

**USAID/Nigeria**  
**Results Review and Resource Request (R4)**  
**FY1996-1999**

Lagos, Nigeria  
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## Table of Contents

	Acronyms/Abbreviations	iii
I.	Overview and Factors Affecting Program Performance	1
	Factors Affecting Program Performance	1
	Program overview	3
	Cross-Cutting Results	4
	Improved Participation of Women in Health Care Decision-making	4
	Improved Organizational Sustainability of Selected NGOs	5
	Strengthened Capacity and Capability of selected NGOs for Health Delivery Services	6
	Enhanced Integrated Health Services	6
II.	Progress toward Objectives	7
	Strategic Objective 1: Increased Voluntary Use of Family Planning	7
	Program Performance	7
	Intermediate Result 1.1: Increased Demand for Modern Contraception	9
	Intermediate Result 1.2: Increased Availability of Modern Contraceptives	10
	Expected Progress through FY1999 and Management Actions	11
	Strategic Objective 2: Improved Maternal and Child Health Practices	12
	Program Performance	12
	IR2.1: Improved immunization practices and coverage	13
	IR2.2: Improved case management of the sick child: ARI, fever (malaria), and diarrhea	14
	Expected Progress through FY1999 and Management Actions	15
	Special Objective 1: Improved HIV/AIDS / STD Prevention & Control Practices	15
	Program Performance	15
	Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission	16
	Increased availability of condoms	17
	Improved quality of STD services	18
	Expected Progress through FY1999 and Management Actions	18
	Special Objective 2: Strengthened civil society contributions to democratic participation and respect for civil rights (Democracy/Governance)	18
	Program Performance	18
	Expected Progress through FY1999 and Management Actions	20
III.	Status of Management Contract	20

IV.	Resource Request .....	21
	Context for the FY1999 submission .....	21
	Projected Pipeline .....	22
	Program Funding Request by Strategic Objective .....	22
	Strategic Objective 1: Increased Use Of Voluntary Family Planning .....	23
	Strategic Objective 2: Improved Maternal and Child Health Practices .....	24
	Special Objective 1: Improved HIV/AIDS/STD Prevention and Control Practices .....	25
	Special Objective 2: Democracy and Governance (DG) .....	26
	Prioritization of Strategic Objectives .....	27
	Linkage of Field Support to Development Programs .....	28
	Program Tables .....	28
	A. Tables for Agency .....	28
	1. FY1997 Budget Request by Program	
	2. FY1998 Budget Request by Program	
	3. FY1999 Budget Request by Program	
	4. Global Field Support (1997/98/99) .....	28
	B. Tables for Africa Bureau .....	28
	1. AFR. Bureau Table I: Micro-enterprise (97/98/99)	
	2. AFR. Bureau Table II: PVOs/NGOs activity (97/98/99)	
	3. AFR. Bureau Table III: Non-Project Assistance	
	4. AFR. Bureau Table IV: Title II Food Aid (Non-Emergency 97/98/99)	
	FY1998/1999 Increases and Decreases .....	30
	Attachments .....	32
	Attachment 3a: Operating Expense Budget Request (1997/98/99)	
	Attachment 3b: Operating Expense Budget Worksheet	
	Attachment 3c: Cost of Controller Operations (1997/98/99)	
	Attachment 4: Work Force Requests	
	Attachment 5: Trust fund & FSN Separation Fund	
	Attachment 6: Other OE Tables	
	Changes in the CPSP/Management Contract. ....	32
	Justification for New Strategic Objective in Basic Education .....	32
	Explanatory Notes .....	34

## Acronyms/Abbreviations

AIDS	acquired immune deficiency syndrome
AIDSCAP	AIDS Control and Prevention Project
ARI	acute respiratory infection
BASICS	Basic Support for Institutionalizing Child Survival
CA	cooperating agency
CBO	community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities
CPR	contraceptive prevalence rate
CPSP	Country Program Strategic Plan
CYP	couple-years of protection
DG	democracy/governance
DPT	diphtheria, pertussis, and tetanus vaccine
FY	Fiscal Year (Oct. 1 - Sept. 30)
GON	Government of Nigeria
HIV	human immunodeficiency virus
IBHS	Integrated Baseline Household Survey (USAID/Nigeria)
ICRW	International Center for Research on Women
IEC	information, education, and communication
INITIATIVES	Private Initiatives for Primary Healthcare
IP	implementing partner
IPPF	International Planned Parenthood Federation
IR	intermediate result
IUD	intra-uterine (contraceptive) device
JHU/PCS	Johns Hopkins University / Population Communications Services
MCH	maternal and child health
MICS	Multi-Indicator Cluster Survey (Federal Republic of Nigeria/UNICEF)
NCCCD	Nigeria Combatting Childhood Communicable Diseases Project
NDHS	Nigeria Demographic and Health Survey 1990
NFHS	Nigeria Family Health Services Project
NGO	non-governmental organization
NISH	Nigeria Integrated Survey of Households (Federal Office of Statistics)
ODA	British Overseas Development Agency
ORS	oral rehydration salts
ORT	oral rehydration therapy
PASA	Participating Agencies Sub-Agreement
PHN	population, health, and nutrition
PLWHA	people living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria (IPPF affiliate)
PSI	Population Service International
SFH	Society for Family Health, affiliate of Population Services International (PSI)
SSS	salt and sugar solution

SO	strategic objective
STD	sexually-transmitted disease
TT	tetanus toxoid vaccine
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
USIS	United States Information Service
WHO	World Health Organization

## **Part I: Overview and Factors Affecting Program Performance**

USAID/N is a mission operating under the dictates of changing circumstances. Since the drafting of the mission's current Country Program Strategic Plan (CPSP) in 1992, and the revision of that plan in November 1994, expectations that the mission might achieve many of the quantitative results specified in those documents have become unrealistic as a result of rapidly changing USAID and Nigerian environments. The "results review" portion of this document will gauge the mission's performance and highlight other results being achieved by the mission which are not captured within the confines of performance monitoring indicators.

The mission has contributed to measurable improvements in the 1990s, particularly in the promotion of family planning and safer sexual behavior. Unfortunately, some of these gains are being eroded by the current wave of spending cuts and restrictions on permissible development activities. Managing a relatively small, NGO-based program in a large and troubled nation of over 100 million inhabitants, USAID/N has adopted a cautious attitude toward the promised transition to democracy. The mission shares the skepticism about the military regime's intentions but also believes that USAID's continued presence may eventually serve as a springboard to increased constructive engagement in a democratic Nigeria. In support of this position, a modest \$20 million FY1999 program expansion is proposed in the R2b and newly-funded activities in the democracy/governance (DG) sector are designed to empower and prepare Nigerian civil society for the emergence of democracy.

### **Factors Affecting Program Performance**

A variety of internal and external factors have led to a marked reduction in the technical and geographic scope of the mission's activities. Many of the external constraints which have plagued the USAID program in the past, including political instability, economic difficulties, and the collapse of social services in the public sector, continue to limit the potential impact of the mission's activities. However, having adopted an NGO-based, private sector strategy, USAID/N is once again in a position to effectively pursue its strategic objectives, albeit in a more modest manner than was once envisioned. On the following page, the chronology of major events affecting program performance in FY1996 illustrates the difficult environment in which the mission operates.

The effects of decertification, further strains in U.S.-Nigeria relations resulting in visa problems for AID/W staff and consultants and the imminent threat of a mission close-down, drastic cuts in overall funding and workforce levels, delays in the transfer of funds from Washington, and the proposed termination of family planning funding for an otherwise integrated PHN program have combined to create an extremely difficult working environment and have left a country program which includes only vestiges of what was envisioned under the 1992 CPSP.

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### *Chronology of events affecting FY1996 Performance*

- Oct. 1 - Nov. 17, 1995: Mission functioning "normally", implementing programs without undue distraction.
- Nov. 10, 1995: Ogoni hangings, including execution of well-known author Ken Sarowiwa.
- Nov. 17 - June, 1996: USAID/N instructed to start closing down. Mission remains in limbo between close-down and downsizing pending outcome of policy debate between State and USAID/W. High-level USAID/W downsizing team arrives in Lagos in March 1996.
- March 1, 1996: For the third straight year, Nigeria is decertified for non-compliance with drug control efforts, prohibiting all U.S. development assistance except for basic humanitarian aid to private entities only. Mission to start closing operations within an eight-month period, barring receipt of a waiver from USAID administrator.
- June 12, 1996: Decertification restrictions waived, with the provision that FY1996 would be the last year of funding for family planning in Nigeria. Mission instructed to proceed with downsizing, leading to the termination of 10 program activities and departure of 10 of 15 cooperating agencies (CAs), including the contractor providing logistics support to the entire portfolio.
- June - September, 1996: Mission loses three of its four direct hires following the downsizing exercise. Remaining CAs and USAID/N reorganize to assume all logistics responsibilities for the program and initiate planning to move to new, smaller office building.
- Sept. 27, 1996: Mission receives FY1996 funding when remaining Congressional holds on program are lifted.
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In FY1996, the mission and its implementing partners (IPs) responded to these constraints and continued to implement the USAID program with commitment, flexibility, and ingenuity. Basic administrative difficulties, for example, are addressed by a unique arrangement in which the mission and IPs share responsibility for maintaining physical facilities and logistical systems in joint offices in Lagos, Kano, and Ibadan. The spirit of collaboration and innovation is applied across the board, as evidenced in the coordination of program activities by and among IPs, the demonstration and fortification of linkages between the PHN and DG sectors, and the constant striving to focus on forms of sustainable community-based development. The constraint of working outside of government channels has been turned into an opportunity to develop vibrant partnerships between community-based organizations (CBOs) and local private sector service providers. The mission continues to play a leadership role in development and implementation of effective responses to the HIV/AIDS pandemic in Nigeria and has begun to adopt a similar role in the DG sector, where it has

become a key member in a donor coordination group that meets quarterly. These efforts have leveraged the interest and participation of various multilateral, bilateral, and private donors in Nigeria.

## Program overview

USAID/N's goal remains a more productive society contributing to market-oriented growth. The sub-goals of reduced fertility and decreased morbidity and mortality are embodied in the mission's objectives in family planning, child survival, and the prevention and control of HIV/AIDS. Instructions from USAID/W to drop the Strategic Objective (SO) in family planning are currently under appeal to the administrator. An additional objective in DG complements the integrated, NGO-based approach of the first three objectives while also working to open the political sphere and foment respect for human rights.

The mission's current \$7-million-dollar annual budget is politically determined and represents only a small fraction of the level of funding at the time of the strategic planning process (\$40 million in FY1993). This funding level also represents one of the lowest levels of per-capita spending by USAID in the world.

