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LESSONS LEARNED FROM FHS 1

PRESENTATIONS BY THE FHS DIVISIONS

AUGUST ,1992

## LESSONS LEARNED FROM FHS 1

### Introduction

During July and August 1992, a weekly seminar was held at FHS in which each division presented the lessons that they have learned in implementing their program during the last five years. The purpose of this exercise was to make this information available to those designing the new family planning project so that the insights and comments of FHS staff can be taken into account in the new project.

### HIGHLIGHTS OF FHS PROJECT

- \* Providing assistance to the public sector program in all 30 states and the federal territory.
- \* From 1988 through 1991, 10,468 Nigerians have been trained in family planning and fp-related areas.
- \* National networks of consultants in family planning service delivery, demography and social research, management and supervision, and IEC have been established.
- \* A Health Information System for primary health care including family planning has been developed. The system is presently capturing about 65% of public sector facilities.
- \* Periodic sample surveys are now undertaken with the Federal Office of Statistics and commercial firms.
- \* Two national commercial networks have been established to market family planning commodities. Since 1988, FHS has supplied 21,596,530 condoms, 3,109,365 cycles of oral contraceptives, 600,332 vaginal foaming tablets, and 29,763 IUDs for sale in Nigeria.
- \* Two brands of condoms are being marketed in Nigeria: one commercially for wealthier customers and one for poorer customers.
- \* The public sector program works through about 1600 service delivery points nationwide.
- \* A national logo for family planning has been developed and it has been distributed to over 70,000 sites where family planning products and services are available.
- \* Constituency-building of traditional and religious leaders in Nigeria has been a major initiative.

## I. IEC DIVISION

### IEC Objectives

1. To bring about a situation in which 80% of the population of reproductive age are knowledgeable about family planning concept.
2. To effect the preparation, approval and execution of national, state and LGA IEC action program that incorporate a broad range of mass media activities, mobilization campaign, family life education related efforts, training and print materials.
3. To develop and distribute wall charts, posters, and leaflets on the benefits of child spacing and modern methods of contraception to at least 12,000 private sector outlets and 3,600 public sector delivery points.

### General Lessons Learned

1. The administrative structure of the FHS project does not have effective internal mechanisms to facilitate communication and information sharing. The absence of a long-term unified plan has made collaboration between components difficult.
2. Although contact administration has been a time consuming element of project implementation, the ability of each division to do its own contracting has been critical. This flexibility should be maintained in FHS II, regardless of the new administrative structure.
3. The strength, quality and success of many FHS activities is directly related to the strength of the collaborating agency. In future planning, there should be some thought to investing greater resources and energies in institutions which prove themselves capable.

### Lessons Learned in IEC

4. Each level of communication can and does have an important affect on knowledge and behavior. Mass media, however, is more cost effective in producing behavior change.
5. 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., the private sector and AVSC, should be built into future project plans.

6. It is important to maintain a balance between institution building and "getting the job done." The field of health communications as opposed to health education is still relatively young and many inputs are 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.
7. Because of the many entities involved in staging a statewide communication campaign, i.e., Ministries of Health, service providers, traditional/community leaders, radio and TV houses, graphics 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 redistribution of some of the "best of materials" should be undertaken.
8. Regional communication interventions which have broader ethnic and geographical applications are feasible, cost effective and desirable.
9. Greater use of private sector agencies should be made to help develop, produce and distribute IEC materials. They offer quality, efficiency and a good level of skill and experience.

## II. PUBLIC SECTOR DIVISION

### Lessons Learned on Policy

1. Policy support is vital to the successful implementation of FP program in Nigeria, thus working with the three tiers of government could be very productive if the right people to work with are identified, well oriented, and adequately motivated and involved.
2. Instability of government and program personnel is disruptive to effective project management and implementation.
3. In a bilateral agreement it is important to clarify roles and responsibilities of both parties to ensure smooth implementation of project activities.

