

THE NIGERIAN FAMILY HEALTH SERVICES PROJECT



A JOINT PROJECT OF THE FEDERAL
GOVERNMENT OF NIGERIA AND USAID



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THE NIGERIAN FAMILY HEALTH SERVICES PROJECT

WHAT IS IT?
WHAT DOES IT DO?
HOW IS IT ORGANIZED?

FOREWORD

The Nigerian Family Health Services Project (FHS) is a one hundred million dollar, five-year project. Sixty-seven million is being funded by the United States Agency for International Development (USAID) and thirty-three million by the Federal Military Government of Nigeria (FMG). FHS has six elements, two for administration and logistics and four for project implementation. The two administrative elements are provided through a Project Administrator and an Operations Division that support all project elements. The four project implementation divisions include: an Information, Education and Communication Division (IEC), Policy and Evaluation Division (originally called "Policy Implementation"), Private Sector Division, and Public Sector Division.

The overall programme goal is to improve the quality of life in Nigeria by strengthening integrated health care services available through private and public facilities.

In order to reach this goal, there are four major objectives: 1) a reduction of the infant mortality rate; 2) a reduction of the maternal mortality rate; 3) a reduction of high risk pregnancies; and 4) a reduction of the total fertility rate.

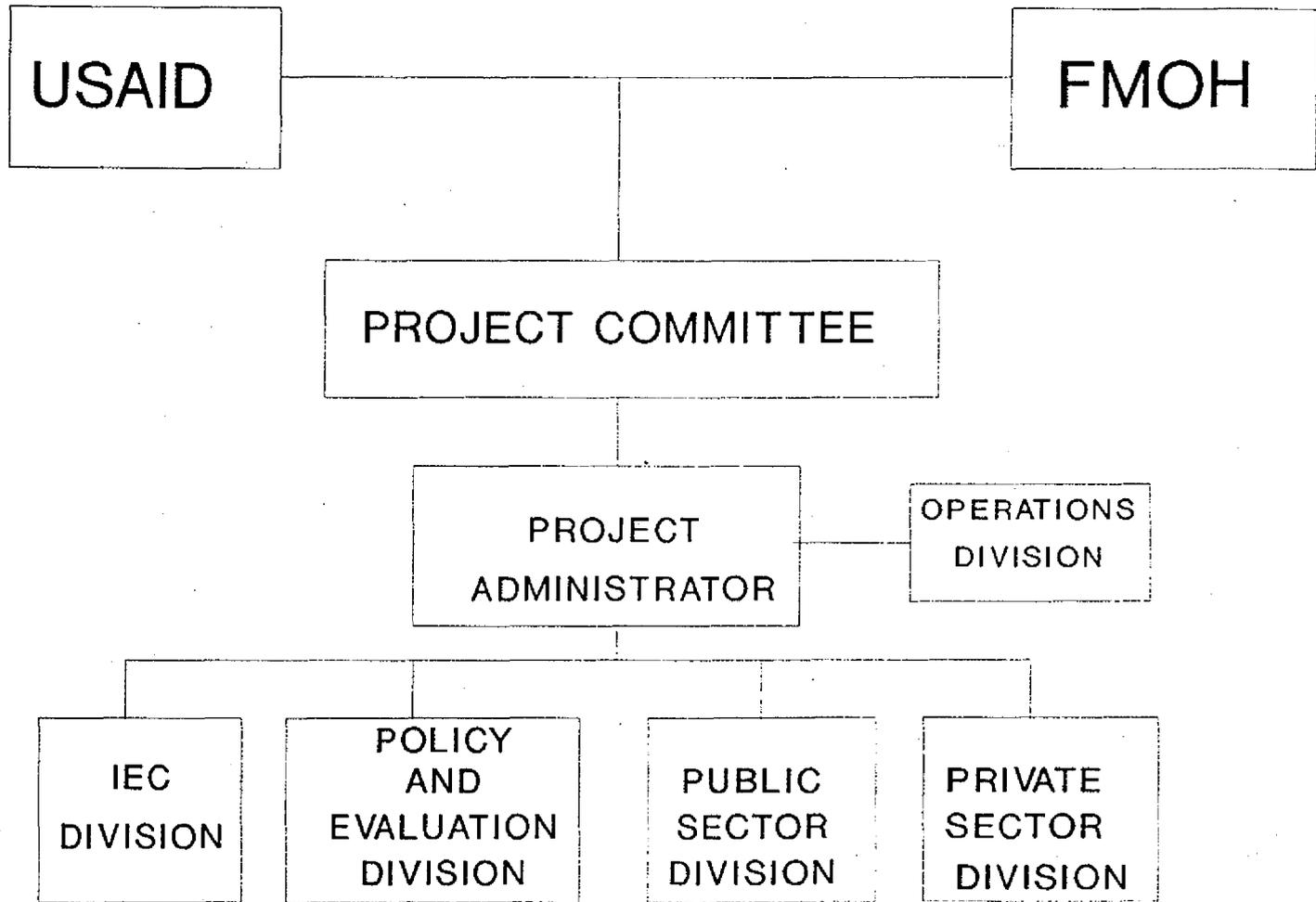
To assist in obtaining the programme goal and reaching the preceding objectives, the Family Health Services Project focuses on increasing the acceptability and availability of integrated family planning information and services throughout Nigeria in both the private and public sectors.

A project organization chart is provided on page iv. A description of the scope of work for all the six project elements is contained in pages 1 - 36. In addition, a very brief summary of the goals, purposes, objectives and targets of FHS and each of the four implementation divisions is contained in pages 37 - 42.

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NIGERIA FAMILY HEALTH SERVICES PROJECT



PROJECT ADMINISTRATOR

Dr. Richard B. Sturgis

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Dr. Richard B. Sturgis

Responsibility

The Project Administrator for FHS (formerly the Family Health Initiatives Project) in Nigeria is responsible for the overall management, including planning, administration, monitoring and coordination of all activities related to the development and implementation of the Family Health Services Project.

Duties

The Administrator performs the following duties.

1. Planning

- a. With project collaborators and appropriate Nigerian officials, provides management framework and direction for overall planning and development of project activities.
- b. Directs development and review of division annual work plans, and combines individual work plans into one project work plan.
- c. Convenes quarterly project review committee meetings.
- d. Prepares for and participates in mid-term and final evaluations.
- e. Provides direction and guidance to short-term and long-term technical advisors, including briefings and debriefings.

2. Administration

- a. Provides overall direction and supervision to the collaborative divisions and operations division in the planning, execution, and monitoring of the project.
- b. Oversees Federal Military Government and division compliance with A.I.D. policies, procedures and regulations.
- c. Drafts A.I.D. documentation necessary for project implementation (e.g., PIO/T's, PIO/C's, PIO/P's, amendments, waivers, etc.).
- d. Drafts A.I.D. documentation necessary for procurement requirements.
- e. Prepares required A.I.D. documentation for A.I.D. Affairs Office (AAO/Lagos) administrative review and approvals (e.g., delivery of performance certificates, voucher reviews, etc.).

- f. Provides direction to the Operations Division and oversees the project office organization and management.
- g. Ensures the timely and coordinated provision of A.I.D. financing and/or inputs.

