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TRIP REPORT:

VISIT TO GHANA

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Dates of In-Country Work:
April 5-25, 1986

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EXECUTIVE SUMMARY

Wilma H. Lynn, Senior Program Officer, The Johns Hopkins University/Population Communication Services (JHU/PCS) visited Accra, Ghana, April 5 to 25, 1986.

The following was achieved:

1. The development of a three-year Maternal and Child Health/Family Planning/Information, Education and Communication (MCH/FP/IEC) Plan 86-89 for the Ministry of Health (MOH).

2. Review of Maternal and Child Health/Family Planning (MCH/FP) print materials and films.

Major Recommendations

1. The MOH IEC Committee and USAID should review and ratify the FP/IEC Plan.

2. Funds should be allocated for a field review of key IEC/FP print materials.

3. A two to three person team from the MOH should be funded for a 10-day study tour of MCH/FP/IEC programs in Kenya and Zimbabwe.

4. An IEC Advisor/Coordinator should be recruited immediately for the Health Education Division (HED) of the MOH.

5. A meeting of key the United States Agency for International Development (USAID) centrally funded agencies involved in MCH/FP in Ghana should be held to discuss collaboration strategies in support of the MOH IEC plan.

LIST OF ABBREVIATIONS

APPLE	-	Association of People for Practical Life Education
A/V	-	Audio/Visual
CBD	-	Community-Based Distribution
CSM	-	Contraceptive Social Marketing
FP	-	Family Planning
GBC	-	Ghana Broadcasting Corporation
GFIC	-	Ghana Film Industry Corporation
GIMPA	-	Ghana Institute of Management and Public Administration
GNFPP	-	Ghana National Family Planning Program
GOG	-	Government of Ghana
GSMP	-	Ghana Social Marketing Program
HED	-	Health Education Division
IEC	-	Information, Education and Communication
IMPACT	-	Innovative Materials for Population Activities
INTRAH	-	International Training in Health
IUD	-	Intrauterine Device
JHPIEGO	-	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/PCS	-	The Johns Hopkins University Population Communication Services
KAP	-	Knowledge, Attitude and Practices
MCH	-	Maternal and Child Health
MOH	-	Ministry of Health
MOI	-	Ministry of Information
NGO	-	Non-Government Organization
PANA	-	Pan-African News Agency
PHC	-	Primary Health Care
RAPID	-	Resources for Awareness of Population Impact and Development
RIPS	-	Regional Institute for Populaton Studies
SOMARC	-	Social Marketing for Change
TBA	-	Traditional Birth Attendant
USAID	-	United States Agency for International Development

Purpose of Trip

Wilma H. Lynn, Senior Program Officer, The Johns Hopkins University/Population Communication Services, visited Accra, Ghana April 5 to 25, 1986 to provide technical assistance to the Ministry of Health in developing an MCH/FP IEC plan.

Ministry of Health MCH/FP IEC Plan 1986-89

During the visit, Lynn worked with a six-person team from the Ministry of Health headed by Dr. Charlotte Gardiner; Head MCH/FP Division. The team included Mrs. Martha Osei and Mrs. Mary Arday-Kotei from the Health Education Division, and MOH trainers Ms. Florence Quarccopone, Ms. Victoria Assan, and Mrs. Alma Adzraku. The team designed a three-year plan for the Ministry which focuses on the following areas:

a) Training and interpersonal communication: MCH/FP and IEC training to enable public and private sector health personnel to provide effective counselling about MCH/FP and contraceptives.

b) Materials Development: Development of basic instructional and A/V materials for use in clinics, communities and family life education.

c) Mass Media: Creation of a strong mass media ~~and interpersonal information program~~ in support of interpersonal communication to promote acceptance of family planning.

d) Institution Strengthening: Providing the MOH/HED with the institutional support (human and material) to conduct identified program activities.

