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**FAMILY PLANNING MANAGEMENT
DEVELOPMENT
AND
PLANNED PARENTHOOD FEDERATION OF
NIGERIA**

MANAGEMENT DEVELOPMENT PLAN

FAMILY PLANNING MANAGEMENT DEVELOPMENT

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Family Planning Management Development and Planned Parenthood Federation of Nigeria

Management Development Plan

I. BACKGROUND

The Planned Parenthood Federation of Nigeria (PPFN) has played a leadership role in providing family planning advocacy, services, and commodities since 1964. It has a national network of state organizations and a broad resource base comprised of core-paid staff augmented by a large cadre of volunteers who serve in many capacities throughout the organization.

In the years since 1989, PPFN has been working within a political climate increasingly hospitable to the aims of family planning. In 1989 Nigeria announced a National Policy on Population with explicit and ambitious goals for reducing Nigeria's overall fertility rate and population growth. Given PPFN's experience, network, and the current political climate, it is in a position to expand and promote its provision of safe, acceptable, and quality family planning services and to play an even more dynamic leadership role to other NGOs.

PPFN is now eager to expand its role in the national program through expansion and improvement of its service delivery, development of its IEC and marketing capability, and expansion of its role in IEC training. To achieve this, in a country as diverse and dispersed as Nigeria, PPFN will need to substantially enhance its management capability to support these activities.

To accomplish the goals of expansion and improvement of service delivery, three major cooperating agencies (CAs) have been identified to work with PPFN in three integrally related areas. These are Johns Hopkins University/Population Communications Service of the Family Health Services Project (PCS/FHS), Pathfinder International (Pathfinder), and Management Sciences for Health through its Family Planning Management Development project (FPMD). In addition, other CAs such as the Association for Voluntary Surgical Contraception (AVSC) and Africare have or will have projects with PPFN. Furthermore, as a full member of the International Planned Parenthood Federation (IPPF), and as the largest donor to PPFN, IPPF closely monitors and plays a significant role in PPFN activities. A brief description of the roles identified for each of the major CAs follows.

Pathfinder International

Pathfinder has had a long-term presence in Nigeria prior to and through the Family Health Services (FHS) project. Like FPMD's role, the role of Pathfinder in the project with PPFN is *to increase acceptance and use of safe effective FP methods through expansion and improvements of quality of service delivery in Nigeria*. It will do this through: (1) physical upgrading and equipping of clinics throughout the country; (2) adaptation of the national standards of practice for PPFN; (3) development of supervisory tools for use with service delivery points; (4) training of service providers in contraceptive technology and counseling; and (5) funding of key staff positions within PPFN to upgrade quality assurance. These positions include zonal program officers and a quality assurance officer in headquarters.

The objectives of Pathfinder activities closely parallel, and often are identical with, those of PCS/FHS and FPMD. This is because the activities of each are complementary and mutually supportive. Improved service delivery will occur when trained and motivated providers have adequate facilities, equipment, and commodities with which to provide services, when PPFN can communicate the messages of family planning in an even more positive way from the clinic to the wider community, and when supervision, feedback and overall management are supportive to this effort. Toward this end, the activities of Pathfinder, PCS/FHS, and FPMD are being planned together, and where possible will be conducted jointly to ensure coordination and maximum impact.

Expanded and improved service delivery are the ultimate objectives of Pathfinder, PCS/FHS, and FPMD activities. Since service delivery is the central focus of Pathfinder activities, it will assume the overall responsibility to coordinate activities of the three major CAs.

Johns Hopkins University/Population Communications Service (PCS)

The Johns Hopkins University/Population Communications Service (PCS) has had a long-term presence in Nigeria through the Family Health Services (FHS) project. The new PCS/FHS activities with PPFN will assist in expanding its service delivery through: (1) strategic positioning of PPFN as "*provider of safe, satisfactory, quality care at affordable prices*"; (2) a decentralized IEC campaign in agreed upon emphasis states; (3) the development of an IEC training center for PPFN staff and for training other agencies' staff on a contractual basis to raise revenue; and (4) the development of a media materials center, where media materials will be collected and made available to Nigerian public and private sector health and family planning organizations.