3. Monitoring

- a. Develops and executes project management systems for overall monitoring of project achievements.
- b. Conducts periodic site visits to monitor progress of project activities.
- c. Regularly reviews division work plans and division progress in project activity achievement.
- d. Identifies problems in project execution and assists in problem resolution.
- e. Monitors effective utilization of resources and ensures accurate budgetary forecasting.
- f. Directs data collection for subsequent A.I.D. project analysis/planning and develops an historical record of implementation for the official A.I.D. project file.
- g. Provides timely progress reports or special briefings on project problems/achievements required by FGN, Mission, REDSO/WCA (e.g., Project Implementation Report, etc.).

4. Coordination

- a. Coordinates, as appropriate, project activities with the FGN at all levels.
- b. Coordinates project activities and requirements with REDSO/WCA technical, project, legal, financial and contracts offices.
- c. Coordinates with all collaborating agencies involved in project execution.
- d. Coordinates with other A.I.D. centrally or regionally funded divisions, as appropriate (e.g., AVSC, Columbia University, FHI, JHPIEGO, etc.).
- e. Coordinates with other international organizations and donors (e.g., World Bank, UNFPA, UNICEF, IPPF, WHO, CDC, etc.).

OPERATIONS DIVISION

Prime Contractor: The African-American Institute (AAI)

Sub Contractor: Sweet Hill Associates, Inc.

OPERATIONS DIVISION

The African-American Institute (AAI)

OBJECTIVES

This statement of work sets forth the objectives to be realized and the activities to be undertaken by the organization responsible for implementing this division. Realization of objectives particular to this division are very important in the achievement of the project purpose. The division's primary objective is to provide comprehensive, in-country, administrative and logistical support for the four technical divisions and the Project Administrator. Services are required for a fully functioning headquarters office to accommodate a technical/professional staff of approximately 40 employees. It is also responsible for the support of four zonal offices. In addition, a well-trained administrative/logistics staff of approximately 40 employees is required for all aspects of project administration and support, including procurement, accounting, office management, clerical and other support staff, and maintenance.

ACTIVITIES AND OPERATIONS REQUIRED TO REALIZE OBJECTIVES

- (1) **Office Administration:** Locate, negotiate purchase or lease for, pay utilities for, and maintain and manage a project office (in compliance with U.S. and Nigeria law, and A.I.D. regulations) which delivers a full range of business services. Develop all office and management policies and procedures. Develop and maintain a unified personnel management system for the selection, hiring, training, supervision and evaluation of all local hire personnel.
- (2) **Office Space:** Provide and furnish consolidated office space for permanent programme/technical employees (an average of 8 employees in headquarters and a number to be determined as needed in zonal offices) hired by the technical assistance divisions. Provide and furnish office space for the Project Administrator. Provide and furnish office space for administrative and logistics personnel (approximately 40 employees) to be hired under the contract. Make space provision for short-term consultants (10-12 persons per month) participating in project activities. Provide and furnish space for filing, programme documentation and library purposes. Provide and furnish a conference room. Provide reception area, lounge, kitchen, and bathroom facilities commensurate with magnitude of staff.
- (3) **Procurement Capability:** In accordance with A.I.D. regulations, procure off-shore or locally any necessary office equipment and supplies included under this administrative and logistics contract. As requested by the four technical assistance divisions, serve as purchasing agent to provide divisions with equipment and supplies necessary to mobilize programme activities (funds for these items are included in

each technical division's budget.) In collaboration with the four technical assistance divisions, prepare specification and documentation necessary for custom clearances and importation, and custom clearance services. After importation, provide supervision to contracted private and/or public stores for the warehousing, marking, and distribution of equipment and supplies. In order to ensure timely delivery of goods, monitor, by means of a computerized control and tracking system, all project purchases from placement of order to final delivery. Monitor ordering, receipt, storage, and delivery of programme equipment and supplies, and intervene if problems arise. Maintain inventory of all expendable and non-expendable equipment, furnishings and vehicles purchased under the project regardless of division. Assure strict adherence to A.I.D. procurement regulations.

- (4) **Secretarial Support:** With the full participation of each of the four technical assistance divisions and the Project Administrator in selection and supervision of secretarial staff, provide at least one full-time executive level secretary to each of these divisions and the Project Administrator. These divisions will each have the right to request termination or transfer of the secretary should the individual not meet the needs of the division. The secretary assigned to each division will receive technical and pragmatic direction from the individual division. Provide office management and the additional secretarial support for all administrative functions. Provide secretarial support for quarterly meetings, annual work planning sessions, special reports, special TDY missions, and scheduled evaluations. Preliminary arrangements must be made for engaging additional secretaries on a temporary basis for heavy work periods and/or for short-term consultants.
- (5) **Full Business Communication Services:** Equip the office with telephones, telex, and telefax capabilities. Provide local telephone services (each division will be responsible for payments for all costs associated with long-distance telephone use, whether within or outside Nigeria and for telex and telefax use). Develop and maintain an inter-office mail distribution system. Develop system for mail pick-up and delivery (at least two times daily in Lagos) to appropriate government, AAO/Lagos, and project sites. Arrange for express mail or courier services. Equip office for photocopying and provide other necessary duplication services, e.g., printing of annual work plans, meeting reports, etc.
- Provide or arrange other related business services as required, e.g., notary or documentation certification, translations, messenger, binding of documents, etc. Develop system to keep AAO/Lagos fully informed of project and administrative actions.
- (6) **Bookkeeping Services:** Develop and maintain adequate accounting system, as determined by the REDSO West African Accounting Center (WAAC), Abidjan, for the funds provided under the contract. Provide logistical support for project audits.
- (7) **Transportation:** Provide comprehensive transportation support for programme and administrative activities. Maintain radio-equipped motorpool with dispatcher and drivers. Maintain all project vehicles. Provide airport pick-ups and airport expeditors for passengers at the domestic and international airports. Make international and/or in-country travels arrangements for programme and administrative staff on official business. Provide logistical and travel support, e.g. hotel reservations, ticket

reconfirmations, ticket changes, visa arrangements, in-country documentation, etc., to all full-time staff and short-term consultants performing official project services. Provide logistical and travel support to participants being trained under this project, or under centrally-funded projects, as well as other host-country representatives travelling under auspices of this project. Monitor flow of visitors and travel of staff and project participants using computer software and facilities. Provide logistical and transportation services for special activities such as annual meetings, special conferences, etc. Keep AAO/Lagos fully apprised of visitors' whereabouts and difficulties, if any.

- (8) **Documentation:** Develop filing and documentation system and maintain files and documents in a centralized location. Reproduce global project materials for distribution, i.e., work plans, annual reports, etc.
- (9) **Security:** Provide office and housing security as established jointly by the U.S. Embassy Security office and the division.
- (10) **Maintenance:** Provide office maintenance (inside and outside facilities). Maintain equipment and keep service contracts current. Order necessary outside repairs and maintenance. Provide housing maintenance services for contract personnel as agreed to by the Embassy Administrative Office and AAO/Lagos.
- (11) **Housing:** Identify, secure and maintain housing for contract personnel as agreed to by the Embassy Administrative office and AAO/Lagos. This will involve one residence for a contract expatriate. The division will be responsible for lease or purchase arrangements, any rent payments, any utility payments, and furniture and major appliance procurement and upkeep.
- (12) **Zonal Support:** Provide zonal staff support (patterned after main office) in four locations outside of Lagos, as deemed appropriate.
- (13) **Conference Coordinator:** As requested, provide support for conference management, both at FHS and at workshops, seminars and conferences held elsewhere.

