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**THE FAMILY PLANNING
MANAGEMENT PROJECT**

TRIP REPORT

NIGERIA: MARCH 9 - 26, 1993

**Marc Mitchell
Michael Hall**

FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055
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1. EXECUTIVE SUMMARY

This is the fourth FPMD team trip to Nigeria. The first trip in September - October 1992, established the broad areas in which FPMD would be providing assistance to PPFN. This first trip followed a needs assessment of PPFN done by Family Health International in April 1992. A second FPMD trip in November 1992, by Michael Hall and Dick Sturgis developed a timeline of activities for all cooperating agencies' (CA) interventions in management, service delivery, and IEC. This was followed by a longer trip by Dick Sturgis to initiate these activities and design and implement a survey of PPFN service delivery sites. The purpose of the current trip was: (1) to specify the relationships and coordinating mechanisms between the three CAs working with PPFN; (2) to finalize the Management Development Plan with PPFN; (3) to develop an evaluation plan for FPMD activities in Nigeria with PPFN; and (4) to hold a workshop for PPFN, A.I.D. and the CAs in which an integrated activity plan and evaluation indicators were developed.

To accomplish the goals of expansion and improvement of service delivery, three CAs have been identified to work with PPFN in three separate but integrally related areas. These are Johns Hopkins University/Population Communications Service (PCS), Pathfinder, and Management Sciences for Health through its Family Planning Management Development project (FPMD). Because expanded and improved service delivery is the general objective of the PPFN projects for PCS, Pathfinder, and FPMD, Pathfinder will have the overall responsibility of coordinating the activities of these three CAs.

The FPMD Management Development Plan is an approach to develop the management capacity of PPFN at the clinic, state and national level. The seven components of FPMD's activity are: (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 FPMD 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.

The evaluation of the project will include three components. The first component includes continuous assessment of indicators in three areas: Expansion of Services, Quality of Services, and Management Effectiveness. The second component is the use of *The Situation Analysis* developed by the Population Council. The third component of the project evaluation will be a special study to explore the role that various management, service delivery, and IEC interventions have had in enhancing 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.

The workshop which planned the activities and evaluation indicators for the PPFN Family Planning Enhancement Project was held March 16-18, 1993. A report of that workshop is attached in ANNEX 2.

2. 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. Since 1989, PPFN has been working within a political climate which has become 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 with other NGOs.

PPFN is now anxious to expand its role in the national program through the expansion and improvement of its service delivery; the development of its IEC and marketing capability; and the expansion of its role in training. To achieve this, the organization will need to substantially enhance its management capability to support these activities in a country as diverse and dispersed as Nigeria. To accomplish the goals of expansion and improvement of service delivery, three CAs have been identified to work with PPFN in three separate but integrally related areas: Johns Hopkins University/Population Communications Service (PCS), Pathfinder, and the Family Planning Management Development project (FPMD).

The role which has been identified for FPMD is to work with PPFN to develop their management capacity at the clinic, state and national level. The seven components of FPMD's activity are: (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.

3. SCOPE OF WORK

This is the fourth FPMD team trip to Nigeria. The first trip in September - October 1992, established the broad areas in which FPMD would be providing assistance to PPFN. This first trip followed a needs assessment of PPFN done by Family Health International in April 1992. A second FPMD trip in November 1992 by M. Hall and Dick Sturgis developed a timeline of activities for all CAs interventions in management, service delivery, and IEC. This was followed by a longer trip by Dick Sturgis to initiate these activities and design and implement a survey of PPFN service delivery sites. The purpose of the current trip was: (1) to finalize the Management Development Plan with PPFN; (2) to specify the relationships

and coordinating mechanisms between the three CAs working with PPFN; (3) to develop an evaluation plan for FPMD activities in Nigeria with PPFN; and (4) to hold a workshop for PPFN, A.I.D. and the CAs in which an integrated activity plan and evaluation indicators were developed.

4. ACTIVITIES

During this March trip, two key documents were developed and a three day workshop was held. The documents are: 1) the Management Development Plan between the Family Planning Management Development project and Planned Parenthood Federation of Nigeria; and 2) a Statement of Agreement between Planned Parenthood Federation of Nigeria, Pathfinder International, Johns Hopkins University/Population Communications Service, and Family Planning Management Development which identifies the roles, responsibilities, and a timeline of activities for each of the CAs in the overall **Family Planning Enhancement Project**.

