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FINAL REPORT OF THE PLANNED  
PARENTHOOD FEDERATION OF NIGERIA  
FAMILY PLANNING MANAGEMENT  
DEVELOPMENT

PPFN ENHANCEMENT PROJECT

FEBRUARY 6 SEPTEMBER 28, 1995

**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

Project No.: 936-3055  
Contract No.: DPE-3055-C-00-0051-00  
Task Order No.: A1700 NGPPF

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## **I. EXECUTIVE SUMMARY**

The Planned Parenthood Federation of Nigeria [PPFN] **Enhancement Project** was a joint effort with Management Sciences for Health's Family Planning Management Development Project [FPMD] to strengthen PPFN's management capability to expand and improve the quality of its clinical service delivery activities. PPFN is the International Planned Parenthood Federation affiliate in Nigeria composed of 31 State Associations throughout the country. The vast majority of its approximately 150,000 annual users of family planning are served through a network of clinic-based services that includes 29 family planning center clinics, 30 branch clinics and 33 sessional clinics.

The Enhancement Project was initially developed in 1991 as a joint venture with FPMD [as the lead organization] Johns Hopkins University's Population Communications Project and Pathfinder. It was to be a coordinated effort to make a major expansion in the coverage and quality of PPFN's clinic-based service delivery capability. As a first step, a comprehensive Management Development Plan [MDP] was identified to guide all management strengthening activities. This initial plan included the first comprehensive assessment of the entire network of PPFN clinics. Based on the MDP and the clinic assessment, extensive management strengthening activities were agreed upon in the areas of:

- Clinic Management
- Logistics Management
- Financial Management
- Human Resource Management
- Monitoring and Evaluation
- Operational Support

The project initially began in Jan. 1993 with the comprehensive assessment of the entire network of PPFN clinics. But political strife became so serious in June of that year the all activities were suspended until Jan. 1994. At that point an in-country Project Coordinator was hired and initial visits of expatriot consultants in the areas of logistics, clinic management and finance/operations occurred. The principal purposes of these visits was to do an in-depth assessment in each of the respective functional areas and to establish a long term scope of work for Local Technical Consultants [LTC] who were to provide technical assistance and training under the supervision of the expatriot consultant and the Project Coordinator. The Project Coordinator was to be an in-country present to assist all phases of project implementation including the identification, with

PPFN, of LTCs. The LTC concept was an important part of FPMD's strategy for Nigeria. In addition to providing high quality management assistance directly to PPFN, the project also was to develop a cadre of LTC's capable of also providing long term management assistance to all organizations participating in the National Program.

In April of 1994 project activities were suspended once again due to the inability of the Nigerian government to stem the involvement of citizens in trafficking drugs to the United States. It was not until December of 1994 that the Project Coordinator was allowed to return to the country and operations were recommenced in Feb. 1995 under the PPFN/FPMD Management Strengthening Scope of Work which was based on the MDF. Given the many stops and starts of the project, it was only the period of Feb to Sept 1995 that allowed for any uninterrupted time to systematically strengthen PPFN's management capability.

Given the shortness of time available to FPMD and one of the most difficult country contexts in the world, the accomplishments of the project and PPFN are extremely impressive [see tables for detailed list]. The medical standards and practices were entirely rewritten to be included in a useable and comprehensive Clinic Procedures Manual [CPM] that also includes completely redesigned supervision, marketing logistics and financial management sections as well. The production of this manual and its component systems was a major event for PPFN on many levels. Developed and refined with the participation of staff, LTCs, expatriot consultants and the Project Coordinator, it took advantage of a wealth of experience from other countries while producing something that was uniquely adapted to the specific country context of Nigeria. Perhaps more importantly, it represents a significant removal of a large number of medical barriers to service and clearly establishes a strong, client focus to services that had not existed previously. As such it also firmly establishes the direct link between management strengthening and improved service delivery.

To support the delivery, accountability, monitoring and evaluation of clinical services, a number of other important improvements were made:

- Reporting procedures that integrate and reconcile service, commodity, and income statistics at the clinic level and at each higher level
- Computerized logistics management and forecasting system
- Computerized financial records and reports

Studies were taken and recommendations made to support increased staff performance levels and to compensate for the decreased purchasing power of the local currency:

- Wage Comparability Study
- Salary and Position Banding Recommendations

All of these systems, disseminated by FPMD through a series of trainings using the new Clinic Procedures Manual, also both ensure a higher quality and more accountable services while clearly demonstrating the direct link between management development and service delivery.

The central lesson from the PPFN experience is that there is in fact a direct link between management [enhancement] and improved service delivery. In fact service delivery may only improve when there is a comprehensive and integrated approach to management development. Clinics, or service delivery points, while often considered "end points" in complex bureaucracies, can and must be the purposeful target for management improvements. A comprehensive strategy that has this approach at the outset can prioritize and shape management assistance to ensure an immediate and noticeable impact at the clinic level. Such an effort can also refocus the internal emphasis of the organization itself by valuing the service delivery personnel spread throughout the country and seeing its primary role as one of service and support to them.

FPMD will also count Nigeria among those environments where initial recognition of the importance and value of management assistance was hard won. Both PPFN and the USAID Mission, while philosophically supportive of "management", had initial difficulties accepting the time and investments necessary to improve management capabilities at PPFN. Two conditions are key to overcoming this very common reticence. One is to listen closely to the [immediate] felt needs of the principal parties and to address them early on in the process. The other is to demonstrate the immediate positive effect of management change on service delivery. Both approaches were taken in Nigeria. The MDP was sufficiently flexible to accommodate the specific and immediate needs of the Mission and PPFN. Also, the first activities were very tangible ones [i.e. logistics management] that had a direct and immediate impact at the clinic level. As a result, PPFN is now able to amply articulate the importance of "Management" and its direct link with service delivery.

It is also important to recognize the very successful strategy of working with Local Technical Consultants. Both the Project Coordinator and PPFN did an excellent job in recruiting local consultants. They were significantly assisted by FPMD expatriot consultants and the result is an emerging in-country capability in a number of important management skill areas that can continue to serve PPFN and other Nigerian organizations providing family planning services.

It is most unfortunate that FPMD had really only the six month period from Feb - Sept 1995 to work with PPFN. Much has been accomplished in a very short period of time but much still remains to be done. The clinic delivery system, while presently quite under-utilized, has the necessary foundation to improve dramatically but it will require;

1. Improved comprehensive management skills of key individuals at the Zonal, State and Branch levels.
2. Decentralized systems and procedures for the Zonal and State levels.
3. Medical Quality Assurance management
4. Medical Director who can manage the network of clinics.
5. Zonal headquarters with the trained personnel and systems sufficient to supervise and monitor the network of clinics.
6. Better quality and more trained senior staff.
7. A strategic plan that clearly prioritizes activities, target populations/areas of the country, etc. and therefore financial and human resources.

