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**PROCEEDINGS OF  
PLANNING MEETING FOR  
THE FIFTH YEAR WORK PROGRAM  
OF  
THE NIGERIAN FAMILY HEALTH  
SERVICES PROJECT**

**DECEMBER 2 - 6, 1991**

**FHS 3-21  
FHS**

A Joint Project of the Federal Government of Nigeria and USAID

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**DECEMBER 2 - 6, 1991**

*Joseph Latunji*



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## EXECUTIVE SUMMARY

### 5th Year Work Plan Meeting

USAID in collaboration with the Federal Ministry of Health hosted a week long meeting, December 2 - 6, 1991, to plan for the 5th year work program of the Nigerian Family Health Services Project. About 50 participants attended the meeting including top officials of the Federal Ministry of Health and A.I.D., representatives of the US-based prime cooperating agencies of FHS and their national staff in Nigeria, and representatives of other international and national agencies working in family planning in Nigeria.

Mr. Eugene Chiavaroli, USAID Director in Nigeria, and Dr. O.E.K. Kuteyi, Director of the Department of Population Activities of the Federal Ministry of Health opened the meeting.

Mr. John McWilliam, FHS Project Administrator, restated the objectives that should be accomplished by the end of the project:

### FHS Objective

- A broad political and social constituency supportive of family planning policies and program will exist.

- Family planning information and services will be widely available at reasonable cost from both private and public sectors.

- There will be a 12 percent contraceptive prevalence nationwide with 70 percent of the users served by the private sector.

- A cadre of administrative, clinical and educational personnel to plan, execute, supervise and evaluate family planning services will be in place.

- Teachers will be trained to include family life education in teacher training colleges and urban secondary schools.

## SESSION 2

### Policy & Evaluation Division

#### Accomplishments and Lessons Learned from Year 4

Dr. A. Akinyemi, Director of FHS Policy and Evaluation Division noted that 8 state fact-finding missions were carried out during 1991 and that POPTALK, a short newsletter of the Department of Population Activities, was in its third edition. He noted some successes in constituency building particularly with traditional and religious leaders in Sokoto and Kano. These successes were due,

he believed to the involvement of local organizations in planning and the use of MAMSER, the government's social mobilization program, to encourage high attendance.

#### **Public Sector Division**

Mr. Mike Egboh, acting Director of FHS Public Sector Division, highlighted the work that his division had done with the Federal Ministry of Health in integrating family planning services data into the Management Information System (MIS) of the Primary Health Care program (PHC). The Public Sector Division continued to train personnel as well as establish state training teams in most of the states. Two important accomplishments during 1991 were the introduction of family planning in the schools of health technology and the completion of the standard of practice for family planning. The need for follow-up of trainees in their work sites to ensure high quality of service and the use of needs assessments as management tools to be applied to every program activity were the main lessons learned.

#### **Private Sector Division**

The Private Sector Division Director, Dr. Uche Azie, reported significant accomplishments during 1991: two condoms -- "Right Time" and "Gold Circle" are being commercially marketed; 1,077 outlets for family planning commodities have been added in Year 4; eleven state NANNM (National Association of Nigerian Nurse-Midwives) associations are providing family planning services; and contraceptives worth \$2.5 million were shipped to Nigeria. Dr. Azie noted that consistent advertising can change attitudes, though we warned that the leakage of commodities from public to private outlets could cripple the private sector sales program. Concerning training, there is a demand for it by private sector practitioners but he felt that it is unrealistic, at this time, for trainees to pay for it.

#### **IEC Division**

Ms. Susan Krenn, Director of FHS IEC Division, pointed out a number of Year 4 accomplishments. The National Population Logo was successfully launched in collaboration with the Department of Population Activities. A comprehensive set of counselling materials was developed with the Health Education Branch of the FMOH. Newswatch devoted 15 pages to family planning and population issues. Full scale IEC projects are ongoing in seven states and new projects are slated to start soon. Ms. Krenn asserted that mass media and interpersonal communication efforts do make a lot of difference in changing knowledge, attitudes and behavior in regard to family planning, though, the implementation of these efforts does take time. She felt that regional communication interventions having broader ethnic and geographical applications are feasible, cost effective and desirable.

## Operations Division

The Director FHS Operations Division, Mr. George Oligbo, reported that his division had successfully moved FHS headquarters Ikoyi to Victoria Island in 1991 without an interruption to the program. Four zonal FHS offices were set up including transport for each office. His division also expedited 319 persons visiting Nigeria in 1991.

## SESSION 3

### FHS Issues for the 5th Year

The purpose of this session was to provide information on the challenges faced by FHS, which would be discussed during the task force meetings later in the program.

### Family Planning Service Delivery

\* In the public sector for 1990 (all 1991 figures not yet in), oral pills was the most popular method of new acceptors, followed by the condom and the IUD.

\* The distribution pattern of public sector clinics providing family planning is not even within states; it is possible that half of the clinics could be in one local government area (state headquarters) while the rural areas are not serviced.

\* Up to 40 percent of those trained in family planning in the public sector may not be providing services. Trained providers may be transferred to posts where they cannot practice family planning.

\* In one state surveyed by FHS, up to 1/3 of clients using public sector facilities defaulted with three months of starting to contracept.

\* Public sector statistics for 1990 show

- Zone B (southwest) generated almost thrice the CYP (206,095) than Zone A (southeast) or Zone C (northwest) and almost twice that of Zone D (northeast).

- Zone A is strong in voluntary surgical contraception (VSC) due to the active work of the NKST mission hospital system in Benue State.

- The IUD contributes about 75 percent of CYP in all the zones.

\* Commercial distribution of contraceptives through the private sector's program with Sterling Products Limited Nigeria (SPLN) for the first 3 1/4 years of FHS show

- The condom has contributed most of the CYP, followed by the pill and IUD.

- Growth in pill sales from 1989 to 1990 was 4 fold.

- Growth in IUD sales doubled from 1989 to 1990.

- SPLN distribution system has provided about 188,333 CYP.

### Commodities

\* The FMOH is not adequately involved in the projections, procurement, warehousing and distribution of public sector commodities.

\* Shortages and leakages of commodities have been reported by some clinics and states and clients are dissatisfied.

\* The FMOH Commodity Task Force is not used effectively and training is needed of commodity/logistics officers at all levels.

### Management Information Systems

\* The FMOH M&E Department has developed formats to monitor activities at the LGA, state and federal levels and with the assistance of FHS and CCCD has set up a computerized system to record data.

\* MIS activities in the private sector program are not as advanced. There are difficulties in retrieving data from private clinics.

\* The Federal Office of Statistics will assist in data collection to obtain information re source of contraceptive supply that will be useful to the private sector program.

### Training

\* There is little coordination of training activities within FHS and with the FMOH. The FMOH should take a coordinating role in family planning training activities.

\* Copies of "Guide to Family Planning Practice in Nigeria" are not available at public training institutions and service points.

\* Not all states have established state training teams, thus clinical training is not taking place in those states.

- \* The selection of persons for training has been a problem; either the selection criteria are inadequate or the criteria are not used.
- Knowledge of Family Planning**
- \* The gap between knowledge and practice still has to be bridged, particularly in urban areas where the level of knowledge about family planning is fairly high but it is not matched by actual use.
- Policy**
- \* Increased government funding for family planning is a priority policy issue.
  - \* Laws on early marriage is also an issue that is receiving increased attention in Nigeria.

**SESSION 4**

**USAID and Government Expectations for the 5th Year**

**USAID**

USAID would like more attention to be given to service delivery, the coordination of training efforts, the development of joint work plans of all FHS divisions and the government, and the development of an approach to working in the new states.

**FMOH**

The FMOH would like more attention to be given to expanding family planning services, collaboration in training in schools of health technology and medical schools, assistance in in-service training and coordination between the public and private sector training programs, supervision of FHS activities, increased supply and efficient distribution of commodities, solving the transportation problems in the project by considering the purchase of vehicles, and institutional development activities that will sustain the program once USAID assistance has ended.

**Longer-term Methods**

Dr. Ade Adetunji and Mr. Joseph Dwyer of AVSC presented a paper on AVSC present and planned activities in Nigeria, since AVSC will become a part of FHS starting 1 January 1992. During the 5th year of FHS, AVSC will continue to incorporate family planning counselling in all AVSC services and in the training of medical staff, establish model centers in each health zone, and conduct field assessments. AVSC will undertake a major expansion of VSC services and introduce post-partum IUD insertion and Norplant as program methods.

**Geographic Focus**

Mr. John McWilliam presented a proposal to concentrate FHS resources in geographic focus areas, based on various criteria demographic and programmatic criteria. Four states were identified for coordinated interventions: Anambra (Zone A), Osun (Zone B), Niger (Zone C), and Kano (Zone D).

**SESSION 5**

**Task Force Meetings**

**Increasing CYP  
Task Force**

The task force took a critical look at the methods of family planning and their value in terms of contraceptive protection, their availability, the facilities for dispensing them, and the IEC and training requirements. The new values for computing couple years of protection were adopted for use by FHS. The need for better management of commodities, equipment and personnel was highlighted to increase CYP. The task force recommended that state level management teams be constituted for this purpose.

**Commodity Logistics  
Management Task Force**

Seven issues that need to be addressed over the next year are: forecasting, procurement and shipping, clearing of commodities, distribution, leakage, monitoring and tracking, and coordination of efforts between FHS and FMOH. Recommendations were made on transferring the responsibility for public sector commodities to the government by the end of 1992 and on the better use of the FMOH Commodity Task Force.

**Linkage of IEC and FP  
Services Task Force**

The priority audience at this stage in the program should be urban women of reproductive age who are relatively well educated and who want to stop or delay having any more children. Success to reach this audience rests essentially on reinforcing strategic planning at the state level. To ensure "informed choice" the task force recommended that counselling be stressed, IEC materials made readily available, various IEC media be mutually reinforcing, and a range of contraceptives be available.

**Coordination of  
Training Task  
Force**

Nine problem areas in training that need to be addressed during the 5th Year are: selection of trainees, standardization of curricula, duration of training, evaluation/follow-up, utilization of trained personnel, inadequate practical training resources, collaboration among FMOH, donor agencies, NGOs and FHS divisions, monitoring of training standards, over-training individuals. The task force recommended that the FHS divisions should collaborate with the FMOH in developing strategies for the integration of family planning in the pre-service curricula of schools of health technology, nursing, and medicine.

**Policy Initiatives  
Task Force**

Government laws, policies, and administrative rules and procedures likely to have an inhibiting effect on the implementation of the family planning program were identified. These include placement of family planning commodities on the essential drug list, registration of supermarkets, etc. as commodity outlets, registration of Norplant, free advertisements for contraceptives, tariffs imposed on family planning commodities.

**Geographic Focus  
Task Force**

The objective of the geographic focus program is to maximize impact of FHS coordinated efforts, including other cooperating agencies, e.g. CCCD, UNFPA, PPFN, AVSC, and other NGOs, in geographic focus area states. Steps to be followed in developing the geographic focus program were identified and a structure to implement the program was proposed. The task force agreed that focus states, for the first phase of the program, would be Kano, Anambra, Osun, and Niger states.

**SESSION 6**

**FHS Administration & Management**

**Unified Personnel  
Appraisal System**

A unified personnel appraisal system for all FHS staff was proposed using a common personnel appraisal form. Immediate supervisors would be responsible for completing the forms and appraisal of staff under their direction. Division directors and the Administrator would review the forms and make recommendations to the individual contractors.

**SESSION 7**

**5th Year Work Plans Outlines**

Those activities that are new are underlined.

**Private Sector  
Work Plan Outline**

The proposed Private Sector Division program for the 5th year continues many activities and initiates a few new ones. The large scale distribution program will continue with Sterling Products of Nigeria, Ltd. and with Population Services International (PSI). A third large scale distributor will be sought for the specific purpose of sell oral contraceptives. Pills and IUDs will be advertised in medical and paramedical journals.

The private hospital-based program will continue and five new private hospital-based subcontractors will be developed in Osun, Niger, Anambra, Akwa Ibom, and Kano states.

An additional 600 private sector nurse-midwives will be trained. One hundred medical doctors will be trained in voluntary surgical contraception.

Work with NANNM will continue. There will be an expansion of family planning services through employee-based organizations, namely NITEL, Lever Brothers Nigeria, and through university-based health facilities.