The proposed Management Development Plan describes the activities that FPMD will undertake in support of PPFN. During the trip, the plan was discussed in full and agreed upon with Dr. Sulaiman, Executive Director of PPFN.

The Statement of Agreement outlines the complementary roles and activities of the three CAs as well as AAO/Lagos and PPFN. This Statement of Agreement will: 1) identify the roles of each; 2) state the shared objectives of the project; and 3) give an integrated timeline of activities. Prior to leaving Lagos, the Statement of Agreement was discussed with the AAO representatives in Lagos and a draft copy was left for their review. The Statement of Agreement is attached in ANNEX 3.

It had originally been planned that FPMD would be responsible for coordination and implementation of the full program of support to PPFN. Under this arrangement, FPMD would have been: the leading agency for all activities; responsible for the funding through sub contracts with Pathfinder; and responsible for coordination of all technical assistance activities. However, following discussions with Pathfinder, A.I.D./Washington, and the AAO in Lagos during this visit, it became apparent that this arrangement was neither practical nor desired, with the result that responsibility for coordination of activities has now been shifted to Pathfinder, and funding for the three activities (management, IEC, service delivery) will be provided by A.I.D. individually to each of the three CAs.

5. NEXT STEPS

The next steps for FPMD in continuing activities in Nigeria are to:

- (1) Finalize FPMD's MDP and identify consultants to do the activities specified.
- (2) Develop and finalize a timeline and budget of the activities identified in the MDP.

- (3) Attend a meeting in late June in Lagos with PPFN, Pathfinder and PCS to develop a schedule and outline of curriculum for workshops to take place during the next year.
- (4) Clarify with A.I.D./Washington the status of funding for Nigeria activities.

ANNEX 1

CONTACTS

A. PPFN

1. Dr A.B. Sulaiman
2. Mr G.C. Ezeogu
3. Mr J.A. Odogwu
4. Mr S.A. Ajala
5. Mr O. Abimbola
6. Mr M.A. Bakori
7. Mr J.B. Edun
8. Dr Jimmy Shogbola
9. Mr C.I. Nwosu
10. Mrs Foyin Oyebola
11. Mr Austine A. Oghide
12. Mr John Harris

B. AAO/Lagos

13. Mr. Rudy Thomas
14. Ms Susan Ross

C. FHS

15. Mr John McWilliam
16. Ms Susan Krenn
17. Mr Garry Saffitz

D. PATHFINDER INTERNATIONAL

18. Mrs Elizabeth Lule
19. Mr Jean Karambizi
20. Dr Wilson Kisubi
21. Mr Mike Egboh

D. AVSC

22. Mrs Mofoluke Shobowale
23. Mrs J.K. Thomson

E. FED.MOH&SS

24. Dr Kay Kuteyi
25. Mr A.A. Akinpelumi

F. AFRICARE

26. Mr Fatai Ola Ojikutu
27. Mrs Sola Ogunturobi

ANNEX 2

WORKSHOP REPORT

PPFN WORK PLANNING DEVELOPMENT WORKSHOP SHERATON HOTEL, LAGOS MARCH 16 - 18, 1993

Objective(s) of Workplan Meeting

1. Have participants become familiar with all aspects of the three different enhancement activities.
2. Clarify and ensure how above activities contribute toward consolidation of existing PPFN services, enhancement of quality, and Northern Strategy, i.e., expansion of PPFN activities in the northern portion of Nigeria (the Northern Strategy should be detailed during the workplan meeting).
3. Outline strategy for evaluating activities both to assess impact and refine and redirect emphasis as activities progress.
4. Prioritize activities in order to (a) stage implementation and (b) respond to resource limitations.
5. End up with an integrated/complementary plan for implementing and monitoring above activities.

