

USAID Lagos  
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Document Acquisitions

PPC/CDIE/DI

Room 303, SA-10

U.S. Agency for International Development

Washington, D.C. 20521-1803

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Author: zonal staff FHS

Descriptive Title: Final Close-out Report June 1993 to June 1994

Project Number: 620-0001

Sponsoring AID Office: USAID Nigeria

Contract Number: CO-620-0001-C-00-8008

Contractor: African-American Institute

Date of Publication/Issue: July 20, 1994

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United States Agency for International Development

FAMILY HEALTH SERVICES PROJECT

PD-ARM-477  
98224



## **C ZONAL OFFICE, KADUNA**

### **FINAL CLOSE-OUT REPORT JUNE 1993 TO JUNE 1994**

**COMPILED BY:**

**ZONAL PROGRAM MANAGER  
ZONAL PROGRAM OFFICERS**

July 20, 1994

**C ZONAL OFFICE, KADUNA**

**FINAL CLOSE-OUT REPORT  
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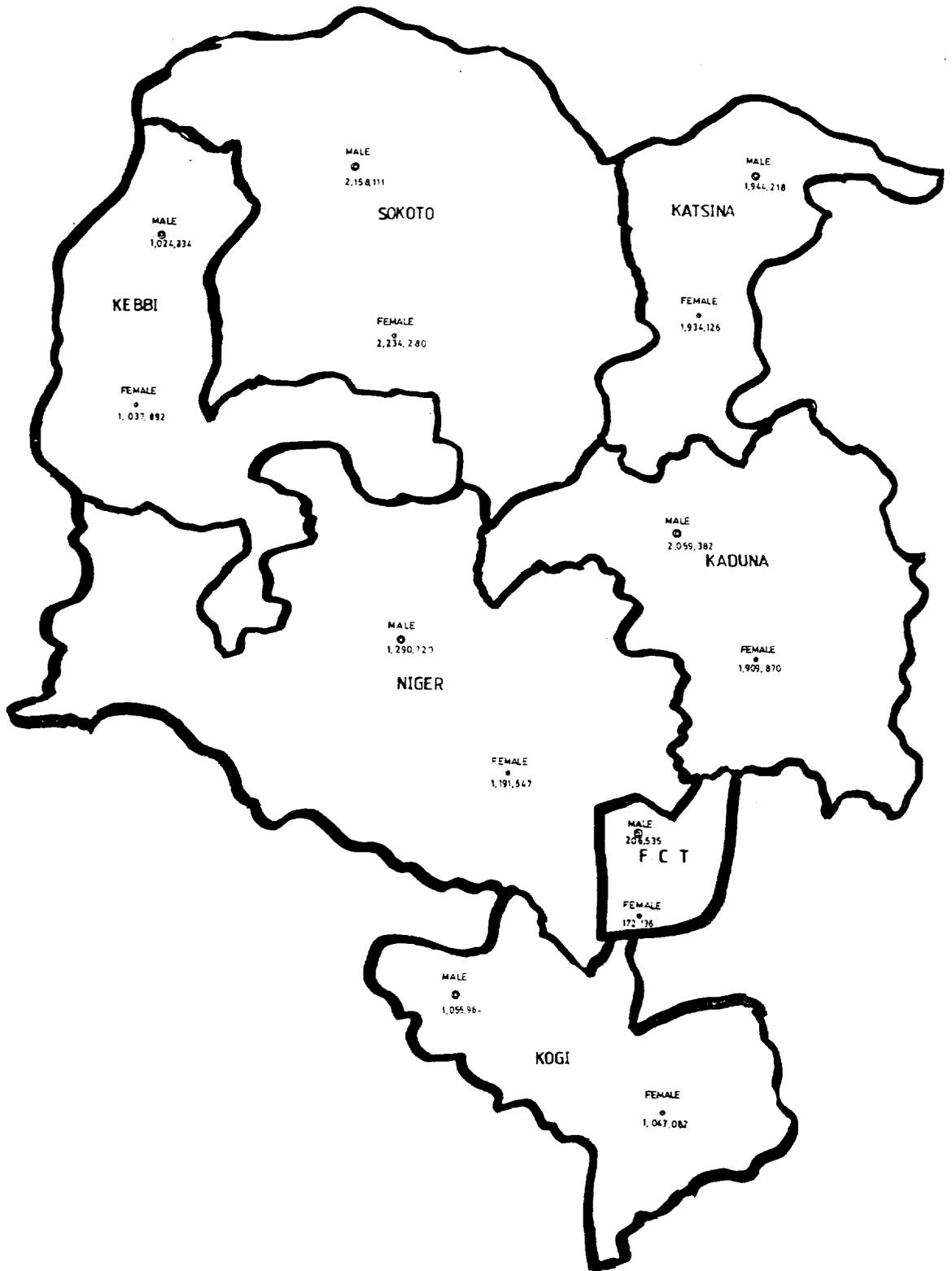
**ZONAL PROGRAM MANAGER  
ZONAL PROGRAM OFFICERS**

*July 20, 1994*

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**C ZONE STATES IN PERSPECTIVE REFLECTING 1991 POPULATION CENSUS AND WOMEN OF REPRODUCTIVE AGE BY STATE**



## **PREAMBLE**

### **MISSION STATEMENT**

The Nigerian Family Health Services Project aims to assist the government of Nigeria to implement her population program by increasing the accessibility, use of high quality, cost effective family planning services nationwide, this will be achieved by providing technical and material assistance to strengthen human and organizational capabilities, and advocating a conducive environment for implementing the national population policy. Attention will also be given to maternal and reproductive health through special project other than family planning.

### **TRANSITIONAL PERIOD**

The FHS project was originally scheduled to end in December 1992. The project however was extended to June 1994 to enable the project have additional time to provide technical and material assistance to FP efforts in Nigeria, and to revise the implementation strategy to enable the project be more responsive to family planning needs in Nigeria.

The transition period can be likened to a laboratory where various innovations and strategies were tried, with a view to adopting the most appropriate in FHS II. However the political

Ugagmire in the country is making the future of FHS II very cloudy.

At the transition workplan meeting held in January 1993, each zone developed its transition plan of work. This workplan was expected to be the working tool as each program is being implemented. Significant efforts were concentrated in the zone to raise contraceptive use. During this period Niger State was identified for intensive FHS activities.

#### THE RIS STATE

The RIS is the process of utilizing existing and additional resource, (human, material, financial and time) in a collaborative effective and efficient manner to achieve specified outcomes in the Nigerian Family Planning program.

RIS was initially designed as an alternative strategy to the overall strategy which was adopted by FHS I.

In this zone the RIS state is Niger, all activities as per RIS have commenced. For details see RIS 'close-out' report.

#### EXECUTIVE SUMMARY

The activities conducted in the zone during the transition period generally includes commodity monitoring, tracking and distribution, the zone tried to institutionalize quality of care culture in most clinical service providers, we hope to continue a

referral system as taught to all FP Coordinators at the just concluded annual FP Coordinator's meeting which has commenced in some state and sub-projects.

The zone has provided TA on a continuous basis to service delivery points and coordinating units, with additional private sector sub-projects we are able to spread our tentacles to private sector facilities.

This zone is seriously looking into the possibility of intensifying activities, especially in priority states; which we selected based on low acceptance, (Kebbi, Sokoto and Katsina). Its worthy of note that we have been able to record a marked increase in FP acceptance in these states.

The FP profile has provided an authentic information on the progress made in FP generally in this zone over the past years, and we have substantiated increase in contraceptive acceptance and usage, number of new acceptors and revisits changes in contraceptive method mix, number of clinics reporting and months reported, CYP and CYP prevalence.

## TRAINING ACTIVITIES

In the area of training so far the following training activities have been conducted either within the zone or at the designated institutional training sites. In addition to the regular on-the-job training being provided by the zonal team during routine monitoring visits.

- ++ 25 clinical service providers have been trained for 6 weeks FP training at the Jos University Teaching Hospital.
- ++ 8 Community Health Extension workers have been trained by AFRH in Kaduna.
- ++ 30 Participants from all the states in the zone attended a one-week training on commodities logistics/MIS conducted here in Kaduna.
- ++ All zonal staff benefitted from a Nicare training.
- ++ The Zonal Manager attended a management training at the HQ.
- ++ The Zonal Manager/Secretary benefitted from financial management training.

## LESSONS LEARNED

- Better commodities management exhibited by the trained staff, on getting back to their respective states and places of work.
- With training conducted for clinical service providers more service delivery points were established giving rise to more FP coverage.
- There is improvement in the quality of care rendered, based on constant monitoring.
- Since all state level commodity officers were trained we were able to record a decrease in the number of commodity stockout at state warehouses and the service delivery points.
- With constant MIS monitoring and clinic based training to CSPs on MIS compilation, we have improved quality of MIS data, and increase in the percentage of clinics providing and reporting.

### PROBLEMS/CONSTRAINTS

1. The zone experienced a set back in the area of training, especially in Norplant for Physicians, which we clearly indicated that there is serious demand for Norplant and the number of trained Physicians is inadequate for the demand.
2. Also we had set backs in the training of Doctor/Nurse team for VSC which was not conducted at all for this zone.
3. The zone was not also able to get the required number of Nurse/Midwives for CSP training and required number of CHEWs earlier scheduled for training.

The above setbacks hindered the zone from attaining the targeted CYP and contraceptive prevalence.

Postponements, rescheduling and cancellations of the training schedules affected the number of persons earlier selected and contacted for training.

The number of slots allocated for the zone was reduced, which aggravated our earlier problem of inadequate number of trained FP personnel, this action made some states within the zone to feel that they were segregated.

### RECOMMENDATIONS

- \*\* There is the need to consider training more FP personnel from either source be it public or private, this is because many people are now becoming aware of FP and are demanding for services.
- \*\* There is the need also to give opportunities for training Nurses/Physicians, especially in the permanent methods.
- \*\* The number of trained CSPs in some states are far less than the service delivery points, there is a need to also increase

the number of slots for training of CSPs.

