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EVALUATION OF THE
POPULATION FIELD INFORMATION
SERVICES PROJECT

AMERICAN PUBLIC HEALTH ASSOCIATION
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EVALUATION OF THE
POPULATION FIELD INFORMATION
SERVICES PROJECT

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PROLOGUE

This report is an evaluation of the Population Field Information Services Project (known as "PIP-II") contracted to George Washington University through the AID/DS Office of Population.

A number of findings reported here are critical of the contractor's performance in fulfilling contractual requirements. On May 30, 1979, the evaluation team met with representatives of AID/Washington and GWU to air their different views. Various earlier statements that the evaluation was unfair or inaccurate were withdrawn at that meeting.

Some changes in the report were made as a result of the meeting, many of which were the kinds of editorial changes that are made in the process of moving from draft to final version. Other changes produced more precise and less absolute language. For example, "AID Officers generally were..." was changed to "of the USAID and AID officials interviewed, most were...". And, we changed some absolute statements to relative ones: from "no impact" to "little impact," but this had been done before the meeting. Another change was made to give the GWU version of one episode. In a situation in which the USAID respondents saw the GWU role in one light, we added to the text to indicate that GWU saw their role in a different light.

The meeting did not, however, resolve major differences among the participants. Differences among them center on three issues: (1) respondents' perceptions of the project, (2) the use of project management plan, and (3) the criteria for measuring contractor performance.

The first difference concerns varying perceptions. For example, the GWU team felt that some of its efforts had been slighted by remarks unattributed to individual respondents that were critical of the contractor's area expertise, managerial style, service flexibility, and the degree to which the team had been proactive or reactive in carrying out assignments.

Our position is that respondents' identities are confidential and that the contractor's perceptions cannot substitute for respondents' perceptions. For example, if respondents perceive the contractor to have little relevant expertise for IE&C programs in Asia, the perception is a valid basis for decision-making irrespective of the number of years logged by team members in Asian countries. We did not deal only with what USAID and in-country officials knew about the project. We dealt as well with what they felt about the project.

The second major difference concerns the criticism in this report that the contractor lacked on paper an overall management strategy for the planning, implementation, and evaluation/monitoring of the PIP-II project.

The contractor and contract monitor's objection that work plans did and do indeed exist was accepted as valid. We used a phrase, "Plan of Work," which has the specific connotation of "work plan" in AID/Washington. We have amended the term to "management plan," because we were not talking about work plans. Rather, we meant an overall organizational rationale and system for carrying out project activities toward specific measurable objectives, and for employing managerial criteria for decisions about all aspects of these activities: countries of work, needs to be addressed, investments required, media to use, messages employed, and audiences reached.

In short, we were looking for evidence of a strategy that envisaged causal relationships: a strategy that prioritized project activities by their assumed necessity and sufficiency for changing existing conditions toward some desired developmental goal.

We did not find this kind of managerial strategy. If there was ambiguity about the object of our search as described in Chapter II, pages 16-17, it might have been clarified through cross-reference to Appendix IIIa and IIIb which were noted in Chapter I (pages 5-10) as listing the indicators we sought to study with respect to project management. Further, the final recommendation in Chapter VI of the report (pages 28-32) describes attributes of the kind of management plan missing in the present project.

The third major difference concerns the yardstick used to measure contractor performance. The contractor felt that we should have evaluated performance against a more flexible set of criteria than the January 18, 1978 contract. He felt that measuring performance against eight different work plans approved since the original contract was a more precise measure than using the performance requirements of contract documents.

Further, the contractor felt that since we did not see all work plans, we could neither know the true nature of the project nor fairly judge its performance.

For reasons of depleted files and other factors, we indeed did not see all work plans. We did, however, see all contracts, amendments, and project papers as well as many of the work plans. But since we had not seen all plans, it was agreed that we should examine those now made available to us for the purpose of deciding whether various statements about contractor performance were valid.

Accordingly, we re-examined all contract documents, work plans, and project papers.

The re-analysis has produced no changes in our findings. For the purpose of evaluating contractor performance, three dates are significant:

- o October 1, 1976 -- the date of the original contract
- o January 18, 1978 - the date of the present contract
- o March 1, 1979 -- the approximate date we were in the field evaluating contractor performance.

For the purpose of evaluating contractor performance, three contractual requirements are significant:

- o The contractor was required to provide multi-media, multi-audience Popular Information Campaign Resource Sets.
- o The contractor was required on request to provide Field Service Teams as the means of transferring the information of the resource sets to in-country circumstances through professional guidance of adaptation, pretesting, evaluation, distribution, and utilization.
- o The contractor was required as of July, 1978 to adapt and process the information of the resource sets for dissemination through in-country and international mass media.

The schematic below summarizes the significant dates and requirements of the contract. The schematic shows whether resource sets (multi-media and multi-audience), field service teams, and mass media dissemination were required at each of the three points in time.

CONTRACT REQUIREMENTS BY DATES

PERFORMANCE CRITERIA:	October 1976	January 1978	March 1979
Resource Sets required...	yes	yes	yes
Field Service Teams required	yes	yes	yes
Media dissemination required.....	yes	yes	yes

Examination of contract documents reveals that the basic requirements of the contract did not change over time. Moreover, we examined the work plans to learn if they (somehow) modified contractual requirements. The plans reviewed were dated as follows:

- o November 1, 1976
- o September 1, 1976 - November 30, 1977
- o December 1 - December 30, 1977

- o January 18, 1978 - December 1, 1978
- o April 24, 1978
- o September 26, 1978
- o January 1, 1978 - September 30, 1979
- o November 30, 1978 - September 30, 1979

Examination of the various work plans did not lead to changes in findings. The basic requirements of the contract remained unaltered. It seems, however, that the contractor did, in the paper format of the work plans, have a more reactive than proactive posture than we had thought. It appears that the GWU team spent a lot of time reacting to AID requests, regardless whether requests led toward fulfilling the tripartite requirements of the contract.

The system requires (and rewards) the contractor to be responsive to the expressed needs of the funding agency. In the present circumstance, it appears that needs were expressed from a variety of offices, with only one office directly concerned with accountability. Somewhere along the line, however, someone should have been able to stop, look around, and realize that the project was systematically failing to carry out its full contractual responsibilities. This underscores our concern for the lack of managerial strategies and performance criteria.

Gerald Hursh-Cesar
June 7, 1979

EXECUTIVE SUMMARY

These pages summarize the report of an evaluation of the Population Field Information Services project of the Office of Population, U.S. Agency for International Development. The project, known as "PIP-II" is conducted under a contract with George Washington University.

The project provides technical assistance to Information Education, and communication (IE&C) Activities of family planning programs in 60 countries.

A. Background:

The evaluation was carried out by a three-man team during February-April, 1979. The team studied the contract and its outputs, visited seven recipient countries, and interviewed officials of USAID, the contractor, and in-country government offices, non-government groups and international organizations. The countries included in the evaluation are:

- o Latin America: Brazil, Mexico, Peru
- o Africa: Tunisia, Kenya
- o Asia: Indonesia, Thailand

The purpose of the evaluation was (1) to assess contractor performance, and on this basis (2) to recommend future strategies for USAID assistance to Family Planning IE&C activities. The assessment of performance focused on the quality of contractual outputs:

- o Provision of Population Information Campaign Resource Sets
- o Deployment of Ad Hoc Field Services Teams
- o Dissemination of popularized materials to nation and international mass media.

A major concern of the evaluation was whether the use of prototype materials is an effective IE&C strategy. It was recognized, however, that the limited time and resources with which the evaluation was conducted precluded answering questions about the effectiveness of materials in reaching in-country audiences and producing changes in information, attitudes, and behavior.

B. Findings:

The contractor was found to be deficient in fulfilling basic requirements of the contract. While there were some positive elements, the general picture of performance is one of serious imbalance and failure to come to grips with the spirit and intent of the contract. Specifically:

- o Material output was skewed toward 16 mm sound films, only one of several media intended for inclusion in the Campaign Resource Sets.
- o Concentration on 16 mm film resulted in inattention to other media and material adaptations.
- o The 16 mm films produced generally were of high professional quality. Response to them frequently was laudatory, and even enthusiastic in Mexico.
- o Materials were skewed toward elite audiences of policy-makers, only one of four intended audiences.
- o Ad Hoc Field Services Teams were not requested and deployed as envisaged. Adaptations of materials was not achieved in any substantive way.
- o Little was accomplished in involving Population Officers and enlisting their network coordinated support.
- o USAID and in-country officials were generally unaware of PIP-II objectives or field services, thinking the project was concerned with film-making.
- o No feedback was maintained on the distribution of project materials or in-country uses, adaptations, reproduction.
- o Dissemination of materials to the mass media was virtually non-existent.
- o Country needs assessment was episodic and coincidental with other purposes; there was no systematic effort to learn what was needed and what would be used in different countries.
- o The GWU team was adversely affected by uncertainties created by budget cuts, short-term funding, and delays in authorizations.

C. Conclusions:

One of the major problems in the conduct of the project is the disparity in AID and GWU definition of project objectives. The GWU team defines objectives in terms of material output; AID defines objectives in terms of audience effects. The project suffered from a lack of agreed, objective measures of contractor performance.

There is no evidence that prototype materials are a viable, effective IE&C strategy. The evidence argues against their continued use. However, the idea of Popular Information Campaign Resource Sets has not been tested fairly through the experience of the PIP-II project. The materials were provided without supporting explanation, persuasion, and technical services. Although we believe that the most effective materials are created indigenously and specifically to the culture in which used, the prototypes in this project were not given a fair chance to be effective.

Across the seven countries visited, the following are key reasons PIP-II materials were not used, according to the respondents studied in-country:

- o Audiences are changing from elites to villagers and village-level workers.
- o Governments have higher IE&C priorities -- supporting village workers, enlisting leaders, promoting group pressure.
- o The materials were not adapted through Field Services to traditional communication systems, and thus remained culturally inappropriate.
- o Governments with mature family planning programs do not seek IE&C production assistance; there is resentment against outsiders taking over the creative process.
- o All countries have indigenous production capabilities for most materials, and half have capabilities for film.
- o Population Officers perceived the centrally funded project as intrusive; the materials were not seen as ideas for adaptation.
- o No attempt was made to "sell" population officers on adaptive use of the materials.

In sum, the materials were judged to be superfluous to priority problems, populations, and communication systems.

D. Recommendations:

Recommendations for future USAID assistance to family planning IE&C programs include:

- o Prototypes: As everyone agrees, prototype materials should be abandoned as a strategy, and efforts made to promote the development of culture-specific materials and indigenous production.

- o Audiences: Priority audiences should be defined as:
 - a. Village-level workers
 - b. Family planning staff
 - c. Contraceptive users/acceptors

Media should be developed in support of specific objectives defined for these audiences. Other audiences are important, but usually of lower priority. Policy makers are an important audience in countries in which family planning is weak.

- o Media: Use of media and messages should be tailor-made to the environment, production capability, and audience of each country's unique family planning program.
- o Distribution: Effective distribution of materials through the network of population officers requires an aggressive supporting strategy of information, motivation, and technical services.
- o Social Marketing: Social marketing should be considered as one of many alternative IE&C strategies, and not considered as a program per se. It is not a "direction" for AID policy, it is a specific form of IE&C assistance that may or may not be appropriate to different country requirement.
- o Service Organization: Rather than stock fixed materials and other quantities, AID should develop a capability to respond flexibly through contractors with a full-range of IE&C-related services, the provision of which depends on the requests and the maturity of each country's family planning program.
- o Management: IE&C projects must be designed in accordance with sound management principles, including details on the programming system and objective and timely measures of contract performance.

The evaluation report includes many specific recommendations under the general headings above. Many of these recommendations build on the theme that USAID can develop a flexible technical-assistance capability to respond with service to specific situations. Underlying the provision of services is the willingness to be country-specific, to provide ideas not materials, and to assist IE&C indirectly through such supporting activities as research, reporting, training, management.

CH. I BACKGROUND

A. Introduction

This is a report of an evaluation of the Population Field Information Services Project (hereafter designated "PIP-II"). The project has been conducted since 1 October 1976 under contract Project Number 932-0660, with George Washington University. The contract is due to expire on 30 September 1979.

The evaluation was carried out by a three-man team of consultants in February-April, 1979. The first objective of the evaluation was to assess the quality of the project's output, in terms of materials delivered, field services (professional guidance of IEC matters) provided to host country personnel, media selections, and the overall strategy of the project's conceptualization and implementation.

In addition to the assessment of contractor performance, the second major objective of this evaluation was to prepare recommendations for appropriate future activities for consideration in the development of USAID/IEC programs.

It was recognized that definitive answers to many important questions could not be obtained within the limited scope of this evaluation. For example, we cannot say with certainty whether project outputs are understood by their intended audiences. Questions about project impact on people's information, attitudes or behavior can be assessed only with appropriate social science research methodology.

B. Methodology

This evaluation of the "PIP-II" project was conducted in a six-week period, 21 February to 6 April 1979. Three consultants comprised the evaluation team, under the auspices of APHA. The consultants are experienced in communication and evaluation.

Mr. Marshal Rothe, DS/POP, represented AID/Washington, and Ms. Suzanne Olds, Technical Assistance Director, represented APHA.

1. Early Activities:

a. AID/Washington Officials:

The team met with Mr. Rothe and numerous AID officials in the first week of activity to become familiar with general programming policies and objectives of the Population Office and with specific objectives and operations of the PIP-II project. Appendix I lists the AID/Washington officials met by the team in the early days of orientation (as well as all other informants).

b. Project Documents:

Mr. Rothe put at the disposal of the team numerous documents on all aspects of project activities: contracts, budgets, contract amendments, the original project paper (PROP), draft project paper for on-going activities, Office of Population activity reports, GWU contract staff trip reports, PIO/T work plans, internal memos, material output report, GWU annual and semi-annual reports, list of field services visitations, and other documents related to the project and to the evaluation.

Additionally, the team received articles and materials from Dr. Ravenholt as well as related materials from Messrs. Davis, Swenson and Layton.

c. Project Outputs:

The team reviewed virtually all PIP-II print, slide, and film materials available in DS/POP. Members discussed various materials with AID staff, and screened films and slide-sound presentations. Questions regarding the intended uses and audiences were raised and answered. Appendix II lists the various project outputs distributed by DS/POP to some 50-60 target countries.

d. GWU Contractor Staff:

The team met in an informal, two-hour discussion with members of the contractor staff: Douglas Larson, Miriam Bucher, and Thomas McMahon -- the project principals. This meeting was concerned mostly with issues of project management, information strategies, decision criteria, country activities. The meeting was viewed as preliminary to a follow-up visit to GWU facilities and to a final review of contractual performance (a follow-up contact with the GWU staff is described below).

e. Country Selections:

Using criteria provided by Mr. Rothe, countries to which PIP-II materials have been sent were scored on a three-step scale. At one end of the scale were countries judged to be "good" in terms of IEC activities. The criteria for rating the quality of country programming were varied, e.g., the country Family Planning IEC program was considered to be strong; the USAID population officer was experienced and actively supportive of IEC efforts; sufficient quantities of PIP-II materials have been sent to the country and sufficient time has elapsed for their adaptation and use; the political climate of the country was considered stable and the relationships between the Government and USAID family planning activities sufficiently clear as to permit meaningful study.

Altogether, about one-fourth (15) of the countries were judged to be in the "good" category. About one-half (33) were judged to be "poor" -- either on the basis of lack of responsiveness to the project or lack of AID involvement in family planning/IEC activities -- and, consequently, lack of contact with this project. The remaining one-fourth of the countries were classified at "intermediate."

It was decided for the team's field visits to select countries that would represent each of the three types -- good, intermediate, and poor. Moreover, it was decided to visit countries in regional groups -- Africa, Asia, and Latin America. Each consultant would visit at least two countries in each region.

f. Evaluation Work Plan:

The team found it necessary to reconcile varying statements of its task in the "Project Evaluation Summary" (PES) which the team was asked to follow in its summary and in the "General Task of the Evaluators" which outlined the specific questions of this evaluation.

In order to consolidate the requirements of both of the above documents, the team drafted on 26 February a first Plan of Work that described different levels of objectives (goal-purpose-output-input), their indicators, sources of data, and limitations on findings. The principal use of this paper (shown as Appendix III a) was to ensure agreements within the team as to the limitations of its evaluation. Specifically, it was decided that it was necessary to get AID and APHA acknowledgements that the study of PIP-II in-country programming effectiveness as well as achieved effects on different audiences was beyond the capability of this evaluation.

On March 1st, a second Plan of Work (shown as Appendix IIIb) was produced by the team and discussed with Mr. Rothe and Ms. Olds. It was agreed that the study of project effects and effectiveness were outside the purview of the evaluation.

This paper listed indicators to be studied in the field as related to three questions about (a) project management, (b) product delivery, and (c) circumstantial project impact.

The paper guided the team's in-country activities and became the basis by which the team agreed on the content and format of its final report.

2. Country Visits:

As noted, several countries were grouped in three regions. The countries were judged to be good, intermediate, or poor in terms of PIP-II activities specifically and family planning/IEC activities generally.

Some of the countries originally chosen to visit were rejected for various reasons. For example, it was decided not to visit Egypt because of the feeling of AID/Washington staff that the suddenness and magnitude of USAID involvement there created a situation in which study of IEC activities was not likely to be productive. On the other hand, Thailand was not supposed to be studied because the mission originally rejected the evaluation visit on the grounds of insufficient advance notice.

The countries chosen to be visited by each consultant are shown below. Each is ranked (1-good, 2-intermediate, 3-poor) according to the DS/POP criteria used to distinguish them.

Latin America: Dr. William F. Grady, Consultant

- (1) Mexico - March 14-19
- (2) Peru - March 13-14
- (3) Brazil - March 6-12

Africa:

- (1) Tunisia - March 3-8
- (2) Kenya - March 9-15
- (2) Ghana (not visited, border closed)

Asia: Dr. Gerald Hursh-Cesar, Consultant

- (1) Indonesia - March 4-10
- (2) Nepal (not visited) Thailand (1) substituted --
March 12-13

As seen above, not all countries could be visited due to various mishaps. For those countries that were visited, the length of stay was brief -- from two to five days. This is, of course, an important limitation on the team's findings. Other limitations are described below. Specific in-country activities and findings are described by regions in Chapters III-V following.

3. Post-travel activities:

a. AID debriefing:

Country visits were made in the period of 3-16 March. The team reassembled in Washington on March 19th to discuss experiences and findings. A debriefing was convened the next day, March 20th, at which the team presented brief reports on each country and the three regions. As agreed, the team did not attempt to present conclusions or recommendations at that time. The purpose of the debriefing was to provide AID officials with immediate impressions of IEC activities in the relevant areas before settling into the routine of report-writing. Names of officials attending the debriefing are included in Appendix I.

b. GWU Revisits:

On 20 March, two of the team met GWU project staff at Airlie House. The purpose was to review the film, "Dos Caminos" planned for use in Mexico. Dr. Sergio Corrao Azcona of the Ministry of Health attended the preview. Later, the team discussed PIP-II activities with GWU staff. Later, on 24 March, one of the consultants reviewed contractual requirements and performance with the GWU staff at Warrenton.

c. U.S.-based Intermediate Organizations:

On 19 March, the team agreed to call a few agencies based in the U.S. and involved in family planning. The purpose of the calls was to contact important agencies that had requested or had received PIP-II films in order to ascertain why the films were requested, how they had been used, and what was their general value. It was agreed with Mr. Rothe that such calls could not attempt to follow use of the materials beyond simple receipt of the intermediary agency. There could be no attempt to learn the impact of the materials on their subsequent audiences.

d. Report-writing:

Following the AID debriefing, the team met on 21 March and agreed to assignments and to a revised report outline -- in the form of the present report.

4. Limitations of Findings:

The team's first-draft "Plan of Work" shown in Appendix III a enumerates various limitations of the findings of this evaluation. Some of the more important restrictions on uses of this evaluation are:

- o The limited time and resources with which the evaluation as conducted precludes our complete understanding of issues, problems, and operations.
- o In-country data are gathered from informants who may not be representative of all official and other populations relevant for IEC programming.
- o This evaluation cannot directly study PIP-II effectiveness in reaching various audiences.
- o We cannot check the accuracy, completeness, or impartiality of information made available to the team.
- o Data on e.g., material use, project decisions, and contractor performance are self-reported, retrospective, and susceptible to selective biases.
- o The project has been active only two years. There has not been sufficient time for materials to have had durable impact.

While a number of these limitations are rather typical for short-term evaluations, certain characteristics of the present study are unusual and may affect the quality of findings.

First, the evaluation was planned for an earlier time. A team originally was constituted last December. Then, the scope of work was rewritten, necessitating a delay in scheduling as the revised scope received clearances. With

final clearances, a new team was constituted quickly and pressed into service in a matter of days in order to meet the agency's need for urgent action. Consequently, the team had no time for prior discussion or project familiarization before meeting on February 21st.

Second, the speeded-up, revised time schedule resulted in having to send the team into the field without sufficient advance notice to numerous country missions. Cables were slow to get out, and finally direct telephone calls were often needed for getting country approval. In a couple of instances, we were unable to get mission agreement to conduct the evaluation (Thailand) or to get requisite Government clearances (Nepal).

Third, portions of the scope of work were unrealistic for this type of project. The scope called for evaluation of project effectiveness in reaching audiences and of material impacts on them. Such inquiry was beyond the capability of this evaluation.

CH. II CONTRACTOR PERFORMANCE

A. Major Project Outputs:

In conducting an analysis of the terms of the contracts and the performance of the contractor, the evaluation team used two basic documents -- Cost Reimbursement Contract With An Educational Institution, dated 18 January 1978, referred to as the current contract, and the Original Prop and Draft Project Paper for Ongoing Activity, dated 5 May 1976, to determine the terms of the contract in relation to project outputs. On-site field visits, numerous interviews and various AID documents were used to assess the performance of the contractor.

Terms of the Contract

The three basic project outputs called for in this contract are:

- o Popular Information Campaign Resource Sets;
- o Establishment of Ad hoc Field Services Team;
- o Field action topics coverage in national and international media.

1. Resource Sets:

The Popular Information Campaign Resource Set is defined as:

A Popular Information Campaign Resource Set is a collection of scientifically sound, printed, filmed, taped or pictorial materials using everyday words, and clear, simple pictures and diagrams which carry all the information about selected population topic that need to be transmitted to non-professional audiences which play significant roles in P/FP programs, especially the Reproducers.

See Appendix IV for the major components, resource set outline, and operational program organization of a Popular Information Campaign Resource Set.

2. Field Services:

The definition of the Ad hoc Field Services Team with its roles and functions is described below:

Ad hoc Field Service Teams, largely made up of outside experts and consultants (serving generally under short-term assignment and of Core Staff personnel as required) to provide the means of transferring the information of the Campaign Resource Sets to operating programs and

projects in the LDCs. Such teams will be employed to assess specific felt needs and conditions of priority in LDC family planning programs with respect to what materials should be in any given Resource File, and to provide the necessary technical guidance of in-country adaptation, pretesting, evaluation, distribution and optimum utilizations.

The Ad hoc Field Service Teams are to be made up of Field Information Services Staff and outside experts recruited from among U.S. and LDC specialists and professionals in communications media and disciplines pertinent to the particular country or region and type of program to be assisted...Personnel from Core Staff may serve with the ad hoc teams, usually in a leadership role. These teams, in consonance with the spirit of the entire project, shall be able to respond quickly to LDC needs and will be free to work with all donors and AID-related intermediaries.

The scope of work and length of staff incumbency for each team and its members shall be construed literally within the meaning of ad hoc, i.e., "for this case only" but not so as to preclude the recruitment of the same individual for more than one team, consecutively.

The role of the Ad hoc Field Services Team is further defined by the following statements.

The Core Staff for Field Services, while primarily responsible for the assembly or creation of the basic materials for the Population Campaign Resource Sets, should draw upon and collaborate with the Ad hoc Field Service Teams in:

assessing the field action needs relevant to each Set

adapting the resource file information to the cultural frame of reference

establishing the "story line" of the materials' components

determining narrative style, illustrations treatment and format

arranging for translation of printed and voiced materials into the local language

pretesting and modifying materials as indicated by the pre-test

arranging for in-country funding of,
and planning for quantity production --
in the selected countries -- of completed,
successfully tested resource sets.

Appendix IV presents the full contract text defining the role and functions of Ad hoc Field Services.

3. Media Coverage:

The definition of field-action topics coverage in national and international media is described below:

"The contractor commencing in July of 1978 will adapt and process the information which has been put into popular form via the population information campaign resource sets for use by the various mass media and priority LDCs and worldwide through international mass media in support of family planning actions."

4. Contractor Performance:

In general the evaluation team found performance under the contract to be deficient in relation to the three basic outputs called for in the contract. There were some positive elements, but the general picture is one of serious imbalance and a failure to come to grips with either the spirit or the intent of the terms of the contract.

B. Evaluation Perspective:

As one AID official put it: "The milk has already spilled." The purpose of this evaluation report is not to dwell on past contractor performance. An equally important purpose is to learn from PIP-II as a basis for future IEC strategies.

To provide such a basis, the Evaluation Team uses past performances for implication for future projects. However:

- o Performance under conditions of the contract may not be a sufficiently informative base on which to rest recommendations. The basic strategy may be wrong. Rather, performance in the light of situations and needs may be more instructive. This evaluation measures only contractual performance.
- o The contract has been active only two years. This is an insufficient time for project results to show up as durable effects on individuals and institutions in developing countries.

This section looks at the perspective of parties to the contract, because differences in perception seem to lie at the core of several of the problems of this project. Future projects must be planned without ambiguities with respect to contract performance.

1. AID/Washington Perspective:

Feelings are divided about the value of the existing contract as well as about future directions.

On the unfavorable side is the feeling that: "we won't be surprised or disappointed with negative findings." These feelings are based on a variety of points mentioned by various AID officers interviewed.

- o There is no evidence that prototypic materials are useful. The approach is illogical and naive.
- o The real need for USAID technical assistance and funds is at the village level. Trying to reach this audience is a high-risk, high-investment undertaking.
- o The use of prototypes is a "cheap-easy" attempt to "do something" in IEC for population programs, because too few field staff are trained in IEC.
- o The purpose of IEC materials is to facilitate the process of convincing people to adopt FP methods. There is a question whether such materials really aid the process. All countries lack IEC materials, but perhaps because:
 - the real communication process is oral; face-to-face;
 - the real communication medium is the village-level worker (VLW);
 - this project is off-target.
- o AID would not start another project like this again, because other agencies (e.g., UNFPA) and country ministries are doing the job, perhaps with more credibility.
- o Host country officials want to make their own local decisions. To some this amounts to: "spending our money to get kickbacks from their friends." Breaking into this local system is believed to be "next to impossible" for an AID/Washington contract.
- o Bad publicity about the predecessor GWU project has harmed this project. AID does not want this association any longer.

- o GWU is experienced principally in film. The project team has little expertise in graphics, print, television, radio.
- o GWU is more interested in making films for policy-makers, not for mass audiences. Some staff felt that: "Regardless of what AID defined, GWU did its own thing and did not worry about AID preferences."

Those staff with more favorable feelings toward the project agreed with their colleagues about the inappropriateness of prototype materials, and pointed out that the project had evolved to a strategy of country-specific outputs. They felt, however, the GWU labored under disadvantages of budget cuts, changes in AID objectives, numerous contract amendments, and irregular funding for short-term activities.

Virtually all of the AID/Staff interviewed felt that it would not be possible to ascertain the influence of this project on in-country IEC activities. Indeed, that was the case. Perhaps due in part to the short time in which the project had been active, many respondents in the seven countries visited had learned nothing of this project.

2. GWU Perspective:

One problem in assessing the GWU team's performance is the lack of systematic feedback and documentation on in-country material distribution, use, adaptation, and reproduction. Neither GWU nor the USAID missions had such data.

In general, the GWU team felt that it had met the important requirements of the contract. In meeting members of the team on three different occasions, these were the problems that GWU staff said had affected its performance:

- o Budget cuts and "patchwork financing" creating a lack of continuity and a lack of certainty. The team experienced an "inability to plan ahead."
- o The contract had been amended several times. The GWU staff went "into limbo" between contract extensions. The amendment process led to changes in time schedules and deadlines and resulted in cancellation of activities. The result was that people who expected the team to return to their countries were disappointed by the "lack of follow-up." At times, scheduled travel was prohibited.
- o Delays in authorizations and the uncertainty of "bits and pieces" funding acted to "depress" project activities.
- o Shifts in AID policy affected the project negatively: "Adolescent Fertility was the big objective, and then AID pulled the rug in-country."

- o The concept of prototype materials has been diminished.
- o Each USAID population officer has his/her own theory of how to increase family planning effectiveness. Officers "run their own show regardless of Washington." AID/Washington incorrectly assumed that population officers would be interested in the prototypic materials, but interest was uneven.
- o Population officers can be effective bottlenecks to material distribution. Usually, it's not a problem of resistance, but a question of whether the officer will support the project.
- o In-country success of the project is not dependent only on the population officer but on the entire country team: ambassador, mission director, auditor, other staff. But the population officer can "kill" the project if he/she doesn't like it.
- o Distribution from Washington to missions is inefficient. Population officers "get too many materials." Distribution of most materials "stops in the USAID office and ends up on the shelf." This is due to lack of in-country interest and the lack of accompanying explanations of materials.

Host country time delays and bureaucratic problems also affected performance. The team recounted several problems in making films in-country, e.g., lack of creative talent, production capability, or processing facilities. The team explained its concentration on film on the basis that developing countries are capable of producing print and radio materials, but cannot do films and slides. Staff felt that AID/Washington officials would agree with this position and, therefore, that GWU should rightly concentrate on film-making.

The latter point is at variance with the view of many of the AID officials interviewed.

C. Project Implementation:

1. Project Management:

The Evaluation Team looked at aspects of project management: (a) use of the existing information data base; and (b) development and use of decision-making criteria for selection of countries, media, and campaign strategies.

a. Information Base:

The purpose of the project is to translate existing technical and specialized information into a popular form for mass comprehension of family planning issues and methods.

