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FAMILY HEALTH SERVICES B ZONE IBADAN

FINAL REPORT

JUNE 1994

1. EXECUTIVE SUMMARY:

The B Zone of FHS has been involved in activities meant to achieve the overall objective of the National Population Policy. The Zone committed human and material resources to programmatic activities that include training, IEC, Service Delivery Points Upgrade, Commodity Logistics Management, MIS, Office administration as well as the supervision of a number of subprojects scattered all over the eight states comprising the Zone.

Training was provided for a total number of 652 persons between January 1993 and June 1994. Types of training provided include CSPs, CHEWs, Commodity Management, VSC Counselling, IPC for CSPs, IPC TOT, Supervisory Skills, TOT CSP, Infection Prevention, COPE and ML/LA.

The Zonal Office embarked upon the upgrade of SDPs with a view to increasing the CYP in the Zone. Forty-one clinics were assessed, 17 Type A upgrades, and 24 for Type B. However, the upgrade exercise has not been effected. Equipment required have just been received.

IEC activities were intended to increase FP knowledge in the Zone. In this direction, aggressive efforts were made to produce 200 contraceptive boards in Ondo State and 6000 FLE posters in Oyo, Osun and Ondo States, IPC TOT workshop held, 12 Zonal IPC workshops organised while the PSAs were aired frequently on the radio and television stations in all the eight states. Also, IEC kits were distributed and 25% of the states launched the population logo. A video documentary on MUDAFEM, a project meant for University undergraduates was completed and 40 Journalists took part in a population IEC Orientation workshop.

The Zone effectively monitored contraceptive movement, distributed contraceptives to the states, ensured good storage facilities, initiated and established maximum/minimum control system, established client fees on contraceptives with a view to encouraging sustainability.

The MIS system in the Zone was strengthened as 100% of the MIS forms were retrieved from the states in 1993. However, not all the SDPs reported during the same period. An average of 80% was recorded as reporting from all the SDPs in the States.

The Zonal Office supervised the running of the ten subprojects with the private sector. Some of these are promising and need to be encouraged. Others have to be provided with closer monitoring. Nevertheless, the NGOs remain a veritable means of achieving the objective of the national population policy.

Collaborative activities with other sister agencies have been helpful and at the same time promote the credibility of FHS in the Zone. However, there are some constraints mainly due to the unhealthy political climate in the country, incessant strike actions at the public sector and the decertification policy clamped on Nigeria. Nevertheless, the operations of the Zone have been beneficial to a lot of the people within its area of jurisdiction.

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PROGRAMMATIC

2. TRAINING:

OBJECTIVE OF TRAINING PROGRAMME:

The training objective of B Zone is to improve the skills of family planning service providers by training a total of 1,438 persons.

ACCOMPLISHMENTS:

In pursuance of this gigantic objective, the zonal office organized some training activities where participants were trained in various categories. A breakdown of the training activities is presented in the attached appendix A. Only 652 persons were trained out of the 1,438 stated in the objective. This represents 45.34%. This accomplishment is only modest as it is below average. In fact, some of the targetted trainings were not held. For instance the MIS training and the CHEW/VHWS IEC training were not conducted. Thus the expectations of the zone with regards to training were neither fully nor adequately met.

LESSONS LEARNT:

The preparedness of the public sector FP practitioners to embrace training as an important aspect of their job made the various training programmes organized by the zone to succeed. There is no doubt that the trainees would utilize the training opportunities afforded them in their various places of work. The fact that only a limited number of persons were trained was due to some constraints. The political problem which manifested itself mainly in the southwestern part of the country greatly affected the activities in the zone.

Moreover, the incessant industrial actions on the part of the public sector personnel also slowed down the pace of events. The effect of the decertification policy on the activities of the zone is quite devastating.

RECOMMENDATION:

Much as the public sector FP personnel are enthusiastic about training, there is the need to conduct more training activities with the private sector. This is because of the absence of industrial actions that have become rampant in the public sector.

It is important to have an evaluation system built into the training activities of FHS. This will make it possible to scientifically assess the impact of the training programmes.

The training unit at the FHS headquarter will also need to be more involved in the training activities of the zone.

APPENDIX A

TYPE OF TRAINING	TARGETED NO	NO APPROVED	NO TRAINED	PERCENTAGE %	REMARKS
CSP	305	40	65(25 FOR RIS)	21.3%	The No trained exceeds the approved number but still falls below the targeted number
CHEWS	89	12	12	13.48%	The approved No was trained but this is far from the targeted No
Commodity Management (Public)	32	35	32	91.4%	The difference in the targeted & approved No is because kwara state did not send its 3 candidates for the workshop
Physician Complication Management Workshop	16	3	3	18.75%	Though approved No was trained but it is still far from the targeted No
VSC Counselling	20 RIS Only	20	20	100%	The training was conducted in only the RIS State (Osun)
IPC for CSPs	522	240	342	65.5%	The No trained is higher than the No approved but it is still lower than the targeted No. Ondo LGA sponsored 100 likewise Osun 2.
IPC TOT	57	22	23	40.35%	Only 40% of the targeted No was trained.

TYPE OF TRAINING	TARGETED NO	NO APPROVED	NO TRAINED	PERCENTAGE %	REMARKS
Supervisory skill Workshop	45	25	25	55.5%	Only 55% of the targetted No was trained.
TOT CSP	20	20	20	100%	For Osun RIS State only
Infection Prevention Workshop	30	30	38	126.6%	The No trained exceeds the target
COPE Exercise	50	50	60	120%	As of the time of writing this report, only 35 persons have been trained, 25 more will trained before the end of June 1994.
ML/LA VSC Counselling	16	16	2	12.5%	The zone was not carried along by AVSC but we got the news that 2 persons were trained in Norplant.

PROGRAMMATIC

3. SDP UPGRADE:

In recent years, efforts are geared towards improving the quality of services being rendered to clients. Ways are being sought on how to make clients enjoy the services provided at any point in time. This has then necessitated an assessment of service delivery points. The assessment of SDP's for upgrade were carried out within the zone and was aimed at

1. Increasing the Couple Year of Protection (CYP)
2. Improving the skill and knowledge of providers
3. Increasing contraceptive prevalence rate from an estimated 17% in 1992 to about 18.5% by June 1994
4. Ensuring that timely and efficient services are rendered to clients in the area of family planning.

