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NEEDS ASSESSMENT
TO TOGO

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EXECUTIVE SUMMARY

From April 19 to 29, 1986, Joan W. Schubert, Program Officer for the Johns Hopkins University/Population Communication Services (JHU/PCS) visited Togo at the request of the United States Agency for International Development (USAID) to conduct a family planning/information, education, and communication (FP/IEC) needs assessment.

Major findings of the visit include:

1. Togo is uniquely situated to launch a comprehensive national FP/IEC campaign. FP services and contraceptives are available in the major towns of all 21 provinces. The government is committed to including FP services wherever comprehensive maternal and child health (MCH) services are offered. In addition, research suggests that a large percentage of women would like to learn more about planning childbearing.
2. USAID/Lomé is proposing a five year \$9 million "Health Sector Planning and Support Project." A third of the proposed budget has been targeted to support and enrich family planning activities. Other areas earmarked for support include continued assistance to the Togolese Combatting Communicable Childhood Diseases (CCCCD) project as well as potable water and sanitation and human resources development. A resident long-term FP/IEC technical advisor who would be funded directly through the project has been strongly recommended by USAID/Lomé to bolster and help coordinate the FP components of the project. It is felt that this assistance will be particularly important to streamline efforts and spark continued interest of the various national and international groups to be involved in these efforts.
3. There are three key groups which USAID/Lomé has identified as being particularly important for family planning in Togo:
 - ° The Togo Family Health Center (TFHC) trains medical and paramedical government personnel in a wide range of skills to promote and improve FP service delivery activities.
 - ° The Association Togolèse pour le bien-être familial (ATBEF), the local International Planned Parenthood Federation (IPPF) affiliate, is the principal organization which has pioneered FP efforts in Togo. ATBEF has staff and IEC coordinators located throughout the country. Over the past several years the association has been especially active in

conducting short workshops to build support for FP among community leaders, women's organizations, and other interested local groups.

The Ministry of Public Health, Social Welfare and Women's Affairs (MPH) is responsible for medical and paramedical staff who provide FP services nationwide. They also pay the salaries of all TFHC personnel. The MPH Health Education Division could become increasingly involved in contributing to an FP/IEC program over the next several years.

4. Togo has a wide range of IEC resources. Print, radio, press, television, comics, textiles, and puppet troupes are but a few of the many possibilities. There is also a wide range of ATBEF and government community outreach personnel and volunteers working in both urban and rural zones throughout the country. Aside from the previously mentioned ATBEF community seminars, none of these resources has ever really been tapped and/or coordinated to promote family planning.

Key recommendations for the development of the FP component and IEC strategy of the proposed health project include:

1. Careful research needs to be done of existing literature and statistics on FP and associated maternal and child health for Togo. Although information for Southern Togo is available and relatively plentiful, more background information is needed for the rest of the country. Likewise, insights about how men and women learn, their media practices, and who they would trust most with FP messages needs to be explored. Quantitative knowledge, attitudes, practice (KAP) baseline data supplemented by focus group research for selected parts of the country are highly recommended. The Demographic Research Unit of the University of Benin could assist with much of this work under contract.
2. Information gained from the above studies should be presented in an open seminar so that decision makers and other influential groups can discuss facts and exchange ideas. A Resources for the Awareness of Population Impact in Development (RAPID) or Innovation in Materials for Population Action (IMPACT) presentation would be ideal as a central feature to this activity. The seminar would last approximately one to two days. During this time, a draft FP/IEC strategy could be presented for discussion. This

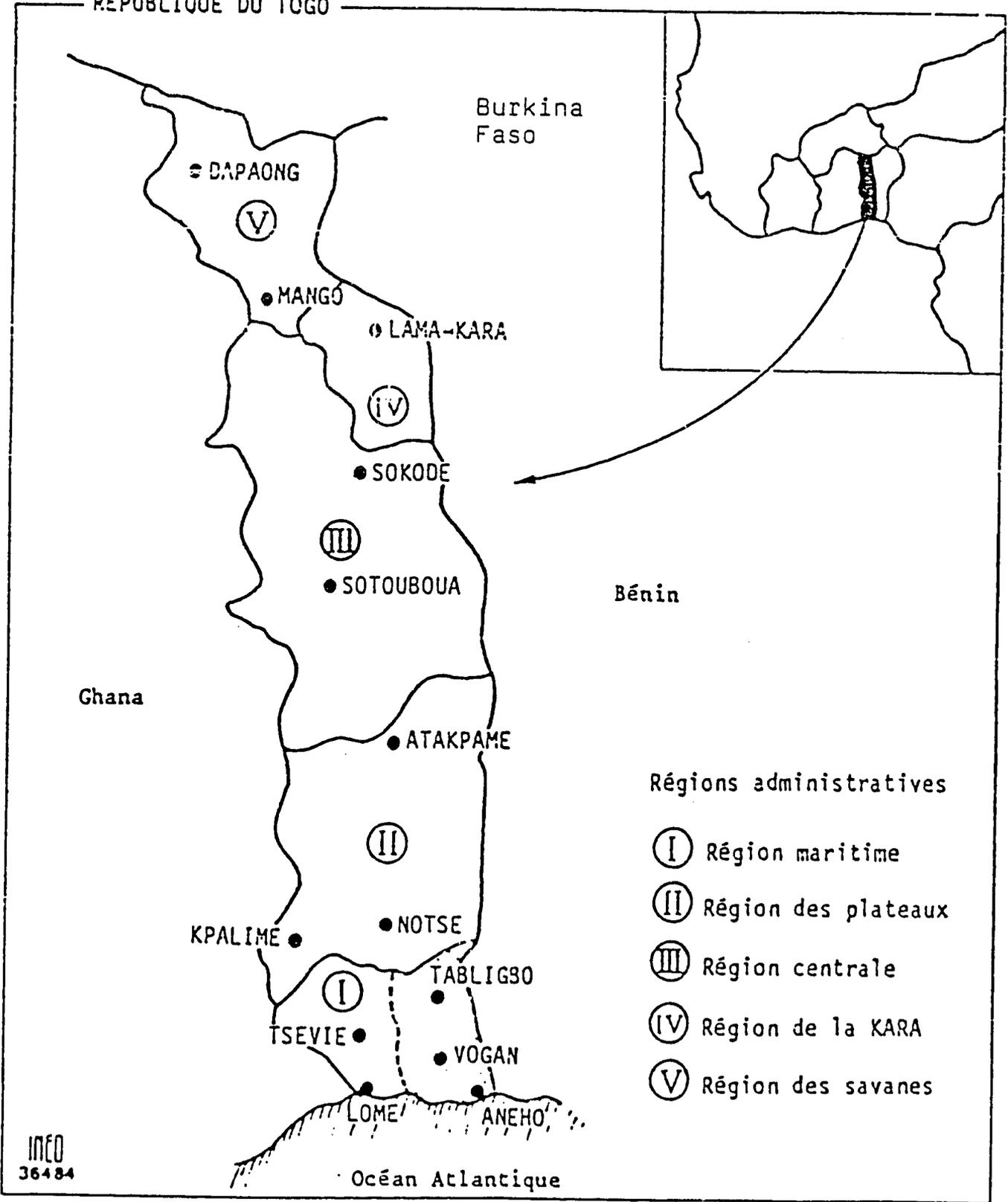
strategy would be fine-tuned later by a planning committee elected by the seminar participants. It is expected that this would help generate greater support and enthusiasm for long range FP/IEC activities if the actual players are invited to participate in the FP/IEC design and strategy phases. Target audiences, message guidelines, and a complementary blend of media and communication formats could be discussed at this time and later developed by the planning committee. Good, experienced seminar facilitators will be essential for this activity to be carried out well. Because ATBEF is well respected by the Government of Togo and will most probably be the central coordinator for IEC activities under the new project, it is recommended that ATBEF host the seminar. An outside consultant with good skills in IEC strategy development and training would be invited to work with ATBEF on planning and carrying out the seminar. A representative from the MPH and a researcher from the University of Benin could also serve as core facilitators.