8. A comprehensive volunteer development plan that comprehensively selects, trains and uses volunteers to their maximum effectiveness.
9. Integration of [improved] programmatic and financial reporting systems.
10. Extensive marketing of services, that is not wholly reliant on mass media advertising, that directly addresses the issue of significant unused capacity at most of its clinics.
11. The addition of integrated services at its clinics.

## II. BACKGROUND

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The on-site FPMD Project Coordinator facilitated joint intervention activities for the PPFN participants, international consultants, and local technical consultants (LTCs) in each management area. International consultants in clinic and logistics management performed assessments and made recommendations for follow-on activities to be carried out by the LTCs.

External circumstances impeded and temporarily halted implementation for many months. Consultant visits were delayed by visa problems. All project support for activities in Nigeria had to be suspended on April 1, 1994 after only three months of implementation because Nigeria was "decertified" from United States assistance on account of ineffective efforts at combating drug trafficking. In August 1994, a Congressional waiver authorized resumption of USAID-funded family planning activities with the proviso that all activities be restricted to the private sector. USAID/Nigeria delayed the return of the FPMD Project Coordinator to Nigeria and resumption of activities pending a total review of USAID-Nigeria projects. In November 1994, after a lapse of eight months the Project Coordinator was authorized to return to Nigeria but resumption of activities was postponed until redesign of a management strengthening SOW taken out of the larger Enhancement Project.

The Enhancement Project was active from February 6 through September 28, 1995; however, the first month was devoted to project resumption activities and the last month to final close-out activities, leaving six months for implementation. In March 1995, Nigeria was again decertified; however, activities continued to ensure an orderly close out of USAID-sponsored management strengthening.

A number of important activities were accomplished during the initial three months of the Enhancement Project (See Table 1) in Nigeria before decertification, and in the United States after decertification towards leaving some deliverables in place. The most important accomplishments were the completion of the Draft Clinic Procedures Manual: Service Delivery and the redrafted Management Development Plan. (See Table 1).

**Table 1: INITIAL ENHANCEMENT PROJECT MANAGEMENT STRENGTHENING ACTIVITIES**

**Client Management**

- needs assessed and follow-on activities recommended
- procedures manual workshop held
- procedures manual expanded and edited
- client handouts developed as a management tool to create a more direct link between quality service and contraceptive years of protection (CYP)
- local technical consultant contracted for manual workshop activities

**Logistics Management**

- supplies and logistics system assessed and follow-on activities recommended
- central warehouse reorganized to ensure proper storage
- zonal storage facilities identified

**Financial Management**

- preliminary assessment of the financial management capabilities made
- initial budget established for the PPFN activities supported by FPMD
- PPFN accounting staff introduced to FPMD reporting requirements

**Operational Support**

- computer needs for headquarters and zonal offices assessed
- specifications provided for local firm to establish provisional overhead rate for PPFN

**Project Administration**

- Memorandum of Understanding signed between PPFN and MSH/FPMD on February 10, 1994
- in-country project coordinator identified
- FPMD/Nigeria office established
- workplan revised
- Management Development Plan revised to accommodate reduced time frame

### III. ACTIVITIES

MSH/FPMD provided technical assistance in seven functional areas including two areas which were added during implementation, Volunteer Management and Service Marketing Management. Table 2 compares the original list and the expanded list.

Original List	Expanded List
Clinic Management	Clinic Management
Logistics Management	Logistics Management
Financial Management	Financial Management
Human Resources Management	Human Resources Management
Monitoring And Evaluation	Volunteer Management
Operational Support	Service Marketing Management
	Monitoring And Evaluation
	Operational Support

PPFN provided informed direction for development and pursuance of the implementation activities. Frequently, the Executive Director pushed forward the parameters for change with his flexible planning, responsiveness to the implementation environment, and vision for the future of PPFN and Nigerian families. His pragmatic focus on manuals as a basis for procedural change and on developing the actual training content rather than the curriculums has ensured the development of relevant, effective manuals and training sessions. His promotion of the participatory process and tolerance of imperfection has fostered the rapid spread of new procedures and behaviors throughout the organization. The Executive Director advocated for volunteer management and service marketing management to be added to the functional areas for assistance, thereby assuring that project interventions reached out to all members of the PPFN family. These functional areas were also added to ensure that the emerging management strengthening successes contributed more directly to increased productivity as defined by Contraceptive Years of Protection and client satisfaction.

PPFN staff responded and demonstrated commitment and the capacity for long hours of hard work in order to participate fully in the production of the project deliverables. Between April and August they helped develop and disseminate many new procedures throughout the organization. They actively absorbed the changes proposed with enthusiasm and full participation.

The following represents the principle project activities, by functional area, over the eight month period (February-March 1995):

<b>Table 3: ACTIVITIES BY FUNCTIONAL AREA</b>
<p><b>Clinic Management</b></p> <ul style="list-style-type: none"> <li>● Updating of medical and client counseling protocols to remove barriers to service delivery</li> <li>● Writing and publication of <i>PPFN Clinic Procedures Manual: Service Delivery</i></li> <li>● Development of time management tools</li> <li>● Development of supervisory checklists</li> <li>● Trainer of the Trainer Workshop for Orientation to Manuals</li> <li>● Zonal on-site Manual training for one Clinic Officer per state</li> <li>● Workshop Manual Orientation for all State Managers to Manuals</li> </ul>
<p><b>Logistics Management</b></p> <ul style="list-style-type: none"> <li>● Development of streamlined logistics procedures</li> <li>● Integration of financial and logistics record keeping and reporting with service statistics and reconciliation of data at successively at clinic, state and national headquarters levels</li> <li>● Writing and publication of <i>PPFN Clinic Procedures Manual: Commodity Management &amp; Money Management</i></li> <li>● <i>Distribution of Draft PPFN Logistics &amp; Supplies Manual</i></li> <li>● Reorganization and inventory audit of all major stores and on-site training of staff</li> <li>● Training of State Accounts officers in financial and logistics management</li> <li>● Training of State Managers in financial and logistics management</li> <li>● Computerization of inventory records and reports</li> <li>● Writing and publication of <i>PPFN Inventory Operations Manual</i></li> <li>● Headquarters staff training in computerization</li> </ul>
<p><b>Financial Management</b></p> <ul style="list-style-type: none"> <li>● Computerization of the headquarters financial records and reports</li> <li>● Computerization of all payrolls at national headquarters</li> <li>● See above, Logistics Management</li> <li>● <i>PPFN Financial Procedures Manual</i></li> <li>● Publication of <i>PPFN DacEasy Operations Manual</i></li> <li>● Publication of <i>PPFN Payroll Operations Manual</i></li> </ul>