- \*\* This zone is the only one in the country that does not have designated zonal training institution despite the fact that ABU has been training for INTRAH/JHEIPEIGO etc. There is the need to consider upgrading the Ahmadu Bello University Teaching Hospital into a zonal training institution to cater for the training of our needed personnel.
- \*\* The commodities management training conducted in the zone for the state commodities officers, needs to be conducted for all FP providers and managers at the LGA. To ensure that when these officers talk about commodities, they speak in the same language.

### TRAINING PER STATE

#### Katsina

##### CSP

1. Hadiza Mohammed
2. Fatima Ismaila
3. Yelwa Shehu
4. Baraka Idris
5. Hadiza Lawal
6. Ramatu Mohammed

##### CHEW

1. Jibrin Garba
2. Lami Dikko
3. Hamsatu Iliyasu

#### Commodities and Logistics Management

1. Amina S. Sulu
2. Jibrin Garba
3. Rakiya Idris

#### Supervisory Training - Benin

1. Indo Lawan
2. Fatima Ismaila
3. Jummai Lawan
4. Halima Koran

5. Afusatu Oyekanmi
6. Esther Mato

Sokoto

CSP

1. Adamu Malami
2. Laraba Binta Musa
3. Bimbo Adams
4. Jummai Mamman
5. Dupe Dalumo
6. Hadiza Sanni

CHEW

1. Mary Soloman
2. Fasilat Mohammed

Commodities and Logistics Management

1. Adama Malam
2. Asabe Sule
3. Bala Mohammed

Kaduna

Commodities and Logistics Management

1. Hassana Ibrahim
2. Rhoda Gabriel
3. Josephine H Aruwa
4. Margret Duriya

CSP

1. Rabecca Yaro
2. Ramatu E. Hassan.

Kebbi State

CSP

1. Hajjo Abdullahi

2. Aishatu Alero
3. Aishatu Patrick
4. Ummu Musa
5. Elizabeth A Musa

CHEW

1. Zuwaira Mohammed
2. Ruth Yakubu
3. Tallo H. Altine

Commodities and Logistics Management

1. Hamsatu Rasheed
2. Yusufu Gwazawa
3. Rahila Labbo

FP Complication Management

1. Dr Wara

Koqi

CSP

1. Alice Egamana
2. Evelyn Olokun
3. V.A. Ojo

Commodities and Logistics Management

1. F.D. Afolabi
2. S. Abdullahi
3. D.E. Otaru
4. Comfort Akoro

FCT Abuja

CSP

1. Eunice Orakan
2. Ruth Abuson
3. Nana Alfa
4. Hadiza Aliyu
5. Aishatu Babankudi

Commodities and Logistic Management

- . N. Mbibi
- . J. Ezimoha
- . Lami Yusuf
- . Cecilia Ayuba

## IEC/ADVOCACY

### Objective:

To increase FP awareness to approximately 60% of the residents in the zone.

### Accomplishments:

1. 9,000 copies of four different types of FP posters were reproduced and distributed in Kaduna State.
2. 7,000 units of postnatal kits were produced for distribution to mothers on discharge from hospitals and maternity clinics after delivery in Niger State.
3. Radio and TV broadcast on FP advocacy is still going on in two of the states in the zone that have IEC state level projects, (Niger and Kaduna states).
4. Islamic advocacy seminar on Islam and FP was successfully conducted.

SOURCES OF REFERRAL FOR NEW ACCEPTORS IN ZONE C

<u>Source</u>	<u>%</u>	<u>Total</u>
CP -	38%	23,753
OP -	12%	7,501
RD -	12%	3,750
TV -	2%	1,251
PM -	3%	1,875
FR -	24%	15,001
NH -	4%	2,500
CT -	6%	3,750
OT -	4%	2,500
NR -	1%	626
		-----
		62,507
		=====

LESSONS LEARNED

- It was realised during the Journalists orientation that, if Journalists are educated effectively on FP they can disseminate correct information to the public.
- If the general public is adequately enlightened, and are aware of FP services, its side effects, the public is ready to accept.
- We also realised that the earlier strategy adopted and languages used to advocate for FP has faulty translations in the local languages, therefore giving the public false idea about FP.
- To advocate for FP acceptance we need to involve more men in FP activities.
- All approaches to FP advocacy in the zone must first of all move from known to unknown, eg., use some typical serious health conditions related to frequent pregnancies and child birth as an introductory lecture before delving into FP, this is because some religions only accept FP on health grounds.
- It was also noted that most women that benefitted from the post natal kits, have adequate information on child survival and are willing to embrace FP.

### PROBLEMS

1. The general problems with IEC/Advocacy is incorrect information to members of the public, this is more prominent in this zone because most CSPs who have to translate FP information from English to the local languages are not capable of making accurate translation, thereby giving a mis-interpretation of the whole concept of FP.
2. Some religious leaders are biased about FP, so they discourage their followers from practicing for political reasons.
3. Traditional beliefs, where people still see many children as a sign of wealth, still hinders some people from accepting FP.
4. The polygamous setting still hinder some women from practising FP as each wife is competing to out-number her rivals with children, since this can determine the wealth she can inherit in case of death of the husband.
5. Opinion leaders, and traditional rulers are still not willing to make public pronouncements in support of FP, because they are either polygamous or have too many children themselves.

### RECOMMENDATIONS

- ++ In future all FP information that need to be translated to local languages must be done by experts to avoid incorrect information dissemination to the public.
- ++ Another forum for Islamic Scholars all over the country should be planned with medical professionals where issues of FP, pregnancy, childbirth, and child care could be discussed and to relate its implications.
- ++ More men should be coopted into FP activities, especially in this zone where men shy away from FP, hence forcing their wives to follow their foot steps. Enlightening them on the true concept of FP, will help in spreading the gospel of FP further, since they will now be able to educate their wives and their fellow men folk.
- ++ More traditional rulers and religious leaders should be enlightened about FP.
- ++ We should intensify effective motivation and counselling to women in ante-natal clinics, infant welfare clinics and all forums where there are women gatherings.

## COMMODITIES/LOGISTICS MANAGEMENT

### Objectives

To reduce the rate of commodities stockout in all states in the zone.

### Accomplishments

- ++ Established an effective commodity management and distribution system.
- ++ Introduced and operated the max/min. inventory control system.
- ++ Carried out an on-the-spot training on commodities managements in states ad SDP.
- ++ Eliminated stockout at the state stores and reduced same at SDP level.
- ++ Set up an effective and functioning zonal commodities warehouse.
- ++ Eliminated over/understocking of commodities and established timely supply in all states in the zone.
- ++ Improved commodity storage condition at the state/LGA and SDPs.
- ++ Introduced and standardized assessment of commodities status in terms of months of supply at hand, based on calculation of average monthly distribution and consumption.

**ZONE C CONTRACEPTIVE PERCENTAGE MIX BY METHOD**  
**JAN. 1993 - JUNE 1994**

	FCT	KAD	KATS	KEBBI	KOGI	NIGER	SOKOTO
Oral pills	12.4	15.6	20	32.4	14.2	13.5	32.9
Injectables	26.2	19.4	29.8	50.9	10.6	11.1	20.8
IUDs	50.2	60.0	44.5	7.2	69.2	50.0	34.6
Norplant	0	0.7	0	0	0	0.8	0
VFT	1.8	0.6	1.2	2.1	1.0	1.8	3.7
Condom	8.4	0.9	1.5	7.4	2.6	3.7	4.8
Steril.	1	2.8	3.0	0	2.4	19.1	3.2
Total	100%	100%	100%	100%	100%	100%	100%

**COMMODITIES DISTRIBUTION IN ZONE C**  
**BY TYPE FROM JUNE 1993 TO JUNE 1994**

	ORAL PILLS	COPPER T	VFT	CONDOMS
1st QUARTER	11,700	625	42,100	47,700
2nd QUARTER	33,934	1,775	41,490	151,100
3rd QUARTER	29,456	5,720	28,100	155,200
4th QUARTER	29,300	4,425	18,350	8,600
1st & 2nd QUARTER	68,800	4,800	86,400	126,000
TOTAL	173,190	17,345	216,440	488,600

**COMMODITIES CONSUMPTION PATTERN IN ZONE C**  
**JAN. 1993 - JUNE 1994**

**GENERAL PILLS**

STATES	1993				1994		TOTAL
	1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	
FCT	2,244	2,803	2,793	2,534	3,420	721	14,515
KEBBI	1,023	651	816	964	2,691	NA	6,145
KADUNA	9,667	10,377	8,908	18,192	22,783	6,852	76,779
KOGI	19,544	5,519	4,025	3,742	5,107	NA	37,937
KATSINA	1,137	1,779	2,181	1,649	2,097	NA	8,843
NIGER	1,728	3,695	2,934	2,492	4,251	NA	15,100
SOKOTO	4,428	5,072	5,324	4,960	3,734	NA	23,518
<b>TOTAL</b>	<b>39,771</b>	<b>29,896</b>	<b>26,981</b>	<b>34,533</b>	<b>44,083</b>	<b>7,573</b>	<b>182,837</b>

**CU T**

STATES	1993				1994		TOTAL
	1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	
FCT	190	223	197	253	261	NA	1,124
KEBBI	3	3	4	1	15	NA	26
KADUNA	293	708	418	1,648	1,487	1,069	5,623
KOGI	519	407	358	442	439	NA	2,165
KATSINA	48	59	103	112	52	NA	374
NIGER	96	263	171	155	246	248	1,179
SOKOTO	62	61	85	155	200	NA	563
<b>TOTAL</b>	<b>1,211</b>	<b>1,724</b>	<b>1,336</b>	<b>2,766</b>	<b>2,700</b>	<b>1,317</b>	

ONDOM

STATES	1993				1994		TOTAL
	1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	
FCT	2,244	2,803	2,793	2,534	3,420	721	14,515
KEBBI	1,023	651	816	964	2,691	NA	6,145
KADUNA	9,667	10,377	8,908	18,192	22,783	6,852	76,779
KOGI	19,544	5,519	4,025	3,742	5,107	NA	37,937
KATSINA	1,137	1,779	2,181	1,649	2,097	NA	8,843
NIGER	1,728	3,695	2,934	2,492	4,251	NA	15,100
SOKOTO	4,428	5,072	5,324	4,960	3,734	NA	23,518
TOTAL	39,771	29,896	26,981	34,533	44,083	7,573	182,837

FT

STATES	1993				1994		TOTAL
	1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	
FCT	3,995	4,649	3,647	4,511	2,666	2,008	21,476
KEBBI	580	24	369	316	2,776	NA	4,065
KADUNA	6,880	7,254	5,114	5,900	5,720	86	30,954
KOGI	3,788	3,519	3,419	3,425	2,454	NA	16,605
KATSINA	367	1,246	2,576	625	616	NA	5,430
NIGER	1,856	4,337	2,910	3,590	3,843	5,802	22,338
SOKOTO	3,897	5,011	7,733	6,386	3,619	NA	26,646
TOTAL	21,363	26,040	25,768	24,753	21,694	7,896	

LESSONS LEARNED

It was learned that the training given to state officials on commodities management have assisted greatly in making commodities managers apply knowledge and skills learned in

managing, forecasting and distribution of FP commodities.

