

TRIP REPORT

Senegal Family Health Project - IEC Needs Assessment and
Development of a Communications Strategy

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I. Executive Summary

In April 1986, two JHU/PCS consultants, Margaret Parlato (Academy for Educational Development) and Scott Wittet (Program for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology), visited Dakar to assist the Senegal Family Health and Population Project (SFHPP) to conduct an IEC needs assessment and develop an IEC strategy and detailed workplan. The consultants and the two national IEC coordinators (Aissatou N'Diaye and Caroline Mane) held discussions with numerous staff of the Ministries of Public Health and Social Development, parastatal and private organizations providing family planning services and information, and international organizations, and made several field visits as part of the needs assessment. Working closely with the SFHPP director, Ousmane Sambe, the team drafted a paper documenting its findings, outlining an IEC strategy, and prioritizing activities for the next year.

The background document (Appendix A) was presented during a workshop for policy makers hosted by the SFHPP. Participants included representatives from the media as well as the key government and private sector organizations working in family planning. Discussion periods and working groups allowed participants to develop collaborative strategies and offer suggestions. The main achievements of the workshop included 1) reaffirming the SFHPP's commitment to the IEC strategy developed with the consultants, 2) establishing a national review committee to advise on and coordinate FP mass media activities, 3) scheduling the first meeting of the committee, 4) assessing the need for a careful examination of all existing research data about target audience knowledge, attitudes, and practices relating to FP and media issues, and 5) recommending organization of a production workshop to develop a series of radio broadcasts with FP themes.

Following the workshop, the SFHPP staff and the consultants developed a detailed workplan and preliminary budget for IEC activities in the coming years. The consultants recommend that the following actions be taken to support the efforts of the IEC Division, when requested by the SFHPP:

1. Prepare terms of reference to be used in recruiting a Dakar-based consultant to develop message guidelines for the IEC program.
2. Organize a one-week program at JHU to orient researchers in communications and market research for message development.
3. Conduct a two-week radio production workshop for radio producers from the regional stations and regional IEC coordinators to produce a series of ready-to-air programs on family planning.
4. Provide technical assistance to help develop an illustrated booklet on family planning to serve as a reference for service providers and educators.
5. Provide recommendations and samples of audio-visual, print, and other materials that can be ordered for use by clinic and extension personnel until such time as the project can develop its own materials for Senegal.
6. Provide ongoing technical assistance to the SFHPP as requested.

II. Abbreviations

AED	Academy for Educational Development
FP	Family Planning
IEC	Information, Education, Communication
ISTI	International Science and Technology Institute
JHU/PCS	The Johns Hopkins University/Population Communication Services
MPH	Ministry of Public Health
MSD	Ministry of Social Development
ORTS	Office National de Radiodiffusion Télévision du Sénégal
PATH/PIACT	Program for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology
SFHP	Senegal Family Health Project (previous project)
SFHPP	Senegal Family Health and Population Project (current project)
USAID	United States Agency for International Development

III. Description of Activities

In August 1984, a USAID-sponsored evaluation of the Senegal Family Health Project (SFHP) resulted in a long list of recommendations for action by the IEC Division. One of these was that a long-term IEC strategy and budget be developed. Other major recommendations included initiation of radio programs and development of basic IEC materials for the clinics and extension personnel.

In 1984 and in June 1985, JHU/PCS consultant Scott Wittet (PATH/PIACT) worked with the national IEC coordinators, Mme. Aissatou N'Diaye and Mme. Caroline Mane, to begin development of instructional booklets for nonliterate acceptors of condoms, pills, or IUDs. These materials will soon be printed. Four posters on birth spacing, family planning, sexually transmitted diseases and sterility, and annual calendars, also developed by the IEC division, have been distributed to clinics and social workers in the project area. Project efforts and budget have been directed primarily at production of materials to promote the project: pens, key rings, diaries, tee shirts, and plastic bags imprinted with the project logo. So far, very little work has been done with the mass media, or with development of IEC materials for clinic and extension staff. In the early stages of Phase I of the project, the IEC staff trained midwives in IEC techniques for family planning and social workers and administrators in how to promote family planning.

In order to increase interest in using the media to disseminate family planning information, a study tour to TELEVISA (Mexico) for Senegalese radio, television, and health education personnel was organized and supported by JHU/PCS. While no SFHP staff participated in this tour, it was hoped that participants would collaborate with the project after returning home. During the tour, Margaret Parlato (AED) and Mark Lediard (AED) discussed possible applications of radio/TV dramas to promoting family planning in Senegal.

The original SFHP terminated in late 1985. Several months later the Senegal Family Health and Population Project (SFHPP) was inaugurated. (Many people refer to this project as Phase II of the original.) In meetings with SFHPP staff and USAID, Margaret Parlato arranged to have a consultancy team arrive in April 1986 to help the IEC Division plan future activities.