Based on the IEC Plan (Appendix B), the HED has identified a number of key activities to be implemented at the start-up of program, targeted for June 1986. First, the MOH has established for the benefit of the program a materials review team to examine key local and international print materials that can be utilized for MOH MCH/FP training and IEC outreach. The review team, which was formed and had its first meeting during the visit, will analyze all available local materials. Second, the MOH's recently established IEC Committee comprising key representatives from the public and private sector is to review

and discuss key aspects of the IEC plan. Based on the team's findings, specific recommendations will be made for MOH and USAID implementation of program activities.

A key criteria for the implementation of the plan will be the financing of on-going program activities. At present, USAID/Accra is investigating all available sources of funding for program implementation. However, it is likely that a majority of funding will have to come from USAID centrally-funded agencies such as JHU/PCS. Towards this end, the Mission has endorsed a call for key U.S. agencies which are active in Ghana to meet. Included are SOMARC, IMPACT/PRB, and RAPID II. The Health Com project is also being contacted regarding possible participation in health IEC.

JHU/PCS has been asked by the Mission to serve as the primary agency to coordinate MOH MCH/FP activities in Ghana and as such will take a lead role in assisting the USAID/Accra and the MOH to obtain the necessary support for key IEC activities.

MOH Materials Reviewed

A review of 23 specialized and general FP information booklets and papers provided by JHU/PCS from programs worldwide was conducted. The majority of papers and books reviewed pertained to general FP methodology. However, specialized information on the pill; the condom; the IUCD; foam tablets; and foam was also reviewed as were booklets targeted at youth. (See Appendix C for List of Materials Reviewed.)

The review was conducted by a five-person team from the Ministry of Health and was aimed at assessing the material's content and format for applicability to Ghana's FP material development needs. Specifically, the team reviewed each item under the following categories: a) appropriateness for use in MOH training levels C through A; b) suitability for clients; c) language format; d) pictorial and graphic suitability; e) content; and f) cultural acceptability. A scale from 1 (lowest) to 5 (highest) was used to rank each item. The team made recommendations based on the review of the type of material that the IEC program could develop for MOH training in levels C, B and A and for clients. These recommendations will be used in a field material review exercise to be

conducted by the MOH and a local agency. A mock up series of booklets will be developed for field testing. The results will indicate directions for an MOH training booklet on general FP methods and a separate one for clients. Also based on the review, the MOH has identified a series of core articles and reports on general FP information that can be photocopied and used as hand-outs during MOH training. To further support this exercise, JHU/PCS is to provide the MOH with sets of Population Reports. FP training aids and films will also be solicited by JHU/PCS on behalf of the MOH from various US agencies.

A review team from the MOH and GNFPP also viewed two locally produced and three foreign FP films for possible use in the new IEC program. The two local films entitled "Family Planning in Ghana" (Color 1970) and "Planning a Family" (Color, 1970) unfortunately were quite out-dated in terms of FP information, messages and program emphasis. However, with some re-editing both films could be used today as general motivational films. Nonetheless, JHU/PCS will provide the MOH with a basic inventory of available films from its Media/Materials Collection (M/MC) to supplement those in training and motivation. (Films List mailed to HED in April, 1986.)

Conclusions and Recommendations

After years of diminishing financial and institutional support, MOH and NGO family planning services in Ghana have reached a critically low state. This states is generally characterized by very limited health care support services, particularly at the village and community levels; low morale among service providers; poor working conditions, particularly with regard to management and transport support; and a variety of indigenous factors which when combined make seemingly the smallest work tasks formidable ones to implement.

As a direct result of USAID's active and intensified support for the development of the MCH/FP sector in Ghana, a significant increase in the amount of population assistance is being injected into both the public and private sector. This assistance ranges from the supply of contraceptives to the development of IEC materials for key target audiences. While a substantial amount of assistance is being directed at the private sector through such programs as the Contraceptive Social Marketing Program, the majority is being directed at the

public sector via the Ministry of Health. Unfortunately, assistance intended to strengthen MOH institutions and improve service delivery is not yet on par with the level and intensity of donor agency programmatic interventions.

