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**LESSONS LEARNED FROM FHS TRANSITIONAL  
PERIOD**

**PRESENTATIONS BY THE FHS DIVISIONS**

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## INFORMATION, EDUCATION AND COMMUNICATION DIVISION LESSONS LEARNED

### LESSONS LEARNED FROM IEC INITIATIVES:General

Success (and failures) in the relatively young field of health communication and in the Nigeria FHS 1 project and in JHU/PCS projects in other parts of Africa, we have learned important lessons which could be applied to FHS 2.

1. **Communication activities must be backed up by supplies and services.** People must have the opportunity to perform the new behaviour and the environment must be able to support the new skills.
2. **A multimedia approach**, where the audience receives reinforcing messages from multiple sources, is most effective for changing behaviour.
3. Each level of communication, such as outreach and interpersonal communication, can and does have an important effect on knowledge and behaviour. **Mass media, however, is more cost-effective in producing behaviour change.**
4. **Education and communication activities do more than create awareness and demand.** They help change community norms, legitimize previously taboo topics, initiate communication between spouses and other community members and teach and reinforce new skills.
5. **Following a systematic communication process works best.** health communication campaigns that follow the process of careful audience analysis, project design, materials development and pretesting, implementation, monitoring and evaluation are likely to be successful.
6. **Health messages should be as specific as possible.** Messages that are clear and have a direct "call to action" and tell people what to do work best.
7. **Training providers in interpersonal counselling leads to greater client satisfaction and better compliance.** Provider training however must be ongoing to refresh and upgrade skills.
8. **Using entertainment to spread social messages can reach many more people, touch their emotions and influence their attitudes and behaviour.**

9. **Communication support must be maintained to sustain the desired behaviour.** Evidence from social marketing, child survival activities and FP projects all show sharp drops in sales and acceptance when communication activities are cut back or reduced. An important factor in the success of the logo campaign has been the financial backing which has made it possible to produce quality materials and distribute them widely. With a young program like the FP program in Nigeria, a continuing high level of support is critical.

## **NIGERIA-SPECIFIC LESSONS LEARNED**

1. The social, ethnic, language and cultural differences between the Northern and Southern parts of Nigeria are so distinct and influence health practices to such an extent that the two areas must be considered separately and an appropriate strategy for each developed.

The IEC strategy for the North will need a greater advocacy component as FP is not as widely accepted there. In addition, the best approach for introducing FP will be through its maternal health/child survival benefits, with an emphasis on interpersonal communication, counselling, motivation and outreach activities in order to reach clients at the community level.

Although many of the strategic considerations for the North apply to the South and in particular rural South, FP is more accepted throughout much of the region. Therefore more IEC attention could focus on increasing demand for services especially for long-acting methods. Efforts addressing specific methods and counteracting rumours and misperceptions will need to be an integral part of the IEC strategy. The South has a strong private sector and FHS 2 can expand service availability by promoting these networks.

2. Collaboration between key players is essential - and difficult. An internal mechanism to facilitate communication and information sharing, as well as a long term unified plan in FHS 2 can improve collaboration between the components.
3. Regional communication interventions, such as zonal IEC efforts, which have a broader ethnic and geographical applications are feasible, cost-effective and desirable.
4. Greater use of private sector agencies can be made to help develop, produce, distribute and evaluate IEC materials. Private sector advertising agencies, PR firms, distribution organizations and market research firms offer quality, efficiency and a good level of skill and expertise. Because health communication materials are competing with commercial advertising, comparable quality to the competition must be maintained for maximum effectiveness.
5. Adequate funding for IEC interventions is essential. Much of the success of the logo and PSA campaigns can be attributed to adequate funds that enabled high quality work, wide distribution, monitoring and evaluation of the materials.

## LESSONS LEARNED: Specific

1. Fulfilling our contractual mandates and trying to be responsive to the needs of other components has been a challenge. Closer coordination and direct support for certain program areas, i.e. private sector and AVSC, should be built into future project plans.
2. It is important to maintain between institution building and "getting the job done". The field of health communication as opposed to health education is still relatively young and much input is needed in terms of developing individual and institutional capabilities. There is, however, a pressing need to increase awareness and demand for family planning services in the short term. Neither of these "objectives" should be sacrificed at the expense of the other, as both are critical to the long term success and sustainability of the family planning program.
3. Because of the many entities in staging a state wide communication campaign, i.e. Ministries of health, Service providers, traditional/community leaders, radio and TV houses, graphic artists, etc. planning and orchestration of the various activities has often taken longer than anticipated. In order to meet some of the immediate demands of the states, however, reprinting and re-distribution of some of the "best of materials" should be undertaken.
4. The social, ethnic language and cultural differences between the Northern and Southern parts of Nigeria are do distinct and influence health practices to such an extent that the two areas must be considered separately and an appropriate strategy for each developed.

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8. Adequate funding for IEC interventions Much of the success of the logo and PSA campaigns can be attributed to adequate funds that enabled high quality work, wide distribution, monitoring and evaluation of the materials.

