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REPORT OF A PROJECT DEVELOPMENT
MISSION TO NIGERIA

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Executive Summary

This report contains a summary of the information gathered during a three-week trip to Nigeria. The site visitors arrived in Lagos September 21, 1983 and worked there until September 30, 1983, and again October 6-9, 1983. They went to Ibadan September 30 to October 2, 1983, and then to Ilorin October 2 to October 6, 1983.

This was the second site visit of The Johns Hopkins University/Population Communication Services (JHU/PCS). As such, it was oriented toward further developing the overall family planning communication strategy included in the trip report of the first site visit ("Five-Year Plan for Family Planning Communication in Nigeria" by Steven C. Smith and Rocco DePietro written after their May 31 - June 21, 1983 site visit to Nigeria). This site visit consisted of several separate visits that had little interconnection. Thus, this report is written in 10 separate sections as small, self-contained reports on single subjects. The last section is an update of the overall family health communication strategy for Nigeria.

The agencies the site visitors met with and the recommendations that evolved from each meeting are as follows:

- A. The Federal Health Education Division (FHED)
 1. JHU/PCS should send an expert team to work with FHED staff to research message needs in each of the three main language areas of Nigeria in November/December 1983.
 2. JHU/PCS should develop a project proposal document for the development of print materials, etc. as discussed during this site visit, and then finalize this draft with FHED staff on the November/December 1983 message development site visit.
 3. JHU/PCS should develop a TV social drama project with the FHED as soon as the print materials project is initiated.
- B. The Kwara State Ministry of Health (MOH)
 1. That JHU/PCS should strongly recommend the proposal, work plan and budget as finalized during this visit for support by JHU/PCS, and that technical assistance be provided to the project in pretesting the Yoruba language print materials in November/December 1983, in the medical content evaluation of

these materials, and in evaluation as previously mentioned. Further provision of technical assistance to the project in video production may also be considered. (This may be done in conjunction with the FHED project's video workshop.)

2. That JHU/PCS work out a methodology for analyzing the data gathered in the baseline survey as soon as possible. This will have to be done at JHU/PCS due to the lack of available computer facilities in Ilorin.
3. That JHU/PCS closely monitor the continued local procurement of family planning commodities and make sure that procurement continues smoothly. Also, JHU/PCS may provide assistance to the project in working with other donors to procure IUD kits or other commodities not locally available.

C. The Planned Parenthood Federation of Nigeria (PPFN)

1. JHU/PCS should consider working with PPFN in evaluating and videotaping its Yoruba play, and then continuing with parallel Ibo and Hausa plays. An outline proposal document may be prepared and then finalized during the next JHU/PCS staff visit to Nigeria in January/February 1984.
2. JHU/PCS should follow-up PPFN's invitation to participate in its male family planning campaign. An analysis of the most appropriate areas of JHU/PCS involvement may be carried out as soon as the PPFN work plan for the campaign is received.
3. JHU/PCS should pursue the idea of working further with PPFN on expanding and improving its utilization of interpersonal media. This may be done through the present 117 field workers and additional utilization of satisfied family planning users.

D. The Association of Family Life Education (AFLE)

1. JHU/PCS may arrange help to facilitate the coordination of donors to exchange information and arrange for the continued support of AFLE's present activities and the support of the two proposed projects summarized above.

2. JHU/PCS should assist AFLE in the development of a locally prepared booklet for adolescents. This must be done using careful message development, audience analysis and pretesting. This research in itself would be an important contribution to understanding more fully about adolescent fertility in Nigeria.
 3. JHU/PCS should provide information to the International Women's Health Coalition and the Population Crisis Committee on AFLE's needs for the establishment and operation of a Continuing Education Center and in the procurement of funds for drugs for STDs. Support for these activities is important so that AFLE may work towards providing comprehensive adolescent health care delivery, which would serve as a solid base for their IEC efforts.
- E. The Nigerian Educational Research Council (NERC)
1. JHU/PCS should work with UNFPA/UNESCO/NERC to the extent possible to ensure that a qualified expatriate expert is posted to the project as soon as possible. Undue delay in posting this person may slow down the project's implementation and decrease its output and effectiveness.
 2. JHU/PCS should maintain a liaison and close coordination with NERC and several of its sub-committees to share information, plans, materials produced, market research and analyses.
 3. Many of the needs identified in the USAID/Lagos cable, Lagos 10684 dated September 15, 1983 which essentially focused on curriculum development, materials development, teacher training, and population education program implementation in various learning institutions appear to be addressed in the NERC Population Education Program. Two needs that may be addressed completely are:
 - a. Development, production and distribution (in and out of school) of family planning IEC materials for adolescents on reproductive health and contraceptive-specific topics; and
 - b. Development of means to reach the rural, non-school population, especially adolescents, with FP/MCH IEC.

- F. The United Nations Fund for Population Activities/Nigeria (UNFPA/Nigeria)
 - 1. JHU/PCS should maintain liaison with the UNFPA/Nigeria office.
 - 2. JHU/PCS should contact the UNFPA Technical Review Mission team to brief them on JHU/PCS plans and activities and to request a copy of their report. (This was done October 25, 1983.)
- G. The Bio-Medical Communications Center, Ibadan
 - 1. JHU/PCS should continue liaison with this Center as an affiliate organization of the ARHEC and should investigate its possible involvement in several potential JHU/PCS-supported projects in Nigeria. These may include engaging the Center to:
 - Produce the videotapes of the PPFN plays;
 - Be the site for the video workshop of the FHED project; and
 - be involved in other video productions and in the development, pretesting and/or production of other family health IEC materials.
 - 2. JHU/PCS may work with the Center and ARHEC to strengthen the training of health education students in family health IEC.
- H. The United Nations Children's Fund/Nigeria (UNICEF/Nigeria)
 - 1. JHU/PCS should encourage a representative from the FHED to attend the planned diarrhea management conference to gather information on messages and audiences and to coordinate with others in diarrhea management IEC efforts.
 - 2. JHU/PCS should cooperate with UNICEF/Nigeria on the planned video workshop to be held under the proposed FHED project.
 - 3. JHU/PCS should continue a close liaison with UNICEF, sharing information and plans on Nigeria IEC activities.
- I. The United States Agency for International Development/Lagos (USAID/Lagos)

As a result of this site visit the site visitors recommend the following phasing of JHU/PCS country projects:

First phase of projects--initiation in early 1984

- Kwara State Family Health Project with the Kwara State MOH-- a state-wide comprehensive approach focusing on clients and potential clients.

- National Family Health Education Project with the FHED-- development of print materials for clients and potential clients with some national distribution, but with three pilot states as the main distribution trial areas.

Second phase of projects--initiation in mid-1984

- PPFN's indigenous plays project--plays to be staged and video-taped in the three main language areas of Nigeria.
- AFLE--an adolescent-focused project to produce a booklet for state-wide distribution in Oyo state.

Third phase of projects--initiation mid to late 1984

- PPFN male-oriented project.
- FHED video social drama project for television broadcasting.

Subsequent projects--for initiation in 1985 and later

- PPFN interpersonal media/satisfied user project.
- Expansion of the National Family Health Education Project--i.e., working with more states and more printing.
- Several others that are not yet developed, including working with rural audiences, traditional birth attendants, radio listener groups, agriculture extension agents and schools, market women, pharmacists, and with video as a medium and expending and continuing the previous projects.

This was an extremely busy and useful trip. A great deal was accomplished. Projects were finalized with the Kwara State MOH and the FHED. Those documents will be separately prepared and submitted to AID/Washington. Project concepts were further developed with the PPFN and AFLE. These proposals are planned to be finalized during the next JHU/PCS staff site visit, now tentatively scheduled for January/February 1984. Also, much useful information was exchanged, and liaison relationships further strengthened with several other donors and agencies involved in Nigeria. The support and guidance of Ms. Keys MacManus, the AID affairs Officer, and of the US Embassy/Lagos, were invaluable to the success of this mission and are greatly appreciated by the site visitors.