-- The introduction of Min./Max. control system and expression of stockout as it relates to months of supply at hand and average monthly consumption, made it possible for states to accept the withdrawal of excess commodities for redistribution.

-- This has also made states commodity managers to be conscious of expiry dates and effect prompt use of near expiring FP commodities.

#### RECOMMENDATIONS

-- Since there are few states in the zone that are unable to refurbish their commodities warehouse to meet up with established standards, fund should be made available to these states through the zonal office, to effect minor renovations. Where this is not possible, commodities meant for these states should be kept at sister state warehouse, and the state in question take the responsibility of shipping the commodities to their individual states whenever the need arises.

-- Since we have realised that training conducted to state's commodity officers have eased problems faced in the past with commodities management, then there is the need to extend the same to the LGA commodities officers.

## SERVICE DELIVERY

### **Objective:**

To enhance qualitative service delivery and increase CYP and CYP prevalence, through qualitative services, and upgrading suitable FP clinics in the zone.

### **Accomplishment**

- ++ A total of 37 clinics were surveyed during the transition period and recommended for upgrading to the next grade.
- ++ 24 clinic sets and 12 IUCD kits have been delivered to the zone for distribution.
- ++ Clinics were monitored routinely with a view to ensuring effective quality assurance, and setting up an effective referral system.
- ++ The Zone recorded a tremendous increase in the total number of clients served generally in the zone.
- ++ We were able to negotiate with states and LGAs and to agree on counterpart funding, especially in areas of clinic upgrade.
- ++ Improved the quality of care through supervision and supply of consumables.

### **MIS**

#### **Objectives:**

- To increase the proportion of clinics reporting from 64% at the beginning of transition to at least 70% by the end of the transition period.
- To improve and strengthen existing logistics and MIS structure.

ACCOMPLISHMENT

The zonal office has established an effective clinics, equipment and personnel database for all states in the zone, and we have established same in each state.

- Established an increase in the number of clinics providing and the number reporting.
- Have provided clinic based training on MIS to most clinical service providers.
- Achieved 93.4% number of clinics providing.
- Improved on the quality of data coming in from the states and SDPs.

CLINIC, EQUIPMENT AND PERSONNEL DATABASE IN ZONE C

STATE	# OF LGA	# OF CLINICS	# OF CLINICS FULLY EQUIPPED	CLINICS PARTIALLY EQUIPPED
KEBBI	16	23	9	14
NIGER	19	45	32	13
FCT	4	21	12	9
KOGI	16	89	48	41
SOKOTO	29	38	6	32
KADUNA	18	60	39	6
KATSINA	29	38	6 <sup>1</sup>	33

FP PERSONNEL IN C ZONE'S AREA OF COVERAGE

STATE	# OF CSPs	# OF CSPs IN ADMIN.	# OF CSPs IN CLINICS	# OF CHEWS IN CLINICS
KEBBI	19	7	12	NIL
NIGER	108	11	97	112
FCT	35	4	22	5
KOGI	126	10	116	150
SOKOTO	16	5	11	NIL
KADUNA	146	11	62	126
KATSINA	23	5	18	NIL
	473	53	338	393

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*Figures in italics are not physically confirmed, out information was based on their report.*

## LESSONS LEARNED

We have realised that with constant supervision/monitoring and on-the-job clinic based training on MIS the service providers have improved on the quality of data generated.

We have also learned that learning takes place if what is being taught is applied to real practical situation, and when we move from the known to the unknown.

## PROBLEMS/CONSTRAINTS

The general problem encountered with MIS in the zone is lack of MIS forms.

Most clinics use upper/primary level MIS forms indiscriminately.

## RECOMMENDATIONS

The zonal team should intensify routine monitoring of SDPs, with a view to ensuring that present achievements in the quality of data produced is maintained and if possible improved upon.

Maintain the constant TA on MIS compilation to all states, LGAs and SDPs.

Ensure the involvement of policy makers in FP activities, by intensifying advocacy visits and activities to traditional, opinion, religious leaders and policy makers from LGA levels to state levels.

Provide periodic feedback to states on their achievements.

Prevalence

REPORT OF FAMILY PLANNING DATA FOR ZONE C FROM JUNE 1993 TO JUNE 1994

STATE	NEW ACCEPTORS	REVISITS	AVG # OF CLINICS PROVIDING	AVG % OF CLINICS REPORTING	WRA	CYP	CYP PREVALENCE	# OF MONTHS REPORTED
FCT	4,323	16,758	21	98.6	88,461	7,835	8.90	17
KADUNA	30,853	34,916	52	91.7	927,249	32,856	3.50	17
KATSINA	3,174	6,910	19	86.8	906,013	2,942	0.33	17
KEBBI	1,984	5,099	19	97.2	481,754	1,266	0.26	15
KOOI	6,412	18,639	89	82.1	473,400	11,630	2.46	16
NIGER	8,996	19,301	59	93.2	579,902	8,261	1.42	17
SOKOTO	6,765	16,036	56	86.4	1,026,099	4,761	0.46	16
TOTAL	62,507	117,659	315	636.0	4,482,878	69,551	17.33	115

CONTRACEPTIVE CONSUMPTION IN ZONE C JAN. 1993 - APRIL 1994

STATE	1993				1994		TOTAL
	1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	
FCT	14,441	14,178	24,571	18,762	12,848	13,433	98,233
KEBBI	1,056	0	832	514	11,640	NA	14,042
KADUNA	6,670	14,500	14,041	5,600	8,967	86	49,864
KOOI	7,945	8,467	5,864	9,726	8,599	2,973	43,574
KATSINA	624	1,545	2,632	1,707	163	NA	6,671
NIGER	2,502	12,771	7,459	11,074	9,489	2,335	45,630
SOKOTO	5,080	6,859	8,669	7,270	6,638	NA	34,516
TOTAL	38,318	58,320	64,068	54,653	58,344	18,827	292,530

ZONE C COMPARATIVE PROFILE 1991 - 1993/94

	1991	1992	1993/94	TOTAL
Avg # clinics providing	209	309	285	803
Avg % clinics reporting (%)	41	76	90.8	208
New Acceptors	32,030	40,545	62,119	134,694
Revisits	68,681	92,596	116,592	277,869
(CYP)	70,061	39,325	68,836	178,222
(WRA)	3,775,961	4,348,392	4,478,844	12,603,197
CYP Prevalence	1.86	0.90	2.45	5

## MANAGEMENT AND SUPERVISION

### ADMINISTRATION

The FHS 'C' Zonal office is situated within the Primary Health Care Development Agency's Zonal Office, which is a building initially housing the Kaduna State Epidemiological Unit. It is located along Tafawa Balewa Way in Kaduna.

### OFFICE ACCOMMODATION

The FHS zonal office has two office blocks meant for 2 Program Officers, Zonal Secretary and the Zonal Manager.

### STAFF

There is a total of seven full time staff in the zonal office consisting of:

1. Zonal Manager - 1
2. Program Officers - 2
3. Zonal Secretary - 1
4. Drivers - 3
5. Office Assistant - 1 (Part-time)

### VEHICLES

There are three Toyota Land Cruisers attached to the zone with the following particulars:

MAKE	REG. No.	ENGINE No.	CHASSIS No.	DATE DELIVERED
Toyota Land Cruisers	FG 17 R12	3F-0347576	FJ80-0037492	FEB. '92
Toyota Land Cruisers	FG 15 R12	3F-0337713	FJ80-0033868	NOV. '91
Toyota Land Cruisers (Diesel)	FG 07 R12	2H-68030	HJ60-050165	JUNE '93

**OFFICE EQUIPMENT**

Below is a reflection of 'C' zone's equipment to date.

DESCRIPTION	SERIAL NO.	INDEX No.	QTY	DATE REC.	REMARKS
OXFORD 386 COMPUTER				01/14/94	
MONITOR MAG COLOR	93A04131			01/14/94	
PRINTER EPSON 1070+	IJ80002995			01/14/94	
AST 286 LAPTOP COMPUTER					MOTHERBOARD DAMAGED
SMART UPS 800	W910509025	FHS/AB/023		09/09/91	
FAX MACHINE ZIKOM F900	9063865			09/09/91	
A/C CARRIER 1.5HP					
A/C CARRIER 1.5HP					
A/C WHITE WESTINGHOUSE				12/12/93	
TELEVISION COLOR (SONY) 20'	2004111			10/29/93	
VHS PANASONIC (AG-6200E)	F0TH00078D				
SLIDE PROJECTOR	8111720				
STABILIZER BINATON					
EXECUTIVE TABLE			2 NOS		
EXECUTIVE CHAIR			4 NOS	03/10/93	
OFFICERS TABLE			3 NOS	03/10/93	
OFFICERS CHAIR			4 NOS		
CABINET 4-DRAWER			3 NOS		
BOOKSHELVES			1 NO		
COMPUTER TABLE			1 NO		
VISITOR CHAIR			4 NOS		
BULLETIN BOARD			6 NOS		
STEEL CUPBOARD 3'			1 NO		
SECRETARY CHAIR			1 NO		
SECRETARY TABLE			1 NO		
FLIPCHART STAND			2 NOS		
WORK DESK			1 NO		
LAND CRUISER TOYOTA 4WD		12FGN897			
LAND CRUISER TOYOTA 4WD		12FGN888			
LAND CRUISER TOYOTA 4WD DIESEL		12FGN754			
AST 286 COMPUTER	TWA 1127998			09/09/91	STOLEN ON 01/26/94
AST COLOR MONITOR	105EG2C2816			09/09/91	STOLEN ON 01/26/94
PRINTER EPSON LQ 1050	OTG1049566			09/09/91	STOLEN ON 01/26/94
PHOTOCOPIER SHARP SF7750					STOLEN ON 01/26/94
TYPEWRITER IBM ELECTRIC	11-11CVVY8			09/09/91	STOLEN ON 01/26/94
STEPDOWN AC/DC ADAPTOR					STOLEN ON 01/26/94
CALCULATOR DUAL POWER					STOLEN ON 01/26/94

