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## Trip Report

#0-256

**Travelers:** Ms. Catherine Murphy, INTRAH  
Training/Materials Officer

**Country Visited:** THE GAMBIA

**Date of Trip:** March 15-25, 1986

**Purpose:** To attend PIACT/PATH Workshop  
and to Follow Up Participants of INTRAH-  
Conducted August 1985 Mauritius-Based FP  
Visual Communication Workshop

Program for International Training in Health  
208 North Columbia Street  
The University of North Carolina  
Chapel Hill, North Carolina 27514 USA

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\* On file with INTRAH Program Office.

EXECUTIVE SUMMARY

On March 15 -25, Catherine Murphy, INTRAH's Training/Materials Officer, travelled to The Gambia to attend the Program for the Introduction and Adaptation of Contraceptive Technology/Program for Appropriate Technology (PIACT/PATH) in Health African Print Materials' Development, Assessment and Training workshop. Ms. Murphy also held follow-up discussions with former participants of INTRAH's regional Family Planning Visual Communication workshop who were enrolled as participants of the PIACT/PATH workshop. Before leaving The Gambia, Ms. Murphy paid a courtesy visit to The Gambian Ministry of Health, Labor and Social Welfare's Department of Medical and Health Services, with whom INTRAH is beginning to develop a family planning training project. Briefing and debriefing meetings were held with Ms. Ida Ceesay, USAID Assistant Project Development Officer.

Participants from 8 of the 14 African countries represented in the PIACT/PATH workshop had previous experience working on PIACT print materials development projects in their countries. It is recommended that INTRAH contact these people, when working in their countries, for potential utilization of their materials and/or materials development capabilities in INTRAH projects. It is further recommended that INTRAH keep in touch with PIACT/PATH for information regarding the potential development of PIACT/PATH projects in the other African countries represented in the workshop.

Three out of the four participants of INTRAH's regional Family Planning Visual Communication workshop, whom the traveller interviewed directly or through their supervisor, are actively carrying out visual communication activities. It is recommended that INTRAH continue with its plan for following up all participants of the INTRAH regional

workshop and utilize these participants, where possible, in INTRAH projects in their countries.

SCHEDULE

March 15	12:00 noon	Arrived Banjul.
March 16		Day of rest.
March 17		Workshop opening. Contacted Ida Ceesay, USAID Assistant Project Development Officer at opening ceremony.
March 17 - 24		Attended workshop (see appendix C for workshop agenda).
March 25	1:00 p.m.	Meeting at Ministry of Health Labor and Social Welfare Dr. Njai, Deputy Director, Deputy Director, Department of Medical and Health Services and Sr. Bertha M'boge, Maternal and Child Health Coordinator. Brief meeting with Ida Ceesay, USAID.
March 26	1:00 a.m.	Departed Banjul.

I. PURPOSE OF TRIP

- A. To attend the PIACT/PATH African Print Materials Development, Assessment and Training workshop.
- B. To follow-up the former participants of INTRAH's regional Family Planning Visual Communication workshop who were enrolled as participants in the PIACT/PATH workshop.

II. ACCOMPLISHMENTS

- A. Attended the PIACT/PATH African Print Materials Development, and Assessment and Training workshop held March 17 - 24.
- B. Held follow-up discussions with two former participants of INTRAH's regional Family Planning Visual Communication workshop. Unfortunately, a third INTRAH participant who was scheduled to attend the PIACT/PATH workshop was unable to attend.
- C. Collected samples of materials developed by participants from organizations/countries represented in the PIACT/PATH workshop.
- D. Held discussions with many of the workshop participants regarding their organizations' family planning activities, mostly IEC activities.
- E. Made a courtesy visit to the Department of Medical and Health Services, Ministry of Health, Labor and Social Welfare.

### **III. BACKGROUND**

In planning the African Print Materials Development, Assessment and Training Workshop, PIACT/PATH extended an invitation to INTRAH and several other agencies to send representatives as participant/observers of their workshop. INTRAH has long been familiar with PIACT/PATH - developed materials and has collaborated with the Johns Hopkins University/Population Communication Services to utilize the materials in certain INTRAH projects. INTRAH saw this invitation as an opportunity to learn more about the PIACT/PATH materials development methodology and the projects and materials developed with PIACT's assistance, as well as to share information with workshop participants about INTRAH's activities and capabilities.

### **IV. DESCRIPTION OF ACTIVITIES**

#### **A. PIACT/PATH Workshop**

From March 17 - 24 PIACT/PATH held its first regional African Print Materials Development, Assessment and Training Workshop in Banjul, The Gambia. The objectives of the workshop were as follows:

1. to provide a forum for the transfer of technology and the exchange of experiences in print materials' development geared to the needs of specific audiences in sub-Saharan Africa.
2. to encourage independent and collaborative efforts in materials' development training and the subsequent implementation of related projects.
3. to increase the number of trained IEC staff throughout sub-Saharan Africa.

4. to assist workshop participants in developing proposals for materials' development projects geared to their immediate needs. These proposals may then be submitted to the local UNFPA offices or other donors for funding consideration.

Participants and observers were from 15 countries, including Botswana, The Gambia, Ghana, Kenya, Liberia, Mauritius, Nigeria, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe, and the United States (see Appendix B for participant list). Participants from eight countries had previous experience working with PIACT/PATH on materials development.

The workshop led participants through the PIACT/PATH materials development methodology while participants applied the process to develop a booklet on adolescent pregnancy for teenage school children in Banjul, The Gambia. In developing the booklet, participants actually practiced conducting focus group discussions, developing messages, designing materials, the first round of pretesting and revising materials. The other steps in the process were discussed, but not actually practiced. Participants who had previous experience working with the PIACT methodology gave presentations throughout the workshop on lessons learned from their experiences. All participants were given the opportunity to share IEC and training materials developed by their organizations during informal evening sessions. The last day of the workshop was set aside for proposal preparation for participants from African organizations with no previous experience working with PIACT and for PIACT methodology assessment from participants who had PIACT-assisted projects in their countries (see Appendix C for a more detailed outline of the workshop agenda).

**B. Interviews with Former INTRAH Participants**

Outside the workshop activities, Ms. Murphy held follow-up discussions with two former participants of INTRAH's regional Family Planning Visual Communication workshop. Unfortunately, Ms. Murphy was unable to interview a third former INTRAH participant, Mr. Charles Chowa, Senior Health Assistant (Visual Aids), Malawi Ministry of Health, who was scheduled, but unable, to attend the PIACT workshop.

Mrs. Geeta Oodit, Secretary/Manager, Mauritius Family Planning Association (MFPA), attended INTRAH's Francophone Family Planning Visual Materials workshop held in Mali in 1984. She is also the supervisor of two participants of INTRAH's Anglophone Family Planning Visual Communication workshop held in Mauritius in 1985- Mrs. Marlene Leveque, Fieldworker, MFPA, Rodrigues Island and Mr. Yamunaprasad Bissessur, Program Officer for Community Based Distribution, MFPA. Mr. Raymond Toe-Pleh Nigba, Artist, Family Planning Association of Liberia attended INTRAH's Anglophone Family Planning Visual Communication workshop. For a summary of findings obtained from discussions with these individuals, see Appendix G.

**C. Visit to the Ministry of Health, Labor and Social Welfare**

The traveller paid courtesy visits to Dr. Njai, Deputy Director, Department of Medical and Health Services and Sr. Bertha M'boge, Maternal and Child Health Coordinator, Department of Medical and Health Services. Dr. Njai stated that a representative from the Margaret Sanger Center had visited The Gambia earlier in March to carry out a needs assessment and project planning. During her visit the Margaret Sanger Center

representative had telephoned INTRAH for project coordination purposes. Sr. M'boge briefly outlined the areas in which the Margaret Sanger Center and INTRAH are planning to collaborate. The Ministry is anticipating a return visit in April 1986 by INTRAH for project development.

V. FINDINGS

1. Representatives from eight African countries attending the PIACT/PATH workshop have had previous experience working with PIACT/PATH on materials development projects.
2. Representatives from six additional African countries have now been exposed to the PIACT/PATH materials development methodology.
3. Three out of four of the former INTRAH Family Planning Visual Communication workshop participants contacted directly or through their supervisor are actively carrying out visual communication activities.

VI. CONCLUSIONS

1. Botswana, The Gambia, Ghana, Kenya, Nigeria, Sierra Leone, Sudan and Tanzania have family planning materials development capabilities and print materials for non-literates available in their countries.
2. PIACT/PATH workshop participants from Liberia, Mauritius, Togo, Uganda, Zambia, and Zimbabwe may develop proposals for PIACT/PATH assistance in materials development.
3. The INTRAH regional workshops in visual communication have stimulated materials development, use and training by at least three participants in their own countries.

VII. RECOMMENDATIONS

1. INTRAH should contact these people, when working in their countries, for potential utilization of their materials and/or materials development capabilities in INTRAH projects.
2. INTRAH should keep in contact with PIACT/PATH for information about potential PIACT/PATH materials development projects in these countries.
3. INTRAH should continue with its plans for following up all participants in the regional visual communication workshop and utilize these participants where possible in INTRAH projects in their countries.



**APPENDIX B**

**PIACT/PATH WORKSHOP PARTICIPANTS**



Mr. Saihou Ceesay

Health Education Unit  
Department of Medical and  
Health Services  
Banjul, The Gambia

\* Mr. B. Goree-N'Diaye

Family Planning Association of the Gambia  
Kanifing  
PO Box 3325  
Banjul, The Gambia

GHANA

Mr. Jack Dawson

Association of People for Practical Life  
Education (APPLE)  
PO Box 4625  
Accra, Ghana

Mr. K. E. Hanson

Association of People for Practical Life  
Education (APPLE)  
PO Box 4625  
Accra, Ghana

Mrs. Martha Osei

Ministry of Health  
Health Education Division  
Box 753  
Accra, Ghana

KENYA

Dr. Kenneth Hart

c/o Dr. G. Irvine  
Protestant Churches Medical Association  
PO Box 30690  
Nairobi, Kenya

\* ~~Dr. Tony Johnson~~

~~UNESCO~~  
UN Intragency Team  
P.O. Box 30592  
Nairobi, Kenya

Ms. Nellie Mathu

Independent Consultant  
P.O. Box 59410  
Nairobi, Kenya

\* Mrs. Joyce Naisho

AMREF  
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Nairobi, Kenya

Ms. Margaret Thuo

Family Planning Association of Kenya  
PO Box 30581  
Nairobi, Kenya

~~LESOTHO~~

~~Lesotho Planned Parenthood Association~~  
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Maseru, Lesotho

\* = participant/observers

LIBERIA

Mr. Raymond Toe-Pleh Nigba                      Family Planning Association  
PO Box 340  
Maseru, Lesotho

~~MALAWI~~

~~Mr. G. B. Namanja~~                      ~~Ministry of Health~~  
~~PO Box 30377~~  
~~Lilongwe, Malawi~~

