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Author: Stella Babalola, et al

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**ANALYSIS OF THE NIGERIAN BENEFICIARIES
OF THE FHS PROJECT: 1988 - 1992**

Report Prepared by CATENA

**Stella Babalola, Ph.D, Principal Investigator
S. B. Babalola, MBA, Project Coordinator
Niyi Adesina, M.Sc., Research Associate
Yemi Arogbofa, M.Sc., Research Associate**

TABLE OF CONTENTS

INTRODUCTION	1
I. BUDGET ANALYSIS	2
II. DIRECT AND INDIRECT BENEFICIARIES OF THE PROJECT	
A. EMPLOYEES	5
B. LOCAL VERSUS EXPATRIATE CONSULTANTS	7
C. TRAINEES	13
D. FAMILY PLANNING ACCEPTORS	17
E. MEDIA ACTIVITIES	18
F. CONSTITUENCY BUILDING	22
III. INSTITUTIONAL BUILDING	
IEC	24
PRIVATE SECTOR	25
POLICY DIVISION	26
IV. CONCLUSION	26

LIST OF FIGURES:

Figure 1.	Average No. of days per Expatriate Visit by Year - All components
Figure 2.	Average No. of days per Expatriate Visit by Year - IEC Component
Figure 3.	Average No. of days per Expatriate Visit by Year - Policy Component
Figure 4.	Average No. of days per Expatriate Visit by Year - Components
Figure 5.	Average No. of days per Expatriate Visit by Year - Public Sector Component
Figure 6.	Average No. of days per Expatriate Visit by Year - Operations Component
Figure 7.	Average No. of days per Expatriate Visit by Year - Other Components
Figure 8.	Average No. of Expatriate Consultant-Days by Year - All Components
Figure 9.	No. of Expatriate Consultant Days by Year - IEC Component
Figure 10.	No. of Expatriate Consultant Days by Year - Policy Component
Figure 11.	No. of Expatriate Consultant Days by Year - Private Sector Component
Figure 12.	No. of Expatriate Consultant Days by Year - Public Sector Component
Figure 13.	No. of Expatriate Consultant Days by Year - Operations Component
Figure 14.	No. of Expatriate Consultant Days by Year - Other Components
Figure 15.	Comparison of Expatriate & Local Consultant Days by year - All components
Figure 16.	Ratio of expatriate to local consultant days by year and by component
Figure 17.	No. of People trained by Health Zones and by Sector: FHS - 1988 TO 1991
Figure 18.	Percent Allocation of Funds by line item and by year: Operations Division
Figure 19.	Percent Allocation of Funds by line item and by year: Private Sector Division
Figure 20.	Percent Allocation of Funds by line item and by year: IEC Division
Figure 21.	Percent Allocation of Funds by line item and by year: Policy Division
Figure 22.	Percent Allocation of Funds by line item and by year: Public Sector Division
Figure 23.	Amount expended by Year and by Division - FHS-FY88 to FY91
Figure 24.	Total Amount expended by Division FHS - FY88 to FY91

INTRODUCTION

The Nigeria Health Services Project is a \$ 100 million dollar project funded by the United States Agency for International Development (USAID) and the Federal Government of Nigeria. The US government is providing about \$ 70 million for the six and one half year project and the Nigerian government is providing about \$ 30 million. The project started in 1988 and is currently in its fifth year.

The purpose of the project is to make family planning information and services widely available by the end of the 6½ years. The specific end-of-project objectives includes attaining a contraceptive prevalence rate of 12 percent or 2.5 million users. It is expected that seventy percent of these users will be served by the private sector while government hospitals and clinics will serve the remaining 30 percent.

To achieve these objectives, the US contribution is provided through five contracts let to US-based organizations which are the prime contractors: Johns Hopkins University Population Communication Services (JHU/PCS), The Pathfinder Fund, Family Planning International Assistance (FPIA), Johns Hopkins University Institute for International Programs (JHU/IIP), and the African American Institute (AAI). The five prime contractors are responsible for information, education and communication (IEC), public sector service delivery, private sector service delivery, policy implementation, and operations (administration and logistics). The prime contractors are assisted in the implementation of each of these components by U.S.-based subcontractors. Funds for the project flow through the prime contractors to implement activities in Nigeria.

There has been concern expressed by USAID and the Nigerian government about the extent to which the US funds provided through these organizations have been used to support Nigerian organizations and personnel. The aim of the present study therefore is to examine the benefits accrued to Nigerian individuals and institutions through the FHS project. To achieve this objective the terms of reference of the study include the following:

- budget analysis for each of the major contractor;
- determination of the number of primary and secondary beneficiaries of the project; and,
- determination of the institution-building aspects of the project.

The implementation of the study was greatly slowed down by the absence of necessary compiled data. Much of the information needed for the analyses had to be extracted from various project files in Nigeria and in the U.S. The process considerably hindered the timely completion of the study. Moreover, it was in certain circumstances impossible to obtain the necessary information. However, we endeavored to make the best use of available data and answer the research questions to the best of our ability.

The report is divided into four sections. The first section looks at the trends in funds allocation to the various budget categories. The second section examines the direct and indirect beneficiaries of the project. The third section highlights the institutional-building efforts of the project. Finally, the conclusion summarizes the findings and draws out their programmatic implications.

I. BUDGET ANALYSIS

As at the end of the financial year 1991, four years into the six and one half year project, total expenditures amounted to only 31.1 million dollars. This amount represents less than one third of the total project budget.

Out of the amount expended more than one third (11.58 million dollars) was spent on Public Sector activities. The IEC division and the Private Sector spent 8.17 million and 6.07 million, respectively. The least expenses were incurred by the Operations (3.3 million) and the Policy (less than 2 million) divisions (see figure 24). In all the divisions, the amount expended annually increased steadily until FY90. There is a slight decline in the expenditures in 1991 compared with 1990. This is probably due to the persistent fall of the value of the naira.

There are five broad categories on which funds are expended. These are:

1. Remuneration and related costs for project staff
 - US-based
 - Nigerian-based
2. Consultant services
 - expatriate
 - national
3. Equipment and Supplies
4. Subcontracts to undertake project activities
 - US-based
 - Nigerian-based
5. Other project expenditures to undertake project activities. This category includes travel and transportation, participant training, and other direct and indirect costs not previously categorized.

The pattern of expenditures according to these broad categories varies from one division to the other, although there are some similarities among the divisions. Figures 18 to 22 illustrate, for each division, the trend in the percentage of funds spent on the various budget categories.

Operations Division

The total annual expenditures for the Operations division increased by almost 150 percent from 480,310 dollars in FY88 to 1.19 million dollars in FY91. The amount expended during FY90 is, however, about 30 percent less than that of the preceding financial year. This is mainly due to the decrease in the expenses related to subcontracts (0.7 million in FY89 and 0.4 million in FY90).

We do not have information on the category of expenditures by US/Nigerian-based dichotomy. All the same, the bulk of the expenses of this division is on subcontracts. The proportion of funds expended on this category varies between 57 and 88 percent (see figure 18). Remuneration of staff only represents between 4 and 17 percent while other project costs represent between 6.6 and 19 percent. Very

little (between 0.7 and 5.8 percent) is directly expended on equipment and supplies¹ while nothing appears to have been spent on consultant services. Over the years, the tendency appears to be towards a reduction in the allocation of funds to the subcontract category while other categories tend to claim increasing proportions of the funds.

Private Sector

This division expended 6.06 million between FY88 and FY91. Annual expenditures have been increasing relatively steadily although they appear to stabilize during the last two years. Depending on the year, between 45 and 70 percent of the funds expended go to subcontracts. After an initial surge in 1989, the amount expended on subcontracts has been witnessing a steady decline (see Table A2 and figure 19). The proportion expended on staff remained relative stable at between 11 and 13 percent. As for equipment and supplies, practically nothing was purchased since FY89. Consultancy services take a rather insignificant proportion of the expenditures: less than 0.5 percent for most of the years.

Available data do not differentiate between US-based and Nigerian-based expenditures for the first two years. However, when the distinction is made it is obvious that a large proportion of the expenses is made in the United States. This statement is particularly true for staff remuneration and subcontracts. Indeed, US-based staff remuneration amounted to almost four times Nigerian-based remuneration in FY90 and more than five times in FY91.

IEC Division

The IEC with total expenditures of 8.168 million dollars, is the second largest division in terms of expenses. Like the two divisions previously discussed, IEC spends much of its funds on subcontracts. The proportion expended on this category of activities was 30 percent in FY88 and the allocation has been increasing steadily since: in FY91 subcontracts accounted for 58 percent of all expenses. Prior to FY91, much of the expenditures related to subcontracts were U.S.-based. In FY91 however, almost 75 percent of the expenditures under this category were Nigerian-based.

Remuneration and related costs for staff represented between 9 and 24 percent of total funds depending on the year. It is at its lowest (9.3%) in FY91 as a result of decline in both the U.S.-based and the Nigerian-based components. The bulk of staff remuneration is U.S.-based.

Consultant services took up only a small fraction of the funds: usually less than 3 percent. Initially, much of the expenditures related to consultancy services are U.S.-based but by FY90 the Nigerian-based component has increased appreciably and even surpasses the U.S.-based component.

Equipment and supplies attract typically less than 5 percent of total funds. The only exception is FY89, when it appears that some significant bulk purchases were made. Moreover, the purchases continue to be mainly U.S.-based.

¹ It appears that equipment and supplies are handled by subcontract and that this category of expenditures represent the largest proportion of subcontract budget during the period under review.

Policy and Evaluation

We have complete financial reports for the Policy division only from FY89 to FY91. The analysis therefore will relate to this period. Unlike the other divisions, Policy appears to spend a substantial part of its funds on subcontracts only in FY91 (34.3%). Prior to this year the bulk of its expenditures were related to travels, transportation and other direct and indirect project activities. The amount expended on this latter category was 45 percent of total expenses in FY89 but only 31.8 percent in FY91.

Staff remuneration is another area which takes a large proportion of Policy funds. The amount expended on this item represents between 30 and 38 percent of total expenditures depending on the year. Moreover, this category of expenditures is largely U.S.-based. On the other hand, consultant services-related costs, are essentially Nigerian-based.

Public Sector

This division is the largest within the FHS in terms of funds expended. Its total expenditures for the four years under review amount to 11.58 million dollars. The bulk of this amount (between 65% and 86%) is expended on subcontracts which are essentially U.S.-based. Costs related to staff remuneration amounts to between 3 and 9 percent of total costs and does not appear to follow any definite trend. Moreover, we do not know what proportion of this category of costs are incurred in Nigeria.

The division like the other divisions within the FHS project appears to spend very little on consultancy services. Typically less than 2 percent of total expenditures go to consultancy services. Equipment and supplies are another category which attract little of the funds: usually less than 2 percent.

To recap, the FHS project has spent less than a third of the total project budget. Much of the amount expended relate to subcontracts and other project costs to undertake project activities. Finally, a large proportion of the expenditures appear to be U.S.-based.

II. DIRECT AND INDIRECT BENEFICIARIES OF THE PROJECT

A. EMPLOYEES

The total number of persons who have been employed as regular employees in one capacity or the other is 127. These people include programme, administrative, fiscal and support staff and are professionals in a wide variety of disciplines. A breakdown of the employees by year of employment shows that most of them were employed after 1989. So far, the project has employed 41 programme staff who are responsible for program development and implementation. Most of these program staff have a post-graduate degree in their respective fields. The project has also employed 27 administrative and fiscal staff, 23 secretarial staff and 36 technical and other support staff. The last category of employees includes drivers, telephone operators, cleaners and gardeners.

Table 1: Breakdown of Employees by Year of Employment and Category of Employment.

Category of Staff	1988	1989	1990	1991	1992	TOTAL
Programmatic	9	10	8	8	6	41
Administrative / Fiscal	11	0	5	2	9	27
Secretarial	2	6	5	6	4	23
Other Support	6	3	10	14	3	36
TOTAL	28	19	28	30	23	127

Source: *Employee Records of the Five Major Divisions*

The largest employer of labor within the project is the Operations division. This is understandable in view of the fact that this division provides secretarial, technical and other support services to the other divisions within the project. To date, Operations has employed the services of 76 regular employees, 47 percent of whom are in the technical and other support staff category. In terms of employer of labor, Operations is followed by IEC (20 employees so far) and Public Sector (15).

Employment at the FHS appears to be strongly biased towards the male sex. Actually, less than one third (31%) of the people ever employed by the project are of the female sex. The incidence of male dominance varies by category of staff and by division. The proportion of male employees is highest among technical and other support staff (92%) and among administrative and fiscal staff (78%). Even secretarial positions which in most establishments are largely reserved for female staff are filled by men at 48 percent. It is however interesting to note that women appears to be competing favorably with men with respect to programme positions: 46 percent of such positions were filled by women.

Table 2: Breakdown of Employees by Sex and by Category of Employment.