Training will continue to be an important part of the program. It is anticipated in the 5th year that a local NGO will be responsible for the coordination of all training activities, rather than US-based contractors. FHS staff management training will be initiated through short courses, workshops, and technical assistance/ on-the-job training.

The MIS program will continue to develop a service statistics system. To provide data from another source that will assess contraceptive use and source of supply, the Federal Office of Statistics will include a number of family planning questions on its periodic household survey.

#### **Public Sector Work Plan Outline**

Likewise, the proposed activities for Year 5 are a continuation for the most part of Year 4 activities. The Public sector will continue to survey clinics for their supply and equipment needs, and then distribute what is needed. Equipment maintenance training for clinicians will be undertaken and attention will be given to follow-up on in-country production and maintenance of equipment. The armed forces facilities will be assessed and strengthened and surveys will be undertaken of clinics in the geographic focus states for equipment and supply that will be then supplied.

In commodity forecasting for the public sector, the Public Sector division will collaborate with the FMOH and will explore and help initiate commodity revolving schemes in states and LGAs. It will also work closely with the FMOH in warehousing, distribution and transport of commodities in the public sector. This may include the engagement of additional staff in commodity management and monitoring. In addition, the Public Sector division will participate on a task force to look at commodity leakage.

In terms of training, a full schedule of clinical training and TOT is planned. A needs assessment of the nine new states will be undertaken and project proposals developed for those states. Three new physician training sites will be established. Curricula will be developed for schools of nursing and medicine and a VSC and IEC.

component will be included in physician in-service curriculum. The standards of practice will be printed and distributed as well as a national orientation on them given.

#### IEC Work Plan Outline

The IEC Division will provide assistance to various Nigerian government departments and private agencies in IEC. The FMOH's Health Education Branch (HEB) will distribute counselling and motivational wall charts and other IEC materials to public and private sector SDPs nationwide. TOT workshops in materials development for HEB, DPA and PPFN staff will be undertaken. The IEC Division will establish a media materials collection and documentation center with DPA and will assist it in the development of a national TV program. The IEC Division will continue to support the family planning logo dissemination activities.

The IEC Division will continue to work with the PPFN in implementation of sexual responsibility music public service announcements, the production and distribution of counselling training videos, and the integration of family health messages into television programs. New activities with the PPFN will include the establishment of a media materials center, IEC campaigns in selected states, the development of A/V materials and training in materials development and counselling, and the development and production of national radio series with FRCN.

The NERDC will continue to work in FLE with the support of the IEC Division. New activities will include the production of a comic book on population and development and of supplementary student materials and teachers aids.

A series of workshops for journalists including the development of press kits will be done in conjunction with the National Council for Population Activities. A project will also be developed with the Federal Ministry of Information.

The IEC Division will work with AVSC to promote service delivery sites and other communication needs related to long term contraceptive methods.

Other efforts not yet defined, will be developed with various constituency groups -- the armed forces, journalism institutions, union of transport workers, Ministry of Agriculture.

Zonal projects that will be undertaken by the IEC Division will be the continued monitoring of the Yoruba film "Eni A Wi Fun," and

new activities to develop regional radio/TV jingles, radio programs, videos, and music, and to implement materials development workshops with FRCN, NTA and FMOI production centers at the zonal levels.

State level projects will continue and statewide IEC campaigns in the geographic focus states will be undertaken. Projects development will take place in other states the final selection to be determined in conjunction with other FHS components. State-level exchange tours between states on IEC will take place and state-level IEC personnel will participate in other national and international training events.

A manual, "How to Guide", will be developed for use by health and media representatives to develop appropriate messages, media and strategies for effective family planning promotion.

Training activities will include the dissemination of the three day curriculum on interpersonal communication and counselling and the two-week media materials development curriculum, the provision of technical assistance in-service or pre-service state level training programs, the exploration of efforts for communication training with ARHEC and CAFS, and the conduct of IEC strategy and project development workshops with selected state and agency specific teams for project design.

## **Policy and Evaluation Work Plan Outline**

The Policy and Evaluation Division will continue to work in six areas: strategic planning, fiscal planning, constituency-building, evaluation/feedback and special surveys, institution building, and influencing policy change.

Zonal strategic planning workshops will be held in 1992 and one state-level fact finding mission will be undertaken. State-level cost-recovery studies will be accomplished in Year 5. Two national, some regional/zonal and 80 1-day LGA seminars for constituency-building will be held. Six study tour/fellowships will be awarded. Monthly summaries of media trends re family planning and population are provided to FHS and the government. The FOS will collaborate in collecting data on family planning trends in the country. Poptalk and other new publications to inform decision makers will continue. A lunch-hour seminar series is to be introduced to report on research findings to FHS divisions and possibly others. Institution building with the NCPA, PPFN and FMOH will continue.

Actions will be initiated to set up legal mechanisms to back up government policies.

## SESSION 8

Closing

The planning meeting concluded with thanks being given by Dr. Kuteyi and Messrs Chiavaroli and McWilliam.

## INTRODUCTION

From December 2 - 6, 1991, USAID in collaboration with the Federal Ministry of Health hosted a meeting to plan for the 5th year of the Family Health Services Project. Attending the meeting were officials of the Federal Ministry of Health and USAID, representatives of the prime cooperating agencies of FHS and their national staff, and representatives of other international and national agencies working in family planning in Nigeria. Altogether about 50 persons attended the week long meeting (see Appendix A for list of invited participants).

The agenda for the meeting was broken into eight sessions, each being chaired by a Federal Ministry of Health or USAID official or FHS staff member (see Appendix B for the agenda). The proceedings that follow highlight the major points discussed under each of the agenda items.

### SESSION 1 - Opening

Mr. Eugene Chiavaroli, AID Director, in his opening welcome mentioned that there was steady progress in FHS during 1991. However, he did not lose sight of some unfavorable newspaper criticism (see appendix C for text of speech).

He advised, in planning for Year 5, that we should ask ourselves the following questions:

1. What did we do well in the past year?
2. What did we leave undone?
3. What can we do better?
4. What remains to be done in Year 5?

He also advised that FHS should collaborate more with local NGOs.

Mr. Chiavaroli announced the appointment of Dr. A.A. Akinyemi as the new Deputy Project Administrator.

Dr. O.E.K. Kuteyi, Director, Department of Population Activities (DPA), in his remarks, expressed the satisfaction of FMOH of the collaboration enjoyed so far from USAID/FHS. However, he stressed the need for the effects of primary health care (PHC) to be felt more at the LGA level. He also urged that FHS activities should not only be directed to family planning, but to primary health care in general.

Dr. Kuteyi expressed satisfaction with the level of collaboration enjoyed with FHS which was echoed by Dr. A.A. Adeyemi, Assistant Director of the Primary Health Care Department.

Mr. John McWilliam, FHS Project Administrator, in his opening remarks restated the overall objectives that the FHS project should accomplish by the end of the project:

1. A broad political and social constituency supportive of family planning policies and program will exist.
2. Family planning information and services will be widely available at reasonable cost from both the private and public sectors.
3. There will be a 12 percent contraceptors prevalence nationwide with 70 percent of the users served by the private sector.
4. A cadre of administrative, clinical and educational personnel to plan, execute, supervise and evaluate family planning services will be in place.
5. Teachers will be trained to include family life education in teacher training colleges and urban secondary schools.

## **SESSION 2 - REVIEW OF ACCOMPLISHMENT AND LESSONS LEARNED FROM YEAR 4**

### **POLICY & EVALUATION**

Dr. A. Akinyemi, Director, Policy and Evaluation Division, highlighted 4th Year achievements of his division.

- Evaluation and feedback - 8 state fact-finding missions were carried out, and POPTALK, a short newsletter, is in its third edition.
- Strategic planning - target model was introduced to state family planning coordinators.
- Constituency building - workshops were held for traditional rulers and religious leaders.
- Institutional support - federal officials introduced to EPINFO, a computer software package.

### Lessons learned

- The use of respected Islamic scholars and the presence of high level policy makers will likely foster early acceptance of family planning program.
- Involvement of local people e.g., women from Women's Commission of the Governor's Office as co-planners, has the capability to mobilize high level influentials.

- The use of MAMSER encourages high attendance at constituency-building activities.
- Analytical skill enhances ability to perform program evaluation and monitoring effectively.

## **PUBLIC SECTOR**

Mr. Mike Egboh, acting Director, Public Sector Division presented his division's report.

- FP/MIS was integrated into the monitoring and evaluation system of PHC in collaboration with donor agencies.
- 'NICARE', a computer software package for data generation was developed.
- In-service family planning training stressed the development of clinical service resource trainers, establishment of state training teams in Zones A, B, and C, and increased number of trainees.
- Family planning was introduced into the schools of health technology.
- The standard of practice for family planning was completed.

### Lessons learned

- Decentralization of CBD family planning training activities to LGAs is cost effective.
- Follow up in terms of consultation with participants after each training event should be stressed to ensure adherence to high quality of service.
- Needs assessment is a management tool that should be applied to every program activity to identify issues and find possible solutions.
- Institutionalization and sustainability can be achieved when realistic mechanisms, such as network training teams and trouble shooting teams, are formed.

## **PRIVATE SECTOR**

In his report, Dr. Uche Azie, Director, Private Sector Division highlighted major activities undertaken in the 4th year.

- A total of 1,077 outlets for family planning commodities were added in Year Four.

- "Right Time" and "Gold Circle" condoms are being marketed through commercial channels.
- Contraceptives and special equipment valued at \$2.5 million and \$210,000 were shipped to Nigeria.
- Eleven state NANNM associations are providing family planning services in the federation.
- MIS data forms have been printed and distributed during the year.

#### Lessons learned

- Consistent advertising changes attitudes of individuals.
- There is a large unmet need for family planning training in the private sector.
- Despite a great demand for family planning training, having trainees pay for their training is still unrealistic.
- Leakage of commodities from public to private outlets could cripple the private sector sales program.
- Employee-based family planning services should be encouraged as there is a direct relationship between fertility and productivity.

#### **OPERATIONS**

In his report, Mr. George Oligbo, Director, Operations Division, said that the objective of his division is to provide a comprehensive in-country administrative and logistics support in order to facilitate on-going FHS activities.

During the year the following activities were undertaken.

- Movement of FHS Headquarters from Ikoyi to Victoria Island without an interruption to the program.
- Four zonal offices were set up.
- 8 vehicles and desk top computers procured.
- 319 persons visiting Nigeria in 1991 were expedited by the Operations Division.

### Lessons learned

- Need to unify personnel management under AID regulation and in accordance with FHS policy.
- Newly occupied office is inadequate for FHS expansion. Office space should be allocated on the basis of function rather than by contractors.
- Time factor between ordering and delivery of office computers and project vehicle should be taken into consideration.
- In view of over-subscription of telephone lines, alternative communication systems between FHS and zonal offices should be pursued.

### **IEC DIVISION**

Ms. Susan Krenn, Director, IEC Division, presented her division's report.

### Major activities

- National Population Logo was successfully launched on September 18, 1991.
- Production of a comprehensive set of counselling materials developed by FMOH, Health Education Branch will be completed by February, 1992.
- With collaboration with NCPA, Newswatch devoted over 15 pages to family planning and population issues.
- As part of the family life education activities, training of 110 master trainers and 330 teachers from 66 pilot junior and secondary schools will be completed by the end of November.
- IEC Division continued its commitment to institution building by training over 200 Nigerians in family planning activities.
- Full scale SMOH FP IEC projects are ongoing in seven states and new projects are slated to begin. Ten projects are to be developed in the next six months.

### Lessons Learned

- Communication efforts like radio, TV, print media, inter-personal interventions, etc. have made a difference in knowledge, attitude and behavior toward family planning.

- Implementation of communication projects takes time.
- Regional communication interventions which have broader ethnic and geographical applications are feasible, cost effective and desirable.
- Private sector resources can be used effectively to develop high quality IEC products.

### SESSION 3 - FHS ISSUES

#### FAMILY PLANNING SERVICES

Dr. Okunghowa, Deputy Director, PHC, Dr. Akinyemi, Director of FHS Policy and Evaluation Division and John McWilliam, FHS Project Administrator present papers on family planning service delivery. Eight elements of service delivery were noted by Dr. Akinyemi:

- Constellation of services
- Facilities
- Personnel
- Commodity management
- Training capability/capacity
- Follow up/continuity mechanism
- Supervision mechanism
- Evaluation mechanism

In his discussion of public sector family planning, Dr. Akinyemi concentrated on presenting information on four of these elements: constellation of services, facilities, personnel, and follow-up continuity. Other presenters, later in the program, were to address some of the other elements.