~~Mr. George Emuson Charles Chowa~~      ~~Ministry of Health~~  
~~PO Box 30377~~  
~~Lilongwe, Malawi~~

MAURITIUS

Ms. Geeta Oodit                                      Mauritius Family Planning Association  
30 Sin Sramgoolam St.  
Port Louis, Mauritius

NIGERIA

\* Dr. A. Adetunji                                      AVS  
Program Manager  
c/o Pathfinder  
PO Box 55481  
Julie-ikeja  
Lagos, Nigeria

Mr. Olu Alebiosu                                      Planned Parenthood of Nigeria  
2 Akinmade St.  
Lagos, Nigeria

~~SENEGAL~~

~~\* Dr. Matanda Sabwa~~                      ~~UNFPA~~  
~~BP 154~~  
~~Dakar, Senegal~~

SIERRA LEONE

\*\* Ms. Pamela Greene                                      PIACT/PATH Associate  
PO Box 414  
Freetown, Sierra Leone

Mrs. L. Adesimi-Davies                                      Sierra Leone Home Economics Association  
PO Box 414  
Freetown, Sierra Leone

\* = participant-observers  
\*\* = workshop staff

Mr. T.E.A. Macauley

Health Education Division  
Ministry of Health  
PO Box 414  
Freetown, Sierra Leone

SUDAN

Ms. Ilham Bashir

Dept. of Community Medicine  
Sudan Community Based Family Health Project  
PO Box 102  
Faculty of Medicine  
University of Khartoum  
Khartoum, Sudan

Dr. Abdel Rahman El Tom

Dept. of Community Medicine  
Sudan Community Based Family Health Project  
PO Box 102  
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University of Khartoum  
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TANZANIA

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\* = participant-observers

ZAMBIA

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ZIMBABWE

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Mrs. Nora Shoko Ngwenya

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UNITED STATES

\* Ms. Tamara Smith

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INTRAH  
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\* Dr. O. J. Sikes

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\*\* Ms. Margot Zimmerman

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\*\* Ms. Danusia Szumowski

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\* = participant-observers  
\*\* = workshop staff

**APPENDIX C**

**PIACT/PATH WORKSHOP AGENDA**

**FINAL AGENDA**  
**MATERIALS' DEVELOPMENT, ASSESSMENT, AND TRAINING WORKSHOP**  
 March 17-24, 1986, Banjul, The Gambia

<u>Date</u>	<u>Time</u>	<u>Activity</u>
March 15-16, Saturday, Sunday	All day	Arrival of Participants and Registration at the Senegambia Hotel
March 17, Monday	8:30-9:30	Participant Introduction: Danusia Szumowski, Assistant Program Officer PIACT/PATH, USA
	9:30-9:40	Introductory Remarks: Mr. J. Taylor-Thomas, Executive Director Family Planning Association of the Gambia
	9:40-10:00	Welcome: On behalf of GFPA: The Chairman of the Association On behalf of PIACT/PATH: Margot Zimmerman, Director, Communication Department
11:30	<del>10:00-10:15</del>	Opening Address: Hon. Mrs. Louise A. Njie, Minister of Education, Republic of the Gambia
	10:15-10:20	Vote of Thanks' <i>Margaret Thuo</i> On behalf of participants:
	10:20-10:30	Overview of Workshop Agenda and Objectives: Pamela Greene, PIACT/PATH Associate Freetown, Sierra Leone
	10:30-11:00	Coffee/Tea Break
	11:00-11:15	Preliminary Activities-- Completion of Pre-Workshop Questionnaire Sign-up for Informal Evening Exchange Sessions: Danusia Szumowski
	11:15-12:30	Overview of PIACT/PATH Materials' Development Process: Margot Zimmerman
	12:30-2:00	Lunch
	2:00-3:45	Overview of Focus Group Discussions (FGDs): Joan Haffey, Associate Program Officer, PIACT/PATH, USA
	3:45-4:00	Coffee/Tea Break
	4:00-5:15	Reporting and Assessing Country-Specific Experiences with the FGD Technique: Ilham Bashir, Dept. of Community Medicine, Khartoum, The Sudan
	5:15-5:30	Summary of Day's Activities and Outline of the Next Day's Agenda: Pamela Greene
	Evening Activities	Open

15

March 18,  
Tuesday

~~7:30-10~~  
~~8:00-11:30~~

Conducting FGDs to Generate Messages for  
Print Materials:  
Participants will work in small groups to develop a  
FGD guide, and conduct a mock FGD. Each group will  
include at least two people who have had experience  
in conducting FGDs. This will give those familiar  
with the technique a chance to train those who are  
not. A coffee/tea break is included.

11:30-12:45. Group Discussion of Morning's Activities:  
All participants

12:45-1:00 Outline of Remainder of the Day's Activities  
and Next Day's Agenda:  
Pamela Greene

\*\*\*\*\*

1:00-2:00 Lunch

\*\*\*\*\*

*10:30 - 1* ~~2:00-5:30~~

Conducting Actual FGDs--Fieldwork:  
Participants will work in groups to conduct/observe  
FGDs in a local setting.  
All participants and training staff

*sign up*

Evening  
Activity  
*8 pm*

Informal Discussion of Country-Specific Experiences  
in Print Materials' Development:  
Participants are invited to share their organization's  
IEC project activities.  
All participants and training staff who wish  
to attend

March 19,  
Wednesday

4:00

~~8:30~~-9:30

Discussion of Major Findings from the FGDs:  
All participants and training staff

9:30-10:00

Reporting on and Assessing Country-Specific  
Experiences: Incorporating FGD Results into the  
Development of Messages:

Mary Kay Larson, Family Health Division  
Ministry of Health, Gaborone, Botswana

\*\*\*\*\*

10:00-10:15

Coffee/Tea Break

\*\*\*\*\*

10:15-11:30

Why Use Visual Aids? (Group Exercise):

Danusia Szumowski

Visual Perception:

Margot Zimmerman

11:30-1:00

Summarizing FGD Data and Developing Messages:  
(small group activity/all participants)

\*\*\*\*\*

1:00-2:00

Lunch

\*\*\*\*\*

2:00-3:00

Discussion of Specific Messages:

Margot Zimmerman

\*\*\*\*\*

3:00-3:15

Coffee/Tea Break

\*\*\*\*\*

3:15-4:00

Working with the Artist or Photographer to  
Illustrate Messages:

Ebou Sillah, Family Planning Association  
of the Gambia

George Chowa, Health Education Unit,  
Ministry of Health, Malawi

4:00-6:00

Message Selection and Illustration:

Up to 16 messages will be selected and participants  
will discuss ways of illustrating these messages.

Joan Haffey

6:00-6:15

Summary of Day's Activities and  
Outline of Next Day's Agenda:

Pamela Greene

Evening  
Activity

4:00

Informal Discussion of Country-Specific Experiences  
in Print Materials' Development:

Participants are invited to share their organization's  
IEC project activities.

All participants and training staff who wish  
to attend

*sign up*

March 20,  
Thursday

8:30-9:00 Overview of Pretesting--Definition and Importance  
in the Materials' Development Methodology:  
Margot Zimmerman

9:00-9:30 Reporting on and Assessing Country-Specific  
Experiences in Pretesting:  
C. Mbeleka or E. Mmbando, UMATI,  
Dar es Salaam, Tanzania

9:30-10:30 Pretesting Methodology  
Margot Zimmerman

\*\*\*\*\*

10:30-10:45 Coffee/Tea Break

\*\*\*\*\*

10:45-12:00 Pretesting (cont'd)  
Margot Zimmerman

\*\*\*\*\*

12:00-1:30 Lunch

\*\*\*\*\*

1:30-2:15 Establishing Criteria for Pretesting  
(Includes preparing pretesting forms for  
role-playing exercise):  
Joan Haffey

2:15-2:45 Demonstration of Pretesting and Group Critique:  
Danusia Szumowski and workshop participants

\*\*\*\*\*

2:45-3:00 Coffee/Tea Break

\*\*\*\*\*

3:00-4:00 Role-Playing: Pretesting Simulation Exercise  
Small group activity

4:00-4:30 Reporting on and Assessing Country-Specific  
Experiences in Pretesting:  
G. B. Namanja, Health Education Unit,  
Ministry of Health, Malawi

4:30-6:00 Preparations for the Next Day's Fieldwork  
(Includes preparing forms for next day's pretesting):  
Joan Haffey

Evening Activity To be announced.

March 21,  
Friday

8:00

~~8:30~~-1:00      Pretesting--Fieldwork:  
                  All participants and training staff  
\*\*\*\*\*

1:00-2:00      Lunch  
\*\*\*\*\*

2:00-3:15      Compiling Pretest Results:  
                  Joan Haffey  
\*\*\*\*\*

3:15-3:30      Coffee/Tea Break  
\*\*\*\*\*

3:30-3:45      Revising Messages Based on Pretest Results:  
                  Pamela Greene

4:45-5:00      Reporting on and Assessing Country-Specific  
Experiences in Alternative Presentations of  
Educational Materials:  
                  Jack Dawson, APPLE, Accra, Ghana

5:00-5:30      Reporting on and Assessing Culture-Specific  
Experiences in Message Presentation:  
                  A. El Tom, Dept. of Community Medicine  
                  University of Khartoum, Khartoum, Sudan

5:30-5:45      Reporting on and Assessing Country-Specific  
Experiences in the Adaptation of Existing Materials:  
                  Pamela Greene

5:45-6:00      Address to Participants:  
                  Hon. Mr. Jallow Sonko, Minister of Information  
                  and Broadcasting, Republic of the Gambia

Evening      Cocktail Party:  
                  Hosted by the Family Planning Association  
                  of the Gambia

March 22,  
Saturday

- 8:00-9:00 Training Health Workers in the Use of Print Materials:  
T.E.A. Macauley, Health Education Unit,  
Ministry of Health, Freetown, Sierra Leone
- 9:00-9:30 Encouraging Collaboration in IEC Projects:  
Pamela Greene  
A. El Tom
- 9:30-10:00 Evaluating Print Materials  
Pamela Greene
- 10:00-10:15 Coffee/Tea Break
- 10:15-11:00 Reporting on and Assessing Country-Specific  
Experiences in Evaluating Print Materials  
Mrs. L. Adesemi-Davies, Sierra Leone Home Economics  
Association, Freetown, Sierra Leone  
Mrs. Mariam M'Boge, Family Planning Association  
of the Gambia, Banjul, The Gambia
- 11:00-12:30 Assessing the Methodology: Summary of Lessons  
Learned During Training (Group Discussion):  
Joan Haffey
- 12:30-1:30 Lunch
- 1:30-5:00 Report Writing for all Participants:  
(Includes a Coffee/Tea Break)
- 5:00-5:15 Summary of Day's Activities and  
Outline of Next Day's Agenda:  
Pamela Greene
- Evening Free

*Jaylor-Thomas*

8:30 - Field trip

March 23,  
Sunday

This day is unscheduled. Participants are free to plan their own activities.