GWU team members gave evidence that they consult, digest, and use existing technical information for film and other media treatments. The use of materials

arises with the situation; however, there is no on-going literature search and review in support of a continuing information strategy.

b. Decision-making criteria:

AID/Washington officials responded informally with the following kinds of criteria they believed were important for decisions about in-country PIP-II media and strategies:

- o country policy objectives
- o existing medical system
- o population size
- o problems, needs, and emergencies
- o existing distribution system
- o AID policy objectives
- o country requests
- o competence of USAID population officers
- o integrated programming opportunities
- o prior programming
- o prior USAID assistance

There was little evidence that GWU developed or used specific criteria for consulting on choices of countries, or for deciding choices of media, of messages, or audiences. Their decisions, according to three team members, were said to be "experiential," based on their talents, experience, and perceptions.

The team had no comprehensive management plan, at least on paper. Other than AID contract documents and periodic work plans, there was no overall management document describing project objectives, strategies to achieve them, performance measurements, outputs, or management to produce them. Planning was "verbal," according to team members. AID was perceived to have strategies that it wanted to promote in certain countries, and the project supported those strategies.

The selection of countries was according to AID criteria and established priorities, or AID preferences for working in countries like, say, Mexico. Selection of media, audiences, and purposes was achieved in country visits through coincidental experience, perceived needs of country officials, and seeing opportunities for action. Such decisions often were made while in-country for other purposes.

In sum, strategies of project management were verbal, experiential, and carried out in support of perceived AID objectives in AID-priority countries.

2. Campaign Resource Sets

On no occasion during the on-site visits or in any of the documents reviewed was any evidence presented that a "resource set" was known, used, or functionally understood. Perceptions in the field of the project materials is that those materials are almost totally 16 mm motion picture films. Indeed, the major emphasis of the project was the production of 16 mm films.

a. Focus on 16 mm Film:

Although some materials were called sets (See Appendix IV), an analysis of their components revealed serious weaknesses. For example, a major component in a resource set is a utilization guide. Although the sets show that a guide is included the utilization guide for THE PILL (the only guide available to the team) is not a how-to guide, but rather a summary, review, and description of what the materials are about.

Further evidence that the resource sets were incomplete derives from considering which media materials were designed, their relative cost, and when they were produced. The materials include 15 motion picture films (some in other languages) and 11 print titles. The 11 print titles were produced at the early outset of the program and were mostly straightforward informative booklets or charts. Once these few items were produced the interest of project staff apparently shifted away from print and concentrated on film production. Considering the cost of film production and the level of personnel expertise necessary to produce 16 mm films, this shift had financial implications for the overall management of the contract and its outputs.

An examination of the three campaign sets found 16 mm films exceptionally well-developed, whereas slides and booklets suffered severely from inattention and lack of expertise in graphic design and production. Additional examples of problems with the sets included culturally inappropriate illustration and narrative style, as well as other problems with illustrations and with format.

Radio materials were sent out, but nothing was done to seek adaptation to ascertain what could be done to improve them, or to produce more. Four slide sets with sound were produced; one of them in eight versions with art work and language being altered for specific regions. This was relatively recent, in apparent recognition of the fact that the field adaptations were not being made. It has been reportedly well-received in a number of countries.

There is debate over the value of the resource set concept. But there is no project documentation that indicates that GWU was relieved of the contracted requirement to produce multi-media campaign sets. It would appear that the shift to films occurred as the project evolved away from producing prototype materials. Here, again, there is no recorded basis for the shift away from prototypes -- in print, broadcast, or film media.

The GWU team says that it shifted to film in order to more readily meet the specific needs of individual countries. Some films are presently used, however, prototypically. AID officials feel the team produced films, to the exclusion of other materials, because of its preference for and expertise in films. Regardless of the difference in views, these points stand out:

- o There is no record of a formal shift in strategy away from print materials.
- o There is no record of a formal shift in strategy away from prototypes.

No one seems to argue against the shifts, yet they represent such important changes in project strategy that the absence of documentation creates great potential for discrepancies in AID and contractor evaluations of performance. In this situation, the GWU team felt that it had "done a good job." The team was satisfied with its performance and felt that AID was satisfied as well. Of those interviewed, most USAID and AID/Washington officials are not satisfied with GWU's performance. Future IEC programs must build in more specific measures and documentation of contractor performance.

As will be seen in the country reports (CH. III-V), project materials almost uniformly ended up on the shelves. There was routine dissatisfaction with print materials and virtually no use in-country. There were instances in which films were enthusiastically used (Mexico). There were instances in which enthusiastic use occurred by accident (Tunisia) and by design of the USAID officer (Indonesia). In other instances films were considered unsuited to the language (Tunisia) and culture (Thailand).

b. Focus on Elite Audiences:

Up to the present, the project had focused almost exclusively on films for elitist audiences of national policy makers. It was felt by some AID respondents that the GWU team did not make an adequate shift in audiences between PIP-I and PIP-II projects. The earlier project focused on policy-makers and FP staff. PIP-II has defined various audiences -- five different audiences in some project papers, four in others, and finally three. The priority PIP-II audience was considered to be acceptors -- couples of reproductive age.

The principal strategy was to reach the elites through 16 mm film. The films are professionally made, of good technical quality. Several have found significant use in various countries. The films nominally directly to the general public, however, are urban-oriented or general in subject matter. Only three or four are specifically designed to motivate rural audiences, and each of these has limitations of language, dress, etc., that will curtail widespread use.

The 18 January 1978 contract documents the shift toward acceptor audiences. The refocusing on acceptors was said to be evolutionary; there is no record of decisions made or the country-specific evidence on which those decisions rested. In the present terms of the project, attention is said to be focused on mass audiences -- for example, in Mexico, films aimed at acceptor audiences are

"For my People," "Dos Caminos," and "Tu." Not many materials aimed at village-level audiences were available for review.

3. Ad hoc Field Services Team:

GWU has not met the second contract objective of providing field services in the form of professional guidance to IEC officers and programs in developing countries. Such guidance was to be based on in-country needs assessments and development of strategies that included plans for material development, pre-testing, adaptation, production, distribution, reproduction, and use (see Appendix 4). The teams providing such professional guidance were to be comprised of consultant experts in addition to core project staff other than film crews. Few consultants were used, and when they were used they were not necessarily involved in the kinds of ad hoc services defined by the contract.

We wish to amplify this by noting that we found no evidence that the contractor developed a meaningful roster of resource personnel as provided in the contract. This roster was to have included the updated capabilities, time and geographic restrictions on availability, and expected salary requirements of each of the community experts, media specialists, writers, artists and other relevant U.S. and LDC personnel. If such a roster had been developed, it would have provided the core for the ad hoc service teams as well as a broad range of expertise required for the contract beyond the relatively narrow scope of the core staff.

Restricted by budgets and concentrating on film production, the GWU project did not have the capability in the view of several AID respondents to provide the kinds of on-site services described by the contract. Said one: "GWU doesn't have the capability for adaptations. If the government had accepted GWU field assistance, GWU couldn't have coped."

The GWU team feels that field services did not materialize as planned because (a) the team was "occupied with other things," and (b) because of the failure of the prototype materials to generate country requests.

Field service functions were performed by the core staff, according to the team, but because of their small number they could not "fulfill" the obligations described in the contract. The project's requirements were, they felt, too ambitious -- including everything from planning multi-media strategies to assisting evaluation systems.

Although four core staff and film technicians may have performed overlapping professional services in their country visits, there is no evidence that Ad hoc Field Service Teams were established and employed for the purposes specified by the contract. While the contract working is specific, the daily working definition of the field services team is not clear. According to an AID list of "Major Ad hoc Field Consultations" made prior to the evaluation, over 20 country visits were made by GWU staff. The staff estimated that 10 "field services" trips were made.

As will be seen in later chapters, perceptions of USAID and government officials of the purpose of GWU country visits were the same: the team had come for the purpose of making a film. These visits were not related to professional

guidance in other indigenous aspects of IEC media strategies and institutional capability.

The difference between field services, country visits, and consultations are not clear in the trip reports. Interpreting field services to mean the full range of professional-guidance services, the GWU staff reported that only two Ad hoc Field Services trips had occurred, one to Egypt, and one to Mexico.

After reviewing available data on these two visits in relation to the stated role and functions of Ad hoc Field Services, these two trips do not seem to constitute Ad hoc Field Services as specified in the contract.

The consultant team to Egypt "was recruited for a preliminary assessment of a project...being negotiated by the Division of Technical Assistance, USAID/Cairo, and the Ministry of Information and Culture of the government of Egypt." An assignment of this nature does not fulfill the functions of the Ad hoc Field Services team.

The visit to Mexico was based on the results of a previous trip which already had made "official arrangements for two films for Mexico's coordinating groups for family planning and Dean Juan Vella..."

The contract describes the field services team as "employed to assess specific felt needs in conditions of priority in LDC family planning programs with respect to what materials should be in any given resource file..." In this instance, however, the decision to produce a film had already been made. The decision was not the result of an Ad hoc Field Services team determination.

With the basic decision established, the team travelled to Mexico City and designed and administered a panel-study questionnaire of medical and nursing students "in order to determine the suitability of the films' content." While such pretesting is desirable, the decision had already been made that a film would be produced. No consideration was given to any other media or resource set materials.

It is the opinion of this evaluation team that the critical flaw in this project was the lack of use of Ad hoc Field Services Teams in determining and supporting materials for Campaign Resource Sets. This function was specified and outlined in the contract.

Had there been field services teams deployed as specified in the contract, problems of adapting and integrating media materials and resource sets could have been identified and solved earlier in the project.

4. National and International Mass Media:

While many 16 mm films have been distributed to various family planning agencies nationally and internationally (FPIA, IPPF, Pathfinder), no evidence shows that GWU had adapted and processed for general mass-media use the material of the Popular Information Campaign Resource Sets.

The closest thing to meeting this contract objective has occurred in Mexico. The film entitled "Mexico, 2000" has been duplicated into 35 mm film format for showing in commercial motion picture theaters. A schedule for its release is currently being negotiated.

This evaluation did look at a handful of international FP agencies based in the U.S. which act as intermediaries for the distribution of PIP-II materials. The agencies contacted were:

- o FPIA -- Family Planning International Assistance
- o IPPF -- International Planned Parenthood Federation
- o AVS -- Association for Voluntary Sterilization
- o Pathfinders Fund

Attempts to reach representatives of the International Fertility Research Program were unsuccessful.

In general, representatives of these agencies were highly favorable toward GWU films and film-making ability. The agencies use the films basically as library materials -- reviewing them, listing them in audio-visual catalogues and referring them to requestors. None of the respondents could identify PIP-II films as distinct from other GWU films, and none could estimate the foreign audiences reached by the films through their intermediation.

Most of the media products of this project as listed in Appendix II were reviewed by the evaluation team.

In general, high levels of competence, expertise, and creativity on the part of the GWU staff are found in designing, developing, and producing 16 mm motion picture films. However, while the 16 mm motion picture films are of high professional quality, other media materials are not as well conceptualized, designed, or produced.

5. Summary of Performance:

Chapters III-V present more detailed findings in seven countries visited in Latin America, Africa, and Asia. To this point, analysis of the contractor's performance in meeting the terms of the contract shows:

- o The project's output has been skewed toward 16 mm film production.
- o There is little evidence of a project management strategy or set of decision criteria.
- o The project's output has been skewed toward elite audiences of policy-makers.

- o Ad hoc Field Services teams have generated few requests, and thus have not been established and deployed in support of the Resource Sets. There is little evidence of adaptation of prototypes to specific in-country conditions.
- o Few project materials have been disseminated to the mass media.
- o There is no evidence of systematic feedback or documentation on use and adaptation of PIP-II materials.
- o Contractor performance has been affected adversely by changes in contract objectives, budgets, and authorizations.

CH. III LATIN AMERICA

The three countries visited by Dr. William F. Grady were Brazil, Peru, and Mexico. USAID population officers in each country were interviewed as well as various government officials and officials of other in-country organizations. Individuals and agencies are presented in Appendix I and are further specified below for each country.

A. Brazil: March 6-12

1. Activities and Respondents

In Brazil, the consultant talked with USAID officials and officers of the Sociedade Civil Bem-Estar Familiar No Brasil (BEM-FAM) and the Centro De Pesquisa Assistencia Integrada A Mulher E A Crianca.

2. Nature of Family Planning IE&C Program

The USAID Information, Education and Communications (IE&C) program related to family planning in Brazil works almost totally within the private, non-governmental sectors of the country. While Brazilian Government officials have recently made public statements strongly in favor of family planning there is no direct USAID IE&C assistance between the United States Government and the Government of Brazil due to various other political problems. Previous to January, 1979 and the arrival of Sam Taylor, USAID Population Officer, little or no IE&C activities were present in Brazil.

BEM-FAM is a community-based family planning program distributing information and commodities through a network of employees, and volunteers working in the communities. The Centro De Pesquisa Assistencia Integrada A Mulher E A Crianca is a clinic-based program distributing information, medical attention of commodities through a network of clinics, hospitals and health centers.

3. PIP-II Impact

Several things have happened in the last two months which make the future of family planning IE&C programs in Brazil an optimistic one. In January, 1979 a population officer (Sam Taylor) was stationed in Brasilia and all materials that have been sent to Brazil (Appendix II) have been received by his office. The population officer has established channels of communication with the major family planning agencies in Brazil and PIP-II materials have been sent to BEM-FAM. Information concerning their availability has been sent to the Centro De Pesquisa Assistencia Integrada A Mulher E A Crianca with instructions on how to get copies of the materials.

As stated elsewhere in this report, there is not a clear distinction by some in-country users between the outputs of the earlier PIP-I Project and the current

PIP-II project. Consequently, while this assignment did not include an evaluation of PIP-I materials, comments about PIP-I materials were given. They were, without exception in Brazil, highly favorable. It is reported that the subjects are dealt with accurately, in depth, and to completion. Outstandingly successful features of the POPULATION REPORTS in the field include their bibliographies and their computer printouts.

The only problem identified with PIP-I materials in Brazil was their scarcity of numbers. The need is for more ("many more") copies to be made available, particularly to seminars that train medical doctors. This includes the "up dates" as well as the original POPULATION REPORTS.

The PIP-II materials are of much more recent vintage and are only now going through the initial stages of use in Brazil. Preliminary showings, viewings, and reviews of these materials have been made by several of BEM-FAM's staff. Reactions to the PIP-II materials are mixed, ranging from very good to not so good for Brazil, depending on the material and the audience for which it is intended. The general reactions are that the materials are not specific enough to be of much value for the ultimate user of family planning services in Brazil.

It is one thing to make information available about a service or contraceptive method through materials distribution and it is quite another thing to get people to adopt the suggestions about contraceptions that are being put forward in the materials. Adoption of the suggestions will occur, it was stated, only if a closeness or identity develops between the perceived worth of the materials and the viewer.

A specific example is given to illustrate. This consultant, after reviewing the 35mm slide presentation entitled "Choosing a Contraceptive Method" with several viewers solicited their reactions. Viewers were pleased that the narration was in the Portuguese language. However, the translation was a direct literal translation into Portuguese from the English version of the script. Two problems existed with this, one being that the style and idioms used by the Portuguese translator were those used by the affluent and upper middle class population in Brazil and was, therefore, almost alien to rural populations. The other problem was in the manner or ordering of ideas and summaries of information as done in the English language in contrast to the Portuguese language. Specifically, this related to the audio narration for a projected visual which used such words as efficient, easy to use, and appropriate. According to the several individuals in this audience the presentation and flow of ideas in the English manner is confusing in Portuguese. The point seemed to be that the presentation of information, the development of ideas and the procedure for summarizing these ideas and information presented in English and translated literally into Portuguese, especially upper middle class Portuguese, do not carry forward the originally intended concepts. The presentation of information, development of ideas and procedures for summarizing for Portuguese audiences must be done from the beginning of development in Portuguese. Translating is not enough. The thinking pattern is different as well as the language.

A further comment concerning the projected visuals used in this program is needed. The graphic illustrations used to present the vasectomy method of

contraception were called unacceptable by the majority of the viewers of this program. These illustrations developed such reactions as "a string was being pulled out of the scrotum through the end of the penis," and "castration is what it really looks like is going on here." Other reactions included such comments as "Brazilians won't identify with those people -- they are more Indian in their features, and Brazilians don't sit around on the ground like those people are shown doing." The reaction generally of those who viewed the program was that more harm than good would be done by showing these illustrations to any audience whether rural or urban.

The general conclusion presented was that if viewers don't identify with the visual elements in the pictures no behavior on the part of the viewers will change.

4. Future Directions

In Brazil, the audiences currently in need of specific IE&C program materials are identified as the 1) individuals in the field of family planning working with and in the various family planning societies and agencies, 2) medical educators and personnel in training programs in colleges, universities, clinics, and medical seminars, and 3) ultimate acceptors of family planning activities in rural, suburban, and urban areas.

BEM-FAM conducts a community-based distribution network of contraceptive methods and information about family planning. It employs educators, medical personnel and volunteer distributors to accomplish its objectives. Likewise, the Centro De Pesquisa Assistencia Integrada A Mulher E A Crianca conducts a hospital/clinic based program for family planning activities and it has a large number of workers.

In each case and at all levels, these activities and programs are in serious need of appropriately designed educational materials developed specifically for their audiences. These materials and methods must be developed to accommodate the unique cultural characteristics and the educational levels of the audiences in that culture.

A remarkable amount of progress in IE&C activities has been made in Brazil since the first of January.

Specific IE&C needs reported in Brazil for the future are:

- a. Media materials on the health consequences of fertility.

Very perceptive and insightful multi-media materials need to be produced concerning the health consequences of fertility. It is reported that pregnancy and pregnancy related complications kill more women than any other single cause each year. In Brazil it is a very serious medical and health consideration to become pregnant. A major portion of the film would present information concerning the two million or so Brazilian women that die from attempted abortions each year.

Similar to the above, effective media materials need to be produced illustrating the results and consequences of unwanted and abandoned children. There are some 14 to 16 million children at some level of abandonment in Brazil. Two million of these youngsters are in totally abandoned situations. That is, they have no guardian or parent whatsoever. Consequently, groups of delinquents and gangs of vandals are engaging in lawless behavior. A phenomenon unknown to Brazil a few short years ago.

b. Media materials on the demographic realities in Brazil.

These materials would address such issues as the effect of excess fertility on the rush to the cities (and their already crowded living conditions); the effect on ecology; the effect on the environment; and the effect on land use. A major concern of these materials would be the political implications of large uneducated masses of people and the effect these masses may have on various governmental systems.

c. Media materials on economic development and population in Brazil.

Materials on this topic would present information concerning personal income in Brazil on a per capita basis in relation to the country's gross national product. The gross national product has gone up some 8% per year for the last two years. However, this income is barely staying even on a per capita basis due to the rising numbers of people. These materials would focus on the number of children who are suffering from malnutrition even in the face of this "recent miracle of economic development" that Brazil is enjoying.

d. Media materials on Brazil's place in the world family.

Media materials and information concerning the importance of Brazil and the Amazon Valley in relation to the rest of the world is needed, recognizing that 45% of the oxygen in the western hemisphere is produced here. As oxygen giving plants in the Amazon Valley are systematically destroyed in the face of progress and industrial development so is the effectiveness in oxygen production. This topic is now being discussed by educators, policy makers, and government leaders in Brazil. Various media materials on this topic is seen as being particularly important in the immediate future.

e. Media materials needed for training.

The societies and institutions in Brazil concerned with family planning and population activities have a serious need for training and curriculum materials for their staff. For example, BEM-FAM has between 12 and 14,000 voluntary distributors in its programs at the village level. Educational materials are needed for training these voluntary workers, and considering the number involved each year it is a massive undertaking. The Centro De Pesquisa Assistencia Integrada A Mulher E A Crianca needs media materials for the training of middle level medical people. This has been identified as a desperate need. These materials would be designed for such individuals as LPNs, people with high school educations, and others that are being trained to work in the clinics, and hospitals in the outreach programs and regions.

- f. Services of a culturally sensitive, perceptive and competent author-writer-journalist-producer.

The function of this service would be to get specific family planning and population information more directly into local magazines, newspapers, radio programs, television novellas and serials. This calls for very sensitive and perceptive multi-linguistic journalists at the national, state and local levels. This service should be sophisticated to the level that it can and will recognize and accommodate the cultural differences necessary for materials being used in the rural as well as urban areas.

- g. Family planning activities in the field -- feedback to officials and decision-makers.

Recognizing the time constraints on active government and social agency leaders, many times it is not possible for them to spend long periods of time traveling to family planning centers far from home-based offices in order to get information about program activities. In these cases the return of accurate, recent and relevant information is important. Not only to keep them informed but to assure their continued involvement and support.

It is reported in Brazil that portable battery operated video tape recorders can be dispatched to field centers to make audio and visual recordings of program activities and needs and brought back to the offices of the government or agency leaders for viewing.

This is seen as particularly important in Brazil at this point in time considering the emerging role of the Brazilian Government and the new president in family planning program support.

It was reported that video tape recorders are more desirable than film for this purpose because of their flexibility in recording, editing, and rerecording on site information until it is correct. Also, video tape recordings do not suffer from long delays and times of waiting while film is being processed in a laboratory.

An added advantage of the VTR is its ability to reuse tapes for recording many times. Today's VTRs are lightweight, portable and battery operated which is seen by Brazilian authorities as particularly advantageous in family planning activities in the field.

- h. Multiple copies and distribution of IE&C materials.

A need voiced by several officials in Brazil was funding for extra copies of materials. That is to say that if extra copies are needed of a film or other media materials once they are produced, the money to cover the costs of their reproduction should be in the basic contract. If extra copies are not needed then the money simply would not be spent.

Also stated was the need for an IE&C contract to cover the costs of a distribution function. These monies would be used to cover the cost necessary to establish and maintain a network of working relationships with other population

and family planning agencies at work in Brazil. For example, as a general modus operandi, contacts should be made with, and general IE&C materials sent to, such organizations as UNICEF, UNESCO, AVS, UNFPA, IPPF, and FPIA, as well as others as identified. The rationale is that general IE&C materials about family planning would be made available for use by these agencies in their own individual and organizational efforts to inform people and countries about population related problems.

B. Peru: March 13-14

1. Activities and Respondents

This consultant talked with the USAID population officer in Lima as well as a medical doctor. A key person in communications in Peru with whom I hoped to talk was in the U.S. at the time I was in Peru.

2. Nature of Family Planning IE&C Program

Recently the Peruvian government reorganized itself to better accommodate family planning activities by the elevation of a family planning advisory committee from the level of a bureau to the tentative position as Assistant to the Office of the Minister of Health. This committee will be headed by an official who is a very positive personality in Peruvian television and one who espouses the virtue of family planning.

For the foreseeable future, all family planning activities and population programs must be in the context of health activities. To date, IE&C activities have been through public as well as private organizations and societies.

3. PIP-II Impact

The PIP-II materials sent to Peru (see Appendix II) have been received. It is anticipated that as this new Assistant to the Office of the Minister of Health takes shape further distribution of PIP-II will occur.

The reactions in Peru to the IE&C materials are mixed. Generally, the 16mm motion picture films are considered to be outstanding in their treatment of subject matter content and technical qualities. While it is generally stated that the 16mm films have been shown several times, it is not possible to determine how many times, to what audiences, or with what effect. One of the best films reported as perhaps the most effective one in Peru at this time is a film called "A Silent Explosion" which was developed by the U.S. Department of State.

The 35mm slide presentations have not been thoroughly evaluated yet because of the lack of a slide projector in its USAID mission.

The posters, graphics and visual illustrations are not appropriate for Peruvian audiences. They are considered to be too modern and futuristic to be effective in the Peruvian society.

4. Future Directions

a. Culture Specific Materials

Materials designed for Mexico and Brazil will not work in Peru. If materials are to be effective and utilized they will have to be produced by culturally sensitive specialists working directly with the public and private agencies in Peru.

b. Use of Radio, Television and Printed Novellas

The "serialized" stories on radio, television and in "comic type" books are very popular in Peru. Family planning information should be integrated into the scripts and story lines of these programs.

C. Mexico: March 14-18

1. Activities and Respondents

A full schedule of events awaited this consultant upon his arrival in Mexico. All arrangements had been made by Mr. Ricardo Johnson, a most able assistant to Mr. Tom Donnelly, population officer at the U.S. Embassy.

Activities included formal and informal conversation with top level Ministry of Health Personnel and members of the Coordinacion Planificacion Familiar (CPF).

In addition, a field visit was conducted to a health service unit and a mobile van in a rural area in the State of Queretoro, about 100 miles from Mexico City.

3. Nature of Family Planning IE&C Program

The IE&C Program related to family planning activity in Mexico works primarily through the public, governmental sectors of the country. The governmental ministry directly concerned with population and family planning activity is highly organized and efficient. The major government positions of power and influence are occupied by competent and dedicated individuals.

The government has a well conceived health and family planning program based on a "modular" concept in place and operational. This program of health care reached into each of the 31 states and into every settlement large or small in the country. It is comprised basically of a singular geographic unit in which approximately 10,000 people live and work, and to which primary and secondary health care is provided by the Ministry of Health through a network of medical doctors, assistants, nurses, village auxiliary services, midwives, and mobile van units by which information and educational materials on family planning are delivered.

3. PIP-II Impact

Five trips by Core Staff and GIU consultants were made to Mexico. Reports on three of the trips were made available to the evaluation team. Consultants were used on one trip.

PIP-II materials (Appendix II) have been received by the population officer and further distributed to the appropriate IE&C officials of the Coordinacion Planificacion Familiar Board.

The demand for and use of these materials by this coordination board has been so great that little or no sharing of the limited copies with other agencies has occurred to date. Primary use has been the 16mm film.

During an interview with Dr. Sergio Correau Azcona, Direccion General De Antencion Medico Materno Infantil Y Planificacion Familiar of the Ministry of Health, it was learned that the AID IE&C film and materials had not yet been received by his office. He was aware of the various films produced by George Washington University and found them to be very desirable. While attempting to determine why these materials had not yet reached his office, this consultant found that they were being used to their maximum capacity by the Coordinacion Planificacion Familiar (CPF).

In July, 1977 the CPF established a five-year plan to:

- Use all existing public health resources to extend family planning coverage;
- Improve significantly the nation's public health arrangements, along with the physical and mental health of the people, with emphasis on prevention;
- Promote active community involvement in family planning programs;
- Promote the use of effective contraceptive methods, making them handy to, and easily obtainable by, the general public.

The plan's most ambitious thrust is to be in rural areas where, for instance, an estimated 90,000 villages of less than 1,000 inhabitants each are virtually without health service. It is intended to knit family planning whenever possible into existing development programs and to use community systems and resources not only to inculcate and sustain responsible parenthood throughout the population but also to provide far more extensive preventive and general health services.

It is in the context of providing the above services that CPF is currently using the AID IE&C materials.

In addition to the need indicated by the Ministry of Health for copies of these existing materials, the need for other materials was also stressed. These needs centered around the role of mobile van units and their program for getting information and educational materials into the rural areas of Mexico. Each state of Mexico has a mobile van unit which travels on a scheduled basis to the settlements in the various modules, (a geographic region of approximately 10,000 persons) of the States. Each stay of the mobile van lasts from two to four days depending on the local needs. A typical stay in a village consists of: 1) informal chats by the van's personnel, 2) viewing of motion pictures, 3) readings from booklets,

manuals and charts, and discussions involving questions and answers from the audience.

This consultant was taken to a major hospital and clinic in the State of Queretaro and then to a rural area to observe the mobile van in use. There is a serious need by the van for materials of all kinds -- printed materials, projected materials and non-projected materials as well.

Throughout talks with government officials in the Ministry of Health as well as the hospital, clinics, and rural areas of Queretaro this consultant was told of the need for materials that are designed specifically for Mexico's various rural and urban populations.

In addition to the above outreach effort, mass communication techniques have also been employed. Programs on television have presented positive information and influences concerning family planning. Recently the very popular tele-novella, entitled "Accompaname" presented family planning information during prime time TV viewing hours. The effect of this method for providing information is being studied by Miguel Sabido, Director of Research for Televisa, S.A.

In addition, the film, "Mexico, 2000," is available in a 35mm film format for showing in motion picture theatres, and a schedule for its showing is being established. A decision for its release to theatres is expected during this month, March, 1979.

4. Future Directions

Plans for family planning programs in the future should incorporate the following items.

a. Multiple Copies

The currently available IE&C materials in Mexico are used to their maximum capacity. Additional copies of existing materials need to be made available immediately to the Ministry of Health.

b. Modules and Mobile Vans

The mobile vans working through the various modules are designed to make available in various media formats family planning information to rural areas. These materials must be accurate, sensitive and culturally adaptable. Also, they must be acceptable to individuals at various socioeconomic levels. Currently there is not nearly enough media materials to satisfy the needs of the mobile vans.

c. Culture Specific Materials

If educational and informational messages are to be successfully employed in Mexico they must be designed specifically for the Mexican cultures on at least two levels -- rural and urban. It was reported that in one State of Mexico there are some 40 different dialects. Any IE&C program activity in that state must be specifically designed for each dialect. The materials must be available in a

variety of media formats ranging from print to non-print and projected to non-projected.

Recognizing the need for large numbers of people to have basic facts and accurate information as well as for individuals to have the opportunity to change their personal behavior patterns, the government of Mexico is well advised in its efforts to develop the well conceived outreach program plan using modules and mobile vans as well as mass media techniques.

d. Materials for Medical Personnel

More training aids and medical materials and information are needed by nurses, village level workers and midwives. These materials need to be designed specifically for them and for easy use at the local level in the field.

e. Radio, Television and Printed Novellas

It is reported that over 70 million "comic book" type publications are bought in Mexico each month. The potential of this media as a distribution tool for family planning activities is important.

Following some initial trial and error research it is being noted that exact black and white representation of situational settings is more effective than simple graphic illustrations. It is reported that viewers identify more readily with the photographic reproduction than with the simple graphic illustrations and is, therefore, more effective in changing attitudes and behaviors.

D. Summary - Latin America

While some of the items in this section are contained in the above country sections, they are repeated here as a summary.

This consultant spent approximately two weeks visiting three countries in Latin America -- Brazil, Peru, Mexico. PIP-II materials had been received by population officers in each country as noted in Appendix III. The reaction to the materials in each country was mixed. The 16mm motion picture films were well received and were noted as particularly good in Mexico where the films of a general nature and less specifically related to a given country were seen as not very beneficial.