IEC DIVISION

*Prime Contractor: John Hopkins University/Population
Communication Services (JHU/PCS)*

*Sub Contractors: Center for Development and Population
Activities (CEDPA)*

*Program for Appropriate Technology in Health
(PATH)*

Saffitz and Alpert Associates, Incorporated (SAAI)

IEC DIVISION

John Hopkins University/Population Communication Services (JHU/PCS)

OBJECTIVES

This statement of work sets forth the objectives to be realized and the activities to be undertaken by the organization responsible for implementing this division. Realization of objectives particular to this division are essential to the achievement of the project purpose. The division's primary objectives are:

- A. **To effect the preparation, approval, and execution of national, state and LGA IEC action programmes** that incorporate a broad range of mass media activities, mobilization campaigns, family life education-related efforts, training, and printed material designed, and disseminated:
 - at the national level;
 - in each state and the Federal Capital Territory; and,
 - in at least one priority LGA in each state.
- B. **To be materially instrumental in bringing about a situation in which 80 percent of the eligible population aged 15-49 are knowledgeable about family planning concepts.**
- C. **To develop and distribute wall charts, posters, picture books and promotional displays on the benefits of child spacing and modern methods of contraception to at least 12,000 private sector outlets and 3,600 public sector delivery points.**

ACTIVITIES AND OPERATIONS REQUIRED TO REALIZE OBJECTIVES

- A. **Summary** - To realize these three objectives the division shall, over the life of the project, undertake activities and operations in the following areas:
 - (1) IEC leadership and expertise for other project-financed divisions;
 - (2) mass media;
 - (3) family planning promotion to opinion leaders (e.g. Influential groups and persons, elders, and the like);
 - (4) private and public clinic-based and outreach activities including at least:
 - development and dissemination of printed materials;
 - procurement, deployment, and use of audio-visual materials and equipment;
 - and,
 - diversified IEC training.

B. IEC Leadership and expertise

The division will facilitate the design of a national family planning logo, will produce at least 3,000 television, radio, film, and folk media programmes and spots, and newspaper and magazine inserts in at least five languages, and will effect their dissemination and use by Nigeria's 22 television and 35 radio stations, by its 19 daily and weekly newspapers, and by its 9 major nationwide magazines.

C. Mass Media-Related Activities

Notwithstanding the language in the clause of this division's contract entitled "Rights in Data and Publication," Section H.5.1., nationally and internationally recognized entertainers, artists, and their agents may follow customary industry practices with regard to copyright of data produced under this contract; provide that such entertainers, artists, and their agents grant the U.S. Government a royalty-free license.

At a minimum, the division's mass-media related activities will include:

- organizing, widely publicizing, and carrying out a national contest for design of a national family planning logo to be printed on posters, decals, banners, displays, and contraceptive sales outlets (a combined total of at least 15,000 outlets), and assure the logo's publication, dissemination, distribution, and display;
- undertake a music project nationally and by region to the effect that popular songs containing family planning themes are composed and recorded by popular local musicians, and distributed and aired;
- exploiting fully, traditional media, such as town criers, talking drums, dances, songs, drama troupes, and puppet shows;
- developing interactive traditional media with family planning and health themes;
- recording traditional media with family planning and health themes;
- developing and producing 5-minute television and radio fillers with family planning messages, including recorded testimonials from traditional and religious leaders;
- developing and producing television and radio spots, jingles and newspaper ads;
- organizing media events such as state and LGA family planning launchings;
- organizing workshops for media practitioners (such as producers and managers of television and radio, and editors and journalists of newspapers and magazines);

- training selected Ministry of Information (MOI) and Ministry of Health (MOH) personnel in radio and television production techniques and print material development;
- providing observation-study tours for selected media practitioners;
- providing limited radio recording and editing equipment to selected radio stations on a pilot basis;
- providing video equipment to selected MOI offices on a pilot basis so that they can with the division's assistance, develop and produce motivational and technical video programmes for broadcasting, or for transfer onto 16 mm film to be shown through mobile vans; and,
- promoting the national family planning logo whenever possible.

The division's undertaking of the above-mentioned activities, as a whole, will reflect use of at least the following three methodological approaches:

- a centralized generic and a centralized "brand-specific" campaign to support public and private sector service programmes. This approach will entail informing viewers, listeners, and readers (in five or more languages) that family planning information and services are available in outlets identified by a prominently displayed national logo and assuring that mass media and point-of-purchase messages and images are consistent and mutually reinforcing.
- development of state-level public sector IEC capabilities, which, among other things, will permit ownership of programmes and products at the state level with ultimate development of IEC capability at the LGA level, placement of messages uniquely appealing to a given state(s), and interstate exchange of IEC materials on a regional level on the basis of "competitive advantage" to achieve economics of scale.
- mass media support for policy implementation, entailing transformation of the RAPID computer presentation into easily understood formats, use of media coverage of family planning events, and special broadcasts on population issues to enlighten decision-makers.

D. Family Planning Promotion to Opinion Leaders

Coordinating closely with the other divisions, the IEC division will organize at least 40 family planning orientation symposia and campaigns, and will prepare group-specific IEC packages for selected opinion leaders and influential groups.

Inter alia, these activities will include:

- organizing symposia and meetings for traditional and religious leaders at the national, regional, state and LGA levels;

- organizing orientation workshops and initiating activities with organizations having potential outreach roles among their vast networks, affiliates, or branches (e.g., Union of Transport Workers, National Council of Women's Societies, Association of Wives of Military Officers);
- assisting the National Council on Population Activities, the Planned Parenthood Federation of Nigeria and other such organizations in developing IEC packages for their constituency-building activities addressed to influential groups, professional associations, and opinion leaders;
- provide special motivation sessions for elders who could, in turn, influence younger generations: and,
- publishing special materials addressed to specific groups (e.g., Islam and family planning, cost-effectiveness of family planning/IEC activities in industries).

E. Private and Public Clinical Based and Outreach Activities

This catalog of the division's required activities includes preparations and distributions of printed matter, and provision of audio-visual materials and equipment to support private and public IEC efforts.

- (1) **Printed Matter** - The division will produce and make available at least six million copies of assorted printed promotional and educational materials for use by public and private sector family planning services and sales outlets and by outreach personnel. Illustrative of these materials are logo signs and stickers to indicate locations of services, reference cards for service providers to use in explaining the benefits, risks, and application of modern contraceptive methods, and coordinated wall charts depicting traditional and modern methods of contraception. The division will emphasize the design of printing materials relying heavily on communication by pictures to reach non-literate and slightly literate audiences.
- (2) **Audio-Visual Materials and Equipment** - The division will provide appropriate audio visual material and equipment, such as videos, sound slides, and tape recorders to regional training sites in order to improve training techniques of IEC production sites to enhance IEC capabilities.

F. Specialized IEC Training

The division will undertake at least the following training activities:

- (1) **Specialized IEC Workshops** - The division will conduct at least 20 specialized IEC workshops for appropriate target groups in at least the following subjects: audience research; community analysis; message development; creative ways for playwrights, and for television and radio scriptwriters to incorporate family planning messages into traditional and broadcast programmes; low-cost audio-visual material production for service providers; illustrative and low-cost printing techniques for artists involved in print material production; and, video and radio pre-and-post- production techniques for developing higher quality and more creative programmes.

