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NIGERIA FAMILY HEALTH INITIATIVES PROJECT

Policy Implementation Component Workplan

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I. EXECUTIVE SUMMARY

This component aims to strengthen the processes of policy implementation and strategic planning needed in Nigeria for efficient mobilization of public and private-sector resources into a dynamic, effective and self-sustaining national family planning program. This component will emphasize the integration of all FHI Project inputs and of other assistance efforts in collaborative ways to achieve mutual reinforcement and maximum impact.

Activities under this component may be grouped under six general, functional categories. The proposed activities have been identified on the basis of direct experience and joint assessments with key Nigerian leaders against criteria of importance for immediately advancing the national program, building the framework for solid future growth, and feasibility. The proposed activities support each other and also aim to support and link together other inputs.

The general categories of project activity relate to the following types of policy and planning needs: (1) strengthening basic support of key constituencies for the national program; (2) developing institutional capacities for effective program support by administrative leaders, policy advisory groups, NGOs and sources of required technical expertise; (3) building sound financial support; (4) building into the national program necessary strategic planning methods, skills and procedures to foster efficiency, focus, feedback, flexibility and effectiveness; (5) clarification of certain major issues of policy implementation that could enable major expansions of impact; and (6) establishing systems for monitoring, evaluation and special studies that can quickly capture experience and help guide program improvements and enhance policy support. Under these subject areas, the particular activities to be undertaken in the first year will concentrate on promising action lines already underway and certain other pressing needs. The program of activities each year will be further adjusted as needed to respond to emerging program issues and opportunities.

In the present proposal, it was necessary to limit the total budget to the fixed financial ceiling available for this component at the time of the project design phase. This ceiling will not allow pursuing a number of lines of action that have been identified as having high priority and that would offer valuable additional program results from modest inputs of assistance.

Also, for those activities that are now represented in the budget, cost estimates in some cases risk falling short of the tasks; more adequate coverage would better allow for marginal inputs that would achieve deeper impact and multiplier effects. The conditions now in Nigeria for this project assistance are unusually receptive in terms of readiness for action, availability of human resources, magnitude of host country contribution, crucial need, and potential for impact. It is thus hoped that the level of total support for the project may respond, in due course, to this level of opportunity.

Contract management of this project component will utilize the experience of the University of North Carolina's Office of Contract Administration, which has effectively worked over 20 years with many AID population program contracts overseas, especially in Nigeria. The Project Director at UNC will maintain

close contact with USAID and with concerned U.S. resources. He will commit major effort to directly working with colleagues in Nigeria. A Nigerian staff representative in Lagos will also be engaged to assure continuing attention to this program component. In the development of project activities, special efforts will be made to identify and enlist Nigerian expertise and to work through Nigerian institutions (especially NCPA) in order to gain the advantages thereof and also to help build institutional capacities. In providing the services of U.S. specialists to meet various project needs, direct arrangements (rather than subcontracting) will be favored, wherever possible, for greater accountability and lower overhead costs.

II. COMPONENT OBJECTIVES

A. PRINCIPAL OBJECTIVES

The main objectives of this component are to enhance population policy development and implementation activities and to strengthen program planning, coordination, monitoring and evaluation at federal, state and local levels. For these purposes, more specific objectives will include: (1) developing the general policy climate and constituency support for rapid extension of population program activities and of family planning adoption; (2) building the institutional capacities for policy and program planning as needed at national, state and local levels at points of executive leadership in related advisory bodies, in nongovernmental agencies, and in technical institutions that can meet needs of the program for special expertise; (3) building the financial base for program activities; (4) enhancing strategic planning functions through building related skills, procedures and systems at different levels, in order to mobilize resources, coordinate inputs, and use feedback to adjust program systems for maximum effect; (5) improving policy and public and private-sector program implementation through analysis of particular issues and opportunities offering development of new approaches to increase impacts and efficiency; and (6) establishing continuous mechanisms to monitor and evaluate progress toward particular policy and program goals, and to clarify problems and suggest improvements, in ways that reflect evolving policy and program needs and provide rapid feedback into planning decisions.

B. RATIONALE

Important progress has occurred in Nigeria toward adoption of a general statement of population policy by national leadership. This "umbrella" is only a beginning. Full implementation will require, over an extended period, taking many other steps to gain public, financial and administrative support, working at various organizational levels, dealing with policy choices in plans and action that relate to the many different aspects of building a total program system. These steps and choices must carefully adapt to existing complexities, including diverse social sensitivities, severe economic conditions, manpower constraints, and national, state and local government structures still inexperienced in operating large-scale family planning activities.

Project assistance for rapid development of family planning services will thus require, along with service delivery and IEC components, a major additional emphasis on building program capacities to deal with continuously evolving issues of overall policy planning and implementation. This component should help relate the total program effort to social, political, economic and administrative realities; it should especially act to maximize the mobilization and the coordinated use of resources; and it must provide for assessing progress and problems and for the processes of learning and adjustment essential to program success. Nigerian leaders at national and state levels now express major concern for full and continuing development of these policy development and implementation functions. During the last year, they have taken important steps in this direction. Such experience has further demonstrated the high utility and the clear feasibility of assisting now, through the proposed new project, with strong advancement of this key component.

C. HOST COUNTRY INVOLVEMENT

In developing this project component, formulation of the proposed objectives, technical approach, activities and requirements has benefited from close interaction with colleagues in relevant Nigerian agencies and institutions over the last three years, in the course of collaborative work on population policy and program planning issues. These activities (sponsored by the Government of Nigeria, USAID and other agencies) have included intensive joint examinations of policy and planning needs, involvement with processes of actual policy development at national, state and local levels, and assistance with each of the categories of policy and program planning activity that are further represented in the objectives and technical approach indicated for the present project.

Building on earlier experience, the design phase activity for this project has made possible additional intensive engagement of key Nigerian officials in considering and advising on desired next steps. During this period, joint discussions involved representatives from the Federal Ministries of Health and Information, from other national groups including the National Population Bureau and the Federal Office of Statistics; from State Ministries of Health, Local Government, and others; from PPFN and the Nigerian Council on Population Activities; and from various technical support institutions. The design activity also included direct visits for confirmatory observations and discussions with state-level field staff of NPB, FOS and other Nigerian institutions. Especially useful during the design phase were intensive discussions with Nigerian experts working on the other major project components dealing with public and private-sector services and IEC. Such joint considerations of needs and possible project activities under the policy and planning component and under the other components contributed much toward .pa assuring that these project elements will be closely coordinated and mutually reinforcing.

III. TECHNICAL APPROACH

A. CONCEPTUAL DESIGN: AIMS, APPROACHES AND ACTIVITIES

The development of the policy component will involve six functional areas as outlined below. Needs for the kinds of work identified in each area are strong and, indeed, will increase. After the first year, however, the configurations and timing of requisite activities may adjust evolving demands, opportunities and conditions. The capacity to develop responsive activities will also depend on levels of project support. Potential activities within and between different categories, in many cases, can be seen to be interactive and mutually supportive. They also interface with concerns of the IEC, public and private-sector components. The policy implementation component activities will especially help to link all the FHI Project components effectively together and relate them to a total national program.

Under each of the six functional categories below are summarized (1) aims responsive to current needs, (2) approaches applicable, and (3) activities specifically proposed under this project component.

1. Constituency Support

1.1 Aims. There is need to broaden and deepen the extent of constituency support for the national program with special attention to groups whose influence can importantly affect program implementation and effectiveness. Activities in this area should aim not only at gaining group leaders' positive endorsements, but also, where possible, to enlist such groups into actively contributing to policy, planning and program implementation activities. Moreover, such work at national and regional levels should feed into training for state and local-level workers and into the community-level public mobilization activities to be assisted through IEC program efforts. Types of groups for priority consideration should include those that have a large network of strong influence and those that might have particular positive or negative importance for policy and program development.

1.2 Approaches. For any particular group, experience indicates a sequence of activities (rather than a single input) and should be carefully pursued. These should seek to recognize the group's particular characteristics, be guided at each step by group members, and provide means for key leaders themselves to discuss points of concern and move toward consensus and positive support. Extension of this type of process to members of the group at state and local levels will be pursued. Such a sequence of activities may involve the following steps:

a. Planning sessions with key leaders;
b. Preparatory studies to gather relevant background information and materials as needed to relate population issues to particular group concerns;
c. Convening of seminars or workshops with group leaders to achieve consensus and plan follow-up actions;

d. Development of appropriate interpretive materials (in collaboration with the IEC group) for wider use among similar groups; and
e. Follow-up as required to support related extension efforts.

1.3 Activities. For the above aims of initiating both national endorsements and grass-roots follow-up actions, the approach through "package" sequences of activities will be pursued with the following groups. Groups are listed in order of priority, as now judged against criteria of potential impact and feasibility. In each case, there has been substantial preliminary consideration of methods of approach (suggested here by brief comment only):

a - Islamic leaders (now underway)
b - Business group leaders (initial steps will relate to major industry heads, chambers of commerce and Rotary Clubs)
c - Traditional rulers (recent pilot experience provides the basis now for nationwide approach)
d - Medical leaders, along with others (women, religious groups, legal profession) especially concerned with adolescent fertility problems; also, other health-related groups
e - Women's groups (working through established relationships with National Council of Women's Societies, also, especially with women teachers)
f - Education Ministry leaders and planners from federal and state levels (with orientation especially to conflict between educational enrollment goals and fertility trends, and needs for their strong population policy and program support)
g - Labor union groups (working through Industrial Training Fund and with ILO Resident Advisor)
h - Local Government leaders (this category is expected to rise to higher priority after preparatory steps, as noted in other sections)

Initiatives on the above lines have already greatly benefited from FMOH leadership and support, which will continue to be enlisted. In addition, the NCPA is expected to become a main mechanism for developing and managing newer project activities with the above groups. By the second year of the project, there should be capacities to support and monitor work with a number of such different groups, proceeding in parallel. These activities will also involve close cooperation with the IEC, public and private-sector project components.