Guiding Concepts:

- Quality Assurance (safe, acceptable, and affordable services)
- Family Planning Centres
- Upgrading
 - Sessional clinics to "C" clinics
 - "C" clinics to "B" clinics
 - "B" clinics to "A" clinics
- Northern Expansion

AGENDA

Tuesday, March 16

- | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------|
| 9:00 - 9:30 | Introduction |
| 9:30 - 9:45 | Workshop Objectives |
| 9:45 - 10:45 | Overview <ul style="list-style-type: none">- Nigeria and PPFN- Enhancement Project and Clinic Assessment |
| 10:45 - 11:00 | Tea Break |
| 11:00 - 12:30 | Major Issues <ul style="list-style-type: none">- Service Delivery- IEC and Advocacy- Management |
| 12:30 - 1:30 | Lunch |
| 1:30 - 3:00 | Group Work <ul style="list-style-type: none">- Activities, Dates/Timeline |
| 3:00 - 3:15 | Tea Break |
| 3:15 - 5:00 | Group Presentations |

AGENDA

Wednesday, March 17

- 9:00 - 9:30 Review of Previous Day
- 9:30 - 11:00 Group Work
- Management Issues/Activities
- 11:00 - 11:15 Tea Break
- 11:15 - 12:30 Group Presentations
- 12:30 - 1:30 Lunch
- 1:30 - 3:00 Group Work
- Evaluation Indicators - Quantitative/Qualitative
- 3:00 - 3:15 Tea Break
- 3:15 - 4:45 Group Presentations
- 4:45 - 5:00 The Consolidation Group
 Instructions for everyone else

Thursday, March 18

- 9:00 - 12:00 Consolidation Group Work
- 12:00 - 1:00 Lunch
- 1:00 - 2:00 Consolidation Group Presentation
- Activities, Conclusions, Timeline
- 2:00 - 3:00 Overall Strategy Formulation
- 3:00 - 3:30 Closing

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ATTENDEES

A. PPFN

1. Dr A.B. Sulaiman
2. Mr G.C. Ezeogu
3. Mr J.A. Odogwu
4. Mr S.A. Ajala
5. Mr O. Abimbola
6. Mr M.A. Bakori
7. Mr J.B. Edun
8. Dr Jimmy Shogbola
9. Mr C.I. Nwosu
10. Mrs Foyin Oyebola
11. Mr Austine A. Oghide
12. Mr John Harris

B. AAO/Lagos

13. Ms Susan Ross

C. FHS

14. Mr John McWilliam
15. Ms Susan Krenn
16. Mr Garry Saffitz

C. MSH

17. Dr Richard Sturgis
18. Dr Marc Mitchell
19. Mr Michael Hall
20. Mrs Yinka Oluwole

D. PATHFINDER INTERNATIONAL

21. Mrs Elizabeth Lule
22. Mr Jean Karambizi
23. Dr Wilson Kisubi

E. AVSC

24. Mrs Mofoluke Shobowale
25. Mrs J.K. Thomson

F. FED.MOH&SS

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27. Mr A.A. Akinpelumi

G. AFRICARE

28. Mr Fatai Ola Ojikutu
29. Mrs Sola Ogunturobi

SERVICE DELIVERY

ACTIVITIES

- Continuous quality assessment
- Priority planning - zonal - state
- Upgrading of clinics based on potential:
 - Staff
 - Equipment
 - Renovation/size increase
 - Relocation
- Establishing new facilities where there are none
- Physical and equipment development plan
- Procure equipment
- Bid for renovation work
- Renovation of facilities
- Equipping of facilities
- Realistic training plan - reflects priority planning
- Protocol development for each level of service provider
- Review, adopt and set medical standards of practice
 - Operational protocols
 - Clinical protocols: e.g. sterilization procedures, management of side effects, the handling of a new client etc.
- Produce one operational/clinical procedures manual
- Use the op./clin. procedures manual to develop training modules/manuals
- Update training of trainers
- Organize and implement training (concurrently with renovation activities)
- Services being given in new locations
- Review/update/adapt monitoring tools and feedback systems
- Implement monitoring
- Provide feedback to service providers and PPFN managers
- Develop referral and follow-up systems
- Introduction of Norplant in the five zonal centers in coordination with AVSC
- Introduce TL in Lagos
- Review and update service information system
- Carry out client oriented operations research (one/year -- total = 3)
- Client management:
 - COPE (Client oriented provider efficiency) tool
 - personnel
 - supervision
 - transportation
 - utilities
 - motivation of staff
 - commodities and logistics
 - management of generated income

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SERVICE DELIVERY ISSUES ARISING OUT OF THE SITUATION ANALYSIS

1. RENOVATION/UPGRADING

- from C to B
- from B to A
- from C to E
- from 0 to B or A
(Northern strategy)