### **PROBLEMS TO BE ADDRESSED**

1. How to effectively utilize state-level consultants to monitor and evaluate state-level activities.
2. How to formulate and implement Federal-State-LGA level strategies of support and supervision.
3. How to effectively collaborate with media and NGOs undergoing re-organization and commercialization.
4. How to address the issue of less attention to LGAs (logistics and communication problems).
5. Assessment of roles and responsibilities of FP public offices at the Federal, State and LGAs levels and how best FHS can support them.
6. How to fulfil the need to conduct several types of FP/IEC technical assistance and training at the state and LGA levels.
7. How to deal with the problem of project recipients' staff rationalization or mobility.
8. Inability to focus on other variables such as breastfeeding, growth monitoring, hygiene etc. in IEC efforts.
9. How to focus on specific family planning methods not generic.
10. We need the Lord's prayer for FP in curriculum design and development. Short, precise and concise.
11. Need to increase knowledge on other traditional methods e.g. withdrawal.

## **FHS COMMODITY AND LOGISTICS MANAGEMENT DIVISION**

### **FHS system implementation for Commodities and Logistics Management**

In a bid to establish and operate an efficient and effective contraceptive commodity and logistic system during the transition period, FHS adopted the FMOH/PHC services division proposed logistic system the public sector (see diagram). The public sector commodities which are ordered and procured by USAID/Washington are shipped to Nigeria; and upon clearance through the ports of entry, are delivered to the FMOH FP Commodities Central Warehouse at Oshodi in Lagos at no cost. The Commodity and Logistics Management Division of FHS carries out a projection of commodity needs/forecasting for all states, based on each state's quarterly distribution/consumption data/pattern. The commodity needs of the states in a zone are summed up to determine the zonal commodities need which is transported to the zonal headquarters warehouse; using commercial transport. Each of the four FMOH/NPHCDA zonal headquarters (Enugu, Ibadan, Kaduna and Bauchi) has an FP Commodities Warehouse which was renovated and refurbished by FHS project. From the zonal warehouses, FHS zonal program officers distribute projected consignments to the state FP commodities storage facilities using FHS project vehicles FP commodities intended for use at the Local Government Area/Service Delivery Points LGA/SDP levels are either delivered by the state Family Planning Coordinating Unit staff or picked up by the LGA MCH/FP supervisors for distribution to the SDPs using official vehicles. Commodities distribution within the FP logistics system are usually carried out on quarterly basis, however, emergency orders when placed are promptly shipped to forestall potential stockouts.

The FHS/CLMD staff at the headquarters have the responsibility of managing inventory at the FMOH FP Commodities Central Warehouse at Oshodi, while the four (4) zonal program officers for logistics in collaboration with their NPHCDA counterparts manage zonal storage facility inventory with significant backup from the headquarters CLMD. The SMOH FPC unit staff and particularly the FP Logistics/MIS officers are responsible for managing commodities stock levels at the SMOH FP commodities storage facilities.

The monitoring and tracking function is performed primarily by the four (4) zonal logistics officers with significant backup from the headquarters staff (and their activities covered both state and LGA/SDP levels). Their responsibility includes carrying out on-going review and assessment of the overall operations of the logistics system; determination of the adequacy of stock at all levels, and action to prevent and remedy shortages. They also carry out data collection activities in support of the above objectives and for use in forecasting short and long-term requirements.

### **GOALS/OBJECTIVES**

1. To collaborate with USAID CPT team and participate in preparing accurate forecasts of contraceptive requirements; as well as, provide all necessary assistance/logistics information required for efficient ordering, procurement, shipment and customs clearance of contraceptive supplies.

2. **Monitoring and accounting for contraceptive distribution and use within Nigeria, as well as, ensure that there are no stockouts/overstocking of any type of commodity in any storage facility.**
3. **Coordinate with other departments and divisions of the FHS project, and with outside consultants, the provision of logistics management technical assistance to family and AIDS control program staff, including the design, development and provision of logistics management training courses.**
4. **To ensure continuous and effective liaison with USAID/W, R&D/POP/CPSD, other donors of contraceptives, the FMOH, NPHCDA, Zonal, State, and LGA family planning and AIDS control staff, SEATS project staff, PSI and local and international NGOs involved in family planning and AIDS control activities.**

## **STRATEGIES**

### **Commodity Management and Distribution**

- Warehouse renovation and refurbishing at both central (Lagos) and zonal (Enugu, Ibadan, Kaduna and Bauchi) levels.
- Reinforcing security at all warehouses.
- Zonal and headquarters staffing with program officers trained in commodity and logistics management.

### **Distribution Activities**

- Assist in processing papers necessary for custom clearance
- Warehousing of commodities in Lagos at the FMOH FP commodities central warehouse.
- Transfer to zonal warehouses and subsequent distribution to state storage facilities, and, assisting states in stocking up LGA/SDP stores.

### **Commodity types distributed and quantities**

- See graphs and table of figures showing quantities since 1988 - 1994 for both public and private.