- (2) **Overseas Training** - The Division will provide short term IEC training in the United States for a limited number of local staff. Participant selection will be based on a determination that a significant increase in IEC products or programmes can be anticipated from the overseas training investment.
- (3) **Counseling Methodology and Motivational Skills Training** - The division will provide training in counselling methodology and motivational skills to all trainers (mostly health workers) who teach family planning at regional or state training institutions. Division-sponsored training will be undertaken as part of the on-going training of trainers. The division will assist the other divisions in developing IEC curricula as needed.
- (4) **Mobilization Techniques and Materials Development Training** - The division will conduct workshops for selected state and local government workers already involved in social mobilization and promotional materials development. Part of these government workers' jobs entails organizing orientation symposia and public campaigns, the purpose of which is to increase the awareness of local leaders and community groups in the importance and availability of family planning.
- (5) **Family Life Education Training** - Utilizing the special relationship previously developed by the Center for Development and Population Activities (CEDPA) with state Ministries of education (MOE's), the division will conduct a series of workshops in at least 15 states for a minimum of 200 urban secondary and post-secondary school teachers. The workshops will focus on creative implementation of secondary and post-secondary school, FMG-approved, family life education curricula based on the family life education curriculum developed to date. To support family life education in the urban secondary and post secondary schools, the division will introduce a minimum of 30,000 copies of at least five types of divisions prepared, Nigeria specific teachers and student printed materials and also will introduce audio-visual materials it has prepared on this subject. In addition the division will conduct family life education contests and debates, and develop, conduct, and broadcast a national population quiz show eliciting competition from at least 300 secondary schools throughout Nigeria.
- (6) **IEC Training for Private and Public Sector Personnel** - In conjunction with the divisions implementing the Private Sector Service Delivery Component, the division will integrate IEC subjects into the training conducted pursuant to the other two components, reaching at least 10,000 service delivery, sales, and motivational personnel. Specifically, the division will provide technical assistance, develop appropriate curricula, develop training materials, and provide IEC specialist trainers when required.

GUIDING PROCEDURES AND PRINCIPLES FOR MESSAGE CONCEPTUALIZATION, DESIGN, USE, AND DISSEMINATION

In undertaking the above-described activities and operations, the division will follow the procedures and adhere to the guidelines set forth in this section to assure the use of only high quality, appropriate messages in a variety of creative ways for optimal IEC impact to increase popular awareness, support, acceptance, and modern family planning practice.

A. Practical Audience Research

- (1) **Market Research** - The division implementing the Private Sector will undertake market research for use by the division to which this statement of work pertains (IEC Division) in its development of advertising campaign messages, especially those aimed at the buying client. The results of this research will be appropriately utilized by the IEC division.
- (2) **Anthropological Research** - The division will undertake "rapid anthropological research" (e.g., mini-studies combined with focus group discussions) involving the major Nigerian ethnic groups in the four major health zones for use in producing regionally-distributed materials.
- (3) **Research of Other Implementing Divisions** - The division will participate in and monitor relevant research activities conducted pursuant to the other three components to obtain the feedback necessary for effective IEC programming, including, but not limited to, conceiving and channelling strategies, developing messages, designing materials, and establishing evaluation benchmark data.

B. Audience Identification, Message Design, and Media Selection

The division will identify and segregate audiences by age, sex, ethnic group, religion, residence (urban-rural), literacy, and languages, determine the media and the messages optimally appropriate for each audience, and employ media and messages based on this determination.

C. Messages Use and Dissemination

The division will optimize the necessary and appropriate actions to assure these messages are clear, focussed, consistent, reinforcing, and culturally appropriate, and that they are frequently and conspicuously disseminated and distributed by familiar, credible, and multiple channels of communication.

SUSTAINABILITY

To facilitate the sustainability of the above-described IEC activities, operations, and products, the development, production, dissemination and distribution of which characteristically incur substantial costs, the division will undertake cost-recovery experiments, including, but not limited to:

- production of high quality "enterteach" radio and television specials and selling them to commercial sponsors;
- producing high quality recorded music tapes with educational messages and selling them in the commercial market;
- selling wall charts, user booklets, references materials, and posters to private sector health services providers;

- exploring possibilities with advertising agencies in combining to share production and advertising costs; and,
- exploring the possibility of buying radio and television block time and seeking several sponsorships for commercially viable family planning programmes aired at that time.

The division will undertake the most promising of the cost-recovery experiments on a pilot basis and set up clear financial accountability to assure that funds generated are accounted for and returned to cognizant family planning programmes.

POLICY AND EVALUATION DIVISION

(PREVIOUSLY CALLED "POLICY IMPLEMENTATION")

Prime Contractor: John Hopkins University Institute For International Programs

Sub Contractor: Africare

POLICY AND EVALUATION DIVISION

John Hopkins University/Evaluation for International Programmes (JHU/IIP)

OBJECTIVES

This statement of work sets forth the objectives to be realized and the activities to be undertaken by the organization responsible for implementing this division. Realization of objectives particular to this division are essential to achievement of the project purpose. The division's primary objectives are:

- A. To strengthen the capacity of the public sector and encourage the private sector to develop and firmly establish family planning programme policies, strategies, and action plans at the national, state, and selected LGA levels.
- B. To strengthen the indigenous planning process for coordination, expansion, and improvement of public and private sector family planning services.
- C. To develop positive support from influential and constituency groups for the rapid expansion of family planning services nationwide.
- D. To support innovative short-term, inexpensive evaluative strategies from documenting policy and programme acceptability.

ACTIVITIES AND OPERATIONS REQUIRED TO REALIZE OBJECTIVES

SUMMARY: To realize these objectives, the division shall, over the life of the project, undertake activities and operations in the following areas:

- a) strategic planning;
- b) fiscal support;
- c) constituency building;
- d) institutional support; and,
- d) programme evaluation and feedback.

A. Strategic Planning

The division will strengthen the FMG's efforts to develop national, state and local capabilities, processes, and tools for strategic planning for family planning programmes.

- 1) **Development of Strategic Planning Capabilities** - The division will provide technical assistance to key Federal Ministry of Health (FMOH) personnel and other appropriate

ministries to further refine planning processes and the national planning documents (e. g., Five-Year Development Plan, National Family Planning Plan of Action). The division will provide technical assistance to state family planning planners in all states to evaluate state programme activities, and to continually refine the state policies, action plans, and programmes. In addition, the division will assist state and LGA staff to develop action plans to integrate family planning into primary health care service delivery at the LGA level. In this endeavor, the division will collaborate with the management training activity of the Public Sector Division to assure, by their joining and coordinating efforts, that all states and LGAs develop consistent action plans to integrate family planning into all levels of primary health care service delivery. Over the life of the project, the division will sponsor at least 13 strategic planning workshops, each of 1-2 weeks duration, for a total of 300 federal, state and LGA planners. For these workshops, the division will develop case study materials and will publish reports. Moreover, starting in year 2, the division, in collaboration with the Public Sector Division, will financially support evaluation teams in all states to review policy implementation progress and to gather information to feed into the planning process.