3. The trainers and IEC coordinator at the TFHC need additional experience in IEC. Training programs which feature practical FP/IEC work and training of trainers would be particularly useful. The Center for African Family Studies (CAFS) Training Institution in Nairobi has certain programs which might prove beneficial to many of the TFHC staff.

LIST OF ABBREVIATIONS

ATBEF	-- Association Togolèse pour le bien-être familial (Togolese Association for Family Well-Being)
ATOP	-- Agence Togolèse de la Presse (Togolese Press Agency)
CAFS	-- Center for African Family Studies
CBD	-- Community-based Distribution Program
CCCD	-- Combatting Communicable Childhood Diseases
CEDPA	-- Centre for Development and Population Activities
FP	-- Family Planning
FPIA	-- Family Planning International Assistance
GNP	-- Gross National Product
GOT	-- Government of Togo
IEC	-- Information, Education, and Communication
IMPACT	-- Innovation in Materials for Population Action
IPPF	-- International Planned Parenthood Federation
KAP	-- Knowledge, Attitudes, Practice
JHU/PCS	-- The Johns Hopkins University/Population Communication Services
MCH	-- Maternal and Child Health
MOI	-- Ministry of Information
MPH	-- Ministry of Public Health, Social Affairs and Women's Affairs
ORT	-- Oral Rehydration Therapy
PIACT	-- Program for the Introduction and Adaptation of Contraceptive Technology
PNBEF	-- Programme National du bien-être familial (National Program for Family Well-Being)
RAPID	-- Resources for the Awareness of Population Impact in Development
STD	-- Sexually Transmitted Diseases
TA	-- Technical Assistance
TDY	-- Temporary Duty
TFHC	-- Togo Family Health Center
UNFPA	-- United Nations Fund for Population Activities
UNICEF	-- United Nations Children's Educational Fund
URD	-- L'Unité de Recherche Démographique (Demographic Research Unit)
USAID	-- United States Agency for International Development
WHO	-- World Health Organization

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I. INTRODUCTION

At the request of the United States Agency for International Development (USAID) Mission in Lomé, Joan W. Schubert, Program Officer for the Johns Hopkins University/Population Communication Services (JHU/PCS) project, visited Togo from April 19 to 29, 1986. The purpose of the visit was to:

- A. Review the capabilities and interest of the Ministry of Public Health, Social Welfare and Women's Affairs (MPH), Association Togolèse pour le bien-être familial (ATBEF), and Togo Family Health Center (TFHC) to administer and/or contribute to a comprehensive family planning (FP) IEC program;
- B. Assess IEC production facilities, media resources and research institutions;
- C. Evaluate FP IEC needs;
- D. Develop recommendations for an IEC strategy. This included indentifying areas where further research and development work would be necessary before an actual plan could be developed.

Ms. Schubert was accompanied during her meetings by Mr. Marfa, a sanitary engineer employed with the MPH. Mr. Marfa serves as a liaison between the Government of Togo (GOT) and the USAID/Lomé Mission. His assistance and support during this assignment were most beneficial in preparing this report.

II. BACKGROUND

A five year, \$9 million project is being proposed by USAID/Lomé to increase the MPH's capacity to effectively and efficiently plan, coordinate and administer comprehensive primary health care activities.

This project, entitled the "Health Sector Planning and Support Project," is being designed to provide and improve operational and institutional support for ongoing health and FP projects.

