special stimulant to further FLE, a national population quiz show will be developed and broadcast to involve competition from at least 300 secondary schools throughout Nigeria.

E. Critical Assumptions

The aforementioned activities can best be conducted in an environment supportive of family planning. It is expected that Nigerian leaders will continue to support IEC activities for family planning. Mass media channels and production facilities will be available and willing to promote family planning messages. Optimal support will come from appropriate GRN ministries in requesting broadcasting stations to provide free or substantially discounted airtime. The capability in Nigeria to design and produce large quantities of quality materials in a cost-effective way will continue. Since the IEC financial resources provided under this project are limited, other local and international resources

complementary financial, technical and material resources in institution building, materials development, skills training, equipment and supplies, and family life education at the primary, secondary, and collegiate levels.

F. Cost Recovery

Due to the high costs which will be incurred in developing, producing and airing or distributing IEC materials, it is recommended that several opportunities in cost-recovery be explored:

- producing high quality "enterteach" radio and TV specials and selling them to commercial sponsors;
- producing high quality recorded music tapes with educational messages and selling them in the commercial market;
- selling wall charts, user booklets, reference materials and posters to private sector health service providers;
- exploring possibilities with advertising agencies in combining "brand" specific materials with other appropriate products to share production and advertising costs; and
- exploring the possibility of buying radio and TV time and seeking several sponsorships for commercially viable FF programs aired at that time.

The most promising cost-recovery opportunities will be undertaken on a pilot basis. Clear financial accountability will be set up to ensure that funds generated are accounted for and placed back into the FF program.

G. Year One Workshop

During the first year of the program, the following activities will be conducted:

- start-up of on-site JHU/PCS program office;
- participation with the public sector component in implementing a nationwide baseline survey;
- analysis of results of rapid anthropological research conducted in the four major health zones of Nigeria by an identified technical resource agency;
- promotion of a national FP logo, under the auspices of FMOH, which will identify sources of FP commodities and services in both the public and private sectors;
- the development of clinical posters, reference cards and motivational materials under the direction of the Health Education Division of FMOH;
- the planning of a series of IEC packages, including video testimonials from traditional and religious leaders, based on workshops for opinion leaders conducted by the National Council on Population Activities;
- the mass production of FP methods-specific pictorial leaflets by PPFN;
- a national workshop under the auspices of the Ministry of Education and its appropriate agencies for teacher trainers to develop teacher and student materials for use in the family life education curricula in secondary schools, and a training curricula to introduce the materials to teachers;
- the adaptation of the RAPID presentation to video and film and the distribution of copies through the FMOI network and other outlets;
- a training of trainers workshop to design an IEC curricula for use in regional FP training sites;
- the planning of an IEC materials development/social mobilization workshop for state and capital LGA officials;
- two on-going state level multi-media campaigns in Ogun and Borno states; and
- the development of IEC activities in five states with collaboration from the public and private sector components.

To effectively administer the subcontracts to be signed and the activities to be managed, an orientation workshop will be conducted for the on-site JHU/FCS program staff during the first two months of Year One.

Following is a detailed workplan for Year One.

PRE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

- 5. Identify and establish counterpart at FMOH
x x x
- 6. Discuss/review workplan Year 1 in context of 5 year program with FMOH counterpart and review of key IEC agencies
x
- 7. Participate in baseline survey conducted by Public Sector
x
- 8. Identify and secure commitments from major national-level subcontractors;
-NCPA
-FMOH (HEU)
-FMGI
-PPFN
-RESOURCES GROUP
-NERC/NETC/M OF ED.
x x

9. FMOH establishes Organizing Committee to conduct national logo competition x

10. Logo competition conducted x

11. Five finalists chosen; National logo picked. x

12. Logo printed on posters, flags, stickers x x x x

III ADVERTISING AGENCY

1. Develop sub-agreement with a primary private sector distributor x x

2. Assist distributor to develop a brief for at least 3 advertising agencies; interface with market research x x x x

3. Review advertising agency proposals x

4. Select advertising agency x

5. Contract with advertising agency signed x

PRE	1	2	3	4	5	6	7	8	9	10	11	12
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- 6. JHU/PCS and major distributor reviews and approves detailed media plan
 - 7. Ad. agency develops point of purchase materials (P.O.P)
- Process continues through Yr. 2

x	x											
											x	x
												x

IV. NCPA

- 1. Discuss and finalize contract to provide IEC support for series of national workshops and promotional campaigns for:

x	x	x										
---	---	---	--	--	--	--	--	--	--	--	--	--

- Traditional and Religious leaders
- NGO'S and PVO'S
- MEDIA
- BUSINESS'
- MEDICAL PERSONNEL
- OTHER INTEREST GROUPS