List of Abbreviations

AFLE	-	Association for Family Life Education
ARHEC	-	African Regional Health Education Center
CEDPA	-	Centre for Development and Population Activities
CPC	-	Centers for Disease Control
FHED	-	Federal Health Education Division
FHI	-	Family Health International
FPIA	-	Family Planning International Assistance
IEC	-	Information, education and communication
INTRAH	-	Program for International Training in Health
JHPIEGO	-	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/PCS	-	Johns Hopkins University/Population Communication Services
MOH	-	Ministry of Health
NERC	-	Nigeria Educational Research Council
PPFA	-	Planned Parenthood Federation of America, Inc.
PPFN	-	Planned Parenthood Federation of Nigeria
STD	-	Sexually transmitted diseases
TBA	-	Traditional birth attendant
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children's Fund
USAID	-	United States Agency for International Development

1. DISCUSSIONS WITH THE FEDERAL HEALTH EDUCATION DIVISION

Introduction

The site visitors met with the Federal Health Education Division (FHED) staff during the period September 26-29 and October 7, 1983. They met with:

Dr. J. Ade Laoye, Assistant Director, Federal Ministry of Health and Head of the FHED
Mrs. F. A. Henshaw, Assistant Chief Health Educator and Deputy Head of the FHED
Mr. J. A. Ola, Principal Health Educator
Mr. L. O. Oke, Higher Graphic Art Officer
Several Senior Health Educators and Higher Health Educators

Federal Health Education Division
Onikan Health Center
Lagos, Nigeria
Tel: 634105

The site visitors gave the FHED the "Five-Year Plan for Family Planning Communication in Nigeria" (the FHED's copy that was mailed three weeks earlier had not arrived), and the JHU/PCS subagreement format, including reporting requirements and general provisions, for the FHED's review. The FHED gave the site visitors copies of a FHED organizational chart, The FHED 1982 Annual Report, a plan for the Creation of a National Health Education Directorate, Dr. Laoye's curriculum vitae, and a draft organogram of the Public Health Services Directorate.

During our discussions a letter was drafted to Mr. J. E. Uduehi, Permanent Secretary, Federal MOH, and subsequently typed and delivered September 30, 1983. This letter requested his concurrence to the proposed FHED family health education project and various pre-project activities.

Meeting Agenda

- A. Discussions on audiences, messages, media and methodology based on the JHU/PCS letter to Dr. Laoye of September 1, 1983 (attached as Appendix B).

The FHED staff had spent three hours discussing the concepts and questions raised in this letter prior to the arrival of the site visitors. They found it very useful in focusing their thoughts and initiating in-house discussion and decisionmaking.

Below is a summary of the FHED staff's initial feelings on the points of the letter. These served as a basis for our later

discussions on a specific proposal which was designed to begin to address their family health education needs. This proposal was unable to cover all their needs, but it was decided to start with the objectives and activities jointly selected for this proposal to begin to develop a national family health education campaign.

Audiences - The FHED staff felt that all the listed audiences are important to reach. Indeed, they felt that everyone over the age of 12 years is their target audience. Also, they would add religious, traditional, political and administrative leaders and teachers.

Subject Areas - FHED staff felt that voluntary sterilization was not an appropriate subject area, and that injectables could be left out. They liked the idea of a general material covering all contraceptive methods, but this could best be done in various parts, each covering a specific topic.

Messages - The FHED staff felt that all the listed messages were valuable, except the "use effectiveness ratings." This, they felt, was only useful as an academic exercise. Also, they would like to add the following messages:

- infertility issues;
- pregnancy and pregnancy problems;
- where to obtain family planning services and their cost; and
- the types of contraceptives available.

Languages - The best languages for national distribution are English, Yoruba, Hausa and Ibo. Pidgin English is not necessary. The materials should be developed in English and then translated, to facilitate the process. The texts should be simple with large lettering. The illustrations, especially of people, should be specifically designed for each language area. The FHED staff did not think audio-cassettes were a cost-effective idea, rather they suggested that radio broadcasting be utilized.

Methodology for the print materials project - The FHED staff felt that they should do all the development and pretesting themselves with technical assistance from JHU/PCS, and that subcontracting with an advertising agency would not be the best way to proceed. Printing of materials may be done locally or in the USA, whichever is better, easier, faster and less expensive.

To speed the development of the proposed print materials, the FHED agreed that a team of two expert consultants should be sent to Nigeria to work with them in November/December 1983. They would work with the team in message development in Yoruba, Hausa and Ibo language areas.

The FHED stressed that they felt that the print materials developed should be supported through radio, TV and/or newspaper announcements and programs. They felt that distribution of the print materials should be done with broader mass-media accompaniment to enhance their effect and increase their reach. This may be done through the careful development and implementation of distribution plans.

Family health education film project - This proposed effort was discussed at length, and two major decisions were reached: 1) the project should be a video project, not a 16-mm film project; and 2) it should be taken up after the print materials project has been initiated. It is more appropriate to focus energies on one effort at a time, and the print materials project is clearly the higher priority. It was tentatively decided that this project should endeavor to produce a series of social dramas in a popular-style format that would be shown on television. It is important that they be entertaining, interesting, inviting and educational. Most of the work would be done by professional scriptwriters, producers, actors, etc. under the guidance of the FHED, with MOH approval.

B. Development of the FHED print materials project

The bulk of the discussions was focused on the working out of a specific proposal for JHU/PCS funding. It was agreed to call the project the National Family Health Education Project. The project objectives and specific operational steps in the project were finalized, and a work plan schedule and budget were developed.

The FHED staff felt strongly that they must work in three pilot states, one in each language area, for the development and trial distribution of these print materials. Also, they wanted states that are easily accessible. They requested Oyo, Kaduna and Anambra, but as family planning services and training will not also be available in those states, they finally agreed to either Ondo or Ogun, Niger and Anambra for the Yoruba, Hausa and Ibo speaking areas respectively.

C. Approval of the FHED cooperating with JHU/PCS

The FHED functions under the Public Health Directorate, one of six Directorates in the MOH. Thus, the Permanent Secretary of the MOH and the Director of the Public Health Directorate must approve of any project activities carried out by the FHED.

The site visitors met with Chief Dr. Smith, Director of the Public Health Directorate and found him essentially in concurrence with proposed activities and plans as mentioned above. But, he said that the Permanent Secretary must also agree before the FHED can take the first step in the project, i.e., the message development activities planned for November/December 1983. The site visitors tried to meet with him on several occasions and were unable to obtain an appointment. Thus, a letter was written and hand delivered to the Permanent Secretary's office on September 30, 1983. The letter requested concurrence for the project and the pretesting activities. Also, it included a last attempt to procure permission for Dr. Laoye to attend the workshops in the USA which were held in October 1983. Permission was not received in time for the USA trip.

Recommendations:

1. JHU/PCS should send an expert team to work with FHED staff to research message needs in each of the three main language areas of Nigeria in November/December 1983.
2. JHU/PCS should develop a project proposal document for the development of print materials, etc. as discussed during this site visit, and then finalize this draft with FHED staff on the November/December 1983 message development site visit.
3. JHU/PCS should develop a TV social drama project with the FHED as soon as the print materials project is initiated.