### Lessons Learned on Training

4. Coordination of training activities is very important to ensure uniformity and quality of care thereby avoiding duplication of efforts, e.g. coordinate clinical training with IEC to ensure that trainees have adequate IEC backup to increase KAP.
5. Availability of standard training manuals, curricula and other reference materials is important in ensuring quality of care and program management. The development and use of standardized monitoring and follow-up tools has helped in project monitoring and reporting.

### Lessons Learned on Service Delivery and Quality of Care

6. Quality of care cannot be guaranteed without the availability of formal protocols (SOP) at FP service delivery points.

### Lessons Learned on Institution Building and Sustainability

7. Institutionalization and sustainability of FP programs are realistic if the right mechanisms are put in place (e.g. Network trainers, CSRT, State TOT, TAG and FP supervisors), if only some are supported then success is less certain.
8. The annual FPC meetings have been found to be a useful avenue for disseminating FP contraceptive technology updates and strengthening management capabilities of the FPC Units.

### Lessons Learned on Collaboration

9. Responsibility without authority is detrimental to achieving project objectives.
10. Organizational development that focuses on team building is vital for the successful attainment of project objectives.

### Lessons Learned on MIS

11. Integration of MIS into all management component at all levels through training and intensive monitoring and consultation has improved data quality and reporting system.
12. Reliable data is vital in the development of project objectives.

### Lessons Learned on Evaluation

13. In-built evaluation mechanism and availability of evaluation tools are important in improving project management and output.

### Lessons Learned on Project Implementation Strategy

14. Needs assessment is an important management tool that should be conducted prior to developing a project to ensure that the needs of states, LGAs etc. in such areas as training, service delivery, equipment, are identified and used to develop appropriate strategies.
15. For effective and efficient coordination, monitoring and supervision of projects in the states the technical staff strength of the zonal offices should be beefed up and adequate logistic back-up given.

### III. PRIVATE SECTOR DIVISION

#### Private Sector Division Objectives

1. To serve 1.2 million family planning acceptors by the end of the fifth year of the project.
2. To purchase and supply of contraceptives and family planning equipment to the private sector.
3. To purchase and supply of contraceptives to the public sector.
4. To establish network organization and support of large scale distributors and outlets to sell family planning commodities, medical and other family planning service delivery sites to provide services, and associations and work places to provide services.

#### General Lessons Learned

1. Private Sector division recognizes a strong need for intra-component and inter-agency cooperation and collaboration for the smooth running of the FHS project.
2. Training - There is a need for both the public sector and the private sector to work collaboratively in order to prevent duplication of efforts and to ensure client-oriented service delivery with high quality of care. It is noted that the Federal Ministry of Health through the efforts of the Public Sector division has developed standardized training curricula for the training of family planning providers for both the private and public sectors. This is a commendable effort.
3. Commodity - Roles and responsibilities must be clearly defined to avoid conflict and buck-passing where more than one organization is responsible for commodity distribution. Good monitoring system should be put in place to track commodity distribution to the end-user.
4. Information, Education and Communication (IEC) - The private sector division and the IEC division did not collaborate well in the area of material development for family planning promotions. It is realized that both divisions were working unilaterally to meet their FHS mandates. There should be better collaboration in future to develop messages and materials which will be culturally acceptable in the different communities in the country.

