

LAGOS MARKET-BASED FAMILY PLANNING PROJECT

FINAL REPORT

SEPTEMBER 1989

**MEDICAL AND HEALTH DEPARTMENT
MUSHIN LOCAL GOVERNMENT, MUSHIN, LAGOS STATE, NIGERIA**

**OPERATIONS RESEARCH PROGRAM, CENTER FOR POPULATION AND FAMILY HEALTH
SCHOOL OF PUBLIC HEALTH, COLUMBIA UNIVERSITY, USA**

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LAGOS MARKET-BASED FAMILY PLANNING PROJECT

SUMMARY

The Lagos Market-Based Family Planning Project was launched in October 1988 by the Medical and Health Department of Mushin Local Government, in cooperation with the Operations Research Program of the Center for Population and Family Health, Columbia University. The operations research project aimed to test the acceptability of sales of contraceptives by market traders in Mushin, in the absence of other health commodities, and to collect cost data for program planning and replication.

Sixty-nine traders from three of the largest markets in Mushin were trained as project agents between December 12 and 31, 1988. They were supplied with oral contraceptives, condoms and foaming tablets following a graduation ceremony held January 31, 1989, and services began March 1989. Agents keep 25 percent of the proceeds from sales of contraceptives and turn the remainder over to the program. Community health educators visit the markets regularly for promotion, as do Mushin Local Government staff nurses for supervision and resupply.

The operations research included the following studies:

- o Preliminary study of program acceptability
- o Shopper awareness mini-survey
- o Agent interviews
- o Study of inactive agents
- o Analysis of sales statistics

After services had been in place for about two months, a short questionnaire administered to 184 shoppers in the three project markets indicated that knowledge of the program activities and use of agents' services were high. Seventy-eight percent were aware of the agents' presence in the market and thirty-three percent claimed that they had purchased commodities from the agents.

Between March and August 1989 the agents distributed 1,030 pill cycles, 865 strips of four condoms and 413 strips of four foaming tablets, for a total of 1,371 couple-months of protection

(CMP). The overall mean sales per month per agent were 6.1. Contrary to experiences in other market-based delivery systems, male agents were more successful than females in these first months of activity, largely because of condom sales. The mean per month for males was 9.1, compared with 5.2 for females. Younger agents (less than 30 years) had ten sales per month, on average, compared with 4.4 and 5.1 for the 30-44 and over 45 age groups, respectively. No differences according to religion (Christian or Muslim) or educational level were observed.

Costs per CMP were estimated with expenditures considered to be essential for replication of a similar market-based delivery system. Excluded were costs incurred for research and technical assistance, and costs of donated contraceptives. With these exclusions, the estimated cost per CMP for these first months in Naira was 27.03. At the June 1989 rate of exchange cost per CMP was US\$3.75. This will decline over time since it includes purchase of equipment used over the life of the program and training.

**LAGOS MARKET-BASED FAMILY PLANNING PROJECT
MEDICAL AND HEALTH DEPARTMENT
MUSHIN LOCAL GOVERNMENT**

Project Staff

Dr. (Mrs.) T. Olumodeji	Medical Officer of Health, Proj. Coordinator (10/88-6/89)
Dr. (Mrs.) A.L. Tilley-Gyado	Medical Officer of Health, Proj. Coordinator (7/89-9/89)
Mrs. A.I. Onasanya	Assistant Coordinator
Dr. T.M. Akerele	Research Coordinator
Mrs. R.I. Sanyaolu	Training Coordinator
Mr. G.O. Jolaoso	Community Health Education/ Supervisor
Mrs. G.N. Ademosu	Community Health Education/ Supervisor
Mrs. F.E. Ogunnaike	Community Health Education/ Supervisor
Mrs. M. Jaiyesinmi	Community Health Education/ Supervisor
Mrs. Olowopapatayo	Community Health Education/ Supervisor
Mrs. V.F. Ogunmola	Senior Typist
Mr. Oduyemi	Accounts Officer

This operations research project was conducted under Cooperative Agreement DPE-3030-A-00-4049 between Columbia University and the U.S. Agency for International Development.