A total of 41 clinics were assessed. 17 of the number are to move to Type A clinics while 24 will be graded to B. (See appendix B) for a bird-eye view of the assessed clinics.

On completing the assessment, a number of clinics lacked personnel. Efforts were made to identify and train clinic personnel to man such places. Advocacy meeting with Various Hospital Management Board Directors were conducted to forestall the impromptu transfer of staff and issues relating to office space and usage.

However in the area of office equipment supply which to a large extent most of the clinics assessed lacked, promises were made to deliver such equipment when it arrives. Unfortunately, we are still awaiting the supply of the IUCD kits and Africare sets for distribution within the zone.

IMPLICATION OF UPGRADE

So far it has not been possible to measure the effectiveness of the upgraded clinics as the equipment have not been distributed to the various SDP's as earlier mentioned. This could be attributed to the current political instability and USA decertification of Nigeria on the non-compliance of Nigeria with the international anti-drug policy. As such we have been unable to carry out the Africare Equipment Maintenance Workshop earlier slated. This would be carried out as soon as the situation improves and evaluation conducted 3 month after the equipment might have been put to use.

APPENDIX BFACILITIES ASSESSED FOR UPGRADE

STATES	FOCUS/LGA/SDP	SDP SITES
1. Delta	Oshimili Aniocha	3A, 4B
2. Edo	Oredo Esan West	1A, 2B
3. Kwara	Ilorin South Ilorin West	1A, 2B
4. Lagos	Ikeja Mushin	2A, 3B
5. Ogun	Abeokuta South Abeokuta North	2A, 2B
6. Ondo	Akure Owo	2A, 2B
7. Oyo	Ibadan South East Ibadan North West	-A, 2B
8. Osun (RIS)	10 Local Government	6A, 7B

PROGRAMMATIC

4. IEC/ADVOCACY:

The zone planned to transform from creating FP awareness to increasing FP knowledge. Slated activities to achieving the transformation included production of electronic and print materials, workshops on interpersonal communication, counselling skills, family life education drama, essay and poster. Competitions, sensitization seminars for women, youth leaders and media directors, state and zonal launching of FP IEC program and logo advocacy visits as well as Ewi music project.

The incessant industrial actions cum the political logjam that pervaded the air for a greater part of 1993 inhibited the implementation of most of the planned activities. Added to that, was time constraint due to the impending closure of JHU/PCS contract with USAID on one hand and the decertification of Nigeria as a result of her uncooperative attitude towards international efforts to stop hard drug trafficking *on the other.*

However 200 contraceptive display boards- modern and traditional were produced in Ondo; 6,000 copies of FLE poster for Oyo, Osun and Ondo were printed. One master Interpersonal Communication Training of Trainers Workshop involving 23 participants including one person sponsored by PATH was held, 12 zonal IPC workshops in which a total of 242 people were trained including 90 participants sponsored by Local Governments in Ondo State were also held. The production of comic book "Your Destiny is in Your Hands" was completed and are being distributed.

A lot of public service announcements on family planning were sponsored by PPFN. Jingles on radio and television stations were broadcasted throughout the zone. Over 70 IEC resource kits were distributed in Ogun, Oyo, Osun, Ondo, Edo, Kwara and Delta States. Each kit consist of 7 video cassettes on various family planning related topics, 2 audio cassettes, one FP flip chart (small size) and print materials. Giant flip charts for use in grade A clinics were also given to states. It is worthy to note that recipients have made judicious and effective use of the resource kits at seminars, meetings, workshop and on air by television stations in the zone.

During the course of monitoring and supervisory visits to states, advocacy activities to solicit for FP were carried out at state and LGA levels. 25% of the states have succeeded in launching the national population logo in the respective states even though they have the logo posters, billboards, danglers and stickers conspicuously displayed all over the zone. Efforts are still on to ensure that the logo launch took place in the remaining 6 states.

MUDAFEM, a project designed to reach the University of Ibadan students with non-prescriptive FP methods was evaluated by the project team. A video documentary on the project has been completed. 40 journalists from electronics and print media in the zone participated in a 3 day population IEC Orientation Seminar organized by NCPEA under the auspices of the JHU/PCS IEC Division of FHS. The zone gave her full support to the workshop. There has been better understanding of FP program and informed/educative write ups including the communique issued at the end of the workshop have since appeared in the newspapers.

Series of industrial actions scattered over the period cum political upheavals and civil service bureaucracy were the major constraints to project implementation. Full implementation of the stated activities will not only reinforce the FP awareness and acceptability in the zone, but also increase the knowledge and practice by the community.

Project activities were implemented faster by subcontracting them to experts and thereby the constraint posed by bureaucracy became limited to fund releases. In order to avoid project funds being utilized for other activities (refund may be made later) it is suggested that the zonal office should be a signatory to the accounts.

PROGRAMMATIC

5. COMMODITY/LOGISTICS MANAGEMENT:

OBJECTIVE:

To strengthen the commodity/logistics management and distribution system in the states in the zone.

ACHIEVEMENTS:

- Monitored contraceptives movement in all the states in the zone to forestall stockout, overstock, leakages and unnecessary wastages.
 - Ensured that good storage facilities exist in the states warehouse by soliciting and eliciting for support and cooperation of the relevant key personnel in the state.
 - Paid regular visit to states in the zone to establish effective contraceptive management system.
 - Distributed and redistributed contraceptives to the states in the zone by determining states contraceptive needs.
 - Encouraged the FPCs to accompany the zonal officers to less accessible and non reporting Service Delivery Points (SDPs) for monitoring and supervisory visits during regular visits to the states.
 - Initiated and established maximum/minimum control system for the contraceptives in 7 out of the 8 states in the zone.
 - Trained personnel handling commodities in the state warehouse on proper storing, inventory control system and inventory card posting.
 - Established client fees on contraceptives in all states except Lagos for the purpose of cost recovery and sustainability.
- Concretised steps towards sustainability by encouraging the opening of family planning account to lodge proceeds contraceptive sales.