The regional and even global significance of slowing population growth, improving health status, combatting HIV/AIDS, and reinforcing democracy in Nigeria is not to be underestimated. The following table provides data on indicators of progress toward achieving results expressed at the goal level. These are not necessarily indicative of the performance of USAID/Nigeria's program, but are provided to illustrate Nigeria's overall progress, or lack thereof, toward achievement of the program's goal and sub-goals.

<i>Goal-level indicator</i>	<i>unit of measurement</i>	<i>1990 (NDHS)</i>		<i>1995 (UNICEF)</i>	
Total fertility rate	children per woman age 15-49	6.0		6.2	
Infant mortality rate	deaths per 1,000 live births	87		114	
Under-5 mortality rate	deaths per 1,000 live births	192		191	
Nutritional status	% of children under 5 stunted	43%		43% (no new data)	
Maternal mortality ratio	deaths per 100,000 live births	not available		1,000 (est.for 1990)	
<i>Goal-level indicator</i>	<i>unit of measurement</i>	<i>1991/92</i>	<i>1993/94</i>	<i>1995</i>	<i>1996</i>
HIV prevalence rate	% women at antenatal clinics	1.2%	3.8%	n.a.	6.7%
Establishment of democratic government (yes/no)		no	no	no	no

Current estimates by UNICEF (The State of the World's Children 1997) of fertility, infant mortality, under-five mortality, and nutritional status do not suggest that any improvements have occurred since the 1990 Nigeria Demographic and Health Survey (NDHS). The national population is projected to double in size to over 200 million within just 22 years. UNICEF's estimates for 1995 imply that well over one-tenth of infants die before reaching one year of age, almost one-fifth do not reach five

years of age, and one woman dies from complications related to pregnancy or childbirth for every 100 live births. The impact of HIV/AIDS continues to grow in Nigeria, as evidenced by rising HIV prevalence levels among high-risk groups as well as in the general population. To illustrate the full breadth of the USAID program, the table concludes with an admittedly very basic indicator of democratization.

### Monitoring Program Performance

The constantly changing nature of the mission's presence has made the maintenance of basic operations difficult enough; efforts to monitor program impact have also suffered considerably. In order to help capture people-level impact in the past, USAID worked with the GON to include family planning modules in the National Integrated Survey of Households (NISH), which was implemented on a semi-annual basis between 1992 and 1995. A second national Demographic and Health Survey in the latter half of the 1990s was to serve as a follow-up to the 1990 NDHS. Unfortunately, the prohibition of contracts with the GON has ruled out support for these performance monitoring tools.

Fortunately, UNICEF arranged to attach its Multi-Indicator Cluster Survey (MICS) as a module to the 1995 NISH, providing detail on family planning and child survival which would not have been forthcoming from a stand-alone GON survey. However, by 1995, the geographic and technical scope of USAID's work had changed radically. The mission's support for an Integrated Baseline Household Survey (IBHS) in focus areas in November 1995 was thus a timely and appropriate step to establish a basis for measuring specific impact of the USAID/N program.

### Cross-Cutting Results

One of the mission's greatest efforts has been the advancement of models of NGO-based development, integrating the fields of family planning, child survival, and HIV/AIDS with the closely-linked areas of women's empowerment and community participation. The process has been necessarily participatory in order to develop appropriate strategies and to ensure Nigerian ownership. USAID/N convened two major NGO conferences in 1994 to develop program parameters for the PHN portion of the portfolio and similarly organized two workshops in late 1996 for the DG program. Though the following four results have been included under SO1 in past iterations of USAID/N's Results Framework (as IRs 1.4-1.7), all four are cross-cutting results toward the achievement of all four of the mission's objectives. They are presented as such here in order to provide contextual information essential to understanding the mission's work on each Strategic Objective and Special Objective.

#### Cross-Cutting Result 1: Improved Participation of Women in Health Care Decision-making

This result embodies the cross-cutting issue of women's empowerment, which is vital to advances in family planning and health as well as broader participation in community and civic affairs. Research conducted by the International Center for Research on Women (ICRW) in 1996 has demonstrated that improved control over financial resources, increased mobility, and improved

communications skills can put Nigerian women in a better position to make good health care decisions. To facilitate this, ICRW has proposed interpersonal and group training programs, cooperative models of production, financing, and transportation, decentralized support services, and other participatory community development activities. These activities, which are now being pursued by CEDPA, JHU/PCS, and local NGOs, not only address health and family planning needs in general but are specifically intended to promote women's psychological, economic, and political empowerment.

Other IPs are following this lead and have added women's empowerment activities into their integrated health approaches. For example, the BASICS project, working with community organizations in Lagos, has organized fora for men and women to discuss and resolve health and other family issues together. The subsequent introduction of a savings scheme for women appears to have prepared them to take control of the health care of their children. Similarly AIDSCAP is promoting vocational skills, literacy training, and other capacity-building interventions to help women at risk onto the "Pathway to self-esteem and good health."

#### Cross-Cutting Result 2: Improved Organizational Sustainability of Selected NGOs

Organizational sustainability is another result which would be appropriate under any of the mission's four objectives, each of which embraces an NGO-based approach to development. Progress in institutionalizing NGO sustainability can never be quick, but the mission is making measurable strides toward this end. All IPs have integrated the concepts of community ownership, responsible and rotating management, income generation, and "exit plans" into their selection criteria for and working agreements with NGO partners. "Selection" of NGO partners may at first glance seem like a preliminary activity but more typically represents the final stage of a careful process of outreach, review, training, and capacity-building. The INITIATIVES Project in particular has played an important role in fostering NGO sustainability, targeting the revenue-generating needs of groups which were about to lose USAID funding during FY1996.

USAID-supported NGOs working in the fields of child survival, HIV/AIDS, or women's empowerment can now be found pursuing a diverse range of activities aimed at generating income and efficiently using existing resources. This allows USAID to focus on providing maximum technical assistance in its areas of expertise without exhausting its own limited financial resources. Community-based organizations (CBOs) working with the BASICS project in Lagos, for example, are pooling resources and gaining access to health services at little expense to USAID beyond the effort required to organize and provide technical assistance. Women's organizations working with CEDPA, such as the National Council of Women's Societies of Plateau State, where USAID is withdrawing funding, are exploring a wide range of alternative financing options, including operation of a *gari* (a manioc food product) processing plant, in order to continue activities such as community-based distribution of family planning commodities. And in the area of HIV/AIDS, AIDSCAP is also now helping NGO partners become more sustainable by providing assistance in proposal writing, program development, and financial management training. All of the IPs are collaborating with the mission and with each other to make this process work more effectively.

### Cross-Cutting Result 3: Strengthened Capacity and Capability of selected NGOs for Health Delivery Services

Activities toward reaching this result are closely related to those described above. The BASICS project, AIDSCAP, and JHU/PCS are all involved in strengthening NGO capacity in their respective areas of technical expertise, child survival, HIV/AIDS/STD prevention, and communications. CDC/Nigeria is perhaps the IP most specialized in strengthening technical management capacity and has provided substantial technical capacity-building related to its assistance for immunization activities described under SO2. CDC has also worked with CEDPA and other IPs to conduct training of trainers for community-level health worker capacity building.

### Cross-Cutting Result 4: Enhanced Integrated Health Services (MCH, FP, and HIV/AIDS/STD)

Interventions in child survival, reproductive health, and family planning are mutually-reinforcing contributors to a more healthy and productive society. Birth spacing through the use of modern contraception, for example, is known to be one of the most effective methods to improve child survival. This cross-cutting result reflects the mission's emphasis on integration of health and family planning services as the most efficient and most effective mode of comprehensive service provision. The mission's first step was to encourage IPs to collaborate and broaden their own areas of specialization so as to avoid the common problem of vertical programming leading to over-specialized services. USAID/N has now made service integration a necessary condition of participation by IPs. The next step is to ensure that the local NGO partners offer a wide array of services reflective of the move toward integration.

One example of the effort to integrate vertically-oriented programs into more comprehensive services is the work of AIDSCAP, a project usually identified with HIV/AIDS prevention and other STD services only. After holding an integrated health care services workshop for its partner NGOs and CBOs in April 1996, AIDSCAP has emphasized that future project proposals will need to incorporate a broad range of reproductive and other health services. Similarly, the BASICS project, which specializes in the technical area of child survival, is working to integrate family planning and AIDS/STD prevention and control into NGO health services in Lagos, and PPFN is working with JHU/PCS to expand the range of services its members offer in northern Nigeria.

## **II. Progress toward Objectives**

### **Strategic Objective 1: Increased Voluntary Use of Family Planning**

#### **Program Performance**

Success in achieving Strategic Objective 1, "Increased Use of Voluntary Family Planning," has been limited primarily by constraints internal to USAID's program. Since the initial U.S. presidential decertification of Nigeria in April 1994, the mission's assistance to Nigeria's effort to control population growth has been reoriented to a purely private sector program emphasizing social marketing of contraceptives and the provision of family planning services within integrated NGO health care programs. Budgetary limitations on family planning assistance in Nigeria, delays in the release of population assistance funds from AID/W, the off-again and on-again authorization to continue support of family planning in Nigeria, and finally the AID/W proposal to completely withdraw support for family planning commodities in Nigeria have all had devastating impact on what once held promise to be one of the most successful population programs in the world.

The recent motion to limit or end family planning assistance in Nigeria is under appeal to the administrator, who has specified that FY1996 is to be the last year of funding for family planning in Nigeria. What funding was available in FY1996 did not arrive in Lagos until September 1996, the final month of the Fiscal Year. The mission is not currently programming new activities in family planning but is continuing its ongoing support to integrated health programs with essential family planning components. The mission will continue to report on this SO, with hopes that it will continue as an integral part of the country strategy.

Use of family planning in Nigeria, as measured by the contraceptive prevalence rate (CPR) among women of reproductive age, has risen substantially since the mission's 1990 baselines of 3.8% for modern methods and 2.3% for long-acting and clinical methods (1990 NDHS). In the past two years, however, gains made in the 1990s appear to be reversing. New data for 1995 from the joint UNICEF/GON "Multi-Indicator Cluster Survey" (MICS) indicate a CPR for modern methods of just 7.1%. Elsewhere, a figure of nine percent for 1995 has been cited but the source of this data is unclear. Either figure reinforces the notion that use of modern contraception has declined somewhat since the gains made up to 1994. Based on drops in USAID-supported sales of contraceptives in 1996, along with the known dearth of supplies in the public sector and the failure of any other donor to fill the gap left by USAID, we can safely assume that CPR continued to drop in 1996.