As can be seen from the remark column of the table overleaf; on January 26, of 1994 the zonal office was burgled and amongst other things the underlisted items were carted away:

1. AST 286 HD Plus monitor
2. EPSON LQ 1050 Printer
3. SF 7750 Sharp copier machine
4. IBM series II Electric Typewriter
5. Portable Manual Typewriter
6. 8 Band National Transistor Radio
7. Step down AC/DC adaptor
8. Stabilizer
9. Dual Power Calculator
10. Water flask
11. One Tin of Nescafe
12. One Ladies gold watch

#### RECOMMENDATIONS

If FHS will continue with either private or public sector, there is the need to further strengthen the zonal offices and to also give consideration to increasing the number of officers for the zonal staff.

A store was acquired during the latter part of the transition

period where we could store equipment and items meant for the zonal office, the condition of this store is however not conducive because the store room need some minor renovations, if possible, fund should be made available to the zonal office to effect these minor repairs and renovations.

It was realized that the workload was getting too much for the zonal secretary, so where necessary the office assistant should be converted into a full time office assistant, so that she could ease the workload.

In previous reports, we reported that robbers burgled our office and carted away many valuables. A lot of efforts was put in both by the police and zonal staff in trying to recover the stolen items but all to no avail. The problems which this burglary caused this office in terms of administration of information cannot be over emphasized, in view of this and to ease our hardship and reduce cost, especially on commercial photocopying we are requesting that the stolen items be replaced by the HQ.

#### **FINANCE**

The financial aspect of fund remittance between HQ and this zone has greatly improved from what it used to be from the beginning of the transition period. But as has been the problem in the past, we have always had problems with the time PAF takes to verify receipts and approve them for reimbursement, to ensure

smooth and effective running we expect that verifications should not exceed one week, if zonal indebtedness to people is to be eradicated because most of the time, even though receipts are retired when we are "half-way", because the review is not done on time by PAF, the remaining half gets exhausted and we get indebted before we receive reimbursement, since at the moment it take, nothing short of one month before receipts sent in for reimbursement are verified.

Effect:

At the moment we have receipts outstanding as follows:

**January** In February 1, 1994 a total receipt of ₦129,079.5 was retired being January expenses made and 27 days later a reimbursement of ₦116,398.5 was made, two receipts amounting to ₦12,681 was rejected.

**February** On March 1, a total sum of ₦114,920 receipts being for February expenses was retired and subtly a total sum of ₦127,160 was reimbursed us on March 25, 1994. On subtracting the reimbursed amount from the retired receipts we found out the on of the receipts earlier withheld (₦12,240) was reimbursed alongside the February receipt.

**March** In March a total of ₦64,056.5 receipts was retired. No reimbursement was made to date.

April

In April receipts amounting to N140,104.5 was retired but unfortunately too no reimbursement has been made to date.

May

In the same vein N118,164.75 was retired being May transaction, this also has not been reimbursed.

Most of these monies were expended by staff from their personal accounts, hence indebting the zonal office to the staff, which to date, we don't know how such payments are going to be effected, going by the present situation whereby the HQs account as we were made to believe is empty. However I do hope that money owed staff should be calculated from the total zonal imprest and payment be made of the balance, to avoid unnecessary hardship to the staff.

## SUBPROJECTS

Sub-Project : KADUNA STATE NCWS  
Sub-Project No.: FHS/023  
Report Title : FINAL REPORT OF ACTIVITIES FOR THE PERIOD  
JUNE 1, 1993 - JUNE 30, 1994

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This project started with quite a lot of problems both natural internal squabbles coupled with the political impasse in the country. The project activities were delayed despite the fact that mobilization and advocacy were carried out and planning was commenced while awaiting the normalization of things.

### Training:

Training of the project coordinator in Washington as a preparatory move for the start off activities, another training was organized by FHS at Ijebu Ode on financial and project management in June 1993.

### October 1993

There was another training for the project coordinator and project accountant on project and financial management by FHS. Another workshop organized by CEDPA was conducted for project coordinators in preparation for the Jos workshop for field supervisors and the planning for the regional workshop in November 1993.

*November 1993*

There was a five day field supervisors workshop on project management for the northern region where materials for start-off of activities were collected.

*January 1994 (Zone II)*

The first set of training of CBDS started in Kaduna town with 64 CBDS trained from affiliates organization, two were sponsored by Nigerian Defence Academy, one sponsored by the Women Commission and another one sponsored by Kaduna South LGA. This met with the blessing of the state military administrator Col. Lawal Jafar Isah who was represented by the Director General of Women Commission Hajiya Sa'adatu Sani. There was a promise of a vehicle for this project and there has been follow-ups by the Honourable Commissioner of Health. It was a very wonderful workshop with a very large crowd and the LGAs wanted their women trained.

*February 1994*

The second phase of the training was in Zone I and III Zonkwa and Kafanchan. In these phases 49 CBDS were trained. Of these number Zangon Kataf LGA sponsored one wife Kaura LGA sponsored three women. The training was very successful as well, all acting Local Administrators of the surrounding LGA were in attendance at both the opening and closing ceremonies. While the host chairman declared the workshop opened, it was closed by the Emir of Jema'a.

MAY 1994 (ZONE IV AND V; ZARIA/LERE)

The training commenced on the second of May 1994 with a very good attendance and the participation of the LGAs in all activities coupled with full support from traditional and religious leaders. There were 50 CBD agents trained. Request for more training was made by the district head of Zaria and his chiefs, the Zonal Manager and the CEDPA consultants were in attendance. This brings the total agents trained to 154 with extra 14 at no cost to the project.

The demand from both men and women who want to be trained is very high, this shows the success of the training and the project. Many people for interest, attended the training throughout as observers.

The zones are doing very well with an accurate supervision by the field supervisors. All the zones' LGA were fully involved in both opening and closing ceremonies.

CLIENTS SERVED

They are women of reproductive age and sexually active men. The number of people served are 30,000.

STATISTICS

In the first and second quarter, services were not provided,

out in the third and fourth quarter, services started which showed achievement in both commodities.

It will be observed that people were referred to referral centres for various needs ie., Norplant, VSC and TBL. Some due to complications, some were revisits. Many clients referred prefer the Norplant as it does not make them visit the clinics often.

#### FOAMING TABLES

It was discovered that it is used as a contraceptive and it also increases libido for couples so the demand is very high.

#### PILLS/OVURRETT

This does not move fast as people don't know it much. Agents have to explain much on it.

Some chemist/private clinics have gone on a crusade of discouraging people from buying from CSP agents saying that their are expired commodities. The LGA involved have been informed to educate their people to enable the CBDs perform.

#### IEC ACTIVITIES AND NUMBER OF PEOPLE REACHED

There were series of home visits, group talks in churches and mosques, social gatherings, village meetings, naming ceremonies, marriages and in market places.

The Number of people reached both men and women is very encouraging.

IEC materials, promotional items were distributed, radio and television programs were conducted in local languages. There was a very good impact, this was known by the number of people all over the state who have been calling in the office to make positive comments on the project. There was a high degree of awareness created.

#### PROBLEMS ENCOUNTERED

1. Lack of transportation for project staff to supervise the agents and high cost of transportation also cause hinderance.
2. Lack of equipment ie., computer, photocopier, electric typewriter etc., makes the office expend money on these services which are very expensive.
3. Late reimbursement of funds tempered with some activities.
4. There was no provision made for perdiem when staff are outside there station. Notwithstanding, the activities were conducted and managed very well.

## POSITIVE ASPECTS OF IMPLEMENTATION

The sub-project activities were very interesting and implementation was easy based on the proper mobilization that was carried out by the project coordinator on return from Washington. Advocacy was a yardstick with the Ministry of health into accepting the project, the Policy makers, Commissioners, Director Generals and Chairmen of LG and Heads of Health were supportive of the project and so are traditional rulers and religious leaders.

The Military Administrator Col. Lawal Jafar Isa was very pleased when the project was discussed with he promised to give full support and promised to give a vehicle for supervision when he declared the first workshop opened through his representative the Director General of the Women Commission.

The Director Generals of the state was present at both the opening and the closing. The ceremony was closed by the Honourable commissioner of health. The electric and the print media also covered the occasion and made commentaries in favour of the project which made implementation and acceptance very easy. The request of affiliates, individual and the LG for their people to be trained was too high for the sub-project to meet up, which shows an impact.

## COLLABORATION

The agents have been requesting in all the zones that maternal and child health services be included as a complete primary health care component (MCH/FP) based on what they saw the *Kabzeyan* club agents doing. In view of this child survival and aids prevention was included in the training.

The Ministry of Health has been supporting the project, as it offered three big rooms in the paediatric unit specifically for the project, this will help the agents in coming to discuss and a clinic will be appropriate for referral within the vicinity of the sub-project.

Practical

1. The place need refurbishing and there is no fund to do it:

2. *Namm* have been helping by giving lectures to agents and supervision of agents.

3. *PPFN* has also been supplying the project with a lot of *IEC* materials and constant advice by the program manager and reporting of referrals from agents to their clinics.

4. The Ministry of Health also have been supportive in supplying promotional items to the project.

5. The advisory committee was inaugurated with members of the press as members.

#### BASELINE DATA

The baseline data has been completed by the consultant and document ready for submission.

