

PPH-570 8/24/92

PLANNING VISIT TO NIGERIA

NOVEMBER 19 - 25, 1992

Michael Hall
Richard Sturgis

FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

The purpose of the November 19 - 25, 1992 visit to Nigeria by FPMD was to clarify and finalize a three year, integrated package of assistance to the Planned Parenthood Federation of Nigeria (PPFN), which had been under discussion for several months.

FPMD had sent an initial team to Nigeria in September 1992 to develop a comprehensive management development plan for PPFN that would elaborate the details of the three year assistance package provided by AAO/Lagos. In addition to interviews and observations with both headquarters and field staff, the team relied heavily on the findings of an independent assessment of PPFN done by Family Health International in April 1992. The September visit of FPMD confirmed a number of the findings of the FHI assessment in program and management areas and went on to recommend that any assistance provided to PPFN should begin with a thorough strategic planning process. In subsequent discussions with AAO/Lagos, however, it was felt that in view of the delays to planned interventions, implementation of proposed activities should begin immediately, without the strategic planning exercise.

During the November visit, the team developed an integrated package of assistance that was acceptable to all parties involved (see attached management development plan). It emphasizes the improvement and expansion of PPFN's service delivery capability and integrates that effort with both communications/marketing and management development assistance. The team identified an important role for Pathfinder in the service delivery assistance to be provided and developed a scope of work for their initial piece of work, namely, a thorough assessment of the 40 clinics operated by PPFN. The team also solidified overall project management and accelerated its implementation by identifying experienced staff to provide in-country oversight beginning in January 1993.

II. BACKGROUND

The scope of work for the November 19 - 25, 1992 visit to Nigeria by FPMD staff persons Michael Hall and Richard Sturgis was to clarify and finalize a three year, integrated package of assistance to the Planned Parenthood Federation of Nigeria (PPFN). AAO/Lagos had designated FPMD to be the lead Cooperating Agency to manage the three year project designed to strengthen the service delivery capability of PPFN. Mr. Sturgis had had extensive experience in Nigeria initiating the large Family Health Services Project (FHS) and Mr. Hall had been assigned by FPMD to manage the PPFN project.

Following the designation of FPMD as overall PPFN project manager in January 1992, AAO/Lagos requested Family Health International (FHI) to do an independent, comprehensive assessment of PPFN in April 1992. That assessment, finalized in June, identified a number of service delivery and management issues that would need to be addressed in order for PPFN to substantially increase its service delivery capability. As a result of that assessment, FPMD sent a team to Nigeria in September to develop a three year assistance plan to respond to the issues identified in the FHI assessment. That team,

composed of FPMD staff and representatives of the Association for Voluntary Surgical Contraception, the International Planned Parenthood Federation, Pathfinder and Saffitz, Albert and Associates, identified the following organizational challenges facing PPFN:

- Strengthening the strategy that links demand creation to demand satisfaction.
- Establishing and implementing standards of care in service delivery.
- Developing the capability to assume additional projects, programs and activities.
- Assimilating differing organizational visions.
- Meeting needs for upgrading clinics.
- Working with limited human resource capacity.
- Managing resources in the face of increasing inputs and expanded program growth.

In broader terms, the team felt, and the FHI assessment amply documented, that PPFN was already moving in many directions at the same time with its current programs, and therefore staff were stretched rather thin with limited program personnel and overloaded management systems. Interviews with field and management staff also indicated some confusion and disagreement as to what was or should be the prioritized future direction of PPFN. The team therefore concluded that the first step in a major new initiative with PPFN should be a strategic planning process that developed a limited and prioritized set of strategies that more accurately reflected its organizational capabilities. Such a process, done in a participatory fashion, would also develop a consensus as to the future direction of the organization that heretofore had not existed among Board and staff. It was felt that the strategic planning process should determine the prioritization and timing of various elements in the A.I.D. assistance package to PPFN while its existing management structure and systems were strengthened.

In subsequent discussions with AAO/Lagos, however, it was felt that in view of the delays to planned interventions, implementation of proposed activities should begin immediately without the strategic planning exercise. There were also discussions as to whether Pathfinder, given its extensive experience in Nigeria, should be given a major role in the service delivery inputs provided to PPFN.