2. DISCUSSIONS WITH THE KWARA STATE MINISTRY OF HEALTH

Introduction

The site visitors were in Kwara, October 2-6, 1983; during this period they met with:

Dr. David Olubaniyi, Project Director
Mrs. Florence Tolushe, Project Coordinator
Mr. J. D. Adeseke, Project Supervisor
Clinic staff at four of the seven initial project clinics:
Ilorin District Health Unit
Okelele Clinic
Ogidi Basic Health Clinic
Shao Basic Health Clinic
Dr. Adegboye and Dr. Tripathi, Consultants to the project
from the Department of Statistics, University of Ilorin
Dr. Mammah, Director of Curative Services, MOH
Dr. O. O. Fakeye, Department of Ob/Gyn, University of Ilorin
and Project Director of The Pathfinder Fund project in Ilorin
Permanent Secretary, Ministry of Health

The site visitors gave project staff copies of the "Five Year Plan for Family Planning Communication in Nigeria," a draft proposal document and the subagreement format with reporting requirements and general provisions. Also, the following items were brought back from the project: A survey questionnaire and interviewer instruction sheets, client record and visit cards, and a MOH organizational chart.

Meeting Agenda

A. Project activities since the June 1983 site visit.

During the last three months the several Nigerian national, state and local elections have been the focus of activity in Ilorin. Hence, there has not been a great deal of project activity, although the general acceptance of the project within the MOH has spread and increased over the period. The funds provided from CFSC have been almost exhausted; the few hundred Naira remaining in the bank account have been committed. Thus, no more outside donor funds are now available. The site visitors briefly reviewed the financial records and vouchers from the CFSC financial period, and all seemed to be well kept and orderly.

Six of the seven initial clinics are established and functioning. The seventh will be established within a few weeks. One clinic has been equipped for IUD insertion. Cupboards (for family planning commodity and IEC materials storage), file boxes and records have been procured for all seven facilities. Mr. Adeseko has been visiting the six operating sites one or two times per week.

The print materials are in various stages of development, but almost all are within a few days of completion of a typed Yoruba language version with locally appropriate graphics.

B. Family planning commodities.

The project has procured commodities and distributed them to the six sites as follows:

		<u>Quantities procured</u>	<u>Quantity Distributed</u>	<u>Balance on hand as of August 1983</u>
Oral contraceptives-Noriday (cycles)		1,000* and 1,200*	470	1,730
	Noridial	950*	147	803
	Ovral	50*	35	15
	Nordette	600***	310	290
IUD's -	Safe-T-Coil	200*	50	150 (but no inserters)
	Lippes Loop-"D"	200*	100	100
	Copper "T"	0	0	0
Condoms -		0	0	0
Foam -		0	0	0
Diaphragms -		0	0	0
Depo-Provera -		300****	125	175

Sources: * = PPFN

** = Dr. Fakeye's Pathfinder-funded project

*** = CFSC

**** = Population Crisis Committee

The project will soon procure condoms, more sizes of Lippes Loop IUDs, inserters and Copper "T" IUDs, and perhaps diaphragms and/or foam from Dr. Fakeye's project. Future re-supplies of all items appear to be secure, except Depo-Provera. The Kwara State MOH staff stated their intention to request Depo-Provera supplies from UNFPA.

All commodities are provided to clients at no charge, as are all other medicines at MOH facilities.

C. Print materials development.

The site visitors reviewed the status of each piece of print material developed to date. All the items have been translated from the original English to Yoruba, except the fever leaflet and two other leaflets that are now in the process of being translated at Radio Kwara.

Print materials have been developed on the following subjects:

<u>Posters</u>	<u>Leaflets</u>
Fever	Fever
Diarrhea	Diarrhea
Immunization (A)	Immunization (A)
Immunization (B)	Immunization (B)
Family planning/Economic security	Injectables
Breast-feeding	IUCD*
Family planning means healthy children	Oral contraceptives
Family planning, more good things each child	Ten important benefits of family planning
	Two leaflets of unknown subject matter at the translators

*Note: The term "IUD" is not used as people often confuse its meaning as "intrauterine death" instead of "intrauterine device."

Other subjects that were discussed that may need attention are:

condoms
foam
safe period
spacing/wife's "need to rest"

(A leaflet will certainly be developed on the condom before the next site visit.)

None of these items has been pretested in their Yoruba language versions. We agreed that it would be appropriate for JHU/PCS to send in a team of experts to assist in this process in November/December 1983. The team would help train 14 Senior Nursing Sisters in pretesting technique and would oversee their pretesting field work and its feedback.

The project staff said that there are 12 to 15 languages spoken in Kwara State, but that the most common are Yoruba, Ibara, Nupe, Hausa, Fulani, Igala and English. It was felt that during the second-year expansion of the project beyond Ilorin, Ibara and Nupe-language materials will be necessary.

CFSC has sent the project several hundreds of its CFSC English-language leaflets. Some of these have been distributed to the clinics for distribution to English-speaking clients, as no other materials are now available. CFSC also sent 200 copies of a book entitled "Contraception: A Guide to Birth Planning Methods." Ninety-two of these books have been distributed to MOH medical staff, and three copies were given to the local school of midwifery, to the tutors at the health technology school, and to a community health officer. The 50 copies of family planning flipcharts sent to the project by CFSC have not yet arrived in Ilorin.

Five thousand copies of the client record cards and client visit cards have been printed and are available for project use. Samples are now on file at JHU/PCS.

D. Project need for increased mass media usage.

Project staff feel strongly that more mass media support of the project is needed in addition to the radio spots previously planned. The revised version of the proposal includes: newspaper advertisements and TV announcements. Also, there is some provision for video production of training materials, or materials that could be shown to clients/potential clients on video monitors at clinics.

E. Project evaluation plan.

The project staff feel strongly that the project must be carefully evaluated to provide feedback to improve the project and so that its results can be shared with the other states of Nigeria and with other countries. Evaluation plans were discussed and finalized, and are reflected in the final proposal. Each step was discussed and what it will involve from the project and JHU/PCS. Most likely an evaluation expert will be needed to visit Kwara to finalize the evaluation plan (months 5-6) and to assist with the mid-project and end-of-project evaluations (months 11 and 24). The Project Director requested that JHU/PCS send him some examples of good evaluation plans developed for similar projects.

The site visitors met with the local consultants who helped develop and carry out the baseline survey. They were very positive about the survey, and felt that it was carried out in an acceptable manner. They trained the 14 interviewers in a three-day workshop and checked over about

five of each interviewer's completed questionnaires, and found their work consistent. One problem they raised was that the survey was carried out during Ramadan, which could have a negative impact, although not a large one.

The local consultants said that they would be happy to work with the project again in its future evaluation activities. But, due to their very busy schedule, they need several months advance notice before they can be available.

F. Visits to four clinics.

The site visitors, the Project Coordinator and the Project Supervisor visited the Ilorin District Health Unit, Okelele Clinic, Ogidi Basic Health Clinic and Shao Basic Health Clinic over a two-day period. The clinics varied widely from rural (20 Km from town center) to urban, and from large daily overall caseloads to small (about 2,000 to 200 clients per day). The largest facility had 400 staff with 205 nurses and the smallest had about 50 staff with 28 nurses. One clinic served a primarily Islamic area; another was in an area that was almost entirely Christian.

The numbers of family planning clients that have been registered since the clinic's opening in late July 1983 and hours of the family planning clinic for each facility visited are:

	<u>Number of family planning clients registered</u>	<u>Hours of the family planning clinic</u>
Ilorin District Health Unit	50	4-6 or 7 p.m. one day/week*
Okelele Clinic	54	Daily 7:30 a.m.-3:30 p.m.
Ogidi Base Health Clinic	29	Tuesdays 4-6 p.m.
Shao Base Health Clinic	30	Daily

*at first this was twice a week

All the clinics have an early morning health education talk for the assembled women and children waiting for service. This routine talk is usually about 30 minutes long and is led by a nurse/health educator. The talks cover nutrition (sometimes with a cooking demonstration), personal and community hygiene, child care, various diseases (depending on the season), and the benefits of child spacing and family planning. In some facilities family planning is covered almost daily in these talks, and in

some it is focused on once or twice a week. Usually these talks are done without visual aids, except an occasional cooking demonstration. Sometimes the posters on the waiting room walls are referred to. Every clinic had a good variety of posters from the state health education unit and from the FHED. Most of the posters were only in English.