**Constellation of services.** The table below shows the contraceptive mix for new acceptors of family planning for the four health zones of Nigeria for 1990. Oral pills, injections and IUDs were the choice of 50 to 75 percent of the new acceptors. Voluntary surgical contraception has increased over the past few years but still is not a popular method. Norplant has undergone trials in Nigeria and has proven to be a well accepted method.

**Table 1 showing the Contraceptive Mix (%) of New Acceptors by Zones in 1990**

Zone	Pills	Injections	IUD	Condoms	VFTs
A	26.6	12.1	19.5	25.7	14.8
B	26.4	9.6	28.7	25.3	9.5
C	34.3	8.4	7.4	28.2	21.3
D	53	12.1	9.9	12.7	11.6

Source MIS report 1991.

**Facilities.** The table below shows the number of clinics within selected states, the number of women of reproductive age, the number of clinics reporting using the MIS, and the number of clinics fully equipped to provide family planning services. The range between the number of clinics in these states and the number of those reporting cases through the MIS and are fully equipped to provide services is quite large. The distribution pattern of clinics is not even within states; it is possible that half of the clinics could be in one local government area (state headquarters) while the rural areas are not serviced at all or are only partially equipped and staffed.

**Table 2 showing facilities in Selected States**

State	MWRA (mill)	Clinics Providing	Clinics Reporting*	Clinics F.Eqpd
Anambra	1.5	54	37	37
Ondo	1.1	128	48	32
Ogun	.4	104	95	82
Sokoto	1.8	62	47	11
Bauchi	1.5	42	21	30
Oyo	2.4	100	70	68

**Personnel.** The table below shows the number of family planning providers by health zones. Up to 40 percent of those trained may not be providing services. Trained providers may be transferred to posts where they cannot practice family planning.

**Table 3 showing the providers indicators by Zone and Cadres**

Indicator	Zone A	Zone B	Zone C	Zone D
Trained Personnel	1479	2640	1221	1089
Clinically Trained	622	1044	481	497
Clinically trd (in Clinics)	519	699	404	379

**Follow-up/continuity.** Up to 1/3 of clients defaulted within three months of starting to contracept in one of the states surveyed by the Policy and Evaluation Division. In another state, almost half of those interviewed did not see why they should go to the clinic if there was no problem, or if they can get a resupply from another source. Others do not return to public sector clinics because they prefer the privacy of private sector clinics. The lack of transport is a major constraint to follow-up on clients who do not return to the clinic for revisits.

Dr. Akinyemi presented 1990 zonal aggregates for couple year of protection (CYP) for selected methods (see below). [CYP values are based on the recent standard agreed to by the Program Performance Indicator Committee of the Office of Population of A.I.D. see Increasing CYP Task Force discussion later] As can be seen, Zone B (southwest) generated almost thrice the CYP than Zone A (southeast) or Zone C (northwest) and almost twice that of Zone D (northeast). Zone A is strong in VSC; the NKST mission hospitals in Benue State in Zone A perform substantial numbers of VSC each year. The work done at the Jos Teaching Hospital in Plateau State helps to increase the CYP for VSC in Zone D. The most overwhelming finding however, is that the IUD contributes about 75 percent of CYP in all the zones.

**Table 4 "Couple Years of Protection (CYP) generated from Selected Contraceptive Methods received by New Acceptors from Public Sector Clinics in 1990.**

Zone	Pill	Inj.	IUD	T. Lig	N/plant	TOTAL
A	7747	6160	54229	7940	886	76956
B	13731	9493	17793	74370	564	206095
C	16041	4717	48059	2720	1001	75724
D	14641	8181	83748	2750	487	109807

John McWilliam presented CYP aggregates for the private sector for selected contraceptive methods from 1988 to March 1991 (see below). CYP figures are extrapolated from sales data to distributors rather than actual commodities provided to clients. The Sterling Products Limited, Nigeria (SPLN) distribution system has provided about 188,133 CYPs during the first 3 1/4 years of the project. The condom contributed the most to CYP, followed by the pill and IUD. The growth in pill sales from 1989 to 1990 was 4-fold; the sale of IUDs doubled from 1989 to 1990, and preliminary figures for sales in 1991 show that there may be another doubling for 1991.

Table 5 showing the Couple Years of Protection trend between 1988-1991

Year/CYP	Condom	Pills	VFT	CUT	Total CYP
1988	438,000	35,587	75,400	2,679	
CYP	2,920	2,372	503	9377	15,172
1989	4,251,300	149,255	159,432	3,445	
CYP	28,342	9,950	1063	12,058	51,413
1990	5,262,800	616,323	161,300	6,048	
CYP	35,085	41,088	1075	21,168	98,415
1991*	632,600	81,600	57,700	3,740	
CYP	4,217	5,440	385	13,090	23,132*
Total	10,584,700	882,765	453,893,2	15,912	
CYP	70,564	58,850	3,026	55,693	188,133

\* January - March 1991

Comparing the SPNL commercial figures for three years with the public sector figures for just 1990, show that the SPLN program is only providing a fraction of the total CYP of the FHS project.

## COMMODITIES

Dr. P. Okungbowa, Deputy Director, PHC, FMOH, raised the following six important issues relating to commodity logistics in the public sector:

- The current projections and procurement of commodities are done by a component of FHS that does not have direct dealing with the FMOH.
- The current warehousing system for public sector commodities is in the private sector (Sterling) with FMOH personnel not playing any role yet in the monitoring of commodity distribution at state level thus leading to commodity shortage/late deliveries of commodities.
- If the FMOH is to take on the responsibility of distribution of commodities, trucks to transport them would have to be provided. Provision of adequate transportation should be an issue to be addressed by the 5th Year Work Plan.

- Shortages and leakages of commodities have been reported by some clinics and states and clients are dissatisfied. All efforts should be made to plug the leakages especially between the state warehouses and the private clinics/ commercial establishments.
- Adoption of procedure recommended by the Honorable Minister at a meeting of all family planning agencies in Cross River State would assist in solving the commodity problem.
- The Commodity Task Force of the Federal Ministry of Health should be used effectively and training of officers in commodity logistics at all levels should be undertaken.

Dr. Ifeanyi Ibe, newly appointed FHS Commodity Logistics Coordinator, took an in-depth look at commodity issues and identified the following issues that need to be resolved:

- Better estimation of commodity needs
- More prompt procurement and shipment of commodities
- Prompt clearance of commodities through ports of entry
- More efficient distribution of commodities
- Reducing the leakage of commodities from the public sector to the private sector market
- Better monitoring and tracking of commodities
- More coordination of efforts among those involved in commodity logistics
- Upgrading of warehouse facilities.

He suggested possible solutions to the above issues in his paper which was further discussed in the Commodity Logistics Task Force discussion group later in the meeting.

Dr. Ade Adetunji, of the Association for Voluntary Surgical Contraception AVSC, explained that the commodities are directly imported and distributed from port of entry to site of use. UNFPA assists in procurement of the essential equipment from overseas suppliers.

### MANAGEMENT INFORMATION SYSTEM (MIS)

Dr. Dokunmu, Deputy Director, PHC gave a brief resume of what FMOH M&E Department has done since inception in 1987. The Department has developed formats to monitor activities in the LGAs, and at the state and federal levels. So far, the department has developed six different forms for family planning. The department, with assistance received from FHS and CCCD, set up a computerized system to record data and are eagerly awaiting the installation of the new program designed for monitoring by Pathfinder.

Mike Egboh, acting Director, FHS Public Sector, gave a status report of MIS to the meeting. He stated that the FHS MIS is currently one of the very few systems that work in the health sector and that is being used even at LGAs levels. It is currently the only source of information for family planning activities in the public sector. The system has also been adopted by the private sector because it provides information on secondary and tertiary health facilities

Dr. Susan Kanu, Program Officer of FHS Private Sector Division, reported on the MIS activities being carried out in her division. The Private Sector collects data from 26 projects in the private sector while MSH coordinates all MIS data. A pilot study in Lagos area private clinics was done and she gave a report of progress so far made. The Division has had difficulty in retrieving data from private clinics. A form has been designed and distributed to clinics to fill out and return to FHS.

Also, the Division, in liaison with Federal Office of Statistics, plans to use National Integrated Survey of Households (NISH) Questionnaire to obtain data quarterly from private pharmacies, clinics and chemists.

She emphasized the need for more attention be given to the Private Sector MIS during the 5th Year.

## TRAINING

Bola Lana, Program Officer of FHS Public Sector Division, raised six issues concerning training.

- Non-availability of copies of the "Guide to Family Planning practice in Nigeria" in the training institutions and service points.
- Transfer of trained family planning staff to non-functional areas resulting in waste of manpower and funds.
- The tutors at training institutions require more family planning knowledge and training of trainers' skills.
- Some states are yet to develop their own state training team thus making it impossible to conduct their own state programs.
- FMOH Departments of Service and Training should provide more guidelines to family planning training activities.
- Lack of local funds to support training activities.

Recommendations to enhance training activities in the public sector were suggested for consideration during the preparation of the 5th Year Work Plan.

Mrs. Gbadamosi, Principal Officer, PHC, FMOH, enumerated the training carried out in the past by the Primary Health Care Department of the Ministry which included training of village health workers. She noted that AVSC continues to train specialized health workers in VSC insertion and she wants, during the 5th Year Plan, an expansion of training in VSC and Norplant. She also wants the Ministry to collaborate with the private sector in formulating guidelines to ensure quality of care in private services.

Ms. Olunmi Dosumu, Program Officer of FHS Private Sector Division, informed the meeting that 7,267 persons have been trained by the Private Sector division in family planning methods which cover four categories of service providers including transport workers, traders. She raised the issue of need for coordination, of training with an improved commodity supply system. Problems of "infiltration" of Public Sector trainees into Private Sector training programs should also be looked into.

Mr. Bola Kusemiju, Program Officer of FHS IEC Division, would like the issue of selection of wrong participants to be tackled during the 5th Year. He mentioned distractions of participants at training venues which sometimes are close to the participants' places of abode and lack of cooperation among implementing agencies. He recommended the establishment of a core of trained IEC personnel drawn from relevant collaborating agencies for effective FP/IEC project development and implementation. He also recommended inclusion of media practitioners in training programs.

## **KNOWLEDGE OF FAMILY PLANNING**

Ms. Susan Krenn, Director of FHS IEC Division, and Mr. Bola Kusemiju (Program Officer) presented their paper in which they indicated that knowledge of family planning in Nigeria is as high as 41 percent (who have heard/known about family planning). More people are showing interest in spacing their children. It was noted that figures are higher in urban areas due to education, religious influences etc. hence the need for communication efforts to be intensified to ensure people actually take action on what has been disseminated to them.

Barriers to effective family planning were, among other reasons, identified as:

- Men who do not want to use family planning methods and would not allow their spouses to visit family planning clinics;
- Lack of sufficient information; and
- Rumours - individuals reject family planning based on misinformation, on ethnic, religious and traditional values.

For the 5th Year Work Plan, the IEC Division would like to

- Focus on specific target groups.
- Speed up project development so that IEC projects can become operational sooner.
- Design IEC materials to suit different geographical locations/regions of the country.

## **POLICY**

Dr. O.E.K. Kuteyi, Director of Department of Population Activities, explained the government's policy on family planning which is contained in Chapter 5 of the National Population Policy. He raised certain issues concerning:

- Distribution of commodities;
- Registration of supermarkets and gas stations as family planning commodities outlet; and
- Early marriage legislation.

Dr. Akin Akinyemi, Director of FHS Policy and Evaluation Division listed fifteen policy issues that should be considered by FHS during the 5th Year. One of the most important was increased government funding for family planning. Policy issues were further discussed in the Policy Initiatives Task Force discussion group later in the meeting.

## **SESSION 4 - PLANNING OF FIFTH YEAR WORK PLAN**

### **USAID and FMOH**

A discussion of what AID and the government would want incorporated in the 5th Year Work Plan was held.

AID would like attention focussed on:

- Service delivery
- Training - proper coordination
- Work plans to be a joint document of all FHS divisions and government
- Work plans to accommodate the problems caused by new state creation.

FMOH expressed satisfaction with the collaboration of all agencies with the government which has led to the improvement in the number and quality of staff trained by the agencies. The Government would like attention focussed on:

- Setting up MIS at the Department of Population Activities and expanding family planning programs to all LGAs, states and teaching hospitals.