- By determining the utilization level of various methods in the states in the zone over a period of time, the zonal office was able to project the contraceptive needs of the zone for the remaining part of the transition period. The fulfillment of this projection is another question entirely. (Please check constraints/problems).
- Regularly sent commodity/logistics report to FHS headquarter

LESSONS LEARNT:

FAVOURABLE FACTORS

The zonal office found the commodity/logistics operational environment not par excellence. However there are some favorable enabling factors that need be mentioned. These are:

- The training of the states commodity/logistic program officers at zonal level in logistics management information system (LMS). This training 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.
- Availability of zonal vehicle to the FPC during routine visit for the monitoring and supervisory visit to remote and less accessible SDPs.

CONSTRAINTS

The operational environment for the commodity/logistics management and distribution in B Zone during the transition period could be said to be fair considering a number of factors that were not too enabling towards a smoother operation. These included:

- The 1993 political situation which 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.
- 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 zone has not conducted first quarter (Jan - March, 1994) monitoring visit to the states for a more comprehensive picture of the contraceptive situation to emerge. Our report therefore is limited to activities carried out last year. Lack of fund to the zones imprest account has been indicted for this lapse.

- Lack of cooperation of some state key personnel towards making vehicles/fund available for monitoring and supervisory visits by the FPC and LGA supervisors made quantitative and qualitative performance of some SDPs below expectation.

Recommendations

- On the whole, the Zone's commodity performance is okay but needs improvement. Regular monitoring must be encouraged through making funds available as to when regular visits are scheduled. This will enhance the periodic commodity forecasting for the states and Zonal Warehouses.
- Apart from the Statutory quarterly commodity monitoring visits provision should be made for discretionary visit of states that need extra piloting. This will keep the affected states on tow with other in terms of performance.
- Now that the Zonal Warehouse is ready efforts should be made to regularly and promptly supply the Zone with commodities as per request.
- The Zone should continue with its Advocacy support visits to the States' Ministerial KEY persons to fashion out means and ways to supervise their SDPs appropriately. However, 'sustainability' is the core word now to use. Since most States have introduced clients fees, a percentage should be given to the State and LGAs for monitoring and supervisory visits and for the purchase of consumables.

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PROGRAMMATIC

6. SERVICE STATISTICS SUMMARY (MIS):

OBJECTIVE:

- Strengthening the Management Information System (MIS)

ACHIEVEMENTS:

Efforts were made in the zone to strengthen the MIS system and retrieval of service statistics summary sheets from the states in the zone. On the spot technical assistance were given to service providers in the states, LGAs and SDPs on the filling of MIS forms to enhance better and authentic reporting.

States, LGAs and SDPs especially those that are not reporting were visited on a regular basis to retrieve service statistics. Towards the end of 1993, an average of 80% of the years MIS has been retrieved with a range of between 70% - 90% from various states.

In February, Jan - Dec 1993 MIS forms (100%) were retrieved, collated, corrected and validated during the Technical Assistance Group (TAG) round. The 1993 service statistics reaching us shows that the zone as usual did comparatively much better than other zones and relatively good scores when compared with 1992. Although the achievement falls below the targetted figure for 1993, this may not be unconnected to the political situation and incessant strike actions experienced last year. However lessons have been learnt, shortcomings noted for improvement. (See appendix C for comparative figures)

Our achievement as reflected below inspite of the operative environment that permeated last year.

CONSTRAINTS

- Lack of transportation was cited in most of the states in the zone as being the major constraint in retrieving service statistics.
- Irregular supply of commodities to the remote SDPs due to the above factor. This may have had adverse effect on the zone's total service statistics achievement of the reporting period.

- Only few states have been able to send in the MIS form for the remaining part of the transition period (i.e Jan - June). The zonal office have not been able to embark on the usual monitoring rounds due to unavailability of funds.

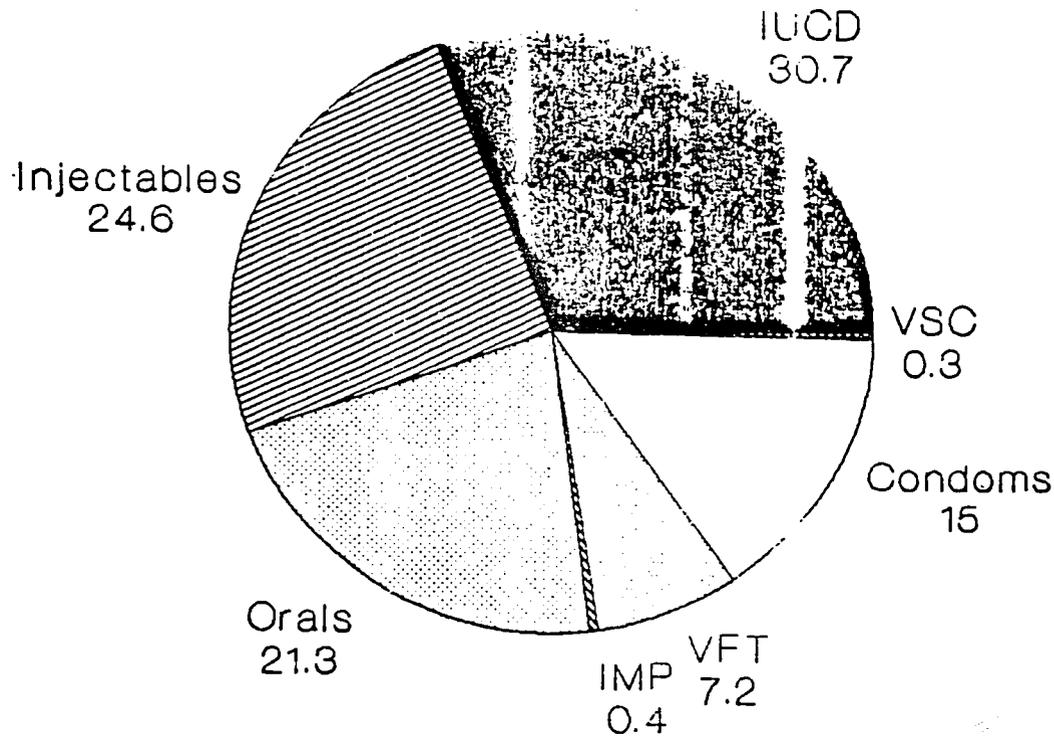
RECOMMENDATION

- The ZPO should continue the practice of taking service providers along during monitoring visits in order to collect outstanding service statistics from SDPs that are far removed from the centre.
- Commodities should be taken along during such visits to the SDPs as mentioned above to enhance availability of commodities to clients as the need arises.
- Funds should be made available to the zonal office to conduct its routine monitoring visit in order to give a more comprehensive service statistics picture of the transitional period achievement (Jan - June, 1994)