We examined 30-50 patient record cards at each facility. All were for women. The average age was 27-32 years, and the average parity three to eight children. In most cases, a woman must visit the facility twice before she is given a contraceptive. The staff usually insist on seeing her menses and ensuring that she is not pregnant. They are very cautious about this. It is a new program and they want to make sure that no women start contraception and then discover that they are pregnant. They might feel that the contraceptive was ineffective.

The referral source listed for most clients was the nurse or midwife, (i.e., the morning health talks). It appears that the classification of referral source on the record card is inadequate for evaluation purposes. This is to be reviewed on the next site visit.

We met with six or seven of the fourteen nurses trained in the April orientation course. They all appeared to be motivated and capable staff. Most of them were also trained as interviewers in July and helped carry out the baseline survey. We discussed survey techniques, and all procedures appeared in order.

The MOH clinic staff pointed out several needs that they felt should be addressed to improve the project's performance. They thought that use of the mass media would bring in a greatly increased number of clients, and that print materials in Yoruba would be very helpful. Also, they expressed a need to reach men with the family planning messages. At present they talk to men only on home visits or in group talks at churches and other public gatherings. Also, several nurses requested IUD insertion equipment. (One facility had project-supplied equipment and another had IUD equipment from the local Pathfinder Fund-supported project).

Recommendations

1. That JHU/PCS should strongly recommend the proposal, work plan and budget as finalized during this visit for support by JHU/PCS, and that technical assistance be provided to the project in pretesting the Yoruba language print materials in November/December 1983, in the medical content evaluation of these materials, and in evaluation as previously mentioned. Further provision of technical assistance to the project in video production may also be considered. (This may be done in conjunction with the FHED project's video workshop.)
2. That JHU/PCS work out a methodology for analyzing the data gathered in the baseline survey as soon as possible. This will have to be done at JHU/PCS due to the lack of available computer facilities in Ilorin.
3. That JHU/PCS closely monitor the continued local procurement of family planning commodities and make sure that procurement continues smoothly. Also, JHU/PCS may provide assistance to the project in working with other donors to procure IUD kits or other commodities not locally available.

3. DISCUSSIONS WITH THE PLANNED PARENTHOOD FEDERATION OF NIGERIA (PPFN)

Introduction

The site visitors met with the following PPFN staff members on September 27, 1983:

Mr. Abayomi Fajobi, Executive Director
Mr. Marc Okunnu, Director of Programme

Planned Parenthood Federation of Nigeria
2 Akinmade Street
Anthony Bus Stop
Ikorodu Road
P.M.B. 12657
Lagos, Nigeria

The site visitors delivered a copy of the "Five-Year Plan for Family Planning in Nigeria" and two copies of the Family Planning Association of Hong Kong's family planning campaign on male responsibility. PPFN staff gave the site visitors a copy of their latest Planfed newsletter.

Meeting Agenda

A. Overview.

The status of the ideas and proposed projects in the Five-Year Plan were discussed, focusing on the parts of the proposed activities that were the highest priority. PPFN is primarily interested in support from JHU/PCS in their efforts in the following areas:

1. Development of indigenous-style family planning plays.
2. Male family planning programs.
3. Satisfied users/interpersonal communication efforts.

B. Family Planning Play.

PPFN has already made plans to develop a Yoruba language family planning play in the first quarter of 1984 (supported by funds available from other sources). They have contacted a local theater group who would write the script (in Yoruba) and develop it into a play. The total cost would be about Naira 2,500. The play would be focused on an urban/peri-urban audience, although the theme of the play would reflect the audience's roots in more rural Yoruba culture. The budget does not include the staging of the play, only its development. Staging costs would be covered by charging admission. Gate fees would be split by PPFN and the theater group to cover their costs. Thus, if the play is popular it will be shown often with no further financial support.

PPFN would like to request support from JHU/PCS to videotape the play. This would involve probably two cameras and some editing to fit the 1 1/2 to 2 hour play into a production suitable for a one-hour TV time-slot.

Furthermore, PPFN would like support from JHU/PCS to evaluate this play thoroughly. Then based on this evaluation, PPFN would develop two other similar plays in the Hausa and Ibo speaking areas of the country. These two plays would also be videotaped for TV and wider distribution. JHU/PCS would be requested to support the development and videotaping of these last two plays.

C. Male IEC Campaign.

PPFN will initiate a male family planning campaign in 1984 with their presently available funds. This campaign will work through the military, police and places of employment. They would be very interested in JHU/PCS participation in this effort. They will forward their proposed work plan to JHU/PCS as soon as it is finalized.

D. Satisfied Users.

PPFN also would be interested in JHU/PCS involvement in a satisfied users project. This would utilize interpersonal communication to enlarge PPFN's family planning user clientele.

Recommendations

1. JHU/PCS should consider working with PPFN in evaluating and video-taping its Yoruba play, and then continuing with parallel Ibo and Hausa plays. An outline proposal document may be prepared and then finalized during the next JHU/PCS staff visit to Nigeria in January/February 1984.
 2. JHU/PCS should follow-up PPFN's invitation to participate in its male family planning campaign. An analysis of the most appropriate areas of JHU/PCS involvement may be carried out as soon as the PPFN work plan for the campaign is received.
 3. JHU/PCS should pursue the idea of working further with PPFN on expanding and improving its utilization of interpersonal media. This may be done through the present 117 field workers and additional utilization of satisfied family planning users.
4. DISCUSSIONS WITH DR. L. K. WINDOKUN, ASSOCIATION OF FAMILY LIFE EDUCATION, IBADAN

Introduction

The site visitors met with Dr. Windokun on October 1, 1983, which was a Saturday and also National Day (i.e., the 23rd anniversary of Nigeria's independence). Dr. Windokun left the swearing-in ceremony of the new Oyo State governor to come to this meeting. The meeting included a visit to one of the project's Multi-purpose Centers.

The site visitors delivered to Dr. Windokun two 16-mm projector lamps (donated by JHU/PCS), a "Five-Year Plan for Family Planning Communication in Nigeria," a copy of the Population Reports issue on adolescent fertility, a copy of the recent Family Health International (FHI) study on adolescent fertility in Ibadan, Rocco De Pietro's family planning "magazine" for adolescents, and a copy of David Werner's book on teaching health methods.

Meeting Agenda

A. The situation of adolescents in Oyo State.

Our discussions began with a review of the situation of adolescents in Oyo State. The state has a population of about 7 million, of which 3.2 million are living in Ibadan. About 30 percent of the population are adolescents. Dr. Windokun's adolescent center programs reach about 50,000 adolescents per year. There is a large problem with unwanted pregnancy (see the FHI study for more details) and a great deal of illegal abortion, which is often accompanied with serious side effects causing sterility or other complications. It is worse for girls in school who become pregnant, since it means that they must leave school. This is often the end of their education. Dr. Windokun reports that about 2,000 adolescent girls in Oyo State will not be returning to school this coming term due to pregnancy. Also, sexually transmitted diseases (STDs) are a major problem. There is a great deal of gonorrhea and fungal infection, though syphilis and herpes are relatively rare. Treatment for gonorrhea is expensive, and many cannot afford the necessary drugs.

B. The Association for Family Life Education (AFLE) Program.

The Association for Family Life Education (AFLE) is registered as a non-profit agency. It has received grants from FPIA and The Pathfinder Fund. It has a board and membership. Dr. Windokun serves AFLE as Executive Director. AFLE has procured a great deal of community support and local contributions in addition to outside donor support.

Dr. Windokun organized AFLE in 1978 after his initial experience as President of the National Sports Medicine Association. In this position he became acutely aware of the unwanted pregnancy problem in school girls at sporting events. He resolved to address the problem in his home state, and so he formed AFLE.

