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PROJECT DESIGN VISIT NIGERIA/PPFN

SEPTEMBER 18 - OCTOBER 9, 1992

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055
Contract No.: DPE-3055-C-00-0051-00
Task Order No.: NA32NG

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I. EXECUTIVE SUMMARY

At the request of AAO/Nigeria, FPMD lead a team composed of representatives of several cooperating agencies (Pathfinder International, PCS, AVSC, IPPF/WCA and FPMD) to follow up an assessment made by a team from Family Health International (FHI) in April of 1992. The FPMD team's terms of reference were to finalize the details of an assistance program with Planned Parenthood Federation of Nigeria (PPFN). Like the FHI assessment team, this team cited PPFN as an important institutional resource for expanding coverage of family planning service delivery in Nigeria. The proposed technical assistance will build on PPFN's strengths which include dynamic and committed national leadership, a broad base of individuals in the states, a long history of support from IPPF, and an outstanding track record in pioneering family planning programs in Nigeria. Building on the FHI assessment, the FPMD team identified the following organizational challenges facing PPFN:

- Strengthening the strategy that links demand creation to demand satisfaction
- Establishing and implementing standards of care in service delivery
- Developing the capability to assume additional projects, programs, and activities
- Assimilating differing organizational visions
- Meeting needs for upgrading clinics
- Working with limited human resource capacity
- Managing resources in the face of increasing inputs and expanded program growth

Given these challenges, the team outlined a comprehensive program of technical assistance. The program's overall goal is to improve PPFN's performance in family planning service delivery. The program's objectives are:

To increase the demand for family planning services: To increase demand, the team proposed that technical assistance focus on Information, Education, and Communication (IEC) and standards of care and quality enhancement.

To increase access to family planning services: Technical assistance aimed at increasing access to family planning services should focus on facilities, human resource development, and supplies and equipment.

To develop PPFN's institutional capacity: Technical assistance targeted toward PPFN's institutional development should concentrate on strategic work-planning, resource development and diversification, management information systems, and evaluation.

Given the organizational challenges facing PPFN, as identified, the team outlined a program of technical assistance to balance long-term planning and short-term action. This is consistent with the recommendations of the FHI assessment team which recognized two needs:

- The need for the early development of institutional infrastructure at national, state, and local levels
- The need for inter-dependent PPFN services and activities to be carefully sequenced and integrated so as to develop and maintain expanded program services.

Each technical assistance component and its related interventions are summarized in Annex III.

II BACKGROUND

Planned Parenthood Federation of Nigeria, an affiliate of the International Planned Parenthood Federation (IPPF), began in 1964 as the pioneering agency in family planning (FP) in Nigeria. Its national program is organized around five strategies:

- Advocacy
- Constituency building
- Demand creation
- Demand satisfaction
- Sustainability

PPFN is the premier non-governmental organization (NGO) in FP, leading the way in advocacy and FP promotion nationwide and providing clinic based services in 18 states.

Because of a desire on the part of several donor agencies to improve and expand PPFN's role in family planning, and in light of the findings in the FHI assessment, AAO/Nigeria asked a team lead by the Family Planning Management Development Project (FPMD) and composed of representatives of several cooperating agencies to come to Nigeria to finalize the details of an assistance program with the Planned Parenthood Federation of Nigeria.

III. ACTIVITIES

FPMD consultants, Ms. Lambiotte and Ms. Powers met with Mr. Chiavaroli, the AAO/Nigeria Representative, to discuss the TDY terms of reference early in the visit. He reviewed the AAO priorities for the TDY and suggested people with whom the FPMD-led team should meet.

The team interviewed PPFN staff and volunteers and made site visits in Lagos, Kano, and Kaduna states. Site visits were as follows: Lagos State Office & MUSHIN Clinic, Idi Mangoro Clinic, Kaduna State Office & Clinic, and Kano State Office & Clinic. The Team also met with knowledgeable and key people in Nigeria's population program to discuss their perception of PPFN's specific role. These people included FHS staff, the World Bank, UNFPA, and representatives from the Federal Ministry of Health's Department of Population Activities and Department of Primary Health Care.

There was general agreement that PPFN had a premier role to play in family planning in the private sector. The FHI assessment and the additional information the team gathered from its interviews, meetings, and site visits were the basis of the identification of the organizational challenges facing PPFN.

A major focus of the team's activities was building a consensus within PPFN for the proposed technical assistance activities. These included frequent review of drafts of the technical assistance plan with PPFN's Executive Director, Dr. Sulaiman, as well as discussions with other staff and with members of the National Executive Committee. While traveling and conducting site visits, the team discussed the proposed technical assistance with State-based PPFN staff to obtain input regarding their needs for technical assistance, especially with regard to clinical services and State based programs.

The team also defined mechanisms of coordination between CAs and with IPPF. For example, FPMD will collaborate closely with PCS in its efforts to a) assist PPFN to further develop its successful IEC program, b) position itself as a provider of high-quality family planning services at an affordable price, and c) become a central resource for media materials and IEC expertise. The team included PCS in the proposed strategic work-planning process to facilitate PCS's and PPFN's review and selection of emphasis states. In addition, FPMD and PCS will collaborate in the area of standards of care and quality enhancement as PCS's services marketing program also focuses on perceptions of quality of care.