- Better collaboration especially in training in the schools of health technology and medical schools.
- Assistance in in-service training by making use of Public/Private Sector coordination.
- Better supervision of activities of all contractors.
- Adequate supply and distribution of commodities.
- Improvement in the transportation system, possibly requiring bending AID rules on purchase of vehicles.
- Institution-building activities to sustain the program after June 1994.

### **AVSC PRESENTATION**

Dr. Ade Adetunji and Mr. Joseph Dwyer, Africa Regional Director, AVSC, presented a paper on the activities of the Association for Voluntary Surgical Contraception. AVSC present activities in Nigeria were highlighted and several barriers to VSC methods were enumerated:

- lack of specialists in obstetrics/gynaecology
- weak health care delivery infrastructure
- general lack of resources
- high cost of VSC service to clients
- socio-cultural barriers
- fear of surgery
- general lack of awareness of rationale for VSC

Under the 5th Year Plan, AVSC would pursue the following objectives:

- 1) Continue to incorporate family planning counselling in all VSC services.
- 2) Continue to pursue efforts to ensure the integration of counselling into the curricula of nurses, midwives and into the general family planning training program of schools of health technology.
- 3) Establish at least one model center for family planning counselling in each zone to serve as a zonal demonstration and TOT resource.
- 4) Continue to strengthen service providers ability to effectively counsel family planning clients.

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- 5) Conduct field assessments of program practices affecting client decision making, survey client satisfaction and undertake operations research to identify ways of improving counselling and other program practices.

### **GEOGRAPHIC FOCUS PROGRAM**

FHS Project Administrator, John McWilliam, presented a proposal to concentrate FHS resources in geographic focus areas. Four criteria were proposed as to the choice of area:

- 1) potential to show demographic impact (large client base).
- 2) good chance for programmatic success.
- 3) presence of other PHC activities.
- 4) good secondary and tertiary centers for referral for longer term methods.

Another factor for choice of sites was the determination of FHS staff to pick one side in the northern region of the country that is predominantly Moslem.

The following states met the above criteria:

Anambra (Zone A), Osun (Zone B), Niger (Zone C) and Kano (Zone D)

Further discussion on geographic focus took place later in the Task Force meetings.

### **SESSION 5 - FIIS TASK FORCE MEETINGS**

The meeting broke up into six task forces: Increasing CYP, Commodity/Logistics Management, Linkages of IEC and FP Services, Coordination of Training, Policy Initiatives, and Geographic Focus. After four hours of task forces meetings, the chairman and rapporteur presented their task force findings to a plenary session.

#### **Increasing CYP**

Problem: How can the FHS project make an impact in the remainder of the project in terms of couples years of protection (CYP)? What strategies can be developed that will increase CYP without restricting choice? Have there been missed opportunities for family services delivery that should be now a part of the FHS project? Are there strategies that FHS has employed that do not yield enough results in terms of CYP that they should be abandoned?

The Chairman, Dr. A.A. Adeyemi and the Rapporteur, Dr. U. Azie, noted the new values for computing Couple Years of Protection (CYP):

<u>Method</u>	<u>CYP</u>
Oral pills	15 cycles = 1 CYP
IUD	1 = 3.5 CYP
Norplant	1 = 3.5 CYP
Sterilization	1 = 10 CYP
Injectables	
Depoprovera	4 = 1 CYP
Noristerat	6 = 1 CYP

(Condom use is no longer being used in calculation of CYP for the FHS project)

The task force took a critical look at the methods of family planning available in Nigeria, the facilities for dispensing them, availability of relevant commodities, ways and means of persuading people to make use of various methods and types of training that could enhance the use of the available methods.

#### 1. The Pill

The pill was seen as the most easily dispensable commodity of all methods. Investigation showed that there are two common known oral contraceptive pills viz: Noriday and Lofemenal. The possibility of having one brand but under two brand packaging was discussed to improve acceptance.

The identified problems include:

- Inadequate supply of the commodity
- Difficulty of women in taking pills regularly
- Lack of proper counselling and education
- Rumours that pills destroy the womb

Recommendations:

It was recommended that:

- government should assist in maintaining adequate supply of the oral contraceptives.
- a series of training programs should be embarked upon to reorientate the family planning providers, doctors, nurses, voluntary health workers as well as the community health extension workers to be able to dispense the commodity directly to the users.

- program staff and all those involved in dispensing of the commodity be trained in counselling.
- clients should be educated on the advantages of taking pills regularly to ensure effective contraception.
- Appropriate messages by way of advertisements should be placed on newspapers, magazines and the electronic media.
- Efforts should be made to see that only one brand of the pill will be provided by USAID (possibly with different packaging for the public and private sector).
- Family planning providers should endeavor to dispel the rumours that pills destroy wombs and prevent further childbirth.

## 2. The I.U.D

The IUD has been seen as one of the most effective method of contraception but unfortunately most of the centers where this service is available are ill-equipped. It is also stated that some service providers have not had the necessary training in insertion and as a result, some cases of bad insertion have been reported.

The identified problems are:

- Lack of equipment for insertion of the IUD
- Lack of proper training of staff
- Infections resulting from improper insertion

Recommendations:

- FHS to work with Africare to procure equipment.
- Federal and state technical facilitators to be trained to visit clinics providing IUD service with a view to ensuring that standards are maintained.
- Policy to be laid down for the clinics to follow to ensure uniformity in quality in all clinics.
- Funds to be made available for procurement of equipments.
- More than one tenaculum to be procured and distributed to the clinics.

- A task force to be set up to formulate policy for the clinics for the management of equipment with the doctors and nurses being placed in charge of the equipment.
- A record to be kept on equipment and trained staff per clinic in relation to the provision of the IUD.

### 3. Injectables

The injectable is an effective contraceptive. However, it is observed that many women do not like it, as it is rumoured that it has many side effects. Another problem is that it is in short supply particularly in public sector facilities. Some injectables given to the public sector were found in commercial pharmacies.

The following problems have been identified:

- the injectable is not considered the best method of contraception because of its side effects (amenorrhea and spotting)
- Inadequate counselling of clients
- Inadequate and inconsistent supply

Recommendations:

- Counselling training should be provided to service providers.
- Government should assist with the procurement of injectables.

### 4. Sterilization

Sterilization as a method of contraception is not widely practiced in Nigeria. This is largely because people have not been properly educated on its advantages. In some parts of Africa, sterilization is increasing in popularity. Demand for it will increase when information on it is more widely available.

Problems identified include:

- Providers are not motivated to counsel on VSC
- Non-availability of training for service providers
- Fear of losing children and the desire to have another child
- Information-education link to service delivery is lacking

Recommendations:

- Service providers should be given proper counselling training to enable them to convince clients to choose this method of contraception, if it is appropriate for them.

- Doctors and nurses should be given more training on the provision of sterilization as a means of contraception.
- Equipment should be made available to ensure successful operations.

#### 5. Norplant

Plans are under way to put Norplant into effect use throughout Nigeria. Meanwhile, 10 service sites have been created and there is a plan to increase sites yearly.

Recommendations:

- Doctors and nurses should be trained in insertion and removal of Norplant.
- Policy makers should be involved in Norplant IEC.
- Equipment, e.g. Norplant models, should be readily available for training.

Throughout the task force discussion, the need for better management of commodities, equipment and personnel was highlighted to increase CYP. Therefore, the task force made an additional recommendation that state level management teams should be put into effect to ensure adequate supervision of equipment and commodities and personnel.

#### Commodity Logistics Management

Problem: While the present system of commodity distribution in the public sector made sense when family planning was just getting started in the country and the demand for family planning was low, now that demand is increasing, is the present system still appropriate? If it is, are there areas where improvements should be made. If the system is inappropriate, what other systems should be considered? How could such systems be introduced without a break in the commodity distribution chain? What are the short and long range solutions to commodity logistics?

The Chairman, Dr.P. Okungbowa, Deputy Director, PHC directed that the task force focus on practical problems with commodities and logistics management and not as "textbook" problems. The main objective of commodity logistics management is to make contraceptive commodities available to the end users through adequate and consistent supply of family planning commodities to all consumers. The task face dealt with seven issues.

#### 1. Forecasting

There was discussion about the method of forecasting for the public sector. National and state/LGA commodity requirements are currently based on historical data and the amount of commodity used and stocked.

Problems:

- Time lag between the identification of needs and receipt of commodities.
- Uneven distribution (some areas without and some with excess).

Solutions/Recommendations:

Base forecast on previous six months issuance of supplies and inventory.

FHS/FMOH should implement a system of minimum and maximum commodity levels.

2. Procurement and Shipment of Commodities

The present procurement system should remain in effect.

Recommendations:

It was agreed that products should arrive in the country within 9 month of manufacture date.

3. Clearing

Problems:

- Delay in obtaining Duty Free Certificate (Form CCI).
- Pharmacy Department: The FDA & C delays clearance by insisting on 100% inspection of commodities before they are cleared.

Solution/Recommendations:

Documentation: Clear instruction should be given on what type of documents are needed for a particular commodity to be cleared.

The possibility of issuance of one year Duty Free Certificate to FHS on contraceptive commodities should be pursued.

4. Distribution of Commodities

Warehousing:

- It was agreed, by the members of the task force that FMOH will assume responsibility of distribution of commodities from the central warehouse at Oshodi to the zonal warehouse as soon as practicable but not later than December 1992.
- The task force recommended that the private sector should continue with its current system.
- Warehouses are to be refurbished as quickly as possible.

It was recommended that the following options be considered:

Transportation:

- Subcontract the transportation function.
- Get USAID funding for procurement of vehicles.
- Combination of above, and within 60 days, assess and cost the above options and make recommendations.
- Training of personnel to handle the transport, monitoring/tracking distribution system.

5. Leakages of Commodities

It was recommended that the task force assume responsibility for further addressing this issue.

6. Monitoring and Tracking

Recommendations:

- Use of uniform monitoring/tracking forms.
- Additional personnel needed to adequately monitor and track a growing distribution system.
- Regular monitoring meetings be held.

- The use of Federal Technical Facilitators advocated.

7. Coordination of Efforts between FHS and FMOH

Recommendations:

- Commodity logistics officers activities should be linked to FHS/Commodities Coordinator.
- Effective use should be made of the FMOH Commodity Task Force.

**Linkage of IEC and FP Services**

Problem: 1) As IEC activities at the national, state and LGA levels intensify and more demand for family planning is generated, what steps are required to ensure that family planning services are available? 2) While FHS has trained service providers in counselling and has produced informational materials on the various contraceptive methods, there will be many service delivery points that do not have providers who have received counselling training or have informational materials for their use or to give to clients. Are there strategies that can be developed to help ensure that clients are able to make an informed choice on the type of contraceptive they wish to use?

The Chairman, Mrs. Gbadamosi, Principal Officer, PHC and Ms. Susan Krenn, Rapporteur, reported that the task force addressed each of the questions posed.

Question 1.

To answer this question, FMOH/FHS has to determine who the priority audience is for family planning services at this time. The task force recommended that the priority audience, at this stage in the program be urban women of reproductive age who are relatively well educated and who want to stop or delay having any more children. They are the easiest to reach through various IEC channels. Also, it is in urban areas that family planning services are concentrated. Success to reach this audience rests essentially on reinforcing strategic planning at the state level.

- Increase information sharing between those responsible for service delivery, commodities and IEC. This would involve setting up quarterly meetings that will bring together the FP Coordinator, the deputy, the director of PHC, Private Sector, NGOs etc.
- Design and implement coordinated state action plans that involve all the players and have CYP objectives.

- Set up feedback mechanisms between the IEC and service delivery divisions. This includes the sharing and wide dissemination of research findings in a user-friendly format that can be used by program managers to plan activities. It would also involve keeping service delivery people up to date on up-coming IEC activities.

#### Question 2.

To ensure that clients are able to make an informed choice on the type of contraceptives they wish to use, the task force recommended that:

- Counselling and information materials which are essential to providing quality FP services, be developed and used by providers.
- IEC materials are available at all sites, at least for information and service providers, and ideally for all clients.
- The various IEC media be mutually reinforced and provide consistent action-oriented messages that tell people to go to the nearest FP centre for additional information or services.
- A range of FP methods be available to ensure an informed choice by acceptors.

#### Coordination of Training

**Problem:** How can training of service providers, supervisors, managers and other family planning related personnel undertaken by FHS, the government and other donors be better coordinated to ensure that the training is being given to the right people, that they return to their job and are able to practice what they have learned, and that the training resources are used efficiently?