2. CLINICAL EQUIPMENT

- general need for more equipment because
 - current equipping of clinics inefficient
 - future upgrading and opening of more clinics

3. CLINICAL SUPPLIES

- irregular
- insufficient
- financial constraints

4. CONTRACEPTIVE SUPPLIES

- availability
- distribution because of more centers and wider geographical spread
- storage
- forecasting

5. STAFFING

- Currently there is an unsatisfactory staffing pattern
- need for more staff because of expansion

6. COUNSELING

- generally PPFN providers need more counseling skills than the public and private sectors

7. SKILLS OF PROVIDER

- clinical skills inadequate
- provider bias for method

8. SUPERVISION

- frequency adequate
- lack of tools
- lack of feedback

9. **MIS**
- formats not available in every service delivery point
 - formats not properly completed

10. **TRAINING**
- orientation
 - on the job training
 - in-service training
 - contr. tech. up-date
 - TOT teams
 - international training

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ACTION PLAN

YEAR 1: Service Delivery

Physical Improvements

Refurbish B Clinics -- 18 clinics
B clinics in North States and Selected newer states-- 7 states
Upgrade C clinics to B clinics -- 2 states
Physical facilities and equipment development plan
Relocation of clinics
Bid for renovation work
Procure equipment
Equipping of facilities
Actual renovation of facilities

Training

Protocol development for each level of service provider
Review and adopt an operational and clinical manual
Develop training modules
Update training for trainers
Organize training [same time as renovation]
Realistic training plan that reflects priority plan

Systems

Review and update service information system
Clinic management training:

- cope
- personnel
- supervision
- transportation
- utilities
- motivation of staff
- logistic
- money management

Monitoring tools & feedback system
Implement monitoring
Develop referral and follow-up system
Develop/update and adapt monitoring tools

13'

YEAR 1: IEC

Strategic Positioning

Hire PPFN HQ staff
Review available research: JHU/PCS, PPFN/IEC, R/E units
Conduct formative qualitative research
Project orientation
Refresher IPC/counseling
Develop communications strategy/positioning plan
Develop a proposal-PPFN
Hire an ad agency-PPFN
IEC workshops for staff -- 2
Develop and produce media/marketing materials

Multi Media Center

Acquire. equip and prepare facilities
Establish procedures (acquisition, distribution, storage)
Procure materials
Announce and promote MMC

Training

Identify and prepare Trainers
Develop and review curriculum and materials
Promote training Center and courses

Emphasis States

Selection of states
Selection of project development team for each state
Conduct IEC needs assessments
Develop IEC campaign proposals and get approval

YEAR 2: Service Delivery

Physical Improvements

Zonal centers - 5 centers
Refurbish C clinics
Create new B clinics
Bid for renovation work
Equipping of facilities

Training

Training of providers

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Service improvements

Continuous quality assessment
Norplant introduction in zonal centers
Client oriented operations research
Tubal introduction in Lagos
Commence service in new clinics

YEAR 2: IEC

Strategic Positioning

IPC and advocacy
Yearly recognition awards
Mass media activities
Monitoring and revision

Training

Conduct courses:
- IEC training
- FLP training
- IPC training
- Advocacy training

Emphasis States

Implement project
Second set of IEC needs assessments
Second set of IEC campaign proposals
Implement second set of campaigns

YEAR 3: Service Delivery

Physical Improvements

Create new C clinics
Bid for renovation work
Equipping of facilities

Training

Training of providers

Service improvements

Continuous quality assessment
Client oriented operations research

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YEAR 3: IEC

Strategic Positioning

Yearly recognition awards
Mass media activities
Monitoring and revision

Training

Conduct courses:

- IEC training
- FLP training
- IPC training
- Advocacy training

EVALUATION INDICATORS

SERVICE DELIVERY

Objective: To increase availability and use of safe effective FP methods

Impact:

1. New acceptors [SS]
2. Continuation rates [SS, special studies]
3. CYP with increase in LT methods [SS, commodities]
4. Total # PPFN FP users [SS]
5. Program sustainability [MIS, financial info]

Quality:

1. Choice of methods [SS, EI]
2. Information to users [EI]
3. Number of satisfied users [EI, COPE, source of referral]
4. Contraceptive failure rates [SS, F/U survey]
5. Technical skills of service providers [supervisory check list]
6. Client safety [morbidity reports]

