

**FINAL REPORT
OF A
SURVEY
OF
NIGERIAN
PUBLIC SECTOR
FACILITIES
AND
SCHOOLS
FOR
FAMILY PLANNING**

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES

FINAL SURVEY REPORT

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VOLUME II

APPENDICES (SEE VOLUME II):

- A Workshop and Survey Training Materials.
- B FP Equipment Status as of 1/88: FPC/DFPC Responses to Pre-Workshop Questionnaire: Names of facilities ready for Africare Equipment as of February 1988.
- C State Summary Results of Survey of Schools and Facilities.
- D Documentation: Codes and Label, Range and Variable specifications and selected tables.
- E State by state listing of LGAs and person responsible for FP in each.

SOFTWARE

Two software packages were used to process the Nigerian survey data and produce this report:

1. First Choice (version 2.0), an integrated word processing, report spread sheet and graphics package developed by PFS;
2. SURVEY MATE, (version 1.51), a survey data processing package developed by Henry Elkins.

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March 1988

SECTIONS I, II, & III

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES

I. INTRODUCTION

The SURVEY OF NIGERIAN PUBLIC SECTOR SCHOOLS OF NURSING, MIDWIFERY AND HEALTH TECHNOLOGY AND OF HEALTH FACILITIES OFFERING MCH was designed to provide information about the structural and program characteristics of selected public sector health facilities and of public sector schools of nursing, midwifery and health technology in Nigeria so that equipment and training needs for family planning service delivery can be identified. Base line information provided by this survey can be used by the State and Federal Ministries of Health and by donors involved in providing assistance for public sector activities promoting family health initiatives in Nigeria.

II. METHODOLOGY

A three-part survey was designed consisting of a Mail survey, a pre-workshop questionnaire survey administered to State Family Planning Coordinators (FPCs) and Deputy Coordinators (DFPCs), and finally a Field Survey of public sector schools of nursing, midwifery, and health technology and of selected health facilities currently offering MCH services.

The mail survey requested State Ministry of Health officials to send the following information:

- . Number of persons in the state who had received family planning training,
- . Number and type of public sector health facilities in the state with location information,
- . Map of the state,
- . Travel information about the state.

States electing to participate in the survey released the State FPC and DFPC to attend an intensive survey training workshop followed by a field experience in survey data collection during which they collected data from the schools and health facilities to be surveyed.

All states except Katsina -- a recently created state which as of January 1988 was not able to participate -- responded by sending the requested information and by releasing the FPC and or DFPC to participate in the survey training and data collection. In all, 20 states and Abuja participated. There were 38 FPCs/DFPCs who attended the SURVEY TRAINING WORKSHOP and participated in the survey field work.

An intensive two-day SURVEY TRAINING WORKSHOP was conducted by the Survey consultant in collaboration with USAID/LAGOS and the Director of Africare in Nigeria. The workshop was held from 25-26 January 1988 and was followed by the field work. The workshop was held at the Contemporary Nursing Education Center at Ikeja General Hospital in Lagos.

The workshop was task-oriented. It was directed to preparing for the data collection phase of the survey. Survey instruments, instructions, and other materials for the field work and for the training workshop were prepared by the USAID survey consultant prior to the workshop. Modifications were made in cooperation with the State FPCs and DFPCs during the workshop.

The focus of the workshop was on identifying the facilities to be surveyed, and on planning the way in which the survey was to be introduced, conducted, and concluded at facility and school sites. To this end, the workshop sessions were devoted to practice sessions using the survey interview schedule to role play interviews and observations at schools and facilities to be surveyed and to gain practice in measuring space allocated for family planning service at the facility sites. Sessions devoted to getting ready for the field were also conducted so that survey teams worked with their counterparts from the state they were to survey in order to identify locations of sites to be surveyed and to obtain contact and travel information about the state.

At the conclusion of the workshop all participants were awarded certificates of attendance.

To enhance the probability that the teams would implement the data collection phase of the survey correctly, travel to the field sites took place the day after the workshop. Each state FPC and DFPC constituted a team. (If only one person was sent from a state, states were paired and teams were supplemented with additional data collectors from Africare and USAID staff.) Each state team was assigned the data collection responsibility for a state other than its own and not its immediate neighbor. The list of field assignments and other materials of the workshop appear in the appendices to the survey report.

Most teams began the field work on January 28th. Field work was concluded on or before February 5th. Most returns were received at USAID by February 10th so that data processing could begin. Field supervisory visits were made to selected teams during the data collection phase as part of the data control procedures.

In this brief period over 600 survey site visits were made in the participating states (20 states and Abuja the Federal Capital Territory). Five hundred and nine of these visits were to health facilities offering MCH services. This represented more than half of the MCH facilities in the country that the State representatives identified as currently offering family planning and with an MCH client load sufficient to warrant introduction or expansion of family planning service delivery. There were an additional 95 visits to school survey sites. All public sector schools of nursing, midwifery and health technology were targeted to be surveyed and all but four were surveyed.

From the visited sites useable data were obtained from 93 of the visited schools and from 480 of the health facilities offering MCH visited during the survey.

The level of cooperation by the State governments was gratifying. All sent in some or all of the materials requested. Most state governments were able to provide local facilitators and/or other support to the survey trainee teams from the visiting state.

The results of the survey provide useful information about infrastructure and program aspects of the current capability to delivery family planning services and about the family planning training capability of the schools of nursing, midwifery and health technology to train health personnel in family planning delivery.

The Final Survey Report provides substantial information about public sector capability to offer family planning services to Nigerians. The Report presents survey findings concerning: physical infrastructure, equipment, supply and training needs, program characteristics of facilities offering family planning services, and family planning preferences of personnel involved in service delivery and training for family planning clinical practice. The information is aggregated at the national, health zone and state levels. State summary reports were developed and sent to each state participating in the survey so that the FPCs/DFPCs from the State Ministries of Health would have the survey results. Each FPC/DFPC team received a copy of its own state results and of the state it surveyed. State summaries are presented in appendix C of the Final Report.

The body of the report presents an analysis of results from the perspective of the national overview and by health zone.

III. SURVEY PRODUCTS AND ACHIEVEMENTS

There are a number of valuable achievements and products which resulted from the survey. Among the most useful for purposes of planning and programming for FHI-II are:

- . Development of a data base on health facilities and family planning personnel at the state and health zone levels.
- . Identification of needs for family planning equipment at schools and health facilities.
- . Identification of family planning training problems faced by schools attempting to train students for family planning service delivery.
- . Development of lists of schools and facilities which are in need of and ready to receive family planning equipment and identification of incomplete equipment sets.
- . Development of lists of LGAS in each state showing the person responsible for family planning in each LGA.
- . Identification of infrastructure and program characteristics of health facilities which relate to the capability of the health delivery system to introduce or expand family planning service delivery.
- . Identification of family planning practice and method preferences of surveyed service providers and school officials and tutors.
- . Development of a list of key factors in priority order which state representatives believe inhibit or contribute to the expansion of family planning service delivery.
- . Training of State family planning coordinators and deputy coordinators in survey field work.

**SECTION IV:
ANALYSIS OF RESULTS
A
NATIONAL
OVERVIEW**

IV. ANALYSIS OF RESULTS: NATIONAL OVERVIEW

FACTORS CONTRIBUTING TO/INHIBITING FAMILY PLANNING SERVICE DELIVERY

A questionnaire was administered to 38 State Family Planning Coordinators and Deputy Coordinators participating in the survey to identify factors contributing to or inhibiting family planning service delivery in Nigeria.

The FPCS/DFPCS were asked to list in priority order the factors which inhibit expansion or contribute to expansion of family planning service delivery in their states.

Among the most frequently mentioned INHIBITING factors were:

- . Lack of policy support for family planning
- . Inadequately trained personnel
- . Insufficient trained personnel
- . Frequent and sudden transfers of personnel
- . Lack of transportation for supervision and for service delivery to remote areas
- . Lack of or inadequate equipment for family planning
- . lack of operating supplies such as cotton wool and disinfectants
- . Lack of or not enough funds budgeted for operating expenses
- . Inadequate and irregular supply of contraceptives
- . lack of involvement of religious and traditional leaders in family planning communication programs

The factors most commonly cited as those which would CONTRIBUTE to expansion of family planning service delivery are summarized below:

- . Provision of more and better trained personnel
- . Provision of suitable, well maintained and regularly available transport especially for supervision.
- . Establishment of a system for regular continuing education and refresher update for service delivery personnel
- . Provision for constant and adequate supply of commodities to state stores
- . Establishment of community based distribution for family planning service delivery
- . Formation of high level advisory committees for family planning to secure policy support for the program

NATIONAL OVERVIEW OF FIELD SURVEY RESULTS

Mail survey returns submitted by SMOH officials revealed that participating states had 1,342 public sector health facilities. State FPDS/DFPCS used the lists of public sector facilities to identify those which offered MCH services and then attempted to estimate among the latter those which had MCH client loads sufficient to warrant introduction or expansion of family planning service delivery. States operationalized "sufficient client load" during the workshop as: 100 or more MCH visits in the week prior to the survey except in Riverine and very remote rural areas where the definition was lowered to 50 or more MCH visits in the week prior to the survey. Using this definition, an estimated 920 facilities were identified as potential survey sites. This estimate was found, during the course of the survey to be too high because twenty nine of the facilities visited -- which were thought to meet the operational definition above -- were found at the time of the visit not to have sufficient client load and so were excluded from the analysis.

The survey covered 52% of the 920 facilities originally estimated to be offering MCH and to have sufficient client load. Severe time and budget constraints made it impossible to survey all 920. The survey aim was to survey 100% of the schools and 50% of the facilities in each state which State coordinators estimated to meet the survey definition for inclusion.

In order to ensure that sites visited were representative of the state at least one facility meeting the operational definition was surveyed in each local government area of each state. The following list presents the surveyed states by surveyed facilities as a percent of estimated Eligible public sector Facilities (i.e., offering MCH with sufficient client load as defined above) and by surveyed schools as a percent of total public sector schools.

STATE	SURVEYED SCHOOLS AS % OF ELIGIBLE	SURVEYED FACILITIES AS % OF ELIGIBLE
ABUJA	100%	83%
AKWA IBOM	50%	35%
ANAMBRA	100%	48%
BAJCHI	100%	41%
BENDEL	100%	40%
BENUE	100%	85%
BORNO	100%	61%
CROSS RIVER	100%	50%
GONGOLA	100%	53%
IMO	100%	82%
KADUNA	100%	73%
KANO	100%	76%

KWARA	80%	93%
LAGOS	66%	53%
NIGER	100%	32%
OGUN	100%	56%
ONDO	100%	43%
OYO	100%	39%
PLATEAU	100%	39%
RIVERS	100%	46%
SOKOTO	100%	79%

The aim of surveying all the schools was accomplished except in a few states as shown above. Though all schools were visited, it was not possible to complete survey interviews at all due to absence or non response of a suitable interviewee.

The aim to survey 50% of the estimated facilities was achieved in over half of the states. In fact, as the above figures show, this aim was exceeded in several states. One or more of the following factors accounted for the inability of survey teams to achieve the 50%-completed aim:

- . Very large number of facilities estimated to meet our definition and too little time to cover all. This was the case in Oyo, Plateau (both with 100 or more estimated eligible facilities), and Bauchi (with 76). These states had high numbers of completed surveys as compared to many other states.
- . Inaccessible terrain and/or location of eligible facilities at great distance from each other, e.g. Iwerine, very large, and/or states with remote rural areas where estimated eligible facilities were located.
- . Non-response at facilities which were visited due to absence of appropriate interviewee, or because the facility, estimated to be one meeting our definition, turned out not to meet the "sufficient client load" criteria.

The schools survey covered all but four of the public sector schools of nursing, midwifery and health technology in the participating states. The facilities survey covered 52% of the public sector health facilities estimated to be offering MCH services and with sufficient MCH client loads to warrant introduction or expansion of family planning service delivery in participating states. Katsina was the only state not participating in the survey.

The analysis of results which follows is based on 93 completed survey interviews and observations at schools and on 480 completed survey interviews and observations at health facilities meeting the survey criteria.

INFRASTRUCTURE

Over 50% of the physical plants of the surveyed schools and facilities were older than ten years. Most were state owned. Slightly more than half of the facilities and most of the schools were located in urban areas.

Nearly all the schools were affiliated with one or more family planning service delivery points where students could receive their family planning clinical practice. One fourth of the surveyed facilities were affiliated in some way with a school of nursing, midwifery or health technology.

Survey teams found that travel on the major highways between and within states was easy and roads fairly well maintained. However, travel to surveyed facilities was most often not on the main highways. Traveling on rural roads was difficult and pointed out for the survey teams the difficulty of physical access to health facilities which family planning clients face in seeking facility-based service. Moreover, survey results reveal that the median farthest distance people traveled to surveyed facilities was 20 kilometers. In some few places clients traveled as far away as 100 or more kilometers to seek service at a facility.

Only 46% of the surveyed facilities had piped in water. The other 54% relied on wells, water carriers or surface water. On the survey day 46% of the facilities actually had running water. Another 40% had stored water on the premises. Thirteen percent of the facilities, however, had NO water on the survey day.

NEPA was the main source of electricity during working hours for 70% of the surveyed facilities, 12% relied on a generator, and 10% reported that they had no source of electricity. Sixty-three percent of the surveyed facilities actually had electricity functioning on the survey day.

Sixty-one percent of the surveyed facilities had a working refrigerator and a 65% a working cold box.

The most common type of toilet was the flush toilet (67% of surveyed facilities) while 30% had only pit toilet facilities. Only 1% had no toilet.

Sixty-three percent of the surveyed facilities had a pharmacy, 37% a laboratory, 24% X-RAY facilities and 42% a central supply.

HEALTH ZONES

The Federal Ministry of Health divides the Nigerian states into four health zones. For purposes of this survey four health zones are used. The list below shows the states participating in the survey by health zone. Katsina was not participating in the survey and so is not listed here. Once the machinery for government is established in Katsina this new state will be able to participate in any future public sector survey activities under the family health initiative project.

HEALTH ZONES:

NORTH EAST

Bauchi
Borno
Kano
Plateau
Gongola

NORTH WEST

Abuja
Kaduna
Kwara
Niger
Sokoto

SOUTH EAST

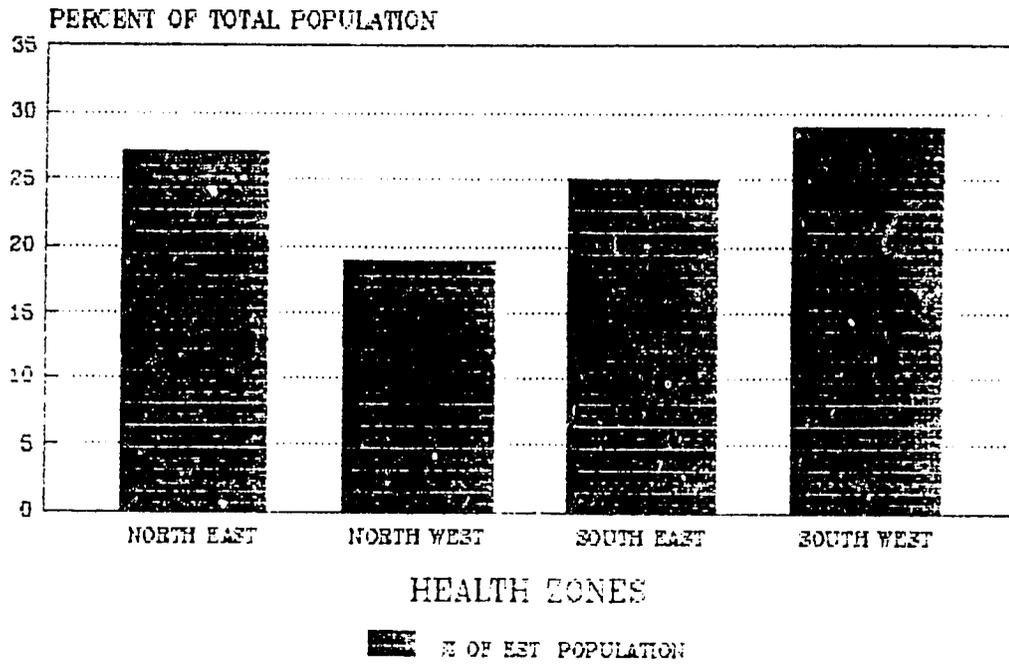
Akwa Ibom
Anambra
Benue
Cross River
Imo
Rivers

SOUTH WEST

Bendel
Lagos
Ogun
Ondo
Oyo

Estimates of the total population of Nigeria vary greatly from 94 million to 109 million depending on the base year and projection assumptions used. A conservative estimate was used here to present the total population by health zone. Graph 1 depicts total population by health zone. Table 3 column 1 shows the estimated population in millions by health zone.