## Lessons Learned from the Private Sector

5. The use of local resources (professionals, institutions and consultants) for training, service delivery, and for market research and advertising proved to be very effective and cost-saving.
6. There is an increasing demand to train more family planning providers in the private sector in order to meet private sector demand for services.
7. There has been an upsurge in condom demand and usage. Sales in the private sector increased tremendously over the years as a result of increased awareness.
8. The Nigerian market has a great potential for contraceptives. In addition to the constant growth in demand for condoms, pills and IUDs have also witnessed growth in demand.
9. The use of the National Association of Nigerian Nurses and Midwives (NANNM) chapters to recruit private sector nurses for training and follow-up has been very helpful in meeting service delivery demands in the private sector.
10. The use of the community-based distribution service delivery model in the private sector is cost-effective. Making services available, easily accessible and at cheaper prices also influenced the growth demand being witnessed in the private sector.
11. The magnitude of commodity leakage from the public sector to the private sector was not anticipated at the design of the FHS project. While it is assumed that whatever contraceptives is out in the communities are being used, the leakage does not allow for good assessment of sector achievement in terms of commodity distribution.
12. There is difficulty in developing and integrating private sector MIS with public sector MIS. This is so because of the large number of variety of private sector providers and lack of incentives to provide accurate information on the number of new and continuing family planning acceptors.
13. There is an unfulfilled aspiration to commercialize the sale of Oral Contraceptive Pills (OCPs) and Vaginal Foaming Tablets (VFTs). There is problem with classification of OCPs as ethical or over-the-counter drug.
14. The Private Sector succeeded in segmenting the Nigerian Market for condoms into AB and CD social economic groups. The Right Time Condom for AB group and Gold Circle and Blue/Gold for CD group. This successful segmentation provided condoms to people of different socio-economic status.

15. Because the private sector is an integral part of and the most viable segment of the Nigeria economy, USAID support for family planning services should be continued and be expanded in the private sector beyond what it is now.
16. With the diversity in private sector health services activities, the various models of family planning service delivery (clinic-based, community-based, market-based, social marketing, commercialization) should be continued.
17. FHS in-house coordinating unit for commodity distribution and coordination is needed.

#### IV. POLICY AND EVALUATION DIVISION

##### Policy and Evaluation Objectives

1. To foster the creation of an effective cadre of public and private sector workers dedicated to the establishment and maintenance of a favorable policy climate.
2. To mobilize Nigerian leadership (political and intellectual) toward the evolution of a political and social climate favorable to population activities.
3. Enhance the commitment, capacities, and capabilities of key public and private sector institutions to have a positive effect on Nigeria's population policies, strategies and programs.
4. Develop programs for monitoring and evaluation of progress toward program goals, and for the dissemination of information pertinent to program performance.

##### Lessons Learned on Policy and Constituency-building

5. The support of influential leaders for family planning is a necessary but not sufficient step to increase contraceptive prevalence in the country.
6. A toll gate approach to constituency building and information dissemination works.
7. Women's groups are crucial in securing the involvement of traditional rulers especially in the northern part of the country.
8. The utilization of traditional rulers to make public pronouncements on the national population policy influences positively the behavior of other influentials and their respective constituencies.
9. Ongoing collaboration with FMOH:DPA & DPRS, has remained very important in securing access with prime institutions and organizations in the country, and to the success of key project activities.
10. Building the capacity of Nigerian researchers works and has contributed relevant and required expertise to overall project initiatives.
11. As the role of non-governmental organizations increase with forthcoming initiatives, only the activities which are consistent with their sustainable development should be pursued. In particular, inputs to them have to be provided in a judicious and rational fashion.

12. Between division collaboration beyond commitments on paper can work and has improved the quality of our work.

13. On securing substantive counterpart contribution, the timely feedback and communication to partners of agreed plan of action, using short communiques has been instrumental for success.

14. As computers are increasingly being used for information dissemination, issues of hardware compatibility have to be addressed early in the planning phase.

15. The more information we have about the activities of other divisions, the more opportunities for collaboration we are able to recognize.

16. The need to learn more about the role of men in family planning decision making in Nigeria is an inescapable reality.

17. The use of small group workshops for skills development is far more productive and more cost efficient than large workshops.

18. A participatory approach to conducting workshops can be instrumental in eliciting critical and valuable insights from participants who are often knowledgeable but silent.