Against this background, the IEC Plan for the MOH MCH/FP program which was developed in light of critical MOH program needs and targeted objectives relies on a number of planning assumptions which, if not realized early in the program, may result in a breakdown in program implementation. Critical among these assumptions is that finances will be available for planned activities and that service and contraceptive supplies will be at levels conducive to client needs. Also service providers, especially those at MOH Levels B & A, have to be trained in MCH/FP to the point where they can efficiently and confidently cope with client FP concerns and problems. These achievements will take time as well as a strong Government commitment and MOH program support. Therefore, the IEC Plan underscores the need for a slow and cautious approach to IEC outreach so as not to overload and overextend institutional capabilities and undermine program gains.

Close collaboration and cooperation between the centrally-funded USAID cooperative agencies working in the health and population sector in Ghana are necessary to ensure, on the one hand, that the MOH is not overburdened with donor programs and, on the other, that needed financial support is targeted at supportive and complementary activities. It is expected that, at the local level, program coordination will be greatly facilitated by the recruitment of a qualfied IEC Coordinator/Advisor for the Health Education Division.

This consultant also recognizes that key staff at the MOH need to be exposed to MCH/FP programs in other parts of the world. This type of exposure will provide new insights into MCH/FP program management and support systems. Kenya and Zimbabwe have MCH/FP programs that can provide valuable insights to a team of MOH program officers. USAID should consider providing the financial support for a team visit to both countries to observe MCH/FP programs.

Major Recommendations

1. The MOH IEC Committee and USAID should review and ratify the FP/IEC Plan.

2. Funds should be allocated for a field review of key FP/IEC print materials.

3. A two to three person team from the MOH should be funded for a 10 day study tour of MCH/FP/IEC programs in Kenya and Zimbabwe.

4. An IEC Advisior/Coordinator should be recruited immediately for the HED of the Ministry of Health.

5. A meeting of key USAID centrally-funded agencies involved in MCH/FP in Ghana should be held to discuss collaboration strategies in support of the MOH IEC Plan.

APPENDIX A

LIST OF CONTACTS

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APPENDIX B

D R A F T

MINISTRY OF HEALTH

MCH/FP IEC PLAN

GHANA

1986-1989

Design Team: MOH/HED

Dr. Charlotte Gardiner
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Mrs. Mary Arday-Kotei
Ms. Victoria Assan
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LIST OF ABBREVIATIONS

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HED	-	Health Education Division
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IP	-	Interpersonal Communication
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JHU/PCS	-	The Johns Hopkins University Population Communication Services
MCH	-	Maternal and Child Health
MOH	-	Ministry of Health
NGO	-	Non-Government Organization
PHC	-	Primary Health Care
RIPS	-	Regional Institute for Populaton Studies
TBA	-	Traditional Birth Attendant
USAID	-	United States Agency for International Development

INTRODUCTION

Ghana's population has experienced a rapid rate of growth, increasing more than fivefold between 1921 and 1980. The United Nations estimates place the 1985 population at 13.5 million reflecting an average annual growth rate of 3.25 percent for the 1980-85 period. Projections are that Ghana will enter the twenty-first century with a population of about 22 million, almost twice the 1980 figure.

Since 1960, the total fertility rate has remained almost constant at 6.5 with considerable variation from place to place and group to group. Rates vary from 5.9 in the Accra Capital district to nearly 8.0 in Asante and Brong Ahafo Regions. The crude birth rate, 47 per 1000 in 1980-85, has remained relatively constant over the last three decades. In 1980, 46 percent of the population was below age 15.

In 1969, the Government of Ghana recognized the importance of the long-term consequences of continued rapid population growth and developed an official population policy. A year later, it established the Ghana National Family Planning Programme (GNFPP) within the Ministry of Finance and Economic Planning, with the objective of providing family planning services to all Ghanaians.