Specifically, the consultants were to:

- 1) Assist with an IEC needs assessment to be conducted jointly with the Ministries of Public Health (MPH) and Social Development (MSD) and the Office National de Radiodiffusion Television du Senegal (ORTS), the national broadcast organization.
- 2) Participate in the development of an IEC strategy and plan of action.
- 3) Conduct a workshop for policy makers on the proposed IEC strategy.
- 4) Review the status of the family planning booklet project.

All objectives were accomplished during the consultancy.

During the first weeks of the assignment, the consultants and the IEC coordinators met with a variety of personnel from MPH, MSD, and other organizations providing family planning information or services (Croix Rouge and Association de Bien-Etre Familiale, among others), organizations interested in collaborating on IEC activities (ORTS, the Health Education department, and other MPH divisions), USAID, and the International Science and Technology Institute (ISTI). Contacts are listed in section VI. Several trips were made to the field to visit clinics, regional radio stations, and MSD project sites in Thies, Ziguinchor, Cap Vert, and Kaolack. The team also spoke with 31 midwives gathered for training outside of Dakar. The purpose of these meetings was to better understand the field situation in the project area in order to determine the kinds of IEC support needed and to prioritize those needs. The team was also

interested in clarifying the nature of possible collaboration between different organizations. The second section of the workshop document, attached as Appendix A, summarizes the findings of the needs assessment. As project IEC needs became clearer, the team began to prioritize projects and to formulate an IEC strategy. The consultants, the national IEC coordinators, and the director of SFHPP, Mr. Ousmane Sambe, drafted a document (Appendix A) that was discussed at a workshop held during the final week of the consultancy. The first section of the document summarizes IEC priorities; the second section presents key findings of the needs assessment; and the third section outlines the IEC strategy. A brief fourth section discusses IEC Division management issues.

The workshop was well-attended by representatives of various MSD and MPH Divisions, ORTS, USAID, ISTI, and the project. After several presentations outlining the importance of IEC activities to the success of the project, the needs assessment findings, the proposed IEC strategy, the list of priority projects, and highlights of the Mexico study tour, several hours of discussion ensued in large and small groups. In general, reactions to the proposed strategy were positive. Many thoughtful and challenging questions were posed by participants and their suggestions were noted. In addition to fostering information sharing and collaboration between the various groups, the main achievements of the workshop were to 1) reaffirm the SFHPP's commitment to the strategy, 2) define the nature of a national review committee to advise on and coordinate family planning mass media campaigns and to schedule its first meeting (May 20), 3) emphasize the need for a careful examination of all existing research data about target audience knowledge, attitudes and practices relating to FP and media issues, and 4) organize a production workshop for a series of radio broadcasts with FP themes. During the workshop, the SFHPP and ORTS staffs met for the first time. The project will profit from its new relationship with radio and television production staff.

In the days following the workshop, the SFHPP staff and the consultants developed a detailed workplan and preliminary budget for the activities to be carried out in the next few years.

IV. Conclusions and Recommendations

The IEC Division has decided to begin carrying out a new wave of activities with less emphasis on familiarizing the public with the project and its logo and with more resources devoted to motivating target audiences to accept family planning (especially supporting the indigenous concept of "nef" which condemns short birth intervals) and educating new acceptors in method use. They are committed to developing mass media components and a variety of support materials for clinic and community use. They also plan to design new training modules in light of programmatic changes and for new categories of field staff. In order to accomplish all this, the two national coordinators will need to delegate greater responsibility for some tasks to regional staff and to use local and international organizations and consultants when necessary.

The consultants recommend that the following actions be taken in support of the efforts of the IEC Division:

- 1) JHU/PCS will supply the project with proposed terms of reference for a consultant who will research existing data relevant to FP message development and, if necessary, conduct additional research (focus group discussions, small-scale surveys). USAID/Senegal or JHU/PCS is willing to send the consultant and one of the IEC coordinators to PCS for a week or ten days to access data banks in the U.S. and for training in development of a message guide. Having the researchers come to JHU was proposed to take advantage of the data bases available in Baltimore and to give the researchers the opportunity to meet with a variety of market research and family planning message design experts in the USA. The message guidelines to be developed as the next IEC activity will be central to the development of many IEC materials in the coming years.
- 2) JHU/PCS will provide the project with sample reference materials, audio-visual materials for use in clinics and the field, flipcharts, slides, films, and other IEC materials for use by clinic staff, extension workers, and family planning clients themselves. Addresses,

orders, and instructions are also needed. While the project will eventually develop its own graphic and print materials for Senegal, this will take a longtime. In the meantime it will be important for JHU/PCS to provide guidelines regarding suitable materials that can be ordered in bulk and immediately programmed.

- 3) When requested by the project, JHU/PCS should provide technical assistance for various IEC Division activities. A radio consultant will probably be required for the production workshop tentatively scheduled for October 1986. If the project decides to adapt the JHU/PCS-developed, prototype FP fieldworker's manual, a consultant will be needed to help with this task as well. (Since JHU/PCS wants to pretest the manual in Francophone countries, such collaboration will serve both organizations' purposes.)
- 4) USAID/Senegal and ISTI should continue to do everything possible to help the IEC Division attain its objectives and carry out the proposed plan of action. This could include planning and logistical support as well as technical input.