<b>STRATEGIC OBJECTIVE 1:</b> Increased voluntary use of family planning <b>APPROVED:</b> August 1992 <b>COUNTRY/ORGANIZATION:</b> USAID/N			
<b>RESULT NAME:</b> SO1 Increased voluntary use of family planning			
<b>INDICATOR:</b> Contraceptive prevalence rate, modern methods			
<b>UNIT OF MEASURE:</b> percent of women age 15-49  <b>SOURCE:</b> NDHS (1990), NISH (1993-94), MICS (1995)  <b>INDICATOR DESCRIPTION:</b> nationwide  <b>COMMENTS:</b> Only years with valid survey data are listed. New baseline established for USAID focus areas in 1995: 11.3% (Source: IBHS).	<b>YEAR</b>	<b>PLN'D</b>	<b>ACTUAL</b>
	1990 (B)		3.8%
	1993		9.3%
	1994		11.3%
	1995		7.1%
	1996		not available
	2000	19%	

While USAID/N is retaining nationwide CPR as a program performance indicator to reflect the national scope of some of the mission's activities (specifically contraceptive social marketing), data from the Integrated Baseline Household Survey (IBHS) provide a new, more appropriate baseline for program focus areas where the mission and IPs are implementing integrated family planning and health activities. The IBHS found a CPR of 11.3% for modern methods and 4.6% for long-acting and clinical methods for USAID focus areas. These figures reflect higher level of contraceptive use in the catchment areas of NGOs assisted by USAID. It is hoped that a follow-up survey will show continued positive results of USAID's presence, but it is unclear whether that will be the case, given the withdrawal of funding for family planning assistance.

USAID/N's second performance monitoring indicator under SO1 is "Couple-Years of Protection" (CYP), an aggregate of the total contraceptive effects of quantities of various commodities distributed and clinical services performed in a given time period. Figures on contraceptive sales (detailed under IR 1.2 below) since 1991 support the notion that nationwide prevalence was on the rise from 1990-94 and appear to contradict the 1995 drop suggested by the MICS survey. The related series of CYP data below illustrates an impressive progression up to 1995, but the figure for 1996 shows a precipitous drop which underlies a real decline in the use of contraception in Nigeria. This decline corresponds not only to diminishing imports and sales by PSI/SFH, but also to reduced USAID support for NGO family planning activities especially in the area of IEC. In the current fiscal year, the downward trend can be expected to continue following the complete withdrawal of support to Pathfinder and AVSC International.

<b>STRATEGIC OBJECTIVE 1:</b> Increased voluntary use of family planning <b>APPROVED:</b> August 1992 <b>COUNTRY/ORGANIZATION:</b> USAID/N			
<b>RESULT NAME:</b> Increased voluntary use of family planning (SO)			
<b>INDICATOR:</b> Couple-Years of Protection			
<b>UNIT OF MEASURE:</b> Couple-Years of Protection	<b>YEAR</b>	<b>PLN'D</b>	<b>ACTUAL</b>
<b>SOURCE:</b> Population Services International	1993 (B)		645,767
<b>INDICATOR DESCRIPTION:</b> Aggregate of contraceptive effects of all commodities sold through PSI's contraceptive social marketing program, estimated to comprise 85-90 percent of the market. 1996 total includes 59,000 CYP worth of PSI sales for ODA and UNFPA. <b>COMMENTS:</b> Figures differ from those presented in the past for a variety of reasons. Public sector totals, free distribution, and distribution to IPs are not included. CYP conversion factors currently recommended by the AFR are employed, producing lower totals based on condoms and pills sold.	1994		815,756
	1995		989,574
	1996		648,831
	2000 (T)	(see narrative)	

#### Intermediate Result 1.1: Increased Demand for Modern Contraception

Nationwide data indicate that awareness among women has steadily risen since the NDHS found that about 44% of women knew of at least one method of family planning in 1990. The findings of the 1995 MICS demonstrate that awareness among both men (67%) and women (68%) has risen to levels approaching the mission's goal of 80% for the year 2000. A new 1994 baseline of just under 40% knowledge in USAID focus areas appears low and may reflect differences in the specificity of the survey question as well as local variations. Since the 1990 NDHS, no new data are available to reliably measure change in the proportion of women desiring to limit or space births; nor, therefore, are any new data presented on unmet need for family planning.

<b>STRATEGIC OBJECTIVE 1:</b> Increased voluntary use of family planning <b>APPROVED:</b> August 1992 <b>COUNTRY/ORGANIZATION:</b> USAID/N			
<b>RESULT NAME:</b> IR1.1 Increased demand for modern contraception			
<b>INDICATOR:</b> Proportion of women knowledgeable of at least one modern method of family planning			
<b>UNIT OF MEASURE:</b> percent of women age 15-49 <b>SOURCE:</b> NDHS (1990), NISH (1993-94), MICS (1995) <b>INDICATOR DESCRIPTION:</b> nationwide <b>COMMENTS:</b> Only years with valid survey data are listed. MICS (1995) also reported that 68% of men knew of at least one modern method, well above mission target of 40% for 2000. New baseline established for USAID focus areas in 1995: 39% of women (Source: IBHS).	<b>YEAR</b>	<b>PLN'D</b>	<b>ACTUAL</b>
	1990 (B)		44%
	1993		57%
	1994		61%
	1995		67%
	1996		not available
	2000 (T)	80%	

USAID/N's support to the promotion of family planning has unquestionably played a large role in the upward trend in awareness of modern methods of contraception since 1990. In addition to increasing general availability of contraceptives (discussed under IR1.2), the mission has supported a wide variety of IEC activities designed to promote family planning as a desirable alternative to uncontrolled fertility. While the scope of this support has now diminished substantially, continuing integrated activities in USAID focus areas serve to promote knowledge of family planning and its benefits and to empower women to decide on contraceptive choices. Without the assurance of further commodity supply, however, a family planning program based on promotion alone is akin to no program at all.

#### Intermediate Result 1.2: Increased Availability of Modern Contraceptives

As reflected in the CYP figures above, supply of condoms and other contraceptives had risen impressively since 1990 but is now on the decline. Since March 1994, USAID/N has been unable to supply commodities to the public sector; since March 1996, this prohibition has been extended to the private sector as well. This is an area of grave concern which was the subject of a recent memorandum to the administrator. It has been requested that commodity supply be reinstated at a level of \$2 million per year (within the mission's current budget), at least until another donor or the commercial sector can take over the gap created by USAID's withdrawal.

A dearth of any commodity in demand in Nigeria has significant implications for all of West Africa. To the extent that cross-border siphoning of contraceptive supplies into Nigeria may have any effect on increasing local availability, this development would have adverse implications on availability of commodities for family planning and HIV/AIDS/STD prevention programs throughout the rest of the region. With USAID no longer providing new commodities in Nigeria, the current stock of contraceptives held by SFH, the local PSI affiliate, is projected to run out in early 1998 in the case

of condoms and pills and by the end of 1997 in the case of IUDs. New supply by USAID of Depo-Provera was suspended in 1995 and stocks are already exhausted.

<b>Contraceptive sales by PSI, 1993-96</b>				
	<i>condoms</i>	<i>IUDs</i>	<i>pills</i>	<i>VFTs</i>
<b>1993</b>	24,000,000	12,727	3,300,000	867,500
<b>1994</b>	45,200,000	74,216	3,600,000	2,400,000
<b>1995</b>	55,600,000	104,412	3,265,000	1,400,000
<b>1996</b>	34,200,000	61,000	1,880,000	200

PSI/SFH reports that declining sales are a product of a variety of problems including decreased funding for promotion, rising condom prices (discussed in more detail under Special Objective 1), "leakage" from public supplies of IUDs (provided by UNFPA) to the informal private market and brand registration problems resulting in a full year of stockouts for pills.

A major element of commodity supply is the establishment of accessible distribution points. Despite declining sales, PSI/SFH reports opening increasing numbers of non-traditional outlets, which have proved to be far more accessible to the public than public facilities or pharmacies, particularly in remote areas. In addition to the establishment of distribution points at 687 vocational schools, by the end of 1996, PSI had opened and supplied a total of 2,665 non-traditional outlets, including kiosks, brothels, and market stalls, the majority supplied by motorcycle sales representatives. Also key to USAID's strategy is development of community-based distributors (CBDs). CEDPA provided training to over 1,300 CBDs in seven project areas in 1996, including training-of-trainers which further increases potential availability of family planning commodities.

### **Expected Progress through FY1999 and Management Actions**

If funding for population activities and contraceptive supply remains unavailable, only modest family planning activities directly related to maternal and child health can be implemented. Nigeria will necessarily experience contraceptive shortages once the current pipeline dries up.

However, should population funds become available, activities in 1997 will include expansion of access to services within focus states and strengthening of local partners in service delivery, management, supervision, and logistics, increasing CPR by 3% and CYP by 20%. In 1998, activities will continue to focus on expansion of access and strengthening of local partners in the current 17 focus states, further increasing CPR by 3% and CYP by 25%. Resumption of USAID funding for this SO is also expected to leverage additional donor funding for family planning.

As explained in more detail in the Resource Request, USAID expects to develop a new bilateral family health results package under this strategic objective in FY1999. The expected scope of activities will include expansion beyond focus states to increase accessibility and availability of

services and information throughout the nation; support of limited public sector interventions such as IEC; further strengthening of local partners in management, supervision, and logistics; and studies to determine new areas of program engagement. These activities would contribute to increases in CPR by 2% and CYP by 40%.

## Strategic Objective 2: Improved Maternal and Child Health Practices

### Program Performance

The mission's progress in directly improving child survival and maternal health in FY1996 primarily involves strengthening of integrated health service delivery by NGOs in the USAID focus areas. Key IPs such as the BASICS project and CDC have experienced setbacks in making the adjustment to a purely NGO-based program. Given the additional constraints outlined in the first section of this review, IPs are only just beginning to make inroads in facilitating quality child survival and maternal health services within the integrated NGO health programs. For this reason, data from the Integrated Baseline Household Survey (IBHS) are provided as baselines only; no attempt is made to draw conclusions about program performance based on these figures.

The BASICS project in particular has pioneered the creation of vibrant partnerships between a wide range of community groups and private health care providers in Lagos. Following an "Urban Private Sector Inventory" (UPSI) assessing the state of private health care in Lagos, the "Community Partners for Health" (CPH) program has helped neighborhood, professional, religious, youth, and other social groups rally and bond around common needs to gain access to quality health care and information about health-related issues. From the program's start in 1995 to the end of 1996, 42 CBOs with over 150,000 members had forged ties with 16 organizations providing health care and 144 facilities selected and assisted by BASICS. The potential impact of the CPH program is estimated by BASICS to total nearly 3 million beneficiaries, including nearly a half-million members of families with improved access to private health care.