**Human Resources Management**

- Wage comparability study
- Salary banding and wage and benefit recommendations
- Overseas MIS training for the Program Officer for Research and Evaluation
- Computer literacy training for headquarters management staff
- Computer skills updating and Quattro Pro for support staff
- Quattro Pro for Headquarters Financial, Logistics & Managerial Staff

**Volunteer Management**

- Leadership and Advocacy Skills Workshop for National Executive Board Members
- Negotiating Skills and Advocacy Workshop for State-level Volunteers
- Publication of PPFN Volunteers Report on the Advocacy and Negotiating Skills Workshop

**Marketing Services Management**

- Management of Publicity Workshop for programme officers (IEC).
- Development of client method-specific informational handouts to improve service quality and to facilitate satisfied-client promotion of PPFN services
- Development of method-specific informational handouts for outreach to improve outreach quality and effectiveness
- See above, Volunteer Management

**Operational Support**

- Rewiring of the National Headquarters Building for constant, safe use of computers and equipment as a basis for uninterrupted staff performance and accountability.
- Seven computers for headquarters finance, supplies and logistics, and management staff.
- Support for repairs of computers and copiers
- Support for telephone digitalization
- Support for maintenance contracts for computers and copiers
- Support for supplies for pursuance of management strengthening

Eight manuals and numerous new forms and checklists have been prepared as management tools for updating and standardizing procedures as well as for supervision. Table 4 lists the manuals written and produced as part of the project:

**Table 4: MANUALS WRITTEN AND PRODUCED**

- *PPFN Clinic Procedures Manual: Service Delivery*
- *PPFN Clinic Procedures Manual: Commodity Management & Management*
- *PPFN Financial Procedures Manual*
- *Draft PPFN Logistics & Supplies Manual*
- *PPFN Volunteers Report on the Advocacy and Negotiating Skills Workshop*
- *PPFN DacEasy Operations Manual*
- *PPFN Payroll Operations Manual*
- *PPFN Inventory Operations Manual*

Twenty-four workshops/training sessions of two to five days duration each have been implemented. Over 100 PPFN staff and 90 volunteers have benefitted with some attending at least two workshops. The workshops and participating staff are listed on Table 4. (See Annex for more details):

<b>Table 5: WORKSHOPS AND PARTICIPATING STAFF</b>	
<b>Workshop</b>	<b>Category of Staff</b>
Clinic Procedures Manual Drafting	National Headquarters Staff
CPM T.O.T. Workshop	State Managers & Clinic Officers
CPM South West Zonal Input	State Managers & Clinic Officers
CPM South East Zonal Input	State Managers & Clinic Officers
Volunteers Leadership	National Executive Board
Advocacy and Negotiation Skills	State Executive Volunteers
CPM National Headquarters	Clinic Officers
CPM North West Zonal Training	Clinic Officers
CPM North East Zonal Training	Clinic Officers
CPM South East Zonal Training	Clinic Officers
CPM South West Zonal Training	Clinic Officers
Publicity	State (IEC) Programme Officers
Storekeeping Jos	Jos HQ State & Clinic Staff
Storekeeping Bauchi	Bauchi HQ State & Clinic Staff
Storekeeping Kaduna	Kaduna HQ State & Clinic Staff
Storekeeping N.W. Zonal Training	State Accounts/Stores Officers
Storekeeping N.W. Zonal Training	State Accounts/Stores Officers
Storekeeping S.E. Zonal Training	State Accounts/Stores Officers
Storekeeping S.W. Zonal Training	State Accounts/Stores Officers
Finance & Logistics Training	State Accounts/Stores Officers
Finance, Logistics & CPM	State Managers
Wordprocessing	Headquarters Management Staff
Intermediate Wordprocessing & Quattro Pro	Headquarters Support Staff
Quattro Pro	Headquarters Management Staff

A comparison of the management development objectives and accomplishments by functional area (See Table 6 below) reveals that virtually all deliverables were achieved despite the ambitious project design for such a short implementation period. Moreover, some additional activities were carried out.

TABLE 6: COMPARISON OF OBJECTIVES AND ACCOMPLISHMENTS	
6-A. CLINIC MANAGEMENT	
OBJECTIVES	ACCOMPLISHMENTS
<ul style="list-style-type: none"> <li>● Solicit and incorporate clinic feedback on Draft Manual.</li> </ul>	<ul style="list-style-type: none"> <li>● Incorporated feedback obtained by LTCs/Clinic Management. from 32 PPFN staff in 8 pretest clinics in 5 states in 3 zones; and from 7 State Managers and Clinic Officers on TOT Manual Orientation Team.</li> </ul>
<ul style="list-style-type: none"> <li>● Complete development of the <i>PPFN Clinic Procedures Manual (CPM)</i> in a loose leaf, revisable format to codify the updated PPFN clinic procedures and serve as a clinic management tool in the following areas:               <ul style="list-style-type: none"> <li>-Clinic Management</li> <li>-Commodities and Supplies Management</li> <li>-Money Management</li> <li>-Service Statistics Management</li> <li>-Staff Supervision</li> <li>-Medical Protocols</li> <li>-Counseling and Client Recruitment Protocols</li> </ul> </li> </ul>	<p>PPFN Clinic Procedures Manual (CPM) distributed to 26 State Branches.</p> <ul style="list-style-type: none"> <li>- Medical Protocols and Counseling and Client Recruitment Protocols in large looseleaf binder (one per state)</li> <li>- Commodity Management and Money Management in spiral binding (one per clinic; one per state)</li> <li>- Service Statistics Management: no Manual prepared because International Planned Parenthood Federation● is completing a major revision of required service statistics. Instead, new forms and new Client Activity Register (CAR) format reflect updating of service statistics recording procedures to integrate with commodity and money management; and to incorporate reproductive health statistics.</li> <li>- Clinic Management and Staff Supervision procedures and checklists prepared. However, assessment of use of new procedures throughout the PPFN clinics and decision (i.e. funds) to create (or forgo) zonal supervisors must precede further development of a supervision system.</li> </ul>
<ul style="list-style-type: none"> <li>● Complete development of management cue cards and supervisory checklists to accompany the manual.</li> </ul>	<ul style="list-style-type: none"> <li>● Supervisory checklists developed for the clinics:               <ul style="list-style-type: none"> <li>- clinic management</li> <li>- logistics management</li> <li>- financial management</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Introduce the <i>Final Draft PPFN Clinic Procedures Manual (CPM)</i> in a high volume clinic to pretest and make adjustments as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>● Portions of <i>CPM: Service Delivery (SD)</i> pretested in pretest clinics and adjustments incorporated. CPM: SD pretested in National Headquarters (NHQ) Clinic. Adjustments on-going.</li> </ul>