APPENDIX A

Needs Assessment and IEC Plan

**PROMOTING FAMILY PLANNING IN SENEGAL:
AN IEC STRATEGY FOR THE SENEGAL FAMILY HEALTH AND
POPULATION PROJECT**

Introduction

As part of its ongoing evaluation and planning activities, the Senegal Family Health and Population Project (SFHPP) requested assistance from the Johns Hopkins University/Population Communication Services (JHU/PCS) to conduct a needs assessment regarding project information, education, and communication (IEC) activities. Two consultants, Margaret Parlato (Academy for Educational Development) and Scott Wittet (Program for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology), arrived in Dakar in April, 1986. The two SFHPP IEC Division National Coordinators, Aissatou N'Diaye and Caroline Mane, and the consultants met with staffs of the Ministry of Public Health (MPH), the Ministry of Social Development (MSD), national and regional media (ORTS), non-governmental organizations, USAID, ISTI, and others. They conducted site visits in Dakar, Pikine, Thies, Kaolack, and Ziguinchor; observed clinics and a 'causerie'; and held discussions with midwives assembled at Saly for a training session. The team examined project papers and research results relating to family planning activities, demography, the socio-cultural context, and media penetration. This document represents a synthesis of these experiences and is presented as a focal point for discussions during the workshop to be held May 6, 1986 at the Hotel Independence, Dakar. The recommendations herein are for consideration by workshop participants. Based on the results of the workshop, a detailed SFHPP/IEC workplan and budget will be developed. Participants are kindly requested to read the following pages carefully prior to the workshop and to prepare comments and suggestions.

I. SUMMARY OF ACTION PRIORITIES

Priority 1: Complete the condom, IUD, and pill booklets and distribute them in sufficient quantities to provide to contraceptive method acceptors for a six-month period in all of the family planning centers.

Priority 2: Develop radio programs on family planning with the regional radio stations in Ziguinchor and Kaolack. The SFHPP will collaborate with ORTS to organize a production workshop for directors, regional IEC coordinators, and regional MPH/Health Education officers. The Message Guide, to be developed by examining KAP research findings, will be used to help define the content of the programs.

Priority 3: Develop IEC support materials for Ministry of Public Health and Ministry of Social Development staff. Materials should include: a flip-chart, an illustrated family planning reference manual, flannelgraph scripts and figures, and a contraceptive kit to introduce the products. These materials should also be given to the semi-public and private organizations participating in the project.

Priority 4: Develop two or three television spots on family planning.

Priority 5: Produce a broadcast television drama with copies for use on the video systems in regional centers. If possible, produce other videos.

Priority 6: Develop and produce a dramatic radio series with 24 episodes for broadcast on the national network.

Priority 7: Create new IEC training modules for the new trainings already planned for health and other personnel. Different modules should be created for the different classes of trainees.

Priority 8: Train more MPH and private sector service providers (not currently involved in family planning) in FP/IEC so that they can motivate clients who visit clinics for other services (nutrition, growth monitoring,

etc.). These trainings could begin after the IEC support materials are ready.

Priority 9: Train more MSD staff in FP/IEC in regions where services are being provided. Kaolack is a high-priority area since there is only one staff member currently working there.

Priority 10: Begin publication of a newsletter for FP service providers and IEC staff working for the project.

Priority 11: Train volunteer community health workers in Kaolack after having examined the experiences of the Rural Health Project with this type of program. The experiment in Kaolack should be evaluated before beginning programs in other regions.

Priority 12: Since the IEC Division has defined slightly different objectives for the second phase of the project, production of promotional materials such as T-shirts, desktop calendars, and key chains will receive less attention. These articles will be used to publicize the project during special events such as open houses, fairs, contests and other occasions designed to help inform the public about available services. Production of such articles will depend upon availability of funds.

Priority 13: Collaborate with demographic researchers to assure introduction of topics of interest to the IEC Division in studies conducted during the life of the project. Participate in planning KAP studies and operational research.

Other Objectives

1. Introduce family planning information in the basic midwife and social worker training programs.
2. Provide reference materials on family planning and IEC to all IEC staff and personnel in each family planning center.

II. NEEDS ASSESSMENT OBSERVATIONS AND FINDINGS

In the interest of brevity, and because workshop participants are already familiar with MPH, MSD and SFHPP activities, the findings of the needs assessment team are presented below as a series of relevant points grouped under several topic areas. These are: 1) Population Characteristics, 2) Mass Media, 3) Family Planning (FP) Service Delivery, 4) Clinic-Based FP/IEC Activities, 5) Out-of-Clinic FP/IEC Activities, 6) Collaboration Between Clinic and Non-Clinic FP Staff, 7) Training Activities, and 8) SFHPP/IEC Division Activities.

