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THIRD ANNUAL WORKSHOP
FOR FAMILY PLANNING COORDINATORS
OCTOBER 5 - 9, 1987
PORT HARCOURT, NIGERIA

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I. BACKGROUND

The Family Planning Management Training Project (FPMT) has been actively involved in Nigeria since January 1986. Over 135 State and LGA family planning managers have participated in FPMT workshops which have provided skills training in management and aided in the development of action plans for family planning programs. At the request of the Aid Affairs Office and the Pathfinder Fund, FPMT provided three trainers for the third annual workshop for family planning coordinators held in Port Harcourt, Rivers State, from October 4-9, 1987. The FPMT training team consisted of Mr. Ken Heise (MSH), Mrs. Peggy Curlin (CEDPA), and Dr. Mary Taylor Hassouna (MSH consultant). A complete report of the workshop will be available shortly from Pathfinder; this trip report covers the FPMT participation and lists several recommendations for future workshops.

II. PURPOSE

The primary purpose of the visit to Nigeria was to collaborate with the Pathfinder Fund and the Federal Ministry of Health in the preparation and conduct of a one week workshop for State and Military family planning coordinators and deputies. The secondary purpose of the trip was to plan for the November workshop for LGA family planning officials in Plateau State.

III. ACTIVITIES UNDERTAKEN

1. Workshop preparation: The Port Harcourt workshop for family planning coordinators and deputies was the third annual workshop of this type. The workshop was organized to meet several objectives: to bring together the coordinators and deputies from all the states and the military in order to review the progress they had made in the year since the Bauchi workshop; to review and reinforce skills and techniques in planning, monitoring, evaluation, and MIS; to develop strategies to collaborate more effectively with the LGAs in the delivery of family planning services; and to provide an update on contraceptive technology, STDs, and AIDS. Two of the three FPMT trainers arrived in Nigeria several days before the workshop began to work with the Pathfinder Fund, AAO, FMOH, and other outside facilitators to modify and finalize the workshop agenda, assign training and facilitation responsibilities, develop presentations, materials, and exercises, and to address the issues of group dynamics inherent in such a large assembly of participants and trainers.
2. Port Harcourt Workshop: The FPMT trainers had lead responsibility for a number of panel discussions and training sessions. These included panels on the different approaches to collaborating with LGAs in the organization and delivery of family planning services; objective setting and action planning; planning for supervision and evaluation; and presentations of selected plans for State-LGA joint programming and collaboration. Each FPMT trainer had facilitation responsibilities for one or more States plus overall responsibility

for groups of States working on exercises or plans. FPMT trainers also collaborated in the design of a questionnaire for participants which was used as a tool for documenting achievements and obstacles in each State's program. The questionnaires were administered and collected, and hand-tabulated results shared with the participants. A more thorough analysis is included as an annex to this report.

3. Preparation for the Plateau State Workshop: FPMT plans to conduct a two week workshop for LGA health and family planning officials in Plateau State from November 9-20, 1987. Mr. Heise of FPMT met on two occasions with senior faculty of the Administrative Staff College of Nigeria (ASCON) to discuss their collaboration in the Plateau State workshop. ASCON appears interested and committed to collaborating with FPMT if certain financial differences can be negotiated. ASCON is currently establishing new rates for work with non-Nigerian clients, rates which promise to be considerably higher than those in effect during FPMT's earlier work with ASCON in July 1987. Dr. Hassouna visited Plateau State following the Port Harcourt workshop to conduct a participants' needs assessment and to begin logistical preparations for the workshop.

IV. WORKSHOP OBSERVATIONS

The Pathfinder Fund, AAO, and the Federal Ministry of Health should be congratulated for successfully organizing and conducting the Port Harcourt workshop. It is no small achievement to bring together the coordinators and deputies from all the States plus the military, and to develop workshop sessions and panels meeting the very diverse needs of the participants. Participant feedback during the workshop indicated their high level of satisfaction with the proceedings, and the long hours worked were strong testimony to their interest and motivation for the subjects discussed. In the year since the Bauchi workshop it is evident that a great deal of personal and program growth and development has occurred. Concepts which were new or difficult a year ago, such as setting quantifiable, measurable objectives, posed no problem at the Port Harcourt workshop. Participants were much more sure of themselves and their programs, and were eager to share their experiences with the large group. At Bauchi, far fewer State coordinators felt comfortable "in the spotlight". Participants also showed a deeper awareness and understanding of complex nature of their programs and the problems they face, and had clearly given much thought and effort to different and innovative approaches to problem-solving. As can be seen from the attached annex (Participant Questionnaire), the programs have grown substantially over the past year. Service providers have been trained, clinics opened and staffed, IEC programs developed and undertaken, and great strides made in building a favorable policy climate for family planning. In the first half of 1987 there were

approximately 100,000 new users of family planning services, a number greater than the number of new users for all of 1986. Although FPMT participation in the Nigeria family planning and population program will end in 1988, FPMT hopes the following recommendations will prove useful to the organizers of next year's conference for family planning coordinators.

V. RECOMMENDATIONS

1. Continue to invite both coordinators and deputies to the workshops. The benefits in terms of team building, exchange of ideas, and building a critical mass of family planning leaders exceed the cost and organizational disadvantages of hosting such a large group of participants.
2. The family planning coordinators should have a role in identifying critical issues to be addressed in the annual conference. A temporary, appointed executive committee of four experienced coordinators representing the four regions could serve as advisors for next year's agenda. As part of next year's program, the committee members could be elected.
3. Attempt to reduce the number of facilitators and resource persons attending the workshop. This should be done not only to reduce costs and ease the logistical/administrative burden placed on the organizers, but also to increase the involvement of the remaining facilitators and allow for a more cohesive, unified workshop environment.
4. The workshop agenda should be limited to a small number of priority concerns rather than attempt to cover, however superficially, all aspects of the family planning program. A more focussed workshop would logically lead to a reduction in the number of resource persons needed, and would simplify tremendously the process of planning the workshop and developing the agenda.

5. The facilitators and resource persons (now fewer in number) should have a larger role in designing the content and structure of the workshop. For many of the facilitators and resource persons at Port Harcourt, it wasn't until they arrived in Nigeria that they were briefed on the specific role that they would be asked to play. Preparations were therefore rushed and materials which might have proven useful could not be developed in time.

6. The participant questionnaire was a useful and time-efficient way of gathering important programmatic information and sharing it with the participants. It is recommended that a similar questionnaire be developed for the next workshop and sent to participants at least two weeks in advance of the workshop. This will help ensure that the participants have sufficient time to fill out the form carefully, and afford them access to reports and statistical summaries that they would be unlikely to bring with them to the workshop.

7. Depending on the focus of the next workshop, it might be advisable to extend the duration from one week to two. Discussions with the Port Harcourt participants indicated that they felt the time was not adequate for the large number of sessions and activities planned.