Category of Staff	Male	Female	TOTAL
Programmatic	22	19	41
Administrative / Fiscal	21	6	27
Secretarial	11	12	23
Technical and Other Support	33	3	36
TOTAL	87	40	128

Source: Employee Records of the Five Major Divisions

Operations and the Private Sector divisions exhibit the highest level of proportion of male staff: 76% and 67% respectively. On the other hand, the policy implementation division has employed equal number of men and women while the public sector has employed slightly more women (53%) than men.

The level of staff turnover within the project appears moderate. Among the 127 persons ever employed by the project, only 21 have resigned. This represents a turnover rate of 16 percent. Most (75%) of the resignees left because they found an opportunity to improve their lot while the rest were asked to resign because of some misdemeanor. On the average, the resignees left after serving for about twenty-nine months.

The staff strength of the FHS has been growing steadily since its inception in 1988. From a staff strength of only 28 employees in 1988, the project now has 106 employees on its pay roll. This represents an increase of almost 280 percent within a period of four years. Moreover, the employees have served FHS for a total of 3,381 person-months or an average length of service of 25.8 months per employee. The average duration of service observed among the employees is an indicator of employees' level of efforts and results from the relatively low turnover rate coupled with a high expansion rate. The level of effort varies by division suggesting inter-division differences in both staff renewal and expansion rates (see Table 3). The divisions with the least duration of service are IEC and Policy. These divisions also record the highest level of staff turnover. On the other hand, movement of staff (resignation and new intakes) appears more limited in both the Private Sector and Public Sector divisions.

Table 3: Average duration of employment and rate of turnover by division

Division	Average duration of service (in months)	Rate of Turnover (percent)
IEC	19.8	31.5
Policy	18.1	37.5
Private Sector	38.3	11
Public Sector	32.1	20
Operations	25.4	18
All Divisions	25.6	17*

Source: Employee Records of the Five Major Divisions

* Some people resigned from one division to join another within the FHS.

To recap, the FHS project has employed 127 regular employees since 1988. The growth rate of the staff strength has been tremendous: 40 percent per annum on the average. The level of staff turnover is moderate for the whole of FHS. It is however appreciably high for IEC and Policy divisions.

B. LOCAL VERSUS EXPATRIATE CONSULTANTS

EXPATRIATE

Since its inception in 1988, the FHS project has employed the services of some 170 different expatriate (mainly U.S.-based) consultants. The number of expatriate consultants varies by division. If we exclude the P.A.'s office and the group of new projects - AVSC, Mothercare, Aidscap, Operations Research - IEC made use of the largest number of consultants - 36. This division is followed in this regard by the Private Sector (30), and the Public Sector (26). The division with the smallest number of expatriate consultants (8) is Operations.

The consultants made repeated visits to the country during the period under review. The total number of expatriate consultancy visits to the projects during the review period is 426. The number of visits per consultant varies from 1 to 10 but for most of the consultants the number of visits lies between 2 and 5. The average number of visits per consultant is 2.4 and it varies by division. It is highest for the private sector division (3.1) and lowest for the P.A.'s office and the new projects (1.5).

The average duration of expatriate consultant visit is three weeks. However, there are some noteworthy differences in this respect among the divisions. Essentially, those divisions which receive fewer expatriate consultants - Policy and Operations - tend to have these consultants stay for longer durations than those which experience more frequent expatriate visits, for example IEC and Private Sector.

Expatriate consultant-days amounted to 8962 for the whole of FHS during the review period. IEC appears to have benefitted most from expatriate consultancy during the period. The total number of expatriate consultant-days for the division is 2454. Other divisions who have largely benefitted from expatriate consultancy are the Private and the Public Sectors. It appears that Policy and Operations divisions rely relatively less often on expatriate consultants.

Table 4: Some indicators of the use of expatriate consultants during the review period

Indicator	IEC	Policy	Priv.Se ct.	Pub. Sect.	Opera- tions	Other	Total
Number of expatriate consultants	36	15	30	26	8	55	170
Number of visits	118	33	92	76	23	84	426
Average number of visits per consultant	2.8	2.2	3.1	2.9	2.9	1.5	2.4
Number of consultant-days	2454	848	1833	1700	740	1367	8962
Average number of days per visit	21.2	25.7	19.9	22.5	32.2	16.5	21.2
Average number of days per consultant	59	56.5	61	65.9	92.5	25.2	50.9

Source: Information Compiled From Letters of Concurrence for Expatriate Consultants (Courtesy Transport Office)

Table 5: Number of Expatriate Consultant Visits by Year and by Division

Year	IEC	Policy	Private Sector	Public Sector	Operations	Other	Total
1988	15	2	17	7	3	0	44
1989	33	9	26	23	6	11	108
1990	29	10	16	11	4	13	83
1991	23	7	14	22	7	7	80
1992	18	5	19	12	4	52	110

Source: Information Compiled From Letters of Concurrence for Expatriate Consultants (Courtesy Transport Officer)

The pattern of use of expatriate consultant appears to have changed somewhat over the years (see Table 5). Expatriate visits which were very common in the early years of the project, especially in 1989, have tapered off by 1992. In 1992, the number of visits to the five major and older divisions - IEC, Policy, Private Sector, Public Sector and Operations - was only 54 percent of what it was in 1989. The projects classified as "other" in the tables and which include the P.A.'s office, AVSC, Operations Research, Mothercare, and Aidscap received a substantial number of visits in 1992. Many of these visits (38%) were to the P.A.'s office while the others were in connection with the development and setting up of the new projects. It is expected that as these new projects become firmly established and as local experts are trained expatriate visits will be significantly curtailed.

Among the older divisions the decline of expatriate visits took place in some divisions earlier than in others. For example in the IEC division, the decline started in 1990 whereas in Public Sector and Operations divisions, the decline was not apparent before 1992. The Private Sector is yet to curtail its expatriate visits although it appears to have reduce the duration of such visits.

Table 6: Number of Expatriate Consultant-Days by Year and by Division

Year	IEC	Policy	Private Sector	Public Sector	Operations	Other	Total
1988	333	30	307	129	80	0	879
1989	739	203	579	564	101	260	2446
1990	536	240	355	263	272	291	1957
1991	512	171	286	461	251	74	1755
1992	334	204	306	283	36	742	1905

Source: Information Compiled From Letters of Concurrence for Expatriate Consultants (Courtesy Transport Officer)

On the whole, the contribution of expatriate consultants to the implementation of the FHS project has declined significantly from what it was during the early years of the program. If we include the new projects, the total number of expatriate consultant-days was, in 1992, only 78 percent of what it was 1989. If we limit our analysis to the five major divisions alone, the indicator was in 1992 only 47 percent of its value in 1989. Actually, not only has the number of expatriate visits become fewer, generally, the duration of such visits has also become significantly shorter (from an average of 22.1 days in 1989 to 17.3 days in 1992).

Table 7: Average Number of Days per Expatriate Visit by Year and by Division

Year	IEC	Policy	Private Sector	Public Sector	Operations	Other	Total
1988	19.6	15	18	18.4	26.7	0	19
1989	20.4	22.6	22.3	24.5	16.7	23.6	22.1
1990	23.7	24	22.2	23.9	68	22.4	25.6
1991	22.3	24.4	20.4	21	35.9	10.6	21.9
1992	18.6	41	16	23.6	9	14.3	17.3

Source: Information Compiled From Letters of Concurrence for Expatriate Consultants (Courtesy Transport Officer)

Table 8: Average Number of Expatriate Consultant-Days per Month by Year and by Division

Year	IEC	Policy	Private Sector	Public Sector	Operations	Other	Total
1988	33.6	15	38.4	21.5	8	0	118.3
1989	47.5	16.9	48	47	8.4	21.7	189.8
1990	39.6	20	29.6	21.9	22.7	24.3	158
1991	42.7	14	23.8	38.4	20.9	6.2	146.3
1992	27.8	17	25.5	23.4	3	61.8	158.8

Source: Information Compiled From Letters of Concurrence for Expatriate Consultants (Courtesy Transport Officer)

Table 8 contains information relative to the average number of consultant-days per month. This indicator is obtained by simply dividing the annual number of consultant-days by the number of months during which the division functioned in the year. It is thus a standardized measure of the intensity of the use of expatriate consultants. This indicator shows an increase in the use of expatriate consultants in 1989 compared with 1988. It also confirms the decline in the use of expatriate consultants in 1992 compared with the previous years in the older divisions. The indicator however suggests that expatriate consultants are still very often on assignment at the FHS, especially in IEC, Private Sector and Public Sector. For example, an indicator of 27.8 consultant-days per month for IEC in 1992, suggests the presence of an average of at least one expatriate consultant within this division every working day. This does not necessarily mean that a consultant is present every day; there may be some days with no expatriate present while on other days there may be two or more.

LOCAL CONSULTANTS

Unlike expatriate consultants, the services of local consultants are not employed by all the divisions of the FHS. Specifically, Operations Division does not appear to have ever used a local consultant. Moreover, in the other divisions, the use of local consultants does not appear to have taken on any importance prior to 1990.

Table 9: Number of Local Consultants-Days By Year and By Division

Year	IEC	Policy	Private Sector	Public Sector	Operations	Total
1988	0	0	0	0	0	0
1989	349	0	0	420	0	769
1990	367	258	17	797	0	1439
1991	1142	420	65	840	0	2467
1992	784	55	0	1623	0	2462
Total	2642	733	82	3680	0	7137

Source: Information Obtained Separately for Each Division from Consultants' Files.

Thus far, the project has used a total of 7137 local consultant-days. The consultants include the public sector's clinical services resource trainers and management network trainers. These are professionals who have been trained over the years by the Public Sector and on whom it calls from time to time to facilitate workshops nationwide. There are twenty four consultants in the clinical services network while the management network is made up of fifty nine professionals. The trainers who are mostly government employees (nurses, midwives, community health officers, and physicians) are paid a token honorarium when they work outside their State of employment. However, when they conduct a training within their State of primary employment they usually receive little or no monetary compensation. These trainers represent the majority of the consultants so far used by the Public Sector.

Other divisions have followed the Public Sector example in forming a network of consultants made up of local experts in the fields relevant to the main concern of the divisions. These divisions are IEC and the relatively new life-based Family Planning Operations Research. In January 1992, the Family planning Operations Research unit of the FHS conducted a training workshop for thirty professionals in population-related fields. The participants were drawn from various Nigerian universities and research institutions. These people form the operations research network consultants who will be called upon to conduct research in the area of family planning as the need arises. The IEC division formally set up its network of local experts in the areas of IEC research, counselling training and materials development in September 1992. Some twenty five professionals (among the best in the field) are members of this network.

On the whole, the use of local consultants (either as members of a network or as independent consultants) has become a prominent feature of the FHS project. The number of local consultant-days increased by more than 200 percent from 769 in 1989 to 2462 in 1992. Local consultants made their largest contribution to the implementation of the FHS project in 1991 with 2467 consultant-days. The apparent stability in the contribution of local consultants in 1992 compared with 1991 is likely due to an absence of change in consultancy needs rather than a deliberate policy to cut down on the use of local consultants. It is however pertinent to note that only three of the five major divisions - IEC, Policy and Public Sector - employed the services of local consultants in 1992.

Local consultants appear to be progressively replacing their expatriate counterparts. Whereas up till 1990, significantly more expatriate consultancy than local was used, since 1991 the emphasis appears to have shifted to the use of local manpower (see figures 15 and 16). The proportion of expatriate to local consultant-days declined monotonically from almost 3 in 1989 to less than half in 1992. Some divisions appear to have been more successful than others in effecting the shift in emphasis from expatriate to local consultants. For example, the Private Sector still relies very heavily on expatriate consultants for the development and implementation of its programs. Although the proportion of expatriate to local consultant-days was 20.9 in 1990 and 4.4 in 1991, in 1992, this division used no local consultants at all whereas it recorded 306 expatriate consultant-days. On the other hand, IEC and Public Sector have significantly reduced their dependency on expatriate consultants.

In sum, expatriates still continue to play a prominent role in the implementation of the FHS project. Most of the divisions received an average of at least 20 expatriate consultant-days per month in 1992. However, their contribution appears to have declined over the years especially during the past two years. Local consultants are now often used for services hitherto provided by expatriates.

C. TRAINEES

The FHS project has, since its inception, organized a number of short-term professional training programs for public health workers, administrators, sales workers and other people connected with the provision of family planning services. The training programs range from training of trainers to commodity distribution passing by family planning clinical services and media materials development. A brief explanation of the courses is provided below:

TOT Clinical Training: A five to six-week course for trainers which centers on training methodologies and techniques, curriculum development, and, training needs assessment.

TOT Management Training: A 10-day training for members of the family planning management trainers network. The training prepares the participants for the role of providing technical assistance for FHS and other NGOs in the area of family planning management training and consultancy.

Minilap/Local Anaesthesia Training: This is a three-week course in surgical family planning for physicians. The course focuses on minilap and local anaesthesia procedures.

Clinical Service Provider Training: This is a six-week classroom and clinic based training in medical and nursing care pertaining to the field of family planning. The course is designed for participants with nurse/midwife experience and focuses on contraceptive methods, gynecology, and clinical protocol development.