AFLE is most visible in its five "Multi-purpose centers" serving the following zones: Ibadan; Eruwa; Ilesha; Oshogbo; and Oyo. The site visitors' visit to the Ibadan Multi-purpose Center is described in section C below.

AFLE also has an important outreach program of movie shows, plays, role-play events, and talks given in primary and secondary schools, churches, mosques and a wide variety of places. Also, radio, TV and newspapers have been used by AFLE to carry its message to the adolescents of the state. The program also uses its satisfied clients in a networking outreach effort and many are reached through informal word-of-mouth. Recently AFLE produced and videotaped a play in which four male and four female adolescent clients took the various roles.

AFLE has a movie and slide projector and a few films and slides. It is able to borrow additional films as necessary from local sources. AFLE uses Dr. Windokun's personal videotape equipment. The program has almost no locally produced print materials, although it has a collection of Planned Parenthood Federation of America (PPFA) family planning materials.

AFLE has volunteer nurse-in-charges in five divisions around the state. They coordinate activities in their division. Also, Dr. Windokun has many contacts in Eastern Nigeria and the other parts of the country with which ideas are/could be shared.

C. Visit to the Ibadan Multi-Purpose Center.

This Center was opened in November 1982. It is one of five such Centers in AFLE's program. Since then 2,165 adolescents have received services, and many more have visited this Center. About half these clients are male and half female. The average age is 17 to 20 years, and the range of ages is about 14 to 29 years. The registration book shows that clients appear to come in peer groups of three to five from the same address. Most clients request oral contraceptives or condoms.

This Center has a large stock of pills, condoms, IUDs, surgical gloves and some pregnancy testing kits. Also, it has just received medical kits, an autoclave, an operating table and lamp and height-weight machine, and the Center will soon offer mini-laparotomy services. The equipment and family planning commodities were supplied by Family Planning International Assistance (FPIA).

The Center has a supply of PPFA family planning materials and a small library. It has several posters from the state and federal health education units and from commercial sources.

The building is quite spacious and easily accessible from the main road. About 10 rooms are used by the project. The building is provided rent-free by the local community.

Services are available during a wide range of hours. The Center was even open on the Saturday and national holiday on which the site visitors visited. A few clients were present.

The Center often does not have any stock of drugs to treat sexually transmitted diseases (STDs). As the Chief Medical Officer of the government, Dr. Windokun is sometimes able to procure donations of drugs from the state, but this is not adequate to meet the need. Dr. Windokun figured that about Naira 56 (US \$76) was needed for an adequate course of drugs for gonorrhoea which is often more than the adolescent clients can afford.

The five Multi-purpose Centers are funded by FPIA at about US \$20,000 per year each, plus family planning commodities. There appears to be some difficulties in the continuance of this funding, and the staff have not been paid for several months.

D. Future Plans and Goals of the AFLE.

Dr. Windokun would like to see AFLE develop into a larger, more comprehensive health-care program for adolescents. This may happen through the implementation of two additional separate project activities:

1. An IEC campaign with locally developed materials; and
2. A continuing education center for pregnant school girls who have had to drop out of school.

(Note: Only the first of these is to be considered for JHU/PCS support.)

The site visitors discussed with Dr. Windokun his ideas on each of these projects. He sees the IEC campaign as a more unified and intensified version of the many efforts AFLE has already done in the area. He would like to have famous soccer stars speak out on the subject and to have IEC activities at soccer stadiums and the annual inter-state games competition. Also, a "hot-line" could be well utilized, as well as more intensive use of

"rap sessions." A locally developed family planning booklet is necessary to back up these activities and provide written follow-up information that is medically correct and complete, and in a form that is understandable, culturally appropriate and interesting.

This booklet might address the subjects that Dr. Windokun routinely covers in his talks to schools, etc. (physiology, premarital sex, homosexuality, STD, abortion, contraception, masturbation, love and intercourse). In order to progress towards self-sufficiency this booklet should be sold to adolescents at a price between one and two Naira, (which would be close to the cost price of the printing). Dr. Windokun estimated that AFLE could sell about 20,000 copies in the first year. The funds raised could be then invested in a second printing which would be sold, raising money for a third printing, etc.

Following the development of a campaign and booklet AFLE would carry out a week-long training of five trainers from each of the five divisions of the state. This training would focus on developing communication skills and the other skills necessary to deliver family planning services to this target audience. These trainers would then return to their divisions to train others. This workshop would be held mostly with locally available funding and contributions. An additional Naira 2,750 (US \$3,750) would be needed from outside sources to cover food, travel and printing costs for a one-week workshop. (Food N10 per day per head = N1,250; printing 10 pieces per head at N5 each = N1,250; and N10 each for travel = N250: Total N2,750). The training workshop would also benefit from the presence of an outside technical expert for the full five days.

The IEC campaign may be implemented state-wide for a year or so, then thoroughly evaluated. The campaign and its evaluation might then serve as the basis for a national workshop with representatives from the other states of Nigeria. The workshop would show them the Oyo State program and its impact and would encourage and assist them to adapt it to their States.

The IEC campaign project in total would cost about Naira 56,000 or US \$78,400 (assuming Naira 1 = US \$1.40). The budget breakdown would be approximately as follows:

Print materials development	N 1,000
First printing	30,000
Training workshop	2,750
Evaluation	2,250
Workshop	<u>20,000</u>
Total	N 56,000

The Continuing Education Project envisioned by AFLE would consist of a Center for 12 to 15 high school girls aged 13 to 19 years who are pregnant. The Center would provide them MCH, family planning and vocational training as a demonstration project. The objective is to shelter them from the degradation and exploitation which often follows unwanted pregnancy. This Center would prepare these girls with MCH/family planning knowledge to care for their infants and prevent further unwanted pregnancies. Also, it would train them in saleable skills such as tailoring, typing, weaving and knitting so that they could secure employment and become productive members of society. Appendix B summarizes the funding needed for the Center.

It is important to have this Center as an integral part of a comprehensive adolescent health care effort. It is not a large project, but it provides necessary balance to the entire array of adolescent-fertility-related activities. It is important to the image and stature of the AFLE to have this Center. AFLE has been a pioneer in addressing the very sensitive issue of adolescent fertility in Nigeria. This Center is a necessary part in strengthening AFLE as a role-model and as an advocacy agency.

Recommendations

1. JHU/PCS may arrange help to facilitate the coordination of donors to exchange information and arrange for the continued support of AFLE's present activities and the support of the two proposed projects summarized above.

2. JHU/PCS should assist AFLE in the development of a locally prepared booklet for adolescents. This must be done using careful message development, audience analysis and pretesting. This research in itself would be an important contribution to understanding more fully about adolescent fertility in Nigeria.
3. JHU/PCS should provide information to the International Women's Health Coalition and the Population Crisis Committee on AFLE's needs for the establishment and operation of a Continuing Education Center and in the procurement of funds for drugs for STDs. Support for these activities is important so that AFLE may work towards providing comprehensive adolescent health care delivery, which would serve as a solid base for their IEC efforts.

5. DISCUSSIONS ABOUT THE NIGERIAN EDUCATIONAL RESEARCH COUNCIL'S
POPULATION EDUCATION PROGRAM

Introduction

The discussions about the Nigerian Educational Research Council's (NERC) Population Education Program were held on September 23, 1983 with the following people and agencies:

Mr. Joshua Akintola, Executive Secretary, and Mr. F. A. Akinlaye,
Principal Education Research Officer

Nigerian Education Research Council
No. 3 Jibowu St.
Yaba, Lagos
Tel: 862269, 862272

Mr. James Kuriah, Program Officer (on temporary loan from
UNFPA/Kenya) and Mr. George Nsiah, Program Assistant, and
Dr. Seihko, UNFPA

11 Queens Drive
Ikoyi Island
Tel: 683690

Mr. Calloway, UNESCO (executing agency for the UNFPA-funded NERC
Population Education Project)

10 Okotie - Eboh Road
Bungalow II
P. O. Box 2823
Lagos
Tel: 684037

The meeting with the NERC staff was in follow-up to Steve Smith's July 28, 1983 letter requesting an appointment. Also several local IEC agencies had suggested that JHU/PCS coordinate with NERC, since its Population Education Program is a significant effort in the FP/MCH IEC field.