III. SCOPE OF WORK

Overall Goal

To clarify and finalize a three year A.I.D.-funded development plan for the Planned Parenthood Federation of Nigeria that reflects FPMD's primary responsibility to coordinate

and integrate all service delivery, communications/marketing and management development assistance provided to PPFN during that period.

Objectives

1. To work with AAO/Lagos to identify a comprehensive and integrated development plan for PPFN.
2. To ensure agreement and compatibility between the AAO/Lagos strategy and the long term goals of PPFN.
3. To clarify issues of coordination and integration among the proposed service delivery, communications/marketing and management inputs and those providing them.
4. To develop a preliminary plan and budget that reflects an integrated, coordinated and sequenced package of AAO/Lagos assistance to PPFN over a three year period.

IV. ACTIVITIES

Nov. 19

The team met with AAO/Lagos staff (including the AAO and FHS) to discuss issues arising from the September visit and to finalize the schedule of visits and activities for the coming week. There was a thorough review of A.I.D.'s strategy with PPFN and their desire to ensure that the project focused on developing the service delivery capability of PPFN.

Nov. 20

The team visited PPFN and discussed in detail concerns and recommendations from the September trip. The Executive Director elaborated his vision for the future of PPFN and how the A.I.D. project should be structured to be compatible with that vision. Discussions also included the role of Pathfinder in service delivery interventions and the structuring of overall project management.

A meeting was held with PCS, responsible for the communications/marketing piece of the project to ascertain their reaction to the September trip recommendations.

Africare was also visited to explore their capability to both assess PPFN clinics and to be the purchasing agent for needed equipment and supplies identified through the assessment process.

Nov. 21-22

The weekend was spent developing a draft revised management development plan for PPFN.

Nov. 23

The team met with Pathfinder/Nigeria to discuss their capability and willingness to provide the service delivery assistance called for in the management development plan.

Several discussions were held with A.I.D. staff to elicit their response to the draft revised management development plan.

Nov. 24

A formal debriefing was held jointly with A.I.D. and PPFN. The draft revised management development plan was reviewed in detail. The discussion also included a review of the expanded role that Pathfinder and Africare would play in the service delivery portion of the project, overall project management and the prioritization and sequencing of project activities.

V. CONCLUSIONS

The one week visit to Nigeria produced a number of important results:

1. A draft plan was developed (see Annex 2) that integrates the service delivery, communications/marketing and management assistance to be provided to PPFN over a three year period. This revised plan clearly positions improvement and expansion of PPFN's service delivery capability as the highest priority, responding to the priorities of both PPFN and AAO/Lagos.
2. The role of Pathfinder in the service delivery activities of the project was developed and defined. A tentative scope of work was drafted for Pathfinder to initiate the first important activity of the project, namely, a thorough assessment of the 40 clinics presently operated by PPFN.
3. In terms of immediate in-country project management, it was suggested that Mr. Sturgis return to Nigeria for the first two months of 1993. In addition to responding to both PPFN's and AAO/Lagos' desire to get the project moving as quickly as possible, his presence would ensure daily oversight for the important initial clinic assessment process.
4. It was suggested that a workplanning meeting be held in February 1993 that would produce a more detailed first year plan that sequenced and integrated the service delivery, communications/marketing and management development inputs proposed for PPFN.

ANNEX 1
CONTACTS

1. Planned Parenthood Federation of Nigeria

Dr. A.B. Sulaiman, Executive Director
Mr. G.C. Ezeogu, Acting Program Director
Mr. M.A. Bakori, Administrative Manager
Mr. John Harris, Technical Advisor, IEC

2. AAO/Lagos

Mr. Eugene Chiavaroli, Director
Mr. Rudy Thomas, Program Officer
Ms. Susan Ross, Michigan Fellow

3. Family Health Services Project

Mr. John McWilliam, FHS Administrator
Ms. Susan Krenn, Director, Johns Hopkins University population Communication Services Project

4. Pathfinder

Mr. Michael Egboh, FHS Public Sector
Mr. Bola Kusemiju, FHS IEC Division

5. Africare

Dr. J. Howard Teel, Country Representative
Mr Fatai 'Sheni Ojikutu, Senior Program Officer

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ANNEX 2

**Strengthening PPFN to
Expand Safe, Acceptable, and Quality Services**

FPMD/PPFN Partnership

Strengthening PPFN to Expand Safe, Acceptable, and Quality Services

The Planned Parenthood Federation of Nigeria (PPFN) is positioned to significantly increase its provision of safe, acceptable, and quality family planning services. PPFN has a national network of volunteers, staff, and clinic-based service delivery sites. In addition, PPFN has national name recognition and the possibility of launching a major effort at marketing and demand creation.