The other media materials (slides, booklets, posters, etc.) were not well received. In general they suffered from a lack of attention in the various stages of design, development and production. While technical qualities (color, focus, etc.) were considered to be acceptable, the "message" was considered to be counter-productive in several cases. The slide/tape programs were practically unusable because of the difficulties encountered by equipment operators as the show progressed. For example, it is almost impossible for the operator to go through the show and keep the tape narration correctly coordinated with the visuals on the screen.

The posters and booklets in general were "attractive" enough but were not considered to be very appropriate by the three countries.

In no country was the concept or idea established that these materials were a Population Campaign Resources Set. The project's output was seen almost totally as 16mm film production by those in its field. The idea of a "Resources Set" was not successfully promoted.

It was found across all three countries that if materials and information are going to be effective they must be specific to the culture wherein they are to be used. It was also noted that in-country materials must be further developed based on cultural differences in urban, suburban, and rural areas. In countries where family planning is promoted by the government, the need appears to be for specific materials designed for the individual users of family planning services. In countries where the government is undecided on family planning issues, materials are needed specifically designed for government leaders and policy makers.

In each of the three countries the potential "novellas" were seen as particularly attractive in family planning activities. These "serialized" stories on radio, television and in comic book type publications enjoy large audiences and readerships in each country.

Equipment maintenance and repair is a difficult problem in each country as is training of equipment operators. A concern voiced repeatedly was the need to have technically skilled equipment operators that can do more than just run a projector. Additional skills needed include being able to set up a room for a viewing, respond appropriately to questions and answers, and promote a positive attitude toward family planning in a given audience.

Population officers in each country voiced a need for continually upgrading their own individual in-service "education." This need was seen in at least two areas. One area was their need to know more about specific project materials and resources, and the other was to know more about each other's successes and failures with these materials and/or others in the field.

Also of concern throughout each country was that the resources are spread too thin to be of much effect locally. That the resources should be concentrated in fewer countries for more in-depth effect was a comment heard throughout each of these three countries. This suggestion held up each time, even when the respondent was presented with the possibility that his could be one of the countries that dropped out.

In each country, the government leaders, population officers and private agency officials felt that their country had the capacity to produce media materials if it were profitable for the industries to do so. Each stated that in-country production is more desirable than production by out-of-country agencies.

The following specific recommendations are made in relation to Latin America.

1. In the future, USAID IE&C family planning media material should be both country and culture specific. Within the culture the materials should be appropriate for urban, suburban, and rural populations.

These materials should be developed following established guidelines for field testing and revision before being produced and distributed.

2. USAID should develop and implement a plan for getting family planning information into the novellas of each country. For this activity it is recommended that well informed and sensitive script writers, journalists and producer/directors be employed.

3. While equipment maintenance and repair is continually a monumental problem, it is recommended that first steps can be taken by establishing a "parts room" in each mission for the most needed items and by producing a very good but simple operators' repair and maintenance manual.

4. Recognizing the key role played by population officers and their staff in family planning activities, it is imperative that USAID accommodate staff needs for upgrading their own in-service education and information base.

It is mandatory that AID establish face-to-face interaction concerning success and failure among its population officers if IE&C activities are to succeed. This provision would bring regional population officers together every year for a 3-4 day seminar. This would be a structured seminar with pre-established activities and agenda. The activities would include an individual from USAID/Washington with recent materials in the population field and explanations about USAID projects.

Every 4-5 years the population officers from around the world should be brought together for an intensive 5-6 day workshop. This would most likely be in the D.C. area and be coordinated with the functions of the materials center as described below. The purposes would include making population officers aware of new AID materials and programs, analysis of successes and failures of population activities around the world, development of guidelines for in-country problem solving when officers return to their own missions and intensive "hands-on" experience in the various areas of the psychology of human behavior -- (i.e., motivation, communication, gratification, etc.).

Further, it is recommended that a plan be instituted that will establish a repository (probably in the D.C. area) or "library" type center, where copies of all available population information media and materials are available for review by and distribution to the population officers and staff. In addition, this center would routinely make available to population officers and staff recent acquisitions and new materials. The basic rationale behind this concept is not to have a "library" that waits for someone to come after they decide they need to, but to have a "proactive" multi-media center which will upgrade skills as well as provide information.

5. It is recommended that USAID adopt a strategy that will assure more in-depth effect of the monies and resources spent on development of IE&C materials. It may mean that fewer countries can participate at any given time but that for those fewer countries more beneficial materials and activities can be realized. Spreading the available resources too thin is not to be encouraged.

6. USAID should develop ways of encouraging those countries that have population capabilities to produce materials in countries that are designed and developed by and for the cultures and socioeconomic levels in those cultures.

7. Serious consideration should be given to the use of video tape recorders in keeping government leaders informed about family planning activities in the field.

CH. IV. AFRICA

A. Tunisia - March 3-8

1. Activities & Respondents

Dr. R. Crawford visited Tunisia March 3-8, consulting with officials in the ONPFP and the IPPF regional office. Persons interviewed are listed in Appendix 1.

Since the visit included only three-and-a-half working days (in the government offices), and since it was planned on short notice it was not possible to see certain people who happened to be abroad, and it was only possible to visit one of the governorat (state) IE&C units -- Zaghuan, about 60 kilometers south of Tunis. It was felt that visits with several other educators at this level would have been fruitful if time had allowed in terms of the actual use of PIP-II materials on the one hand, and suggestions for ongoing "front-line" needs on the other.

2. Nature of Family Planning IE&C Programs

The Tunisian family planning program is largely centered in the Office National du Planning Familial et de la Population (ONPFP), the governmental program in this area. Over the years USAID has given about 17 million dollars in population aid to Tunisia, mostly through ONPFP, and many other international donors have also been active. A strong governmental population policy has been very helpful, and USAID has also had a major facilitating role.

Rather substantial progress in various areas of society have been matched by considerable progress in the area of population and family planning, so much so that there is discussion of phasing out bilateral assistance in this area in fiscal year 1981. Although there remains a great deal to be done, it is suggested that the GOT is now to the stage where this program can be carried on without specific assistance from the United States.

In the area of family planning IE&C, USAID assistance has mainly involved long-term training of health educators and the provision of equipment -- production equipment for the Tunis office and projectors, tape recorders and other items for the regional health educators. With 17 U.S.-trained (MPH) health educators in the regional centers and major printing and film-making equipment in place in Tunis there is some reason to believe that this approach may have accomplished about as much as can be expected, though mission officials will still entertain requests for various specific items.

3. PIP-II Impact

Little awareness of the GWU contract or its output was found. Most of the ONPFP officials were forthright about the importance of films and their need for more, especially in Arabic, for staff training and for reaching rural audiences. However, there is no data on the actual use of the films in their

library. There is an evaluation sheet filled out by the user after each showing (over the past year), but there have not yet been tabulated. They are "waiting for more to accumulate" (and possibly their existing staff is too busy to do it).

The procedure is for a film to be screened on arrival by a group of people including the head of IE&C, several regional health educators, etc. Each provides an evaluation. A summary is then prepared and the film is placed in the library for circulation.

The film library contains 47 titles in English, four in French and 25 in Arabic, plus 17 Super 8 silent films. Many of them are in multiple copies. Of the Arabic titles, most are from UNFPA, three have been made by the ONPFP, and many are from USAID (though several of these are now rather old). No one was prepared to suggest which specific titles are in heavy use and which are not. An item-by-item examination of the PIP-II list revealed that they have five of the films and two of the slide shows with sound in their collection. Specific comments follow:

16mm Films

"To the People" (English). Usable "for the elite of other lands". Not useful in Tunisia. (They have their own approach to CB distribution, and find some of the other approaches to be disturbing in Tunisian culture).

"Understanding the Pill" (English). Not very usable, as it shows the Philippine context which differs sharply from Tunisia.

"The Joyful Day" (English). Not used in Tunisia, as they prefer the film produced in Tunisia and Egypt (in Arabic) by GWU on the same subject, voluntary female sterilization.

"Social Marketing" (French). Not usable. Social marketing concept is questionable here. Audience (if any) would be elite policy makers.

"A Question of Choice" (French). Used for training staff workers.

Slide Show With Sound

"Take Me Once a Day" (English). Has been tested with trainees, who liked the humorous approach. The English limits it from general use, however. (When it was pointed out that the sound is on a cassette and they could readily make their own version in any language they might want, there was no response).

"Choosing a Contraceptive Method" (Arabic). This one is used, and is reported to be good for showing to clients.

Other Media

ONPFP showed no awareness of other PIP-II output. Some of the posters and other items were in the Mission, but had been deemed either unsuitable or not needed and had not been passed along. No thought was given to possible adaptation.

As can be seen from the above, of seven items of PIP-II output which they do have, two are in actual use (one in French and the other in Arabic). They apparently do not yet have the Arabic versions of "Indonesia: Family Planning First" or the recently released composite of Indonesian Super 8 films on MCH aspects. If they do receive these I would anticipate, based on our discussion, that they might use them for staff training or they might find them too remote from their own culture and, therefore, not usable at all.

On the other hand, there was an occasion in which the GWU team was stranded in Tunis because of some riots in Cairo. To make use of the time (about a week) a simple film on laparoscopy was quickly done (in Arabic). For some reason, it does not appear on the list of PIP-II outputs, but in any case, this film is widely used both for training and for the general public as it is "not very technical."

When asked about the possibility of in-country adaptations, ONPFP officials replied that their film unit "is not yet fully equipped." When pressed further (they have made at least three of their own films, and the Ministry of Information and other agencies have outstanding facilities) they replied that it is not feasible to dub Arabic sound unless they can get the film negative, "and also there are the problems of getting the necessary permissions, etc." When they were told that the GWU films were intended to be adapted wherever needed, they were amazed. None of the officials interviewed (either in ONPFP or the USAID mission -- including Mr. Bachbaouab, who has been with the mission about 13 years and the assistant family planning development officer for three years) had any knowledge of this possibility.

Speaking in general, they identified films for reaching their clients as a high priority but it should be noted that few of the PIP-II films are actually designed for such use. This problem is compounded by the fact that even films that are designed with this in mind may prove unacceptable because of costuming or depiction of situations alien to Tunisian realities or sensitivities.

There were three field visits to Tunisia under this contract: November, 1976; January, 1977; March, 1977. According to the GWU report, the first one was to meet with ONPFP leaders regarding strategy and identification of needs and the other two dealt specifically with promotion of interest in CBD and VS activities.

Our interviewer was unable to elicit any response from officials interviewed regarding these meetings except for Madame Moussa, who said they must have been fruitful as two films were produced as outcomes. (She must have been confusing them with earlier efforts; even GWU staff did not associate such outcomes with these three visits). The first team, composed of Thomas McMahon from GWU and Marschall Rothe of AID/Washington, reported in December, 1976, on current status of the Tunisian program, including opportunities, problems and needs. Recommendations were made for the supply of projectors, tape recorders and printing equipment, all of which has been done or is about to arrive. On the other hand, I was unable to find evidence of implementation of any of the recommendations for the ONPFP.

Reports of the two 1977 visits were not available and officials in Tunis do not seem to recall anything definite from them, but it was plain from the discussions that the subject of commercially based distribution is sensitive and controversial. The government is pursuing such a program, repackaging pills and condoms for commercial sales, but there is considerable caution in consideration of outside approaches that might be offensive to Tunisian sensibilities.

4. Future Directions

A large number of specific suggestions were made by those interviewed. Below is a synthesis of the major ones, and those with special promise.

- o There were many expressions from Tunisian officials of need for more equipment and media products, coupled with explanations as to why existing equipment and currently supplied materials are inadequate, (e.g., the Chief of the IE&C Division said there is a great need for films for the general public. "The health educators are clamoring for films -- any films to gather a crowd. Therefore, they need better films, especially with Arabic text, local themes, etc.").

On the other hand, the health educator interviewed in the field stressed the problems of working with the film medium as such (e.g., projectors easily out of order and hard to repair, film cannot be stopped for impromptu discussion of special points) and noted powerful advantages in the use of slide/sound, flip charts, Super 8, etc. He observed that these can easily be made or adapted locally, and urged anything that can strengthen this process.

- o Quick visits (one or two weeks) are not much help. There were several suggestions for carefully selected teams to come for two-three months to work with local staff on specific projects (research, analysis, production) and leave behind tangible output and local staff who have had the experience of accomplishment in their own situation with their own facilities. The teams must be exceptionally well qualified, creative and flexible.
- o On the last day of the visit ONPFP officials told of a plan (or hope) for Tunis to become a regional film production center for the Arab world, when they can be supplied with more adequate equipment. It would seem that their proposal would be most persuasive if it can stress concrete accomplishments with existing facilities (in the ONPFP, sister agencies and the private sector).
- o A series of down-to-earth in-country (or regional) workshops on specific subjects such as AV production, writing, etc., would be welcome. There should be a small but good team of instructors, who should develop an esprit and sense of cooperation. Means should be found to recognize and reward excellence in any way possible.

B. Kenya

1. Activities & Respondents

R. Crawford visited Kenya March 9-15, consulting with officials in government and private FP persons. Persons interviewed are listed in Appendix I.

2. Nature of Family Planning IE&C Programs

The Kenyan family planning program rests strongly on both public and private sectors. The first sub-Saharan African country to declare a population policy (1966), the governmental efforts were at that time added to the already strongly established work of the Family Planning Association of Kenya. In 1968, the government took over the provision of family planning services from the FPAK and today operates almost all the clinic facilities in the country, in most cases within the context of general health services. The FPAK has been allowed to reopen one clinic in each of the eight areas (states), but the main thrust of this and other private efforts is IE&C. Other private agencies operate a variety of MCH/FP services (e.g., mission hospitals, universities).

USAID efforts have been to assist both sectors, but the emphasis has been on IE&C assistance (largely commodities and equipment) through the various private programs. There is also a strong program of support for the GOK's demographic agencies.

It has been observed that although the GOK has formally supported family planning, the work has not received very high priority over recent years -- so much so that some donor agencies have tended to taper off their aid until the GOK demonstrates greater commitment. There is some indication that the new government of President Daniel Moi may provide this renewed vigor, though it is yet too early to tell.

3. PIP-II Impact

We found no in-country evidence of any of the PIP-II media materials having reached Kenya. The population officer (who reached his post in June, 1978) was vaguely aware of the GNU contract, but not of its outputs. (Records in AID/Washington indicate, however, that eight film titles, two slide sets and one film strip were sent within the past year. (See Appendix II).

There is substantial interest in possible sources of films, though there were many qualifiers:

- Films should be made in East Africa (even West Africa seems too "alien").
- English language is appropriate, but it must be kept simple and dialogue must not move too fast if the film is for general audiences.

- Care should be made to avoid touching on politically sensitive subjects, as well as photos of political figures or references to things that may date the film overnight if the political scene changes.

In addition, it must be observed that while films can be excellent for reaching the minority of the population that is to be found in cities and towns (if well made, timely and culturally appropriate, and accompanied by a skilled discussion leader), the medium cannot be relied on for the largest part of the IE&C task. Mobile vans circulate around the country, but a given village may be fortunate to have two or three showings in a year. Such showings can serve as reinforcement but the burden must fall on the field educators who are in daily contact with people of the district.

There was one brief field visit under this contract in May, 1977. The GWU team listed this visit as "exploratory meetings with government population/family planning leaders, UNFPA officials and other donors concerning IE&C material requirements of in-country programs." Although requested, no report of this visit was made available to the evaluation team. In-country there was no recollection of the visit on the part of officials interviewed except the population officer. He recalled that there were various meetings over several days, but none of the details or outcomes. The evaluation team found neither evidence of ongoing effect from this visit nor any explanation for this lack.

A Summary of IE&C Programs is presented herein.

Family Planning Association of Kenya. Under the director there is an information officer who operates with three assistants; one for training of staff, one for materials production, and one for youth programs.

In each of the eight areas (states) there is an area office staffed by an area officer and a field work supervisor. Under this leadership is a network of about 170 field educators, who provide the operating edge of the organization.

The field educators, recruited upon recommendation of local leaders, are given three months of special training and then returned to work in their home villages. They are typically persons with seven or eight years of regular school plus two more of some sort of specialized training (teachers, social workers, etc.).

These field workers conduct public meetings, visit schools or other organized groups, and conduct home visits. They carry non-prescription contraceptives, and refer clients to the nearest clinic for pills, IUDs or other methods requiring medical supervision.

There are eight mobile vans, actively showing films in all parts of the country. Wherever they go the local field educator makes local arrangements in advance and leads a discussion following the showing. Incidentally, showings are supposed to always be inside a school, church or other building and only adults are permitted because the subject matter is considered inappropriate for children, unmarried youth (who have a separate program), etc. This allows more effective discussion and helps overcome some of the cultural resistance.

It is clear, however, that most of the field educator's time is spent without the aid of films. They use posters and flip charts and hand out pamphlets (all made by FPAK). Anything that can be done to strengthen this level of effort will be amply rewarded. Half of the field educators are supported through IPPF funds, and the other half are paid by the government (with funds from SIDA). It is not yet clear whether the new government will expand its own share of this support. One problem of the current arrangement is that there is no long-range security for these workers, and the best often leave.

In a few areas some field educators have been supplied with motorcycles, and the results have been very good.

A recent initiative attempts to use folk media. A talented local singer/dancer is recruited and is given the basic information to be conveyed. She then works it into her songs and dances. She is then taken to various nearby villages at the time of special gatherings to perform. Often the villagers are taught to join in the songs. This program has just begun. Initial observation indicates it is effective (judging by the enthusiastic response) but no real evaluation has yet been attempted.

Dr. Mugo Gachuhi, a regional POP/IE&C adviser for UNESCO and a member of the FPAK management committee, commented that films are good to attract people but are not really useful for persuasion. They are commonly seen as entertainment, not to be taken seriously. When used for education, the discussion afterward is the key and this depends on the skill of the accompanying staff. Films can be helpful for staff training, however.

Audio cassettes are useful, he noted, as they can carry feedback. Such a program, however, requires a good extension network at the local level.

The main medium in Kenya, as noted above, is the network of Field Health Educators. Once a person hears something interesting in a baraza (special community palaver), he or she continues the discussion later with others.

Dr. Gachuhi suggested the value of using the rural press for family planning information. This is a plan for simple village newspapers to provide reading materials for graduates of adult literacy programs. There is currently one such paper, which has been published over the past three years on a district basis. Copies are sold through schools, shops or other local outlets. There are those who are pressing for more of these, but others object to encouraging use of local languages.

As for USAID assistance, he noted that the basic problem for all of Africa is shortage of trained manpower, at all levels. A possible approach would be to strengthen regional institutions in the required disciplines. It is important to provide both elementary and advanced training in order to provide help at various organizational levels (and recognizing that those who get advanced degrees, even in technical subjects, will probably be promoted to top administrative positions and be unavailable for technical tasks).

Dr. Gachuhi suggested the value of having consultant teams coming to work with local staff for specific objectives, especially if they can stay long enough to produce items with locally available facilities and materials.

Family Welfare Center. The Family Welfare Center is the family planning program of the GOK. Through this program clinic services are offered, in most cases in combination with MCH clinics. The program is part of the Ministry of Health, and facilities are shared back and forth across the various concerns of the Ministry.

The IE&C program is designed to serve the entire Ministry, and production varies according to current priorities (e.g., pure water, measles). There is currently a heavy emphasis on the International Year of the Child. Media output includes posters, flip charts, radio and TV programming using both English and Swahili.

The World Bank has built a new building for the IE&C production unit, and USAID has ordered a large quantity of equipment for it (which has already begun to arrive and some is in use). So far, SIDA has failed to provide the consultants they had agreed to send to train the Kenyan staff in use of the equipment.

The existing facility is rather well equipped with a 14x20" Rotaprint off-set press, process offset camera, light tables and other large items. However, there is little evidence of any recent use of the facility.

Conceptualization and execution of the few currently available materials seems rather poor. One frequently heard "we are planning to train more staff" or "we are planning a revision", etc., but finally it was suggested (by a middle-range staff member) that there are substantive leadership problems in the IE&C area. Indeed, the whole organization has been plagued by loss of top leadership and poor management. For instance, Dr. Jane Mieno, Deputy Director, is also a staff physician in the government hospital and maintains a private practice. It is sometimes difficult to reach her.

In addition to the media production there is a network of health educators. In each of 41 districts there is a Health Education Officer, plus 320 service delivery points (where medical services are provided on a daily basis). Each of these is served by two family health field educators, paraprofessionals (usually with six-seven years of education) who are recruited from the villages, trained for three months, and returned to their own villages to work. They are supervised by the District Health Officers. Their work is to go house-to-house, hold meetings, participate in general information meetings called by village leaders (barazas), etc. Funds for these have been from SIDA, but the five-year program ends on June 30, 1979. After that, the GOK will pay all of them unless other donors can be found.

There is also a training division which trains nurses and other health professionals, the family health field educators and provides special training for statistical clerks.

Suggestions for future assistance from USAID were primarily in the area of staff training.

National Christian Council. The Family Life Education Program of the NCC, which has been under way for a number of years, is important in that it operates within the framework of the Christian churches which encompass a majority of the population. There are three main aspects of the program; training school teachers, marriage counseling, and primary health care.

It is hoped that school teachers, with proper training and some lesson plans can work family planning-related concepts and information into the school curriculum. Orientation of teachers is currently under way and the syllabus is now awaiting approval of the Ministry of Education.

There is a high incidence of marriage instability, and leaders have observed that often problems related to excessive fertility are involved. For this program there is an effort to recruit someone (a teacher or other mature and responsible person) in each community for special training in counseling. This training includes family planning information.

The primary health care program attempts to encourage people to participate more actively in their own health maintenance. It provides basic information in various health matters, including nutrition, hygiene, family planning, etc., and also distributes non-prescription contraceptives. It is hoped to build a network of health educators who will work through the churches.

In addition to a modest Nairobi staff, the program has three field officers in each of four regions. These field officers organize seminars and discussion groups in various institutions, special youth seminars and other programs. Resource materials are mostly obtained from FPIA (posters, films, leaflets) or produced locally with funds from FPIA.

The program has been largely supported over the past five years through FPIA, especially in the form of material aid (contraceptives, some equipment, etc.). There is currently a funding crisis because FPIA is cutting the aid off in the hopes that the churches will pick up more of the burden locally. Other donors are being approached, but the future is shaky.

Food and Agriculture Organization (FAO). The FAO Project for Better Family Living has carried on a varied program in Kenya over recent years. A discussion with Dr. Eric Krystal, adviser to the project, tended more to long-range programs and solutions than to the specifics of recent programming.

The PIP-II output has not reached the program. Beyond that, there is a feeling that the film medium is of minimal value in the Kenyan situation. Films can be helpful for staff training, or reaching policy makers, but for field use they are extremely limited. They are expensive (for both hardware and software), they quickly go out of date, and are often seen as "alien" due to costuming or language localisms. At best, they depend for their impact on skilled discussion leaders.

Dr. Krystal suggested that audio cassettes, on the other hand, are excellent. FAO has conducted four successful pilot projects in Kenya, using locally produced cassettes dealing with hybrid corn, nutrition, family planning, etc. in an adaptation of the radio forum idea. Organized groups convened at regular intervals with designated leaders to listen to the cassettes and to discuss the topic of the day. Use of the cassettes allowed flexibility in scheduling to meet local convenience, they could be replayed to clarify specific points, and they could be made in local area versions in order to include reference to known local leaders, facilities or situations. Results of the pilot programs were excellent but unfortunately there have been no follow-on activities.

He stressed that the problems of Kenya, in general, do not call for more equipment and media products from abroad. The main problem is getting people to use the equipment and software already on hand. There are management problems and technical skill problems. There is a current effort to set up a Communication Coordinating Council for all agencies now involved in development work, in hopes of better using the facilities that are now in place. As for the future, it is important to strengthen personnel capabilities and motivations in whatever ways are possible.

Family Planning International Assistance. The FPIA program for Sub-Sahara Africa is centered in Nairobi. Main emphasis is on supply of commodities to MCH/FP service delivery programs, especially those which are community-based and reach the rural poor. This includes educational materials, AV equipment and supplies.

FPIA personnel were not aware of the PIP-II contract or its output. (An examination of their list of available materials confirmed that no PIP-II items are included).

On the other hand, their view is that films can be of considerable assistance, especially if they are region-specific. They can be used to draw a crowd, and if a useful message is included that is a bonus. They are also useful in staff training. Although there are limitations on the use of films in rural areas due to lack of electricity, their network of client organizations (churches, hospitals, etc.) typically have generators and projectors in place.

Their suggestions for USAID follow-on activities are to make films more responsive to country needs (possibly area-specific), and to improve their distribution, especially through better use of private organizations.

Another suggestion is to strengthen in-country institutions, such as the Department of Communication at the University of Kenya, which has a small health education program.

Pathfinder Fund. Operating through its regional office in Nairobi, the Pathfinder Fund supports programs throughout Sub-Saharan Africa. There are three program divisions: Fertility, Women (stressing better standards of living), and policy (population affairs). Most of their efforts deal with educational work through existing organizations in the field. The Fertility Division also supplies contraceptives and a limited amount of IE&C assistance.

Their view is that films are being widely used in the region, but the ones available tend to portray alien contexts which limit their effectiveness. They should at least be made on a region-specific basis (e.g., East Africa, or West Africa, and in whatever languages are needed for the region).

They feel that films can be excellent where they can be used (i.e., to reach perhaps 10% of the population). For the rest of the region the need is for flip charts, audio cassettes and other such media. Battery operated Crusader film strip projectors are also helpful.

Officials interviewed in Nairobi had no familiarity with the PIP-II contract or its output. However, Pathfinder Fund officials in New York (interviewed by telephone after return) indicated that they have seen two of the GWU products. The one on laparoscopy was unsatisfactory, in their opinion, and Pathfinder has, therefore, produced its own on the subject (which was available and in use in Africa). The other item was Choosing a Contraceptive Method (slide/sound) which the New York Office regards as "pretty good, though nothing very original." The organization has no plans to distribute it.

As for future USAID directions, Nairobi officials suggested it would be most helpful to send consultants "for a minimum of three months" to work with local staff on production, planning, research, etc. This would be most effective, they noted, if individuals with previous African experience can be selected. Possible consultants can be drawn from other African nations. There was also a plea for better coordination between AID-funded agencies.

IPPF: The program of IPPF operates in 20 of the 42 countries within the Sub-Saharan region, primarily by funding the country associations. Technical assistance is also provided, in which typically a specialist visits for two-four weeks. Regional workshops are conducted. Next month, for example, a five-day audio-visual workshop in Nairobi will draw delegates from around the region.

Their strategy encourages member agencies to strengthen links with other agencies (Ministry of Health, Nutrition organizations, etc.).

Women's development is an important component, involving various women's concerns and tying in with family planning as it may fit.

Across the region, IPPF is emphasizing low-cost materials (teaching aids of one sort or another). The materials must be relevant to the local situation, in each case, so local production is stressed.

Films can be helpful if conditions are right, but there are many problems with the medium. Often there is no electricity and, due to their novelty, people tend to regard films as entertainment. There is little personal identification with the content or characters of the films.

There were a number of suggestions concerning present and future program directions:

- Training programs are needed, but should be more relevant to the African situation. They should be at least region-specific, done in the region or drawing leadership from the region (or both).
- Consultants can be helpful, and might be drawn from within the region.
- Watch for local successes (e.g., MCH teaching materials developed in Tanzania by USAID and local people) and find means to make them widely known.
- Social advertising can be helpful in some situations, but careful and sensitive supervision is essential. Advertising agencies tend to have expertise in reaching urban markets -- those in the cash economy. They often have much less expertise in reaching peasants in remote areas. Population Services International conducted a pilot project of commercial marketing of condoms (Kinga) in a part of Kenya a few years ago. Results were unfortunate, as the people reacted against the advertising.
- It may be possible to use existing extension field organizations, at least for basic awareness,

4. Future Directions

From the wide range of suggestions that arose in the interviews, several stood out:

- o It would be well to reduce emphasis on hardware or outside production of mass media products. The problem is much more to facilitate and encourage the use of the equipment and materials already on hand. There are bureaucratic constraints and management and technical skill problems.
- o Insofar as possible, it would be well to strengthen in-country institutions (e.g., Department of Communication at the University of Kenya) for health education programs. Somehow training needs to be worked out in such a way as to minimize the dependence on high degrees which tend to remove people from doing what is needed. (Of course, there is still need for training of administrators, but it must be recognized that a master's degree in audio-visual methods will surely result in the individual moving rapidly into administration, leaving still a vacuum in the actual operation of the AV program).
- o Audio cassettes are excellent, especially if developed locally and with broad content and then delivered through an adaptation of media forums. These can be tied in with posters, flip charts, etc. They are very flexible.

- o Insofar as media materials are to be made available, it would be well to make more use of the networks of non-governmental organizations for distribution. Each of these organizations has its own set of contact agencies.
- o Teams of consultants (or sometimes individuals) should be sent for a minimum of three months to work with local staff on production, planning, research or other needs. It would be best to select persons with previous African experience. Many countries have under-utilized production facilities and need consultants to help "uncork" them.

CH. V. ASIA

The two countries visited by Dr. Gerald Hursh-Cesar were Indonesia and Thailand. Nepal was scheduled to be visited, however, clearances from the Government of Nepal failed to materialize in time to enable a visit there. The population officer in Thailand, Mr. Vernon Scott, cooperated in providing data on PIP-II programming in Thailand.

This chapter reviews the activities, findings, and recommendations for both countries comprising the Asia region in this evaluation.

A. Indonesia: March 4-10

1. Activities and Respondents

The consultant interviewed 15 officials of 11 government and other agencies (listed in Appendix I). In addition to USAID officials, interviews were obtained with government officers of the National Institute of Health, the National Family Planning Coordinating Board (BKKBN), the Central Bureau of Statistics, and convenors of the World Fertility Survey seminar being held in Jakarta at that time.

Interviews were also obtained with representatives of Indonesia Sejahtera Foundation, and Intervista -- a Jakarta advertising agency. Representatives of International agencies were interviewed as well: World Bank, the Ford Foundation, UNICEF, and UNFPA.