Evening  
Activity

Banquet  
Certificate Presentation  
Group Photograph

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March 24,  
Monday

8:30-12:30

Separate Groups:

- 1) Proposal Preparation for Participants from African Organizations with no Previous Experience with the PIACT/PATH Methodology:  
Danusia Szumowski  
Pamela Greene
- 2) Assessing the Methodology,  
for Project Staff from Previous PIACT/PATH-Assisted Projects:  
Joan Haffey  
Margot Zimmerman

12:30-2:00

Lunch

2:00-4:00

Continuation of Separate Group Meetings and Completion of Questionnaire for Workshop Evaluation Purposes.

**APPENDIX E**

**MATERIALS DEVELOPED DURING THE PIACT/PATH WORKSHOP**

March 17, 1986

Lulu A Davis

The meeting was formerly opened at 11.30 by Mrs Louise A Njie-  
Minister of Education Youth, Sports & Culture, after a brief  
remarks of welcome by Mr Taylor-Thomas, Executive Director  
GPPA. This was followed by Dr Samuel J Palmer, Chairman &  
Medical Adviser of GPPA who gave a brief welcome remarks to  
all and wished the workshop a successful time. The Minister  
in her remarks, expressed her concern over Adolescent Fer-  
tility Management in The Gambia & Africa as a whole; she  
hopes that at the end of the meeting, the group would come  
out with valuable suggestions to ease the problem of teenage  
pregnancy.

## FOCUS GROUP DISCUSSION

The afternoon session was on the use of focus group discussion technique in the preparation of print materials. The session was conducted by three main speakers. The first speaker was Joan Haffey who gave an overview of the focus group discussion technique. She elaborated on the use and, the techniques of conducting focus group discussions; group segmentation, qualities of good facilitators, problems that arise during FGD and how to handle them.

Freedom of participation was seen as the main element for the community to indicate their problems and try to see how best their problems can be solved - in an atmosphere that is not dictatorial by nature but by persuasion of the individual honestly.

The effectiveness of FGD technique is dependent on many factors:

- (1) The choice of a homogeneous group of participants. It was put forward that participants of FGD should be representative and have certain things in common, e.g. social economic status, cultural and religious beliefs, practice or do not practice the method being discussed and should not know each other.
- (2) On the choice of the site for conducting the FGD it was pointed out that this would vary from place to place depending on the social status, convenience to the participants and the situation. But under whatever condition, wastage of time of the participants should be avoided.
- (3) The qualities of the facilitator of the FGD. A wide range of experiences on the qualities of a good facilitator were elaborated as the one having a sense of flexibility; sensitivity, humour, linking group ideas and encouraging the entire group. It was also discussed that a good facilitator should not impose ideas on the participants; should be tactful, identify himself with the group; presentable and talented in handling people and making people interested in the discussion. He/she should have sense of direction; should not try to judge comments, should not educate participants during FGD, neither act as an expert nor turn a discussion into a question-and-answer session.

Participant related problems that could be experienced during conducting FGD were discussed. These were mainly in the following categories:-

- (a) shyness of participants
- (b) some participants dominating during the FGD
- (c) participants asking questions.

The following techniques were suggested as measures in dealing with the different problems:

1. On the problem of shyness - it was suggested to employ tactful means of encouraging the shy participants or provoking them to say something e.g. addressing them, trying to make jokes or bring up examples of yourself in order to create a moment for them to say something, ask their opinions on something.

In the case of shy groups - break the ice by discussing something interesting to them then proceed to the topic for the FGD.

2. The problem of some participants dominating others in the FGD can be solved by tactfully suppressing the extra active participants. The group leader has to be extremely careful not to hurt the feelings of the extra active participants. He/she should try to address the questions to the entire group of participants and give each member of the FGD a chance to participate fully.

3. On the problem of participants asking questions during the focus group discussion session this can be avoided by setting a limited period for question and answers towards the end of the session, participants should be warned at the beginning.

The second speaker was Ms Nellie Mathu who gave her experiences on FGD and the answers that were given by the participants in various FGDs she conducted. From the participants responses during the FGDs the speaker got the impression that there were many factors that influenced the behaviour of people towards acceptance or rejection of FP messages. These were - culture, rumours, religious beliefs, insecurity. In most African cultures bearing children is a sign of profency.

She elaborated how the ideas obtained from the FGD helped in formulating messages for the booklets produced.

The third speaker discussed psychological factors affecting human behaviour in family planning e.g. tradition & religion, security of mothers as being interfered with by family planning practices; fear of losing the family honour as a result daughters are forced to get married at an early stage of their development; rumour about the Pill or side-effects due to lack of FP information; exaggerations coming from the service providers.

18th March 1986

The day's activity focussed on FGDs by Joan Heffey. The pattern adopted was guided by the following format.

1. Introduction
2. Warm up/Reconnaissance
3. In-depth investigation
4. Closure

After a brief discussion on the above points, guide lines for "Teenage Sexuality and Pregnancy" were developed.

1. Goals/plans
2. Pressures
3. Effect of having children
4. Values/clarification/for family planning plans

Sometime was spent on developing the above guidelines. Much focus group discussions were held and important characteristics were observed and discussed. Those highlighted were:-

Dominating personality  
Shy personality  
Indifferent personality

The group was divided into three sub groups for visiting Schools. Each sub group was further divided to interview pupils 8 - 10 in a group.

The exercise revealed that some older pupils were aware of family planning practices, some younger ones were ignorant, while a few remained in different. The School visit was really rewarding and came to an end around 1.30 p.m.

## PRETESTING

On the 20th of March 1986, Margot Zimmerman gave an overview of pretesting of print materials. She explained the meaning, importance and the methodology of pretesting print materials.

Also participants heard a report on Tanzania's experience in pretesting illustrations designed to teach illiterate and semi-literate people on IUCD. They saw a demonstration on how to interview and record respondents' answers on interview forms. Then they divided themselves into smaller groups and practised how to interview and fill interview forms.

EXPERIENCES IN EVALUATING  
PRINT MATERIALS

THE GAMBIA

The GFPA started working with PIACT/PATH in 1983, and, so far we have developed six pictorial/instructional booklets on the Pill, IUD, Injectable, Neo Sampooon, Condom and Why Family Planning specifically for non-readers.

Two of the booklets, the Pill and IUD were evaluated on a short term basis, for two months in October, 1983, in order to determine the effectiveness and impact of those two booklets on the behaviour and attitude of the recipient.

The evaluation exercise involved the Association's field and clinic staff and twelve identified interviewers, two from each Division. Before the actual interviews, interviewers were given a training on the process, prior to the commencement of the exercise. Each interviewer was expected to interview 35 people, recipients of either the Pill or IUD booklets, based on a random sampling. A selected number of services providers from each division was also interviewed by one interviewer from each Division. The selected sample size of the study was well distributed, to ensure that geographical divisions of the country was represented.

For both booklets, a series of tables were identified, ranging from:

- Location of sample areas and population
- Characteristics of clients i.e. age, education and number of children born.
- Recall of Information and instruction of booklets
- Behavioural information
- Attitudes and Acceptability of booklets and
- Information from service providers.

The evaluation of the Pill and IUD booklets revealed some very interesting results. In general, a review of the findings supported the usefulness of the Pill and IUD booklets. The helpfulness of the booklets to clients and service providers was also adequately reflected in the study.

The majority of clients attributed its helpfulness to better understanding of the contraceptive method while service providers elaborated on the point that the booklets made their work and communication easier.

Even the return visits afterwards made by clients to the clinic for clarification of matters concerning those two contraceptive methods, have greatly decreased since the introduction of the booklets. It was also observed that a thorough understanding of the booklets largely depended on the type of explanation given on messages and drawings at the time of introducing it to clients. Those who received such guidance formed the majority and were able to understand all messages and drawings. This point was confirmed by the number of correct answers obtained by such clients from the test on recall of information and instructions about the booklets.

Another evaluation of the Injectable and Why Family Planning booklets is presently being undertaken. Both studies are on a long term basis for a period of 13 months, from March 1985 to March 1986. The intension of the study is to conduct a more comprehensive study on the role of these two booklets on clients behaviour and Family Planning performance in general. The evaluation will reveal the impact their use has had on user understanding and continuation rates.

These study took a different approach of evaluation from the previous study. Each study was divided into two: Study and Control areas. In a study area the control areas, individuals are motivated without the booklets. The target population of the Injectable study is 400-new Injectable clients - 200 control and 200 study.

The Why Family Planning study has a target of 1,200 potential male and female acceptors. 800 study and 800 control. For this study, the Association's staff both field and clinic were fully utilized as Interviewers and coders. All of the project staff were given training during certain stages of follow ups.

As a result of some of these problems, a series of consultations for all project staff were held in order to clarify the problems and come up with uniform interpretation of concepts. Interviewers were asked to do everything possible to trace their respondents by adopting an effective call back approach. It seems impossible however to trace respondents who moved out of the country on unknown areas. So far such cases are relatively insignificant and a decision was reached to avoid wasting too much time on them.

For the Injectable study, about forty tables were recommended and twenty six for the Why Family Planning.

Though the studies were still not yet completed due to the breakdown of the Computer coupled with the problems mentioned earlier, I have attempted to provide some provisional results of the Injectable evaluation. These results may be revised in future when the computer tabulations are released.

So far the results of the Initial Interviews of the Injectable Study revealed the 341 new acceptors were motivated, and more than half of those acceptors were motivated by the Association's Clinic Assistants. The injectable does not seem to be popular in Banjul and Lower River Division.

The Study also revealed that the entire new acceptors of this method are either married or have been married at one time. Virtually all acceptors have experienced at least one pregnancy in their reproductive life span. Acceptors are mostly confined to ages between 25 and 44 years and have experienced more than four pregnancies. But the largest number of new acceptors have at least gone through their sixth pregnancy.

Among these acceptors over half of them wanted to become pregnant again, and the rest did not. It was also realized that most of these acceptors were married between the ages of 15 and 19. Two thirds of married users desired to become pregnant with two to three years.

In evaluating the materials, we had to work very closely with the Central Statistic Department and the Medical and Health Department. This is necessary in order to efficiently conduct the evaluation.

In conclusion, I wish to stress that in any evaluation study the following steps should be observed:

1. Field Organisation
2. Interviewing
3. Coding and Editing.
4. Analysis of results.

M. Alaba M'boge,  
Project Co-ordinator

## ARE YOU READY TO BE PARENTS?

### TEXT

1. As soon as girls begin menstruating, they are able to become pregnant and have a baby.
2. As soon as boys experience "wet dreams" they are physically able to get a girl pregnant.
3. If your parents won't discuss your sexuality with you, you can talk to your grandparents or a trusted teacher, relative or any health worker.
4. Friends often give half truths or wrong information about the facts of life.
5. A pregnant girl is not allowed to finish her schooling.
6. When this happens the boy is also at fault and can also be expelled
7. Those who finish school have the chance for a good career.
8. A good job is necessary to provide for yourself and your family & meet the rising costs of living.