NIGERIAN POPULATION HEALTH ZONES



EST POP BUSINESS CONCORD JAN. 22, 1923

GRAPH 1

PERSONNEL

All State Ministries of Health participating in the survey responded to the mail survey and submitted estimated of the total number of personnel trained in family planning in their state as of 12/31/87. State officials reported that 3,285 people had been participants in one or more family planning training programs. Of the 3,285 so trained the South West health zone had 50%, the South East 23%, the North West 14% and the North East 12%. Table 1 gives the totals by state and health zone and graph 3 depicts the total number who received family planning training by health zone.

This national pool of people trained in family planning provides a basis for future efforts to expand family planning service delivery. Yet it is important for service delivery program planning to make the distinction between full family planning-trained and partial family planning-trained personnel. For purposes of the survey full family planning-training was defined as being trained in all methods (except sterilization) through and including IUD service provision while partial family planning training was defined as training which did not include IUD service provision.

Not all of the 3,285 with family planning training had full family planning clinical training. Moreover, the field survey showed that distribution of full and partial family planning trained personnel is skewed. In fact, 24% of the surveyed facilities reported having no full FP-trained personnel and 41% had no partial FP-trained personnel. Lack of trained personnel was one of the main reasons why 18% of the surveyed facilities were not yet able to offer family planning services even though these facilities offered other MCH services and had a sufficient MCH client load to warrant introduction of family planning services.

The national level facilities survey summary shows that the median number of full and partial FP-trained personnel was 1. (Refer to the national summary results at the end of this section.

State family planning coordinators and DFPCS identified the top three priority training needs as:

1. More and better training of service providers and supervisors and development of systems for refresher and TOT training programs;
2. Management training especially management information systems, finance and budget training;
3. Training of communities in family planning and health education.

Table 1

SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING

TOTAL NUMBER OF PERSONNEL TRAINED IN FAMILY PLANNING
AS OF DECEMBER 31, 1987
MAIL SURVEY RETURNS

HEALTH ZONES

NORTH EAST:

BADCHI	22
BORNO	64
KANO	43
PLATEAU	227
GONGOLA	41

SUB-TOTAL	397
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NORTH WEST:

ABUJA	6
KADUNA	64
KWARA	202
NIGER	101
SOKOTO	74

SUB-TOTAL	456
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SOUTH EAST:

AKWA IBOM	101
ANAMBRA	170
BENUE	240
CROSS RIVER	54
IMO	71
RIVERS	147

SUB-TOTAL	773
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SOUTH WEST:

BENDEL	100
LAGOS	246
OBUN	373
ONDO	158
OYO	782

SUB-TOTAL	1659
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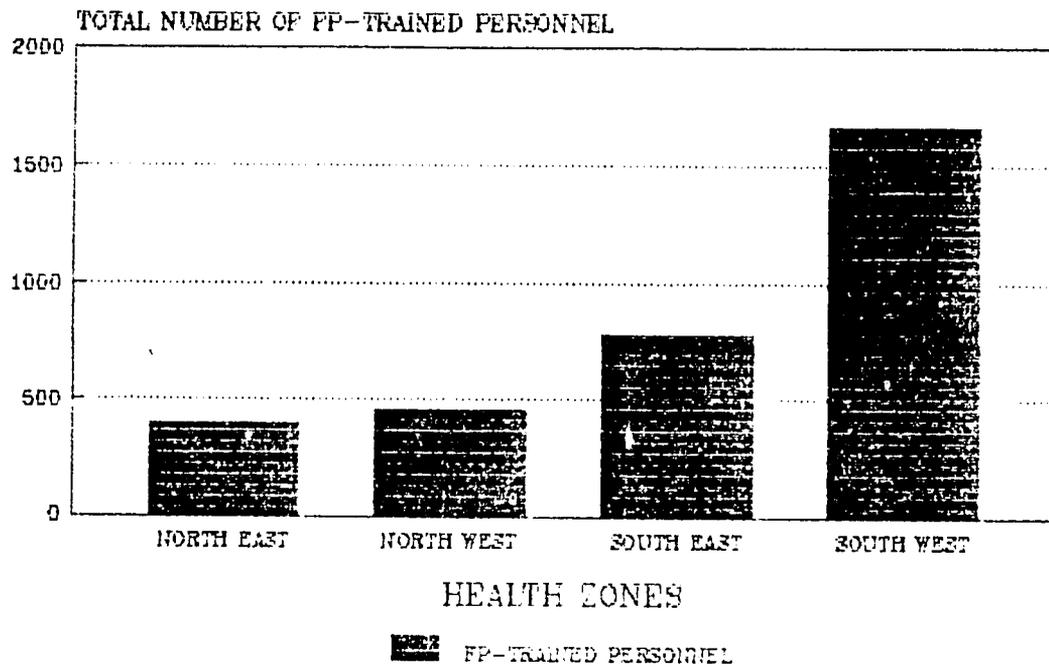
TOTAL NIGERIA

3285

Source: Mail survey returns; responses from State Ministries for Health for all states except Kaduna.

PUBLIC SECTOR SURVEY

TOTAL FP-TRAINED PERSONNEL



MAIL SURVEY RETURNS EXCL. KATSINA

GRAPH 2

FAMILY PLANNING EQUIPMENT

Basic equipment is required if a facility is to offer full family planning service to clients. "Basic equipment for family planning" for purposes of the survey, was defined in terms of the basic equipment set known as the Africare equipment set. The complete list of the equipment was incorporated into the survey instrument in order to determine equipment status at surveyed sites.

FFCS/DFPCS reported that 335 sites had received family planning equipment from Africare (or other sources) and that an additional 277 sites need equipment to meet the demand for service and have the necessary trained staff and space to justify placement of equipment. Graph 2 shows the results of the FFCS/DFPCS reports on family planning equipment status and Appendix B in volume II lists the names of the 277 facilities by state that can use family planning equipment immediately.

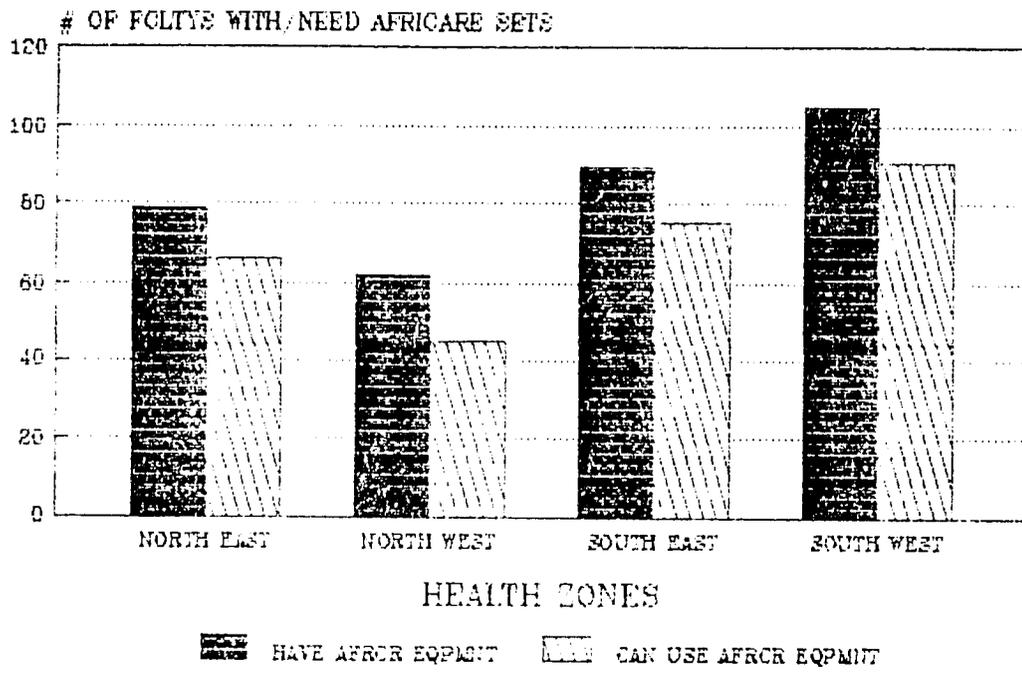
The field survey results showed that the majority of the public sector schools surveyed were without basic equipment for family planning. Moreover, results show that a majority of the surveyed facilities had incomplete family planning equipment sets.

FAMILY PLANNING PREFERENCES AND PRACTICES OF INTERVIEWEES

Service providers and school tutors are involved in motivating people to practice family planning and so it is instructive to know what their own preferences are.

Interviewees were school officials/tutors at the surveyed schools and service delivery personnel at the surveyed facilities. Both groups desired medium to large families, i.e., the desired number of children was 4 or more. As the national summary sheets show, most interviewees said they practice family planning. Of those who practiced, 1/3 had tried more than one method in the past. As graph 4 shows, the most popular methods were IUDs, pills, barrier methods, and natural family planning.

AFRICARE EQUIPMENT STATUS STATE FPC/DFPC REPORT



PRE-WORKSHOP QUESTIONNAIRE

GRAPH 3

FAMILY PLANNING EQUIPMENT NEEDS

Family planning coordinators and deputy coordinators worked together to complete a state report on the status of family planning equipment. States were asked to specify how many facilities have already received the Africare equipment and then to list in priority order the sites which can use the equipment now but do not have it. In determining priorities the state teams developed indicators with the Africare Director and the Survey Consultant to guide them in selection of facilities in their state. Indicators were: location, infrastructure, availability of full FP-trained personnel, space to accommodate the equipment and client load.

Of the 920 facilities which the FPCS/DFPCS estimated to be offering MCH services with sufficient client loads, 335 had already received equipment and another 277 can use the equipment now because these 277 satisfy the requirements of space and trained personnel as well as client load.

If the estimate of 920 made by the coordinators is correct, then an additional 308 MCH facilities with sufficient client loads for family planning can be targeted for equipment placement over the next five years. However, actual placement of equipment should be done only if the facility has space and at least one full FP-trained person.

Space for family planning does not appear to be a problem. Most facilities have a separate room or space for family planning. Space for family planning was measured at all surveyed facilities and the median square feet of a family planning room was 149.

Monitoring of equipment and development of replacement schedules for equipment once sets are in place will be very important under FHI-II. The survey identified a problem of incomplete sets of family planning equipment.

The main problem at many of the surveyed sites is one of incomplete sets of the basic equipment. Analysis of the data from the 307 surveyed sites which reported having INCOMPLETE sets shows that the items most frequently missing were (in order of most frequently missed):

MISSING ITEM	PERCENT OF FACILITIES MISSING
Examination stool	62%
Instrument tray	59%
Lamp	55%
Sterilizer	55%
Jar	47%
OB/GYN table	39%
Stand and bowl	38%
Privacy screen	37%
Scale	34%

Of particular concern, given the pattern of infectious diseases in the country, potential for disease transmission, and litigation concerning IUDs, (e.g. the recent issue concerning G.D. Searle and Co. Copper-7 IUD), is the lack of sterilizers. However, during the month of February UNICEF reported that it had completed distribution of more steam sterilizers to all states and that training in their use would be completed by the end of February. Nevertheless, it is important that a monitoring system pay particular attention to maintenance of key items of basic equipment in order to ensure that a hygienic service delivery environment is maintained.

The list (see Appendix B) of the 277 facilities currently ready for equipment was matched with the current procurement and placement list of Africare. The Africare Director estimates that about 65% of the 277 sites will be serviced by the last procurement under FHI-I. Procurement under the FHI II should cover:

- . 97 sets to accommodate the remaining 35% of the sites ready for the equipment now.
- . 308 sets to accommodate expansion of family planning service delivery to all facilities estimated to be offering MCH services and with sufficient client loads to warrant family planning service delivery.
- . 76 sets to accommodate expansion of family planning training in all schools of nursing, midwifery and health technology.

Therefore 481 basic equipment sets for family planning should be procured. Additionally, sets for the military and police and for medical schools will be needed as will sufficient replacement sets -- and replacements of missing items from incomplete sets.

FAMILY PLANNING TRAINING NEEDS

From an analysis of those 433 facilities surveyed for which data were available on the numbers of full FP and partial FP trained personnel, we find that 804 people currently working in surveyed facilities are full FP-trained and an additional 1077 people are partial FP-trained.

These figures crudely translate to 1.8 full and 2.5 partial FP-trained people per facility reporting data. However, analysis of actual distribution of such personnel in the surveyed facilities revealed a different picture. The median number of full and partial FP-trained personnel was far less and many facilities did not have full and/or partial FP-trained personnel. (Refer to the end of section IV for the national, to section VI for the health zone and to Appendix C for the state summary reports on facilities).

The public sector schools of nursing, midwifery and health technology had 3,289 students receiving full FP-training and 8,488 receiving partial FP-training as of February 1988.

From school and health facility survey results it is clear that quantity is less problematic than quality of training and distribution of those trained.

Facilities with MCH visits of 100 or greater per week should have at least one full FP-trained person employed full time. Facilities with higher volumes of MCH weekly visits should have, in relation to MCH client weekly loads, proportionally more full FP-trained personnel. All facilities offering maternal and or child health services should have at least one person with partial FP-training. MCH weekly client load figures are recommended as an operational measure to rationalize the distribution of both full and partial FP-trained personnel. Development of a better distribution system of family planning trained personnel needs to be developed by the State and Federal Ministries of Health for the FHI-II plan for implementation.

The issue of **quality of family planning training** also must be addressed by the FMOH AND SMOHs. Quality of training is an issue both in the schools and at service delivery points as survey results show.

The national summary reports of key survey findings of surveyed facilities and schools conclude this section.

Section V deals with a review of school survey results while section VI presents the findings of the facilities survey in more depth. Both sections conclude with survey summary findings by health zone.

SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING
SURVEY OF HEALTH FACILITIES OFFERING MCH

NAME OF SUMMARY: NIGERIA (EXCL KATSINA)
 NUMBER OF FACILITIES SURVEYED: * 480 (96H219HC1DSPN41MAT
 AVERAGE AGE IN YEARS: 15.9; 11=MEDIAN 109MCWC14PHC/OTH
 RANGE OF AGE IN YEARS: <1-63
 PERCENT OF SURVEYED FACILITIES BY:

SOURCE OF WATER:

Piped in facility:	46%
Piped into yard/plot:	5%
Public tap:	10%
Well with hand pump:	5%
Well without hand pump:	11%
Tanker, carrier:	13%
Surface, rain etc:	9%

WHICH HAD WATER SURVEY DAY: 86%

SOURCE OF ELECTRICITY:

NEPA:	70%
LGA:	1%
Generator:	12%
None:	10%
Other:	6%

WHICH HAD ELECTRICITY SURVEY DAY: 63%

WHICH HAD WORKING FRIG SURVEY DAY: 61%

WHICH HAD WORKING COLD BOX " " 65%

WHICH HAD LABORATORY: 37%

TYPE OF TOILET:

Flush:	67%
Pit:	29%
Other:	1%
None:	2%

SPACE FOR FAMILY PLANNING:

More than one room for FP:	20%
Separate room for FP:	67%
Share space:	25%
Mean sq. ft. of FP area:	177.7
Median sq. ft. of FP area:	149

CURRENTLY OFFERING FP: 82% (41 MORE TO START IN 88)

OF THOSE OFFERING FP, % WHICH OFFER:

All methods:	10%
All methods except sterilization:	42%

SURVEYED FACILITIES BY:

NIGERIA

Average # of MCH visits week
prior to survey: 334; 200=MEDIAN
Average # of personnel employed: 25.9; 13=MEDIAN
Average # of Full FP-trained personnel: 1.7; 1=MEDIAN
Average # of Partial-only FP-trained
personnel: 2.4; 1=MEDIAN
Average # of FP clients (all methods
combined in 1987): 1179.9; 549=MEDIAN

PERCENT OF SURVEYED FACILITIES BY:

EQUIPMENT:

With basic FP equipment set: 17%
With incomplete FP equipment set: 64%
Without basic FP equipment set: 19%

FP METHODS ACCEPTABLE TO MOST PEOPLE: PILLS, INJECT. IUD

SURVEYED FACILITIES BY CURRENT STOCKS:

Median # of Pill cycles: 201
Median # of Condom Boxes: 30
Median # of IUDs: 39
Median # of injectable doses: 19
Median # of Tubes of Foam tabs: 53

Median # of ORS packets: 4

SURVEYED FACILITIES BY MOST URGENT

TRAINING NEEDS: GEN FP CLINICAL, IUD, RECORDKEEPING, MET

FAMILY PLANNING PRACTICES:

EVER NEVER
MARRIED MARRIED
(N=431) (N=43)

INTERVIEWEES BY:

Mean desired # of Children: 4.4 4.0
Mean actual # of children
ever born: 3.6 -

SOURCE 1ST HEARD OF FP:

Paper: 3% 7%
Radio: 4%
T.V.: 3% 2%
School: 65% 80%
Friends, family: 24% 7%

EVER PRACTICE FP: 82% WOULD: 97%

EVER-USERS BY:

EVER USED MORE THAN ONE METHOD: 33%

EVER-USE BY % WHO EVER USED:

PILLS: 48%

IUD:	43%
INJECTABLES:	10%
BARRIERS:	17%
FERTILITY COUNSELLING:	2%
NATURAL FAMILY PLANNING:	19%
STERILIZATION:	4%

FAMILY PLANNING METHOD PREFERRED NOW:		WOULD USE:
PILLS:	21%	44%
IUD:	46%	29%
INJECTABLES:	7%	7%
BARRIERS:	10%	14%
FERTILITY COUNSELLING:	.2%	-
NATURAL FAMILY PLANNING:	11%	2%
STERILIZATION:	4%	-

* Data are from useable returns of sites visited. Five hundred and nine visits yielded 480 useable returns. Sites identified for inclusion in the survey data collection were defined as health facilities currently offering MCH services which had a sufficient MCH case load for introduction or expansion of family planning service delivery. Mail survey returns from the State Ministries of Health were used by the State Family Planning Coordinators and Deputy Coordinators during the survey training workshop to identify such facilities in each state.