During the discussions with NERC and in post-trip mailings the site visitors supplied NERC with copies of the following documents:

- "Five-year Plan for Family Planning Communications in Nigeria."
- "Sexual Behavior, Contraceptive Practice and Reproductive Health Among the Young Unmarried Population in Ibadan, Nigeria."
- The RAPID presentation for Nigeria
- A full set of past issues of "Population Reports" (NERC is to be put on the mailing list for future issues).

NERC gave the following documents to the site visitors:

- The Table of Contents of the Population Education Resource Book
- "Population Education Programme for Nigeria, a UNFPA - Assisted Project"
- UNFPA Project Progress Report January 1, 1983 to June 30, 1983
- The UNFPA Project No. NIR/83/P01 project document
- Also from the Planfed News, a publication of the Planned Parenthood Federation of Nigeria, "An Overview of the National Population and Family Life Education Project for Nigeria," by F. A. Akinlaye

Meeting Agenda

The site visitors began the discussions with a brief summary of JHU/PCS and its activities in Nigeria. Mr. Akintola endorsed JHU/PCS plans to work in an integrated manner, including MCH with family planning in IEC activities. He also recommended strongly that for maximum distribution, interministerial coordination should be developed and utilized.

The NERC Population Education Program is to be implemented by NERC, a parastatal organization. UNESCO is the executing agency and UNFPA the ultimate source of funds. Several committees have been formed and have begun their operations. The most active committees are the Population Research, Development and Evaluation Subcommittee (which has commissioned six studies, one of which is now complete), the Population Education Awareness Subcommittee, and the Population Education Curriculum Development Subcommittee. Several IEC materials have been drafted, a logo has been finalized and the population education resource book has been outlined in detail. About Naira 157,000 has been

expended on the project. No funds have been received from UNFPA yet. Provision of these funds apparently will await the arrival of the expatriate technical advisor. This person's actual arrival may be 1 to 2 years in the future.

The NERC population education activities are focused to produce maximum results in the year 2000. It is a long-term project with long-term goals. It includes very little specific information on family planning or contraception.

The NERC Population Education Program appears to be functioning and making significant accomplishments toward its goals. The arrival of the resident expert will be a very positive step forward for the project. He/she will be able to work from the foundation of the established committees and NERC's initial efforts to help the project move ahead. Assistance in strengthening IEC methodology will also improve the project's effectiveness. Also, the relationship between NERC and the National Population Commission needs to be clarified and strengthened.

Recommendations

1. JHU/PCS should work with UNFPA/UNESCO/NERC to the extent possible to ensure that a qualified expatriate expert is posted to the project as soon as possible. Undue delay in posting this person may slow down the project's implementation and decrease its output and effectiveness.
2. JHU/PCS should maintain a liaison and close coordination with NERC and several of its sub-committees to share information, plans, materials produced, market research and analyses.
3. Many of the needs identified in the USAID/Lagos cable, Lagos 10684 dated September 15, 1983 which essentially focused on curriculum development, materials development, teacher training, and population education program implementation in various learning institutions appear to be addressed in the NERC Population Education Program. Two needs that may not be addressed completely are:

- a. Development, production and distribution (in and out of school) of family planning IEC materials for adolescents on reproductive health and contraceptive-specific topics; and
- b. Development of means to reach the rural, non-school population, especially adolescents, with FP/MCH IEC.

6. DISCUSSIONS WITH UNFPA/NIGERIA

Introduction

A meeting was held on September 25, 1983 with UNFPA representatives James Kuriah, Program Officer (on temporary loan from Kenya); George Nsiah, Program Assistant; and Dr. Seihko. We discussed JHU/PCS plans and activities and the UNFPA program in Nigeria.

Current UNFPA/Nigeria Activities:

1. Large projects in Niger and Sokoto states
2. Pilot projects in three states--Ondo, Ogun and Borno--which were started at the end of 1981
3. Plans are underway to produce a project monitoring manual
4. A UNFPA technical review mission is scheduled for October-November 1983 with Dr. Keller and Dr. Lisber.

The programs are dealing with MCH, with family planning to come later. IEC does not receive priority at present.

Recommendations

1. JHU/PCS should maintain liaison with the UNFPA/Nigeria office.
2. JHU/PCS should contact the UNFPA Technical Review Mission team to brief them on JHU/PCS plans and activities and to request a copy of their report. (This was done October 25, 1983.)

7. DISCUSSIONS WITH THE BIO-MEDICAL COMMUNICATIONS CENTER, IBADAN

Introduction

A meeting was held with Dr. Anafelaje, Director of the Biomedical Communication Center, College of Medicine, University College Hospital Ibadan, Oyo State, Nigeria on September 30, 1983. Mr. John Boone, JHU/PCS Consultant was the only JHU/PCS representative at the meeting.

Current Activities of the Bio-Medical Communications Center

The Center provides integrated development support communication services for the African Regional Health Education Center (ARHEC) of the Department of Preventive and Social Medicine of the College of Medicine, University of Ibadan.

The Director of the Center lectures at the University College Hospital and oversees the video, photo, and illustration production department. All three video standards are accommodated here (NTSC, PAL, and SECAM). Two video programs--one on a brain surgery operation and the other an on-location production--were viewed and found to be very well done.

The Center is available to do outside consulting work on a fee-for-service basis.

Recommendations

1. JHU/PCS should continue liaison with this Center as an affiliate organization of the ARHEC and should investigate its possible involvement in several potential JHU/PCS-supported projects in Nigeria. These may include engaging the Center to:
 - a. Produce the videotapes of the PPFN plays;
 - b. Be the site for the video workshop of the FHED project; and
 - c. Be involved in other video productions and in the development, pretesting and/or production of other family health IEC materials.
2. JHU/PCS may work with the Center and ARHEC to strengthen the training of health education students in family health IEC.

8. DISCUSSIONS WITH UNICEF/NIGERIA

Introduction

The site visitors met with Gary Gleason, Project Support Communication Officer, twice and with Richard Reid, Deputy Representative, once during the site visit at the UNICEF/Nigeria office, 26/28 Marina (Ports Authority Building), P. O. Box 1282, Lagos. Also they met Mrs. Urhe Bialouwu, editor of the Kiddie Times, 16 Sam Shonibare Street, P. O. Box 2739, Surulere, Lagos, a UNICEF supported publication. She was very interested in learning about family planning, and especially in using her magazine as a vehicle for reaching women and rural audiences. Some basic contraceptive brochures and information was sent to her, via UNICEF, in a post-trip mailing. Also as materials are developed locally they will be forwarded to her for inclusion in the Kiddie Times.

The site visitors delivered to UNICEF, a copy of the "Five-Year Plan for Family Planning Communication in Nigeria," the FHI study on adolescents in Ibadan and several diarrhea management/oral rehydration booklets from various countries to use as prototypes in their upcoming national diarrhea management conference (now scheduled for March 1984).

