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## **LIST OF ACRONYMS**

<b>AAI</b>	<b>African-American Institute</b>
<b>AAO</b>	<b>Administrative Affairs Officer</b>
<b>AIDS</b>	<b>Acquired Immunodeficiency Syndrome</b>
<b>ARFH</b>	<b>Association for Reproductive and Family Health</b>
<b>AGPMPN</b>	<b>Association of General and Private Medical Practitioners of Nigeria</b>
<b>AVSC</b>	<b>Associations for Voluntary Surgical Contraception</b>
<b>BASICS</b>	<b>Basic Support for Institutionalizing Child Survival</b>
<b>BMS</b>	<b>Baptist Medical Services</b>
<b>CAs</b>	<b>Cooperating Agencies</b>
<b>CAP</b>	<b>Country Activity Plan</b>
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>
<b>CEDPA</b>	<b>Center for Development and Population Activities</b>
<b>CHAN</b>	<b>Christian Health Association of Nigeria</b>
<b>CHESTRAD</b>	<b>Center for Health Sciences Research, Training and Development</b>
<b>DDM</b>	<b>Data for Decision Making Project</b>
<b>ECWA</b>	<b>Evangelical Church of West Africa</b>
<b>EPI</b>	<b>Expanded Program on Immunization</b>
<b>FBA</b>	<b>Facility-based Assessment</b>
<b>FHS</b>	<b>Family Health Services</b>
<b>FOMWAN</b>	<b>Federation of Muslim Women's Associations of Nigeria</b>
<b>GMD</b>	<b>Guild of Medical Directors</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>

<b>IEC</b>	<b>Information, Education, and Communication</b>
<b>Ips</b>	<b>Implementing Partners</b>
<b>LSU</b>	<b>Logistic Support Unit</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NCCCD</b>	<b>Nigeria Combating Communicable Childhood Diseases Project</b>
<b>NMA</b>	<b>Nigeria Medical Association</b>
<b>NGO</b>	<b>Non-governmental Organization</b>
<b>NNT</b>	<b>Neonatal Tetanus</b>
<b>PCU</b>	<b>Program Coordination Unit</b>
<b>PCS</b>	<b>Population Communication Services</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>PSI</b>	<b>Population Services International</b>
<b>REACH</b>	<b>Resources for Child Health</b>
<b>TBA</b>	<b>Traditional Birth Attendant</b>
<b>TT</b>	<b>Task Team</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>US</b>	<b>United States of America</b>
<b>USAID</b>	<b>United States Agency for International Development</b>

## **I. EXECUTIVE SUMMARY**

The BASICS Urban Coordinator/Nigeria J. Olu Ayodele and BASICS/Washington Technical Officer Rose Macauley represented the BASICS project at the USAID/Nigeria organized Implementing Partners (IP) Meeting in Lagos, October 19-21, 1994.

The stated objectives of the meeting:

- Present the rationale and the framework of the proposed USAID/Nigeria private sector strategy for consideration by the cooperating agencies (CAs), and to elicit feedback on the proposal;
- Begin establishing dialogue among IPs, both United States organizations and Nigerian organizations;
- Start identifying private sector health interventions possible in Nigeria;
- Elicit feedback from participants on important USAID/Nigeria strategic interest on:
  - Northern Strategy
  - Urban Strategy
  - Adolescent Strategy
  - Women's Health Decision-making Strategy; and
- Begin to focus on institutional development requirements in Nigeria.

Sixty persons representing United States-based organizations, Nigerian-based organizations, and USAID/Nigeria staff participated in the three-day discussion meeting (Appendix A- Participant List).

The Nigeria Combating Childhood Communicable Diseases (NCCCD) senior staff meeting provided an opportunity for all child survival CAs to initiate discussions on the programmatic implications of "integration and collaboration."

In-depth discussions with potential partners gave the BASICS team a better sense of both potential opportunities and challenges for the BASICS project.

## **II. PURPOSE OF VISIT**

The primary purpose of the trip was to participate in the IPs' or CAs' discussion meeting. Additionally, the visit provided an opportunity for the BASICS team to establish initial dialogue with potential partners among Nigerian non-governmental organizations and to identify areas of collaborations with other CAs.

### **III. ACTIVITIES**

Activities undertaken by the BASICS team can be assigned to five categories. These activities are:

1. Participation in the three-day implementing partners discussion meeting;
2. Participation in a special USAID meeting on the vaccine situation in Nigeria;
3. Participation in the three-day NCCCD Senior Staff Meeting;
4. Meeting with a number of potential partners; and
5. Discussions with USAID/Nigeria regarding project management and implications for BASICS.

Additionally, discussions were held with USAID/Nigeria to help to identify and familiarize ourselves with new USAID/Nigeria operational requirements and procedures and their effect on BASICS in-country project management and implementation.

### **IV. BACKGROUND**

Nigeria has the longest and most pronounced urban history of all countries in sub-Saharan Africa. More than a third of all Nigerians currently live in cities and large towns. It is estimated that by the year 2000, almost half the population will be living in urban areas.

Although by far the smallest state in Nigeria, Lagos State is the most populous, with approximately six million residents. The State is composed of 15 local government areas (LGAs), 12 of which are considered metropolitan and three rural.

The Urban EPI Metropolitan Lagos Project was designed by USAID/Nigeria and the Resources for Child Health (REACH) Project to assist the Lagos State Ministry of Health and Social Welfare to improve children's and women's immunization services.