Community Health Extension Workers' (CHEW) Family Planning Training: The training of CHEWs under the FHS project covers two areas. The first is designed to enhance their family planning communication skills. The second is meant to improve their knowledge of contraceptive methods and gynecology with a view to making outreach programs more effective. Each of the two courses lasts for three days.

Supervisory Skills Development: This is a ten-day course designed to enhance the supervisory skills of the lower echelon of management personnel in PHC and family planning clinics.

Management Information Systems (MIS): This five-day training is intended for PHC and family planning service providers, family planning coordinators and managers. During the training, participants are exposed to the family planning data needs of the FMOH and donor agencies, and, methods of health data collection and compilation.

Financial Management: This five-day training is designed for FHS accounting personnel as well as state and LGA project staff (Project Directors, Family planning Coordinators, Accountants, etc.) The main objective of the training is to familiarize participants with the budgeting, financial management and accounting procedures of the FHS project.

LGA Management: This ten-day training program aims at improving the management and supervisory skills of middle and management personnel involved in PHC and family planning at the state and LGA levels. The training focuses on leadership styles, communication, family planning, conflict resolution, and staff motivation.

Counseling and Interpersonal Communication: A ten-day TOT workshop organized by the IEC division and designed to sharpen the counseling and interpersonal communication skills of the participants.

Counseling/Motivation Workshops: These are actually two distinct workshops with a duration of three days each. The workshops are designed to improve the counseling/motivating skills of family planning service providers.

Family Life Education (FLE): This five-day training workshop aims at equipping secondary school teachers with instruction materials and skills for improving the teaching of FLE in secondary schools.

Media Material Development: This is a two-week workshop intended for participants drawn from media organizations, Ministries of Health and other public and private organizations connected with the provision of family planning services. The training emphasizes the key steps in family planning media material development including communication theories, formative research, message development, and materials development and pretesting.

IEC Other: This category includes two international workshops. These are "Advances in Health Communication" which takes place yearly at the Baltimore-based Johns Hopkins University, and, "Population and Communication Training" organized yearly in different locations by the Nairobi-based Center for African Studies (CAFS). These three-week workshops aim at exposing high-level decision makers and managers in the fields of health and communication to the fine points of health communication strategies, audience research, social mobilization, and IEC project management. Other IEC training programs include some national and state-level workshops such as formative research training, family planning scripting workshop, and counseling print materials design workshop.

Commodities Distribution/Sales: This two-day training program is designed for pharmacy assistants, traders, transport workers and CBD agents. Participants are exposed to the correct use of family planning devices, and responsible handling and storage of non-prescriptive family planning commodities.

From its inception in 1988 to December 1991, FHS, through its different divisions, has trained a total of 9822 persons involved in the provision of family planning services, FLE training, and the production of IEC materials. Of all the people trained thus far, 4349 or 44 percent work in the public sector while 56 percent work in the private sector. Actually, in all the Zones, with the exception of Zone B, significantly more people have been trained in the private sector than in the public sector. The area in which the largest number of people has been trained is by far family planning clinical procedures: 3770 persons or 38 percent of all trainees received this type of training. Other areas where large numbers of persons have been trained include motivation, management, and sales.

Table 10: Distribution of FHS Trainees by Zone, Type of Training and Sector of Employment

Type of Training	Zone A		Zone B		Zone C		Zone D		Total
	Pub	Pri	Pub	Pri	Pub	Pri	Pub	Pri	
TOT	44	3	147	4	68	0	19	0	285
FP Clinical	190	778	404	978	145	647	86	542	3770
CHEW	52	0	75	1	63	0	8	0	199
Skills Development	159	4	115	1	35	2	49	0	365
Management	194	0	345	1	337	25	214	1	1117
Minilap / Norplant	24	0	3	0	12	0	26	0	65
Counseling	99	4	136	5	65	11	80	0	400
Motivation	45	169	387	138	52	451	34	247	1523
FLE	23	5	35	0	62	0	48	0	173
IEC Mat. Development	39	1	40	0	27	1	10	0	118
IEC Management	0	0	21	0	2	0	26	0	49
IEC Other	54	21	46	14	67	2	62	3	269
Commodity Management	0	0	20	1	22	0	14	0	57
Commodity Distribution	15	201	4	0	0	142	0	38	400
Sales	0	402	0	608	0	0	0	0	1010
VHW	0	0	0	0	0	0	0	40	40
Total	938	1588	1778	1751	957	1281	676	853	9822

Source: Nigeria Family Health Services Project, Human Resources Training Reports, 1989, 1990, and 1991/92.

On the whole, more people have been trained in the southern health zones - A and B - (6055) than in the northern ones (3767). It is pertinent to note that Zone D with only 1529 trainees or only 15 percent of all trainees lags conspicuously behind. On the other hand Zone B, with 34 percent of all trainees, appears to have benefitted most from FHS training efforts.

D. FAMILY PLANNING ACCEPTORS

One of the ultimate objectives of the FHS project is to increase contraceptive usage in Nigeria. The project has set up a management information system (MIS) and trained many state and LGA project staff in its use. Although the status of health statistics in general, and family planning statistics in particular, has improved considerably since 1988, the quality of the returns from the clinics is still far from being adequate. Actually, not all public and private sector institutions providing family planning services make their monthly service statistics available to the MIS. The result is that available service statistics pertain only to a fraction, ranging between 30% and 90%, of all family planning providing clinics depending on the state and the year. For example, for the calendar year 1991, the coverage rate of the family planning statistics varies from 41 percent in zone C to 73 percent in zone B.

As a result of the inadequacy of available data, it is impossible to provide accurate information on the number of acceptors. However, based on the data presented by reporting clinics, we have tried to estimate the actual number of acceptors if all the providing clinics were reporting. The estimates were obtained by simply extrapolating the number of acceptors reported by the reporting clinics to the actual number of clinics providing family planning services. This computation is done, as available data permit, by state and by year. The results are then aggregated to provide information by zone. It is pertinent to note that the estimates thus arrived at should be taken for what they are - a rough approximation of the reality. It is our opinion, nonetheless, that they are probably as close to the reality as it is possible to be, given the available evidence.

Be that as it may, as shown in Table 11, there appears to have been almost 1.4 million acceptors recorded in all the public sector family planning clinics in Nigeria from 1989 to the end of 1992. While we are aware that other organizations are involved in the funding of family planning within the Nigerian public sector, we should also note that all the clinics involved have benefitted immensely from the assistance (through personnel training, clinical supplies and equipment, contraceptive devices, IEC materials, etc.) of the project. It will therefore not be pretentious for FHS to take a substantial part of the credit for the acceptors.

As expected, some zones appear to record more acceptors than others. The B zone, with an estimated more than half a million acceptors stands out as the clear leader in terms of the use of public sector family planning facilities. The region with the least number of acceptors is zone C.

Table 11: Estimated number of Acceptors in Public Sector Clinics By Year and By Zone

ZONE	1989	1990	1991	1992	TOTAL
A	83372	66634	71170	76363	297479
B	130566	134550	107814	145024	517954
C	52361	41100	70304	77440	271205
D	63499	79413	76214	76810	295936
TOTAL	359738	321697	325502	375637	1382574

Source: Estimates Based on FHS/MIS Statistics

The number of acceptors does not appear to have changed much over the years. Considering the efforts put into the provision and promotion of family planning services in recent years, it is highly unlikely that contraceptive usage has remained constant over the years. Actually available empirical evidence on contraceptive prevalence document a steady and appreciable increase in the level of contraceptive usage in the country. The apparent absence of increase in the annual number of acceptors is most probably the result of improvement in the quality of service data.

The information presented so far on family planning acceptors relate only to the public sector. It therefore only presents a part of the picture. The private sector actually represents a very important source of family planning services. For example a national prevalence survey conducted in May 1992 found that 45 percent of current users of modern methods obtain their supplies from a private sector source (excluding the PFN). Unfortunately though, service statistics pertaining to private sector service delivery points are not available.

E. MEDIA ACTIVITIES

The FHS project has implemented a number of media programs which have brought family planning messages to millions of Nigerians in all the states of the federation. The IEC division is the unit primarily responsible for media activities within the FHS project although the Private Sector division has engaged in some media campaign as part of its social marketing efforts. It is virtually impossible to discuss all the media activities of the IEC division but we shall examine a few of them and estimate their reach. We shall also discuss the Private Sector's "Right Time Condom" campaign program.

IEC Media Campaigns

The IEC division of the FHS is the division primarily responsible for the promotion of family planning through the use of the media. So far about thirty family planning campaign programs have been implemented or are being implemented by the division. Typically, the IEC division adopts the "concentric circle" approach in the implementation of its projects. This involves the use of a wide range of communication options - electronic media, print media, interpersonal communication, etc. - with the ultimate goal of reaching the various target audiences. The "concentric circle" approach is based on the principle that knowledge, attitudes and practices of individuals can best be influenced by exposure to consistent and reinforcing messages from multiple channels of communication. Additionally, IEC projects makes use of communication and evaluation research strategies which make it easier to develop appropriate interventions and assess their reach and impact. Some of the interventions conducted by the division since 1988 are the following:

Sexual Responsibility Music Project: In September 1989, two songs promoting sexual responsibility - "Choices" and "Wait for Me" - were released by Onyeka Onwenu and King Sunny Ade. The songs were produced with the financial and technical assistance of the IEC division. The IEC worked with the PPFN, NCWS and local media agencies to implement a promotional campaign of the songs. Within a few weeks of their release the songs were already making top hits.

Indeed, the penetration of the songs and the positive response they generate are very encouraging. Within five months of the launch, 64 percent and 22 percent of those interviewed in urban and rural sites, respectively, had either heard the songs or seen the videos. Moreover, of those who heard the songs or saw the videos, more than 95 percent identified the family planning message correctly.

Anambra State Radio Drama Series:

This project involved the production and radio broadcast of a bi-weekly drama serial entitled "Ezi na Uno" between 1988 and 1989. Through this intervention rural and urban radio listeners in Anambra State and environs received messages on child spacing, family planning methods and other maternal and child health themes over a period of more than one year.

The evaluation survey showed that the radio program must have reached hundreds of thousands of the residents of the State. Actually, 76 percent of those who listened to the radio on the night of one of the broadcasts listened to the program. Additionally, the program was stated as the source of information on the location of family planning services by 32 percent of the people interviewed.

Imo State Radio Soap Opera:

This intervention was part of a multi-media campaign which focussed on motivating local opinion leaders and coordinating Ministry of Health family planning activities with local women's groups. The radio intervention centered on airing a soap opera series - "Ezindu" - containing health themes. The airing began early in 1988 and ended in the middle of 1989.

The results of the recall survey show that 43% of the target audience listened more or less regularly to the program. The program actually appears to have been very popular not only because many people listened to it but also because it generated discussions among the target audience: 73% of the listeners admitted having discussed the program with other people.

Ogun State Folk Drama (Mobile Theater):

The mobile theater project was designed as part of the Ogun State Ministry of Health IEC project. The drama was developed to bring family planning information to the rural populace and motivate them to visit family planning clinics. Between 1988 and 1990, the drama was taken to almost all the local government areas of the State. During the financial year 1989/90 alone, 32 performances of the drama were done. An estimated 200,000 men and women of child bearing ages have watched the live drama.

The impact of the drama on family planning perception and behavior is tremendous (see Babalola et al., 1992). The immediate impact of the drama was a significant increase in the family planning awareness and knowledge levels of the audience. The mobile drama was also found to stimulate clinic attendance. Indeed, the average number of new acceptors per month increased by more than 100 percent in the areas where the drama was performed. The mobile drama capitalised on the inherent ability of folk theater to deal with sensitive subjects like family planning in an entertaining manner and obtained very encouraging results.

Yoruba Rural Health Video:

This video entitled "Eni a wi fun" featured a well-known and popular Yoruba comedian, Baba Sala. The particularity of the video lies in the use of humor to convey messages on family planning, oral rehydration therapy and childhood immunization, designed to reach rural audiences in the six Yoruba speaking states of Nigeria. Distribution through mobile cinema vans provided outreach in rural areas throughout Oyo State as well as Nigeria's five other Yoruba-speaking states (Ogun, Ondo, Osun, Kwara and Lagos). The premiere showing of the place took place in Ibadan in September 1990 before an audience of about 3000 people including state and federal government officials.

The impact evaluation of the film was done through the use of pre and post-projection surveys and clinic statistics. The results show that the film in its plot and design content captured the interest of the participants who were otherwise used to ridiculing family planning programs. The pre and post projection surveys showed significant increase in the awareness and knowledge of the viewers as a result of the film. Moreover, attendance at the family planning clinics located within the LGAs where the video was projected increased appreciably subsequent to the projection. The video thus proved to be a very effective way of taking family planning messages to the rural populace.