I. Background

The Planned Parenthood Federation of Nigeria (PPFN) has played a leadership role in providing family planning advocacy, services, and commodities since 1964. It has a national network of state organizations and a broad resource base comprised of core-paid staff augmented by a large cadre of volunteers who serve in many capacities throughout the organization.

In the years since 1989, PPFN has been working within a political climate increasingly hospitable to the aims of family planning. In 1989 Nigeria announced a National Policy on Population with explicit and ambitious goals for reducing Nigeria's overall fertility rate and population growth. Given PPFN's experience, network, and the current political climate, it is in a position to expand its provision of safe, acceptable, and quality family planning services and to play an even more dynamic leadership role to other NGOs.

The Lagos U.S.A.I.D. Affairs Office (AAO) has stated its commitment to continue to assist Nigerians to meet "...their policy objectives in lowering high fertility, improving reproductive health, and reducing infant/child and maternal death and morbidities" (Country Program Strategic Plan for 1993-2000). Recognizing the importance of PPFN's contributions and potential for playing an expanded role in service delivery of family planning, the AAO decided to provide U.S.A.I.D. funding to strengthen PPFN's capacity and capabilities.

There have been three major steps in the proposed assistance to strengthen PPFN.

1. IEC/PCS assisted PPFN to develop a program for positioning itself even more strongly as a provider of safe, acceptable, and quality services and to strengthen PPFN's ability to develop and produce IEC materials.

2. The AAO also requested Family Health International (FHI) to conduct an institutional assessment with PPFN.
3. Shortly thereafter, the AAO requested that the Family Planning Management Development (FPMD) project of Management Sciences for Health:
 - Review the assessment with PPFN and U.S.A.I.D.
 - Conduct a brief independent assessment of organizational/management issues at PPFN.
 - Develop a proposal that integrates and sequences the timing of technical assistance efforts of IEC/PCS and FPMD (and relevant subcontractors: i.e., Pathfinder International and Africare) to **assist PPFN in overcoming identified barriers to its expansion of safe, acceptable and quality family planning services.**

II. Project Proposal

A. The Problem

There are three major identified barriers inhibiting PPFN's expansion of services even though it is partially positioned to make the much needed expansion.

Major Barriers

1. **The need to improve the uneven quality of clinical services.**
 - Lack of complete clinic equipment and uneven quality in physical facilities.
 - Uneven medical service delivery standards and the absence of standard protocols.
 - Lack of uniformly and comprehensively trained clinic staff.
 - Lack of adequate systems to monitor and supervise clinic staff and quality of services.
2. **The need to strongly position PPFN as a known provider of safe, acceptable, and quality services and to strengthen PPFN's long-term capabilities in IEC.**

- Lack of comprehensive, targeted campaign to market and create increased demand for PPFN's clinic-based services.
 - Lack of in-house capacity to develop and produce IEC materials on a major scale.
3. **The need to strengthen the overall organization and management capabilities of PPFN.**
- Absence of a clearly understood, shared vision of PPFN's mission and major strategies for achieving the mission by all national, state and international officers.
 - Need to update the personnel system: organization staffing needs, salary structure, and staff development needs.
 - Need to update finance system: PPBR budget flexibility to permit easier use and accounting of diversified donors, cost recovery strategies and mechanisms, and commodity supply mechanisms.
 - Need to update MIS system: automate where practical, integrate subsystems where practical, improve commodity forecasting capabilities.

B. The Goal and Objectives

Overall Goal

The overall goal is to improve and expand the role of PPFN as a provider of safe, acceptable, and quality family planning services.

Objectives

The following objectives include those to be achieved by FPMD and its subcontractors and by IEC/PCS (see IEC/PCS proposal for more detail).

1. Upgrade existing clinic physical facilities and equipment.
2. Develop and institutionalize comprehensive medical standards and protocols.