- 2. Prepare active media campaign about population issues.
- 3. Conduct campaign for mass media coverage of population issues
- 4. Establish IEC Committee for organizing design of IEC packages:

					x	x						
--	--	--	--	--	---	---	--	--	--	--	--	--

- Business leaders
- Traditional leaders
- Islamic' leaders

x	x											
---	---	--	--	--	--	--	--	--	--	--	--	--

- 5. Develop IEC Packages
- IEC packages available beginning of Year 2.

					x	x	x	x	x	x	x	
--	--	--	--	--	---	---	---	---	---	---	---	--

V. FMOH/HEALTH EDUCATION UNIT

PRE 1 2 3 4 5 6 7 8 9 10 11 12

1. Develop and finalize sub-contract with HEU of FMOH to design, develop and distribute 3 types of print materials

- FP methods clinical wall chart
- Motivation posters, to be designed by region
- Method specific cue cards

x x

2. Determine technical assistance and support from appropriate agency in developing materials.

x x

Design of FP Methods Clinical Wall Chart

- English
- Split Poster to include traditional methods and modern methods.

x x x x

4. Design of Motivational Posters

- 2 distinct messages
- each poster in 4 major languages

x x x x x

5. Design of Methods - specific cue cards

- 4 methods
- English
- includes risks, benefits, application.

x x x x

Print materials produced and distributed in Year 2.

VI. PPFN

PRE 1 2 3 4 5 6 7 8 9 10 11 12

- 1. Discuss and finalize subcontract with PPFN to revise format of existing FP methods booklets and agree on distribution plan. x x
 - 2. Revise format of booklets to a folded leaflet or small pocket-size booklet. x x x
 - CONDOM
 - IUCD
 - PILL
 - VSC
 - INJECTIBLE
 - IN HAUHA, YORUBA, IGBO, PIGIN, ENGLISH
 - 3. Approval of camera-ready art x
 - 4. Sighting and selection of printer x x
 - 5. Printing of first batch of 3 million copies total. x x
- Materials available year 2

VII. FAMILY LIFE EDUCATION

- 1. Develop and finalize with appropriate Ministry of Education institutions a strategy to (a) implement family life education training of trainers workshop; (b) develop teachers/student materials, and (c) conduct state workshops for teachers. x x x
- 2. Interface with World Bank, UNFPA and Public Sector Component on strategy x
- 3. Finalize program with appropriate HOEB institutions. x x
- 4. Establish Executive Committee responsible for implementing action plan. x x
- 5. Plan National workshop. x x x x
- 6. Conduct National workshop and appoint Executive Committee with 4 regional representatives x
- 7. First Executive Committee meeting to review workshop and submit ideas and drafts. x x
- 8. Commission drafting of materials x x
 - Trainer materials
 - Teaching materials

IX. TECHNICAL RESOURCE AGENCY

PRE 1 2 3 4 5 6 7 8 9 10 11 12

1. Review and approve plan for conducting rapid anthropological research in 4 major ethnic areas:
 - methodology
 - personnel
 - time table
 - budget
2. Execute audience research workplan
3. Compilation and analysis of results
4. Research results available
5. Identify technical resource agency to provide Nigerian-based technical assistance:
 - Audience research in four major ethnic areas
 - Materials development and pretesting
 - IEC training
 - Planning
 - Project design and development
6. Finalize subcontract with agency
7. Agency provides T.A. in further research, materials development, training, workshops, planning, project design, monitoring, and evaluation.