One of the areas earmarked for support is the ongoing Togolese Combatting Communicable Childhood Diseases (CCCD) disease control and surveillance project. This four-year project, which has been in operation since April 1983, has been making increased headway in the areas of vaccinations, oral rehydration therapy (ORT), malaria prophylaxis, and other child survival interventions. Population and FP training programs currently funded under the Togo Family Health Center project will also receive continued assistance. (See Section VI. B. for more details on this project.) Other areas targeted for support include potable water and sanitation and human resources development. Family planning in particular is recognized as an area where important contributions can be made. Although FP facilities and trained personnel are available throughout the country, little has been done to encourage potential clients to use them. Strengthening in IEC could greatly improve the cost effectiveness and impact of these services and, as a result, overall family health and welfare in Togo.

It is expected that approximately one-third of the total proposed project budget will be channeled into strengthening, expanding, and promoting FP services. USAID/Lomé has recommended that the entire project be managed by a main subcontractor with assistance from organizations with diverse expertise. A resident long-term IEC/FP technical advisor has been strongly recommended by USAID/Lomé for the first several years of the project to coordinate and streamline efforts among the many national and international groups who will be actively involved in FP programs in Togo over the next several years. The advisor would be funded directly through the proposed "Health Sector Planning and Support Project."

III. COUNTRY PROFILE

Togo has a population of 3 million with a natural increase per year of 3.1 percent. By the year 2000, Togo is expected to have 4.8 million

inhabitants. Twenty percent of the population is located in urban areas and, according to World Bank estimates, continues to grow at approximately 6.5 percent annually. Around 45 percent of the population is under 15 years of age. Life expectancy at birth is 48 years. The Infant Mortality Rate is high at 107 deaths per thousand live births. The Total Fertility Rate is similar to that of many countries in the region at 6.2. It is estimated that 600,000 Togolese women are between the ages of 15-45 years old or of reproductive age. Approximately two percent of the population practices a modern method of contraception. The Crude Birth and Crude Death rates are 48 and 17 per thousand respectively. Togo is one of the poorer countries in the world with a per capita gross national product (GNP) of US \$280.

IV. FAVORABLE CLIMATE FOR FP

Although Togo does not have an official population policy, FP has the government's full support. The Government of Togo has described FP as the social and individual right of all couples.¹ In particular, FP is heartily endorsed for its family health and well being benefits. Although many Togolese see the importance of FP as a national planning and welfare issue, this approach is often associated with the unpopular notion of birth limitation. During the course of this assignment, many country nationals expressed a preference for the term child spacing or family well-being rather than family planning.

The government would like to see FP (or child spacing programs) included wherever comprehensive maternal and child health (MCH) services are offered. Unlike most West African countries, FP services in Togo are widespread and available in each of the country's 21 prefectures.

¹Perspectives on Family Planning; Declarations by Governments Worldwide (French). (See Appendix E for complete bibliography.)

V. FP HISTORY IN TOGO

Family planning in Togo goes back ten years. In 1976, the Association Togolèse pour le bien-être familial (ATBEF), which is now an affiliate of the International Planned Parenthood Federation (IPPF), was established as a comprehensive maternal and child health care institution and began its pioneering efforts. In 1977, with assistance from the United Nations Fund for Population Activities (UNFPA), the GOT created a sister organization, the Programme National du bien-être familial (PNBEF). Initially, services were limited to pre- and post-natal care. Information about FP could be given out, but contraceptive distribution was not permitted. Over the years the two groups have worked diligently to build a network for FP support in Togo; this network appears to be growing. Finally in 1983, ATBEF and PNBEF were officially permitted to distribute contraceptives and integrate FP services into primary health care programs nationwide.

Twenty-one principal centers, each located in the main town of each province, were set up to respond to FP demands. To equip the centers, PNBEF agreed to supply furnishings for 11 of the FP centers. ATBEF did the same for ten. ATBEF continues to stock all centers with contraceptive supplies. Salaries for service providers in all 21 centers are funded in full by the MPH.

Each of the FP centers has a midwife or medical doctor on staff who has had training in FP abroad. The clinics outside Lomé have physicians working in the FP clinic and all clinics have at least one trained midwife. Often the centers are located at the regional hospital. Services include counseling, intra-uterine device (IUD) insertions and physical exams. Contraceptives are offered free of charge. Occasionally, FP services are interrupted when key personnel are absent or IUD's are not inserted on a daily basis. Otherwise methods are available each day the clinic is open. Spermicides, particularly Neosampoon, appear to be the most popular method, followed by IUD's and condoms. (See Appendix D for information on FP acceptors by region.) The preference for spermicides is most probably due to women's familiarity with the method and because they have no significant side effects.

The government's approach to FP is to proceed slowly and to make sure that the clinics already opened are properly equipped and well received by the general public. This makes it hard to predict when more clinics could be opened.

As in many West African countries, a woman is required to have her husband's permission before contraceptives are given. Most acceptors are reported to be married, although it is acknowledged that single women will sometimes have a male relative sign a permission slip. ATBEF in Lomé has a full-time social worker on its staff who reviews situations on a case-by-case basis. As the Director explained, few people in need of FP assistance, regardless of status, are turned down.

Since 1983, Family Planning International Assistance (FPIA), through a grant from USAID has been coordinating training programs for all levels of GOT personnel involved in FP. The Togo Family Health Center (TFHC), directly adjacent to the World Health Organization (WHO) training center in Lomé, was also built and financed by a USAID grant and serves as a seat for these workshops and seminars. By the end of 1986, it is estimated that roughly 200 medical professionals located throughout the country will have been trained in FP. As mentioned earlier, training activities are expected to continue as an integral part of the proposed Health Sector Planning and Support Project.