2. Institutional Support

2.1 Aims. It will be important to strengthen the capacities of key leadership positions and of other related organizational units to pursue functions of building policy support and of strategic planning and implementation of population program activities. These broad roles are essential for rapid expansion and efficient performance of family planning program systems. The more such basic supporting roles are mobilized among key units at different levels that serve various important program functions, the stronger will be the total program effort. Types of institutional units that should be helped to build such capacities are indicated below:

a. Administrative Leadership

- Federal-level Office of Planning and Coordination of Population Programmes;
- Leaders in other Federal Ministries and Organizations, e.g., dealing with education, information, and food/roads/rural infrastructure;
- State Health Ministry leaders;
- State Family Planning Coordinators; and
- State Ministry of Local Government leaders.

b. Consultative Groups

- Federal-level interministerial consultative group on population programs (and technical advisory groups that may also be formed), and
- State-level consultative groups (and population program-related advisory groups).

c. Non-Governmental Organizations (NGOs)

- PPFN, and
- National Council for Population Activities.

d. Technical Support Institutions

- Selected institutions should serve needs of the program through performing functions of training, consultation, evaluation, special studies and field trials (plus the important function of providing credible, independent advocacy for population policy and program developments).
- Such support functions should relate to relevant subjects, including: family planning clinical services, demographic, communications, social sciences, legal, local government, management, and other special areas.

2.2 Approaches.

a. Administrative leaders need to fulfill not only their direct executive functions, but also their policy and strategic planning responsibilities: for example, they must act to gain strong general support for family planning program efforts among key governmental and public leaders, to effectively utilize advisory bodies, to develop goal-oriented forward planning, and to ensure use of feedback to build policy support and guide improvements. To help them build these functions, continuing direct consultation technical assistance with actual field and problem situations will be important. Also, training modules relating to these larger policy planning and implementation functions must be developed as important, discrete subject areas. These should be utilized for special orientation of key groups and should be added to training programs which may deal also with other types of "internal" management skills.

b. Advisory group members, and various sectoral ministry representatives and others concerned with particular aspects of a total program especially need orientation to the population field and technical help in defining their complementary roles. Members of such groups must be shown actual examples

demonstrating how to develop their special sectoral contributions to population activities. They also need, and seek, direct help with developing processes of joint planning, to maximize program impact through combining different inputs.

c. NGOs, such as PPFN, with strong capacities to work in partnership with official program mechanisms have proved to be extremely useful in Nigeria. Working closely with Family Planning Coordinators in some states, for example, they have helped to build policy support and develop new program designs. They can help meet special program needs for flexibility of action, innovation, and adding influential support. To augment such current resources, a particular challenge henceforth will be to help the new National Council for Population Activities (NCPA) also build strong institutional capacities in policy and program support areas. NCPA is expecting to expand the scope of its present governing body and will need help in strengthening its financial base, in building activities to serve particular population policy needs, and developing other new capacities to reinforce aspects of program implementation.

d. Technical experts of various types, usually based in universities or institutions, are much needed to support development of population program systems. Many are present in Nigeria but are still relatively unused. Long-term program growth will demand more effective utilization, and action to augment, such indigenous technical institutional capacities. Special assistance directed at this basic need in Nigeria now, linked to enlisting such help in meeting immediate program problems, could greatly increase efficiency and effectiveness in meeting the many expectable future demands for indigenous technical support to the national population program.

2.3 Activities. To help strengthen capacities among the above groups, applying the proposed approaches, the following activities will be pursued over the life of the project:

a. FMOH/OPCPP. Continuing technical assistance to development of functions and staff of the OPCPP; their involvement in planning all component activities; and other special project assistance as described subsequently under the section on Strategic Planning.

b. Other Federal Ministries and Organizations. Additional specialized, technical assistance will be provided to the designated representatives of certain ministries and organizations (other than Information and Education, with whom the IEC group is working closely) to meet desires for help in considering: (1) stronger representation of population factors as these affect their own sectoral planning, (2) definition of how their sectoral activities may in turn contribute to the family planning program, and (3) guidelines for continuing working relationships with the OPCPP. The concerned groups include especially those dealing with agriculture, social welfare, justice, planning, as well as food, roads and rural infrastructure. Such further guidelines and activities will be subject to discussion and approval at top leadership levels of these federal organizations. It is expected that reports of such newer policy and program developments would then also be presented for information and discussion by the whole federal-level Interministerial Consultative Committee on the National Population Programme and would be reflected in the forthcoming Fifth National Development Plan.

c. State Health and Local Government Ministry leaders and Family Planning Coordinators. Their policy implementation capacities will be enhanced, in close coordination with the public-sector project component assistance, especially through assistance activities further described in subsequent sections on Financial Support and on Strategic Planning.

d. Consultative groups. Drawing upon further developments relating to the federal-level Consultative Committee on the National Population Programme, a series of zonal seminars will be organized by the FMOH, with FHI Project assistance, for members of counterpart consultative groups at state levels. The initial aims will be to orient them to the wider policy and program context, to their various special roles, and to the processes whereby such groups should support related state and local policy and program development. This type of seminar will be repeated annually and will increasingly deal with practical issues such as gaining financial support, enlisting constituencies, dealing with the private sector, etc. A limited number of international study tours will be provided also to strengthen the orientation and commitment of consultative group members who represent important sectoral areas, if additional funds for this purpose are available.

e. NCPA. A major focus of assistance will be the institutional development of NCPA, to bring it to a level of national effectiveness such as achieved by PPFN, and enable it to serve other complementary roles. The policy component will cover the cost of a program officer and supporting staff services plus basic office equipment that will be essential for rapid growth of these capacities. Technical assistance activity will be provided to advance the basic organizational developments as noted above, and in connection with implementation of specific activities supported by this project component. These activities will be closely integrated also with the IEC and private-sector project components.

The technical and financial assistance to NCPA will include helping to develop a policy monitoring service; this is felt by leaders in the public and private sectors to be a current need, which will surely increase. It will entail monitoring laws and regulations, actions and statements of leaders, and aspects of public opinion, through the press and other documentary sources, in order to anticipate policy-relevant issues and potential barriers to program implementation and to inform those concerned. Topics to be followed, for example, would relate to regulations relating to providing contraceptives, age of marriage, women's roles and other issues.

Finally, the NCPA will be assisted in performing a pilot study and trial, over one year, directed at production of a nationwide newsletter aimed at workers concerned with family planning activities at all levels. This trial will deal with such questions as ways to assure editorial quality, methods of program field reporting, and mechanisms for production, and distribution. National leaders have expressed strong need for such a means to inform program workers about new developments, success stories, or problems to be aware of, and through such sharing also to help raise morale, interest and a sense of national mission.

f. Technical institutions. In connection with assistance provided to NCPA and to the component evaluation activities, from the second project year onward, NCPA will be provided technical assistance in organizing an invitational meeting of selected researchers from Nigerian institutions, along with family planning program leaders from the policy, public sector, private sector and IEC areas. They will discuss current issues and possible research needs in order to help focus institution-based study and training activities toward real current issues, and also to gain advice and insights from these experts on such matters.

3. Financial Support

3.1 Aims. The expansion of family planning programs must continue to benefit from being able to utilize existing personnel and facilities in the public sector health system at various levels, without large requirements for addition of recurring costs or other new budgetary arrangements. State government budgets will probably remain extremely limited. However, the current official emphasis is toward increasing the general budgets for local government areas (LGAs), and this is a positive sign of possible rising future support for LGA-employed health staff, who will be expected to carry the main load of expansion of public services for family planning.

Nevertheless, there will be strong need for attention to policies dealing with financial support, in at least three respects. First, governmental budgets at every level will require additional provisions to meet specific needs of expanding family planning program activities that are not otherwise covered. These may include, for example, costs of strengthened supervisory activities (especially including travel), staff training, supplies, outreach, and IEC work, etc. Governmental budget coverage for purchase of contraceptive supplies must also be pursued. Some states have already begun to include a budget line item for the family planning program. However, especially with current serious stringencies, this is a matter requiring much more systematic attention in order to avoid serious delays. Secondly, for such funds as are available, policies and procedures are needed to facilitate their effective application. Thirdly, there is rising pressure to extend other policies that can offer budgetary benefits through recovering costs from users themselves without damaging program impact. Positive experience is developing in relation to charges for medications. However, introduction of fees for preventive health care for mothers and children in some areas has seemed to seriously reduce use of such services, which should also be key opportunities for promoting family planning. Some states are extending charges to include contraceptives.

3.2 Approaches. To build budgetary support, family planning program administrators and other supporters have responsibilities to better identify, project and interpret the special financial requirements for future growth of their programs. Furthermore, supporters of family planning must become much more cognizant of, and active in, relating to the process of budgetary decision as needed to help establish adequate regular funding for program needs. Also, even when a state budget may include a small line item for family planning, experience indicates the need for still further attention to helping family planning field staff deal better with the bureaucratic problems of effective use of such funds.

The general question of cost recovery calls for clarifying the possible effects of expanding service charges relating to the family planning field, on the self-sufficiency of programs and on the spread of family planning practices. Systematic observations from existing experience and simple trials to assess such effects are needed to produce better policy and operational guidelines.