<p><i>(Table 6-A Continued...)</i></p> <ul style="list-style-type: none"> <li>● Develop a training capability within PPFN to introduce the updated procedures and the use of the CPM with accompanying management cue cards and supervisory checklists.</li> <li>- set up pretest clinic as an orientation clinic as a practical training site</li> <li>- develop a training of the trainers (TOT) curriculum to provide method and content training to an orientation team of trainers</li> <li>- train the orientation team</li> <li>- develop a CPM orientation curriculum including methods for supervision and on-the-job training, and practical and theoretical training in the updated procedures and use of the CPM</li> <li>- provide technical assistance to the orientation team and support for using the orientation curriculum to train State Managers and priority clinic "managers".</li> </ul>	<p>NHQ Clinic set up as CPM up-dated procedures orientation clinic.</p> <ul style="list-style-type: none"> <li>● PPFN Programme Officer: Service Delivery developed CPM TOT curriculum, pre-/post-test.</li> <li>● Participatory orientation for 6 member CPM TOT team to CPM with on-site practicals in NHQ Clinic; team developed one-week training curriculum for on-site practicals and theory.</li> <li>● CPM team set up CPM orientation clinics in 4 zonal/state headquarters.</li> <li>● TA provided to HQ Accountant, Supplies &amp; Logistics Officer, and Local Technical Consultant: Logistics for training 25 State Managers and 24 Accounts Officers in updated procedures.</li> </ul>
<ul style="list-style-type: none"> <li>● Support practical training for clinic staff in orientation clinics.</li> </ul>	<ul style="list-style-type: none"> <li>● CPM: SD TOT team trained one Clinic Officer per State</li> <li>● EOPD</li> <li>● prevented training of remaining Clinic Officers</li> <li>● Programme Officer (PO):Service Delivery oriented 25 State Managers and 24 State Accounts/Stores Officers to CPM changes.</li> <li>● CPM: Commodity Management, and Money Management. (CPM: C&amp;M) workshop training provided to 24 State Stores/Accounts Officers and to 25 State Managers.</li> <li>● EOPD prevented support for CPM: C&amp;M training to Clinic Officers and Clinic Assistants who will operate the CPM: C&amp;M.</li> </ul>
<ul style="list-style-type: none"> <li>● Provide follow-up technical assistance and support for clinic supervision of the CPM procedures.</li> </ul>	<ul style="list-style-type: none"> <li>● EOPD prevented support for follow-up TA and supervision.</li> </ul>

●EOPD = End of Project Date

TABLE 6-B. LOGISTICS MANAGEMENT	
OBJECTIVES	ACCOMPLISHMENTS
<ul style="list-style-type: none"> <li>● Reassess the logistics management system and make recommendations to address expanded needs arising from projected integrated service delivery and distribution problems arising from rapid expansion of clinic sites.</li> </ul>	<ul style="list-style-type: none"> <li>● Revised logistics system is capable of handling integrated services if cold chain equipment is supplied. Current distribution records are inaccurate. Records from six months utilization of computerized inventory system awaited prior to assessment of distribution system.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop specifications for integrated service delivery commodity storage and determine procedures for acquisition of warehouse space at zonal and central levels.</li> </ul>	<ul style="list-style-type: none"> <li>● Warehouse space is adequate at zonal levels although refurbishment is required. Once effective use of zonal warehouse space is established, the central warehouse space requirements will be reevaluated.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop logistics procedures guidelines for all levels.</li> </ul>	<ul style="list-style-type: none"> <li>● Existing NHQ and State guidelines streamlined; integration of financial and service statistics data perfected.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop commodity and supplies management procedures for storage, distribution and control of commodities and supplies at the clinic level for the Manual.</li> </ul>	<p><i>Clinic Procedures Manual: Commodities</i> printed. Requisite commodity and supplies forms revised/developed and printed. Supplies and Logistics inventory and distribution records computerized to ensure tracking by batch number and expiry date.</p>
<ul style="list-style-type: none"> <li>● Confirm that the contraceptive records at the headquarters level and in selected clinics accurately reflect the actual national contraceptive inventory.</li> </ul>	<p>Physical inventory audit in three large and two small State stores confirmed inaccuracies in records and overstocking of commodities.</p>
<ul style="list-style-type: none"> <li>● Provide practical on-site training in proper storage and record keeping.</li> </ul>	<p>On-site training provided at 6 sites to 31 staff representing 19 states.</p>
<ul style="list-style-type: none"> <li>● Support supervision of clinic commodity and supplies management procedures</li> </ul>	<p>EOPD prevented support for supervision.</p>
<ul style="list-style-type: none"> <li>● Input commodity inventory records into the contraceptive commodity forecasting spreadsheet designed by the international consultant for IPPF affiliates.</li> </ul>	<p>A customized computer software package installed at headquarters to track commodities and supplies by batch number and expiry date as well as to generate reports, spreadsheets forecast commodity distribution requirements.</p>
<ul style="list-style-type: none"> <li>● Support local computer training.</li> </ul>	<p>Supplies &amp; Logistics staff trained in use of software package; some staff trained in spreadsheet use.</p>

TABLE 6-C. FINANCIAL MANAGEMENT	
OBJECTIVES	ACCOMPLISHMENTS
<ul style="list-style-type: none"> <li>● Assess the financial accounting system and make recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>● Assessment completed; recommendations followed.</li> </ul>
<ul style="list-style-type: none"> <li>● Revise financial accounting guidelines for all levels.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>PPFN Financial Procedures Manual</i> revised.</li> </ul>
<ul style="list-style-type: none"> <li>● Revise money management procedures for the clinic level for manual.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>Clinic Procedures Manual: Money Management</i> printed.</li> </ul>
<ul style="list-style-type: none"> <li>● Support supervision of state and clinic money management procedures.</li> </ul>	<ul style="list-style-type: none"> <li>● EOPD prevented support for field supervision. Also prevented support for training of Clinic Officers and Clinic Assistants who operate system at its base.</li> </ul>
<ul style="list-style-type: none"> <li>● Support computer training and financial management training.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff trained in computer programs and some spreadsheet training.</li> </ul>
<ul style="list-style-type: none"> <li>● Commence computerization of financial accounting systems at the headquarters.</li> </ul>	<ul style="list-style-type: none"> <li>● HQ financial computerization: DacEasy installed, staff trained, trial balance and consolidation for July completed; staff inputting data; discontinuance of manual petty cash and cash book planned for September ending; discontinuance of manual general ledger planned for this quarter.</li> <li>● Payroll computerization completed; manual payroll discontinued.</li> </ul>
<ul style="list-style-type: none"> <li>● Support the development of a provisional overhead rate.</li> </ul>	<ul style="list-style-type: none"> <li>● Provisional overhead rate developed; being considered by PPFN.</li> </ul>