### ILLUSTRATION

1. Girl examining blood stain on school uniform. Moon in frame on wall.
2. Young school boy asleep and dreaming of a beautiful girl.
3. Top: Girl tries to show book on sex education to mother, who is busy and tells her not to bother her.  
Bottom: Girl takes her book to the nurse who discusses it with her.
4. Boys standing on street corner talking and snickering at passing girl.
5. Girl at school desk, worried, and thinking she is pregnant.
- 5a. (alternate) Pregnant girl, at window, waving sadly to friends on way to school.
6. Girl goes to school boy and tells him he made her pregnant.
7. Top: Boy & Girl receive diploma from principal in gown & cap.  
Bottom: Boy & girl in their respective offices.

9. Be ware of sugar daddies. They may provide a short term benefit but a long term loss.

Top: Sugar daddy luring school girl into his car.  
9b. Bottom: Girl, now with baby, stands looking sad as sugar daddy drives off with new school girl.

What else happens to school girls and boys who are sexually active?

10. They bring shame to the family

10. Top: Girl hanging head, being accused by her family.

10b. Bottom: Boy hanging head; being accused by his family.

11. The girl may get pregnant and die trying to take it out.

11. Girl lying on mat on floor in pool of blood.

12. She may lose the opportunity for a good marriage.

12. Bride and groom. "Our" girl behind fence holding baby and looking longingly at couple.

13. If he or she gets a sexually transmitted disease, either one can become sterile and never be able to have children when they want them.

13a. Boy urinating, in pain, holding tummy.

b. Boy and girl (same clothes but older) looking sad and thinking (bubble) about babies.

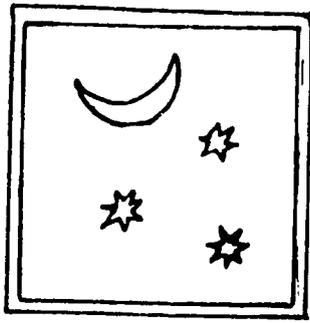
14. There are ways of preventing pregnancy and sexually transmitted diseases. For more information, contact a health worker or The Family Life Education Programme at GFPA.

14. Show group of boys and girls with "Are you Ready to be a Parent" Booklet in their hands heading to GFPA (logo on building).

15. It's OK to say no until you are ready to be a responsible parent.

15. Boy and girl facing readers indicating "no" with hand or finger. Bed between them.

Back cover (Space for adding contact points, clinics, etc.)



AS SOON AS GIRLS BEGIN MENSTRUATING, THEY ARE  
ABLE TO BECOME PREGNANT AND HAVE A BABY.



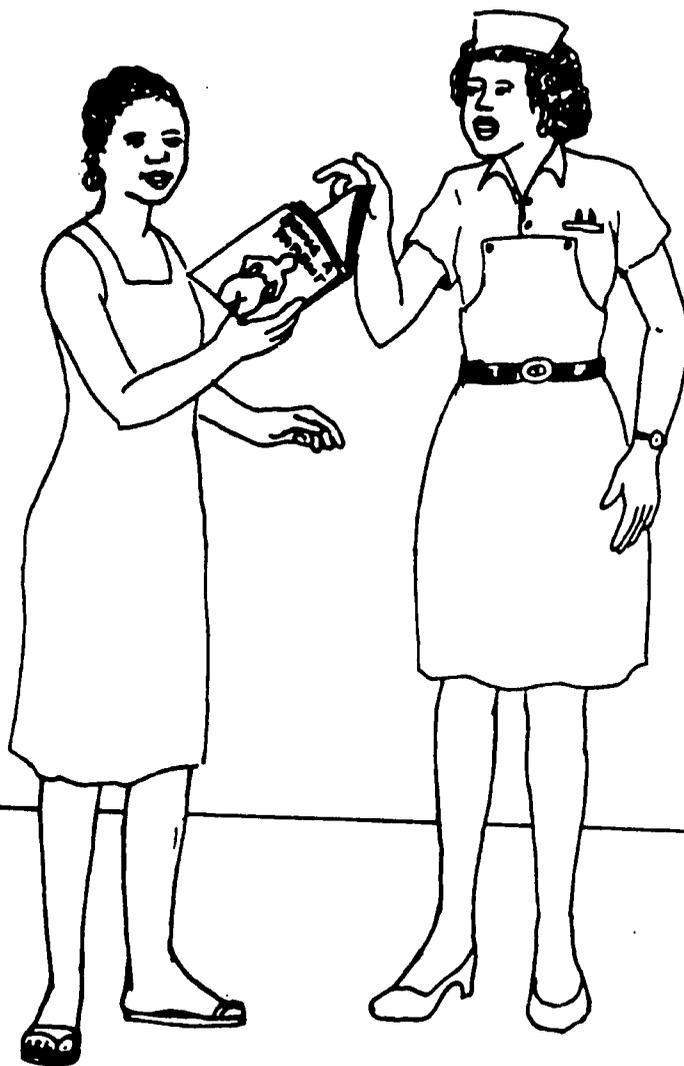
As soon as boys experience "wet dreams", they are physically able to get a girl pregnant.

If your parents won't discuss your sexuality with you,

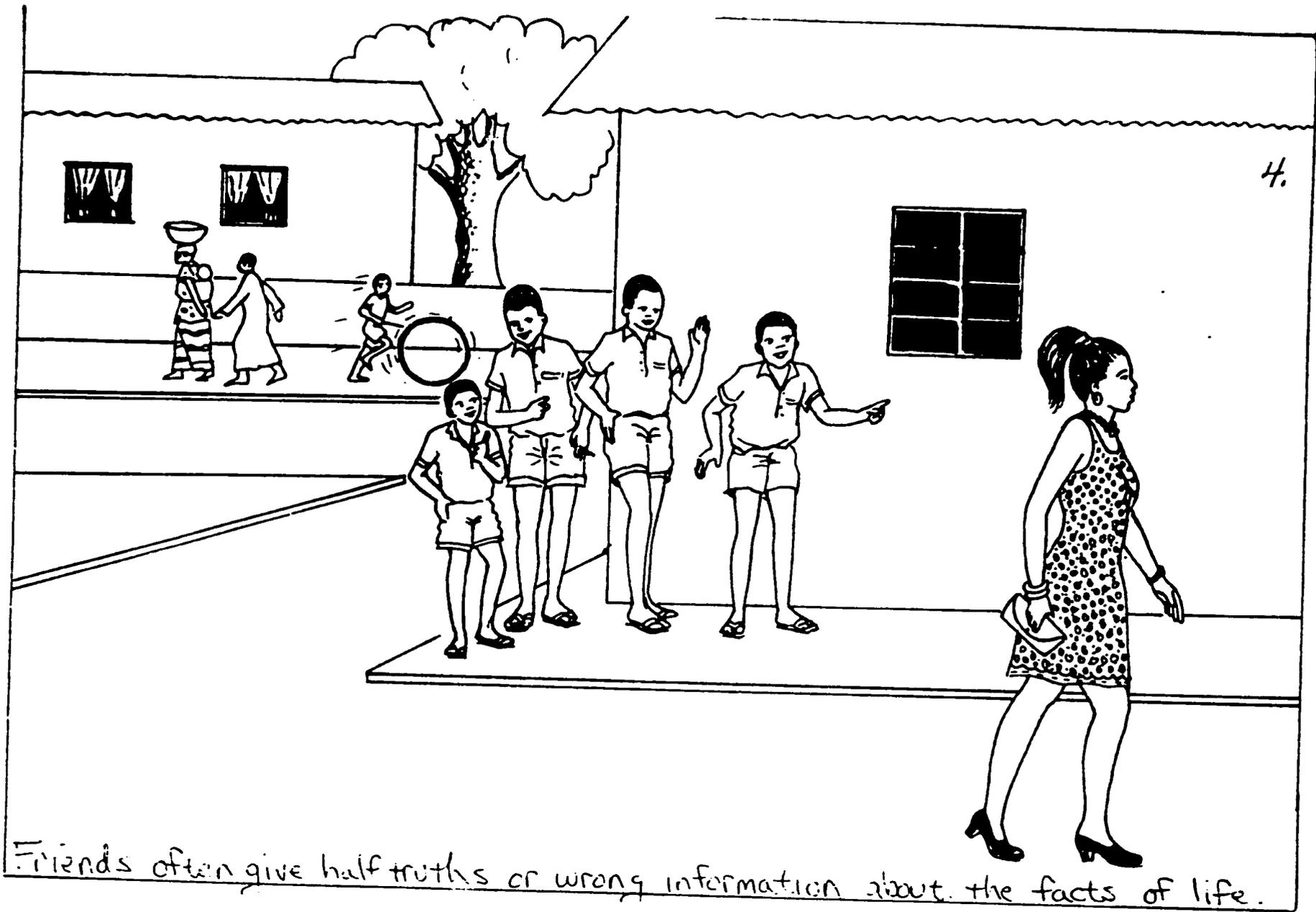
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you can talk to your grandparents  
or a trusted teacher, relative or any  
health worker.



3 bittern



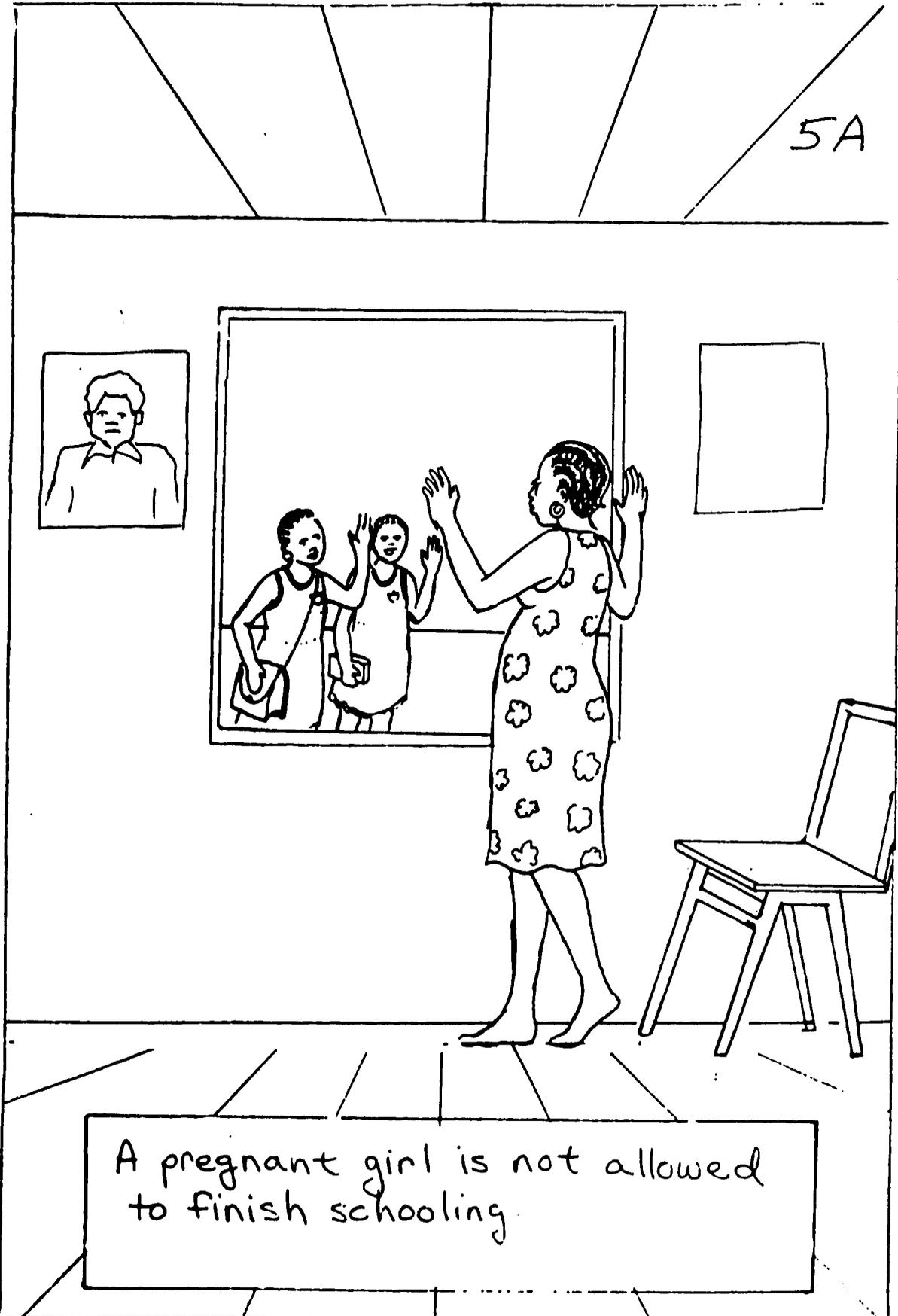
Friends often give half truths or wrong information about the facts of life.