8. Related to the above, it is apparent that the level of job understanding and performance among coordinators and deputies is beginning to vary as time passes and as new coordinators become

involved. Future conference organizers might wish to consider designing individual workshops within the conference. In this way, multi-level capabilities and interests can be served. For example, after a general plenary on the issues, a workshop on the MIS might serve the needs of the newer coordinators, while a simultaneous workshop on strategies for involving the private sector might attract more senior and experienced coordinators.

9. The workshop organizers should reinforce their efforts to identify expert Nigerians to play ever larger roles in conducting the workshops.

ANNEX I

Report of a Survey of Program Performance

Family Planning Coordinators' Workshop

Port Harcourt, October 4-9, 1987

Introduction

At the Family Planning Coordinators' Workshop in Port Harcourt, October 4-9, 1987, the coordinators and their deputies reported on their experience over the last twelve months by means of written survey. This written survey supplemented the coordinators' oral presentations and provided a means for a quantitative and comparative assessment of program performance over the last year. All twenty states plus the three armed forces completed questionnaires. The family planning programs of the states and armed forces are collectively referred to as the programs in the text below. The activities in the new states of Akwa Ibom and Katsina were included in the reports of Cross River and Kaduna respectively. Unless specified otherwise, the reporting period for the program activities was September 1986 through August 1987.

Attendance at Bauchi: 65 percent of the coordinators and 61 percent of the deputy coordinators had attended the 1986 Coordinators' Workshop in Bauchi.

I. SERVICES

New clinics: During the last year the coordinators reported having opened an average of 18 new clinics. The smallest number of new clinics was 2, and one program opened 56 new clinics.

Operating Clinics: The programs reported an average of 48 clinics operating. The largest number of operating clinics was 105 and the smallest was 2.

TABLE 1

Number of new clinics opened September 1986 through August 1987 and
Number of clinics currently operating by program

State	Number of New Clinics	Number of Currently Operating Clinics
Anambra.....	30	25
Bauchi.....	12	18
Bendel	7	46
Benue	3	53
Borno	10	22
Cross River/ Akwa Ibom	20	51
Gongola	10	14
Imo	7	63
Kaduna/Katsina	28	74
Kano	9	17
Kwara	15	58
Lagos	35	42
Niger	30	61
Ogun	24	70
Ondo	3	82
Oyo	10	36
Plateau	37	105
Rivers	53	88
Sokoto	4	58
Abuja	2	2
The Army	56	88
The Navy	4	6
The Air Force.....	3	17

Most popular methods: The most popular method was oral contraceptives followed by IUDs and condoms.

Contraceptive Supply Problems: 52 percent of the programs reported contraceptive supply problems.

Anambra: We have no injectable, no foam, no jelly. I cannot supply full statistics for injectables. They were issued before I became coordinator

Benue: Shortage of injectables, foaming tablets

Borno: change of structure in the setup

Cross River/Akwa Ibom: The incorrect data collection, affected the state supply status, which has just been rectified.

Kaduna/Katsina: injectable supply

Kwara: Depo Provera not supplies

Lagos: Depo Provera and cream and jelly

Niger: injectables

Ogun: vaginal tablets, cream jelly foam, lippes loop

Ondo: problem of mobility

The Army: Depo Provera as well as condoms

The Navy: I am trying to locate where to collect more injectable contraceptives.

Equipment Problems: 78 percent report equipment problems

Anambra: Eleven clinics have no equipment. Some of those which have lack angle poised lamps.

Bauchi: There are still some clinics without equipment (7 clinics)

Bendel: No sphygmomanometer, sterilizer, weighing scales, angle poised lamp, coughes, vaginal speculum.

Borno: Most of our clinics have no equipment

Cross River/Akwa Ibom: There are 51 S.D.P only 12 are equipped. Africare is appealed to to donate more.

Imo: We had, but no more because Africare is providing equipment for the clinics

Kaduna/Katsina: blood pressure apparatus, weighing scales, tables, benches, sterilizers, torchlight, etc. until Africare came to our aid.

Kwara: 17 out of 58 clinics are adequately supplied with equipment

Lagos: Initially before Africare assistance

Ogun: mini-lap

Ondo: some of our clinics have no basic equipment, e.g. angle poised lamp, gynecological table

Oyo: sterilizers for urban clinic, obgyn tables and gu's, fans, scales, angle poised lamp, sphygmomanometer.

Rivers: BP apparatus, weighing scales, couch, stethoscope, pregnancy test reagents

Sokoto: IUD insertion kits, BP apparatus, scales, pregnancy testing reagent

Abuja: not enough for the five clinics to be operating in November, just enough for 2 clinics

The Army: sterilizer or aluminum pots and lid, angle poised lamp, obst/gyn. table. We are happy about the delivery of IUD kits.

The Navy: some of our family planning clinics lack couches, sterilizer, they have to mangle with general clinics.

The Air Force: with the increase of fp acceptors and the opening of new clinics, the equipment is not adequate

Shortages of trained personnel: 87 percent reported shortages of trained personnel.

- Anambra: Yes, at present most of our clinics are left with only one provider. I need trained service providers and trainers of trainers.
- Bauchi: With more clinics opened in the state and more to be in the LGA, the state has only 24 trained
- Bendel: More service providers, trainers of trainers, personnel trained in management, evaluation, and co-ordination, and IEC.
- Benue: service providers
- Borno: some local governments have no family planning providers and those who have only one.
- Cross River/Akwa Ibom: No training in the state, few vacancies are given for practitioners in the University of Benin. There are no courses for management, IEC, fertility counselling, zonal co-ordinatngs, NORPLANT courses. Appeal is made to donor agencies to assist
- Gongola: Yes, at present most of our clinics are left with only one provider
- Imo: Even some of the operational clinics are sometimes not operating due to lack of personnel. And Imo state did not have any training allocation for service providers this year.
- Kaduna/Katsina: Inadequate staff. Those trained are transferred, no replacement, resignation, expiration of contract, appointment, etc.
- Kano: As we intend to open new clinics, the numbers of the trained personnel need to be increased.
- Kwara: Yes, because number trained is not enough because of transfer. We like to all our nurses
- Lagos: prior to INTRAH training programme
- Ondo: constant transfer of trained providers without being replaced with trained personnel
- Oyo: service providers for distant rural area based clinics
- Plateau: service providers
- Rivers: providers, management staff, zonal co-ordinators
- Sokoto: We have 58 service delivery points and only 38 trained fp service providers
- Abuja: 2 personnel trained, 3 undergoing training, 5 is not enough to open the new clinics.
- The Navy: nobody has had training in the following areas: IEC, adolescent fertility, VSC, CEDPA
- The Air Force: newly opened clinics are not adequately staffed.

Information system problems: 78 percent had information system problems.