Despite these efforts, utilization of services remains low. It is estimated that only two percent of all women of childbearing age are practicing a modern method of contraception. It is believed that this is due mainly to the relative newness of the services and the lack of promotion and motivation for FP. A University of Benin (1985) study showed that in Southern Togo fewer than two percent of the women interviewed knew of a modern contraceptive method.² The same study indicated that approximately 39 percent of women aged 15 to 39 were interested in learning how to plan

²These figures are unusually low for West Africa. See Section VIII. on Research Services for other observations in this area.

learning how to plan childbearing. Information regarding men's interest in these matters is not available. (See Appendix B for a complete table of figures.)

Visits to several of the Lomé based FP clinics and one in Aneho indicated that, at least in the Maritime region, FP supplies and personnel trained in FP were available and open to the public. However, when the Aneho midwife was asked how many people she received weekly for FP services, she replied, "Perhaps two."

This information, combined with the fact that support for FP in Togo has been consistently gaining momentum, would indicate that a well-designed nationwide FP/IEC strategy directed at promoting FP and motivating couples to utilize services and adopt a method is highly appropriate at this time. An essential element of this strategy which should not be overlooked will be to examine how the service providers themselves perceive FP. If they are not convinced of its utility or view it as "additional" work, this attitude might deter the client from seeking additional advice or continuing with a method. For these reasons, it is recommended that special attention be given to augmenting service provider support for FP.

VI. KEY FINDINGS

Several groups, both national and international, contribute in varying ways to FP work in Togo. The United Nations Fund for Population Activities (UNFPA) has been active in Togo for almost a decade. Its activities have included research, workshops, conferences, and publications. A Resources for the Awareness of Population Impact in Development (RAPID) demonstration has been proposed by UNFPA for sometime next year. Often UNFPA's activities are carried out in collaboration with the Togolese National Women's Union. The World Bank is also expected to make some major investments in FP over the next several years. It is expected that USAID/Lomé will be assuming an increasingly active role as the major supplier and distributor of contraceptives in Togo as well as continuing to support FP training. Other donor organizations

such as the World Health Organization (WHO) and the United Nations Children's Educational Fund (UNICEF) have also indicated interest in participating in this area.

Based on observations and discussion with USAID/Lomé, there are three principal groups which the Mission would like to see strengthened and coordinated to increase the impact of FP programs in Togo. Briefly, they include:

- ATBEF -- Performs the bulk of FP IEC work, promotes community awareness, supplies contraceptives, and has regional bureaus, staff, and IEC coordinators, located throughout the country.
- TFHC -- Promotes FP training and skills development including IEC for the various levels of GOT health personnel.
- MPH -- Provides medical and paramedical staff through the Division of Mother and Child to carry out service delivery activities nationwide. Although the health education unit of the MPH has not played an active role in FP/IEC to date, depending on its availability, it could be called on to collaborate to a larger degree with any of the above groups.

A. The Association Togolèse pour le bien-être familial

The Association Togolèse pour le bien-être familial, as mentioned previously, is a well-respected, energetic institution with relatively long experience of FP in Togo. Because of this, USAID/Lomé has identified it as the most likely candidate to carry the FP/IEC component of the proposed project. It has 41 full-time technicians and support staff located throughout the country. Seventeen are employed in Lomé and 24 in the regions. Included are six regional coordinators located in each of the country's six economic zones: Lomé, Maritime, Plateaux, Centrale, Kara, and Savanne. Their primary responsibility is to direct regional IEC activities. Roughly a tenth of the total ATBEF budget, including salaries, is directed into IEC activities. The Association has

2,500 volunteers located throughout the country who assist with outreach efforts. They also participate in ATBEF-directed women's development projects such as poultry raising, vegetable farming, potable water and latrine building. There do not appear to be any prerequisites for becoming a volunteer other than personal interest. The Association has proposed using this network to develop a community-based distribution (CBD) program to meet demands for nonprescription contraceptives.

ATBEF's IEC efforts focus on short FP awareness seminars throughout the country. Participants are drawn from such diverse groups as teachers, women's crafts cooperatives, community opinion leaders, and government medical and paramedical staff. Themes range from FP and social development to sexually transmitted diseases (STD). The purpose of the sessions is to train individuals so that they, in turn, can discuss population dynamics and FP in their communities.

In 1985, 12 sessions were conducted with 150 community leaders and 550 students participating.

ATBEF has also indicated interest in producing a film which could serve as a discussion starter during these sessions.

It appears that ATBEF does not use many, if any, audiovisual supports during these events. Format is generally group discussion and debate. ATBEF would like to develop appropriate brochures and posters which could serve as visual supports during seminars as well as at service delivery points. ATBEF is especially interested in working with the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) to develop these materials.

The Association does have some printing experience. Up until June, 1985, ATBEF had been publishing a good quality bi-annual journal entitled "Revue de la Famille Heureuse" or "Happy Family Review." A nominal fee was charged for the journal to offset costs. Designed for an educated audience, features included topics of timely interest such

as youth and sexuality, population and politics, environmental issues, etc. Since the IEC coordinator at the Lomé office retired last year, publications have stopped. ATBEF hopes to resume this activity when a new IEC technician is recruited in May, 1986.

It is recommended that ATBEF review carefully the qualifications for the new IEC coordinator. Special consideration should be given to managerial experience as well as IEC technical skills. It is also important that USAID/Lomé be aware of the new IEC coordinator's skills especially should ATBEF be nominated to carry the bulk of IEC activities for the proposed project.

B. The Togo Family Health Center

The Togo Family Health Center (TFHC) is a training institution featuring FP skills development. As mentioned earlier, construction of the Center was financed by a USAID grant. Activities are coordinated through FPIA which has another grant from USAID (October 1983 to November 1986) to train doctors, midwives, nurses and social workers at the TFHC in various levels of FP service delivery. By the end of 1986, it is expected that about a third of the 200 health professionals trained will have been oriented in IEC.