### **Monitoring and accounting for Commodities**

- Gather logistics/service delivery MIS data for future planning/projects/forecasting activities.
- Ensure good commodity management standards and warehouse management.

- Use FEFO techniques to avoid expiration of commodities on the shelf in the storage facilities.
- Regular review of storage facilities to ensure stock is properly stocked to avoid damage and/or increased rate of deterioration due to adverse conditions.
- Use established guidelines to destroy expired/damaged commodities promptly to avoid accidental use and attendant problems.
- Carry out redistribution activities to ensure that close to expiry stock are promptly moved from areas of low demand and consumption to areas of high demand.
- Ensure revenue recovery modalities are being put in place to enable institutionalization of a sustainable FP program.

### **Surveys/Studies**

- Use of surveys/studies to ensure good management of commodities where problems are suspected, based on data analysis or reported cases of mismanagement.
- Use surveys to correct system management problems with collaboration of state FPC unit officials.

### **Logistics Management Training**

- Train zonal/state/headquarters staff in commodities management.
- Carry out follow-up and on the job training of logistics officers at all levels of the FP systems.
- Provide TA to FMOH training of LGA level logistics officers to ensure commodities management are in line with USAID stipulated guidelines.

### **ACCOMPLISHMENTS**

- Carried out forecast or projection of commodity need for public and private sector FP services in collaboration with USAID/Washington consultants.
- Carried out projects of FP commodity needs for zonal and state consumption based on distribution/consumption data or patterns.
- Provided all necessary assistance in procuring shipment bills of lading from the U.S. and procuring forms CC1 for duty free customs clearance of commodities for clearing agents for both public and private sector project activities.
- Distributed commodities to both zonal and state warehouses using commercial transport as well as project vehicles.

- Managed the warehousing and storage of commodities at the FMOH FP commodities central warehouse in Oshodi Lagos; and ensured that storage facility is adequately secured and manned by security guards.
- Have completed arrangements to re-inforce the security provisions at the three operational, renovated and refurbished zonal warehouses in Ibadan, Kaduna and Bauchi.
- Set-up, upgraded and updated commodities logistics database, and designed reporting formats for storage facilities and SFPC units.
- Set-up a database of current cost/revenue recovery activities in all states. (This was through the use of designed needs assessment questionnaires which were administered to SMOH FP coordinating units).
- Provided commodities logistics data analytical support and technical assistance to FHS zonal offices on continuous bases.
- Provided guidelines for cost/revenue recovery programs in all zones to enable institutionalization of sustainable FP programs.
- Conducted regular FP commodities stock-take at the storage facilities.
- Conducted pilot study activities in select states to assess poor commodities management of USAID/FHS - supplied commodities.
- Conducted quality assurance program activities with the support of FHS zonal staff with a view to guaranteeing good quality commodities are used for service delivery.
- Conducted zonal logistics management training workshop for federal, zonal and state - level logistics personnel.
- Provided technical assistance to both public and private sector activities in the following areas:

## **7. Technical Assistance**

Technical assistance is provided to FMOH & SS, state FPC units and LGAs and SDP FP personnel in the following areas:

- a) Design and development of monitoring/tracking tools
- b) Data retrieval, compilation, analysis/interpretation and utilization.
- c) Commodity and logistics management.
- d) Quality assurance procedures.
- e) Destruction of expired/damaged stock.
- f) Cost/revenue-recovery activities.
- g) Pilot studies.

- h) Liaison with other donor agencies on commodity related issues and information/data sharing.
- i) Logistics management training for Federal, Zonal and State level program logistics staff.
- j) On-going assessment of contraceptive commodity status
- k) Forecasting/Projection of future contraceptive requirements.

**i) FACTORS THAT FACILITATED ACCOMPLISHMENT:**

- Collaborative and cooperative inputs from other divisions and departments within FHS project, and particularly some zonal offices enhance performance in the commodities and logistics management.
- Support of some SMOH FP Coordinating units in making available their staff for routine activities within their states.

**ii) CONSTRAINTS EXPERIENCED AND HINDERING SMOOTH HANDOVER OF THE LOGISTICS SYSTEM TO FMOH**

**Warehouse**

**1a) Security - safety of stock not guaranteed.**

- Lack of adequate reinforcement of security at the zonal storage facilities
- No concrete arrangement/provision made to guarantee guards are posited at these zonal storage facilities to forestall burglaries.
- Inability of the FMOH&SS to take over responsibility for providing security at the central warehouse.

**1b) Warehouse**

- Deplorable conditions of state storage facilities questions SMOH FP staff ability to manage commodities properly - avoiding damages/wastage.
- Lack of storekeepers at the central warehouse, and properly trained hands trained hands to manage the zonal storage facilities.
- Lack of trained and experienced logistics staff and/or readiness of PHCDA to fully take over running of some zonal storage facilities.
- No warehouse/logistics management manual or reference material for use with the system.
- Inability of A zone NPHCDS to identify a warehouse for USAID/FHS to renovate and refurbish.