Population Characteristics

1. Levels of literacy are low, especially for women. It is estimated that only 25 percent of the total population is literate.
2. There are several national languages and scripts (Roman, Arabic) in Senegal. The SFHPP posters have been printed in French and Wolof. The brochures will be printed in French, Wolof, and Wolofol. Careful identification of the most widely read (as opposed to spoken) languages and scripts is important, since it is expensive to produce materials in different languages and difficult to distribute many different items.

Dramas produced by ORTS for national radio and TV are usually in Wolof. High costs do not permit production in several languages. Regional radio stations broadcast in four languages, although the bulk of programs are in one language.

3. There is a shortage of recent hard data on target audience knowledge, attitudes, and practices (KAP) regarding FP. This seriously hampers the IEC staff in designing messages that are culturally appropriate and targeted to the concerns and information needs of the population. Although a number of small anthropological studies have been conducted on family life and reproduction behavior, these have not been systematically reviewed by the IEC Division. Other small KAP studies conducted

during the 1970's and 1980's have also not been exploited. This should be done now in order to develop message guidelines. Two important studies are now underway that will provide good raw data. A study of male attitudes will be finished by the end of the year. The National Research Bureau is now conducting a national demographic and health survey; results are expected by December 1986.

4. Anecdotal evidence on KAP suggests that: the concept of "nef" (births that are too close) is well known and the use of traditional FP methods (gris-gris, herbal medicines, etc.) is acceptable to much of the population; the term 'planification familiale' is often interpreted as meaning limitation of family size and/or abortion (these activities are considered to be contrary to the teachings of Islam and, therefore, unacceptable); men are less supportive of FP than women; target audiences often do not recognize modern contraceptive methods; and there are many misperceptions about the dangers and side effects of modern contraceptives, especially the pill and IUD.
5. Target audiences clearly need more information on all aspects of FP. The "Enquête Sénégalaise Sur la Fécondité", conducted in 1978, showed that 21 percent of the population was aware of modern contraceptive methods, but that only two percent of fertile age women used effective modern contraception. The 1982 Sine Saloum Study of a rural population showed an increase in knowledge about FP but almost no method use. Preliminary results of the Demographic and Health Study, now being analyzed, suggest that 60 percent of the population now have knowledge of methods but that rate of use has stayed at only three percent.

Mass Media

1. There are high levels of radio penetration throughout the country, and listenership is reported to be high although there are no data or audience studies.

2. One regional radio station (Ziguinchor) has limited, but regular, programming on FP.
3. Television presently covers 16 percent of the geographic area of the country (to be increased to 30 percent when the Ziguinchor transmitter is finished in 1987), though reception can be poor in some areas. Television coverage is presently limited to urban and peri-urban areas and higher-income audiences.
4. ORTS, both at the national and regional level, has a strong interest in collaborating on FP/IEC projects. Recently, representatives from ORTS, MDS, and MPH participated in a study tour to Mexico to look at new formats for providing social messages. Their recommendations will be presented at the workshop.
5. Due to low literacy levels, newspapers and magazines are effective only with limited, though important, audiences: decision-makers; educated, urban professionals; officials and business people in larger settlements.
6. Print materials especially designed for people with low-literacy levels could be effective with the majority of the population.

Family Planning Service Delivery

1. With the assistance of the National Census Bureau, we have estimated that approximately 30 percent of the target population now has access to FP services. MPH services now reach down to the department level in six of the country's ten regions. In other regions, contraceptives are believed to be available through pharmacies in the larger towns, although little is known about the situation.
2. Clinic-based staff are now seeking strategies for follow-up on acceptors who discontinue contraceptive use.

3. There are low levels of male use of clinic services.

Clinic-Based FP/IEC Activities

1. Trained midwives are effectively providing needed family planning services. In spite of this, because of the increasing number of patients requesting services, they find that they do not always have enough time to concentrate on IEC activities such as counselling on use of methods. Often they must delegate this task to subordinates who have not yet been trained in family planning or IEC.
2. With the growing number of clients, these difficulties will increase. If clients do not receive adequate information, the project may find high discontinuation rates, dissatisfaction with FP services, and transmission of negative or false information to potential acceptors, thereby damaging the FP program. Currently, SFHPP has plans to train more clinic staff to support the efforts of the midwives.
3. One clinic the team visited (PMI-Pikine) has regular community motivation activities, but clinic-based staff usually do not have time for outreach. Some midwives at a training in Saly mentioned that outreach is the duty of MSD staff.
4. All of the clinics visited had signs indicating that family planning services were available, but without the project logo. This must be added. A visual or graphic symbol will help illiterates know that FP services are available there.
5. Clinic staff, including the midwives at Saly, requested support materials, saying that they had nothing with which to educate clients. The SFHPP posters are very popular and health staff hope to receive further appropriate materials.
6. To date, FP/IEC activities have not been integrated into other educational activities in the clinics. FP promotional posters were only

seen decorating the FP clinic, not in non-FP areas where they could motivate potential acceptors. Clinic staff who do not provide FP services are not routinely oriented to FP. If they were, they might refer clients to the FP clinic. The regional medical directors contacted felt that FP should be integrated with other health education that takes place in the centers.