- 2) **Support of Strategic Planning Process** - The division will support financially and organize an annual strategy planning "summit" meeting for senior federal and state decision makers to review progress and update the national family planning programme. Over the life of the project, the division will finance travel, per diem and programme costs for four of these national programme reviews one of which is scheduled to be held at a university/medical center in the United States. Approximately 30 high-level participants will attend each meeting. The division will assist the FMOH and State Ministries of Health (SMOH) planners in establishing an agenda which will include technical updates and evaluative information to aid high-level participants in assessing programme progress and devising strategies for future programming. The policy division will also collaborate with the three other technical divisions to obtain evaluative results and interesting case studies for discussions at the "summit" and at State Family Planning Coordinators' Meetings. To review program progress, the participants will utilize data generated from the public sector management information system. In collaboration with the three other project divisions, the policy division will assemble necessary state evaluation reports and prepare case studies for review at the meeting. The division will transmit the results of this meeting to the National Health Council Meeting. The three other divisions will participate, as appropriate, in planning and execution of the "summit" conferences.

The Policy and Evaluation Division will participate with the other three technical divisions in supporting the annual State Family Planning Coordinators' Meeting. Over the life of the project there will be five such meetings. As determined at the Annual Project Planning Meeting, the policy division will finance speakers and resource people for the meeting, and will prepare the aforementioned case studies or reports as appropriate.

The high-level "summit" meeting will yield a broad annual program strategy to be refined and finalized at the State Family Planning Coordinators' Meeting. The division will inject the final results into the FHS Project Planning Cycle.

- 3) **Strategic Planning Tools-** The division will provide technical assistance to the FMOH and the indigenous groups such as the National Council for Population Activities (NCPA) to adapt and utilize data from the public and private sector management information systems for policy planning purposes. The division will develop tools, mechanisms, to track such topics as state and LGA family planning organizational development and delivery systems, constituency group activities, programme/fiscal, and findings from related policy activities.

B. Fiscal Planning

The division will work with the federal, state, and LGA levels to assure a host-country commitment of regular budgetary resources to family planning, and to recover partial costs at the acceptor level in order to phase down the reliance on external donors. Focusing on cost-recovery in family planning programmes, the division will undertake at least five simple innovative pilot studies to see how they affect family planning acceptance and continuation rates as well as choice of methods. Further, the division will adapt RAPID-type cost/benefits models of family planning for presentation to finance personnel and budget decision-makers. These models will take into account the effect of project activities on contraceptive acceptance and prevalence, for example, effect on contraceptive prevalence of charging acceptors for contraceptive products. Over the life of the project, the division will provide technical and financial assistance to an indigenous leadership group so that it can conduct at least 10 one-to-two day state-level cost/benefit presentations, discussions, and seminars to reach at least 200 key financial decision makers. To the extent feasible these seminars will be held concurrently with the public sector division fiscal workshops.

Early in the first project year, the division will commission a financial diagnostic study of existing family planning programme operations in selected states. The aim of this study will be to demonstrate to LGAs how to make the case for budgetary support through application of sound fiscal management techniques and advanced budgetary and programme planning techniques. The division will assure that the findings and recommendations of this study and any future studies are: a) published and widely distributed; b) presented and discussed at the annual "summit" and State Family Planning Coordinators' Meeting; and, c) incorporated into the curricula of the public sector division management training.

C. Constituency Building

As described in this section, the division will develop and strengthen basic support of key constituency groups for the national population programme. The division will undertake activities to gain group leaders' positive endorsement of programme goals, and, where possible, to enlist various interest groups into actively contributing to policy, planning, and programme implementation activities.

In close coordination with the IEC division, the division will work with those groups with large networks of strong influence and those that might have particular positive or negative importance for policy and programme development. These groups include at a minimum:

- Islamic leaders and Islamic women's groups;
- business group leaders, e. g., major industry groups (Chambers of Commerce, Banker and Rotary Clubs);

the RAPID model to the state and regional level for at least 20 presentations. The division will execute this activity through a local group, with technical and financial assistance provided by the division.

The division will provide technical assistance and financial support to non-governmental organizations such as Planned Parenthood Federation of Nigeria (PPFN) and the National Council for Population Activities (NCPA). For NCPA, the division will provide technical financial support to further its organizational development and to strengthen its programmatic capacity to assist in the implementation of the constituency building activities. The division will provide funds to NCPA for staff positions, operational costs, and approved programme activities. For PPFN, the division will provide small subcontracts and technical assistance to assist the PPFN in carrying out its on-going policy development programme in four states per year starting in year two.

In addition, the division will provide a limited number (10-12) of short international study tour fellowships to strengthen the orientation and commitment of administrative sectoral areas.

PUBLIC SECTOR DIVISION

Prime Contractor: The Pathfinder Fund

Sub Contractors: Africare

International Health Programs (IHP)

Management Sciences for Health

PUBLIC SECTOR DIVISION

The Pathfinder Fund

OBJECTIVES

This Statement of work sets forth the objectives to be realized and the activities to be undertaken by the organization responsible for implementing this division. Realization of objectives particular to this division are essential to achievement of the project purpose. The division's primary objectives are:

- A. To **expand and improve family planning services throughout Nigeria** with initial priority given to the urban areas and the 80 model LGAs;
- B. To **strengthen the capability of Nigerian Public sector institutions and personnel**; and,
- C. To **put into place management systems to conduct the public sector family planning programmes.**

ACTIVITIES AND OPERATIONS REQUIRED TO REALIZE OBJECTIVES

A. Summary

To realize these three objectives the division shall, over the life of the project:

- (1) incorporate family planning service into those services already offered by 3,600 existing public sector health services delivery facilities;
- (2) train at least 5,200 public health personnel to plan and deliver family planning services;
- (3) develop and standardize training curricula for both pre-service as well as in-service training;
- (4) develop and standardize service protocols, procedures, and standing orders to enhance high quality service delivery;
- (5) provide equipment and supplies;
- (6) develop and make operational a Management Information System (MIS) for monitoring and evaluating public sector primary health care service delivery; and
- (7) train and certify private sector personnel (reflected in Private Sector Service Delivery budget).

B. Incorporate Family Planning Services into Those Already Offered at 3,600 Public Health Service Delivery Facilities

The division shall assist the host country to establish 3,600 family planning service points or locations from which family planning service will be dispensed. The division will undertake this activity by incorporating family planning service into the services already offered at 3,600 existing public health service delivery facilities. The division will work with State and LGA officials to identify and establish these family planning service points according to written criteria and procedures jointly agreed to between the division and these officials. These service points will be selected from among the existing 6,000 LGA health facilities and 3,000 state health facilities. The division will assure that no less than 1,000 of these points will be staffed and equipped to provide comprehensive family planning information and services including, but not limited to, IUD insertions. The division further will assure that no less than 2,600 service points are competent and equipped to provide family planning information and non-clinical family planning services, and to make accurate referrals to the at least 1,000 comprehensively staffed and equipped points for those clients desiring clinical family planning methods or those needing referral care. The division will assure that all of the at least 3,600 family planning service points established include active education and community outreach efforts. If the division is effective in establishing these points, thereby improving and expanding family planning clinical and outreach services, at least 80,000 clients will be using family planning methods by the end of fifth project year.

C. Train at least 5,200 Public Health Personnel

The division will provide at least the following five categories of training:

(1) Training of Tutors and Trainers

The division will train at least a combined total of 350 tutors from schools of nursing, midwifery, and health technology, and trainers from in-service training institutions in didactic and practicum skills related to family planning service delivery. Specifically, the division will provide training for at least 290 tutors and trainers who have no previous family planning training, and refresher training for at least 60 tutors and trainers who have been previously trained, but for whom curricula or new technologies have since been introduced.