Public Service Announcements (PSAs):

This project is being carried out in collaboration with the Planned Parenthood Federation of Nigeria (PPFN). The intervention involves the design, production, broadcasting, tracking and impact evaluation of radio and TV PSAs. The PSAs use audio and video segments of the sexual responsibility songs "Wait for Me" and "Choices" to introduce personal messages defining family planning and promoting service delivery points. The PSAs specifically encourage couples to look for the national child spacing logo to locate family planning service outlets in their areas.

The PSAs started airing in June 1992 in most television and radio stations nationwide. They include:

- 14 60-second TV spots in English, Pidgin, Igbo, Hausa and Yoruba, and,
- 14 60-second radio PSAs in the five languages.

A total of 991 and 6012 television and radio broadcasts of the PSAs are expected to have been made by the end of the project - that is, within a period of six months.

National Family planning Logo

The national child spacing logo was developed by the IEC division in collaboration with the Federal Ministry of Health. The project represents a first time attempt in Nigeria to create a national symbol to identify all family planning information and service points. The illustration on the logo is based on a nationwide competition which received 123 entries. In a collaborative effort the FMOH, FHS/IEC division and an advertising agency (Insight Communications) refined and finalized the logo which features a couple embracing a baby against a map of Nigeria. The logo was launched in Lagos in September 1991. Since then, many states and LGAs have organized special ceremonies to formally launch the logo in their areas of jurisdiction.

The project includes a multi-media campaign to raise public awareness of the logo. A variety of media materials - danglers, door/car/van stickers, crown and double crown posters, handbills, metal plates and badges - were produced and distributed nationwide. The distribution of the print materials was complemented by regional and state-level radio, television and newspaper advertisements as well as outdoor billboards. Currently, practically all public and private sector family planning outlets display this identification logo.

Private Sector Right Time Condom Campaign

The Right Time condom represents an attempt by the Private Sector division at promoting the use of condom, especially among the upper income level groups of the Nigerian society. The campaign, coordinated by a local advertizing agency, Concept Unit Ltd., started during the second quarter of 1991 and is still on-going. It involves the use of both the electronic and print media. The campaign materials include the following:

- one 30-second radio spot
- one 30-second TV spot
- one press advertisement for newspapers and magazines,
- danglers, stickers, etc.

The campaign messages focus on responsible parenthood and the use of condom as a method of child spacing. Between April 1991 and March 1992, Concept Unit placed a total of 2867 TV spots, 6803 radio spots and 80 press insertions promoting the condom. During the period the campaign covered a total of 19 TV stations, 17 radio stations and 21 newspapers and magazines. The Right Time condom campaign was brought into practically every home in the nation through the use of this multi-media approach. The result is a substantial increase in the use of the condom. Between the second quarter of 1991 and the third quarter of 1992, more than 2.6 million Right Time condom were sold by the marketing and packaging agency, Sterling Products Nigeria PLC.

F. CONSTITUENCY BUILDING

Constituency building involves increasing the awareness of the populace relative to the benefits of family planning and enlisting the support of policy makers, key traditional, religious and opinion leaders, cultural, social and political groups, in the promotion of family planning. Constituency building has been one of the key areas of concern of the FHS project. Activities in this area officially devolve on the FHS/Policy division. However, the IEC division has implemented a number of constituency building activities since 1988.

Between the two of them, IEC and Policy divisions have carried out constituency building activities with notable impact, in practically all the states of the federation.

One of the initial activities of the Policy division at its inception consisted of identifying and contacting key national, state and LGA-level groups it could work with. To date, the Policy division has designed and implemented at least 30 family planning workshops/seminars among constituency groups in the country. Typically, the objective of such seminars or workshops is to increase the family planning awareness and knowledge of the participants and motivate them to return to their local groups to "spread the word" on family planning. Among the recipients of the constituency building support of the Policy division are:

- Women Study Unit, University of Nigeria, Nsukka;
- National Youth Service Corps (NYSC);
- Police Officers' Wives Association (POWA);
- National Council of Women's Societies (NCWS);
- Kwase United Titled Women Association, Benue State.
- Women in Health;
- Women Commission in various states;
- Nigerian Association of University Women;
- Christian Women Youth League;
- Nigerian Labor Congress;
- Better Life Program;
- Council for Muslim Ladies;
- Ahmadiya Islamic Youth Movement of Nigeria;
- Jami'yyar Matan Arewa, Kano.

During the first half of 1992 alone, seventeen workshops were organized for constituency groups across the country. During some of these workshops/seminars, key traditional and political leaders made positive pronouncements relative to family planning. For example at workshops held in Niger and Kaduna States, respectively, during the first quarter of 1992, the Emirs of Minna and Zaria made public statements which supported the practice of child spacing methods in their respective domains. The statements were widely publicized by the media.

An estimated 4,000 key individuals in the country have participated at the different family planning orientation and motivational workshops and seminars organized by the Policy division. These people are among the most influential opinion, traditional, religious and political leaders. They include traditional rulers, district heads and chiefs, representatives of cultural and social organizations, religious leaders and policy makers.

The IEC division has also carried out some constituency activities. These include family planning orientation and motivational workshops among religious leaders, officials of youth organizations, opinion leaders and community leaders. To date, four of such workshops have been executed. We shall briefly look at some of these activities.

In May 1990, the IEC division organized a one-day workshop on "Islam and Child Spacing" in Borno State. A total of 59 muslim scholars and leaders from 24 local government areas of the state attended the workshop. The discussions at the workshop focussed on awareness building and integrating child spacing and Islam. A similar workshop was organized in Kaduna State in 1991 with 150 key islamic religious scholars and leaders in attendance.

III. INSTITUTIONAL BUILDING

To ensure project sustainability, Nigerian institutions should be sufficiently equipped, in terms of personnel and materials, to continue the project after the disengagement of the funding organization. For this reason, all the divisions of the FHS are actively involved in institutional building activities. Actually, institutional building has been a major focus of FHS since its inception.

Institutional building efforts of the FHS project includes training of public and private sectors health personnel and the provision of clinical and office equipment. Thousands of Nigerians involved in the provision of family planning services have been trained through the FHS (see the section on training). Moreover, clinical and other equipment worth hundreds of thousands of dollars have been distributed to institutions involved in the provision of family planning. Let us briefly examine the activities of the different FHS project in the area of institutional building.

IEC

Institutional building is a key component of each project of the IEC division. The division has invested considerable time and effort in counseling, IEC materials development and other training at both national and state levels. The main beneficiaries of the institutional building efforts of the IEC are state and federal Ministries of Health (MOH), PPFN, and Nigeria Educational Research and Development Council (NERDC). The division has trained hundreds of the staff of these establishments locally and even sponsored a few on short-term overseas training. The training provided include not only counseling and materials development, but also family life education, data processing, formative research, and family planning script writing. The division has significantly increased the capability of the recipient institutions in carrying out IEC activities.

To date the IEC division has conducted 26 national workshops on various IEC-related themes. The workshops focus on issues such as media materials development, life education (FLE), counseling and interpersonal communication, training of IEC network consultants, sexual responsibility, and project management. Participants at these workshops include federal and state Ministries of Health personnel (e.g. family planning service providers), health educators, NERDC personnel, school teachers, media personnel, university dons, and PPFN personnel. More than 800 people have been trained at these national workshops. The division has also conducted 29 state-level training workshops to date. Some 720 people have benefitted from these state-level workshops. Moreover, 25 LGA training on family planning counseling and/or motivation have been conducted by the division in different states of the federation. A total of more than 460 professionals participated at these LGA training programs.

Apart from conducting workshops within the country, IEC division has also sponsored some Nigerians on IEC training abroad. These include federal and state MOH personnel, PPFN staff, and media personnel.

Another commendable effort of the IEC division in institutional building is the network of consultants it set up in 1992. A total of twenty high calibre professionals in various IEC-related fields were trained in September 1992 for a period of two weeks. This training afforded the participants the opportunity to acquire or improve their skills in IEC media materials development, counselling and motivation, and, research and evaluation. The consultants thus trained represent a corps of professionals that can be used not only by the FHS but also by other NGOs and governmental organizations.

In addition to providing training, the IEC division has provided IEC equipment and materials worth hundreds of thousands of dollars to institutions involved in the provision of family planning services across the country.

Private Sector

The Private Sector has made laudable efforts in the area of institutional development. Part of the efforts relate to the contract agreement with the National Association of Nigerian Nurses and Midwives (NANNM). Basically, the aim of this subproject is to train private sector nurses and midwives to provide family planning services and to assure them the commodities and supplies they need to provide these services. The initial supply of commodities is provided by FHS to the participating clinicians. Funds generated from the sales of the commodities are then expected to be used to purchase resupplies of commodities. Almost three thousand private sector clinicians have benefitted from the clinical training provided by this division.

In addition to its contract with the NANNM, the private sector also provide technical and material assistance to some twenty three Nigerian private hospitals and cultural or social organizations. The recipient organizations include:

- NKST (a religious organization in Benue State);
- Country Women Association of Nigeria (COWAN);
- National Council of Women Societies (NCWS);
- Apex Hospital, Igbo Ukwu;
- Borno Medical Clinic, Maiduguri;
- Sefa Specialist Hospital, Kaduna;
- EKO Hospital, Ikeja, Lagos;
- Pope Paul Specialist Hospital, Aba;
- Sokoto Clinic, Sokoto; and,
- Cross River State AIDS Committee, Calabar.

The type of assistance to these organizations include training of personnel, provision of commodities and clinical equipment, and, monitoring and supervision. The private sector has committed more than 2 million dollars to these subprojects. Through its activities, the private sector has significantly enhanced the capability of many Nigerian private sector establishments to provide family planning services.

Public Sector

This division is the first to set up a network of consultants within the FHS. Its Clinical Services Resource Trainers and Management Training Consultants have provided consultancy services in training health workers across the country. These consultants have acquired substantial experience and competence through the opportunities for training and consultancies afforded them by the Private Sector division. They have indeed progressively taken over much of the training and consultancy work previously carried out by expatriates.

The division has also trained and retrained thousands of public sector tutors, clinic service providers, outreach workers and program managers. During the financial year 1991/92 alone more than 2,000 individuals were trained at different levels. Seventy one were trained as family planning tutors, nearly 1,400 were trained in clinical skills and almost 600 received training in management skills. In addition, four individuals were sponsored on short-term overseas training.

The Private Sector through its subcontractor, AFRICARE, has supplied equipment worth hundreds of thousands of dollars to various Nigerian health institutions with a view to improving the quality of care provided.

Policy Division

This division has provided technical and financial assistance to various components of the federal Ministry of Health as well as other governmental institutions. The division has provided these institutions with equipment and supplies such as computers, fax machines, books and journals. The division has also provided training in Nigeria and abroad for some staff of these institutions. The types of training provided include use of computer, research methodologies, and data analysis techniques.

IV CONCLUSION

The foregoing has examined the benefits which Nigerians have derived from the FHS project. Among the benefits which individual Nigerians have derived from the project include regular employment, consultancy work, professional training, and, contraceptives and other family planning services. Moreover, the project has provided equipment and contraceptive commodities to many Nigerian institutions in both the public and the private sectors. The support given to these institutions in terms of training for their personnel and the provision of equipment and supplies has contributed immensely to increasing their capability to deliver quality family planning services.

The project has also used the services of a number of local firms for research and evaluation, media campaign design and implementation, commodity packaging and distribution, data processing, supply of materials, and auditing. Apart from the financial gains accrued to these institutions, they also benefitted considerably from technical assistance from FHS while carrying out the specified tasks. In general, through their involvement with the FHS, these institutions have been exposed to new techniques which can significantly improve their overall performance.

Although Nigerians are currently actively involved in the implementation of the FHS project, it should be possible to increase their participation. The process of transferring responsibilities from U.S.-based individuals and organizations to Nigerian individuals and institutions should be intensified. With the right training and guidance Nigerians can easily take over much of the tasks being currently undertaken by overseas-based consultants and sub-contractors.