The market niche which has been identified for PPFN is that of clients who are willing to pay for quality family planning services, but may not be able to afford a private physician, clinic or hospital. There is evidence that PPFN clients often come from this group. Because the focus of the marketing strategy is **quality**, and because the most important source of client information and referral is satisfied PPFN clients, it is critical that the client perception of service quality

meets their expectations. Consequently, the PCS project is integrally related to service delivery improvement, since improvement in quality services should not be marketed to consumers before they can be delivered.

Family Planning Management Development

The Family Planning Management Development project of Management Sciences for Health will work with PPFN to develop the management capacity of PPFN at the clinic, state and national level. There are seven components of FPMD's activity: (1) clinic management; (2) logistics; (3) operational planning; (4) personnel management; (5) financial management/cost recovery; (6) information systems; and (7) strategic planning. For each of these areas, the focus of the interventions will be on how improvements in basic management systems can facilitate the expansion of services and the improvement of quality at the service delivery sites.

International Planned Parenthood Federation (IPPF)

The International Planned Parenthood Federation (IPPF), currently provides nearly 70% of PPFN's operating income (1991 audited figures), and therefore has a significant say in how PPFN is managed and the types of activities in which they engage. The structure of PPFN, and many of the management systems (accounting, service statistics) are approved by, and often determined by IPPF. For this reason, IPPF must be kept apprised of any management changes which are being proposed by PPFN and FPMD. Systems which are developed will need to suit the requirements of both PPFN and IPPF.

II. GOALS AND OBJECTIVES OF FPMD PROJECT

The general, shared goals and objectives of the project were identified at the work planning meeting held March 16 - 18, 1993 in Lagos with PPFN, Pathfinder, PCS/FHS, AID, FMOH, Africare, AVSC, and FPMD staff. The objectives that were identified reflect a focus on expansion and quality of services. In addition to these objectives which are shared by all of the participating organizations, there are also objectives for each of the set of activities identified for each respective CA. These more specific objectives are presented in separate, detailed documents for each of the major CAs.

General goals

To increase the acceptance and use of safe, effective family planning methods through expansion and improvements of quality of service delivery in Nigeria.

Objectives:

Expansion:

1. Increase the number of new family planning acceptors
2. Increase continuation rates of acceptors
3. Increase total FP users
4. Increase CYP with increase in long term (LT) methods
5. Increase program sustainability

Quality:

1. Provide optimal choice of methods
2. Provide optimal information to users
3. Increase number of voluntary satisfied users
4. Improve technical skills of service providers
5. Increase continued use of contraceptives among clients
6. Increase Long Term effective methods
7. Increase safe use of contraceptive use among clients

III. PLAN OF ACTIVITIES

A. Clinic Management

The Family Planning Management Development project's approach to project implementation is to work closely with PCS and Pathfinder in developing a quality service delivery system. Thus, a major focus of FPMD work will be to strengthen the management systems at the clinic level where the service delivery actually will take place. Activities which were identified at the workplanning meeting (Lagos: March 16 - 18, 1993) include:

- Review and update client information system for Quality Assurance
- Review and update service information system
- Develop and implement monitoring tools & feedback system
- Develop client referral and follow-up system
- Train clinic staff in basic management including:
 - client flow analysis using the COPE methodology
 - personnel management including motivation of staff
 - supervision
 - transportation and logistics
 - money management

Additional activities which have been identified by PPFN include:

- Development, implementation, and monitoring of supervisory protocols
- Development, training, and monitoring of operations manuals for clinics.

As an initial step in this intervention, a survey of equipment, physical facilities, and staff training was done at 43 PPFN clinics. This study was done jointly by PPFN, Pathfinder and FPMD.

Inputs:

All FPMD clinic management activities would be done jointly with Pathfinder.

1. Two trips by clinic management consultants
2. Four-day workshop for 30 people to develop operations manual
3. Four-day workshop for 30 people in basic management skills
4. Assistance from consultants in finance, MIS, logistics, personnel in development of clinic based systems

Outputs:

1. Integrated client data system which includes service statistics, follow-up, and referrals
2. Operations manuals for use at PPFN clinics
3. Staff from each "A" and "B" PPFN clinic trained in basic clinic management tools

B. Logistics

PPFN has identified management of their logistics system as an important area for FPMD assistance. With the projected expansion of demand for contraceptives, the expansion into the northern states, and the introduction of a zonal commodities warehousing and distribution system, PPFN has asked for assistance in identifying the needs for establishment of uninterrupted supplies of contraceptives to all PPFN clinics. Activities in this area would include:

- Develop commodity forecasting system for PPFN
- Develop specifications for and determine procedures for acquisition of warehouse at zonal and central level
- Review and make recommendations on current commodities logistics system
- Assist in the development of a logistics tracking system
- Assistance with the development of commodities sales as part of a cost recovery strategy for PPFN.