The potential role to be played by family planning (particularly child spacing) and women's empowerment in improving maternal and child health in Nigeria cannot be overemphasized. BASICS model program in Lagos incorporates the integrated approach common to all of the mission's NGO programs. Needs for family planning and HIV/AIDS prevention services have been assessed and are to be integrated into the more general health services offered by participating providers. CEDPA has assisted with women's empowerment issues and the Initiatives Project has provided management and accounting training for CBOs participating in the CPH program. It could be several years before results of the BASICS project's work are measurable at the population-level, but the model developed in Lagos is likely to have much broader impact within Nigeria and even beyond. While BASICS is currently working to expand the CPH program to Kano, the project's approach and accomplishments so far in Lagos have attracted the interest of several other USAID missions involved in promoting NGO-based health service delivery, including USAID/Zambia, USAID/Ethiopia, and USAID/Eritrea.

IR2.1: Improved immunization practices and coverage

Survey estimates and figures provided by the GON and the World Health Organization (WHO) vary greatly, but it is certain that immunization coverage rates declined substantially with the collapse of public health services experienced in 1993-94. Vaccines have not been widely available, and where they have been in 1995-96, quality has been questionable. In 1996-97, the GON has revived a strategy of National Immunization Days (NIDs), providing vaccines to public and private health organizations in order to rapidly boost coverage. While long-term sustainability of NIDs is questionable, the mission has responded to the increased availability of vaccines by bolstering the technical capacity of NGO partners to provide and maintain immunization services.

<b>STRATEGIC OBJECTIVE 2:</b> Improved Maternal and Child Health Practices <b>APPROVED:</b> August 1992 <b>COUNTRY/ORGANIZATION:</b> USAID/N			
<b>RESULT NAME:</b> IR2.1: Improved immunization practices and coverage			
<b>INDICATOR:</b> Vaccination coverage among children under age one			
<p><b>UNIT OF MEASURE:</b> percent of children age 12-23 months vaccinated by age one</p> <p><b>SOURCE:</b> NDHS (1990), FMOH (1993-94), MICS (1995)</p> <p><b>INDICATOR DESCRIPTION:</b> survey data based on vaccination cards plus history. DPT = DPT3; OPV = Polio3; Meas =Measles</p> <p><b>COMMENTS:</b> Survey data only. These estimates are thought to be too high. MICS 1995 data is more reflective of coverage in 1994. The mission estimated national coverage at less than 20% for each of the antigens in 1995. IBHS baselines for USAID focus areas in 1995 are: 44% for DPT3, 43% for OPV3, 34% for measles.</p>	<b>YEAR</b>	<b>PLN' D</b>	<b>DPT OPV Meas</b>
	1990 (B)		21% 21% 21%
	1993		33% 34% 40%
	1994		36% 35% 39%
	1995		28% 27% 40%
	1996		not available
	2000 (T)	60%	

In order to increase vaccination coverage in USAID focus areas, the IPs have accessed the mission's Rapid Response Fund to strategically assist NGO partners with technical capacity-building. Use of the fund by CDC during FY1996 is a good example of the ways in which emergency relief efforts,

in this case responding to Nigeria's annual epidemics in the north, can be linked to sustainable development activities. During outbreaks of meningitis, measles, and cholera starting in March 1996, CDC assisted NGOs in northern Nigeria with funding for logistical systems required for community mobilization, public education, and mass immunization. After a careful assessment of capabilities and needs, selected NGOs were assisted in Jigawa, Kano, Kaduna, and Katsina States. A total of nearly 50,000 children were vaccinated against meningitis as a result, and local coverage against other vaccine-preventable diseases was bolstered as well. This intervention complemented \$330,000 worth of emergency support by USAID/N to Medicines-Sans-Frontieres (MSF) in response to the epidemics. CDC's relationship with several of the selected NGOs has continued to the present in the form of technical capacity-building activities designed to promote sustainable, high-quality health services.

More recently, in December 1996 - January 1997, USAID's assistance in the form of cold chain equipment again helped prepare NGOs for increased availability of government vaccines during the NIDs, winning praise from state and local government authorities in Kano, Enugu, and Ibadan. CDC and the BASICS project provided training to NGO health workers on cold chain maintenance, sterilization, and immunization procedures. Both projects were instrumental in the provision of immunization equipment, vehicles, and office equipment (much of which was the result of USAID downsizing) to qualifying NGO health facilities in January.

#### IR2.2: Improved case management of the sick child: ARI, fever (malaria), and diarrhea

Integrated case management (ICM) of the sick child is central to the child survival strategies pursued by USAID/N and its IPs. Specific technical interventions, however, are only just now underway. BASICS and the other IPs are planning to organize continuing education in ICM for health workers, including training on the use of IEC materials to promote ICM, as well as training on management of childhood illnesses at home and health facilities.

The mission has previously established national baselines from the 1990 NDHS for correct home management of the sick child. The NDHS found that 60 percent of children with diarrhea received oral rehydration therapy (ORT) or were taken to a health facility and 30 percent of children with fever were taken to a health facility. The mission set targets of 80% and 60%, respectively. Reflecting the reduced geographic scope of the mission's work, the 1995 IBHS has established new baselines for correct home treatment and correct home management of diarrhea, fever, and acute respiratory infections. The survey found that correct home treatment was provided to 12% of children with diarrhea (ORT and continued feeding), just 0.3% of children with fever (administration of adequate dosage of anti-malarial drugs and increased feeding and fluids), and 20% of children with cough and rapid breathing (increased feeding and fluids). Correct home management, which also includes taking the child to a health care facility, was found to be 30% for diarrhea, 32% for fever, and 31% for cough and rapid breathing.

IRs dealing improved nutrition and maternal health are not discussed here as the degree of emphasis in these areas has been far smaller than originally envisioned under the 1992 CPSP.

A more complete assessment of agency-wide impact in improving maternal and child health practices would also need to take into consideration support from USAID's Bureau for Humanitarian Response/Office of Private and Voluntary Cooperation (BHR/PVC) to Africare (Child Survival Grant, River blindness eradication activities), the Rotary Foundation of Rotary International (CS grant ended in September 1996), World Vision Relief and Development, Inc. (CS grant ended in September 1996), and The Carter Center/Global 2000's River Blindness Foundation (River blindness eradication activities). Another route of possible impact is USAID/W support to UNICEF, which works with the federal government to improve public health services and with local groups under the Bamako Initiative to provide more effective and sustainable community health services. These activities lie outside the purview of USAID/N and are therefore not assessed in detail in this Results Review.

### **Expected Progress through FY1999 and Management Actions**

BASICS is expanding program activity into the northern cluster in 1997, which will increase the current immunization coverage of 20% to a target of 60% coverage for our cluster states by the end of FY1999. The expansion will also increase access to health services to women, who will benefit through increased outreach of community health services, improved capacity of traditional birth attendants, community based health workers, and voluntary village health workers. In 1998, BASICS will expand CPH interventions to the southeastern cluster of states. CDC will provide NGO facilities with additional cold chain equipment to strengthen their outreach capability.

Current GON target for immunization for 1999 is 100%. Past and current GON performance and budgetary support would suggest that if an annual 60% target is sustained, this would be a significant achievement. This optimistic expectation is based on recent support by the GON to health care in general including increased funding and vaccine supplies, rendering the chances of achieving the 60% target high. FY1999 will also see increased activities in the remaining components of the SO which were suspended due to the reduced funding levels, namely maternal and infant nutritional practices, integrated case management of the sick child, improved maternal care, and improved health management systems.

### **Special Objective 1: Improved HIV/AIDS / STD Prevention & Control Practices**

#### **Program Performance**

HIV prevalence rates in Nigeria have been reaching alarmingly high levels: HIV seroprevalence rates found among pregnant women have risen swiftly from 1.2% in 1992 to 3.8% in 1993/94 and finally to 6.7% in 1996, according to reports by the GON. Interventions by AIDSCAP and PSI, as well as the integrated health care and women's empowerment activities undertaken by other IPs, are designed to decrease the overall impact of AIDS in Nigeria through reduced transmission of HIV/AIDS and more appropriate treatment of people living with HIV/AIDS (PLWHA). Program strategies focus on improved preventive practices based on increased awareness of HIV/AIDS and other STDs, increased availability of condoms, especially among higher-risk groups, and improved

quality of HIV/AIDS/STD services.

Previous program reviews submitted by USAID/N have indicated the degree to which USAID interventions, particularly those through the AIDSCAP project, have helped to slow the increase in HIV prevalence rates among targeted groups in Cross River, Jigawa, and Lagos States. Compared with 1992 baseline rates, data on HIV sero-prevalence in 1994 indicated rates 2.7 times higher among antenatal clinic attendees, 3.5 times higher among tuberculosis patients, and nearly twice as high among STD clinic attendees. Over the same time period, HIV prevalence among commercial sex workers targeted by AIDSCAP increased by only 29 percent.

AIDSCAP continues to focus on the most vulnerable groups, including commercial sex workers, long distance truck drivers, dock workers, students, and adolescents. Program activities have expanded into ten other states within USAID clusters through the use of the Rapid Response Fund, which has been used to mobilize and build capacity of CBOs and other NGOs. The overall impact of AIDSCAP's program, however, is national in scale. AIDSCAP has demonstrated results at both the population level and the policy-making level in a country where no other actor has stepped up to implement a comprehensive, integrated response to the HIV/AIDS pandemic. A wide variety of commercial, industrial, religious and other civic organizations have taken notice and deluged AIDSCAP/Nigeria with requests for work site training and other forms of technical assistance to combat HIV/AIDS.

#### 1.) Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission

USAID-supported interventions work to increase awareness of HIV/AIDS across the board, from the interpersonal to the national policy level. The AIDSCAP project in particular can take credit for raising national consciousness about the problem of HIV/AIDS and its diligent efforts to reinforce public awareness of HIV/AIDS continue. The project recently sponsored a mass media awareness campaign, conducting an "HIV/AIDS integrated health workshop for media practitioners" and several follow-up workshops on related themes. AIDSCAP also facilitated the creation of an NGO called Healthwatch to hold further workshops for journalists and facilitated a radio drama underscoring the issue of HIV/AIDS. Much of AIDSCAP's work with PLWHAs is specifically intended to raise consciousness of HIV/AIDS at the community level. The major thrust of the AIDSCAP program, however, relates to raising awareness of HIV/AIDS at the personal level, and mobilizing individuals to act to prevent the spread of AIDS, through a strategy of behavior change communications.