Four trainers, including three women and one man, provide core instruction. One trainer is an MPH staff person. The three others are full-time TFHC personnel. The Center also has an IEC coordinator. The Center Director has dual responsibilities as director of the FPIA Family Health Project and as head of the CCCD ORT component. His office is not near the training center and has no telephone which makes communications between the two centers difficult. Salaries for all staff at the TFHC are paid by the GOT.

The TFHC has the potential to be a dynamic IEC training center. However, since none of the trainers has had any hands-on experience in IEC activities, it is difficult for them to give practical instruction in this area. Although the IEC Coordinator completed a Centre for

Development and Population Activities (CEDPA) management course last year, she has no practical IEC experience. As a result, IEC training tends to be more theoretical than practical. Thus, it is difficult for the trainees to implement what they have learned in their own work settings.

The trainers could benefit from exposure to good training role models. Also, additional skills and background knowledge are needed in overall FP, supervision, management, and training techniques.

Practical experience gained through participation in the supervision of former trainees might give the facilitator certain information about what practical aspects to stress in the courses and also assist them in determining what changes might be needed in course content.

Special attention should be given to reports about general resistance to technical assistance which exists at the center. It has been suggested that should TA be recommended for the Center, TFHC personnel should be actively involved in working out the scope of work and in selecting the consultant. The MCH/IEC advisor described in Section IX. C. could assist with a great deal of this support.

It is further reported that the curricula suffer due to lack of job descriptions for the various categories of health personnel for which training is provided. Presently, the facilitators include everything they think may be needed. With clear job descriptions the facilitators could define the tasks more clearly and thus improve the focus of the training. Even before such job descriptions are produced, it is recommended that the IEC and clinical coordinators try to define the tasks and problems they perceive to exist at their job sites. These ideas could be communicated to the facilitators so that they can adjust the training to the needs of the trainees.

Only the nurse and social worker courses include IEC modules. Nurses receive six days of training and social workers four. (See Appendix C for a list of course objectives for nurse and social worker

programs.) It has been recommended that social workers be given greater responsibility for this activity as nurses often have difficulty including IEC work in their already busy schedules. The curriculum includes problem solving and planning, particularly in how to strengthen communications between communities and health centers. No instruction in audience research or how to use or adapt IEC materials to promote FP or reinforce FP messages is included. Since the TFHC has no IEC materials itself, this is not surprising.

A January 1986 evaluation of the TFHC by Dr. Sif Ericsson and Dr. Lilian Toumi suggests that more attention should be given to various primary health care issues and not just FP. Issues such as problem identification and planning, supervision and management of family health projects, nutrition, sanitation, and child and maternal health and the relationship of FP to each of these areas are not given sufficient attention in the courses. Short practical courses (one to two weeks) could be given in these subjects based on needs identified by the project staff in each region. This could help change the attitude of some service providers that FP is "additional work."

Although the TFHC has a number of films, most are on FP methods and geared for a medically trained audience. Many are in poor condition. The IEC coordinator would like to procure more films on FP and community development. The Center does have film projectors, screens and a video technician.

Aside from this, there are no IEC materials available at the Center. Only one poster printed by JHU/PCS on FP "Processes and Principles" was seen posted in the IEC coordinator's office.

The Center shares a resource library with the adjoining WHO training center. There is little or no IEC material available there either. Examples of materials developed and used in other countries, as well as multiple copies of Population Reports, might help.

C. The Ministry of Public Health, Social Welfare and Women's Affairs

The Health Education Division of the MPH, although not actively engaged in FP/IEC work, is very active in overall maternal and child health education promotion and collaborates with ATBEF in these areas. The Health Education Director is a creative, energetic doctor who seems very open to new ideas. The division is extremely busy. In addition to major CCCD IEC coordinating and training responsibilities, they are responsible for the production of all educational materials for the Ministry of National Education and each of the MPH Divisions of Public Health, Social Welfare and Women's Affairs. To date, areas of principal concern have been vaccinations, malaria, ORT, and Guinea worm. FP has been considered, but mainly from a nutritional point of view.

IEC activities have ranged from posters and decals to radio and television. Although intentions are good, there does not appear to be any long range plan or objective in mind with the array of activities taking place. Mutually supportive media with simpler and fewer messages and a well-defined target audience could greatly increase the impact of these efforts.

Recently, funding was provided by the CCCD project in Togo to design and produce IEC materials. Large quantities of several posters, a decal, and pocket calendar were developed by the MPH, promoting vaccinations and other child survival themes. Although the materials are bright and of good quality, it is doubtful that any audience research or pretesting was carried out.

The Division is responsible for developing scripts in collaboration with media personnel for one television and several radio programs which feature health and social development topics. For the most part, themes revolve about hygiene and endemic disease prevention issues. A plan was not available indicating what or how topics were selected for these programs. Similarly, there did not appear to be a schedule of when topics were to be broadcast.

The popularity and impact of these programs has not yet been evaluated. The Director would like to branch out to engage the support of popular radio and television artists, including comedians, to deliver particular health messages. (More information on radio is available in section VII. B.)

The Division also finances transportation for a puppet troupe featuring information about leprosy which is sponsored by a German organization. According to the Health Education Director, the troupe could be used to treat other health issues.

The Health Education Division has three main offices: a central department in Lomé and two regional bureaus in Kara and Dapaong. The staff in Lomé consists of nine health agents and six administrative personnel. Six people staff the Kara office and two are stationed in Dapaong. Almost all art work is produced by one illustrator and a Peace Corps couple working out of the central office in Lomé. Plans are to become more decentralized and eventually create three additional provincial centers with two support bureaus.

Recently, interest has been expressed by the MPH Minister to get mass media more involved in population topics. The MPH has submitted a proposal to the Ministry of Information (MOI) to do a two-week national FP workshop for 15 press, television, and radio journalists. Details about curriculum and funding were not available at the time of this writing.