H=hospital, HC=health center/ health clinic, rural health center of clinic, urban health center or clinic, family health unit/clinic, etc. MAT=maternity center, MCWC=maternal and child welfare center, PHC=primary health care center, OTH=dispensary.

The objective of the NATIONAL summary sheet is to provide a "snap-shot" showing the current status of the infrastructure for family planning for family health. Percentages and measures of central tendency are used. When the data warranted (i.e., when the distribution of values was normal) then the MEAN of the values obtained from the facilities was used. When the distribution was skewed (i.e., weighted in one direction or the other) the MEDIAN (value at the 50th percentile) value was used to describe the characteristic in question.

Where distribution was skewed, it was usually because of hospitals and other large facilities having much higher values than other sites.

Data were collected on Stocks of DPT, TT, MEASLES, OPV, AND BCG vaccines. However, most facilities (other than hospitals or sites that serve as the central supply for vaccines) do not keep vaccines on hand. Vaccines are brought from a central location during the immunization day(s) and kept in a cold box during the immunization activity and then returned.

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SURVEY OF PUBLIC SECTOR SCHOOLS OF NURSING
 MIDWIFERY AND HEALTH TECHNOLOGY

NAME OF SUMMARY: SCHOOLS OF NURSING, MIDWIFERY, HEALTH TECHNOLOGY:
 STATES INCLUDED: PUBLIC SECTOR SCHOOLS IN NIGERIA
 NUMBER OF SCHOOLS: ALL EXCEPT KATSINA
 NUMBER OF SURVEYED SCHOOLS: 97
 RANGE OF TRAINING PROGRAM DURATION IN MONTHS: 36N, 12-36M, 12-36HT/OTH
 AVERAGE AGE AND RANGE OF AGE OF PHYSICAL PLANT: 18yrs (median=10yrs)
 NUMBER OF GRADUATES IN 1986/87: 10,550
 NUMBER OF GRADUATES IN 1987/88: 9,320
 NUMBER OF STUDENTS CURRENTLY ENROLLED: 16,755
 NUMBER OF FULL TIME EQUIVALENT TUTORS: 1,404
 NUMBER OF FULL FP-TRAINED TUTORS: 333
 NUMBER OF PARTIAL ONLY FP-TRAINED TUTORS: 174
 NUMBER OF SCHOOLS NOW OFFERING STUDENTS:
 FULL FP TRAINING: 42
 PARTIAL FP TRAINING: 46
 NUMBER OF STUDENTS NOW RECEIVING
 FULL FP TRAINING: 3,289
 PARTIAL FP TRAINING: 8,488
 NUMBER OF SCHOOLS WHICH REPORT HAVING:
 NO FP TEXT BOOKS: 30
 NOT ENOUGH FP TEXT BOOKS: 50
 NO AFRICARE BASIC FP EQUIPMENT: 76
 NOT ENOUGH AFRICARE BASIC FP EQUIPMENT: 11
 NO FP PRACTICE SUPPLIES (IUDS, CONDOMS): 55
 NOT ENOUGH FP PRACTICE SUPPLIES: 25

FAMILY PLANNING PRACTICE & PREFERENCES OF EVER MARRIED
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 4.2
 (n=92) AVERAGE NUMBER OF CHILDREN EVER BORN: 4.3
 PERCENT BY SOURCE 1ST HEARD OF FAMILY PLANNING:
 Other=6%, Paper=10%, Radio=3%, TV=1%, School=72%, Friends=5%
 PERCENT EVER PRACTICED FP: METHODS EVER USED (% WHO
 (n=79) USED): Pills=29%, IUD=44%, Inject=6%, Barriers=26%
 NFP = 34%, Fert.C.=4%, Strlz=4%
 PERCENT EVER USED MORE THAN ONE METHOD: 34%
 PERCENT BY METHOD PREFERRED NOW:
 Pills=11%, IUD=39%, NFP=29%, Barriers=14%
 P.C.=1% Strlz=4%

FAMILY PLANNING PRACTICE & PREFERENCES OF NEVER MARRIED (n=1)
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 2
 PERCENT BY SOURCE 1ST HEARD OF FP: Radio
 PERCENT PLAN TO PRACTICE FP: Yes
 PERCENT PLAN TO USE: IUD

*Data = surveyed schools: P=nursing, M=midwifery, HT=health technology, FP=family planning: Full FP=through and including IUD insertion. Partial FP up to IUD insertion: 87/88 graduates to date. As program duration varies, schools will have additional graduates in the 87/88 academic year.

**SECTION V:
ANALYSIS OF RESULTS:
SCHOOLS
OF
NURSING,
MIDWIFERY
AND
HEALTH
TECHNOLOGY**

V. ANALYSIS OF RESULTS: SCHOOLS OF NURSING, MIDWIFERY AND HEALTH TECHNOLOGY

Ninety-three schools, or virtually all the public sector schools in the country which offer nursing, midwifery and health technology training were surveyed. Forty-four percent of the surveyed schools were schools of nursing, 30 % schools of midwifery and 26% schools of health technology.

Graph five depicts the total number of schools surveyed in each health zone.

ENROLLMENT

An estimated 16,755 students are currently enrolled in schools of nursing, midwifery and health technology in the surveyed states according to reports submitted by state officials in response to the mail survey. Table 2 gives the estimated enrollment by state and health zone.

FP-TRAINED SCHOOLS TUTORS

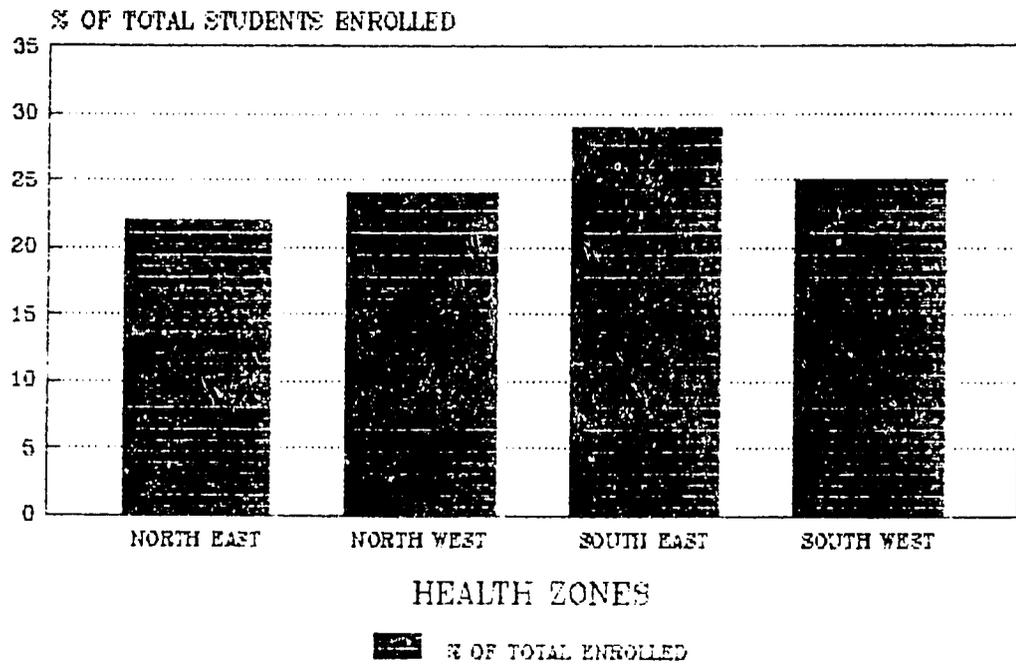
The public sector schools of nursing, midwifery and health technology are actively involved in training future cadres for family planning service delivery. Surveyed schools do have full and partially FP-trained tutors. Graph 6 and Table 3 (columns two and three) show the number of full and partial FP-trained tutors in surveyed schools by health zone.

Most all the schools had a least one tutor with partial family planning training and the majority of schools had at least one full FP-trained tutor. The number of full and partial FP-trained tutors in relation to students currently enrolled in schools and in family planning training at the schools is problematic. Tutor/student ratios should be improved as part of the effort to improve the quality of family planning training offered by the schools. School officials will want to use the survey data to work with State and Federal authorities to assess tutor training needs for the coming years.

STUDENTS RECEIVING FAMILY PLANNING TRAINING

Table 3 and Graph 7 present the survey findings on numbers of students receiving family planning training in 1988 by health zone. Three thousand two hundred and eighty-nine students are being given full FP-training by 333 full FP-trained tutors while an additional 8,488 students are receiving partial FP-training from 507 tutors trained in family planning (333 full and 174 partial FP-trained tutors) in the surveyed public sector schools.

PUBLIC SECTOR SCHOOLS NURSING, MIDWIFERY, HEALTH TECHNOLOGY



FIELD SURVEY RESULTS

GRAPH 5

Table 2

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES

PUBLIC SECTOR SCHOOLS OF NURSING, MIDWIFERY, AND HEALTH TECHNOLOGY

ESTIMATED CURRENT ENROLLMENT

REGION/STATE	PUBLIC SECTOR SCHOOLS			
	TOTAL	NURSING	MIDWIFERY	HEALTH TECH
North East:				
Bauchi	592*	-	-	-
Borno	580*	-	-	-
Kano	307	55	132	120
Plateau	1614	650	300	464
Benghal	582	40	40	502
North West:				
Abuja	240*	-	-	-
Kaduna	400*	-	-	-
Kwara	1355	735	210	609
Niger	487	351	93	43
Sokoto	1453	501	222	730
South East:				
Akwa Ibom	406	485	471	-
Anambra	441	151	41	249
Benue	600*	-	-	-
Cross River	300*	-	-	-
Imo	1368	655	433	280
Rivers	700*	-	-	-
South West:				
Benue	810	350	268	192
Lagos	419	-	-	-
Ogun	644	500	144	-
Osun	772	273	67	430
Oyo	1505	1117	342	-
TOTAL	16,755*	-	-	-

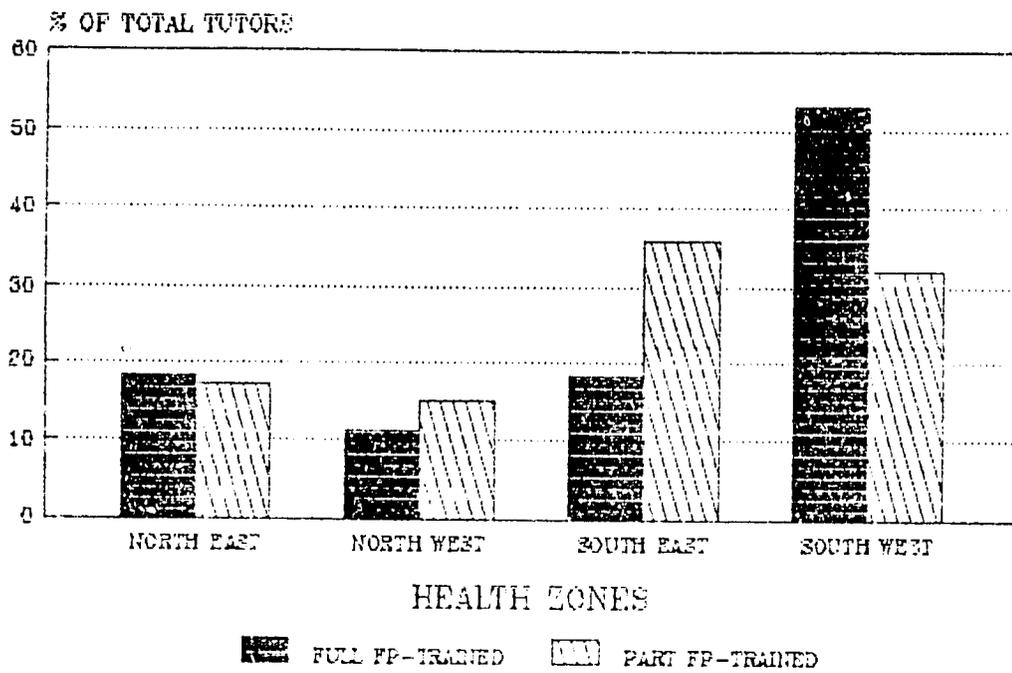
Source: Family Planning Coordinators of the respective states; response-to-request-letter survey and field survey of schools. * indicates probable understatement as FPCs were not able to obtain data for every school contacted.

Table 3
 SURVEY OF FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SCHOOLS SURVEY

Health Zones (in millions)	Est. Nigerian Population		Full FP Trained Tutors		Partial FP Trained Tutors		Students in Full FP Trng.		Students in Partial FP Training	
	#	%	#	%	#	%	#	%	#	%
North East	25	27%	61	18%	30	17%	967	29%	2891	34%
North West	18	19%	38	11%	26	15%	344	11%	1489	17%
South East	24	25%	59	18%	62	36%	1022	31%	2532	30%
South West	27	29%	175	53%	56	32%	956	29%	1576	19%
TOTALS	94	100%	333	100%	174	100%	3289	100%	8488	100%

Sources: Estimated Population Business Concord January 22, 1988. All other figures are from the Survey of Public Sector Schools of Nursing, Midwifery, and Health Technology conducted in January-February 1988.