The five year Development Plan (1975-80) emphasized the need to reduce population growth through a reduction in fertility. The target established for the year 2000 was to lower the growth rate to 1.8 percent. In the plan, the Ghanaian government also emphasized the serious consequences of the country's high birthrate on health and the vital importance of health to economic and social development.

Successive governments have endorsed the population policy by providing administrative and financial support to the GNFPP. The Provisional National Defense Council, since coming to power in 1981, has continued this commitment in the face of scarce resources and economic instability. Rapid population growth is seen as the country's most significant problem.

A major outreach goal of the Ministry of Health (MOH) of the Government of Ghana is that, through Maternal Child Health/Family Planning (MCH/FP),

Ghanaians accept the idea of MCH/FP and child-spacing as viable and integral to promoting the health of their families within the context of the socioeconomic development of the country. As part of its strategy, the MOH intends to pursue a two-pronged approach. The first, as stated by Ghana's Secretary for Health at the launching of the Ghana Social Marketing Program, April 16, 1986, will make use of public sector clinics, health centers, hospitals and community-based health programs; and provide training and teaching materials for the widest and most effective interpersonal information and education. The second, will utilize the resources and facilities of the private sector through the resuscitation of the Ghana Contraceptive Social Marketing Program.

Against this background, the Health Education Division of the MOH has developed a detailed Information, Education and Communication Strategy and Plan of Action to support the MOH program for MCH/FP. The IEC Plan also complements the IEC component of the USAID-funded Contraceptive Supply Project (CSP). The CSP seeks to assist the MOH/Health Education Division (HED) goals for MCH/FP through a program plan targeted at increasing the utilization of family planning services available through both the government and private sector health services infrastructure and outreach system.

Objectives

Within this framework, the MOH/HED IEC Plan will seek to implement, over a three-year period, a variety of activities to help achieve the major objectives of the MCH/FP IEC program. These objectives are:

A. To strengthen the capabilities of the MOH/HED to effectively achieve the goals and objectives of MCH/FP particularly through public sector clinics.

B. To change the attitudes and behavior of MOH and non-governmental organization (NGO) service providers about FP so as to provide effective counseling for clients.

C. To help promote and generate increased client acceptance of MOH and NGO contraceptives and FP services from 6 to 14 percent.

D. To motivate males (rural and urban) and increase their awareness and use of FP methods and encourage them to allow and/or encourage their sexual partners to use FP.

The activities proposed in this plan are limited to MCH/FP activities of MOH. Activities under the Social Marketing for Change (SOMARC) project and those under the Innovative Materials for Population Action (IMPACT project are expected to be complementary to this proposed plan.

Program Assumptions:

The activities targeted under the IEC plan are based on the following assumptions.

1. The MOH/HED will be the primary agency responsible for the management and implementation of activities under the IEC plan, specifically those which relate to public sector services. Staff and resources, as identified, will be available for execution of the program.

2. The Government of Ghana and the MOH have given official approval and support to the activities targeted under the IEC plan.

3. MOH/NGO services and contraceptive supplies will be at a level satisfactory to facilitate IEC program objectives.

4. Additional field research on key target audiences will be conducted and analyzed to validate program activities.

The IEC Plan

Based on the aforementioned objectives and assumptions, the IEC plan to enhance MOH/NGO FP and contraceptive outreach focuses on the following areas:

A. Training and interpersonal communication: MCH/FP and IEC training to enable public and private sector health personnel to provide effective counseling on MCH/FP and contraceptives.

B. Materials Development: Development of basic instructional and A/V materials for use in clinics, communities and family life education.

C. Mass Media: Creation of a strong mass media in support of interpersonal communication to promote acceptance of family planning.

D. Strengthening of Institution: Providing the MOH/HED with the institutional support (human and material) to conduct identified program activities.