5.



A pregnant girl is not allowed to finish schooling.

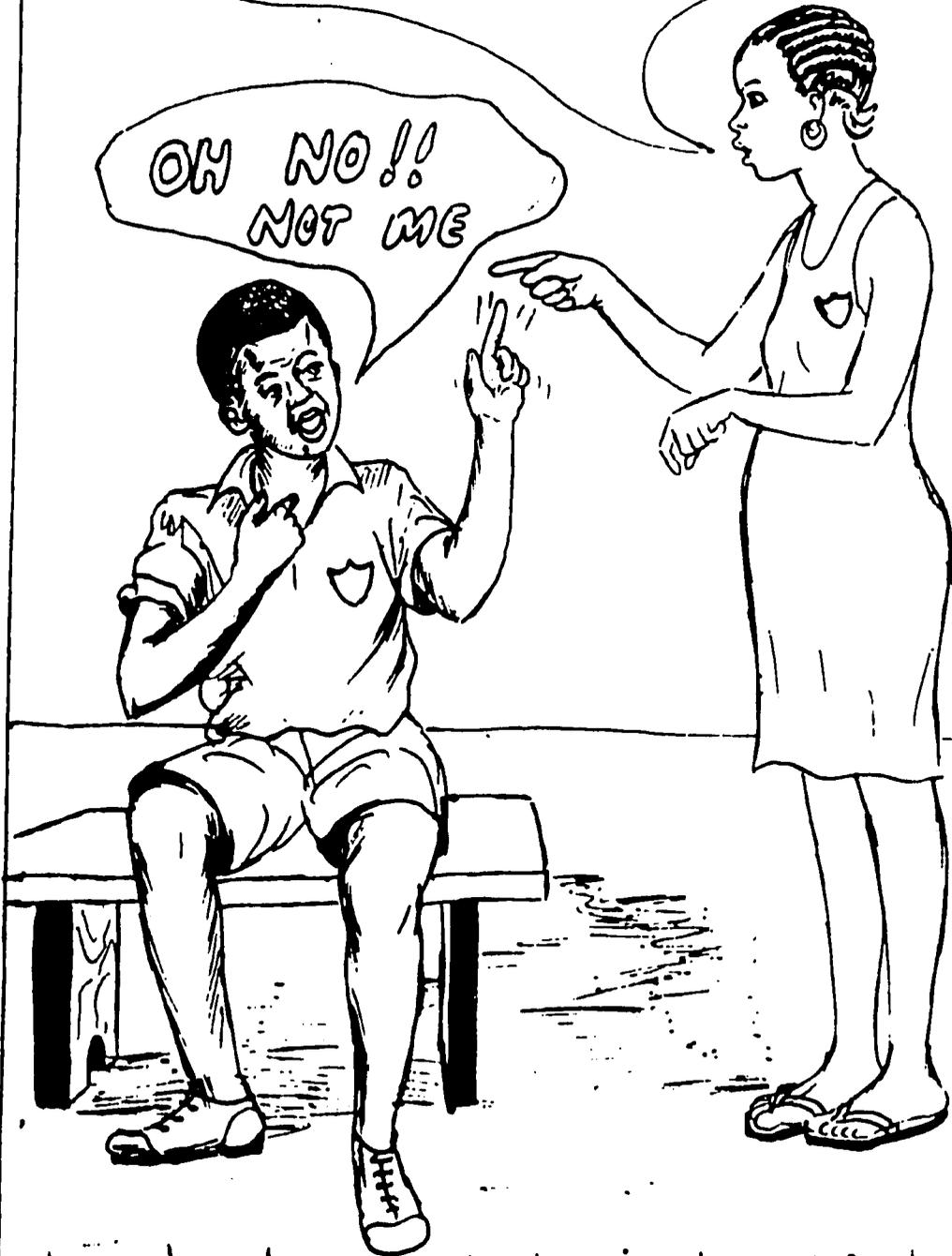
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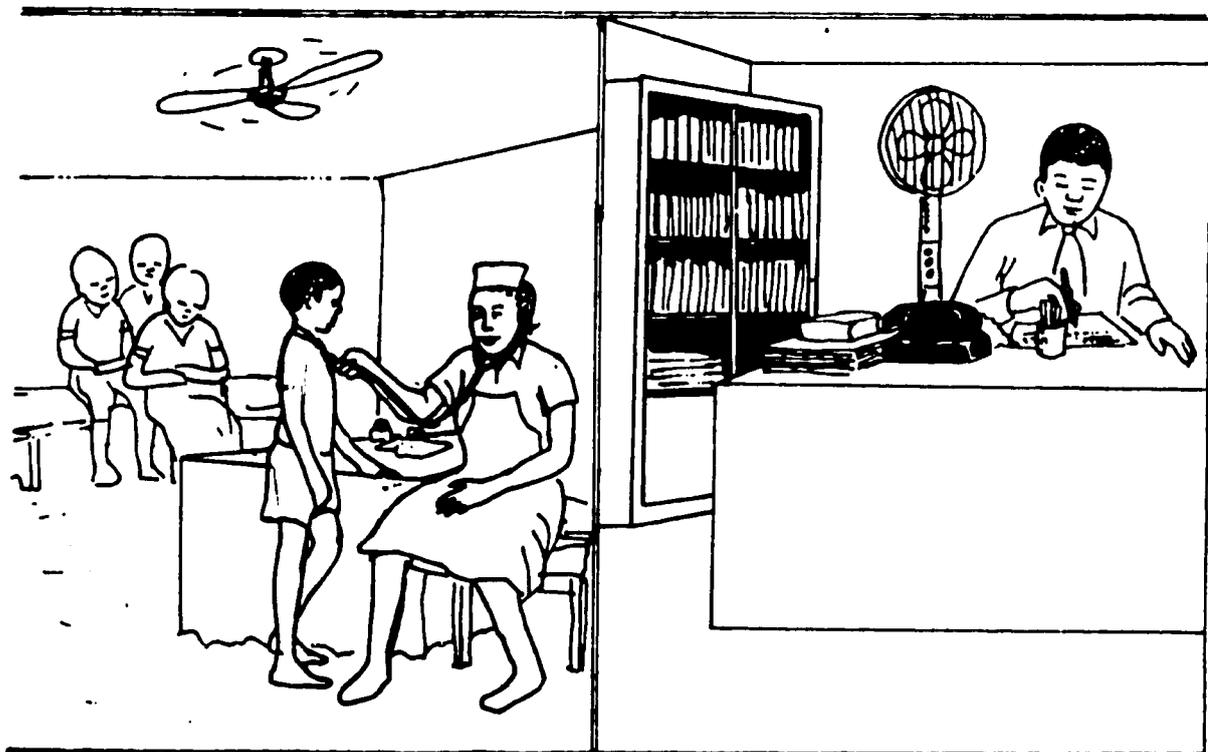
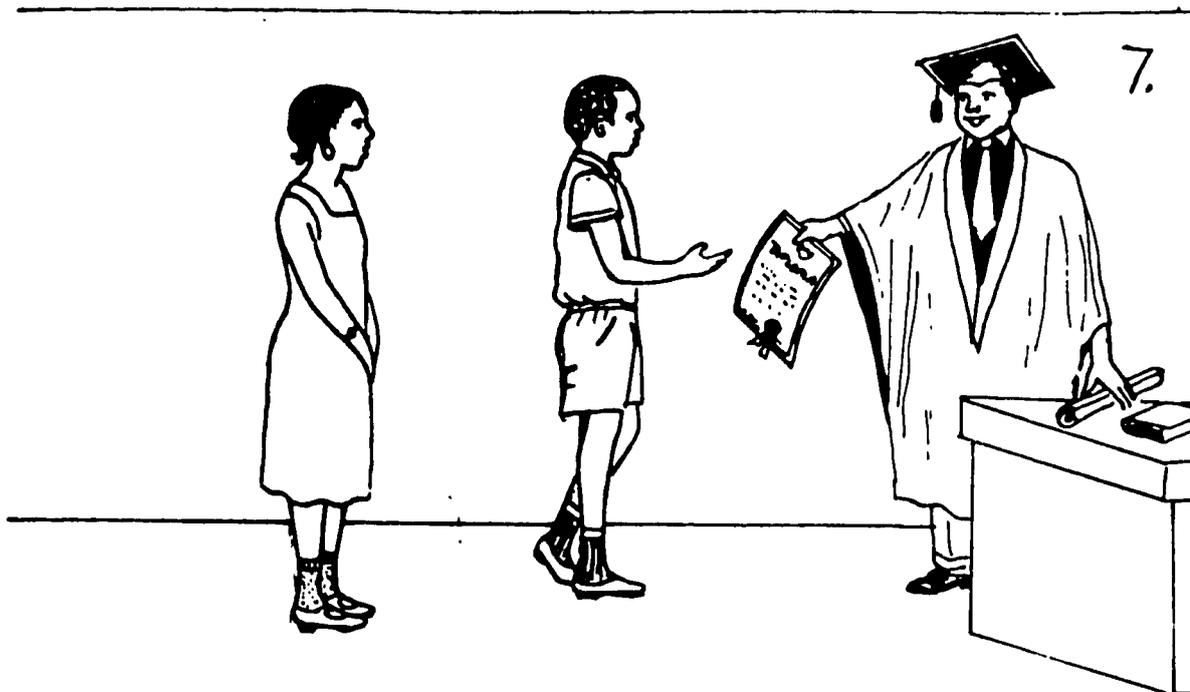
A pregnant girl is not allowed to finish schooling.