## **2. Distribution of Commodities**

- Lack of transportation logistics capabilities at all levels (FMOH&SS, PHCDA, SMOH and LGA for efficient distribution of commodities.
- No arrangement on hand or potential to handle clearance of commodities through ports of entry displayed by FMOH&SS.
- The flow of commodities and its management from central warehouse to SDP storage facilities cannot be guaranteed because of lack of uniformity in distribution systems both at interzonal, interstate and inter LGA levels.
- Parallel distribution or logistics systems of different donor agencies hamper effectiveness in managing the system.
- The FMOH&SS proposed FP commodities logistics system across board is not yet untested. The logistics and service delivery MIS tools to be used to find tune the system when functional are yet to be determined/identified.

## **3. Logistics MIS**

- The flow of logistics MIS data from the SDPs through to the zonal and central levels will not be guaranteed to be regular, accurate and complete, because of the lack of trained logistics personnel at the lower level i.e. LGA, SDP.

## **4. Staffing**

- No LGA-level logistics personnel have been trained in logistics management to manage activities at that level.
- The high turnover rate of trained FP personnel at all levels (SMOHs, LGAs and SDPs) does not make for a stable logistics system.
- Trained Logistics Officers at some PHCDA zonal offices have been assigned responsibilities other than logistics management, thus negating the whole investment in the training sessions

## **iii) LESSONS LEARNED**

- Irregular pattern of supply of injectables to FP service delivery points is a cause for concern. FHS should liaise with donor agencies to address this and other related issues.
- FMOH PHC Services Department and NPHCDA are not responding fully to meet their expected commitments to FP project activities.

- Lack of adequate commitment by SMOH and LGA officials e.g. In proper record keeping and reporting.
- Inadequate transportation support at all levels to enable monitoring supervisory and TA provision at the state to LGA levels and for distribution of commodities.
- Ineffective supervisory structure at the SMOH and LGA level.
- Adjustment problems attendant to the newly established zonal structure.
- Time constrain in implementing all scheduled activities and fine tuning the logistics system.
- Information sharing amongst prime actors and reinforced linkages should be encouraged.

**c. Database available**

- i. Status of revenue recovery activities across states
- ii. Status of storage facilities at zonal, state and some LGAs
- iii. Distribution from central through zonal to state and LGAs
- iv. All shipments from the USAID/washington
- v. Stock situation at central/zonal/state levels.
- vi. All logistic officers trained during the transition period for Federal, zonal and state level.

## **MONITORING AND EVALUATION DIVISION**

### **INTRODUCTION**

Monitoring and Evaluation division is a branch of Technical Department that was established at the inception of FHS transition period (June, 1993). It combines the activities of the public and private sectors prior to transition period in terms of generation, dissemination and utilization of data. The division has the responsibility of supporting the activities of the FHS programs Department in the provision of family planning services. Hence the division sees to the improvement in the FP services by planning designing, collecting, analyzing and reporting of family planning activities.

### **Personnel**

At the commencement of the division and up to June 1994, there were three program staff (the head of the division and two program officers), a computer specialist, a secretary and two NYSC members in the division. In July 1994, a program officer and the two NYSC members left the division.

### **OBJECTIVES OF THE DIVISION**

The following specific objectives are set for the division to guide it in its operations:

1. Collect, compile and analyze family planning information,
2. Assess programmatic performance measure against pre-determined targets and past achievements.
3. Identify programmatic shortcomings requiring special attention,
4. Identify programmatic accomplishments suitable for replication,
5. Improve the reliability and timeliness of data collation and analysis,
6. Disseminate data and assist in its interpretation and use by policy makers and program managers,
7. Conduct family planning surveys and other research to validate project impact,

### **STRATEGIES**

In order to achieve the above stated objectives the following strategies were adopted by the division:

1. Design and conduct MIS needs assessment in various divisions, FHS zonal offices and Federal ministry of health (M&E division) to ascertain the data requirements and level of technical assistance needed.

2. Participate in the periodic review of the MIS forms to incorporate changes and ensure the availability of the forms in all service delivery points (SDPs).
3. Initiate and monitor the management information system (MIS) in place in all states.
4. Carry out manpower development in Nigeria Primary Health Care Development Agency (NPHCDA) on MIS
5. Design and produce various monitoring and evaluation tools to be used by the division as well as program officers in zones and other departments/divisions.
6. Relate with Federal Office of Statistics (FOS) to conduct Family planning surveys and Nigerian Demographic and Health surveys.
7. Work closely with FHS zonal program managers and RIS coordinators to plan and conduct monitoring visits in order to improve quality of data.
8. Maintains a computer software for the processing of service data from the states.
9. Plan and conduct evaluation of some FHS sponsored activities.
10. Develop a data bank where information on FP services can be obtained.