The plan will be implemented in three 12-month phases over the life of the three-year USAID supported Contraceptive Supply Program.

Program Plan:

The MOH/HED (Regional/District Health Education Units included) will be the institution responsible for the day-to-day management of activities under the IEC plan specifically with regard to public sector activities. An IEC Advisor/Program Coordinator, local hire, will be recruited in early Phase I. The IEC Advisor/Program Coordinator will be directly responsible to the head of the MOH/HED. The recruitment of a half-time A/V producer or possible mass-communication intern will facilitate the management of HED equipment procured under this program. The producer and the IEC Advisor will assist in coordinating mass media production programs and special activities with key local institutions and agencies.

Phase I:

Phase I activities will target MCH/FP Service Providers within the MOH/NGO system. Emphasis will be placed on changing those attitudes and behavior patterns which are viewed as dysfunctional to the attainment of MOH/FP goals. A two-pronged program has been developed which places emphasis on (a) increased MCH/FP content in MOH training and (b) improved clinic and community-based interpersonal communication and mass media support. Since improved MCH/FP training falls outside the terms of reference of the IEC program, this plan restricts itself to providing recommendations and strategies for effectively improving MCH/FP training. Improved IEC clinic-based interpersonal communication as well as mass media support are targeted through a series of clearly defined prioritized activities. Along with enhanced knowledge of MCH/FP, improved client counseling techniques are seen as critical variables in encouraging client utilization of MOH/NGO FP services.

In order to avoid overburdening and exhausting already stretched human and institutional MOH training resources, an attempt has been made, wherever

appropriate and possible, to inject enhanced MCH/FP and IEC/FP training support for the Service Providers at the three MOH levels, C, B & A (See Table II after page 19). However, over the long-term of the Plan, specialized IEC/FP training programs have also been identified for implementation both within and outside the current MOH training. Over the long-term, MOH MCH/FP Training will be improved with the establishment of a Core Team of MCH/FP Trainers comprising at the first stage, some 30 staff from Levels C & B. In Phase I the Core Team will receive specialized training in a Core Team MCH/FP and Communication workshop. A workshop activity will serve as an opportunity for the MOH and the Core Team of Trainers to develop specific training and counseling strategies for MOH and NGO MCH/FP Training at Levels C, B and A. Following this workshop, members of the Core Team will provide Training both within the MOH Training programs as well as outside to Level B staff. Level B staff, in accordance with the present MOH Training strategy, will then train Level A staff at the community level. It should be noted that since the MOH intends to take responsibility for the training of all Health Service Providers, both public and private sector, NGO training needs should be complemented by this approach.

Whenever possible, local (Ghanaian) faculty and resource personnel will be used to support the training activities identified in the Plan with specific regard to IEC/FP training. This plan recognizes the existence, locally, of a large cadre of recently trained IEC/FP personnel. Attempts will be made to locate such trained personnel for their involvement in various aspects of the IEC/FP program. Similarly, the plan emphasizes full utilization of existing local and regional training institutions as well as materials production facilities to assist program execution.

The curriculum for the core team and the subsequent curriculum for training field workers will be based on a KAP survey of representative number of field workers as well as their perceived needs. The survey would also ascertain what kind of A/V, print or mass media support are needed in order to increase their job performance. The IEC training programs to be developed shall also take into account practical field visits. In this way, the training becomes also an IEC field activity which may help recruit acceptors.

A structured approach to IEC training to complement the field perspective will be developed by the HED with assistance of the GIMPA and an IEC consultant.