(2) Clinical and Non-clinical Training

The division initially will train no less than 1,000 public health personnel (physicians, nurses, midwives) in the theoretical and practical aspects of both clinical and non-clinical birth spacing methods. In addition, the division will provide refresher training to no less than 300 physicians, nurses, or midwives who previously have received training but need updated training. The training curriculum will follow models previously established by JHPIEGO, INTRAH, Africare, Pathfinder, and the American College of Nurse Midwives. Of this group of 1,300 health professionals, the division will place increased emphasis on physician training and will provide, at a minimum: 1) training for specialists, including but not limited to surgical methods of family planning (e.g., NORPLANT, if approved); and, 2) general training for non-specialists in both clinical and non-clinical methods. The division also will train all its trainees in personal communications approaches (including, but not limited to, explaining benefits of family planning and the risks and benefits of various methods,

discussing side effects with patients), and, as appropriate, management, supervision, and the management information system. In addition to the above-discussed 1,300 personnel, the division will train 2,800 health service providers (largely community nurses and health workers) in providing family planning information and non-clinical family planning methods. Two thousand individuals will be trained for the first time; eight hundred individuals will be provided refresher training.

(3) Management Training

The division will undertake extensive management training, giving special emphasis to the 80 model LGAs, in cooperation with the Combatting Childhood communicable Diseases (CCCD) Project. At least a combined total of 768 LGA, state, and federal planners and managers will be trained;

At a minimum, this management training must include:

- annual workshops for the State Family Planning Coordinators and Deputies to assist improving planning and management capabilities;
- training and other activities for administrative and supervisory staff at the LGA, state and federal levels in areas related to the revision and use of the management information system (MIS);
- regular programme planning exercises to update and revise LGA, state, and federal action plans;
- design, testing and implementation of models for supervision, monitoring, and on-the-job training by supervisory personnel during supervisory visits, and development of training modules, including case studies, on these three subjects (in collaboration with the division implementing the Policy Implementation Component);
- financial planning, budgeting, and cost recovery; and,
- contraceptive logistics management, to include at a minimum: in-service training for all nurses and midwives in requisitioning and warehouse management; one week courses for warehouse managers (pharmacists and pharmacists' assistants) in contraceptive supply and storage management; and, special instructions for State Family Planning Coordinators in supervision of supply management systems.

Illustrative of the other areas in which the division might offer management training are: human resources management; internal evaluation and personnel feedback systems; and optimal coordination of services elements in an integrated primary health care programme.

(4) Specialized Training

The division will undertake, as appropriate and with the written concurrence of the AAO/Lagos, specialized training including or similar to the following kinds, which are illustrative only:

- training of traditional birth attendants;
- training for women counselors at the LGA levels;
- training for community-based distribution (CBD); and,
- short-term U.S. or third-country training.

The division will not undertake or approve long-term or degree training, but will work with the FMG to identify non-project sources of funding for long-term training.

(5) Training in communication and Outreach

The division will collaborate with the division implementing the IEC component in facilitating communication and outreach training. The latter will develop the curriculum and train public sector trainers how to use it.

The division implementing the Public Sector Service Delivery Component will assure that all its training activities include, in addition to traditional IEC subjects, the following topics:

- planning, conducting, and evaluating community health education efforts to increase clinic enrollment;
- involving traditional rulers and other community leaders;
- making special efforts to inform and motivate males;
- making clinicians educators and advocates of the family planning programme;
- relating counselling and informed consent to service delivery practices; and,
- giving consistent information in clinics and communities.

D. Develop and Standardize Curricula

The division will monitor progress already made incorporating family planning into pre-service curricula at all levels. The division will take necessary action to assure that curriculum development adheres to the following principals and procedures:

- develop comprehensive curricula for the different training institutions that ensures high quality care and a unified approach to family planning;
- omit training on topics that are irrelevant to most Nigerian families (e.g. diaphragm);
- emphasize modern pedagogical methods;
- increase counselling of patients by all levels of personnel, especially high risk patients (over 35 and under 18); and,

- incorporate into Nigerian formal medical and health curricula the most successful curricula already developed as a result of the work and experiences of such groups as INTRAH, Africare, JHPIEGO, Pathfinder, and the American College of Nurse Midwives, in areas such as training of trainers, community health education, clinic management, logistics, requisitioning, maintenance, and on-the-job training.

Upon request, and as appropriate upon its own initiatives, the division will assist in the revision and updating of curricula to include such topics as:

- NORPLANT and other potential new methods;
- sexually transmitted diseases (STD), and the use of barrier methods for their prevention; and,
- infertility, especially related to cases resulting from STDs and induced abortion.

E. Develop and standardize Service Protocols, Procedures, Standing Orders, and Liaisons

Within the first nine months of project implementation, the division, working with host country officials, will develop simple, readily understood protocols and standing orders for use at each clinical service delivery point. The division will assure that these protocols and orders cover all aspects of service delivery, including standards of clinical practice and service delivery, counselling and advice on family planning, maintenance, requisitioning, and utilization.

In developing these protocols and orders for the various cadres of public health personnel, the division will use consultants from leading indigenous training institutions, along with its own short-term technical assistance personnel. The division will assure that these protocols and orders are provided to all service delivery sites in printed form for ready reference by clinicians and management staff. The division further will assure that the protocols and orders become an essential part of all standardized training curricula.

The division will undertake several additional measures to assure that family planning services adhere to high standards of clinical practice. At a minimum, these measures include:

- linking service delivery sites with medical personnel trained in family planning as points of referral for complicated cases; and,
- exploring on a pilot basis ways to enlist local-level medical advisory committees with the objectives of soliciting support for the family planning programme and of encouraging communication and cooperation among participating health professionals.

F. Provide Equipment and Supplies

Based on specific criteria established by the division and with approval by the AAO/Lagos, the division will procure and distribute clinical equipment or constituent parts as appropriate

to facilitate approximately 1,000 new full-service clinics' becoming operational. Each equipment set includes a sufficient and appropriate supply of items to equip a full service family planning clinic. Recipient clinics will be selected according to a prescribed methodology. Pursuant to this methodology, the division will visit and inspect facilities recommended by state governments to receive sets and kits or parts thereof. The division will determine the required equipment for each clinic on the basis of site visits and information provided by the clinic on a detailed questionnaire concerning physical plan, clinical equipment and supplies, commodities, clinical personnel, and consumer characteristics. The division will procure the equipment and monitor at the state level to assure delivery to the selected clinics, and to provide technical assistance on the appropriate use and maintenance of the equipment. The division will review the use of each item in the equipment sets some time before project month nine to ascertain whether changes in composition are needed before ordering additional equipment. The division will base this assessment on cost, maintenance and durability of items, and considerations of maximizing staff and patient time in the clinics.

G. Develop and Make Operational a Management Information System (MIS)

The division will develop and make operational a revised but simplified MIS, which at a minimum, must include:

- an individual record system including institution of client record forms, and appointment and referral cards, in order to support optimal family planning method selection for each client and provision of high quality service;
- service statistics and contraceptive logistics systems;
- service personnel, facility, and equipment resources - local, state, and national data bases (computerized at national level only);
- means of obtaining and processing feedback from users and non-users including attitudes and suggestions regarding service, and client knowledge and practices from diagnostic spot surveys and focus groups;
- programme personnel suggestions for service improvement;
- supervisory checklist and reporting system; and
- regular evaluation of the MIS and its costs.