7. Private and parastatal clinics are very interested in expanding their FP/IEC programs (Croix Rouge, Caisse Nationale de Sécurité Sociale, Association Sénégalaise pour le Bien Etre Familial, Société de Transport, Village d'enfant SOS). By combining IEC funds for certain activities (printing materials or producing radio or TV programs) they can work with SFHPP to lower production costs to all organizations.

Out-of-Clinic FP/IEC Activities

1. Field level IEC activities are primarily carried out by MSD staff. There are approximately 450 MSD fieldworkers in the country; they will slowly be integrated into SFHPP. During the first phase of the project, 147 people were trained in IEC. One of the difficulties confronting SFHP is lack of sufficient personnel. Many trained staff have been transferred to other positions or are administrative staff without direct contact with clients. Though fieldworkers are assigned to the 1,020 women's groups in the country, they often cannot reach all the groups due to lack of transport. This means that each IEC agent reaches a fairly small number of people, albeit on a regular basis. Furthermore, some outreach staff resent the new FP/IEC services they have been asked to provide. Since FP was not a part of their basic training, they feel it is not part of their job.
2. Like clinic-based staff, most outreach personnel have no support materials to use. Among MSD personnel there are only a few who can create their own visual aids. In Ziguinchor, the IEC Regional Coordinator shows potential clients a UNICEF-produced film which has a

section on birth-spacing. She also draws her own rough anatomical diagrams when needed.

3. SFHPP posters are used to motivate potential clients and are now used in "causeries." Enough posters must be distributed to be displayed in all clinics and in well-frequented spots around town. In this way the power of the poster to motivate people will be exploited to best advantage.

Collaboration Between Clinic and Non-Clinic FP Staff.

1. In Ziguinchor, MSD/IEC staff and the PMI clinic collaborate on FP promotion, including co-producing a short radio program. MSD and MPH regional staff there hold regular coordination meetings.
2. Though there is collaboration on some levels, most clinic midwives report being unaware of outreach activities, and have no collaborative relationship with local MSD staff.
3. In Saly, some midwives reacted strongly against the suggestion of placing MSD staff, especially higher-level staff (monatrices), in clinics for IEC purposes. It was felt that there would be difficulty clearly defining roles and that conflicts of authority would result. Training MPH staff was suggested as more appropriate.

Training Activities

1. It is critically important that more MPH staff be trained in family planning and IEC.
2. The IEC training course attended by the coordinators last year in Santa Cruz, USA was disappointing. The participants would like future courses to be more suited to their needs.

3. FP topics have not yet been integrated into basic midwife and outreach training programs. The SFHPP staff is well aware of the importance of this and will need the full support of the collaborating agencies to do so.
4. There is a strong demand on the part of midwife trainers for good IUD insertion training models and audio-visual aids.

SFHPP/IEC Division Activities

1. Since the beginning of the project, the IEC Division has trained 147 MSD and MPH staff members. Posters and promotional materials have been produced and booklets for new acceptors are being developed.
2. Most of the IEC Division's materials developed to date have been designed to increase knowledge about the project's objectives and strategies and to increase recognition of the project logo. This seems to have succeeded fairly well. Now a reorientation is appropriate and materials' development activities should focus on increasing target audience understanding of family planning itself.
3. IEC Division staff have good relations with other MPH and MSD staff and they have a good understanding of field conditions.
4. They have very broad job descriptions, including developing materials, training MPH and MSD personnel, supervising IEC field staff, and coordinating activities with other MSD and MPH administrative staff. As there are only two staff in the national office, the workload is heavy. Training has consumed much of the staff's time, leaving little time for development of educational materials and mass media.
5. The seven-year IEC budget is modest. Careful planning of IEC activities will be necessary to maximize the impact of these funds. It may be difficult to obtain all of the equipment desired or to complete all of the projects envisioned by the IEC Division.

6. Apart from the posters already developed and the informational brochures for illiterates nearing completion, many of the materials produced to date (T-shirts, pens, key rings, agendas, and calendars) are promotional items that, by nature, are more important for building good will than for motivation/information of target audiences. Though popular, these items tend only to identify or promote the project, but not FP concepts such as why birth spacing is good for the family or how to contracept. While these items played an important role in Phase I, when the project was just getting started and needed to build support, the promotional items have done their job. These materials are quite expensive and not very cost-effective. Judicious distribution of such products, however, as door prizes during FP open houses or in radio question-and-answer contests for example, would extend the impact and reduce the costs involved in using such 'give-aways.'
7. The brochures for low-literate pill, condom, and IUD acceptors, now in development, will be very useful as support materials during motivational sessions and as clinical handouts.
8. The planned evaluation of the promotional materials (pens, key chains, etc.) is unlikely to generate interesting or useful information since the findings will by necessity be limited to whether or not people received the material, their reaction to it, and whether the project logo is correctly interpreted. Since the logo was pretested, little additional data will be generated. Evaluation of the promotional items could, however, be carried out with an evaluation of other IEC interventions (radio, brochures, etc.), once such materials are disseminated.

