

PN-AAW-432

IAN-243386

9363032

FIVE-YEAR PLAN FOR
FAMILY PLANNING COMMUNICATION
IN NIGERIA

Prepared by: Steven C. Smith and
Rocco DePietro

Dates of In-country Work:
May 31-June 21, 1983

Population Communication Services
Population Information Program
The Johns Hopkins University
624 North Broadway
Baltimore, MD 21205
USA

DPE-3032 - A: 05 8010-10

Table of Contents

Executive Summary.....	i
List of Abbreviations.....	iii
Preface.....	iv
I. IEC BACKGROUND.....	1
A. Introduction.....	1
B. Government IEC Programs and Activities.....	2
1. Federal Health Education Division (FHED)	
2. State Health Education Units (SHEU)	
3. Local Government Area (LGA) Health Education Activities	
C. Selected Non-Governmental IEC Programs and Activities.....	4
1. Planned Parenthood Federation of Nigeria (PPFN)	
2. Association for Family Life Education, Ibadan	
3. University of Benin Teaching Hospital (UBTH)	
4. University of Ilorin Teaching Hospital	
5. Kwara State Family Health Project	
6. Nigeria Education Research Project	
D. Available IEC Resources for Technical Assistance.....	6
1. Development Support Communications Project	
2. African Regional Health Education Center, Ibadan	
3. The Departments of Mass Communication at the University of Lagos and the University of Nigeria, Nsukka	
4. Commercial Resources	
E. Mass Media Resources.....	7
1. Broadcast media	
2. Print media	
II. IEC NEEDS, OPPORTUNITIES AND CONSTRAINTS.....	9
A. Needs.....	9
B. Opportunities.....	10
C. Constraints.....	11

III. IEC STRATEGY.....	12
A. Audiences and Messages.....	13
1. Integrated messages	
2. Non-integrated messages	
B. Message Strategy.....	14
C. Delivery Systems.....	14
D. Media.....	15
1. Print media	
2. Broadcast media	
3. Non-conventional media	
4. Interpersonal media	
E. Linking media to audiences and messages.....	17
F. Evaluation of IEC programs and activities.....	20
IV. PROPOSED IEC PROGRAMS AND ACTIVITIES.....	21
A. National Family Health IEC Program.....	21
B. Family Planning IEC Delivery Systems Program.....	24
C. Adolescent Fertility IEC Project.....	27
D. Overall IEC program monitoring and evaluation.....	28

APPENDIX

- A. Summary of All IEC Project Budgets
- B. Flowchart of Proposed IEC Programs and Activities
- C. Bibliography of Materials Consulted
- D. List of Main Contacts in Nigeria
- E. Memo from Elizabeth (Keys) MacManus, AID/Nigeria
- F. Presentation to the Ministry of Health by the U.S Embassy Consultants
- G. Report on a Site Visit to the Kwara State Family Health Project

Executive Summary

Recently, the concept of providing family health information, education and communication (IEC) to the public has become more acceptable to the government of Nigeria. There is a severe shortage of IEC materials, however, and to date very little family health (FH) or family planning (FP) IEC has been undertaken on a national scale.

This document is a five-year comprehensive national plan for the development of FH/FP IEC programs and activities. It is meant to be implemented along with parallel plans to provide FP commodities, FP client record systems and FH/FP training and manpower development.

The plan consists of four sections:

- (1) background on current FH/FP IEC activities and private and public sector resources;
- (2) needs, opportunities and constraints;
- (3) overall strategy; and
- (4) proposed programs and activities, including estimated budgets and timetables.

The first two sections form the basis for the overall strategy, detailed in section three, which discusses audience segmentation, message design and media selection, and also outlines evaluation protocols and parameters. Finally, three specific projects are proposed, as well as an overall monitoring and evaluation system. A two-pronged approach is recommended which would seek, first, to improve the IEC capacity of the federal Ministry of Health and, second, to support several nongovernmental organizations in innovative projects. The three major projects proposed are:

- (1) The largest project, to be implemented by the Federal Health Education Division under the federal Ministry of Health, would assist the federal government to provide support to the states in FH IEC. The project would utilize the extensive government health systems as distribution channels and, hence, provide visible proof to the states and the Nigerian people of official government support of FH/FP. Estimated five-year cost: US \$2,770,000.
- (2) Another program, proposed by the Planned Parenthood Federation of Nigeria (PPFN), the Nigerian affiliate of the International Planned

Parenthood Federation, would develop FP IEC materials (non-integrated) for specific hard-to-reach audiences. Although PPFN is a major FP service provider, its main role is FP IEC. The project would help expand PPFN capabilities and develop several specific campaigns. Estimated five-year cost: US \$1,172,000.

- (3) A smaller project with the Association for Family Life Education in Ibadan, would develop FP IEC materials for unmarried, sexually active youth. Estimated two-year cost: US \$237,000.

The estimated cost of the overall monitoring and evaluation over five years is US \$280,000; thus the total for the entire five-year IEC plan is estimated to be US \$4,459,000.

List of Abbreviations

AID	-	U.S. Agency for International Development
CFSC	-	Community and Family Study Center of the University of Chicago
FH	-	Family health
FHED	-	Federal Health Education Division
FP	-	Family planning
FPIA	-	Family Planning International Assistance
FRCN	-	Federal Radio Corporation of Nigeria
IEC	-	Information, education and communication
IPPF	-	International Planned Parenthood Federation
JHU	-	Johns Hopkins University
LGA	-	Local government area
MCH	-	Maternal and child health
MOH	-	Ministry of Health
NAN	-	News Agency of Nigeria
NERC	-	Nigeria Education Research Council
NTA	-	Nigerian Television Authority
ORT	-	Oral rehydration therapy
PCS	-	Population Communication Services
PPFN	-	Planned Parenthood Federation of Nigeria
SHEU	-	State Health Education Unit
TA	-	Technical assistance
UBTH	-	University of Benin Teaching Hospital
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
WHO	-	World Health Organization

Preface

This site visit was originally designed as a needs assessment mission, but upon arrival in Lagos, the site visitors from the Johns Hopkins University Population Communication Services project joined a team of AID consultants to develop a comprehensive national five-year family planning assistance plan under the sponsorship of the federal Ministry of Health (MOH). The team consisted of the following members:

<u>Team Members</u>	<u>Area of Focus</u>
Dr. Elizabeth Connell	Medical training
Dr. Howard Tatum	(unofficial)
Ms. Peggy Curlin	Training
Dr. May Yacoob	Manpower development
Dr. Harald Pedersen	Commodities
Dr. Michael Dalmont	Commodities
Dr. Rocco DePietro	Information, education and communication
Mr. Steven C. Smith	Information, education and communication
Dr. Keys MacManus	Organizer

In addition to developing the information, education and communication portion of the five-year plan, the site visitors carried out high priority parts of the original mission (i.e., visit the Kwara State Family Health Program and the Planned Parenthood Federation of Nigeria--PPFN). Thus, the main objectives of the visit were to provide technical assistance to AID/Nigeria and to assess the potential of Kwara State and PPFN projects (see Appendix E which confirms this from AID/Nigeria).

During the course of the site visit, the site visitors traveled with the team and visited ministry of health offices, health education units, health centers, etc., in the following sites in Nigeria:

Lagos	1-7	June
Sokoto	7-8	June
Lagos	8-9	June
Ibadan	9-10	June
Lagos	10-11	June
Minna	11-14	June
Ilorin	14-15	June*
Lagos	14-21	June

*Note: Steve Smith only visited Ilorin.

A meeting was held with a full delegation from Ondo state in Lagos on June 9, 1983. Also in Lagos the site visitors met with the federal Health Education Division, PPFN, United States Information Service, The Pathfinder Fund representatives, UNICEF and the federal MOH (see Appendix D for the List of Contacts).

At the end of the site visit, a debriefing meeting was held with the federal MOH. Attached is Appendix F, a copy of the complete plan outline which was presented at that meeting.

One of the site visitors made a side trip to the Kwara State Family Health Program. A report of the outcomes from this visit is attached as Appendix G. Also this site visitor interviewed the chief of the U.S. Embassy Political Affairs Section about the recent expulsion of illegal immigrants from Nigeria, to gather information for a future Population Reports issue on migration.

I. IEC BACKGROUND

A. Introduction

Recently, the climate in Nigeria for the development of family health IEC activities has become much more favorable. Several factors have contributed to this situation. First, key governmental and non-governmental agencies are committed to developing and supporting IEC programs for family health (FH) and family planning (FP). Foremost among them are the federal Ministry of Health (MOH), several state ministries of health and some non-governmental organizations (e.g., Planned Parenthood Federation of Nigeria). Second, the leadership of these groups is largely dynamic, national in outlook, and capable of designing and implementing solid programs. Third, it appears that there is more public interest in family planning in Nigeria and a growing demand for FP services.

Dr. Sulaiman, Director of National Health Planning of the federal MOH, has strongly encouraged increased support for the delivery of family planning services within a family health context, and he feels that this calls for greater IEC efforts. Dr. Sulaiman has also suggested that FP should be presented in an integrated context so as to avoid controversy and maximize general acceptance. FP should be presented as a "Human Reproduction Program" or "Family Health Program" in order to keep it in an appropriate perspective. This feeling of increased acceptance of FP/FH is seen at the Federal Health Education Division (FHED) in the desire to form a unit to focus on promoting FH IEC.

The five state MOHs visited all voiced strong support for increased FH and related IEC efforts. They felt it would be publicly acceptable to increase FH IEC programs and activities. Several spokespersons even reported that IEC focused on FP only would be acceptable. Also, it was observed that the state and local health authorities tend to follow the lead of the federal MOH. Thus, if the federal MOH supports visible IEC programs and activities, this would further encourage the lower levels of the health structure in the same direction.

In the past the FHED has produced a few IEC materials with FH messages, but no clear focus was given to FH. Now officials are willing to

take a leadership role in promoting FH as a priority. They would act as the federal MOH implementing arm for FH IEC. The FHED has the responsibility of working nationally in support of the programs of the various federal MOH sections and has an established relationship with the state MOH health education units and the Planned Parenthood Federation of Nigeria (PPFN), the Nigerian affiliate of the International Planned Parenthood Federation (IPPF).