In refining the service statistics and contraceptive logistics system aspect of the MIS cited above, the division will assure these systems can be and are used to assist in at least the following kinds of management decisions:

- forecasts of commodity needs by state, zone, and service delivery point;
- identification of service points requiring supervision because of irregular method mix, e.g., only pill acceptors;

- identification of areas requiring supervision and perhaps expanded IEC efforts because of relatively low recruitment of new acceptors;
- identification of service points requiring supervision because of failure to report, or changes in performance compared to that of the previous year; and,
- estimation of impact based on couple years of protection.

In undertaking this activity, the division will identify management decisions at the local, state, and federal levels which an MIS can support. Initial efforts in this regard must include conducting a state-by-state inventory and undertaking a pretest of a revised service statistics system in Ogun and Benue States.

The division will refine and expand the MIS in such a way that it is simple enough to operate without extensive and costly training, and so that its parts either are self-explanatory, or easily made operational through brief on-the-job training. The division will prepare clearly stated instructions for using each part of the system and assure the printing of these instructions on all forms. The division will revise and expand the MIS so as to organize its ready use for project and programme monitoring and evaluation.

The division also will assist state and FMOH officials in updating on an annual basis state-by-state inventories of personnel, training, and equipment needs and resources. This activity is closely linked to MIS activities and will be completed during the first project year by another division. The division will assure that the inventories are updated at least annually.

H. Demographic and Administrative-Level Priorities

In implementing the Public Sector Service Delivery Component, the division will give initial priority to urban and semi-urban areas until the Project Management Committee deems that "adequate" coverage of family planning service delivery has been achieved. The guiding approach is to meet the needs of urban and semi-urban populations for contraceptives and information, while simultaneously increasing community health education efforts in rural areas. Initial expansion of service delivery to rural areas will be through the 80 model primary health care LGAs.

This priority dictates that the preponderance of the division's project activities will be concentrated at the state level with full FMOH participation, consistent with State Action Plans.

Another complementary priority, in undertaking component activities, especially management training, is that the division will focus on the 80 model LGAs which are implementing model primary health care activities.

PRIVATE SECTOR DIVISION

*Prime Contractor: Family Planning International
Assistance (FPIA)*

Sub Contractor: John Snow, Inc.

Margaret Sanger Center

PRIVATE SECTOR DIVISION

Family Planning International Assistance

(FPIA)

OBJECTIVES

This Statement of Work sets forth the objectives to be realized and the activities to be undertaken by the organization responsible for implementing this division. Realization of the objectives particular to this division is essential to achievement of the project purpose. The division's primary objective is to organize and materially facilitate provision of private sector family planning services. By the end of the project, 1.2 million couples will be using contraceptive methods obtained through private sector service outlets.

ACTIVITIES AND OPERATIONS REQUIRED TO REALIZE OBJECTIVES

A. **Summary** - To realize these objectives, the division shall, over the life of the project, undertake activities and operations in the following areas:

- (1) supply of contraceptives and family planning equipment;
- (2) distribution and service delivery network organization and support; and,
- (3) support activities for the above activity areas including:
 - training;
 - management information system (MIS) establishment and support;
 - market research; and,
 - technical assistance.

B. Supply of Contraceptives and Family Planning Equipment

In collaboration with the Public Sector Division and the Operations Division, the division will prepare Project Implementation Orders/Commodities (PIO/Cs) for the procurement of contraceptives (through the centralized mechanism established by AID/W's Science and Technology Bureau's office of Population, and in accordance with regulations prescribed by that Office). The division will arrange any necessary U.S. warehousing, shipping and insurance for all contraceptive commodities. After the commodities reach Nigeria, the division will arrange for warehousing and distribution (through Sterling Products Nigeria, Ltd. and other distributors) of contraceptives and other family planning equipment for both private and public sector needs. In order to achieve the above, the division will undertake at least the following activities:

- continuous determination of the quantities of contraceptives and other family planning equipment required for project implementation in both the private and public sectors on the basis of review and analysis of the private sector MIS, and preparation of contraceptive procurement tables and documentation for contraceptive procurement. In contraceptive forecasting and ordering, the division will coordinate closely with the division implementing the Public Sector Service Delivery Component, AAO/Lagos, REDSO/WCA, the Centre for Disease Control (CDC), and designated FMG officials;
- improvement of the contraceptive and family planning equipment storage, inventory control and monitoring systems in both the United States and Nigeria so that a shipment is accurately recorded and so that orders can be tracked continuously and shipments can be traced quickly.
- review of public and private sector orders for contraceptives and family planning equipment to assure adequate calculation and justification of the orders;
- preparation of PIO/Cs for the procurement of contraceptives and family planning equipment in accordance with A.I.D. requirements, and arrangement of U.S.-based warehouse space according to established procedures;
- arrangement of freight forwarding, shipment, warehousing and distribution of all project-financed contraceptives and family planning supplies;
- arrangement of freight forwarding, shipment, warehousing and distribution of all private sector family planning supplies and equipment;
- provision of technical assistance to subdivisions in the areas of correct commodity storage, inventory control, and drawdown;
- institutionalized collaboration with the FMG, the World Bank, other donors, and AID/W to assure availability of subsidized or low cost contraceptives and family planning equipment;
- adjustment of contraceptive and family planning equipment fees according to the Nigerian economic situation; and,
- monitoring of commercial pricing of commodities.

NOTE: Local currency funds generated from the private sale of contraceptives must be placed in a separate bank account by the division. These funds shall not be spent without A.I.D. concurrence.

C. Network Organization and Support

The division will organize and support family planning service delivery networks and contraceptive distribution networks using at least the following three channels:

- large scale distributors and trading companies;

- health and other family planning service delivery sites; and,
- vendors, associations, and workplaces.

(1) Large Scale Distributors and Trading Companies

The division will establish and support contraceptive distribution networks using large scale distributors, such as Sterling Products (Nigeria) Ltd., and trading companies such as Clarke, Holt, and United African Company of Nigeria. Using these commercial distributors, the division will supply contraceptives for sale to no less than 4,375 commercial outlets.

The division will use trading companies, which distribute a wide variety of products, to reach supermarkets, department stores, and Nigerian market women, and generally to access the poor rural and urban populations. The division will use large scale distributors to reach private retail outlets for over-the-counter drugs and to distribute contraceptives to its selected trading companies, public sector outlets, private hospitals and clinics, and religious missions. The division may use qualified large-scale distributors, such as Sterling, to train or cause to be trained, by such entities as Planned Parenthood Federation of Nigeria (PPFN) personnel in family planning, to influence community and business leaders in favor of family planning, to initiate family planning service delivery in factories and at other appropriate sites, and to conduct advertising campaigns for family planning products.

(2) Health and Other Family Planning Service Delivery Sites

The division will establish and support contraceptive distribution networks and family planning service delivery networks using private medical service providers and health facilities. Family planning service delivery sites established by the division will include at a minimum: private maternities; clinics; hospitals in urban areas (of at least 100,000 in priority states); and, religious mission health facilities. In addition, this network will involve private sector medical practitioners, nurses, and nurse-midwives. At the end of the project, family planning commodities will be available to and, therefore, through, 5,650 private health providers and service delivery sites.