The Division sees training, materials production and evaluation as priority areas. Interest is uniformly high at all levels of the Ministry to do a national family planning knowledge, attitudes, practice (KAP) and media survey to gather baseline information. Properly designed, this could serve to develop message guidelines, pinpoint target audiences, fine tune training needs, and develop a national FP/IEC strategy with a well-designed evaluation component.

In the near future, it could be difficult to develop any long range plans with the health education division. Although dates have not been specified, it is probable that the Director may be leaving his post soon to do a two-year USAID-sponsored epidemiology program at an American university. It would seem that this issue, including the question of who would fill in or replace the present director in his absence, merits further investigation. This could have a substantial effect on whether and how the Health Education Division will be able to contribute to IEC efforts in this next project phase. According to the Cabinet Attaché of the Ministry of Public Health, there is no problem with USAID granting money to a non-governmental organization such as ATBEF to do FP/IEC work for both private and public use.

VII. IEC RESOURCES

A. Print

Togo has excellent resources for producing good quality, affordable print materials. There are approximately 14 printers located in the Lomé area alone which are open to the public. The MPH Health Education Division has no print facilities of its own.

B. Radio

There are two national radio stations, one in Lomé and another in Kara, Northern Togo. Each of these stations airs three radio programs which address health and women's issues. "Chronique médicale" is aired three times a week and addresses hygiene and endemic disease issues. "Magazine féminine" treats social affairs, household issues, hygiene, and vaccinations, for example. Both programs are aired in Ewé, Kabyè, and French. "Allo Docteur" is clinical for the most part and is only broadcast in French. There are mixed reports as to whether or not FP information is currently being aired on the radio.

Formal radio listenership surveys need to be conducted. A small survey conducted by the Health Education Division for the CCCD

project suggests that 15 percent of all women listen to the radio and, of these, ten percent listen regularly. Information was not available on men's listening habits. Also, questions about the acceptability of airing FP messages on the radio need to be addressed.

Informal discussions with a representative from the Togolese National Radio indicated that more information is needed about traditional norms and radio listening practices. He suspects that it is more acceptable in rural settings for men to listen and discuss radio programs than women. A campaign was recommended by the radio representative to encourage more women to listen to radio on a regular basis for educational purposes.

Radio is on the air 16 hours a day from 6 AM to midnight. Short public interest announcements can be aired free of charge. The radio representative was very enthusiastic about contracting well known comedians and journalists to prepare FP spots for this purpose.

One extremely popular comedy show, "Bonsoir le Togo," is estimated to reach 80 percent of the population. This could prove to be an especially effective medium to draw men's attention to FP issues. The stars of the program can be commissioned at a very low price to treat special themes. The total cost including writing a piece and broadcasting it is 10,000 CFA or about US \$35.00.

C. Television and Visual Media

One weekly television program entitled "Santé à la Un" is broadcast Monday evenings. The format consists of a round table session with doctors, midwives, and other medical personnel where health issues are discussed.

All filming equipment is owned and maintained by the Togolese National Television.

The Ministry of Information's Agence de Cinéma et Actualités Audiovisuelles focuses primarily on political documentaries. Although they would like to do more film work, their speciality is photography and slides. Presently, they are unable to shoot and process even photographic film due to a lack of laboratory supplies. Most of their equipment appears to be obsolete.

D. Press

There are two daily national newspapers in Togo, "La Nouvelle Marché" and Agence Togolèse de la Presse (ATOP). ATOP has a regular feature on health in the social section. It is unclear how topics are selected, however. Articles may range anywhere from how to prepare oral rehydration solution to caring for children with severe congenital diseases.

E. Textile Industries

There are two textile industries in Togo, both located in the North. They can be contracted to print cloth or "pagnes" featuring themes of any sort including health. A pagne printed several years ago featuring vaccinations, ORT and nutrition as central themes is still displayed in some MPH offices.

Textiles can be expensive as an IEC medium depending on whether an old background design is incorporated into the design or whether a completely new pattern is wanted. Since artists often "own" designs, sometimes "royalties" must be paid if a certain pattern is selected.

Pagnes have been used for decades in most African countries to promote or show support for social programs and political events. Both men and women are very aware of cloth. People notice and will talk about the "latest pagne" on the market. In some countries, such as Zimbabwe, it has been used to draw attention to a new logo design for health.

The Health Education Director has been researching the possibility of having pagnes made into flags. The flags could mark rural households where information can be obtained on diarrheal disease and preparation of oral rehydration solutions. A similar feature has been successfully utilized in the Gambia ORT project.

F. Outreach Workers

In addition to ATBEF's outreach workers, there are several hundred social workers in both urban and rural settings throughout the country. Exact figures about how many people are actively working in the field were not available, however. Interviews with country nationals confirm the literature which suggests that person-to-person contact is probably one of the most effective and efficient ways to disseminate and reinforce health messages in Togo. It should be kept in mind, however, that as in many other countries, government social workers in Togo have a wide range of responsibilities of which FP is only a small part. On the other hand, their potential for increasing community support and awareness about FP is invaluable. By incorporating basic FP information into their regular home visits, village meetings, and seminars, potential clients could be more readily guided to clinics for services. As such, ways should be investigated to encourage social workers to take a more dynamic, active role in providing information and referring clients to FP clinics while respecting their already busy schedules. Since use of contraceptive methods in Togo requires the husband's permission, more male health and social workers should be trained to inform, educate, and motivate men to use FP with their wives. As mentioned earlier, many of the social workers are already receiving training in FP and IEC at the TFHC. To further the extension network, the possibility of including health and selected ATBEF volunteers in TFHC training programs should be investigated. A description of job responsibilities for each group needs to be reviewed and/or designed to better address the training needs of these groups.