3.3 Activities. Several lines of proposed activity, emerging from the above aims and approaches, are summarized below. These will be pursued in close collaboration with interests of the public sector, private sector and IEC components.

a. Interpretation of basic financial needs. For top leaders who influence budgetary decisions, clear and effective methods should interpret the many current, heavy financial costs of high fertility and the comparative financial advantages of investing in family planning programs. Thus, a specific activity will pull together actual data and best estimates from Nigeria that demonstrate the direct and indirect, short- and long-term costs of excess fertility. With help from IEC specialists, these will then be incorporated into simple, dramatic materials and presentations of the RAPID type, for use in discussions with leaders regarding needs henceforth for more budgetary support to population policy implementation.

b. Improving budgetary support and fiscal management. A combined set of activities will be pursued by a management consulting group with very practical experience related to helping administrators who may be relatively unprepared in such financial matters. Tentatively, the Agricultural Research and Management Training Institute (ARMTI) at Ilorin appears to be appropriate. Activities will involve direct observations and consultations in selected states, on the problem areas noted above, and devising and testing possible improved methods. These will include simple adjustments in financial accounting procedures, so that costs can be better calculated and budgetary requirements estimated, strategies to increase effectiveness in gaining general budgetary support, and steps toward more effective use of available funds. The resulting analyses and guidelines will then be represented in teaching materials, case studies, and methods for building the relevent skills that can be combined into course curricula. This kind of special orientation will then be organized to reach concerned state-level program administrators and staff; it will be useful also to national staff and to those concerned with local government support for family planning programs. Such resultant training activities should be underway during the first year.

c. Cost recovery. Activities in this area will focus on learning from experience so far and from simple pilot studies as needed, to indicate how possible cost-recovery systems may affect family planning adoption, including rates of acceptance, methods chosen, and continuation. The general effects on use of other health services, particularly antenatal care and delivery care, will also be directly relevant. A pre-project step will be to consider carefully the strategy for approaching this subject most efficiently through cooperation with concerned officials and with Nigerian experts, including how best to use data already available and what selected areas could offer most fruitful further observation. The project will then arrange for specific programs of work aimed at having results and recommendations ready to interpret to policy and program leaders for implementation by the end of the first year.

4. Strategic Planning Processes

4.1 Aims. The expanded program of activity now occurring, and projected as the government adopts a national population policy, will require vastly enlarged capacities for strategic planning and execution at federal, state and local levels. So far, simple, prototypical planning frameworks developed for initial use at national, state, and more recently at LGA levels, have been shown to be well received by concerned officials and extremely helpful for leading into further planning steps. However, there will be a great need henceforth to move to models and methods for policy implementation and strategic planning of more comprehensive and dynamic nature, that can help anticipate long-term causal linkages, guide development of much larger program systems, help consider costs and benefits of possible alternative patterns, and provide for coordinating diverse inputs to best effect.

4.2 Approaches. The desired general principles and approaches in this situation include the following:

a. Linkage with general health policy and planning developments. The Nigerian FMOH has recently achieved a major advance in developing a new, general national health policy framework, along with guidelines for state-level health planning, that are being adopted by state health officials. Crucial also is the new initiative toward strengthening the state- and local-level frameworks for delivery of general primary health care services, including family planning. Efforts to expand public-sector delivery of family planning services are now committed, and should continue aiming, to strengthen the family planning functions of existing multipurpose field service staff. The family planning program will increasingly depend heavily on this integrated infrastructure. Conversely, the additional inputs provided through family planning assistance to management and supervision processes, training, equipment, and other delivery components should importantly also contribute to building the general capacities of the primary health care system in strengthening many other services.

b. Development and use of policy and planning tools. At national, state and LGA levels, simple planning models, as noted above, have already proved useful. Further development of protocols and manuals for the many different aspects of these program systems will be needed for use in training, operations and evaluation. In addition, at the federal level especially, there is urgent need to develop a simple mechanism for general information, control and planning purposes. This should help to summarize current information about policy and program developments in the states and to track and coordinate various inputs and projected activities in different kinds of activity areas. Areas of concern could include: state and LGA family planning organizational development and delivery system data; constituency group activities and program support being provided to them; the stage of development of and findings from monitoring systems; activities in the private sector; IEC activities and plans; related policy developments (e.g., regarding women's status and marriage age), etc. Such a system could be initiated in very simple form to meet immediate uses and then grow; it can in due course add, without now awaiting, fuller data produced from the MIS framework.

In addition to the above tools, the FMOH Directorate of National Health Planning has already undertaken initial development of computer-based models that can incorporate basic facts, e.g., population characteristics, data about health and family planning facilities, usage rates and costs, and their interrelationships. Such models can then be used to ask "What-if?" type questions about what might happen if alternative policy and program changes were made in the systems for general health services or for family planning. This capacity to simulate and predict the possible directions of short- and long-term effects (often not otherwise evident) can provide extra guidance in making program choices and avoiding costly errors.

This kind of tool has also been found quite useful for training of planners. In its RAPID-type of adaptations, it can be very effectively used for general orientation of leaders to policy and program issues.

c. Field demonstration areas. Certain field areas (especially LGA units) need to be identified where policy and program initiatives are fully applied and coordinated in ways expected to have optimum population effects and where such effects can be shown and documented. These are needed for several purposes: to test assumptions about the effects of such efforts when applied on a wider scale, to accelerate the process of learning from experience and make needed .pa adjustments, to use for training purposes, and to provide demonstrations that are essential for guiding policy content and generating more policy support.

d. Planning cycle. A necessary approach to help ensure efficiency in growth of a large program system is to ensure the structured and sequential application of a combination of basic organizational learning principles, in an annual "planning cycle." The elements should include the following: scheduled arrangements for independent assessments of program progress against projected goals; development of capacities to obtain and use critical indicator data; means for sharing of various experiences and lessons learned; special attention to coordination among different policy and action components for best effects; conscious use of such processes of feedback, discussion and adjustment to revise annual plans as needed for program improvement; involvement also of higher policymakers in these processes to reinforce their insights and support; and mobilization of incentives from group action and recognition of achievement to encourage this cyclic improvement process. These functions will be represented in the corresponding proposed project activities.

4.3 Activities. The above aims and approaches comprise the major long-term framework of activity for work under this project component. Activities relating to this framework will have to be carefully developed and prioritized, in consultation with the FMOH and many others concerned. Especially important will be the structured cycle of activities summarized under section "d" below.

a. General policy-planning information system. A pre-project activity extending into the life of the project will help the FMOH to establish and evolve, as needed, a general strategic planning information system, as noted above. This can, in due course, link with other program-related information systems.

b. Planning models and tools. Specific activities already underway will also continue to develop and apply simple prototypical models and guidelines for different parts of the family planning program system, to help stimulate further

planning and action, adapted as appropriate to particular state-level, LGA-level, or sectoral ministry, or private-sector conditions. A main priority will be further extension of LGA-level models and tools. These will be further used in training and consultation activities directed at building planning and management processes.

c. Field demonstration areas. Special activities will continue, such as underway in Lagos state, and to be extended especially in capital city LGAs of other states, to produce intensive demonstrations of how to develop fully effective implementation policies and program systems, and to show convincing program impacts. These will be needed and used for testing, training, and policy promotional purposes.

d. Cycle of strategic planning support activities: A structured sequence of specific activities scheduled and anticipated in advance through each year will provide a major framework for development of the aims and approaches above. These activities will extend and institutionalize mechanisms already found tested and highly useful to achieve effective program growth. With good advance planning and rotating of responsibilities, these activities should not divert from the usual program operational activities of program personnel. Actual average direct time requirement for key staff for involvement in each such activity might be up to a week; the major effects, however, will be to accelerate and focus important operational efforts. The first section below will list activities by month. The second section will further describe various component activities.

MONTHLY SCHEDULE:

January	- State-level program evaluations
February	- Evaluation data made available (from NPB, FOS, etc.)
March	- "Summit" meeting for national program review
April	- National Health Council meeting
May	- open
June	- State Family Planning Coordinators' meeting
July	- State and LGA program annual plan development
August	- AID project collaborator planning. Possible other assistance reviews
September	- open
October	- Special national/regional/state courses
November	- open
December	- Preparations for state-level evaluations

COMPONENT ACTIVITIES:

Events noted in the above cycle are briefly summarized as follows:

(1) State-level evaluations: Each state will have prepared basic data on their policy and program progress, according to previously agreed upon outline. Each will be visited for five days by teams (zonally organized), including FMOH representation, program functional component representation; including public and private-sector services, IEC, and policy; and a family planning coordinator

and SMLG representative from another state. The visit will include selected direct interviews, reviews of plans, and independent observations and small "cluster" survey interviews at randomly selected urban and rural sites. Summary report and recommendations will be reviewed with state officials and available to all others concerned.

(2) Evaluation data made available: Reports on various types of population program evaluation data (noted in other sections) should also aim to be available for use by states by the first of each year.

(3) Family planning leaders' "summit" meeting: This will involve key administrators from federal, state and selected local government areas, plus leaders in different specialized aspects of family planning policy/programs. Intensive sessions will seek to summarize overall progress to highlight examples of success, especially to consider problems, to review aspects of coordination between government levels and among components, and to identify major policy adjustments and thrusts needed for improvement in the next year. A system of awards to recognize outstanding performances (planned and publicized with help of the IEC component) will be linked to this event. It is also expected that the site of this meeting will be "rotated" among states, so that examples of various successful policies and programs can be directly seen and experienced by policy leaders.

(4) National Health Council meeting: This general conference of top health leaders is already established as a regular means for considering the directions of general health policies and plans. Its program would also henceforth specifically plan to consider results from the March "family planning summit" meeting on ways to improve the activities relating to family planning, especially as they can be supported by, and conversely as they can serve to strengthen, the general health system.

(5) State Family Planning Coordinators' meeting: This annual event will focus on two themes: (1) using the general policy guidelines that have emerged from the prior "summit" meeting, to proceed with the process of detailing improved program plans for the next year in their own states and LGAs; and (2) helping further to develop the basic capacities of the state family planning coordinators themselves, to fulfill both their general ("macro") policy and planning responsibilities and their internal ("micro") operational management responsibilities.