FINAL REPORT
LAGOS MARKET-BASED FAMILY PLANNING PROJECT
SEPTEMBER 30, 1989

I. Project Overview

Family planning services commenced in Mushin Local Government clinics in 1985. A review of activities in 1987 revealed relatively poor coverage of about 10% of the target population. It was realized that the clinic-based services would not reach all the people that needed family planning for reasons of physical or cultural inaccessibility and because the existing commercial sources were economically inaccessible to the large majority of prospective clients. Hence there was a need to seek an alternative approach to the delivery of family planning services.

Lagos State has a well-established Local Government Administration and Mushin Local Government is no exception. In the few years since family planning has become a viable program in the local government administration (LGA), more and more health workers have been exposed to the concept through training, workshops and seminars. As part of this initiative, and with the support of the United States Agency for International Development (USAID), the Medical Officer for Health and a Principal Nursing Officer from Mushin LGA attended a three-week workshop in Thailand in 1987 on community-based distribution of contraceptives. A report of this workshop indicating their desire to implement a market-based distribution project in Mushin LGA was submitted to USAID. This led to a visit by a representative of the Columbia University Center for Population and Family Health in January 1988. Columbia had supported the initiation of two such projects in Ibadan and Ilorin, Nigeria, and was developing a third in Accra, Ghana, under a contract with USAID to undertake family planning operations research in Africa.

In Mushin, three potential project markets were selected based on their size, population of shoppers, volume of trade, mix of wares sold, and spatial distribution, i.e., one per district or Area Office of the LGA. A feasibility study was carried out in these markets in February 1988 and the positive results of this survey (reported under Research Activities below), led to the development of a project document and a formal agreement between the Mushin Local Government and Columbia University to undertake a one-year project to initiate market-based services.

II. Project Objectives

The Ibadan and Ilorin market projects had been planned to distribute both family planning commodities and treatments for minor ailments. At the time the Mushin project was designed, experiences in Ibadan had shown that health treatments were popular. Health services represented 65% of total sales in the early months of the project, with family planning increasing over time as a proportion of services delivered. However, available data could not show whether the health services were necessary to attract family planning clients. The Mushin project was therefore designed to test the feasibility and acceptability of a market delivery system which offers contraceptives alone.

In addition, because the Ibadan and Ilorin experiences had generated political acceptance for market-based distribution, the Mushin project was able to put in place a supervisory system geared essentially towards program process, outputs, and service quality without collecting additional data to convince policy makers of the program's feasibility and acceptability. This proved to be an excellent opportunity to test a streamlined model of service delivery in the marketplace with reduced costs and a high potential for replication throughout Lagos, the largest city in sub-Saharan Africa.

In order to increase the availability and acceptability of family planning in Nigeria, this project tested a model for market-based distribution that can be sustained in the project area without external support and that can be replicated elsewhere in Lagos and other urban centers.

The research objectives of the project were to:

1. test the acceptability of sales of contraceptives by market traders, in the absence of other health commodities
2. collect detailed cost data regarding each project component (training, supervision, resupply, research) in order to assist with future program planning and replication
3. determine the program (non-research) cost per couple-month of protection (CMP) delivered.

III. Screening and Training of Market Agents

Given the strong support for the market associations made evident during the project's feasibility study, agent selection was conducted with the cooperation of the leaders in each of the three project markets. Each was asked to choose 50 traders for a pre-training screening exercise. Market leaders were instructed to choose traders of both sexes, of varying educational levels and religions, and who sold a variety of wares. In November 1988, a short questionnaire was administered to candidates to determine interest in the project and if the person had basic numeric skills essential for recordkeeping. Results of the screening were used to invite interested candidates to the training program in December 1988.