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IEC

POSITIONING/EMPHASIS STATES

Client

1. Client Share: state, national
2. Total PPFN Clients: New, continuing, by state, region
3. Income
4. Demographics: who will we serve

Awareness of PPFN

5. Knowledge of service points
6. Opinion of PPFN toward quality
7. Key attribute recall: Quality

Action/Behavior

8. Motivation of clients
9. Why do clients attend/not attend

MMC

Process

1. Existence of MMC
2. Number and variety of materials available

Outcome

3. Number of visits, inquiries
4. Orders filled
5. Income (cost recovery)
6. Feedback mechanisms [questionnaires]
7. Who visits

IEC TRAINING CENTER

Process

1. Existence of center
2. Number trained
3. Feedback on process
4. Number of courses held

Outcome

5. Mystery Client evaluations
6. Knowledge/skills [pre/post test, supervisory checklists]
7. Income
8. Organizational representation
9. Demand

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STATEMENT OF AGREEMENT

on

The General Objectives and Work Plan Activities

for

PPFN's Family Planning Enhancement Project

PARTICIPATING COOPERATING AGENCIES

Pathfinder International

**Johns Hopkins University
Population Communication Services/FHS**

**Management Sciences for Health
Family Planning Management Development Project**

1/1

**Planned Parenthood Federation of Nigeria
Pathfinder International
Family Planning Management Development
Johns Hopkins University-Population Communications Service/FHS**

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 FAMILY PLANNING ENHANCEMENT 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. CHRONOGRAM AND COORDINATION OF INTEGRATED PROJECT ACTIVITIES

The following pages present a detailed chronogram of project activities for the three major CAs and PPFN for Year 1 and a less detailed chronogram for Years 2 and 3. The detailed activities of each CA are included in separate documents that have been developed to meet the specific organizational needs of each CA and USAID in establishing working agreements with PPFN. The following pages present a phased, integrated work plan shared between PPFN, Pathfinder, PCS/FHS, and FPMD.

Coordination

In order to assure the greatest complementarity and mutual support of integrated activities, the following coordination procedures have been developed. Under this project, Pathfinder has the overall responsibility to coordinate its own inputs and those of PCS/FHS and FPMD. This is due to the fact that the general objectives of PPFN under this project are to expand and improve the quality of its family planning services. Pathfinder, as the CA focusing specifically on service delivery, is called to play a coordinating role in assisting PPFN to achieve its goals.

In order to ensure that inputs are provided in a timely fashion and at the adequate time with regard to technical inputs for the other partners in the project, a joint work plan has been developed and semi-annual coordination meetings will be held to accomplish the following:

- Review the last half year activities to include comparison of achievements with set targets;
- Identification and analysis of problems/obstacles and finding solutions to them;
- Review of the last half year of technical assistance inputs and planning technical inputs for the next half year;
- Revising and updating the work plan as necessary.

In addition to these topics, cross-cutting issues such as training, information systems, and evaluative research will be discussed during these meetings to ensure that there is no duplication of efforts; that cost saving plans as well as common strategies and approaches are adopted; and that all activities contribute to the same general goals.

The Executive Director of PPFN or his designate will chair these meetings and the Project Coordinator will ensure that decisions or solutions arrived at the meetings are recorded and incorporated in the work plan and will follow up on the next steps to be taken by each CA. Furthermore, each of the three major cooperating agencies in planning its technical inputs will utilize the joint work plan that follows this section. The Project Coordinator, employed by Pathfinder, will use this work plan to monitor each agency's technical inputs and to alert them and the Executive Director in cases where there is need to amend the schedule of activities.

As necessary, joint field visits will be made in case of problems to ensure that consensus exists about the nature of these problems and the appropriate response to be provided.

Integrated Chronogram/Work Plan of Activities are attached.