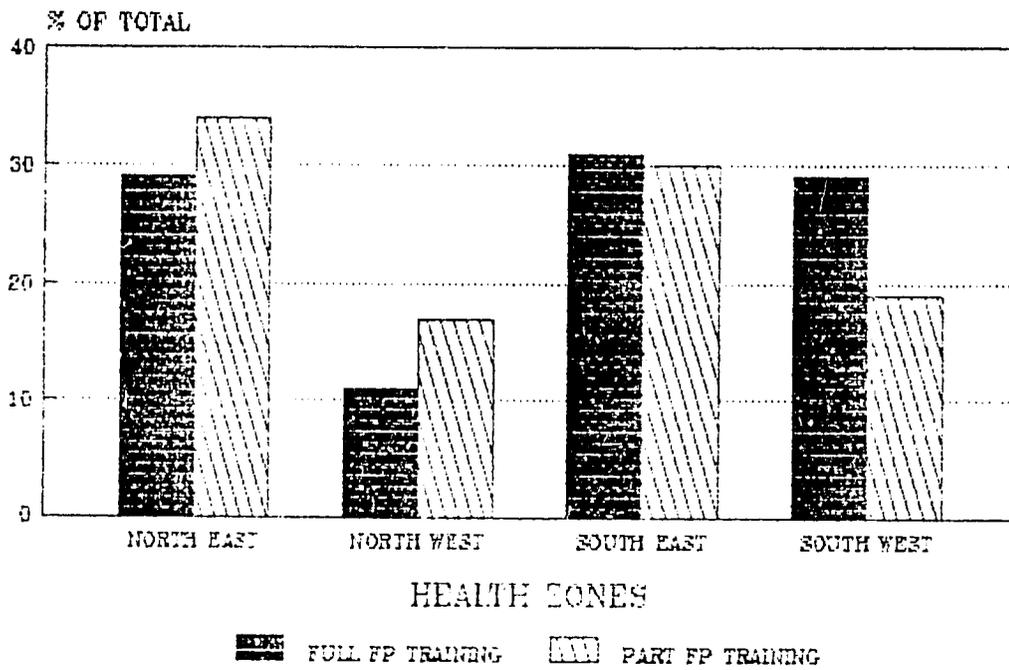
FP STATUS: SCHOOL TUTORS PUBLIC SECTOR SCHOOLS



FIELD SURVEY RESULTS

GRAPH 6

STUDENTS IN FP TRAINING PUBLIC SECTOR SCHOOLS



FIELD SURVEY RESULTS

GRAPH 7

FAMILY PLANNING TRAINING MATERIALS ASSESSMENT

Public sector schools of nursing, midwifery and health technology report a lack of teaching and training materials necessary to properly train students in family planning service delivery. Results are summarized below:

TEACHING TRAINING MATERIALS	PERCENT OF SCHOOLS REPORTING HAVING		
	ENOUGH	NOT ENOUGH	NONE
FP text books	14%	54%	32%
FP equipment,	6%	12%	82%
FP practice supplies	13%	27%	60%
Charts, writing duplication, & other teaching materials	5%	21%	74%
Movie/slide projectors & other ordinary A/Vs	10%	20%	70%

Graph 8 shows the number of surveyed schools by health zone and availability of FP Africare equipment sets.

Concomitant with increased family planning training of schools tutors is the necessity to ensure that essential family planning teaching materials are available and disseminated rationally throughout this important segment of the nation's schools system.

Using the schools as the focal point for family planning training is a cost efficient approach. If coupled with upgrading of the school-affiliated facilities this can also be a very cost-effective way to train future family planning personnel and to provide in-service training to personnel already in the field. The importance of quality training conducted in hygienic service delivery environments cannot be stressed enough. Schools and school-affiliated service delivery points should be models of both.

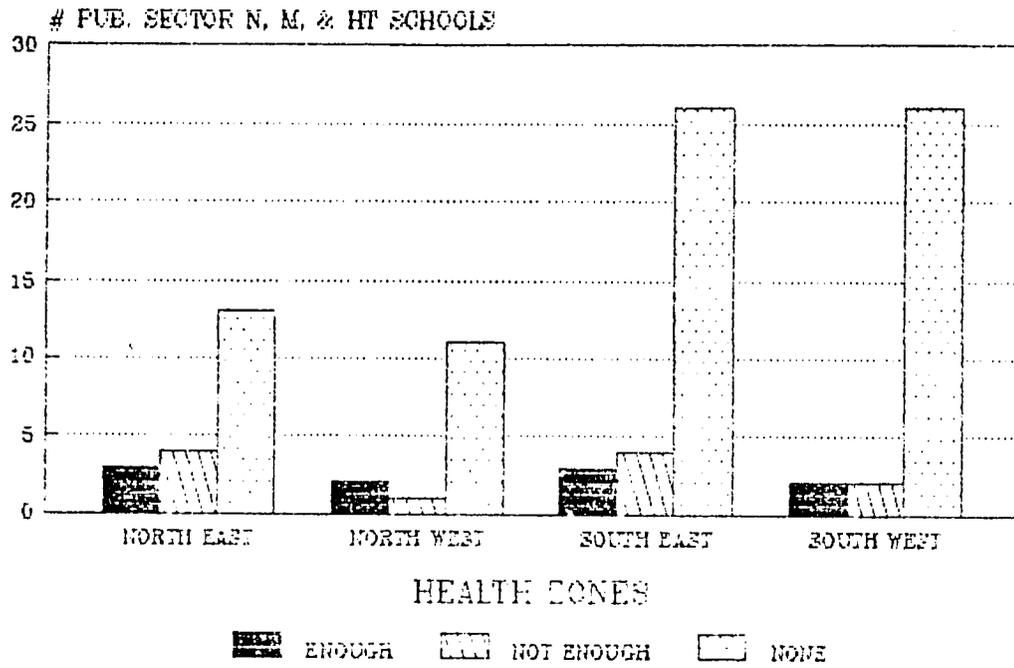
FP METHOD PREFERENCES OF INTERVIEWEES AT SCHOOLS

School officials and tutors interviewed for the survey at the schools were asked about their family planning practices and method preferences. Graph 9 shows that the IUD was popular in all health zones and illustrates the variation in method preference by health zone for the other methods.

There was variation by health zone in terms of desired number of children and number of children ever born to school interviewees as presented in the health zone summaries of school survey results which appear below.

SCHOOLS SURVEY

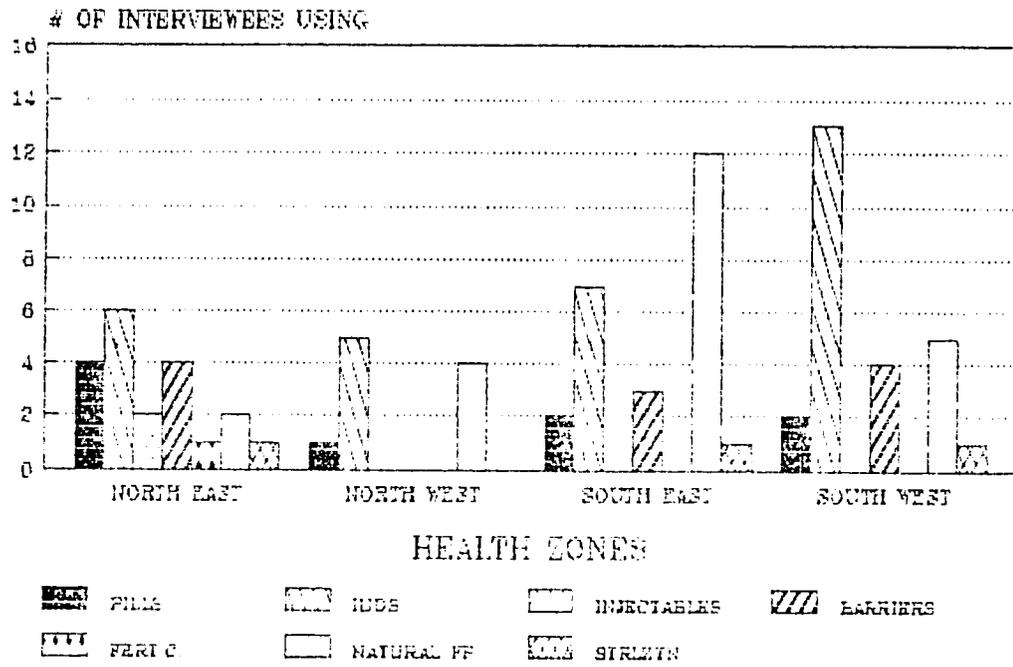
FP AFRICARE EQUIPMENT SETS



FIELD SURVEY: SCHLS N.M. & HT

GRAPH 8

INTERVIEWEES: SCHOOLS FAMILY PLANNING METHOD PREFERRED



FIELD SURVEY: SCHOOLS (N-80)

GRAPH 9

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SURVEY OF PUBLIC SECTOR SCHOOLS OF NURSING
 MIDWIFERY AND HEALTH TECHNOLOGY

NAME OF REGION (HEALTH ZONE): NORTH EAST
 STATES IN THIS ZONE: BAUCHI, BORNO, KANO, PLATEAU, GONGOLA
 NUMBER OF SCHOOLS: 20
 NUMBER OF SURVEYED SCHOOLS: 20 (6N, 7M, 7HT)
 RANGE OF TRAINING PROGRAM DURATION IN MONTHS: 36N12-30M12-36HT
 AVERAGE AGE AND RANGE OF AGE OF PHYSICAL PLANT: 20.6yrs(8-56)
 NUMBER OF GRADUATES IN 1986/87: 2784
 NUMBER OF GRADUATES IN 1987/88: 2302
 NUMBER OF STUDENTS CURRENTLY ENROLLED: 3655 est.
 NUMBER OF FULL TIME EQUIVALENT TUTORS: 328.5
 NUMBER OF FULL FP-TRAINED TUTORS: 61
 NUMBER OF PARTIAL ONLY FP-TRAINED TUTORS: 30
 NUMBER OF SCHOOLS NOW OFFERING STUDENTS:
 FULL FP TRAINING: 19
 PARTIAL FP TRAINING: 1
 NUMBER OF STUDENTS NOW RECEIVING
 FULL FP TRAINING: 967
 PARTIAL FP TRAINING: 2891
 NUMBER OF SCHOOLS WHICH REPORT HAVING:
 NO FP TEXT BOOKS: 2
 NOT ENOUGH FP TEXT BOOKS: 13
 NO AFRICARE BASIC FP EQUIPMENT: 13
 NOT ENOUGH AFRICARE BASIC FP EQUIPMENT: 4
 NO FP PRACTICE SUPPLIES (IUDS, CONDOMS): 7
 NOT ENOUGH FP PRACTICE SUPPLIES: 8

FAMILY PLANNING PRACTICE & PREFERENCES OF EVER MARRIED INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 4.5
 (n=20) AVERAGE NUMBER OF CHILDREN EVER BORN: 4.9
 PERCENT BY SOURCE 1ST HEARD OF FAMILY PLANNING:
 Paper=10% Radio=5% School=80% Friends=5%
 PERCENT EVER PRACTICED FP: METHODS EVER USED (% WHO USED): Pills, Barriers=30%, IUD=40%, Inject.=10%
 Fert.C., NFP, Strlz=5% each
 PERCENT EVER USED MORE THAN ONE METHOD: 15%
 PERCENT BY METHOD PREFERRED NOW:
 (n=20) Pills, Barriers=20%, IUD=30%, Inject, NFP=10% each
 Strlz, Fert.C.=5%

FAMILY PLANNING PRACTICE & PREFERENCES OF NEVER MARRIED (n=0) INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: n.app.
 PERCENT BY SOURCE 1ST HEARD OF FP:

PERCENT PLAN TO PRACTICE FP:
 PERCENT PLAN TO USE:

*Data = surveyed schools: II=nursing, III=midwifery, III=health technology, FP=family planning: Full FP=through and including IUD insertion, Partial FP=up to IUD insertion: 87/88 graduates=to date. As program duration varies, schools will have additional graduates in the 87/88 academic year.

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SURVEY OF PUBLIC SECTOR SCHOOLS OF NURSING
 MIDWIFERY AND HEALTH TECHNOLOGY

NAME OF REGION (HEALTH ZONE): NORTH WEST
 STATES IN THIS ZONE: ABUJA, KADUNA, KWARA, NIGER, SOKOTO
 NUMBER OF SCHOOLS: 14
 NUMBER OF SURVEYED SCHOOLS: 13 (6N, 3M, 4HT)
 RANGE OF TRAINING PROGRAM DURATION IN MONTHS: 36N30-36M12-24HT
 AVERAGE AGE AND RANGE OF AGE OF PHYSICAL PLANT: 13yrs(7-30)
 NUMBER OF GRADUATES IN 1986/87: 1301
 NUMBER OF GRADUATES IN 1987/88: 1393
 NUMBER OF STUDENTS CURRENTLY ENROLLED: 4135est
 NUMBER OF FULL TIME EQUIVALENT TUTORS: 246.5
 NUMBER OF FULL FP-TRAINED TUTORS: 38
 NUMBER OF PARTIAL ONLY FP-TRAINED TUTORS: 26
 NUMBER OF SCHOOLS NOW OFFERING STUDENTS:
 FULL FP TRAINING: 5
 PARTIAL FP TRAINING: 7
 NUMBER OF STUDENTS NOW RECEIVING
 FULL FP TRAINING: 344
 PARTIAL FP TRAINING: 1489
 NUMBER OF SCHOOLS WHICH REPORT HAVING:
 NO FP TEXT BOOKS: 5
 NOT ENOUGH FP TEXT BOOKS: 5
 NO AFRICARE BASIC FP EQUIPMENT: 11
 NOT ENOUGH AFRICARE BASIC FP EQUIPMENT: 1
 NO FP PRACTICE SUPPLIES (IUDS, CONDOMS): 6
 NOT ENOUGH FP PRACTICE SUPPLIES: 4

FAMILY PLANNING PRACTICE & PREFERENCES OF EVER MARRIED
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 3.7
 (n=13) AVERAGE NUMBER OF CHILDREN EVER BORN: 4.7
 PERCENT BY SOURCE 1ST HEARD OF FAMILY PLANNING:
 Paper=23% School=69% Friends=8%
 PERCENT EVER PRACTICED FP: METHODS EVER USED (% WHO
 USED): Pills=40% IUD=60% Inject.=20% Barriers=10%
 (n=9) NFP =40%
 PERCENT EVER USED MORE THAN ONE METHOD: 40%
 PERCENT BY METHOD PREFERRED NOW:
 Pills=10% IUD=60% NFP=40%

FAMILY PLANNING PRACTICE & PREFERENCES OF NEVER MARRIED (n=0)
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: n.app.
 PERCENT BY SOURCE 1ST HEARD OF FP:
 PERCENT PLAN TO PRACTICE FP:
 PERCENT PLAN TO USE:

*Data surveyed schools: I=nursing, II=midwifery, III=health
 technology, FP=family planning; Full FP=through and including
 IUD insertion, Partial FP up to IUD insertion; 87/88
 graduates to date. If program duration varies, schools will
 have additional graduates in 1988/89 academic year.

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SURVEY OF PUBLIC SECTOR SCHOOLS OF NURSING
 MIDWIFERY AND HEALTH TECHNOLOGY

NAME OF REGION (HEALTH ZONE): SOUTH EAST
 STATES IN THIS ZONE: AKWA IBOM, ANAMBRA, BENUE, CROSS RIVER, IMO, RIVERS
 NUMBER OF SCHOOLS: 33
 NUMBER OF SURVEYED SCHOOLS: 32 (16N, 9M, 7HT)
 RANGE OF TRAINING PROGRAM DURATION IN MONTHS: 36N12-30M, 12-36
 AVERAGE AGE AND RANGE OF AGE OF PHYSICAL PLANT: 15yrs (1-51)
 NUMBER OF GRADUATES IN 1986/87: 3288
 NUMBER OF GRADUATES IN 1987/88: 3133
 NUMBER OF STUDENTS CURRENTLY ENROLLED: 4815
 NUMBER OF FULL TIME EQUIVALENT TUTORS: 413
 NUMBER OF FULL FP-TRAINED TUTORS: 59
 NUMBER OF PARTIAL ONLY FP-TRAINED TUTORS: 62
 NUMBER OF SCHOOLS NOW OFFERING STUDENTS:
 FULL FP TRAINING: 8
 PARTIAL FP TRAINING: 23
 NUMBER OF STUDENTS NOW RECEIVING
 FULL FP TRAINING: 1022
 PARTIAL FP TRAINING: 2532
 NUMBER OF SCHOOLS WHICH REPORT HAVING:
 NO FP TEXT BOOKS: 13
 NOT ENOUGH FP TEXT BOOKS: 17
 NO AFRICARE BASIC FP EQUIPMENT: 26
 NOT ENOUGH AFRICARE BASIC FP EQUIPMENT: 4
 NO FP PRACTICE SUPPLIES (IUDS, CONDOMS): 22
 NOT ENOUGH FP PRACTICE SUPPLIES: 7

FAMILY PLANNING PRACTICE & PREFERENCES OF EVER MARRIED
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 4.1
 (n=31) AVERAGE NUMBER OF CHILDREN EVER BORN: 3.9
 PERCENT BY SOURCE 1ST HEARD OF FAMILY PLANNING:
 Other=9%
 Paper=9% School=66% Radio=6% T.V.=3% Friends=6%
 PERCENT EVER PRACTICED FP: METHODS EVER USED (% WHO
 USED): Pills=26%, Iud, Barriers=30%, NFP63%, Fert.C.7%
 (n=26) Strlz=4%
 PERCENT EVER USED MORE THAN ONE METHOD: 54%
 PERCENT BY METHOD PREFERRED NOW:
 Pills=8%, IUD=28%, Barrier=12%, NFP=48%, Strlz=4%

FAMILY PLANNING PRACTICE & PREFERENCES OF NEVER MARRIED (n=1)
 INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 2
 PERCENT BY SOURCE 1ST HEARD OF FP: Radio
 PERCENT PLAN TO PRACTICE FP: Yes
 PERCENT PLAN TO USE: IUD

*Data = surveyed schools: I=nursing, II=midwifery, III=health technology, FP=family planning: Full FP=through and including IUD insertion. Partial FP up to IUD insertion: 87/88 graduates-to date. As program duration varies, schools will have additional graduates in the 87/88 academic year.