IPPF, as a member of the team, helped to develop and review the plan of technical assistance. PPFN, FPMD, and IPPF also discussed IPPF participation through cost sharing in proposed interventions such as strategic work-planning and Management Information Systems (MIS). FPMD's experience with FPAs in other countries has demonstrated that continued close communication with IPPF about technical assistance strategies and activities leads to more effective implementation.

On October 8, 1992, at the conclusion of the TDY, the team presented and discussed with AAO/Nigeria, Dr. Sulaiman of PPFN, and FHS, a draft technical assistance plan.

Subsequent to the TDY, and based on AAO/Nigeria, PPFN, and AID/W review, FPMD submitted a revised draft of the implementation plan to AID/W, AAO/Nigeria, and PPFN. This draft, entitled Planned Parenthood Federation of Nigeria: Implementation Plan for USAID Assistance, is attached (Annex III).

IV. FINDINGS/CONCLUSIONS

PPFN is an important institutional resource. Its strengths include strong leadership with a broad base in the States and a long history of support from IPPF. Its record of pioneering in the area of family planning places it in a strategic position to be able to expand and enhance its role in Nigeria.

At the FPMD and PPFN debriefing with AAO/Nigeria the following steps were recommended:

- Finalizing the Memorandum of Understanding (MOU) between FPMD, PPFN, and AAO/Nigeria.
- Beginning selected IEC activities as outlined in the PCS proposal and agreed upon by FPMD.
- Developing an assessment of needs, and consequently a procurement plan, for both clinical and non-clinical equipment and supplies, including negotiating the necessary sub-contracts.
- Developing a master training workplan (both clinical and non-clinical) that builds upon the needs that were identified in the FHI Needs Assessment report and that were further delineated during the visit led by FPMD. This workplan utilizes the availability of local training resources.
- Finalizing and institutionalizing clinical protocols.
- Planning and holding the first strategic work-planning session (scheduled for November/December, 1992).
- Setting up the necessary financial management systems and procedures within PPFN to manage the local costs of this assistance.
- Hiring an in-country manager.

Annex III, Planned Parenthood Federation of Nigeria: Implementation Plan for USAID Assistance, details the above recommendations under the following three objectives:

1. To increase the demand for family planning services
2. To increase access to family planning services
3. To develop PPFN's institutional capacity

ANNEX I

CONTACTS

CONTACTS

Meetings were held with the following organizations and individuals:

Planned Parenthood Federation of Nigeria (PPFN)
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Dr. A.B. Sulaiman, Executive Director
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Mr. J.A. Adogwu, Internal Auditor
Mr. C.I. Nwosu, Program Officer, Research & Evaluation (RE)
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Mr. Austine Oghide, Program Officer, Information, Education & Communications
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Mrs. Irene M. Obazei, State Manager
Mrs. H.D. Scott, Assistant Program Officer, Promotion

PPFN Kaduna State

Mr. Mohammed Balarabe, State Manager
Mr. Benjamin Ayeni, State Financial Manager
Mrs. Dye L Gimba, Program Officer, IEC
Mrs. Lydia Maidawa, Volunteer
Mr. Paul Ojukasn, Volunteer
Mr. Abdul Badir Abdullahai, National Chairman

PPFN Bachui State

Mr. Baba S. Bala, State Manager
Ms. Hannatu Ibrahim, National Vice Chairman

PPFN Kano State

Mr. Ado Abdulkadir, Senior Program Assistant
Mrs. R. Aishati Isiyalau, Clinic Officer
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Mr. Otum Kalu, Program Officer/National IEC (JHU/PCS)
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ANNEX II

BIBLIOGRAPHY/DOCUMENT LIST

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- Nigeria Demographic and Health Survey, 1990, Preliminary Report, Federal Office of Statistics, March, 1991.
- National Policy on Population for Development, Unity, Progress and Self-Reliance; Plan for Implementation, FMOH/DPA, May, 1990.

The Constitution of the Planned Parenthood Federation of Nigeria Adopted by the National Council in May, 1990.

Nigeria Population Data Tables by State and LGA, (source unnamed, assumed to be census data from the Federal Office of Statistics, not dated).

Family Planning Habits & Attitude Study, Research & Marketing Service, Ltd. (RMS), September, 1992.

Comprehensive Nigeria HPN Health Communication Strategy (Draft), JHU/PCS FHS, September, 1992.

ANNEX III

IMPLEMENTATION PLAN FOR USAID ASSISTANCE TO PPFN

(DRAFT)

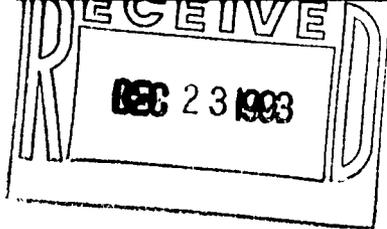


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