Because the evaluation focused on future IE&C directions as well as past PIP-II activities, it was a deliberate strategy to interview officials both in and outside of government -- including private sector firms and technical assistance agencies involved in aspects of family planning other than those in which USAID is involved.

Other than the lack of advance time with which to set up appointments, the only interference with the evaluation was the coincidence of the World Fertility Survey (WFS) seminar. It was difficult to get appointments with a number of government officers.

2. Nature of Family Planning IE&C Program

With about 142 million people Indonesia is the fifth most populous country in the world. Although it consists of 13,700 islands -- with 6,000 uninhabited -- two-thirds of the population live in the islands of Java and neighboring Madura. Java is rapidly becoming an urban conglomerate, with one of the world's highest population densities. Despite alarming migration to Java, the government's Family Planning (FP) program -- started in 1970 and administered through the BKKBN, the National Family Planning Coordinating Board -- is mature and effective, particularly in Java and Bali.

The BKKBN has just been reorganized. The agency is reputed to be in a strong political position in the government, and is succeeding in coordinating FP-related

IE&C activities across various sectors. Additionally, the BKKBN has a strong leader with a background in media and communication concepts, who has created a supporting constituency among donor agencies and has succeeded in creating a national demand for FP programming.

Second Deputy Director of the BKKBN, Dr. Haryono Suyono, is a dynamic, imaginative, forceful leader. Like many successful development programs, a strong personality is at the center. Dr. Haryono personalizes the program, taking the responsibility for long-range planning as well as for day-to-day operations. He apparently delegates little responsibility -- or has few subordinates to whom responsibility can be delegated. There is concern that were the program to lose Dr. Haryono it would suffer considerably. In addition to Dr. Haryono, there is only a scant handful of other persons mentioned prominently for leadership roles in family planning. The national program rests on the competencies and energies of very few personalities.

There is a feeling among many informants that improved IE&C strategies are the greatest need in FP programming. Among other program components, the Contraceptive Distribution System is efficient and effective. Distribution of other supplies and equipment is said to be adequate. And, the reporting system is excellent -- at least to the level of clinic reporting.

USAID is highly praised for its role in developing and strengthening FP programming in the country, particularly through assisting village-level contraceptive distribution.

a. The Family Planning Culture

On the eve of its third Five-Year Plan, the GOI goal is to double the number of FP acceptors from the level of 12-13 million current users in 60,000 villages in 27 provinces. The basic strategy has five parts:

- o Political -- secure top-level policy commitments.
- o Technological -- improve technical capability to produce program components.
- o Programmatic -- improve program capability for service delivery, including more effective IE&C support for services.
- o Administrative -- improve monitoring and supervision at all levels.
- o Analytic -- improve capability and quality of program evaluations.

It is within this framework that USAID must review its technical assistance objectives. The core FP infrastructure exists, in large part due to USAID contributions. Now, however, the program is dynamic, vigorous. USAID future activities

must engender a commitment that is two or three levels removed from earlier objectives to build basic programming capability.

The Indonesian FP program is successful, many informants feel, in large measure due to Dr. Haryono's astute understanding of the traditional oral communication structure and of village psychology. According to one foreigner, there is evidence that people don't feel the need to reduce family size, but "are accepting because of BKKBN's astonishing understanding of village communication and the hierarchal system."

The Indonesian communication system for FP programming has these characteristics:

- o It is oral -- effective communication is word of mouth, not mass and particularly not print communication.
- o It is vertical -- traditionally, communication is top-down, from higher leaders to lower leaders to village followers.
- o It is formally structured -- there is a definite and acknowledged hierarchy of positions.
- o It is dependent on heads (leaders) -- from feudal traditions, leaders are recognized and have much influence on individual group decisions.
- o It is strategically sanctioned -- at critical points in the communication hierarchy, leaders may effectively intervene to sanction (endorse) information.

Successful FP communication in Indonesia is based on recognition and manipulation of the above communication process. And, focusing on leaders and organized acceptor groups in the village are two distinguishing socio-cultural characteristics of the Indonesian family planning IE&C system:

(1) Focus on leaders: According to informants, villagers look to leaders and elders for guidance. While the quality of obedience may vary by place, there is no doubt that leader roles are critical to successful communication. BKKBN communication strategy focuses on people's desire to be leaders by messages designed to "touch their feelings of being individual leaders and not just masses." The idea is to encourage villagers to feel that they are "equal leaders" -- much in the spirit of persons running a relay race, each has individual responsibility and a collective contribution. Invoking father figures and appealing to leaders to train new leaders in family planning ("teaching of teachers") are felt to be important elements of IE&C messages.

One common IE&C use of the leaders is to use them to make a pitch for contraceptive use during the showing of commercial films in the village.

(2) Village groups and peer pressure: Village life tends to be highly organized. Many interrelated groups exist traditionally and have been created for FP programming. With so many leaders in fact or in mind in the villages, incomplete delegation of responsibility is a frequent problem. Groups are, therefore, significant for carrying out village decisions.

In many respects, the "village" is the adopting entity. The reasons given for people accepting FP methods are (a) influence by elders; (b) active peer pressure and (c) conformity with others' expectations: "It's expected of me." Village pressure on members' behavior is strong, even coercive.

Village-level FP programming rests on the foundation of group organization. There are some 55-57,000 village groups (mostly women) in Indonesia. Tremendous pressure may be exerted within the groups on members to use contraceptives. In Bali, for instance, members' houses are marked to show which contraceptive methods are being used. There are few contraceptive secrets in the village. Acceptors talk openly in groups and the simple presence of the reporting system acts as pressure on villagers to use FP methods.

Family planning groups are important for village development programming generally. The FP women's group is a recognized village institution in many parts of the country -- less so in the outer islands where the program has had less impact than in the major islands of Java and Bali. Within any village there are likely to be several "development" groups -- often with overlapping memberships (Family Planning Group, Nutrition Group, Family Welfare Group, etc.) and often divided along factional lines.

The FP groups are usually the most effectively organized, and take the dominant women's group role. The groups are supported by a strong village-upward FP reporting system, and are tied to village contraceptive distribution centers. Given its prominence, organization, and infrastructure, the FP group may be an effective catalyst for introducing and integrating other developmental activities.

b. Family Planning Field Workers

BKKBN services to the villages are principally through village-level workers (VLW). There are about 7,000 paid field workers in the country. Additionally, the GOI Volunteer Service Corps provides about 4,000 youthful volunteers for two year's service, who often aid the FP program.

At the subdistrict level, which comprises about 15-20 villages, there are supposed to be some seven or eight VLWs, or about one for every two villages. Nationally, there is one VLW for every eight villages. Within each village the VLW tried to recruit volunteer helpers from among the membership of the women (seldom men) groups.

In villages in which other developmental activities are integrated with FP activities, the VLW and volunteers may work as motivators and communicators for several types of groups' activities -- family planning, nutrition, health, family, welfare, agricultural production. For example, USAID and UNICEF are loosely collaborating in an applied nutrition project which is based on "weighing groups."

The FP field workers help mothers in the baby-weighing groups to monitor the development and diet of their children, provide nutritional first-aid, disseminate nutrition information, and attempt to persuade prolonged breast feeding while initiating FP activities as well.

The fundamental FP strategy rests on active community involvement. While Mobile Services are important in bringing services to villages in various parts of the country, the preference of the GOI clearly is for on-going VLW activities at the grass roots. The objectives of the VLWs are:

- o To introduce FP to the village and enlist popular support and promote acceptance.
- o To form village groups of acceptors for promoting FP and other beneficial activities.
- o To encourage FP acceptors to "graduate" to progressively more sophisticated/effective methods of contraception.
- o To follow up acceptors who discontinue contraception, trying to learn their reasons and trying to bring them back.
- o To encourage the more enthusiastic/active acceptors to become volunteer field workers helping to spread information and heighten motivation -- to develop a cadre of new "movers."
- o To monitor the status of acceptors by methods of contraception and to report from the village to the FP clinic, for upward reporting.
- o To link FP with other developmental enterprises and with the evolving concept of "total family welfare" -- the happy, healthy, and prosperous small family.

While respondents feel that the need for improved IE&C activities is great, improving the effectiveness of the VLW is the vehicle for upgrading IE&C. Field workers are not trained as communicators; they are trained as functionaries. To date, donor agencies and GOI have failed to address the needs and activities of VLWs as communicators/motivators. Some of the VLW communication needs described are:

- o Train VLWs in basic communication/motivation techniques. Enable them to train others to train others.
- o Train them in other developmental activities, and help them to relate activities intersectorally. Give them more to talk about; too many are ignorant of basic information and services useful for villages.

- o Ascertain through needs assessment and village-level research what kinds of basic, simple, easy-to-use communication devices are needed by VLWs. Develop, test, and refine these techniques.
- o Train them in basic paramedical functions. Enable them to diagnose problems, treat minor cases and refer serious cases upward.
- o Develop management-training curricula and materials for training VLWs in monitoring and reporting tasks; train them in definitions, forms, procedures for maintaining the reporting system.
- o Identify VLWs with particular leadership capacities; use them as "Trainers of Trainers" for imparting skills and knowledge to other VLWs and to volunteers -- e.g., basic communication techniques, baby weightment, nutritional information, paramedical aids.
- o Do research on the VLWs, learn their problems and needs.
- o Develop a tested and workable body of contraceptive method-specific information for VLWs to meet all questions, quell rumors, explain side effects, combat myths.

In summary, the VLW is the core of the government's program. The need is great and the rationale is urgent for strengthening VLW activities through training, improved supervision, good research data, and supportive IE&C strategies.

c. IE&C Strategies

The BKKBN's program is divided into three stages. Communication strategies are supposed to be tailored to the objectives of each stage:

- o Stage I: These are villages in which less than 15 percent of eligible couples use contraceptive methods. Communication is aimed principally at the VLW to help him/her to enlarge program coverage, to elicit leaders' support, to coordinate with contraceptive distribution and health clinic services, and to recruit village volunteers.
- o Stage II: These are villages in which 15-35 percent of eligible couples use FP methods. Here, services already exist, acceptor groups exist, motivation campaigns are underway. Communication is aimed at maintaining present acceptors, reinforcing their practices, and encouraging them to practice more effective methods.
- o Stage III: These are villages in which more than 35 percent of eligible couples use FP methods. In these villages, it is

felt that the "small family norm" is accepted. Communication is aimed at counteracting dropouts. VLV activities include following up the disadoptors trying to motivate them to re-enter the program. Communication is aimed as well at stimulating people to adopt other innovations in health, nutrition, welfare -- to think "beyond family planning."

There are as yet somewhat vague notions of how IE&C strategies can most effectively meet the different objectives of the various stages. A specific communication plan has not yet been developed that clearly enunciates the purposes and relationships of media and messages within and across stages. The most specific need is to develop IE&C materials that:

- o Are effective for bringing acceptors to the first threshold of contraceptive adoption.
- o Are effective for encouraging acceptors to graduate to more effective methods of contraception.
- o Are effective for convincing acceptors to themselves become "change agents" in the service of the program acting to motivate others to join the program.

Additionally, there is need to establish and promulgate standardized criteria for disseminating FP materials to avoid inconsistent, unstandardized messages in varying settings. More than simply displaying an orienting symbol, criteria have to be established to increase message impact through standards, e.g., for consistency, simplicity, redundancy, direct action, specifically, demonstration, frequency, positiveness.

While plans are not yet sharply focused, the BK&BN intends to develop Stage IV IE&C strategies aimed at motivating people toward the "Total Family Welfare" -- the happy, healthy, prosperous small family. Some informants feel that the "beyond family planning" concept is premature, even dangerous for the Indonesian program. They feel that the country has not yet reached the "beyond" stage and that people universally still require motivation to reduce birth rates. Dr. Haryono and Dr. Hendrata (ICF) feel that certain Stage III parts of Java and Bali are ready and that it is time to tie FP to other development programs.

There is no real integration of FP and other programs yet. Village groups carry out FP and other health, nutrition, welfare, etc. activities simultaneously, but not as activities of an integrative developmental "whole." Applied nutrition programs offer the most concrete opportunity for integrated programming -- involving different workers (teachers, field workers, health workers, agricultural workers), different institutions (school, health clinic, women's groups), different sectors (health care, nutrition, education, feeding, gardening, monitoring, sanitation) and different ministries (BK&BN, Health, Agriculture, Religious Affairs, Interior, and Universities).

A related problem of integrating IE&C strategies is to adapt FP messages to the cycle of marriage and child raising. Messages must be designed to appeal

differentially to different phases: premarital counseling, family planning concepts, prenatal care, maternal childcare, and maintenance.

d. Coordinating Donors' IE&C

In 1974, Presidential Instruction #14 mandated ten GOI ministries to coordinate development funding efforts and to coordinate donor agency funds as well. There is a feeling that the decree is not working too well. Ministries have many jurisdictional problems and donor agencies don't fund FP programs with the same perspective.

There is nothing novel in finding lack of coordination among donors. There are the usual problems of "turf" and status in Indonesia, and the feeling that it is difficult to get everyone together. There is a feeling, however, that donors are beginning to think about coordinated planning and funding. All informants feel it is possible to bring the donors together, if the GOI presents an overall strategy forcefully and specifically. Donors are looking to each other and to the GOI to take a lead if such a movement is to gather momentum. At the moment, various agency representatives are meeting informally, and there are projects -- e.g., USAID and UNICEF nutrition education -- in which multiple agencies are working jointly.

For the GOI side, Dr. Haryono feels that the BKKBN has an overall strategy for which it is most important that donors "fit in" rather than funding projects piecemeal. Most informants agree that the BKKBN has an overall plan, and that multi-agency cooperation can be important in fulfilling the plan. Alternatively, it is felt that perhaps one agency such as UNFPA might now provide the lion share of funds that would be sufficient to implement the overall strategy regardless of other agencies' activities.

Feelings are nearly unanimous that the BKKBN should review its strategy in order to (1) get donors together, and in order to (2) reach the grass roots effectively through local programming. Some feel that strengthening the role and responsibilities of the 247 Local Administrators in the country is the most effective way of integrating the activities of multiple agencies across multiple sectors.

This is important for IE&C activities, because one set of criticisms is that the government's communication strategies break down at the provincial and district levels because there is no commonly understood and accepted responsibility for carrying out media campaigns and IE&C activities generally. A related criticism is that IE&C objectives and methods are vaguely defined and poorly coordinated, and their effects are dissipated through messages aimed at several audiences simultaneously.

One of the problems of inter-agency/inter-sectoral programming often is which program or donor is the "biggest part of the whole." In the view of some informants, the "whole" should be the local government: responsibilities for achieving both program and IE&C objectives should center at this level; and the Administrator should be strengthened so that sector officials and projects cannot bypass him.

e. IE&C Innovations Underway

A number of IE&C innovations are being planned within the BKKBN and by various donor agencies. Some of these activities are:

(1) Videotape: While UNFPA seems committed to using UNDP's Development Training and Communication Planning (DTCP) group, there is effort underway to bring Martha Stewart, a videotape specialist, to demonstrate the effectiveness of videotape methods for use in convincing acceptors, as well as for training staff. Regardless whether DTCP or Stewart or both, the objective of BKKBN/UNFPA/World Bank is to develop a video system based on (a) a video center in the Ministry of Information, (b) regional training centers around the country, and (c) village-level television presentation consisting of on-site filming, immediate video playback to the villages, and combined with village discussion groups.

(2) Print: UNICEF and the Indonesian Sejahtera Foundation (ISF) have combined in developing and testing various kinds of print materials. In particular, flip charts comprising elemental FP messages are being tested to see whether the same materials can be used effectively with different audiences. As noted above, UNICEF has also funded a "Growth Chart" that combines FP messages with a simple card system that enables mothers to track their children's growth (length and weight) over time.

Indigenous artists and print production capabilities are excellent. There is strong feeling that foreign-made posters, pamphlets, brochures are wasteful. On the other hand, no one is convinced of the specific effectiveness of printed materials, except as some necessary complement to other media. For one reason, informants feel that the FP message is reaching villages now quite effectively through the word-of-mouth communication system -- and that print can do little to improve effectiveness. For another reason, literacy problems inhibit print effectiveness. And, third, there is no "print habit" among women. The system is oral; posters, billboards, other printed materials are not commonly used except as training materials.

Two other reasons given for the ineffectuality of print: (a) the BKKBN has a rather weak system of IE&C material distribution -- too much stays in the warehouses; and (b) FP posters are only episodes, they are not planned as part of an overall communication strategy.

The second point is interesting in that many FP posters are sponsored. Commercial firms sponsor the posters, adding their commercial message to the family planning message. The commercial message often is displayed more prominently and the FP message may be more easily forgotten because the same commercial message is repeated with different FP posters as well as through other media. The "galling thing" is, says one respondent, that the FP people selectively see their own message and think it has been delivered.

(3) Radio: UNICEF has sponsored pretesting by the ISF to measure the recall of radio jingles, interest levels, and required adjustments in radio spots. The Ford Foundation has provided small grants for radio shows with integrated family planning messages. The BKKBN has a running dramatization which deals with family planning.

(4) Other: Some of the more innovative media ideas have been suggested in the context of a national breast-feeding campaign and the International Year of the Child: cooperative advertising, public conveyances, slide presentations, comic books. Otherwise, the Ford Foundation has sponsored a couple of novel ideas: (a) workshops for journalists to improve the accuracy and completeness of their coverage of family planning and (b) discussion groups among university students.

f. Advertising and Social Marketing

Although prospects are good, there is as yet no significant movement toward social marketing in Indonesia. One man is prominently mentioned in connection with advertising and social marketing: Mr. Nuradi, President of Intervista Advertising Agency. His recent speech on social marketing concepts to local advertising executives was the first public advocacy of using commercial advertising methods for government programming objectives.

The government, according to several informants, is slow to turn to advertising. Advertising is still in its infancy in Indonesia. As a part of the business/commerce world, it is regarded with suspicion. Reasons given for GOI reluctance to use advertising methods are:

- o The GOI has other higher priorities -- contraceptive supplies, staff salaries, service distribution.
- o GOI officials don't trust advertising companies; they see the commercial people as competitive for programming resources.
- o GOI officials don't perceive that their programming objective is the same as the commercial firms: changing people's behavior. They don't perceive that they use the same communication principles.
- o GOI and others measure advertising costs in absolute terms, not in relative terms of cost effectiveness. On this basis, advertising costs are felt to be too high.
- o GOI staff lack background and training in commercial communication concepts and methods as well as in research methods.
- o Too many GOI agencies are involved in IE&C-related decisions, and agreements are difficult to get.

In addition to the antipathy of government views of advertising, a 1977-78 episode involving the Intervista Agency has produced ill feelings. In brief, Intervista was hired by UNICEF to produce a slide-and-sound presentation concerning a national program for integrating (a) a breast-feeding campaign with (b) applied nutrition education, and (c) public health center services. Intervista feels it lost money on the venture; that its costs were misunderstood and have unjustly made enemies; and that it failed to impact government as planned because of inter-ministerial rivalries and lack of cooperation. Informants of the other agencies involved feel, conversely, that an unrealistic and unfair amount of money was charged and was not satisfactorily accounted for.

There is the feeling in the public sector that private firms will invariably claim sole contributions for group efforts, and that they will attempt to reap hidden rewards through copyrights, media rebates, institutional publicity, and conflict of interests -- e.g., building expertise in nutrition through participating in a government campaign and then accepting a contract with baby food manufacturers. There is a feeling, as well, that private ad agencies try to keep their methods to themselves; that they cloak themselves in a mystique of "creativity" and "research." In this view, the private firm will not make a fair attempt to strengthen the institutional capability of GOI agencies, because it sees skill-transfer to government as competitive -- potentially harmful to its own business-getting activities. Finally, the commercial firm charges unreasonably for "creative design," which it can neither define or measure to the satisfaction of the government.

Opinions were divided among respondents as to whether advertising agencies can "sell" development concepts. The favorable view is that ad agencies can work effectively in development because they use the same principles and techniques of research, communication, and programming as do the government agencies. The caveat is that the agencies must "be guided" in their understanding of concepts and of specific communication objectives. It is felt that the private agency will do a better job than government, because of the overriding profit motive and the lack of jurisdictional in-fighting.

The unfavorable view is that agencies are difficult to educate to the complexities of social problems. An example was an agency's involvement in a campaign to promote Oralit as a diarrhea preventative. The result was a "heavy-handed," hard-sell approach that said: "Nothing else is any good except our solution." Even among the most negative respondents there was, however, a feeling that private agencies can be used -- with sufficient "retraining" to understand that "the marketing of development is not the same as for toothpaste and soap."

Despite earlier problems, the Intervista agency stands out as the most sophisticated private Jakarta agency. In addition to Parama Cipta, the Intervista social-marketing subsidiary, two other local agencies mentioned favorably are Tuty Jay Film Co. and Gramedia Film. Most respondents felt that the indigenous capability for mounting a media campaign is strong in print and radio production and distribution, and weak (with a couple of notable exceptions) in creative design. There is an adequate capability for undertaking media evaluation, although not much has been done until very recently. There is no film-processing capability. It is done mostly in Hong Kong.

Finally, all informants felt that there is good potential for developing a social-marketing infrastructure in Indonesia. However, it is difficult to fund commercial groups in competition with a strong government, and such funding may seem to conflict with the philosophy of government institution building. An additional problem in Indonesia is that there are many interfaces of public and private sector interests. A social-marketing campaign ideally would begin with identification of the relationships and strengths and weaknesses of each agency involved. This may not be feasible.

g. Universal Media Forms

Interest is mounting in Indonesia for introducing institution-based media that would reach, as does the U.S. Social Security Card, all segments of society. Their effect presumably would be as remembrance advertising. Three ideas are:

- o Growth Chart -- every child would be given a chart registering height and weight. Very simple health/nutrition-related messages accompany each change in physical status -- e.g., telling the mother to feed the child, go to the health clinics.
- o Marriage Certificate -- each married couple would receive their marriage certificate with accompanying family planning/health messages.
- o School (Comic) Books -- simple health-related books would be incorporated into the school curriculum.

Universal media must, of course, be institution-based. The advantages of the ideas above are penetration, color, simple messages, utility, targeted audiences, repeated use. The ideas are, except for the Growth Chart which is UNICEF-sponsored, languishing for the most part. Cost is one problem, but the major problem is lack of agreement and cooperation among participating ministries. In Indonesia, numerous agencies are likely to be involved in any cross-sectional enterprise. For example, some 12 agencies are involved in constituting and recording Moslem marriages -- e.g., Health, Religious Affairs, Internal Affairs, and so on.

h. Need for Basic Research Data

One of the obstacles to improving IE&C activities is the lack of basic research data on the effectiveness of IE&C strategies. According to several informants: "Everyone knows that Family Planning is succeeding in Indonesia, but no one knows why." Little is known about IE&C effects on contraceptive use.

Presently, UNFPA is conducting through the Indonesia Sejahtera Foundation (ISF) basic village-level research on family planning practices, communication media, sources, and effectiveness. When concluded, this will be the first major set of village-level data collected specifically related to FP/IE&C. Of course, the Central Bureau of Statistics, The Indonesia Demography Center, and the World Fertility Survey had collected much socioeconomic/demographic/location data on Indonesian villages -- but no reliable body of data exists as a basis for a national family planning IE&C strategy.

USAID has sponsored with the BKKBW a small-scale experiment (including treatment and control villages) in West Java to demonstrate the effects of IE&C activities. Although not conclusive yet, the evidence suggests strongly that the presence of IE&C efforts with field work increases acceptor rates. The ISF also has conducted a limited-area experiment that similarly demonstrates positive

effects on acceptance and continuance of family contraceptive methods as a result of the intervention of IE&C strategies in rural villages.

In addition to the above, a variety of projects of limited scope are currently underway. The ISF, headed by Dr. Lucas Hendrata, seems to be the principal agency to which the international agencies (UNICEF, UNFPA) as well as the BKKBN turn for expertise in testing such communication strategies as health cards, radio jingles, flip charts, VLM demonstration materials, etc.

The government is thought, by some, to be slow to do research because of the basic unfamiliarity of officials with research concepts, the lack of education and training in the social sciences, as well as the lack of scientific traditions. The result is a "tendency to approach problems without the discipline of a scientific attitude." To date, "no one effectively has translated any information about the system into programming improvement."

While all informants recognize a need for research, there is fairly uniform agreement that given resource scarcities, the BKKBN will not allocate substantial funds to new research. New research (as in the case of UNFPA project) probably will have to be funded by donor agencies.

i. Reporting System and Evaluation

In looking ahead to future IE&C strategies, a twin objective of the field visit was (1) to ascertain effective ways of getting information to people, and (2) to ascertain effective ways of getting information from people. As to the latter, the BKKBN reporting system offers potential for future evaluation studies; that is, the existing administrative reporting system may be an economical, effective means of conducting limited IE&C evaluations. The following are pertinent points about the reporting system:

- o To the level of FP clinics and health centers, BKKBN has a very effective, computerized system of collecting and distributing information about acceptors and contraceptives.
- o The system was established with USAID support to BKKBN. It functioned well, with 95 percent of the clinics reporting within 30 days on current acceptors by contraceptive method.
- o A couple of years ago, the contraceptive distribution system and the reporting system shifted from the clinic to village-level statistics. Efficiency declined.
- o Today about 92-93 percent of the clinics are reporting on time. But some respondents feel that the system is more strenuous than productive to maintain.
- o The biggest problems are that (1) reporting is too ambitious, too complicated; (2) the data are not used to

to improve programming; (3) staff and village workers are insufficiently trained in system maintenance and supervision; (4) reporting forms are not standardized; and (5) population categories are not standardized.

- o The system now includes information on contraceptive methods, village meetings, field workers, and financial services. Information on the VLW has complicated the system with reports on contacts, meetings, sometimes even IE&C activities. As a result, the system is now "clogged" with more data available than can be used.
- o One proposal to simplify the reporting system would standardize forms and definitions, and report only on new and current acceptors by methods and changes in methods, as well as on dropouts and reasons for dropping.

Considerable ingenuity and skill has gone into the development of a national FP reporting system, but the system is over-encumbered with data requirements and is difficult to maintain by untrained staff. There is great temptation to consider using the reporting system for evaluating IE&C effects. Such a decision should be made only after a thorough feasibility study. For example, with the amount of work they have to do, it would be unusually demanding to require VLWs to act as well as an on-going monitoring system. Alternatively, periodic surveys of VLWs might provide sufficiently timely, cross-sectional, and in-depth information.

Any decision should be based on an analysis of the types of data available or potentially available at different levels of aggregation -- e.g., individual, family, village group, village volunteer, VLM, clinic, subdistrict officers, district, etc. For example, it is likely that important IE&C insights can be gained through unobtrusive clinic records. There are 2,900 clinics as opposed to 60,000 villages. Shortly, a UNFPA report will be available which describes different ways of getting FP data from the field: Report of UNFPA Appraisal/Programming Mission to Indonesia. The report may be obtained from Mr. Joep van Arende K, Chief, Asia Section, UNFPA, New York.

3. PIP-II Impact

PIP-II printed materials have had little impact in Indonesia, and it is premature to judge the value of the film materials:

- o USAID population officers were familiar with the project and its material. They felt that the print material was useless for Indonesia.
- o Materials of the resource sets were handed over to the BKKBW, but were not used, not copied, not adapted. The BKKBW has not provided any feedback to USAID, but both parties are aware that the materials are not in use.

- o The English version film, "Indonesia: Family Planning First" had recently arrived. An Indonesian-language version has not yet been translated. Although made for an international audience, USAID and BKKBN respondents feel it is a good film that will also suit the purpose of addressing Indonesian policy-makers. Although BKKBN reactions are positive, there is a feeling that the GWU team for the most part decided the film, the locations, the audience but that there was no particular strategy apparent.
- o The four-part 8mm MCH film cartridge was not perceived to be due to GWU initiative. Instead, it was felt in USAID Jakarta to have been initiated by USAID officials who informally but deliberately tied it into the FP film negotiations. The film clips with cassettes will be used with some 1000 hand mini-projectors that USAID has ordered for use in training village workers and others. Optimism is very high for the utility of this medium. Note: Among the USAID respondents, GWU is credited for its cooperative response to the USAID initiative and for developing the concept technically. GWU team members, on the other hand, feel that their role was more proactive than reactive.
- o Neither USAID nor BKKBN officials perceived the GWU site visit to be connected with any activity other than the filming of "Indonesia: Family Planning First", and the MCH film clip which was initiated by USAID.

In looking at PIP-II, several strong themes emerged in conversation with USAID and government officials that must be considered in any future IE&C strategies.

a. Indonesia First

There are two types of materials in the view of respondents: those materials that the Indonesians want and "all other" materials. PIP-II printed materials fall into the latter category. In other words, to be used and to be useful, "IE&C materials must come from Indonesian needs;" because "what succeeds is what the Indonesians want." BKKBN officials seemingly resist outside intervention and direction. . . as interference. They will not be directly discourteous, but they just will not use something that they don't want. This does not mean just prototype materials, but any outside assistance that is perceived as co-opting indigenous creativity.

USAID officials feel that the BKKBN has a sound IE&C plan, that indigenous media capability is good to excellent, and that culturally we present things differently from the way the Indonesians do. Thus, there is little reason for outsiders to impose on the IE&C process, except as invited. As such, the basic

premise of PIP-II that the GOI would pick up the prototype materials and use them is invalid. First, the materials have not stemmed from a need identified by the Indonesians; second, they were not rendered in culturally appropriate ways; and, third, they were not linked to the BKKBN's communication strategy.

b. Centrally Funded Projects

There was feeling among USAID officials as well as other informants (e.g., BKKBN, Ford Foundation) that centrally funded projects are not appropriate for Indonesian-specific needs -- at least in FP/IE&C programming. The sentiment is that the AID/Washington prototypic design is a "project looking for a problem", while the opposite view in-country is to identify problems and then look for solutions.

While the opposition of central-vs-field projects is not uncommon, two subsidiary points emerged from respondents: (1) GWU is perceived to have little relevant Asian expertise and has little to offer Indonesians in IE&C; and (2) the GWU approach is perceived as limited to a few specializations but is unimaginative, inflexible, and cannot reach all levels of in-country programming audiences.