III. IEC STRATEGY

As the SFHPP begins its second phase, it is timely to develop an IEC strategy. During Phase I, a basic service delivery system was created in six regions of the country and a beginning made to train IEC personnel and

develop educational materials. The many different ministries involved in executing the nation's family planning program have begun to sort out their roles and to develop ways to coordinate their activities. Formulation of an IEC strategy at this stage is of critical importance. The project must:

- * Establish clear priorities among the many competing IEC needs. This is important, given the small staff and modest budget for educational activities and limited experience of the project in managing mixed media campaigns. Hard decisions must be made concerning priority target groups; the cost and potential impact of each activity; as well as the management and time implications of different possible interventions.
- * Clearly define the roles and responsibilities of each participating organization. This is essential for project success since each agency has unique areas of competence and domains of action, all of which must be focused on a common strategy.
- * Provide common objectives and coordinated action plans for the key public and private agencies collaborating in the family planning program.
- * Collaborate with other FP organizations in developing audio-visual and print materials to reduce IEC costs by mass-producing materials as much as possible.

Key Factors for Strategy Development

The following characteristics of Senegal's family planning infrastructure, IEC resources, and socio-cultural traditions are of prime importance in shaping the IEC strategy:

- * Family planning services are presently available primarily in urbanized areas.
- * Islam has a strong influence on all aspects of life.

- * There are a number of different national languages.
- * Males dominate family decision-making.
- * Literacy rates are low. Women are particularly disadvantaged.
- * Radio coverage is good throughout the country and listenership is reported high, especially in rural areas. TV coverage extends throughout most of the country, although the audience is heavily urban and largely middle class.
- * There is a well-developed network of extension agents, although the lack of transportation severely limits the number of groups contacted and the ability to reach down to the village level.
- * Knowledge about and practice of modern contraceptive methods is believed to be low, indicating a high potential demand for services.

To take account of these factors, the IEC strategy has been developed with the following characteristics:

- * Integrated mass media and interpersonal communication activities supported by appropriate graphic and print materials; emphasis on development of IEC materials suitable for low-literate audiences.
- * Use of radio and television as primary channels to inform and motivate the population.
- * Development of effective clinic-level counselling of new clients and provision of basic information to potential acceptors.
- * Development of appropriate training and reference materials for lower-level clinical staff and MSD fieldworkers.

- * Gradual expansion and strengthening of the community level extension program, integrating family planning into the country's fieldworker network.
- * Audience segmentation with messages and IEC activities carefully tailored to key target groups such as men and religious leaders.
- * Extensive use of modern research methods to guide message selection, audience segmentation, and pretesting of IEC materials.

Target Audiences

Based on the recommendations of those contacted during this planning effort, target groups have been tentatively selected. These may be periodically adjusted as new research is fed into the IEC program. At the beginning, the following groups will receive priority attention:

1. Urban men and women of reproductive age.
2. Rural men and women living within catchment areas of existing FP centers.
3. Service and information providers.
4. Religious leaders.
5. Influentials in the community.

As the program expands, greater attention will be given to the rural population which constitutes 70 percent of potential users. As the IEC staff gains experience and develops an adequate stock of basic materials for these priority target groups, new groups can be added and media products can be designed for the special information needs of other audiences (ex.: youths, postpartum women, young married couples, business leaders, and political leaders).

Message Strategy

The IEC program has devoted much money and energy to producing materials which increase the visibility and acceptance of the project. Now that this

goal has been achieved, a change of strategy is in order. The overall thrust of the next phase of IEC program will be to support the increased use of modern family planning methods to help couples space births and achieve desired family size. Some basic IEC materials will also be developed informing clients about the availability of infertility and sexually transmitted diseases services.

Only very general objectives and message areas can be identified prior to conducting message research. The FP/IEC should be oriented toward:

- * Changing the public's conception of 'planification familiale' so that the term no longer connotes population control or family size limitation.
- * Informing people that the government is promoting a family planning program and increasing knowledge about modern contraceptive methods and places where services are available.
- * Creating a better understanding of what Islamologues and the Koran teach about family planning.
- * Increasing understanding about the benefits of child spacing for the health of both mothers and children.
- * Dispelling rumors about the side effects of different contraceptives.
- * Providing complete and accurate information on contraceptive use to clients.
- * Encouraging men to take an active role in child spacing.

More specific goals and the actual messages will be developed based on studies of the knowledge, attitudes, and practices of the population. Existing research needs to be carefully examined and complemented by in-depth analysis of the current situation. The findings then will be used

to develop message guidelines. It is important that all messages disseminated through the mass media and through interpersonal communication be consistent and properly phased to ensure a logical flow of information. Great care must also be taken so that messages are credible and address the fundamental concerns of the target population.