National-level data suggest a generally improving trend in awareness of HIV transmission, as one might expect in an environment where more and more people are becoming infected. A 1993 survey by the Federal Office of Statistics found that HIV/AIDS awareness among adults was 47%. According to AIDSCAP, as many as 85% of Nigerians knew of HIV transmission in 1994. As of June 1996, AIDSCAP had directly educated an estimated 568,000 individuals about AIDS, including about 375,000 individuals during FY1996. The project also trained nearly 6,000 peer educators by mid-1996, including 1,364 during FY1996, and distributed a cumulative total of 254,000 educational materials, including 145,000 in FY1996. It is expected that the results of follow-up surveys to be

available in March 1997 will indicate a continued trend toward improved knowledge of AIDS and preventive practices among specific targeted groups.

The IBHS has established two new baselines for monitoring performance in improving (1) overall awareness of STDs (60% were able to identify signs and symptoms of STDs) and (2) knowledge of where to seek treatment for STDs (about 37% either had successfully sought treatment or correctly stated where treatment could be sought). It is hoped that IEC activities conducted by NGOs will help the mission to achieve these results. During 1996, one of the IPs, CEDPA, reports that its partner NGOs counselled over 45,000 women about STDs.

2.) Increased availability of condoms

<b>SPECIAL OBJECTIVE 1:</b> Improved HIV/AIDS/STD prevention and control practices			
<b>APPROVED:</b> August 1992 <b>COUNTRY/ORGANIZATION:</b> USAID/N			
<b>RESULT NAME:</b> Increased availability of condoms			
<b>INDICATOR:</b> Condoms sold			
<b>UNIT OF MEASURE:</b> Condoms	<b>YEAR</b>	<b>PLN'D</b>	<b>ACTUAL</b>
<b>SOURCE:</b> Population Services International	1991(B)		17,000,000
<b>INDICATOR DESCRIPTION:</b> based on condom sales by PSI only. All figures are USAID-supplied commodities only, except 1996, which includes 4,580,000 condoms supplied by ODA. <b>COMMENTS:</b> No distinction is attempted here between sales of condoms used for family planning vs. STD control.	1993		24,000,000
	1994		45,200,000
	1995		55,600,000
	1996		34,200,000
	2000(T)	80,000,000	

Issues of condom supply have been touched upon under SO1. Dramatic increases in sales up to 1995 were followed by a precipitous drop in 1996. In order to ease the entry of the commercial private sector into the market, USAID/N mandated increases by 65% in the price of socially-marketed condoms in January and June 1996. These price increases contributed to a marked decline in

condom sales in 1996, a decline which implies a drop in the use of condoms for family planning as well as for protection against STDs. PSI/SFH reported rising sales figures from January to May but the second price increase was followed by a period of several months of minimal sales. In addition to the total of 34 million condoms directly sold by SFH in 1996, 1.1 million were distributed to USAID's IPs for their NGO-based integrated health programs, and up to 1 million were distributed free by SFH.

AIDSCAP, the IP most active in outreach to higher-risk groups and especially youth, distributed 400,000 condoms to targeted groups in FY1996 (through June), increasing the cumulative total to 1.4 million condoms distributed by AIDSCAP, including 692,597 free and 718,405 sold. PSI/SFH is now marketing a new product targeting youth, "Cool" condoms (supplied by ODA), which are available in two-packs at half the price of the regular four-pack. A significant number of the non-traditional outlets reported by PSI are situated at or near locations of higher-risk activity, such as brothels and bars. Similarly, non-traditional salespersons or community-based distributors of condoms are frequently individuals based at such locations.

### 3.) Improved quality of STD services

AIDSCAP's technical assistance is designed to assure sufficient quality of STD services. To this end, the project has collaborated in critical activities with national-level impact. Working alongside the British ODA and Nigeria's National AIDS Control Program, AIDSCAP has facilitated the revision of national STD treatment guidelines and helped produce new and more effective training curricula for STD management. AIDSCAP also participated in an interagency adolescent health programming workshop with UNFPA, The World Bank, ODA, and UNESCO. AIDSCAP began STD syndromic management training in USAID focus areas in the fourth quarter of 1996. Through an initial workshop and follow-up activities, a total of 215 professional received training, including 44 doctors, 82 nurses/family planning providers, 39 pharmacists, and 50 patent medicine dealers.

### **Expected Progress through FY1999 and Management Actions**

In FY1997 and subsequent years, we expect AIDSCAP, or the follow-on AIDS prevention and control project, to intensify operations beyond the three focus states and to expand the population target focus to include more adolescents and youths (in and out of school). As the epidemic matures further, we expect the program to begin to address issues of reducing the impact of the effects of HIV/AIDS among other populations. Assuming condoms remain available, the mission aims to improve prevention practices by 20% in the high-risk population and increase awareness of HIV/AIDS/STD by an additional 10%.

Assuming a transfer of power to civilian rule by October 1, 1998, USAID/N may develop an intensified HIV/AIDS/STD results package as described in the Resource Request. Expanded strategies will include increasing capacity at the grassroots level for community home-based management of PLWHA and strengthened advocacy and networking skills among PLWHA. USAID will collaborate with relevant public sector entities to include HIV/AIDS/STD education at the different levels of the formal and informal education systems. In order to continue to respond to the

ever-changing demands of the pandemic, flexibility that allows for a shift in emphasis will be built into the program. Availability of condoms will continue to be a priority.

**Special Objective 2: Strengthened civil society contributions to democratic participation and respect for civil rights (Democracy/Governance).**

### **Program Performance**

Democracy/Governance (DG) is a new area of activities supported by USAID/N. The program consists of several components, one focussing on women's empowerment (implemented by JHU and CEDPA), a second on democracy and human rights advocacy (implemented by USIA), and a third component also focussing on human rights under the U.S. Embassy's Democracy and Human Rights Fund (DHRF-116e).

The mission has become one of the leading voices in support for activities in the DG sector, meeting periodically with a DG donor coordination group representing a variety of Western European and North American governments and foundations. With USAID's expanded commitment to support for DG activities in Nigeria, more international partners are stepping up to the table. Due to the political sensitivity of DG work in Nigeria, and especially due to the risk incurred by Nigerian participants in the program, all of USAID's DG activities are first cleared with a U.S. "Post Democracy Committee," including the embassy's political officer and representatives from USIA and USAID.

This "special objective" may be more accurately described as a "target of opportunity," for a large part of the program is intended to respond to emerging openings and cannot be formally "strategically planned," in the strict sense of the term. The emphasis on DG did not originate within the mission and began only in 1996, and therefore is not addressed in the mission's CPSP. This is not to say that there has not been a good deal of strategic planning behind the design of the DG program. Some activities supported by the mission are closely integrated with ongoing PHN sector activities, particularly those emphasizing the empowerment of women and the communities in which they live. Others pursue specified results in accordance with broader agency strategy in DG. Due to the sensitive political environment, with the GON occasionally closing down meetings, however, it is imperative that the mission stay flexible in its DG program. For this reason, we have adopted a rolling design strategy until the sensitive and unpredictable political atmosphere clears.

The most significant accomplishment has been the mobilization of a diverse array of Nigerian NGOs to strive for a more democratic and just society. At least 60 NGO or CMO groups have been involved in activities to mobilize for DG and fundamental human rights. This was achieved through workshops, fora and a field survey carried out by CEDPA/JHU to assess NGO partners. Building on the mission's success in working with women's groups in the PHN sector, CEDPA and JHU continue to help women's community organizations to achieve economic and political empowerment, frequently hand in hand with improved access to health and family planning. Participating NGOs have shown impressive results, including the successful election of women candidates in local

elections in Osun. Specific areas of process-oriented results in women's empowerment can be outlined as follows:

- Greater awareness of the need for women's increased participation in politics and better understanding of democracy. This result is being achieved through "Post-Beijing" women's political summits, communiques, and follow-up workshops, reaching an estimated 30,000 women so far; round tables and fora organized for NGO representatives to introduce and develop the DG program, reaching a total of 60 NGOs and an estimated 20,000 women; and educational programs designed to reach specific women's groups, including activities in the Anglican Church, Islamic and market women groups.

- Strategies for Mass Mobilization developed. Results include the "100 Women Group," designed to generate critical mass through a four-tier mobilization of women at the national, state, local government and ward level; the NAWOJ (Nigerian Association of Women Journalists) intervention, which is a collective effort of women journalists to articulate gender issues and publicize women's activities and achievements, especially those of women politicians; the "One-to-One" campaign slogan which calls for equitable representation; and the Women's Political Agenda, a manifesto which is now widely circulated in the country among women politicians, NGOs, government agencies, and other relevant bodies.

### **Expected Progress through FY1999 and Management Actions**

The high level of interest and enthusiasm demonstrated by the enormous response from the NGO community to participate in the DG funded activities indicates a substantial absorptive capacity for DG activities in the society and is expected to continue. FY1997-99 will see an increased number of activities generated by the women's groups as a result of their desire to participate in politics, and particularly the upcoming election, and a better understanding of the democratic processes.

Should the country return to a civilian rule in October 1998, a major review of the program will be necessary with a view to craft a new program in FY1999 that is more responsive to the needs of the civilian regime. Activities involving government and civic society organizations would increase. Although strengthening of the political roles of civil societies will remain the primary focus, needs of selected public institutions will be analyzed and where possible strategies developed to address some of the needs. Sectors such as the executive, judiciary and legislative departments of government which were excluded earlier due to downsizing and sanctions, will be reviewed for possible engagement. And additional focus will be placed on women and their role in society, improving their political awareness in conjunction with their economic status.

### **III. Status of Management Contract**

The management contract, as specified under the Country Strategic Plan of 1992 and the Revised Country Implementation Strategy of November 1994, essentially remains valid. Funding has been

temporarily discontinued for SO1, Increased Use of Family Planning, which the mission may reluctantly drop if no more support is provided from USAID/W. "Special Objectives" have been added in HIV/AIDS and DG.

There do not appear to be any compelling reasons to realign or consolidate USAID/N's current Strategic and Special Objectives. Changing circumstances outlined in Section I have rendered some of the intermediate results, as well as performance monitoring indicators at various levels, less relevant. The mission would welcome assistance from Global and AFR Bureaus in assessing the need to adjust the current Results Framework. Substantive changes in the mission's program, however, are greatly contingent on political developments within Nigeria and policy considerations emanating from Washington. The Nigerian government has promised a democratic transition to civilian rule by October 1998. The mission thus does not feel that formulation of a new management contract would be worthwhile prior to that date.