(6) State and LGA annual plans: At state and LGA levels, the planning processes should proceed, with supplementary technical assistance being provided as needed. The results each year should include revisions of strategies and operational plans, plus corresponding projections of special training and support needs, and defensible budget requests and interpretations as required for these.

(7) AID contract collaborator's annual plan: Review and renewal of AID contractors' projected plans each year should benefit from the above steps, and from other consultations and advice from FMOH. At this time, also, the FMOH and other external assistance agencies could review, project and coordinate possible further needs and sources of external assistance.

(8) Other special courses/seminars: For the above cycle of events, advance planning and routine procedures should minimize distraction from usual work and allow also for other special training and study activities as needed. The months in the third quarter of each year will be especially appropriate for arranging short courses on particular issues or other activities such as seminars for constituency groups, etc.

(9) Preparations for state-level reviews: Preparatory plans will be undertaken each year by December through a special committee for the purpose, but will involve cooperation of the states and of program component specialists in identifying issues or information currently deserving particular attention.

5. Policy Implementation Issues

5.1 Aims. Certain main issues of policy implementation now exist that especially relate to how certain important service networks could be better enlisted, and possibly greatly increase the rapidity of extending service activities and of public adoption of family planning. Links with such other systems could also help enhance policy support for population program activities; they should be viewed as contributing not only directly to family welfare but also to building the general infrastructures needed for future national development. The policy implementation project component will assist the Nigerian Government in addressing three of these issues.

The first relates to how public-sector family planning services can be more strongly developed in an integrated way with other primary health services, through the basic health organizational structures being built up at various levels.

The second issue is how to help Local Government Areas especially to strengthen their own policy, budget and institutional systems as needed to advance family planning and health at grass-roots level.

The third general issue relates not to linkage with an official system but with the informal network of traditional medical practitioners in Nigeria. This involves very large numbers of various types of practitioners throughout the country, who are respected and utilized by most of the population. How may they be enlisted more effectively to support family planning and certain other primary health care needs? Other general issues of policy implementation abviously also exist. Certain key issues of financial policy will be pursued, as described separately. Others, however, will for now have less priority.

5.2 Approaches. These kinds of issues may be complicated by the usual human factors of preexisting professional traditions, organizational boundaries, lines of staff and fiscal responsibility, difference in strategic perspective, etc. despite the presence of common, ultimate goals. Finding workable answers may be put off by abstract, ideological or academic approaches. However, much progress can be gained by concentrating help along lines that are pragmatic, feasible and found in repeated experience to be effective. These should seek to produce for policymakers real examples of successful new patterns that: (1) have provably effective results, (2) do not incur risks to the public or losses to other

program interests (i.e., are not "win-lose" but "win-win" solutions), and (3) can be feasibly disseminated through policy decisions to the credit of all.

To this end, steps may involve: (1) enlisting intensive advice from persons having depth of relevant field experience; (2) enlisting insights and guidance of persons who have other expertise and knowledge relating to the issue; (3) searching the range of program experience in the country for successful "natural experiments" providing useful guidelines and demonstrations; (4) arranging various small and informal field trials (not elaborate research) at sites where conditions are receptive to test alternative solutions to pieces of the problem, and informally moving on to fuller area demonstrations (this need not take a long time period, and even partial solutions can be quickly used); (5) seeking to assure, in the process, simple measures of improvement, satisfaction among concerned staff, and endorsement of local leaders; and (6) utilizing such experience in further processes leading to new policy and program directions and follow-up training and implementation steps.

5.3 Activities. Under the three priority areas to be approached, as noted above, specific activities during the life of the project will be briefly summarized below:

a. Linkages with primary health care system:

(1) With EPI: routine incorporation of family planning education and services

(2) With other MCH services; analyses of staff roles and structures and demonstrations of improved patterns, especially in the group of "model" LGA primary health care programs

(3) With basic PHC record system

(4) With PHC and EPI evaluation methods

b. Linkages with LGA developments

(1) Enlistment of a Local Government Institute (tentatively at Ife) and/or NISER to develop analyses, recommendations and training materials for health, family planning and local government staff on ways to accelerate population policy and health program developments in LGAs

(2) Conference on this subject with FMOH, state MOH, state MOCG and with concerned local officials

(3) Training programs following (1) and (2) for family planning coordinators and other special groups (coordinated with private sector, IEC and LGA officials); to be linked with strategic planning annual cycle.

c. Linkages with traditional health system

(1) Continue to develop and follow up pilot projects in Lagos and Sokoto.

(2) Collect and organize relevant experience elsewhere for additional guidance.

(3) Cautiously explore and assist with extension of such experience in other selected LGAs with state involvement and support.

(4) On basis of above, develop and implement also, in selected areas, related training programs involving health and family planning officials and staff along with traditional healers.

6. Evaluation and Feedback

6.1 Aims. The FHI Project, as a whole, will call for before-and-after assessments of effect, as discussed elsewhere. The Project must also contribute strongly to the processes of continuing improvement of policy and program implementation through helping develop efficient systems to collect, disseminate and ensure utilization of relevant data. Each program component has many needs for particular types of information at different places and times relating to planning and monitoring its own special functions; these are best managed directly within the component activities. However, other broad needs may be best met through use of more general mechanisms: These are of special concern to the policy component. These needs relate especially to (1) baseline measures that can help to update certain information relevant to program planning; (2) periodic assessment and feedback of information regarding fertility trends and family planning use, especially in areas where program effects should be most expected; and (3) capacities to respond as needed to special needs for clarifying policy or program problems or guiding implementation decisions.

6.2 Approaches. In the "baseline-"type measures, an ideal might be to survey a representative sample of the nation's whole population, but problems of cost and time suggest the compromise of studying only an area from each of the country's four major zones. A proposed supplemental approach would provide less detailed data annually from a national household sample survey. For the practical purposes of giving quick, concurrent feedback to guide policy implementation, the most practical system will apply a combination of methods derived from experience with "minisurveys," sentinel observation areas, simple techniques for ensuring accurate data, and use of sensitive analytic methods.

6.3 Activities

a. Baseline survey. Preliminary planning for this will be pursued during 1987. Full preparatory activities should start in project month number I, and the report would be ready in month number II. This would cover approximately 500 women in the urban and in the rural areas in each of four states. The information gathered will include retrospective fertility histories, use of modern contraception and traditional methods, source of supply for users, related knowledge and attitudes, contacts with health services and media, and buying habits.

b. "Sentinel system." Pilot activities for this will be undertaken during 1987 covering approximately 500 women each in urban areas (in capital LGAs) of four states. Initial experiences will confirm aspects of methodology such as how often revisits are needed for sensitive and meaningful assessments of changes, desirability of "rotating" observation areas, etc. During the first project year, using pilot experiences, the system should extend to groups of 1,000 women in each of 10 states and the second year to 20 states. Selected other areas can be included as feasible according to needs. Initial information produced from each area, within one month of initial survey, will include fertility indicators (especially open birth intervals and high-risk births) and family planning use and associated factors. Depending on resurvey frequencies (six months to one year) later quick feedback will indicate changes occurring in these plus data from special questions added for program purposes.

For the above activities, the National Population Bureau is especially qualified because of its demographic expertise, earlier experience with the Nigerian Fertility Survey, field offices and staff established in each state, and its responsibility for mapping and house listing the basic "enumeration areas" (EAs) nationwide. These areas offer great advantage as sample observation units for the above purposes.

c. Annual national household survey. This will add a small number of questions regarding details of recent fertility, KAP-type data, and selected other program-relevant items to the continuous national sample survey managed by the Federal Office of Statistics. This survey deals with many topics and covers 1,200 households throughout Nigeria each month through the year. It should provide national estimates of fertility and family planning patterns and, in due course, may be adapted to focus on certain areas according to need. Because of the complexities of managing such data under difficult conditions, the NPB is expected also to participate in design, oversight and analysis of the information. After "tooling-up" activities in year I, this will be in operation during years II-V.

d. Other special studies. Needs are expected to arise from time to time for special data to support processes of policy promotion and implementation (e.g., regarding family planning attitudes and acceptance among particular groups), to provide other special policy and program guidance, or to respond to new problems or issues. In addition to the above resources, regular contact will be maintained with specialists in relevant fields of Nigeria's research institute and universities to be called upon either as consultants or under subcontract arrangements to complete problem-focused study tasks. To maintain the desired contacts, such other researchers will be involved insofar as possible in various other policy component activities. Also, NCPA is expected to convene annual meetings between program officials and interested researchers to orient them and involve them with pressing current questions.

B. PREPROJECT ACTIVITIES

The life-of-project aims, assumptions and activities have been summarized above for each functional category in the policy component area. Below are summarized the expected preproject activities and first-year schedule of work.

1. Constituency Support

1.1 Islamic Population Policy: Meeting to be held with leaders and with Islamic women's groups (paired meetings in northern and southern regions) to produce proposals for set of follow-up activities during 1988 (supported by RAPID/Pathfinder with FMOH), September 1987.

1.2 Business Leaders' Conference: To be held for national business leaders to raise their own population awareness, to initiate plans for further action steps by business groups to support the national program, and also to help enlist selected leaders for continuing participation and support of NCPA (to be sponsored by NCPA with assistance from Options Project), November 1987.

1.3 Traditional Rulers: Planning will proceed to organize a systematic nationwide activity to enlist support of traditional rulers, to gain their participation in general promotional activities (e.g., films), and to encourage taking specific steps to support family planning in their own areas. Planning will include discussions with PPFN, NPB, JHU/PCS, and others concerned, closely involving representative rulers (to be led by NCPA with further assistance from Pathfinder and RAPID/Options Projects), June-September 1987.

2. Institutional Support

2.1 FMOH Support: Along with assistance to be provided through UNFPA in the process of developing the proposed new Office of Population Program Planning and Coordination, consultation assistance will also be available as appropriate through the RAPID/Options Projects, June-December 1987.