#### GENERAL LESSONS LEARNT

1. The difficulties in getting things moving and working under bad and favourable situation has taught me patience and pressing on in all situation.
  2. Practical knowledge of supervision.
  3. Problem solving approach.
  4. Working better and frequent supervision enforces action and commitment by agents.
  5. It offers me the opportunity to relate to people I wouldn't have met before from the both international, national, state and local government.
- Late disbursement of fund almost stopped activities, but with hope things took normal shape.

## RECOMMENDATIONS

Due to the fact that people need the service and are still demanding for extension to their areas, I recommend the sub-project be extended.

I recommend that if extension is made the initial stock of start off commodities should be made higher.

If extension is made, there should be prompt disbursement of fund to the subproject.

There may be need to include MCH and treatment of minor ailments in the program.

Transport and money to enable effective supervision/bicycles as a revolving fund for agents provision of equipment ie., computer, photocopier etc., to ease the high cost of these services in the private sector.

Since NCWS does not have a permanent structure, the project should use the office accommodation, provided by the MOH, but his needs to be renovated/refurbished.

Sub-Project Name: FHS/AAI/NCWS, NIGER

Sub-Project No.: FHS/024

Report Title: FINAL REPORT OF ACTIVITIES FOR THE PERIOD  
MARCH 1, 1993 - JUNE 30, 1994

The project started in October 1993 following a start up activities workshop held for project coordinators by FHS/CEDPA Washington.

The project staff were identified and the project coordinator and the field staff attended a TOT training in Jos in October 1993.

#### ACTIVITIES CONDUCTED SO FAR

Training of 158 CBDs was conducted in five zones within the state.

Baseline survey

Monitoring and supervision.

#### IEC Activities:

Organized Radio awareness programme in Nupe, Hausa Gwari and English.

Newsline (State owned newspaper publication)

**STATISTICAL DATA**

**January to March**

ACTIVITIES	No. OF CLIENTS
1. One to One contact	10,000
2. Group discussion/number of those counselled	71,528
3. Public lecture/health talks	1,152
4. Advocacy	500 sessions

**April to June, 1994**

ACTIVITIES	No. OF CLIENTS
1. One to One contact	261,385
2. Group discussion/number of those counselled	
3. Public lecture/health talks	
4. Advocacy	

**Commodities Sales**

TYPE	QUANTITY SOLD	CYP GENERATED
Oral Pills	19,200 cycles	1,280
Condoms	31,296 pieces	208.64
VPT	33,600 tablets	224

### WHAT WAS PLANNED BUT NOT DONE

All activities planned were carried out as planned regardless of the delays experienced, eg., the completion of the last two training were delayed by a month.

The baseline survey was also carried out but in the third quarter.

### LESSONS LEARNED

1. The project gave the project staff the opportunity to interact with people at the grassroots level ie., the CBDs, Policy Makers at the state and LG level, traditional and religious leaders, women groups etc.
2. The project realised that working with other sectors of the public could increase FP awareness
3. The project has brought into limelight the fact that people are ready to accept child spacing when it is brought to their door steps, market and places of work.
4. The project has dispelled common rumours and misconception about child spacing.
5. The project has brought into limelight the fact that effective

mobilization of men can really assist in spreading the gospel of child spacing.

#### RECOMMENDATIONS

1. The LGs the project is working with are requesting for training of more CBDs to cover their communities/organizations and to adequately cater for more people.
2. The present CBD training curriculum does not include the child survival and development aspect. In view of this, we are recommending that this important aspect of MCH be incorporated into the manual since the CBDs do not have this services at the grassroots level. This will boost the project in the state.
3. More LGs that have not benefitted from the programme are requesting for this programme in their LGs.

#### COLLABORATION WITH OTHER AGENCIES

1. The Nigeria CCCD has indicated interest to work with the project in the state.
2. The EEC/Middle Belt Programme donated a vehicle to the state Ministry of Health for Women in Health Program which we have been using for the programme since December 1993.

3. The Project Coordinator is a member of the state National Population Policy Implementation Committee which made it easier for her to interact easily with the Primary Health Care Coordinators of different LGAs within the state and state Ministry of Health staff.
4. The state Ministry of Health has been very supportive. The office accommodation was provided by the state MOH.

#### PROBLEMS

1. The first allocation of commodities for the project was worth about ₦8,000. The NCWS raised the sum of about ₦20,000 in February 1994 to procure some commodities as loan.

#### RECOMMENDATION

The project would be appreciative if the amount of commodities (initial stock) for the project is increased ie., if the project will be extended.

Sub-Project : SEFA SPECIALIST HOSPITAL, KADUNA  
Sub-Project No.: FHS/015  
Report Title : FINAL REPORT OF ACTIVITIES FOR THE PERIOD  
MARCH 1, 1993 - JUNE 30, 1994

\* \* \* \* \*

The project started on March 1, 1993 with an opening balance of the following commodities:

Panther Condom	-	90,000 pcs
Noriday	-	35,800 cycles
Norquest	-	18,000 cycles
VFT	-	19,200 Tablets
CU T 380 <sup>A</sup>	-	400 units

The Project started with 20 trained community based distributors residing in 4 LGAs of Kaduna state namely: Kaduna, Igabi, Chukun and Kachia. There were 8 Clinical Service Providers from 8 clinics in Kaduna, affiliated to Sefa. These clinics include Multi-Clinic, Albarka, Alba, City Clinic, Fam, Lafiya, Iyali and Turaki clinics.

#### **ACTIVITIES CONDUCTED SO FAR**

##### **Training**

Twenty new CBDS were trained during the third quarter of the funding period, (Sept. 13 - 17, 1994). Ten of them were from the existing four LGAs and another ten from two new LGAs namely Kaduna North and Birnin Gwari. Refresher training of the 20 old CBDS was

conducted on Sept. 21 - 22, 1994.

**CLIENT SERVED**

1st Quarter	-	1,917
2rd Quarter	-	7,221
3rd Quarter	-	11,193
4th Quarter	-	10,087
5th Quarter	-	7,507
		-----
Total	-	37,925
		=====

**COMMODITIES SOLD**

**First Quarter:**

Panther Condom	-	21,904 pcs
Noriday	-	4,840 cycles
Norquest	-	804 cycles
VFT	-	100 tabs
IUCD	-	45 units

**Second Quarter:**

Panther Condom	-	64,792 pcs
RTC	-	2,220 pcs
Noriday	-	11,494 cycles
Norquest	-	2,134 cycles
VFT	-	5,000 tabs
IUCD	-	90 units

**Third Quarter:**

Panther Condom	-	2,900 pcs
RTC	-	9,888 pcs
GC	-	6,744 pcs
Noriday	-	17,703 cycles
Norquest	-	6,330 cycles
VFT	-	9,908 tabs
IUCD	-	143 units

**Fourth Quarter:**

Condom RTC	-	10,059 pcs
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GC	-	25,372 pcs
Noriday	-	10,524 cycles
Norquest	-	3,367 cycles
Lofemenal	-	10,300 cycles
VFT	-	4,924 tabs
IUCD	-	2 units

*Fifth Quarter:*

Condom RTC	-	6,720 pcs
GC	-	28,160 pcs
Noriday	-	2,432 cycles
Norquest	-	1,109 cycles
Lofemenal	-	13,350 cycles
VFT	-	6,468 tabs
IUCD	-	2 units

TOTAL COMMODITIES SOLD IN THE FUNDING PERIOD

Panther Condom	-	89,596 pcs
RTC	-	28,887 pcs
GC	-	60,276 pcs
Noriday	-	46,993 cycles
Norquest	-	13,744 cycles
Lofemenal	-	23,650 cycles
VFT	-	26,400 tabs
IUCD	-	280 units

CYP GENERATED

COMMODITIES	QUANTIFY SOLD	CYP GENERATED
Condoms	178,759	1,192
Oral Pills	84,387	5,626
VFT	26,400	176
IUD	280	980
Total		7,974

### IEC ACTIVITIES AND NUMBER OF PEOPLE REACHED

IEC activities were conducted by the Project Director, Project Coordinator, eight CSPs and forty CBDs. Areas covered include home visits, village talks, market talks, church/mosque talks, social club talks, antenatal/post-natal clinic talks and radio/TV talks.

Number of beneficiaries are listed below per quarter:

1st Quarter	-	33,147
2rd Quarter	-	42,070
3rd Quarter	-	62,477
4th Quarter	-	76,229
5th Quarter	-	80,440
		-----
Total	-	294,611
		=====

### WHAT WAS PLANNED BUT NOT DONE

Basic training of seven additional CSPs from seven private hospital/clinics in Kaduna, and refresher training of the eight existing CSPs. This was due mainly to confusing letters written by FHS HQ. Initially Sefa was to train them, then suddenly the onus of training was shifted to JUTH Jos, and back again to Sefa without funds provided.

### PROBLEMS ENCOUNTERED

1. Lack of funds hindered the project in meeting some of its objectives because activities that was to have been carried out early during the funding period eg., training of CBDS was not done until towards the end of the third quarter. Training

of CSPs was not done at all.

2. Fuel scarcity and high transportation cost: This affected the project adversely. CBDs found it difficult to travel with their meager allowances to various locations in their LGAs to see clients and dispense commodities. Other project staff who sometimes would not get to different locations on time to meet with CBDs and supervise them.
3. Referral of clients became a serious problem because they don't want to travel far distance to come for care which they could get near their homes.
4. High pricing of our commodities as compared to market prices created lots of problems in selling our commodities. Commodities which are very cheap come into the market through other routes. Clients get these commodities at cheaper rates than they do ours.

#### LESSONS LEARNED

1. Techniques of supervision.
2. Commodity management especially inventory control
3. Its also apparent that CBDS tend to do their jobs efficiently when they are constantly supervised.
4. CBDs and project staff have learnt to interact with people at the grassroot to promote FP.