B ZONE TOTAL NUMBER OF NEW ACCEPTORS BY METHODS

S/N	METHODS	NEW ACCEPTORS
1.	IUCD	23,540
2.	Injectables	18,896
3.	Orals	16,354
4.	Condoms	11,806
5.	Vaginal Foaming Tablets	5,516
6.	Implants	316
7.	VSC	242
	Total	76,670

B ZONE 1993 N/A METHOD MIX IN ORDER OF PREFERENCE



METHODS IN PERCENTAGE

APPENDIX CMIS COMPARATIVE FIGURE B ZONE FOR 1992 & 1993

S/N		1992	1993	% OF ACHIEVEMENT
1.	New Acceptor	97,611	76,689	78.6%
2.	Revisits	265,664	213,448	80.3%
3.	Total Revisits	363,272	290,137	80%
4.	CYP	163,205	147,377	90%
5.	CYP Ave Prevalence	2.65	2.62	99%
6.	No clinic Providing	659	684	104%
7.	% Reporting	74%	65%	87%

FAMILY PLANNING DATA - B ZONE 1993

HOW THE STATES RANK (CYP ACHIEVEMENTS)

STATES	NEW ACCEPTORS	REVISITS	CYP	1993 ZONAL POSITION	COMMENTS
LAGOS	20,839	72,998	40,863	1ST	Very high new acceptor for the CYP generated. Should be encouraged towards permanent methods
OYO	13,692	30,813	39,233	2ND	Good potential. Should sustain or improve on this
OSUN	9,033	20,208	16,731	3RD	Has potential as an RIS state but should focus more on permanent method
KWARA	13,915	26,216	15,369	4TH	Could do better if closely monitored. Has potentials.
ONDO	5,978	21,983	12,122	5TH	
OGUN	5,336	17,201	11,030	6TH	
EDO	2,588	13,841	7,108	7TH	Low New Acceptor but fairly high CYP which may be due to servicing clients with clinical contraceptives.
DELTA	5,305	10,188	4,921	8TH	Has high new acceptor but low CYP. Need to focus more on permanent/clinical methods.
TOTAL	76,689	213,448	147,377		

FAVOURABLE CONDITIONS

The regular visits to the states for data retrieval during monitoring and the cooperation of the service providers in identifying defaulting/non reporting SDPs were some of the enabling factors towards the zones MIS retrieval achievement. The fact that the south western zone has a conducive family planning environment also contributed.

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SUBPROJECTS

OBJECTIVE I:

NANNM LAGOSOBJECTIVES:

1. To provide clinical family planning training, including training in IUCD insertion, to approximately 50 additional private sector nurse-practitioners based in clinics.
2. To have a minimum of 150 nurse-practitioners who graduated from the John Snow International (JSI) or MSC clinical training courses effectively participating in the program at the end of the contract period.
3. To support the provision of high quality family planning services for all non-surgical methods (including IUCD, Pills, Injectables and barrier methods) through participating nurse-practitioners in order to generate 5,943 CYP. NANNM will provide support to providers in the form of; quality assurance monitoring assistance in the developing referral systems, training in IEC and other technical assistance.
4. To achieve contraceptive commodities sales of N336,000 during the contract period (based on average sales of N4,200 per month x 5 monitors) through the sales to participating providers and nurse-vendors; and by expanding the programs market base to additional patent medicine outlets, pharmacies, private clinics and other appropriate outlets.
5. To generate 10,553 CYP through the sale of family planning commodities (pills, condoms and foaming tablets) by 15 nurse-vendors operating from 15 to 30 urban and semi-urban markets.
6. To increase the demand for services of participating practitioners and nurse-vendors through clinic and market based promotional IEC activities and through the distribution of IEC materials.

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7. To strengthen the capability of NANNM to manage and sustain its family planning program.

ACHIEVEMENTS:

1. The subproject trained 50 CSPs, Twenty nurse-vendors were also trained but only five are currently providing services.
2. 110 family planning providers are currently providing family planning services. This figure represents 73% of the 150 targetted to be retrained at the end of the subproject year.
3. Although 5,943 CYP targetted was to be generated, the extent of the target realization could not be determined as the subprojects personnel claimed that they are incapable of calculating CYP. In any case, the zonal office has little information on this subproject as the quarterly reports are sent to Lagos for review.
4. The zonal office cannot determine the amount generated through sales of contraceptives. This is so because there are no records in the zonal office to enhance this assessment.
5. Consequent upon 4 above, the CYP generated through the sales of commodities cannot be determined.
6. Zonal office lacks information to assess this objectives appropriately.
7. Not measurable

LESSONS LEARNED:

FAVOURABLE ENVIRONMENT

- Proximity to FHS head office for regular and constant monitoring is enabling factor.

CONSTRAINTS

- Our findings show that although the nurse vendors are not trained in family planning they distribute pills.
- Quarterly reports are reviewed in Lagos and it is hoped that Lagos will supply the missing facts and figures.

RECOMMENDATIONS:

1. The subproject implementors and family planning practitioners need training in CYP calculation and other management trainings such as supervisory skills, MIS, commodity management and data utilization.

