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Author: John McWilliam et al

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Executive Summary of Management Review of the Nigerian Family Health Services Project

by

John McWilliam
Harriett Destler
Wale Shobowale
Douglas Wear
Nancy Williamson
Pamela Wolf

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Population Technical Assistance Project
DUAL & Associates, Inc. and International Science
and Technology Institute, Inc.
1601 North Kent Street, Suite 1014
Arlington, Virginia 22209
Phone: (703) 243-8666
Telex: 271837 ISTI UR
FAX: (703) 358-9271

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EXECUTIVE SUMMARY

A Management Review of the Nigerian Family Health Services Project took place April 29-May 17, 1991. The review team consisted of John McWilliam (POPTECH, Team Leader), Harriett Destler (A.I.D./W), Pamela Wolf (A.I.D./W), Wale Shobowale (Transcon), Douglas Wear (consultant), and Nancy Williamson (FHI).

The FHS Project is a five-year (1988-1992) family planning services delivery project ($67 million, USAID; $33 million, Government of Nigeria) being implemented in Africa's most populous country. As of mid-1991, Nigeria's population was estimated to be 120 million and was growing at an annual growth rate of 2.9%.

The FHS Project is part of Nigeria's primary health care program. FHS has five separate contractors who are responsible for: IEC (JHU/PCS), public sector (Pathfinder), private sector (FPIA), policy and evaluation (JHU/IIP), and logistics and administration (African America Institute). A Project Administrator is responsible for Project coordination. The Director of the Department of Population Activities of the Federal MOH serves as Project Director.

The Management Review Team concentrated on only three components (private sector, public sector, and policy and evaluation) since these were thought to need the most attention. Field trips were taken in the Lagos areas as well as to the north (Kaduna, Zaria, and Jos).

PROGRESS

The team noted significant progress in family planning in Nigeria.

- There is general agreement among policy makers and the general public that Nigeria's population is growing too fast
- There are approximately one million users of modern methods in Nigeria, more than in any other country in Africa
- The demand for FP is clearly increasing
- There is an unmet need for effective methods such as pills, injectables, female sterilization and NORPLANT®
- Very extensive FP training programs are taking place throughout the country

- 374 clinical FP service sites have been equipped as well as 2,158 service sites for non-clinical FP services
- 1,600 IUCD kits will be distributed to public sector facilities in the next several months; 1,388 IUCD kits have already been sold through the private sector
- Standards of practice and training curricula have been adopted
- The management information system is improving and is yielding data on new acceptors and return visits
- National information is now available on contraceptive use and source of supply through the 1990 Nigerian Demographic Health Survey
- Two condom brands, "Right Time" and "Gold Circle," have been launched by Sterling and PSI respectively
- A family planning logo has been adopted and will be launched in the coming months

PROBLEMS

The challenges to delivering FP services to the large and diverse Nigerian population are equally dramatic.

- Fertility remains high (TFR of 6.0 in 1990)
- Contraceptive use is low: 7.6% of all women 15-49 report use of any method with only 3.8% reporting a modern method
- There are serious commodity shortages especially of pills and injectables, the most popular methods
- The contraceptive commodity logistics system is still not working as intended
- The FHS Project is unlikely to meet its targets (12% prevalence, 2.5 million acceptors in the 5th year) by the end of Project period, December, 1992
- IEC materials are often stored in offices and not sent out to clinics where they could be used
- The private sector distributor, Sterling, does not plan to advertise and market branded pills or foaming tablets for the next two years

RECOMMENDATIONS

Management

1. The FHS Project should be extended a year beyond the current ending date of December 1992. This will allow the Project to come close to its targets and to consolidate FP service delivery. The next FHS Project can be planned during 1992 and 1993 with the federal MOH, state MOH, and LGAs being integrally involved.

2. The salaries of all FHS staff should be thoroughly reviewed and appropriate adjustments made.

3. During the remainder of FHS-I, the FHS Project should move toward a functional organization with its units performing functions such as training, commodities, IEC, MIS, policy and evaluation in an integrated fashion.

4. The Divisions of FHS should select states and LGAs where they can work together to attempt to get a synergistic effect by integrating their activities.

5. In order to strengthen coordination among the Divisions of FHS, a "prime among prime" could be engaged to serve as a coordinating unit responsible for strategic planning, coordinating workplans, working with government and donors, MIS, and commodities. Another option is to strengthen the authority of and support for the Project Administrator.

6. The FHS Project should consider engaging a Nigerian Project Manager who has extensive experience in management and family planning service delivery.

7. The Management Committee should be revitalized and include representatives from FHS, MOH, the private sector, Nigerian universities, donors, and A.I.D./Washington. One subset of the Committee could focus on the functioning of the current Project while another focuses on future steps to increase family planning access and use in Nigeria. A strategic planning emphasis 'should be given to the Management Committee.