Despite the fact that the first transfer of project funds took longer than anticipated to make its way through the banking system, project staff were determined to complete training activities on schedule. The Local Government Council, which had been supportive of the project from the beginning, agreed to loan the project sufficient funds and all training activities were completed as scheduled. This accomplishment was particularly notable as it took place at the peak of the holiday season.

Training took place between December 12 and 31, 1988 according to the following schedule:

<u>Market</u>	<u>Number of Agents</u>	<u>Training Dates</u>
Mushin	32	December 12 - 16, 1988
Awolowo	25	December 19 - 23, 1988
Oshodi	22	December 27 - 31, 1988

IV. Motivation, Promotion, Supervision and Resupply

A. Motivation

One of the primary criteria for agent selection given to the market leaders was that agents be interested in the project and in serving their community. Indeed, during supervisory visits and in interviews with the agents several months after services had started, most said that although they did not consider the profit from sales to be very high, they were proud to be assisting a government program and serving their community. Project staff regularly bring interested professional visitors to the markets to talk with the agents, which they find encouraging.

In addition, agents are allowed to keep 25% of their sales receipts as an incentive. The remaining 75% is returned to a project account which will help sustain the program after the sub-contract with Columbia is completed.

B. Promotional Activities

Community health educators assigned to the project visit the markets regularly with a public address system to inform the public of the agents' presence. In addition, the project has been reported in the national press and one of the agents was interviewed on a popular commercial radio program (E Ku Oro Aje) about his activities.

A formal project launching was held on January 31, 1989, at the Mushin Local Government Secretariat during which the agents received training certificates and initial supplies. Traditional leaders and representatives from USAID, the Lagos State Ministry of Health, Lagos State Local Government Councils and leaders from non-project markets in Mushin Local Government attended the colorful ceremony, which was widely covered by the national press.

The project has also set up a two-way referral system so that clients seeking condoms, oral pills or foaming tablets in clinics neighboring the markets are encouraged to obtain resupplies from market agents. The agents, in turn, refer any client with problems or those who would like another method to these clinics.

Agents are also regularly invited to attend health exhibitions to sell commodities under the sponsorship of the LGA. These have included Women and Development Day, the Lagos State Local Government Health Exhibition Week, and Eko Expo '89.

C. Supervision and Resupply

Project staff nurses pay regularly scheduled visits to the agents during which they issue fresh supplies and collect 75% of the sales receipts. They check how the commodities are displayed and stored, whether the identifying signboard is openly displayed and the accuracy of recordkeeping. Basic facts regarding the contraceptives, particularly contraindications to pill use, are reviewed as are any problems the agents may be having. During the first months of agent activity, visits were made on a weekly basis, but as agent confidence grew, these visits have been

reduced to a minimum of one per month, although impromptu visits are common. Community health educators visiting a market for promotional activities also check if the agents have any problems.

All commodities are received from the Lagos State Family Planning Office as part of the LGA's regular supply of donated contraceptives.

V. Research Activities

In order to attain the research objectives outlined above, the following activities were carried out:

- preliminary study of program acceptability
- shopper awareness mini-survey
- agent interviews
- study of inactive agents
- analysis of sales statistics

The results of these studies follow.

A. Preliminary Study of Program Acceptability

Prior to drafting a project proposal, staff tentatively selected as project markets three of the largest and most diverse markets in Mushin Local Government Area, one in the jurisdiction of each of the Local Government's three area offices. In order to determine the acceptability of the proposed program in these locales, a brief questionnaire was administered to approximately 12 traders and leaders in each of the markets, for a total of 37 interviews. Although most traders are women, at least three men were interviewed in each market to assess their opinions of the project. Questions focused on the type of traders and wares sold in the market; market administration, including activities and support from the traders; perceptions of the proposed program; and suggestions for agent selection and promotion of sales.

Three interviewers, two Senior Nursing Sisters and a Community Development Officer, conducted the interviews between January 25 and February 8, 1988.