## V. Association for Voluntary Surgical Contraception

### Background

- 1985 - VSC not accepted as part of the national family planning program but AVSC was asked to help. Develop services with low profile approach.
- 1986/87- Some service sites became operational. Emphasis on attitude change of policy makers/providers. Quality assurance meeting to set national standards held. Development of leadership group and plans for delegation of AVSC quality assurance roles to zonal centers. Development of counseling principles and counseling training.
- 1988/89- FMOH approval of zonal centers for quality control supervision. Approval to integrate vsc expansion of services to more sites. Development of in-country ml/la training. FHS established, but AVSC not part of this project because of specialized area of service and sensitive nature of service.
- 1990/91- Programmatic introduction of Norplant. National meetings to introduce Norplant to providers. Preparation for registration and development of Norplant work plan.
- Jan 1992-date AVSC became more actively involved in FHS and its activities are integrated with FHS activities.

Type of sites where VSC services are supported:(as of mid-1992)

University teaching hospitals	10
State government hospitals	31
Mission hospitals	5
Military hospitals	2
Private hospitals	4
Comprehensive health centers	2

### Lessons Learned on AVSC Programming

1. Importance of intra-agency cooperation/collaboration. Although late in joining FHS, there has been positive impact on permanent and long term contraception when AVSC and FHS have collaborated.
2. The use of local professional leaders and service providers for VSC has proven successful.

3. Each agency has special skills/resources that are essential for building CYP. AVSC has learned that with effective central coordination, interaction with various components and with NGOs/MOH, better impact can be made.
4. An impact is being made on attitudes and use of services, i.e. increasing user rate/contraceptive prevalence, however, more needs to be done. Particularly,
  - a) focus on service output, i.e. target various efforts towards service output.
  - b) more effective response to local needs
  - c) more attention on medical quality of services
  - d) need to create an office to address various relevant media issues
  - e) closer links with FHS components for
    - better development of service infrastructure
    - better sector inputs to permanent and long term contraception
    - better integration of our activities for purposes of services provision monitoring/supervision, data collection/management and evaluation.
5. Surgical contraception is technology intensive requiring well equipped clinics, provider competence and quality of service. There is no short-cut to providing good vsc services.

## **VI. OPERATIONS DIVISION**

### **Objectives of Operations Division**

1. Provide services required to sustain the already established head office which currently accommodate

- USAID}
- FHS }(150 professional staff approx.)
- CCCD }
- AIDSCAP}

2. Maintain a unified personnel management through:

Development of personnel policies  
Evaluation of all local hire personnel (FSN)  
Recommend to AID a range of salaries & benefits for in country professional staff  
Review previously developed rates for per diem, honoraria, consultancy fees

3. Provide secretarial support and conference/workshop to all technical organizations.

4. Maintain full business communication:

Telephone  
Facsimile/Telex  
Courier services  
Expedited mail delivery/collection  
Review telecommunication capabilities within headquarters, zonal offices.

5. Maintain a system to keep AAO/Lagos fully informed of project and administrative actions

6. Maintain storage system in a centralized location

7. Provide transportation and expeditor services:

Pooled project vehicles  
Manage vehicle allocation  
Expedite local/foreign travelers  
Passport/visa regularization  
Hotel reservations

8. Provide project equipment both off-shore and locally through SweetHill Associates:

Off-shore purchases cleared duty-free through AID

9. Continue to provide maintenance services for office equipment, vehicles, and buildings

10. Set up four fully functional zonal offices with all facilities:

Computers

Copiers

Telecommunication (fax/telephone)

Two vehicles for each zone

Secretarial support

11. Provide general logistic for USAID-supported projects

#### Lessons Learned on General Administration and Operations

1. Because personnel management is not unified, different policies from all contractors prevail. There is need to unify personnel management under AID regulations and in accordance with FHS policy.
2. Inadequate space for the FHS project to work as a fully-functioning project has inhibited productivity.
3. Inadequacy of supplies (office and equipment) as a result of increase in project activities and incessant demand by project personnel has caused less effective and efficient project implementation.
4. Time factor between ordering and delivery of project supplies and equipment is not adequately taken into account so that supplies and equipment arrive late, thus delaying project activities or making them less effective.
5. Inadequate telecommunication system within the project has caused delays in project execution and misunderstandings between project staff and counterparts.