RECOMMENDATIONS:

1. Budgets should be elastic not fixed, if budgets are to be made for a period of time it should be made to reflect the actual at the end of the budgetary period. For instance if the cost of transportation now is ₦50 from Kaduna to Kachia, we should estimate what the cost of transportation will be in 12 or 16 months before fixing an amount, and not just fixing ₦50.
2. A committee should be formed from both the public and private sectors to oversee all the FP programmes in the state to facilitate ease of implementation. This is due to the nasty experience Sefa had when she was preparing to conduct CBD training, Birnin Gwari LGA refused to send participants, the Zonal Program Manager had to be intimidated of this and she in turn liaised with the MOH Kaduna, which as a result the MOH wrote to the LGA before a participant was sent by the LGA.
3. An increase in the number of CSPs in the private hospitals will increase the number of CYP.
4. It will be appreciated if Sefa Specialist Hospital is made a training centre for other private hospitals in Kaduna for more effective methods especially Norplant and IUCD.

## C ZONE STATES' PROFILE

### FCT ABUJA

FCT is the seat of government, Nigeria's new capital is about the most populous of all the states in this zone, with a population of over 400,000 and divided into four administrative areas which is equivalent to LGAs. FCT shares boundaries with Niger State to the west, Kogi to the South-West, Plateau to the east and Kaduna to the North. The state of population increase due to migration can only be determined by a special census or survey, being the nations capital all tribes are resident their, however it is worth noting that the Gbagi (Gwari), are native indigenes, while settlers amongst others are Hausa, Igbo, Yoruba and Nupes.

### FAMILY PLANNING:

FCT is served by 21 SDPs in the public sector and numerous other private hospitals, clinics and pharmaceutical and patent medicine stores, with a population of mostly literates, FP services are provided without encountering much problem as compared to other states in the zone.

Looking at the statistical data of FCT one will be inclined to say that the service is on the decline, however the reverse is the case because not only is 1991 data questionable but the fact that 1992 and 1993 datas look more consistant and realistic, the datas

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	10,100	18,000	21,300	3,600	6,800	2
Depo Provera	0	3,000	1,010	250	1,990	18
Noristerat	980	4,000	2,380	400	2,600	6
Foam Tab (VFT)	19,600	0	6,000	1,000	13,600	13
Condoms	24,200	0	14,000	2,000	10,200	5
Copper T (CU T)	930	1,160	1,790	300	300	1

**Key**

1. BB - Beginning Balance
2. QR - Quantity Received
3. QD - Quantity Distributed
4. AMD - Average Monthly Distribution
5. BOH - Balance On Hand
6. MSH - Months of Supply on Hand

**TRAINING**

The following persons received Institutional training and enhanced their knowledge and skills in FP.

**CSP**

1. Eunice Orakan
2. Ruth Abuson
3. Nana Alfa
4. Hadiza Aliyu
5. Aishatu Babankudi

**COMMODITIES AND LOGISTICS MANAGEMENT**

1. N. Mbibi
2. J. Ezimoha

3. Lami Yusuf
4. Celilia Ayuba

#### FP COMPLICATION MANAGEMENT

1. Dr. Momah

#### CONSTRAINTS

1. Lack of equipment: The existing clinics have stopped expansion (opening of more and new SDPs).
2. Clients demands for Norplant and sterilization are not met
3. Inadequate number of trained CSP.

#### RECOMMENDATIONS

1. Speed up the process of upgrading facilities.
2. Train at least four each of Doctor/Nurse for Norplant and VSC teams.
3. Establish a centre for excellence in FP in FCT.

## KADUNA

Kaduna State, located in the North central portion of Nigeria, shares common borders with the following states: Katsina, Kano, Plateau, Niger and FCT Abuja. Kaduna State occupies an area of 45,567 sqm and encompasses 18 LGAs. The total population of the state as of 1991 provisional census stood at 4,337,308 and growing at a fast rate of 3.25% for both urban and rural areas. Forty percent of the population lives in the urban and sixty percent in the rural area. Kaduna has a highly diverse population with more than 35 ethnic groups living within its borders. The majority of Kaduna's citizens are Muslims with Christianity and traditional religions also being widely practiced.

The current health facilities providing FP services in the public sector are fifty-two. However there are not accurate records on the number of private clinics providing FP services in the state. The media in Kaduna state are active in promoting health through informational programs. These include the National Television Authority, FRCN, Kaduna State Broadcasting Cooperation and a number of print media houses.

In addition, there are a number of non-governmental organisations in the state that could be involved in FP activities, such organisations include NCWS, "Jamiyar Matan Arewa", PPFN, Red Cross, Nigeria Aid Groups, Jama'atu Nasril

Islam FORMWAN etc.

Modern FP services started in the state since 1980. The state health service delivery network is comprised of 14 hospitals, 2 comprehensive health centres, 15 primary health centres 40 health clinics and 7 health officers within the state. FP services are available at all hospitals, comprehensive and primary health care centres with a total of 51 FP services delivery points in the state. A total of 2 nurse/midwives, 3 commodities/logistic officers, no physicians, one CHEW and one store keeper have been trained in the state during the transitional period.

Below is the comparative profile of the state between 1991 - 1993/4.

**KADUNA STATE COMMODITIES STATUS**

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	23,400	2,400	40,000	7,000	7,400	1
Depo Provera	3,300	6,000	9,200	1,500	100	0
Noristerat	3,200	8,400	11,100	1,850	500	0.3
Foam Tab (VFT)	1,400	9,600	8,600	1,500	2,400	1.6
Condoms	23,800	48,000	49,000	8,200	22,800	2.8
Copper T (CU T)	960	2,800	3,480	580	280	0.5

**Key**

1. BB - Beginning Balance
2. QR - Quantity Received
3. QD - Quantity Distributed
4. AMD - Average Monthly Distribution
5. BOH - Balance On Hand
6. MSH - Months of Supply on Hand

**KADUNA STATE COMPARATIVE PROFILE 1991 - 1993/94**

STATUS	1991	1992	1993/94
Avg # of clinics providing	64	71	52
Avg % of clinics reporting	31	68	95
New Acceptors	8,727	20,932	30,853
Revisits	17,269	36,0932	34,916
CYP	48,873	16,778	32,835
WRA	873,235	899,432	927,249
CYP Prevalence	5.6%	1.86%	3.5%

Already a pilot project had been initiated with the Kaduna state branch of NCWS. This project commenced activities in July 1993 and for more details see subprojects report above.

IEC activities that were accomplished within the transitional period includes the journalist orientation, reproduction of the print materials for the state and production of family life education video play.

The zonal journalist orientation was conducted in collaboration with the National Council for Population and Environmental Activities (NCPEA) a non-governmental organisation interested in developing and producing informative materials to promote a wider understanding of the National Population Policy and importance of FP. Eleven Journalist were training for the state, they were all provided with personal and organizational copies of the pres kits.

Print materials that were initially produced for the state were out of stock and the ministry requested for reproduction of same materials. The materials were educative/informative posters and booklets. Nine thousand copies of such were reproduced for the state.

Lastly the family life education (FLE) activities that were embarked upon before the transitional period were completed. The

play that was produced by two secondary schools in the state was recorded on VHS tapes for keep.

#### LESSONS LEARNED

- ++ Based on the past performance evaluation conducted after each FLE performance, it confirms that Entertainment educates.
- ++ Most Journalist are interested in publishing good articles on population activities but they lack informational material or facts.

#### CONSTRAINTS

Inability to review/continue with program activities due to decertification order on the country.

#### RECOMMENDATIONS

There is every need to review the activities and continue with the campaign to be able to maintain the earlier created momentum.

There is need to redesign IEC strategy which will be service oriented in Kaduna State since a lot awareness had been created.

## KATSINA STATE

Katsina State was created on September 23 1987, with Katsina as the state capital, consisting of 20 local government areas, the state covers an area of about 24,517 sqm with a total population of about 3,787,344 million based on the provisional result of 1991 population census.

The population of women of child bearing age is about 906,013 (ie 15 - 44 years) which represented about 25% of the total population and 49.2% of the total female population.

About 237 operating health institution exists in the state which belongs to the federal, state, LGA and private sector, they are evenly distributed throughout the state and FP services being rendered in most of this facilities.

Many more clinics under construction exists in those areas where FP services could be rendered. There are 23 service delivery points distributed within the 20 LGAs, 21 are currently providing services while 2 are not, but will soon be functional. These centres are manned either by fairly trained or untrained providers.

## TRAINING

During the transition period, the following number of persons were trained in various aspects:

++	Clinical Service Providers	-	6
++	Community Health Extension Workers	-	3
++	Commodities and Logistics Management	-	3
++	Supervisory Skills Training	-	6

## COMMODITIES

1. A guideline for effective commodity distribution and management has been established.
2. The state has max/min inventory control system, based on revised average monthly consumption.

## SERVICE DELIVERY AND DATABASE

- ++ We have established clinic, personnel and equipment database in the coordinating unit.
- ++ A total of 4 clinics has been surveyed and recommended for upgrading.
- ++ There was continuous contraceptive update to CSPs during routine monitoring by the zonal staff.
- ++ Commenced setting up of quality assurance.
- ++ Commenced establishment of referral system.

## IEC/ADVOCACY

- ++ Distributed IEC resource kits.
- ++ Pretested Niger State print materials for reproduction.
- ++ Took inventory of all IEC materials.

### CONSTRAINTS

It was a little bit difficult to work in Katsina State from the initial stage, this is because of biases and religious beliefs.

### RECOMMENDATION

Towards the end of the transition period we intensified IEC activities and involved policy makers in decision making on FP, after which we enjoyed a very tremendous support, as is demonstrated with the hosting of the Islamic Conference on FP. In view of this, it is recommended that we intensify IEC activities in this state, if possible we should have an FP state level project funded, that will address their needs and approach to FP.

KATSINA STATE COMMODITIES STATUS

METHODS	BB	QR	QD	AMD	BOH	MSH
	JAN 94					
Lo-femenal	3,040	2,460	3,050	500	2,450	4.9
Depo Provera	914	1,500	1,206	200	1,208	6
Noristerat	12,610	0	1,773	300	7,037	23
Foam Tab (VFT)	2,000	4,800	3,700	600	3,100	5
Condoms	12,000	0	2,800	500	9,200	18
Copper T (CU T)	125	500	625	100	475	4.7

KATSINA STATE COMPARATIVE PROFILE 1991 - 1993/94

STATUS	1991	1992	1993/94
Avg # of clinics providing	21	25	19
Avg % of clinics reporting	50	88	87
New Acceptors	116.6	2,063	3,174
Revisits	338.7	4,460	6,910
CYP	2,200	1,7628	2,942
WRA	852,236	878,833	906,013
CYP Prevalence	0.26%	0.20%	0.33%

## KEBBI STATE

Kebbi state was created out of the present Sokoto State in August 1991, with Birnin Kebbi as the state capital, and consisting of 16 LGAs, with a total population of 2,062,226 million people.