During the period July 1992 through March 1994, the REACH project's assistance was centered around improving services provided through the public sector. Limited activities were also geared toward improving and increasing immunization services provided by the private sector.

In April 1994, the BASICS project was to assume implementation of the Lagos Urban EPI Project pending a new buy-in from USAID/Nigeria. Unfortunately, all activities were suspended due to decertification. Following the receipt of a waiver allowing child survival programs to continue, a delivery order was signed between the BASICS project and USAID/Nigeria. The

emphasis of the BASICS' assistance under the current delivery order will be aimed at increasing and strengthening interventions, primarily EPI, through the private sector. This changes BASICS' traditional partners.(public sector).

## V. DISCUSSION/CONCLUSIONS

### A. Child Survival Group Discussion Meeting

The primary goal of the meeting was to enable USAID/Nigeria to present the rationale for its private sector strategy. The stated objectives were as follows:

- Present the rationale and the framework of the proposed USAID/Nigeria private sector strategy for participants' consideration and feedback;
- Begin establishing dialogue among the implementing partners:
  - US-based organizations
  - US-based and Nigerian organizations;
- Start identifying private sector health interventions possible in Nigeria;
- Elicit feedback from participants on important USAID/Nigeria strategic interest in:
  - Northern Strategy
  - Urban Strategy
  - Adolescent Strategy
  - Women Health Decision-making Strategy; and
- Begin to focus on institutional development requirements in Nigeria.

The meeting was attended by representatives of US-based CAs that are interested in maternal and child health, and a cross-section of Nigerian NGOs.

The first day of the meeting was characterized by presentations which described the breakdown of the Nigerian public health services. In addition to the presentations, background documents were provided in support of the mission's private sector move. These documents are available under separate cover.

In presenting the mission's strategic interest, the USAID administrative affairs officer (AAO) strongly emphasized the need for programs and activities implemented by local IPs and other US-based IPs to be of an "integrated and collaborative" fashion. All child survival CAs are to ensure that their activities are integrated with those of other child survival CAs and to establish collaborative linkages with as many other health portfolios (family planning, HIV/AIDS) as is feasible.

As an alternative, the “private sector” which is being considered, came into a sharper focus. A panel presentation entitled “Challenges and Opportunities in Health Care Provision” demonstrated some of the potential advantages and constraints in working with the private sector. The NGOs were concerned that they might be set up for failure if care is not taken to develop activities that are appropriate in skills and scope for their organizational capacity and continuity.

Participants were constantly reminded that the NCCCCD project is the umbrella “child survival” project and that centrally-funded child survival CAs should consider themselves a part of the NCCCCD project.

Resultant discussions elicited concern on the part of the local IPs that working solely in the private sector, particularly for certain programs (such as EPI) may be problematic. They felt that the public sector could become an obstacle in the implementation of some interventions which are currently in the public domain (e.g., immunization services). Also, of concern was the diversity of private sector organizations in terms of their objectives and professional ethics.

The AAO acknowledged these facts and encouraged US-based IPs to take risks as long as the risks are acknowledged from the onset.

The second day began with a continuation of discussions on the role of the private sector. That discussion was highlighted by a panel discussion, entitled “USAID-Nigeria/NGO Connection: Challenges and Opportunities for Working.” As the title indicates, the panelists discussed the challenges and opportunities for working together, both from the donor and NGO perspectives.

The second half of day two was devoted to presentations on the reorganizations of the USAID/Nigeria mission, including the different units set up to support CAs and the Nigerian IPs.

Of particular importance to the CAs are the following units:

- The Project Coordinating Unit (PCU);
- The Logistic Support Unit: facilitating work in Nigeria; and
- The Program Coordination Unit Task Team.

The third day was marked by presentations on monitoring and development of indicators for measuring progress. This was followed by discussion and follow-up between CAs and Nigerian NGOs.

Each plenary discussion was followed by small group discussions to further deliberate on the issues presented.

## **B. Discussions with USAID/Nigeria Regarding Project Management and Implementation**

The second week of the trip was spent attending the NCCCD Senior Staff Meeting and meeting with mission officials to get further clarification on issues relating to the BASICS project.

These discussions provided new information about the role and responsibilities of the mission's logistical support unit and the program coordination unit. However, these discussions were not completed; they will need to be resumed upon the arrival of the next BASICS project staff members in-country.

## **C. NCCCD Senior Staff Meeting**

During the three day NCCCD staff meeting, CAs together with NCCCD staff, identified areas of commonalities, and discussed the potential role of each CA in addressing those areas. Among those common areas were the following:

### **1. Baseline Assessment**

Although most of the CAs have been involved in Nigeria prior to the decertification, technical assistance was arranged through the public sector. With new (private sector) partners, it was agreed that a baseline assessment will be necessary to enable CAs to design appropriate assistance packages. The following tools were proposed for the assessment:

- A. Training Inventory:** NCCCD presented a draft training inventory form which was later revised. This form will be used as a "quick and dirty" tool for a site visit of the large umbrella organizations to get a sense of training needs at that level.
- B. Facility-based Assessment (FBA):** Both NCCCD and REACH have conducted FBAs in Nigeria. The tools used will be reviewed and the most appropriate one or sections will be adapted for use in the private sector. Additional sections addressing the needs/interests of other CAs (MotherCare, Wellstart, Initiatives, AIDSCAP, Family Planning) will be developed. This assessment will be conducted as a joint effort of all child survival CAs.