Ms. Bola Lana, reported on the numerous types of training done in the public and private sectors and the various cadres trained. If training, undertaken by the FMOH, the IEC Division of FHS, and AVSC is included, the amount and diversity of training is further increased, thus making the management and coordination of training for family planning in Nigeria very difficult. The task force identified nine problem areas in regard to training and made specific recommendations on dealing with them.

##### 1. Selection of trainees

- Criteria for selection of trainees approved by FMOH should be followed by all organizations conducting or sponsoring family planning activities (physicians, CSPs, CHEWs, VHWs).

- FMOH and donors should collaborate to develop criteria for selection of trainees in management, IEC, etc.
2. Standardization of curricula
- Standardized in-service curricula approved by the FMOH for CHEWs, CSPs and physicians should be distributed to all training sites and agencies involved in training, with a clean directive for their use.
  - FMOH and donors should review existing curricula and develop standardized curricula for each cadre of management trainees.
  - AVSC should collaborate with FHS on the full integration of VSC in family planning training.
3. Duration of training
- Training courses should follow approved standardized curricula.
4. Evaluation/follow-up
- A standard tool for evaluation and follow-up should be developed.
  - All training evaluation/follow-up should be conducted within six weeks to six months of the completion of training.
5. Utilization of trained personnel
- Policy makers should be oriented on a regular basis as to the problems caused by indiscriminate transfer of personnel.
  - Donor agencies should require grantees or sub-contractors to utilize trained personnel as agreed in their contracts.
6. Inadequate practical training resources
- Guidelines established by FMOH governing criteria for practical clinical training sites should be followed by all training, including the budgeting for family planning consumables.

7. Collaboration between FMOH, donor agencies, NGOs and Family Health Services Divisions
  - A training coordination committee with representatives from all agencies should be established by FMOH, and the committee should meet quarterly.
8. Monitoring of training standards
  - Approved in-service training curricula should be distributed to all training sites, by FMOH/FHS.
  - Standards of practice (SOP) should be finalized and approved for distribution by FMOH as soon as possible.
  - FMOH should establish a unit to be responsible for monitoring training standards.
  - Agencies supporting training should submit all training plans and schedules to the FMOH quarterly.
  - FMOH should establish a training data base.
9. Over-training individuals
  - Refer to recommendations 1 and 8.
  - Policy statement from FMOH to state MOH and LGAs to check over-training of individuals.

The task force also recommended that FHS divisions should collaborate with FMOH to develop strategies for integration of pre-service family planning training in schools of health technology, schools of nursing and medical schools.

### Policy Initiatives

Problems: What are the ways that can be used to identify those government policies, laws, administrative rules and procedures and common practices that inhibit the implementation of the national population policy for development? Can a mechanism be put in place to amend those policies and practices?

The task force identified some of the government laws, policies, administrative rules and procedures likely to have an inhibiting effect on the implementation of the policies as follows:

**Laws and procedures not in place:** Placement of family planning commodities on the essential drug list, registration of supermarkets and gas stations as commodity outlets, registration of Norplant implant, non-involvement of family program commodities as part of drug-revolving fund mechanisms, free advertisement of all types of commodities, and laws forbidding early marriage/early high-risk childbearing.

**Laws in place needing to be removed:** The tariffs imposed on the family planning commodities should be removed. One of the conditionalities of the contract between AID and federal government is that the commodities should be brought in free.

**Administrative rules and procedures:** Quality assurance mechanisms are not in place to control safety of services. There is no clearly defined hierarchy of objectives to guide the implementation process.

There is need for development of strategies needed to achieve the objectives which might arise from increasing demand for family planning especially in semiurban and rural areas. Currently, service and process of service system are not well defined, and authority and responsibility are not matched.

**Mechanisms to remove the inhibitions and obstacles created by the weaknesses identified:**

- Establish linkages with legal system to aid ministries involved in regulation of tariffs, and in formulation of edicts on marriage. Support review of earlier efforts to collate earlier efforts e.g., UNFPA sponsored effort.
- Foster collaboration of FHS and FMOH on defining a hierarchy of objectives and targets as management mechanisms for guiding the population programs. High-risk population targets (men, adolescents), geographical focus approach to service delivery, attention to clients desiring to limit their children, and emphasis on more effective methods, are subsystems needing to be matched by service strategies.
- Review structure and process of family planning and MCH service delivery systems, defining and redefining where necessary the roles and responsibilities of human resources available. Attention should be paid to mechanisms for integrating fp into MCH.
- Involvement of the Further Analysis Group in publications and social interactions in both health and social sectors as ways of disseminating the fact finding mission and the NDHS findings and of influencing policy decision-making process.

## Geographic Focus

Problem: While FHS is not planning to put significant resources into geographic focus area in addition to the resources already being program by the various divisions, some resource will be required? What are they?

The chairman of the task force, Sallie Craig Huber, Pathfinder International representative, reiterated that the objectives of the geographic focus program was to maximize impact of Family Health Services coordinated efforts, including other cooperating agencies, e.g. CCCD, UNFPA, PPFN, AVSC, and other NGOs, in geographic focus area states. This objective will be realized through the use of existing structures without adding extra input. The task force agreed that focus states, for the first phase of the program, would be Kano, Anambra, Osun, and Niger states.

### STEPS TO DEVELOP GEOGRAPHIC FOCUS (in each State)

Following steps are to be followed to develop geographic focus:

1. Review existing information and activities.
2. Identify gaps, needs and players.
3. Joint strategic plan (by state task force) expanded to include other players - media, NGOs, associations of professionals, etc.
  - Project activities for each component
  - Admin. issues. e.g. memo of understanding with state Ministry of Health to determine responsibilities and resources to be provided by each party, e.g. transportation
4. Lagos task force meets to review/approve state strategic plans.
5. Individual action plans by actors FHS and other "players" developed and put together as a "joint work plan"
6. "Launch" meeting in Lagos and state to present plans.

### STRUCTURE - STATES TASK FORCE - GEOGRAPHIC FOCUS AREA

PRIMARY HEALTH CARE DIRECTOR - CHAIRMAN  
DEPUTY FPC - SECRETARY

(Coordinator for Geographic Focus Area)

Members:

Family Planning Coordinator  
ZPOs (IEC/Public Sector/UNFPA/PHC)  
Project Director/Coordinator (All FHS subcontracts, AVSC, etc)  
CCCD  
PPFN

#### STATE TASK FORCE RESPONSIBILITIES

1. Strategic planning
2. Coordination
3. Monitoring implementation of strategic plan
4. Reporting to Lagos Task Force
5. Use OR project assistance and resource as needed

#### STRUCTURE LAGOS FAMILY HEALTH SERVICES TASK FORCE FOR GEOGRAPHIC FOCUS

DEPUTY PROJECT ADMINISTRATOR - Chairman  
SECRETARY (TO BE DECIDED)

Members:

Heads of Divisions  
ZPOs & Policy & Private Sector representative  
Deputy Family Planning Coordinators  
Federal Ministry of Health  
Planned Parenthood Federation of Nigeria  
United Nations Population Fund

#### **SESSION 6 FIHS ADMINISTRATION AND MANAGEMENT ISSUES**

A general discussion of administrative and management issues was led by Mr. Eugene Chiavaroli, Director of USAID. The Performance Appraisal form and the procedure for its use were enumerated. The form is to enable management to evaluate each staff to determine step and merit increases.

Some contractors expressed difficulty in implementing salary increases in the middle of a contract as this is not in line with their office procedures.

After an open discussion on a standard performance appraisal system, it was agreed that a structure be put in place to determine when all staff are to be evaluated. The suggestion was that staff appraisal take place at end of November/December and forthcoming

recommendations be implemented in January of each year.

The Performance Appraisal forms would be distributed to the various divisions' personnel to be filled out for each worker and his/her supervisor and then reviewed by the Division director, and Project Administrator. Step and merit increases would be made as recommendations to the FHS contractors for their approval or disapproval and appropriate action.

The AID Director would like the contractors to forward their financial reports in time as the present situation is such that only two of the contractors forward their reports to reach him in good time. He also noted improvements in the receipt of trip reports while quarterly reports have been coming in late. Quarterly reports are to be forwarded to REDSO Abidjan with copies to both AID and the FHS Project Administrator.

It was announced that a Christmas Party is to be given on December 19, 1991.

Lastly, in view of difficulties being experienced in securing accommodation in hotels in Lagos, it was agreed that FHS Operations Division would explore the possibility of setting up a guest house to accommodate TDYers.

**SESSION 7 - Presentation of 5th Year Work Plan Outlines**

(Note: These are preliminary documents that will be revised.  
Final submission of 5th Year Work Plans are due in January, 1992)

YEAR V  
INFORMATION, EDUCATION AND COMMUNICATION DIVISION

1. JHU/PCS NIGERIA OFFICE ACTIVITIES

- A. Continued support for zonal offices in Enugu, Ibadan, Kaduna and Bauchi health zone capitals, including placement of Youth Corpers.
- B. Ongoing orientation/training for JHU/PCS Nigeria program staff (and counterpart colleagues where appropriate) in practical technical assistance, effective implementation, and monitoring of subcontracts and activities.
- C. Quarterly mini-workshops for program staff, consultants, and appropriate counterpart colleagues to enhance design and management capabilities.
- D. Subcontractors:
  - 1. Modification of US-based subcontractors;
  - 2. Development, implementation and modifications with major Nigerian counterparts (FMOH, FMOED/NERDC, PPFN, NCPA and other technical agencies).
- E. Review and dissemination of evaluation results within FHS, and preparation of reports for publication.
- F. Continued provision of IEC reference materials and give away items through Media Materials Collection.

II. FEDERAL MINISTRY OF HEALTH

Health Education Branch

- A. Distribution of counseling and motivational print materials (methods wallchart, posters, cue cards, flipchart, leaflets, etc.) to public and private sector service delivery points throughout the country.
- B. Implementation of Training of Trainers Workshop in materials development for HEB, DPA and PPFN staff, with follow-up support for HEB to train additional health educators. The workshop will enhance capabilities of FMOH, state Ministry staff and others in providing assistance and training for national and state-level health information, education and communication programs.

Department of Population Activities

- A. Establishment of Media Materials Collection and Documentation Center for public sector agencies in collaboration with other departments of the FMOH and state MOHs.

- B. Continued support for execution of state national population logo launches.
- C. Continued execution of the national population logo campaign in collaboration with DPA.
- D. Development of national television program in collaboration with DPA IEC Task Force.

### III. PLANNED PARENTHOOD FEDERATION OF NIGERIA

- A. Continued implementation of Sexual Responsibility Music Public Service Announcement Campaign.
- B. Continued production and distribution of counseling training video for use by public and private sector institutions.
- C. Implementation of institutional sustainability effort including:
  - Enhanced training ability in materials development and counseling;
  - Establishment of Media Materials Collection;
  - Campaigns to position PPPN in family planning service delivery niche and for family planning promotion in selected Northern states;
  - Development of audio/visual materials for selected audiences.
- D. Continued support for integration of family health messages into existing national television programs;
- E. Development and production of national radio series with FRCN on family health issues.

### IV. NERDC (FAMILY LIFE EDUCATION)

- A. Continued monitoring and evaluation of quality and effectiveness of FLE materials on knowledge, attitude and behavior of secondary school-age adolescents.
- B. Production of comic book on population and development for commercial distribution and inclusion in secondary school FLE material.
- C. Development of supplementary student materials and teacher aids to support FLE curriculum.

### V. OTHER AGENCIES

#### National Council for Population Activities

Finalization and distribution of press kit for journalists; implementation of a series of workshops for journalists on the

population policy and family planning.

Ministry of Information

Development and initiation of IEC project with the Federal Ministry of Information.

Association for Voluntary Contraception

Needs assessment and project initiation with AVSC for promotion of service delivery sites and other communication needs related to long term contraception.

Others

Explore and initiate project development with Armed Forces, journalism institutions, union of transport workers, Ministry of Agriculture, NGOs and other relevant agencies to produce IEC materials for their constituencies.

VI. ZONAL PROJECTS

- A. Continued monitoring of distribution and impact of Yoruba film "Eni A Wi Fun" in B Zone.
- B. Development and initiation of regional projects in all Zones (radio/TV jingles, radio programs, videos, music).
- C. Development and implementation of materials development workshops with FRCN, NTA and FMOI production centers at the zonal levels. Sessions to include formative research, message development, pretesting and evaluation (in collaboration with UNICEF/UNFPA).