Like other states in the zone Kebbi State has diverse ethnic composition and cultural heritage with a larger percentage of its people living in the rural areas.

Islam constitute the major religion with a few Christians and traditionalists.

## FP AND HEALTH SERVICES

There are a number of health clinics scattered around the state which belongs to either state or the LGA and a few private sector facilities. FP services are being rendered in most of these facilities. It is very pertinent to note that most of these clinics are being manned by Community Health Extension Workers.

## TRAINING

During the transition period, the following number of persons were trained in various aspect of FP:

-- Clinical Service Providers - 5

- CHEWS - 3
- Commodities Logistics Management 3
- FP Complication Management - 1

COMMODITIES

- ++ A guideline for effective commodity management and distribution has been established.
- ++ Has established max/min inventory control system based on revised average monthly consumption.

SERVICE DELIVERY AND DATABASE

The state has established clinic, equipment and personnel data base with the following:

- Number of Clinics Providing - 23
- Number of Clinics partially equipped - 14
- Number of clinics fully equipped - 9
- A total of four clinics have been surveyed for upgrading.
- There was a continuous contraceptive update to CSPs during routine monitoring by the zonal staff.

IEC/ADVOCACY

- Conducted IEC equipment inventory of all IEC materials at SDP level.
- Constant counselling at SDPs.
- Advocacy visits to policy makers
- Advocacy visits to Sarkin Kabin Argungu.

### CONSTRAINTS

Most of the constraints experienced in this state is getting the policy makers and opinion leaders to make a public pronouncements on FP as well as the male factor syndrome.

### RECOMMENDATION

It is recommended that the project should work more with the men in advocating for FP since they are seen as they stumbling block to successful delivery of FP information to the women.

There is a need to intensify IEC activities and involve policy makers, opinion leaders and traditional rules on matters relating to FP services, in order to gain support, which will ensure effective dissemination of information to the grassroot population.

### KEBBI STATE COMMODITIES STATUS

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	1,912	3,600	1,500	250	4,012	16
Depo Provera	0	1,500	770	130	730	5.6
Noristerat	7,770	0	480	70	7,280	104
Foam Tab (VFT)	11,300	0	5,100	850	6,200	73
Condoms	26,000	0	6,500	1,100	19,500	17.7
Copper T (CU T)	200	0	0	0	200	7

KEBBI STATE COMPARATIVE PROFILE 1991 - 1993/94

STATUS	1991	1992	1993/94
Avg # of clinics providing	-	22	19
Avg % of clinics reporting	-	84%	97%
New Acceptors	-	1,214	1,984
Revisits	-	2,739	5,099
CYP	-	445	1,266
WRA	-	467,301	481,754
CYP Prevalence	-	0.09%	0.26%

## KOGI STATE

Kogi State is one of the states that made up Zone C.

In 1991 with 16 LGAs Kogi State was created, carved merge out of both the former Kwara and Benue States, with its headquarters in Lokoja. Kogi State also shares boarders with FCT, Niger and Plateau States and has a population of 2,099,046 going by the 1991 provisional head count.

Kogi like most states in the country is made up of many ethnic groups which include Igbira, Igala, Idoma, Basangi, Yagba (Yoruba), Ganagana etc.

Situated in the middle belt the topography is typical Sahel Savannah to the north and Guinea Savannah to the South. 75% are predominantly rural population with agriculture as the main stay of the state. Matter of "factly" speaking Kogi State is one of the food baskets of Nigeria.

## FAMILY PLANNING PROGRAM

Kogi State has embraced FP, they not only have the highest average number of clinics providing services in the zone, but has shown steady increase in number of cliental and CYP and therefore CYP prevalence. For example in 1992 they had 5,884 new acceptors 18,113 revisits with 8,263 CYP and CYP prevalence rate of 1.8%. Where as in 1993 a CYP of 9,400 and CYP Prevalence rate of 2.00%

during the corresponding period. This achievement when seen in line with the uphill task the state is facing is by no means great. It is a known fact that Kogi State has the poorest network of roads in the zone.

The Primary Health Care Directorate where FP belongs could not at one time boast of one vehicle thus making supervision non-existing, this in turn makes data collection and verification very difficult.

The mass retirement, retrenchment of civil servant during the civilian/army regime saw the exit of most of the experienced FP providers trained in the former Kwara and Benue States before Kogi State was created. Some of the younger providers have been moved to administrative posts when PHC was handed over to the LGA, thus making the once rich in trained manpower now poor. The service of CHEWs have now come handy to complement the remaining CSPs.

Kogi State has one of the best organized FP coordinating unit in zone. The needed complementary staff are all in place. Commodities are now stored at a shared store in the state general hospital in Lokoja. space and management procedures are quite satisfactory save for the fact that issuances are done in bulk to other zonal stores, thus giving different distribution pattern. Thereby making calculation of actual distribution pattern difficult, with over supply of some commodities eg., vaginal

foaming tablets. Other commodities supplied by FHS are adequate however injectables are still in short supply.

**KOGI STATE COMMODITIES STATUS**

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	13,600	0	8,800	1,500	4,800	3.2
Depo Provera	150	2,400	1,475	250	1,075	4.3
Noristerat	2,000	0	1,850	300	150	0.5
Foam Tab (VFT)	92,000	0	24,800	4,000	67,200	16.8
Condoms	36,000	0	12,000	2,000	24,000	12
Copper T (CU T)	1,200	0	800	150	400	2.6

**KOGI STATE COMPARATIVE PROFILE 1991 - 1993/94**

STATUS	1991	1992	1993/94
Avg # of clinics providing	-	22	89
Avg % of clinics reporting	-	71%	82%
New Acceptors	-	5,884	6,024
Revisits	-	18,113	17,572
CYP	-	8,263	10,946
WRA	-	459,198	473,400
CYP Prevalence	-	1.80%	2.31%

**LESSONS LEARNED**

Applying max/min system of commodity system have reduced wastage due to expiration.

### CONSTRAINTS

1. Lack of transport or provision to pay for transport and travel allowance for supervision and distribution of commodities.
2. Funds generated from sales of commodities are first put in the bank and to withdraw even ₦1.00 approval must be obtained from the Hon. Commissioner for Health, Director General and Director PHC.
3. Lack of adequate trained CSPs to man all the SDPs
4. There is a high demand for Norplant and other permanent methods of FP but for lack of trained Doctor/Nurse teams to provide the service.
5. In adequate supply of injectables contraceptives.

### RECOMMENDATIONS

1. The state should be assisted with a vehicle or assisted to rehabilitate any vehicle that will be assigned to FP services exclusively in the state.
2. An arrangement should be made to set aside some percentage

of proceeds of sales of commodities for supervision activities that will pay for transport and travel allowance. The FP unit should retain as imprest account and render account on quarterly basis, while the rest be sent to the bank for safe keeping and other major activities.

3. Kogi State had only 3 persons trained (CSP) during the transition period while they lost more than 22. Arrangement should be made to train Doctor/Nurse teams for Norplant and sterilization especially for Idah, Egbe, Okene and Lokoja general hospitals.
4. Produce the already modified and pretested Niger State print materials for Kogi State.

### **TRAINING**

During the transition period, the following were trained:

#### **CSP**

1. Alice Egamana
2. Evelyn Olokun
3. V.A. Ojo

#### **COMMODITIES AND LOGISTICS MANAGEMENT TRAINING**

1. F.D. Afolabi
2. S. Abdullahi
3. D.E. Otaru
4. Comfort Akoro

## NIGER STATE

Niger State is located in the middle belt region of the country. The state share common borders with the following states: Kaduna, Kogi, Kwara, Sokoto and FCT Abuja. The state is made up of 19 LGAs with the population speaking four major languages (Hausa, Nupe, Gwari and English). The official projected population of the entire state as of 1994 was 2,712,549, with an estimated population growth rate of 3.2%. The 1990 demographic and health survey puts the total fertility rate for the north-west at 6.6% which if left unchecked is likely to hinder opportunities for any meaningful socio-economic development.

The number of health facilities in both private and public sectors providing FP services are in more than 69 clinics. While the media organisations in the state are active in promoting health through informational programmes. These media includes; National Television Authority, Niger State Broadcasting house (Radio Niger) and the state owned print media house (Newsline).

In addition, there are a number of Non-governmental organisations in the state. These organisations which could be used for FP activities includes: NCWS, Inner Wheelers, Soroptimist, Rotary Clubs, Mothers Clubs, Jamatu Nasiril Islam etc.

Already a pilot project had been initiated with the Niger State branch of NCWS. The project commenced activities in October 1993.

Niger State as a Resource Intensification Strategy state, the specific objectives of this intervention includes:

- ++ To obtain reliable baseline data on high risk pregnancies, age at first marriage and access to FP services.
- ++ To reduce high risk births by 5% to the mothers with complications during pregnancy, less than two years apart and over the age of 35.
- ++ To increase the proportion of persons of reproductive age having knowledge about modern contraceptive to 80%.
- ++ To increase the proportion of persons of reproductive age having positive attitudes regarding the social acceptability of spacing and limiting births to 70%.
- ++ To increase the proportion of couples of reproductive age using modern methods of contraception to at least 20% through demand creation activities, increasing overall access to services and introducing new sites for provision of long term methods or details on the RIS activities, see

RIS reports.

## **FAMILY PLANNING**

Modern FP services commenced in the state since 1986. Data from 1991 baseline survey carried out in six LGAs indicates that awareness of FP is relatively high. 21.2% of respondents could identify one to two modern methods, 31.4% could name 3 - 4 and 29.1% could name five or more methods. Approximately 13.2% of the respondents indicated they were currently using FP. Family planning service are currently available through 69 public sector points in the state.