## **ACHIEVEMENTS**

The achievements of the division since its inception are stated below:

1. Production of public sector state profile for 1992 and 1993. The publications contain data from the public sector service delivery points in all states.
2. Analysis and interpretation of 1993 family planning service data on quarterly basis.
3. Installation and training of the NICARE in all the zones and RIS states.
4. Training of the zonal staff on data analyses and utilization.
5. Evaluation of 27 FHS subprojects that are involved in propagation information and provision of family planning services.
6. A six month 'client tracking and follow-up' study in Benue state was carried out by the division. The evaluation of the study was also undertaken.
7. The division successfully carried out the editing and updating of 1993 public sector data thereby ensuring reliability of the data collected for the year.
8. Database has been established for the following:
  - i. List of all focal service delivery points in the states
  - ii. FOS family planning survey

- iii. Public sector service data from 1989 to 1993.
- 9. Preparation of 10 monitoring and evaluation tools to be used by the project.
- 10. Family planning surveys were conducted in December 1993 and April/May 1994 in collaboration with Federal office of Statistics.
- 11. A database system has been established in the zones such that data analyses and utilization can take place in the zones.
- 12. Integration of both upper and primary levels of family planning forms has been achieved.
- 13. Training of NPHCDA selected staff and consultants on supervisory skill to improve monitoring of family planning activities was carried out.
- 14. Partial transfer of data analyses and utilization to NPHCDA has been achieved.
- 15. Introduction of data collection tool to FHS sub projects and analysis of data collected for 1993.

## **LESSONS LEARNED**

The under-listed lessons were learned the process of executing the activities of the division and if taken into consideration will improve future performances:

- 1. Management information system in the private sector can be developed by introducing a standard MIS forms to the subprojects.
- 2. There is need for regular refresher courses for MIS officers/coordinators in both public and private sectors.
- 3. Appropriate indicators to be used for evaluation of the project must be taken into consideration in the design of family planning surveys.
- 4. It has been realized that frequent monitoring of activities usually yields better results.
- 5. Experience gained from the subprojects shows that it is important that all projects be evaluated at least twice within each project's period.
- 6. Economy of large scale will be gained if computer networking is established in the project.
- 7. At the designing stage of proposal of a project, monitoring and evaluation component should be included in such a proposal to serve as control to the implementors of the project.

## **FHS PROGRAM DEPARTMENT**

### **LESSONS LEARNED**

#### **OVERALL COMMENTARY**

The Program Department has acquired a lot of experience from coordinating and overseeing the zonal/subproject activities. Lots of lessons were learnt both from the public and private sectors for all the activities implemented during the transition period.

Also, the experiences of the RIS Coordinators in their states have also been integrated into the entire document.

It is believed that these experiences would serve as bases for future project implementation; when the positive factors are enhanced, the negative ones removed and the recommendation adhered to.

It is a worthwhile experiences that would ensure success of future project implementation.

## **GENERAL LESSONS LEARNED DURING THE FHS TRANSITIONAL PERIOD**

There is appreciable enthusiasm shown by the project managers and support staff to continue project activities beyond the transition period.

The hospital based subprojects reported about 50% of client targets within the funding period. Most of the services data could not be verified nor backed up with a stable information system. Generally, there is poor data gathering and reporting.

The CBD subprojects trained the agents late into the project period and are at the moment monitoring their performance in the areas of commodity sales, client counseling and referees to clinics.

The management of the subprojects were at varying levels of strengthen depending on the leadership, understanding of the project design, implementation, support systems and commitment to achieve project objectives.

FHS financial remittance to the subprojects was irregular and in most cases late. Activities were delayed in implementation and could not be coordinated promptly to impact on other variables for maximum effect.

Referral networks and system were not formally introduced in the subprojects which further reduced their capacity to increase FP acceptance coverage.

Most of the subprojects primarily focussed on commodity sales/distribution, which made FP client service generation very low.

The training of the states commodity/logistic program officers at zonal level in logistics management information system (LMS) enabled the officers appreciate the magnitude of their responsibility in logistics management and information gathering system.

Cooperation, good working relationship and established rapport between the zonal office and states public sector personnel enhanced project activities implementation.

Availability of zonal vehicle to the FPC during routine visit for the monitoring and supervisory visit to remote and less accessible SDPs, enhanced the productivity.

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

4. The project has dispelled common rumours and misconception about child spacing.
5. It is also apparent that CBDs tend to do their jobs efficiently when they are constantly supervised.
6. CBDs and project staff have learnt to interact with people at the grassroots to promote FP.
7. Most Journalists are interested in publishing good articles on population activities but they lack informational materials or facts.
8. There is a tremendous awareness created for FP activities in the states.
9. If television programs are well packaged they would be very educative and accepted by the people.

It was realised during the National Council for Population and Environmental Activities Journalists FP orientation that, if Journalists are educated effectively on FP they can disseminate correct information to the public.

If the general public is adequately enlightened, and are aware of FP services, its side effects, the public is ready to accept.

Current observation showed that the earlier strategy adopted and languages used to advocate for FP has faulty translations in the local languages, therefore giving the public false idea about FP especially in zone C.

To advocate for FP acceptance, there is the need to involve more men in FP activities.