VII. STATE LEVEL PROJECTS AND SPECIAL ACTIVITIES

- A. Continuation of on-going statewide IEC campaigns in Kaduna, Benue, Rivers, Niger, Lagos, Ondo, Plateau, Oyo/Osun, Akwa Ibom, Cross Rivers and Kwara.
- B. Initiation or implementation of statewide IEC campaigns in four selected geographic focus states (Anambra, Osun, Kano, Niger) in collaboration with other FHS components.
- C. Project development and initiation in Sokoto, Edo, Adamawa, and other states. Final state selection and prioritization for activities to be determined in conjunction with other FHS components.
- D. Conduct domestic "exchange" tours among state-level health representatives on the development and implementation of IEC activities in various states.
- E. Participation of state-level health and media personnel

in selected international, regional and state-level IEC workshops.

#### VIII. TECHNICAL RESOURCE AGENCIES/CONSULTANTS

- A. Final collection and analysis of national audience research by a market research company based on literature review and field research and development of "How to Guide". "How to Guide" based on research for use by health and media representatives to develop appropriate messages, media and strategies for effective family planning promotion.

#### IX. ADDITIONAL TRAINING ACTIVITIES

- A. Continued distribution of standardized three day curriculum on interpersonal communication and counseling.
- B. Provide technical assistance as appropriate for incorporation of training module into regular in-service and pre-service state level training programs of public and private sector programs.
- C. Distribution of standardized two-week media materials development curriculum.
- D. Explore and initiate collaborative efforts for communication training with ARHEC and CAPS.
- E. Conduct IEC strategy and project development workshops with selected state and agency specific teams for project design.

## POLICY DIVISION

### AREAS OF EMPHASIS OF THE 5TH YEAR WORKPLAN

#### 1. STRATEGIC PLANNING ACTIVITIES

**Expected: A.        6 Strategic Planning Activities**

The strategy to be adopted is to have zonal workshops which will draw participants (coordinators) from the states (LGAs) in the zone. Fact Finding Mission reports will form basis of the fine tuning of the family program activities. The focus will be achieving the target set at the last FPCD coordinators workshop. The states selected for geographical focus will be included.

Collaboration: Policy/FHS, DPA, PHC (FTFs).  
Africare

**B.     Fact Finding Mission: Expected: 1**

**Further Action:** Wide Dissemination of results as : Reports, "Family Health Publications"

Collaboration: Africare

**C.     Further Analysis Group: Target of 3 workshops met.**

**Possible Further Action:**

Use as technical assistance/ facilitators to government in the generation of papers "**Policy Issues**" This will serve as executive memos to assist government in reaching informed decisions on policy refinement and program directions. Assistance will be provided for them to engage in intellectual debates and contributions to stimulate constituency support for those activities which favor women education and social and economic reforms supportive to the family planning program.

Some will benefit from the Study tour fellowships which are planned for 4th and 5th years.

#### 2.            FISCAL PLANNING

**Expected: A.        10 State Level cost/benefit seminars for 200 key financial decision makers**

**B..     Cost Recovery Studies**

**Further Action:** To start early in the fifth year.  
Cost-Recovery studies to be completed in the last quarter of Yr 4.

**3. CONSTITUENCY-BUILDING**

**A. Seminars and Workshops**

Target already met for the number of leaders but not in the number of workshops.

This will be continued into year 5 in a less elaborate form. Cost per workshop to be reduced, careful evaluation of impact will be assessed before initiation. Activity will be pursued in a collaborative and integrated way. Groups to be supported are to provide evidence of contribution. Organizations being sponsored for national or zonal seminars will have to show evidence of plan to follow up with regional or local seminars by self effort.

**Expected**

2 National, some regional/zonal workshops, 80 1-day LGA seminars

Nigerian Medical Association, and some University Conferences will be focussed on as means of dissemination of findings and generating interest in family planning.

**Strategy:** Activity planned in active collaboration with PPFN, follow up on some implemented.

**B: Study tour Fellowships**

**Expected:** 6

Planned for year 5

**4. EVALUATION AND FEEDBACK/SPECIAL SURVEYS.**

**A. Trend Monitoring**

Monthly summaries of trends in media comments are to be provided to FHS divisions and to government departments.

**B. Family Planning Questionnaire**

Further steps to be negotiated with the FOS to change strategy and minimize cost.

**C. Dissemination and Feedback of Special surveys.**

Production of and dissemination of "Poptalk" and other new publications to inform decision makers will continue. Lunch-hour seminars to be introduced fortnightly to report findings of surveys to FHS divisions and possibly others.

**5. INSTITUTION BUILDING**

NCPA, PPFN and FMOH will continue.

**6. INFLUENCING POLICY CHANGE**

Policy will support efforts to facilitate actions targeted at securing government legislative activities which have bearing on service delivery and advocacy issues. Towards this end, assistance will be provided through support for research or support for working up legal mechanisms needed to back up government policies.

**D. Community Based Research Program**

Research Coordinator will seek to coordinate research efforts in focus areas by FHS components, CCCD, Mothercare, and other donor WB, UNICEF, etc. Coordinator will leave as a technical resource person in research methods.

**E. Staff Development**

WORKPLAN CHART

FIFTH YEAR - PRIVATE SECTOR

LARGE SCALE DISTRIBUTORS	PLANNED WORK SCHEDULE												FHS Collaboration	
	= TIME LINE X = ACTIVITY													
	REPORT PERIOD													
	A	M	J	J	A	S	O	N	D					
<b>A. DEVELOP LARGE SCALE SUBCONTRACTS</b>														
1. Develop continuation of Memorandum of Understanding with SPNL				X										
2. Review/monitor distribution points													X	
3. Monitor SPNL income generating account disbursements													X	
4. Monitor Memorandum of Understanding with PSI													X	
<b>B. NATIONAL MEDIA CAMPAIGN</b>														
1. Continue implementation of condom campaign													X	MOH JHU-PCS JHU-IIS, USAID
2. Implement pill advertising													X	
3. Initiate and implement Copper T advertising													X	
<b>C. CONTRACEPTIVE EQUIPMENT AND SUPPLY</b>														
1. Inventory Monitoring													X	MOH Pathfinder JHU-IIS, USAID
2. Needs Forecasts													X	
3. Requisitions													X	
4. Shipments Received													X	
<b>D. SELL CONTRACEPTIVES TO A TOTAL OF 490,000 USERS</b>													X	

WORKPLAN CHART

FIFTH YEAR - PRIVATE SECTOR

I. HEALTH AND OTHER FAMILY PLANNING SERVICE DELIVERY SITES	PLANNED WORK SCHEDULE												FHS Collaborat...	
	TIME LINE						X - ACTIVITY							
	REPORT PERIOD													
	A	M	J	J	A	S	O	N	D					
<b>IMPLEMENT HEALTH FACILITY (CONTINUATION) SUBCONTRACTS</b>														
F-17 Apex Hospital													X	
F-18 Borno Meidcal Clinic													X	
F-19 Sefa Specialist Hospital													X	
F-20 Port Harcourt Nursing H.													X	
F-21 Eko Hospital													X	
F-23 Excel Clinic													X	
F-24 Eku Hospital													X	
F-25 Pope Paul Hospital													X	
F-27 Sokoto Clinic Hospital													X	
<b>IMPLEMENT (CONTINUATION) NGO SUBCONTRACTS</b>														
F-05 NKST													X	
F-06 COWAN													X	
F-07 NCWS													X	
F-09 MWCS													X	
F-26 EYN													X	
F-29 CRAC													X	
<b>DEVELOP NEW SUBCONTRACTS IN</b>														
- Akwa-Ihom State													X	
- Anambra State													X	
- Kano State													X	
- Niger State													X	
- Osun State													X	
<b>PRIVATE MEDICAL PROVIDERS</b>														
1. Continue training nurses/ Nurse-Midwives (MSC/JSI)													X	
2. Provide training to 100 doctors (AVSC)													X	

USAID  
MOH  
JHU-PCS

MOH, JHU-PCS,  
AVSC

WORKPLAN CHART

FIFTH YEAR - PRIVATE SECTOR

	PLANNED WORK SCHEDULE												FHS Collaboration	
	TIME LINE						X = ACTIVITY							
	REPORT PERIOD													
	A	M	J	J	A	S	O	N	D					
3. Implement Plan for monitoring Nurses/Nurse-Midwives (MSC, JSI)													X	FPIA
4. Develop/implement monitoring of medical doctors													X	FPIA, AVSC
5. Continue to implement commodity supply system													X	SPNL, FPIA
6. Develop/implement the possibility of some level of self sufficiency in training													X	FPIA
7. Continue to assess NANNM network													X	USAID
E. SELL CONTRACEPTIVES TO A TOTAL OF 250,000 USERS													X	

WORKPLAN CHART

FIFTH YEAR - PRIVATE SECTOR

111. Vendors/Associations/Workplaces	PLANNED WORK SCHEDULE												FHS Collaboration		
	- = TIME LINE X = ACTIVITY														
	REPORT PERIOD														
	A	M	J	J	A	S	O	N	D						
<b>A. VENDORS/ASSOCIATIONS</b>															
1. Implement Commodity Supply/ Monitoring System (Vendors)														X	USAID, MOH
2. Liaise with MOH/FDA & C obtain required certificates														X	
3. Continue Implementation of Gasoline Retail Vendor Program (JSI)														X	
4. Continue Implementation of market-based sales through Nursing Associations (JSI)														X	USAID, MOH
<b>B. WORKPLACES</b>															
1. Continue/Implement/expand Employee-based projects														X	USAID/JHU-PCS
2. Initiate/Implement University Medical Center Projects														X	
<b>C. SELL CONTRACEPTIVES TO A TOTAL OF 50,000 USERS</b>														X	

WORKPLAN CHART

FIFTH YEAR - PRIVATE SECTOR

IV. Support Activities: Training/Management/Monitoring/ Technical Assistance/MIS/ Evaluation	PLANNED WORK SCHEDULE												FHS Collaboration	
	- = TIME LINE						X = ACTIVITY							
	REPORT PERIOD													
	A	M	J	J	A	S	O	N	D					
A. TRAINING (SEE WORKPLAN II)														USAID USAID JHU-PCS Pathfinder AVSC
B. MANAGEMENT/MONITORING														
1. Provide training for Lagos-based staff (NY and Consultant)													X	
2. Monitor projects in the field (NY and Lagos Staff): Two visits/Year/Subcontract													X	
3. Submit FHS Quarterly Reports			X			X							X	
4. Attend FHS Management Committee Meetings	X			X			X							
C. TECHNICAL ASSISTANCE														
1. Provide TA to Hospital-based projects													X	
2. Provide TA to FPIA-supported contractors													X	
D. MIS														
1. Implement MIS													X	
E. ASSESSMENT														FMOH USAID Pathfinder MSH
1. Conduct Internal Assessment								X						
F. AUDIT														
1. Arrange for the audit of subcontracts													X	USAID

## DRAFT 5TH YEAR WORKPLAN

### I. Large Scale Distributors

The project plan called for Sterling Products Nigeria PLC to take a major role in the achievement of private sector contraceptive distribution into its core marketing program with the result that the condom is becoming widely recognized in Nigerian households.

The Memorandum of Understanding developed with Sterling Products Nigeria PLC as well as that developed with Population Services International (PSI) - which expanded PSI's role to complement and supplement SPN PLC activities by reaching additional economic level in the population - will continue to be monitored in the 5th Year.

A third Large Scale Distributor will be sought for the specific purpose of selling oral contraceptives. Preliminary negotiations are underway with several pharmaceutical companies.

In Year 5 the Large Scale Distributors network is expected to provide contraceptives products to the equivalent of approximately 490,000 users through 6,000 outlets.

The Right Time condom national campaign will continue during Year 5. In addition, pills and IUDs will be advertised in medical and paramedical journals.

During Year 5, FPIA estimates that FHS contraceptive commodities and equipment supplies will be valued at three million, five hundred thousand U.S. Dollars (\$3.5 million). Commodity needs forecasting will take place during March, July and November 1992, with input from USAID, Pathfinder International, Federal Ministry of Health (FMOH) and Association of Voluntary Surgical Contraception (AVSC). Sterling Products Nigeria PLC will continue to have major responsibility for warehousing and distributing both the Public and Private Sector commodities until October 1992 when the FMOH will assume responsibility for warehousing and distribution of the Public Sector commodities.