x

x

x

x x

x

x x x x x x x x x x

PRE 1 2 3 4 5 6 7 8 9 10 11 12

X. TRAINING OF TRAINERS: EC CURRICULA
 (To be held for 4 trainers each from UCH,
 OGUN, OWERRI, ZARIA)

- 2 week workshop to learn IEC concepts
 and design 5 day IEC curricula

1. Discuss and finalize workshop with appropriate agency.	x	x	x										
2. Interface with Public and Private Sector team.	x	x											
3. Sign subcontract which includes:													
- organizing committee made up of representatives from 4 regions													
- development with committee of training curricular for workshop													
- availability of training materials for trainers' use back home.													
4. Plan workshop				x	x	x	x						
5. Conduct 2 week workshop and design curricula to be used in regional training centres									x				
6. Monitor inclusion of curricula into FP school curricula										x	x	x	x

PRE 1 2 3 4 5 6 7 8 9 10 11 12

XI. MOBILIZATION/IEC WORKSHOP

1. Identify appropriate resource agencies to conduct workshops.
2. Discuss and finalize subcontract with selected agency
3. Develop strategy of series of workshops to cover major zones, 20 states and at least 20 LGA's
4. Plan first workshop to include five-six states -interface with appropriate agencies to provide planning equipment and materials

			x	x	x							
					x	x						
							x	x				
								x	x	x		x

Process continues through year 2. Workshop to be held Year 2.

	P&E	1	2	3	4	5	6	7	8	9	10	11	12
XI. STATE AND SPECIAL ACTIVITIES*													
A. Activities already in place and continued through March 1988													
1. gun State Multi-media campaign													
- Subagreement to be signed June 1987	x												
- Major activities to be implemented	x	x	x	x	x	x	x	x	x	x	x	x	x
2. arno State IEC campaign													
- Subagreement to be signed June 1987	x												
- Major activities to be implemented	x	x	x	x	x	x	x	x	x	x	x	x	x
B. New state activities to be developed and finalized													
1. ivers State IEC action program	x	x	x	x									
2. aduna State IEC action program	x	x	x	x									
3. iger State IEC action program	x	x	x	x									
4. innue State IEC action program	x	x	x	x									
5. agos State IEC action program	x	x	x	x									
C. New state activities implemented													
					x	x	x	x	x	x	x	x	x
III. Monitoring													
	x	x	x	x	x	x	x	x	x	x	x	x	x

*Note: All of the above activities will be funded by all remaining Nigeria Buy-In monies before expending monies from the 5 year program budget for above activities.

III. COMPONENT MANAGEMENT

In order to effectively manage the range and variety of activities proposed in the IEC component throughout the 19 states and the Federal Capital Territory, it is essential that the activities are consolidated into manageable groups.

It is expected that all the activities could be consolidated and managed at an average yearly rate of 20 contracts. This consolidation reflects the complex characteristic of managing an IEC program in a multi-ethnic society within a Federal system of very autonomous states. It shows that a national program has to be operated at the national (sometimes regional), state and LGA levels simultaneously if one is to be effective in communicating and reinforcing messages on family planning.

The management approach proposed for the IEC component is to consolidate all national and regional activities into a few major networks. The most promising organizations representative of these networks include:

- the National Council on Population Activities (NCPA) for IEC packages addressed to influentials;
- the Federal Ministry of Health Education Division, for clinic-related print and audio-visual materials;
- an advertising agency to support the private sector program;
- the Planned Parenthood Federation of Nigeria (PPFN) for development and production of user-oriented materials for both the public and private sector outlets, as well as organizing regional IEC workshops;
- the National Education Technology Center (NETC) and the National Educational Research Center (NERC) under the Federal Ministry of Education for the family life education program;
- the Federal Ministry of Information for developing video and 16 mm films for mobile vans and for training of information officers at the LGA level; and

a technical resource agency to provide local expertise in IEC research, design, planning, materials development, training and workshop management.

At the state level, similar consolidation will take place as this has proven successful in previous JHU/FCS projects. Instead of directly contracting the development of print materials to a printer, the production of drama programs to a television or radio station, the training of health workers in motivation skills to an education institution, and the distribution of materials to one of the state ministries, one sub-agreement was initiated, usually with the state Ministry of Health, to coordinate and manage all the activities. Technical support was provided as needed. But on-site monitoring and timely technical assistance is key to the success of this management approach. Flexibility also must be retained depending on the unique strengths and resources in every state.