In general, results showed that the three markets - Awolowo (1,000 stalls), Mushin (960 stalls) and Oshodi (674 stalls) - offer a wide range of goods, approximately two-thirds of which

are mixed articles of trade and one-third food items. Well over half the goods have a life span of over 72 hours.

Agents are organized into active associations according to the type of wares sold. Leaders of these associations represent the agents at the level of a central market association. Approximately two-thirds of the association leaders are female, reflecting the preponderance of female agents in the markets. Three-quarters of the respondents reported paying regular dues to their respective association and 78% reported attending regular meetings. According to the respondents, the associations provide moral and financial support for activities which benefit traders in the market and, as members of the central market committee, represent the traders at the local government level. The associations have been active in their support of government-sponsored health projects such as E.P.I. and sanitation campaigns.

Over 80% of the market traders and leaders interviewed had heard about family planning and virtually all said that both the market leadership and individual traders would welcome market-based distribution of contraceptives. Reasons most often mentioned in support of the idea were: to assist a government-sponsored program, to provide a convenience for traders who would no longer need to go to clinics for contraceptives, to help others, and to earn some money from sales. Over 70% said they would be willing to serve as a project agent. The few who refused cited religious reasons, lack of time, or lack of interest.

Respondents felt that the project would succeed if it was well-organized with a regular supply of commodities to agents, if contraceptives were reasonably priced, and if adequate promotion of agent activities, either through market leaders or the mass media, was planned.

Based on this assessment, project staff concluded that the market leaders would support the project, that traders were willing to serve as agents, and that the size of the markets and the mix of products sold were appropriate for such a program.

B. Shopper Awareness Mini-Survey

After services had been in place for about two months, a short questionnaire was administered to 184 shoppers in the three project markets to determine the level of awareness,

acceptability, and use of agent services. The study took place between May and July 1989.

After a brief orientation by the project's research coordinator, a trained interviewer went to a busy junction in one of the project markets, away from any agent's stall, and intercepted shoppers as they passed by. The results of these interviews follow.

Table 1: Respondents by Market

Market	Respondents	
	N	%
Oshodi	70	38
Mushin	60	33
Awolowo	<u>54</u>	<u>29</u>
Total	184	100

Characteristics of the respondents are shown in Table 2.

Table 2: Characteristics of Respondents (percent)

Characteristic	Percentage
Age (n = 182)	
<30 years old	50
30 - 44 years	47
>44 years	3
Education (n = 178)	
No formal education	14
Some primary	20
Complete primary	32
Secondary and above	34
Religion (n = 180)	
Christian	51
Muslim	49
Parity (n = 144)	
1 - 3	48
4 - 6	45
>6	7

Both knowledge of the program activities and use of agents' services were high; 144 (78%) of the respondents were aware of the agents' presence in the market and 66 (36%) claimed that they had purchased commodities from the agents, either for themselves or for someone else. 86 (47%) of those interviewed stated they were aware that such services existed in other markets in the LGA. Sources of information regarding market-based services are shown in Table 3.

**Table 3: Sources of Information
(n = 149)**

	N	%
Project staff (CHEs, supervisors)	50	34
Friend, client of agent	38	25
Agent	37	25
Health office, clinic	16	11
Don't Know	6	4
Other	2	1

As project staff begin to plan more promotional activities, agents should encourage word-of-mouth promotion of their services by their clients.

C. Agent Interviews

In order to obtain a reliable record of the agents' socio-demographic characteristics and to assess their experience with the project, an attempt was made to interview each project agent at least two months after services had started. Due to the high mobility and irregular hours of many of the agents, interviewers often had to make several trips to contact them. Between April and July, 1989, staff succeeded in interviewing 55 of the 79 agents. However, as only 61 agents had reported any sales by the end of August, over 80% of the active agents were interviewed as well as several inactive ones in Oshodi market. Background information on the remaining agents was completed using training records and during subsequent supervisory visits.

i. Agent Characteristics

In this pilot project, agents were selected by market leaders who had been advised to include traders of a variety of wares, of both sexes and of different ages, religions and educational backgrounds. Information regarding the 62 agents who had made a sale by the end of August is presented below.