6  
You have made me  
Pregnant

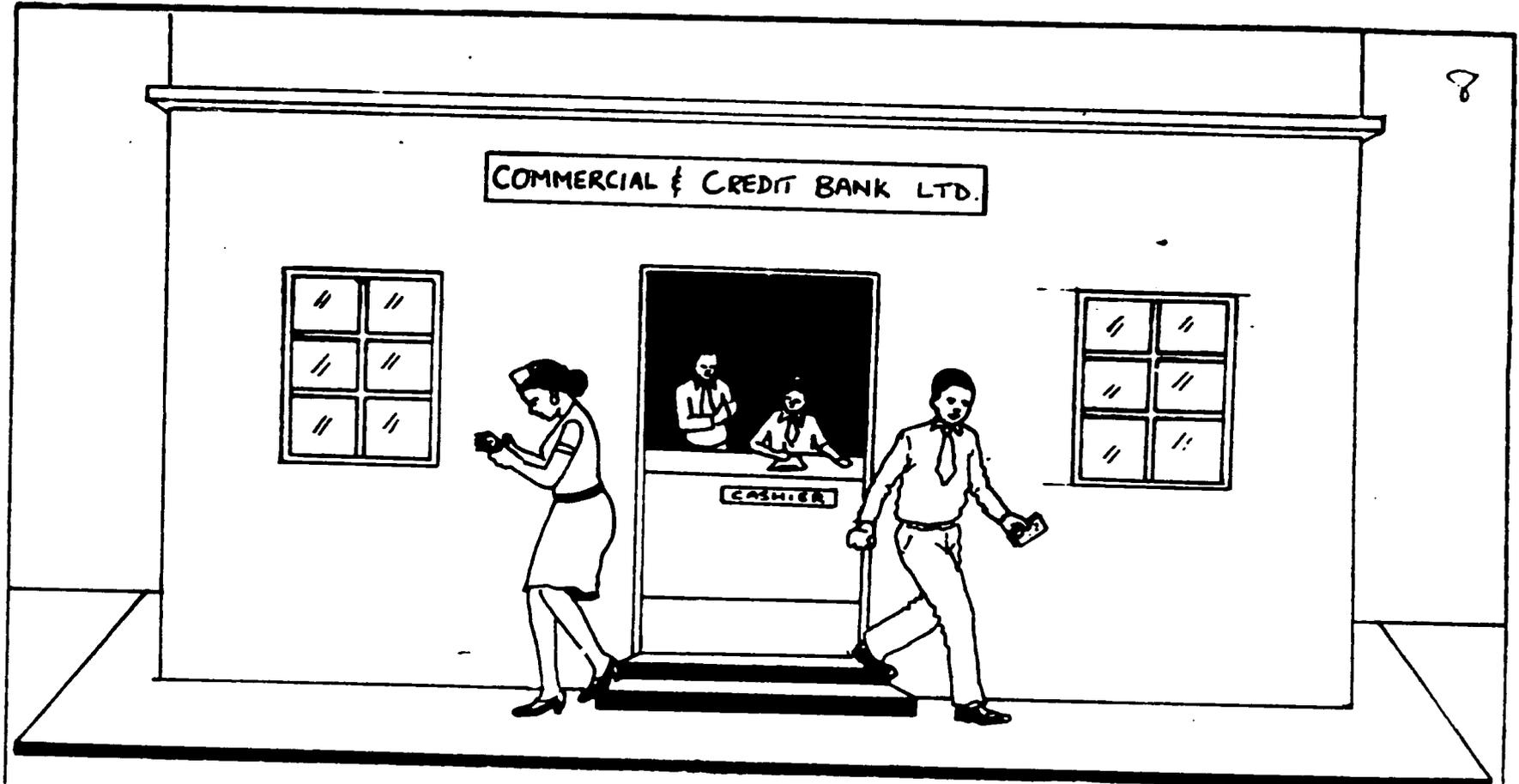
OH NO!!  
NOT ME



When that happens, the boy is also at fault and  
can also be expelled.



Those who finish school can  
have the chance for a  
good career.



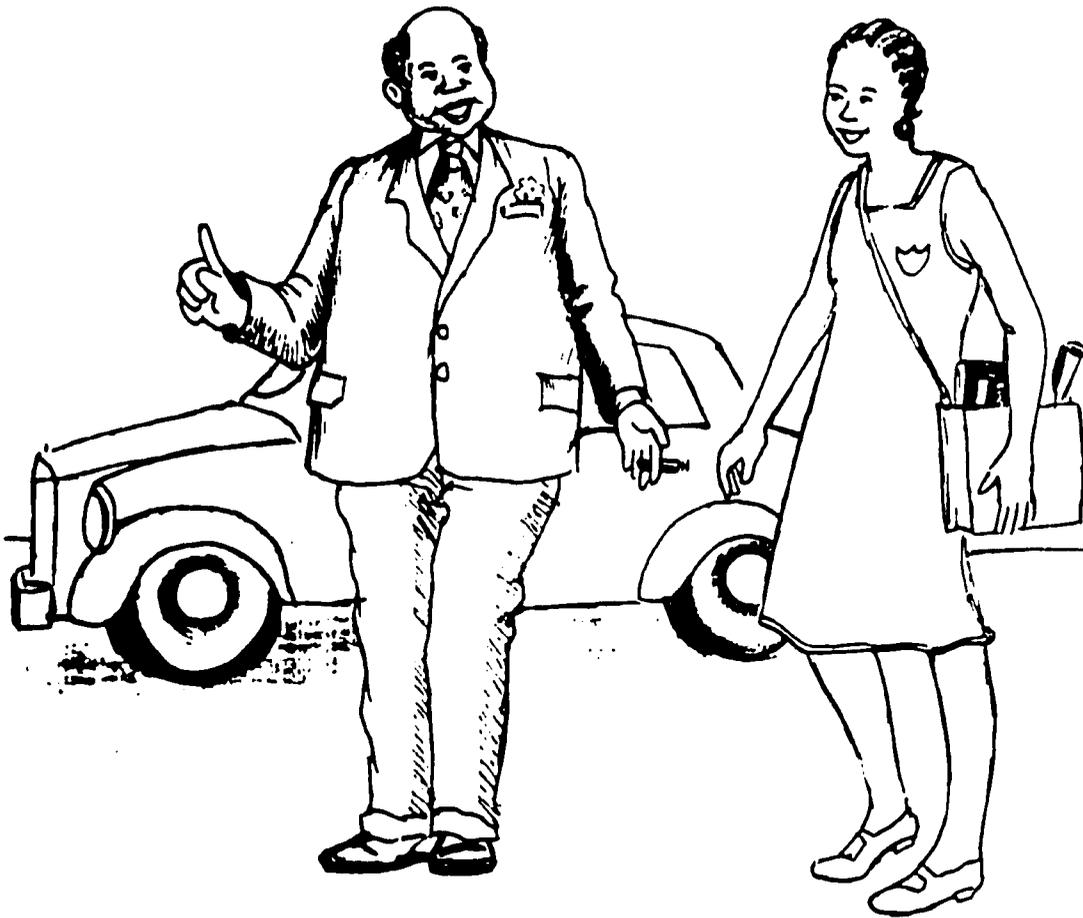
8

It would be necessary to provide for yourself and your family and meet the rising costs of living.

1/11

Beware of Sugar Daddies.  
They may provide a short-  
term benefit...

9top



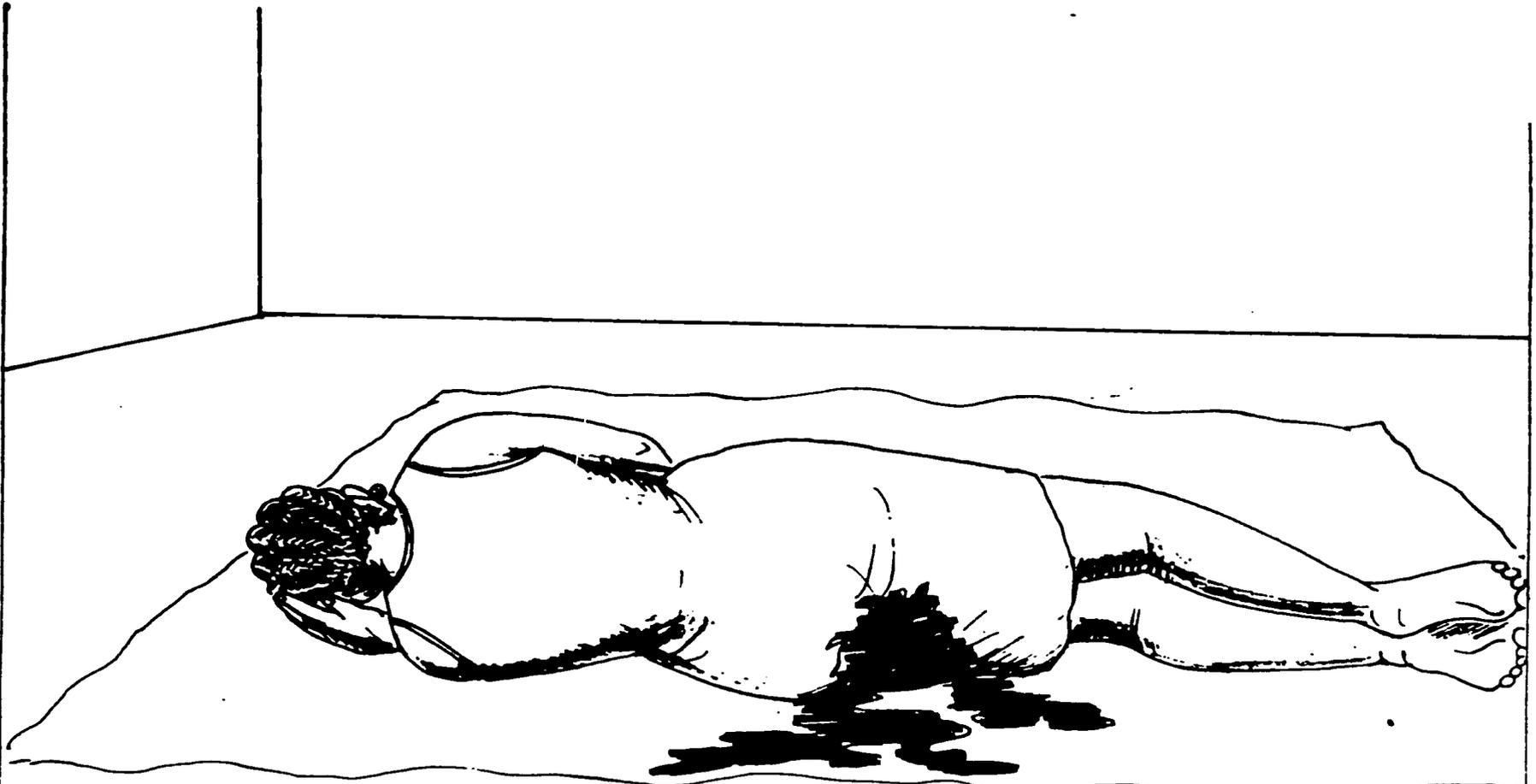
... but a long-term loss.