The PPFN, on the other hand, has for several years had a policy to focus on FP IEC programs and activities in order to accomplish the overall PPFN objective of promoting healthy and happy families. The organization has undertaken many varied FP IEC efforts, although it has faced major constraints in the areas of financial and technical assistance and management. The approach has been focused much more directly on FP than on what the federal MOH now proposes. The PPFN's more direct, FP-focused IEC activities would be considered too "risky" for the federal MOH.

Also, there are several other important local agencies working in the FP IEC area (see Section I.C. for more detail about these agencies). The Pathfinder Fund and Family Planning International Assistance (FPIA) are supporting several projects providing FP services that include fieldworkers and/or FP materials development and IEC efforts. The project with adolescents, directed by Dr. Windokun in Ibadan, is notable, as well as the University of Ilorin project and the projects with the University of Benin Teaching Hospital (UBTH) in Benin City which utilize fieldworkers and mass media. The Departments of Mass Communication at the University of Lagos and the University of Nigeria at Nsukka have done several population-related IEC projects in conjunction with their training programs. The Nigeria Education Research Council has done education and mass media work with UNFPA support. The Kwara State Family Health Project, which has been initiated very recently, is developing some IEC materials and plans to expand statewide by the end of 1985.

B. Government IEC Programs and Activities

1) Federal Health Education Division (FHED)

The FHED is a division of the Public Health Directorate under the federal MOH. It is currently divided into five units which function in the areas of:

- Community health education
- School health education
- Research, education and training
- Mass communication
- Administration, accounts and relationship with the FHED's six zones of Nigeria.

It is planned eventually to place two senior and several junior officers in the headquarters of each of the five outlying zones (each zone includes about three states). These staff members would have an even closer relationship with the state health education units.

The FHED has developed some print materials (posters, pamphlets, calendars, handouts, etc.). Often these materials are made to support the annual World Health Day theme. They have good writing and graphics capabilities. The FHED has recently requested the World Bank for more production equipment.

FHED methods of distribution of materials and information include:

- Distribution to the state health education units of materials for direct use and of prototypes that they can translate and reproduce themselves
- Seminars and workshops of state level officers and/or others
- Press conferences
- Distribution to the public relations officers of other ministries and divisions

2) State Health Education Units (SHEU)

State Health Education Units function under the state MOHs. They may have a staff of about 10 to 30 health educators and fieldworkers. Some SHEUs visited reported occasional visits from the FHED, and all were receiving materials produced by them. Most states have produced material either based on FHED prototypes (which were in English) and/or completely new, innovative items. Some of the items seen were very well made and often were directly focused on FP messages.

The SHEUs which were visited are involved in producing and airing TV and radio spots and shows, in film showings, and in conducting group talks in the villages, markets, schools and training institutions, health centers, and

for other groups upon request. Also, they provide one-to-one counseling with FP clients. In several states the SHEUs reported that they are sometimes able to borrow the Ministry of Information resources (e.g., vans, projectors, etc.) to assist them in their health education efforts.

The SHEUs reported a shortage of functioning vehicles and equipment, especially 16mm movie projectors, and a severe shortage of materials of all types. All states visited reported that they would make good use of any materials received on FH or FP whether they had integrated or non-integrated messages. They preferred materials in the local languages of their areas.

3) Local Government Area Health Education Activities

Local government areas (LGAs) have health educators and/or fieldworkers attached to the health centers in the LGA. An LGA may have from none to about 20 such staff that counsel clients and/or give group talks, etc. They may receive printed materials and/or technical assistance and training from the state health education staff.

C. Selected Non-Government IEC Programs and Activities

(Note: this is not an exhaustive list of IEC activities in the NGO sector.)

1) Planned Parenthood Federation of Nigeria (PPFN)

PPFN was formed in 1964 and then reorganized under the current name in 1978. It has 28 branches in 16 of Nigeria's 19 states. It operates about 118 FP clinics, mostly in government health centers and with government medical personnel. PPFN receives government subventions from the federal level and from several states.

IEC efforts make up the bulk of PPFN's activities. It has produced and distributed a 16mm film entitled "My Brother's Children," regular radio shows, newspaper advertisements, several posters, calendars, Christmas cards and pamphlets and a semi-annual newsletter (in 5,000 copies). Staff members give lectures and film shows in schools and for other groups. Also, in 1980 PPFN held a training workshop for 15 local journalists, many of whom later wrote FP-related articles.

PPFN has 117 fieldworkers (out of a total staff of 235) who inform, educate and motivate FP acceptors and sell contraceptives for a small fee.

Many of these fieldworkers have been trained by PPFN in a two-week theoretical training course. Also, new fieldworkers receive an on-the-job orientation through assignments to work with senior fieldworkers for four weeks. The responsibilities of fieldworkers include home visiting, holding group meetings, visiting factories and military barracks, and distributing condoms, foam and re-supplies of oral contraceptives. They are supervised by a fieldwork supervisor.

The total annual budget of PPFN is about N1,500,000 or US \$2,250,000. About 80 percent of the funds come from IPPF. The majority of the budget is spent on IEC activities. In 1982, PPFN recruited 26,690 new FP acceptors and had a total of 56,722 new and continuing acceptors.

PPFN has recently submitted a N1.3 million, three-year proposal to IPPF (for USAID funding) that would seek to expand its FP services. In that proposal, selected government staff from two LGAs in each state (total 38 LGAs) would be trained, supervised and given equipment. The IEC budget (N204,300) would include the development, production and distribution of handouts, posters, slide sets and a family planning motivation film.

2) Association for Family Life Education, Ibadan

This association, directed by Dr. Lasupo Windokun, operates five "Multi-Purpose Centers" in Ibadan for adolescents. It carries out a great deal of counseling, group talks, lectures and film and drama presentations, focusing on adolescents (mainly unmarried fertile age youth). It is supported primarily by The Pathfinder Fund. Dr. Windokun has participated in a JHPIEGO training course. Also, Dr. Windokun held a seminar on adolescent fertility in 1982 to train about 100 teachers and nurses from six states in Nigeria (The Pathfinder Fund PIN #9725, #9705).

3) University of Benin Teaching Hospital (UBTH)

The UBTH projects include 11 fieldworkers who provide basic health education and FP motivation in local communities around Benin City. A mass media campaign (TV and radio) is planned, and forums on FP will be held for about 2,100 students in seven secondary schools (supported by The Pathfinder Fund PIN #7134, #7163/6424).

4) University of Ilorin Teaching Hospital

The Hospital is planning to open a family planning clinic to serve university students and the Ilorin community. A nurse/midwife will give educa-

tional talks in health centers in the area. FP educational materials will be developed for both literate and non-literate audiences (supported by The Pathfinder Fund PIN #7164). The Johns Hopkins University Population Communication Services has provided some technical assistance in materials development.

5) Kwara State Family Health Project

This project was initiated with support from the Community and Family Study Center (CFSC) of the University of Chicago. The project is based on a strong, broad-based 18-member Planning and Implementation Committee, which was formed as a result of the Second Nigerian Workshop on Advanced Training in Communication for Population and Social Development, held in Ilorin, Kwara State in August/September 1982. The project expects to initiate FP service delivery and FH IEC efforts very soon, to begin in seven government health centers in Ilorin and then to expand to all the facilities in the state within the next two or three years. Continuation of funding for the project after September 30, 1983 is not yet assured. It is hoped that the Johns Hopkins University will provide funds thereafter through the Population Communication Services project.

6) Nigeria Education Research Council (NERC)

NERC has just begun implementing a UNFPA-supported program to produce resource materials and information on 15 themes. Also, it is implementing a mass media campaign, with its own funds, targeted at out-of-school youth.

D. Available IEC Resources for Technical Assistance

1) Development Support Communications Project (UNICEF-supported)

A central Development Support Communications Unit in Lagos has been established in the Ministry of Social Development. Also, state-centered units may be/have been set up as satellite units. These units can be called upon by the states for technical assistance in development of printed materials and IEC programs.

2) African Regional Health Education Center, Ibadan

This is a unit under the University of Ibadan School of Medicine, Preventive and Social Medicine section. It was established in 1975 as a joint venture of the World Health Organization (WHO), the University of

Ibadan and the federal Nigerian Government for training African health educators. To date it has provided the following training:

- 40 to 46 students have completed the Master in Public Health (MPH) course
- about 270 students have completed the one-year advanced diploma in health education
- five students are currently studying toward PhD degrees.

The course work stresses field training and includes a 30-hour course in family health. The Center also plans to start providing in-service training of up to 30 health educators in one 30-day session per year.

The Center has an affiliated unit entitled the Biomedical Communications Center which is fully equipped to develop and produce audio-visual materials. This unit will be fully operational soon. It is available to provide technical assistance in materials development on a consultancy basis.

3) The Departments of Mass Communication at the University of Lagos and the University of Nigeria, Nsukka

These departments of communication (which are not functionally linked) offer courses, diplomas and degrees in mass communication. UNESCO/UNFPA initiated a Family Planning, Development Communication, Research and Training project with the Department of Mass Communication at the University of Lagos in 1975. The project produced a number of research papers, two message development workshops and a week-long multimedia festival.

These departments and/or their staff may be able to provide technical assistance in developing IEC materials and programs.

4) Commercial Resources

There are many commercial advertising agencies in Nigeria, both local and foreign-owned and operated. Several have experience in the area of FP material development and campaign planning and implementation (for example, Nobel and Inter First Public Relations Services, Ltd.).

E. Mass Media Resources

1) Broadcast Media

a) Nigerian Television Authority (NTA)

The NTA is based in Lagos. Eighteen states have their own NTA branch. It appears that most states are producing programming in addition

to that produced at the central Lagos headquarters. It was reported that there is a large demand for additional programming and that state television authorities might provide free time to air additional health education programs. There were about 450,000 television receivers in use in Nigeria in 1980. Probably this number has increased markedly since then.

b) Radio

Radio plays a very important role as a medium for education and creating national awareness. The Federal Radio Corporation of Nigeria (FRCN) is a government-owned broadcasting corporation under the Office of the President. It has four autonomous zonal broadcasting stations and one external service division. Broadcasts are in 12 different local languages. Also, each state has a broadcasting corporation owned and operated by the state.

In 1980, it was estimated that FRCN broadcasts reached about 85.3 percent of the Nigerian population and that there were about 5.6 million radio receivers in Nigeria.