Average Number of Days per Expatriate Visit by Year: All Components

12

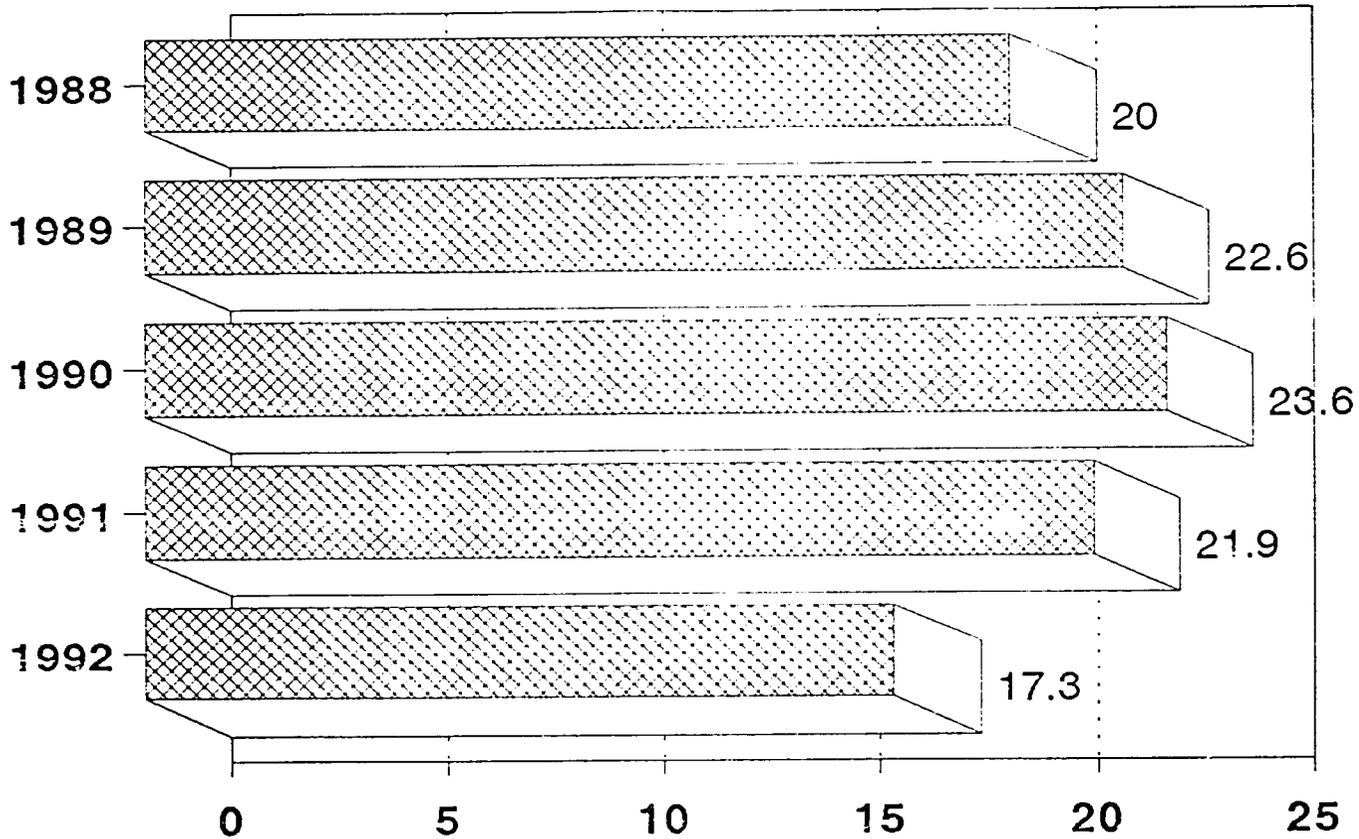


FIG. 1

Average Number of Days per Expatriate Visit by Year: Public Sector Component

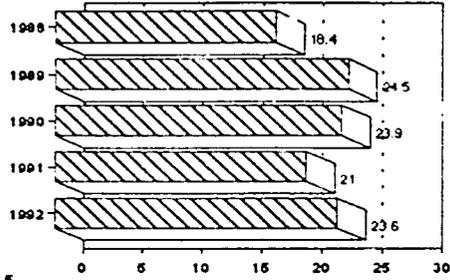


FIG. 5

Average Number of Days per Expatriate Visit by Year: Operations Component

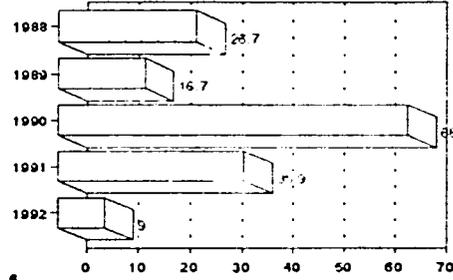


FIG. 6

Average Number of Days per Expatriate Visit by Year: Private Sector Component

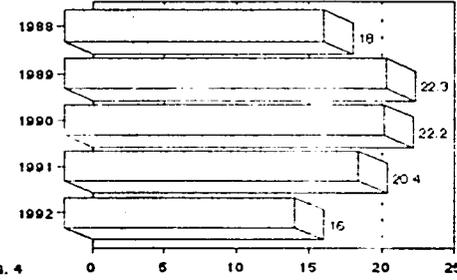


FIG. 4

Average Number of Days per Expatriate Visit by Year: IEC Component

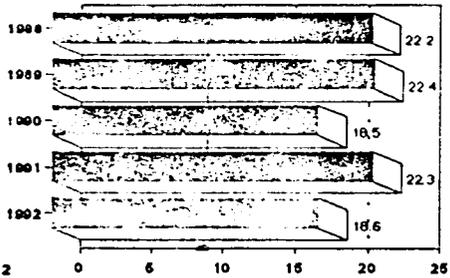


FIG. 2

Average Number of Days per Expatriate Visit by Year: Policy Component

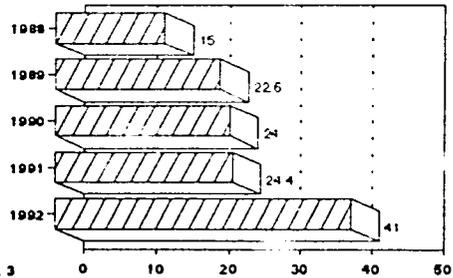


FIG. 3

Average Number of Days per Expatriate Visit by Year: Other Components

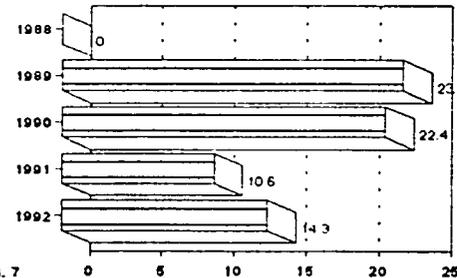


FIG. 7

8

Number of Expatriate Consultant-Days by Year: Public Sector Component

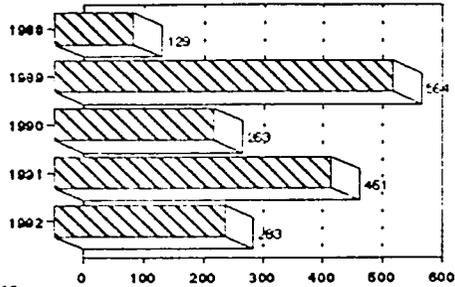


FIG. 12

Number of Expatriate Consultant-Days by Year: Operations Component