2.2 Consultative Group Support: Discussions with members of national-level interministerial consultative group, sponsored by other agencies and projects, will be developing guidelines for sectoral participation.

2.3 NCPA Development: Discussions and planning will be pursued with NCPA regarding steps toward broadening membership and toward specific project implementation capacities, June-December 1987.

3. Financial Support

3.1 ARMTI and NISER: Consult regarding needed steps to obtain data and to prepare deeper interpretation of benefits of governmental budget allocations for family planning (in consultation with RAPID/OPTIONS Projects), July-August 1987.

3.2 ARMTI: Discuss and proceed with plans for activities during 1988 aimed at better equipping administrators to build and manage health and family planning program financing (in consultation with CPC/Options and CCCD/JHU). August 1987.

3.3 Cost recovery: FMOH, CPC/Options, Johns Hopkins, SPH, and World Bank: Consult on current workplans and possible further strategies to proceed efficiently with work cost-recovery issues with the aim of producing specific

policy guidelines and operational applications (consultations to be linked with RAPID/Options Projects country visits), July-August 1987.

4. Strategic Planning

4.1 Preparatory Steps with State Family Planning Coordinators: During the 1987 Port Harcourt Family Planning Coordinators' Conference, review with participants the current state-level policy and planning status, analysis of current problems, and project plans for 1987. Also, discuss specifically the present status and next steps needed to identify field areas to demonstrate successful total community family planning programs.

4.2 Links with General Health Planning: Consult also with FMOH and selected states on general points of need and opportunity for priority attention in steps to link family planning into other health activities.

4.3 Information Systems: Consult with FMOH regarding strategy and plans for first steps toward strengthening the population/family planning program information system.

5. Policy Implementation Issues

5.1 PHC Integration: In conjunction with current FMOH efforts in training and technical assistance to 52 "model" LGA primary health care programs, assist in developing a special assessment of the interests and activities relating to the family planning program component in these areas as a basis for further trials of effective integrated systems, July-August 1987.

5.2 LGAs: Visit and consult with key institutes having expertise in studies, training and assistance in development of local government to assess their interests and capacities to build special program efforts directed at strengthening LGA health and family planning program efforts; initiate plans for project activity that would produce in 1988 specific guidelines and training activities for this purpose (above tasks to be done with FMOH advice under RAPID Project options), August 1987.

5.3 Traditional Medical Practitioners: Continue pilot studies in Lagos state and Sokoto (with RAPID and Pathfinder support) and seek relevant successful experience for further reference from other areas regarding possible patterns of more involvement with family planning/primary health care, May-December 1987.

6. Evaluation and Feedback

6.1 NPB: Contract (under RAPID/Options Projects) for development of "sentinel" minisurveys and observation system in four capital city LGAs, June 1987.

6.2 FOS: In consultation with NPB, pursue discussions with FOS on design and implementation plans for addition of selected fertility and family planning-related questions to national integrated household survey in 1988, August 1987.

6.3 EPI: With NPB, also pursue further conceptualization and planning of initial trials for obtaining additional data relevant to family planning program evaluation in connection with the EPI field evaluation round to be done in 1988, August 1987.

6.4 Baseline Survey: With NPB, also initiate discussions and plans regarding design and requirements for "baseline" survey activity expected in 1988, June-August 1987.

C. IMPLEMENTATION SCHEDULE

This is summarized graphically for the first 18 months (by quarterly periods) in Appendix 1.

IV. ADMINISTRATIVE REQUIREMENTS

A. EXPECTED SUPPORT NEEDS

1. Staffing

Policy component will employ one senior Nigerian full-time Program Officer resident in Lagos whose functions will include: (a) work on all project activities, (b) interaction with other program components, and (c) especially work with NCPA on development of their policy/planning support activities.

2. Logistical support

2.1 Secretarial support: one secretary with a primary assignment to the policy area, expected to be available full-time for some periods, less in others, averaging at least half-time.

2.2 Office facilities: space assigned in main project service unit for (a) program office most of time and for (b) one policy component project consulting staff member at least half of time, with two desks, chairs, one file cabinet, office equipment, including word processor capacities, and basic supplies.

2.3 Transport: direct availability in Lagos most of time, and help with travel service arrangements elsewhere in Nigeria.

2.4 Telephone, Telex, Duplicating and DHL service: continuous access at FHI Project unit.

(In addition to above, Program Officer will be expected to spend a portion of time working with NCPA office where services will be dependent on NCPA.)

B. PROCUREMENT NEEDS

1. For NCPA: (For Lagos office policy project support)

Items: Two typewriters
One personal computer (word processor), printer and computer software (word processing, graphics, data base, Lotus)
Two office sets, including file cabinet, desk, chairs
One photocopy machine with provision for four years' supplies

Cost: Estimated total = $40,000

2. For NPB: It is expected that evaluation activities at each of the state offices can initially proceed with present facilities. In due course, these will call for a portable microcomputer plus backup equipment (converter, etc.) and software (to be specified); costs would be estimated at $3,000 x 20 = $60,000. This need may be met from other assistance sources. If not, it may be considered at a subsequent stage of replanning for the present project.

C. TIMING OF REQUIREMENTS

1. Expected support needs (IV-A) to be ready beginning year I.

2. Procurement needs (IV-B) to be available by midyear I.

V. FINANCIAL PLAN

A. FINANCIAL SYSTEM

Funds under this contract will be made available by USAID to the University of North Carolina at Chapel Hill, Carolina Population Center (care of UNC Office of Contracts and Grants, 440 West Franklin Street, 454A, Chapel Hill, NC 27514). The expected mode will be a cost reimbursement contract including approved budget and cost elements, established indirect cost rates, and applicable conditions and reporting requirements. The Federal Reserve Bank Letter of Credit mode of financing will be utilized. Financial management and administration functions are the responsibility of the UNC-CH Office of Contracts and Grants, with additional support by the special administrative and accounting staff working within the CPC administrative structure. Management system components, structure and procedures are summarized in the UNC-CH Business Manual, which has been accepted in assessments by AID as evidence of its responsible administrative operations. This includes detailed descriptions of Contracts and Grants Policies and Procedures, describes the concerned administrative structure, and specifies the names and responsibilities of key UNC-CH personnel dealing with for contract management functions.

Documentation and records relating to project administration, budget, accounts, equipment, staff, etc. at UNC-CH are maintained on an IBM 3083J. Essential data are routinely available on monthly, quarterly and semiannual bases, and special reports can be generated as required. The records are maintained and retained in compliance with state laws which provide for audit requirements and appropriate confidentiality. Logistical supporting services of this major University system are available for support of project activities and include all such basic functions as security, purchasing, storage, maintenance, payroll, travel, accounting, equipment control and internal audit. These services are available through CPC in discharging its technical and administrative responsibilities in direct project execution, as well as for planning and supervising work of subcontractors.

Personnel management functions are administered in accordance with the laws and supplementary regulations of the State of North Carolina. The University's Faculty Handbook is the general policy guide for faculty members, and the Staff Personnel and Administration Guide (SPAG) also provides details of the structure and procedures for nonfaculty staff management.

B. METHODS OF FINANCING

Expenditures directly incurred by UNC for salary and consultant services, travel and other costs will be governed by established University standards and procedures. In case of subcontracts for amounts usually under $25,000 and for tasks subject to clear prior definition and scheduling, a fixed-cost subcontract system will normally be applied following the basic format and procedures approved by USAID and as utilized during the last several years by the UNC Carolina Population Center and The Futures Group in operation of the RAPID II Project. This requires from the subcontracting agency a detailed statement, including background, objectives, plan of work and budget justification, which is subject to processes of review, adjustment and concurrence. The approved contract then stipulates a set of precisely defined deliverables due according to a specific time schedule with corresponding amounts of payment to be made against the total approved cost. Payments are released on formal approval of each deliverable by check to the subcontractor's designated account. Experience with this type of arrangement indicates that it will be effective and efficient for supporting many of the functions to be performed under the FHI Project on the part of either a U.S.-based or Nigerian agency subcontractor. In the case of subcontracts for larger amounts and to cover a series of activities over longer time periods, cost-reimbursable contract procedures would be utilized of the form approved by AID and used in Nigeria by UNC during recent years for the INTRAH project activities.

C. HOST COUNTRY CONTRIBUTIONS

Host government contributions will be made to the policy and planning component of project activities in the form of time and effort commitments directly supporting development of project activities, participation in them, and other direct contributions of facilities, space, transport and supporting services.

1. Estimates for First Year. These are illustrated for certain categories of project activity, below:

1.1 Constituency Development Activities

Professional time contributed by top officials from federal and state ministries and from federally supported institutions (e.g., as from Ibadan University's Department of Islamic and Arabic Studies) to planning, preparatory arrangements and participation in seminars for particular constituent leaders' groups, based on experience up to now, will be at least two person-months per group. Estimated value of this plus related facilities and services for sequences of work with three types of groups will be $50,000.

1.2 Building Financial Support

The production of analyses, materials and training for the activities to strengthen financial support for family planning will involve substantial contributions of time from key officials, estimated value at least $50,000.

1.3 LGA Involvement

The level of efforts will be comparable to the inputs noted above (1.2) for financial support, in the first year, at about $50,000.

1.4 Building Policy and Strategic Planning: Annual Cycle of State Evaluations, National Conferences and Courses

Intensive planning for these activities during the first year will entail official participation with time and travel costs valued at over $50,000. In the subsequent four years, the contributions of time, transport and facilities for the teams doing 20 state-level evaluations and for the national "summit" conference and related activities will exceed $100,000 annually.

1.5 Evaluation System Development

This will require contributions of time for intensive consultation and support from key officials of National Population Bureau and related federal agencies and of officials at state levels, plus use of existing NPB space, office facilities and transport, equivalent to over $100,000 during the first year.