All approaches to FP advocacy must first of all move from known to unknown, e.g. use some typical serious health conditions related to frequent pregnancies and child birth as an introductory lecture before delving into FP, this is because some religions only accept FP on health grounds.

It was also noted that most women that benefitted from the post natal kits, have adequate information on child survival and are willing to embrace FP, especially in C zone.

### **Constraints to service provision**

#### **Attitudinal Factors:**

- Fanatical attitude of some senior state health personnel towards service providers.
- Non-commitment of some health personnel and trained clinical service providers.

- Religious fanaticism and ignorance of the benefits of family planning services to individual, family and the communities in general especially in Sokoto, Kano and Katsina were the acceptance level is still very low.
- Poor/inadequate data collection skill, resulting in under reporting of users statistics.

### **Human Resource Factors:**

- Inadequate and in some places total absence/lack of health personnel like in Jigawa and Yobe States.
- Inadequate/lack of trained health personnel on family planning programs in Taraba, Borno, Yobe, Jigawa and Kano States.
- Non-challant and sometimes liazerfare attitude of some health personnel.
- Some service personnel are bias towards some methods even though they are trained, example - permanent and long terms methods of contraception in Kano and some places in the zone, especially in predominantly moslem and catholic environment.

### **Environmental Factors:**

- Poor accessibility to service facilities.
- Terrain/difficulty due to the rainy season.
- Unawareness of FP services being offered.
- No sign post to service facilities.
- National/State/LG strike actions by the labour force.
- Too many public holidays during week days compounded by unawareness by clients/prospective clients of service resumption.
- Transportation problems.
- Method choice not available at facility close to client.
- Lack of/inadequate information on FP services.

### **Service Factors:**

- Lack of basic clinic equipment especially in LGAs where ChEW/VHW activities are on-going, referral and provision of non prescriptive methods are the only services offered.
- VHWs involved in their farm work during the rainy season.

- Clients also get busy on their farms thereby reducing the clientele during this season.
- Low IUCD clients in states like Kano, Jigawa, Bauchi and Yobe.
- Non-acceptance of VFTs and condoms due to messy effect of VFT and non-body contact produced by condoms as reported by some service providers and clients.
- The 1993 unstable political situation affected mostly the south western part of the country. Consequently upon this, most state SDPs were intermittently closed. Due to these sporadic closure of the SDPs, monitoring visits were therefore limited to the times the SDPs were open. Incidentally, this situation (i.e. political and incessant strike action) have spilled over to the transition part of 1994, coupled with the decertification clamped down on the country.
- The lateness in the full operation and utilization of the zonal warehouse was disenabling with regards to prompt supplies, storage and distribution of commodities. The zone had to wait until it was logistically convenient for FHS headquarters to supply needed commodities. Consequent upon this, commodities existing in the states in the zone were thinly spread/redistributed.
- The zonal problems with IEC/Advocacy is incorrect information to members of the public this is because some unskilled CSPs who have to translate FP information from English to the local languages are not capable of making accurate translation, thereby giving a mis-interpretation of the whole concept of FP.
- Some religious leaders are biased about FP, so they discouraged their followers from practicing for political reasons.
- Traditional belief, where people still see many children as a sign of wealth, still hinders some people from accepting FP.
- The polygamous setting still hinder some women from practicing FP as each wife is competing to out-number her rivals with children, since this will determine the wealth she can inherit in case of death of the husband.
- Opinion leaders, and traditional rulers are still not willing to make public pronouncements in support of FP, because they are either polygamous or have too many children themselves.
- Fuel scarcity and high transportation cost: This affected the project adversely.  
  
CBDs found it difficult to travel with their meager allowances to various locations in their LGAs to see clients and dispense commodities. Other project staff who sometimes would not get to different locations on time to meet with CBDs and supervise them.
- Referral of clients became a serious problem because they don't want to travel far distance to come for care which they could get near their homes.

- High pricing of our commodities as compared to market prices created lots of problems in selling our commodities. Commodities which are very cheap come into the market through other routes. Clients get these commodities at cheaper rates than they do ours.

### **Recommendations**

- There should be a formal system of getting feedback from clients on the services they receive for program improvement.
- There is need to establish individual state referral systems to increase permanent and long term contraceptive methods including oral contraceptives.
- Clinic expendable and consumable materials supply requires strengthening for effective quality service.
- Training and re-training of all cadres of health personnel is essential not only for quality service but because of the high turn over of health personnel at service points in particular.
- States/Local Government Councils should include purchase/supply and maintenance of basic clinic equipment for continuity of services in all existing service points.
- Already trained health personnel currently deployed to other health service areas other than administrative positions should be routed back to MCH/FP services so as not to lose their clinic skills.
- FP poster must be in constant supply. Those wearing out must be replaced with fresh ones. Posters should be posted on conspicuous areas for visual information impact.
- There is need to extend AVSC services to other states.
- Adamawa and Taraba states who have lost their VSC trained Doctors should be assisted by AVSC to train more Doctors for continuity of clientele for permanent and long term methods since the demand for such service is on the increase in these states.
- The VSC trained personnel should organise and conduct on the job training for their colleagues for sustainability of VSC services.
- The IEC strategy in Kaduna state needs to be redesigned to service oriented since a lot of awareness has been created in the state.