To manage the range of IEC activities proposed in the next five years and to provide timely technical assistance support, JHU/FCS will field a country representative supported by five Nigerian program officers and a financial and administrative staff. Four of the five program officers will be responsible for activities occurring at the regional, state and LGA in each of the four regional health zones. They will be recruited from and positioned in the northern, eastern, central and southwestern zones of Nigeria. The fifth program officer will be responsible for activities occurring in Lagos at the national level. The program officers will be responsible for designing, implementing, monitoring and evaluating activities in their regions. They also will be expected to provide timely technical assistance visits and will be supplemented by U.S.-based consultants and staff from JHU/FCS and its subcontractors (PIACT, CEDFA and AED). A fiscal analyst and administrative assistance will provide fiscal and

To further strengthen the management approach, a Nigerian technical resources agency will be identified to provide technical assistance to a majority of activities throughout Nigeria. These services include research, project design, the management of workshops, materials development, monitoring and evaluation support and other technical expertise as the occasion arises. In some instances, U.S.-based consultants may be teamed up with local consultants to perform joint assignments, hence ensuring better follow-up in the field.

The country representative will be the paramount responsible party accountable for all activities in Nigeria. The representative will act as a liaison with JHU/PCS in the United States, as well as with Federal ministry level officials and counterparts, and USAID/Lagos. Much of the country representative's work resides in supervising the work of the program officers and providing a link with available technical resources.

A senior program officer and support staff will be situated in the United States to provide administrative and programmatic support. JHU/PCS Principal Investigator, Project Director and Deputy Project Director will also provide programmatic and technical expertise. The country representative will be accountable to the management of JHU/PCS. All subcontracts will be cleared in the home office (Baltimore) and entered into agreement between the Johns Hopkins University and the subcontractors.

A. Collaboration with the Government of Nigeria

Counterparts in appropriate departments of the Federal Ministries of Health, of Information, and of Education will be established in order to involve the respective ministries in the design and implementation of activities. An *ad hoc* expanded IEC coordinating/planning committee to be composed of all major private and public sector agencies involved in IEC

will be established jointly by FMOH and USAID. A similar relationship will be encouraged at the state and LGA levels, whenever possible, by the various program officers.

B. Collaboration with Other Implementors

The IEC country representative, the five program officers and supporting staff will work closely with the public sector, private sector and policy component representatives and the AID project manager. This collaboration will be manifested in regular and ad hoc meetings, joint planning, joint field visits and joint accountability for certain program outputs. The sharing of some support staff, office space, equipment and supplies will enhance the collaborative nature of the project. This could be made more meaningful if a financial system is set up whereby the major contractors only use one bank. This would increase project leverage to ensure that funds wired from the U.S. are available on a timely basis. Similar collaboration is expected in the United States among prime and subcontractors: sharing of information, coordination of field visits, and general program support.

C. Collaboration with Other Donor Agencies

The activities planned under this five year program are substantial in number and content. But considering the size of Nigeria, they are insufficient. Moreover, the continual technical and material resources needed to maintain if not improve the status of IEC activities in Nigeria will demand substantial resources that cannot be covered by the financial resources allocated in this project. Many of the activities proposed also can be supported, expanded or deepened with material, equipment, and technical expertise from international donor agencies like UNFPA, the World Bank, UNICEF and UNESCO. UNFPA is particularly strong in family life education through its project with NERC executed by UNESCO. Complementing and coordinating activities in this area will be most important. Use of existing UNICEF facilities like printing presses also will be explored.

The World Bank currently is supporting an MCH project in Sokoto and is finalizing one in Imo. One area in which major agencies like UNFPA and the World Bank could focus is on institution and infrastructure development at the national, state and LGA levels. Continuous dialogue will be conducted with these international donor agencies to exchange information on how best their resources and expertise could complement this program. The Project Manager will also work closely with UNICEF officials in Nigeria to assure the inclusion of child spacing messages in their IEC efforts.

D. Collaboration with USAID

A major program supported by USAID in Nigeria is HealthCom under the CCOD project. HealthCom has recently begun planning and designing its activities in the aspects of IEC activities to promote the immunization program, the use of oral rehydration salts, child spacing, and the prevention of malaria. JHU/FCS will work closely with HealthCom in identifying opportunities for a) joint IEC training workshops, b) co-sponsorship of regular radio or TV programs, c) sharing of research findings needed for IEC planning and materials development.