VIII. RESEARCH SERVICES

The Demographic Research Unit [L'Unité de Recherche Démographique (URD)] of the University of Benin is a well-respected Togolese research institution in Lomé which has conducted numerous demographic and fertility studies over the years. In addition to its research functions, it also operates as a demographic training unit and population education institution for the University. Fertility data is particularly rich for Southern Togo. Results from a recent study on birth spacing and contraceptive practices for the Lomé region should be available by Fall 1986. According to a senior demographer, little information is expected to be gained from the modern contraceptive use section of the study. It is unclear why, but it is thought that certain cultural barriers may be inhibiting interviewees from responding to questions of this nature.

The URD can be contracted to do KAP research, but they must be booked well in advance. No information was available on costs. UNFPA uses URD on a regular basis for various demographic studies.

IX. CONCLUSIONS AND RECOMMENDATIONS

A. Need for Quantitative and Qualitative Research

Togo's FP infrastructure is well developed for Francophone Africa. Coordination and management of the FP service delivery, training, and IEC units of the MPH, ATBEF, TFHC, and other donor organizations is seen as key for mutually reinforcing and increasing the effectiveness of FP programs.

Although FP has the government's full support, appreciation of it as an integral part of comprehensive primary health care rather than a "tag on" activity needs to be stressed. A careful review of the existing literature and statistics for Togo pertaining to FP and if possible the relationship to improved maternal and child health needs to be carried out. Information on fertility patterns for Southern Togo is especially rich. Many country nationals would like to see similar data

for other parts of Togo, particularly that which supports the relationship between child spacing and improved family health. They feel this is essential to generate greater interest for FP programming in general. Quantitative KAP baseline data supplemented by focus group research for selected parts of the country is highly recommended. This could be used to ascertain FP trends and broaden the base of information gained from the literature and statistics study mentioned above.

At the same time, research needs to be conducted on how men and women learn, what media, if any, they would be most influenced by, and who they would most trust with FP messages. This would help to determine the best direction for IEC efforts. Target groups need to be identified and segmented. Particular attention should be given to motivating men and service providers to be supportive of FP. In addition, more information should be sought on how women feel about their partners becoming more involved in this area.

The University of Benin could be contracted to do the KAP and health study components. Their specialty is quantitative research. To complement and reinforce this data, an anthropologist could be contracted to train selected MPH and ATBEF personnel in focus group research. This could help "flesh out" the quantitative data and provide insights for message development.

Learning patterns for both urban and rural populations would be included in this qualitative research. The anthropologist could work closely with the University of Benin, particularly during the research design, and write-up phases.

B. Development of IEC Strategy

Information gained from the proposed KAP and learning/media study should be presented in an open forum. A one-to-two day seminar is recommended during which policymakers and influential people would have the opportunity to discuss findings and develop FP directives in

Togo, In a sense, this would be like presenting feedback from the grassroots level for decision makers to consider and act upon. A Resources for the Awareness of Population Impact in Development (RAPID) or Innovation in Materials for Population Action (IMPACT) presentation could be especially effective as a central feature for this activity.

An IEC framework would be developed by the participants during the seminar. To facilitate activities, an FP/IEC strategy could be drafted beforehand and used to guide discussions. Later, ideas from the workshop would be compiled into a comprehensive IEC design with specific objectives by a planning committee selected by the workshop participants. A series of good, short, motivational messages would be drawn up for each target audience during the seminar and a range of media and communication formats proposed. Emphasis needs to be placed on how to motivate people to accept FP. Such issues as husband/wife communication, community influence and societal norms should be weighed.

ATBEF could be invited to host the seminar. Since they have an excellent reputation in Togo and are most likely to coordinate the bulk of FP/IEC activities during this next project phase, this would be ideal. They could be assisted by an outside consultant with well developed skills in IEC strategy development and management. The long-term FP/IEC advisor to be described in Section IX. C. is a possibility. A representative from the MPH and researcher from the University of Benin could also be invited to serve as core facilitators.

The importance of inviting a team of country nationals to develop the IEC strategy themselves cannot be underestimated. Granted, the process may be more difficult and time consuming, but in terms of generating long-term support for a comprehensive nationwide program, it is crucial that each party outline and understand its complementary role.

C. Need for Long-term Technical Assistance (TA)

The USAID/Lomé Mission has recommended that a long-term FP/IEC advisor be recruited to stimulate and monitor the FP/IEC component of the proposed health project. This person's role could be vital to the smooth operation of the project. Responsibilities would include overseeing the integration of ATBEF, MPH, and TFHC activities as well as staying abreast of any other FP activities taking place in the country. This is especially important to bolster enthusiasm for new activities and coordinate ongoing efforts. Strategically, however, it might be wise to refer to the position as an MCH/IEC post rather than FP exclusively. This would help reflect the government's present interest in integrating FP with ongoing MCH programs and further encourage the idea of FP as an integral part of primary health care.

It is highly recommended that expertise in management and training be stressed for the advisor post in addition to IEC and general maternal and child health. These skills will probably be especially important. There appear to be a number of groups, as mentioned earlier, who are either presently involved or could become increasingly active in FP activities in Togo. Facilitating communications and streamlining efforts among the various groups will require important managerial expertise. Strong, innovative training skills will also be needed to upgrade the abilities of the present TFHC trainers in FP/IEC. Familiarity with general maternal and child health issues in addition to FP are essential to enhance credibility among country nationals.

Also, the ATBEF Director indicated that he was not sure how much actual work experience the new IEC coordinator will have. The MCH/IEC Advisor could offer regular one-to-one TA to this person. Since IPPF personnel usually remain at their posts for many years, this individual training could have an important impact on FP/IEC activities in Togo over an extended period of time.

To ensure that the advisor is best utilized, it is recommended that he/she be assigned to a position within the MPH, preferably at the

Ministerial level. This could be an important point to indicate that the advisor has the government's full support.