YEAR I														
Project Activities	Project month												Person/Organization Responsible	
	1	2	3	4	5	6	7	8	9	10	11	12		
6. Review and adapt/adopt the Curriculum for Clinic Assistants Prg. Asst & Clerk/Receptionist				xx										Mgr. Service Delivery with consultant
7. Conduct course for Clinic Officers and doctors on indepth CTU						xx								Trainers
8. Conduct course for Prog Assists Clinic Assists and Receptionists in FP service delivery						xx								Trainers
9. Conduct Clinic Management and Supervision course for Clinic Supervisors								xx						Mgr. Service Delivery with FPMD
10. Conduct a workshop to develop clinic supervisory tools incl. COPE				xx										Mgr. Serv. Del. with Pathfinder
11. Conduct a workshop to develop Operations Manual				xx										FPMD with Mgr. Serv. Delivery
12. Conduct two 10 day workshops in Management Skills for 15 people								xx						FPMD
13. Conduct 4 day workshop in Management Skills for 30 Volunteer Board members								xx						FPMD
14. Make arrangements for overseas course in Management Information System (MIS) for two HQ staff				xx				xx						Executive Director with FPMD
15. Conduct two 4 day workshops for 30 people on how to use the Client Data system for service statistics, followup & tracking clients											xx			FPMD with Mgr. Serv. Delivery

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YEAR I														
Project Activities	Project month												Person/Organization Responsible	
	1	2	3	4	5	6	7	8	9	10	11	12		
D. MIS														<i>FPMD with Dir. Serv. Delivery</i>
1. Review & update Service Information System			xx				xx							FPMD
2. Assess program data needs			xx				xx							FPMD
3. Review update data collection tools and reporting procedures			xx				xx							FPMD
4. Design qualitative monitoring protocols and follow-up and feed-back procedures			xx				xx							FPMD
5. Design referral and tracking systems (including client referral and/or record-keeping)			xx				xx							FPMD
6. Computerize the systems							xx							FPMD
E. SERVICE DELIVERY														
1. Begin services in zonal family planning centers							xx							PPFN Clinic Serv. Providers
2. Begin services in type B clinics							xx							PPFN Clinic Serv. Providers
3. Set targets (quantitative and qualitative) for type B clinics						xx								Mgr of SD, Zonal PO & PF
4. Provide indepth counseling to new clients using cue cards							xx	xx	xx	xx	xx	xx		PPFN Clinic Staff

YEAR I													
Project Activities	Project month												Person/Organization Responsible
	1	2	3	4	5	6	7	8	9	10	11	12	
5. Serve 23,100 new users and distribute 11,822 CYPs							xx	xx	xx	xx	xx	xx	PPFN Clinic Staff
6. Conduct self assessment through COPE monthly							xx	xx	xx	xx	xx	xx	PPFN Clinic Staff
F. QA MONITORING & TA													
1. Staff, equip and render functional 8 type B clinics						xx							Mgr. Serv. Delivery & Africare/Pathfinder
2. Visit each service delivery site monthly						xx	Zonal Prog. Officers						
3. Hold on-job training at service delivery pts						xx	Zonal Prog. Officers						
4. Review clinic monthly reports and self assessment reports						xx	Zonal Prog. Officers Mgr Serv. Del. and Zonal P.O.						
5. Visit each service delivery site quarterly for troubleshooting						xx			xx			xx	Zonal Prog. Officers Manager (Service Delivery)
G. PERSONNEL SYSTEMS													
1. Conduct Task Analysis for all senior mid-level HQ & zonal staff				xx	xx	xx	xx						FPMD Executive Director with Pathfinder Int.
2. Review J/Desc. and Org. Chart of HQ, zonal and clinic staff	xx			xx	xx	xx	xx						FPMD with Ex. Director
3. Review PPFN staff salary structure				xx	xx	xx	xx						
H. EVALUATION													
1. Review project evaluation plan		xx											PPFN, Pathfinder & FPMD

IEC													YEAR I	PERSON RESPONSIBLE
Project Activities	Project Month												PERSON RESPONSIBLE	
	1	2	3	4	5	6	7	8	9	10	11	12		
A. ADMINISTRATION														
1. Advertise Vacant Position: Headquarters: 3 IEC Program Officers 1 IEC Training Officer 1 IEC Asst. Prog. Officer (Librarian) 1 Administrative Assistant 1 Secretary													PPFN	
2. Emphasis States: 6 Asst. Prog. Officers (IEC) (One in each of the six Emphasis States)													PPFN	
3. Conduct orientation new staff: - One project orientation w/shop for PPFN Hqtrs. and slected state branches staff - Two refresher courses on on interpersonal comm. and counseling for all PPFN receptionists & service providers													PPFN/JHU-PCS	