### **2. Training**

Both the NCCCD and the REACH projects invested tremendous effort and resources in developing/adapting training materials and training-of-trainers training for various cadres of health workers in the past. Participants agreed that training will be crucial in the near future, considering that those health workers in the private sector to a large extent have

not benefited from in-service training. Existing training materials will be adapted for use in the private sector. The challenges of training health workers in the private sector are numerous (e.g., institutions since we may not be able to use the continuing education units, duration of each training section). Solutions will evolve with time and with experience in working with the private sector.

### 3. Information Education and Communication (IEC)

In strengthening the facilities to provide immunization and other child survival services, there will be a need to identify and produce appropriate communication messages and materials. REACH/BASICS has done this in the past. These messages and materials would be reviewed and those appropriate would be adapted for use in the private sector. Other CAs were interested in adapting some of the materials REACH/BASICS developed. For instance, Wellstart is interested in developing counseling cards for facility health workers and community health workers—health workers' handbooks to help health workers adequately address caretakers' commonly asked questions and concerns.

### 4. Health Information System (HIS)

This is clearly a common area of interest for all CAs, irrespective of geographic or an invention focus. The collection and use of data for monitoring and evaluation, and its appropriate use in decision-making is seen as a weakness in private sector health care. Representatives of the various CAs agreed that a reporting system that will provide essential information and statistics without over burdening health workers needs to be identified and developed.

In 1993, the REACH and NCCCD projects jointly assisted the Lagos State MOH in the review and revision of the national EPI reporting forms, clinical registers, outreach registers, and cold store stock books. Although the new system has not been systematically evaluated, it has been reported that reporting from the facilities to the LGA, and from the LGAs to the state has become more complete and timely since the new forms were instituted. It is not clear at this point what reporting system(s) exists in the private sector. From our discussions, we had the sense that a modified version of the process might be necessary for the private sector.

Collaboration discussions will continue when the BASICS CAP team is in Nigeria. In fact, the BASICS team requested that a representative from the NCCCD/CDC participate in the BASICS CAP.

#### D. Discussions on the Neonatal Tetanus Study

The BASICS team went with Drs. Doyin Fabgule and Olusugun Babaniyi of the NCCCD project, and Dr. Oyenzi, BASICS consultant to discuss the draft report submitted by Dr. Oyenzi. Comments from BASICS/Washington and other reviewers of the draft document were discussed and incorporated in the report. Also discussed were possible next steps in view of BASICS' inability to work with the public sector. Participants in the three-hour meeting made the following conclusions:

1. The advocacy activities should be contracted to either AGPMP or NMA who can use their current rapport with government to make the LGAs to focus some attention on the high risk areas and perhaps undertake some special immunizations in those areas;
2. BASICS should facilitate a WHO-organized statewide advocacy meeting at which the findings of the current study would be presented to Lagos State officials; and
3. BASICS, in collaboration with CDC/CCCD should work with the Nurses Association to identify all TBAs (trained and untrained) in high risk areas.

The BASICS team spent the third week of the trip meeting with some potential partners to obtain their perspective on the potential activities to be undertaken.

Below are organizations with whom the team had discussions:

1. The Nigerian Medical Association (NMA):

The NMA is a professional, NGO, and non-profit organization. It is a national organization with state and zonal branches. The total membership is about 9,000, of which 4,000 is Lagos State based.

Comparative Advantages:

- Medical officers for health employed by the government are members of the NMA and keep the organization informed about the government's plan on health issues;
- The association serves as a bridging point for doctors in the public sector and those in the private sector; and
- The association has credibility and is highly respected by the federal government. It is believed that the association will be in the best position to negotiate with the government regarding the supply of vaccines to private practitioners.

## 2. Association of General and Private Medical Practitioners (AGPMP):

The AGPMP is a professional, NGO, and non-profit organization, however, individual members/facilities are for-profit. The stated purpose of the association is to promote the welfare of private medical practitioners, ensure continuing education for its members, and cater to the health needs of the general public. The national association has a membership of 3,000 to 3,500 in 17 of the 30 states. The Lagos State branch has a membership of about 2,000 spread throughout the state (names and addresses are available under separate cover).

In addition to meeting the national president at the general meeting, the BASICS team visited the association's headquarters to further discuss how BASICS and the association could collaborate. Members of the association present expressed their needs and concerns. The discussion was followed by a letter outlining some needs and concerns.

The following are some of the association's felt needs and concerns:

- **Vaccines:** Members have been willing to provide immunization services in their facilities, but have had problems getting vaccines from the LGAs. Many of those who still wanted to provide immunizations have had to purchase vaccines from the open market although they doubt the potency of vaccines obtained through this source. The officials know that vaccine supply is crucial and are willing to pay for vaccines if the government wants them to.
- **Cold Chain:** The association would like BASICS/NCCCD to provide an initial stock of cold chain equipment (vaccine carriers, cold boxes) to enable member clinics to obtain and store vaccines properly. For the longer term, the association would like to establish cold stores at their headquarters so that they could obtain vaccines from the federal cold stores in large quantities and distribute them to members to avoid the inconveniences of getting vaccines through the LGAs.
- **Monitoring and Supervision:** There is no common monitoring and supervision system for member facilities as yet, but the association is open to perhaps collaborating with the National Association of Nurse/Midwives in coming up with a supervisory mechanism.
- **Training:** They want technical and financial support to train nurses in PHC, and continuing education for doctors in private practice. With regard to training nurses, time spent away from work is a significant concern, particularly for small facilities.