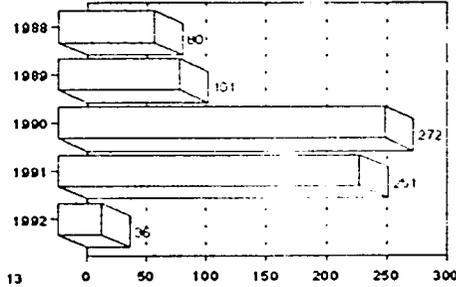


FIG. 13

Number of Expatriate Consultant-Days by Year: Other Components

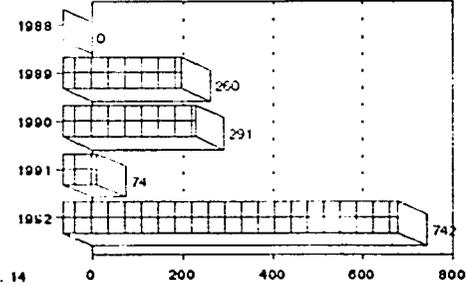


FIG. 14

Number of Expatriate Consultant-Days by Year: IEC Component

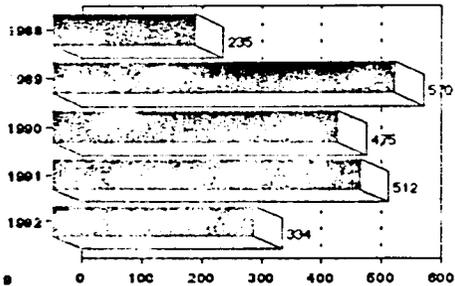


FIG. 9

Number of Expatriate Consultant-Days by Year: Policy Component

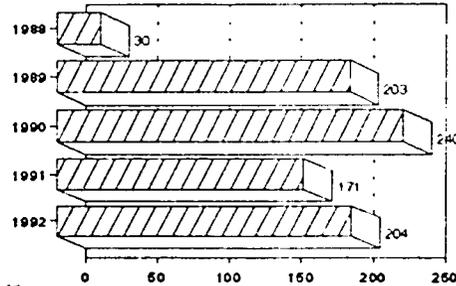


FIG. 10

Number of Expatriate Consultant-Days by Year: Private Sector Component

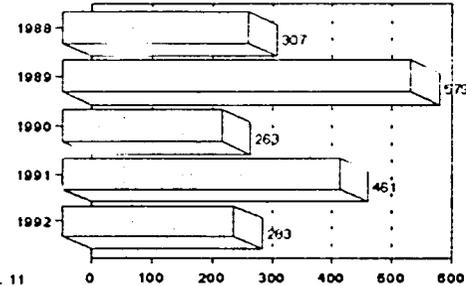


FIG. 11

Number of Expatriate Consultant-Days by Year: All Components

30

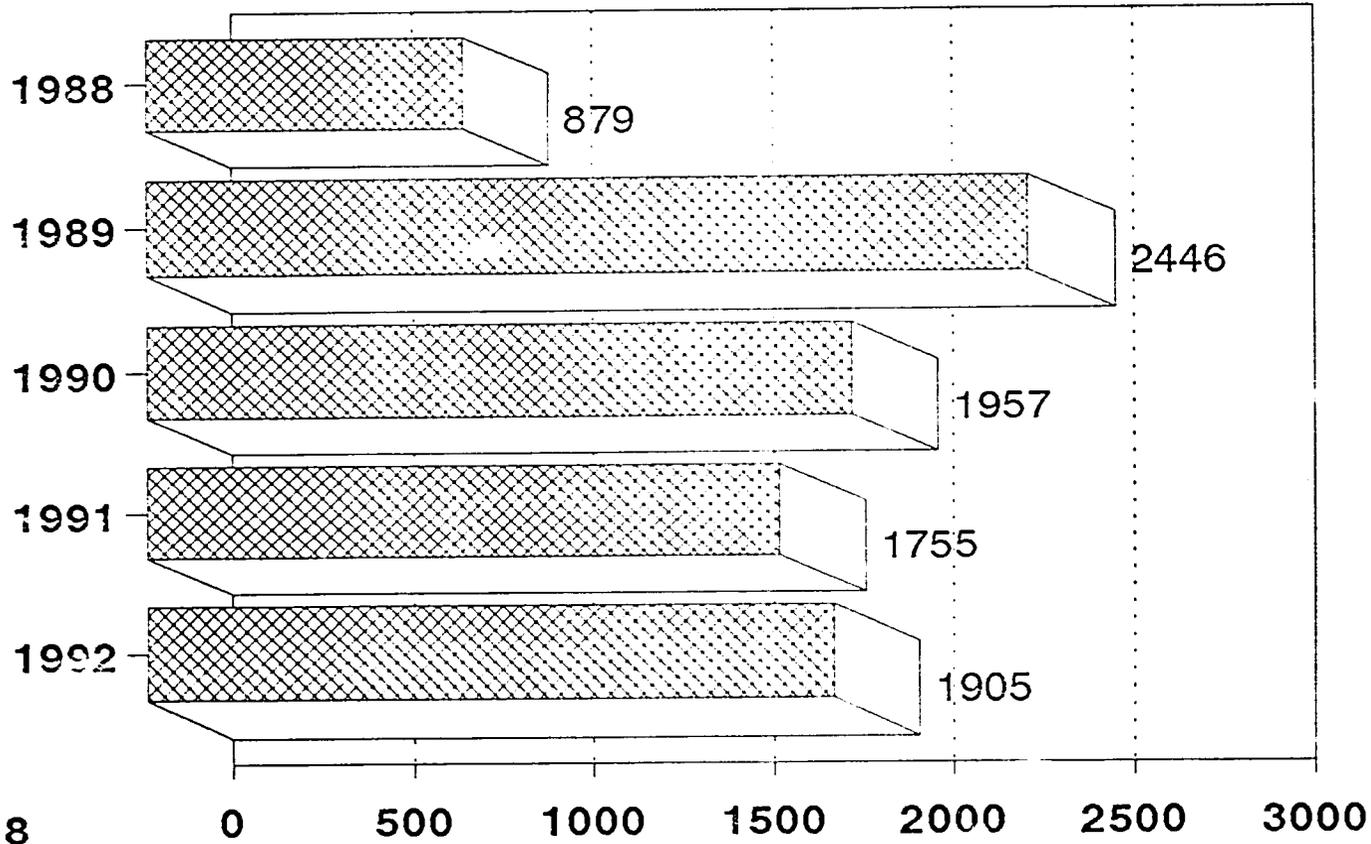


FIG. 8

Comparison of Expatriate and Local Consultant-days by Year: All Components*

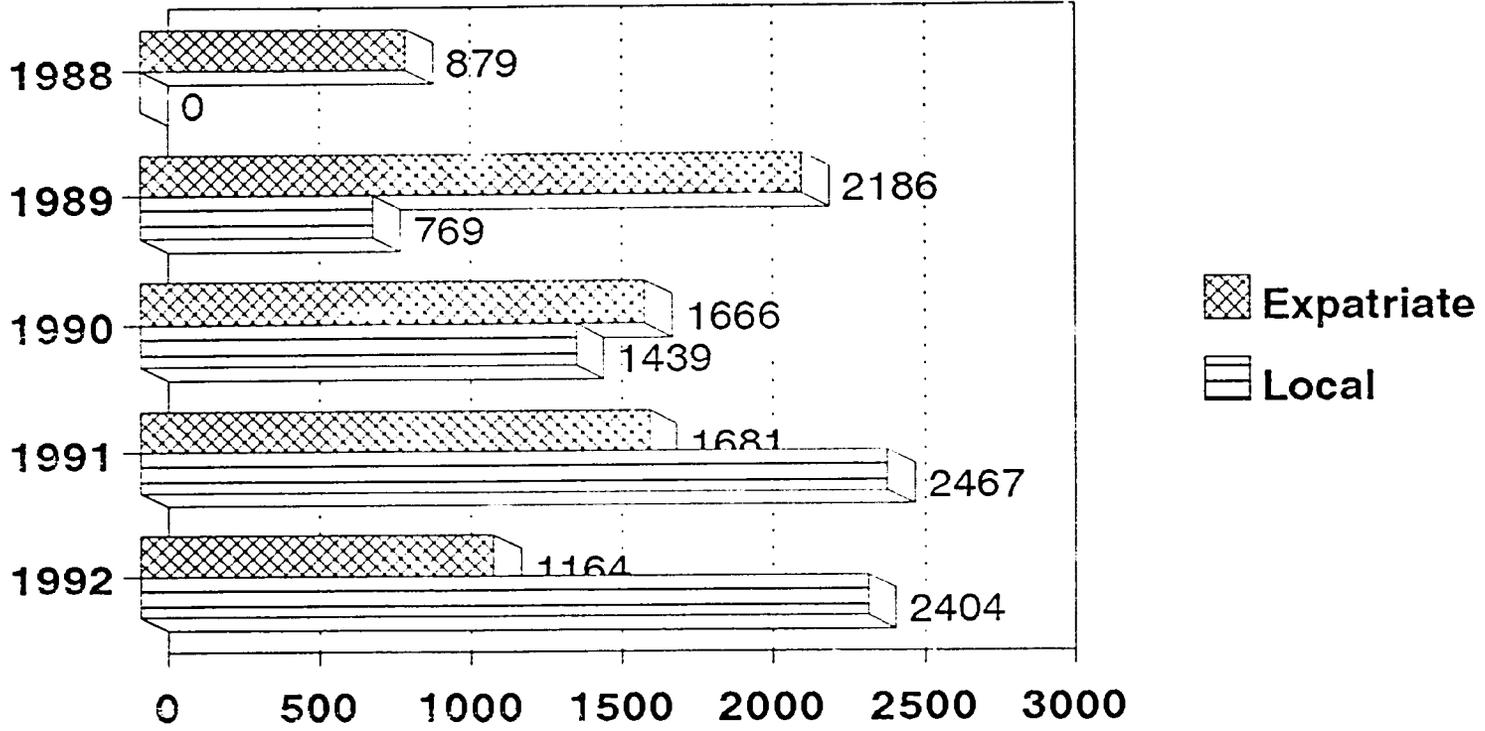


FIG. 15

* includes only the five major components

Ratio of expatriate to local consultant-days by year and by component

32

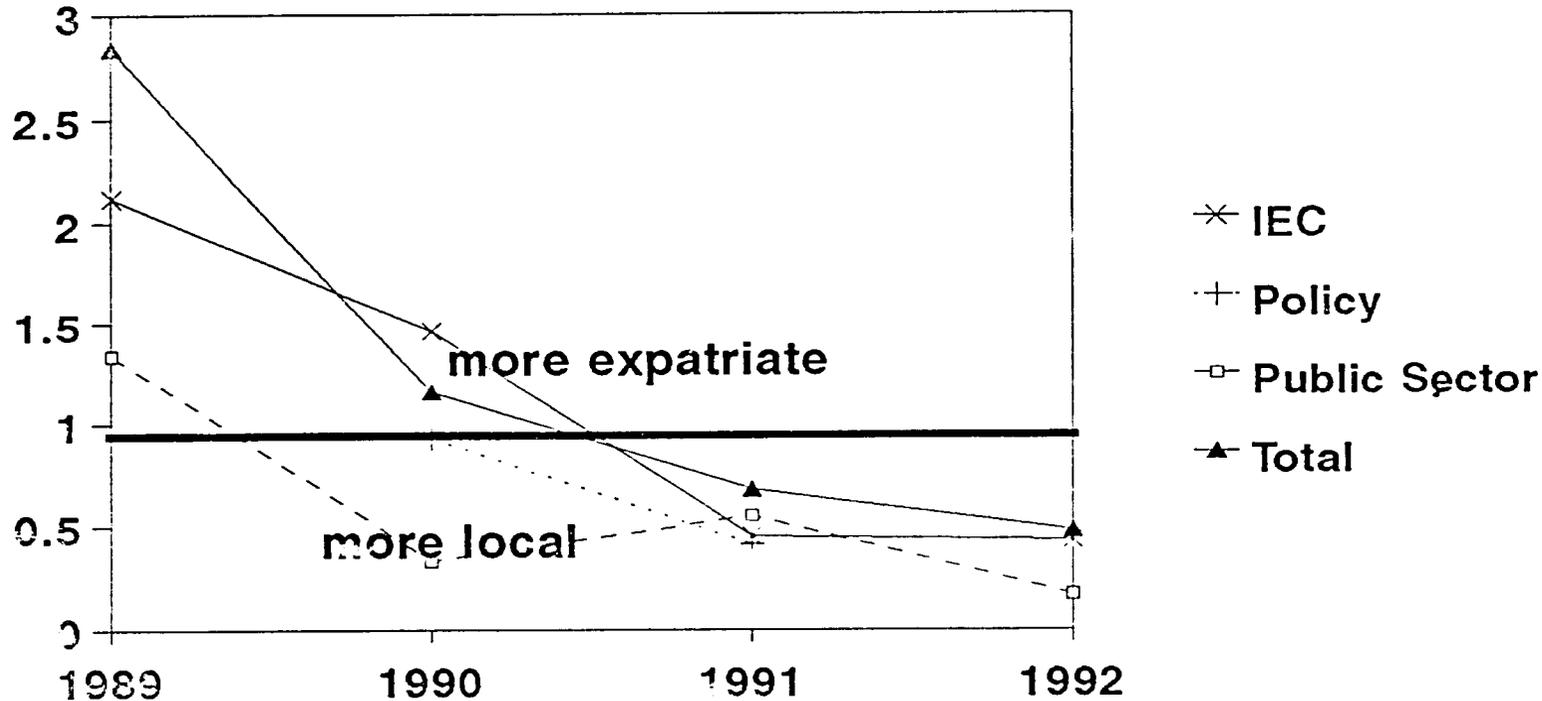


FIG. 16

No consultants at all for Operations;
None for Policy and Private Sector in
1988, 1989 and 1992