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3. Develop and standardize the technical and counseling skills of clinic staff.
4. Develop and implement systems of medical management, quality assurance, and service site supervision.
5. Develop and implement a comprehensive IEC initiative that will:
 - Increase PPFN's clientele and enhance its image as a provider of quality services at an affordable price.
 - Increase PPFN's marketing and demand creation capability in six emphasis states.
 - Establish a training program to prepare PPFN staff, other NGOs, and the government sector to develop and implement marketing and demand creation campaigns.
 - Expand the capacity of PPFN to become a major resource to catalogue, house, reproduce, and distribute IEC materials.
6. Develop and strengthen the institutional infrastructure and management systems to include:
 - Participating in strategic planning.
 - Strengthening the personnel and supervisory systems and procedures.
 - Strengthening the financial system, including cost recovery and commodity procurement assessments and recommendations.
 - Developing the overall MIS system.

C. FPMD Strategy

The FPMD overall strategy is to ensure that the assistance to PPFN, discussed in this document, is integrated and properly sequenced to produce maximum impact on the expansion of safe, acceptable, and quality family planning services. This requires integrated, collaborative planning and execution of activities between PPFN, FPMD, its possible subcontractors - Pathfinder International and Africare - and IEC/PCS. The development of effective implementation of assistance to strengthen PPFN will also have to be coordinated with the FHS Project and, where relevant, with the MOH.

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The following tables present the specific strategies, as activities, that will be employed in order to achieve the stated objectives. Only the first two of three years are shown in the tables.

Year 1 into Year 2

Activities	Year One				Year Two			
	1	2	3	4	1	2	3	4
Integration Workplanning Meeting Integration of FPMD, IEC/PCS, Pathfinder, Africare inputs with PPFN workplanning process	X				X			
Service Delivery Equipment and Physical Facilities Survey Facilities, Equipment, and Training Needs	X		X	X	X			
Assessment of clinic viability <ul style="list-style-type: none"> ▶ Develop clinic viability rating 	X							
<ul style="list-style-type: none"> ▶ Develop overall survey instruments 	X							

▶ Test survey instruments	X							
▶ Analyze results and refine instruments	X	X	X					
▶ Prepare physical facility and equipment development plan for clinics visited. Catalogue training needs	X	X	X					
▶ Arrange for physical facility upgrade and equipment purchase		X	X	X				
▶ Make phased remaining 3 trips to clinics			X	X	X			
▶ Repeat: arrange for upgrades and equipment after each trip					X	X	X	

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<p>Protocol Development and Training</p> <ul style="list-style-type: none"> ▶ Refine and complete medical standards ▶ Review by technology committee ▶ Finalize standards ▶ Assemble training assessment materials ▶ Adapt/develop training modules ▶ Deliver 4 workshops (by zone) phased to coincide with phased upgrading of clinics 	<p>X</p>							
	<p>X</p>							
	<p>X</p>	<p>X</p>						
		<p>X</p>						
		<p>X</p>						
		<p>X</p>	<p>X</p>	<p>X</p>				
<p>Medical management/quality assurance/clinic management</p> <ul style="list-style-type: none"> ▶ Develop (adapt) process, criteria and systems for medical management and supervising for quality assurance 		<p>X</p>						

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<ul style="list-style-type: none"> ▶ Test and refine ▶ Train HQ staff and state managers and medical supervisors in its use (2 workshops) ▶ TA visits from HQ to staff to assist/trouble-shoot implementation ▶ Develop clinic management training module 		X						
			X	X				
				X	X	X	X	X
		X						
<ul style="list-style-type: none"> ▶ Deliver clinic management training (4 workshops) ▶ TA visits from HQ to selected clinics to assist/trouble-shoot implementation 			X	X	X	X		
				X	X	X	X	X
Strategic Positioning								
Positioning Process								
▶ Review recent research	X							
▶ Formative qualitative research	X	X						
▶ Outline strategy		X						
▶ Hire advertising agency			X					
▶ Develop & produce media materials			X	X	X			

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▶ Begin airing media campaign						X		
▶ Training and orientation sessions	X	X						
▶ Staff recognition awards				X				
▶ Monitoring and evaluation						X	X	X
Six State Emphasis Program								
▶ Select 6 states	X							
▶ Form PDTs		X						
▶ Assess state IEC needs		X	X					
▶ State project proposal draft			X					
▶ Approve project				X				
▶ Implement and monitor				X	X	X	X	X
Establish IEC Training Center								
▶ Set curriculum for core courses		X	X					
▶ Identify and prepare trainers	X	X	X					
▶ Develop and produce training materials		X	X	X	X	X		
▶ Promote training center and courses					X	X	X	X