- Anambra: Yes, there always delay in submitting report to MOH because of transportation problem. Some of the clinics do not send reports on time. There is transport difficulty to collect same.
- Bauchi: In urban areas no, but in the rural areas there is no transportation to reach the community and collect statistics. In the urban areas there is no problem because of radio, television, but in the rural areas there is no transportation to reach the community and collect statistics.
- Bendel: Some family planning providers are mixing the number of acceptors with the commodities dispensed.
- Benue: Problem of returns from zones due to lack of transport
- Borno: No zonal coordinators and no transport for effective supervision
- Cross River/Akwa Ibom: No material for posters, projector, films, etc. This also affects statistical reports because of no tools to work with.

Gongola: Yes, there areas is delay in submitting report to MOH because of transportation problem

Imo: Due to lack of adequate training

Kaduna/Katsina: returns are sent in late, therefore no accurate returns sent to Lagos for new supplies of commodities.

Kwara: No transport for collection of statistics because of distance of service points to the state headquarters

Lagos: before the one-day workshop organised in December 1986 for providers

Niger: Filling of statistical forms by some staff correctly has been a problem

Ogun: Transport, finance for postage

Ondo: Mobility -- this causes delay in getting returns from the zonal offices.

Plateau: Statistical reporting for 1) due to instability of service providers because of transfers and other training and 2) due to non-dedication of the statistician

Abuja: sometimes due to transportation problems

The Army: due to the recent changes in the four divisional HQ. As you have seen during the army presentation of fp report. Sorry for the inconveniences.

II. TRAINING

Number of people trained clinically: The programs trained an average of 50 people clinically during the year. The largest number trained was 158, the smallest was 2.

Number of people trained in information, education, communications:

An average of 7 people per program were trained in IEC. 65 percent of the programs trained none. The highest number trained was 53.

Number of people trained in management (logistics, MIS, finance, planning):

An average 3.5 persons per program were trained in management over the last twelve months. However, 14 of the programs trained no one in management. One program trained 21 persons.

TABLE 2

Number of Personnel by Type of Training and Program

	Clinical	IEC	Management
Anambra.....	55	0	0
Bauchi.....	22	10	20
Bendel	7	0	0
Benue	87	1	4
Borno	20	30	0
Cross River/ Akwa Ibom	6	0	0
Gongola	14	0	2
Imo	77	16	0
Kaduna/Katsina	64	0	0
Kano	nr	nr	nr
Kwara	49	0	0
Lagos	62	53	18
Niger	60+	32	3
Ogun	114	2	20
Ondo	20	0	0
Oyo	69	0	21
Plateau	125	0	6
Rivers	33	0	0
Sokoto	38	0	0
Abuja	5	0	0
The Army	158	0	0
The Navy	7	0	0
The Air Force.....	2	0	1

Problems in organizing and conducting training courses: 48 percent of the programs reported problems in organizing or conducting training courses. The most frequently cited problem was lack of finances.

Anambra: Funds not available

Bauchi: Finance

Cross River/Akwa Ibom: No funds, equipment material to carry out the training. Secondly, there is no support from the federal or international agencies, etc.

Imo: I have not tried this year due to lack of funds

Kaduna/Katsina: Not our responsibility

Ondo: lack of funds

Oyo: lack of funds is the major constraint. Twice workshops have been planned and had to be shelved.

Plateau: due to lack of finances

Rivers: no sponsors

Abuja: just back from training myself

The Air Force: because of the economic crunch in the country, funds are not made available

Priority Training needs in Family Planning

TABLE 3

PERCENTAGE OF STATES ASSIGNING HIGH PRIORITY TO SPECIFIED TRAINING TOPICS AND NUMBER OF PEOPLE TO BE TRAINED BY TOPIC

Topic	Percentage of States' Assigning High Priority (as opposed to Medium or Low Priority) to a topic of training	Average Number to be trained
Clinical.....	77	84
IEC.....	81	24
Planning.....	57	7
Supervision.....	76	12
Logistics.....	55	12
Statistics.....	71	24
Financial Management.....	52	7
Other.....	100	25

Types of training mentioned for Other:

- Anambra: Management
- Bendel: Research
- Benue: storekeeping
- Borno: motivators
- Cross River/Akwa Ibom: Fertility counselling, Norplant, TBA, marketing
- Niger: Management for co-ordinators
- Ondo: motivators
- Oyo: adolescent fertility management
- The Navy: VSC, adolescent fertility, women counseling, CEDPA

III INFORMATION, EDUCATION AND COMMUNICATIONS

TABLE 4

Percentage of Programs with Specific IEC Interventions

Intervention	Percentage
Radio spot (short) announcements.....	57
Radio presentations (discussions, interviews, etc.).	52
Radio dramas, soap opera.....	22
Television spots.....	52
Television presentations (discussions, interviews, etc.).....	65
Television dramas, soap operas.....	35
Local newspaper articles.....	39
Distributed booklets, pamphlets.....	65

Problems obtaining media coverage: 59 percent of the programs said they had problems obtaining coverage.

TABLE 5

Percentages of programs which held meetings with special target audiences

Audience	Percentage
Religious leaders.....	70
School teachers.....	52
Political leaders.....	48
Traditional leaders.....	57
Other audiences.....	86

Other audiences:

- Anambra: Christian Women's Association
- Anambra: Town and village women meetings
- Bauchi: women in health, women's development
- Bendel: TBAs, religious organizations, social meetings, philanthropic organizations
- Benue: LG chairmen, Permanent Secs., National Council of Women Society
- Cross River/Akwa Ibom: policy makers, eg interministerial, local government and non-governmental organizations
- Gongola: Christian Women's Association
- Imo: Influential women leaders, women councillors
- Kaduna/Katsina: Women organizations, market women
- Kano: women's organizations
- Kwara: National council of Women organizations and market women
- Lagos: market groups, industries, all above in mixed groups at various LGAs
- Ogun: TBAs, different men's and women's organizations
- Ondo: nursing mothers, NGO, COWAD
- Oyo: MASS MEDIA and women councillors
- Plateau: religious leaders and organizations
- Rivers: NYSC members, TBAs, scholars
- Sokoto: woman councillors
- Abuja: family planning advisory committee

IV. SUPERVISION

Number of times during the year a typical staff person at the clinic level received technical supervision, either through a meeting away from the clinic or through a visit to the clinic: The typical staff person had an average of only 5 contacts. Several coordinators mentioned the lack of transportation as the major constraint.

Plateau: no vehicles available

The Army: where there's transport

The Navy: some are met with in Lagos up to 3 or 4 times during the year, while some are seen only once or twice.

V. INSTITUTIONAL SUPPORT

501. Role of the State Family Planning Coordinator: Are there any problems regarding clarity of the Family Planning Coordinator's responsibilities/relationships?

Only 26 percent said there were problems.

Borno: No proper handover from former coordinator and a lot of other responsibilities

Kaduna/Katsina: management problem

Kaduna/Katsina: There are no LGA level staff, only state-level health staff

Oyo: some urban based clinics 5 times, rural once

Oyo: We are not allowed free hand to design and implement without clearance from ministry bosses

Rivers: not given free hand to execute the program

Abuja: reluctance and interference by the bosses to give us a free hand

The Army: there are some assignments I would love to do but have no go ahead.