#### **IV. Resource Request**

##### **USAID/NIGERIA FY1999 RESOURCE REQUEST(R2B)**

Context for the FY1999 submission

The Nigerian military government announced a schedule for transition to civilian rule by October 1, 1998. Despite considerable national and international skepticism, USAID should be prepared to support a modest post transition program under a representative civilian government. Prepared in consultation with the US Embassy in Nigeria, the USAID/N FY1999 Resource Request submission is based on the assumption that there will be a transition but it is possible that the current cast of military leaders will remain the elected leaders of the civilian administration. The Agency will need to review its overall development program in Nigeria with a view to making appropriate contributions to Nigerian reconstruction in sectors compatible with Agency goals and developmental objectives. Of critical importance would be strengthening democratic rule in Nigeria, restoring basic social services and reviving the Nigerian economy especially in the non oil producing sectors. Under a scenario of a relatively improved US-Nigeria relations, the current strategy of delivering USAID's assistance through the private sector will be maintained, but limited interventions are also recommended for the public sector, with an emphasis on contributing to meaningful policy changes and effective implementation of development programs.

The current dearth of reliable data to clearly define the magnitude of problems in sectors of our strategic objectives will require that USAID undertake nationwide/regional sectoral assessments, baseline studies, and analyses to revise our current CPSP, which is a 1994 update of the 1992-2000 CPSP. The updated plan does not reflect the current developmental constraints and realities in Nigeria. A new CPSP will reaffirm our strategy, focus, and approach. Ideally, such studies and analysis would be done in FY1998 in anticipation of a possible program realignment and expansion in FY1999, but since transition to a democratically-elected civilian government is a condition for any expansion, the assessments are recommended for FY1999 after a USAID review and the promised

transition. Most donors have similarly adopted a wait-and-see strategy towards the transition.

The \$20.0 million requested for FY1999 should be carefully targeted to bring about qualitative and operational improvements to realize three strategic objectives, SO1: Increased Voluntary Use of Family Planning, SO2: Improved Maternal and Child Health Practices, and SO3: Improved Equity and Access to Basic Education. The basic education strategic objective would be a new addition to the current portfolio. The two special objectives proposed for FY1999 are 1) Improved HIV/AIDS/STD Prevention and Control Practices and 2) Democracy and Governance.

Conceivably, less optimistic political scenarios could occur, such as a transition and elections with an outcome not supported by the USG, or the derailing of the transitional process whereby the status quo remains. If this case, the USG will need to review its assistance policy with regard to the current humanitarian assistance program.

Current USAID/N staffing and budget are barely adequate for the downscaled humanitarian program. An increase in staffing in particular will be needed to meet the requirements of a new program responsive to the needs of a new civilian administration. An illustrative FY1999 budget of \$20 million is allocated to the SOs. Other assumptions that go with this illustrative budget are the review and possible expansion of focus areas beyond the 17 states for some activities, an increase of the current direct hire (DH) staff to at least 5 in FY1999 to include the Aid Affairs Officer, a Program Officer, Controller, a General Development Officer and a Health and Population Officer. It is expected that the professional FSN will increase from the current four to at least five. An appropriate increase in support staff will be in order. Possibilities to use Fellows and a PSC to assist in program management and EXO functions will be explored. Under a civilian administration, it should be possible to resume implementation of activities through bilateral instruments with the GON in FY1999. The mission will also review the field support and bilateral composition of its budget to determine the most appropriate balance in implementing its portfolio.

#### Projected Pipeline

A review of the program budget reveals the following: at the end of FY1996, the program pipeline is estimated to be \$6.4 million and \$7 million is requested for FY1997; at the end of FY1997, the projected pipeline will be \$4.0 million and \$7 million is requested for FY1998. At the end of FY1998, the pipeline will be \$1.2 million and \$20 million is requested for FY1999. The large pipelines at the end of FY1996, and FY1997 are due to a slow moving \$4.4 million PASA with CDC and the recent \$1.3 million 632B grant to USIA Nigeria in support of the new DG program. Under the Nigeria Combatting Childhood Communicable Diseases (NCCCD) project (620-0004), CDC had been awarded a PASA grant of \$10.1 million with an initial obligation of 4.4 million. As the program shifted from a public to a private sector focus, CDC has been unable to utilize its funds as originally planned and now carries a \$2.4 million slow moving pipeline which can only be reduced through de-ob/re-ob. The PACD for this project is September 30, 2000. The second cause of the apparently large pipeline reflects the FY1996 632B interagency grant of \$1.3 to USIA in support of the DG program. These funds were obligated in September 1996 and USIA is just beginning to staff up to implement the activity. The portfolio pipeline is otherwise very lean throughout the programming period.

## Program Funding Request by Strategic Objective

Because funding for the Nigeria program is currently politically determined in spite of past authorizations, in completing the country program tables, some assumptions have been made for each of the strategic and special objectives. These are:

- The life of project (LOP) funding for SO1, Increased Voluntary Use Of Family Planning, is limited to the \$65.0 million authorized funding level for the Nigeria Family Health Services Project (936-6006). The FY1997, FY1998 and FY1999 requests are from the outstanding mortgage of this results package. Additional resources are requested for FY1998 and FY1999 because of the critical needs in the sector and the fact that condoms bought under this activity are provided to the HIV/AIDS control program in Nigeria.
- LOP funding for SO2, Improved Maternal and Child Health Practices, is limited to the authorized level of \$40.0 million of the NCCCD Project (936-6006).
- LOP funding for Special Objective 1, HIV/AIDS/STD Control, is \$4.72 million with a PACD of May 1997 and is all Field Support funded. Additional resources are requested for FY1998 and FY1999 from the NCCCD Project in order to expand the results packages under this special objective.
- LOP funding for Special Objective 2, Democracy and Governance, is politically determined annually. The total obligated to date is \$3.0 million. The FY1996 level was \$3.0 million. Less than \$3.0 million is requested for each of FY1997 and FY1998 because of the limited staff at USAID/N to manage and implement DG activities. With the addition of a DG fellow in FY1998 and a DG Assistant in FY1999, the program will be expanded in FY1999. The FY1999 request is \$3.0 million. The USIS component of this program, funded under an Inter-Agency 632b Agreement, has a significant pipeline from FY1996 funding of \$1.3 million. In all a total of \$7.0 million is requested for FY1997, \$7.0 million for FY1998 and \$20.0 million for FY1999.

### **Strategic Objective 1: Increased Use Of Voluntary Family Planning**

*(Suspended but currently being reviewed for reinstatement)*

USAID/N's program for achieving SO1 focuses on increasing family planning information and services with specific strategic considerations which include: a) regional focus tailored to meet ethnic, cultural and geographic characteristics of major population groups, b) concentration of resources within its current 17 (seventeen) cluster states, and c) uninterrupted commodity supply. The rationale for the family planning program is based on the realization that unless couples are provided options regarding their family size and reproductive health, Nigeria's rapid rate of population increase, currently estimated at 2.9% (UNICEF, *State of the World's Children 1997*), cannot be slowed and the hope for improving the future economic, political and social well-being of its people will be in grave jeopardy.

If funding for population activities and contraceptive supply continues to be unavailable to Nigeria, only minimal family planning activities (those related to maternal and child health) can be implemented. Nigeria will necessarily experience contraceptive shortages as the current pipeline dries up. However, if funding for this SO is approved, USAID/N requests for FY1997, \$2.0 million, FY1998, \$2.0 million and for FY1999, \$6.0 million, in order to achieve the following results:

In FY1997, activities will include expansion of access to services within the 17 focus states, by 5% above 1996, increase in CPR (women 15-49) by 3% and in CYP by 20%, increase in the volume of contraceptives available for distribution by 20%, strengthening of local partners in service delivery, management, supervision and logistics.

In FY1998, activities will focus on expansion of access to services within the 17 focus States, by 5% above 1997 level, increase in CPR by 3% (women 15-49), and CYP by 25%, increase in the volume of contraceptives available for distribution by 20%, strengthening of local partners in service delivery, management, supervision and logistics.

In FY1999, USAID would develop a new bilateral family health results package under this Strategic Objective after a review of the overall program under prevailing political conditions. Expected scope of activities and achievements will include expansion beyond the current 17 focus states to increase accessibility and availability of services and information throughout the nation, expansion of engagement to include selective interventions with public sector, increase in CPR by 2%, increase in CYP by 40% and enhancement of service delivery through training, strengthening of local partners in management, supervision and logistics and studies to determine new areas of program engagement.

*Resumption of USAID funding for this SO is expected to leverage additional donor funding for the family planning.*

## **Strategic Objective 2: Improved Maternal and Child Health Practices**

The results package under this SO provides increased access to quality health services for mothers and children, through community outreach services at affordable prices. With infant mortality at 114 deaths per thousand live births, under-five mortality at 191 deaths per thousand live births, and a Maternal Mortality Ratio of about 1,000 deaths per 100,000 live births (UNICEF 1997) and an estimated average of 20% national immunization coverage, there continues to be a need to support maternal and child health in Nigeria. SO2 has five intermediate results including improved immunization practices, improved case management of the sick child, improved maternal and infant nutrition, improved maternal care, and improved health management systems.

Difficulties relating to CDC's reorientation from a public to private sector strategy and the absence of a dependable source of quality vaccines, ORS, and drugs have diluted the impact of this SO. The BASICS project has, however, demonstrated remarkable creativity in mobilizing urban communities and health facilities in organizing provision of child survival services. BASICS has been based primarily in Lagos metropolis but is currently expanding to the northern city of Kano.



In FY1998, BASICS is expected to expand its urban interventions to the southeastern cluster states. CDC will provide cold chain equipment to religious health facilities to strengthen their ability to sustain community outreach programs. Expansion by BASICS will increase immunization coverage and overall access to health services for women, who will be reached through increased community outreach and improved training of traditional birth attendants and community-based and village health workers.

In FY1999, a 60% EPI coverage target is expected to be achieved. This expectation is based on the recent support of the GON to health care in general, and particularly increased funding for vaccines. In FY1999 increased activities are also expected in maternal and infant nutritional practices, case management of the sick child, improved maternal care and improved health management system.

For FY1999, USAID/Nigeria requests \$3.0 million to finance technical assistance and commodities other than drugs and vaccines in support of expanded activities.

### **Special Objective 1: Improved HIV/AIDS/STD Prevention and Control Practices**

SPO1 has three main strategies including (1) behavior change communication using combined IEC strategies, (2) early diagnosis and prompt treatment of STDs using the syndromic approach, and (3) promoting the use of condoms through social marketing. Target groups include commercial sex workers, long distance drivers, dockworkers, and students of tertiary institutions.