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES
 SURVEY OF PUBLIC SECTOR SCHOOLS OF NURSING
 MIDWIFERY AND HEALTH TECHNOLOGY

NAME OF REGION (HEALTH ZONE): SOUTH WEST
 STATES IN THIS ZONE: BENDEL, LAGOS, OGUN, ONDO, OYO
 NUMBER OF SCHOOLS: 30
 NUMBER OF SURVEYED SCHOOLS: 28(13N,9M,6HT)
 RANGE OF TRAINING PROGRAM DURATION IN MONTHS: 36N,12-30M,12-36HT/OTH
 AVERAGE AGE AND RANGE OF AGE OF PHYSICAL PLANT: 22.2yrs(4-58)
 NUMBER OF GRADUATES IN 1986/87: 3177
 NUMBER OF GRADUATES IN 1987/88: 2492
 NUMBER OF STUDENTS CURRENTLY ENROLLED: 4150
 NUMBER OF FULL TIME EQUIVALENT TUTORS: 416
 NUMBER OF FULL FP-TRAINED TUTORS: 175
 NUMBER OF PARTIAL ONLY FP-TRAINED TUTORS: 56
 NUMBER OF SCHOOLS NOW OFFERING STUDENTS:
 FULL FP TRAINING: 10
 PARTIAL FP TRAINING: 15
 NUMBER OF STUDENTS NOW RECEIVING
 FULL FP TRAINING: 956
 PARTIAL FP TRAINING: 1576
 NUMBER OF SCHOOLS WHICH REPORT HAVING:
 NO FP TEXT BOOKS: 10
 NOT ENOUGH FP TEXT BOOKS: 15
 NO AFRICARE BASIC FP EQUIPMENT: 26
 NOT ENOUGH AFRICARE BASIC FP EQUIPMENT: 2
 NO FP PRACTICE SUPPLIES (IUDS, CONDOMS): 20
 NOT ENOUGH FP PRACTICE SUPPLIES: 6

FAMILY PLANNING PRACTICE & PREFERENCES OF EVER MARRIED

INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: 4.4
 (n=28) AVERAGE NUMBER OF CHILDREN EVER BORN: 4.2
 PERCENT BY SOURCE 1ST HEARD OF FAMILY PLANNING:
 Paper=40%, School=75%, Friends=11% Other=10%
 PERCENT EVER PRACTICED FP: METHODS EVER USED (% WHO
 USED): Pills=28%, IUD=56%, Inject.=30%, Barriers,NFP=24%each
 (n=24) Strlz=4%
 PERCENT EVER USED MORE THAN ONE METHOD: 35%
 PERCENT BY METHOD PREFERRED NOW:
 Pills=8%, IUD=52%, NFP=20%, Barriers=16%,Strlz=4%

FAMILY PLANNING PRACTICE & PREFERENCES OF NEVER MARRIED

INTERVIEWEES: AVERAGE NUMBER OF CHILDREN DESIRED: (n=0)
 PERCENT BY SOURCE 1ST HEARD OF FP: n.app.
 PERCENT PLAN TO PRACTICE FP:
 PERCENT PLAN TO USE:

*Data on surveyed schools: I=nursing, II=midwifery, III=health technology. FP=family planning: Full FP=through and including IUD insertion. Partial FP=up to IUD insertion: 87/88 graduates to date. (as program duration varies, schools will have additional graduates in the 87-88 academic year.)

**SECTION VI:
ANALYSIS OF RESULTS:
SURVEY
OF
HEALTH FACILITIES**

VI. ANALYSIS OF RESULTS: SURVEY OF HEALTH FACILITIES OFFERING MCH SERVICES

All states except Katsina participated in the survey. Complete survey data was obtained from fifty-two percent of the 920 facilities which can be targeted for introduction or expansion of family planning service delivery in the surveyed states. In all, 509 visits were made to health facilities offering MCH services. Completed survey data were obtained from four hundred and eighty of these facilities.

In section IV results of the facilities survey were discussed at some length. Here we present key findings of the facilities survey by health zone in the form of health zone summary sheets.

Graph 10 shows the number of surveyed facilities by type and health zone.

The average number of MCH visits in the week prior to the survey at surveyed facilities is depicted by health zone in graph 11.

INFRASTRUCTURE

The health delivery infrastructure is aging as can be seen from a review of the average age of surveyed facilities presented in the health zone summaries below. Fifty-three percent of the surveyed facilities were eleven years old or older. The South East and South West health zones had the highest percentage of older facilities. This has implications for the FHI-II in terms of planning for maintenance and renovation of the service delivery sites so that they provide a hygienic service delivery environment.

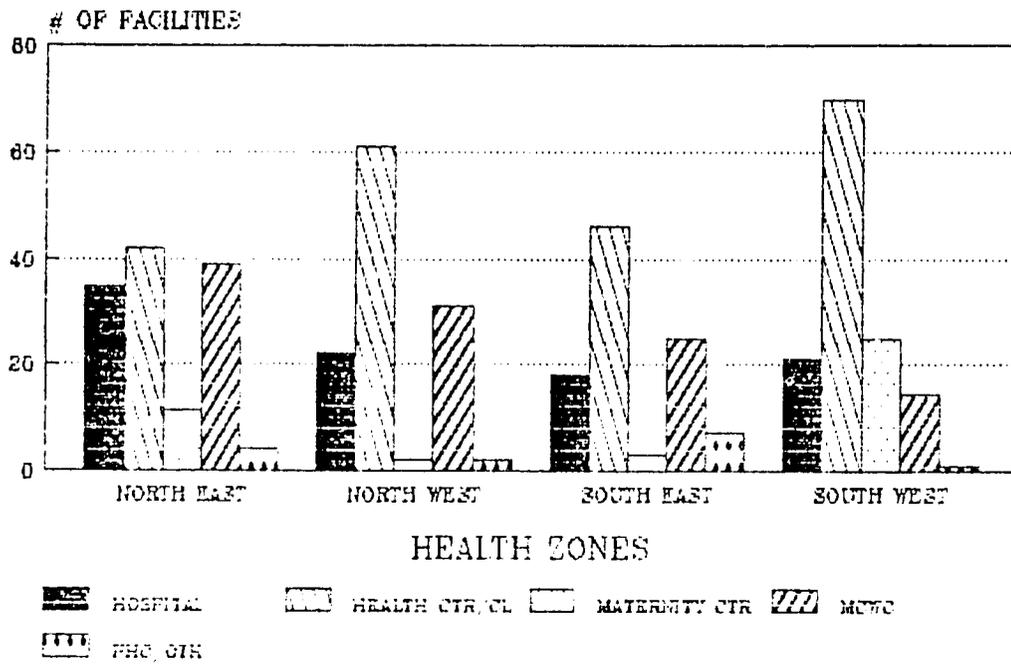
Sixty-eight percent of the surveyed facilities are state owned, 3% owned by the federal government, 23% by LGAs and 6% by Health Service Management Boards (HSMB).

Slightly more than half (54%) of the facilities are located in urban areas. Twenty percent of the surveyed facilities have a school affiliation.

Fifty-seven percent of the hospitals surveyed had piped-in water. Forty-one percent of the health centers/clinics, 36% of the maternity centers and 46% of the Maternal and Child Welfare Centers (MCWC) had piped-in water. However, most facilities did have water available on the survey day. Analysis of results of surveyor observations about water availability on the survey day showed that 47% of the facilities had running water and an additional 40 percent had stored water on the survey day. Similarly, analysis of results of surveyor observations about availability of functioning electricity on the survey day showed that 63% of

SURVEYED FACILITIES

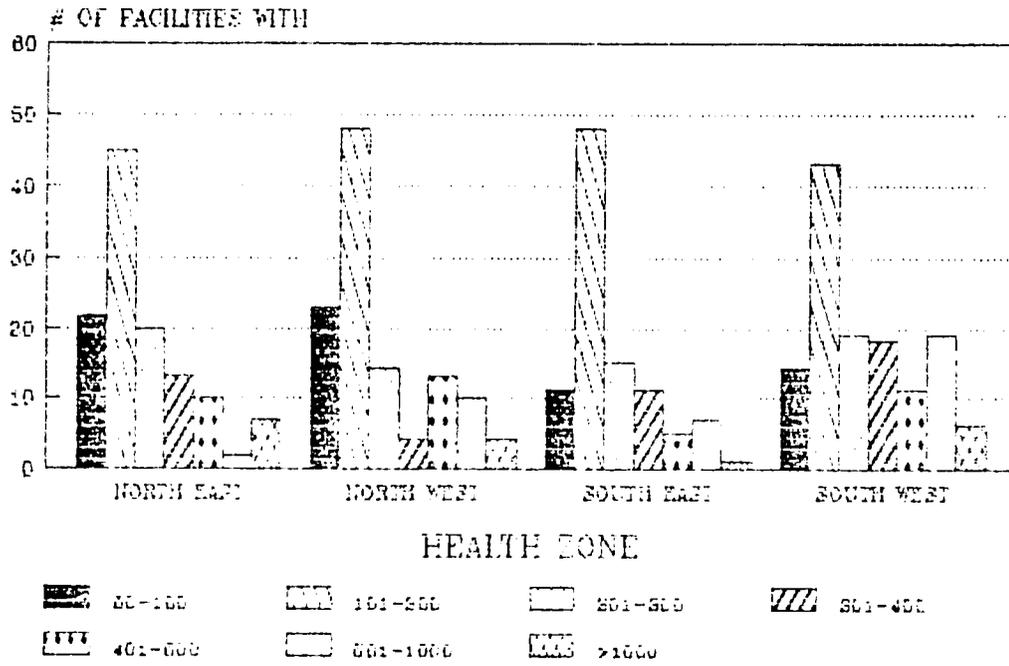
TYPE OF FACILITY



FIELD SURVEY

GRAPH 10

SURVEYED FACILITIES MCH VISITS WEEK PRIOR TO SURVEY



FIELD SURVEY

GRAPH 11

the surveyed facilities had electricity at that time.

FP SERVICE DELIVERY PERSONNEL

Ten percent of the 480 facilities surveyed lacked data or had insufficient data at the time of the survey on the numbers of full and partial FP-trained staff currently employed. Hence the results understate the numbers of FP-trained people employed in the surveyed facilities.

Surveyed facilities reported a total of 804 full and 1077 partial FP-trained personnel employed. (See tables 5 and 6 for details by job category and health zone and Graphs 15, 16, and 17).

Distribution of FP-trained personnel through out the country is uneven. The South West health zone accounted for 28% of the facilities in the survey on which data were available concerning FP-trained personnel but 42% of the full FP-trained personnel identified in the field survey worked in the South West health zone, (i.e., in Bendel, Lagos, Ogun, Ondo and Oyo states).

Planning for service delivery expansion under FHI-II will involve development of systems to ensure better allocation of existing FP-trained personnel.

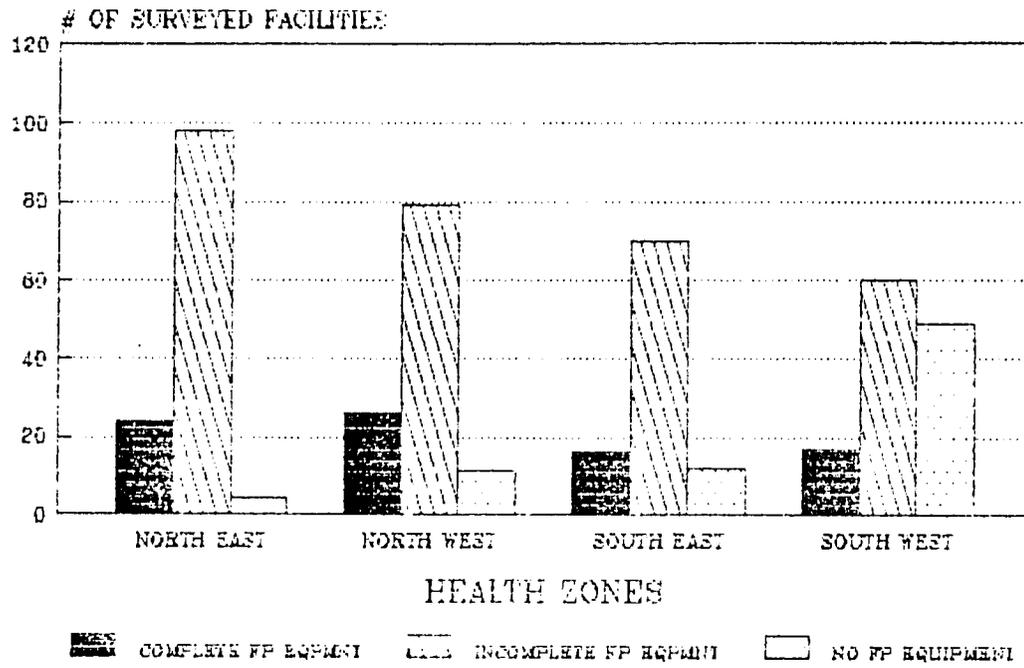
FAMILY PLANNING EQUIPMENT

The issue of family planning equipment needs at surveyed sites is discussed in section IV at some length. Family planning equipment status by health zone is presented here in summary form in Graph 13 and in the Health Zone summary reports at the end of this section.

Of the 466 surveyed facilities on which equipment data were obtained, only 83 had complete FP basic equipment sets. Three hundred and seven facilities lacked complete FP equipment sets and 76 facilities had not a single item of the equipment defined as basic for family planning service delivery.

Thirty-nine percent of the facilities surveyed in the SW, 12% in the SE, 9% in the NW and 4% in the NE zones had no family planning equipment.

FACILITIES SURVEY FP EQUIPMENT RESULTS



FIELD SURVEY (N=222)

GRAPH 13

TABLE 4

SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES

SURVEYED HEALTH FACILITIES

Full F.P. Trained Personnel*

Region (N =)	Phy	Nurses	Midwives	Others**	Total
North East (N = 121)	24	37	40	27	128
North West (N = 100)	10	116	49	8	183
South East (N = 91)	30	79	12	36	157
South West (N = 121)	38	210	22	66	336
Total (N = 433)	102	442	123	137	804

* Data are for survey facilities only. Not all survey facilities had data so table underestimates the number of full FP-trained personnel working in the surveyed facilities.

** Public Health Nurses, Sisters, Matrons, Community Health Officers, Assistants, Aids, TBAs, etc.

TABLE 5: SURVEY OF NIGERIAN FAMILY PLANNING PUBLIC SECTOR FACILITIES

HEALTH FACILITIES SURVEYED

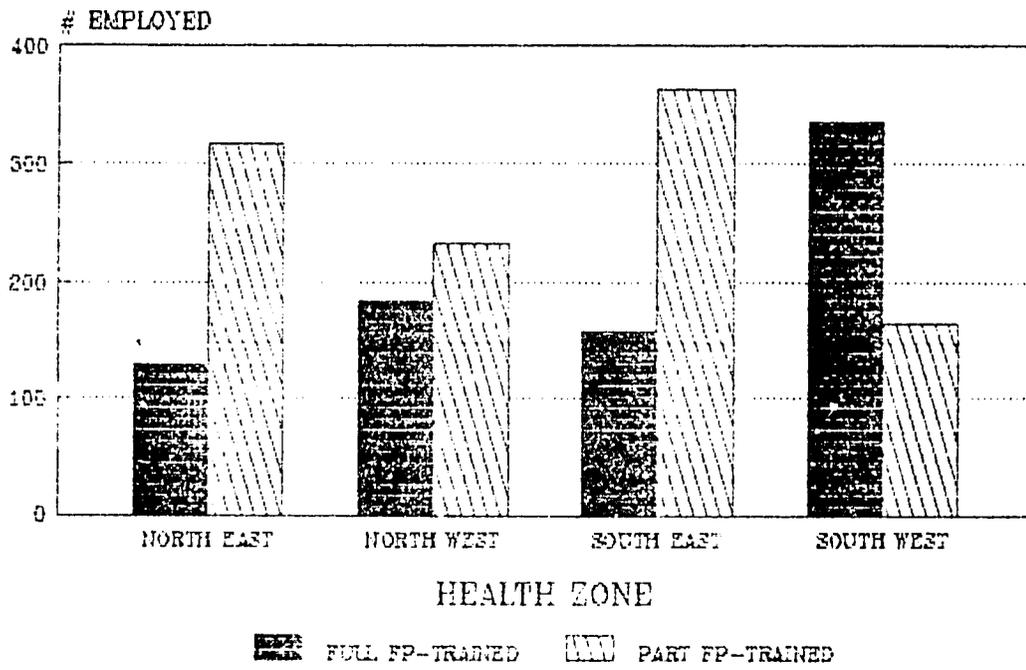
Partial - only F.P. Trained Personnel*

North East (N = 121)	Phy 35	Nurses 49	Midwives 63	Others* 170	T o t a l 317
North West (N = 100)	7	25	76	124	232
South East (N = 91)	14	113	30	206	363
South West (N = 212)	29	41	11	84	165
Total (N = 433)	85	228	180	584	1077

Data are for surveyed facilities only. Not all surveyed facilities had data so table underestimates the number of full Partial-only FP trained personnel working in the facilities surveyed.