Inputs:

1. Three trips by logistics consultant
2. Overseas course in logistics management for two HQ staff
3. Technical assistance in Lagos with five regional logistics staff for two, four-day workshops

Outputs:

1. Commodities forecasting system for PPFN
2. Specifications for warehousing needs
3. Commodities tracking system for PPFN

C. Operational Planning

One of the areas which has been identified as critical to the success of the expansion of services is assistance with operational planning, particularly at the state level. PPFN is a very decentralized organization and it is the State Managers who will have the operational responsibility for managing the expansion and improvements in service quality. For this reason, this intervention is primarily focused at the state and clinic level. One component will be a management training workshop for state managers covering the basics of management including budgeting, logistics, team building, MIS, and personnel management. It will also cover how to work effectively with volunteer board. For this purpose, a portion of the workshop will include volunteer board members to learn how best to work with the state directors in support of their states.

Inputs:

1. Three trips by clinic management consultants
2. Ten-day workshop for 30 state managers in management skills
3. Four-day workshop for 30 people in basic management skills for volunteer board members

Outputs:

1. Operations manuals for use at PPFN clinics
2. Operational plans for each state in project implementation and follow-up

D. Personnel Systems

As PPFN grows, it recognizes that many of its staff functions will change, and has asked for assistance in analyzing and modifying its personnel systems. FPMD proposes to do this work with the assistance of a local consultant who will be identified jointly by FPMD and PPFN. Activities which have been identified by PPFN include:

- Task analysis of all senior and mid-level headquarters and zonal staff
- Assistance in development of revised job descriptions and organizational chart for PPFN headquarters and zonal offices
- Analysis of PPFN wage comparability both within the organization and with other service delivery organizations.
- Development of staff incentive program to improve motivation of PPFN staff.

Inputs:

1. Two trips by personnel consultant
2. Local consultant to do task analysis and wage comparability study

Outputs:

1. Revised job descriptions and organizational chart for PPFN headquarters and zonal offices
2. Revised salary scale and staff incentive program

E. Financial/Cost Recovery

In its effort to expand service delivery, PPFN recognizes the need in the long run to recover most the costs associated with this service expansion. Indeed, PPFN sees cost recovery and generating income as critical to its survival. For this reason, many of the project inputs have an associated cost recovery component. These include: (1) client fees; (2) sale of commodities to other organizations; (3) user fees for IEC and clinical training; and (4) fees collected through use of the media center by other organizations. It is envisaged that significant assistance will be provided in the area of financial management and cost recovery including the following activities:

- Review and adaptation of current financial accounting systems at PPFN headquarters and assistance with automation of the system
- Review alternative cost recovery options for PPFN including fee structures, alternative commodity procurement options, fund raising from foundations and other donors, and training fees

- Review clinic efficiency measures and assist with the implementation of a cost control system for use by state and national level managers
- Review money management systems at clinic level and assist in development of training module for clinic staff and state managers.

Inputs:

1. Seven trips by financial management/cost recovery consultants
2. Overseas course in financial management for two HQ staff

Outputs:

1. Financial accounting system for PPFN headquarters
2. Cost control guidelines for use by state and national level managers
3. Strategy for cost recovery

F. Information Systems

PPFN has identified the need for improvement and expansion of their information systems in order to better track client information, manage their finances in an automated system, and project and track their commodities. In addition, the bulk of the evaluation indicators identified at the workplanning meeting (Lagos: March 16 - 18, 1993) will be collected through the new service statistics systems put in place. Thus, MIS will provide an important set of interventions for management improvement, and will require regular visits by the MIS consultant working with PPFN at both headquarters and the state level.

Because the basis of the MIS system will be the information collected and fed back to the clinics and state managers, it is anticipated that the early visits in MIS will focus on the information needs at the service delivery points, and how they could better collect them. This will include a review of the client records and reports generated at the service delivery sites. Following this work, the consultant will work further with the state and national managers to integrate this information into a service statistics system which can serve the needs at all levels. In addition, the consultant will work at the national level to identify the information and reporting needs in finance, personnel, and logistics.