With HIV prevalence currently estimated at 6.7% of sexually-active adults, Nigeria's HIV-positive population can be estimated at four million adults, or nearly 20% of the global HIV burden as estimated by WHO and UNAIDS (22.6 million, *The Current Global Situation of AIDS*, 29 Nov., 1996). HIV infection thus presents a major threat to Nigeria, and the situation here has grave implications for the entire region. Although awareness of HIV/AIDS in Nigeria is estimated to be as high as 70%, modified sexual behavior, including the use of condoms, remains low. This is especially true in high-risk groups such as sexually-active adolescents. Public education and sensitization thus need to be intensified.

A major difficulty for effective HIV/AIDS prevention programs in Nigeria and the region is presented by USAID's withdrawal from provision of contraceptive supplies to Nigeria. There is concern that the demand for condoms generated through USAID's social marketing and community/NGO mobilization programs will be severely compromised. USAID has until recently financed up to 85% of all condoms in Nigeria. Modest importation by other donors, notably the UNFPA, the World Bank and ODA, will meet perhaps 15% of the USAID level. Nigeria's large and energetic market, undoubtedly, will syphon condoms from throughout West Africa, adversely affecting other country stocks.

In FY1997 and subsequent years, we expect to intensify operations in more of our current 17 States, beyond the three original AIDSCAP program states, and to expand the target population to include adolescents and youths in and out of school. As the epidemic matures, the program will begin to address issues of reducing the impact of the effects of the HIV/AIDS pandemic among other

populations. Targets are to improve prevention practices by 20% in the high-risk population, increase awareness of HIV/AIDS/STD and prevention of HIV/STD by 10%, and to increase availability of condoms to a level consistent with the overall USAID program in FY1999. Of the \$4 million projected for HIV/AIDS/STD in FY1999, approximately \$2 million will finance condoms.

USAID/N will develop an HIV/AIDS/STD results package with a first obligation of \$4.0 million in FY1999. The breakdown is presented in the country program tables. The funding increases will allow the HIV/AIDS results package to intensify activities beyond current geographic and target population foci. Current strategies will be expanded to include care and social support for people living with HIV and AIDS (PLWHA) as the number of overt AIDS cases increase. Capacity will be built at the grassroots level for community home based management of PLWHA. Advocacy and networking skills building among PLWHA will be encouraged, promoted and supported. USAID will collaborate with relevant public sector entities to include HIV/AIDS/STD education at the different levels of formal and informal education systems.

### **Special Objective 2: Democracy and Governance (DG)**

USAID/N's DG special objectives has assumed greater significance because of the prevailing political crisis in Nigeria. The rationale for the DG special objective is the USG commitment to support Nigeria's beleaguered civil society. The program goal is to strengthen civil society's contribution to increased democratic participation, women's political empowerment and respect for fundamental human rights.

USAID directly manages approximately one third of the \$3 million DG portfolio through two CAs and focuses on the mobilization of women especially at the community level. The program also supports democratic processes, citizen rights and the accountability of elected officials to the population and (b) strengthening civil society's contribution to the quality of governance. The USAID activities are complemented by USIA and Embassy DHRF-116E activities in support of human rights and pro-democracy organizations.

The high level of interest by the NGO community to participate in the DG funded activities is expected to continue. Expected progress includes greater political awareness among women, increased participation in politics, institution of democratic practices in NGOs, a better understanding and application of democratic principles by NGOs and development of strategies for mass mobilization at the national, state, local government and ward levels.

Additional staff will be needed for USAID to effectively respond to DG program opportunities. A modest increase of activities is expected in FY1998. Should the country return to a civilian rule in October 1998, a major review of the program will be necessary with a view to craft a new program in FY1999 that is more responsive to the needs of the civilian government.

Assuming a civilian administration is in place and improved US-GON relations call for increased USAID assistance, activities involving government and civil society organizations are expected to

increase. Selected public institutions such as the legislative, executive as well as judiciary branches of government at federal and state levels will be analyzed, and where possible, result packages developed to address some of the needs. Sectors which were excluded earlier due to mission downsizing and pre-transition sensitivities will be revisited for possible inclusion in a new program. These include the media, youth and other government institutions. Additional focus will be placed on women and their roles in society, improving their political awareness in conjunction with their economic status. The expanded DG program will allow USAID/N to develop a new DG results package for authorization in FY1999. The request for FY1999 is \$3.0 million.

#### Prioritization of Strategic Objectives

The following ranking of USAID/N's Strategic and Special Objectives reflects past successes and continuing needs in Nigeria, the effectiveness of our development and implementing partnerships as well as the Agency's goals, objectives, priorities and approaches.

The Results review portion of this report demonstrates that by far the most impressive historic gains made by USAID's interventions have been in the area of family planning. Contraceptive use among women of reproductive age rose from 3.8% in 1990 to approximately 11.3% in 1994. On the basis of this performance, and the need to give women and families greater choices in the control of their political and economic lives, the mission believes this remains the first priority for the Nigeria program. Making Family Planning a priority intervention is also responsive to Nigeria's projected internal and regional demographic problems and USAID's priorities.

Increased HIV sero-prevalence has raised alarms, particularly regarding the spread of HIV/AIDS among Nigeria's highly mobile population. To date, USAID remains the only donor financing significant prevention activities in Nigeria, albeit through NGOs. As pointed out in the results review section, positive results have been registered in slowing the spread of the virus in some high-risk groups. The integration of the condom component of this activity with family planning activities has reinforced success in HIV/AIDS prevention. Based on the growing severity of the problem in Nigeria, USAID's successful interventions and USAID's own priorities, this activity is now ranked second in our prioritization even though it is identified as a special objective.

USAID/N currently ranks DG as its third most important priority even though this activity was initiated only in FY1996. The impact of the continuing civil unrest in Nigeria on economic growth and the sustainability of even our most successful efforts makes a convincing case for investing in a politically stable environment. A transition from the current military regime to a civilian government will be a desirable first step in the right direction, but the full spectrum of DG interventions needed to inculcate democratic traditions and procedures in Nigerian institutions can only take place under the anticipated civilian administration.

Maternal and child health is ranked fourth in the current prioritization because USAID does not provide all the inputs needed to support what is essentially a "public health good." In the area of child survival, the GON, even with UNICEF prodding, has not been able to assure a consistent supply of quality vaccines essential in supporting an EPI program. With only partial USAID inputs in support of this objective, results have not been impressive. Nigeria continues to have very low immunization coverage rates and current extra-budgetary efforts by the GON to support EPI do not reflect the long-term commitment needed for this activity. Until the GON demonstrates the will to routinely budget for critical inputs in this SO, the impact of USAID's inputs will be marginal and Nigeria's large pool of unimmunized children will continue to complicate regional and global efforts to eradicate vaccine-preventable diseases such as polio.

If a USG endorsement of the current transition calls for increased USAID assistance to Nigeria, there will be a need for sectoral reviews/analysis in new and current areas of interventions to decide on how to restructure and staff the program. Under this scenario, USAID Nigeria foresees the need for additional interventions in the areas of basic education in FY1999. USAID Nigeria believes the new area of intervention would strengthen the human resource base and foster the participation of women in the political, economic, and educational life of Nigeria.

#### Linkage of Field Support to Development Programs: Field Support Budget and Program Needs

USAID/N's budget profile is unique, reflecting what a downsized mission staffed only by one DH and one USPSC can accomplish with the assistance of centrally-financed grants. Approximately 92% (\$6.4 million) of the mission's budget is allocated to five CAs who are responsible for the technical implementation of the mission's SOs. Ideally, the Field Support budget allocation between the CAs should reflect the priorities outlined above, but complications encountered in the metering of population funding, which for Nigeria meant a total suspension of SO1 in FY1996, and mandated levels for child survival have resulted in a budget profile that does not reflect field priorities as illustrated in the Global Field Support Table. While this budget and staffing profile appear adequate for now, a restructuring of the Field Support and bilateral budget components will be needed to support the expanded program envisaged for FY1999.

#### Program Tables

##### A. Tables for Agency

1. FY1997 Budget Request by Program
2. FY1998 Budget Request by Program
3. FY1999 Budget Request by Program
4. Global Field Support (1997/98/99)

##### B. Tables for Africa Bureau

1. Africa Bureau Table I: Micro-enterprise (97/98/99)
2. AFR. Bureau Table II: PVOs/NGOs activity (97/98/99)

3. AFR. Bureau Table III: Non-Project Assistance
4. AFR. Bureau Table IV: Title II Food Aid (Non-Emergency 97/98/99)

## Operating Expense and Workforce Requirements

### **A. FY1997**

The USAID/N staffing pattern reflects the personnel configuration mandated in down-sizing the mission. The FY1997 staff levels allow for only one USDH, one USPSC, and thirteen FSN staff, and the transfer of all project implementation logistics functions to the five CAs and USAID itself, even as the mission was requested to implement a new program sector (DG). The one USDH serves as the AID Affairs Officer. In addition to matters of policy and representation, the AAO takes the lead in the review of all project development activities. The USPSC serves primarily administrative functions. TDY assistance from EXOs from REDSO/WCA, USAID/Egypt, and AID/W have been necessary to maintain efficient operations.

USAID/N's approved FY1997 OE level of \$359,800 is proving insufficient to manage the mandated transitions of the \$7.0 million program. The projected need by the end of the fiscal year is \$430,200. The movement of USAID/N to a new office building and the restoration of the old office building to its previous condition resulted in unanticipated costs. Another major application of OE funds includes acquisition of a power transformer and relevant accessories and installation; maintenance of back-up generators; and potentially paying additional rent on the old office building due to a delayed handover to the landlord. The mission has also had to pay for TDY assistance for EXO and local consultants to assist in meeting its obligations.

### **B. FY1998**

With the introduction of DG to the portfolio and the increased program activity in the health sector, the mission will require additional staff to responsibly manage the programs. Three key positions to be added are a DH Program Officer, a TAACS Advisor and a DG Fellow. The presence of the DH Program Officer will free the AAO to pursue more policy and representational functions, while the increased health sector activities will require the full-time attention of the TAACS Advisor. The Program Officer will assist in meeting planning and reporting requirements. The inclusion of a program-funded DG Fellow will allow for strong management oversight of this new mission initiative. USAID/N will depend on the continued services of the Regional Controller's Office during this period.

Two additional FSN staff will be needed. An OE-funded receptionist/secretary and a program-funded Program Assistant will support project development activities in health and DG and in the collection of monitoring and reporting information.