Public Health Nurses, Sisters, Matrons, Community Health Officers, Assistants, Aids, TBAs, etc.

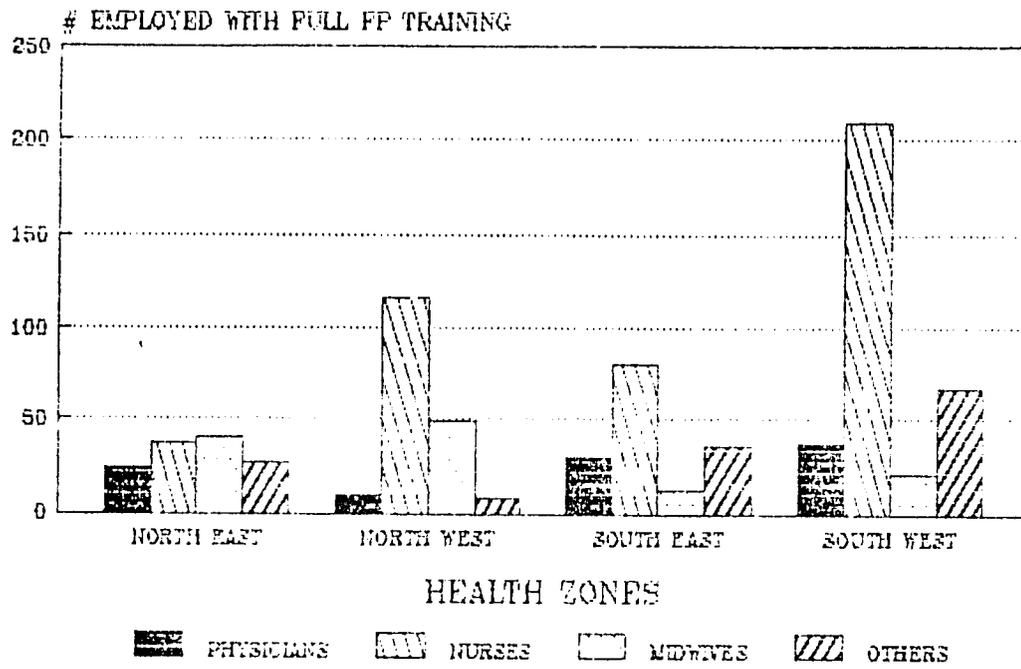
FP TRAINED PERSONNEL EMPLOYED IN SURVEYED FACILITIES



FIELD SURVEY: MCH FACILITIES

GRAPH 15

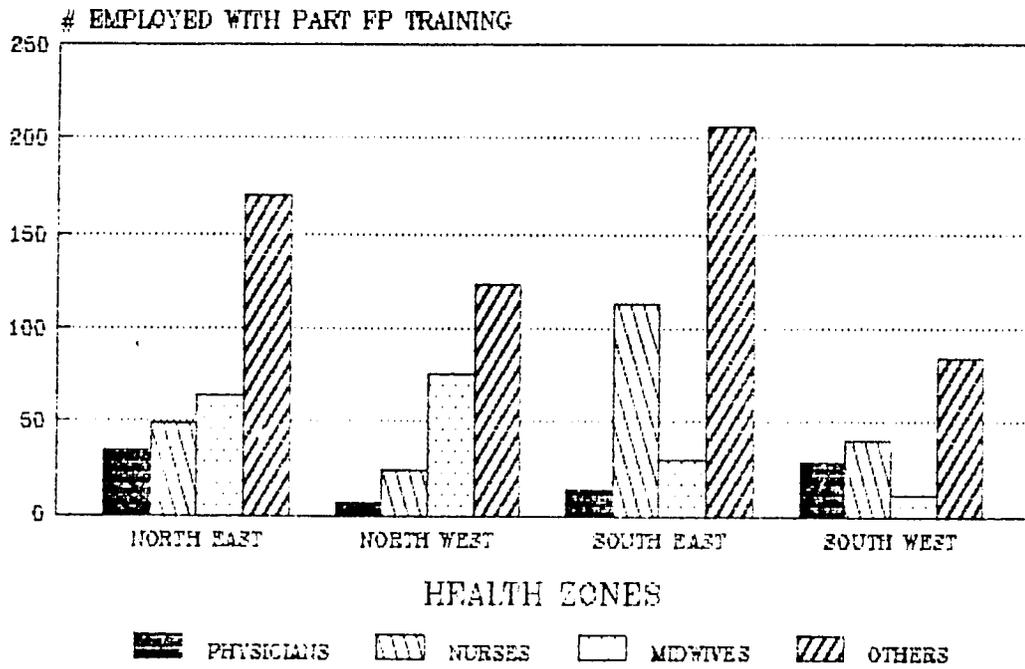
FULL FP--TRAINED PERSONNEL EMPLOYED IN SURVEYED FACILITIES



FIELD SURVEY: MCH FACILITIES

GRAPH 16

PART FP-TRAINED PERSONNEL EMPLOYED IN SURVEYED FACILITIES



FIELD SURVEY: MCH FACILITIES

GRAPH 17

FAMILY PLANNING PROGRAM CHARACTERISTICS

SPACE

The overwhelming majority of surveyed facilities which currently offer family planning or which plan to start family planning service delivery in 1988 or 1989 have sufficient space for family planning equipment and service delivery.

Surveyors measured the room(s) or spaces available for family planning service in accordance with procedures developed and practiced during the survey training workshop. Results are as follows:

Forty-two percent of the surveyed facilities had small rooms or spaces reserved for family planning, i.e., less than 140 square feet. Of those sites classified as small 51% were between 100 and 140 square feet. Of this group the most common sizes were 120 and 140 square feet.

Forty-seven percent of the surveyed facilities had medium sized rooms reserved for family planning, i.e., room size between 141 and 300 square feet. Eleven percent of the surveyed facilities had large rooms reserved for family planning, i.e., 301 to 1373 square feet.

Thus, most facilities surveyed do have sufficient space to accommodate family planning equipment.

FEES FOR FAMILY PLANNING SERVICES

The majority of surveyed facilities do not charge for family planning services. Only 43% do so. Charges are generally decided upon at the state level.

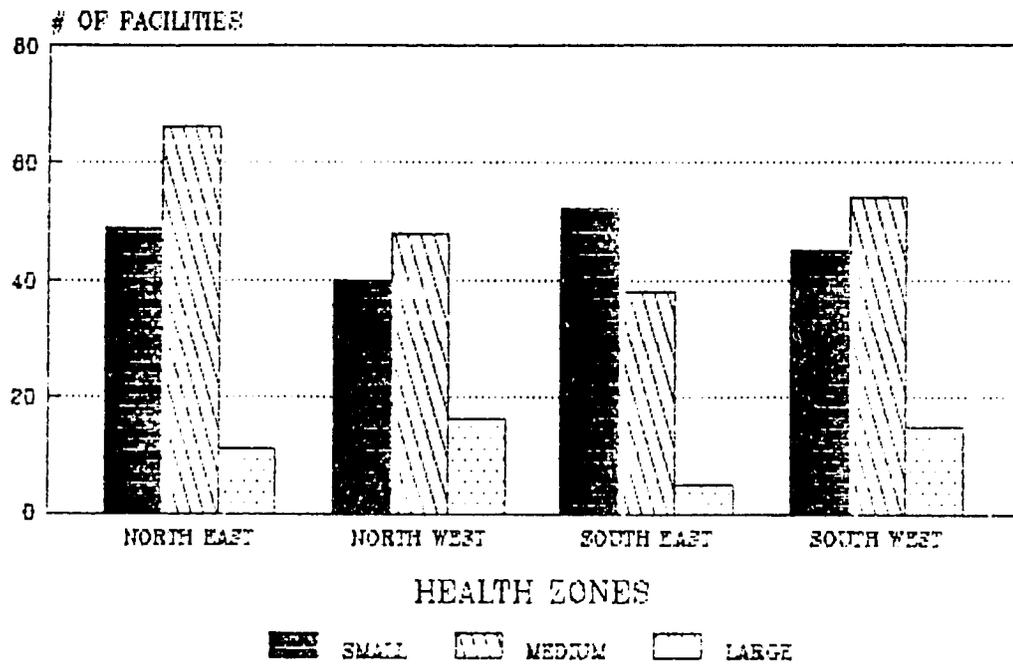
The most common charges for family planning services or commodities for those sites which do charge are:

	Niara
Pill cycle	1
IUD insertion	3 and 5 (bimodal distribution)
IUD removal	3 (but most places do not charge for removal)
Injectables	3
Condoms	0.10, i.e., 10 kobo
Tube of Foam	
Tablets	1
Sterilization	40 (but there was considerable variation)
Fertility	
Counselling	no charge
Natural FP	no charge

FP METHODS OFFERED

Ten percent of the surveyed facilities offer all methods including sterilization and 43% of the facilities offer all

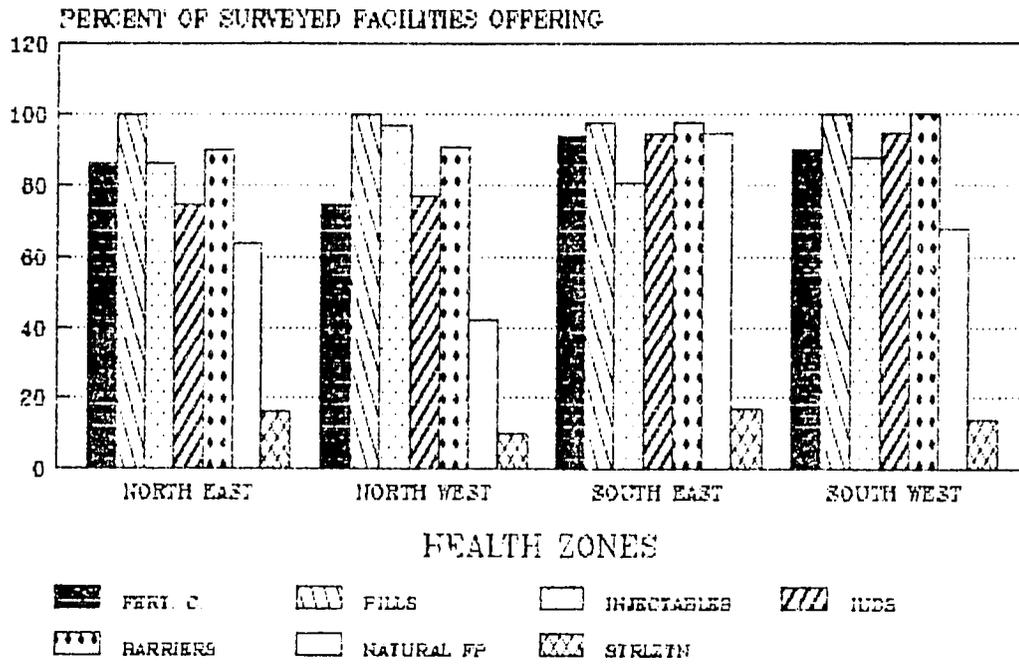
SURVEYED FACILITIES SIZE OF ROOM/SPACE FOR FP



FIELD SURVEY

GRAPH 12

SURVEYED FACILITIES FAMILY PLANNING METHODS OFFERED



FIELD SURVEY RESULTS

GRAPH 14

methods except sterilization. Sterilization is provided only in hospitals or other designated settings as a matter of policy.

Nearly all (98% or more) of the facilities in all health zones offer pills and over 75% in each health zone offer fertility counselling, IUD and injectable services.

However, there is considerable within zone variation as the state reports show (see Appendix C) resulting in some states reporting a rather low percentage of facilities offering all methods except sterilization.

As in previous sections of this report, severe shortages of injectables affects the capability of the system to deliver injectable service.

The health zone summary reports at the end of this section and the state summary reports in appendix C provide useful information about family planning methods offered by surveyed facilities. Graph 14 depicts the percent of surveyed facilities offering each method by health zone.

FP CLINICAL SUPPLIES

Sixty percent of the surveyed facilities had no waste disposal cans.

A key factor inhibiting family planning service delivery is lack of sufficient clinical supplies such as cotton wool and disinfectants. Forty-percent of surveyed facilities lacked a supply of surgical gloves necessary for IUD service delivery.

A reliable and sufficient supply of these basic supplies is essential in order to provide a hygienic service delivery environment.

FP TRAINING NEEDS

The State FPCS/DFPCS assessment of the most critical areas for training was confirmed by the survey field results. Service providers interviewed, when asked about the most urgent training needs, said that the most urgent needs are for family planning clinical training (especially for IUD and injectable service delivery) and for family planning service management and record keeping.

FAMILY PLANNING RECORD KEEPING AND STATISTICS

Observations and interviews with service providers during the survey confirm the FPCS/DFPCS assessment that sufficient but simple family planning statistical and management information systems need to be developed and maintained and that service

delivery personnel need to be adequately trained in these systems once they are developed.

Surveyors collected the FP statistical reports for January or the most recent month for which the information was available in order to facilitate collection of statistics in the states. Three hundred and nine sites provided the statistics and these reports were sent to the State FPC with the State Summary Reports.

Instructions for compilation of family planning statistics need to define the reasons why the information is collected and the practical applications, from the standpoint of the facility and the state, to which the collection effort will contribute.

The MIS is a clear priority under rHI-II.

RECORD KEEPING

Survey results show that there is a need for basic record keeping equipment and supplies. Most facilities lack sufficient office supplies such as pencils, biros, and paper. Basic office equipment such as calculators, type writers and filing cabinets is also needed.

Thirty percent of the facilities surveyed stored their records and statistical forms on table tops, 40% in boxes -- and many of these were the condom cartons recycled for this use. Thirty-one percent stored their records in a cupboard.

Seventy-four percent of the facilities had no filing cabinet for the family planning clinic.

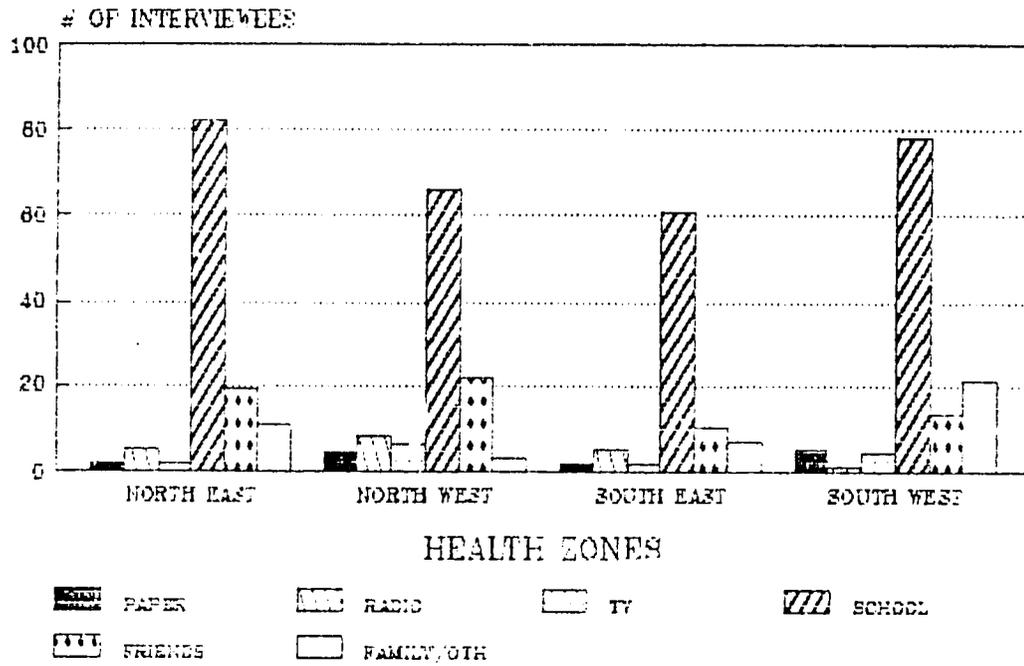
FAMILY PLANNING PREFERENCES OF SERVICE PROVIDERS

Service providers interviewed during the survey were asked about their own family planning practices and method preferences. Results appear by health zone in the health zone summaries at the end of this section and by state in appendix C.