2) Print Media

a) Newspapers and Magazines

Newspapers are an important means of communication in Nigeria and are widely read. The largest daily has a circulation of about 250,000, and the largest weekly a circulation of about 450,000. There are about 21 daily newspapers, 13 Sunday-only newspapers and 18 weeklies. Also, there are over 50 English language periodicals, mostly privately owned and operated. The press is relatively free, and a full range of information and opinions is represented. The government owns one newspaper, The New Nigerian, with a circulation of 35,000.

There is a News Agency of Nigeria (NAN) and six foreign news agency representatives in Nigeria. Also, there are 29 publishing houses and a Nigerian Publishers Association in the country.

II. IEC NEEDS, OPPORTUNITIES AND CONSTRAINTS

This section of the report outlines the priority needs in IEC areas, discusses some of the opportunities for the development of IEC programs and activities, and specifies some of the constraints under which these programs and activities must operate.

IEC needs, opportunities and constraints were determined from detailed discussions and negotiation with several representatives of governmental and non-governmental organizations and from a careful reading of many recent in-depth reports (see Appendix C for a listing of these technical reports).

IEC needs refer to what is needed by whom in various topic areas. There are several actors including governmental and non-governmental organizations.

IEC opportunities refer to conditions which exist in Nigeria today that favor or potentially favor the meeting of these needs through the development of programs and activities that are responsive to them.

IEC constraints refer to conditions that exist in Nigeria today that are impediments, or potential impediments, to the development and implementation of IEC programs and activities.

A. Needs

Below is an outline of IEC needs in family health and family planning in order of priority.

- 1) To develop audio-visual and supporting materials on family health education for the general public, patients at MCH clinics in state and local government programs, and teachers and students at government teachers colleges.
- 2) To develop print materials (e.g., brochures and posters) for family planning clients at government MCH clinics in state and local government programs and teachers and students at government teachers colleges.
- 3) To develop family health and family planning programming and press copy for government (federal and state) and private-operated broadcast and print media.
- 4) To improve the coordination between governmental and non-governmental IEC programs and activities.

- 5) To develop print and audio-visual materials on human reproduction and family planning methods for unmarried, sexually active adolescents, many of whom are in secondary schools or in between school and jobs.
- 6) To experiment with a variety of IEC approaches involving the use of innovative messages and media to learn what is effective or feasible in the IEC area (e.g., materials for men, use of billboards for informing the public about the location and hours of clinics).
- 7) To train selected government health educators in production and use of family planning print and audio-visual materials for client education and outreach to the community.
- 8) To improve communication about contraception at pharmacies throughout the country, including point of purchase advertising and consumer information about contraceptive products.

B. Opportunities

Below is an outline of the major IEC opportunities. The most promising opportunities are listed first.

- 1) The federal Ministry of Health for the first time is interested in integrating family life education into its health education activities. It is also willing to do this in conjunction with several states.
- 2) With the rapid expansion of print and broadcast media in the past five years, the press and especially the broadcast media are "hungry" for all types of programming, which is currently in short supply. There is an exceptional opportunity to have well-produced FH or FP articles and programs used by the media. Many of these articles and programs would probably be used, regardless of any specific attitudes about these topics which media producers and directors might have.
- 3) There has been an increase in requests for family planning training by state government health ministries (Sokoto, Ondo, Ogun, Niger and Kwara states), which provide health education and family planning services to women. Ogun state, for example, has trained 86 nurses and midwives at University College Hospital, Ibadan, to deliver family planning services, including IUDs. University

teaching hospitals and the PPFN are providing the training. Other groups such as the Nigerian Army and Police, also have requested training for their health personnel in family planning.

- 4) There are reasons to believe that public acceptance of family planning is substantially on the rise. Evidence for this comes from several sources. People are talking about the "austerity point," which many families have reached due to the prolonged economic recession. Others are saying that the rapid expansion of technical colleges and universities (from five in 1973 to about 20 in 1983) has enabled families, especially those with fewer children, to achieve their educational goals. This makes smaller families more desirable.

C. Constraints

Below is an outline of the major IEC constraints. The most formidable ones are listed first.

- 1) Adequate funds for IEC activities are not readily available from government or non-governmental sources in Nigeria, or from current external donors.
- 2) There are few trained staff in government organizations to develop IEC materials and to implement IEC programs.
- 3) The coordination of IEC activities for family planning between participating agencies (e.g., governmental and non-governmental) has not been effective.
- 4) Family planning has been a relatively low priority among government health educators.
- 5) The degree of "readiness" to engage in IEC about family planning differs among government and non-governmental organizations. The federal health ministry and some state health ministries are willing to talk about family planning only in the context of family health or maternal and child health (MCH). The PPFN talks more directly about family planning in the context of helping couples to reach their desired family size. Some innovative health projects are talking directly to adolescents about contraception.

III. IEC STRATEGY

A two-pronged approach is strongly recommended for the IEC strategy:

First, improve the capacity of the federal Ministry of Health to develop and provide family health and family planning educational materials and to assist state and local governments in the implementation of IEC programs and activities in these areas; and,

Second, support non-governmental IEC programs, which because of their special circumstances are able to experiment with innovative approaches for delivering messages to specific target audiences (i.e., groups, organizations or individuals that require IEC messages). Messages pertain to the broad areas of content which are the focus of IEC efforts directed at these audiences. Media refer to mass media, interpersonal media and non-conventional media that can be used to reach these audiences with specific messages.

The overall IEC strategy identifies priority audiences to be reached, messages that need to be emphasized and media that should be used. The IEC strategy is built on the following premises:

- 1) development of a strategy that is acceptable to the federal Ministry of Health and consistent with overall Nigerian Government policy;
- 2) responsiveness to the information needs of state governments that have integrated, or are beginning to integrate, family planning into their MCH activities;
- 3) responsiveness to print and broadcast media that are "hungry" for all types of materials or programming, including family health and family planning;
- 4) experimentation in the IEC area to learn what is effective and feasible in the delivery of FP information; and
- 5) encouragement of the growth of old and new structures capable of designing and implementing IEC strategies for FH and FP.

A. Audiences and Messages

1) Integrated Messages

The primary audiences for the integrated message (e.g., immunization, oral rehydration therapy (ORT), and FH) are:

- the general public;
- clients at MCH clinics in state and local government operated clinics; and
- students at teachers colleges.

The secondary target audiences are:

- secondary school students and their teachers; and
- patients in waiting rooms in out-patient departments (OPD).

The delivery systems for the integrated message consist of the following agents and personnel:

- a) federal MOH, state MOH, and local government health educators (i.e., to be accomplished as part of their clinic and community education activities);
- b) Nigerian Television Authority stations in Lagos and all state capitals; and
- c) health educators at government teachers colleges and other educational institutions.

2) Non-integrated Messages

The primary target audiences for non-integrated messages (e.g., general FP information and contraceptive-specific information) are:

- clients at MCH clinics in state and local government operated clinics;
- FP requestors and clients at PPFN clinics;
- sexually active adolescents, many of whom are in secondary schools or between school and job; and
- students at government teachers colleges and at other educational institutions.

Secondary target audiences are:

- purchasers of contraceptives at local pharmacies.

The main delivery systems for these messages consist of the following agents and personnel:

- a) federal MOH, state MOH, and local government health educators;
- b) nurses and fieldworkers of the PPFN;
- c) health educators at government teachers colleges and other educational institutions;
- d) pharmacists at local drugstores; and
- e) health personnel and outreach workers in innovative FH programs.

B. Message Strategy

The integrated message (e.g., ORT, immunization and family health) is most appropriate for audiences with low segmentation. These are very broad-based audiences, such as patients attending out-patient clinics for a variety of health reasons or the audiences for health programming on radio and TV.

Non-integrated messages (e.g., general family planning and specific contraceptive information) are more useful for highly segmented audiences, such as men whose wives wish to practice FP, and sexually active adolescents in secondary schools.

C. Delivery Systems

For the delivery systems to work effectively, certain features should be designed into them. These features include technical assistance for materials production, a tracking mechanism to monitor their progress and to provide feedback for program adjustment, provision for involving program implementers in planning and decisionmaking to increase their acceptance of materials and their commitment to use them, and a coordination mechanism, such as a workshop to familiarize implementers with the materials and some strategies for their distribution and use. (A workshop can also serve as a distribution point in a delivery system, i.e., participants actually carry away materials.)

D. Media

After primary and secondary audiences are identified for integrated and non-integrated messages, media use can be planned, taking the following points into account:

- 1) Print Media (newspapers, magazines, posters, and billboards)
 - a) The number of newspapers and magazines in Nigeria has more than doubled in the past 10 years; most of the major ones are in English.
 - b) Newspapers have become more credible sources of information since the end of military rule.
 - c) Commercial ads commonly appear in newspapers and magazines.
 - d) Men are avid newspaper readers.
 - e) The "new politics" in Nigeria has increased interest in newspapers.
 - f) Some illiterate parents skirt the literacy issue by having their educated children read to them.
 - g) Billboards are widely used for advertising in major urban areas.
 - h) Billboards can carry "sensitive" messages such as information about personal products (e.g., Modess).
 - i) Posters are highly valued and used for IEC. Even bad or incorrect ones are used, with health educators correcting their deficiencies.

- 2) Broadcast Media
 - a) The government owns all the TV and radio stations, so it can easily get its FH and FP messages across to the broadcast media.
 - b) Radio is a medium that reaches the most people in the most languages.
 - c) More than any other medium, radio links Nigerians in all parts of the country, including remote rural areas. (Dr. Alfred Opubor, former head of the Institute of Mass Communication at the University of Lagos, said that since the Nigerian Civil War even illiterates in remote communities have started listening to radio, partially for their own protection so they are not caught offguard in any riot or disturbance.)

- d) Health programming is a common feature of Nigerian television (NTA Kwara recently requested the University of Ilorin to provide reproductive health programming, and NTA Sokoto has broadcast FH programming as part of its "Health Hints" feature.)
- e) With the economy growing at more than 10 percent per year (in spite of the recent prolonged recession), business in radio and TV receivers is booming. Markets in all major cities are full of transistor radios, "Walk-Man" cassette players and imported TVs.
- f) TV programming in Nigeria is relatively unsophisticated and in short supply. For these reasons, well-produced videotapes and films provided by FH or FP organizations would stand a good chance of being used by NTA.