USAID/N's operating costs for FY1998 are estimated at \$814,200. Cost increases above FY1997 revised budget of \$430,300 are attributable primarily to the arrival of the Program Officer and AAO's replacement, departure of present AAO, increased site visits based on the need to familiarize

the Program Officer and new AAO with expanded project sites within clusters, increased FSN salaries due to increased workforce, anticipated increases in FSN pay package and inclusion of ICASS contributions which must now be reflected in the OE budget.

### **C. FY1999**

For the expanded program scenario, the mission would maintain the USDH staff present in FY1998, the AAO and Program Officer. Three additional USDH staff would join the mission team, a General Development Officer (GDO), Controller and Executive Officer. The TAACS Advisor and the DG Fellow would be retained in FY1999.

FY1999 will be a time of intense project implementation in the PHN and DG sectors, as well as project development for a new education sector activity. A USDH GDO will take the lead in the design activities in basic education, in the coordination of the training requirements for all mission sectors and in the general programmatic oversight of the DG and education sectors.

Mission operations have been hampered by the absence of a Controller at Post. While the use of the (WAAC in REDSO/WCA Regional Controller's Station) is in theory a manageable option, this has not been without significant delays in processing USAID/N actions. With increased financial activity and responsibility at the mission, the services of an on-site Controller are essential for timely and efficient program management.

With increased USDH levels and increased mission activities, a USDH Executive Officer will be needed to coordinate expanded logistics requirements.

In addition to the FY1998 FSN staff levels, seven additional FSNs will join the mission. The program funded Training Officer will assist in the development of a Mission Training Plan. A program funded DG Program Assistant will facilitate increased sector activities. Two OE funded accountants will be added to the Controller's Office. An additional OE funded support staff will be added to cope with increased C & R traffic. One OE funded computer technician will join the mission to maintain the communications networks and office systems. One OE funded janitorial staff will be added.

In summary, there will be a need for three additional USDHs, five OE-funded FN PSCs and two project funded FN PSCs in FY1999. At the authorized personnel ceiling of 15 for USAID/N, the operating cost is estimated at \$600,000, while at the USAID/N requested workforce level the cost is estimated at \$1,397,500.

#### **FY1998/1999 Increases and Decreases**

O/C

11.1/

11.5 FNDH retired in March 1996 and not replaced.

11.8 There are 10 OE-funded FNPSCs in FY1998 and expected to increase to 15 beginning

FY1999. Anticipated FSN salary increase in FY1998 is 40 percent while 20 percent is estimated for FY1999.

A fixed sum of \$25,000 is budgeted for USPSC short-term contracts of less than 12 months.

- 12.1 Educational allowance budgeted in FY1998 is for 4 dependents (assuming each of the 2 USDHs - AAO and Program Officer had 2 dependents each). In FY1999, 10 dependents were budgeted for (those of the Controller, EXO and GDO inclusive). HSTA anticipated for Program Officer in FY1998; and Controller, EXO and GDO in FY1999.

Increased deposits to FSN Separation fund and other benefits in FY1999 is based on the requested workforce for that year.

- 13.0 Severance payments were made to all RIFed employees in FY1996 and none anticipated in FYs 1998 and 1999.

- 21.0 Training in AID/W for 3 persons and not to exceed one week per person. Post assignment travel of Program officer and AAO's replacement budgeted for in FY1998. Controller, EXO and GDO's post assignment travel budgeted for in FY1999.

EXO TDY budgeted for in FY 98 and none in FY 99 due to the arrival of USDH EXO.

- 22.0 Post assignment freight for Program Officer and AAO's replacement in FY1998; Controller, EXO and GDO in FY1999. Also, there is home leave freight for current AAO in FY1998. Office and residential furniture and equipment expected to be imported in FY1999 more than that of FY1998 due to increased workforce.

- 23.2/ Residential rent for 1 USDH in FY1998 and 4 USDHs  
23.3 in FY1999. Based on prevailing conditions, communication and utilities costs are expected to increase in FY1999.

- 25.2 While the cost of office security service is expected to remain constant, the cost of residential security guard services is expected to increase proportionately with the number of USDHs each year. In similar manner, the cost of official residential expenses will increase in proportion to the number of USDHs on board.

- 25.3 Effective FY1998, ICASS forms part of the OE budget. This is expected to increase as the workforce increases. It forms a significant cost item in the total budget for each FY.

- 25.4 After completing all movements in FY1997, it is expected that subsequent costs incurred on office building will be low and that there will be little or no difference between FY1998 and FY1999. However, residential building maintenance is expected to increase due to increase in the number of USDHs from 2 in FY1998 to 5 USDHs in FY1999.

- 25.7 Vehicle repairs/maintenance to increase in FY1999 due to the acquisition of two additional vehicles.
31. Furniture/equipment to be purchased for 3 USDHs in FY1999. Also, two vehicles, computers and printers will be purchased in FY1999.

#### Attachments

- Attachment 3a: Operating Expense Budget Request (1997/98/99)  
Attachment 3b: Operating Expense Budget Worksheet  
Attachment 3c: Cost of Controller Operations (1997/98/99)  
Attachment 4: Work Force Requests  
Attachment 5: Trust fund & FSN Separation Fund  
Attachment 6: Other OE Tables

#### Changes in the CPSP/Management Contract.

USAID/N operates under frequently changing circumstances. The last fully approved CPSP was drafted in 1992 and was approved for implementation from FY1992-2000. It had one strategic objective and one special objective. The Plan was revised in November 1994 to reflect the changed realities in Nigeria. That revision was barely endorsed before it also was superseded by evolving political and economic events in Nigeria. With decertification and the addition of a DG special objective in FY1996, the current CPSP does not reflect the total number of strategic objectives specified in the results review. It needs to be revised to reflect the current program of USAID/N and the development constraints and opportunities in Nigeria. A realistic approach to implementing development activities in Nigeria needs to be crafted.

Assuming a smooth transition to democratically elected civilian administration in Nigeria. USAID/N proposes to revise the CPSP in early FY1999 to include current strategic and special objectives as well as any substantive changes that may be dictated by the changing political environment.

#### Justification for New Strategic Objective in Basic Education

Lack of an equitable, effective, and relevant basic education system is a major constraint in achieving the optimum human productive capacity in Nigeria. The literacy rate is 52% in the general population and lower for women. The school enrollment rate is 70% for boys and 49% for girls. The drop out rate is over 50%, for girls especially in remote areas. Teachers are poorly trained and motivated, frequently absent and are not effective. Equipment, books and supplies are non-existent and the curriculum is outdated and irrelevant. Graduates from secondary schools and colleges lack useful skills and therefore are unemployed or under-employed. Although cultural and religious practices play a role in school enrolment and attendance, lack of access and equity is the major constraint in literacy and numeracy in Nigeria. It has been established by the World Bank that educating girls to the fourth grade level has a tremendous effect on the quality of life they aspire for themselves. This includes their ideas on family size, their ability to better analyze and decide on

issues concerning child spacing, nutrition and absorption of new and useful skills.

Should a civilian government take over the governing of the country in October 1998, USAID/N will undertake an educational sector analysis, identify critical constraints, government policies and programs and other donor activities. Taking into consideration USAID's sustainable development goals and comparative advantage, a strategic objective will be developed to intervene and alleviate some of the major constraints in this sector.

In FY1999, USAID/N will request a total of \$400,000 in PD and S funds for sector analyses and program/project development. Based on reviews and lessons learned from best practices in education programs/projects developed and implemented in the West Africa region (Ghana, Guinea, Mali, Benin, Niger) and from the expressed requests of Nigerian NGOs in the sector and the size of the Nigerian population to benefit from such an intervention, USAID/N expects to develop a basic education strategic objective that will concentrate on expanding access to basic education for girls and other disadvantaged groups. The FY1999 request and obligation will be \$4.0 million.

#### Environmental Compliance

Result packages under current USAID/N strategic and special objectives were categorically excluded from environmental examination at the time of authorization. These exclusions will be reviewed if and when the results packages are revised. There are no outstanding issues.

## Explanatory Notes

### Sources of survey data:

- IBHS Integrated Baseline Household Survey. Conducted for USAID/N in USAID focus areas in November 1995. Unpublished report on IBHS findings, 1996.
- NDHS Nigeria Demographic and Health Survey 1990. Columbia, MD: Macro Intl., 1991.
- NISH Nigeria Integrated Survey of Households. Federal Office of Statistics. Semi-annual/Quarterly Survey, 1992-95.
- MICS Multi Indicator Cluster Survey. Implemented by Federal Office of Statistics with UNICEF as supplemental module to March 1995 NISH. Federal Republic of Nigeria/UNICEF, 1996.

### Current USAID-supported implementing partners (IPs) in Nigeria, as of 1997:

AIDSCAP - AIDS Control and Prevention Project  
BASICS - Basic Support for Institutionalizing Child Survival  
CDC - U.S. Centers for Disease Control and Prevention  
CEDPA - Center for Development and Population Activities (including ACCESS Project)  
JHU/PCS - Johns Hopkins University / Population Communications Services  
PPFN - Planned Parenthood Federation of Nigeria (IPPF affiliate)  
USIS - United States Information Service

### Other IPs active in Nigeria during FY1996:

AVSC International  
ICRW - International Center for Research on Women  
INITIATIVES - Private Initiatives for Primary Healthcare  
The Pathfinder Fund  
SFH - Society for Family Health, affiliate of Population Services International (PSI)  
Wellstart International

### Current USAID focus areas

The current USAID focus areas were established in 1995 in order to concentrate the impact of USAID program interventions. States within the four clusters are home to roughly 55 million inhabitants, just over half of the national population. For purposes of program performance monitoring, the mission conducted the Integrated Baseline Household Survey in NGO catchment zones in these focus areas in November 1995. Most USAID activities are implemented through NGOs in areas within the four clusters; a limited number of ongoing activities in FY1996 targeted states outside of the focus areas. Some activities, particularly those intended to raise

awareness of family planning, HIV/AIDS, human rights, and other democratic initiatives, are intended to produce results on a national level. The focus areas are divided into four clusters including fourteen states:\*

- Cluster I: Southeast      Abia, Anambra, Benue, Cross River, Enugu
- Cluster II: North        Jigawa, Kano, Katsina, Kebbi, Sokoto
- Cluster III: Southwest   Ondo, Osun, Oyo
- Cluster IV: Lagos        Lagos

\*Six new states were created in late 1996. Within USAID clusters, new states include Ebonyi (formerly part of Enugu), Ekiti (formerly part of Ondo), and Zamfara (formerly part of Sokoto).