NUMBER OF PEOPLE TRAINED BY HEALTH ZONE AND BY SECTOR: FHS - 1988 TO 1991

33

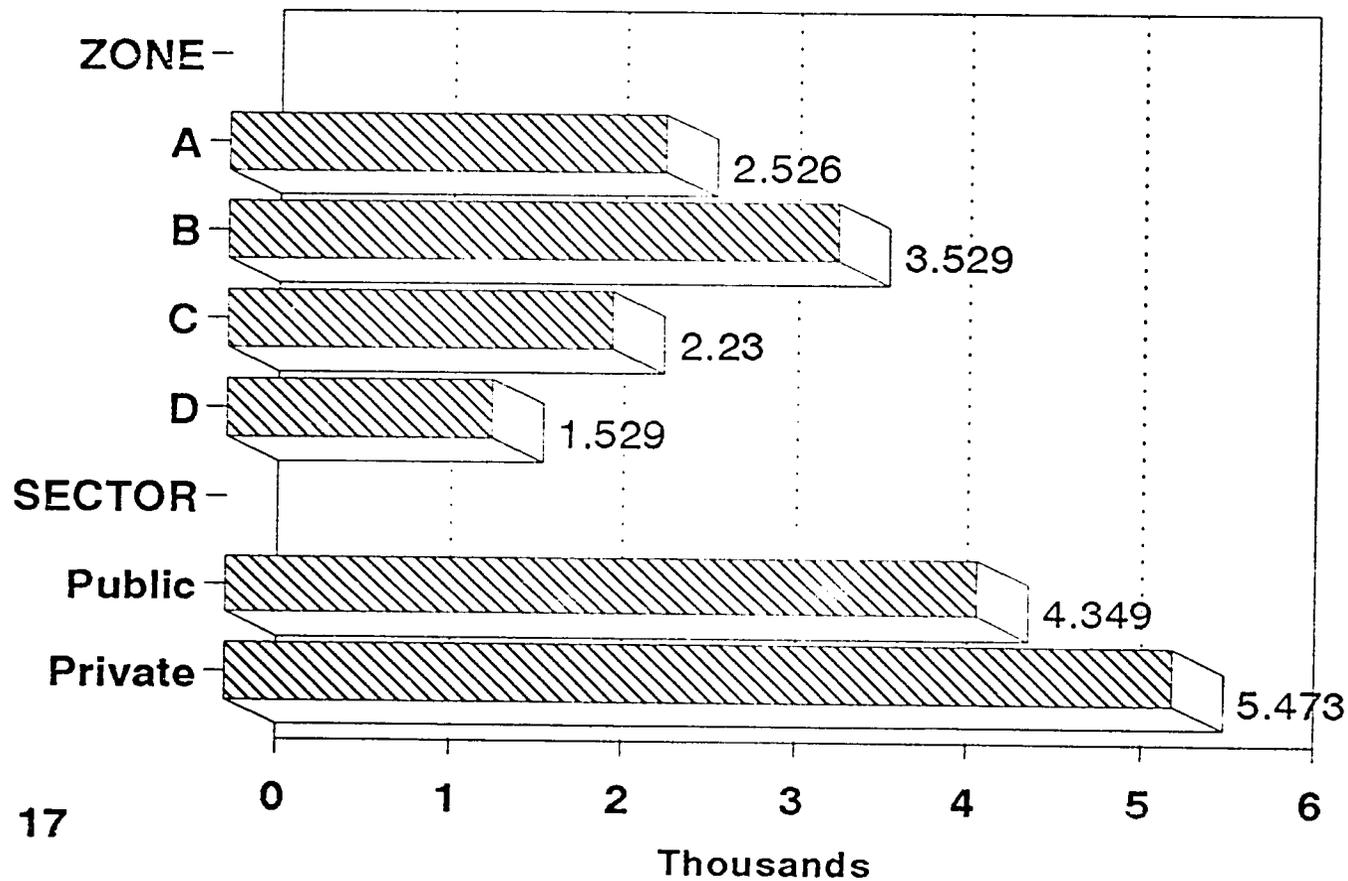


FIG. 17

PERCENT ALLOCATION OF FUNDS BY LINE ITEM AND BY YEAR: OPERATIONS DIVISION

24

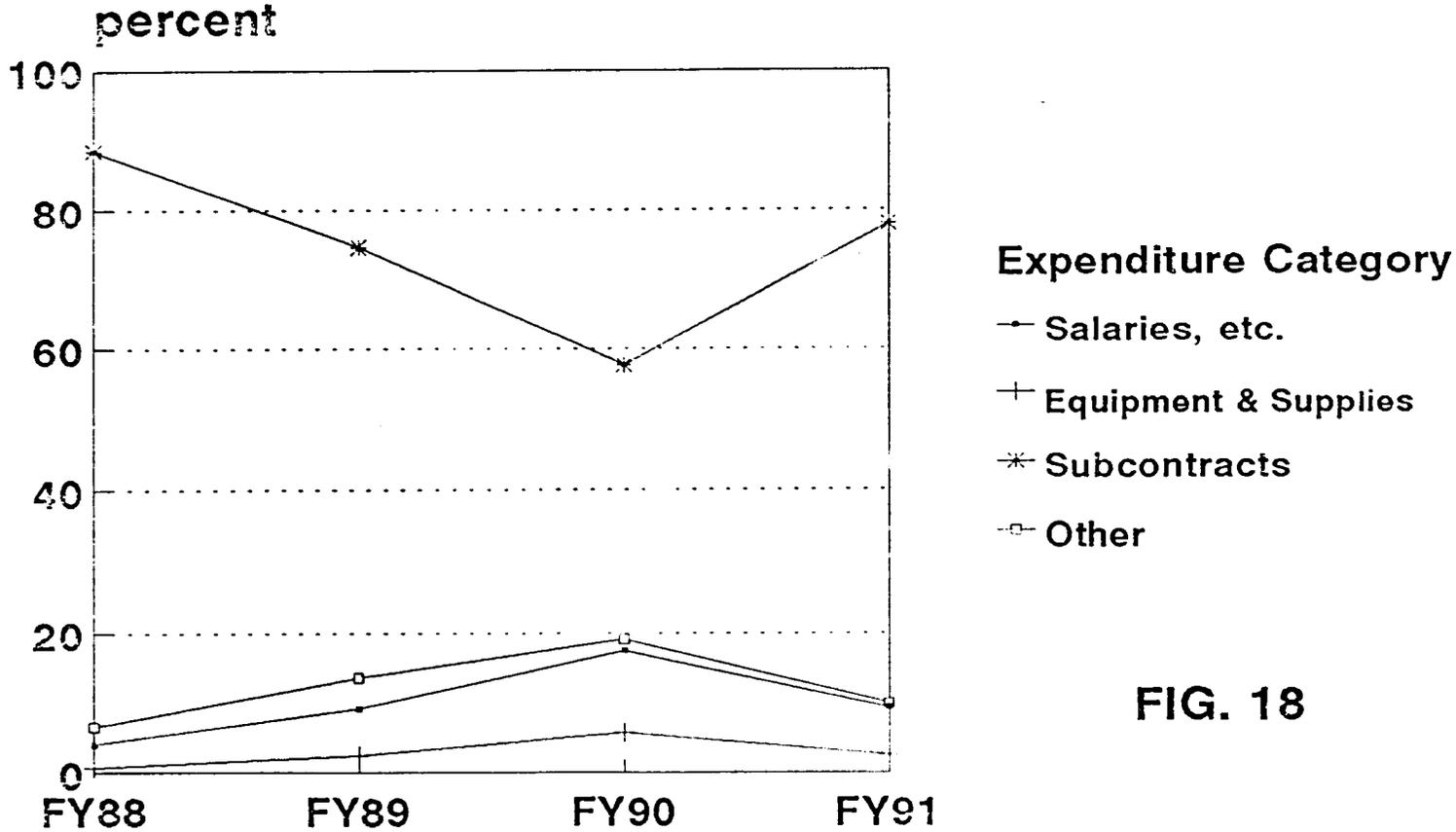


FIG. 18

PERCENT ALLOCATION OF FUNDS BY LINE ITEM AND BY YEAR: PRIVATE SECT. DIVISION

FE

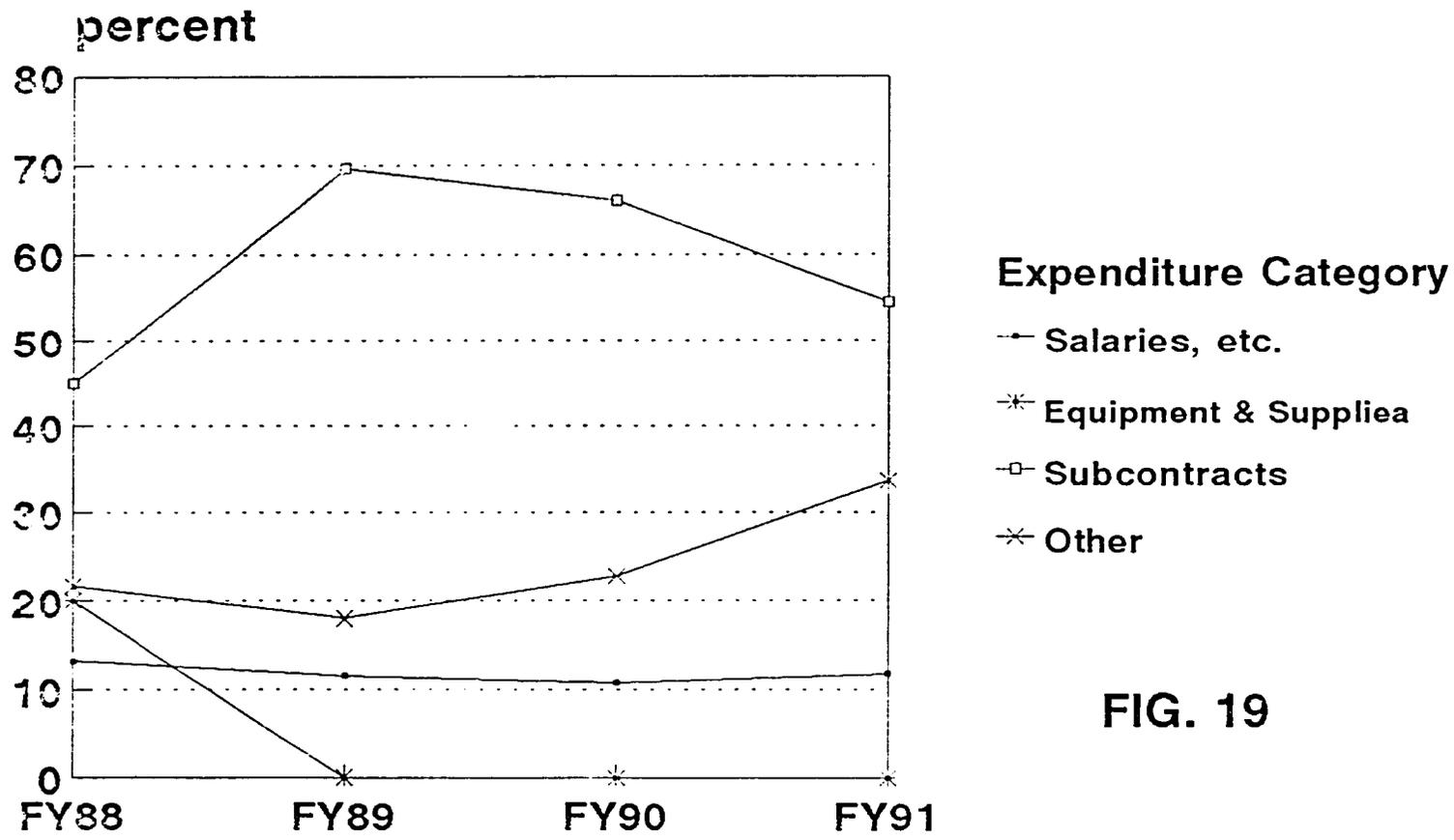


FIG. 19

PERCENT ALLOCATION OF FUNDS BY LINE ITEM AND BY YEAR: IEC DIVISION

92

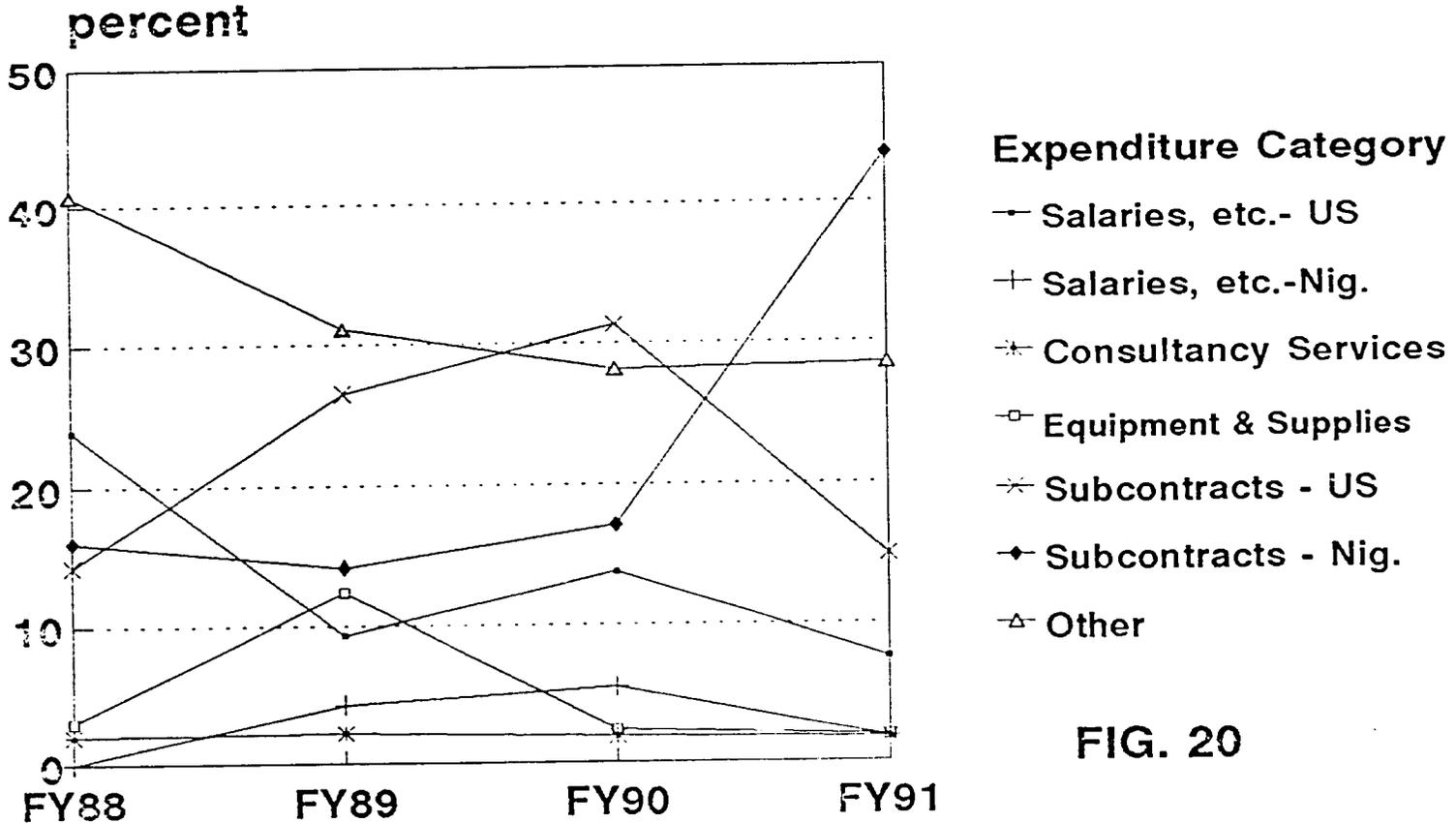


FIG. 20