- **Publication:** The association wants financial support for the regular publication of their journal and newsletter. The journal, which is widely read, is a single-topic journal published quarterly.
- **Regulation:** The association expressed concern about the possibility of donors and the government wanting them to charge fees for services. They want to be able to determine fees based on the location of the facility and the ability of the clientele to pay.

### 3. The BIBI Clinics:

This is a chain of eight clinics located in densely populated/slum areas of Lagos City. Some are located in large markets. A large proportion of the clients would be classified as the “poorest of the poor.” Unfortunately, immunization services are not provided in most of their facilities. The doctors at these facilities indicated interest in providing immunization, but have not done so because of the difficulties in obtaining and storing vaccines. The BIBI headquarters provides immunization services once or twice a month at the discretion of the senior matron.

It was reported that the BIBI clinics have retainers with several factories/companies (large and small) to provide medical services for their employees and their families.

Another interesting feature of this chain is the presence of a supervisory system. Three matrons (senior nurse/midwives) supervise the nursing activities of all the BIBI clinics. One of the three was briefly interviewed during the BASICS team visit and expressed her willingness (and perhaps, that of the other two matrons) to upgrade her supervisory skills and be trained as a trainer in effective supervision practices.

The director, who has the authority to commit the facilities, was away during the time of the team visit. He is among the contact persons for the CAP team.

### 4. The Community and Health Project:

This project is under the Catholic Archdiocese of Lagos with the Bishop as its head. This project is a network of 8-9 clinics spread over the state. Some of the clinics are located in middle and upper class neighborhoods while others are located in low income neighborhoods. Depending on the location of the facilities, they provide services for all socioeconomic classes.

A joint BASICS/NCCCD team visited some of the facilities in addition to previous visits by NCCCD. The sister-in-charge in one of the facilities informed the team that the under-five patient load ranges from 100-150 daily. The network is willing to work with USAID-funded projects.

## 5. Christian Health Association of Nigeria (CHAN)

The Christian Health Association of Nigeria is the umbrella of various Christian denominations involved in health care delivery in Nigeria. CHAN currently has 911 member institutions. The various CHAN affiliate institutions are independent and CHAN has no direct control over them. Implementation of any CHAN policy or activity (including, for example, whether they provide immunization services) at any of the facilities is at the discretion of the respective church leadership.

With the recent destruction of vaccines in the national cold stores, CHAN has been granted an approval from government to upgrade their cold store in Oweri to be used as one of the major cold stores. CHAN has also been encouraged to establish zonal cold stores. CHAN looks forward to USAID-funded projects and UNICEF for technical and financial assistance in establishing these cold stores.

Until now CHAN has only catered to member institutions. It is not clear whether CHAN will distribute vaccines to nonmember facilities and institutions if assisted in establishing those stores.

CHAN is perhaps the largest and most viable health-related NGO in Nigeria.

## 6. Rotary PolioPlus

In discussions with PolioPlus/Nigeria, the national chairman expressed his project's interest in collaborating with BASICS in the following areas:

- Training of community volunteers as lay surveillance and health promoters;
- Training of Rotarian medical doctors for clinical surveillance; and
- Training of selected Rotarians and volunteers in logistics and cold chain management.

Out of concern over the destruction of millions of doses of vaccines as a result of civil strikes, PolioPlus appealed to the Federal Ministry of Health to be allowed to operate a cold store and distribute polio vaccine and cold chain equipment procured by Rotary International in support of the polio eradication goal. Discussions are still going on between the government and PolioPlus. PolioPlus has identified a number of private cold stores that could be renovated and used for this purpose. Again, the question of sustainability becomes an issue. The chairman thinks Rotary clubs will maintain the stores with or without the current PolioPlus project.

## **VI. RECOMMENDATIONS**

- BASICS should limit the number of NGOs it plans to work with at least for the first year of implementation to two or three organizations. At this point we cannot say which ones since we were unable to get in touch with all the potential organizations. Further research will clarify which of these organizations is best placed and prepared to work in the private sector provision of EPI services.
- BASICS should further negotiate the terms of the delivery order to make it more realistic with the prevailing circumstances which we now know are going to affect our delivery order based on the current contract.
- BASICS should explore the possibility of the Africa Bureau assisting Nigeria with vaccine. We are not sure how this mechanism would operate since this activity would have to be through the government. Perhaps this could be the "selected activity" with the government.
- Once the vaccine issue is sorted out, cold chain equipment will be needed. BASICS should explore the possibility of obtaining a waiver to procure needed equipment through UNICEF, considering that the process takes 6-10 months.

## **VII. FOLLOW-UP ACTIONS REQUIRED OF THE BASICS PROJECT**

The country activity plan (CAP) is the immediate next activity. The team is expected in Nigeria from 28 November to 16 December, 1994. A detailed work plan developed by the CAP team will determine subsequent actions.