2. Estimated Total Contribution

Over a five-year project period, estimated levels of contribution to the above and other similar activities lead to a minimum projected total of contributions to this component of over $700,000.

D. BUDGET SUMMARY

The summary estimates of requirements for dollar and naira costs of this project component, by budget categories over five years within a $3 million

budget ceiling, calculated without inflation and also accounting for inflation, are presented in Appendix 2.

E. DETAILED BUDGETS

Detailed budgets are presented in Appendix 3, for the first year and with projections over five years, within the proposed initial budget ceiling for this component.

VI. COMPONENT MANAGEMENT

A. GENERAL APPROACH

1. Lagos Representative

This project component will be supported in Lagos by a senior Nigerian professional who must represent an unusual set of skills and insights: special knowledge of the population field, association with problems of policy development and interpretation in Nigeria, and experience with general problems and methods of planning (at state and national levels) in the development and health fields. An initial period of intensive orientation plus systematic attention to a continuing process of professional growth will aim to build both deeper competence in the various aspects of this role and also broader knowledge of other sources of expertise and capacities to draw upon these. Contact is now established with persons who could fill such requirements.

Functions of this position will include the following:

1.1 Maintenance of continuing contact with the progress and problems of population policy implementation in Nigeria, as these evolve, with a view to identifying needs and opportunities for special assistance from this project component. This will require continuing close relationships with concerned Nigerian government officials and key private-sector groups involved with these matters.

1.2 Maintenance of close communication also with the representatives of other major project components, to maximize points of collaboration and mutual reinforcement.

1.3 For policy component project activities now identified, participation in more detailed formulation of plans and specification of subcontract arrangements, assistance with development of project activities, monitoring and evaluation of performance, and follow-up.

1.4 For other future activities, continuing assessment of factors that may influence priorities, potentials, and modes of pursuing these; provision of related direct technical consultation and assistance as needed; and participation in the appropriate cycle of project development and implementation.

1.5 Responsibilities also for reporting functions, including (1) regular communications regarding general developments, special needs, and project monitoring to CPC and other concerned technical agencies; and (2) ensuring that administrative and financial reporting steps and requirements are met in a full and timely manner.

1.6 Provision of assistance especially to the development of NCPA in (1) its performance of specific policy and program support activities, (2) its processes of future planning to meet particular national needs, and (3) building its organizational and financial base and capacities for expanded future service.

1.7 Day-to-day representation of this project component in its planning, administration, technical assistance, subcontract implementation and coordinating functions.

1.8 The Lagos representative will benefit from immediate administrative services from the general logistical support unit and will also be able to benefit from the field relationships and capacities of the FHI Project's proposed four zonal offices. Specific technical support will be provided on a strong and continuing basis through the Project Director, other project staff, and specialized services made available from the CPC project office. Orientation to matters of contracting and fiscal administration will also be assured from the UNC office. Direct supervision of these arrangements, as provided from the UNC office, will be supplemented by additional fiscal management and monitoring services as needed through arrangements with a Lagos-based accounting firm.

2. CPC Management

The CPC-based Project Director will work directly with the Lagos representative in developing the roles and relationships outlined above and will especially help to mobilize and ensure the availability and orientation of technical support staff as needed to support the diverse project component activities. In this process, emphasis will be given both to assisting in immediate task performance and to building institutional capacities to continue such functions.

For these purposes, as appropriate, special services available through the CPC project office will also be utilized, including help with building related technical information systems, project documentation, computer skills, means for tapping additional international supporting services, etc. The CPC project office will help ensure close contact with relevant sources of expert consultation and supporting sources from other agencies.

The CPC will also provide continuing services of a financial management specialist who will supervise budget and contractual arrangements, working closely with the Lagos office and with subcontractors, and enlisting supplementary accounting services in Nigeria for special purposes as needed (with procedures as now applied to INTRAH project subcontract arrangements).

3. Technical Assistance, Project Subcontracts and Institutional Development

Project activities should tend, over time, to move through phases of progress in operational modes: from more emphasis on technical assistance activities and dependence on direct development of specific packages of work through subcontracts with Nigerian agencies, toward increasing the extent of indirect assistance through general support to the Nigerian institutional entities, which will expand their own capacities themselves to carry the functions of planning, developing and, as needed, themselves subcontracting for series of related program activities.

On these lines, a number of natural clusters, corresponding to bases of institutional leadership may be foreseen among the varied activities that will be needed for policy implementation support to the national population program. Assistance to these activities will be pursued in close collaboration with, or through, appropriate institutional frameworks as needed to achieve immediate effectiveness and also to help to build related longer-term capacities. These general clusters now may be viewed as follows:

3.1 Federal Ministry of Health

This will provide the organizational base for guiding such activities as: annual state program reviews, annual family planning program general meeting, development of general population program planning and information systems (linked with general health planning systems), identification and use of demonstration and testing areas.

3.2 NCPA

This should provide a unifying base for development of the following: activities to organize the support of leadership of key influence groups and to establish guidelines for enlisting such constituencies more widely; "policy monitoring" information services (including monitoring legal aspects); a newsletter to serve the national family planning program service constituency; activities to strengthen salient themes supportive of family planning (adolescent fertility problems, older age at marriage, linkage with achieving educational goals, etc.); and pilot activities aimed at demonstrating feasibility, methods and policies that can open wider avenues for family planning promotion (e.g., through traditional medical practitioners, etc.).

3.3 National Population Bureau

This should provide a base for leadership: developing "sentinel" systems for quick feedback of trends and effects, periodic surveys of general demographic/family planning patterns (directly and with other agencies like FOS), and other special problem-oriented studies.

3.4 Institutional Support Capacities for Health/Family Planning Policy and Administration Issues

So far, a particular institutional base with potential for general leadership in this area is yet to be identified. It will likely be called for, in some form, by the logic of current and future needs. Meanwhile, various

separate institutions will be utilized, as elsewhere noted. Activities related to this general area include: clarifying approaches to building the financial base for family planning programs, building methods to strengthen LGA support for family planning services, guiding cost-recovery policies, helping build links between public and private sectors, management and other training services, operations research, consultation assistance, advocacy functions.

B. COMPONENT LINKAGES

1. With Government of Nigeria

The Project Director and country representative will maintain very close contact with key officials in the Federal Ministry of Health, especially the Director of National Health Planning and the staff of the Office of Planning and Coordination of Population Programs. This will involve regularly scheduled meetings, review of plans and progress, prior clearance and collaborative arrangements for specific project activities, and special consultation on current needs and issues. Close contacts will also be maintained, as appropriate, with other units in the Federal Ministry of Health and in other ministries concerned with aspects of population policy and strategic planning, and with concerned state and local officials.

2. With other FHI Project Components

The policy component Project Director and country representative will maintain effective, continuing relationships with the AID Project Coordinator and the IEC, public and private-sector components on matters of project planning and execution. This will involve regularly scheduled meetings to review plans, progress and areas of collaboration; jointly pursuing field explorations, supervisory visits, and project implementation and evaluations. There will also be common use of basic logistic and supporting services.

In the U.S., a network of continuing communication and evaluation already existing among the collaborating agencies will be strengthened and regularized to facilitate sharing of information, long-term planning, and such immediate efficiencies as are achievable through coordination of staff travel and of project support services.

With respect to particular project activities in Nigeria, numerous points of specific collaboration are referred to in descriptions of workplans. For example, the policy component will particularly collaborate with IEC activities relating to development of approaches to enlist important constituency groups and to build of NGO capacities for policy and program support. The policy component will reinforce the public-sector efforts especially through helping to strengthen institutional support from official advisory groups and from NGOs, to build the base of financial support, to facilitate LGA commitments to family planning services, and to help introduce family planning into the planning and execution of other health service program systems. The policy component will facilitate the private-sector component efforts through concern with policies which, for example, may influence commodity pricing or access to public-sector

support (e.g., through training) for private family planning services. The policy component will also seek to serve all the other sectors through program monitoring, evaluation and problem-solving functions responsive to current needs and issues. Importantly, it will help pull all sectors together in pursuing annual reviews of progress in each state and in a meeting each year to highlight lessons learned and ways to achieve best results through coordinated component efforts that can provide guidelines for the states' annual replanning.

3. With other Assistance Agencies

The policy component includes, as a main concern, the optimization of support for national population program efforts from sources within Nigeria, and this requires keeping in view also the patterns of potential assistance from other external sources. All of the FHI Project components, along with their Nigerian agency counterparts, will be alert to needs for coordinating with other possible sources of assistance, to avoid overlap and seek cumulative effects. The policy component, in maintaining an overview of the framework and processes of population program development, will especially watch for such opportunities to coordinate efforts. It will be ready to help, as possible and appropriate, in considering ways whereby different sources of assistance, including the FHI Project, may reinforce each other to best advantage. Prior to the present project preparations, and in the course of FHI design-phase planning, close consultation and discussions on this subject have taken place with concerned Nigerian government officials, and especially with representatives of The World Bank, UNFPA and UNICEF. These general integrative consultations and planning activities are expected to continue and to increase.

Development of various specific FHI Project activities relating to policy and planning, will also receive continuing attention to potentials for useful interagency collaboration and involvement. For example, work on issues of program financial support will be coordinated with World Bank concerns with this subject. Potentials for extension of family planning into EPI activities will be pursued in close collaboration with UNICEF. Also, assistance by UNFPA to strengthening of the FMOH leadership staffing for family planning and to building capacities of the NPB, will be reinforced as possible by FHI Project efforts.

4. With USAID

The policy component activities will obviously be closely linked to the general USAID program leadership in Lagos, through regular consultations on plans and activities, special reviews of new project initiatives, and concurrent discussions on evolving experience and special issues. The policy component should be especially concerned with maintaining international assistance .pa activities in a low-key, supportive mode that emphasizes support for enhancing Nigerian capacities and leadership.