IV. ADMINISTRATIVE AND LOGISTICAL REQUIREMENTS

A. U.S. Based Personnel And Equipment

Administrative and fiscal services will be provided by a full time administrative and financial manager already in place. The scope of work includes:

- processing all subcontractors;
- reviewing and processing financial progress report;
- reviewing and processing fixed-price contracts;
- preparing contract modifications;
- setting up of a system of financial accounts;
- monitoring expenditures;
- preparing financial reports; and,
- maintaining personnel file and records.

JHU/PCS Principal Investigator, Project Director and Deputy Director will provide administrative and programmatic supervision. The Senior Program Officer for Nigeria will be the key person responsible for backstopping the activities in Nigeria. A program assistant will provide administrative support for all programmatic needs. Secretarial services will be provided by a full time secretary.

In order to support administrative and programmatic needs more fully, an IMB PC with printer and two electric typewriters will be purchased.

B. ON SITE PERSONNEL AND EQUIPMENT

1. Staffing

Six program professionals, including the JHU/PCS country representative, are expected to spend 50 percent of their time travelling in-country to manage an average of 20 contracts per year. For additional support, a strong administrative support team consisting of fiscal analyst, an administrative assistant, a secretary and a driver will be recruited for the Lagos office.

The fiscal analyst will (a) brief contractors on JHU/PCS financial procedures and reporting formats; (b) provide on the ground assistance in preparing and reviewing financial reports; (c) conduct on-the-spot fiscal audits of contracts; (d) help prepare drafts of contracts, and (e) set up an internal financial system for locally-managed funds.

The administrative assistant will (a) maintain files and records; (b) assist in the disbursement of salaries, travel costs, perdiems and related costs for project office staff; (c) coordinate schedules and appointments of U.S. based consultants, and staff visiting Nigeria and (d) provide administrative support to JHU/PCS directly-managed special workshops and meetings.

For each of four regional offices where program officers will be situated, a secretary will be recruited to provide support. All staff (drivers, secretaries, etc.) are expected to be funded under the logistics/administration component.

2. Logistics/Equipment Needs

The following would be required to support the logistics needs of the JHU/PCS representatives:

- provision of adequate housing accessible to the project office
- full time access to a driver and vehicle and
- provisions for moving and customs charges.

For regional program officers, negotiations will be conducted with the state Ministries of Health in which the regional sites are located to provide joint office space for the IEC and public sector component program officer. In the event this is not possible, adequate resources shall be made available for office rent near the Ministry of Health.

Since program officers are required to travel up to 50 percent of their time, it is essential that they are provided access to vehicles. It is ideal that each of them have their own vehicles and drivers. If this is not possible, it is proposed that vehicle and driver be assigned to each regional office to be shared by both the IEC and public sector component program officers.

3. Office Equipment And Space

In the Lagos project office, the following space requirements, office furnishings and equipment will be needed:

- a. space for:
 - one JHU/PCS representative;
 - one program officer (Lagos-based);
 - one fiscal analyst;
 - one administrative assistant;
 - one secretary;
 - one driver;
 - four program officers' (regionally-based) workroom with tables and chairs.
- b. access to a common word-processing computer system for the staff;
- c. access to a copying machine;
- d. access to a conference room;
- e. access to IEC equipment room;

- f. access to a warehouse/storage for stocks of IEC materials;
- g. JHU/PCS representative's furniture and equipment:
 - one executive table
 - one worktable
 - four visitors' chairs
 - one executive chair
 - one sofa
 - one file cabinet
 - one safe cabinet
 - one lap top computer and private (Toshiba 3100)
 - Access to vehicles and drivers
- h. Lagos-based staff furniture and equipment:
 - 3 junior executive tables
 - 1 secretary table
 - 3 junior executive chairs
 - 1 secretary chair
 - 8 visitors' chairs
 - 2 file cabinets
 - 3 electric typewriters
 - 2 calculators/adding machines
 - 3 bookshelves
- i. Region-based staff furniture and equipment:
 - 4 offices (shared with public sector component program officer)
 - 4 portable typewriters
 - 4 file cabinets
 - 4 book shelves
 - 4 coffee tables
 - 4 junior executive chairs
 - 12 visitors' chairs
 - 4 couches (shared with public sector)
 - 4 air conditioners (shared with public sector)
 - 4 electric fans
 - 4 work tables
 - access to vehicles and drivers.