## **APPENDICES**

## APPENDIX A

IMPLEMENTING PARTNERS DISCUSSION GROUPS: CHILD SURVIVAL  
October 19-21, 1994

LIST OF PARTICIPANTS

<u>NAMES</u>	<u>ORGANIZATION</u>
1. Abubukar, Aisha	FHS, (TT)
2. Adegoroye, Anu	ANAD Services
3. Adetunji, A. A.	AVSC
4. Aigege, Abel	ECWA
5. Akereke, B.	AIDSCAP
5. Akinyemi, Akin	FHS (TT)
6. Amao, E. A.	BMS
7. Anijielo, Anthony	Cath. Archdiocese of E
8. Awantang, Felix	USAID/Nigeria
9. Atoyebi, Wole	NMA
10. Ayodele, J. O.	BASICS/Nigeria
11. Bodede, M. J.	INITIATIVES/Nigeria
12. Clancy, Peter	PSI/Nigeria
13. Cochran, Dwight,	WELLSTART
14. Conroy, Colleen	MOTHERCARE
15. Dare, O. O.	CHESTRAD
16. Delano, Grace	ARFH
18. Dosunmu, Bunmi	USAID/Nigeria
19. Egboh, Mike	PATHFINDER International
20. Ekenna, Uchenna	FHS (TT)
21. Erves, Shirley	USAID/Nigeria
22. Fagbule, Doyin	NCCCCD
23. Fatai-Williams, A.	AGPMPN
24. Goings, Stella	USAID/Nigeria
25. Haliday, Robert	USAID/Washington
26. Harrell, LeVonne	AFRICARE/Nigeria
27. Holley-Newsome, Martha	WELLSTART
28. Ibeagi, Ndidi	FHS (TT)
29. Kalu, A.	NCCCCD
30. Kusemiju, Bola	PCS/Nigeria
31. Lapin, Deirdre	USAID/Washington
32. Lundgrew, John	USAID/Nigeria
33. Maciak, Bargara,	NCCCCD
34. Marsha, F.B.	PNA
35. Macauley, Rose	BASICS/Washington
36. Nwabuoku, Helena	NCCCCD
37. Ogbengbe, Chris	FHS (TT)

38. Ojikutu, Sandy	USAID/Nigeria
39. Okochi, Emma	FHS (TT)
40. Okwechime, Nduka Mike	Rotary PolioPlus
41. Oligbo, George	AAI/Nigeria
42. Olukoya, Peju	(facilitator)
43. Olupona, O. G.	WORLD VISION
44. Onyejekwe, Chris	FHS (TT)
45. Payne, Lola	MOTHERCARE/Nigeria
46. Richardson, Meredith	(facilitator)
47. Robinson, Terry	USAID/Nigeria
48. Ross, Susan	USAID/Nigeria
49. Roy, Jean	CDC
50. Scafani, Joseph	INITIATIVE/Washington
51. Sonaya, Ebun	Guild of Med. Directors
52. Spielman, Enid	CEDPA/Nigeria
53. Spielman, Steve	USAID/Nigeria
54. Thilza, M.	CHAN
55. Uwakwe, E. O.	Ang. Bishop's Court, Onitsha
56. Walsh, Julia	Harvard, DDM
57. Ward, Virginia	INITIATIVES/Washington
58. Woodruff, Neil	USAID/Washington
59. Yakubu, F. Hajia	FOMWAN
60. Zeitlin, Marian	WINS

## APPENDIX B

**DESCRIPTION OF  
PROGRAM COORDINATION UNIT (PCU)**

**I. BACKGROUND**

The environment in which USAID/Nigeria works is changing and as a consequence the organization must change. To ensure the success and preservation of its programs, the Mission has had to critically examine its policies, procedures, organization structure and monitoring systems. USAID/Nigeria is understandably proud of its past accomplishments, but we also recognize that to maximize past gains and future successes the program must be implemented in a manner that reflects the current and foreseeable economic, administrative and political environment and reality.

Although the USAID/Nigeria program will be carried out by our IPs, the Mission remains responsible to Washington for fulfilling our CPSP "contract" and overall program impact. Therefore, in order to facilitate IP activities in Nigeria, the Mission will award a contract for a Program Coordination Unit (PCU). This unit will be headed by a Coordination Manager and a Field Manager who will serve as Deputy. Divisions in the unit will include three functional areas( family planning, child survival and AIDS/HIV) and four technical elements (IE&C, training, M&E, private sector). The PCU will ensure that; activities are coordinated within the sector, efforts are integrated across the portfolio and necessary data is collected, analyzed and disseminated on a regular basis.

The Nigerian Country Program Strategic Plan (CPSP) is the basis for program implementation. The IPs, ultimately, are responsible for program implementation, collection of common indicators identified by the Mission (CPSP), coordination of activities within the sectors and integration across the sectors.

The PCU will not be a formal decision-making body unless otherwise instructed in writing by USAID. The PCU will serve as a facilitating, organizing unit responsible for coordination and integration of the IPs activities to achieve the CPSP objectives. In addition, this unit will ensure that specific USAID/Nigeria priorities, such as Nigerianization, maximization of private sector initiatives, and women's empowerment, are fully addressed in proposal development, workplans and implementation. The PCU reports, through the Coordination Manager, to the HPN officer for technical guidance and direction; day-to-day communications is with the Project Managers.

The US based IPs will be provided with numerous support services by the Logistics Support Unit, e.g. office space, motorpool participation, travel and logistical arrangement, payroll for Nigerian personnel, money exchanges and local currency disbursements for local Nigerian organizations. The cost will be funded from Mission OYB. The US based IPs will directly contract their own personnel and subprojects with Nigerian organizations.

## Program Coordination Unit

The LSU, using Mission OYB funds, will act as paymaster for the employees on behalf of the IP. It is anticipated that the US based IPs will use core or OYB/transfer funds to finance technical assistance and home-office costs. It is also expected that Nigerian IPs (e.g. PPFN) will contribute substantially to support these efforts and foster sustainability of the program organization.