D. Training

The TFHC trainers need additional IEC training and strong, innovative trainer role models. Programs featuring hands on work could greatly improve their ability to give trainees practical counsel in this area. Some training of trainers instruction is also recommended so that the training network in Togo can eventually be expanded beyond the TFHC. As activities become increasingly decentralized it is expected that the demand for regional ATBEF and/or MPH IEC coordinators to become more involved in training and workshops will grow.

The African-based regional training program, Center for African Family Studies (CAFS), located in Nairobi, Kenya, could provide this essential training. French training programs over the next year are expected to expand and should feature areas such as program management, contraceptive technology, and IEC. Special attention will be given to practical work and training of trainers programs. These programs should be kept in mind, particularly since it would allow trainers throughout Africa the opportunity to exchange ideas, hone skills, and augment enthusiasm for IEC activities in general.

If appropriate, the regional ATBEF IEC coordinators could also be invited to plan and participate in TFHC workshops. This is important, given that their services would naturally overlap with many of the trainees in the provinces. Also, they will probably be called upon frequently to carry out various elements of the project. In addition, because they are often required to handle FP/IEC issues out in the field, they may be able to provide special insights into situational problem-solving for the trainees.

APPENDIX A
LIST OF CONTACTS

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APPENDIX B
INFORMATION ON PEOPLE INTERVIEWED CONCERNING CHILD SPACING
AND THEIR GOALS WITH REGARD TO THIS SUBJECT

APPENDIX B

INFORMATION ON PEOPLE INTERVIEWED CONCERNING CHILD SPACING
AND THEIR GOALS WITH REGARD TO THIS SUBJECT*

"There are people who know methods of having children when they want them. Do you also know of such methods?"			
Response	Age Groups		
	15-24 years	25-39 years	40 years and over
Yes (Modern Contraceptive)	10 (1.3)	21 (1)	17 (0)
No	90	79	83
Total	— 100	— 100	— 100
Number of interviewees	524	675	628
(For the interviewees who answered "no" to the above question) "Would you like to know of ways to have children when you want them?"			
Response	15-24 years	25-39 years	40 years and over
No	63	59	82
Yes	37	41	18
How:			
a) Ways to promote pregnancy	(5)	(10)	(8)
b) Ways to prevent pregnancy	(22)	(24)	(5)
c) Yes, without specification of motive	(10)	(7)	(5)
Total	— 100	— 100	— 100
Number of interviewees	472	536	525

* Translated from: Locoh, Thérèse. Fécondité et famille en Afrique de l'ouest: Le Togo méridional contemporain; Travaux et Documents; Institut national d'études démographiques, Editions de l'INED; Presses Universitaires de France: Cahier N° 107, 1984, p. 150.

APPENDIX C

OBJECTIVES FOR NURSE AND SOCIAL WORKER COURSES

OBJECTIVES FOR NURSE AND SOCIAL WORKER COURSES*

MODULE 1: Organization of personal work and group dynamics.

1. Read and develop summaries of the reading materials.
2. Identify group processes, group roles, group tasks and communication problems.

MODULE 2: General information in family planning.

1. Describe the demographic characteristics of Togo.
2. Give an operational definition of family planning.
3. Assist people in resolving infertility problems as part of a team.
4. Assist the community in resolving problems with family economics.

MODULE 3: Elaborate an IEC project in family planning.

1. Participate as a team member planning an IEC project in family planning.
2. Establish a plan for resolving identified family health problems.

MODULE 4: Carry out an IEC project in family planning.

1. Improve communication between the community and the health center personnel.
2. Prepare written or oral family planning messages which are appropriate for the intended audience.
3. Conduct an IEC session.

MODULE 5: Plan a training program.

1. Participate as a team member planning a training program.

CLINICAL TRAINING:

1. Conduct an interview with an acceptor.
2. Conduct a health education meeting in family planning.

* Appendices C - D taken from the Final Evaluation: Togo Family Health; by Dr. Sif Ericsson and Dr. Liliane Toumi; 23 November to 20 December, 1985.

APPENDIX D
NUMBER OF ACCEPTORS

APPENDIX D

NUMBER OF ACCEPTORS

CLINIC	NEO SAMP.	IUD	CONDOM	PILL	EMKO
Zongo ¹	194	139	46	5	2
Tokoin ²	105	81	42	4	-
Bé ³	94	75	13	4	-
ATBEF ⁴	447	242	87	9	30
Total Lomé	840	537	188	22	32
Dapaon ⁵	48	11	17	1	-
Kara ⁶	37	68	30	12	-
Sokodé ⁵	53	29	9	20	-
Atakpamé ⁵	16	18	4	-	-
Total Regional	154	126	60	33	0
TOTAL	994	663	248	55	32

* Appendices C - D taken from the Final Evaluation: Togo Family Health; by Dr. Sif Ericsson and Dr. Liliane Toumi; 23 November to 20 December, 1985.

¹October 83 to July 85

²January 84 to July 85

³June 84 to July 85

⁴October 83 to July 85; acceptors counted only during clinical training

⁵March 85 to June 85

⁶February 85 to June 85

APPENDIX E
REFERENCES

REFERENCES

1. Government of Togo, Centers for Disease Control; Health Education for the CCCD Project in Togo, Evaluation of Needs and Proposed Plan of Action; June 8, 1984. (French)
2. Dr. Sif Ericsson and Dr. Liliane Toumi; Final Evaluation, Togo, Family Health; January 24, 1986.
3. United States Agency for International Development; Togo Multi-Year Population Strategy, 1984-1989.
4. Dr. Thérèse Locoh; National Institution of Demographic Studies; Fertility and Family in West Africa, 1984. (French)
5. Perspectives on Family Planning; Declarations by Governments Worldwide (Perspectives en matière de Population; Déclarations de Dirigeants Mondiaux Deuxième édition), Fonds des Nations Unies pour les Activités en matière de Population; 1984.