- Review and update client information system for Quality Assurance
- Review and update service information system
- Develop and implement monitoring tools & feedback system

Inputs:

1. Six trips by MIS consultant
2. Two, four-day workshops for 30 people to learn to use the client data system for service statistics, follow-up, and tracking clients
3. Two computer systems for use at HQ and additional computers as required on the basis on consultant's analysis.
4. Overseas course in MIS for two HQ staff

Outputs:

1. Integrated client data system which includes service statistics, follow-up, and referrals
2. Standardized reports for clinics, state, zonal and national level staff
3. Commodities tracking system for PPFN

G. Strategic Planning

PPFN has embarked on a new strategy of expansion and improvements in quality of its client services. The market niche which has been identified for PPFN is that of the client who can afford and is willing to pay something for quality family planning services, but cannot afford a private physician. It is expected that through this strategy, and with the assistance of this project, PPFN will significantly expand its services. As with all organizations, this type of expansion of services is associated with many changes for the organization as a whole. As the expansion proceeds, it will be important for PPFN to reexamine its own internal structure and mission to ensure that they remain consistent with the growth of the organization. This type of self-examination is done through a strategic planning process and has been encouraged and supported by IPPF as beneficial to affiliates who embark on a substantial program of growth. The key activities in the strategic planning process include:

- Analysis of the external environment
- Review of organizational mission
- Review of current strategy and identification of strengths and weaknesses
- Development of strategic plan and assignment of responsibility for implementation of activities

Inputs:

1. Three visits by strategic planning consultant
2. Two, four-day workshops for 30 people in strategic planning

Outputs:

1. Strategic plan and assignment of responsibility for implementation of activities

IV. EVALUATION PLAN

The objectives for FPMD's involvement in this project are identical with those identified for service delivery expansion and improvement. The role of management is to support the provision of services through better planning, implementation and follow-up. Without effective management, PPFN will be unable to achieve its ambitious goals of expansion and improvement of service delivery quality. As an example, an effective information system to identify and track clients who fail to return to the clinic is needed in order to increase continuation rates, a key determinant of total number of active users. Thus, a basic component of the evaluation plan will be the collection of information on the following indicators. In brackets, [], following each indicator is the methodology to be used for data collection.

*note: [SS] indicates service statistics

Expansion

1. Increase the number of new family planning acceptors [SS]
2. Increase continuation rates of acceptors [SS, special studies]
3. Increase CYP with increase in LT methods [SS, commodities records]
4. Increase program sustainability [MIS, financial information]
5. Increase total FP users [SS]

Quality:

1. Provide optimal choice of methods [SS, Exit Interviews]
2. Provide optimal information to users [Exit Interviews]
3. Increase number of voluntary satisfied users [EI, COPE, source of referral]
4. Improve technical skills of service providers [supervisory check list]
5. Increase continued use of contraceptives among clients [SS]
6. Increase Long Term effective methods [SS]
7. Increase safe use of contraceptive use among clients [SS, supervisory check list, survey]

These indicators measure the overall success of the efforts of the three CAs involved in this project (FPMD, Pathfinder, and JHU/PCS) and all three are jointly responsible for any success or failure.

There is also a need for indicators of the particular role of management in this project and its contribution to success. These indicators are linked to particular FPMD activities indicated in parentheses.

Management Indicators:

1. Ability to collect indicators on expansion (MIS)[SS]
2. Reduced waiting time for clients seen in clinics (clinic management)[special studies, COPE]
3. Production of operations manual for clinics (clinic management)
4. Reduced stockouts of contraceptives in clinics (logistics) [supervisory check list]
5. % planned activities actually carried out by state managers [special study] (operational planning)
6. Reduction in staff turnover rate (personnel) [personnel records]
7. Cost/client (financial management) [special study]
8. Presence of strategic plan

Prior to the initiation of this project, The Population Council did a **Situation Analysis** for Nigeria which included eight PPFN clinics. In addition, as part of this project, a survey of equipment, physical facilities, and staff training was done at 40 PPFN clinics. These two studies provide a baseline for some quality and management indicators. Both of these studies should be repeated in three years as a second source of information about quality, service expansion, management, training of staff and physical facilities.