**Table 4: Agent Characteristics
(n = 62)**

<u>Characteristic</u>	<u>Percentage</u>
Age	
<30 years old	21
30 - 44 years	40
>44 years	39
Sex	
Male	24
Female	76
Education	
No formal education	25
Some primary school	4
Complete primary	32
Secondary and higher	39
Religion	
Muslim	62
Christian	38
Wares Sold	
Packaged items:	
Provisions, cosmetics, etc.	21
Raw food items:	
meat, fish, rice, beans	16
Vegetables, fruits, yams, cassava	16
Medicine, herbs	7
Pepper, salt, nylon, oil	7
Livestock	5
Household wares	5
Other	21

In addition to obtaining this background information, interviewers asked the agents a series of questions regarding typical clients, strategies for effective promotion of services, and their assessment of the program to date. Responses were obtained from 55 agents as follows.

Market	Respondents	Active Agents	Agents Trained
Awolowo	20	22	25
Oshodi	21	17	22
Mushin	<u>14</u>	<u>22</u>	<u>32</u>
Total	55	61	79

ii. Clients

Almost all agents in Awolowo and Mushin markets reported that the majority of their clients are women, while agents in Oshodi market serve both men and women in equal proportions, irrespective of the agent's sex. Although the pill is the method most often requested and sold in all markets, no agents in Awolowo, 1 agent in Mushin, but 15 (72%) of agents in Oshodi said that the condom is either the method most requested or requested as often as the pill. This difference in clients and method popularity by market may be influenced by the fact that 47% of the agents in Oshodi market are male (versus 27% in Awolowo and 5% in Mushin market).

Although the majority of agents in all markets stated that their typical client is married, all agents in Awolowo market said their clients are married, while 21% of Mushin agents reported serving single clients and 29% of Oshodi agents primarily serve those who are divorced or separated.

Fifty-seven (66%) of all agents said that their clients include both friends and strangers while the remaining 34% serve strangers only.

iii. Service Delivery

Agents were asked open-ended questions regarding strategies they use to make a sale. The answers most frequently given were having a cordial or friendly relationship with the buyer and joking with strangers in the market about the signboard and commodities displayed. Agents also felt that giving detailed

explanations about the methods and encouraging clients to return for any reason influence a client's willingness to buy.

According to the agents, the obstacles they face, in descending order of importance, are the inadequate promotion of their services, the limited choice of methods they can offer, the opposition of the husband to a woman's intended use, and fear among clients that the methods are irreversible. Although a few agents reported that the project has had a good effect on sales of their normal wares, seven reported that the effect has been negative. This is the reason a number of agents have dropped out of the project, as explained in more detail below.

D. Study of Inactive Agents

After six months of market services were completed in August 1989, 61 of the 79 agents trained had made a sale and were considered active. In order to understand what had happened to the other agents, supervisors made a special effort to track them and to determine why they were not selling. In addition to the 18 inactive agents, 5 agents who had not had a sale since March were also interviewed. Where the agent was unavailable, neighboring traders or another trader at the agent's stall was questioned.

Information about two of the 23 agents could not be obtained from them or neighboring traders. Six of the agents moved about often, either from market to market or between Lagos and their home village, and found it difficult to transport the signboard and supplies. Several mentioned they were reluctant to sell without the signboard for fear of harassment from officials. One of the agents who had travelled to his village several months ago reportedly took along additional condoms from another agent in his market to sell, but has not yet returned to Lagos.

Six of the agents, all in Awolowo market, said they had begun to sell a little very recently and did not know why sales had been so poor. All wanted to remain project agents.

Five of the agents felt that the lengthy explanations of the methods required to achieve a sale were too time-consuming and disturbed the sale of their other wares. Two of the agents were reported to have been sick for several months.