<b>TABLE 6-D. HUMAN RESOURCES MANAGEMENT</b>	
<b>OBJECTIVES</b>	<b>ACCOMPLISHMENTS</b>
<ul style="list-style-type: none"> <li>● Perform a task analysis of all staff at headquarters, zonal, state and clinic levels.</li> </ul>	<ul style="list-style-type: none"> <li>● Job Evaluation Report completed by Coopers &amp; Lybrand.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop revised job descriptions and a revised organizational chart that reflects management structure and the decision-making process at the headquarters, zonal and state levels.</li> </ul>	<ul style="list-style-type: none"> <li>● Revised job descriptions developed for Clinic staff and Programme Officers. Coopers &amp; Lybrand is preparing job descriptions as part of a skills and manpower audit funded by IPPF.</li> </ul>
<ul style="list-style-type: none"> <li>● Perform a wage comparability study.</li> </ul>	<ul style="list-style-type: none"> <li>● Wage Comparability Study completed by Coopers &amp; Lybrand.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop revised salary bands and propose a revised salary and benefit package.</li> </ul>	<ul style="list-style-type: none"> <li>● Revised salary bands and salary and benefits package proposed by Coopers &amp; Lybrand.</li> </ul>
<ul style="list-style-type: none"> <li>● Carry out an analysis of the existing staffing pattern and volunteer boards and committees by gender.</li> </ul>	<ul style="list-style-type: none"> <li>● Resignation of the Administration and Personnel Officer (A&amp;PO) has overburdened remaining staff. Activity postponed pending appointment of substantive A&amp;PO to ensure participatory development of policy and action plan.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop an action plan to address women's health concerns.</li> </ul>	<ul style="list-style-type: none"> <li>● See above.</li> </ul>

<b>TABLE 6-E. MONITORING &amp; EVALUATION</b>	
<b>OBJECTIVES</b>	<b>ACCOMPLISHMENTS</b>
<ul style="list-style-type: none"> <li>● Identify indicators to evaluate the impact of management strengthening</li> </ul>	<ul style="list-style-type: none"> <li>● Short, six months for activities (March - August) pushed essential activities to project deadline leaving no time for evaluation after completion of activities. Corporate behavioral change is in process but remains fragile and subject to backsliding.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop simple data collection methods to evaluate the impact of management strengthening</li> </ul>	<ul style="list-style-type: none"> <li>● See above.</li> </ul>
<ul style="list-style-type: none"> <li>● Assess and make recommendations for the development of an integrated computerized management information system.</li> </ul>	<ul style="list-style-type: none"> <li>● Integration and reconciliation of data at each level, starting from the source (clinic/outreach level) feeds into computerization of finances and inventory. Spreadsheets link the three data sources: finance, commodities and service statistics.</li> </ul>

<b>TABLE 4.3. OPERATIONAL SUPPORT</b>	
<b>OBJECTIVES</b>	<b>ACCOMPLISHMENTS</b>
<ul style="list-style-type: none"> <li>● Provide interim assistance preparing reporting spreadsheets.</li> </ul>	<ul style="list-style-type: none"> <li>● Key spreadsheets developed. 11 staff trained to develop additional spreadsheets as additional data becomes available from computerization.</li> </ul>
<ul style="list-style-type: none"> <li>● Institute computerization and feedback of services statistics for high volume clinics.</li> </ul>	<ul style="list-style-type: none"> <li>● Acting Research and Evaluation Program Officer trained by MSH Boston.</li> </ul>
<ul style="list-style-type: none"> <li>● Provide technical assistance on maintenance of computer files to maximize computer storage capacity.</li> </ul>	<ul style="list-style-type: none"> <li>● Support staff given intermediate WordPerfect training including file management.</li> </ul>
<ul style="list-style-type: none"> <li>● Provide, install complete with software and maintain for the remainder of the project seven desktop computers, each with its own printer and UPS, and one laptop.</li> </ul>	<ul style="list-style-type: none"> <li>● 4 desktops and 3 laptops with monitors supplied.</li> </ul>
<ul style="list-style-type: none"> <li>● Assess the status of the existing headquarters computers and the cost effectiveness of repairing the faulty computer equipment; recommend computers for repair and for disposal; and, support some recommended repairs.</li> </ul>	<ul style="list-style-type: none"> <li>● Supported repair of existing computers and service maintenance agreement.</li> </ul>
<ul style="list-style-type: none"> <li>● Support the assessment, redesign and installation of appropriate electrical wiring and connections in the Headquarters</li> </ul>	<ul style="list-style-type: none"> <li>● Headquarters rewired; regular power outages terminated and limited to combined NEPA and generator failures.</li> </ul>