→ All the above office furniture and equipment and rental of office space will be covered by the logistics/administration component.

C. IEC EQUIPMENT (PROGRAM)

A limited number of program-related IEC equipment will be purchased in this project. Key IEC participating agencies and pilot areas will receive various types of appropriate IEC equipment.

The project office itself will maintain basic visual and audio equipment for monitoring and briefing purposes.

The following list of equipment and tentative beneficiaries have been identified:

<u>Equipment</u>	<u>Distribution</u>
(1) <u>A set of:</u>	<u>Total: 18 sets</u>
- 1 Video Machine (3/4")	Project Office - 1
- 1 Monitor (25")	FMOH - 2
- 1 Video Camera and tripod	FMOH - 5
- 1 Slide Projector with 10 trays	PPFN - 1
- 1 Screen	NCPA - 1
- 1 35 MM Camera with Accessories	4 Regional Training Sites - 4
	4 Pilot state MOH or MOI project
(2) A set of Radio Recording and Editing Equipment	<u>Total: 4 sets</u>
- 1 portable Radio Cassette Tape Recorder	4 Pilot states - 1 each (4)
- 1 Portable reel-to-reel Tape	
- 1 Editing Console	
-	
(3) Tape/Radio Cassette with Microphone	<u>Total: 9 sets</u>
	Project Office - 1
	Regional Office - 4
	Regional Training Sites - 4
(4) Portable Megaphone	<u>Total: 100 sets</u>
	10 Pilot States - 10 each
(5) Portable Sound Slides Plus 4 Trays each	<u>Total: 40 sets</u>
	4 Pilot States - 10 each
(6) Supplies	
- Cassette Tapes	200/year starting 1st year
- 3/4" Cassette Blank Video	180/year starting 1st year
- Reel-to-Reel Tapes	50/year starting 2nd year

Set No. 1: the purpose is to provide major IEC counterparts and including four regional training sites of service providers with basic IEC equipment for training, documentation and monitoring activities. The Federal Ministry of Information (FMOI), however, is expected to use the equipment for producing sound-slides and video programs. Four pilot states will be chosen as an area to study whether equipping the state MOH or MOI with the equipment would contribute the quality and quantity of production at the state level. The four training sites would make use of the video in role-playing, motivational techniques and showing of video materials.

Set No. 2: JHU/PCS experience in Nigeria in the past three years indicates that one of the problems of producing quality interactive radio programs is the lack of portable equipment necessary to get material from the field and having it edited quickly. Provision of set No.2 to four pilot radio stations will be studied to determine whether it would help in producing quality radio production.

Set No. 3: the equipment would enhance creativity in managing the IEC training component in the four training sites. For example, radio spots or programs could be played and FP songs could be recorded. The project office would need the equipment for monitoring radio programs.

Set No. 4: initial experience in Ogun State and Kwara State showed that use of megaphones during market visits and group motivation sessions in the clinic were found by nurses to be most useful.

Set No. 5: will be needed to pilot the use of portable sound slides with built-in screens to reach a captive audience of mothers waiting in clinics for a variety of maternal and child health services. Other donor agencies will be encouraged to provide similar resources in other parts of the country, if the piloting of this equipment proves successful.