8. Contractors need to simplify and speed up their contracting mechanisms, including giving more authority to the Divisions in Lagos.

Commodities

1. The FHS Project needs to devote more attention to commodity problems.

2. Given the current pill shortage, obtaining and distributing pills should be done on an emergency basis.

3. An urgent appeal should be made by A.I.D. to UNFPA to send injectables immediately. Another potential source of injectables is purchase by the Government of Nigeria.

4. A contraceptive commodity/logistics unit should be set up either in the Project Administrator's office or in the "prime of primes." It may initially require outside technical assistance.

Public Sector

1. There are several options for how to institutionalize the distribution of public sector FP commodities: paying Sterling for this service rather than relying solely on "corporate citizenship;" piggybacking onto another commodity distribution system (EPI or eventually, the essential drugs program), or setting up a new government distribution system which would require strengthening and upgrading zonal and state warehouses.

2. NORPLANT® and female sterilization should be made more available by expanding the current "centers of excellence" through add-ons to AVSC in surgical contraception and AVSC/FHI in NORPLANT®. These activities should be integrated into the FHS Project.

3. Now that a very large number of people have been trained, there should be more concern with retraining, follow up and supervision of trainees to make sure they are using their training.

Private Sector

1. Steps should be taken to spin off the retail/social marketing components of FHS into an autonomous project based in the private sector organization(s) doing the work.

2. An assessment should be done of the other private sector activities (with private hospitals, clinics, parastatals, nurses/midwives, market women, etc.) to see which ones are cost effective and sustainable. The cost effective programs should be supported and strengthened and placed within an organization such as PPFN.

3. If Sterling is unwilling to commercialize and market pills and other methods such as injectables, another organization should be engaged to market these products.

4. Support for PSI's social marketing activities should be increased, including possible additions to their product line.

5. The Project should eliminate foaming tablets from the private sector program.

6. The Project should add injectables to the package of commodities being promoted in the private sector if the supply problems can be solved.

7. The Project requires stronger technical assistance in marketing.

IEC

Greater effort should be made to get IEC materials out to the service sites.

Policy and Evaluation

1. If the Futures Group is asked to complete the RAPID work, they should build on past work with JHU and NISER, incorporate the most recent data available including NDHS, and respond to locally identified information needs.

2. The Policy and Evaluation Division should work with the Federal Office of Statistics to implement the Family Planning Questionnaire in one national survey in 1992 so that it will be possible to measure whether FHS met its targets and to help in planning a new project.

3. Efforts should be made that the many planned constituency building activities are practical and supportive of the FHS Project and FP service delivery.

4. The PE Division and JHU/IIP need to prioritize their many activities so that the most important ones are completed in the next 18 months and the information they produce is widely disseminated.

5. The Non-Project Assistance funding mechanism could be used to encourage policy changes supportive of family planning services (customs, advertising, essential drugs, responsibilities of nurses, etc.).

A.I.D./Washington and USAID/Lagos

1. Given the size and complexity of the FHS Project as well as other A.I.D. supported projected which will be working in Nigeria (CCCD, MotherCare, OR in Africa, AVSC, AIDSTECH, etc.), more staff are needed in USAID/Lagos.

2. A.I.D./Washington (S&T/POP) should assign a backstop to the FHS Project and serve on the Management Committee.

STRATEGIC PLAN FOR FAMILY HEALTH SERVICES PROJECT

	PHASE I (5/91 thru 12/91)	PHASE II (1/92 thru 12/93)	PHASE III NEW PROJECT - 5 YEARS
MANAGEMENT	.extension of project completion date	.establishment of strategic planning/management unit	.Planning/coordination
	.reconstitute project management committee	.broader mandate for new project administrator	.Nigerian co-director
			.Donor coordination
	.review salary/benefits for all FHS staff	.move toward functional roles	.Non-Project Assistance
	.appoint pop officer for AID/Lagos	.upgrade zonal offices to assist states and LGAs	
	.appoint ST/POP backstop	.geographical focus	
SERVICE DELIVERY	."emergency" commodity relief	.focus on service delivery targets (CYPs; users)	
	.renovation of zonal and state stores	.support to AVSC/FHI for long-term and permanent methods	.AVSC/FHI part of FHS
			.separate CSM Project
	.vehicle purchase for zonal coordinators	.marketing TA to FHS/Private	
	.monitoring of retail outlets for leakage	.support to PPFN and PSI	
	.extension of contract w/Africare	.continuation of trouble-shooting team	
	.removal of VFT from private sector	.improve reporting system in public and private	
	.resolution of MIS forms		
	.oversight of public sector commodities distribution	.reprogramming of commodity requirements and $	
POLICY	.TARGET and RAPID analysis	.prioritize current activities	.Non-Project Assistance to encourage policy changes
		.secondary DHS analysis	
		. survey containing FPQ	
OTHER	.short TDY by commodities logistic team	.full-time commodity logistics manager	
		.new commodities contract	