<b>TABLE 6-G. PROJECT COORDINATION</b>	
<b>OBJECTIVES</b>	<b>ACCOMPLISHMENTS</b>
<ul style="list-style-type: none"> <li>● Provide an on-site Project Coordinator approved by PPFN to: <ul style="list-style-type: none"> <li>● ensure rapid responsiveness to PPFN management concerns arising from project implementation.</li> <li>● minimize PPFN staff time conflicts and overload and maximize efficiency by coordinating management interventions with other implementing partners as their programs evolve.</li> <li>● minimize disruption of PPFN on-going activities by coordinating the interface between the international and local experts and PPFN staff.</li> <li>● maximize technical assistance quality through coordination of the activities of international and local experts in integrated service delivery, clinic mgmt, logistics mgmt, financial mgmt, human resources mgmt, and monitoring and evaluation.</li> <li>● oversee local technical consultant intervention activities to ensure quality.</li> <li>● facilitate maximum transfer of expertise to PPFN staff.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Project Coordinator sited in PPFN HQ <ul style="list-style-type: none"> <li>● Regular informal meetings with Executive Director, Assistant Director/Research &amp; Planning, Chief Accountant, Acting Administration and Personnel Officer, Supplies and Logistics Officer, Program Officers for Service Delivery and IEC, and, Clinic Officer-in-Charge of NHQ Clinic as need arises. Formal meetings as required.</li> </ul> </li> <li>● Coordinated intervention personnel.</li> <li>● Advised on PPFN internal organizational and external operating environment to ensure appropriate interventions.</li> <li>● Provided technical assistance to local technical consultants.</li> <li>● Provided constant coaching of staff to upgrade level and quality of PPFN HQ staff performance.</li> </ul>
<ul style="list-style-type: none"> <li>● Establish mechanism for funding activities with PPFN and for transferring funds to PPFN</li> </ul>	<ul style="list-style-type: none"> <li>● Project office activities funded through personal NIB bank account; considerable support given to PPFN accounts staff to raise level of expenditure, tracking and accounting for funds donated directly to PPFN to operate joint PPFN/FPMD SOW.</li> </ul>
<ul style="list-style-type: none"> <li>● Identify and establish project reporting requirements and systems for PPFN, AAO/Lagos, and FPMD Boston.</li> </ul>	<ul style="list-style-type: none"> <li>● Monthly Quick Lists and Progress Reports prepared for USAID-Nigeria, PPFN and FPMD/Boston.</li> </ul>
<ul style="list-style-type: none"> <li>● Prepare regular updated workplans and quarterly reports.</li> </ul>	<ul style="list-style-type: none"> <li>● Workplan modifications indicated in Quick Lists.</li> </ul>
<ul style="list-style-type: none"> <li>● Prepare scopes of work for FPMD international consultants for review by FPMD Boston.</li> </ul>	<ul style="list-style-type: none"> <li>● Scopes of work prepared for: clinic, publicity and financial management international consultants; and, wage comparability and salary banding study, and secretarial services supplied by local subcontractors.</li> </ul>
<ul style="list-style-type: none"> <li>● Collaborate with FPMD consultants to prepare, for review by FPMD Boston, preliminary scopes of work and contractual arrangements for local technical consultants.</li> </ul>	<ul style="list-style-type: none"> <li>● Prepared SOWs for local technical consultants in clinic and logistics management.</li> </ul>
<ul style="list-style-type: none"> <li>● Research and inventory local management institutions/organizations for potential institutional linkage with PPFN and FPMD.</li> </ul>	<ul style="list-style-type: none"> <li>● Coaching assistance required by PPFN staff to follow through on consultant recommendations superseded this activity.</li> </ul>

<i>(Table 6-G continued...)</i>	
<ul style="list-style-type: none"> <li>● Develop proposed nature and content of linking and recommendations for upgrading their technical assistance capability.</li> </ul>	<ul style="list-style-type: none"> <li>● See above.</li> </ul>
<ul style="list-style-type: none"> <li>● Identify, shortlist, interview and hire local technical consultants and firms (LTCs) to carry out implementation activities in conjunction with PPFN management.</li> </ul>	<ul style="list-style-type: none"> <li>● Developed evaluation matrixes, jointly hired and supervised: local consultants Bernadette Orefo, Catherine Agbede, and Emmanuel Anyika; local firms OL Consultants Ltd. and Coopers &amp; Lybrand.</li> </ul>
<ul style="list-style-type: none"> <li>● Schedule the initial linking of LTCs with FPMD technical staff and develop preliminary scopes of work that initiate that process.</li> </ul>	<ul style="list-style-type: none"> <li>● Done; facilitated optimal interaction between all parties.</li> </ul>
<ul style="list-style-type: none"> <li>● Develop project evaluation indicators.</li> </ul>	<ul style="list-style-type: none"> <li>● Indicators of PPFN executive and middle management staff must await improved job descriptions; indicators to identify presence of appropriate management procedures partially identified.</li> </ul>
<ul style="list-style-type: none"> <li>● Identify and establish baseline data and systems for ongoing collection, necessary to report on project evaluation indicators.</li> </ul>	<ul style="list-style-type: none"> <li>● Baseline data on PPFN productivity collected; however, data on under-achievement of staff and underdelegation of authority remains to be collected.</li> </ul>

<b>TABLE 6-H. ADDITIONAL ACCOMPLISHMENTS</b>
<b>VOLUNTEER MANAGEMENT</b>
<ul style="list-style-type: none"> <li>● A Leadership Training and Advocacy Workshop for the National Executive Committee raised awareness, improved skills, and formulated their own volunteer job description.</li> </ul>
<ul style="list-style-type: none"> <li>● A Negotiating Skills and Advocacy Workshop for key State-level volunteers established the basis for negotiations and advocacy, and sensitized state volunteers to their roles. The printed workshop report provides members of each State branch with a full range of rationales to be used when negotiating and advocating for family planning and reproductive health care.</li> </ul>
<b>SERVICE MARKETING MANAGEMENT</b>
<ul style="list-style-type: none"> <li>● A Publicity Workshop for State Programme Officers responsible for service marketing provided practical guidance in largely, cost-free publicity techniques.</li> </ul>
Client information handouts and method-specific promotional handouts for the general public have been prepared for use in client counseling and outreach, respectively.

#### IV. ACCOMPLISHMENTS

After only ten months of implementation, the joint PPFN/FPMD Management Strengthening Project has reinforced the foundation for a strong, effectively managed national reproductive health service delivery system. Most intervention activities took place in the clinics at the service delivery level and at national headquarters. Decentralization of systems and procedures to the state level must be pursued in a follow-on project to ensure sustainability. The rapid implementation of the modified systems and procedures at clinic and headquarters levels also requires reinforcement, especially with the increasing importance of integrated services. Resolution of basic service delivery productivity problems allows us to focus on increasing the client volume to maximize our productivity gains. Further development of procedures is essential both for management of the staff service marketing system and for management of volunteers as resources for advocacy and service marketing. The operating system is adaptable to accommodate the integrated reproductive health service including child survival, sexual health and family planning services currently being developed.

A. The *Clinic Procedures Manual: Service Delivery* has been written and distributed to the states. The manual institutes updated medical protocols that remove significant service delivery barriers and introduce essential infection prevention procedures. The manual also reinforces client counseling techniques and provides client method-specific handouts. *The Clinic Procedures Manual: Commodity Management & Money Management (CPM:C&M)* has been printed for each of the approximately 120 full-time clinics and sessional clinics. The *CPM:C&M* simplifies clinic recordkeeping; links all records to clients; integrates service statistics, commodity inventory and cost recovery data; and requires reconciliation of data at the clinic level prior to forwarding information to the State level. Thus, tracking of records and accountability is incorporated into the reporting system. The *PPFN Financial Procedures Manual* is ready for printing and the *PPFN Logistics Procedures Manual* has been distributed in photocopy format. All the manuals are management tools to update and standardize procedures and to form the basis for coaching staff and monitoring their performance. The Manuals require further development to fully incorporate integrated services. The supervisory staff at all levels also require practical training in coaching skills and problem solving. Although supervisory checklists have been developed, a practical and cost-effective supervisory system is yet to be developed.