Finally, a noticeable difference exists between USAID and AID/Washington perceptions of centrally funded projects. Washington officials see prototypic materials as models, as establishing foundations or precedence, as generic approaches: something that sets innovative ideas in motion in the Missions. However, the Missions (both in Indonesia and Thailand) seem to see the HQ project more darkly as dictatorial and intrusive. This difference in perception may be basic to many of the problems of administering prototypic efforts.

c. BKKBN Plans for Films

One of the greatest perceived IE&C needs is to have more village level films: but commercial films, not family planning films. Dr. Haryono sees the need for five different types of FP films (see below), but doesn't give much credence to their effectiveness among mass audiences in the villages. Despite his reservations, the World Bank and UNFPA jointly are in the process of producing ten FP films through 1979. He fears that outsiders tend to view the provision of film as a replacement for other social mechanisms. He would limit the use of films, he says, because "we depend on other institutions" not films for winning villagers to family planning.

One of the problems of outsiders making FP films is, according to two foreigners, that the cinematographers feel pressure to be "artsy-craftsy" -- to make films that they prefer artistically, but that may be ill-suited for Indonesian tastes.

Regardless of whether the above is true, a small-scale UNFPA survey of villages in which FP films have been shown suggests that films are not by themselves effective in increasing contraceptive acceptance among villagers. This underscores again the feeling that the effective FP communication system in the country is oral: word-of-mouth information sanctioned vertically by acknowledged leaders and supported in village peer groups.

Dr. Haryono himself feels that the Family Planning films of the Mobile Vans (provided by the World Bank) are ineffectual. According to the 1976 World Fertility Survey, 11 percent of the people in rural villages learn about family planning methods through films (of the Mobile Clinics). Dr. Haryono feels that the vans and films are too expensive for their impact. Film technology is more sophisticated than local capabilities, he feels, and their use should be limited to training and straightforward (never jocular) treatments especially for training and supporting the activities of village-level workers.

A 1974 study in West Java found that government field workers are the most effective source of information and persuasion in inducing people to adopt contraceptive methods. Dr. Haryono is convinced that strengthening the VLW is the way to go. He feels that, although people will come as a novelty to see FP films, they do not like the films nor do they learn from them. Moreover, he and others feel that the Mobile Van film is an ineffectual way of hitting specific target audiences: for example, a film on vasectomy may be shown to 2000 people of whom most may be children, women, the elderly, and unmarrieds.

Critics of the World Fertility Survey findings on film impact have said that this aspect of the WFS data is unreliable, and that no one as yet knows the value or impact of the films. Dr. Haryono agrees to the extent that more research is needed to learn: (1) the impact of film; (2) the most important sources of information; and (3) best methods of presentation. The BKKBN is, through a national UNFFA village study, looking at the feasibility of continuing FP film efforts.

While indications are that film has limited effectiveness in informing villagers about aspects of family planning, the BKKBN wants more commercial entertainment films.

- o In particular, the need is for money to buy and copy some of the "old Indonesian classics," which would be spliced with FP messages and shown to village audiences.
- o Dr. Haryono (and several other informants) says that the "number one problem" for IE&C is to get more commercial films for rural showing. In some regions, people see a film, he estimates, only once every three years. IE&C audio-visual hardware in the clinics and mobile units is adequate at the moment, he says, but the need is for improved software -- for more entertaining films.
- o A criticism from foreign informants is that donor agencies have difficulty accepting commercial cinema films as legitimately important IE&C technical assistance.
- o For specific, specialized (not mass) audiences, Dr. Haryono sees the need for five types of films:

1. Films for policy-makers which the PIP-II film has addressed. Although apparently satisfied with the film, Dr. Haryono seems to feel that the film should have been done as part of an overall strategy and not as a singular, piecemeal activity.
2. Films for training community workers to become effective communicators and motivators. Such films are being addressed presently by the UNFPA/World Bank effort which includes a research base of needs assessment and pretesting and adapting film components.
3. Films for in-clinic client education in method-specific contraceptive information, especially encouraging acceptors to adopt progressively more effective methods.
4. Films for training paramedics (community workers and volunteers) in method-specific contraceptive skills -- for example, how properly to insert IUDs.
5. Films for educating FP acceptors to broader horizons of life "beyond family planning -- explicitly aimed at convincing acceptors of a new way of life: happiness, prosperity, and health with the small family.

In summary, although Dr. Haryono expresses interest in film, he is apparently unconvinced of their effectiveness in informing and convincing would-be acceptors. Moreover, he feels that demonstration materials in the hands of VLWs are more effective training devices than films.

d. Adaptation of Materials

PIP-II materials were seen as culturally unsuitable by USAID and BKKBN respondents. The USAID mission approach in Indonesia is to provide Indonesian programming models and require them to be adapted locally. The difference in AID/Washington prototypes and USAID/Mission models is the degree of specificity and cultural relevance of all components of the FP process. The Mission details each ingredient of the FP process as interrelated parts of a system, enabling each to be adapted specifically to locations and situations; as opposed to giving a broad model for adaptation and trusting that each ingredient is considered.

Adaptation in Indonesia is often more than making variations in dress, physical appearance, language, and setting. Cultural differences are often larger than simple physical manifestation. Some of the striking examples of location-specific differences are:

- o In parts of Bali, the institutionalized village FP discussion groups are male as opposed to being female groups in other places.
- o Acceptance of different contraceptive methods varies from place to place. Sterilization is accepted in one part of the country and not in another.
- o In some areas, it has been found that men are "anxious" to be vasectomized: they have formed informal groups to recruit and to convince other men to be sterilized.
- o In West Java, religion and religious groups are much stronger in certain Islamic regions than in others. Within regions, the significance of religious institutions varies from village to village.
- o In Central Java, minority groups of Chinese acceptors exist.
- o In East Java, FP appeals made through village elders is particularly effective.
- o Traditional storytelling varies in form from place to place by shadows, puppets, and people.
- o Traditional folk dance is effective in one place and not another.

Respondent felt that future IE&C projects will increasingly become location-specific and, thus, cannot be carried out "globally" as was PIP-II.

4. Future Directions

The Government of Indonesia has declared IE&C a major unmet need in Family Planning. In the third five-year plan, the government will provide increased funds, staff, and infrastructure to support IE&C for Stage I-III activities. Additionally, it is embarking on a Stage IV program: "Beyond Family Planning" promoting the concept of total family welfare.

USAID activities in Indonesia must follow the lead of the government. Regardless of agreement on the relative maturity of the FP program, the program is vigorous, dynamic, and successful. It is working. It will continue to keep working, tailor-made to the strategies and objectives of the BKKBN. The BKKBN has a master plan that no longer requires massive infrastructural inputs from all donor agencies. USAID no longer has to take a lead in establishing FP policy as it did so successfully with the Village Contraceptive Distribution System. Future opportunities to assist FP meaningfully in the country lie mostly in the role of acting as a catalyst -- or stimulant -- for IE&C innovations.

Operationally, USAID has an opportunity to serve as an idea broker; to act as an intermediary relating FP in Indonesia to the external world; to provide a bridge to other programs, other innovations, other development sectors. This evaluation found that most informants felt that foreign agencies don't have much to offer to Indonesia's IE&C program. It is based on a well-understood, very mature and effective system of oral communication. It embodies a full range of activities of various ministries, field workers, leaders, groups, and media. The Indonesians do, in short, know what they are doing. The most useful assistance is that which helps them to do better what they already are doing.

USAID must redefine its role to focus on the provision of ideas. Technical assistance is no longer supplies equipment, facilities, or vehicles. The new generation of assistance to Indonesia should largely comprise services and specialists -- e.g., facilitating IE&C through improvements in research, training, project management, creative design, monitoring, trouble-shooting. These are indirect and non-conventional forms of assistance to IE&C activities.

Assistance should support not co-opt IE&C. It should be in a form that enables Indonesians to test and conclude for themselves about the appropriateness of IE&C delivery. It should not be physical production of storyboards, scripts, photographs, messages, displays, etc. Any intimation of foreigners taking over the creative process is likely only to produce expensive materials for the warehouse shelves. USAID should provide the IE&C impetus, not the solution.

Of course, the above strategy requires interested, energetic, and capable partners in the BKKBN who share the same objectives and the same perspective of how to reach them through improved IE&C activities. Too often well-intended advice about "letting the locals do it" has fallen flat for lack of local responsiveness and initiative. One problem in the present situation is that the BKKBN's program depends heavily on the personal capabilities of one man, USAID assistance should aim at strengthening institutional capability for IE&C planning, implementation, and evaluation.

In the brief time spent in Indonesia, the following emerged as the future strategies which GOI family planning programming is likely to follow. USAID should aim at facilitating these strategies largely through assistance to research and manpower training.

- o Communication System -- government communication strategies will continue to follow the traditional system of vertically structured, word-of-mouth communication using leadership interventions to endorse FP messages at strategic points in the hierarchy.
- o Village Groups -- the organization of village acceptor groups will continue as the principal grass-roots strategy for enlarging program coverage, encouraging FP maintenance, and retrieving dropouts.
- o Field Workers -- the VLW will continue as the principal medium for carrying FP to the villages. The VLW is the

core of the BKKBN's IE&C activities. More staff will be recruited; new pools of workers and volunteers will be sought -- e.g., university students, volunteer service corps. USAID technical assistance to IE&C should concentrate on strategies to support VLWs in their field of work.

- o Integrated Programming -- multiple groups will be formed in villages and VLWs will be trained in other areas than FP (e.g., nutrition, education) in an effort to use FP as a catalyst/program vehicle for introducing other developmental activities. Primary focus will be on linking FP with nutrition, education, maternal-child health, primary health center services.
- o Staff Training Skills -- new emphasis will be given to improving the caliber of VLWs through improved multi-media staff training. Training facilities and audio-visual presentations will be considered for improvement. VLWs will be taught other skills in addition to FP activities in order that they function more effectively as paramedics, and so that they learn to train village volunteers in contraceptive method-specific information uses.
- o Volunteers -- new emphasis will be given to VLW-conveyed motivation campaigns to convert present acceptors into "change agents" or "movers" in the village who support the VLWs' activities and act to motivate other acceptors.
- o VLW Media -- simple and effective demonstration media will be sought for VLWs to use, to improvise, and to fabricate in the villages. In particular, efforts will be made to develop physical media for demonstrating anatomy and the reproductive process in a way that is not offensive or threatening to villagers.
- o Method-specific Information -- communication objectives will focus -- in all I-III stages of FP programming -- on providing method-specific contraceptive information. The purpose is more to inform so that acceptors can see the advantages of adopting more effective method to combat rumors and fears about side effects and to enable acceptors to use each method safely.
- o Mobile Vans -- the BKKBN will continue Mobile Unit services, but will consider them marginal to the central FP effort.
- o FP Films -- the BKKBN will continue to allow donor agencies to produce family planning films, but will continue to be

skeptical of their grass-roots utility. Serious films will be considered more useful for staff training.

- o Commercial Films -- the BKKBN will seek funds for buying commercial Indonesian films, particularly some of the "old classics" for showing in the villages. These films will be interspersed with FP messages and endorsements by village leaders. Commercial films will be considered the most effective "mass medium" for village coverage. As yet, plans are indefinite about how to link village films with mobile units and stationary health services.
- o Beyond Family Planning -- although preparation is unspecific, the BKKBN will proceed developing IE&C strategies to support Stage IV: "Beyond Family Planning" promoting the concept of Total Family Welfare. Many of these materials will be motivational.
- o Message Differentiation -- although preparation is unspecific, the BKKBN will try to develop IE&C strategies aimed at differentially supporting objectives of each of the three stages of FP programming.
- o Message Integration -- although preparation is unspecific, the BKKBN will try to develop IE&C messages to link family-related services -- premarital counseling, family planning, prenatal care, postnatal MCH.
- o Audience Differentiation -- the BKKBN will seek funding of films and other media aimed at different target audiences -- policy-makers, staff, in-clinic patients, acceptors.
- o Social Marketing -- donor agencies will fund creative endeavors through local advertising and commercial agencies. Funds are not likely to be provided by BKKBN or other GOI agencies, but the GOI will not discourage the private sector's undertakings. Intervista and the Indonesia Sejahtera Foundation will be major beneficiaries.
- o Indigenous Production -- while print media production is adequate, USAID and other donor agencies can through their projects (not necessarily through direct technical assistance inputs) upgrade local audiovisual production and maintenance capabilities. Training indigenous persons in creative design can be a major by-product.
- o Research and Evaluation -- designing and compiling village-level research data will increase. Research will be more frequently the base for IE&C-related decisions based on needs assessments, media pretesting, audience impact analysis, program evaluations. The latter category (program evaluation) will remain the weakest enterprise.

- o Monitoring and Reporting -- new efforts will be made to improve the efficiency of the village-level reporting system trying to bring it back to the level of peak efficiency of the clinic reporting system. More inputs will be allocated to staff training in system maintenance and supervision, as well as efforts to simplify and standardize reporting tasks.
- o Local Adaptations -- research data and program reports will increasingly be the basis for location-specific adaptation of programs within cultural zones. Family planning administrators will consider the exceptions as well as the rules in modifying programs for delivery to heterogeneous sub-populations. Village-level workers will have to be equipped with mini-media kits for on-the-spot adaptations.
- o Universal Media -- efforts will increase and cooperation will improve toward the introduction of FP and other developmental messages through such universal, institution-based media as marriage licenses, children's health cards.
- o Funding Strategy -- the BKKBN will more forcefully attempt to induce donors to fund interrelated components of a master strategy, and reduce the number of projects funded piecemeal -- or considered peripheral to the master plan. USAID could take a lead in promoting donor coordination.

B. Thailand - March 12-13

1. Activities and Respondents

En route to Nepal, the consultant was held in Bangkok by a cable from AID/Washington advising that Government of Nepal clearances had not been given, and that he was to await further instruction. With GON clearances not forthcoming, the USAID/Thailand population officer, Mr. Vernon Scott, graciously provided insight into IEC activities in Thailand, and arranged for the consultant to meet Ms. Patana, Chief of IEC for the National Family Planning Program (NFPP). Additionally, the Regional Representative for the Population Council was interviewed. An unsuccessful attempt was made to schedule an interview with Mr. Mechai Viravaidya, head of the community-based service and distribution program that closely cooperates with the Thai NFPP.

Given the limited time and few informants (see Appendix 2), data and conclusions for Thailand are necessarily brief and tentative. Moreover, the data describes only the government's program, and excludes the Mechai program which is an important part of the FP national effort. All following text relates specifically to the NFPP/IEC program, except where otherwise noted.

2. Nature of Family Planning IE&C Program

The theme in Thailand is "more of the same" -- continue with a winning strategy. This means focusing on winning acceptors -- mostly for voluntary sterilization. There is no inclination to move to "Beyond Family Planning" programming.

As in Indonesia, the Thai FP program is mature: dynamic and effective. It is estimated that nearly half (48 percent) of eligible couples practice some form of contraception. The female sterilization program has been highly successful. Now, the major emphasis of the program is on male sterilization. From some 7,000 vasectomies per year in 1976, about 17,000 vasectomies were performed in 1977 and 60,000 performed in 1978. From a ratio of 14 female sterilizations for a single male sterilization, today the ratio is 2-to-1. The NFPP objective is to equalize the ratio of male and female sterilizations. Hence, while officials talk about the "total range of contraceptive services," they in effect mean male sterilization.

a. Mobile Services

The NFPP is on wheels. To reach a population that is approximately 35 percent rural, the Thai government has undertaken a program that carries FP services to the people, and tries to relieve the pressure on hospitals and primary health centers. Pressure has mounted for the hospitals and good health centers because many rural people bypass the secondary health facilities. Thus, with a rural population and unmet health demands, a "way had to be found" to carry services to the people.

The Government of Thailand is the "biggest donor" to its FP program. Together, with various private programs as well as with USAID and UNFPA assistance, the NFPP has targeted within the next few years to reach at least 60 of the country's 72 provinces with village-level mobile FP services. Some 20 Mobile Units are in service presently, 45 are expected to be in service this year, 20 more units (total of 65) are on order.

The Mobile Units consist of as many as three vehicles and several medical and paramedical and FP-worker staff. One vehicle conveys a physician to a provincial health clinic at which provision is made for performing vasectomies. A second van is used to convey FP workers (motivators) to the villages for eliciting contraceptive acceptors. A third van is used to convey men from the village to and from the clinic for the vasectomy operation. The basic strategy rests on the success of the village-level team in motivating acceptors. Much of the team's success is based, it is felt, on the use of commercial entertainment films, village heads, group pressure, and the provision of timely transportation. In brief, the system is:

- o In a given province village heads are contacted by mail through the Ministry of Interior. They are invited to attend a meeting.

- o The meeting is convened and attended by the GOT Provincial Head. Provinces have anywhere from 400-5,000 villages, so the number and location of meetings vary.
- o The village heads participate in FP discussions, and are instructed to return to their villages and to make preparation for the visit of a mobile team on a scheduled date.
- o A three-man team visits the village -- a driver, an audio-visual technician, and a professional "health educator" (VLW). Their van is equipped with portable generator, projector, loud-speaker, lights, screen, FP literature, etc.
- o Copying the tactics of commercial medicine men/pitch men, the team sets up at a temple, school, or other central place and begins activities to attract crowds.
- o At a time judged to be most convenient for the villagers, the team shows a commercial cinema film to the assembled crowd.
- o During reel changes, the film is interrupted for talks by the VLW and by the village head(s) explaining and endorsing FP methods. The talks are conducted only with men who are segregated from the crowd. After the talks, the film is resumed.
- o Following the film, the men divide into discussion groups to talk over the next few days about their decisions to accept sterilization or some other contraceptive method. The motivation team leaves the villagers to their own decisions.
- o The small-group discussion acts to exert peer pressure on members to accept. Appeals are made to village heads for support. Rumors and myths are counteracted. Specific information is exchanged. Civic responsibility is a theme.
- o Usually three to five days later, a van returns to the village to convey men to the clinic for the vasectomy.
- o Following the operation, the van returns the men to the village. Having signed a sterilization consent form, the men will be located in their villages on a follow-up visit by a health worker to treat any problems.
- o Each case is reported to a National Evaluation Unit at the NFPP in Bangkok.

Mobile vans are expensive to maintain, and there is a question about the ability of the service to cover the country adequately. But the NFPP has adopted the Mobile Units as the principal IE&C strategy.

b. Alternative IE&C Strategies

As in Indonesia, the Thai program rests on understanding of the psychology of village people. The mobile strategy is: entertainment, convenience, good service, follow-up, civic responsibility, specific information, and elements of coercion. As to coercion, group pressure is important to adopter decisions both in Thailand and Indonesia. Additionally, the provision of transportation to/from the clinic is considered an important "communication" device in convincing men to undergo sterilization. The idea is to "get them before they change their minds."

Ms. Patama feels that compared with small-group IE&C efforts and mass media campaigns, the large-group IE&C activity as carried out in the present mobile-service program is most effective. As for the small-group approach in Thailand, it usually involves a village midwife or paramedic to act as the convenor and service staff. Many villages do not have trained midwives or paramedics. Thus, she feels the small-group approach is ineffective. And as compared with mass media and small-group, government statistics show the large-group approach producing the highest rates of acceptance. Future IE&C activities will have large-group concepts at their core.

c. Staff Motivation and Service

The NFPP strategies for village-level IE&C rest on the principle of good services and method-specific information. It is the government's position that villagers do not require motivational campaigns to convince them to accept FP methods. Rather, informal village channels will provide the motivating reasons and explanations that villagers may seek for understanding "why" they should become acceptors. Thus, what villagers need is straight-forward information about specific contraceptive methods as a basis for selecting the appropriate method.

Motivational activities undertaken by the IE&C office are aimed at motivating staff to provide good service. The principles are:

- o The best primary motivator is the person (staff) who gives good service -- demonstration.
- o The best secondary motivator is the person (acceptor) who has had good service -- informal communication.

In this view, past IE&C activities have spent too much money on motivating village acceptors and not enough on motivating staff to give good service. The present objective is to train people within the delivery system to be better motivators:

- o to communicate more effectively
- o to motivate acceptors and stimulate group support and communication

- o to make their own communication/demonstration materials; to work better with the resources on hand
- o to select more successful locations for their work.

Although training plans are unspecific at present, staff training will include more motivational techniques, and will be through regional centers and on-the-job training of all varieties of staff: doctors, nurses, VLWs, midwives, sanitarians.

It is said that perhaps 90 percent of family planning services are delivered to villages through paramedics. Only 10 percent of staff services are through trained medical professionals -- doctors, nurses. There is great need for training paramedics in specific uses of FP methods, including IUD insertion and even performing vasectomies. As in Indonesia, it is planned to train government VLWs in skill-transfer methods of training village residents in paramedical techniques including proper use of contraceptives.

d. Method-Specific Information

Above it was noted that the IE&C office of the NFPP stresses the provision of straightforward information about specific methods as opposed to communication that attempts to motivate village acceptors. The principal objective is to get information to people that is sufficient in quantity and technical specificity to enable them to make FP decisions.

The promise is that in Thailand it is not necessary to convince people to accept the "small family norm" -- it is said to already exist. Nor is there said to be any greater child preference for boys than girls. Thus, motivational campaigns are felt to be wasteful. According to a NFPP research study, most of those who do not use FP methods are non-acceptors "only because they don't have information" about different methods and how to use them safely. Ms. Patama's view is that it is useless in Thailand to tell people through the media how many children to have or why to use certain methods. Those motives come from personal conversations in village groups.

She feels that service is the backbone of any information/motivation program. Good service means competent and motivated staff equipped with specific literature, flipcharts, demonstration kits for strictly educational purposes. People, she says, are not afraid of sterilization but need to know more about (a) anatomy and physiological processes, (b) what the physician does in the operation, and (c) what are the real and imaginary effects on sexual potency. Straightforward information is sufficient to meet these needs.

The IE&C program is also based on the belief that pictures depicting the human body and the reproductive process can be shown in villages. "Sex is interesting to people here," she says, "they will talk openly about sex, even joke about it." The fears of depicting sexual organs in VLW materials or of discussing post-operative side-effects on sexual activities are fears, she feels, of the "middle classes," not of the villagers. IE&C materials are explicitly physical.

The predisposition toward straight informational messages carries over to all other media of the NFPP. To avoid confusing people "with too many messages," there is great repetition and consistency across messages. In 40-plus radio programs and in some 3,000,000 printed materials distributed last year the basic family planning messages are the same: method-specific.

Materials to different audiences are instructional as well: text books to teachers, journal articles and reports to health personnel, contraceptive posters and literature to health clinics, and contraceptive "calendars" and related materials to the headmen in the villages. Only the health clinic is sent any motivational materials. The health staff, more so than the villagers, "need motivation to sterilize."

e. IE&C Media

As seen above, the principal IE&C medium is the Mobile Unit conveying pitchmen and a commercial film to the village. Ms. Patama's comments on various media were:

- o Film -- The IE&C department does not have the trained capability or equipment to maintain a videotape system. Presently, such systems are thought to be too complicated for IE&C staff. She feels that videotape is not effective in village settings, but can be effective for training classes. In the field it could be useful for pretesting film segments before actual film production.
- o Radio -- Some 49 different FP radio programs were distributed to all Thai stations last year. Radio production will continue, although it may be more decentralized. Each province in which radio stations are located is given an IE&C budget for government programming, of which 25 percent is required to be used for family planning IE&C. Interestingly enough, the radio message is not straight information. Rather, audience research studies found that programs of (a) drama and (b) folk songs are most popular. Half-hour programs are run in these formats interspersed with FP messages. Audience feedback through the mail to the radio station invariably is in the form of questions about specific contraceptive methods.
- o Slides -- Like video, she feels slides are not effective as an IE&C village-level strategy; they are only good for small, select audiences. "It is a waste of time," she says, "to work with groups that are too small."
- o Other -- Transparencies are used only for small groups and training. Village media include flipcharts and demonstration models for the VULs. Headmen are often given materials for distribution, including posters, simple books with photos, notebooks, calendars.

f. Integration with Health Programs

The NFPP is made up of representatives of 18 government offices, and it is the coordinating agency for public and private agencies' activities.

It is said that family planning and health programming are completely integrated in Thailand. Indeed, critics feel that the health system focuses too much on FP service, ignoring other medical needs. One-fourth (25 percent) of the annual health budget is marked for FP activities. Every health employee -- across some 6,000 government health facilities nationally -- is required to perform some FP services. The District Health Office is the main provider of FP services.

As was found in Indonesia, many people bypass government rural health services. There is a lack of faith in the system; feelings that staff are bureaucratic and distant, the system is corrupt, good services will cost dearly, and services are inferior. Consequently, (a) people bypass the secondary services, putting great pressure on hospitals and primary facilities; yet (b) they still use the secondary centers for FP services, because the services they seek (supplies, information) are usually adequate at the District level.

Thailand's rural health system links villagers in upward referral through paramedics. Basic health care can be provided at the village. Ideally, ten "health educators" are trained in a village to train other villagers in preventative health care. The health educators (communicators/motivators) refer cases to a paramedical Village Health Volunteer. This worker has limited medical training. He screens problems and refers cases to the sub-district, to middle-level health workers (Auxiliary Nurse Midwives, Sanitarians) at the Secondary Health Center. These workers can treat perhaps 80 percent of the cases referred to them; and can diagnose more serious problems and refer them upward.

Despite the existing structure, it is estimated that only 15-20 percent of the rural people use government health services for health reasons other than for family planning. Consequently, an unconscious shift to FP activities has probably occurred in addition to GOV policy decisions promoting FP integration with health.

g. USAID Technical Assistance

Historically, USAID has provided contraceptives, staff training, and equipment and facilities for voluntary sterilization to the NFPP. Presently, UNFPA has taken on activities for the training and sterilization programs. One of the UNFPA field-level L&C activities is provision of VLW education/demonstration kits. UNFPA is increasingly across-the-board technical assistance to the FP program.

USAID's role in IEAC is principally to provide the hardware supplies and equipment for the Mobile Units -- audio-visual materials, projectors, generators, microphones. As noted, USAID is trying to provide 65 fully equipped vans for 60 of 72 provinces. In addition to hardware, other assistance will be audio-visual training equipment and materials, and per diem payments for the mobile motivation

team. Additionally, Mr. Scott plans to help the NFPP to buy commercial movies, to print posters, and to develop animated FP movies.

h. Multi-Donor Cooperation

Outside of USAID and UNFPA, other donor agencies have limited involvement in Thailand, e.g., the Population Council, World Bank, FPIA, IPPF. Coordinating activities across the various donor agencies is not considered to be a problem. Coordination between donors is mostly between UNFPA and USAID, and it is accomplished informally. It is "not necessary" to coordinate activities, says Mr. Scott, because all FP programs go through the appropriate coordinating agency in government which monitors and approves all projects. He cites a GAO report that coordination among various agencies differs by situation and is not always desirable. There are, he says, no problems of "turf" in Thailand because each agency has a defined role and duplication is avoided.

For the government side, Ms. Patama feels that coordination among the donor agencies is not desirable: each agency has its particular expertise and contribution, and it is difficult to combine donor activities in the same project because each agency has different funding and reporting requirements.

i. Social Marketing

Paradoxically, the indigenous film and media productions capabilities are excellent in Thailand, but the future of commercial/advertising films in marketing FP concepts is dim. The position of the government's IE&C office is that motivational communication is unnecessary, even inappropriate to rural village conditions and needs in the country. Production and dissemination of informational materials is handled adequately through existing NFPP channels. There is no felt need for advertising principles, supplies, or techniques. There is no intention to go into "Beyond Family Planning" programming.

There also is a strong feeling among all informants that trying to "advertise contraceptives like Coke" won't work in Thailand.

j. Research and Evaluation

In addition to the two studies noted earlier, there have been KAP studies (showing 94 percent of the population aware of some form of family planning); surveys of the availability of media channels; pretesting to determine content and format of printed materials; national longitudinal study of FP practices; evaluation of communication impact on FP behavior -- in one region. In short, an impressive research base exists for IE&C activities.

k. Monitoring and Reporting

Each male undergoing vasectomy signs a consent form that is turned into the medical service center at the time of the operation. His personal information plus information on how he learned about sterilization and why he decided favorably is sent to the Central Evaluation Unit in Bangkok for program and IE&C-related analysis.

Additionally, the NFPP maintains a national reporting system covering the 72 provinces, 600-some districts, and downward to hospitals, clinics, all health workers, and other facilities including privately funded community-based FP services and individual projects. The system is said to be still fairly primitive -- compiling data in raw form and without analysis, but the structure is established.

Plans are to expand the reporting system to incorporate a national "Mass Addressing System" which would provide direct mail contact to every village in the country. This would be particularly useful for enlisting the aid of village leaders in scheduling mobile team visits.

3. PIP-II Impact

The PIP-II Population Reports are highly valued, eagerly sought. The technical information is considered excellent and has had extensive use in the NFPP. There is some confusing of the PIP-I and II projects. The latter has had little effect in Thailand.

On the USAID side, the PIP-II printed materials "staggered" into the office in "bits and pieces" over a period of several months. The Mission staff did not use the materials, they were turned over to the IE&C office under the impression that some of them were materials related to the Communication Seminars conducted by Dr. Donald Bogue of the University of Chicago. No inventory was taken.

There was no feedback from the government as to use of the materials, although all parties were as in Indonesia aware that the materials were not used. It is the feeling of Mission officials that prototype materials are "20 years out of date." The feeling is that prototypes are both offensive and difficult to adapt across cultures: "without trying them, each country will have 21 different reasons why the prototypes won't work." Finally, it was felt that centrally-funded projects are inappropriate approaches to country-specific IE&C family planning problems.

In the NFPP/IE&C, there was some resentment toward the GWU project. A GWU film crew did come to Thailand in June-August, 1977 to film a segment on sterilization in a Northern Hill tribe project that was combined with similar material from other countries in the film, "A Question of Choice". Ms. Patama or officials of her department were not involved in that project. On a second visit in April, 1978, however, Ms. Patama was asked by GWU for comments on various films. She requested that GWU make a film on vasectomy that would be more useful for the mobile services program. She was told that GWU had already made a film on sterilization for policy makers that could be used for Thailand and all other countries.