3) Non-conventional Media

Non-conventional media refer to innovative mechanisms for delivering a variety of simple messages on different topics. Examples of such media are T-shirts, paper bags, folk dramas and wall paintings. In Nigeria, non-conventional media with potential for carrying FH and FP messages are cloth, wall posters and wall signs at football stadiums, and traditional dramas and storytellers.

- a) Traditional patterns on cloth worn by men and women often include printed messages or inscriptions.
- b) Traditional dramas and tales spun by storytellers often revolve around a health theme.
- c) One of the places where many young men gather is the sports stadium.

4) Interpersonal Media

Any IEC strategy for FH and FP would be incomplete without a discussion of interpersonal channels of communication. The proposed IEC strategy strives for a balance between the use of mass media and interpersonal channels.

The health educator is the backbone of the interpersonal strategy. This versatile worker is found in a variety of health and educational settings. Many health educators, male and female are nur-

ses by training, or graduates from secondary schools and teachers colleges. While they have fairly solid background in various aspects of community and environmental health, they are not very well versed in FH and FP. For this reason, they should be included in the overall training plan.

While the proposed strategy involves health educators only at the federal level in materials planning and development, it involves them at the state and local levels in the use of materials as part of their information and education activities. The federal MOH Health Education Division would be responsible for providing orientation to the state and local health educators on approaches for use of the materials as part of their clinic and community activities.

The other aspect of the interpersonal strategy involves satisfied users of contraceptives. These are largely women who have adopted FP and have been practicing it successfully for some time. These women would be selected by PPFN, given training and used to inform, educate and recruit new acceptors. They would receive honoraria based on actual performance.

E. Linking Media to Audiences and Messages

Table I shows the linkage among proposed target audiences, messages, and mass media. For the integrated message on ORT, immunization and family health, four target audiences which can be reached through film and support materials are identified. Support materials would include printed leaflets that reinforce the film's messages. They can be handed out by health educators to audiences who view the film. In addition, flipcharts can be created for use by health educators or nurses in MCH clinics.

For the two non-integrated messages, six target audiences are identified. For the general family planning message for married men, printed brochures, radio dramas, newspaper articles, posters and wallsigns in sports stadiums are recommended.

For messages about specific contraceptives, it is recommended that printed brochures on specific methods be prepared especially for men. For MCH patients and FP clients, brochures on specific methods, as well as

posters and flipcharts which may be used in conjunction with information provided by health educators, are recommended. The same media may be used for students in teachers colleges and unmarried sexually active adolescents in and out of school. However, special leaflets on contraceptive methods that are age-appropriate should be developed for the latter audience. Also, a magazine may be produced on human reproduction and FP for sexually active, unmarried adolescents. The model for this magazine could be the one designed by Dr. DePietro at the University of Michigan. The magazine could be sold to adolescents at a reasonable price at bookstores and other commercial outlets. It also could be used as a resource guide for teachers as part of their units on health education.

For purchasers of contraceptives, some point of purchase ads in pharmacies and handouts that druggists could give to consumers are recommended. The information would cover how to use the contraceptives properly and possible side effects.

For potential PPFN clients, billboards/signboards are recommended to inform them about the location and schedules of FP clinics.

TABLE I

Linkage among Proposed Audiences, Messages and Mass Media

<u>Message Type</u>	<u>Audience</u>	<u>Media</u>
Integrated Messages:		
ORT, immunization and FH	general public	film and support materials, TV, posters
"	MCH and FP clients	film and support materials, flip-charts, printed
"	students at teachers colleges and other educational institutions	"
Non-integrated messages:		
FP general	married men	printed brochures for men, posters, wallsigns at sport stadiums, radio, newspapers
Specific contraceptive information	"	printed brochures, newspapers
"	MCH patients and FP clients	brochures, flip-charts & posters in conjunction with health education
"	students in teachers colleges	"
"	sexually active, unmarried adolescents in and out of school	same as above (but specifically designed for them).
"	purchase of contraceptives	point-of-purchase ads & handouts in conjunction with information from pharmacists
"	potential clients for PPFN clinics	billboards/signboards

F. Evaluation of IEC Programs and Activities

The suggested IEC programs and activities should be evaluated in the following ways:

- 1) Pretest all printed and audio-visual materials. It is important to subject them to independent outside review to ensure the production of high quality material. This would be accomplished in two ways:
 - a) building into the program or project budgets funds to hire a local market research firm to pretest (usually in focus groups) all materials and to prepare a pretest report; and
 - b) having the project intermediary and its consultants review and approve the pretest report and prototypes prior to the mass reproduction of any materials.
- 2) Monitor projects periodically. This would be undertaken by the staff of the project intermediary and/or its consultants every six months.
- 3) Evaluate projects when concluded. Independent outside consultants would conduct these evaluations. They would consist of impact studies which attempt to assess the effectiveness of the project in meeting its goals and objectives. Such studies would include a review of all project documents and in-depth interviews with the project staff and "prime movers" and with a small, representative sample of people from specific audiences for which the project was intended. Control groups and/or pre-project studies may be used in some cases. ●

IV. PROPOSED IEC PROGRAMS AND ACTIVITIES

A. National Family Health IEC Program

Implementing agency: The Federal Health Education Division
Program duration: Five (5) years
Total program budget: US \$2,770,000
Program goal: To inform and educate the general public and clients at MCH/FP centers about FH and contraception. This program also aims to increase collaboration between the federal MOH and the state MOHs and other governmental and non-governmental organizations.

Specific Objectives:

Institution-building Project

- 1) To establish a family health unit within the Federal Health Education Division of the federal MOH.
- 2) To increase the capabilities of the family health unit to plan, design and implement IEC programs and activities.

Family Health Film Project

- 3) To make a film and supporting materials with an integrated family health message (child spacing, immunization and oral rehydration therapy) that is appropriate for use with audiences nationwide.
- 4) To evaluate the film's impact on the audiences' awareness of FP as an integrated part of FH.

Videotape Programming Project

- 5) To produce programming on family health for use on national and state television broadcasting stations and for community outreach in existing facilities that already have the necessary equipment.
- 6) To increase the capability of the family health unit for developing video programming.

FP Print Materials Project

- 7) To develop illustrated contraceptive-method-specific print materials for use in state and local MCH/FP facilities.
- 8) To develop FP flipcharts for group discussions in clinics and communities.

- 9) To develop other print materials (e.g., posters for clinics) as necessary and appropriate.

Orientation Workshops

- 10) To hold national workshops to introduce the FH program, including IEC materials and strategies for their use to state health educators, representatives from other governmental and non-governmental institutions (e.g., women's training colleges, teachers colleges). These workshops also would serve as distribution points for the materials.
- 11) To hold regional workshops to introduce the FH program, including IEC materials and strategies for their use to state health educators, representatives from other governmental and non-governmental institutions (e.g., women's training colleges, teachers colleges). These workshops also would serve as distribution points for the materials.

State Collaboration

- 12) To provide financial and technical assistance to the states for their family health IEC activities (e.g., translating and reproducing print materials produced by the Federal Health Education Division).

Work Plan:

The first step is the establishment of the Family Health Unit. Then the films, videotapes, and print materials can be developed with outside technical assistance. These materials will be carefully pretested and the prototype and pre-test report will be reviewed by an outside evaluator before mass production is initiated. After the materials are produced, the workshop programs can be implemented.

Estimated Budget:

	<u>Naira Budget</u>	<u>US Dollar Budget</u>
<u>Family Health Film Project</u>		
script writing, film production & TA expenses	N100,000	
dubbing & reproduction		\$25,000
<u>Videotape Programming Project</u>		
production	200,000	
TA expenses		50,000
<u>FP Print Materials Project</u>		
materials development	30,000	
printing & reproduction costs	1,000,000	
distribution costs	100,000	
TA expenses		100,000
<u>Orientation Workshops</u>		
4 national workshops	120,000	
5 zonal workshops	150,000	
<u>State Collaboration</u>		
4 model states	30,000	
Subtotal:	N1,730,000	\$175,000
	(US \$2,595,000)*	
US Dollar Total:	\$2,770,000	

*Assuming N1=US \$1.50

B. Family Planning IEC Delivery Systems Program

Implementing agency:	PPFN
Program duration:	Five (5) years
Total program budget:	US \$1,172,000
Program goal:	To develop innovative FP IEC delivery systems with corresponding materials for specific target audiences and to assess their impact on those audiences.

Specific Objectives:

Project for Men

- 1) To design and produce a package of print materials for men on the male role in FP and male methods of contraception. This package includes pamphlets and a comic book.
- 2) To design and implement radio spots and radio dramas that focus on the male role in FP.
- 3) To develop and/or acquire a series of feature articles for local newspapers and magazines that focus on the male role in FP.

Satisfied Users Project

- 4) To train selected volunteers (i.e., satisfied FP users) to provide information and services to their communities.

Pharmacists Project

- 5) To develop point-of-purchase print materials to display and promote contraceptives in better pharmacists' shops.
- 6) To develop printed FP method-specific handouts that pharmacists can use to provide information to their customers (e.g., how to use the method, side effects.)
- 7) To use the existing communication networks (e.g., newsletters, field representatives, meetings and conferences) of the National Pharmacists Association and local pharmaceutical firms to disseminate and display promotional and educational materials and orient the pharmacists in their use.

Billboards/Signboards Project

- 8) To design and place billboard/signboard advertisements with a simple FP message and the address and service hours of clinics in locations that have PPFN clinics.

Evaluation of Past IEC Materials

- 9) To carry out an outside review of all FP IEC materials produced by PPFN to determine if it is appropriate to reproduce any of them (e.g., reproducing the film, "My Brother's Children," dubbed in Pidgin English, or printing more copies of pamphlets).

Work Plan:

This project would be carried out with outside technical assistance to aid the PPFN in planning, materials development and assessment. This assistance would also provide in-service training for PPFN IEC staff. The projects would be initiated in one geographical location. They would then be evaluated, modified if necessary, and replicated in more areas. All materials developed in these projects will be carefully pretested and the prototypes and pre-test reports will be reviewed by an outside evaluator before materials are mass produced.