In future, all FP information that need to be translated to local languages must be done by experts to avoid incorrect information dissemination to the public.

Another forum for Islamic Scholars all over the country should be planned with medical professionals where issues of FP, pregnancy, childbirth, and child care could be discussed and related to its implications.

More men should be coopted into FP activities, especially in zones where men shy away from FP, hence forcing their wives to follow their foot steps. Enlightening them on the true concept of FP, will help in spreading the gospel of FP further, since they will now be able to educate their wives and their fellow men folk.

More traditional rulers and religious leaders should be enlightened about FP.

We should intensify effective motivation and counseling to women in ante-natal clinics, infant welfare clinics and all forums where there are women gatherings.

FHS should support an integrated MIS/Commodity Workshop for all participating subproject organisation in the zones to ensure adequate service data generation, reporting and verification.

FHS should provide both expatriate and internal technical assistance for referral system development and integration in the subprojects.

FHS zonal offices should explore, design and support other hospital based project networks. (Refer to the Zonal Private hospital initiative proposal). This will assure a rapid increase in the number of private hospitals participating in FHS project.

In the future, the existing subprojects (specially the hospital based) contracts should be reviewed with focus on FP service generation through active clinic services, outreach activities and referral networks.

## **Observation made on Subprojects**

### **1. Objectives:**

Some of the subprojects had problems with their objectives this was as a result of their structures. Some of the objectives were not "SMART" therefore could not be measured. However, the project activities generated outputs that could be used as a measure to ascertain whether the objectives have been met but because the later (i.e. objectives) were not specific, the personnel found it difficult to use those measurable indicators for evaluating their project performance or achievements; (e.g. PNA Ogun State objectives) some objectives are more of goal statement.

There was a general enthusiasm to accomplish the set project activities without much emphasis on the quality of the output, because there were no built in measuring indices, that would enable them carry out on-going appraisal or evaluation of implemented activities to ascertain their achievement and also redirect their approach where necessary.

Some lacked the orientation in respect of the realization of their aims in order to document the vital data that could be used as indicators for measurements. They generated data which did not address their specific needs although they could be used for other vital information.

Some subprojects had two objectives which required same output. This made it difficult for some of them since the two objectives could be merged as one whilst still retaining their characteristics for implementation and areas of encatchment.

## 2. **Responsibility**

There were some uncertainties in the line of authority and responsibility. They became disorientated in their line of correspondences and expectations. They found themselves battling between too many instructions/directives from various people. This resulted in late completion of reports and late submission which also resulted in late feedbacks.

## 3. **CYP**

Generally most of the projects found it difficult to calculate the CYP generated. The confusion came from the difficulty in using the correct factors. Some were using the very old factors. while others did not use any at all.

## 4. **MIS**

There were also general problems with completing the form 3A and commodities forms properly. The subprojects had problem in record-keeping, data generation, collation and utilization.

## 5. **Budget**

There is need for proper orientation on the project budgets especially in relation to budgetary allocation as per line item. A financial management orientation would be necessary to ensure that they keep within the budget allocation and also ensure proper and timely entries of expenditure into the books, for appropriate accountability. There were problem with the budget and documentation.

## 6. **Monitoring/Supervision**

There is an observable gap in communication partially due to the matrix network that is inherent in the system. There is need for more effective monitoring from the zones while the Head Quarters should be also involved in Quarterly Monitoring/Problem solving visits for effective performance by the subprojects, and the zones continuous monitoring and supervision is vital for effective project implementation. Absence of uniformed checklist for supervision complicated their problem.

## 7. **Commodities**

Most of the subprojects had adequate commodities though some complained that West African Drugs (WAD) sell cheaper than them. These were also complaints from Ogun and other states which said that WAD sells contraceptives cheaper than themselves. Therefore, it is important to have a meeting with PSI in relation to their social marketing strategy so that it does not affect clinical services negatively.

## 8. **IEC**

Their IEC activities need to be beefed up and taken seriously not only as routine activities. They should look at it as the main activity that really brings in the acceptors in service delivery.

## 9. **Personnel**

The subprojects are experiencing man-power turnover because of better working conditions in the Local Government and State Government services. Therefore, the service providers are leaving private sector clinics for public sector. This is affecting their output as they consistently lose experienced staff while recruiting less experienced ones. Some of the subprojects now had to use providers who have their own clinics and also retired providers, for effective project activity implementation.

## 10. **Referral Systems**

There were no formal referral system initiated except in Plateau State. The ones in place are not documented and providers do not have any information on the referral activities.

## 11. **Quality Assurance (QA)**

Some states like Osun etc. have gotten QA built in through the assistance of AVSC but others still lack this aspect of the assessment.

12. The achievements of each subproject was assessed with measurable data. Most of the subprojects have implemented most of the activities. However, some subprojects did not have measurable objectives but generated measurable outputs which could be measured with the available indicators.