Ms. Patama felt, however, that the GWU film was inappropriate because as a film for international audiences it "was not properly adapted to Thailand" and it missed the "real target audience here." Concluding, she felt that, as Chief of IE&C, the film missed government priorities: village-level, method-specific information. Her final remark on the subject was "if we don't want it, we don't use it." These were essentially the same words of the USAID population officers.

Although the film was approved by superior ministry officials, the Chief of NFPP/IE&C is an effective safekeeper to be reckoned with in any IE&C technical assistance effort in Thailand.

4. Future Directions

As in Indonesia, the most useful USAID role in assisting the NFPP/IE&C program is catalytic. Technical assistance to IE&C activities will be most impactful if given when and how the country asks for it. The comment: "if we don't want it, we don't use it" is in all likelihood a genuine reflection of the IE&C posture.

The Thai mobile service program is based on two principles:

- o Good service
- o Good information

Good service in the context of the NFPP is voluntary male and female sterilization, with heavy current emphasis on vasectomies. Delivery of good service means competent, motivated, well-equipped staff rendering contraceptive assistance in a manner that is timely and convenient to the needs of the village acceptor. Good service is felt to be the strongest force for motivating acceptance of FP methods.

Good information in the NFPP/IE&C context means straightforward, explicit instruction in contraceptive use, anatomical and physiological processes, paramedical techniques, and alleviation of fears of sexual impairment through sterilization. Motivation to act on the information is most effectively achieved through informal, peer communication in the village and through the example of other persons who have satisfactorily undergone sterilization.

a. More of the Same

According to USAID informant, the government's position is that its NFPP/IE&C program is successful, and that future activities will continue as at present, but accelerated. There will be no foreseeable shift in IE&C policies.

NFPP/IE&C particularly welcomes the assistance it requests. The most beneficial USAID contribution will be through indirect, supporting assistance to IE&C -- through inputs to training, research, reporting -- as well as direct assistance for film, vehicles, projectors, and mobile team supplies and equipment. To assist the GBT to carry out its strategies, USAID may consider providing assistance in the following areas:

- o Commercial Film -- This is the greatest felt need for media inputs. The mobile program will continue to use Thai cinema films (increasingly moving from standard 16mm to widescreen projection) as the basic village attraction. USAID could fund copies and distribution of such films.
- o Family Planning Films -- The IE&C section of the NFPP is interested in developing brief, animated instructional

films for use in staff training and for interspersment between reels of the commercial films of the Mobile Units.

- o Method-specific Information -- Straightforward information will continue to be the primary content emphasis of FP communication, eschewing emotional/motivational appeals to villagers. Motivational media will be used mostly in staff training.
- o Village Headmen -- IE&C activities increasingly will involve village leaders in FP distribution and communication activities. Headmen will be invited to provincial meetings, receive letters from the government offices, receive FP materials, and be asked to participate in the Mobile Team visits and to distribute and discuss FP literature.
- o National Addressing System -- Efforts will be made to build a national direct-mail system for contact with village leaders and with FP volunteers.
- o Mobile Teams -- Unquestionably, the principal IE&C strategy for reaching villages will continue to be the Mobile Unit. The number of units will increase to 65 within the next year or so. It is estimated that perhaps 80 percent of vasectomies are achieved through mobile services.
- o Supplies and Equipment -- Supporting the mobile strategy will require large and continuing outlays for maintaining the audio-visual equipment -- generators, projectors, film, microphone, spare parts, tools, inventory and storage facilities, printed materials. Transportation needs will remain high, because transporting men to and from the vasectomy clinics will continue to be a centerpost of the mobile program.
- o Paramedical Services -- Paramedics provide some 90 percent of village health services, it is estimated. The paramedical program will be expanded. New emphasis will be on training Auxiliary Nurse Midwives, nurse practitioners, and even village volunteers in paramedical techniques. This will be the major activity to upgrade the secondary health system and to link the traditional village health system with the upward referral system of the government.
- o Paramedics and Vasectomies -- A program will be undertaken to train paramedics in the performance of vasectomies. This will be the major supporting activity that is an acceptable alternative to transportation to the clinics. Paramedical kits and surgical supplies and equipment will be needed.

- o Motivational Training -- There will be continued emphasis on motivating field workers/medical staff to be competent and energetic in the delivery of services. Motivational training will be aimed at workers, not at villagers.
- o Village-level Media -- Continued efforts will be made to develop and use simple graphics/illustrations and demonstration materials for depicting anatomical and physiological characteristics related to contraception and sterilization.
- o Feedback -- Feedback on the effectiveness of village-level IE&C materials is uneven, irregular. Attempts will be made to develop a systematic feedback process for reporting IE&C activities and problems.
- o Decentralization of Operations -- The mobile service program increasingly will shift to control of each province, with the central government maintaining only a supporting capability. There will be need for controlling the quality of each provincial program. Criteria will have to be established and administered. Software will have to be provided from the central office because provincial staffs do not have their own materials. Local adaptations of software will be required.
- o Large Group Contact -- As opposed to strategies involving small discussion groups in the villages or widespread mass media, the large-group contact in combination with the mobile film will remain the basic audience strategy. Media will have to be developed for large, outdoor use.
- o Staff Recruitment and Training -- Manpower is the dominant IE&C need, presuming mobile units and films are available. Staff training, seminars, on-the-job training, and motivational curricula must be developed to equip the new manpower. Training in paramedical techniques (for staff and village volunteers) will receive major emphasis.
- o Integration with Health -- Family planning will be further integrated with rural health services and with MCH services/programs in the villages. This will be functional integration in day-to-day service delivery.
- o No Beyond Family Planning -- Although integrated with health/MCH programs, family planning IE&C will continue to aim specifically at enlarging the number of acceptors and converting increasing numbers of users of other methods into clients for sterilization. Other types of messages will not be used, because they are considered to distract from the principal objective.
- o Message Consistency -- A basic set of simple, reinforcing, how-to and other instructional messages will continue to be used in

all media. Repetition and consistency are preferred to "confusing" people with too many messages.

- o Research and Reporting -- There will continue to be an active interest in and use of research studies. The reporting system will be kept intact, perhaps expanded, but it is more strenuous than productive to maintain in its present form.
- o Peaking Sterilization Program -- The sterilization program is expected to peak in 1981, at which time the national growth rate of 2.1 should be reached and sterilizations will be at a level of 180,000-200,000 per year. The basic mobile strategy will not change. While remaining a national program, the new direction will be to identify and concentrate on the area-specific "pockets" of resistance, in order to bring each area's acceptance closer to the national norm. The small areas of concentration will be mostly in the south and the northeast.

C. Summary - Asia

The comparison of government FP/IE&C programs in Indonesia and Thailand shows striking differences:

- o Thailand will continue doing "more of the same." Indonesia will follow its successful pattern, but try new strategies.
- o Thailand has a mobile strategy; Indonesia relies on highly organized village groups.
- o The Indonesian program has the VLW at its core; the Thai program counts more heavily on "pitchmen" coming to the village.
- o Indonesia uses village-level motivational appeals, Thailand does not.
- o The Indonesian program explains the "why" of contraception; the Thais explain only "how."
- o Indonesian contraceptive strategy offers all methods and services, the Thai program focuses on male sterilization.
- o The Thais make extensive use of commercial film; the Indonesians as yet do not.
- o The Thai program will not go "Beyond Family Planning," the Indonesian program will.

- o Indonesians will move into social marketing of FP concepts; the Thais will not.
- o The Thais have strong, indigenous creative-design and film-production capability; the Indonesians are weaker in these areas.
- o The Indonesian reporting system is overly sophisticated; the Thai system is still fairly primitive.
- o The Indonesian program suffers from lack of basic village-level research; the Thai program has a fairly solid research data base.
- o The Thais have data on IE&C effects; the Indonesians as yet do not.
- o Thai village IE&C activities would make use of FP films; the Indonesian program would not.
- o The Thais plan to make extensive use of direct-mail contact with the villages; the Indonesians do not.
- o The Indonesian government (BKKBN) has the only national FP program of consequence; the Thai NFPP shares national programming with a private community-based program.
- o The Thais do not want videotape; the Indonesians do.
- o The Indonesian program is a small-group strategy of formal meetings; the Thais depend on large-group strategy convened by commercial film.
- o The Indonesians deliberately set their strategy to follow the traditional top-down, word-of-mouth communication structure; the Thais count on traditional oral communication only after the film and large-group meeting.
- o The Thais demonstrate models of the human body in the villages; the Indonesians say villagers often fear or misunderstand the models.
- o There is no interest in multi-donor coordination (outside of the coordinating government agency) in Thailand; there is keen interest in Indonesia.
- o The Indonesian program wants donor agencies to cooperate in funding a common strategy; the Thai program does not.

There are, of course, numerous similarities between the programs. Specifically, both programs:

- o involve village leaders in sanctioning FP information; although the use of heads is more central to the Indonesian strategy;
- o use an element of coercion (formal groups in Indonesia; informal groups and transportation in Thailand) to gain contraceptive acceptance;
- o rely on good service as a principal motivation of FP acceptance;
- o use paramedical services to complement FP efforts; although the use of paramedics is more heavily emphasized in Thailand;
- o find people bypassing the secondary medical system, but using the system for FP assistance;
- o want commercial film;
- o discuss sex and contraceptive activities openly in the villages;
- o have government IE&C programs that are dependent on the capabilities and energies of strong, central personalities (Haryono and Patama);
- o have programs that have been strongly assisted by USAID, and more increasingly by UNFPA;
- o have strong nationalistic feelings about the appropriateness of foreign technical assistance, and the inappropriateness of prototypic materials;
- o have not made much use of PIP-II materials.

The comparison of the two countries leads to summary conclusions both about the PIP-II project and about future USAID assistance strategies:

In Indonesia and Thailand

1. The Government FP/IE&C programs did not use, adapt, copy, or reproduce PIP-II materials. Prototypic materials are perceived to be offensive. Future materials must be developed specific to the culture in question.
2. There are important differences in perceptions of AID/Washington and USAID/Mission staff regarding centrally funded projects. The former see the projects as guidance. The latter see the projects as encroachments; projects in search of a problem. Quite obviously these differences have to be resolved, perhaps best accomplished on a project-by-project basis.

3. The themes of "Indonesians use what Indonesians want" and "we don't use what we don't want" (Thailand) are too similar, too strident to be ignored. In terms of direct assistance to IE&C production, USAID should only provide what it is asked to provide -- if consonant with its own policy objectives. In terms of indirect, catalytic assistance, USAID can play an important role in both countries, but its impact will be greater if the assistance is provided in response to country-initiated needs. In short, don't get into IE&C unless invited. This does not, however, restrict USAID to a passive role only as Chapter 6 indicates, USAID can help initiate many in-country activities.
4. In these two countries, the USAID position for assisting family planning IE&C activities should be to help the governments do what they want to do. These are mature, successful programs -- in large measure due to the early presence of USAID assistance. For the future, the appropriate question is not whether USAID should or should not become involved in social marketing strategies in any particular country. Rather, the question to be asked in the future in Indonesia and Thailand is: what is the government doing, and how can USAID assistance be used to adapt IE&C methods to facilitate that strategy?
5. USAID missions should review IE&C strategies with a view to attacking population problems on any and all fronts that assist the process of making the solutions part of the social fabric -- schoolrooms, mass media, research, staff training. The technical assistance question is: which IE&C interventions are important for upgrading the coherence and pervasiveness of government FP strategies? An example is to try to inculcate FP values early in the primary school curriculum.
6. USAID has only informal feedback on IE&C materials. Any future projects to evaluate the impact IE&C inputs will have to provide for systematic feedback.
7. This present evaluation of PIP-II is premature in terms of discerning its effectiveness and its effects on various in-country audiences and institutions. Quite obviously, certain deficiencies stand out in the Indonesia and Thailand programs:
 - o The multi-media project is skewed toward film.
 - o The multi-audience project is skewed toward elites.
 - o The second objective of field service guidance has not been achieved.
 - o The third objective of dissemination of materials to mass media has not been achieved.

These problems are taken up in Chapter 2. Perhaps the most serious discrepancy found in the countries visited is in the perception of project objectives. The GWU staff talks about objectives in terms of materials produced. USAID officers talk about objectives in terms of changing people's behavior. Any project undertaken with this disparate understanding of outcome objectives (and performance measures) will most likely fail.

CH. VI. CONCLUSIONS AND RECOMMENDATIONS

A. Review of Findings

Having studied the contract and its outputs, visited a sample of recipient countries, and interviewed officials of AID/Washington, USAID Missions, the contractor, in-country governments and organizations, and international organizations active in family planning, we have found the contractor deficient in fulfillment of major aspects of the contract.

There were some positive elements, but the general picture of contractor performance is one of serious imbalance and failure to come to grips with the spirit and intent of the contract.

Project management was in the hands of a small, four-person team of expert film makers. The contract called for an expanded staff which presumably would have included specialist in other media and in non-formal education. These positions were not filled, and the project concentrated narrowly on film production and on elite audiences.

The strategy involved a series of exploratory visits to selected nations, in which team members consulted with local or regional officials concerning POP/IE&C needs. Following these visits, various "prototype" media materials were produced. These were distributed to population officers in some 60 countries.

The contractor did succeed, episodically, in producing several 16mm films of high professional quality. And, recently, the contractor has begun to make films directed to intended contraceptive-user audiences. But, otherwise, the report of activities is unfavorable. Specifically, these problems emerged:

- o There is no evidence that prototype materials are a viable strategy.
- o Material outputs were heavily skewed toward 16mm sound films, only one of several media intended for inclusion in the resource sets.
- o The concentration on 16mm motion picture films resulted in inattention to other media and in no efforts to promote adaptation.
- o Materials were skewed toward elite audiences of policy-makers, only one of three (or four) specified priority audiences.
- o The concentration on elite audiences may have resulted in the project being perceived as superfluous to real problems and off-target from the priority audience in developing countries.
- o Ad Hoc Field Services teams were not requested, established, or deployed. Adaptations of the projects materials were not attempted in any substantive way.

- o The GWU team did not make adequate use of consultants or in-country specialist other than to employ film crews.
- o There may have been misunderstanding or lack of agreement on the contract requirements for the deployment of Ad Hoc Field Service teams.
- o The strategy depends on the network of population officers, but little was done to enlist their active and coordinated support.
- o There is no evidence that the project relied too heavily on population officers.
- o USAID and government family planning officials interviewed were generally unaware of PIP-II field services, thinking the project was concerned with film making.
- o There was no feedback and documentation of the distribution of project materials, or the in-country uses, adaptations, reproductions.
- o Dissemination of materials to in-country and international mass media was almost non-existent, and provision of materials to international family planning intermediaries was indistinct from GWU's catalogue distribution of other film offerings.
- o There was no visible management strategy for defining objectives and organizing inputs and outputs required to achieve them.
- o Country needs assessment was episodic not strategic. Assessment was often coincidental with other purposes. There was no systematic effort to learn what was needed and what would be used in different countries.
- o Managerial decision-making criteria not apparent were for the selection of countries, media, or audiences. Decisions were situational, in accord with perceived AID preferences and priorities.
- o The GWU team was adversely affected by uncertainties created by budget cuts and short-term funding and authorizations.

As noted previously, there was a great disparity in AID and GWU definition of project objectives. GWU objectives focus on the supply of services, and distribution thereafter. AID objectives focus on the demand for services, and the changes thereafter. GWU team members felt that they have done a satisfactory job. Many AID officials do not share the view. The project suffered from a lack of objective measures of performance.

It is our judgment that this project may have been "a good idea that hasn't been implemented." The evidence of this evaluation argues against use of prototypic material. The most effective IE&C materials are created indigenously and specifically to the culture in which they are used. But, we find that the idea of Popular Information Campaign Resource Sets has not been tested fairly. We have not found that prototypes don't work. We have found that prototypes don't work when not given a chance to work.

As an AID program, neither prototypes nor culture-specific IE&C materials (and probably any other form of technical assistance) will succeed:

- o When they are not requested by the government or Mission officers and are perceived to be outside interference.
- o When they are perceived by government and USAID officials to be superfluous to country problems and priorities.
- o When they are distributed without supporting "marketing" strategies aimed at government and USAID audiences.
- o When they are distributed without supporting field services to facilitate cultural and technical adaptation.
- o When they are enacted as personal preferences and unrelated episodes, rather than as a program with objectives, strategies, decision criteria, performance measures, feedback.

The central premise of this project is invalid if based on the logic that distribution of materials to countries will result in use in the absence of explanation, persuasion, and supporting technical assistance. That is not the premise of PIP-II, but that is the way the project has been carried out.

The evidence on which the above judgments rest is summarized below by various categories of impact on in-country family planning activities:

1. Distribution of Materials

The distribution of PIP-II materials had negligible impact on the activities of the USAID Missions visited. The materials were more likely to remain on the shelf than to be distributed to government or family planning agencies. Other than various films, particularly those made in-country, there was little distribution, and especially little to the mass media:

- o Kenya was unaware of having received PIP-II materials and Thailand confused some of them with materials from other programs.
- o No population officers or government officials were manifestly aware of the full nature of the campaign resource sets.

- o Only two Missions, Peru and Mexico, actively passed on the materials to in-country agencies -- and there was confusion in agencies in Mexico about the location of those materials.
- o Other countries, Indonesia and Thailand, passed on materials without comment, without belief that they would be used, and in the latter case without inventory.

2. Adaptation of Materials

Films and slide presentations were being used in several countries, but in no instance was there visible evidence that print, radio, or slide, or film materials issued as parts of the resource sets had been adapted within the country specific to the cultures in which they were intended to be used. The contractor issued different language versions of a couple of films (in Arabic and Bahasa) and of a slide-sound presentation, and made films in-country. But there was no evidence of culture-specific adaptations through the efforts of the core contract staff or through Ad Hoc Field Services teams.

3. Host Country Awareness of Materials:

In general, the in-country family planning officials interviewed were aware of GWU film-making activities, but were unaware of other specific materials or services under the contract. There was no awareness of PIP-II among other international and national agencies involved in FP programs locally.

- o In Brazil and Thailand, officials were confused between PIP-I and PIP-II. In Mexico some officials were not sure where the materials were but were aware of several films.
- o There was no evidence of PIP-II materials reaching Kenya.
- o Officials in Indonesia and Thailand knew about some of the materials other than films, but were not aware they were intended to be adapted. They were perceived as being intended for in-country use in prototypic form.
- o Officials in Tunisia were not aware of materials other than films and were not aware the films were intended for adaptation (to Arabic language).
- o Officials in agencies other than the Host Country's FP counterpart to the USAID population office were uniformly unaware of PIP-II materials.

4. Host Country Awareness of Services:

As for Field Services provided under the contract, USAID and country officials characteristically were unaware of services other than GWU's on-site visits for

the purpose of film-making. Personal contacts with local officials failed to convey the nature of other services.

- o Tunisian officials could not recall anything definite about the outcomes of three GWU visits, but the contractor did not in its reports associate films as outcomes of those visits.
- o The Chief of Thailand's IE&C program was aware of two GWU visits. She had not been contacted on the first during which a film segment (for "A Question of Choice") was shot in the country; and she was resentful of the second because her request for a more useful film on vasectomy was unfulfilled.
- o There was no available Trip Report on the GWU trip to Kenya. Government officials had no recollection of the visit. The USAID population officer recalled the visit but with no details as to objectives and outcomes.
- o Visits to Mexico and to Indonesia were (more favorably in the first instance) remembered as connected solely with the production of films.

5. Host-Country Reaction to Materials:

Reactions ranged from -- highly favorable to highly unfavorable.

- o In Mexico, reactions to the three PIP-II films were very favorable, highly enthusiastic. There is felt to be great demand for future materials.
- o In Tunisia, reaction to one slide set in Arabic ("Choosing a Contraceptive") was favorable, other reactions were muted in self-reported ignorance that the PIP-II films and slides were intended to be adapted locally. There was feeling that the films were for "elites," not for Tunisians.
- o In Peru, reactions were mixed. Officials felt that the 16mm films were generally outstanding in subject treatment and technical quality, but were silent about other materials.
- o In Indonesia, reactions to the print materials were that they were not useful. Reactions to the "Indonesia: Family Planning First" was a courteous reluctance due to the feeling that the film was pushed onto the BKKBN but it was, nonetheless, going to be used.
- o In Thailand, reactions to print/other materials were that they were not useful. Reactions to the "Question of Choice"

sterilization film was negative, feeling that it missed the target audiences and government priorities.

- o In Brazil, it was found that reactions varied in terms of which audience was supposed to be reached. In general, it was felt that films were not specific enough to be useful for acceptor audiences.

6. Host Country Use of Materials:

With the exception of a couple of slide-sound presentations, films were the only materials used in the countries. Use of materials ranged from "zero" to "maximum capacity." In all cases, there is no documentation or systematic feedback on in-country use of materials.

- o Thailand and Kenya are countries of "zero" use.
- o In Mexico, "maximum" use is made of films. Demand is great generally and negotiations are underway to use one film, "Mexico, 2000" in commercial cinema theatres.
- o In Peru, films are used frequently, but there was no data on amount or situations of use. A 35mm slide presentation was not used for lack of a projector in the Mission.
- o In Tunisia, only two of seven PIP-II films and slide sets are used. The film "Question of Choice" is used for staff training. The Arabic-language slide set "Choosing a Contraceptive" was thought to be good and useful. A slide presentation was enjoyed, but officials said they didn't know how to adapt the cassette from English to Arabic.
- o In Tunisia, a film on Laparoscopy is widely used because it "is not very technical" and was made in-country specifically for an in-country need. The film was a fortuitous by-product of the GWU team being in the country unable to proceed to Cairo. It is not listed as a PIP-II output.
- o In Indonesia, plans are to use both the "Family Planning First" film made for that country and the four-part Maternal-Child Health film clip that Mission and BKKBN officials induced GWU to produce for them.

7. In-Country Audiences:

Invariably, in-country Mission and government officials felt that PIP-II materials were addressed to the least significant of several audiences: the elites. While all acknowledged the importance of winning policy-makers to family planning objectives, in many countries the FP programs are mature and policy-makers are no longer the first-priority audience.

- o Tunisian officials identified acceptors as the priority target audience. They felt that few materials were designed for this audience. The second priority was identified as FP staff members, for training purposes. Films for "elites of other lands" were said not to be of use.
- o Brazilian officials felt that PIP-II films were too general for use with the acceptor audience -- the ultimate users. They identified acceptors as the first-priority audience, saying that members could not identify with abstract content, and thus not change. Village-level workers (VLW) and family planning staff/medical personnel were identified as other priority audiences.
- o Mexico is aiming principally at acceptor audiences through mobile services and the mass media. Sub-cultures vary within the country, so materials must be designed selectively for urban, rural, and regional population differences.
- o Indonesia has identified five different audiences for future films, but is concentrating most heavily on impacting VLW and staff performance through training media. There is little interest in FP films for village use, but acceptor audiences are principal targets for VLW-mediated communication.
- o In Kenya, it was felt that films could be helpful for educating staff and elites, but that materials to strengthen the efforts of the VLW would be most important.
- o Thailand's IE&C efforts will continue with method-specific information through mobile services to aim with priority at acceptors, particularly men for voluntary sterilization. Motivation films and small-group media are useful only for staff training, which is a priority. However, FP films would be used in villages interspersed in support of commercial entertainment films. There is no interest in films for elites.

8. Culture-specific Outputs:

The inescapable finding of this evaluation for the seven countries studied is that unsupported/unfacilitated prototypic materials do not work. Materials must be created specifically for the culture and the audience for which use is intended, and preferably through indigenous production and talent resources. Below are examples of in-country expressions of the need for cultural-appropriate materials:

- o In Brazil, it was found that presenting certain PIP-II materials would do "more harm than good" because of inappropriate graphics showing people with ethnic features unfamiliar to Brazilians. Moreover, the presentation was

too abstract for audience identification. It was recommended that, to be useful, changes would have to be made in language style, idiom, and presentation order.

- o In Peru, it was said that materials developed for Mexico and Brazil "won't work" locally. Graphics of posters and visuals were considered "too modern" to be appropriate for Peruvian use.
- o The film "To the People" was found to be disturbing to Tunisians; "Indonesia: Family Planning First" was considered too remote; and "Understanding the Pill" was unacceptable because of its Philippine context. There was great concern for materials to be translated into Arabic. Foreign languages, costumes, and depictions were felt to be unacceptable, even offensive to the Tunisian sensibilities. Films must have local themes.
- o In Kenya, it was found that depictions of "African" scenes were not appropriate for local tastes. Scenes from West African countries were said to be "alien," too remote. English narration can be used if the pace is slowed. Political sensitivities are keen. It was recommended that films, even for staff training, be adapted to be region-specific within the country, and that audio cassettes should be developed in local idiom. Cultural dance forms and other traditional media were recommended.
- o In Mexico, it was found that people more easily identified with photographs than with graphics. Also, education levels, urban-rural residence, and sub-cultural variations were felt to be very important to people's comprehension of messages.
- o In Thailand, sub-cultural variations within the country were thought to be important but not prohibitory to material use. But materials from other cultures were considered inappropriate, too foreign for use.
- o In Indonesia, materials were rejected as culturally irrelevant. Materials used in the major islands (Java, Bali, etc.) must differ by locations, must reflect specific differences in religious groups, traditional media, religions, leadership patterns, and village group organization. Materials developed for use in the main islands may not be effective in the scattered small islands of the country.

9. Indigenous Production and Social Marketing:

To undertake indigenous, multi-media marketing campaigns, the seven countries visited in this evaluation can individually produce most of the PIP-II materials

sent to them. Three countries have a complete capability to produce film and a fourth has near-complete capability.

- o Mexico has a sophisticated film industry. Advertising is relatively mature, and the FP program has begun to move into social marketing in the form of public vending machines for condoms. Additionally, family planning films are planned for mass audience distribution through commercial cinema theaters.
- o Brazil has highly developed film and video industries. Rather than hardware, the greatest need is for training for IE&C technicians and motivators. The prospects for social marketing are unknown.
- o Thailand has highly developed film and video industries in Bangkok. All film-related services are rated well. The Thai government IE&C chief is not interested in social marketing of family planning, on the basis that public-motivational campaigns are unnecessary and the government handles information campaigns adequately.
- o Indonesia's film industry is moving capably toward maturity. Presently, film processing must be done externally and creative design is said to be a weakness. There are, however, a handful of competent media-design agencies in Jakarta. All print materials can be professionally produced locally. The government is somewhat skeptical of commercial firms, but supports marketing concepts. Social marketing and creative design will get a boost from international donor agencies through projects involving local production.
- o Information on Peru is sketchy. A reasonably well-developed video industry is evidence, but nothing can be said about prospects for upgrading film capabilities or promoting social marketing concepts.
- o Kenya's problem is that the existing production infrastructure is underutilized. There are strong feelings that materials should be developed locally. Print, radio and slide-sound materials can be produced capably, but IE&C demand is not strong enough to create pressures to use the equipment and materials already on hand.
- o Although the ONPFP has a film production unit which has produced three local films and could presumably be used for adaptation, officials are reluctant to use it for this because they say the unit is not fully equipped. The Ministry of Information's film unit is reported to be well-equipped for adaption of films. Social marketing is a questionable concept. Were family planning

to be marketed as an advertised product, it is felt impressionistically that only the elites might respond. There is concern that commercial approaches are so foreign so "outside" to the public's experience that they may be offensive locally.

B. Conclusions

1. Reasons For No Impact:

The foregoing has shown that, except for the enthusiastic use of films in Mexico, the PIP-II project has had little use and little impact for family planning IE&C programs in seven countries. Evaluation of project effects is premature in many cases. For example, the future use of MCH film clips in Thailand is most promising. But, at this point in the life of the project according to the evidence:

- o few of the prototype materials have been distributed
- o few materials have been used
- o few have been adapted
- o few have been reproduced
- o few have been disseminated through the mass media

Although difficult to measure, the project has had negligible impact on USAID activities or on Host Country policies, programs, staff, organizations, and audiences.

After producing early print, radio, slide materials, the GWU team shifted to film production -- primarily aimed at policy-makers. Only late in the project did film attention turn to contraceptive-acceptor audiences. The concentration on film has been found to be due to these factors:

- o GWU's expertise is in film production. The core staff is made up of film specialists.
- o Local film production capability was judged to be inadequate in the various countries -- in terms of creative design, technical production, and film processing.

Governments have accepted and used some (but not all) film material where they have not accepted or used print or other materials. This is probably due to the expense involved in making a film, as well as the lack of production capabilities in some countries.

As the Indonesian chief of BKKBN/IE&C said: "They (GWU) wanted to make a film, so I said go ahead and make it." The film may not provide the preferred

FP message, but it is a compelling medium with a message. As a cost-free item, it is temporarily better than nothing. It will, of course, be replaced when funds are available to produce films tailored to program needs and local conditions. In the long run, films may be a very uneconomic, unproductive form of assistance. Across the seven countries studied, the following are key reasons PIP-II materials were not used:

- o Audiences are changing from elites to villagers and village workers; materials were mostly for elites.
- o Governments have their own priorities -- supporting village-level workers, enlisting leader support, promoting group pressure.
- o The materials are outside traditional oral communication systems.
- o Many of the materials were culturally inappropriate.
- o Governments with mature family planning programs do not seek IE&C production assistance; there is resentment against outsiders taking over the creative process.
- o All countries have indigenous production capabilities for most materials, and half have capabilities for film.
- o Population officers perceived the centrally funded project as intrusive; the materials were not seen as ideas for adaptation.
- o No attempt was made to "sell" population officers on use of the materials.

In sum: Materials were judged to be superfluous to priority problems, populations, and communication systems.

2. Undertaking Future Projects

The findings of this evaluation lead to several conclusions about IE&C undertakings in future projects:

- o Prototype materials should be abandoned as a strategy, and efforts made to promote the development culture-specific material and indigenous production, as possible.
- o Priority audiences should be defined as:

- a. Village-level family planning fieldworks.
- b. Family planning staff
- c. Contraceptive acceptors

Media should be developed in support of the specific objectives defined for these audiences. Other audiences are important, but usually are of lower priority. As an audience, policy makers are most important in countries in which concepts of family planning have not yet been adopted.