The vast majority of interviewees first heard about family planning at school. Graph 18 depicts SOURCE FIRST HEARD OF FAMILY PLANNING by number of interviewees in each health zone.

As graph 19 shows, there was some variation in family planning method preference by health zone. IUDS and pills are preferred by most interviewees.

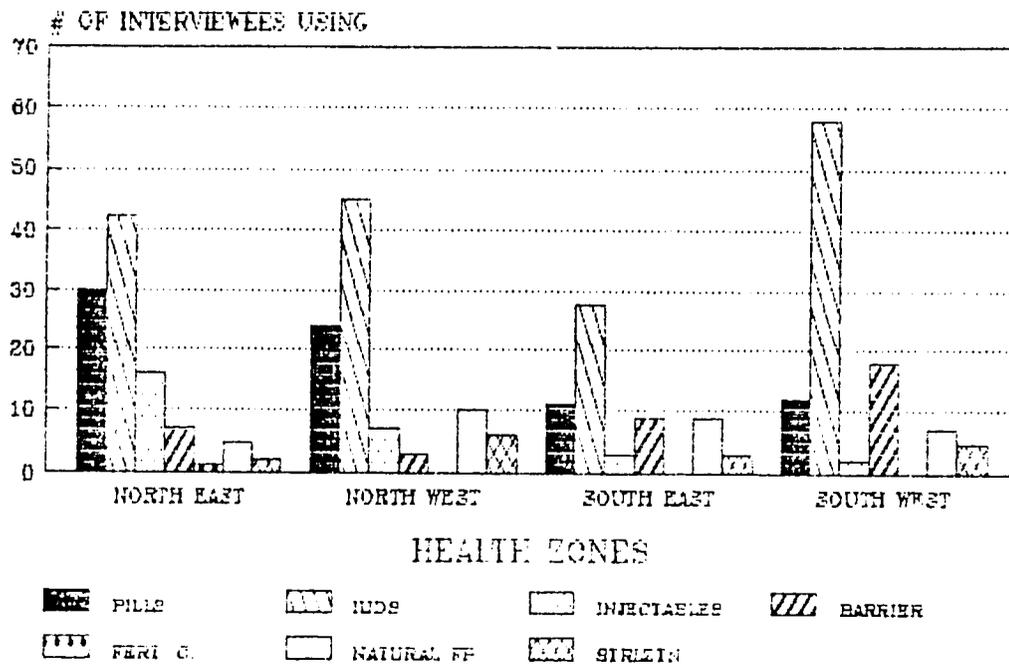
INTERVIEWEES AT FACILITIES SOURCE FIRST HEARD OF FP



FIELD SURVEY

GRAPH 18

INTERVIEWEES: FACILITIES FAMILY PLANNING METHOD PREFERRED



FIELD SURVEY FACILITIES (11-378)

GRAPH 19

SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING
SURVEY OF HEALTH FACILITIES OFFERING MCH

NAME OF HEALTH ZONE: NORTH EAST
 NUMBER OF FACILITIES SURVEYED: * 35H42HC11MAT39MCWC40TH
 AVERAGE AGE OF FACILITIES IN YRS: 13.1; 9=MEDIAN
 RANGE OF AGE IN YEARS: <1-62
 PERCENT OF SURVEYED FACILITIES BY:

SOURCE OF WATER:

Piped in facility:	23%
Piped into yard/plot:	10%
Public tap:	26%
Well with hand pump:	4%
Well without hand pump:	13%
Tanker, carrier:	15%
Surface, rain etc:	6%

WHICH HAD WATER SURVEY DAY: 84%

SOURCE OF ELECTRICITY:

NEPA:	60%
LGA:	4%
Generator:	13%
None:	14%
Other:	8%

WHICH HAD ELECTRICITY SURVEY DAY: 62%

WHICH HAD WORKING FRIG SURVEY DAY: 60%

WHICH HAD WORKING COLD BOX " " 65%

WHICH HAD LABORATORY: 50%

TYPE OF TOILET:

Flush:	60%
Pit:	37%
Other:	2%
None:	1%

SPACE FOR FAMILY PLANNING:

More than one room for FP:	13%
Separate room for FP	55%
Share space	27%
Mean sq.ft. of FP area:	184
Median sq.ft. of FP area:	174

CURRENTLY OFFERING FP: 88% (16 MORE IN 88)

OF THOSE OFFERING FP, % WHICH OFFER:

All methods:	12%
All methods except sterilization:	32%

SURVEYED FACILITIES BY:	NORTH EAST
Average # of MCH visits week prior to survey:	352; 195=MEDIAN
Average # of personnel employed:	18.8; 11=MEDIAN
Average # of Full FP-trained personnel:	.9; .4=MEDIAN
Average # of Partial-only FP-trained personnel:	2.6; 1=MEDIAN
Average # of FP clients (all methods combined in 1987):	1284.7; 547= MEDIAN

PERCENT OF SURVEYED FACILITIES BY:

EQUIPMENT:

With basic FP equipment set:	18%
With incomplete FP equipment set:	75%
Without basic FP equipment set:	7%

FP METHODS ACCEPTABLE TO MOST PEOPLE: PILLS, INJECT, IUD

SURVEYED FACILITIES BY CURRENT STOCKS:

Median # of Pill cycles:	330
Median # of Condom Boxes:	90
Median # of IUDs:	50
Median # of injectable doses:	20
Median # of Tubes of Foam tabs:	40
Median # of ORS packets:	3

SURVEYED FACILITIES BY MOST URGENT

TRAINING NEEDS: IUD, INJECT RECORDKEEPING & MGT

FAMILY PLANNING PRACTICES:

EVER MARRIED	NEVER MARRIED
(N=120)	(N=11)

INTERVIEWEES BY:

Mean desired # of Children:	4.6	4.3
Mean actual # of children ever born:	3.3	

SOURCE 1ST HEARD OF FP:

Paper:	1.6%	
Radio:	4%	
T.V.:	1.6%	
School:	68%	SCHOOL
Friends, family:	25%	FRIENDS

EVER PRACTICE FP:	81%	WOULD: 100%
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EVER-USERS BY:

EVER USED MORE THAN ONE METHOD:	28%
---------------------------------	-----

EVER-USE BY % WHO EVER USED:

PILLS:	56%
--------	-----

IUD:	41%	NORTH EAST
INJECTABLES:	16%	
BARRIERS:	13%	
FERTILITY COUNSELLING:	2%	
NATURAL FAMILY PLANNING:	7%	
STERILIZATION:	2%	

FAMILY PLANNING METHOD PREFERRED NOW:

PILLS:	29%	63%
IUD:	41%	18%
INJECTABLES:	15%	18%
BARRIERS:	7%	
FERTILITY COUNSELLING:	1%	
NATURAL FAMILY PLANNING:	5%	
STERILIZATION:	2%	

* Data are from useable returns of sites visited. Five hundred and nine visits yielded 480 useable returns. Sites identified for inclusion in the survey data collection were defined as health facilities currently offering MCH services which had a sufficient MCH case load for introduction or expansion of family planning service delivery. Mail survey returns from the State Ministries of Health were used by the State Family Planning Coordinators and Deputy Coordinators during the survey training workshop to identify such facilities in each state.

H=hospital, HC=health center/ health clinic, rural health center of clinic, urban health center or clinic, family health unit/clinic, etc. MAT=maternity center, MCWC=maternal and child welfare center, PHC=primary health care center, OTH=dispensary.

The objective of the HEALTH ZONE summary sheet is to provide a "snap-shot" showing the current status of the infrastructure for family planning for family health. Percentages and measures of central tendency are used. When the data warranted (i.e., when the distribution of values was normal) then the MEAN of the values obtained from the facilities was used. When the distribution was skewed (i.e., weighted in one direction or the other) the MEDIAN (value at the 50th percentile) value was used to describe the characteristic in question.

Where distribution was skewed, it was usually because of hospitals and other large facilities having much higher values than other sites.

Data were collected on Stocks of DPT, TT, MEASLES, OPV, AND BCG vaccines. However, most facilities (other than hospitals or sites that serve as the central supply for vaccines) do not keep vaccines on hand. Vaccines are brought from a central location during the immunization day(s) and kept in a cold box during the immunization activity and then returned.

SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING
SURVEY OF HEALTH FACILITIES OFFERING MCH

NAME OF HEALTH ZONE: NORTH WEST
 NUMBER OF FACILITIES SURVEYED:* 22H61HC1DSPN2MAT31MCWC1PHC
 AVERAGE AGE OF FACILITIES IN YEARS:11.9; 9=MEDIAN
 RANGE OF AGE IN YEARS: 1-60
 PERCENT OF SURVEYED FACILITIES BY:

SOURCE OF WATER:
 Piped in facility: 65%
 Piped into yard/plot: 2%
 Public tap: 2%
 Well with hand pump: 8%
 Well without hand pump: 16%
 Tanker, carrier: 4%
 Surface, rain etc: 3%

WHICH HAD WATER SURVEY DAY: 82%

SOURCE OF ELECTRICITY:
 NEPA: 67%
 LGA: -
 Generator: 9%
 None: 13%
 Other: 11%

WHICH HAD ELECTRICITY SURVEY DAY: 54%

WHICH HAD WORKING FRIG SURVEY DAY: 53%

WHICH HAD WORKING COLD BOX " " 74%

WHICH HAD LABORATORY: 36%

TYPE OF TOILET:
 Flush: 72%
 Pit: 24%
 Other: -
 None: 4%

SPACE FOR FAMILY PLANNING:
 More than one room for FP: 5%
 Separate room for FP 66%
 Share space 32%
 Mean sq.ft. of FP area: 199.5
 Median sq.ft. of FP area: 165

CURRENTLY OFFERING FP: 93% (4 MORE IN 88)

OF THOSE OFFERING FP, % WHICH OFFER:
 All methods: 6%
 All methods except sterilization:31%

SURVEYED FACILITIES BY: NORTH WEST (CONTD)

Average # of MCH visits week prior to survey:	307.6; 185=MEDIAN
Average # of personnel employed:	12.6; 4=MEDIAN
Average # of Full FP-trained personnel:	2; .4=MEDIAN
Average # of Partial-only FP-trained personnel:	2; .5=MEDIAN
Average # of FP clients (all methods combined in 1987):	1031.3; 626=MEDIAN

PERCENT OF SURVEYED FACILITIES BY:

EQUIPMENT:

With basic FP equipment set:	22%
With incomplete FP equipment set:	%
Without basic FP equipment set:	%

FP METHODS ACCEPTABLE TO MOST PEOPLE: PILLS, INJECT, IUDS

SURVEYED FACILITIES BY CURRENT STOCKS:

Median # of Pill cycles:	111
Median # of Condom Boxes:	2
Median # of IUDs:	16
Median # of injectable doses:	8
Median # of Tubes of Foam tabs:	25
Median # of ORS packets:	14

SURVEYED FACILITIES BY MOST URGENT TRAINING NEEDS: GEN. FP CLINICAL, MGT, RECORDKEEPING, IUD

FAMILY PLANNING PRACTICES:

EVER MARRIED	NEVER MARRIED
(N=107)	(N=10)

INTERVIEWEES BY:

Mean desired # of Children:	4.5	4.5
Mean actual # of children ever born:	3.8	-
SOURCE 1ST HEARD OF FP:		
Paper:	4%	11%
Radio:	7%	
T.V.:	5%	
School:	61%	78%
Friends, family:	23%	11%

EVER PRACTICE FP: 83% WOULD: 100%

EVER-USERS BY:

EVER USED MORE THAN ONE METHOD: 44%

EVER-USE BY % WHO EVER USED:

PILLS: 56%

IUD:	49%	NORTH WEST (CONTD)
INJECTABLES:	17%	
BARRIERS:	15%	
FERTILITY COUNSELLING:	2%	
NATURAL FAMILY PLANNING:	26%	
STERILIZATION:	3%	

FAMILY PLANNING METHOD PREFERRED NOW:

PILLS:	25%	50%
IUD:	47%	30%
INJECTABLES:	7%	
BARRIERS:	3%	20%
FERTILITY COUNSELLING:	-	
NATURAL FAMILY PLANNING:	11%	
STERILIZATION:	6%	

* Data are from useable returns of sites visited. Five hundred and nine visits yielded 480 useable returns. Sites identified for inclusion in the survey data collection were defined as health facilities currently offering MCH services which had a sufficient MCH case load for introduction or expansion of family planning service delivery. Mail survey returns from the State Ministries of Health were used by the State Family Planning Coordinators and Deputy Coordinators during the survey training workshop to identify such facilities in each state.

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SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING
SURVEY OF HEALTH FACILITIES OFFERING MCH

NAME OF HEALTH ZONE:	SOUTH EAST
NUMBER OF FACILITIES SURVEYED:*	18H46HC3MAT25MCWC7PHC/OTH
AVERAGE AGE IN YEARS:	21; 18=MEDIAN
RANGE OF AGE IN YEARS:	1-61
PERCENT OF SURVEYED FACILITIES BY:	
SOURCE OF WATER:	
Piped in facility:	48%
Piped into yard/plot:	5%
Public tap:	1%
Well with hand pump:	3%
Well without hand pump:	6%
Tanker, carrier:	20%
Surface, rain etc:	16%
WHICH HAD WATER SURVEY DAY:	92%
SOURCE OF ELECTRICITY:	
NEPA:	61%
LGA:	1%
Generator:	24%
None:	6%
Other:	8%
WHICH HAD ELECTRICITY SURVEY DAY:	68%
WHICH HAD WORKING FRIG SURVEY DAY:	61%
WHICH HAD WORKING COLD BOX " "	68%
WHICH HAD LABORATORY:	36%
TYPE OF TOILET:	
Flush:	62%
Pit:	36%
Other:	1%
None:	1%
SPACE FOR FAMILY PLANNING:	
More than one room for FP:	36%
Separate room for FP	78%
Share space	22%
Mean sq.ft. of FP area:	144
Median sq.ft. of FP area:	137
CURRENTLY OFFERING FP:	87%(6 MORE IN 88)
OF THOSE OFFERING FP, % WHICH OFFER:	
All methods:	12%
All methods except sterilization:	63%

SURVEYED FACILITIES BY: SOUTH EAST (CONTD)

Average # of MCH visits week prior to survey:	243; 182=MEDIAN
Average # of personnel employed:	37; 16=MEDIAN
Average # of Full FP-trained personnel:	1.5; 1=MEDIAN
Average # of Partial-only FP-trained personnel:	3.8; .5=MEDIAN
Average # of FP clients (all methods combined in 1987):	1175; 400 = MEDIAN

PERCENT OF SURVEYED FACILITIES BY:

EQUIPMENT:

With basic FP equipment set:	16%
With incomplete FP equipment set:	71%
Without basic FP equipment set:	12%

FP METHODS ACCEPTABLE TO MOST PEOPLE: PILLS, IUD, INJECT, BARRIERS

SURVEYED FACILITIES BY CURRENT STOCKS:

Median # of Pill cycles:	140
Median # of Condom Boxes:	6
Median # of IUDs:	35
Median # of injectable doses:	16
Median # of Tubes of Foam tabs:	70
Median # of ORS packets:	0

SURVEYED FACILITIES BY MOST URGENT TRAINING NEEDS: GEN FP CLINICAL, IUD, MGT.