9 bottom

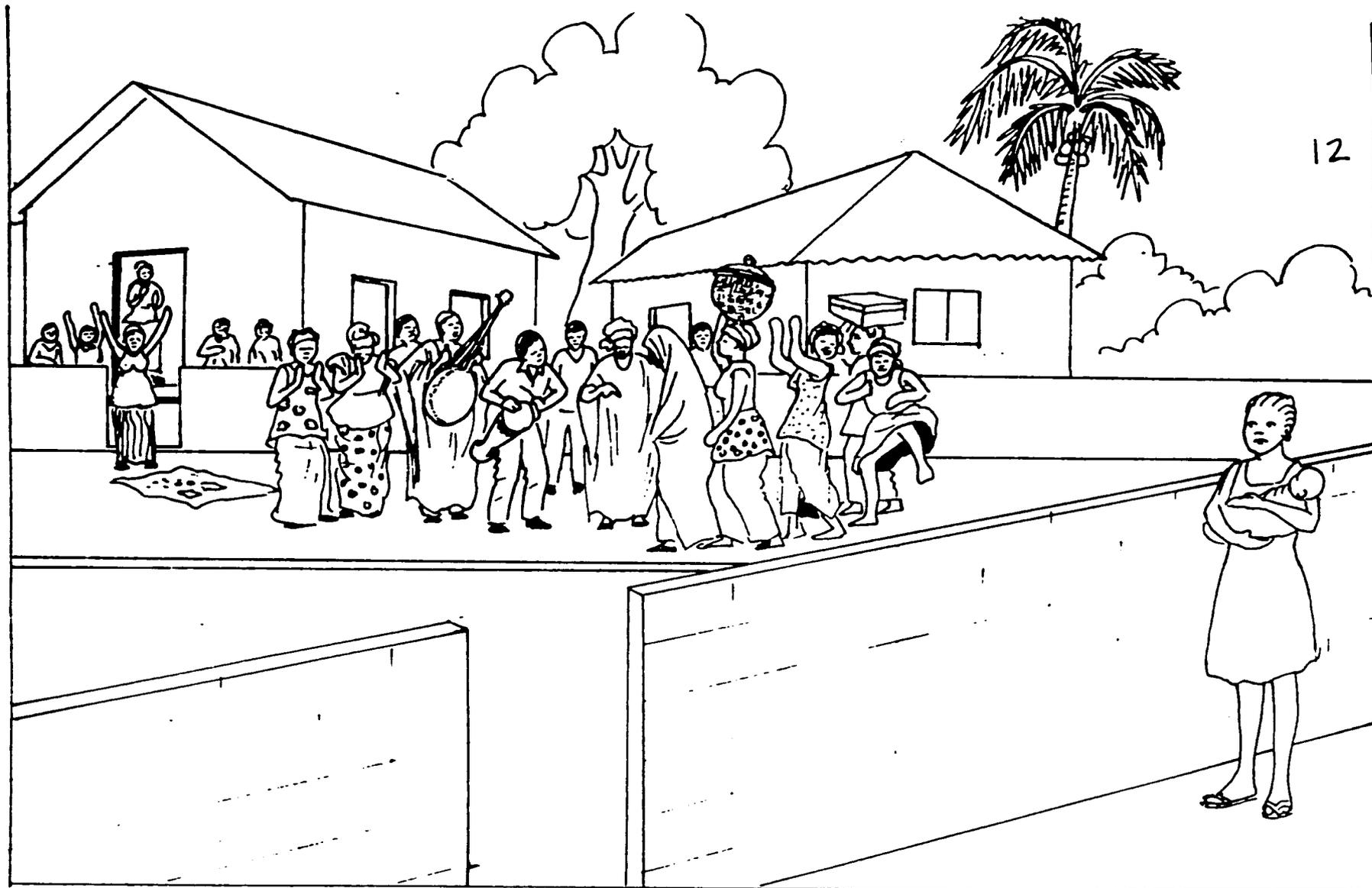


They bring shame to the family.



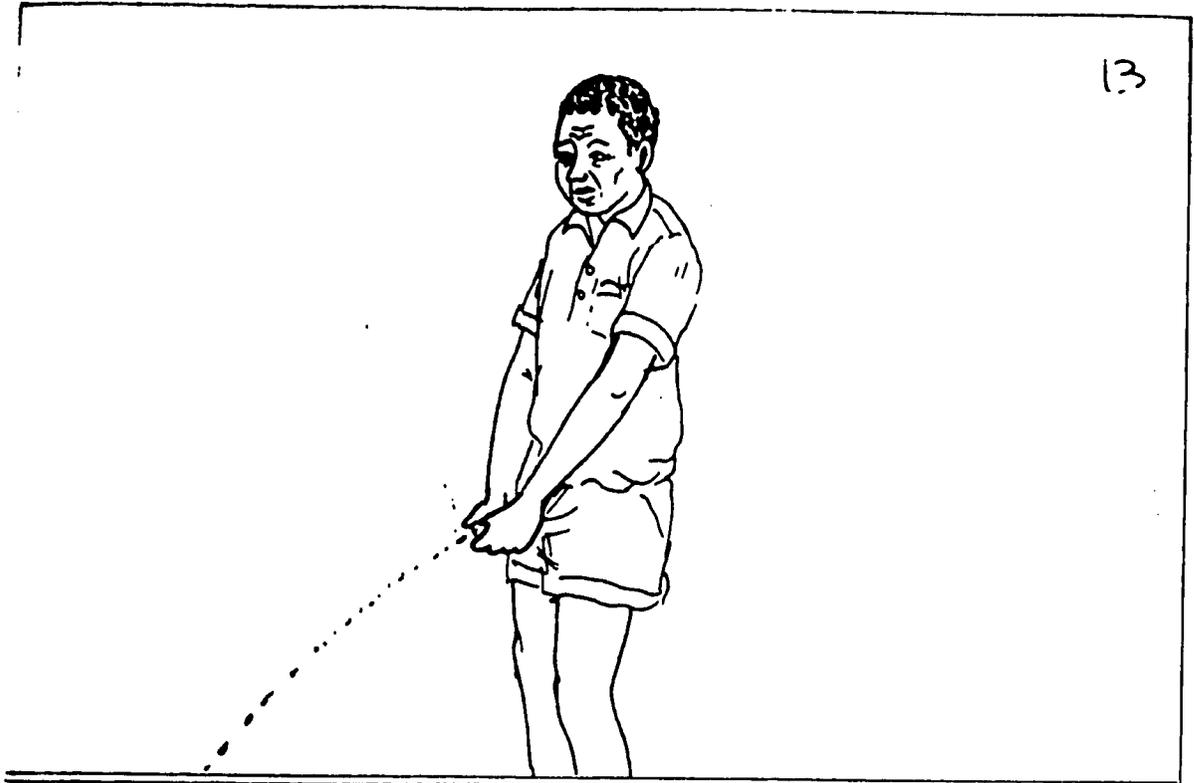
The girl may get pregnant and die trying to take it out.

of



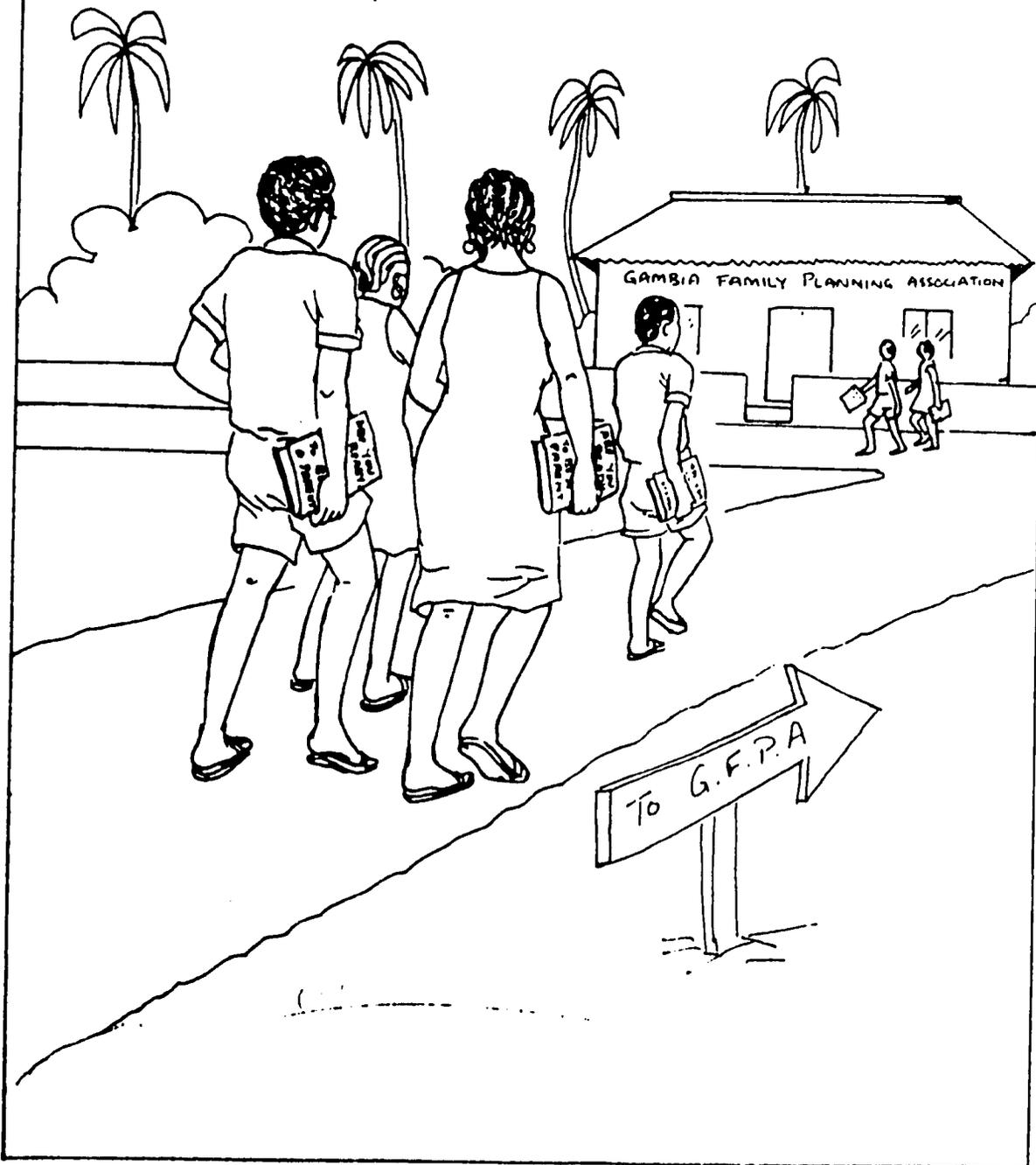
She may lose the opportunity for a good marriage.