The IPs will be responsible for collecting a number of standard indicators to meet the Mission's Strategic Objectives. The I will facilitate the collection of data at the local level in the areas that they are working. On a quarterly basis, they will forward this information to the PCU field offices, who will compile and analysis the data for the region and send it to the PCU M unit who is responsible for compilation and analysis of all field data. The purpose of this information flow is to provide USAID and the IPs with synthesized data to be utilized to improve program implementation strategies.

## II. OBJECTIVE

The objective of the PCU contract is to assist USAID/Nigeria and the IPs achieve the CPSP Strategic Objectives. The PCU will provide services and be responsible for:

- 1) project coordination, including project start-up and proposal facilitation;
- 2) implementation coordination;
- 3) program integration (across the portfolio);
- 4) program monitoring and feedback;
- 5) data collection, analysis and dissemination center;
- 6) private sector advocate;
- 7) special studies; and
- 8) external audit

## III OUTPUTS

Since the numbers of IPs are not yet confirmed, the PCU outputs cannot be quantified at this time. The outputs will be established on an annual basis as part of the workplan exercise. The outputs will include:

- 1) coordinated sector annual workplans
- 2) integrated portfolio annual workplans
- 3) IP proposal preparation assisted by PCU
- 4) coordination meetings of IPs conducted
- 5) subject conferences
- 6) summary quarterly reports by IPs and PCU
- 7) special reports and studies
- 8) private sector activities initiated, disaggregated by

## Program Coordination Unit

- philanthropic and "for-profit" institutions
- 9) establishment of a permanent and accessible data and information center
- 10) establishment and consistent update of databases of:
  - a) Trainees/Trainers
  - b) Potential private sector partners in both the philanthropic and "for-profit" sector
  - c) Nigerian Consultants
  - d) Commodities shipments

## IV. FUNCTIONAL OVERVIEW

1. **COORDINATION MANAGER (CM)** will be responsible for the overall management and performance of the PCU including: facilitation/coordination of IP's proposal preparation and review process; identification of gaps that require special studies; and management of the process to obtain coordinated workplans for each of the (3) functional divisions( family planning, child survival and AIDS) and integrated workplans for each of the (4) technical divisions (IE&C, Training, M&E, Private Sector)
2. **FIELD MANAGER (FM)** will serve as a Deputy to the CM. He/She will also provide overall supervision, management and performance of the field offices (estimated four) and coordinate external audits for local grants.
3. **ARCHIVE/REPORTS DIVISION** will coordinate the editing and review process for all reports generated; assist in developing publishing capabilities; develop standardized reporting formats; archive reports and materials; disseminate reports prepared by various divisions; establish and maintain an updated mailing list for each division;and ensure reprinting and distribution of reports.
4. **FAMILY PLANNING DIVISION** will synthesize into report format, data compiled by the field offices and M&E division; report all problems and potential solutions to USAID and IPs; monitor shipping schedules, commodities distribution, inventory levels, and coordinate contraceptive projections; assist in coordinating FP efforts within the sector and integrating efforts across the portfolio; facilitate proposal preparation and review process; coordinate preparations and completion of an annual FP workplan; and facilitate ongoing coordination meetings and information exchange among IPs.
5. **HIV/AIDS DIVISION** will synthesize into report format, data compiled by the field offices and M&E division; report problems and potential solutions to USAID and IPs; monitor condom distribution, inventory levels, and participate in contraceptive projections; assist in coordinating the IPs efforts within the sector and integrating efforts across the

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portfolio; facilitate proposal preparation and review process; coordinate completion of annual HIV/AIDS workplan; facilitate ongoing coordination meetings and information exchange among IPs.

6. **CHILD SURVIVAL DIVISION** will synthesize into report format data compiled by the field offices and M&E division; report problems and potential solutions to USAID and IPs; assist in coordinating the IPs efforts within the sector and integrate efforts across the portfolio; facilitate proposal preparation and review; facilitate preparations and completion of annual CS workplan; organize coordination meetings among CS IPs
7. **IE&C DIVISION** will assist in coordinating and monitoring IE&C implementation and integrate the IE&C efforts across portfolio; facilitate IP proposal preparation and review process; coordinate the completion of an annual integrated IE&C workplan across the portfolio; facilitate coordination meetings among IE&C IPs.
8. **TRAINING DIVISION** will establish and maintain a database of trainees and trainers for all IPs, and for all PCU functional and technical divisions, (include data on post-training utilization) assist in coordinating the IPs training efforts; facilitate coordination meetings among training IPs; assist in organizing the process of the IPs developing a collaborative training strategy for submission to USAID.
9. **M&E DIVISION** will develop standard M&E reporting forms; compile and analyze all data submitted from the field offices across functional and technical divisions; prepare reports based on analysis for the IPs and USAID; conduct any special analyses required, such as, analysis of increase in private sector commercial and "not-for-profit" activities and increase in sustainability integrated programs; provide a forum for facilitate information dissemination meetings among IPs; coordinate of M&E activities
10. **PRIVATE SECTOR DIVISION** will serve as an advocate and stimulator for private sector activities throughout the portfolio; ensure that the private sector is being utilized to the maximum extent possible; establish and maintain a database for: 1) potential private sector partners, philanthropic and "for-profit" organizations; 2) Nigerian private sector consultants and; 3) possible private sector strategies and initiatives; identify and advise the IPs and USAID of potential private sector initiatives and opportunities for coordination and integration and; assist the IPs in identifying and assess opportunities to utilize the commercial "for-profit" private sector in their programs.
11. **FIELD OFFICES** will collect, collate and analyze data from

## Program Coordination Unit

various IPs in the field; send summary and raw data to the M&E division for further analysis; regularly monitor technical activities in the field; facilitate IP proposal preparation; maximize portfolio integration and private sector engagement.