502. In your state, do you have family planning advisory/consultative groups involving :

State-level and LGA-level health staff?

48 percent responded affirmatively.

Anambra: There is an advisory group for EPI and ORT but none for FP yet.

Anambra: Zonal Family Planning co-ordinators

Bauchi: Only the NGO. With the state-level and LGA is on proposal

Bendel: Only at the state level

Benue: Advisory Committee with Representatives from Govt, women society, religious groups, private medical practitioners

Cross River/Akwa Ibom: The above groups articulate and work as a team

Gongola: There is for the EPI/ORT but none for FP yet.

Imo: State coordinator/zonal coordinators meeting/clinicians meeting in LGA/Women Councillors' meeting

Kaduna/Katsina: police staff, poly-technical staff, advance Teacher College Staff, etc.

Kano: family planning advisory committee, LGA women counsellors

Niger: We have family health implementation committee only at the state level for family planning activities

Ogun: intersectorial family planning advisory board, chairman by the c.cun.

Oyo: to be constituted but proposal has been _____ over this since _____ last year. Approval was not given. But there is a CBD project advisory committee.

Plateau: only PHC committee at LGA level

Rivers: family planning advisory committee

Abuja: all cadres of the health staff are represented in the advisory committee

The Navy: In the Navy this group is made up of the commanding officer, Director of

Medical Services, Naval hospital OJN, Dr. Ohli-consultant ob/gyn and assistant director of medical services. The deliberation of this group is then taken to the chief of naval staff. (We do not talk of LGAs. In the Navy we talk of commands and bases.

The Air Force: only the fp executive consultative group

502B. Other sectors/key officials of government? Yes..1 No..2

65 percent said yes.

Anambra: Chief Health Officer, Permanent Secretary, Commissioner for Health, Chief Nursing Officer

Bendel: Officials of inter-sectorial ministries

Bendel: Officials of inter-sectorial ministries

Benue: CMO (Ministry) CMO (HSMB), Consultant Health, CNO and all members of State Advisory Committee

Borno: Borno State Women Civil Servants Association

Cross River/Akwa Ibom: Other officials of government, e.g. finance, information, MOE are usually involved

Gongola: Yes, There is on ORT and EPI

Imo: Meeting with state coordinator, perm. Sec, PHC co-ordinator, CHO, DHS

Kano: inform them about ? proposals regarding training

Kwara: advisory committee of Project Director, Co-ordinator, Deputy Co-ordinator, and Chief Health Sister

Lagos: medical officers of health meeting, PHC committee meeting

Ogun: LGA information, economic planning

Oyo: collaboration with _____ staff on family planning related programme

Plateau: plans are in the pipeline, letters stating purpose already sent to ministries involved with family planning and population activities already sent to related ministries

Abuja: a representative of the dept of education, information, agriculture

502C. Other types of non-governmental leaders? Yes..1 No..2

55 percent said they did.

Anambra: Women counselors

Bauchi: PPFN

Bendel: National Council of Women's Societies, Rotary, and Lions Clubs, Christian and Moslem Organizations

Bendel: National Council of Women's Societies, Rotary, and Lions Clubs, Christian and Moslem Organizations

Benue: Chairman/president of National Council of Women Society, Private health sector
 Cross River/Akwa Ibom: National council of Women Societies representative attended
 Imo: yes, occasionally
 Kano: managers of various companies
 Ogun: National Association of Nigerian Nurses and midwives, P.P.F.N.
 Oyo: COWAD Cin. Market based programme o the U.C.H.
 Plateau: PPFN and NCWS
 Rivers: Rotary Club
 Abuja: religious leaders, traditional leaders

503. In your state, are you receiving help for certain purposes such as training, IEC, management advice, or evaluation from any technical resources at a university, research institute, or other special group?

57 percent said they were.

Anambra: Training of FP supervisors by Intrah, Johns Hopkins for radio soap opera
 Bauchi: The state had one INTRAH training program, that's all
 Bendel: Only training-clinical
 Bendel: Only training-clinical
 Benue: University of Ibadan on clinical skills, INTRAH, JOHNS HOPKINS/PCS
 Cross River/Akwa Ibom: Only a few practitioners were trained by the University of Benin.
 Gongola: Yes, Training of FP supervisors by INTRAH
 Kaduna/Katina: JH PIEGO and Pathfinder
 Kwara: We received assistance from INTRAH on training program, management for supervision
 Lagos: INTRAH assisted training programme
 Niger: IEC by Healthcom
 Ogun: PCS funding for IEC TOT and training
 Ondo: UNFPA, Pathfinder, INTRAH, Africare
 Oyo: U.C.H. fertility research Dept do give up a lot of technical and management support whenever approached for such
 Plateau: IEC at 7 clinic levels only from FPIA and from NGO the PPFN, JHU project
 The Army: from UCH

VI. CONSTITUENCY SUPPORT

601. Have you taken steps to orient/enlist help from various special interest groups potentially concerned, including the following?

Answers are summarized in TABLE 6 below.

TABLE 6

Percentage of state and armed forces programs which have enlisted support from special interest groups by type of group

Special interest group	Percentage
LGA Officials.....	61
Traditional rulers.....	70
Religious groups.....	70
Women's groups.....	87
Traditional medicine groups.....	44
Media/news leaders.....	70
Private business leaders.....	22
Labor leaders.....	17
School teachers.....	57
Medical groups.....	91
Nurse/midwife groups.....	91
Pharmacist groups.....	78
Other health groups.....	86
Other non-medical groups.....	67

VII. FINANCIAL

701. Did your state government this year make a budget allocation for family planning? 50 percent said yes

TABLE 7

Financial contribution by whether or not first year and state

<u>State</u>	<u>Amount</u>	<u>Whether or not first year</u>
Anambra.....	0	NA
Bauchi.....	?	Y
Bendel	940,000	Y
Benue	500,000	Y
Borno	30,000	?
Cross River, Akwa Ibom	0	NA
Gongola	?	?
Imo	10,000	N
Kaduna/Katsina	0	NA
Kano	0	NA
Kwara	?	Y
Lagos	1,000 per health inst.	Y
Niger	0	NA
Ogun	0	NA
Ondo	0	NA
Oyo	15,000	Y
Plateau	0	NA
Rivers	0	NA
Sokoto	?	N
Abuja	0	NA
The Army	?	Y
The Navy	0	NA
The Air Force.....	? two model clinics	nr

701C. IF YES: For what purposes? _____

Bauchi: outreach program
Bendel: Population awareness and equipment
Benue: for Primary Health Care (Approximately 80,000 of 500,000 for family planning)
Borno: local family planning training
Imo: for clinic materials
Kwara: for family planning
Lagos: for recurrent expenditures
Oyo: to equip a few clinics and run the programme, administrative expenses
The Air Force: construction of 2 model clinics

701D. Problems in requesting/justifying such funds:

Anambra: They said that family planning is part of Primary Health Care and does not require a separate allocation
Bauchi: I was not called in the budget meeting.
Bendel: Economic crunch may affect liberal allocation of funds.
Benue: Policy makers did not see the need for special allocation for fp
Borno: It is always difficult to get the funds.
Cross River/Akwa Ibom: Proposal was made but it was not approved with no remarks from government
Imo: not enough funds for state budget
Kwara: no fund for antiseptics, cotton wool, etc.
Plateau: request for budget allocation not forwarded early to policy makers
Rivers: Imprest Account
The Army: made one this year authorized for 301 Naira but from the high-up no money

702. If you have a budget allocation, are there any problems in making actual expenditures?

Only 28 percent said yes.