Media Strategy

Mass media will be the prime source of information for much of the population prior to direct contact with FP information and service providers. It will take considerable time to build up a strong family planning extension program. Clinic-level education will be geared to limited motivational impact.

The IEC program is being designed so that audiences will be reached by a variety of media. This strategy is called "Mixed Media". The principle is to integrate different message channels (radio, television, print materials, direct contact, and audio-visual materials such as slides and videos). The public receives the same message from varied sources. Each medium plays a specific role in the strategy; each complements the others. Mass media will be used to convey basic information in a lively and attractive format. Fieldworkers and clinical personnel will provide information in a familiar, face-to-face context where two-way communication can be established. Print and other educational materials will provide in-depth, specialized information that can be explained, studied, taken home, and passed along to interested friends. Given the uneven quality and motivation of fieldworkers, such materials are central to a good IEC program. Teaching aids and take-home materials for contraceptive acceptors ensure that the information disseminated is complete, correct, and the same in all parts of the country.

The strategy calls for creation of a small range of media products during the first two years. They are described below.

Radio. The IEC strategy relies heavily on radio because of its wide audience, especially in rural areas. In the first year, regional broadcasts are proposed on Radio Kaolack and Radio Ziguinchor, the two regional stations covering project areas. As the project extends into new regions, the remaining two stations will be added.

During the coming year it is proposed that ORTS, SFHPP, and MPH staff begin developing a pilot radio drama series to reinforce birth spacing values. Because the series will be aired on the "chaine nationale" and could potentially generate demand for services in areas not covered by the project, the timing of release of the series is important. The SFHPP needs to assure itself that basic family planning infrastructures are in place before the programs are broadcast. In areas where services are not available from government clinics, the project needs to assure that they can be obtained through other sources (private or parastatal clinics or pharmacies). As part of the radio program, listeners should be directed to all appropriate FP sources (even non-project sources).

ORTS recently participated in a study tour to Mexico to look at TELEVISA's use of soap operas to disseminate FP information. Based on this experience, ORTS/MSD/MPH will expand on these recommendations during the May 6th workshop.

Television. Although television programs are expensive to produce, the medium offers the best way to reach a mass urban audience, the priority target group during the next year or two. The SFHPP proposes production of six spot advertisements (or one- to three-minute sketches).

An hour-long dramatic piece with subtle family planning themes will also be produced.

Teaching Aids for MSD and MPH staff. A basic set of audio-visual materials will be developed for use by service and extension personnel from the MPH, MSD, and other participating agencies in the public and private sectors. Priority will be given to production of 1) flipcharts, 2) flannelgraphs

with scenarios and cut-outs, and 3) a simple, illustrated question-and-answer book on family planning for easy reference by trained personnel.

Print materials for target audiences. High priority will be given to completing the three booklets for low-literates on proper use of the pill, condom, and IUD. Use of the brochures by FP staff while explaining method use to clients will ensure that a thorough explanation will be given. A large number of copies will be produced to ensure that clinics have enough stock to give a booklet to each method acceptor to take home. Service and extension personnel can also use the brochures to explain method use in face-to-face situations.

An additional priority is to produce a fourth booklet or flyer giving reasons for using contraceptives and a brief overview of available methods and sources. A leaflet outlining project objectives is also needed but has a lower priority than the other materials and should not be developed until they have been distributed. The booklet will be designed for fertile-age couples and the leaflet for decision-makers. A calendar will be printed each year for distribution to project affiliates, opinion leaders, and for general distribution in post offices, grocery stores, etc. More calendars should be printed than have been in the past to allow for greater dissemination. A calendar with photos can spread its message all year. The calendar also gives the addresses of clinics for those who desire FP services.

Video. The project is about to receive video equipment for use at the national and regional levels. During the second phase of the project, it is important to develop video material and train personnel to use it.

Video can be very useful for regional training programs. Video can give practical feedback to trainees practicing running "causeries," counselling, etc. It is important to train regional coordinators to use video for trainings.

The video equipment to be available in the regional centers can also be used to reach opinion and religious leaders and others. Video tapes should be developed with these target groups in mind. The tapes can explain government policy and national family planning activities. The same material can be shown on video monitors during open houses and other public events.

Slides. Given the difficulty of developing enough material to satisfy all the FP/IEC needs of the program during the first years of the new strategy, the project will buy slide sets already developed by others. The project will also hire an audio-visual specialist to develop slide sets. This person can tape commentaries on the slides in different national languages.

Newsletter. A short bi-monthly newsletter for service and extension personnel working in the FP program will help build morale, encourage collaboration, spread new ideas, and serve as a forum for publishing results of small studies of client records and analysis of community attitudes. This would help increase interest in keeping good service statistics and provide feedback about progress. The newsletter could also serve an "in-service" training function by providing new information about FP, sexually transmitted diseases, and sterility.

Interpersonal Communication Strategy

Clinic level counselling will focus on FP methods and their use. Community outreach by extension workers will emphasize motivation of the population by explaining the reasons for planning families, available methods, and their sources.