Phase II

In Phase II, after satisfactory completion of key prioritized training activities, the IEC plan will focus on the implementation of those activities targeted at promoting and generating increased client acceptance of MOH/NGO contraceptives and FP services from 6 to 14 percent (Table III). In this phase, client related activities have been prioritized for specific target audiences based on MOH program directions. Activities related to (a) increasing client knowledge and information (how-to) on FP contraceptives; (b) dispelling popular rumors and misconceptions related to modern contraceptives and FP; (c) increasing client acceptance of the oral contraceptive pill; (d) development of specialized clinic and community-based counseling programs between clients and service providers; (e) activities aimed at emphasizing among the target audiences the need to delay childbearing until age 20+; and (f) providing information on the role of childspacing (three year intervals) for child survival. The target group for selected activities within Phase II are those considered by the MOH to be at high risk; that is, fertile women 15-19 about to marry, women above age 35, women with childbirth intervals of less than three years, women with more than four pregnancies. Males have also been identified as priority targets.

Phase II of the Plan concentrates also on the development and dissemination of a mixture of mass media and interpersonal communication activities aimed at the target audience. The IEC strategy matrix Table III identifies a wide variety of IEC activities which can be implemented by MOH and NGO agencies to facilitate program objectives; however, given current levels of MOH/HED institutional resources to conduct activities, this plan emphasizes a slow and cautious approach to mass media materials and interpersonal communication activities development. To facilitate this approach, a key activity for message development and mass media programming is seen as an HED-sponsored workshop for broadcasters and journalists to take place either in Phase I or early Phase II. Also, emphasis will be placed on: a) the development of general FP information materials over specific contraceptive method materials and (b) the establishment of a pilot clinic/community counseling program in four regions for service providers and key target audiences. The pilot clinical activity will focus on developing protocols and IEC programs for service provider counselling and client motivation at the district level. Specific districts in four regions will be selected by the MOH/HED

to conduct this exercise. A companion activity for the same districts will be a pilot contraceptives promotional exercise for first-time acceptors and clinic users. (See Tables II and III for a breakdown of proposed IEC activities.) All attempts will be made to provide NGO's with FP materials developed under this project.

Phase III

Phase III of the program plan is directed at motivating males (rural and urban) and increasing their awareness and use of FP methods. However, special attention will be aimed at the implementation of specialized and complementary activities which are a natural outgrowth of activities in Phases I and II. In this Phase, the MOH has identified four primary audiences at which to target activities. They are (a) males about to marry; (b) fathers; (c) opinion leaders, i.e. chiefs, religious leaders, politicians, elders; and (d) male Traditional Birth Attendants (TBAs). At this time it is felt that a specialized mass media (multi-media) and interpersonal male responsibility and involvement campaign should be designed as a primary activity under Phase III for males within this target group. Other specified activities are identified in Table III and involve use of traditional broadcast and print media as well as interpersonal communication forums.

The execution of activities in each phase of the IEC plan allows for optimum flexibility and re-emphasis as well as re-direction based on MOH MCH/FP program directions and resource allocations. Therefore, it is recognized that while the plan lays down a recommended framework and approach for the implementation of activities as identified, there will be modifications and changes that will be necessary over the initial phases of the program.

Throughout the development of this plan, the MOH design team has had to depend on their personal knowledge and observation of key audiences and characteristics in the task environment. This dependence on qualitative observation has stemmed from the acute lack of current data on MOH MCH/FP services, audience knowledge, attitudes and practices (KAP) about family planning as well as media habits. Arising out of a Needs Assessment by a JHU/PCS team (see Parlato, Senior N/A Oct-Nov 1985), initiatives have been made to conduct some preliminary research and analysis on MCH/FP trends in Ghana. A literature review of Ghana MCH/FP KAP and communication studies was commissioned in January

1986. The results of this review, when completed, will be incorporated into the plan. The results of an MOH clinical survey and field research among service providers at Levels B and A, which will be conducted by mid 1986, will also be applied to the plan to further strengthen its base. In this sense, the recommended key program objectives and key activities as well as messages may have to be modified and adjusted according to the findings of parallel research activities.