2. Nurse-vendors, if they must distribute pills, should be trained in family planning theories (didactics) for 2 weeks.

NPNMA OYO

1. To provide clinical family planning training, including training in IUCD insertion, to approximately 50 additional private sector nurse-midwives.
2. To support the provision of high quality family planning services for all non-surgical methods (including IUCD, pills, injectables and barrier methods) through participating providers. NPNMA will provide support to providers in the form of: quality assurance monitoring, assistance in developing referral systems, training in IEC, and other technical assistance.
3. To retain at least 80% of trained providers in the program (existing and new recruits) (for a minimum of 120) at the end of the contract period.
4. To achieve contraceptive commodities sales of at least N192,000 during the contract period through the continual sales to participating providers, and by expanding the program's market base to a total of 200 patent medicine outlets, pharmacies, private clinics and other appropriate markets. This sales target per monitor is an increase of 67% increase over the year 3 target.

Achievements

Two FP posters and a table calendar were produced.

- Fifty CSPs were trained.
- One person was trained in IPC TOT and five in Interpersonal Communication Counselling.
- There are 139 outlets functional or 69% of the targeted figure of 200.
- One of the outlets - Oluranti Hospital - is used as BTL referral centre.
- The Zonal office has no records of how many CSPs are providing so as to determine whether 80% sustainability rate was achieved.
- As at now, circumstances does not allow us to determine proceeds from the sales of commodities.

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SUBPROJECTS

OBJECTIVE II:

Lessons Learned

The fact that the NPNMA has been on the project before aided the heights now reached. The project's headquarters' proximity to the Zonal office made for constant monitoring and technical assistance. There was a good rapport with the State Ministries of Health of Oyo and Osun. The fact that BTL referrals were to the sub-project headquarters was an added advantage.

Constraints

No structured checklist for supervision. Referrals were verbal, no formats. Also there are no records of referrals kept.

Recommendations

The Zonal Office should give technical assistance to the sub-project to put in place a structural referral system.

Assistance should also be given by the Zonal office in the sub-project preparation of the final report to ensure that it is articulate and comprehensive.

There should be developed by the sub-project, a checklist for supervision and quality of assurance monitoring.

PNA/OGUNObjectives

1. To provide clinical family planning training including training in IUCD insertion to approximately 50 additional private sector Nurse practitioners based in clinics.
2. To support the provision of high quality family planning services for all non-surgical methods (including IUCD, pills, injectables and barrier methods) through participating providers in order to generate 4,561 CYP. PNA will provide support to providers in the form of: quality assurance, monitoring, assistance in developing referral systems, training in IEC and other Technical Assistance.

3. To retain at least 80% of trained providers in the program (current and new recruits) for a minimum of 136 at the end of the contract period.
4. To achieve contraceptive commodities sales of N336,000 during the contract period (based on average sales of N3,500/month x 6 Monitors) through the sales to participating providers and Nurse-Vendors and by expanding the program's market base to additional patent medicine outlets, pharmacies, private clinics, and other appropriate outlets.
5. To generate 6,097 CYP through the sales of FP commodities (pills, condoms, and foaming tablets) by 15 Nurse-Vendors operating from a total of 45 urban and rural markets.
6. To increase the demand for services of participating practitioners and Nurse-Vendors through clinic and market based promotional (IEC) activities and distribution of IEC materials.
7. To strengthen the capability of PNA to manage and sustain its FP program.

Achievements

1. 50 CSPs trained.
2. 5 Nurse-Vendors trained.
3. CYP is yet to be calculated as to determine the achievement so far.
4. Attempts were made to record a drama for community viewing centres and Ogun State Television but this was stalled by obvious reasons.

Lessons Learned

1. The sub-project had the advantage of building on the success attained by the public sector which has the highest percentage of FP awareness in the country.
2. Record keeping is inadequate as there are no records kept by nurse vendors and where kept at all are not properly done.
3. The subproject's zones are too far from the city thereby making supervision less-efficient due to fewer visits.

Recommendations

1. The zonal system needs to be re-organised to permit efficient supervision.

2. IEC activities need to be taken more seriously. Clinic and community-based IEC activities should be properly organized and executed.
3. Subproject staff need to be trained on record keeping and the calculation of CYP.

NCWS OSUN STATE

Objectives

1. Establish an NCWS Management Unit for expanding family planning services in Osun State.
2. Recruit and train 140 NCWS and its affiliates members from 8 of the 23 LGAs in family health/child spacing as CBD promoters.
3. Conduct awareness, motivation and constituency building activities in order to sensitize about 252,000 people on health and family planning issues, including policy makers at the state and local level.
4. Provide family planning services to 6,300 new acceptors and to refer about 1,300 for more effective methods.

Accomplishments

1. 140 CBD promoters were trained.
2. The subproject has referral centres in 6 zones but the number of people referred cannot be ascertained.
3. Though, it is a new project that started in December, its service statistics show that 4,367 sachets of Low-Feminal and 2 Copper T, 2,236 VFT, and 5880 condoms were distributed which could not be equated with the number of acceptors. Thus, the number of new acceptors, so far cannot be determined.
4. An NCWS Unit has been established in six zones with six monitors also set up while staff including the monitors have been recruited.
5. IEC/Advocacy and mobilization activities have been carried out. Project activities have been introduced to key functionaries in the State. Steps have been taken to make family services reach women in purdah. However, the IEC objectives cannot be measured in real terms.

Lessons Learned

1. The collaborative activities of the various associations making up the NCWS is favourable.
2. The leader of the project has professional and social backgrounds as a retired nurse-midwife and also as a community/ traditional leader.
3. The proximity of the B Zonal Office and the RIS project being in the same town ensures on the spot provision of technical assistance whenever needed.
4. The removal of political functionaries just at the commencement of the project delayed the introduction of the project to key government personnel.
5. Untimely reimbursement of funds.

Recommendations

1. The subproject though new but has potentials and needs to be encouraged.
2. More technical assistance will need to be given on the filling of MIS forms and record keeping.
3. A more structured referral system should be established.