Clinic-level strategy. Among clinic staff, only midwives have been trained in IEC methods, even though they are very busy and this responsibility is often given to auxiliaries. MPH staff contacted by the team felt strongly that more clinical personnel should be trained. Three possible courses of action are:

- * To identify individuals in each FP center to provide IEC services such as orientation for women coming for FP counselling for the first time and instruction for women on proper method use. Although the staffing pattern in each clinic is different, possible candidates are assistantes sociales, auxiliares, and infirmières.
- * To train two or three non-FP clinical staff to motivate women who have come for nutrition, immunization, growth monitoring or other services. A large number of such women come to health centers every day; at present they are not being sensitized to FP. FP should be integrated into all health education currently taking place. Prime candidates for FP/IEC training are staff who organize "causeries" for the PPNS program. Other individuals with educational responsibilities should also be recruited.
- * To assign an MSD staff person to conduct IEC sessions in the clinics two to three times per week.

These staff do not need to receive the same, highly technical trainings given midwives. Instead, they should be expert with the basic knowledge necessary to counsel clients in FP.

Outreach Strategy

Most IEC efforts to date have focussed on outreach activities and the SFHPP has made an excellent start in establishing community-level education. The IEC Division is experienced in this domain and has many excellent suggestions for improving the program. Many of these were discussed during the three-day workshop in Saly in January. Key proposals include:

- * Training staff from all government ministries who come into direct contact with potential clients. This will be done only in those areas where FP services are already in place. This strategy will permit contacting a larger number of people not reached by MSD fieldworkers.

Some ministries will have fieldworkers who work more closely with men; this is an important target group.

- * Plans are underway to train village-level FP motivators. This is an exciting proposition. The SFHPP will be able to draw upon the considerable experience of the MPH "Soins de Santé Primaire" project in Sine-Saloum. SFHPP can profit from the lessons they have learned about training, supervising, and supporting village workers. To be effective, the village worker will need a simple IEC kit containing examples of the different methods and illustrated IEC materials, including materials for low-literate motivators.

These new strategies should be implemented gradually so that the supervision and IEC material needs can be established and the cost and management implications assessed. An evaluation component should be built into the programs.

Training new categories of personnel also means that the curriculum will have to be modified. While the plan is to train IEC agents, supervisors, and administrators all at the same time, it is essential to split up the groups according to their different tasks during some phases of the training program. Only in this way can the various staff receive practical experience in conducting FP/IEC activities appropriate to their own situation and organization.

Other Considerations

To be successfully implemented, the overall outreach strategy calls for:

- * Training regional IEC coordinators as fieldworker trainers so that new extension worker trainings can be decentralized and more workers can be trained. Such training, planned for the near future, is actually a refresher course. Regional coordinators were trained as trainers several years ago but have never been used for this function.

- * Developing IEC materials for use by motivators. These should be ready before fieldworkers and clinical staff are trained so that they will learn how to use the materials. Experiences of the past three years show that educational activities are seriously hampered by lack of appropriate instructional materials.
- * Developing a new curriculum for the motivators and new modules to supplement the existing IEC curriculum.
- * Creating good supervision plans and adequate budgets for transportation.
- * Holding regular coordination meetings between MSD, MPH, CER and other ministries at the regional, departmental, and arrondissement levels.

IV. MANAGEMENT OF IEC ACTIVITIES

In order to execute the large range of activities outlined above, the SFHPP IEC Division will need to be expanded. A study of existing work loads suggests that a third person should be added to the IEC staff. The two national coordinators have strong training and community outreach skills. SFHPP will study the possibility of having the MSD assign someone else to work in the "cellule." The individual selected should have experience in managing mass media projects and the production of print materials for low-literate audiences. Experience directing audience research and utilizing research findings to design FP messages is highly desirable. These skills will add to and complement those of the present staff.

Now, with the addition of a large mass media component and an intensification of production of audio-visual materials, it would be advisable to reformulate the division of tasks between the two national IEC coordinators. Up to this time, work was divided on the basis of geographical zones, with each coordinator responsible for activities in three of the six regions served by the project. It is recommended that the tasks be divided by function:

Coordinator A: Responsible for training, supervising the regional coordinators, motivational activities at the regional and departmental levels, publication of the newsletter, etc.

Coordinator B: Responsible for the mass media components and production of teaching aids and other audio-visual and print material.

If the third person is brought into the division, these responsibilities can be reassigned to permit more intensive action in the three areas of importance: training, mass media and audio-visual, and teaching materials.

It is also recommended that one of the ISTI staff be assigned on a regular part-time basis to help follow up on IEC activities initiated by the SFHPP staff. Such an individual would, for example, be able to obtain quotations about printing costs, work with translators, and check on work flow.

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In addition to those mentioned above, the team also met with 31 midwives from MOH, ASBEF, Croix Rouge, Caisse Nationale de Sécurité Sociale, Village d'Enfants SOS, and SOTRAC attending a family planning and IEC training in Saly.

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