Below is the comparative profile of the state between 1991 - 1993/4:

**NIGER STATE COMPARATIVE PROFILE 1991 - 1993/94**

STATUS	1991	1992	1993/94
Avg # of clinics providing	61	61	59
Avg % of clinics reporting	25%	51%	93%
New Acceptors	2,040	3,746	8,996
Revisits	9,121	11,316	19,301
CYP	2,738	5,158	8,261
WRA	546,121	562,505	579,902
CYP Prevalence	0.50%	0.92%	1.42%

**NIGER STATE COMMODITIES STATUS**

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	3,290	9,600	8,530	1,700	4,360	2.5
Depo Provera	5	3,600	2,590	870	1,015	1.1
Noristerat	12,130	0	8,080	1,620	4,050	2.5
Foam Tab (VFT)	300	23,800	9,250	2,300	14,850	6.4
Condoms	42,100	0	21,100	4,500	21,000	4.6
Copper T (CU T)	900	0	110	110	365	3.3

IEC activities accomplished within the transitional period includes the journalist orientation, production of post-natal kits, production of both television and radio health programmes and women association leaders orientation. The broadcast in both

media houses are still in progress.

The zonal journalist orientation was conducted in collaboration with the National Council on Population and Environmental Activities (NCPEA) a non-governmental organisation interested in developing and producing informative materials to promote a wider understanding of the National Population Policy and importance of FP. Six Journalists from the state attended this zonal orientation. They were provided with press kits which is essentially made up of informative text for the Journalists.

Within the period, seven thousand units of post-natal kits were produced for the state. These post-natal kits were made up of a bright coloured plastic bag with FP logo printed on it, two Napkins, ORT cups and spoons, FP posters, FP/Child survival information leaflets and some units of condom and foaming tablets. The kits were intended to be given to the mothers free after delivery in the government hospitals as a motivation and to serve as FP information source.

Thirty two radio health programs each in Nupe, Hausa, Gwari and English are being broadcasted in Radio Niger, while 32 broadcasts in two languages (Hausa and English) are being broadcasted through television in the state. These broadcasts are expected to be completed in September 1994.

### LESSONS LEARNED

- ++ Most Journalists are interested in publishing good articles on population activities but they lack informational materials or facts.
- ++ There is a tremendous awareness created for FP activities in the state.
- ++ If television programs are well packaged they are very educative.

### CONSTRAINTS

In ability to complete all planned activities due to decertification order on the country.

### RECOMMENDATION

- ++ There is every need to sustain the level of awareness created in the state.
- ++ All the planned activities should be accomplished.

## SOKOTO STATE

Sokoto State was created in August 1991 with the carving out of Kebbi State. Sokoto State lies at the extreme end of the north-western part of northern Nigeria, it has a very vast land with the majority of the population as Moslems. Sokoto state consists of 29 LGAs with a population of 4,392,391 with 878,478 women of reproductive age. Sokoto being the seat of the sultan and an Islamic Caliphate makes the preaching of FP openly a taboo.

## FP SERVICES

Sokoto State commenced FP services as far back as 1984 with UNFPA donating two vehicles for population activities, also the Sokoto Health Project was involved in population activities, even with these statements about FP, FP is still restricted to only Health Centres. Most FP clinics are being manned by Community Health Extension Workers.

## TRAINING

During the transition period the following number of persons were trained in various aspects of FP:

++	CSP	-	6
++	CHEWs	-	2
++	CLM	-	3

### COMMODITIES

- A guideline for effective commodities management and distribution has been established.
- Have established max/min inventory control system based on revised average monthly consumption.
- Commodities have been retrieved and redistributed to other states.
- Sokoto Health project has supplied commodities for FP.

### SERVICE DELIVERY/DATABASE

The state has established updated for effective clinic, personnel and equipment database.

- Number of clinics providing - 38
- Number of clinics fully equipped - 6
- Number of clinics partially equipped 32

A total of 5 clinics have been surveyed or upgrading.

- There was continuous contraceptive update to CSPs during routine monitoring by the zonal staff.

### IEC/ADVOCACY

- Continuous advocacy to women at MCH/IWC
- Advocacy visits to policy makers.
- Advocacy visits to council chiefs.
- Planned Islamic conference.

### CONSTRAINTS

The most serious constraints in the delivery of FP information and services in this state is because of the fact that this state is the seat of the sacred leader of the Islamic faithful even though many people accept and practice FP yet it is difficult for any policy maker opinion leader, or traditional leader to make public pronouncements on FP.

### RECOMMENDATION

Since it has been realised that despite the low acceptance of FP in this state, there are still people who accept and are willing to practice FP, then it will be very wise to continue the services in this state in order not to loose the already motivated clients, and should continue working with a view to getting more clients.

#### SOKOTO STATE COMPARATIVE PROFILE 1991 - 1993/94

STATUS	1991	1992	1993/94
Avg # of clinics providing	49	30	26
Avg % of clinics reporting	53%	73%	86%
New Acceptors	7,015	4,241	6,765
Revisits	21,956	10,796	16,036
CYP	6,229	3,028	4,761
WRA	1,420,016	995,316	1,026,099
CYP Prevalence	0.44%	0.30%	0.46%

SOKOTO STATE COMMODITIES STATUS

METHODS	BB JAN 94	QR	QD	AMD	BOH	MSH
Lo-femenal	600	9,600	5,400	900	4,800	5.3
Depo Provera	600	400	800	200	200	1.0
Noristerat	13,100	0	2,000	333	11,100	33
Foam Tab (VFT)	9,600	28,800	14,400	2,400	14,800	2
Condoms	36,000	18,000	12,000	2,000	42,000	21
Copper T (CU T)	0	1,200	400	70	800	11

## COLLABORATIVE EFFORTS WITH OTHER AGENCIES

There exist a very cordial working relationship with the Zonal Primary Health Care office in the zone. Due to this understanding a quarterly meeting is normally convened by the Primary Health Care zonal Coordinator which is attended by FHS, UNICEF and CCCD. In addition, there is a good rapport between this office and ZPHC office especially as we relate to the states on policy issues. The Zonal FHS commodity and logistic officer usually makes routine monitoring and supervisory trips with PHC commodities officer.

The zonal FHS office usually liaise with ZCCCD office especially on communication either from or to FHS HQ Lagos. Many times both FHS and CCCD zonal officers share ideas/information on administrative and financial issues.

The office collaborates especially with all states ministries of health in the zone. While in Niger State, we also collaborate with EEC Middle Belt programme since sponsored by EEC focuses on population and rural development. Their activities centered on training of health personnel, provision of FP commodities and construction of more health facilities.

Others in the states that are interested in population activities includes CCCD that had indicated their interest in

utilizing our trained CBDs for child survival activities in the state.

In all the state where PPFN branches exists we collaborate in the implementation of our programs Kaduna PPFN training programs for CSP TA was provided in selection of trainers, and provision of some training materials.

#### GENERAL CONSTRAINTS

In the process of achieving our set goal and objectives, the zonal team came across the following obstacles and constraints that slowed down our progress which amongst others include:

1. Reduction in the number of anticipated CSP in the zone.
2. Postponement and cancellation of certain categories of training, especially in more effective methods of FP eg., Norplant and sterilizations.
3. Lack of trained CSPs in most of the states, most of the clinics are manned by CHEWs pr untrained Nurses/Midwives.
4. Biased religious leaders who do not necessarily know much about FP yet preach vehemently against FP.
5. Lack of equipment especially IUD and backup kits.
6. Lack of MIS forms.
7. Erratic supply of injectable contraceptives from the zonal store to the states.
8. Non-availability of transport at the state and LGA levels.
9. Lost of our valuable equipment to thieves.

## RECOMMENDATIONS

In line with the lessons learned, obstacles/constraints and accomplishments in the transition period, the following recommendations are made for the improvement of acquiring knowledge, acceptance and utilization of FP activities:

1. More emphasis should now be made towards enlightening men in FP. Men should now be made the main target or given accurate information on FP.
2. ABU Zaria should be developed to acquire capabilities of training Doctors/Nurse teams in more effective FP methods which includes Norplant, VSC, IUD etc.
3. Zone C should be given special considerations when allocating slots for CSP training because the zone has three new states and the rate at which FCT is growing if this consideration is not given the zone might be found wanting in this area.
4. Seminars/Workshops similar to the one held recently in Katsina for Islamic Leaders should be conducted if possible in each state so as to enlighten them on the true concept and medical benefits of FP.
5. Standardized MIS form now developed should be printed and distributed as a matter of urgency to avoid losing the much needed data especially at the primary level of the PHC services.
6. Since the PHC zonal coordinator is the authority approving supply of injectable contraceptives and also will in the future chair the zonal commodities forecasting committee, there is an urgent need for him to attend commodities management training to enable him appreciate the process of the supply system.
7. There is an urgent need for replacement of equipment stolen especially the photocopier and computer set.
8. Each state' FP unit should identify and appoint one person who will coordinate the activities of FP private sector similar to what is obtained in Niger state (RIS) now.

## LIST OF NGOs IN THE ZONE

1. ABUJA FCT

- a. FOMWAN
- b. Zumunta Mata
- c. PPFN
- d. NANNM
- e. NCWS

2. KADUNA STATE

- a. Jam'iyar Matan Arewa
- b. NCWS
- c. Sefa Specialist Hospital
- d. NANNM
- e. PPFN
- f. Kaolrgu Mothers Group
- g. FOMWAN
- h. CONOPHD
- i. CHAN

3. KATSINA

- a. NANNM
- b. PPFN
- c. FOMWAN
- d. NCWS

4. KEBBI

- a. NANNM
- b. PPFN
- c. FOMWAN
- d. NCWS

5. KOGI

- a. NANNM
- b. PPFN
- c. FOMWAN
- d. NCWS

5. NIGER

- a. NANNM
- b. PPFN
- c. FOMWAN
- d. NCWS
- e. Gbagi Women's Club

7. SOKOTO

- a. NANNM
- b. NCWS
- c. PPFN
- d. FOMWAN
- e. Jam'Iyar Matan Arewa