<p>– Three courses on IPC and advocacy for volunteers, senior staff and government staff</p> <p>– Two training w/shops for PPFN POs (IEC) in IEC monthly meetings schedule.</p> <p>5. Set up project office.</p> <p>– –Furnish office.</p> <p>– –Install telephone, fax, etc.</p> <p>6. Establish banking services.</p> <p>7. Introduce financial management system. Components to include:</p> <p>– –vouchers (travel, reimbursement, requisition, etc.)</p> <p>– –ledgers</p> <p>– –local purchase orders</p> <p>– –financial income and expense reports (mon/qtrly)</p> <p>– –petty cash procedures</p> <p>8. Introduce inventory control</p> <p>A. PPFN MARKETING STRATEGY</p> <p>1. Review available research</p> <p>– review findings from recent research activities and to consolidate all information related to PPFN perception, image and</p>		<p>xx</p> <p>xx</p> <p>xx</p> <p>xx</p>	<p>xx</p>	<p>x</p> <p>x</p>									<p>Proj. Coordinator</p> <p>Proj. Coordinator</p> <p>Proj. Coordinator</p> <p>Proj. Coordinator</p> <p>Proj. Coordinator with MSH</p> <p>Proj. Coordinator</p> <p>JHU/PCS – PPFN/IEC & R/E Units</p>
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**B. DECENTRALIZING IEC
CAMPAIGN IN EMPHASIS STATES**

- Selection of six emphasis states (i.e 3 in the North, 2 in the East and 1 in the South)
- Criteria for selection of states should reflect the following considerations:
 - a. presence of a PPFN branch
 - b. Historical experience (or no experience) of (FHS/IEC)
 - c. Strategic location and reach of mass media assets such as radio & TV
 - d. Opportunities for developing a carefully targeted, integrated program (e.g. combining FP promotion with child survival intervention)
 - e. Priority areas of CCCD

Project Development

- Set up project development team for each of the six states (FHS/IEC, PPFN Hqtrs., PPFN State branch and CCCD, PATHFINDER)

A committee composed of representatives from PPFN FHS/IEC and CCCD representative from PPFN FHS/IEC and CCCD

- 3. Procure materials
- 4. Announce & promote MMC:—
 - Publicize the availability of materials
 - Provide periodic updates on availability of materials developed by PPFN by sending notices to such publication as PEOPLE & IPPF OPEN FILE
 - Request materials from PPFN affiliates through articles in PLANFED NEWS

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YEAR II					
Project Activities	Project Quarter				Person /Organization Responsible
	1	2	3	4	
A. ADMINISTRATION					
1. Recruit clinic staff to supplement personnel in remaining B clinics	xx				PPFN
2. Conduct orientation for new staff.		xx			PPFN
4. Review schedule for annual, quarterly and monthly meetings	xx				PPFN/Pathfinder
5. Hold bi-annual coordination and planning meetings			xx	xx	PPFN,PI,FPMD,IPPF, PCS, AVSC & Africare
B. PHYSICAL INFRASTRUCTURE					
1. Open/relocate/refurbish/upgrade and equip 15 type B clinics	xx xx	xx xx	xx xx	xx xx	PPFN/AFRICARE
2. Equip operating theaters in type A clinics in collaboration with AVSC		xx xx			PPFN & AVSC
C. TRAINING					
1. Conduct training for staff		xx xxx			PPFN
2. Conduct training for physician/nurse teams in VSC counseling & services in collaboration with AVSC			xx		Pathfinder & AVSC
3. Conduct training for physician/nurse teams (10 staff) in counseling and minilaps			xx		Pathfinder & AVSC
4. Make arrangements for overseas study tour for Executive Director and Manager (Serv. Deliv.) in Colombia	xx				Pathfinder
5. Make arrangements for overseas course in Logistics Management for two HQ staff	xx				FPMD/PPFN
6. Make arrangements for overseas course in Financial Management for two HQ staff	xx				FPMD/PPFN
7. Conduct two 4 day workshops in strategic planning for 30 people			xx		FPMD
D. MANAGEMENT					
1. Develop staff incentive program to improve motivation of PPFN staff	xx				FPMD
2. Assist with the development of commodities sales	xx				FPMD