PERCENT ALLOCATION OF FUNDS BY LINE ITEM AND BY YEAR: POLICY DIVISION

15

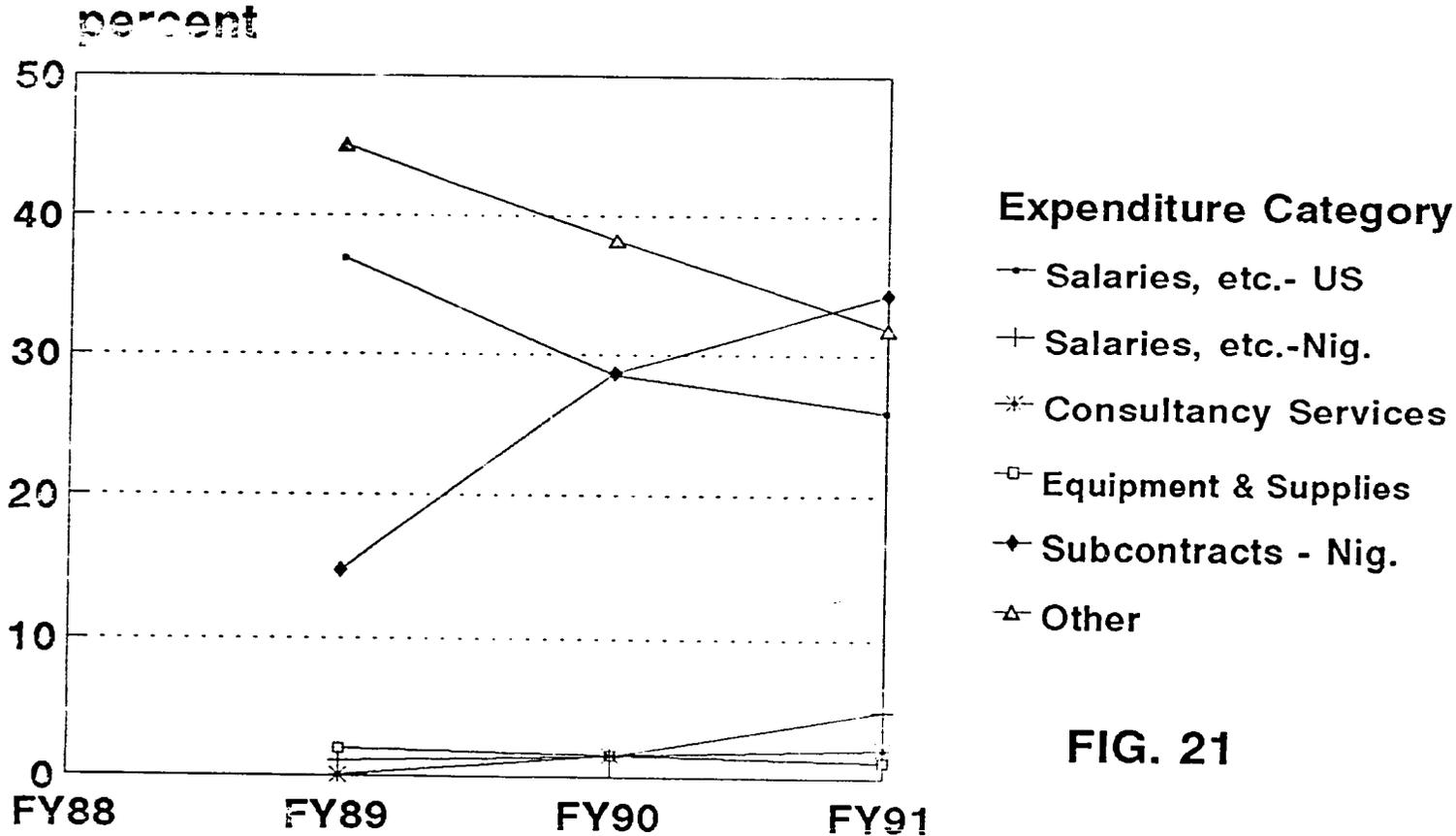


FIG. 21

PERCENT ALLOCATION OF FUNDS BY LINE ITEM AND BY YEAR: PUBLIC SECTOR DIVISION

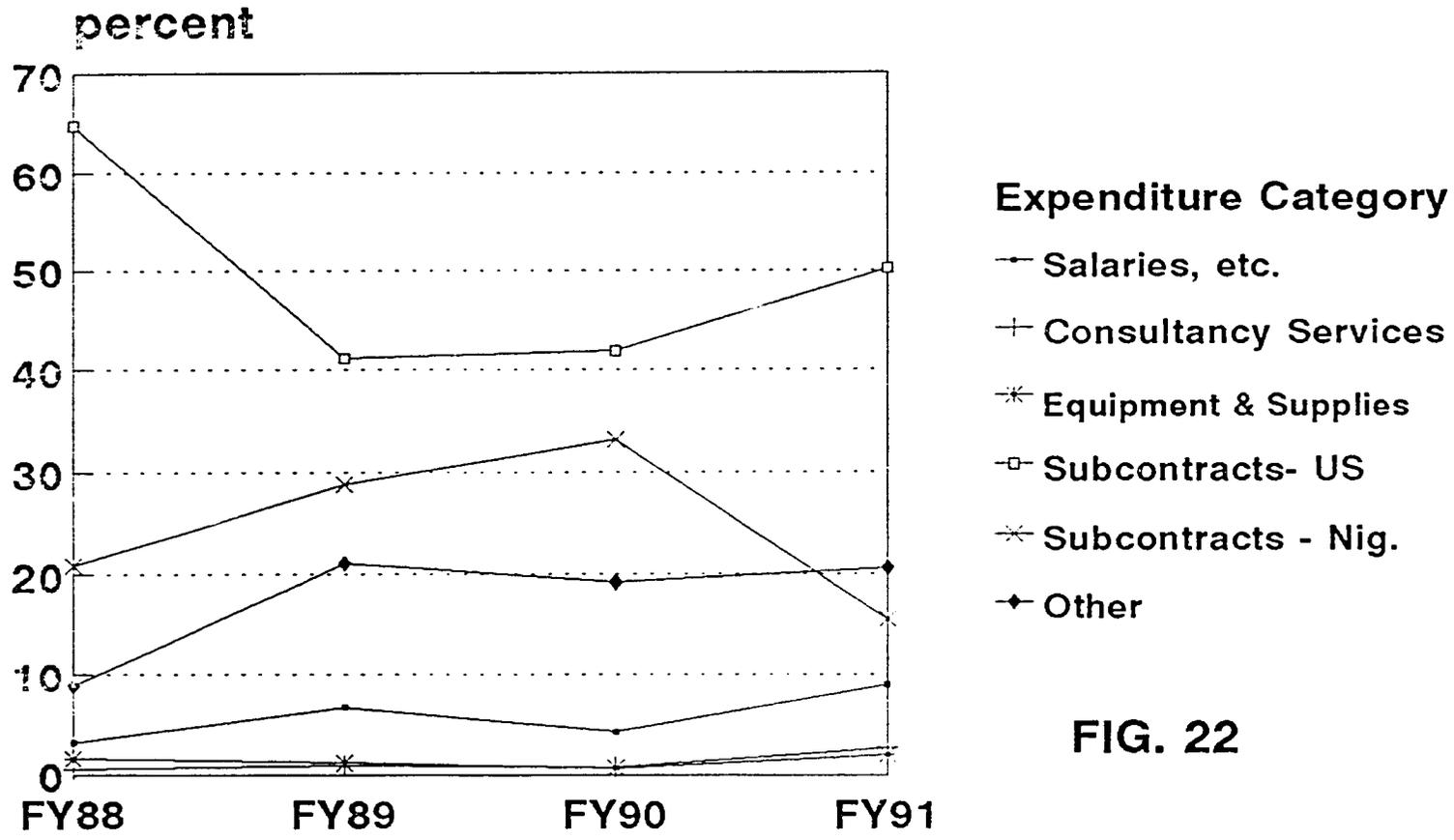


FIG. 22

AMOUNT EXPENDED BY YEAR AND BY DIVISION

FHS - FY88 TO FY91

39

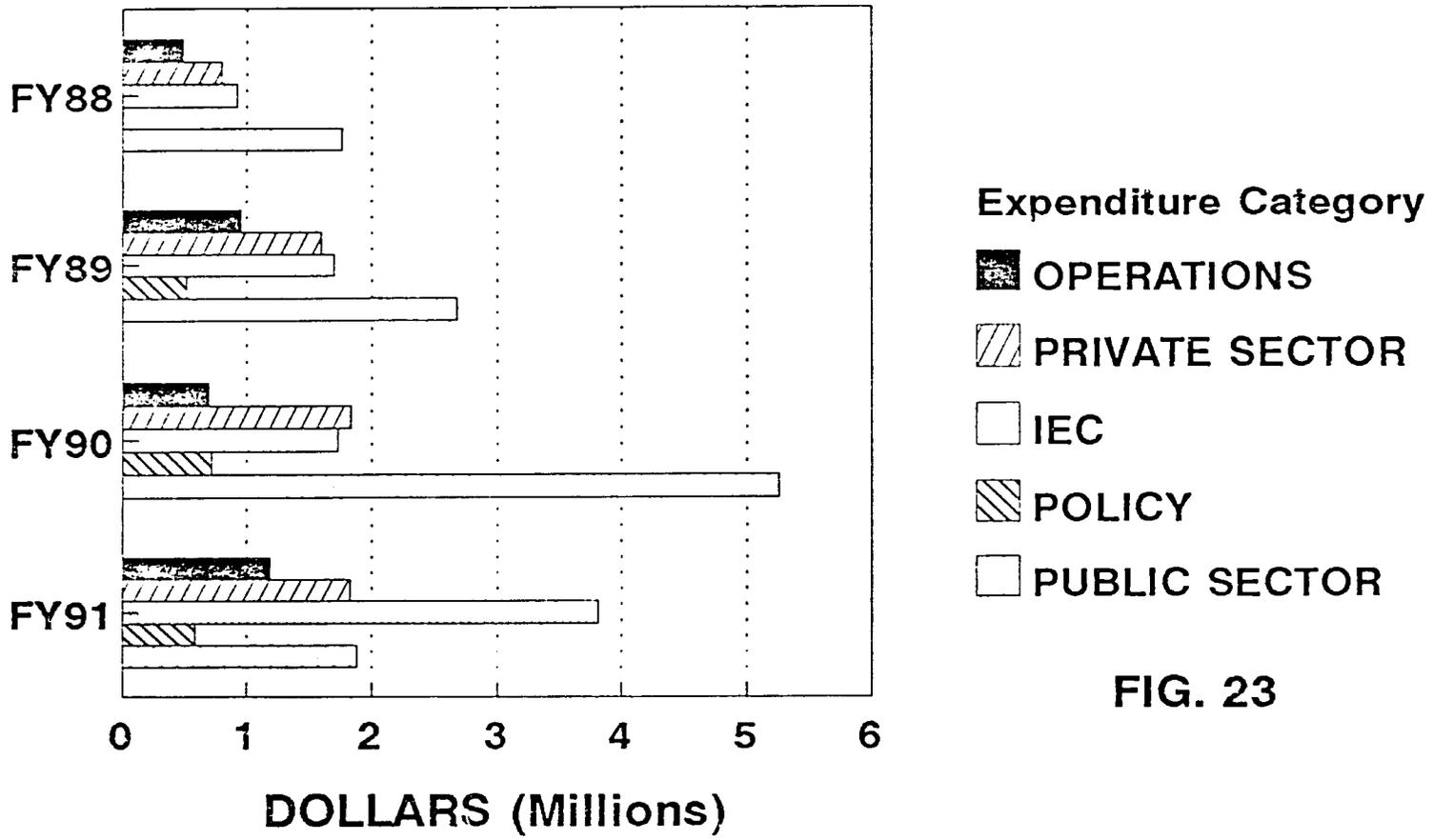
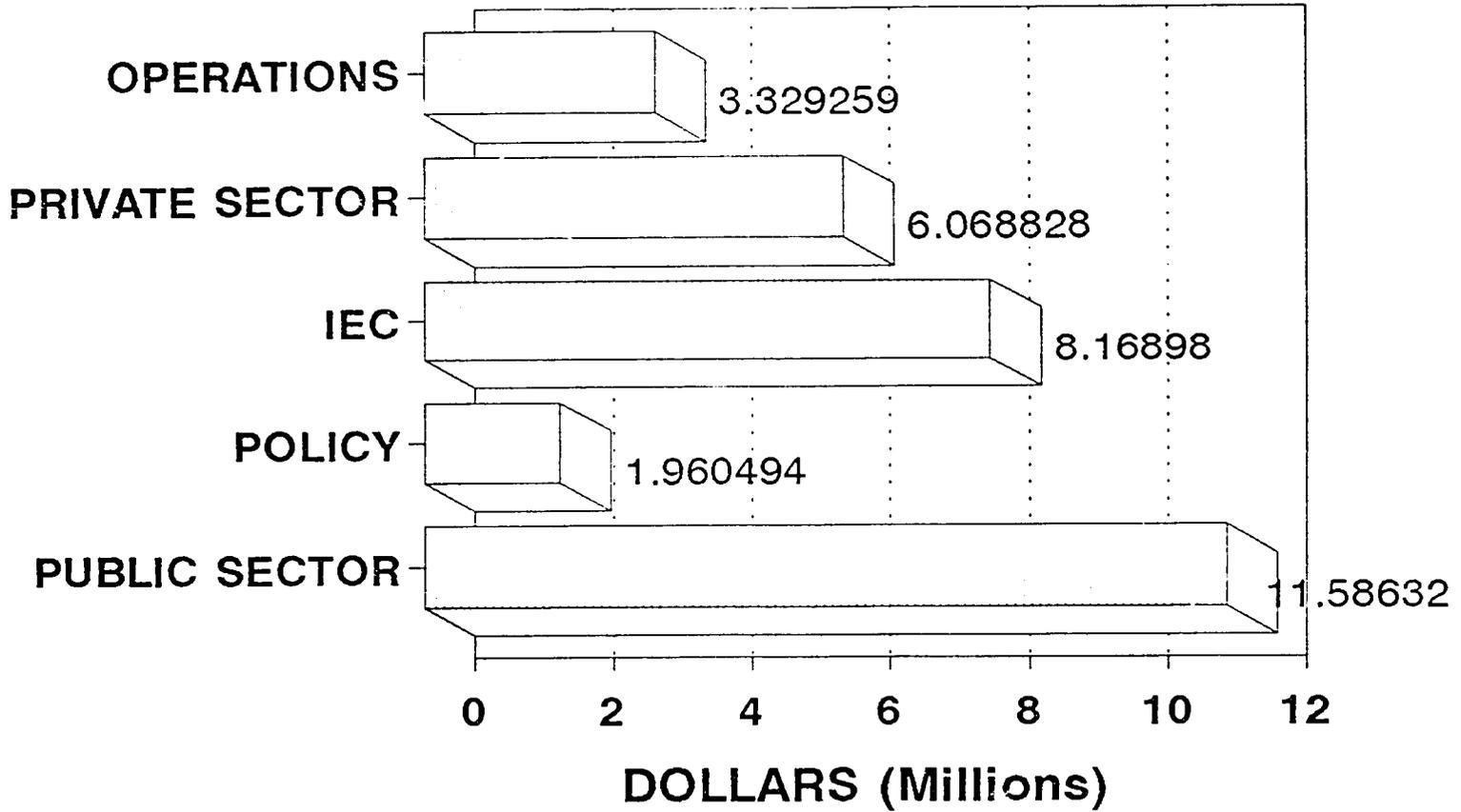


FIG. 23

TOTAL AMOUNT EXPENDED BY DIVISION FHS - FY88 TO FY91

49



Amount for Policy is an estimate.
Expenses for parts of FY88 not known

FIG. 24