### I. Health and Other Family Planning Services Delivery Sites

As planned FPIA/Lagos staff have developed and are currently managing nine hospital-based subcontracts. In accordance with the private sector work statement, these hospitals are located in urban areas with a population of at least 100,000 people. Significantly, the nine hospitals represent zones A, B, C and D. In addition, five new subcontracts will be developed in five states namely, Osun, Niger, Anambra, Akwa Ibom and Kano States.

In general selected hospitals have satellite clinics and sell contraceptives through community-based distribution. In Year 5, it is anticipated that 100,000 users will be served through these hospital-based subcontracts.

FPIA/Lagos staff will continue managing the six (6) Non-Governmental Organization (NGOs) subcontracts already developed.

These hospital and NGO subcontracts are:

1. NKST, Gboko (Benue State)
2. Country Women Association of Nigeria (Ondo State)
3. National Council of Women's Societies (Plateau State)
4. Mbakor Women's Cooperative Society (Benue State)
5. Apex Medical Centre (Anambra State)
6. Sefa Specialist Hospital (Kaduna State)
7. Borno Medical Centre (Borno State)
8. Port Harcourt Nursing Home (Rivers State)
9. EKO Specialist Hospital (Lagos State)
10. Excel Clinic (Lagos State)
11. Eku Baptist Hospital (Delta State)
12. Pope Paul Specialist Hospital (Abia State)
13. EYN, Garkida (Adamawa State)
14. Sokoto Clinic (Sokoto State)
15. Cross River State AIDS Committee (Cross River State)

The Private Sector contract calls for training of 2,100 Nurses. To date, over 2,400 Nurse/Midwives have been trained. An additional 600 Nurse/Midwives will be trained in the 5th Year.

In Year Five also, 100 Medical Doctors will be trained on the permanent methods of contraception in four of the Association of Voluntary Surgical Contraception's (AVSC) training sites.

Monitoring of the trained Nurse/Midwives will continue by NANNH monitors. Sterling Products (Nigeria) PLC will continue to supply contraceptive commodities.

The Medical Doctors to be trained will be monitored by FPIA and AVSC staff.

The possibility of achieving some level of self-sufficiency in training will be developed and implemented in Year Five.

An assessment of the NANNH network will be continued in Year Five.

The entire health and other family planning service network will serve a total of 250,000 users.

### III. Vendors/Associations/Workplaces

This network is designed to supply contraceptives through 2,100 vendors, associations and workplaces. It includes gasoline retail outlets, market vendors, taxi drivers, pharmacists/pharmacy attendants and associations.

In Year Four, a total of 1,352 private vendors, 1,334 vendors and 3,141 private pharmaceutical personnel have been trained in family planning methods and counselling and are providing family planning services. These vendors received a 3-month supply of contraceptives. It was planned that when the supply was exhausted they would use the income they generated to purchase contraceptives from Sterling Sales Representatives or their local chapters. FPIA intends to continue monitoring and supply of these vendors, working in concert with Sterling, JSI and the respective associations.

Work will continue to enlarge the contraceptives sales program in mini-marts. It is anticipated that this sales program will be expanded to include independent gasoline retail outlets. An additional sales program in Mobil Oil Mini-marts is also planned.

The four Nurse-Vendor subcontractors being implemented will continue to increase service to family planning acceptors. Additional technical assistance will be provided to strengthen sales promotion and IEC activities.

Nursing associations in 11 states will continue to monitor the family planning services of private sector Nurse-Midwives who have been trained through both the JSI and MSC programs, and to sell and distribute commodities. The number of associations will be increased to accommodate the newly created state branches and other viable associations. Emphasis will remain on increasing sales and program sustainability as subprojects continue to assume greater proportions of program costs.

Expanded family planning services will be provided through employee-based organizations now active during the fifth Year period. Subcontracts with NITEL, NEPA, Lever Brothers Nigeria PLC, the University of Ilorin, the University of Nigeria at Nsukka and Enugu are expected to increase family planning service provision. Also, the employee-based programs will be expanded to other University Medical Centers.

It is anticipated that this segment will produce approximately 50,000 family planning acceptors in the Fifth Year.

IV. SUPPORT ACTIVITIES

1. Training

Training during this 5th Year will take place in two parts: Training for Service Providers, and Training for FHS project staff.

a. Training for Service Providers

Physicians, Nurse-Midwives, Pharmacists, Pharmacy Attendants, Community-Based Distributors, Vendors and other family planning providers will continue to be trained through teaching hospitals currently providing this training. A training consultancy organization, most probably a Nigeria-based NGO, will be responsible for the coordination of all training activities. Workshops will be organized for service providers in the Private Sector.

b. Training for FHS Project Staff

Due to the diversity and expansion of activities in the project, FPIA staff will be provided with update training in management. This training will include both formal training through short courses and workshops, and technical assistance/on-the-job training by FPIA/New York staff and consultants.

2. Technical Assistance/Monitoring

Technical assistance will continue to be provided to all the projects through various types of TA visits. Each project generally receives four visits during each of its funding periods.

3. Management Information System

The MIS program will continue to develop a service statistics system in private sector clinics, computerized at the national level, and compatible with the FMOH Primary Health Care monitoring and evaluation system for family planning service statistics. The program will also estimate current contraceptive use based on family planning service statistics available from the FMOH and FPIA sales records, and from the Nigerian Integrated Survey of Households (NISH).

4. Evaluation

Internal evaluation will be carried out throughout the extension period to assess the extent to which Private Sector objectives are being met. Data will be used to devise new strategies to improve performance.

FHS PUBLIC SECTOR DIVISION  
PRELIMINARY OUTLINE OF ACTIVITIES  
IN YEAR 5 AND BEYOND

A. Equipment/Supplies

ACTIVITY	COLLABORATION
<u>For Year 5</u>	
- Continue IUD Kit surveys in Zones (Phased)	FHS/Public Africare, FMOH
- Evaluation of Equipments Distributed under FHS	FHS/Public, Policy Africare, FMOH
- Survey SIIT clinic areas for IUD kits & Equipment sections	FHS/Public Africare, FMOH
- Distribution of IUD Kits to Clinics.	"
- Replacement Equipments/ Instruments (Spare-parts)	"
- Equipment Maintenance Training for clinicians (TOT (State) LGAs, Clinics.	FHS/Public, Africare, Operation, FMOH
- Follow-up on equipment manufactures (in-Country production & maintenance)	FHS/Public, Africare, FMOH
- Armed Forces & Technology IUD Hospitals survey and Supply.	FHS/Public, Africare World Bank/ UNFPA, FMOH
- Survey Clinics in Geography States.	FHS/Public, Africare, FMOH
- Distribute 35 Equipment sets to Geographic States.	"
- Supply IUD Kits to Geographic States	"

ACTIVITY

COLLABORATION

In 18 month Extension

- Survey more clinics. FHS/Public, Africare  
FMOH
- Procure additional equipment set FHS/Public,Africare,
- Supply equipment set  
to more clinics to  
increase # of Fully  
equipped clinics (Additonal 300) FHS/Public,Africare  
FMOH, SMOH LGAs
- \*Matching grant concept
- \*Counterpart contribution  
strategy
- Procure and distribute  
more IUD kits to qualified  
clinics. FHS/Public, Africare
- Replacement Equipment  
Instruments. FHS/Public, Africare

## ACTIVITY

## COLLABORATION

FOR YEAR 5A. FORECASTING

- \* FHS/Public collaborate with FMOH to forecast public sector commodity needs. FHS/Public & FMOH Commodity Taskforce
- \* Shorten the Lead time between projected needs, Procurement and Shipment. FHS/Public, Private, FMOH
- \* Commodities within 9 months of production should be shipped into the country. FHS/Public, Private, FMOH.

FHS/Public and FMOH to explore and resolve implementation of commodity revolving scheme in states and LGAs throughout the country.

FHS/Public FMOH,  
Policy, OPs Research,  
Pop. Council

B. WAREHOUSING

- \* Training & TA on Warehousing/ Commodities Management for FMOH
- \* Standardize Commodity MGT/ Tracking Tools.

FHS/Public, FMOH

C. DISTRIBUTION/TRANSPORT

- \* Assess & Implement commodity distribution Logistics (e.g transport) FHS/Public, FMOH
- \* The Proposed FMOH distribution system to be in place by October 1992 (TASKFORCE TARGET) FHS/Public, FMOH Commodity task force.
- \* DISPOSAL OF EXPIRED COMMODITIES FHS/Public, FMOH

D. MONITORING

- \* FHS/Public to assist FMOH engage additional staff for commodity Management and Monitoring.
- \* ZPOs, CLOs to continue commodity monitoring with FMOH, FTFs. FHS/Public, FMOH
- \* Task force on Commodity leakage FHS/Public, Policy OPS research, FMOH

In 18 Month Extension

- \* FHS/Public & FMOH oversee the operation of public sector commodity forecasting, management & monitoring system. FHS/Public, FMOH
- \* FMOH to phase in the budget to procure/purchase commodities for public sector. distribution FHS/Public, FMOH
- \* FMOH to operate 'commodity revolving scheme' in the state and LGAs. FHS/Public, FMOH
- \* Dispose Expired commodities
- \* Task Force on Commodity Leakage FHS/Public, FMOH Commodity task force.

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YEAR 5 WORKPLAN

CLINICAL TRAINING

ACTIVITY	COLLABORATE WITH
- Train 30 Midwifery Tutors in Family Planning (PI)	FMOH, N&MC of Nigeria.
- Provide TA to strengthen the incooperation of training capability in State Projects. Proposal in Zone ABCD	
- Renewal of proposals for Zones ABC	
- Conduct NA for the 9 new States to initiate training.	FMOH/SMOH FHS-IEC/Africare AVSC/UNFPA,PPFN
- Develop project proposals for new states	SMOH
- Conduct Refresher Training for <u>all</u> cadres of Health workers.	SMOH
- Continue provision of TA for State FP Training plan.	FMOH&SMOH AVSC
- Conduct field testing of SHT FP Session Plan.	
- Train 30 SHT Tutor in Family Planning Training skills.	FMOH,MD&T

- Provide TA for FMOH/MD&T divisions in FP training skill. FMOH
- Provide TA to PHC Tutor Training Institution in FP. FMOH
- Establish 3 new Physician training site in zones A,C&D. FMOH, AVSC
- CURRICULUM DEVELOPMENT
- Develop curriculum for Schools of Nursing and selected Medical Schools FMOH, MD&T, University Commission, NMCN
- Complete standardization for Physician inservice curricula VSC/IEC
- Evaluate Schools the impact of the schools of Midwifery FP Curriculum. NAMC of Nig. FMOH, MD&T
- Print and Distribute SOP
- Conduct nationwide orientation on the SOP

18th Month Extension

- Ensure that project objectives are all met.
- Put in place sustainability
- Evaluation of Project Activities
- Conduct refresher for state T.O.T. CSP&CHEWs, VHW
- Evaluate Quality of Service monitoring tool.
- Complete Schools of Nursing + Medice FP Projects.

## **SESSION 8 - Closing**

Dr. O.E.K. Kuteyi thanked all participants at the meeting for the hard work they have put up to ensure the meeting was successful. He expressed happiness at the collaboration between the government and USAID/Family Health Services project and expressed optimism that the 5th Year work plan would be approved by the Honorable Minister of Health.

Mc. John McWilliam also expressed his thanks and appreciation of the efforts put up by all staff, heads of divisions, zonal officers, FMOH directors and their officers as well as contractors and sub-contractors who attended the Planning Meeting. He looked forward to future meetings of this nature.

Mr. Eugene Chiavaroli rounded up the Planning Meeting with his expression of thanks.