### V. IMPLEMENTATION

The PCU will be established through a USAID direct contract to an independent entity. Contracting constraints do not allow implementation of this structure immediately. It is anticipated that a competitive procurement will be completed by June 30, 1995 for this unit.

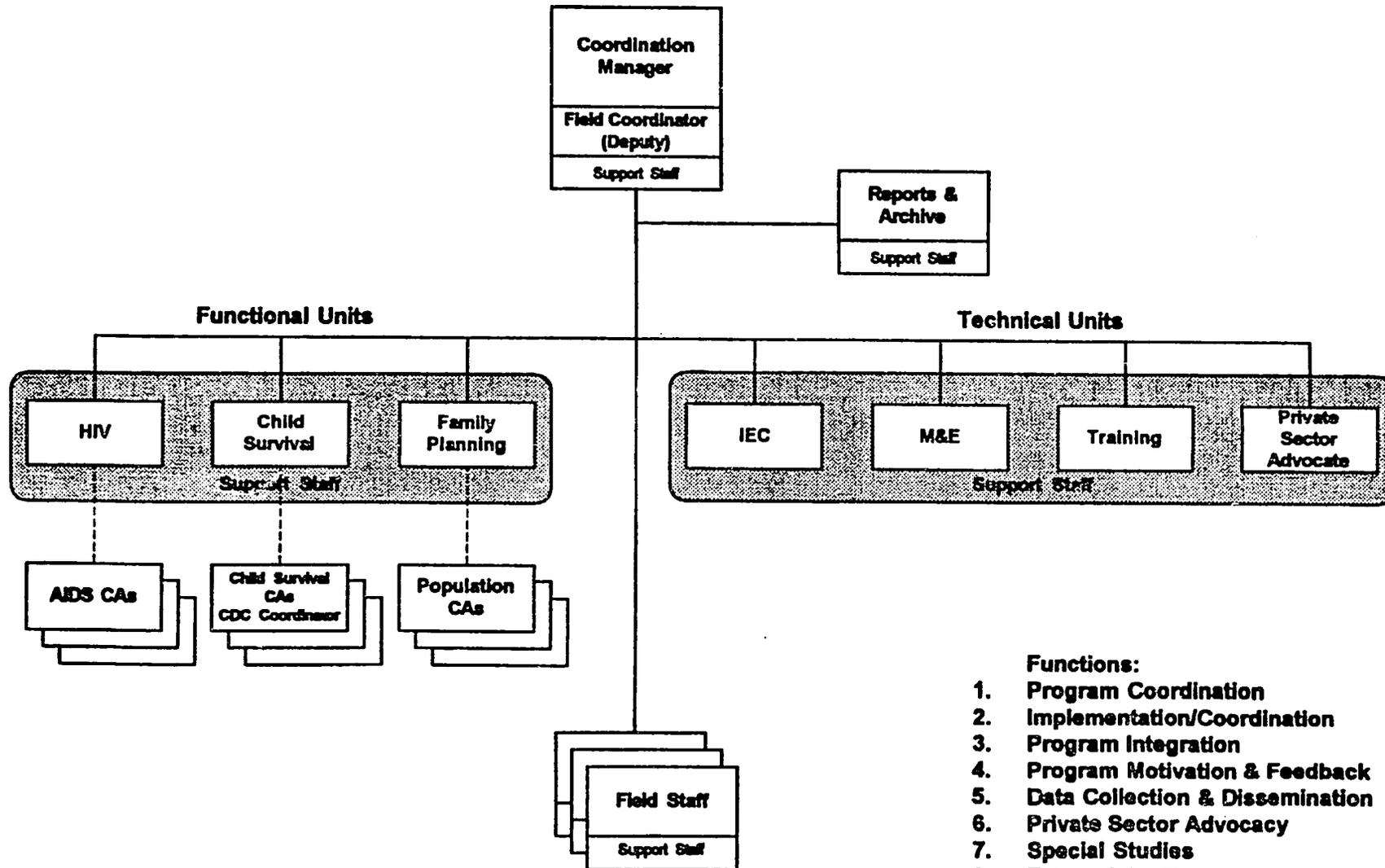
An interim group, the Task Team, has been established as a smaller "core" PCU. The phase I functions of this team are to:

- 1) facilitate orientation of the IPs to Nigeria;
- 2) foster linkages between US and Nigerian IPs;
- 3) assist IPs in the proposal development and the USAID review processes;
- 4) prepare of coordinated workplans; and
- 5) data collection, analysis and monitoring

The Task Team shall include:

- 1) Task Team Leader (Coordination Manager)
- 2) Family Planning Specialist
- 3) Child Survival Specialist
- 4) M&E Specialist
- 5) Private Sector Advocate
- 6) Field Officers
- 7) HIV/AIDS Specialist (part time; seconded from USAID)

# Coordination Unit



- Functions:**
1. Program Coordination
  2. Implementation/Coordination
  3. Program Integration
  4. Program Motivation & Feedback
  5. Data Collection & Dissemination
  6. Private Sector Advocacy
  7. Special Studies
  8. External Audit

# **LOGISTIC SUPPORT SERVICES FOR US IMPLEMENTING PARTNERS (ILLUSTRATIVE)**

## ***INTRODUCTION***

USAID is well aware of the importance of reliable and responsive logistic support to the success of the IP mission. We are currently establishing Logistic Support Unit (LSU) management and accountability systems with this in mind - with defined Mission oversight.