- o Use of media forms and messages should be tailor-made to the environment, production capability, and audiences of each country's family planning program.
- o Distribution of materials through the network of population officers requires an aggressive supporting strategy of providing information motivation, and technical services.
- o Social marketing should be considered as one of many alternative IE&C strategies, and not considered as the assistance program per se.
- o USAID should offer a full-range of IE&C-related services, the provision of which depends on the requests and the maturity of each country's family planning program.
- o Future IE&C projects must be designed in accordance with sound and specific management principles, including details on the IE&C programming system and objective and timely measures of contract performance.

The rest of this Chapter presents recommendations for implementing these ideas.

C. Recommendations

Many of the recommendations that follow build on the theme that USAID should develop not a set of materials on hand but a flexible technical-assistance capability to respond to individual situations. Underlying the provision of services is the willingness to be country-specific, the willingness to provide ideas as ideas not as prototypes, and the willingness to assist IE&C indirectly with such supporting services as research, reporting, training, management.

1. Culture-specific Materials and Production:

The dilemma for AID officials is to develop an IE&C programming strategy that is neither too gross nor too specific. Prototypes are too gross, too global to fit the needs of many different countries. On the other hand, it is difficult to fund a project that varies by audience, location, media, message, etc., and which may vary from the level of 16mm film to flip charts. To further complicate the

issue, one of the priority audiences is the would-be acceptor. It is difficult for foreigners to work at the village level in many countries.

Despite the problems, emphasis must be on supplying aid on a country-specific basis. The program for a given country should arise from an analysis of the needs and situation of that country. Prototype materials as concepts and as operations defined in this project have run their course. For materials to be effective, they have to be specifically related to the culture in which they are to be used. Further, within the context of culture-specific materials, refinements must occur on the level of literacy, language idiom, subgroup differences.

a. Number of countries:

Materials were sent out to some 60 countries. Little evidence of use and adaptation was found. Promises were made, expectations were developed, and follow-up performance was unsatisfactory because resources were spread too thin to be effective. The total resources of the future should be governed by the concept of getting more effective materials into priority countries -- wherein priority may be partially defined by type of request. This may mean reducing the number of countries to which IE&C assistance is provided and concentrating on doing more to provide assistance that is tailor-made to the requester's circumstances.

b. Array of services:

Through one or more major contractor, AID should prepare an array of assistance modes (e.g., materials, technical aid, equipment, short-term and long-term training, regional workshops, etc.) that could be made available in a manner and form specifically fashioned to in-country requirements. USAID missions and national FP leaders would be invited to consider the available forms of assistance according to the conditions and needs of their countries. There would be room in the strategy for regional cooperation, but where it occurs it would be the result of genuine convergence of interests rather than a device to economize.

The assistance modes would not exist as warehouse stockpiles. They would exist as services provided "on order." They should be catalogued, described, and disseminated -- through an active "marketing" strategy (see below) -- to priority countries. Where interest is found and a specific request is made, the assistance would be provided in the form of contracted projects or short-term consultants especially trained in the IE&C activities in question and experienced in the country and region.

The development of services should be undertaken as a three-phase project: (1) service development, (2) service provision, and (3) service evaluation.

The first development phase would focus on learning more about the kinds of culture-specific variations that are required to adapt materials to different countries. Developing and testing ideas in a sample of countries could provide valuable guidelines to population officers around the world. However, the most useful, inexpensive tactic would be to use short-term consultants to describe in-depth the family planning system in various countries. Many of the necessary cultural

variations will be apparent in the improvised activities of the fieldworkers.

The second phase would consist of the actual provision of services. The third would constitute an independent evaluation of effectiveness and impact.

A multi-purpose contractor might be efficient for the first phase, particularly for coordinating design activities and for accountability, as numerous short-term subcontractors or consultants would be involved in developing the full range of service ideas. In the second phase, more than one contractor would be desirable, because few firms will have the sufficient multi-media, multi-cultural expertise to work evenly in all activities in all countries. The third phase should be carried out by a contractor uninvolved in earlier phases.

Recommendation #6 below details several of the services that might be offered as IE&C assistance.

c. Indigenous material production:

Many countries have well-developed media industries. Where there is a lag in local production of family planning materials, it is not always due to the lack of capability. The local media may not produce FP materials because it is an in-house government activity and/or it is not profitable to produce such materials. If it becomes profitable to design, and produce family planning materials, local media will do so. In such countries, USAID should encourage ways to make it profitable for materials to be produced in-country.

Without taking over the creative process, IE&C technical assistance can energetically contribute to upgrading in-country institutional capabilities for planning, implementing, and evaluating FP communication activities. Projects can provide opportunities for indigenous creative talents -- thus encouraging rather than suppressing or ignoring local abilities.

Future IE&C assistance programs should include an assessment of locally available talents and resources for, e.g., creative design, material production, graphics, audio-visual presentation, film processing. This assessment should indicate which resources are on hand and which have to be supplemented. As a rule of thumb (depending on the country in question), only in the instances of providing hardware or in providing such technical services as film processing should USAID assistance substitute for local resources.

The point seemingly lost in PIP-II was that locally produced materials may not be as sophisticated or professionally rendered as materials developed by a US agency, but they are more likely to be used.

2. Field Workers and Acceptor Audiences:

A restriction on technical assistance to developing countries is the inability of foreigners to work effectively in, especially, rural villages. However, an IE&C strategy that promotes the indigenous development of materials and programs overcomes much of the problem.

a. Audiences to be reached:

In terms of the four audiences described in the present GWU project, we recommend the following priority:

- (1a) non-professional field workers/VLWs/paramedics
- (1b) family planning program staff/technicians/health personnel
- (2) reproductive-age couples/acceptors
- (3) Policy-makers
- (4) general public

Of course, which audience is the priority target varies by country. For example, the general public is considered to be a prime target to be reached in Mexico through the mass media. In countries in which the family planning program is underdeveloped and concepts unadopted, policy-making elites may be the most important audience.

b. Village-level workers:

While the emphasis may vary, in all countries the village-level worker is essential to FP programming. In some countries the VLW is the core of the field effort. Across all countries, our recommendation is to concentrate USAID assistance on supporting the efforts of the VLWs -- through research, training, communication materials, village-level media. Specifically, the following should be objectives of USAID assistance where the nature of the village-level program makes such assistance applicable and feasible:

- o Communication must support the activities of the VLW: develop better materials for village use; train VLWs to become better communicators and motivators; aim village-level messages through other media at increasing villagers' acceptance of and respect for the VLWs.
- o IE&C strategies should include medical training as an essential objective. FP workers should be paramedics, helping people by meeting some of their basic health needs -- diagnosis, referral, minor treatment, birth attendance.
- o IE&C strategies, where appropriate, may include VLW training in other sectors -- nutrition, maternal-child health, family welfare. Where pervasiveness and a high government priority, family planning can become the catalyst by which other developmental innovations reach the village. Relate family planning to other self-help messages.
- o Train VLWs to plan IE&C activities as a program -- determining audiences' needs to be addressed, how to meet them, appropriate

messages, use of leaders and groups, etc., etc.
Encourage and reward VLWs in roles as campaigners.

- o Train VLWs in simple techniques of research for ascertaining location-specific needs and problems, and for identifying local leaders and influentials. Train them in record-keeping and reporting.
- o Train VLWs in use of various simple, village-level communication devices -- teach them how to fabricate materials and supplies; train them to assess the most appropriate technology and form for media presentation; enable them to work with the materials at hand.
- o Promote research and development of innovative, unconventional village-level communication techniques -- split-screen video playbacks, film strip kits, flannel board, traditional games, anatomical and other demonstration models, transparencies, etc. Seek to put basic communication devices into the hands of the VLWs.
- o Establish a research base for planning, implementing, and evaluating VLW programming. Do research on the VLWs -- their needs, problems, skills. Ascertain feasible management models for improving the linkages between the VLW and other professionals, secondary health services, FP clinics.
- o Convene regional seminars for VLWs devoted to communication principles and techniques; include workshops on local media improvisation and adaptation; recognize outstanding performance; trade experiences in meeting and overcoming common problems; promote spirit, motivation, feeling of support for each other.

As seen above, the recommendation here is to treat the VLW as a communication subsystem within the larger IE&C system -- examine, clarify, and strengthen the relationships among the various parts of the system. This means to view the VLW as an IE&C strategy; not simply as conveyors of FP messages, but as a system of communication requiring supporting assistance in media, materials, training, research, management.

c. Village-level audiences:

With a few country-specific exceptions, we are convinced that the focus of USAID technical assistance should be on the villages -- especially through the VLW. There is concern that foreigners cannot work at the village level. Focusing on the VLW is an effective, culture-specific way for a foreign donor to provide village-level technical assistance. Focusing on existing professional and volunteer services to the village is a way of reducing the level of risk and investment that otherwise characterize village projects. But, the costs and the risks involved in IE&C projects that support the activities of field workers and are aimed at

village audiences are, of course, considerably greater than simply providing prototype materials. However, the cost-effectiveness of prototype materials in this project provides no encouragement to continue them.

In supporting IE&C strategies aimed at the villages, USAID project descriptions should call specific attention to the need for learning the characteristics of the traditional system or word-of-mouth communication, and the roles of leaders and peer groups.

3. Appropriate Types of Media:

To the demise of designing and producing other appropriate media, the emphasis in PIP-II has been on 16mm motion picture production. Recognizing the expense involved in 16mm motion picture production and the effectiveness of other less expensive media, it is recommended that future IE&C activities and budgets establish a policy that will utilize more appropriately the unique characteristics of media in relation to specific country programs. This will take into account country needs as well as specific project costs. As has been pointed out, materials that are flexible and adaptable to local needs are most desirable. The media material that most nearly satisfies the need for flexible locally acceptable and adaptable materials have been projected slides, charts, and inexpensive discussion guides. Of course, the selection of media depends on local conditions.

IE&C strategies must incorporate any media form that is appropriate to the situation at hand and which has promise for conveying family planning values with impact. The country visits indicates that various media have differential effectiveness in different cultures. The commercial film was the principal village-level medium for attracting audiences to FP messages in some instances. Other media included comic books, television soap operas, radio broadcasts of traditional music, commercially sponsored posters, classical films, hand-held projectors, physical demonstration models, tape, as well as the conventional posters, booklets, flyers, bus placards, signboards, radio programs, newspaper advertisements.

a. VLWs and other mediators:

Earlier, it was recommended that special attention be given to developing simple media for VLW's use in the villages. We underscore the point in the belief that the strategy should account for a large portion of USAID's program resources. Also, we think that developing improved media and curricula for VLW training (and their training of volunteers and paramedics) is an important part of the IE&C strategy. Improving VLW competence and motivation must be viewed as an IE&C objective.

It is generally recognized that making IE&C information about family planning available to large numbers of people via film, radio broadcast, and TV programs will not necessarily reach all people of all socioeconomic levels nor change the attitudes or behaviors of those reached. A complete IE&C program requires another level of interpersonal communication that promotes concern for the individual, establishes individual confidences, and allows for questions to be asked and answered. It is through face-to-face contact with competent and caring persons that attitudes and behavior patterns are more readily changed.

USAID should assist the design of IE&C programs that will improve the development of interpersonal contact between motivated and competent family planning staff and potential users.

b. Audio cassettes:

This is a valuable communication medium deserving of further exploration. Equipment is inexpensive and use is simple. Cassettes can be used very effectively, especially if the materials are developed locally. They can be used in adaptations of media forums, in which villagers meet regularly to listen and discuss, and they can be used to provide a "library" of oral material on a wide range of subjects to enable moderately educated VLWs to carry reliable information over a broader range with high message fidelity.

The medium can be combined with visuals such as posters or flip charts, and can include music or sound effects to enhance the appeal. They can be stopped at any point to allow discussion, and they can be replayed to clarify specific items and to enhance retention. They do not require electrical power or vehicular transport.

c. Videotape:

The use of videotape replay for improving staff training has been documented many times. Where permitted by in-house technical competence and infrastructure, USAID should promote the use of videotape for such small-group settings as training, provincial meetings, policy-makers' meetings, workshops, and seminars. Videotape has also been used imaginatively to improve communication between villagers and government.

d. School curricula and the social fabric:

Certain changes in motivation and values accompany parents' decisions to adopt contraceptive methods. If the small-family value already exists, conversion to acceptor status is likely to be less difficult. Obviously, inculcation of FP-related values should start in early years of childrens' socialization. The primary school curriculum is an efficient, impactful medium for the development of desired population values.

Viewing the school curricula as an IE&C medium is the kind of system planning that has to occur with FP technical assistance programming. IE&C technical assistance must go beyond the notion that media are speakers, print, broadcast, and film. There are many effective media for conveying family planning messages and values. Research and program planning should be aimed innovatively and imaginatively at using powerful social mechanism for promoting desired population values.

Some of the "social media" suggested in the countries visited were:

- o seminars for teaching journalists how to cover family planning stories more accurately;
- o multi-lingual writers working at different levels of national-to-local administration to popularize family planning in the media;

- o peer groups and public reporting as influence on acceptors;
- o available transportation as coercion of acceptors;
- o university forums for students to discuss population problems;
- o universal media forms -- health cards, growth charts, marriage licenses, comic books.

IE&C assistance strategies should view any social mechanism or institution for its potential force as a FP medium. Family planning must be attacked on many fronts, if the objective is to weave population-control values into the social fabric of the community.

4. Population Officers and IE&C "Marketing":

a. Population officers:

Selling better IE&C methods means selling population officers. In any follow-on activities it is important to make special efforts to enlist the active cooperation and participation of population officers in the various missions. The network of population officers is crucial to the program, but it is of uneven performance. In some cases there is a lack of understanding and mutual respect between AID/W and the mission.

AID/W (and its contractors) should give special attention to helping population officers to do their jobs. This help can take many forms, but might include:

- o Special training in IE&C (pre-service or in-service).
- o A viable mechanism for feedback so as to hear their problems and suggestions and to deal with them. Cultivate the sense of working on a team.
- o Effective forms of inter-mission communication, possibly involving periodic regional meetings, newsletters, a central library holding examples of what the various missions (and national programs) are doing, and files of their regular reports.
- o No sudden demands. Visits, for whatever reason, should be clearly explained and worked out with ample lead time whenever possible.

b. Marketing IE&C services:

There were many reasons that PIP-II materials were not used. One of the reasons was that population officers routinely did not support the project -- they did not

think the materials were useful. In some cases, officers prejudged the usefulness of the materials, and discarded them without even a trial or made no active attempt to promote their use. Part of the problem was the perception of mission staff of the intentions of the Washington-funded project. Population officers typically felt that Washington was telling them what to do; that they were being told to use the materials as given to them, not merely as ideas for necessary adaptation locally.

Whether Washington funded or not, future IE&C projects must be based on more clear and fair mutual understanding between Washington and the mission, of their respective objectives:

- o Mission officers should be informed well in advance about the full nature of the project, its objectives, activities.
- o If any materials are distributed, they should be accompanied by full explanations of their uses.
- o Washington officials (or contractors) should visit the missions on a planned basis, going through the catalogue of services with the population officers, explaining all services and materials, trying to determine which might uniquely fit local conditions. They should view their visit as an opportunity to provide needed assistance as well as to motivate mission staff to make better use of IE&C tools.
- o IE&C budgets should provide for aggressive "promotion" of concepts and methods through visits to the missions. These marketing visits should be as much a deliberate part of the project's field delivery strategy as the delivery of the outputs (services) themselves. The provision of marketing services to USAID and in-country officers should be made an indicator of project activities.
- o Each IE&C commodity that is distributed to the field should have a "use-response" automatically associated with it. Without adding to the paperwork and reporting burden of mission officers, there has to be a simple inventory reporting device for ensuring that materials are on-site and distributed as intended. This must be investigated.

5. Social Marketing as an IE&C Strategy

Social marketing should be considered as one of many alternative IE&C strategies, and not considered as a program, per se. A major conclusion of the evaluation is the concern that AID may be asking the wrong question about social marketing and future directions of its IE&C projects.

We feel that the question is not whether social marketing is an appropriate communication strategy. The question is: What does each country require as IE&C technical assistance to its family planning program?

Social marketing is one type of IE&C strategy. Prototypes and Resource Sets are strategies. Any strategy can be appropriate or not to a given situation. It's a matter of what works best in each environment. For example, we have seen in the seven countries visited that family planning IE&C will be more effective in some places than in others if tied to:

- o retail outlets
- o secondary health clinics
- o mobile service units
- o village-level workers
- o village organizations
- o mass media
- o commercial pitchmen

Whether prototypes or social marketing, IE&C strategies use the same principles and media. But there is no single strategy for 60 different countries. Technical assistance programs must be built on common IE&C principles, and encourage country-specific variations in media, messages, supporting marketing strategies, and outlets. In some countries IE&C should concentrate on supporting the VLWs, in other countries concentrate on commercial films and retail outlets.

Where social marketing does fit the needs of a given country, it should be offered as technical assistance. However, USAID must proceed cautiously in promoting the use of advertising agencies for family planning programs. There is strong opposition in a number of countries, based on specific experiences and on cultural traditions. Two problems to be explored are (a) sensitivity of commercial agencies to development concepts and (b) the costs of creativity.

a. Sensitivity to development:

The rationale for social marketing is that the advertising agencies have the expertise in-country to promote concepts and products, and to gain adoption for a wide range of things. This is undoubtedly sound in many cases, but it should be noted that advertising agencies are built to serve the commercial sector and they do this by reaching that portion of the public who have purchasing power -- and this tends to be in the urban areas in many countries. Although products such as Aspirin and Coca Cola are marketed into the far corners of most countries, more complex matters typically are not because costs are not sustained by sales. On the other hand, an ad agency that takes on the task of gaining acceptance of, e.g., condom sales or a vasectomy program without sensitive awareness of village cultural factors can cause a great deal of trouble. This happened in Kenya with the Kinga condom campaign, and the memory lingers on.

b. Price tag on creativity:

Government/Mission contracts with commercial agencies should define objective,

verifiable measures of performance. Past complaints are that advertising people make unsubstantiated claims for the cost of their creative talents. Creative design should be defined mutually and clearly. In addition to putting a "price tag" on creativity, contracts must spell out the terms for copyrights, conflicts of interest, residuals, access to and use of materials, transfer of skills to the government programming staff, and criteria for evaluation of contract performance.

6. USAID's Role in Providing Services:

Whatever assistance is provided should be based on a sound assessment of the "state of the art" in each country, determining (a) what the country needs; (b) what and where USAID can contribute. It seems that many countries are not looking for IE&C production help from USAID, and numerous population officers feel that there is little that we can do to assist such activities directly. Where we provide direct material assistance, its chances of being used are good only if the country has requested the assistance.

In situations of weak country FP programs, USAID may continue to provide supplies and equipment and material production. But, where a country's program is strong and it no longer requires massive infrastructural inputs from all donors, USAID's role should shift away from hardware and central production of media products toward development of better means to encourage use of equipment and materials already in the field. While it is often infeasible to investigate government's organizational constraints to efficient utilization of supplies and equipment, consideration must be given to why facilities are not fully utilized.

Where the existing program is strong, USAID's policy objective should be to follow the lead of the government; to offer assistance as required that facilitates what the government is already doing -- if consistent with AID policies. In this capacity, USAID may act as a facilitator, a catalyst for introducing refinements, innovations, and principles of IE&C system planning and development.

In some countries, USAID must redefine its role to focus on the provision of ideas. In these countries, the new generation of USAID assistance will be directly and indirectly related to IE&C production. This strategy requires the use of consultants and contractors.

a. Consultants:

Short-term (8-16 weeks) individual or team consultants may be used to work with local staff on specific tasks (planning, analysis, production, research). Emphasis should be on using locally available facilities and materials and, upon completion of the assignment, leaving behind tangible products as well as local staff who have the experience of new accomplishments in their own settings.

A roster of consultants should be developed with expertise over a broad range of technical skills, working experience in LDCs, and demonstrated capability for field improvisation. It is wasteful to use consultants who need special equipment beyond local capabilities for maintenance and repair. There are, of course,

situations in which new equipment is needed, and consultants are required to help local staff use it. Such cases should be in the minority, however. Examples of the range of skills needed are:

- o IEC system planning and management
- o audiovisual methods (especially non-projected)
- o fieldworker training and motivation
- o evaluation studies
- o material pretesting and adaptation
- o broadcasting (including low-power village systems, use of audio or video cassettes, radio schools, etc.)
- o non-formal education
- o skill-transfer training of trainers
- o monitoring and reporting systems

b. Training:

Provision of services and skill-transfer requires consultants who will undertake training as "learning by doing" rather than merely "teaching at" in-country staff. In-country training programs must be designed, therefore, with very clear objectives in terms of skills to be learned. Consultants must be evaluated stringently in light of these agreed behavioral objectives. Some training objectives include:

Communication Strategy Course. A team with a course on the development and implementation of IE&C strategies should be prepared to train in various countries, on request, for policy-makers, IE&C staff, Mission personnel, staff of various government ministries, and non-government organizations. The core objective would be IE&C systems planning, but it would be flexible to respond to local problems, needs, and situations.

Regional Workshops. A series of in-country (perhaps regional) workshops on specific subjects (e.g., use of Super 8, simple graphics, radio) could help alleviate the shortage of technical skills in many countries. These might be for 2-4 weeks. Language would be that of the host country, thus eliminating the language barrier which often prevents those most in need of training from receiving it. It would be important to develop a spirit of comradeship and professionalism among participants.

In-country Institutions. In-country and regional institutions (universities, hospitals and other training and research centers) should be

strengthened in ways to enable them to carry part of the IE&C training and implementation tasks. Some of these may be used for diploma or short course training to avoid the problems that arise when technicians are sent abroad for advanced degrees and then must be promoted out of the position for which they trained.

Executive Seminars. Develop a program of "executive seminars" (in-country) on communication needs and opportunities. The intent would be to help policy-makers see what communication is and how it can be used to achieve their program goals.

c. Promoting the "whole" strategy:

Although the situation will differ by country, it is important that USAID assistance "fits" into the overall programming perspective of the government. If the government strategy is loosely conceived, special assistance can be given to means of encouraging improvements in project planning and system design (see below).

To maximize the effectiveness of its contribution, USAID cannot fund piecemeal projects. Its assistance should be an explicit part of an overall design and visibly related to other parts. In particular, coordination should be good between AID-funded projects and agencies. They should complement each other. If there is any ambiguity about the value or relationship of USAID's assistance, program performance will be difficult to evaluate.

To further attempt to maximize its effectiveness, USAID should take the lead in promoting donor cooperation in assisting the government's master plan. Representatives of USAID and other donor agencies feel that the task is difficult but possible to do. Such an activity would require:

- o assisting the government to design the FP/IE&C strategy
- o assessing the particular assistance capabilities of donor agencies on-site
- o convening donors, striving to get agreements on coordination and specification of inputs
- o develop a coordinating body
- o assign agreed inputs and associate them with agreed outputs
- o cooperatively monitor and share information on outputs

In some situations, no doubt, it will be naive and perhaps undesirable to hope to get inter-agency cooperation. But, where appropriate and possible, it should be

attempted. Insofar as possible, use should be made of the contacts and affiliate networks of major organizations as IPPF, Pathfinder, FPIA, etc. Use could include distribution of whatever media materials may be centrally produced, administration of various specific programs, provision of consulting personnel, etc.

d. Institutional capability:

It is usually infeasible for external agencies to conduct research on the organization and management of in-country programs. However, USAID should seek to provide supporting forms of IE&C assistance that aim at strengthening the organization's capability for planning, implementing, and evaluating FP/IE&C programs. Many programs rest on the strength of a central personality. The general endurance and calibre of the institutions may be strengthened through promoting the exchange of ideas and skills through regional seminars, third-country training, U.S. participant training, in-country training by USAID-funded contractors. The full range of institutional needs should be examined.

Of course, technical assistance benefits to subordinates is often perceived with suspicion by senior officials. This is a major reason for USAID to encourage the workshop approach to developing explicit program strategies, management plans, communication systems through which to identify the staffing and resource requirements. If they are involved in identification of needs and do not perceive that outside judgments are being forced upon them, senior officials may actively encourage training and expanded responsibilities of their subordinates. There is a tendency in many nations for each agency of government (as well as private FPAs) to seek in-house self-sufficiency in printing, film-making, broadcasting. Often this is done on the promise that the facilities will be used to help programs in other agencies. This tendency should be resisted, and any actual inter-agency collaboration (or creative use of the private sector) should be heavily rewarded.

e. Assisting research projects:

USAID should assist basic, village-level research in support of IE&C strategies. First, research is needed to assess needs for IE&C activities, to locate audiences, determine effective media, and construct persuasive messages. This is the fact-finding objective of USAID assistance to research. Second, research is needed to strengthen in-country capabilities to carry out effective IE&C strategies. This is the action-training objective of research.

The second use of research is a compelling rationale for why we should view research assistance as assistance to IE&C. Developing field-action research programs would require research teams working with local staff and agencies to develop IE&C materials, put them into the field, evaluate their effectiveness. In this way, research is a basis for strengthening staff, data bases, program materials, feedback and evaluation methods.

Two areas of family planning IE&C research that will become increasingly important for planning future projects are (a) research on means of integrating family planning communication and other sectoral programs, and (b) research on

appropriate messages promoting the various stages of family planning acceptance: from first-time acceptance to "beyond" family planning.

Governments generally will welcome assistance to IE&C research in these areas, and USAID should move into them. They are high-risk ventures, however. Little is known about integrating communication strategies, so that they are mutually reinforcing. Less is known about their individual or combined effects, or how to separate them.

f. Assistance to reporting systems:

A relevant, timely reporting system is often a sound, cost-effective basis for "evaluating" program activities. Reporting systems in developing countries fail most often for lack of trained supervisory staff to maintain them and to train subordinates in proper reporting procedures and forms. Helping the development and maintenance of FP/IE&C reporting systems is an important, low-risk form of technical assistance that USAID should provide. In particular, assistance could be given to training staff in all areas related to the development of reporting forms and categories, high-speed data compilation and analysis, checking data reliability, and assessing the usefulness of all data elements in practice.

A special AID project should be to provide consultant teams to examine the characteristics of reporting systems in several countries. We believe that existing reporting systems offer great (but unknown) potential for conducting low-cost, high quality evaluations of IE&C effectiveness and impact. There is great danger, of course, in overburdening already strained data systems with the requirements of program evaluation. But, the cost, quality, and nature of data obtainable from each individual or institutional data element in the reporting system should be investigated.

7. Management Strategy and Performance Measures:

It's commonplace to say, but projects must have managerial strategies of organization, decision criteria, tasks defined by objectives, unambiguous measures of performance, schedules of activities, systematic and timely feedback.

A basic flaw in the contractor's execution of PIP-II was the lack of criteria that could uniformly and comparably assist critical decisions: countries selected, communication objectives, audiences reached, media used, messages conveyed, adaptations required, and so on.

The PIP-II project presents an unusual situation in which the sponsor and the contractor apparently disagree about project objectives. The difference in view is largely attributable to the lack of a management strategy including performance measures and feedback. It appears that the parties to the contract did not share the same log frame of goals, purposes, outputs, and inputs.

Improving managerial strategies and measures is completely within the capability of existing IE&C programming and procedures. Additionally, however, management could be improved greatly (a) if all parties -- including mission population officers

and in-country officials -- understood and agreed on the important components making up the IE&C system; and (b) if all parties agreed on the criteria and timing for assessing project performance.

a. IE&C system:

A centrally funded project could be undertaken to detail the specific ingredients of each part of the family planning IE&C system, showing through a set of country-specific examples the variations required to fit the system to different cultural circumstances. Far from being a global prototype, the purpose of detailing the system is to anticipate and document as possible the relationships of its parts and culturally illustrative peculiarities.

The system would help policy-makers and Mission officers to understand the process of communication and how to adapt the process to reach specific in-country objectives. This would be especially useful to those with little IE&C training. A second advantage of detailing the system is that it would not leave to individual imagination and capabilities the inclusion of all relevant ingredients.

In practice, the major use of the system would be diagnostic: used to assess in-country IE&C programs for the purpose of ascertaining at which points in the process and through which modes technical assistance can most benefit programming.

A management strategy is more than a listing of inputs, outputs, and outcomes. It is insufficient merely to tell untrained Mission officers how to recognize the measures of project performance. A more sound management strategy is to provide some of the IE&C tools that help Mission staff to promote more effective adaptations to local conditions. For example, Missions might be given a multi-media IE&C tool kit for helping in-country officials to understand and cope with communication problems. USAID officers would use the tool kit (see examples below) as appropriate on the basis of a complete description of the FP program, traditional communication systems, and IE&C alternatives. To know how to use the kit, Mission staff should be encouraged to assist FP officials in designing and producing a slide-sound or film presentation depicting their IE&C strategy from policy-makers to villages. The principal benefit of this exercise is that, in the process of providing media assistance, Mission officers have an opportunity to help FP staff to detail all components and relationships of the system specific to their culture and program objectives. This can benefit planning and decisions about resources, program locations, service distribution, target populations, media choices.

Some of the tools in the IE&C kit might be developed through in-country seminars and workshops conveyed for FP policy-makers, fieldworkers, volunteers, journalists, medical staff, villagers, teachers, researchers. The culture-specific adaptations must come from indigenous persons. For example:

- o Message characteristics-- principles of message effectiveness based on simplicity, redundancy, positiveness, direct action, consistency, demonstration, problem-solving, etc. The idea is to find cultural illustrations of each principle that country officials can recognize as useful in their own context.

- o Audience differentiation: Country nationals may have sound, provocative ideas for differentiating audiences by family planning role (policy-makers, staff, fieldworkers, acceptors, general population), by stage of contraceptive acceptance (threshold acceptors, progressive users, volunteer workers), by child-rearing cycle (premarital counseling, family planning, prenatal, postnatal, maternal-child health, life maintenance), or by other means of segmenting audiences.
- o Media characteristics -- Demonstrating uses and advantages of different media forms should be undertaken in active workshops that involve participants in the field or in the training setting in which the media are to be used. Audio cassettes, film strip kits, videotape, and other innovative media should be appraised under simulated conditions of use.
- o System Planning: Other workshops could take up select problems of communication planning such as identifying evaluation measures of IE&C impact, identifying important phases for IE&C projects and the kinds of criteria needed for decision-making.