YEAR II					
Project Activities	Project Quarter				Person/Organization Responsible
	1	2	3	4	
3. Review alternative cost recovery options and recommend action				xx	FPMD
4. Review clinic efficiency measures & assist with the implementation of a cost control system (for state & HQ)				xx	FPMD
5. Mid-term Evaluation			xx		Eval. Consultant
E. SERVICE DELIVERY					
1. Set targets (quantitative and qualitative) for new type B clinics		xx			PPFN
2. Set targets for clinics opened in the first year	xx				PPFN
3. Serve 48,600 new clients	xx xx	xx xx	xx xx	xx xx	PPFN
4. Conduct monthly self assessment through COPE	x x x	x x x	x x x	x x x	PPFN
5. Provide VSC counseling & services			xx xx	xx xx	PPFN

IEC														
YEAR 2														
Project Activities	Project month												Person Responsible	
	1	2	3	4	5	6	7	8	9	10	11	12		
A. PPFN MARKETING STRATEGY														
1. Recognition (Awards)					x									PPFN
– Annual awards and recognition of the clinics & staff which best exemplify the new image of PPFN														
– Awards will be based on a set of criteria established by PPFN headquarters														
– Awards will be given annually at a ceremony held during the AGM														PPFN
2. Mass media activities –														
– Mass media placements and airing														AD-AGENCY /PPFN – JHU/PCS
3. Monitoring & Evaluation:														
– Qualitative survey (pre, mid and post project)														
– Identify 23 FP centres & appropriate mechanisms put in place to improve MIS records to monitor the rate of new acceptors etc.														

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YEAR III					
Project Activities	Project Quarter				Person/Organization Responsible
	1	2	3	4	
1. Recruit clinic personnel to staff new facilities or supplement upgraded facilities	xx				PPFN
2. Conduct orientation for new staff	xx				PPFN
3. Open/relocate/refurbish/upgrade 10 B clinics					
10 C clinics mainly in Northern Nigeria	xx xx	xx xx			PPFN
4. Conduct training for staff	xx xx	xx xx			PPFN
5. Set targets (qualitative and - quantitative) for each facility	xx				PPFN
6. Set targets for clinics opened in previous years	xx				Pathfinder
7. Serve 124,000 new clients	xx xx	xx xx	xx xx	xx xx	PPFN
8. Conduct monthly self assessment through COPE	x x x	x x x	x x x	x x x	PPFN
9. Arrange training for selected Clinical Officers (Nurse/Midwives) in implants services in collaboration with AVSC	xx				Pathfinder & AVSC
10. Conduct training for selected Clinical Officers (Nurse/Midwives) in implants.		xx			AVSC
11. Provide services in implants by Clinical Officers			xx xx xx		PPFN
12. Provide refresher training for those trained in the first project year	xx				PPFN
13. Review alternative cost recovery options and recommend action		xx			
14. Review clinic efficiency measures & assist implementation of a cost control system (state & HQ)		xx			
15. Final Project Evaluation				xx	Evaluation Consultant
16. Equip operating theaters in type A clinics in collaboration with AVSC		xx xx			PPFN & AVSC
17. Conduct training for staff	xx xxx				PPFN
18. Conduct training for physician/nurse teams in VSC counseling & services in collaboration with AVSC		xx			Pathfinder & AVSC
19. Conduct training for physician/nurse teams (10 staff) in counseling and minilaps		xx			Pathfinder & AVSC

IEC

YEAR 3

Project Activities	Project month												Person Responsible	
	1	2	3	4	5	6	7	8	9	10	11	12		
A. PPFN MARKETING STRATEGY 1. Recognition					x									PPFN
C. IEC TRAINING 1. IEC 2. FLP 3. Advocacy 4. IPC		x				x			x				x	

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The preceding text and chronogram state both the shared, general objectives of the PPFN Family Planning Enhancement Project and the general activities that will be undertaken to achieve these objectives. Although the precise mechanism for funding and the specific amounts for Pathfinder and FPMD activities are still being finalized, it is assumed here that the mechanisms and amounts will support the proposed activities. The signatures below indicate the agreement of PPFN, USAID, Pathfinder, PCS/FHS, and FPMD to meet the shared, general objectives and undertake the collaborative, integrated work plan activities outlined in the preceding chronogram/work plan.

For PPFN

For USAID

For Pathfinder

For PCS/FHS

For FPMD

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