(3) Vendors, Associations, and Workplaces

The division will establish and support contraceptive distribution networks and family planning service delivery networks using groups of vendors, community people, not limited to, market persons, taxi drivers, community leaders, the National Youth Service Corps (a one year programme for university graduates), employee associations, and the PPFN. This network will encompass at least 2,100 vendors, associations, and workplaces at the end of the project. In undertaking these vendor, association, and workplace network activities, the division will:

- organize by large units for efficiency, e.g., by the Union of Transport workers or the Market Women's Association;
- channel commodities to a central location in each city, and, thereafter, to chapter offices responsible for distributing supplies directly to vendors so that vendors have easy access to supplies;

- test the feasibility of training market women in family planning counselling and non-clinical services, and in contraceptive sales;
- study, adapt, and test current models for training, certifying, and deploying market women as pill distribution agents;
- test various methods of promoting and advertising contraceptive availability in the market; and,
- provide appropriate technical assistance, training, and IEC support for these network activities.

D. Support Activities

(1) Training

In order to have trained staff at the various service outlets, the division will train medical practitioners in at least such subjects as motivation, sales, record keeping, clinical and non-clinical family planning methods, and sexually transmitted diseases. In undertaking this training, the division will:

- employ cost recovery whenever possible, requiring 35 percent of the practitioners to pay for their IUD insertion kits and experimenting with requiring trainees to pay for training;
- use existing facilities and personnel (on a fee-for-service basis), such as universities, public health facilities and staff, state-level public health training teams, and independent associations such as the PPFN, and use existing curricula-especially to train practitioners to the IUD level;
- optimize the use of already trained personnel by training them to a higher standard and organizing their efforts;
- maximize the use of local resources by using experienced personnel in specialty hospitals and missions; and,
- test the feasibility and usefulness of training practitioners only in pill and barrier methods.

By the end of the project, the division will have trained or caused to have trained at least 2,100 private nurses and doctors to the level of IUD insertion and additional medical practitioners in non-clinical family planning education and service delivery. The division also will have trained 4,000 private pharmaceutical personnel in family planning methods and counselling, and, 1,000 private vendors in family planning methods and sales.

(2) Management Information System (MIS) Establishment and Support

The division will establish and provide all necessary and appropriate support for a private sector MIS. In undertaking this activity, the division will:

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SUMMARY OF PROJECT GOALS, PURPOSES, OBJECTIVES AND TARGETS

This and the following pages provide a brief overview of the FHS project, beginning with the most general goals and objectives and then the purposes and targets for each of the four implementing division.

OVERALL PROGRAMME GOAL

To improve the quality of life in Nigeria by strengthening integrated health care services available through private and public facilities.

PROJECT PURPOSE

To increase the acceptability and availability of integrated family planning information and services throughout Nigeria in both the private and public Sector.

OVERALL OBJECTIVES

1. Reduced infant mortality rate
2. Reduced maternal mortality rate
3. Reduced high risk pregnancies
4. Reduced total fertility rate

PROJECT TARGETS

1. A national contraceptive prevalence rate of approximately 12 percent, with 70 percent of that amount served through the private sector, and 30 percent through the public sector.
 - a. Family planning information, services and/or commodities provided through approximately 12,000 private sector outlets.
 - b. Family planning and health-related information and services provided through at least 3,600 public service delivery points.
2. Eighty percent of the population aged 15-49 will have knowledge of family planning concepts.
3. Attitudinal changes favoring smaller family norms.
4. A capability for policy implementation and strategic planning for the national family planning effort.

INFORMATION EDUCATION AND COMMUNICATION DIVISION (IEC)

PURPOSES

1. Approved national, state and LGA level IEC action programmes targeted to both the private and public sectors.

2. IEC activities/materials developed to support private and public family planning services.

TARGETS

1. Project sponsored IEC initiatives including:

- a. Approved and executed national IEC programme which supports private as well as public sector activities;
- b. Approved and executed IEC action programmes in 21 states and the Federal Capital Territory; and
- c. IEC action programmes developed and executed in at least one priority LGA of each state

ADDITIONAL IEC TARGETS

2. IEC activities conducted and materials produced to include:

- a. a national logo designed for use in identifying at least 10,000 service and sales outlets in public/private sectors;
- b. 6,000,000 copies of various print materials available at all services, sales and outreach outlets;
- c. 10,000 service/sales/motivational agents trained in IEC concepts as part of regular training conducted in the public/private sectors;
- d. 40 orientation symposia, campaigns and supporting IEC materials to promote FP awareness among private/public interest groups and leaders;
- e. 3,000 TV, radio programmes and spots, films newspaper and magazine inserts produced in at least 5 languages; and

f. 20 specialized IEC training workshops conducted.

g. 40 trainers of teachers deployed, 200 secondary or post-secondary teachers trained, and a total of 30,000 copies of 5 types of support to family life education (FLE) materials produced and distributed.

POLICY AND EVALUATION DIVISION

PURPOSES

1. Processes for expansion, coordination, and improvement of private and public sector activities established.

2. National, state and selected LGA family planning programme policies, strategies, and action plans established.

3. Positive support from influential and constituency groups and NGOs for family planning expansion nationwide.

4. Establishment of processes for evaluating policy and programme acceptability.

TARGETS

1. Strong constituency support established among leadership of at least five main national influential groups.

2. The following is to be developed at the national level and in all states and priority LGAs:

a. Family planning strategies for both public and private sectors that include advisory bodies, strong leadership, and budgetary support.

b. participation in annual cycle of collaborative evaluations; national conference to review experiences and coordinate inputs; and revise planning for programme improvements.

3. Two major national NGOs effectively supporting policy implementation.

4. Capacities to observe changes in fertility and family planning and to identify and clarify special policy and programme needs.

PUBLIC SECTOR DIVISION

PURPOSES

1. Clinical service delivery points equipped.
2. Public sector health personnel trained to provide improved information, services and programme management.
3. Management systems for family planning programmes developed and/or improved.

TARGETS

1. 1,000 service delivery points staffed and equipped for full service (including IUD insertion) and 2,600 others for non-clinical services.
2. Training completed as follows:
 - a. 4,500 family planning service providers trained in improved clinical/communication skills;
 - b. 700 federal, state and LGA staff trained in management of family planning programmes; and
 - c. pre-service training curricula for all categories of personnel to incorporate family planning.
3. Management and service systems developed/ revised including:
 - a. service delivery stations;
 - b. supervisory systems;
 - c. strategic and financial planning;
 - d. other MIS components; and
 - e. clinical service procedures.

PRIVATE SECTOR DIVISION

PURPOSES

1. Distribution network established to provide private interests with family planning commodities.

TARGETS

1. Family planning commodities available to at least:
 - a. 5,650 private medical providers and service delivery sites;
 - b. 4,375 large-scale commercial distributors; and
 - c. 2,100 association and factory outlets.

2. Private sector trained in providing family planning information, services and/or commodities.

2. Training completed as follows:

a. 4,000 pharmaceutical personnel trained in FP methods and counselling;

b. 1,000 vendors trained in family planning methods and sales; and

c. 2,100 nurses and doctors trained to level of IUD insertion.