Dissemination of the manual procedures has been widespread and effective but remains incomplete. A TOT CPM: Service Delivery team has been established. Orientation clinics have been established in the headquarters clinics at the national headquarters and in each of the four state headquarters that are slated to become zonal headquarters in the future. One clinic staff in each state has received one week practical and theoretical orientation in the use of the *Clinic Procedures Manual: Service Delivery*; however, the other Clinic Officers are yet to benefit from the training. The State Accounts/Stores Officers and the State Supervisors have undergone workshop training in the use of the manuals, forms and checklists; however, the Clinic Officers and all the Clinic Assistants who originate the reporting data have not been trained. The staff responsible for almost all the major stores have participated in reorganizing their stores. Staff

responsible for state stores have participated in practical stores management, reorganization and physical inventory count training at selected sites.

**B.** The recently completed computerization of headquarters finances and inventory records has strengthened management's capacity to gather information about activities as a basis for decision-making. The headquarters accounting and payroll operations have been computerized, manuals written and staff trained. The local firm handling the computerization, OL Consultants, Ltd. has entered into a memorandum of understanding with PPFN to provide technical support through the end of November and during the end of year activities. A customized, computerized inventory system that tracks commodities and supplies by batch number and expiry date been installed complete with a manual and staff training. This system prepares reports and forecasts commodity needs throughout the PPFN network. Some spreadsheets to integrate financial and logistics recordkeeping and reporting have been developed. Follow-on technical assistance will be required to perfect these rapidly developed and implemented systems.

**C.** The Program Officer for Research and Evaluation participated in a Management Sciences for Health Course: Planning and Directing Management Information Systems. Additional technical assistance will be required to strengthen PPFN monitoring and evaluation systems. Improved implementation will require improved monitoring and evaluation to capture project successes that result in PPFN-generated demand even when the demand is satisfied by other private sector outlets. The viability of small scale, community-based M&E projects needs to be explored through a pilot project.

**D.** Development of human resources productivity proceeded on several fronts. A wage comparability study and salary banding and wage and benefit recommendations have been submitted to PPFN for consideration. With IPPF funding, the local consulting firm is currently preparing detailed job descriptions and a personnel manual. The rewiring of the National Headquarters Building has ensured constant, safe use of computer and other office equipment as a basis for uninterrupted staff performance and accountability. Seven computers have been supplied for headquarters accounting, supplies and logistics, and management staff. Management staff have completed introductory wordprocessing achieving speeds ranging from 18 - 28 words per minute. They have begun wordprocessing their own reports. Their newly acquired skills will foster rapid and flexible thinking for strategic and development planning and report writing. Support staff participated in intermediate/advanced training in wordprocessing and spreadsheet use to eliminate inefficiencies derived from outdated skills.

**E.** Maximization of clinic productivity gains through improved management of marketing of PPFN services and improved management of volunteers has commenced. Leading PPFN volunteers have been given some basic training. A Leadership Training and Advocacy Workshop has raised awareness, improved the skills of the National Executive Committee and assisted them to formulate their own volunteer job description as an initial step towards more productive volunteer participation. A Negotiating Skills and Advocacy Workshop for key State-level volunteers has established the basis for negotiations and advocacy and sensitized state volunteers

to their roles. The printed workshop report provides members of each State branch with a full range of rationales to be used when negotiating and advocating for family planning and reproductive health care. A Publicity Workshop for State Programme Officers responsible for service marketing provided practical guidance in largely, cost-free publicity techniques. Client information handouts and method-specific promotional handouts for the general public have been prepared for use in client counseling and outreach. However, procedures for management of an effective service marketing system and for management of volunteers as resources for advocacy and service marketing require further participatory development.

Decentralization of management to the state level will increase PPFN's capacity to expand and multiply interventions. Training in program management and project development is needed for State Managers and for the Volunteer State Advisors. Training in supervision/coaching skills is required for state personnel to ensure sustainability of the Manual innovations and procedures. Much of the further development of the clinic service marketing strategy and implementation will take place at the state level and local government level.

**F.** Substantial delegation of authority and responsibility along with significantly higher levels of staff performance were achieved. The Executive Director had also sought technical assistance from USAID (and IPPF when decertification held up implementation) for reassessing and modernizing staff policies, job descriptions and salaries. His handling of employee matters laid the basis for performance-based management because staff recognized that non-performance and inappropriate performance would jeopardize their employment status.

**G.** With guidance from the FPMD on-site Project Coordinator, the appropriateness and quality of FPMD technical assistance maximized PPFN's benefits from FPMD's consulting services and convinced the Executive Director to value USAID expertise and training. The Project Coordinator ensured that all the management consulting was responsive to PPFN's perceived needs and proceeded under the direction of the Executive Director. The Project Coordinator ensured that the training content met the Executive Director's requirements that it be current, pragmatic, and relevant to the local environments as well as permeated with the actual content to be used in the field. Once the Executive Director was assured of the appropriateness of FPMD-funded in-service training, he sought training for each cadre of staff. Furthermore, the Executive Director soon recognized that in many areas direct assistance to his staff from international experts with considerable field experience was preferable to assistance channeled through local consultants.

**H.** The management consulting services of FPMD have contributed to the initial changes in the PPFN work environment and to the on-going process that is the prerequisite to an effective management by objectives system. FPMD services included: a culturally sensitive Project Coordinator, experienced international consultants; follow-on local consulting by firms and individuals; support for PPFN staff who led workshops in the zones; and, operational support. The Project Coordinator reinforced the consultants' expertise with information and guidance on both the Nigerian implementation environment and the PPFN organizational environment.

Consequently, consultant recommendations, coaching and training were apt, pragmatic and very effective. Throughout the project, the Project Coordinator also provided regular coaching to staff to facilitate staff involvement in project activities and raise their level of performance.

The international consultants provided exceptional technical assistance. They responded astutely and flexibly to the evolving needs and capabilities of PPFN staff and volunteers. In order to maximize their input, they each stretched their technical assistance and PPFN's implementation role beyond the limits of their scopes of work. Their commitment and pleasure at the accomplishments of PPFN staff was contagious and certainly contributed to the higher levels of PPFN participation and achievement.

## **V. LESSONS LEARNED**

**A.** Strategically designed, comprehensive management assistance designed to provide immediate and noticeable benefits at the service delivery level with linkage to the management levels is valuable in its own right. Such strategic and pragmatic management assistance is also valuable to convince Missions and targeted organizations to devote the time and resources necessary for management strengthening improvements, improvements that are often supported in theory than in practice.

**B.** Local technical consultants could perform much of the detailed assistance work as long as they had adequate technical supervision. Indeed, the use of these professionals, in addition to reducing costs, began the process of establishing a local cadre of trained personnel. There were two keys to making this work. The first was to carefully screen applicant individuals and firms to ensure that they were qualified and acceptable to both PPFN and FPMD. The second was to link them up immediately with their expatriot counterpart to develop a long term scope of work and establish a working rapport between them.