The purpose of the above set of recommendations is to indicate ways by which USAID assistance to IE&C can be more productive by putting sound communication principles into the hands and minds of in-country personnel. The result is that IE&C programs (1) are more likely to be planned carefully and thoroughly in all relevant detail, and (2) are more likely to be successfully adapted to local conditions because they will be viewed as having been conceived locally.

b. Performance measures and feedback:

Future IE&C projects must establish a set of go/no-go criteria by which to judge at critical junctures in the phasing of projects whether to continue, halt, delay, or alter project activities. Projects should be planned by specific, real stages of development -- e.g., planning and design, commitments and resource allocation, trial and revision, field application, evaluation. At each stage, an inventory of project components should be the basis by which to encourage officials to go ahead or not as planned. In no particular order, such criteria may be as simple as:

- o materials developed
- o funds allocated
- o supplies and equipment on hand
- o staff recruited and trained

- o interministerial commitments given
- o villages and audiences identified
- o facilities existing
- o available data analyzed
- o materials distributed

There is nothing esoteric about the kinds of components that make up IE&C programming. Decisions can be straightforward; if the money, people, and materials are not on hand, hold the project.

Of course, effective feedback from the project to the Missions and to AID/Washington is essential for go/no-go decision-making. Routine monitoring is built into AID programs. In future projects, performance criteria must be defined, clarified, agreed to, and made to stick by each phase of the project. A final evaluation should not hold any surprises for anyone, and AID officials should know project status at any time in any country.

Ultimate project effects are measured in terms of changes in people's informational, attitudinal, behavioral, and physical states. Many USAID-assisted projects cannot afford expensive field-level evaluations of impact on target audiences. We usually rely on clinical records, fieldworkers' reports, vital statistics, and other registration and secondary data systems. Frequently, such information is self-serving, politically sensitive, and unreliable.

Innovative ways of getting information from the researchable components of the programming system are needed to offset the inhibiting costs of village-level evaluations and still provide reliable bases for decision-making. As noted previously, analysis of the data elements in the reporting system (particularly with a view to useful levels of aggregation) should be undertaken to learn whether the systems can accommodate evaluation objectives too. Further, high above the level of the village, institutional-level assessments can be made of impacts on the government. Without delving into internal sensitivities, indicators may be developed for IE&C assistance strategies to document events that occur subsequent to assistance:

- o new programs created
- o new policies adopted
- o new staff allocated
- o new program service areas defined
- o new agencies/networks involved
- o new media and messages developed

- o new requests for assistance made
- o new priorities and objectives stated
- o new training programs designed
- o new funds and inputs allocated
- o new audiences identified

The purpose is not to draw explicit cause-and-effect relationships between assistance and government consequence, but across time and situations the accumulation of institutional-level data through basic program documentation can be a valid basis for concluding about likely project impact.

APPENDIX I
OFFICIALS AND RESPONDENTS

Officials and Respondents

Below is a list of persons contacted in the course of the evaluation -- in Washington and at the GWU project facility in Warrenton as well as in countries of Latin America, Africa and Asia.

AID/Washington

Mr. William Bair
Mr. Griffin Davis
Mr. William Johnson
Dr. Steven Joseph
Mr. Lenni Kengas
Dr. Sander Levin
Mr. Robert Layton
Mr. Robert Meehan
Dr. Rai Ravenholt
Mr. Larry Robinson
Mr. Marschal Rothe
Mr. Joe Spiedel
Mr. Russell Stevenson
Mr. Wilbur Wallace

George Washington University Staff

Douglas Larson, Project Director
Miriam Bucher, Assistant Project Director
Frank Cavanaugh, Project Staff
Thomas McMahon, Project Staff

INDONESIA

Mr. Victor Soler-Sala, UNICEF
Mr. Hansraj Narula, UNICEF
Dr. Terrel Hill, UNICEF
Dr. Lucas Hendrata, Indonesia Sejahtera Foundation
Dr. Sofiyandi, Indonesia Sejahtera Foundation
Dr. Narudi, Intervista
Dr. Haryono Suyono, BKKBN
Tom Reese, USAID
Mike Philly, USAID
Dr. Paul Hedricks, Ministry of Health
Dr. Chandrasekeran, World Bank
Mr. Huw Jones, World Bank
Dr. Sam Suharto, Central Bureau of Statistics
Dr. Jane Bunnag, UNFPA
Mr. Brent Ashabranner, Ford Foundation
Dr. Mely G. Tan, LeKNAS

THAILAND

Dr. Jarrett Clinton, Population Council
Mr. Vernon Scott, USAID
Mr. Ed Muniak, USAID
Mr. Surin, USAID
Ms. Patana, National Family Planning Program

BRAZIL

Sam Taylor, USAID Population Officer

Leslie Scofield, Centro De Pesquisa Assistencia Integrada A
Mulher E. A. Crianca

Karen Johnson, Centro De Pesquisa Assistencia Integrada A
Mulher E. A. Crianca

Walter Podriquer, Director, SOCIEDADE CIVIL BEM-ESTAR
FAMILIAR NO BRASIL - BEMFAM

Marcio Ruiz Schiano, Coordenador do Dept. de Informacho e
Educacao, Sociedade Civil Bem-Estar Familiar No Brasil
BEMFAM

ANALIGIA FESCHI, Radio Programmer Sociedade Civil REM-ESTAR
Familiar No Brasil - BEMFAM

MEXICO

Ricardo Johnson, USAID

Sergio Correau Azconz, Direccion General De Atencion, Medica
Materno Infantil Y Planificacion Familiar Federal Ministry

Marl Carmen Elu de Finero, Medica Materno Infantil of
Planificacion Familiar

Esther de Gally, Pax Mexico Publications

Manuel Urbina Coordination Planificacion Familiar, I E & C
Officer

Jose Alcocer Pozo, Jefe de los Servicios Coordinados de
Salud Publica

Manuel Manceho del Castillo Chief, Family Planning, State of
Queretaro, Mexico

Armanda Betancouch Coloca Director, Mobile Unit Services State of
Queretaro, Mexico

Jose Rodolph Torraro Soloria Coordinator, Rural Health State of
Queretaro, Mexico

Primitiro Heruaca Pinadh Coordinator, Rural Health State of
Queretaro, Mexico

PERU

Helene Kaufman, USAID population officer

Waiter Torres Zevallos, MD

TUNISIA

USAID/Tunis

Mr. Hermon S. Davis, Director

Mr. Charles Sadler, Assistant Program Officer

Dr. Oliver Harper, Health and Family Planning Development Officer

Mr. Anwar Bachbaouab, Assistant Family Planning Development Officer

ONPEP

Mr. Mezri Chekir, Director

Madame Radhia Moussa, Assistant Director

Mr. Hamadi Khouini, Director, Division of International Cooperation

Mr. Ahmed Beltaief, Deputy Director, Division of International Cooperation

Mr. Betbout, Assistant for Bilateral Programs

Mr. Mourad Ghachem, Chief, IEC Division

Mr. Salah Zribi, Regional Health Educator, Zaghuan

IPPF, Middle East and North Africa Region

Dr. Adnan Habab, Acting Director

Mrs. Elizabeth Bennoir, Chief of Information Services

Mr. Dermot Knox, Area Liaison Officer, IPPF/London

KENYA

USAID/Kenya

Mr. Louis Gardella, Family Planning Development Officer

Family Welfare Center

Dr. Jane Mieno, Deputy Director

Mr. Mark Acham, Senior Health Information Officer

Family Planning Association of Kenya

Mrs. Angela Gethi, Executive Director

Mrs. Nguru Kanyua, Information and Education Officer

Mr. Jacob Chumba, Information Assistant for Media

National Christian Council, Family Life Education Program

Mrs. Rose Moroeng, Staff Assistant

FAO, Project for Better Family Living

Dr. Eric Krystal, Adviser

FPIA, North and East Africa Region

Mr. Marc A. Okunnu, Director

Mrs. Nancy Harris, Program Officer

Pathfinder Fund, Sub-Saharan Africa Region

Dr. Marasha Marasha, Representative

(Also, interviewed in the U. S. headquarters Dr. Elliot Putnam, Acting Director, and Mr. Ronald Waife, Associate for Communication Programs)

UNESCO, Sub-Saharan Africa Region

Dr. Muco Gachuhi, Population IEC Adviser and member of FPAK Advisory Committee

APPENDIX II

DISTRIBUTION OF FIELD INFORMATION SERVICES MATERIALS

10/1/76 - 3/31/76 TO POPULATION OFFICERS

APPENDIX III a.

PIP - II EVALUATION PLAN

APPENDIX III a.

26 February 1979

TO: The Files

FR: G. Hursh-Cesar
R. Crawford
W. Grady

RE: DRAFT: PIP-II EVALUATION PLAN

This is a summary of the evaluation work plan for PIP-II. The plan merges the requirements of the "Project Evaluation Summary" (PES) with the requirements listed in the "General Task of the Evaluators."

The plan outlines different levels of objectives, indicators, sources of data, and limitations of findings.

1. GOAL: The goal of the project is to contribute to the reduction of fertility in developing countries.
 - o Evaluation of goal-achievement is not possible. Hence, this evaluation plan is not concerned -- other than stating the goal -- with indicators of goal achievements, sources of data, or limitations.
2. PURPOSE: The purpose of the project is to bring about favorable changes in knowledge, attitudes, and behavior related to family planning (FP) concepts, programs, methods, communications, personnel.

a. Audiences:

The project is aimed at producing favorable changes related to family planning among (i) policy makers, (ii) family planning workers, and (iii) the general population -- including would-be parents.

The project intends to produce changes both in people and in institutions. For example:

- o Changes in knowledge: An institutional change might be the revision of the FP workers' field materials with corrected information about contraceptive methods. An individual change might be the increase in parents' understanding of the different methods of contraception.
- o Changes in attitudes: An institutional change might be the restatement of government policy objectives. An individual change might be fieldworkers' more favorable perceptions of FP objectives.

- o Changes in behavior: An institutional change might be the government's allocation of increased FP resources. An individual change might be the increase in number of "acceptors" in rural villages.

These types of institutional and individual changes are the focus of the evaluation. We are looking for evidence of such changes underway, but we are not likely to be able to measure them directly or to validate their occurrence as a result of PIP-II activities. Our findings will be impressionistic, not conclusive (see below).

b. Indicators of Effects:

Effects are the outcomes attributable to project activities. They are the purpose of the project: changes in existing conditions in the direction of some preferred development objective.

We are concerned with three categories of institutional/individual effects that may be attributable to the impact of PIP-II programming. Indicators of these categories of effects are:

- o Changes in programming: These are indicators of changes in Host Country (HC) policies, programs, agencies, personnel, and resources involved in Family Planning that can be attributed to the presence of PIP-II.
- o Changes in utilization: These are indicators of changes in HC communication of FP objectives: furtherance of the PIP-II prototypic materials through in-country adaptation, reproduction, supplementation, and dissemination.
- o Changes in people: These are indicators of changes (as above) in (i) knowledge -- information, awareness, comprehension; (ii) attitudes -- beliefs, interests, conviction, motivation; and (iii) behavior -- actions, practices, activities. Changes may occur in the various targeted audiences (e.g., parents) as well as in those groups (e.g., HC officials) related to the project.

c. Sources of data:

At the level of measuring the project's achievement of its purpose, these are both primary and secondary sources of information. Primary sources are those who -- as informants, not as representative samples of target audiences -- can speak for overall programming activities in-country. Secondary sources are those who speak for PIP-II activities.

Primary sources are:

- o USAID mission population officers
- o HC policy makers
- o HC family planning staffers

- o Other HC officials related to I/E programming
- o Other agency officials related to FP and I/E programming

Secondary sources are

- o AID/Washington program officers
- o GWU project staff

Information will be obtained in a variety of ways:

- o Self-reported testimony -- e.g., policy makers assessment of materials
- o Government records -- e.g., fieldworkers' logs of I/E activities
- o HC registration systems -- e.g., FP clinic records of acceptors
- o HC policy documents -- e.g., public statements of new policy
- o Research studies, reports, program files, other documentation of effects
- o Observation -- e.g., on-site observation of use of materials

d. Limitations of findings:

We cannot measure directly or validate cause-and-effect relationships due to the intervention of PIP-II in the FP program of developing countries. The following are limitations of the findings of this evaluation:

- o We cannot measure cause and effect. USAID officers can tell us what they think about the effectiveness of the project, and HC staff can tell their impressions of the impact of the project on the general population. But, we cannot systematically observe and validate these relationships.
- o This is not a controlled field experiment, by which we might try to control for the influence of non-project variables in order to see the effects of project variables. The project is only one of many influences on FP programming. We will not be able to distinguish project effects from other effects.
- o The project has (as PIP-II) been active only two years. There has not been sufficient time for its products to have durable impact.
- o The evaluation of changes due to PIP-II is made at only one point in time. It is retrospective, not dynamic. We can obtain only "soft" data (perceptual and historical) on changes/effects reportedly due to PIP-II. Such data are notoriously weak, subject to problems of selectively biased perception and recall.

- o Much of our data will be from informants' self-reported testimony about project activities. Such data is not always undiluted truth. Often, answers serve the respondents' self-interests.
 - o We cannot test communication materials for audience interest or response; nor can we measure changes in information, attitudes, behavior due to exposure to PIP-II materials.
 - o We cannot study the general population. Certainly, we cannot obtain representative samples of the mass audience or of would-be parents. We must rely on whatever HC records exist on PIP-II effects
 - o Our respondents will for the most part be nominated by GWU, USAID, and HC officials. They will not be representative of all official and non official populations relevant for the project.
 - o Much of our data will be obtained from in-country secondary data files -- program files, clinical records, registration systems, staffers' logs, secondary data bases in developing countries are often incomplete, inaccurate, unreliable.
 - o We cannot check the reliability-validity of research studies or program data made available to this evaluation.
 - o Time and other resources are constrained. We will not be able to understand all meaningful aspects of agency-contractor relationships, of the contractors' activities in-country, nor of the significance of many cultural variables in the countries visited.
 - o There are different levels of utilization and effects of PIP-II materials. This evaluation will not equate use of materials with effects on people. Showing a film 100 times to 5,000 people is only an indication of use, not of changes in their information, attitudes, or behavior.
3. OUTPUTS: The major PIP-II outputs to be evaluated are the audio-visual materials produced and the field services provided for guiding in-country I/E programming.

a. Types of outputs:

Project outputs are the products that in delivery to the field are planned to result in desired changes in people and institutions.

PIP-II material outputs include posters, booklets, a CBD report, filmstrips, Super-8 film, 16-mm film, 35-mm slidesets, and radio spots. Multi-media "resource sets" were intended to be the major vehicles for delivering family planning I/E outputs to developing countries.

PIP-II field service outputs represent a significant part of the strategy for adapting prototypic materials to in-country requirements and for strengthening in-country I/E media and programming capabilities. Field services were provided through country visits.

b. Indicators of outputs

Outputs are designed to produce certain effects. The effects are the purpose of the project -- its strategic objectives. Strategy determines how inputs are allocated, organized, and converted into outputs. Strategy determines, therefore, choices of media, messages, countries, audiences, and other elements of the I/E programming process.

In this evaluation, indicators of the quality of material production and of the delivery of field services are as follows:

- o Strategy: evidence of an I/E communication strategy existing as the rationale and driving force behind decisions about the selection of media forms, message themes, countries of application, audiences to be reached, and so on.
- o Identifying country needs: evidence of how country needs become known to the project and are translated into programming objectives; initiating roles of HC, USAID population officers, AID officers, and project staff.
- o Decision criteria: evidence of decision-making criteria used for choices of countries, media, messages, communication objectives, audiences, timing, resource requirements, in-country adaptation, indigenous talent, evaluation, pretesting needs, distribution channels, and so on.
- o Information bases: evidence of how information is gathered and used for decision-making -- e.g., information compiled through use of the research-related data base, country visits, informants, personal experience, HC requests, USAID programming files.
- o Management: evidence of activities to organize and rationalize project activities in light of objectives -- e.g., organization and allocation of such resources as time, staff, money; evidence of managerial responsiveness to situations and needs -- e.g., initiation of new activities, stimulation of new directions; and evidence of mechanisms for mid-course corrections of project activities -- e.g., through monitoring, cost accounting, other feedback.

- o Production: comparison of which materials were intended to be produced by the project and which materials were produced; comparison of which services were supposed to be provided in-country and which services were provided; and related to I/E strategy.
- o Distribution: comparison by media form of which materials have been distributed in country through which channels to which audiences; evidence of government, private, and external-donor agencies involved in material distribution; and related to I/E strategy.
- o Reproduction: comparison by media form of which materials have been duplicated in-country -- and by which agencies for which purposes for which audiences; and related to I/E strategy.
- o Adaptation: comparison by media form of which materials have been adapted from prototype to country-specific requirements of technology and culture; and relate to I/E strategy.
- o Guidance: other than the above outputs, we are also seeking evidence of the efficacy of PIP-II field services in guiding and strengthening HC media and programming related to family planning through needs assessment, pretesting and evaluation, upgrading talent, improving local resources, selecting media strategies, planning campaigns, defining audiences, etc.
- o Local assessments: evidence of the quality of materials produced and/or field services provided as obtained from USAID and HC personnel assessment of cultural suitability, technological appropriateness, team competence, team sensitivity and cultural awareness, team FP knowledge.

c. Sources of data:

The sources of data on project outputs are much the same as for data on effects (above). However, data on outputs does not have to be obtained from the general population. (Although we cannot study the general population, we will obtain data on effects as possible through various sources.) On the other hand, HC media representatives and creative persons are more important for evaluating outputs than for evaluating effects -- at least as sources of specific information. Similarly, GWU project staff and AID/Washington officers are important sources for data on outputs.

There is no distinction between primary and secondary sources. All sources are competent to provide relevant information on different aspects of material production and field services.

d. Limitations of findings

The limitations of findings about outputs are the same as those noted for findings about project effects. Additionally, these cautions are important:

- o Data on, for example, use of decision-making criteria are self-reported, retrospective, and susceptible to selective biases.
- o We cannot judge the quality or accuracy of individuals' understanding of project objectives. We can only compare project objectives written in contract documents with demonstrable performance.
- o Unless fully documented, we are not likely to be able to explain adequately the events, influences, and logic resulting in changes in programming objectives or activities.
- o Unless fully documented, we are not likely to be able to understand adequately the discrepancies between written objectives and actual performance. For example, we can only report our impressions of why the project staff did/did not meet contractual obligations for providing in-country field services.

4. INPUTS: Inputs are the activities and resources consumed in the production of outputs.

a. Types of inputs:

Our interest in inputs (time, money, staff, supplies) is only descriptive. That is, we are interested only in the consumption of resources as they indicate the implementation of strategy. For example, if compiling information on country needs as a basis for decision-making is an element of the I/E strategy, then we should find evidence of information-getting activities and consumption of time, money, staff.

Our objective is not to critique the expenditures of resources of the choice of activities; but merely to document the presence/absence of activities as a basis for recommended alternative future strategies.

b. Indicators of Inputs:

Indicators will be limited to (i) the time given to activities, (ii) the number and type of personnel involved, and (iii) the costs of production.

c. Sources of data:

Principal sources will be GWU project staff and AID/Washington officers. Evaluation of resources invested in material reproduction, adaptation, distribution in-country is not within our purview. Source documents are GWU financial reports.

d. Limitations of findings:

- o This evaluation can describe the use of inputs, but cannot evaluate the quality of decisions leading to the allocation of resources.
- o Description of inputs is limited to gross calculations. We cannot conduct a financial analysis or audit.

APPENDIX III b.

PLAN OF WORK

APPENDIX III b.

1 March 1979

TO: Marschal Rothe, DS/POP
Suzanne Olds, APHA

FR: G. Hursh-Cesar
R. Crawford
W. Grady

RE: Plan of Work: THIS IS A DISCUSSION PAPER

1. Logistical actions:

a. Team members have different ETAs for returning to Washington. All expect to return before March 19th.

ACTION: Book appropriate hotel reservations at the Quality Inn for Grady and Crawford.

b. Returning from country visits, the team will meet on Monday, March 19th to synthesize findings for the purpose of holding an AID/Washington de-briefing the next day, March 20th.

ACTION: Arrange meeting room at APHA on the 19th, plus office space for each team member.

Arrange meeting room at AID on the 20th.

Determine AID officials to be invited to the de-briefing; extend invitations.

c. The team has agreed on a division of writing assignments and on the general outline of the report, as described below.

ACTION: Discuss and agree today: 1 March 79.

d. The draft final report is scheduled to be completed and turned in to APHA for final typing on or before April 1st.

ACTION: Arrange APHA facilities for the period 20 March - 1 April, including office space, typewriters, and typing assistance.

2. Report writing:

The purpose of this paper is to reconcile varying statements of our task in the "Project Evaluation Summary" (PES) and in the "General Task of the Evaluators." The merging of the two sets of requirements has produced the "Plan of Work" shown below. The outline of the report will closely follow this plan.

Many excellent questions have been asked in this evaluation project, but some cannot be answered without extended field research. Such research cannot be undertaken in the time available for this evaluation. It is important that AID and APHA recognize the limitations of the findings of this evaluation.

For example, we cannot say with certainty whether project outputs are understood by their audiences. This evaluation is not capable of answering questions about project impact on people's information, attitudes, or behavior in the countries visited. This aspect of the evaluation will be impressionistic.

We will not ignore questions of effects, and will collect information as obtainable -- as shown in the Plan of Work below.

PLAN OF WORK

a. Field Activities:

Our data-gathering activities will focus on answering questions in three general areas of project management, delivery, and effect. The kinds of questions we will ask are:

Q.1 -- What is the evidence of sound project management? These are questions of strategy; evidence of good planning, organization, implementation. The basic indicators and related questions are:

Indicators:

- ° Strategy
- ° Needs assessment
- ° Decision criteria
- ° Information bases
- ° Contract fulfillment

Questions:

- ° What was done?
- ° Why done/how initiated?
- ° Who did it/who involved?
- ° What problems/constraints?
- ° What errors/omissions/shortfalls?
- ° What improvements in existing strategy?
- ° What new or different strategy preferred?

Q.2 -- What is the evidence of quality product delivery? These are questions of the quality of (a) media selected, (b) content devised, and (c) services provided. The basic indicators and related questions are:

Indicators:

- ° Production
- ° Distribution
- ° Adaptation
- ° Reproduction
- ° Guidance: visits

Questions:

- ° Same as above
- ° Focus on agencies involved

Q.3 -- What is the evidence of project impact? These are questions of informational, attitudinal, and behavioral effects. Indicators and questions:

Indicators:

1st Level:

- Utilization
- Reproduction
- Dissemination

2nd Level

- Policy makers
- Staff
- General population

Questions:

- Same as above
- Focus on yes/no utilization; reasons, problems, constraints
- Focus on potential

- Same as above as appropriate
- Distinguish institutional vs. individual changes

b. Data sources:

Information will be gathered by group and individual interviews, site observation, and documentation. Informants are principally from AID/Washington, USAID missions, GWU project staff, and HC family planning/communication officers. Other informants will be drawn from appropriate HC government agencies, HC media/advertising agencies, international/donor agencies, HC non-governmental organizations. Documents include records, reports, research studies, policy papers.

c. Report:

Our evaluation will focus on questions of strategy. We are seeking information on how to help ongoing population/family planning IEC work of the various missions in the balance of this contract period or in follow-up contracts.

The report will look something like the following outline:

Executive Summary

- I. Introduction
- II. Methodology
- III. Limitations of Findings
- IV. Findings

Q.1: Management NOTE: Each of these areas will
Q.2: Outputs... be reported by regional and
Q.3: Effects. overall findings. For example:

- Q.1: Management (strategy)
 - a. Introduction/general purpose
 - b. South America findings
 - c. Asia findings
 - d. Africa findings
 - e. Synthesis of findings

- Q.1: Management (needs assessment)
 - a-e. as above

V. Recommendations

Annexes

- Exhibits/forms
- Methodology
- Team/itinerary

APPENDIX IV

CONTRACTUAL PIP--II OUTPUTS

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APPENDIX IV - CONTRACTUAL PIP-II OUTPUTS

1. Campaign Resource Sets:

A Popular Information Campaign Resource Set is a collection of scientifically sound printed, filmed, taped or pictorial materials using everyday words, and clear simple pictures and diagrams which carry all the information about selected population topics that need to be transmitted to non-professional audiences which play significant roles in P/FP programs, especially the reproducers.

MAJOR COMPONENTS

Each Resource Set should contain the following sections:

I. SUBJECT MATTER

- A. Subject matter essential for understanding the scientific truth about a specific family planning modality or set of actions, including how it works, costs, risks and advantages for individual, family and community well-being.
- B. Materials that show and/or teach the special operating skills and methods relevant to the topic.

II. OPERATIONAL PROGRAM ORGANIZATION

Each set should have a manual which provides suggestions and guidance on how the information education effort using it should or could be organized and conducted.

III. TRAINING ORGANIZATION AND METHODS

When needed the set should also contain material for users in how to organize and carry out skills and utilization training including field practice.

SPECIMEN POPULATION RESOURCE SETS OUTLINE

I. SUBJECT MATTER CONTENT

A. The Family Planning Pill: How it works:

- . What makes a woman fertile?
- . How does the egg-dropping process happen?
- . How does taking the Family Planning Pill change the egg-dropping process?
- . What is the nature and work of the Protector Hormone?
- . How does the Protector Hormone get into the Family Planning Pill?
- . Does starting to take the pill cause noticeable changes in the woman's body?
- . How long will these noticeable changes continue?
- . Why does a woman stop menstruating when she is pregnant but continue to have her monthly periods when she is taking the pill?
- . Under what conditions should women not take family planning pills?
- . How long does it take for a woman to become fertile again when she stops taking the pill?
- . What would happen if a woman starts taking family planning pills and stops in one or two weeks?
- . What will happen if a woman decides to take family planning pills but instead of taking one regularly every day, takes one only two or three times a week?
- . Is there a special time of day when the family planning pill should be taken?
- . Would it be dangerous if a child swallowed a family planning pill?
- . The family planning pill works for women!
- . The family planning pill works for families!

II. OPERATIONAL PROGRAM ORGANIZATION

A. Target Action Audiences

1. Reproducers
2. Deliverers of Information and Services

<u>Medical</u>	<u>Non-Medical</u>
Physicians	IE Officers
Midwives/Nurses	FP Officers
Auxiliaries	Home Visitors
Pharmacists	Pill Sellers

3. Controllers of Policy
4. On-coming Generation

B. Target Audience Analysis

1. Structure, location and numbers
2. Attitudes, values and self interests re FP
3. Functional roles in FP
4. New behaviors that they need to adopt to maximize the use of the pill

C. Analysis of Message Content Needed for Each Audience

1. Basic knowledge
The "chemical messages" that control reproduction and fertility and how they work.
2. How to do it knowledge--when and how to take the pill
3. Inhibitor knowledge
False or erroneous knowledge about the pill
4. Advantages/disadvantages of the pill
 - a. For those who have decided to contracept
 - b. For those who have not yet decided to contracept

D. Analysis of the Channels and Media to Reach Each Audience

1. In each priority country
2. World wide to reach worldwide public opinion
 - a. Personal contact through the spoken word
 - b. Picture dominated leaflet/pamphlet for speaker use and reinforcement
 - c. Group meetings
 - d. Radio
 - e. Newspaper and magazine stories and articles
 - f. Film
 - g. TV

E. Message-Source and Treatment for Each Audience

1. Language, vocabulary level
2. Pictorialization
3. Attribution
4. Social acceptability
5. Credibility
6. Ego-involvement
7. Positive social pressures
8. Orchestration of channels, media and influences

F. Organizing and Carrying out a Community Campaign

1. Pretesting of materials and methods
2. Monitoring and recording campaign data
3. Study of a control area to roughly measure effectiveness
4. Research for accurate measurement of the effect and usefulness of the campaign
5. Administrative evaluation of the campaign

III. TRAINING ORGANIZATION AND METHODS

Will be as determined in each country operating situation.

A. Ad Hoc Field Service Teams

Ad Hoc Field Service Teams, largely made up of outside experts and consultants (serving generally under short-term assignment and of Core Staff personnel as required) to provide the means of transferring the information of the Campaign Resource Sets to operating programs and projects in the LDCs. Such teams will be employed to assess specific felt needs and conditions of priority in LDC family planning programs with respect to what materials should be in any given Resource File, and to provide the necessary technical guidance of in-country adaptation, pre-testing, evaluation, distribution and optimum utilizations.

The Ad Hoc Field Service Teams are to be made up of Field Information Services Staff and outside experts recruited from among U.S. and LDC specialists and professionals in communications media and disciplines pertinent to the particular country or region and type of program to be assisted. Personnel from Core Staff may serve with the ad hoc teams, usually in a leadership role. These teams, in consonance with the spirit of the entire project, shall be able to respond quickly to LDC needs and will be free to work with all donors and AID related intermediaries.

The scope of work and length of staff incumbency for each team and its members shall be construed literally within the meaning of ad hoc, i.e., "for this case only" but not so as to preclude the recruitment of the same individual for more than one team consecutively.

The role of the Ad Hoc Field Services Team is further defined by the following statements.

The Core Staff for Field Services, while primarily responsible for the assembly or creation of the basic materials for the Population Campaign Resource Sets, should draw upon and collaborate with the ad hoc Field Service Teams in:

- assessing the field action needs relevant to each set
- adapting the resource file information to the cultural frame of reference
- establishing the "story line" of the materials' components
- determining narrative style, illustrations treatment and format
- arranging for translation of printed and voiced materials into the local language
- pretesting and modifying materials as indicated by the pre-test
- arranging for in-country funding of, and planning for quantity production -- in the selected countries -- of completed, successfully tested resource sets.

The role of the Ad Hoc Field Service Teams is further developed according to the following statement taken from the contract signed and dated January 18, 1978.

The contractor will obtain AID approval in writing of the work plan describing the concepts and listing the media to be utilized in each population information campaign resource set prior to its production and dissemination. All materials in each set which are written or voiced shall be produced in English and as determined by field need and request and following joint review and approval by AID, translated into Spanish and/or French or such local languages as may be appropriate to the particular set and mutually agreed upon. The contractor will produce or require sufficient numbers of all prototype sets to meet the needs of the Field Support Teams and to distribute for introductory purposes to all LDCs, but no more than 500 of each set. The number of copies of components of each set may be increased or decreased by mutual written agreement.