The Research and Evaluation component of the plan puts forward additional activities and their related phases for execution so as to foster the maintenance of a sound reservoir of data and statistics for IEC programming.

DIFFUSION OF HED IEC ACTIVITIES MCH/FP

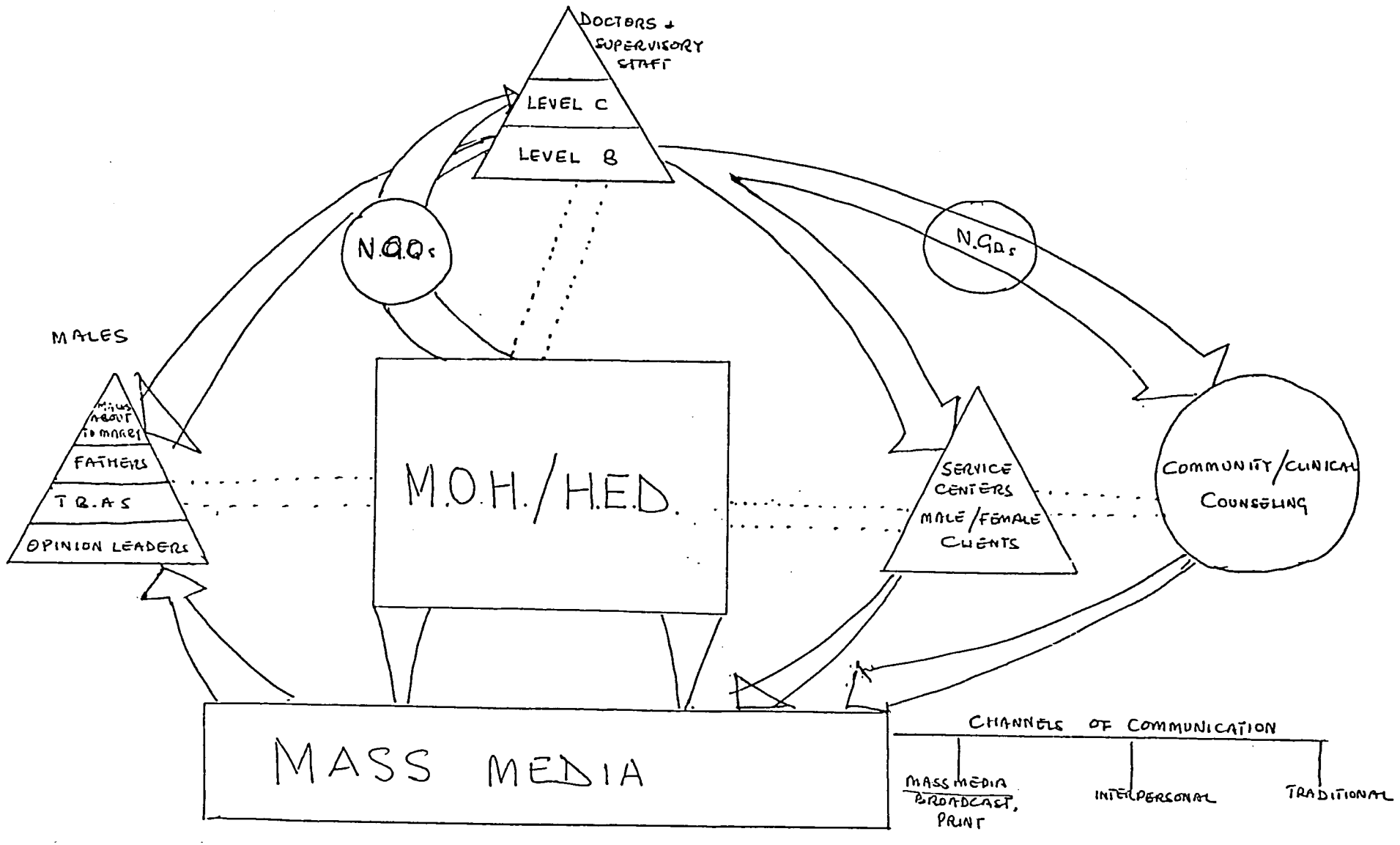

fig.