Estimated Budget:

<u>Project for Men</u>	<u>Naira Budget</u>	<u>US Dollar Budget</u>
Production costs	N20,000	
Printing & reproduction costs	83,000	
Distribution costs	10,000	
TA expenses		\$22,000
Radio drama production & airing	5,000	
Newspaper feature articles	1,000	
Recruitment, training and supervision of satisfied users	20,000	
Honoraria & travel costs for satisfied users-volunteers	60,000	

Satisfied Users Project

Recruitment and training & supervision	20,000
Honoraria and travel costs for volunteers	60,000

Pharmacists Project

Materials development	5,000
Printing & reproduction costs	200,000
Distribution costs	30,000

Billboard/Signboard Project

Design and production of 150 units	7,000
Construction and/or leasing and posting of 150 units	100,000

Evaluation and Reproduction of Past IEC Materials

TA expenses		15,000
Reproduction costs		
Film dubbing and production	20,000	
Printing	50,000	

Administrative Costs

	139,000	
Subtotal:	N750,000	\$47,000
	(US \$1,125,000)*	

US Dollar Total: \$1,172,000

*Assumes NI=US \$1.50

C. Adolescent Fertility IEC Project

Implementing agency: The Family Life Education Association, Ibadan
Project duration: Two (2) years
Total project budget: US \$237,000
Project goal: To develop innovative means to inform and educate unmarried, sexually active youth about human reproduction and contraception.

Specific Objectives:

- 1) To develop a magazine on human reproduction and contraception for adolescents. This magazine should be designed so that it can be sold to them.
- 2) To develop a pamphlet on the contraceptive methods appropriate for adolescents and on sexually transmitted diseases.
- 3) To develop a poster to increase awareness of the availability of FP information and services for use in secondary schools and other appropriate settings.
- 4) To evaluate the effectiveness of all materials produced and to assess their wider applicability.

Work Plan:

Outside technical assistance will be provided to aid in materials development. All materials produced in this project will be carefully pretested and the prototypes and pre-test report will be reviewed by an outside evaluator before materials are mass produced.

<u>Estimated Budget:</u>	<u>Naira Budget</u>	<u>US Dollar Budget</u>
Magazine development	N10,000	
Magazine printing	100,000	
Pamphlet & poster development	3,000	
" " printing	25,000	
TA expenses		\$15,000
Administrative costs	10,000	
Subtotal:	<u>N148,000</u>	<u>\$15,000</u>
	(US \$222,000)*	

US Dollar Total: US \$237,000

*Assumes N1=US \$1.50

D. Overall IEC Program Monitoring and Evaluation

Semi-annual monitoring visits are planned during which the site visitor would review the activities and progress of all programs, resolve administrative and logistical bottlenecks and provide feedback and encouragement to the implementing agencies. Also, the site visitor would be able to recommend the modification of projects as necessary to fit changing conditions. A report would be prepared after each site visit for submission to the funders. Budget: US \$150,000.

The outside evaluations of materials and programs would be funded directly by the intermediary agency. Each IEC material developed by any of the implementing agencies would be reviewed and approved by such an outside evaluator before it could be mass produced. Also, each of the projects done under the three implementing agencies would be evaluated at the end of the project through impact studies which attempt to assess the effectiveness of the project in meeting its goals and objectives.

Budget: US \$30,000 for materials evaluation; and
US \$100,000 for project evaluations.

APPENDIX

Summary Of All IEC Project Budgets
(in thousands)

<u>National FH IEC Program (Federal Health Education Division)</u>	<u>Naira Budget</u>	<u>US Dollar Budget</u>
FH film	N100	\$25
Videotape programming	200	50
FP print materials	1,130	100
Orientation workshops	270	
State collaboration	30	
Subtotal:	<u>N1,730</u>	<u>\$175</u>
	(\$2,595)*	
US Dollar Total:		\$2,770
 <u>FP IEC Delivery Systems Program (PPFN)</u>		
Project for men	119	22
Satisfied users	80	
Pharmacists	235	
Billboards/signboards	107	
Evaluation and reproduction of past IEC materials	70	25
Administrative costs	139	
Subtotal:	<u>N750</u>	<u>\$47</u>
	(\$1,125)*	
US Dollar Total:		\$1,172
 <u>Adolescent Fertility IEC Project (Family Life Education Association)</u>		
Magazine development and printing	110	
Pamphlet & poster development & printing	28	
TA		15
Administrative costs	10	
Subtotal:	<u>N148</u>	<u>\$15</u>
	(\$222)*	
US Dollar Total:		\$237
 <u>Monitoring and Evaluation</u>		
10 site visits and reports		150
Materials evaluations		30
Projects evaluations		100
Subtotal:		<u>\$280</u>
US Dollar Total:		\$280
		 US DOLLAR TOTAL: \$4,459

Note: These programs are only briefly outlined and budget figures are rough estimates. Before the programs are initiated they should be further developed and detailed, and the budgets should be re-computed on the basis of actual local and nonlocal costs.

*Assumes N1=US \$1.50

The following assumptions have been made in arriving at these programs and budgets:

1. That inflation and costs will not drastically increase during the five-year period.
2. That the Federal Health Education Division receives the equipment that it has requested from the World Bank.
3. The PPFN's recent expansion proposal to IPPF/AID is not funded (and hence it will have the capacity to do the projects outlined herein).

Flowchart of Proposed IEC Programs and Activities

	Year 1				Year 2				Year 3				Year 4				Year 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<u>A. National Family Health IEC Program (FMCH)</u>																				
1. Establish FH unit	x	x																		
2. Increase FH unit capability			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
3. Develop FH film and supporting materials			x	x	x	x														
4. Evaluate film's impact							x	x												
5. Produce FH programming (videotape project)									x	x	x	x	x	x	x	x				
6. Increase video capability									x	x	x	x	x	x	x	x	x	x	x	x
7. Develop FP print materials			x	x	x	x														
8. Develop FP flipchart					x	x														
9. Develop ancillary print materials							x	x												
10. Hold national FH workshops						x			x				x	x						
11. Hold regional FH workshops										x	x		x	x				x		
12. State collaboration									x	x	x	x	x	x	x	x	x	x	x	x

Flowchart of Proposed IEC Programs and Activities (cont'd)

	Year 1				Year 2				Year 3				Year 4				Year 5				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
B. <u>Planned Parenthood Federation of Nigeria (PPFN)</u>																					
1. Design print material for men	x	x	x	x																	
2. Produce radio dramas for men		x				x				x				x						x	
3. Produce feature articles for newspapers and magazines for men			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
4. Train satisfied users									x	x	x	x	x	x	x	x					
5. Develop materials for pharmacists							x	x													
6. Develop point-of-purchase materials for pharmacies							x	x													
7. Disseminate information to pharmacists									x	x	x	x	x	x	x	x	x	x	x	x	
8. Design and placement of billboard/signboard ads	x	x	x	x							x	x								x	x
9. Evaluate IEC materials and reproduction	x	x	x																		

KEY: FH=Family Health FP=Family Planning FMOH=Federal Ministry of Health PPFN=Planned Parenthood Federation of Nigeria

Flowchart of Proposed IEC Programs and Activities (cont'd)

	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
C. <u>Adolescent Fertility IEC Project</u>																				
1. Develop and publish magazine for adolescents	x	x	x																	
2. Develop and print pamphlet for adolescents					x	x														
3. Design and print poster for adolescents				x																
4. Evaluate and assess								x												
D. <u>Monitoring & Evaluation</u>		x		x		x		x		x		x		x		x		x		x

KEY: FH=Family Health FP=Family Planning RMDH=Federal Ministry of Health PPFN=Planned Parenthood Federation of Nigeria

Bibliography of Materials Consulted

- Adeniyi, Joshua D. and Brieger, William R.
"Developing a Curriculum for an MPH Degree in Health Education for Africa--How Suitable are the U.S. Models?" International Journal of Health Education, Supplement to Vol. XXI, January-March 1978, 24 pages.
- Adeniyi, Joshua William R.
"Health Education Specialization in Africa: Roles in Conflict." 6 pages.
- Annual Report of the Activities of the Health Education and Nutrition Unit of Niger State for 1982. (Unpublished document)
- Brieger, William R. and Adeniyi, Joshua D.
"Urban Community Health Education in Africa," International Quarterly of Community Health Education, 2(2) 1981-82, pp. 109-121.
- Countries of the World and Their Leaders Yearbook 1982. Gale Research Company, Detroit, Michigan. p. 446.
- Europa Yearbook 1982--A World Survey, Vol. II. London, Europa Publications, Ltd., pp. 1131-1134.
- Fapohunda, Oj.
"Research for Population Policy Design: Main Findings in Five Case Studies (Egypt, El Salvador, Nigeria, Sri Lanka and Zaire)." International Population Conference (19th General Conference of the International Union for the Scientific Study of Population) Liege, Belgium, Ordina editions, 1981, pp. 223-246.
- Fertility and the Status of Women, 1981. The Population Reference Bureau, Inc., Washington, D.C., May 1981, 1 page.
- Jibowu, Chief (Lady) D. O.
"Population Education in Schools," presented at the Conference on Women and Education in Nigeria, 14-16 December 1982, Institute of Education, University of Ibadan, Nigeria.
- Laoye, J. Ade.
"Selling Health in the Market Place." International Journal of Health Education, 23(2):87, 1980.
- "Media List--Corrected January 1983," USIS/Lagos.
- "Nigeria--The Effects of Population Factors on Social and Economic Development." The Futures Group, RAPID Project.

"Nigeria: Report to Mission on Needs Assessment for Population Assistance." Report No. 38, United Nations Fund for Population Activities, New York, July 1980. 142 pp.

"1980 Lagos Contraception and Breastfeeding Study--Final Report, International Fertility Research Program, June 1982."

"Popline Printout on IEC in Nigeria, 32 sites, 10 May 1983." Population Information Program, The Johns Hopkins University, Baltimore, 1983.

"Population Policy Briefs: Current Situations in Developing Countries and Selected Territories, 1982. Population Division, Department of International Economic and Social Affairs, United Nations, New York, June 2, 1982. (ESA/P/WP.67/Rev. 1). 64 pp.

Population Program Data--Sub-Sahara Africa Region. USAID Memorandum March 30, 1983, from J. Joseph Speidel and David Denman. 7 pp.

Population Programmes and Projects, Volume 2: Inventory of Population Projects in Developing Countries Around the World 1980/81. United Nations Fund for Population Activities, New York. pp. 296-301.