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▶ Offer courses						X		X
Media Materials Center								
▶ Identify coordinator	X							
▶ Acquire equipment and facilities	X	X	X					
▶ Establish procedures	X							
▶ Announce and promote center			X	X	X			
▶ Start operation				X	X	X	X	X
Organizational Development								
Strategic Planning (degree of participation will depend upon PPFN's interest)								
▶ External environmental analysis	X							
▶ Organizational retreat to review analysis/develop mission		X						
▶ Develop decentralized concept paper		X						
▶ Develop and refine strategies			X					
▶ Organizational retreat to review and finalize strategies			X					
▶ Develop implementation plan				X				

<p>Operational Planning</p> <ul style="list-style-type: none"> ▶ Inventory ongoing IPPF activities along with other donor project activities ▶ Develop format for integrated operational planning ▶ Hold (4) functional (SD, Promotion, etc.) workshops to do integrated operational planning and identify performance indicators 		X						
			X					
				X				X
<p>Personnel System</p> <p>Organogram, job analysis and descriptions</p> <ul style="list-style-type: none"> ▶ Task analysis ▶ revised organogram prepared/submitted for approval ▶ Development/revision of job descriptions 		X						X
		X						
			X					
			X	X				

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Salary System ▶ Wage comparability analysis ▶ Revise salary system and submit for approval								
			X					
			X	X				
Staff Development Plan ▶ Develop staff assessment tool by function ▶ Conduct assessment ▶ Analyze results/develop plan ▶ Begin implementation								
		X						
		X						
			X					
				X	X	X	X	X
Finance Systems Activities here include developing mechanisms for adapting flexibility into the PPBR system to permit PPFN to more easily manage diversified funding		X	X				X	X

<p>Set up system to process in-country project funds</p> <ul style="list-style-type: none"> ▶ Analyze requirements ▶ Develop/implement and test system ▶ Train HQ staff 								
	X							
	X	X						
<p>Conduct analysis of cost recovery options</p> <ul style="list-style-type: none"> ▶ Define different options for cost recovery ▶ Analyze implications of various options available to PPFN (include in the analysis the implications of alternative commodity procurement options) ▶ Develop/implement a cost recovery accounting system based on above findings 				X				
			X	X				
					X			

<ul style="list-style-type: none"> ▶ Train HQ staff 						X	X		
<p>MIS System</p> <ul style="list-style-type: none"> ▶ Analyze possibilities for practical integration of different systems ▶ Analyze possibilities for practical upgrades in automation of information management ▶ Provide assistance to PPFN in developing its commodity forecasting system ▶ Develop integration and information processing capabilities ▶ Train HG staff ▶ Where applicable, train state staff 		X	X						
				X	X				
			X	X					
					X	X			
								X	
						X	X		X

D. Evaluation

The FPMD project has a built-in evaluation Unit as part of the project. The unit has the responsibility of assessing the organization and program impact of FPMD interventions. As the coordination agency for the efforts at strengthening PPFN, FPMD will take responsibility not only for developing indicators for FPMD, but in collaborating with Pathfinder, Africare and IEC/PCS in their evaluation efforts. Whenever data gathering exercises might be able to serve the needs of more than one agency, every effort will be made to do it jointly.

The workplanning meeting in January to coordinate and sequence activities will include not only the development of indicators for assessing the impact of FPMD interventions, but the coordination and sequencing of all evaluation activities.

E. Summary Budget

In-country Budget Summary

I.	Program Management	\$55,350
II.	Service Delivery	
A.	Survey of clinic facilities, equipment and training needs	62,000
B.	Medical standards development and training	94,000
C.	Medical management/quality assurance and clinic management systems development and training	61,000
		<hr/>
	Sub-total	\$217,000
III.	Clinic facilities, equipment and vehicle upgrade	\$350,000

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FPMD/PPFN Partnership

IV.	Management infrastructure development and training	
A.	Strategic and operational planning	\$118,000
B.	Personnel and human resources	53,000
C.	Finances	16,000
D.	MIS-Financial, programmatic, and logistics	45,000
	Sub-total	<u>\$232,000</u>
	Total	<u>\$854,350</u>

Uncertainties at this time:

Pathfinder sub-contract
Africare sub-contract
Headquarter's building purchase