NANMM, ONDO STATE

Objectives

1. To provide clinical family planning training, including training in IUCD insertion, to approximately 50 additional private sector nurse-midwives.
2. To support the provision of high-quality family planning services for all non-surgical methods (including IUCD, pills, injectables, and barrier methods) through participating private providers. NANMM will provide support to practitioners in the form of: quality assurance monitoring, assistance in developing referral systems, training in IEC, and other technical assistance.
3. To retain 90% (or 157) of trained providers in the program (existing ones and new recruits) at the end of the contract period.
4. To achieve contraceptive commodities sales of N96,000 during the contract period through sales to participating providers, and by expanding the program's market base to a total of 150

patent medicine outlets, pharmacies, private clinics and other appropriate retailers. This represents a 60% increase in the current sales performances of each monitor.

5. To increase the demand for services of participating clients through clinic-based promotional (IEC) activities.
6. To strengthen the capability of NANNM to manage and sustain its family planning program.

Accomplishments

1. 49 CSPs were trained out of the 50 planned for the project. This represents 98% of the targetted number.
2. The Zonal Office is aware that an IEC/IPC workshop has been held by Ondo NANMM subproject. However, the Zonal Office has no record of how many people were trained.
3. The subproject has a total of 174 providers which is 11% (or 17 providers) higher than the targetted figure of 157 CSPs.

Lessons Learned

1. Lack of proper record keeping is a bane of the subproject.
2. Lack of articulated reports as the subproject reports do not give adequate information for better assessment.
3. The subproject has difficulties in procuring IUCD kits for trained CSIs.

Recommendations

1. Reimbursement of funds on subsequent subprojects should be based on outputs i.e CYPs, new acceptors, etc.
2. There is need for technical assistance on record keeping.
3. New focus should be on service generation of new acceptors rather than on commodity sales and generation of money in order to meet the original objective of population policy.
4. The Project Coordinator should be more involved in the supervision of the service providers at the clinics.
5. Supervisory checklist should be made available by the subproject for supervisory visits.

COWAN, ONDO STATEObjectives

1. Strengthen the skills of the project management team in planning, monitoring, supervision, and record-keeping including training of 4 new and retraining of 6 Field Supervisors.
2. Train approximately 130 new and retrain 240 existing COWAN society members as Community Based Distribution Promoters.
3. Conduct monthly awareness, motivational, and constituency building activities in order to sensitize 270,000 people in health, family planning, STDS/AIDS; and
4. Provide family planning services to 20,000 new and 35,000 continuing clients and refer 4,000 clients for effective methods. It is anticipated that a total of 45.193 CYPs will be generated during the project period.

Accomplishments

- Three field supervisors were trained while six new supervisors were retrained.
- 22 IEC talks were conducted, 15,901 home visits were carried out, 47,177 people were reached. This represents 17.5% of the 270,000 people planned to be sensitized.
- 29,983 pamphlets and 1,465 posters distributed.

It must be stated however, that there are no records available to the Zonal Office to verify these accomplishments with respect to IEC activities.

- A total of 370 CBDs are functioning presently including 130 trained in the current contract. The output of these CBDs however needs aggressive improvement to make its existence worthy of any one's resources. Each Agent generates less than 2 new acceptors per month. This gives a total of 740 new Acceptors per month by all the Agents. If one is to multiply this figure by the number of months the project is to last (i.e. 13 months) the figure emerging (9,620) is only 48% of the targetted figure of 20,000.
- There are no records on revisits clients and number of people referred could not be ascertained as there is no referral record. Consequent upon this, the CYP achieved to date could not be determined.

Lessons Learned

1. There were delays in the submission of quarterly reports. For instance, December - February is yet to be received. Absence of the Director to sign the document at the time of submission has been given as reason for late submission.
2. Lack of supervisory checklist.

Recommendations

1. The project needs technical assistance on record keeping. In fact, record keeping will need to be seriously improved.
2. Supervisory skills will need to be sharpened and provision of supervisory checklist must be ensured.
3. Delegation of authority should be given to the Project Coordinator to sign quarterly report in order to forestall delays in the regular submission of quarterly reports.
4. IEC activities should be intensified to generate new acceptors.

EXCEL CLINIC

Objectives

1. To generate 16,539 CYP from clinic and CBD services offered by the Excel Clinic Project.
2. Increase the demand for family planning services through IEC activities within the project area to reach 115,000.
3. To provide training in family planning to service providers as follows:
 - a) 50 market volunteers in the project area.
 - b) Refresher training to the 46 market volunteers existing in the project.
4. To establish a referral network to promote the use of more effective methods. Clinics will refer clients desiring VSC and Norplant. CBDs will receive a fee.

Achievements

51 new CBDs were trained while 46 old ones received refresher course. Out of these, only half are actually functioning.

Lessons Learned

1. Proximity to FHS Headquarters should have been an enabling factor to make the project meet all its objectives.
2. The management of the project is inadequate.
3. Record keeping with respect to new acceptors and revisits, and commodities receive or sold is quite unsatisfactory.
4. Supervisory checklists are not used during supervisory visits.

Recommendations

1. The subproject needs proper monitoring as service statistics gathered are held in suspect by the evaluation team.
2. The need to provide training in record keeping, management and supervision, and the calculating of CYP is crucial and urgent.

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SUBPROJECTS

OBJECTIVE III:

EKU BAPTIST HOSPITAL FAMILY PLANNING:

OBJECTIVES:

1. To provide training for:
 - 10 new nurse-midwives in family planning service delivery up to IUCD insertion in a five week training session.
 - A one - day refresher training for 12 CBDs and 6 nurse-aids trained in previous funding periods.
 - A one - day sensitization seminar for project staff.
2. Educate approximately 85,500 people in IEC through 15,400 home visits, 308 market talks, 154 village meeting talks, 192 clinic talks, 11 social club talks and family planning campaign days.

It is rather sad to report that this project is the problem child of the zone. On two occasions we visited the project neither the manager nor the secretary was around. Ever since, only one quarterly report covering 1st December 1993 - 28th February 1994 was received by the zone.

Mrs Diana Dakpos, the project manager once called at the zonal office while on a visit to Ibadan. At her convenience, a meeting was scheduled with the zonal staff to discuss the project but she did not show up for the meeting.