Supervisors collected signboards and supplies from those who did not wish to continue as project agents. They have already identified a number of traders who have expressed interest in

selling contraceptives, some of whom already refer their customers to agents. Staff will conduct a training in the next quarter for new agents to replace those who have dropped out of the program.

Attention needs to be given to developing mechanisms to supervise and resupply agents who are highly mobile, but who may be selling commodities during long periods of absence from the project market.

E. Sales of Contraceptives

Sales of condoms, foaming tablets and oral contraceptives began in three markets in Mushin Local Government Area in March 1989. An analysis of six months of sales, March through August, follows. Unless otherwise noted, one pill cycle, one strip of four condoms or one strip of four foaming tablets represents one sale.

**Table 5: Total Sales
by Market and Method
March - August, 1989**

Market	Pill	Condom	Foaming Tablet (strips of four)
Awolowo	427	240	99
Mushin	372	243	193
Oshodi	<u>232</u>	<u>382</u>	<u>121</u>
Total	1031	865	413

As mentioned above, the high percentage of male agents in Oshodi market may have influenced the level of condom sales there. It is interesting to note that each market outperforms the others in one method: condoms in Oshodi, pills in Awolowo and foaming tablets in Mushin.

**Table 6: Mean Sales per Month
by Agent Characteristics and Method**

(Grand mean = 6.1)

	Pill	Condom	Foaming Tablet (strips of four)	Total
Sex				
Male	2.8	4.5	1.8	9.1
Female	2.7	1.6	0.9	5.2
Age				
<30 years	3.7	4.0	2.3	10
30 - 44	1.8	2.1	0.5	4.4
>45 years	2.4	1.7	1.0	5.1
Religion				
Muslim	3.2	2.0	0.9	6.1
Christian	2.5	3.2	1.7	7.4
Education				
No formal education	3.7	2.3	1.2	7.2
Some primary	1.9	3.9	0.3	6.1
Complete primary	2.9	2.2	1.1	6.2
Secondary and higher	2.9	2.9	1.4	7.2

Contrary to experiences in other market-based delivery schemes, male agents were more successful than their female counterparts in early sales, particularly with condoms and foaming tablets. Although 24% of all project agents are male, they represent 36% of total sales to date.

Younger agents representing 21% of all agents consistently outperformed their older colleagues with 34% of total sales. No apparent differences in sales exist based on the agent's religion or level of education.

F. Couple Months of Protection

The multipliers used to calculate couple-months of protection provided by the program to August 1989 are:

1 pill cycle =	.92 month protection
1 strip of 4 condoms =	.33 month
1 strip of 4 foam tablets=	.33 month

	March	April	May	June	July	August
CMP	264	288	284	195	224	104

The decline in sales in August is attributed by staff to a rupture in the supply of commodities received from the State. While waiting for new supplies, staff rationed limited stock among agents and some agents went to nearby clinics in an attempt to be resupplied.

**Table 7: Couple-Months of Protection by Method
March - August, 1989**

	Pills	Condoms	Foaming Tablets	Total
CMP	949	286	136	1371

G. Costs per CMP

In the following account of expenditures over 11 months of project activity and six months of active service delivery, a distinction is made between those costs considered essential for program replication and those regarded as non-essential. Costs considered essential for program replication include office supplies and record forms, administrative costs, agent supplies (kits, signboards, and display cases), agent training costs, and local travel for supervision and resupply. Salary and overtime costs are shown as a separate essential line item as these will vary according to the agency implementing the program. A list of staff positions is given in Appendix A.

Those costs considered non-essential for project replication include all research costs, the purchase of a public address

system, expenditures in the U.S. for international travel and consultants from Columbia University, the costs of contraceptives, the graduation ceremony, and a state-level workshop on project activities. A list of local costs considered non-essential for project replication is provided in Appendix B.

It must be emphasized that cost analysis of the project is premature, as services have only been in place for six months. The great majority of program expenditures were made in the early stages of the program for training and equipping the agents. Now that they are providing services, recurrent costs for their supervision will be minimal. As agents continue to provide services, costs per couple-month of protection should fall.