VII. MONITORING/EVALUATION PLAN

A. METHODS

1. Conceptual framework

The following represents the general basis for assessing this project component, as reflected within the "logical framework" for the total project.

General Objectives

1. National and state level family planning program policies, strategies, and action plan established.
2. Processes for expansion, coordination, and improvement of private and public sector activities established.
3. Positive support from major influential and constituency groups and NGOs for family planning expansion nationwide.

Magnitudes of Outputs

1. The following established at national level and in all 16 states:
   (a) family planning strategies for public and private sectors which include advisory bodies, strong leadership, [illegible]
   (b) Participation in annual cycle of collaborative evaluations; national conference to [illegible] experiences and [illegible] inputs; and re-planning for program improvements.
   (c) Capacities to observe changes in fertility and family planning and to identify and clarify special policy and program needs.
2. Strong constituency support established among leadership of at least five main national influence groups.
3. Two major national NGOs effectively supporting policy implementation.

Measurement Indicators

1. Implementing Organization Reports
2. Published Strategy/Action Plans
3. State Program Assessments
4. Reports of Consultation/Advisory Committees
5. Reports of NGOs and Institutional Support Activities
6. Reports on Pronouncements and Action Steps by Key Leaders
7. Reports on Seminars and Activities of Constituent Groups
8. Reports of Annual State Reviews, National Meetings, and Annual State Plans
9. Reports from Data Systems
10. Special Study Reports

Underlying Assumptions

1. Nigerian leaders are willing to support the development of family planning programs.
2. There is recognition of common concerns and needs for policy and program support by official agencies, NGOs, and key private groups.
3. Population policy values are consistent with various concerns of special interest groups.
4. Regular cooperative re-assessments of progress can raise general commitment and capacities for improvement.
5. Sensitive indicators of effects are obtainable and essential to guide policy and program implementation.

A. METHODS (continued)

2. Indicators by activity category

By category are noted types of (a) outcome, and (b) performance indicators.

2.1 Constituency support (for each constituency group)

a. Public endorsements and active group supportive actions taken
b. Numbers of workshops, training materials, participants (by type)

2.2 Institutional support (for each institutional category as previously noted)

a. Organizational staffing, stability, effectiveness indicators
b. Amounts of TA, training, other support inputs, by numbers and types

2.3 Financial support

a. Measures of improved budgetary support and fiscal management
b. Reports of related analyses, interpretative materials, TA, training, seminars (numbers and types)

2.4 Strategic planning processes

a. Establishment of planning tools and cycle and indicators of scope of involvement and impact
b. Reports on development of planning information system, inputs into components of cycle, and on content of and participation in processes

2.5 Policy implementation issues

a. Indicators of substantial progress in effective links to (services through and support from) networks of general health services, LGAs, and traditional healers
b. Reports on pilot studies/analyses, training materials, training activities (content and participation; numbers and types)

2.6 Evaluation and feedback

a. Establishment of proposed basic systems, producing flows of desired data of high policy/program relevance and quality, delivered and interpreted to concerned users in timely way
b. Indicators of inputs into, and of expected step-wise developments to achieve the above (through reports of training, system growth and adjustment, evaluations of performance)

3. Implementation steps

3.1 Activities to monitor program performance will include:

- an annual work plan will be developed each year detailing the activities to be undertaken with monthly timetable of expected accomplishments;

- quarterly activity reports will be required of all contractors and implementing agencies, and checked against the projected timetable of activities;

A. METHODS (continued)

- trip reports relating to all technical assistance activities will include assessments of accomplishment of objectives; and

- documentation of benchmark outputs of types summarized above will be obtained from related sources and special reports.

3.2 Activities to evaluate the outcomes/impact will include:

- collection and analysis of formal policy documents and related laws, edicts or regulations produced by official sources;

- collection and analysis of press reports on positions taken by leaders in the public sector and key private sector constituencies and on public reactions to family planning through letters, commentary, news articles, etc.

- documentation of followup actions taken by key constituent organizations, i.e., followup conferences, promotional activities and/or service provision to their membership or the general public;

- collection of public sector budget documents at the Federal, state and LGA levels to analyze annual levels of financial support for family planning activities;

- quantitative assessments of the relationships between program objectives as set out in annual planning documents at the state and Federal levels, and actual accomplishments; and

- population-based surveys in selected areas to measure trends in fertility, family planning practices, and related factors.

B. SCHEDULE

1. Initial monitoring/evaluation arrangements

The monitoring activities will be mainly organized as part of overall program management. The documentation of these monitoring activites will be available for any evaluation activity. Additional, special documentation for evaluation of the program outputs and impact will be subcontracted to selected institutions (the National Council for Population Activities for policy and legal documents and regulations, and press and organizational activities, and NPB and FDS for population-based surveys).

2. Reporting

Immediate use of important findings will be expected, plus a summary annual report.

3. Reviews and Revisions

With progress of the project, key issues for attention will shift and should be reflected in adjustments of the monitoring/evaluation system, in consultation with others concerned.

Outside evaluators will be brought in to help independently assess special aspects of project activity as needed at any point, and for a general review at the mid-project and end of project points.

APPENDICES

1. Implementation Schedule (First 18 months)

2. Budget Summary by Categories (Dollar and Naira Costs)

    2.1 With inflation
    2.2 Without inflation

3. Detailed Budget Estimates

    3.1 First year
    3.2 Five years (without inflation)

Initial Implementation Schedule

(Covering first 18-month project period)

Activities (Codes: I = Initiate R = Report W = Workshop/Seminars)	Quarters 1	2	3	4	5	6
0. GENERAL						
(a) Review plans with FMOH, USAID, collaborating groups, and other components of project.	x		x			x
(b) Confirm consultant needs and pre-scheduling.	x				x	
(c) Recruit Nigeria staff and establish roles and relationships (technical, organizational, financial)	x					
1. CONSTITUENCY SUPPORT						
(a) Arrange (continuing or new) activity plans and subcontract agreements (with FMOH/NCPA), to work with five types of groups.	xx	x				
(b) Organizational steps/workshops with groups:						
. Islamic (continuing)	...	....	.. w	.....	....	....w
. Business (continuing)	...	....	.. w	.....	....	....w
. Traditional Rulers		I	w	w w	w...	....w
. Christian church		I	w	w w	....	.....
. LGA Leaders		I		w	....	... w
2. INSTITUTIONAL SUPPORT						
(a) FMOH: TA in development of OPCPP (on request).						
(b) FMOH: Assist in further developing general Information/Planning System for Population Program.	x	x				
(c) NCPA subcontract for developmental work:	x					
. augment basic staff and office	I					
. establish policy monitoring service		I				
. newsletter planning and first trial		I				R
3. FINANCIAL SUPPORT						
(a) Subcontract for RAPID F.P. cost-benefit interpretation:	x					
. Developmental steps		I		R		
. Use with Health, Finance, Planning Groups				x	x x	x
(b) Subcontract with ARMTI on F.P. financial issues:	x					
. ARMTI consultations and report	I	R	R			
. ARMTI help with FP Coordinator meeting		x				x
. ARMTI curriculum and special courses				x		x
(c) Subcontract on F.P. cost-recovery issues:	x					
. Study development	xx					
. Field tests, analysis, report		I	R		R	
. Interpretations to policy leaders				x	x	x

Activities (Codes: I = Initiate R = Report W = Workshop/Seminars)	Quarters 1	2	3	4	5	6
4. STRATEGIC PLANNING PROCESSES						
(a) FMOH: Contract to help implement state program evaluations, and national "summit" meeting.			X			
(b) Implement state-level evaluations.			I		XR	
(c) Collate state evaluation results.					XR	
(d) National "SUMMIT" program organization.					WR	
(e) National Health Council: FP policy and program considerations.		WR				W
(f) FP Coordinator meeting: Policy aspects coverage.		W	R			W
5. POLICY IMPLEMENTATION ISSUES						
(a) Health and FP system linkages: EPI system trials/demonstrations/training (continuing, FMOH)	...	. R X	....	... X	....	.R X
(b) LGA system: Contract with L.G. Institute/NISER for analysis, recommendations, and training modules.	X I	W		R W		R W
(c) Traditional medical system: Utilize reports and workshops in extending pilot experience (Lagos, Sokoto) trials and demonstrations.	.. R	W..W	....	....	... R	W
6. EVALUATION AND FEEDBACK						
(a) Negotiate contract with NPB (continue/extend)	X				X	
(b) Extend sentinel system by NPB and report findings; review and further adjust.	....	....	R ..	.....	R...	.....
(c) Negotiate contract with FOS (review/extend)	X				X	
(d) FOS data collection, analysis, reports, adjust.	I .	....	R...	.....	R...	.....
(e) Extend trials of F.P. aspects of EPI evaluation	X	R			X	R