Bendel: No. Areas where money is needed have been identified.
Borno: There is a very difficult situation for the release of the money for actual expenditures
Imo: sometimes the cash is not there to be given
Ogun: training funds for training TBA, women in health development area workers, VVH workers
Plateau: beyond my limitations, requires policy decision
Sokoto: No, because we have our objectives already stated.

703. Can you make use of other state funds allocated for training purposes to support family planning needs?

32 percent said they could.

Bendel: No. May not be workable because they will be under different sub-heading.

Borno: T ? Advance budget

Cross River/Akwa Ibom: No. Unfortunately there are no other state funds in the state for family planning.

Imo: No, There is over-establishment in the state, so the total state allocation is not enough

Kaduna/Katsina: No, state will volunteer to give fund for other state use

Lagos: fp training has to be specified at time of budget.

Niger: Touring advance can be obtained to attend family planning workshops (training)

Ogun: not allowed by govt. policy

Oyo: It is impossible to transfer funds from one account to another

Abuja: imprest from health services

The Navy: Part of the money allocated to medical services could have been used but most of the time it is too small even for maintenance purposes

704. What are your present first-priority financial needs?

Anambra: 1. Budget for FP programmes in the State
 2. Vehicle for regular supervision and collection of statistics
 Fund for transport, logistics, local training and seminars, statistics.

Bauchi: training, imprest, transport, and maintenance

Bendel: Training of clinicians, purchase of equipment, and educational material.

Benue: Money to purchase a vehicle, to train more personnel in service delivery

Borno: We need transport, separate office, furniture, and equipment

Cross River/Akwa Ibom: For training of practitioners, purchase of IEC materials, equipment and family planning equipment, etc.

Gongola: Budget for family planning programmes in the state,
 Vehicle for regular supervision and collection of statistics

Imo: Training and service providers, motivators

Kaduna/Katsina: transport, maintenance, training of service providers, management and supervisors

Kano: for constructing a ? fp clinics, warehouse, office, training

Kwara: Furniture and other logistics, vehicle

Lagos: IEC materials, awareness programmes, CBD and MBD programmes

Niger: funds for supervisory visits to fp planning service delivery points

Ogun: training, transport, statistics, evaluation, IEC

Ondo: local training of more service providers

Oyo: imprest account for administrative purposes and fund to purchase certain badly needed equipment, e.g. scale, fan, gas cookers

Plateau: for the development and printing of IEC material, training of service providers, supervisors (zonal coordinators, transport and purchase of bicycles, motorcycles and rain wear

Rivers: IEC clinic equipment, training, campaigns, seminars, workshops

Sokoto: mobility for data collection and good supervision

Abuja: helping organise TOT, IEC training programmes locally, fuel, maintenance, and obtaining vehicles for transport

The Army: for correct equipment in the clinics

VIII STRATEGIC PLANNING

801. In LGA's outside the capital city LGA in your state, estimate what percent, out of all government-supported health service delivery points (including dispensaries) are staffed/supported by the LGA authorities?

The percentage of service delivery points supported by the LGAs ranged from 0 to 100 percent. The average was 34 percent.

802. In your state, do you have a special plan to ensure rapid progress toward achieving a maximum level of family planning acceptance throughout the capital city LGA area?

95 percent said Yes.

803. Have you explored or developed special ways of promoting and delivering family planning along with the EPI program?

91 percent replied, Yes.

Anambra: There is a plan to erase all the inscriptions of ORT and EPI on vehicles and replace the inscription with Primary Health Care.

Anambra: To include family planning promotional program during EPI/ORT activities

Bauchi: During the immunization process, we give health talk on family planning matters.

Bendel: Providers are advised to integrate family planning with EPI/ORT and MCH.

Benue: EPI managers are invited to CS/ORT workshops and are expected to collect statistics from service points

Borno: Family planning is working with EPI in all the LGA's

Cross River/Akwa Ibom: Recently supervision of few service delivery points in LGA was done along with EPI centres

Gongola: There is a plan to erase all the inscriptions of ORT and EPI on vehicles and replace the inscriptions with Primary Health Care.

Imo: The 1st strategy of family planning provision is integrated approach in all the health facilities in the state, i.e. MCH, EPI, ORT, FP

Kaduna/Katsina: we coordinate and supervise together

Kano: we intend to train men LGA counselors and also local leaders and women

Kwara: difficult to do without vehicle

Lagos: FP, EPI, ORT and nutrition services are integrated into MCH programmes in most health institutions and are components of PHC

Niger: The EPI/ORT mobilisation vehicle is used for supervisory visits

Ogun: EPI staff are not cooperating. They think family planning has a negative stamp.

Ondo: During the EPI, ORT propaganda, family planning is incorporated

Oyo: most of our clinics are clinics within clinics so many things can be done by a woman at any single visit

Plateau: our clinics provide integrated health service

Rivers: not yet successful

Sokoto. we make use of community health aids and on immunization days mothers are education in fp.

Abuja: The state plan follows the EPI programme system
The Army This has been on _____ 1983. MCH on Primary H/Services
The Navy: In the Navy hospitals have one day a week for family planning clinic but new family planning services are given on the days for immunisations too.

804. Have you explored or developed special ways for assuring strong family planning delivery along with the work of the new model PHC projects in certain LGA's (so far, started in at least 2 LGA's per state)?

Yes...71 percent

No....29 percent

Bendel: It is a component of PHC Advised to integrate with MCH
Cross River/Akwa Ibom: Fortunately strong FP units are developed along with model PHC projects in this LGA

Imo: We have already integrated family planning in all the PHC centers

Kaduna/Katsina: kankig and D/ng LGA as model PHC

Kano: to go along way in using MCH clinics

Kwara: Two staff have been specifically trained in family planning in the model area.

Lagos: fp is a PHC component

Niger: by equipping and posting trained fp personnel

Ogun: The state has gone far beyond this state

Ondo: Involvement of women for health in family planning training or one of the model PHC

Oyo: The OYO model clinic

Plateau: integrated health services system, LGA, PHC are FP zonal coordinators as well

Sokoto: Kaurra Namoda LGA

Abuja: one model clinic at Garki and Karshi

The Army: during daily sick parade

805. To develop further the family planning program capacities of LGA health departments, have you taken other special steps?