PPFN Materials:

- a) "PPFN--Our Programmes and Plans."
- b) PPFN Annual Report 1981.
- c) PPFN Annual Report 1982.
- d) Expanded FP Service Project Proposal.
- e) "Operational Guidelines #4, PPFN Fieldwork Programme."
- f) Several issues of "Planfed News."
- g) Several reviews of PPFN's film, "My Brother's Children."
- h) A review of PPFN's campaign of 1977 by William O'Neill Sweeney in "Population, FP Media Communications in 25 Countries," East-West Center, June 1977.
- i) An internal IPPF evaluation report of PPFN, c. 1981.

Ukaegbu, Ao.

"Nigeria's Population Policy in the 1980's: The Relevance of the World Population Plan of Action and Lessons from Other Developing Nineteen Eighties. (Proceedings of a national workshop held at the University of Lagos, 12-14 September, 1979.) Department of Technical Cooperation for Development, United Nations, 1981. pp. 174-187.

List of Main Contacts in Nigeria

Lagos

USAID/Nigeria

Dr. Elizabeth (Keys) MacManus, AID Affairs Officer
Mrs. H.O. Shitta, Population/Family Planning Specialist

address: Lagos, Nigeria (ID)
Department of State
Washington, DC 20520

telephone: 611414
610050 ext. 219

or Eleke Crescent
Victoria Island
P.O. Box 554
Lagos, Nigeria

Federal Ministry of Health

Dr. Sulaiman, Director, National Health Planning

address: Federal Ministry of Health
Lagos, Nigeria

U.S. Embassy/Nigeria

Mr. Walter S. Clarke, Chief, Political Affairs Section
address: (c/o State Department--he is being transferred in
August 1983)

USIS/Nigeria

Ms. Mary C. Butler, Assistant Information Officer

address: Lagos, Nigeria
Department of State
Washington, DC 20520

telephone: 635339

Planned Parenthood Federation of Nigeria

Mr. Abayoum Fajobi, Executive Director
Mr. Marc Okunnu, Director of Programs
Mr. Olu Aleloiser, IEC Director

address: 2A Kinmade Street
Anthony Bus Stop
Ikorudu Road
P.M.B. 12657
Lagos, Nigeria

telephone: 960129, 960113

UNICEF/Nigeria

Mr. Gary R. Gleason, Project Support Communications Officer
address: UNICEF/Nigeria Country Office
26/28 Manna (Port Authority Bldg.)
P.O. Box 1282
Lagos, Nigeria
telephone: 631116, 636788

The Pathfinder Fund

Ms. Deidre Strachan, Chief, Fertility Services Division/Boston
Dr. Ayo Ajayi, Senior Program Officer/Nairobi

National Population Commission (NPC)

Lady Deborah Jibowu, Ondo State Representative and Chairman of the
Population Education Committee of the NPC
address: P.O. Box 1391
67 Oyemekun Road
Akure, Ondo State, Nigeria

National Institute of Child Health

Dr. Ransome-Kuti, Director
address: Professor of Pediatrics and Primary Care
College of Medicine
University of Lagos
PMB 12003
Lagos, Nigeria
telephone: 834237 (residence)

Federal Health Education Division

Dr. J.A. Laoye, Assistant Director, Health Education
Mrs. F.A. Henshaw, Assistant Chief Health Educator
Mr. J.A. Ola, Principal Health Educator
Miss A.O. Alabi, Senior Health Educator
Mrs. A.A. Agunbiade-Abu, Higher Health Educator
Mr. L.O. Oke, Higher Graphic Artist
address: Omkan Health Centre
Lagos, Nigeria
telephone: 634105, 634538

Sokoto, Sokoto State

Dr. Alhaji, Chief Medical Officer
Mr. Alhaji Osman M. Bonza, Deputy Chief, Primary Health Care
Dr. M. Diri, Chief Consultant Physician in Charge of the Health
Education Unit

Ondo State (meeting in Lagos)

A.M. Attah, Secretary, PPFN/Ondo
address: 19 Ajegunle Street
Akure, Ondo State, Nigeria

Dr. Adetosoye, Permanent Secretary, MOH/Ondo State

Lady Deborah Jibowu, NPC, Chairman of the Population Education
Committee of NPC
address: P.O. Box 1391
67 Oyemekun Road
Akure, Ondo State, Nigeria

Ibadan, Oyo State

Dr. Windokun, Chief Medical Officer/Health, Oyo State
address: Department of Health
PMB 5048
Ibadan, Oyo State, Nigeria

Dr. Joshua D. Adeniyi, Director, African Regional Health Education Center
address: Preventive and Social Medicine
College of Medicine
University College Hospital
University of Ibadan
Ibadan, Oyo State, Nigeria

Minna, Niger State

Dr. D.N. Reddy, Chief Medical Officer, MOH/Niger
Dr. Susan L. Suba, Acting Consultant (in charge of Family Planning),
MOH/Niger
Mrs. Anthonia Paba, Permanent Secretary, Ministry of Youth and Culture/Niger
Mrs. Asaman Y. Usuran, Women Training College (WTC)/Minna, Niger State
Mr. M.S. Ibrahim, Health Education Teacher, WTC/Minna
Mrs. Zarbiab T. Tako, Public Health Sister, MCH Dispensary/Minna
Mrs. G.M. Guerrero, Health Education and Nutrition Unit, MOH/Niger State

Ilorin, Kwara State

Dr. David Olubaniyi, Chief Health Officer, MOH/Kwara
address: Ministry of Health
Fate Road
PMB 1386
Ilorin, Kwara State, Nigeria

Dr. O.O. Fakeye, Consultant OB/GYN, Maternity Hospital, Ilorin, and
Lecturer, University of Ilorin
address: University of Ilorin
PMB 1515
Ilorin, Kwara State, Nigeria



EMBASSY OF THE
UNITED STATES OF AMERICA
LAGOS, NIGERIA

June 20, 1983

TO: Steven Smith and
Rocco De Pietro

FROM: AAO: KEYS MACMANUS

SUBJECT: TDY in Lagos, June 1983

This is to document and confirm my request to you to alter your original plans for a Needs Assessment mission to Nigeria to that of a technical assistance mission aimed at developing a five year plan in a national family health IEC program.

Also I am very glad that you and PCS/JHV agreed to my request. I think you did a fine job.

Thank you.

PRESENTATION
TO
MINISTRY OF HEALTH

. BY

U.S. EMBASSY CONSULTANTS

6 - 16 - 83

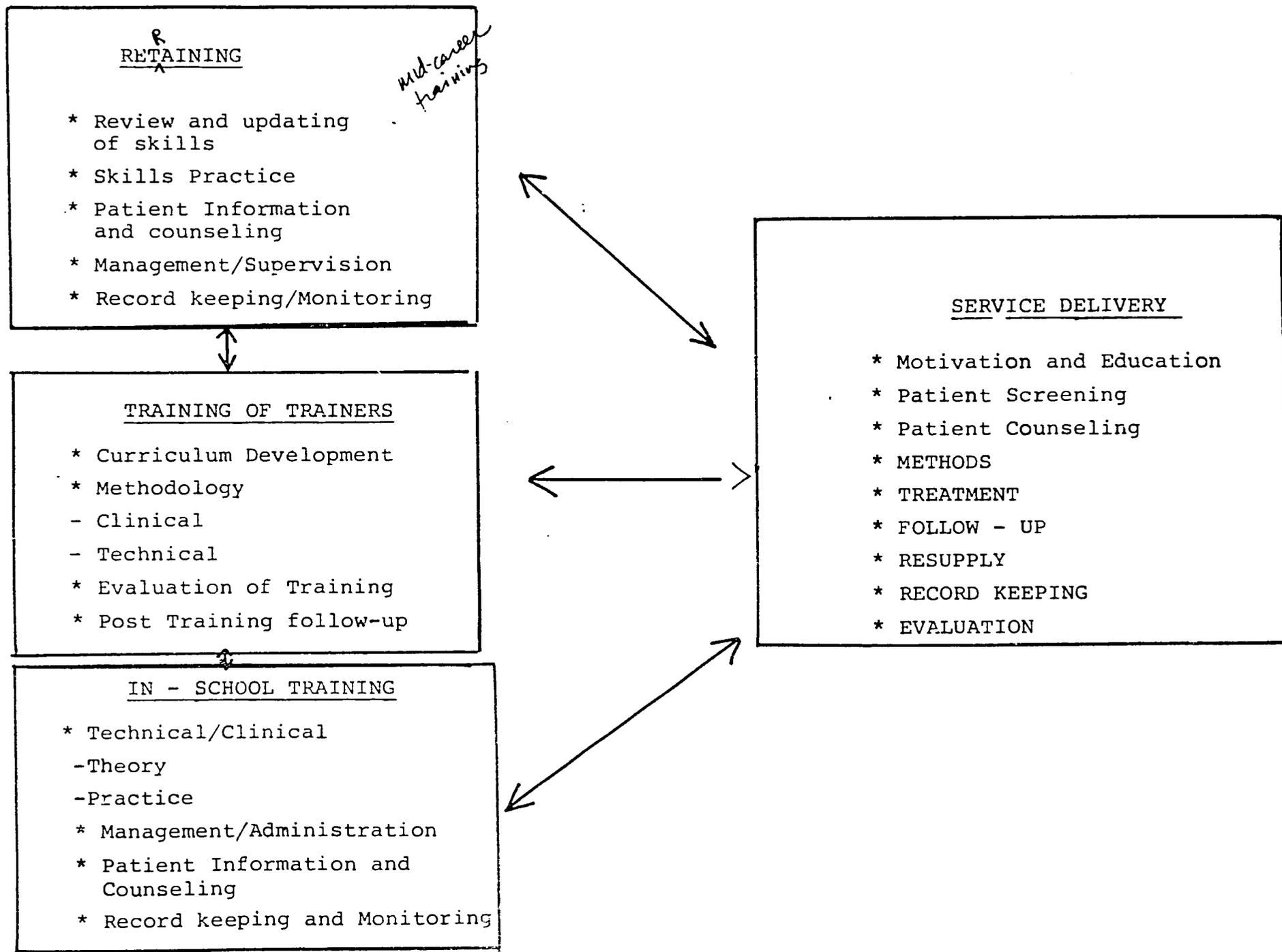
1 - INTRODUCTION	KEYS MACMANUS, J.D.
2 - TRAINING	
A) FAMILY PLANNING	ELIZABETH B. CONNELL, M.D.
B) HEALTH	PEGGY CURLIN,
C) MANAGEMANT	PEGGY CURLIN,
3 - LOGISTICS & PATIENT RECORDS	HARALD PEDERSEN, PH.D
4 - INFORMATION & EDUCATION	STEVEN SMITH, M.P.H ROCCO DE PIETRO, PH.D
5 - COMMUNITY RESOURCES & SUPPORT	MAY YACOOB, PH.D
6 - SUMMARY & CONCLUSIONS	KEYS MACMANUS, J.D