A third component of the project evaluation will be a special study to look at the role that various management, service delivery, and IEC interventions have had in the ability of PPFN to reach its target objectives for expansion and quality. This will be done through qualitative rather than quantitative review and will be done jointly with Pathfinder and PCS.

V. IMPLEMENTATION SCHEDULE

Evaluation

1. Review project evaluation plan and finalize Y1, M2
2. Final project evaluation Y3

Logistics

1. Develop commodity forecasting system for PPFN Y1, M3
2. Develop specifications for warehousing needs at zonal and central level Y1, M7
3. Review and make recommendations on current commodities logistics system Y1, M7
4. Assist in the development of a logistics tracking system Y1, M7
5. Assistance with the development of commodities sales Y2
6. Overseas course in logistics management for two HQ staff Y2

Operational Planning

1. Operations manuals for use at PPFN clinics Y1, M4
2. Two, ten-day workshop for 15 people in management skills Y1, M7
3. Four-day workshop for 30 people in basic management skills for volunteer board members Y1, M7

Personnel Systems

1. Task analysis of all senior and mid-level headquarters and zonal staff Y1, M4-7
2. Assistance in development of revised job descriptions and organizational chart for PPFN headquarters and zonal offices (Pathfinder)
3. Analysis of PPFN wage comparability both within the organization and with other service delivery organizations. Y1, M4-7
4. Development of staff incentive program to improve motivation of PPFN staff Y2

Financial/Cost Recovery

1. Review and adaptation of current financial accounting systems at PPFN headquarters and assistance with automation of the system Y1, M6
2. Review alternative cost recovery options for PPFN including fee structures, alternative commodity procurement options, fund raising from foundations and other donors, and training fees Y1, M12; Y2, Q4; Y3, Q2
3. Review clinic efficiency measures and assist with the implementation of a cost control system for use by state and national level managers Y2, Q2; Y2, Q4; Y3, Q2
4. Review money management systems at clinic level and assist in development of training module for clinic staff and state managers Y1, M6
5. Overseas course in financial management for two HQ staff Y2

MIS

1. Two, four-day workshops for 30 people to learn to use the client data system for service statistics, follow-up, and tracking clients Y1, M7
2. Overseas course in MIS for two HQ staff Y1, M7

Strategic Planning

1. Two, four-day workshops for 30 people in strategic planning Y2, Q3

PPFN CLINIC IMPROVEMENTS AND UPGRADING BY YEAR

STATES	CURRENT STATUS			YEAR I			YEAR II			YEAR III		
	A	B	C	A	B	C	A	B	C	A	B	C
ABIA			2		?	?		1	1		1	1
ABUJA					?			1			1	
ADAMAWA		1			1			1			1	
AKWA IBOM		1			1			1			1	
ANAMBRA					?			1			1	
BAUCHI		2		1	1	1	1	1		1	1	
BENUE		1	1		1	1		1	1		1	1
BORNO					1			1			1	
CROSS RIVER		1	1		1			1			1	
DELTA			2		?	?		1	1		1	1
EDO		1	1		1	1		1	1		1	1
ENUGU		1		1	1		1			1	1	
IMO		1	1		1	1		1	1		1	1
KADUNA		1		1			1			1		
KANO		1			1			1			1	
KATSINA					1			1			1	
KEBBI					1			1			1	
KOGI			1		?	1		?			?	
KWARA		2			2			2			2	
LAGOS	1	1	3	1	?	?	1	?	?	1	?	?
NIGER					1			1			1	
JIGAWA					?			1			1	
OGUN		1	2		1	2		1	2		1	2
ONDO		2	2		2	2		2	2		2	2
OSUN			3		?	?		1	2		1	2
OYO		1	2	1		2	1		2	1		2

STATES	CURRENT STATUS			YEAR I			YEAR II			YEAR III		
	A	B	C	A	B	C	A	B	C	A	B	C
PLATEAU		1			1			1			i	
RIVERS		1	1		1	1		1	1		1	1
SOKOTO					1			1			1	
TARABA					?			1			1	
YOBE					?			1			1	
TOTAL	1	20	22	5	20	12	5	31	14	5	31	14

VI. PROPOSED PPFN ORGANIZATION CHART