Yes..57 percent

No.. 43 percent

Anambra: Health Department in Anambra belongs to the State Ministry of Health.

Cross River/Akwa Ibom: Proposals are being made that all health departments at LGA be attached with trained family planning practitioners and centres should be well equipped.

Imo: There is a proposal to train mostly LGA health workers (possibly indigenous ?) to man clinics in their LGAs.

Kaduna/Katsina: Health education posters and supplies of commodities to the LGA Health Dept

Kano: by a recent survey to equip and start up more clinics in the LGA HQts

Kwara: We have trained some of their staff and we have opened fp clinics in their institutions

Lagos: appointment of fp managers and deputies in all LGAs, training of all managers in mgt and supervision, meeting of all managers with coordinators orientation of supervisor of fp providers
 Niger: training of LGAs personnel
 Niger: by training of LGA dispensers in two LGAs in the state
 Ogun: mass mobilisation campaigns
 Ondo: plans are on to commence next month the training of local govt midwives as fp service providers
 Oyo: Tour of the LGAs to evaluate centres where family planning can be established
 Oyo: training of the LGA staff and appointment of zonal LGA coordinator
 Plateau: in the pipe line
 Abuja: no, lack of trained staff to handle the LGA clinics
 The Army: under education with domestic centre for women in the barracks

806. What other actions are still needed to build family planning capacities of LGA health activities?

Anambra: Training of motivators and LG officials for family planning to involve the LGA permanent Secretary and the LGA Secretaries
 Bauchi: training of more TBAs and opening more family planning clinics in the LGAs health centres
 Bendel: Training of manpower to enable starting of service providers for LGAs' institutions
 Benue: To train LGA staff in service delivery, IEC, and equipping existing clinics
 Borno: The forming of family planning advisory committee
 Cross River/Akwa Ibom: More trained personnel, funds, equipment IEC materials, certain centres have no proper infrastructure. This should be provided.
 Gongola: Training of motivators and LG officials for family planning
 Imo: Train more CBD and LGA supervisors and motivators to enhance FP program in LGAs
 Kaduna/Katsina: Training of their non staff, orientation of the TBAs and voluntary health workers
 Kano: training and starting more clinics
 Kwara: training more of their staff clinically and in MIS
 Lagos: mis training and continuous training of providers and CHEs
 Niger: training of LGAs personnel
 Ogun: more training, more service delivery points, equipment (Africare) transport, IEC
 Ondo: involvement of chairmen and secretaries in order to gain their full support regarding the training of their staff
 Ondo: unstable position of coordinators, lack of funds
 Oyo: Training of the LGA staff and appointment of Zonal LGA coordinator
 Plateau: current plans need to be given time to be implemented before loopholes or problems can be identified
 Rivers: training personnel
 Sokoto: cooperation and understanding
 Abuja: penetrating the hinterland -- need for vehicle and training
 The Army: to gain more support from my higher officers (male)

IX. PLANNING AND OTHER POLICY APPROACHES

901. Have you generally been able to follow/implement your state

Yes...64 percent
No... 36 percent

Bauchi: The Ministry of Education has established Women's Education and it was launched in all the LGAs

Bendel: No. Did not have the opportunity to attend Bauchi workshop for FP co-ordinators

Borno: There is a lot of organizational displacement in the MOH

Imo: No, due to lack of funds

Kano: have not really been able to implement most of the state plan

Oyo: The state plan is yet to be approved for implementation

Plateau: some still in progress

902. In your state, have any special steps been taken through education, leadership, or other) to encourage higher age at marriage?

Yes...82 percent
No...18 percent

Anambra: There is a programme carried out by the Ministry of Education to encourage girls' education and thus encourage late marriage.

Bauchi: The Ministry of Education has established Women's education and it was launched in all the LGAs

Bendel: Series of lectures against early marriage and teenage pregnancy

Gongola: There is a programme carried by the Ministry of Education to encourage girls' education and thus lead to late marriage

Imo: Yes, during community mobilizations and presentations in communities. There is FLE in the state.

Kaduna/Katsina: Through state women implementation committee meetings -- interviews with LG chairmen through Ministry of Education program

Kwara: Lecture was organised with women education activities to educate for higher age in marriage

Niger: delivering of lectures on family life education to the public

Ogun: we do not have this problem

Ondo: health education, counselling of school children

Oyo: health education of people through the messmedaha

Plateau: The family life education in school education on parent teachers Association meetings

Rivers: Women education campaign

Sokoto: Medical explanation of health hazards due to early marriages.

Abuja: through talks and parents/teachers association and women leaders

The Army: in army school 79NA soldiers taught on plan and responsible parenthood

903. In the state-operated maternity wards, does every woman routinely receive family planning information and an offer of an appointment for family planning service?

Yes..91 percent
No... 9 percent

904. Please list the three major problems blocking improved performance.

TABLE 8

Frequency of problems mentioned

Transportation.....	18
Financial shortfalls.....	15
Inadequate manpower.....	8
Inadequate IEC.....	6
Religious opposition.....	4
Supervision.....	4
Lack of equipment.....	4
Ignorance.....	3
Frequent staff redeployment..	3
Training inadequate.....	3
Politics/bureaucracy.....	3
FP Coordinator overworked....	2

Anambra:

Lack of awareness, Ignorance, Religion

1. Lack of Budgetary allocation,
2. Transportation,
3. Enough trained family planning staff

Bauchi:

Manpower, personnel

Transport

Finance

Bendel:

No vehicle and inaccessible roads

Lack of funds

Religious and cultural taboos

Benue:

1. Lack of transport

2. Inadequate supervision due to lack of transport

3. Funds

Borno:

The family planning coordinating is handling other activities

No proper data collection for the lack of transport

few number of service providers and ill-equipped clinics

Cross River/Akwa Ibom:

Lack of funds and lack of training personnel

Lack of vehicle

Inadequate IEC materials, equipment and fp equipment

Gongola:

Lack of awareness

Ignorance

Religion

Imo:
 Training
 Transportation
 Funding
 Kaduna/Katsina:
 workload
 transport
 finance
 Kano: problem of communication
 transport
 finance
 Kwara:
 Internal politics which hinders effective administrative transactions
 lack of transport for monitoring
 trained staff are not adequate
 Lagos:
 Transportation for supervision
 constant redeployment of staff
 Niger:
 transportation
 lack of funds
 religious fanatics
 Ogun:
 transport
 finances
 IEC materials
 Ondo:
 unstable position of coordinator
 lack of funds
 uncooperative attitude of policy makers
 Oyo:
 Non establishment of the offices of the coordinators in the Ministry
 Estimate
 No clear-cut job description
 Too many bureacratic processes
 Plateau:
 inadequate and instability of trained personnel
 transport
 management and financial problems
 Rivers:
 Frequent transfers of trained fp personnel
 no budgetary allocation
 transportation
 Sokoto:
 Ignorance
 Religion
 lack of accurate supervision because of mobility
 Abuja:
 training and equipment
 staffing
 vehicle and funding