add Health Educators column

FAMILY HEALTH TRAINING

CURRICULUM	PHYSICIAN	PUBLIC HEALTH NURSE	MINISTRY OF HEALTH				COMMUNITY HEALTH ASSISTANT	COMMUNITY HEALTH AIDE	TRADITIONAL BIRTH ATTENDANT	OTHERS	
			NURSE	MIDWIFE / NURSE	REGISTERED MIDWIFE OR NURSE	COMMUNITY OFFICER				YOUTH CORPS LOCAL GOV'T	TEACHERS
- Not required											
+ Overview											
++ General Presentation											
+++ Detailed Presentation											
FAMILY PLANNING - DIDACTIC											
1 - COUNSELING											
a) Cultural	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
b) Medical	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
2 - Reproduction											
a) Anatomy	+	+	+	+	+	+	+	+	+	+	+
b) Physiology	+	+	+	+++	+++	++	++	++	++	++	++
3 - Technology											
a) Methods	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
b) Indications/Contraindications	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
c) Side Effects	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
d) Effectiveness	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
e) Acceptability	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
f) Continuation rates	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
4 - Infertility	+++	++	++	++	++	+	+	+	+	+	+
5 - Sexually Transmitted Diseases	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
FAMILY PLANNING - CLINICAL											
1 - Clinic procedures	+	+	+	+	++	+++	+++	+++	+++	-	-
2 - Clinic supplies	+++	+++	+++	++	+++	++	+	+	+	-	-
3 - Patient care	+	++	++	++	+++	+++	+++	+++	+++	+	+
4 - Record keeping	++	++	+++	++	+++	++	++	++	++	+	+
DIARRHEAL DISEASE CONTROL											
1 - Rehydration theory	+++	+++	+++	+++	+++	++	++	++	++	+	+
2 - Rehydration formulae	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
3 - Patient care	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+++
IMMUNIZATION											
1 - Mother/Child	+	+	+	+	+	++	++	++	++	++	++
2 - Administration	++	+++	+++	+++	++	++	++	++	++	+	+
3 - Cold chain	+++	+++	+++	+++	+++	+++	+++	+++	+++	-	-
MANAGEMENT											
1 - Objectives	++	+++	+++	++	+++	++	++	++	++	++	++
2 - Work plans	+	+++	+++	++	+++	+	+	+	+	+	+
3 - Supervision	+++	+++	+++	++	+++	++	+	-	-	-	-
4 - Records/analysis	+++	+++	+++	++	+++	++	+	+	+	+	+
5 - Monitoring/evaluation	+++	+++	+++	++	+++	++	+	+	+	+	+

COMPREHENSIVE TRAINING PLAN



COMMODITY SUPPLY AND MANAGEMENT

The Federal government should reserve for itself, under the Health Planning Board, the procurement and distribution of contraceptives and selected medical supplies and equipment. In order for central procurement to function effectively it will be necessary to establish three interrelated activities:

- a) a centralized projection of requirements based on procurement of quantities sufficient for a minimum stock-in at all potential supply points (hospitals and clinics);
- b) a commodity management and logistics system that is responsive to and can measure, in a timely manner, the draw-down against the initial stock-in so as to avoid outages or over-stocking;
- c) a uniform client record system that will enable management to verify overall utilization levels, changes in contraceptive preferences, changes in characteristics of users, and changes in acceptance rates.

UNIFORM CLIENT RECORD SYSTEM

The Health Planning Board has expressed a desire to establish a uniform client record for all clinics and hospitals delivering family health services, particularly family planning services since this is an expanding activity in the country. Such a uniform system can be an excellent management tool as well as a training aid, especially for outreach personnel. The system should be able to give the managers at all levels - local, state and national - a quick overview of the:

- a) temporal changes in contraceptive preference which is relevant for supply management;
- b) extent to which the outreach workers are contacting the most critical target group, which would be relevant both to the supervisors and trainers of these workers; and
- c) number of acceptors who discontinue the practice recommended for whatever reason which would be relevant to managers since if this figure is high changes in client management might be necessary.

TABLE 1

Estimated supply requirements for a population with one million women (ages 15-44), assuming coverage for 10% for one year as a start-up supply level.

<u>Contraceptive</u>	<u>Distribution of Users</u>		<u>Quantity Required for 1,000,000 WRA (10% prevalence)</u>	<u>Quantity Required for all of Nigeria, 16,000,000 WRA (10% prevalence)</u>
	<u>Percent</u>	<u>Number</u>		
Oral contra- ceptives	30	30,000	390,000*	6,240,000*
Depo Provera	10	10,000	40,000	640,000
IUCDs	25	25,000	25,000	400,000
Condoms	30	30,000	3,000,000	48,000,000
NeoSampoorn	<u>5</u>	<u>5,000</u>	500,000	8,000,000
TOTAL	100	100,000		

* Recommended ratio of 40% = 1 + 50
60% = .50-35

Assuming that the low dose pill is the initial method issued to new users.

TABLE 2

Initial supply for hospitals and clinics
assuming a 3-month resupply time lag.

<u>Contraceptive</u>	<u>Initial Supply</u>	
	<u>Per Hospital</u>	<u>Per Clinic</u>
Oral Contraceptive		
1-50 (cycles)	400	200
.50-35 (cycles)	600	300
Depo Provera (doses)	110	55
IUCD (units)	270	135
Condoms (pieces)	32,400	16,200
NeoSampoon (tablets)	5,400	2,700

This initial supply will provide contraceptive coverage for 18 hospital (total of 1080) and 9 clinic (540) patrons per day for three months.

TABLE 3

Contraceptives required for the first year of services in Nigeria under the assumption of 10% prevalence and costs at current contract prices plus international transportation costs.

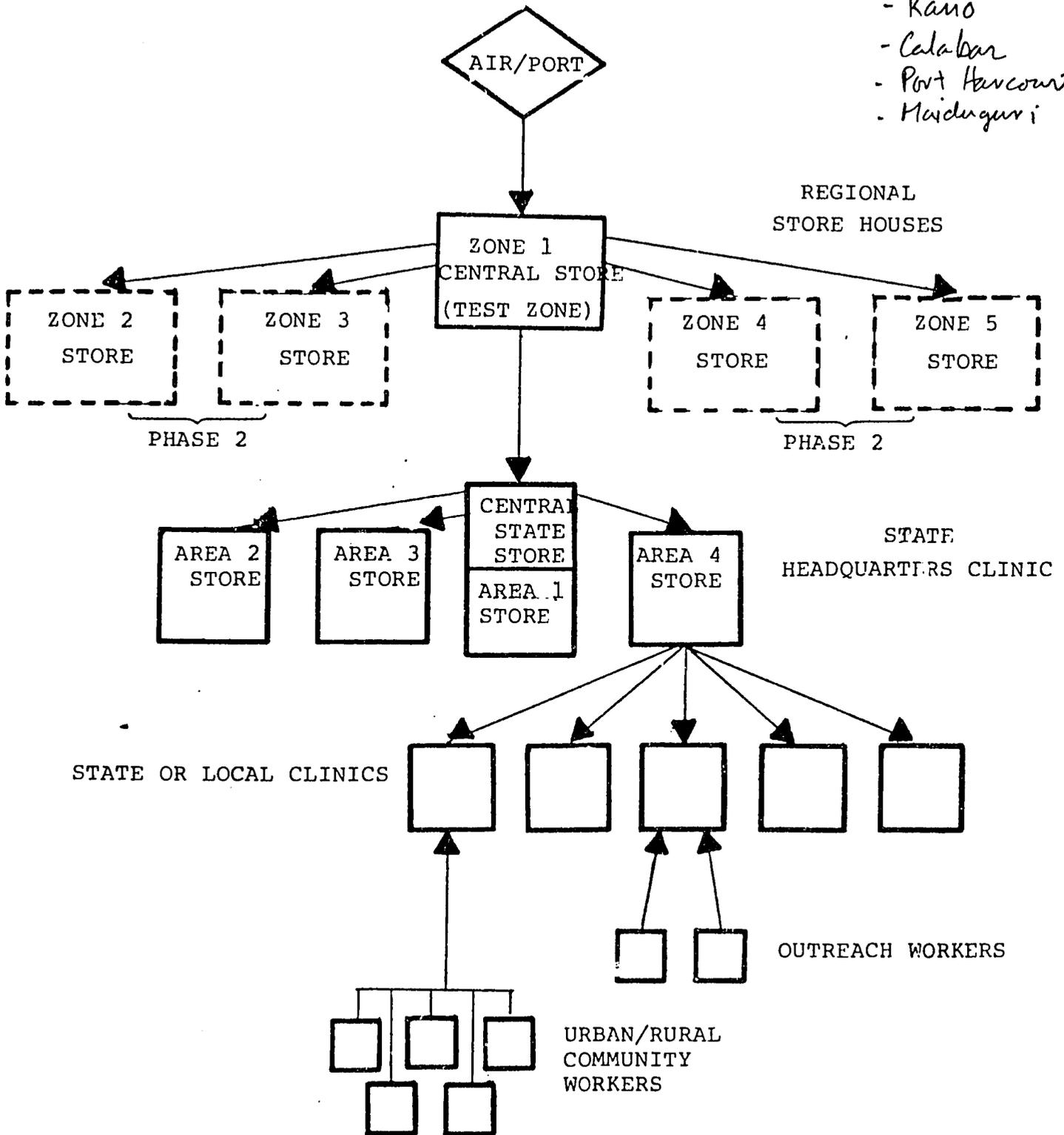
<u>Contraceptive</u>	<u>Quantity</u>	<u>Unit Price \$</u>	<u>Cost \$</u>
Oral contraceptives	6,240,000	.137+10%	940,400
Depo Provera	640,000	1.70	1,088,000
IUCDs	400,000	1.25	500,000
Condoms	48,000,000	3.10/100+10%	1,636,000
NeoSampoon	9,000,000	6/100	<u>480,000</u>
		Total:	4,644,400