The only report received so far contains very terse information. The training scheduled were said to be on going as well as other project activities. During the recent, FHS evaluation visits to subprojects, it was the team in A Zone that undertook the evaluation. It is expedient that the evaluation report be referred to for updates on the subproject

However, the zonal office is aware of the reported brain-drain from the hospital to private oil companies which affected project staffing. Inability to withdraw money from the bank, due to industrial action was reported to be responsible for delays in starting off the training program.

RECOMMENDATION:

A meeting with the project Director and manager is very necessary to discuss issues, constraints and solutions resulting to designing the next line of action.

NANMN EDO STATE

OBJECTIVES:

1. To provide clinical family planning training, including training in IUCD insertion, to approximately 50 additional private sector nurse midwives.
2. To support the provision of high quality family planning services for all non-surgical methods (including IUCD, pills, injectables and barrier methods) through participating providers. NANNM will provide support to providers in form of; quality assurance monitoring, assistance in developing referral systems, training in IEC, and other technical assistance.
3. To retain at least 80% of the trained providers in the program (existing and recruits, a minimum of 140) at the end of the contract period.
4. To achieve contraceptive commodities sales of N100,000 during the contract period through sales to participating providers, and by expanding the programs market base to a total of 200 patent medicine outlets, pharmacists, private clinics and other appropriate retailers.
5. To increase the demand for services of participating clients through clinic based promotional (IEC) activities.
6. To strengthen the capability of NANNM to manage and sustain its family planning program.

ACHIEVEMENTS:

The final evaluation of the subproject was carried out by the evaluation group that went to Zone A. Thus we are unable to categorically state the final achievements that have been recorded by the project. However, consequent upon the various monitoring

visits and the review of quarterly reports conducted by the zonal office, some of the information available to enable us state something about the achievements of the subproject.

1. 30 CSPs were trained out of the targetted number of 50. This represents 60% of the stated number. The number was reduced from 50 to 30 due to increase in training costs and the need to readjust the budget.
2. Some efforts were made to provide support for the provision of all non-surgical methods. However, the final CYP achieved can only be determined by the report of the evaluation conducted.
3. A number of IEC materials like movement charts, diary, visitors notebooks and T-shirts with appropriate family planning messages were produced. In addition, some IEC talks were held to mobilize people to accept family planning.

LESSONS LEARNED

1. The subproject manager was lifting commodities meant for the providers and selling to wholesalers
2. The enthusiasm of the subproject with regards to IEC activities is a booster to family planning efforts in Edo State.

RECOMMENDATIONS

1. The need for training in management and supervisory skills is of utmost necessity.
2. The distribution of commodities should primarily go to providers and not wholesalers.

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MANAGEMENT & SUPERVISION

9. OFFICE ADMIN.

The Zone had existed before January 1994. There were two Zonal Program Officers with allegiance to two different contracting agencies. Viz - The Pathfinder International and The John Hopkins University Population Communication Services. Previous collaborative efforts in the Zone were cemented in 1993. The Zonal structure was strengthened in March with the appointment and posting of a Zonal Program Officer to take charge of Commodities and Logistics. By May and first week in July 1994, the Zonal structure as it is today came into existence. Late May and early June witnessed the Program Department Orientation Workshop and interview of personnel for the post of Program Managers.

One of the ZPOs was appointed ZPM in July 1993 to take care of administrative and coordinative activities of the Zone. On the expiration of Pathfinder's contract, the ZPO left around August 1993. At this period, the Zone was made up of a ZPM, a ZPO and a Secretary until late August when another ZPO - Bunmi Salako came to join the staff in the Zone. The Zonal staff was strengthened by the posting of an Assistant PO (Ex Corper) in September 1993. This brought the total number of staff to 9 including 3 drivers and one Office Assistant on contract.

Presently, with the resignation of Bunmi Salako in March 1994 and the posting of Kola Thomas to the Zone in May the staff strength remains the same.

During the period under review, distinguished visitors within the Zone, Nigeria and outside Nigeria called at the Zonal Office. They include among others, Eugene Chivarolli, Dr. Sagoe, Dr. Keys Macmanus, John MacWilliams, PHC Directors and FPC Coordinators.

We have been greatly assisted by team spirit that permeates the atmosphere of the zonal office. The staff cooperatively execute their daily rounds of duties leading to the successes we have achieved. Coupled with that was the regular and timely reimbursement of zonal imprest to the zone after initial teething problems have been overcome. Except towards the tail end of the transition period, the zone suffered no dearth of funds and that is understandable though.

Correspondence flow from subprojects to Zone and Lagos Headquarters and vice versa was maintained to a large extent. Some erring Project Managers were re-directed to the Zone and that added a fillip to the integrity of the zone and compel such people to have confidence in the ability and capability of the Zonal Staff

The Zone promptly reviewed subproject quarterly reports as they came and acquainted Lagos with its opinion.

Inadequate and malfurnished accommodation were the major constraints to administration in the zone. The entire staff shared two rooms and an ante-room for their offices. This was rather uncondusive to high performances. Efforts to get an additional room was maturing and fund for non-expendables to demarcate the allotted area was being awaited when the decertification issue cropped up. The allotted space is still available for our use whenever fund was available to carry out the demarcation.

We experienced teething problems with funds. The zone apart from its own fleet of vehicles and staff still maintain the vehicle allocated to National Micronutrient Survey and the driver. The job being national demands a lot of travelling and consumption of funds in respect of fuel, repairs and maintenance as well as per diem for the driver. This make us often exhaust our imprest much earlier than we could have.

The Zonal Structure Organogram needs some improvement. There is need for a deputy ZPM to take of some responsibility off the ZPM.

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MANAGEMENT & SUPERVISION

10. OFFICE FINANCE:

Financial transactions in the Zone have been smooth. Cash Data Services was initially employed for transfer of funds but it woefully failed. There were delays in cash delivery and a case in point was when staff salary was paid by Cashdata into a subproject account. Since the contract with Cashdata was terminated, we had minimal delay in getting reimbursements of zonal imprests and staff salary. The bottleneck experienced with staff salaries being paid with Bank Drafts ended with the opening of a Zonal account with the FIRST BANK NIGERIA PLC IBADAN MAIN whose Bank drafts we received from lagos. The account is FHS Project and number is 00102344990. The ZPM is the main signatory to the account with the Deputy Director, PAF as the alternate.