Appendix 2
Budget Summary by Categories
2.1 With Inflation

UDGET WORKINGS — POLICY COMPONENT — POLICY

(Inflated prices)	Year 1 N	Year 1 $	Year 1 Total $ Equiv.	Year 2 N	Year 2 $	Year 2 Total $ Equiv.	Year 3 N	Year 3 $	Year 3 Total $ Equiv.	Year 4 N	Year 4 $	Year 4 Total $ Equiv.	Year 5 N	Year 5 $	Year 5 Total $ Equiv.	Years 1-5 N	Years 1-5 $	Years 1-5 Total $ Equiv.
ERSONNEL	100,000	156,000	181,000	120,000	151,200	177,267	144,000	145,530	173,988	156,400	152,807	181,265	174,240	160,447	188,905	696,640	765,982	902,446
ONSULTANTS	0	15,080	15,080	0	15,834	15,834	0	16,626	16,626	0	17,457	17,457	0	18,330	18,330	0	83,327	83,327
RAVEL & PER DIEM	63,000	79,984	95,734	60,600	49,455	62,629	77,760	51,928	66,299	79,992	54,524	68,896	87,991	57,250	71,622	364,303	293,141	365,180
QUIPMENT & MATERIALS	0	23,750	23,750	0	0	0	0	0	0	0	0	0	0	0	0	0	23,750	23,750
UBCONTRACTS	980,000	0	245,000	1,338,000	0	290,870	1,281,500	0	253,281	1,188,000	0	213,439	1,237,104	0	202,055	6,024,704	0	1,204,644
THER DIRECT COSTS	0	14,000	14,000	0	5,250	5,250	0	5,513	5,513	0	5,788	5,788	0	6,078	6,078	0	36,628	36,628
FFICES / FACILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NDIRECT COSTS	0	107,704	107,704	0	65,311	65,311	0	65,269	65,269	0	68,533	68,533	0	71,959	71,959	0	378,777	378,777
T O T A L S	1,143,000	396,518	682,268	1,518,600	287,050	617,191	1,498,320	284,865	580,976	1,426,392	299,109	555,377	1,499,335	314,064	558,949	7,085,647	1,581,606	2,994,251
Annual Inflation rate	0%	0%		20%	5%		20%	5%		10%	5%		10%	5%				
Dollar : Naira rate			4.00			4.60			5.06			5.57			6.12			

Indirect costs % rate 25.00% - Applied to all costs, except Equipment, and only the first $25,000 of each subcontract

Appendix 2

Budget Summary by Categories

2.2 Without Inflation

BUDGET WORKINGS — POLICY COMPONENT — POLICY

(Current - 1987 - prices)	Year 1 N	Year 1 $	Year 1 Total $ Equiv.	Year 2 N	Year 2 $	Year 2 Total $ Equiv.	Year 3 N	Year 3 $	Year 3 Total $ Equiv.	Year 4 N	Year 4 $	Year 4 Total $ Equiv.	Year 5 N	Year 5 $	Year 5 Total $ Equiv.	Years 1-5 N	Years 1-5 $	Years 1-5 Total $ Equiv.
PERSONNEL	100,000	156,000	181,000	100,000	144,000	169,000	100,000	132,000	157,000	100,000	132,000	157,000	100,000	132,000	157,000	500,000	696,000	821,000
CONSULTANTS	0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	75,400	75,400
TRAVEL & PER DIEM	63,000	79,984	95,734	50,500	47,100	59,725	50,500	47,100	59,725	50,500	47,100	59,725	50,500	47,100	59,725	265,000	268,384	334,634
EQUIPMENT & MATERIALS	0	23,750	23,750		0	0		0	0		0	0		0	0	0	23,750	23,750
SUBCONTRACTS	960,000	0	245,000	1,115,000	0	278,750	890,000	0	222,500	750,000	0	187,500	710,000	0	177,500	4,445,000	0	1,111,250
OTHER DIRECT COSTS	0	14,000	14,000	0	5,000	5,000	0	5,000	5,000	0	5,000	5,000	0	5,000	5,000	0	34,000	34,000
OFFICES / FACILITIES																		
INDIRECT COSTS		107,704	107,704		62,201	62,201		59,201	59,201		59,201	59,201		59,201	59,201	0	347,509	347,509
T O T A L S	1,143,000	396,518	682,268	1,265,500	273,381	589,756	1,040,500	258,381	518,506	900,500	258,381	483,506	860,500	258,381	473,506	5,210,000	1,445,043	2,747,543

Dollar : Naira rate — 4.00 — 4.00 — 4.00 — 4.00 — 4.00

Indirect costs % rate 25.00% - Applied to all costs, except Equipment, and only the first $25,000 of each subcontract

Best Available Document

********** YEAR 1 BUDGET **********

LABOR WORKING DETAILED — POLICY DEVELOPMENT — POLDEV

(Current - 1987 - prices)		<-------- Year 1		--------> Total $ Equiv.
		N	$	
PERSONNEL				
US-based Salaries				
- Project Director			50,000	
- Admin. Assistant			20,000	
- Secretary			10,000	
- Finance specialist			20,000	
- Program specialists			30,000	
US Fringe benefits	20.00%		26,000	
Nigeria-based Salaries				
- Country Representative		100,000	0	
Subtotal		100,000	156,000	181,000
CONSULTANTS				
- DB data @	$260		15,080	
Subtotal		0	15,080	15,080
TRAVEL & PER DIEM				
International travel				
- US/Lagos trips : 14 in yr 1; 7 in yrs 2-5				
= Trips @	$2,500		35,000	
US local travel	$5,000		5,000	
Local travel - Air trips 100 in yr 1; 50 in yrs 2-5				
= Trips @ N	250	25,000		
Local travel - Road		18,000		
Per diem				
US-based staff				
- 40% days in yr 1, reducing in later years @	$98		39,984	
Lagos-based staff				
- 100 days @ N	200	20,000		
Subtotal		63,000	79,984	95,734
EQUIPMENT & MATERIALS				
- Computer etc			23,750	
Subtotal		0	23,750	23,750

********** YEAR 1 BUDGET **********

SUBCONTRACTS			
1. [illegible]	140,000		
2. NGFA/Constituencies	200,000		
3. ARMTI/Fin.Devt.	80,000		
4. Local Govt. Instit.	80,000		
5. NPB/Consort.Eval.	480,000		
Subtotal	980,000	0	245,000
OTHER DIRECT COSTS			
Direct costs		14,000	
Subtotal	0	14,000	14,000
INDIRECT COSTS		107,704	107,704
T O T A L S	1,143,000	396,518	682,268

JDGET WORKINGS POLICY COMPONENT POLDTL
DETAILED)

(Current - 1987 - prices)		Year 1 N	Year 1 $	Year 1 Total $ Equiv.	Year 2 N	Year 2 $	Year 2 Total $ Equiv.	Year 3 N	Year 3 $	Year 3 Total $ Equiv.	Year 4 N	Year 4 $	Year 4 Total $ Equiv.	Year 5 N	Year 5 $	Year 5 Total $ Equiv.	Years 1-5 N	Years 1-5 $	Years 1-5 Total $ Equiv.
RSONNEL																			
S-based Salaries																			
- Project Director			50,000			40,000			30,000			30,000			30,000		0	180,000	
- Admin. Assistant			20,000			20,000			20,000			20,000			20,000		0	100,000	
- Secretary			10,000			10,000			10,000			10,000			10,000		0	50,000	
- Finance specialist			20,000			20,000			20,000			20,000			20,000		0	100,000	
- Program specialists			30,000			30,000			30,000			30,000			30,000		0	150,000	
S Fringe benefits	20.00%		26,000			24,000			22,000			22,000			22,000		0	116,000	
igeria-based Salaries																			
- Country Representative		100,000	0		100,000	0		100,000	0		100,000	0		100,000	0		500,000	0	
Subtotal		100,000	156,000	181,000	100,000	144,000	169,000	100,000	132,000	157,000	100,000	132,000	157,000	100,000	132,000	157,000	500,000	696,000	821,000
NSULTANTS																			
- 58 days @	$260		15,080			15,080			15,080			15,080			15,080				
Subtotal		0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	15,080	15,080	0	75,400	75,400
AVEL & PER DIEM																			
nternational travel																			
- US/Lagos trips :																			
14 in yr 1; 9 in yrs 2-5																			
= Trips @	$2,500		35,000			22,500			22,500			22,500			22,500			125,000	
S local travel	$5,000		5,000			5,000			5,000			5,000			5,000			25,000	
ocal travel - Air trips																			
100 in yr 1; 50 in yrs 2-5																			
= Trips @ N	250	25,000			12,500			12,500			12,500			12,500			75,000		
ocal travel - Road		18,000			18,000			18,000			18,000			18,000			90,000		
er diem																			
US-based staff																			
- 408 days in yr 1, reducing																			
in later years @	$98		39,984			19,600			19,600			19,600			19,600			118,384	
Lagos-based staff																			
- 100 days @ N	200	20,000			20,000			20,000			20,000			20,000			100,000		
Subtotal		63,000	79,984	95,734	50,500	47,100	59,725	50,500	47,100	59,725	50,500	47,100	59,725	50,500	47,100	59,725	265,000	268,384	334,634
UIPMENT & MATERIALS																			
- Computer etc			23,750														0	23,750	

Appendix 3
Detailed Budget Estimates
3.2 Five Years (without inflation)

UBCONTRACTS																			
1. FMOH/Strat.planning	140,000			240,000			140,000			140,000			140,000			800,000			
2. NCFA/Constituencies	200,000			175,000			150,000			50,000			50,000			625,000			
3. ARMTI/Fin.Devt.	80,000			100,000			40,000			20,000			0			240,000			
4. Local Govt. Instit.	80,000			100,000			60,000			40,000			20,000			300,000			
5. NFB/Consort.Eval.	480,000			500,000			500,000			500,000			500,000			2,480,000			
Subtotal	980,000	0	245,000	1,115,000	0	278,750	890,000	0	222,500	750,000	0	187,500	710,000	0	177,500	4,445,000	0	1,111,250	
THER DIRECT COSTS																			
Direct costs		14,000			5,000			5,000			5,000			5,000			34,000		
Subtotal	0	14,000	14,000	0	5,000	5,000	0	5,000	5,000	0	5,000	5,000	0	5,000	5,000	0	34,000	34,000	
NDIRECT COSTS		107,704	107,704		62,201	62,201		59,201	59,201		59,201	59,201		59,201	59,201	0	347,509	347,509	
T O T A L S	1,143,000	396,518	682,268	1,265,500	273,381	589,756	1,040,500	258,381	518,506	900,500	258,381	483,506	860,500	258,381	423,506	5,210,000	1,445,043	2,742,543	

Dollar : Naira rate 4.00 4.00 4.00 4.00 4.00

Indirect costs % rate 25.00% - Applied to all costs, except Equipment, and only the first $25,000 of each subcontract