**PARTICIPANTS AT PLANNING MEETING  
FOR THE FIFTH YEAR WORK PLAN**

**GOVERNMENT**

+2) Dr. O.E.K. Kuteyi, Director, Department of Population Activities (DPA)  
 Dr. A.O.O. Sorungbe, Director, Department of Primary Health Care  
 Dr. P. Okungbowa, Deputy Director, PHC  
 Dr. O.O.K. Dokunmu, Deputy Director, Monitoring & Evaluation, FMOH  
 Dr. A.A. Adeyemi, Assistant Director, PHC  
 Mrs. F.F. Gbadamosi, PHC Department, FMOH

**USAID**

Mr. Eugene Chiavaroli, Director  
 Mr. Gary Merritt, AID/Washington *Susan Russ*  
 Ms. Elizabeth Lule, Program Analyst *Mrs. Bernini Doremus*  
 Alhaja Shitta-Bey, Program Specialist

**FAMILY HEALTH SERVICES**

Mr. J. McWilliam, Administrator  
 Dr. Akin Akinyemi, Director, Policy & Evaluation Division  
 Dr. Uche Azie, Director, Private Sector Division  
 Mr. Mike Egboh, Ag. Director, Public Sector Division  
 Mr. George Oligbo, Director, Operations Division  
 Ms. Susan Krenn, Director, IEC Division  
 Dr. Nosa Orobato, Policy & Evaluation Division

**FHS PRIME CONTRACTORS**

Mr. Mac Coffman, Family Planning International Assistance  
 Mr. James Crawford, Pathfinder International  
 Ms. Sallie Craig Huber, Pathfinder International  
 Mr. Dennis Weeks, Sweethill Associates Inc.  
 Dr. Stella Goings, Institute for International Programs, JHU  
 Mr. Phillipe Langlois, Center for Communication Programs, JHU

**OTHER COOPERATING AGENCIES**

Mr. Joseph Dwyer, AVSC Nairobi  
 Dr. Ade Adetunji, AVSC Lagos  
 Mr. Howard Teel, Director, Africare  
 Dr. A.B. Sulaiman, Executive Director, Planned Parenthood Federation of Nigeria  
*Dr. Elizabeth Lule... Pathfinder*

**DONOR ORGANIZATIONS IN NIGERIA**

- Dr. Babs Sagoe
- Dr. Alphonse McDonald }  
 - ✓ Esther Boheave -

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**AGENDA OF PLANNING MEETING**  
**FOR 5TH YEAR WORK PROGRAM**  
**DECEMBER 2 - 6 1991**

**Monday, December 2.**

- Session 1** Chairman: Dr. O.E.K. Kuteyi, Director, Department of Population Activities, Federal Ministry of Health
- 8.00 a.m. Opening Welcome by Mr. Eugene Chiavaroli, Director, USAID/Nigeria
- 8.30 a.m. Remarks by Dr. Kuteyi
- 9.15 a.m. Comments by Mr. Chiavaroli
- 9.45 a.m. Plan for the week in brief, John McWilliam, FHS Administrator
- 10.00 a.m. Tea Break and Greeting of Participants
- Session 2** Chairman: Mr. Eugene Chiavaroli
- 10.30 a.m. REVIEW OF ACCOMPLISHMENT AND LESSONS LEARNED FROM YEAR 4
- 10.30 a.m. Policy and Evaluation, Dr. Akin Akinyemi
- 11.15 a.m. Public Sector, Mr. Mike Egboh
- 12.00 to 12.45p.m. Lunch
- 12.45 p.m. Private Sector, Dr. Uche Azie
- 1.30 p.m. Operations, Mr. George Oligbo
- 2.15 p.m. IEC, Ms. Susan Krenn
- 3.00 p.m. Tea Break

**Session 3**

Chairman: Dr. Uche Azie

3.30 p.m.

**FHS ISSUES**

3.30 p.m.

**Family Planning Service Delivery: Public and Private**

Dr. P. Okungbowa, Deputy Director, PHC  
Dr. A.A. Adeyemi, Assistant Director, PHC  
Dr. Akin Akinyemi, Director, Policy and  
Evaluation, FHS

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**Tuesday, December 3.**

8.00 a.m.

**FHS ISSUES (continued)**

8.00 a.m.

**Commodities**

Dr. P. Okungbowa, Deputy Director, PHC  
Dr. A.A. Adeyemi, Assistant Director, PHC  
Dr. Ifeanyi Ibe, Commodities Coordinator, FHS

8.45 a.m.

**Training**

Ms. Bola Lana, Public Sector Division, FHS  
Ms. Olubunmi Dosumu, Private Sector Division, FHS  
Mr. Bola Kusemiju, IEC Division, FHS

9.30 a.m.

**Break**

9.45 a.m.

**MIS**

Dr. O.O.K. Dokunmu, Deputy Director, M&E, FMOH  
Mr. Mike Egboh, Act. Director, Public Sector Division, FHS  
Dr. Susan Kanu, Private Sector Division, FHS

10.30 a.m.

**Knowledge of Family Planning**

Ms. Susan Krenn, Director IEC Division, FHS  
Mr. Bola Kusemiju, IEC Division, FHS

11.15 a.m.

**Policy**

Dr. O.E.K. Kuteyi, Director, DPA  
Dr. Akin Akinyemi, Director, Policy and Evaluation Division,  
FHS

12.00 to  
12.45p.m.

Lunch

**Session 4**

Chairman: Dr. Akin Akinyemi

12.45 p.m.

PLANNING OF 5th YEAR WORK PLAN

Mr. Eugene Chiavaroli, Director, USAID  
Dr. O.E.K Kuteyi, Director, DPA  
Dr. A.O.O. Sorungbe, Director, PHC

2.30 p.m.

AVSC Presentation

Dr. Ade Adetunji, Nigeria Director, AVSC  
Mr. Joseph Dwyer, Regional Director, AVSC

3.00 p.m.

Geographic Focus Program (see attached preliminary thoughts on geographic focus for discussion at meeting)

Mr. John McWilliam, FHS Administrator

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**Wednesday, December 4,**

**Session 5**

Chairman: John McWilliam

8.00 a.m.

FHS TASK FORCE MEETINGS

- \* Increasing CYP Task Force
- \* Commodity/Logistics Management Task Force
- \* Linkage of IEC and FP Services Task Force
- \* Coordination of Training Task Force
- \* Policy Initiatives Task Force

12.00 to  
12.45p.m.

Lunch

12.45 p.m.

Task Forces Reports to Plenary

3.00 p.m.

Break

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**Session 6** Chairman: Mr. Chiavaroli

3.15 p.m. FHS ADMINISTRATION AND MANAGEMENT ISSUES  
.....

**Thursday, December 5.**

**Session 7** DIVISIONAL MEETINGS

8.00 a.m. Divisions meet separately to outline 5th Year Work Plan

12.00 to Lunch  
12.45p.m.

12.45 p.m. Division meetings continue  
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**Friday, December 6.**

Chairman: Dr. O.E.K. Kuteyi

8.00 a.m. Presentation of Preliminary Outline of Divisional Activities and Discussion

10.15 a.m. Break

12.00 to Lunch  
12.45 p.m.

12.45 p.m. Continuation of morning session

**Session 8** Chairman: Mr. Eugene Chiavaroli

2.30 p.m. OTHER ISSUES

4.00 p.m. Closing Remarks

Dr. O.E.K. Kuteyi  
Mr. Eugene Chiavaroli

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## Appendix C

### **Speech by Eugene Chiavaroli, Director, USAID/Nigeria**

Welcome to guests and participants from FMOH, donors and FHS project

#### Report card and look to the near future

1991 was not a watermark year for AID or its programs. We like to think that steady progress was made but, at least with regard to the family planning effort, not at the rate that we had hoped and expected.

- There were serious ruptures of contraceptive supplies over the past year.
- Acceptor rates appear to be declining.

Since we always take credit for progress, we also must take a share of the criticism when things do not go well.

Let's not overemphasize our lack of progress since, in a number of areas, positive things did happen and the FHS project participated in them.

- FHS contributed to the launching of the population logo.
- Training continued.
- Sterling launched its marketing program for Right Time Condom.

Some very successful seminars took place which have gone a long way to building a constituency for family planning in Nigeria. Counter to this, of course, were the many (too many) newspaper articles and editorials attacking family planning in Nigeria. What bothers me is not that the debate is taking place - I welcome that - and, on balance, there are probably more positive pieces than negative pieces, but that the facts were often wrong (particularly on the position of USAID and abortion and the linking of the abortion issue to family planning) which we seem powerless to challenge. I think we will have more to say about this over the coming several days.

Several other AID financed projects have been successful in promoting voluntary and informed child spacing. There are child survival projects in several LGAs which have successfully integrated fp into their PHC approach - I mention particularly the CCCD assistance in Barkin Laadi in Plateau and Suleja in Niger State, and the Africare project in Imo state. These are models which we are going to study and try to replicate. Our proposed geographic focus, which is on the agenda for tomorrow, will be working with other projects to bring just this kind of fp integration into phc.

#### The coming year for population activities

1. Implementation of fifth year work plan, obviously. We will be discussing the options that we have. John McWilliam will give background on the data, which is not encouraging and we will have more to say on what AID expects in Year five on Wednesday. Suffice it to

say, service delivery is a phrase that I want to hear a lot over the coming five days - that is the objective of the project, and the key focus for the year five work plan. As you go through this first day's sessions, I am asking you to focus on the following questions:

- What did we do in the past to provide family planning services?
- What could we have done better?
- What remains to be done in year 5 (and year 6 1/2, for that matter)?

2. Two initiative under FHS which will start this year are extremely important.

**Operations research** - with the Population Council - and a network of universities, headed by University of Ife. The operations research component will help identify problems and implement solutions, using a systems approach.

**Mothercare** - quality of care - increased attention to breastfeeding as a child survival issue as well as child spacing.

3. FHS PACD: FHS project has been extended to 6/94. I have asked each component to give us their financial requirements to keep the present projects active to o/a that time. We will consult with the FMOH on the review of the proposed extensions - this week if anyone wishes more discussion and in January when our regional contract officer, Steve Wisecarver is here.

4. In the interim, we plan to do the design of a follow-on project or projects. This work will begin in February. 1992. The start of the design phase will coincide with visit of Terry Tiffany, Deputy Director, Office of Population.

5. The closer integration of AVSC into other activities of FHS: Other FHS components, where appropriate, will be asked to coordinate activities with AVSC to avoid duplication of effort and to maximize the already effective AVSC program. We hope to find some additional funding for AVSC to expand their work, particularly as NORPLANT comes on stream.

6. The BIG country strategy: (give description of rationale and likelihood of Nigeria participating). We have submitted some ideas of interventions that we could undertake which are entirely, I believe, in keeping with the need of the government's population program. We will be getting some feed back from our Washington Office of Population and then begin discussions with the FMOH and other appropriate offices and institutions, on the ideas that we have and other needs that can be identified.

#### Primary Health Care Support Project

We have not been successful, this past year, in having the CPs' met for the second tranche of this policy project. Thus, we have not been able to disburse the \$10 million to the Ministry of Finance or to realize an equivalent amount in Naira for the Ministry for Health. It also pains me that N112,000,000 have been sitting in the Central Bank for the past two

years and has not been used on health programs. Our performance, and that of the FMOH has got to measurably improve over the coming year or we stand to lose \$21 million for the country and for the health program.

Our objectives for the coming year are to get the second tranche released, to complete an evaluation (in April), to get the third tranche released, and to negotiate, with the FMOH, the use of a portion of the counterpart funds in direct support of the AID's projects in FP, AIDS, child survival, and strengthening the ability of LGA's to govern in the health sector.

### Nigeria CCCD

In January, we will also be doing a PID for a second phase of the CCCD project, to be called Nigeria CCCD. There will very likely be some modifications, or additions, in emphasis technical areas. Urban EPI, particularly measles, has to be addressed. Malaria (impregnated bed nets) will be emphasized. We have to work closer with the FMOH and UNICEF on the several cost recovery initiatives being put into place. Finally, this program, following the lead of the FHS project, will give considerably greater attention to the extent and quality of care being provided by the private sector. We may, for example, consider one private sector effort, addressing both fp and the child survival interventions which CCCD has promoted.

We have begun to prepare the preliminary documents for a project which we have tentatively entitled, "Managing the Health Sector at the LGA level".

There are several other AID-financed efforts in health management, including FHS, CCCD and the JHU University Linkage project. Our task will see that these fit into a coherent whole.

### AIDS

We will be developing in January, a program of support to the AIDS awareness and prevention effort.

### NGOs

Will continue to work with the NGOs, and hopefully, expand our efforts. Our experience with US PVOs (Africare, PSI, ADRA, World Relief) has been more than positive, as has our experience with indigenous PVOs. In this latter area, we have to do much, much more. AID likes to think that it has a comparative advantage in building local NGOs - we have been at it for three decades, but our record in Nigeria is weak. We look to do more over the coming years, beginning in 1992. At least one additional project has been approved to begin this coming year - with the Salvation Army, and we have several proposals from the NGO community to work in population, in AIDS and in PHC which we hope to respond to favorably.