**C.** Discrete management tools, such as the Clinic Procedure Manual, can be an extremely important agent of change. In addition to addressing specific technical issues it can also communicate a new way in which clients and/or staff are to be treated. If developed through a participatory process, it can also involve and invest staff in ways that have never been done before.

**D.** A comprehensive approach to management assistance is essential. In addition to recognizing the interconnectedness of many management systems and procedures, it has a decidedly synergistic effect. Management development is about institutional growth and change and not about new systems. The opportunity to work with PPFN in so many different areas ensured a consistent and coordinated effort that was more than the sum of its parts.

**E.** Management assistance can and does have a direct and immediate affect on service delivery. When a conscious effort is made, such assistance can be consistently grounded in direct service to

the public. The PPFN orientation clinics are an example. They look and perform very differently and their staff have a changed attitude in a very short period of time.

**F.** The decision-making client in a successful, sustainable management strengthening project must be the executive manager and/or the board of directors of the target organization. Imposition of the goals and objectives of the funders or the management consultants may inhibit the requisite behavioral change within the target organization.

**G.** For an excessively centralized and bureaucratic, non-performing corporate (or NGO) culture, the management strengthening objective is improved middle management and staff performance coupled with increased delegation of authority and responsibility. These behavioral changes can best be achieved as by-products of implementation activities to modernize management.

Executive delegation of authority is dependant upon the transparency, accountability, and quality of personnel performance. Transformation into a corporate culture of achievement (widespread improvements in staff performance and productivity) requires management systems and procedures to ensure that personnel performance is transparent, accountable and rewarded. Technical assistance to introduce modernized management systems and procedures is essential but not sufficient to change the corporate culture.

**H.** A culturally sensitive, on-site, Project Coordinator can facilitate corporate culture change from underachievement to productive performance within an entrenched and bureaucratic NGO by fostering mutual respect and trust while following through each intervention with on-going coaching.

- Mutual respect and trust facilitates the requisite risk-taking and behavioral change.
  - Mutual respect and trust between the key executive and the management consultants (represented by the project coordinator and those providing technical assistance) permits risk-taking devolution of authority, first to the project coordinator and then to the middle management.
  - Mutual respect and trust between the middle management and the project coordinator permits risk-taking improvements in personal performance by staff in a non-performance corporate culture.

## **VI. RECOMMENDATIONS**

PPFN requires much more management strengthening if it is going to vastly expand its service delivery throughout the country. The management of PPFN can best be strengthened by continuing the existing interventions while widening their scope to include integrated services and reinforcing the on-going transformations in the PPFN corporate culture. The expert project coordinator coaching needs to continue along with a general upgrading of management skills across the board.

At headquarters level more management staff with higher levels of management experience are required. A Medical Director to oversee the technical quality and consistency of services is needed and a supervision system with trained staff needs to be established.

PPFN needs to move ahead with decentralization by establishing zonal offices. These offices will require qualified personnel to actively supervise the clinics and outreach activities and to gather and analyze their financial and programmatic performance. Special emphasis must be placed on management of PPFN activities in the far North where the organization is fairly new.

A comprehensive strategic planning process will ensure a more orderly and efficient organizational growth by focussing effort on the most pressing priorities. This growth should include development of integrated health services to attract significant numbers of new clients. The narrow focus of only family planning is too preventative in nature and denies the health care decision-making reality of the country.

PPFN should consider a massive marketing campaign the projects a new caring and integrated image of the organization rather than focussing on the additional services. While some mass media advertising should be used, PPFN needs to learn how to plan for and use other means, and especially their service delivery staff and volunteers, to market the organization.

PPFN should also be given the opportunity to learn from the experiences of family planning programs in other parts of the world.

Here are some of the specific management interventions needed by PPFN in the immediate future:

<b>Table 7: RECOMMENDED MANAGEMENT STRENGTHENING INTERVENTIONS</b>
<p><b>Clinic Procedures Manual (CPM) Follow-Up</b></p> <ul style="list-style-type: none"> <li>● Write and Publish Complete Integrated Services Text               <ul style="list-style-type: none"> <li>● coordinate input from IPs</li> </ul> </li> <li>● Develop Appropriate Supervision/Coaching System (responding to cost constraints arising from huge distances)               <ul style="list-style-type: none"> <li>● Coaching Skills Development for Headquarters and State Staff</li> </ul> </li> </ul>
<p><b>Logistics Management</b></p> <ul style="list-style-type: none"> <li>● Development of Coaching System for follow-on of new procedures</li> <li>● Introduction of Cold Chain and Laboratory Capabilities</li> </ul>
<p><b>Financial Management</b></p> <ul style="list-style-type: none"> <li>● Technical Assistance for Developing Capability to Use Financial Information to Improve Management Decision-Making</li> </ul>

**Human Resources Management**

- Operationalize performance objectives employee evaluation system
- Institutionalize gender sensitivity and equity

**Volunteer Management**

- Reassessment, Development and Implementation of Procedures and Systems to Enhance Volunteer Productivity
- Development of a Volunteer Manual
- Northern Volunteers
  - access and develop system for managing their technical expertise to assist fledgling branches
  - participatory development of advocacy and promotion content and delivery systems
- Southern Volunteers
  - participatory development of advocacy and promotion content and delivery systems

**Service Marketing Management**

- Follow-Up Handouts and Generic Talk Initiatives
  - Prepare (or use handouts and talks prepared by other IPs )for all Integrated Services
  - Train clinic and outreach staff in use
  - Monitor and evaluate
- Follow-up Publicity/Marketing Workshop
  - Participatory Development of Targeted Advocacy and Promotion Content and Delivery Systems
    - Replicate and Reinforce in Pilot States
      - Supervision/Coaching
      - Planning, Implementing and Evaluating

**Expansion to Northern States**

- On-site technical assistance (assisting personnel from 3 states at a time) to put in place modernized procedures
- Traditional Birth Attendant Enhancement

**Decentralization to State Level (also see above)**

- Manual Supervision/Coaching
- Project Development & Project Management for State Officers
- Project Management for Volunteer State Advisors
- Management of Clinic Service Marketing
  - Participatory Development of Procedures for
    - State/Zonal HQs: Ibadan, Enugu, Kaduna, Jos/Bauchi??
    - pilot intervention in two low volume clinics
- Operational Support
  - Fax machines & photocopier
  - Computer Literacy for State Managers of Major State/Zonal Headquarters
  - Supply of Computers to Major State/Zonal Headquarters

**Headquarters Management**

- Follow-Up Clinic Financial and Logistics Management
- MIS Management
  - small scale, community-based M&E Development
- Operational Support
  - Intermediate Computer Training
- Strategic Planning
- Services Marketing
- Medical Quality Assurance Program