Meeting Agenda

JHU/PCS plans and strategies for Nigeria were reviewed and discussed, and much useful information was exchanged. Three central areas for specific coordination between UNICEF/Nigeria and JHU/PCS were identified:

1. Diarrhea management - UNICEF is supporting a large national conference on the subject which will address IEC needs for disseminating relevant messages to the Nigerian public. The conference would be a good starting point for audience analysis and message design for the diarrhea management/oral rehydration therapy print materials planned to be developed under the proposed FHED project.
2. Video - The UNICEF Project Support Communication Officer is very knowledgeable in the subject area, especially in video applications in Nigeria. He would be a valuable resource person for the proposed video workshop to be held under the FHED project. Also he could help in planning and evaluating the workshop. UNICEF might also be able to support the attendance of several observers to the workshop. Finally, UNICEF could be helpful in video equipment selection and procurement.
3. Reaching Rural Audiences - UNICEF/Nigeria now has extensive TBA and water projects in several rural areas, especially in Borno and Kaduna States. They have developed TBA IEC kits which include family health materials. Also they are actively involved in working with agriculture extension agents. Their experience and expertise in working with rural based interpersonal communicators is a valuable knowledge base from which JHU/PCS could begin to develop efforts to reach rural audiences.

The site visitors met briefly with the UNICEF/Nigeria Deputy Representative. He is very supportive of family planning and was very interested in JHU/PCS plans and strategies for Nigeria. UNICEF/Nigeria has been active in Nigeria for many years, and the staff is very willing to share the information and experience that they have accumulated.

Recommendations

1. JHU/PCS should encourage a representative from the FHED to attend the planned diarrhea management conference to gather information on messages and audiences and to coordinate with others in diarrhea management IEC efforts.
2. JHU/PCS should cooperate with UNICEF/Nigeria on the planned video workshop to be held under the proposed FHED project.
3. JHU/PCS should continue a close liaison with UNICEF, sharing information and plans on Nigeria IEC activities.

9. DISCUSSIONS WITH USAID/LAGOS

Meetings were held with Ms. Keys MacManus September 22 and October 7, 1983. The site visitors gave USAID several copies of the "Five-Year Plan for Family Planning Communication in Nigeria," the Nigeria Contact List, two copies of the Oral Rehydration Therapy issue of Population Reports, and copies of University of Ibadan master's theses on sex education in Nigeria and on the Yoruba husband's role in family planning decisionmaking. Also, a great deal of other information was shared about the family planning situation in Nigeria.

The US Embassy was generous in providing support for the site visitors which greatly increased the effectiveness of the trip. Nigeria is a very difficult country to work in. The US Embassy's logistic support was invaluable in helping the site visitors function more easily.

The site visitors would like to extend their thanks to Keys MacManus for this support and for her taking time from her very busy schedule to provide them guidance and support in the JHU/PCS project development.

10. UPDATE OF THE OVERALL FAMILY HEALTH COMMUNICATION STRATEGY FOR NIGERIA

Introduction

This was the second JHU/PCS site visit to Nigeria. During the first visit, May 31 - June 21, 1983, a "Five-Year Plan for Family Planning Communication in Nigeria" was drafted. This present site visit was to take the first step towards implementing that plan, i.e., to initiate the development of country projects along the guidelines laid down in the plan. Because the funding currently available to JHU/PCS is far less than that required for the full implementation of the plan, projects were prioritized and scaled down to fit the funds available.

During the course of this second site visit, the strategy previously outlined was reviewed. No major changes were found to be necessary, but several minor modifications and clarifications were made, as described in the following section.

Contextual Approach

The basic "two-pronged approach" of working with government and non-government organizations is still recommended. The government projects, though, should be approached from both the federal and from the state levels. The states are the actual implementers in Nigeria, but the Federal Health Education Division (FHED) of the Federal MOH can function as a development support communication unit to assist the states and to work interministerially at the federal level. The states can do the client-centered implementation. They know their clients well (e.g., the culture, languages, and what is acceptable to them). Thus, it is important to cooperate both with the federal and state governments. This is the first priority of JHU/PCS, as illustrated by the first two project proposals which are being prepared with the Kwara State MOH and the FHED.

Also, it is important to work with non-governmental organizations, especially for the more direct approach (non-integrated), and for working with specific audiences. JHU/PCS proposes to work with the Association for Family Life Education (AFLE) and the Planned Parenthood Federation of Nigeria (PPFN) in the second phase of projects to be finalized on the next trip to Nigeria.

Audiences

The first priority audience is still clearly clients and potential clients. There is a great lack of available information on family planning matters in Nigeria. Thus, this is the most important group to reach as soon as possible.

Adolescents and men are the second most important audiences. They are very clearly in need of messages on family planning. Adolescents appear to be quite sexually active and often resort to abortion or drop out of school due to pregnancy. A recent study has shown that often they do not know where to obtain contraceptives, or that they are overly fearful of side effects. These issues can be addressed through family planning information, education and communication (IEC). Men are the decisionmakers in the family, and thus need to be reached with the family planning message.

The third priority audiences appear to be rural and minority language groups. Little is known about these groups at this point, but it appears that they are going to be inadequately reached through the other efforts now planned.

The first Kwara State MOH and FHED projects focus on the highest priority audiences, and the second phase of projects planned with PPFN and AFLE will focus on reaching adolescents and men.

Message Needs

It is anticipated that the coming site visit to Nigeria to work with the FHED in the three major language areas in November/December 1983 will report on the message needs in Nigeria. But research in this area is very much needed.

Media

Interpersonal communication is still clearly the most important medium for reaching the people. The Kwara State MOH and FHED projects will work to train government health educators in interpersonal communication techniques.

Print media are also important, especially for clients and potential clients. Print will be the main medium utilized in the Kwara and FHED projects. Also, it will be the central medium in the AFLE project for adolescents.

Mass media--i.e., radio, TV and newspapers--are the most efficient way to reach out to a broad audience. All projects will have a mass media component.

Traditional or indigenous media may hold a great deal of potential, although in Nigeria's society, with as many as 250 different language sub-groups, few traditional media have been determined that are utilized broadly. The proposed project with PPFN doing indigenous-style plays is one such medium that may work.

Specific projects

In summary of this strategy update, the site visitors' best recommendation at this point in time is the following approximate phasing of projects:

First phase of projects--initiation in early 1984

- Kwara State Family Health Project with the Kwara State MOH-- a state-wide comprehensive approach focusing on clients and potential clients.
- National Family Health Education Project with the FHED-- development of print materials for clients and potential clients with some national distribution, but with three pilot states as the main distribution trial areas.

Second phase of projects--initiation in mid-1984

- PPFN's indigenous plays project--plays to be staged and video-taped in the three main language areas of Nigeria.
- AFLE--an adolescent-focused project to produce a booklet for state-wide distribution in Oyo state.

Third phase of projects--initiation mid to late 1984

- PPFN male-oriented project.
- FHED video social drama project for television broadcasting.

Subsequent projects--for initiation in 1985 and later

- PPFN interpersonal media/satisfied user project.
- Expansion of the National Family Health Education Project--i.e., working with more states and more printing.
- Several others that are not yet developed, including working with rural audiences, traditional birth attendants, radio listener groups, agriculture extension agents and schools, market women, pharmacists, and with video as a medium and expanding and continuing the previous projects.

This phasing of projects is only a tentative guide to the timing that seems the most appropriate as of the end of the site visit. This guide is based on a myriad of assumptions, several of which may not remain true. Most certainly things will change as new developments and unforeseen events enter the calculations.

The availability of funds appears to be the major constraint at this point. It may be possible to fund the aforementioned first three phases of projects with current resources, although the timetable may have to be stretched out. Unless more funds become available, the subsequent projects, including the necessary continuation and/or expansion of the first few projects, cannot be undertaken.

Cooperation with Other Donor Agencies

One theme that came up again and again throughout the course of this trip was cooperation and coordination with other donors. There is a need to maintain close communications with UNICEF/Nigeria which has been working in Nigeria for a long time and has much experience doing communication projects there. UNFPA will soon have a resident Deputy Representative and will place an expert at NERC; it is important to maintain contact with them. The World Bank is planning several state-level efforts, especially in Anambra, that may include family health IEC. The World Bank projects are large, and much information can be exchanged with their staff members. Also, The World Bank is sending technical missions to Nigeria at a rate of

several per month. Of paramount importance is coordination with other AID-funded intermediaries. The mechanism of the AID office in Lagos is central to this effort, but still constant communication must be maintained in the USA, especially with The Pathfinder Fund, FPIA, CDC, JHPIEGO, INTRAH, CEDPA, and the Columbia University Center for Population and Family Health.