DETAILED YEAR I PROCUREMENT NEEDS
(Office and Program Needs)

<u>ACTIVITY</u>	<u>M O N T H S</u>												
	1	2	3	4	5	6	7	8	9	10	11	1	
2													
1) Office space available for all Lagos-based staff		X											
2) Access to Xerox Machine in Lagos			X										
3) Access to Warehouse for IEC materials in Lagos						X							
4) Office furniture/equipment available for Lagos and region-based staff		X											
5) Office space for Region-based staff available			X										
6) Access to word-processing computer systems in Lagos			X										
7) 18 sets of the following equipment available: - 1 Video machine (3/4") - 1 Multiple system 25" color monitor - 1 3/4" Video Camera - 1 Slide projector with 10 trays - 1 portable screen - 1 35mm camera with flash, 500mm 200m lens, wide angle, bag, tripod.												X	10
8) 9 Sets of tape/radio cassette with microphone													X 10
9) 100 Sets of portable megaphones													X 10
10) IBM PC with printer and two electric typewriters available in Baltimore office.		X											3

V. FINANCIAL PLAN

A. Proposed Financial System

USAID/REDSO/WCA shall make available to Johns Hopkins University such amounts as necessary to carry out the yearly workplan through a Federal Reserve Letter of Credit. This system has proven efficient throughout the four year history of JHU/PCS.

Of the total budget available for the IEC component, \$7.1 million is in foreign exchange and \$7.9 million is in local currency costs. A quarterly financial report will be submitted by JHU/PCS to USAID and REDSO.

B. Method of Financing:

1. U.S. Based Subcontracts

For U.S. based subcontractors of JHU/PCS, an established operational procedure is currently in place with AED and PIACT. This system will also be used with CEDPA. JHU/PCS enters into a five-year subcontract with the above organizations and provides a ceiling on the budget. An annual workplan and budget are negotiated each year to implement that year's activities. Individual written requests entitled "Request for Services" are submitted to the subcontractors by JHU for each major activity. Monthly progress and financial reports are submitted to and received by JHU/PCS staff.

2. Nigeria-based Subcontracts

JHU/PCS has also developed a system of disbursing funds and building accountability in implementing projects in Nigeria. Most projects are executed through a sub-agreement format or a fixed-price contract. The contractors are required to open a separate non-interest bearing account in the name of the project, and not comingled with any other project funds.

C. Host Country Contributions:

The host country government is expected to complement the IEC component budget of \$15 million with an estimated in-kind and indirect cost of about \$3.7 million, or roughly 25 percent of the USAID contribution. This amount is calculated by assigning cost values to (1) the amount of time all Federal, state and LGA personnel who are expected to be involved in various IEC activities (20 percent of salaries of about 212 personnel at all levels; (2) office space contribution computed at 10 percent of total estimated salaries; (3) use of government vehicles estimated at \$125 per person per year, and (4) 40 percent of free radio and television production and airtime. The budget estimate for the life of the project follow:

Salaries	\$1,433,000
Office space	\$ 703,300
Vehicles	\$ 580,000
Airtime/Production	\$ 957,569
TOTAL	= \$3,673,869

Following is a detailed Year One budget and an overall five-year budget projection.

VI. MONITORING AND EVALUATION PLAN

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A. Monitoring

Based on JHU/FCS experience, the key to successful projects in Nigeria is close monitoring and supervision of the project. The establishment of an on-site JHU/FCS team with regional program officers to monitor and provide technical assistance in the field will greatly enhance the quality and speed of project implementation. It is planned that for every activity implemented, an average of six monitoring/technical assistance visits will be conducted for every 12-month period.

Other sources also will be used to collect benchmark information for monitoring purposes:

- a compilation of all IEC materials and final reports of activities undertaken in Nigeria, classified by state;
- quarterly progress and financial reports from on-going activities;
- participation and access to data collection under the office, public and private sectors' research projects (surveys, market research, service statistics);
- processed clinic-referral data in states prior to and following state and LGA IEC campaigns and activities;
- rapid anthropological types of audience research at the regional and state levels; and
- built-in project-specific monitoring and evaluation components as terms of agreement in contracts (e.g., simple recall surveys, pre and post knowledge tests, coupon turnovers, focus group discussions, content analysis, etc.).

B. Evaluation

The JHU/FCS project proposal format requires that all primary objectives are accompanied by evaluation criteria. This ensures that every project has evaluation plans prior to the onset of the activity.

- U.S.-based JHU/PCS staff and consultants;
- JHU School of Hygiene and Public Health faculty; and
- Nigeria-based technical resource agency.

Large-scale evaluation will be integrated into formative and summative research conducted by the public sector component and into market research activities undertaken by the private sector component. Close collaboration with the components' plans for data collection will be actively sought to identify opportunities to insert IEC-specific questions and concerns.