Calculation of Cost per CMP

Essential expenditures =	N 11940
Salaries and overtime =	<u>N 26370</u>
	N 38310

CMP (1371)

Cost per CMP = N27.94 or \$3.81 at current (June 1989) exchange rate (N7.2 = \$1)

VI. Workshop on Market-Based Delivery of Contraceptive Services

Since its inception, the Lagos Market project was considered a pilot project whose experiences could guide other LGAs in Lagos State in the development of community-based distribution (CBD) projects. In order to inform other family planning workers in the state about the experiences in this and other market projects, a workshop was held August 9-11, 1989 at the School of Nursing, Lagos University Teaching Hospital. Participants included the Medical Officer of Health and the Family Planning Coordinator from each of the local government areas (LGAs) in Lagos State, the Lagos State Family Planning Coordinator and a representative from USAID.

The objectives of the workshop were:

- to present up-to-date information on market-based distribution of contraceptives from locations in Nigeria and Ghana;

- to observe market-based distribution in action through a visit to Mushin project markets;
- to develop work plans including market- and community-based distribution of contraceptives in ongoing primary health care activities of the Lagos State LGAs.

Staff members from market projects in Ibadan, Ilorin, Mushin and Accra presented major findings from their projects. In keeping with the practical orientation of the workshop, the presentations emphasized the different strategies used by each project (i.e., base in a university, a state MOH, a non-governmental organization, and an LGA health office) and advice on how to set up such projects. Presenters were frank and discussed political and organizational obstacles they had faced as well as the strong support of the community for such programs, if approached through traditional leaders. The presentations generated lively discussion, particularly concerning the distribution of oral contraceptives by non-medical personnel. A number of participants reported that a visit to the Mushin project markets, where they were able to question agents on contraindications, side effects and referral practices, convinced them that appropriately trained and well supervised community members could safely distribute the pill.

After the project presentations and market visit, the participants divided into four groups of LGAs with similar characteristics (i.e., urban/semi-urban mix, concentration of markets). They then devised a plan for the inclusion of community-based distribution of contraceptives and, in some cases, treatments of common ailments in their primary health care plans for 1990. Virtually all participants felt that a CBD plan was appropriate for their primary health care program and that, given the support of LGA administrators, such a plan could be supported within LGA primary health care budgets submitted for fiscal year 1990. A detailed report on the workshop is available from the Health and Environmental Services Department, Mushin Local Government.

VII. Conclusions

In the short year since it began, the Mushin Market-Based Family Planning Project in Lagos State has met all its objectives. Sixty-one agents are actively providing family planning services in the three project markets. Awareness of

their presence and the acceptability of their activities appear to be high among traders and shoppers in the project markets. A preliminary premature, cost analysis of the project has been completed after six months of service delivery. Now that services are firmly in place in the markets, the costs per couple-month of protection provided by the agents should fall as training and supply costs are balanced by continued sales.

APPENDICES

Appendix A

MARKET PROJECT STAFF POSITIONS

Essential for Project Duplication

Project Coordinator	10 hrs./week overtime
Assistant Project Coordinator	Full time
Training Coordinator	10 hrs./week overtime
Community Health Educators (3)	10 hrs./week overtime
Clerical Assistant	Fulltime

Researchers - Non-essential for Project Duplication

Research Coordinator	10 hrs./week overtime
Occasional Interviewers	10 people x 30 days

Appendix B

LOCAL PROJECT COSTS
OCTOBER 1988 - AUGUST 1989

Essential for replication*		N 11940
Salaries		N 26370
Non-essential		
Research salaries	N 10011	
Workshop	N 10000	
Graduation Ceremony	N 5595	
PA system	N 2600	
Total Non-essential		<u>N 28206</u>
Total		N 66516

* Essential costs, in addition to salaries, include costs for administration, agent training and supply (kits, signboards, display cases), and travel for supervision.