### ***I. PURPOSE AND OBJECTIVE***

The purpose of continuing a LSU is to provide comprehensive logistic support services to the entirety of the USAID program including the programs of USAID's Implementing Partners (USCAs, US and Nigerian NGOs). USAID's relationship with Nigerian NGOs may be through direct contracts and/or grants, or through intermediary US Implementing Partners (USIPs).

The LSU's responsibilities are focused on providing efficient response to continuing and specific subject work orders that address requirements regarding personnel, procurement of goods and services, general services, and financial management in support of all components of the USAID/Nigeria program. The LSU will execute its functions in accordance with USAID regulations, and specific authorizations and procedures established by USAID/Nigeria. The LSU will not exercise any authorities and/or responsibilities of a technical or programmatic nature unless specifically requested to do so in writing by USAID/Nigeria.

### ***II. SOURCES OF FUNDING AND DISAGGREGATION***

The LSU is primarily funded from the Mission OYB (i.e., the NFHS and NCCCCD projects) and will cover substantially all local costs in Nigeria incurred by the program and its Implementing Partners. Some off-shore costs will also be covered. LSU support may also be funded from resources made available from US CAs implementing the program. All fund utilization will be disaggregated by funding source and/or the requesting activity. Disbursements and financial reporting will respect that disaggregation.

### **III. SERVICES AVAILABLE FROM THE LSU: ILLUSTRATIVE**

**OFFICE SPACE:** The LSU will provide office space as required by a US IP and authorized by USAID-Nigeria. This space will include installation of phone lines, payment of local calls and utilities. The LSU will operate an inter-office mail system as well as liaise with courier services. Some office equipment (e.g., fax machines, computers, photocopiers) may be purchased for the US IP if written approved is obtained from USAID-Nigeria. The LSU will also provide other office administration services

**GENERAL SERVICES/ADMINISTRATION:** The LSU will provide general support services both in Lagos and at field offices. This shall include:

- Space management for office activities including utilities, custodial service, maintenance and security.
- Motorpool management, maintenance and operations. Standard operating procedures will be established.
- Coordination of logistic support for conferences, large meetings and/or training sessions including the scheduling and booking of sites, transportation, supplies and payment of and accounting for allowances paid to participants.

**TRANSPORTATION:** The LSU will maintain a vehicle fleet and centralized motor pool for US IP local travel. The LSU will assist the US IPs in travel arrangements (tickets) for both international and domestic flights, provide airport drop-off and pick-up, and expedite customs clearance.

**PERSONNEL:** The US IPs will employ (i.e., contract directly) all their own local program and secretarial/administrative personnel. The LSU will act as paymaster and financial agent for such employment on behalf of the IPs. The LSU will arrange for a standard Nigerian benefits package. The US IPs will retain all rights for hiring, supervising and terminating personnel. The LSU will classify all positions and establish pay levels in accordance with the local US Embassy FSN compensation plan. The LSU will provide all its own "pool" personnel, e.g. drivers, custodians.

**PROCUREMENT:** The LSU will be the procurement agent for the US IPs, for most in-country and many offshore commodities. This will include, amongst other things, vehicles, spare parts, computers, and office furniture and supplies. The LSU will assist in preparing documentation necessary for ordering commodities, customs clearance and importation. The LSU will maintain inventory and utilization records for all expendable and non-expendable equipment, furnishings and vehicles at all locations

**SUB-AGREEMENTS:** US IPs may develop activity agreements and memoranda of understanding with various Nigerian organizations. The activity agreements will be submitted to the Program Coordination Unit (Task Team) for review and recommendations, and then to USAID for approval. Once the activity and its budget have been approved by USAID, the US IPs can request disbursement of funds in accordance with that budget. The LSU on behalf of the US IPs will disburse the specified amount.

Disbursement may be to the US IP or its counterpart Nigerian organization as appropriate. USAID is determining the approval level for non-routine disbursement of funds.

For reimbursement, the US IPs will review and administratively approve all vouchers to ensure they are allowable and in support of programmatic activities. Once this is completed, vouchers will be sent to the LSU for review, approval and payment.

**FINANCIAL MANAGEMENT:** The LSU will provide financial services including funds disbursement and accounting, voucher review, internal audit and other services necessary for prudent financial management. This may include provision and liquidation of advances authorized by USAID. The LSU will: (a) develop standardized formats and procedures for management control of expenditures and disbursements; (b) effect disbursements and control of expenditures in accordance with generally accepted accounting principles; (c) maintain an accounting system which disaggregates costs among all funding sources, including by account of individual US IPs; (d) monitor the management of imprest funds under the control of recipient entities; and (e) provide naira accommodation exchange at the most favorable rate achievable.

**LSU SERVICES NOT AVAILABLE:** The LSU will finance local phone facilities. however, international communications (e.g., DHL, fax and phone) will be billed to the respective organizations. International consultants on TDY to Nigeria will pay for their own hotel, per diem and in-country travel.

**HOUSING:** The mission is assessing appropriate modalities for the provision of adequate expatriate housing and associated support activities (e.g., security, water, utilities).

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