Before this, staff salaries, issued in the name of the ZPM had to be paid into the personal account of the ZPM who had to settle the Bank charges from his own money. This has however stopped with the Zonal Account now functioning.

Receipts of all Zonal transactions have been forwarded to Lagos and have been checked by the Fiscal Analyst.

The Zone needs to acquire a cash box to keep petty cash and the Secretary who keeps the ledger needs more exposition to training in elementary accounting procedures to enable her perform better.

MANAGEMENT & SUPERVISION

11. COLLABORATION WITH OTHER AGENCIES:

We have maintained very cordial relationships with the Federal Ministry of Health, Primary Health Care Development Agency Zonal Coordinator. We brief him from time to time about our planned activities. Through the forum created by the PHCDA Zonal Coordinator, we are able to brief donor agencies like UNICEF and NCCCD of our activities as well as obtain information of their own activities. This enabled us explore areas of cooperation and collaboration to the fullest.

Association for Reproductive and Family Health (ARFH) is another agency with which we have collaborations. Apart from the fact that ARFH secured two subprojects from us - CHEW Training and RIS consultancy - we maintain a day-to-day cordial relationship. We have come to the assistance of each other whenever the occasion call for it.

In the discharge of the FHS mission, we have interacted cordially with State Ministries of Health, LGAs Primary Health Care Units, Non-Governmental Organizations, Youths and Community Leaders as well as professional associations such as NANNM, NCWS, COWAN, COWAD, FONWAN, CHAN, NPNMA, etc.

AVSC - Association for Voluntary Surgical Contraception as well as Mothercare also received our collaborative efforts. We have had opportunities to work together in the provision of quality service and reduction of maternal deaths.

We also collaborated with the Operations Research Unit at OAU, Ile-Ife especially on the conduct of the short course programme in Family Planning Operations Research.

We do enjoy the collaborative efforts and wish that they continue to be further strengthened as long as we pursue the common goal of making life a better living for the generality of the populace.

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12. OTHERS (Please specify)

COMMODITY SITUATION/STOCK LEVEL IN ZONAL WAREHOUSE

In May 1994, about 126,000 or 21 cartons of condoms were retrieved from Oyo State Warehouse for onward movement to States in need of some commodity.

Following this action, 10 cartons and 8 cartons of condoms were distributed to Osun and Ogun States respectively. However, a report came from Osogbo, claiming that the condoms were expired and breaking on use. Although no such report came from Ogun State, the Zone carried out investigation on this claim. It was discovered that although the condoms were manufactured in August 1990, which makes the expiration date August 1995, the potency of the ones observed were questionable. Some have changed colors while some broke on pressure. It was therefore concluded that the storage facility in Oyo State Warehouse is not conducive for condom storage.

Actions Taken

- Prompt report of the situation was sent to the CLMD. A request was also made for condoms to replace some of the questionable ones.
- The 10 cartons (now 9¹) condoms supplied to Osun State were retrieved and 3 out of 6 cartons received on 2/6/94 from FHS Lagos were sent to Osun.
- Oyo State FPC has been alerted on the possibility of damage due to storage facility in their warehouse. The FPC is to conduct an investigation on the remaining condoms in their warehouse and report to the Zonal Office.

Recommendations

- All condoms taken from Oyo State warehouse to Ogun and Osun States, plus the remaining in the State (Oyo) warehouse should be retrieved so as to discontinue use for purpose of achieving better quality of service to our clients.

As has been recommended in previous reports, effort should be made by the State Ministry of Health to either provide an airconditioner for the warehouse or relocate the warehouse to a more contraptively conducive environment.

Where as the Maximum/Minimum System of Commodity Control has been established in most States, the quantity of any commodity should be as per need and frequency of utilization to forestall future wastages of commodities.

Osun RIS Warehouse

Following the approval of N65,000 to renovate and refurbish a store within the Hospital premises to serve as RIS (Osun) Warehouse for Commodity storage, a verbal directive was given by John MacWilliams to the Zonal Office to follow up work progress in the state.

It will be recalled that Osun State Warehouse does not meet warehousing standard and recommendations had been made on previous occasions for a more standard facility to be made available. After series of intervention on both the State Government and FHS an old store was given to the State FPCU. This space although of appropriate size for a State store needs some finishing touches to meet warehousing standard. It is based on this regard that funding was approved.

A brief visit was paid to the State on the 9th by the ZPO to supply commodity. This opportunity was used to visit the warehouse and ascertain the progress so far.

Findings

- The warehouse is centrally located in the General Hospital premises.
- It is a big space of about 20 x 24ft.
- Internal plastering has been done.
- There are 4 light points with fan lights provision in the store.
- A provision is made for an airconditioner.

Security

- Measures has been taken by the inclusion of Burglary proof on the door and airconditioner space.
- It was however observed that the Burglary proof is of low guage.

The main door look frail and old. Needs to be reinforced for better security.

Recommendation

In the event that there are fan-lights provision in the store which we suppose is added to bring in light and air to the store should there be no electricity, a wire gauze and iron rods should be used to cover the holes. This way, the purpose is met, yet the store is better secured.

- We strongly suggest that since it may be impossible to increase the gauge of the iron used for the Burglary proof door, which is already in place, the security of the store could be reinforced by changing the wooden door completely. A stronger and firmer door should be put in its place to forestall easy break in.

GENERAL OBSERVATION

It is important that the Zonal Office make the following general observation on all the subproject in order to guide FHS if the subprojects will be continued in the future.

1. The objectives of the subprojects will need to be stated in a clearer manner to ensure that they are better and easily evaluated.
2. The Zonal Office should be given an approval to hold the FPC workshop which will incorporate the managers of the subprojects. This is with a view to providing them necessary training in management and supervision, record keeping etc.
3. Generally, the subprojects should be given closer monitoring because it is observed that they can perform better than they have done so far. Closer monitoring will ensure the realization of the desired result by these subprojects.