The Army:

Lack of co-operation from male officers
changes in the army divisions
lack of transport for supervision

The Navy:

transportation
training -- lack of training in areas stated above
lack of enough IEC no handouts, posters of our own, no microphone

The Air Force:

lack funds
shortage of trained statistical personnel and superiors
shortage of equipment and _____

905. Please list the three top priority activities for the next year.

Anambra:

Training more providers
Opening more clinics
IEC campaign

Anambra:

Training
Opening more family planning clinics
Reaching the rural area through more mobilization

Bauchi:

Training
utreach
Health Education (Awareness)

Bendel:

To involve LG Areas in the State family planning Advisory Committee
To establish advisory committee in the 19 LG Areas
To training more service providers and re-enforce the core training team of resource persons

Benue:

Increasing service delivery points to 60
Training of zonal family planning supervisors
Training of staff in management skills

Borno:

The coordinator should devote her time to family planning only
Massive campaign over the television and radio
More training and more clinics to be opened

Cross River/Akwa Ibom:

training of all cadres of fp workers if funds are made available
Creating more S.D.P.'s and active supervision
Budgetting for provision of materials, equipment for the smooth running of the programme.

I appeal of donor agencies for their help and continuous assistance to train various cadres of personnel, for the provision of equipment, IEC materials to enable the state to aspire in family planning programme as other states.

Gongola:

Training more providers
Opening more clinics
IEC campaign

Imo:
 Training of service providers and motivators in LGAs
 Establishment of more clinics in rural communities in LGAs
 Information education and communication

Kaduna/Katsina:
 training of coordinators and service providers
 transport and equipment
 forming advisory committee and LG Areas

Kano:
 training of more fp nurses
 construction of standard fp clinic and store
 opening more fp clinics

Kwara:
 Market based distribution activities
 adolescent education activities
 improvement of all our clinics

Lagos:
 IEC programme development implementation
 MBD and CBD programmes
 Traditional healers and TBAs programmes for CBD

Niger:
 frequent supervision to fp clinic
 training of more personnel
 more IEC programmes

Ogun:
 IEC training
 IEC materials development
 training of TBAs and voluntary health workers

Ondo:
 training of more providers and fp motivators
 execution of IC programme in the state
 Establishing a family planning school in the state

Oyo:
 Training of Nurse educators for integration at the pre service training schools
 Establishment of a training school
 Workshop for service providers on update of contraceptive technology and MIS forms

Plateau:
 training various categories of health workers
 community distribution
 follow up house to house

Rivers:
 training of personnel
 development of IEC materials
 mass campaign 2 more LGAs

Sokoto:
 training in fp management
 training of community health supervisors in fp
 Increase in fp delivery points in Sokoto state

Abuja:
 establishment of more clinics
 provision of staff for training
 increased public enlightenment programme on family planning and initiating sex education in the state

The Army:

- make sure we gain full support from male commanders
- carry family planning activities to the females
- Early and correct statistics, if the organization of the divisions is corrected

The Navy:

- training
- improving on IEC methods
- equipping all the potential clinics for IUD insertion

The Air Force:

- training of personnel
- requisition for funds
- construction of more fp clinics

ANNEX II

Questionnaire for Assessing Family Planning Program Performance
Family Planning Coordinators' Workshop
Port Harcourt, October 4-9, 1987

State _____

Coordinator's Name _____ Attend Bauchi? Yes..1 No..2

Deputy Coordinator's Name _____ Attend Bauchi? Yes..1 No..

I. SERVICES

Program achievements September 1986 through the end of August 1987

ESTIMATE NUMBERS IF EXACT NUMBER NOT KNOWN.

101. Number of new clinics opened _____

102. Total number of family planning clinics currently operating _____
(Trained personnel, supplies, services offered)

103. Number of new acceptors all methods _____

104. Most popular method in terms of new acceptors _____

105. Second most popular method _____

106. Did you have contraceptive supply problems? Yes..1 No..2

IF YES, SPECIFY: _____

107. Did you have equipment problems? Yes..1 No...2

IF YES, SPECIFY: _____

108. Did you have shortages of trained personnel? Yes..1 No..2

IF YES, SPECIFY: _____

109. Did you have problems with the information system (family planning statistical reporting)? Yes..1 No...2

IF YES, SPECIFY: _____

II. TRAINING

FOR THE PERIOD SEPTEMBER 1986 THROUGH AUGUST 1987, ESTIMATE NUMBERS IF THE EXACT NUMBER IS NOT KNOWN.

- 201. Number of people trained clinically _____
- 202. Number of people trained in information, education, communications _____
- 203. Number of people trained in management (logistics, MIS, finance, planning) _____
- 204. Did you have problems organizing/conducting training? Yes..1 No..2

IF YES, SPECIFY: _____

205. What are your state's priority training needs in family planning?

	<u>Number to be trained</u>	<u>Priority Level</u>		
Clinical: _____		High..1	Medium..2	Low..
IEC: _____		High..1	Medium..2	Low..
Planning: _____		High..1	Medium..2	Low..
Supervision: _____		High..1	Medium..2	Low..
Logistics: _____		High..1	Medium..2	Low..
Statistics: _____		High..1	Medium..2	Low..
Financial Management _____		High..1	Medium..2	Low..
Other (Specify) _____		High..1	Medium..2	Low..

III. INFORMATION, EDUCATION, AND COMMUNICATIONS

301. Did any of the following promotional activities take place in your state?

Radio:

- 301A. Radio spot (short) announcementsYes...1 No...2
- 301B. Radio presentations (discussions, interviews, etc.) Yes..1 No...2
- 301C. Radio dramas, soap opera.....Yes..1 No...2

Television:

- 301D. Television spot (short) announcementsYes...1 No...2

301E. Television presentations (discussions, interviews, etc.) Yes..1 No..2

301F. Television dramas, soap opera.....Yes..1 No...2

Print media:

301G. Local Newspaper, magazine articles.....Yes..1 No...2

301H. Distributed informational booklets, pamphlets,etc... Yes..1 No...2

302. Did you have problems obtaining coverage for family planning with radio, television, or print media? Yes..1 No...2

Special target audiences:

303. Was there one or more meetings with religious leaders regarding family planning? Yes..1 No..2

304. Were there meetings with school teachers?.....Yes..1 No..2

305. Were there meetings with political leaders?.....Yes..1 No..2

306. Were there meetings with traditional leaders?.....Yes..1 No..2

307. What other special groups had meetings on family planning?

Specify _____

IV. SUPERVISION

401. How many times during the year has a typical staff person at the clinic level received technical supervision, either through a meeting away from the clinic or through a visit to the clinic? _____ Number of times

V. INSTITUTIONAL SUPPORT

501. Role of the State Family Planning Coordinator: Are there any problems regarding clarity of the Family Planning Coordinator's responsibilities/relationships? Yes..1 No..2

IF SO, COMMENT _____

502. In your state, do you have family planning advisory/consultative groups involving :

502A. State-level and LGA-level health staff? Yes..1 No..2

DESCRIBE BRIEFLY _____

502B. Other sectors/key officials of government? Yes..1 No..2

DESCRIBE BRIEFLY _____

502C. Other types of non-governmental leaders? Yes..1 No..2

DESCRIBE BRIEFLY _____

503. In your state, are you receiving help for certain purposes such as training, IEC, management advice, or evaluation from any technical resources at a university, research institute, or other special group?