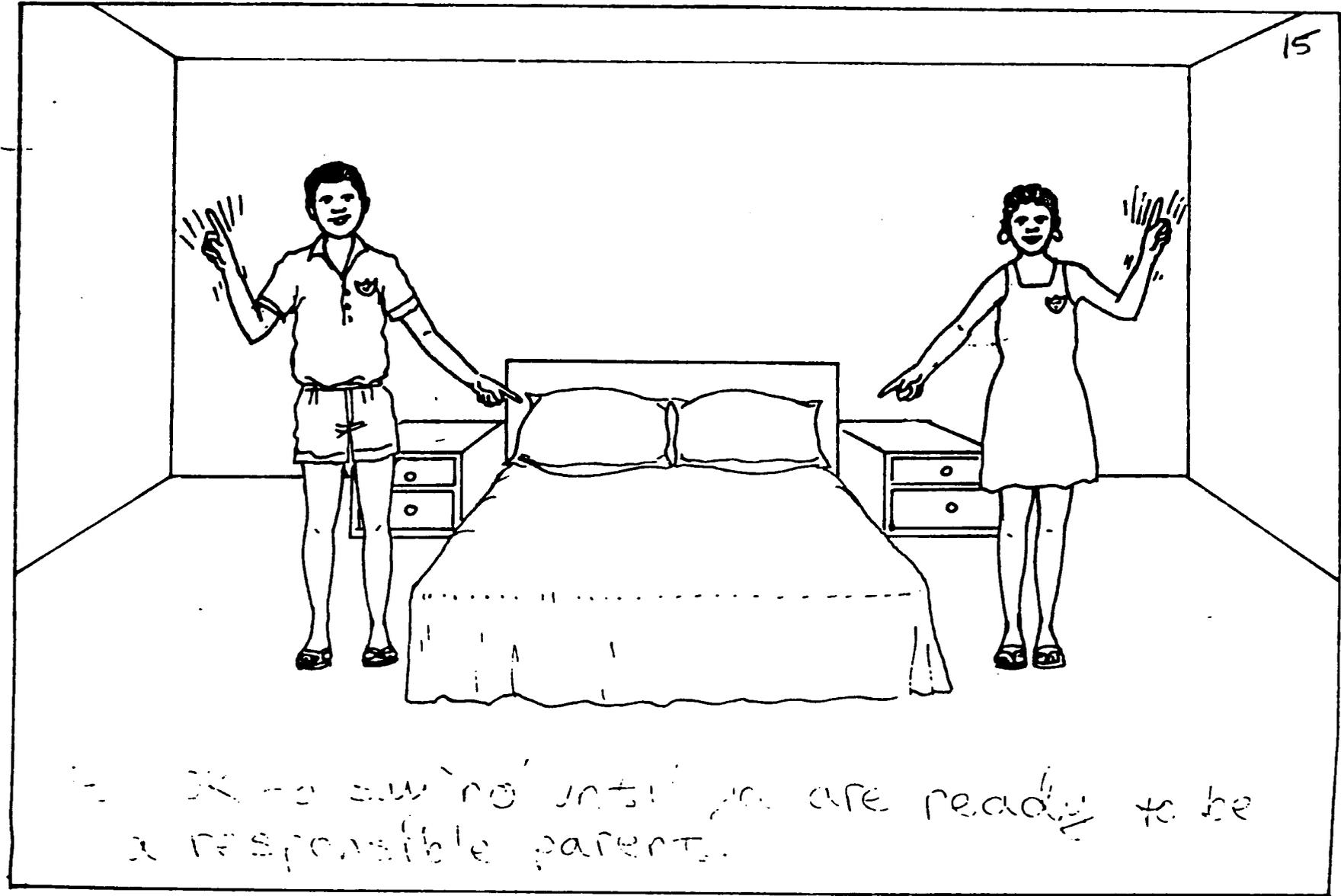
69



If he or she gets a sexually transmitted disease, either one can become sterile and never be able to have children when they want them.

14  
There are ways of preventing pregnancy and sexually transmitted diseases. For more information, contact a health worker or THE Family Life Education Programme at GFPA.





**APPENDIX F**

**LIST OF INTRAH MATERIALS DISTRIBUTED**

All participants received:

1. INTRAH brochure
2. INTRAH-compiled "List of Free Materials in FP/MCH"
3. Copies of Development Communication Report, No. 52, Winter 1986, containing articles by Ms. Murphy and two INTRAH consultants.

After review by workshop participants, The Gambia Family Planning Association received one copy of:

1. Teaching and Learning with Visual Aids
2. Concepts and Issues in Family Planning

APPENDIX G

SUMMARIES OF INTRAH REGIONAL FP VISUAL COMMUNICATION  
WORKSHOP FOLLOW-UP DISCUSSIONS

1. Ms. Geeta Oodit, Secretary/Manager, Mauritius Family Planning Association (MFPA), attended INTRAH's Francophone workshop held in Mali in 1984. She is also the supervisor of two participants in INTRAH's Anglophone workshop held in Mauritius in 1985, Mr. Yamunaprasad Bissessur, Program Officer for Community Based Distribution, MFPA, and Mrs. Marlene Leveque, Fieldworker, MFPA, Rodrigues Island.
  - a. Mr. Yamunaprasad Bissessur (Joy)
    - (1) Joy has continued to pretest the posters on community based distribution (CBD) and the use of condoms which he developed during the INTRAH workshop. He has revised them and, with the aid of an artist, rendered them more professionally. He has used them in giving 4 community talks on male responsibility in family planning, promoting the availability and use of condoms and vasectomy. Two talks were in social welfare centers on the outskirts of Port Louis for mixed groups of men and women. The third talk was in a factory during lunch break where Joy also distributed condoms. The fourth talk was in the Islamic College for a group of bcys aged 16-17.
    - (2) Joy has developed new visuals to supplement the Family Life Education Program provided by the Ministry of Education in high schools. These slides and pictures are being used in 10 out of 25 government programs and are focused on understanding human reproduction. The visuals include male and female anatomy and the stages of physical growth for males and females, among others. MFPA would like to eventually develop these illustrations into flipcharts with instructions for their use, to be distributed to the schools' FLE programs, but currently has no money in their budget for this project. Joy has developed some overhead transparencies on basic population and demography concepts. He has pretested these transparencies with 10 to 12 adolescents in urban schools, but they have not yet been used in the school programs.
    - (3) Joy is working on the design of a visual to promote MFPA's community based distribution program. He is working with an

artist to finalize the visual which MFPA plans to use as a TV spot, on billboards and posters to publicize the widespread availability of Durex condoms in shops.

(4) Joy has provided on-the-spot training of at least 3 other MFPA staff when they were preparing the MFPA display and parade float for the Mauritius independence day celebrations. The MFPA float was recognized as one of the 5 best in the parade. One of the MFPA staff whom Joy trained (the Program Officer for Youth) has since prepared visuals on reproduction and contraceptive methods which he uses when giving school talks.

(5) Joy assisted in a 3-day MFPA seminar for 125 youths whose main purpose was to identify 10-15 youth leaders to be FLE educators in their regions in Mauritius. During the seminar, small groups of youths were given topics in FLE on which to generate messages and visual ideas to illustrate the messages for adolescents in Mauritius. MFPA plans to select the best messages and, with the assistance of the Mauritius College of the Air, develop them into visuals to be used in TV spots, posters and other communication materials.

(6) Geeta expressed that there were no real problems for Joy in implementing the plans he developed during the workshop except adequate financial resources. MFPA is very supportive of Joy spending time developing and using visuals to support his CBD programs. Geeta and Joy usually work together to develop visual ideas. Geeta has been impressed with how useful are the skills which Joy developed in the workshop and how it has stimulated him to be creative in his work. MFPA has approached PCS for financial assistance in producing the visuals, TV and radio spots.

(7) With regard to additional assistance from INTRAH, Geeta suggested the following:

(a) Visual Communication training for additional MFPA staff and youth volunteers. He and Joy could provide the theoretical training, but would need assistance on the technical application.

(b) Direct follow-up visits from INTRAH for Mr. Bissessur and Mrs. Leveque.

(c) Follow-up workshops for all workshop participants, including the Francophone participants. Geeta also suggests revitalizing the Association which has formed during the Francophone workshop.

b. Mrs. Marlene Leveque

Marlene has expressed problems in applying the workshop skills. Geeta is unsure of the problems, because she has not yet had the chance to travel to Rodrigues Island to follow-up Marlene. Geeta believes that part of the problem stems from Marlene's direct supervisor who is not supporting Marlene out of resentment that he was not selected to attend the workshop. Geeta plans to visit Marlene soon, possibly when Barbara Kennedy is next in Mauritius, to provide follow-up assistance. She is also planning for Joy to accompany her on that visit.

2. Raymond Toe-Pleh Nigba. Artist, Family Planning Association of Liberia (FPAL)

a. The FPAL has used the paper filmstrip depicting 2 stories about adolescent pregnancy which Toe-Pleh developed during the INTRAH workshop. Nine copies of the paper filmstrip have been made and distributed to the 9 FPAL branches where the area coordinators have used them in high schools in collaboration with the Ministry of Education.

b. Toe-Pleh has developed flannel boards and posters on nutrition and child-spacing for use with teenagers, and clients in schools and clinics.

c. Toe-Pleh has given orientation sessions to FPAL IEC staff and area coordinators on skills in visual communication.

Toe-Pleh will participate as a trainer in a 2-week visual communication workshop for staff from the FPAL/IEC division and the nine FPAL branches, scheduled for later this year.

d. Toe-Pleh has been contacted by the following organizations for assistance in developing visual materials:

(1) The Ministry of Agriculture, for a UNFPA project for plantation workers.

(2) the Catholic Church for their NFP Project

(3) the Red Cross, for their first aid classes

- (4) the school nurses, for health fair posters
- (5) the EPI/CCCD project
- e. FPAL is planning a campaign to create awareness regarding family planning in 1987 to celebrate its 10th anniversary. Toe-Pleh is already being involved in the planning of communication materials for the campaign. In general since the training, FPAL staff are seeking Toe-Pleh's input more and at earlier stages in project development when visual communication materials are involved.
- f. FPAL has made a budget recommendation to make Toe-Pleh's job full time in 1987.
- g. Toe-Pleh's major problems in implementing the plans he developed in the workshop are budgetary constraints and a lack of art supplies and equipment in Liberia. He has requested financial assistance from INTRAH and PCS for art supplies. He has also requested assistance from INTRAH to implement the workshop mentioned in c. above.