Recommendations

1. An in-country AID intermediary office should be set up soon. This office would be a pivotal point for donor coordination, and JHU/PCS should do everything possible to facilitate its establishment.
2. JHU/PCS should continue to maintain a close relationship with the other international donor agencies involved in Nigeria, sharing information and documents and meeting with them regularly both in one-to-one meetings and at larger coordination meetings.
3. JHU/PCS should continue to work within the guidelines of the original Nigeria family planning communication strategy with the minor modifications as stated above. Also JHU/PCS should endeavor to develop and initiate country projects as indicated on the recommended schedule at the most rapid pace possible. In order to carry out these ambitious plans, JHU/PCS staff should visit Nigeria on a quarterly basis and technical consultants should be sent out four to six times per year.
4. JHU/PCS should cooperate closely with AID/Washington and USAID/Lagos in trying to secure additional funds for its planned activities in Nigeria. About \$4 million is needed for family planning IEC programs in addition to the \$900,000 budgeted by JHU/PCS for Nigerian activities over the next four years.

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER

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

Appendix A

September 1, 1983

Dr. J. Ade Laoye
Assistant Director
Federal Ministry of Health, Lagos
Federal Health Education Division
Onikan Health Center
Lagos, Nigeria

Dear Dr. Laoye:

As I mentioned in my last letter, I am planning to return to Nigeria soon. I will be coming with Mr. John Boone, who is a technical expert on international development communication. The schedule has now been drafted and I am planning to be working in Lagos September 22-30 and again October 6-8. If possible I would like to request to meet with you and your staff to further develop our past conversations into some concrete project proposals.

Unfortunately, I have not been able to find adequate funds for all the projects that we discussed at our last meeting at the Ministry of Health, so we have had to try to focus on the most important of the proposal activities. So far that appears to be the film and print materials projects, but I would like to discuss priority setting with you as the first order of business.

If indeed we do agree that the film and print materials are the most important projects to be addressed by the Federal Health Education Division, then there are many points about each which we would need to discuss and hopefully finalize during my brief visit. To make things as easy as possible I would like to list below a number of points that we need to decide upon for each project. Perhaps you or your staff could start gathering information about these points, so that our discussions could go as smoothly and quickly as possible and that we could develop high-quality, detailed and accurate proposal documents.

Print Materials Project

(This is the development, printing and distribution of several printed leaflets, etc. about various contraceptives and maternal-child health interventions, e.g. a one-page handout on the IUD or oral rehydration.)

1. What is the target audience?

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- Women in MCH or OPD clinics?
 - men, husbands?
 - potential FP/MCH clients?
 - actual FP/MCH clients?
 - service delivery personnel?
 - some mix of the above?
 - geographic areas?
 - adolescents or only married couples?
 - ages?
2. What subject areas should we develop items on? For example, the pill, the IUD, condoms, foam, a general one on various contraceptive methods, one on oral rehydration therapy (ORT), immunization schedules, etc.?
 3. What messages are necessary?
 - side-effects, warnings and how to handle them?
 - use effectiveness ratings?
 - how to use the contraceptive method/ORT?
 - religious factors?
 - health benefits?
 - pregnancy problems in very young women?
 - sexually transmitted diseases?
 - breast-feeding promotion?
 - other messages?
 4. What languages should be used?
 - English, Yoruba, Hausa, Pidgin English, Ibo, others?
 - Do we develop all in English and then translate to other languages or do we develop some items in local languages for specific audiences?
 - Should some items be done without words for non-literate audiences?
 - Should the texts be simple, local dialect?
 - Should we think about accompanying audio tape-cassettes? costs?
 5. Should the same illustrations and graphics be used for all the different translations or should we use different pictures for some audiences?
 6. How shall we develop and pre-test these items? Where? At what costs? Shall we use outside contractors, advertising agencies, market research firms, etc. to carry out parts of the process? If so, what do they cost?
 7. What are printing costs? Where shall the printing be done? How long does it take?
 8. How long will it take to develop these items? It appears that there may be a need to produce these items on an urgent basis in order to have them ready for distribution together with the contraceptive commodities in January 1984. Can that deadline be

met without compromising the quality of the items? What can we do to speed up the development process while maintaining the highest possible quality? One suggestion has been for Population Communication Services to send out a consultant in November 1983 to work with you on the development. But funds will most likely not be available until two months after the final document is submitted to our funders, i.e., by the end of 1983 or early 1984. What do you think can be done given these constraints and deadlines, to get the items well-developed and printed?

9. Distribution Plan.

Family Health Film Project

1. What is the intended audience?
 - general public?
 - married women?
 - opinion leaders?
2. What is the distribution system for the film? Will this system reach the intended audience? Can we use the Ministry of Education and/or Information distribution systems as well? Can we use TV? Who will these systems reach?
3. What messages do we want to have in the film? Child spacing, immunization and oral rehydration? Can these three messages all be put in one film? Should we make more than one film, in a series, etc?
4. Shall we make the film in a documentary style or a popular style format?
5. What languages shall we make the film in originally? English? Then dub in Yoruba, Hausa, Pidgin English, Ibo, others?
6. Who should actually write the script? Should we have a group to approve of the script? Who? Costs?
7. Who should direct and shoot the film? Where should it be shot? Where should the editing and cutting be done? Should we bring in outside experts, camera men, director, etc? Can we utilize the facilities of UCH in Ibadan? Costs?

I am sorry to be so full of questions, but I want to briefly express some of the ideas and concerns that we will need to address during my short visit to Lagos. I hope this forewarning is useful to you to help you and your staff begin to think about what we shall be discussing.

I look forward to seeing you soon.

Sincerely,

Steven C. Smith
Regional Program Coordinator
Population Communication Services

SCS:des

cc: Dr. Keys MacManus, AAO, US Embassy, Lagos

P.S. I am sending you a second copy of this letter two days apart in case the first one gets lost.

FUNDING NEEDED FOR AFLE CONTINUING EDUCATION PROJECT CENTER

The Center would be established in donated quarters and many of the staff would be volunteers from social and religious groups and retired civil servants. Six paid staff members would be needed:

1 Administrator N350/month

6 Tutors N120/month = 720/month

1 Messenger 125/11/25/month

1 Night Watchman 125/125/month

Total N15,840 per year or US \$22,200, assuming N1 = US \$1.40

Locally procured equipment and furnishings needed would include:

4 Typewriters @ N650 = 2,600

20 Tables @ N20 = 400

20 Chairs @ N25 = 500

Total N3,500 or US \$4,900,

assuming N1 = US \$1.40

Thus, the total outside funding required for the establishment and operation of the Center for the first year would be N19,340 or US \$27,100. A sliding scale of fees would be charged for the training according to the ability of the girls to pay. It is planned that funds thus accumulated, plus any earnings from the sale of the products/output of the training would cover about half of the required staff salaries for the second year. Thus, it is estimated that second year outside fund requirements will be about N8,712 or US \$12,200 (allowing for a 10% raise in wage levels).

Only about a quarter of salaries would need outside support in the third year, i.e., N4,750 or US \$6,700, again allowing for a 10% increase.

In summary, the outside funding required would be:

Year 1 - \$27,100

Year 2 - \$12,200

Year 3 - \$6,700

This is assuming that the many sundry total costs not included in this brief outline would be covered through local donations. It may be noted that Dr. Windokun appears to have a very good track record in raising money and in-kind contributions locally.