Yes..1 No..2

DESCRIBE BRIEFLY _____

VI. CONSTITUENCY SUPPORT

601. Have you taken steps to orient/enlist help from various special interest groups potentially concerned, including the following?
EXPLAIN BRIEFLY

601A. LGA Officials: Yes..1 No..2 _____

601B. Traditional rulers: Yes..1 No..2 _____

601C. Religious groups: Yes..1 No..2 _____

601D. Women's groups: Yes..1 No..2 _____

601E. Trad.medicine gps. Yes..1 No..2 _____

601F. Media/news leaders Yes..1 No..2 _____

601G. Private business leaders Yes..1 No..2 _____

601H. Labor leaders Yes..1 No..2 _____

601I. School teachers Yes..1 No..2 _____

HEALTH SERVICE GROUPS:

601J. Medical.....Yes..1 No..2 _____

601K. Nurse/midwife.... Yes..1 No..2 _____

601L. Pharmacist.....Yes..1 No..2 _____

601M. Other health..... Yes..1 No..2 _____

601N. Other non-medical Yes..1 No..2 SPECIFY _____

VII. FINANCIAL

701. Did your state government this year make a budget allocation for family planning?
Yes..1 No..2

701A. IF YES: Was this the first year? Yes..1 No..2

701B. IF YES: How much did the state allocate? _____

701C. IF YES: For what purposes? _____

701D. What are problems in requesting/justifying such funds?

COMMENT: _____

702. If you have a budget allocation, are there any problems in making actual expenditures? Yes..1 No..2

Explain: _____

703. Can you make use of other state funds allocated for training purposes to support family planning needs? Yes..1 No..2

Explain: _____

704. What are your present first-priority financial needs?

Explain: _____

CHAPTER 8 STRATEGIC PLANNING

801. In LGA's outside the capital city LGA in your state, estimate what percent, out of all government-supported health service delivery points (including dispensaries) are staffed/supported by the LGA authorities?

_____ percent

802. In your state, do you have a special plan to ensure rapid progress toward achieving a maximum level of family planning acceptance throughout the capital city LGA area?

Yes...1 No...2

803. Have you explored or developed special ways of promoting and delivering family planning along with the EPI program?

Yes...1 No...2

EXPLAIN: _____

804. Have you explored or developed special ways for assuring strong family planning delivery along with the work of the new "model" PHC projects in certain LGA's (so far, started in at least 2 LGA's per state)?

Yes...1 No...2

EXPLAIN: _____

805. To develop further the family planning program capacities of LGA health departments, have you taken other special steps?

Yes..1 No..2

EXPLAIN: _____

806. What other actions are still needed to build family planning capacities of LGA health activities?

EXPLAIN: _____

IX. PLANNING AND OTHER POLICY APPROACHES

901. Have you generally been able to follow/implement your state plan? Yes..1 No..2

IF NO, SPECIFY WHY NOT: _____

902. In your state, have any special steps been taken through education, leadership, or other) to encourage higher age at marriage?

Yes...1 No...2

EXPLAIN: _____

903. In the state-operated maternity wards, does every woman routinely receive family planning information and an offer of an appointment for family planning service?

Yes..1 No..2

904. Please list the three major problems blocking improved performance.

1. _____
2. _____
3. _____

905. Please list the three top priority activities for the next year.

1. _____
2. _____
3. _____

301E. Television presentations (discussions, interviews, etc.) Yes..1 No..2

301F. Television dramas, soap opera.....Yes..1 No...2

Print media:

301G. Local Newspaper, magazine articles.....Yes..1 No...2

301H. Distributed informational booklets, pamphlets,etc... Yes..1 No...2

302. Did you have problems obtaining coverage for family planning with radio, television, or print media? Yes..1 No...2

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307. What other special groups had meetings on family planning?

Specify _____

IV. SUPERVISION

401. How many times during the year has a typical staff person at the clinic level received technical supervision, either through a meeting away from the clinic or through a visit to the clinic? ... Number of times

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501. Role of the State Family Planning Coordinator: Are there any problems regarding clarity of the Family Planning Coordinator's responsibilities/relationships? Yes..1 No..2

IF SO, COMMENT _____

502. In your state, do you have family planning advisory/consultative groups involving :

502A. State-level and LGA-level health staff? Yes..1 No..2

DESCRIBE BRIEFLY _____

502B. Other sectors/key officials of government? Yes..1 No..2

DESCRIBE BRIEFLY _____

502C. Other types of non-governmental leaders? Yes..1 No..2

DESCRIBE BRIEFLY _____

503. In your state, are you receiving help for certain purposes such as training, IEC, management advice, or evaluation from any technical resources at a university, research institute, or other special group?

Yes..1 No..2

DESCRIBE BRIEFLY _____

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601D. Women's groups: Yes..1 No..2 _____

601E. Trad.medicine gps. Yes..1 No.2 _____

601F. Media/news leaders Yes..1 No.2 _____

601G. Private business leaders Yes.1 No..2 _____

601H. Labor leaders Yes..1 No..2 _____

601I. School teachers Yes.1 No..2 _____

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601K. Nurse/midwife.... Yes..1 No..2 _____

601L. Pharmacist.....Yes..1 No..2 _____

601M. Other health..... Yes..1 No..2 _____

601N. Other non-medical Yes..1 No.2 SPECIFY _____

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702. If you have a budget allocation, are there any problems in making actual expenditures? Yes..1 No..2

Explain: _____

703. Can you make use of other state funds allocated for training purposes to support family planning needs? Yes..1 No..2

Explain: _____

704. What are your present first-priority financial needs?

Explain: _____

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Yes...1 No...2

EXPLAIN: _____

804. Have you explored or developed special ways for assuring strong family planning delivery along with the work of the new "model" PHC projects in certain LGA's (so far, started in at least 2 LGA's per state)?

Yes...1 No...2

EXPLAIN: _____

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Yes..1 No..2

EXPLAIN: _____

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IF NO, SPECIFY WHY NOT: _____

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EXPLAIN: _____

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Yes..1 No..2

904. Please list the three major problems blocking improved performance.

1. _____
2. _____
3. _____

905. Please list the three top priority activities for the next year.

1. _____
2. _____
3. _____