13. The lessons learnt from the subprojects perspective from the implementation of the projects were represented as Appendix I.

14. The issue of sustainability of the projects have been discussed with them. Some subprojects (like Eku Baptist Hospital, COWAN and NCWS) have started thinking in line with the issue of sustainability while others are purely dependent on the funding donors therefore pleaded that the project should continue to enable them time to start thinking in that line as the project would die due to financial strangulation if stopped at this point in time when there has been a general acceptance of the program. They also indicated that all they planned to do is to ensure acceptance of the program by extensive involvement of the men and youths in FP program and to encourage the women to improve their practice level.

#### 4. **RECOMMENDATION(S) ON SUBPROJECT OBSERVATIONS**

- (a) There should be project implementation planning meeting with the subprojects during which session objectives would be developed with measurable indicators, so that the subprojects would be part of the project proposal document preparation taking into consideration their identified unmet needs. This will enable them to evaluate or appraise themselves as they progress in their individual project activity implementation to ensure that they do not stray from their outlined focus. This should be carried out with extensive input from Program Department.
- (b) There should be zonal team follow-up of these activities at the project site to ensure that what has been outlined are being effectively carried out. This will assist the projects to identify their errors in time and correct them.
- (c) Trainings conducted for subproject should have multiplier effect especially at the project site. There should be a continuous on the job training and orientation for project staff.
- (d) There should be financial management training for all essential Program/Project staff for effective monitoring and supervision of project activities.

Also, there should be clearly itemized budgetary lines so that each subproject can identify the specific items to be purchased, the amount allocated for it and the implications of violating these rules clearly stated. Constant close monitoring should be carried out by the HQ and the zones for effective performance and on the site problem solving.

#### 5. **MONITORING/SUPERVISION**

There should be Quarterly Monitoring/Problem solving visits from HQ in Lagos. The HQ Program Department should conduct start-off activity visits and follow-up with Quarterly Monitoring Visits. This will be a technical assistance/problem solving visits to the zones and also the subprojects and it will give the staff an on the site appraisal of what is happening. The staff should work with both the zone and project staff for about two days or more to give an on the spot feed-back. The visit should look at all the problem areas and given them assistance. It should be a collaborative working session and should be seen as such especially by the subproject and not regarded as a fault finding exercise.

The monitoring and supervision tools should be developed and made available to the personnel.

#### 6. **EVALUATION**

A concurrent evaluation provision should be built into the project to enable subprojects to evaluate themselves on continuous basis. However, periodic evaluation visit should be carried out between the Evaluation and Program staff, for detailed assessment of the output.

7. There is need to have discussion with PSI to arrive at a workable strategy to ensure effective and useful relationship between clinical and non-clinical service provision and social marketing strategies.
8. The viability of integrated FP program should be surveyed especially with relation to better acceptance and sustainability. Women tend to comply with FP instructions more if they have income generating activities integrated with the FP program. There is the need to explore the possibility of Women Development Activities program along with FP e.g. "Family Planning and Women Development project.
9. Eku Baptist Hospital generated 680 CYP on BTL alone i.e. 68 BTLS was carried out by them. There is the need to set up a VSC Centre at Eku to cover that area since there is the need for same, and also see if vasectomy could be integrated too.
10. Appendices (please see attached special notes, Appendix I).

**Lessons Learned from the Subprojects Perspective**

1. It has been a challenging program from inception to the ending of the projects. They have also acquired a lot of experience in both project implementation, accountability and reporting.
2. The project offered them the opportunity to meet various people from all works of life, and through these numerous encounters have made many friends and acquaintances that would yield fruitful results in future.
3. The project has also enabled them to get male population sensitive to the issues of FP which some of them have become used to and have started accepting but there is still the urgent need to motivate them (male population) to practice FP and also encourage their relations to do likewise.
4. Women are interested in income generating and FP activities and therefore FP should be an integrated program which will enable them generate money thereby see the benefit in concrete terms and yielded income. This will also ensure sustainability as the women FP/project would not be totally dependent on funding.
5. The sales of contraceptives has improved their business acumen and commercial skills.
6. The project also unified most association members thereby solidifying the existing union and improved their membership through out at meetings.
7. It has also increased the association members knowledge about FP, and has made it possible for them to educate other people.  
There is need to further involve the grassroots population in the program than before. Although, much emphasis and penetration is being carried out in the rural areas.
8. Where there are too many people directing the program there is always gap in communication. The usefulness of seminars and project meetings should be encouraged as they are very useful in redirecting program implementation especially when they are going off course. It also helps in sharing experience and problem solving.
9. Frequent monitoring visits encourages project staff and also offers them technical assistance and solution to problems.
10. Non-Disbursement of finance timely delays project activity implementation and achievement of objectives.
11. They have become project conscious and would like to develop more project activities for funding, for the interest of the women.
12. There should be uniform commodity prices to encourage clients and ensure compliance with instructions.
13. There is need to ensure that the program is sustained for the benefit of the masses especially the women and children.