FAMILY PLANNING PRACTICES:

EVER MARRIED (N=86)	NEVER MARRIED (N=10)
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INTERVIEWEES BY:

Mean desired # of Children:	4.7	4
Mean actual # of children ever born:	3.7	

SOURCE 1ST HEARD OF FP:

Paper:	2%	
Radio:	6%	
T.V.:	2%	
School:	70%	90%
Friends, family:	20%	10%

EVER PRACTICE FP:	82%	WOULD: 100%
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EVER-USERS BY:

EVER USED MORE THAN ONE METHOD:	43%
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EVER-USE BY % WHO EVER USED:

PILLS:	43%
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IUD:	38%	SOUTH EAST
INJECTABLES:	7%	
BARRIERS:	19%	
FERTILITY COUNSELLING:	3%	
NATURAL FAMILY PLANNING:	35%	
STERILIZATION:	4%	

FAMILY PLANNING METHOD PREFERRED NOW:

PILLS:	15%	40%
IUD:	38%	50%
INJECTABLES:	4%	
BARRIERS:	12%	10%
FERTILITY COUNSELLING:	-	
NATURAL FAMILY PLANNING:	26%	
STERILIZATION:	4%	

* Data are from useable returns of sites visited. Five hundred and nine visits yielded 480 useable returns. Sites identified for inclusion in the survey data collection were defined as health facilities currently offering MCH services which had a sufficient MCH case load for introduction or expansion of family planning service delivery. Mail survey returns from the State Ministries of Health were used by the State Family Planning Coordinators and Deputy Coordinators during the survey training workshop to identify such facilities in each state.

H=hospital, HC=health center/ health clinic, rural health center of clinic, urban health center or clinic, family health unit/clinic, etc. MAT=maternity center, MCWC=maternal and child welfare center, PHC=primary health care center, OTH=dispensary.

The objective of the HEALTH ZONE summary sheet is to provide a "snap-shot" showing the current status of the infrastructure for family planning for family health. Percentages and measures of central tendency are used. When the data warranted (i.e., when the distribution of values was normal) then the MEAN of the values obtained from the facilities was used. When the distribution was skewed (i.e., weighted in one direction or the other) the MEDIAN (value at the 50th percentile) value was used to describe the characteristic in question.

Where distribution was skewed, it was usually because of hospitals and other large facilities having much higher values than other sites.

Data were collected on Stocks of DPT, TT, MEASLES, OPV, AND BCG vaccines. However, most facilities (other than hospitals or sites that serve as the central supply for vaccines) do not keep vaccines on hand. Vaccines are brought from a central location during the immunization day(s) and kept in a cold box during the immunization activity and then returned.

SURVEY OF NIGERIAN PUBLIC SECTOR FACILITIES FOR FAMILY
PLANNING
SURVEY OF HEALTH FACILITIES OFFERING MCH

NAME OF HEALTH ZONE: SOUTH WEST
 NUMBER OF FACILITIES SURVEYED:* 21H7OHC25MAT14MCWC1PHC/OTH
 AVERAGE AGE IN YEARS: 18.5; 15 MEDIAN
 RANGE OF AGE IN YEARS: <1-63
 PERCENT OF SURVEYED FACILITIES BY:

SOURCE OF WATER:

Piped in facility:	45%
Piped into yard/plot:	4%
Public tap:	9%
Well with hand pump:	7%
Well without hand pump:	9%
Tanker, carrier:	13%
Surface, rain etc:	12%

WHICH HAD WATER SURVEY DAY: 89%

SOURCE OF ELECTRICITY:

NEPA:	90%
LGA:	1%
Generator:	4%
None:	5%
Other:	-

WHICH HAD ELECTRICITY SURVEY DAY: 69%

WHICH HAD WORKING FRIG SURVEY DAY: 66%

WHICH HAD WORKING COLD BOX " " 55%

WHICH HAD LABORATORY: 24%

TYPE OF TOILET:

Flush:	75%
Pit:	22%
Other:	2%
None:	1%

SPACE FOR FAMILY PLANNING:

More than one room for FP:	20%
Separate room for FP	73%
Share space	19%
Mean sq. ft. of FP area:	180
Median sq. ft. of FP area:	146

CURRENTLY OFFERING FP: 76%(11 MORE IN 88)

OF THOSE OFFERING FP, % WHICH OFFER:

All methods:	10%
All methods except sterilization:	48%

SURVEYED FACILITIES BY: SOUTH WEST (CONTD.)

Average # of MCH visits week prior to survey:	413; 250=MEDIAN
Average # of personnel employed:	36.9; 23=MEDIAN
Average # of Full FP-trained personnel:	2.5; 1=MEDIAN
Average # of Partial-only FP-trained personnel:	1.3; 0=MEDIAN
Average # of FP clients (all methods combined in 1987):	1239; 535 MEDIAN

PERCENT OF SURVEYED FACILITIES BY:
EQUIPMENT:

With basic FP equipment set:	13%
With incomplete FP equipment set:	46%
Without basic FP equipment set:	40%

FP METHODS ACCEPTABLE TO MOST PEOPLE: PILLS, IUD, INJECTABLE

SURVEYED FACILITIES BY CURRENT STOCKS:

Median # of Pill cycles:	470
Median # of Condom Boxes:	38
Median # of IUDs:	112
Median # of injectable doses:	50
Median # of Tubes of Foam tabs:	100
Median # of ORS packets:	0

SURVEYED FACILITIES BY MOST URGENT TRAINING NEEDS: FP CLINICAL. ESP. IUD, RECORDKEEPING & MGT.

FAMILY PLANNING PRACTICES:

	EVER MARRIED (N=118)	NEVER MARRIED (N=11)
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INTERVIEWEES BY:		
Mean desired # of Children:	4.1	3.4
Mean actual # of children ever born:	3.8	-

SOURCE 1ST HEARD OF FP:		
Paper:	4%	20%
Radio:	1%	
T.V.:	3%	10%
School:	64%	70%
Friends, family:	28%	

EVER PRACTICE FP:	84%	WOULD: 100%
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EVER-USERS BY:

EVER USED MORE THAN ONE METHOD:	23%
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EVER-USE BY % WHO EVER USED:

PILLS:	37%
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IUD:	44%	SOUTH WEST (CONTD)
INJECTABLES:	2%	
BARRIERS:	21%	
FERTILITY COUNSELLING:	1%	
NATURAL FAMILY PLANNING:	13%	
STERILIZATION:	5%	

FAMILY PLANNING METHOD PREFERRED NOW:		
PILLS:	12%	50%
IUD:	57%	40%
INJECTABLES:	2%	-
BARRIERS:	17%	10%
FERTILITY COUNSELLING:	-	
NATURAL FAMILY PLANNING:	7%	
STERILIZATION:	5%	

* Data are from useable returns of sites visited. Five hundred and nine visits yielded 480 useable returns. Sites identified for inclusion in the survey data collection were defined as health facilities currently offering MCH services which had a sufficient MCH case load for introduction or expansion of family planning service delivery. Mail survey returns from the State Ministries of Health were used by the State Family Planning Coordinators and Deputy Coordinators during the survey training workshop to identify such facilities in each state.

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Where distribution was skewed, it was usually because of hospitals and other large facilities having much higher values than other sites.

Data were collected on Stocks of DPT, TT, MEASLES, OPV, AND BCG vaccines. However, most facilities (other than hospitals or sites that serve as the central supply for vaccines) do not keep vaccines on hand. Vaccines are brought from a central location during the immunization day(s) and kept in a cold box during the immunization activity and then returned.

**SECTION VII:
POLICY
AND
PROGRAM
IMPLICATIONS**

VII. POLICY AND PROGRAM IMPLICATIONS

The Nigerian government recently adopted a proactive population policy in which voluntary family planning is viewed as the primary vehicle to promote wide spread adoption of the small family norm. The policy stresses the voluntary nature of population control in Nigeria. Family planning is to be promoted within the context of improving family health.

For voluntary family planning to have a significant demographic effect it is vital that:

- . Family planning services and commodities be readily and conveniently available;
- . Service delivery be of high quality both in the private and public sectors and that services be delivered in a hygienic environment.

Strong Federal, State, and Local Government policy support is required to ensure that people have ready access to a broad spectrum of high quality family planning services.

Returns from the mail, questionnaire and field surveys reveal three important areas requiring strong policy and program support: infrastructure, manpower planning and placement, and monitoring and supervision of service delivery.

INFRASTRUCTURE

Policy makers and program planners must address the issue of recurrent costs of maintaining a strong national family planning program. Federal, State and local government budgetary support is required to maintain the public sector service delivery infrastructure at a level that can support quality service.

Several states charge fees for certain family planning commodities. Survey results reveal that charges are not always uniform within or between states.

While not opposed in principle to sale of contraceptives as a cost recovery measure at some time in the future, some states argue that the family planning effort in Nigeria is just getting started. The feeling is that many people simply would not be able to commit themselves to paying for contraceptives and that a charge system will eliminate all but the early adopters and highly motivated to continue practicing family planning.

There is a need for a thorough policy review of cost recovery schemes. All levels of government including the LGA need to participate in this review.

Cost recovery studies need to be designed to identify the economic demand for contraceptives and to determine the elasticity of demand. Such studies should be designed and implemented in such a way that they do not create confusion about family planning communication and service options.

MANPOWER PLANNING AND PLACEMENT

Federal, State and LGA plans all demonstrate the national thrust to expand family planning service delivery points and options. Significant progress has been made in training personnel for family planning service delivery, as survey results show. Students in schools of nursing, midwifery and health technology in every state are being trained in family planning. Yet more school tutors need FULL FP training if tutor/student ratios are to be improved. Moreover, the issue of the quality of family planning training must be addressed by the planners so that quality control systems can be developed and put in place.

Maldistribution of existing family planning-trained personnel is a problem which can be resolved in the context of cooperative planning by Federal, State and Local Government entities.

SUPERVISION AND MONITORING

In less than five years large numbers of people have been trained for family planning service delivery. Awareness of the importance of family planning for sound family and national health has grown. Hundreds of service delivery points have been opened through which contraceptive commodities and services have been widely disseminated. Over three hundred public sector service points received basic family planning equipment. Large numbers of Nigerians now understand more about family planning and hundreds of thousands practice family planning. Yet much remains to be done if these gains are to be sustained and the program expanded.

Supervision and monitoring systems must be developed and implemented for finance, personnel and equipment. Standards of utilization need to be developed for family planning equipment sets, clinical supplies, transportation and other expenses. Performance standards for service delivery and supervisory personnel are essential ingredients of a quality service delivery program.

A top priority for FHI-II program planning is the development of systems and standards for supervision and monitoring of the national family planning program so that family planning truly does promote family health.

**SECTION VIII:
RECOMMENDATIONS**

VIII. RECOMMENDATIONS

The following are the key recommendations resulting from the analysis of survey findings.

TRAIN MORE PEOPLE AND DISTRIBUTE THEM SO THAT ALL SERVICE POINTS OFFERING MCH HAVE AT LEAST ONE FULL FP-TRAINED PERSON.

To maintain and expand family planning service delivery more people need to be trained in all aspects of family planning service delivery. Moreover, more **EVEN** distribution of existing FP-trained personnel is essential so that all sites offering MCH have the capability to offer full family planning service delivery.

PLAN FAMILY PLANNING EQUIPMENT MONITORING SYSTEMS SO THAT EQUIPMENT SUPPLIED FOR FAMILY PLANNING SERVICE DELIVERY IS MAINTAINED AND SO THAT FP EQUIPMENT SETS ARE KEPT COMPLETE.

PROVIDE FP EQUIPMENT TO ALL HEALTH FACILITIES OFFERING MCH WITH WEEKLY MCH CLIENTS LOAD OF 100 OR MORE SO LONG AS THE FACILITY HAS AT LEAST ONE FULL FP-TRAINED STAFF MEMBER AND SUFFICIENT SPACE TO ACCOMMODATE THE FP EQUIPMENT.

The survey results show that some sites lack family planning equipment and are thus not able to provide full service, while other sites are limited in service provision because of incomplete sets of family planning equipment.

The family planning program is viewed as an integral part of primary health care and family health. As it grows, there will be a greater need to plan monitoring and replacement schedules for the basic equipment required for a family planning clinic once the equipment is in place.

While many facilities offering family planning have equipment, many more do not. Not all sites offering MCH are able to use family planning equipment. It is recommended that criteria for placement of equipment be developed which can be used to guide procurement and placement over the next five years. A major step in this direction was achieved during the survey. FPCs/DFPCs worked with the Survey Consultant and the Africare Director to identify sites which can use family planning equipment now. The list of close to 300 facilities is contained in Appendix B of the Final Report. The list shows facilities in priority order which meet the criteria of having **FULL** FP-trained personnel and sufficient client load to justify placement of equipment.

Survey results were also used to identify FP equipment needs of the **SCHOOLS**. Results were then used to develop a list of schools of midwifery targeted for equipment placement.

Targeted schools were those which currently employ full time tutors with FULL FP training and which currently offer family planning training to students.

PROVIDE STRONG POLICY SUPPORT FOR FAMILY PLANNING AND ENSURE THAT ALL METHODS ACCEPTABLE TO NIGERIANS ARE AVAILABLE AT ALL FAMILY PLANNING SERVICE POINTS.

Strong policy support is best evidenced by providing for an adequate budget and trained personnel, and by ensuring that regular and sufficient dissemination of contraceptive commodities AND CONSUMABLE SUPPLIES - SUCH AS COTTON WOOL AND DISINFECTANTS - which are essential to the maintenance of a hygienic service delivery environment are provided to all service points.

Family planning for family health also means that policy makers should ensure that all segments of the country can receive family planning information and commodities of their choice. Survey results reveal that many service points do not delivery all methods. Experience of other countries shows that FP programs are more successful if a full service program is emphasized. The main aspects of program delivery where attention is needed are injectable, IUD, and Natural Family Planning service delivery.

Most facilities in all health zones reported offering injectable service, yet analysis of the survey data on the inventories of contraceptive supplies revealed a lack of this commodity or severe shortage. IUD service delivery capability is restricted to sites which have FULL FP- trained personnel and complete equipment. Since NFP is a broadly recognized method of family planning which is sanctioned by a large segment of the Nigerian public efforts should also be made to ensure that service points in the North East, North West and South West health zones increase their NFP delivery capability.

Survey results reveal that commodity distribution is skewed. Some facilities have very large stocks while others have very little or no stock. Systems to rationalize distribution are needed so that service points have a regular and sufficient supply of commodities.

MAKE SCHOOLS OF NURSING, MIDWIFERY AND HEALTH TECHNOLOGY STRONG FOCAL POINTS BOTH FOR TEACHING ABOUT FAMILY PLANNING AND FOR PRACTICAL TRAINING. ENSURE THAT ALL SCHOOL AFFILIATED SERVICE POINTS HAVE TRAINED PERSONNEL, EQUIPMENT AND CONSUMABLE SUPPLIES SO THAT THEY ARE MODELS OF HYGIENE AND WELL-DELIVERED SERVICE. ENSURE THAT ALL SCHOOLS HAVE FP-TEACHING MATERIALS, FP BASIC EQUIPMENT SETS, FAMILY PLANNING PRACTICE MATERIALS, TEACHING MATERIALS AND FULL FP-TRAINED STAFF.

Survey results show that the schools are much involved in family planning training and that most schools do have at least partial-FP trained staff. Yet there is a need to ensure that all schools have FULL FP-trained personnel as well. Moreover, efforts should be directed to improve the ratio of trained staff to students receiving family planning training so that classroom and well supervised clinic practice opportunities are available for all students.

Quality of family planning training is not only a function of trained tutors and favorable tutor/student ratios but of the necessary training materials. Nearly all schools reported have none or insufficient family planning texts, family planning equipment, family planning practice materials (e.g., condoms, IUDS etc.) and other teaching and training materials such as charts, writing, duplication, and audio/visual materials. Hence, efforts need to be made to provide such materials and systems must be developed to monitor family planning training at the schools.

ABBREVIATIONS

FFC	FAMILY PLANNING COORDINATOR
DFPC	DEPUTY FAMILY PLANNING COORDINATOR
SMOH	STATE MINISTRY OF HEALTH
FMOH	FEDERAL MINISTRY OF HEALTH
NFF	NATURAL FAMILY PLANNING
FFP, FULL FP	FULL FAMILY PLANNING
PRT FP, PFF	PARTIAL-ONLY FAMILY PLANNING
AFRCR	AFRICARE
VSC, STRLZTN	STERILIZATION