FIGURE 1

COMMODITY SUPPLY SYSTEM
(DISCUSSION DRAFT)

The 5 zones:

- Lagos
- Kano
- Calabar
- Port Harcourt
- Maiduguri



EXAMPLES OF SERVICE DELIVERY BASED CALCULATIONS
OF COMMODITY REQUIREMENTS

*ie, the projections of commodity
we need to be related to
the availability of trained workers*

	1984				1985				1986				1987				1988				USERS	
	Pill (Cycles)	IUCD (Units)	Condom (Pieces)	Foam (Tablets)	Pill	IUCD	Condom	Foam														
OGUN STATE																						
Phases 1-3: Service delivery, 19 state clinics and training of additional workers	41,000	3,300	569,100	47,400																		
Phase 4: Extend services to 38 local government clinics					132,700	8,200	1,904,300	158,700	222,300	5,000	3,338,000	278,200										
Phase 5: Clinic outreach - 2 field workers 8 of 19 clinics - 2 field workers 8 of 57 clinics													292,500	4,600	4,651,200	387,600						
																	320,100	3,000	5,253,100	437,700	78,600	
NIGERIAN ARMY																						
Phases 1-3: Train trainers of clinic providers, provide services (preventive, curative)	24,100	3,200	142,100	31,100																		
Phase 4: Training of medical post personnel; extend services to medical posts and all MRSA					65,700	3,700	1,392,800	88,700														
Continue providing services									83,200	1,000	1,267,200	115,200	83,200	1,000	1,267,200	115,200	83,200	1,000	1,267,200	115,200	20,000	

10-14% of WRA

OVERALL INFORMATION AND EDUCATION STRATEGY

I) Under auspices of FMOH

A) Strategy

- 1) Integrated message (e.g. CRT, immunization and family health) for general public and patients at maternal and child health (MCH) clinics in state and local government operated programs; also for teachers colleges.
 - 2) Non-integrated message (e.g. family planning methods for patients at MCH clinics in state and local government operated programs; also for teachers colleges.
- B) Suggest establishment of a family health unit within the health education division of the FMOH with the following potential activities.
- 1) Film and supporting materials with an integrated family health message for use by state and local government health educators in schools and communities.
 - 2) Printed materials (brochures and posters) integrated and non-integrated messages for use by state and local governments as part of their MCH/FP activities.
 - 3) FMOH workshops for state and local government health educators to introduce family health film and printed materials, *that go with the program, and the* 17
 4. Technical assistance to FMOH, Family Health Unit, for materials development (film and printed materials).
 - 5) Video tapes for family health programming for use by NTA and health educators (e.g. at outpatient clinics, waiting rooms and community centers).

II) Under Auspices of other Governmental and NGOs

A). Strategy

- 1) Integrated message (e.g. family health information for teachers and students in secondary school.)
- 2) Non-integrated message (e.g. family planning methods for special audiences with information need, such as males, adolescents and consumers of contraceptive products).

B) Suggested Projects and Potential Providers

- 1) Magazines on human reproduction and family planning methods for adolescents (Adolescent Fertility Project, Ibadan).
- 2) Brochures for men on reasons for family planning and on male contraceptive methods (PPFN).
- 3) Billboards with family planning clinic whereabouts and hours in states with PPFN branches (PPFN).

- 4) Point of sale advertising of family planning methods and consumer information about family planning methods at private pharmacies (PPFN).
- 5) Family life education in primary and secondary schools (Ondo State Government).

COMMUNITY BASED RESOURCES: MOTIVATORS.

A) STRATEGY:-

I - Increase in every way possible the demand for basic services in immunization, oral rehydration and child spacing.

II- Reach Youth:

- a) They are potential users of these services.
- b) They constitute almost half of the overall national population.

B) Sources of trainees to meet the above strategy:

I - Local government *community leaders / LGA Health committee*
Demand for basic services provided through community development programs.

II- Teacher training schools.

The students are themselves potential users of child spacing, immunization and oral rehydration.

As future teachers, they have access to the youth in the school systems.

III- National Youth Corps.

A target audience in themselves.
Have access to other youth.

C) Implementating training for motivators:

I - Areas into which training can be integrated are already in place.

II- To strengthen existing capability would require:

At federal level, training of key personnel so as to familiarize policy makers with subject.

Institutionalization of a formalized curriculum with appropriate federal level government.

Train relevant staff at existing institutions so that they will utilize standard session plans and IEC materials in oral rehydration birth spacing and immunization.

Report on a Site Visit to the
Kwara State Family Health Project--June 14-15, 1983

Introduction

During a short visit to Ilorin, Kwara State, Steven Smith met with Dr. D. Olubaniyi, the Project Director of the Kwara State Family Health Project, and Dr. O. O. Fakeye, Project Director of The Pathfinder Fund's project for the Introduction of FP Services at the University of Ilorin Teaching Hospital (PIN #7164). The original plan had been for a joint site visit to Ilorin by the JHU site visitor and a representative of The Pathfinder Fund. AID/Nigeria had suggested that either one or both of these two agencies might continue the support of the Kwara State Family Health Project. However, the Pathfinder Fund's representative was unable to go to Ilorin.

Background

The project is an outgrowth of the Second Nigerian Workshop on Advanced Training in Communication for Population and Social Development held at the University of Ilorin, August 23 to September 10, 1982. The workshop was jointly planned and arranged by a 12-member Central Committee, chaired by Dr. Olubaniyi as the Chief Health Officer of the Kwara State Ministry of Health and by the Community and Family Study Center (CFSC) of the University of Chicago headed by Dr. Donald Bogue. After the workshop the participants wanted to keep their group's momentum going with an integrated family health project, first focused around Ilorin and then to be extended statewide. Therefore, a Planning and Implementation Committee was formed. It consisted of 18 representatives from the MOH, Health Management Board, University of Ilorin, the state radio and television agencies, the Ministry of Rural Development, the local branch of the Planned Parenthood Federation of Nigeria, the government Information Division, a graphic artist from the Governor's office and a CFSC technical consultant. The committee is a strong and broad-based force that provides essential support for the project.

The project was designed and initiated with assistance from CFSC. It was to begin functioning in mid-April 1983. But due to several delays, including the fact that the funds (US \$12,500) were not available until early June, the project was just beginning at the time of this visit (June 14, 1983).

Thus far, seven government clinics in the Ilorin area have been selected to begin project operations. Fourteen staff of two of the clinics have been oriented to family health in a two-day workshop, which was held in April. Also, FP commodities have been procured. Three hundred doses of Depo-Provera have been received from London and the local PPFN branch has agreed to supply oral contraceptives and IUDs. The necessary equipment for IUD insertion has been procured for the two facilities that will do insertions.

Plans have been made to start interviewing in a baseline survey in the communities of the seven clinics on June 16. A 35-page questionnaire has been prepared by the Department of Statistics, and 14 Senior Nursing Officers have been trained as interviewers. Each of the interviewers will complete 20 interviews (i.e., 280 interviews, or 40 in the catchment area of each clinic). The interviewing will take 12 to 15 days. The data should be gathered and ready for analysis by July 3, 1983.

A bank account (Union Bank of Nigeria, Ltd., Acct. #363165) has been established solely for external funds for this project.

Several pamphlets and posters have been designed and are now being translated into the local language through the joint efforts of CFSC and the project. Also, a radio show which was designed first in English has been translated now into Yoruba, the local language, and is ready to be recorded. This program will eventually be translated into three to five other local languages.

The Future and Recommendations

The project appears to be very well designed and beginning on a strong foundation. It is planned so that it is part of the government system. All the main staff are MOH personnel currently on the government payroll. The Project Director (Dr. D. Olubaniyi) and Project Coordinator (Mrs. F. A. Tolushe) are part-time, but the Project Supervisor (Mr. J. D. Adeseiko) has been deputed by the government to work full-time on the project.

Through this project family health services will be expanded to all the current 42 state government health centers in Kwara State within about two years. But by that time, 57 new state health centers and clinics now under construction are expected to be completed. Thus the project may be extended another two to three more years to include these additional facilities. The only long-term need for outside support would be for commodities.

The current CFSC project has been extended at no cost an additional three months to September 30, 1983. But it appears that for various reasons the total

amount of funds provided by CFSC will be exhausted by July 1, 1983.

With respect to commodities, Dr. O. O. Fakeye, who is on the Kwara State Program and Implementation Committee and is the Project Director of a project funded by The Pathfinder Fund, has agreed to supply contraceptives on an indefinite basis to the Kwara State project. The Pathfinder Fund has also agreed to provide him the necessary written authorization to do this. His project has an established stockpile (18,000 cycles of oral contraceptives, foam, condoms, copper-T and Lippes Loop IUDs) and a proven logistic supply system. This is a major achievement under the difficult conditions of Nigeria.

Therefore, taking these facts into consideration, the following are the recommendations for action by JHU/PCS:

- (1) JHU/PCS should provide continuous support of the Kwara State Family Health Project for the next two years. It is an important project which will have a major impact on FP acceptance in Kwara State. JHU/PCS is the most appropriate agency to continue the project's support because of the project's emphasis on communication. It would be a shame to allow the project to die for lack of funds both because the local community needs the services and it would reflect badly on the reliability of USAID-provided support.
- (2) The JHU/PCS project should, if possible, be initiated as of July 1, 1983, so that the project is able to pay for expenses incurred after the funds available from CFSC have been exhausted.
- (3) Contraceptives for the project should be procured in the future from Dr. O. O. Fakeye's project and re-supplies of Depo-Provera should be procured from London as was done previously.

Materials brought back from the Site Visit

- "Highlights on Health Care Delivery in Kwara State," compiled by Dr. D. Obulaniyi, November 1982, 13 pages. (This lists all hospitals, clinics and training centers and describes the state health program and its administrative structure.)
- "Eto Ilera Fun Idile," the Yoruba language script for a radio spot, 6 pages.