PROGRAM PLAN

In an IEC needs assessment for Ghana (November 1985) Senior and Parlato recommend that the Health Education Division (HED) of the Ministry of Health (MOH) be assigned prime responsibility for administering the IEC program since, as they argued, MOH direction and day-to-day input is the key to establish an effective communication program for MCH/FP in Ghana. However, the HED and its district offices have little experience in the planning and management and implementation of comprehensive IEC programs involving both interpersonal and mass media efforts. Therefore, this plan recognizes, as its primary objective, the need to strengthen the capability of the MOH/HED through a series of program inputs which will occur throughout the phased activities of the Plan.

Objective A

To strengthen the capability of the MOH/HED and its field units to help achieve the goals and objective of MCH/FP program.

Problem Statement

The HED is the department charged with the responsibility of educating the public with respect to all matters relating to health, including population, MCH and family planning. It activities relate to eight program areas. These areas are: a) school health; b) communication; c) family health; d) planning and documentation; e) training; f) environmental occupation; g) hospital care and non-communicable diseases; and h) communicable disease control.

The Division is staffed by six full time health educators and health education officers at the national and regional (provincial level). Additional staff members are expected to join the staff this year. Its main problems relate to 1) the lack of trained staff to adequately carry out programming responsibilities; 2) inadequate financial support; and 3) no clear management and program support system between central and regional levels of the Division.

Institution Strengthening

Activities aimed at satisfying the program objectives of strengthening HED institutional capabilities will be ongoing through each phase of the plan and

targeted at training health educators and developing a management capability necessary for program execution.

Specific activities are:

1. To establish standard in-service training programs in IEC for health educators.

2. To acquire adequate supply of audio-visual equipment for use at the district level.

3. To identify the IEC needs at Level B and plan accordingly.

4. To equip health educators with material development, utilization and evaluation skills.

5. To attend overseas IEC training courses.

6. To integrate IEC/FP activities into other HED program activities.

7. To recruit qualified personnel to do IEC activities.

Under the IEC Plan, an IEC Advisor/Program Coordinator, local hire, will be recruited in early Phase I. One of the first tasks of the IEC Advisor will be to undertake an organizational diagnosis of the HED to access its organizational and staffing status vis-a-vis key activities identified in the plan. Such an organizational diagnosis will serve to determine clear lines of authority and job responsibilities for key HED central and regional staff for activities in the MCH/FP IEC program and establish linkages between the MOH/IEC Committee and the HED for purposes of message development, program ratification and coordination. The recommendations proposed as a result of the diagnosis will then be presented for approval to appropriate MOH authorities.

The Advisor will also be responsible for activities related to materials development, and sub-contracting, development of special campaigns, materials distribution to the regions and coordinating with the core training team for IEC/FP training. The IEC Advisor/Program Coordinator will be directly responsible to the head of the MOH/HED. The Advisor will supply the Head, MOH/HED with a

quarterly plan of his activities within the program and a monthly program status report. Periodic monitoring and program assessment will be undertaken by HED staff. A quarterly report (financial and progress) will be submitted to USAID.

The recruitment of a half-time A/V producer or secondment of an MOIB producer or possible mass-communication intern will facilitate the management of HED equipment procured under this program. The producer and the IEC Advisor will assist in coordinating the mass media production program and special activities with key local institutions and agencies. It is recommended that the Ghana Institute of Management and Public Administration (GIMPA) be the primary institution responsible for assisting the HED in IEC training.

One of the major thrusts towards the strengthening of the capabilities of the HED in the IEC programs would be to identify and train interested health personnel in the basics of health education so that they can perform and coordinate health education activities at the district level. A proposed MOH three-month training program now scheduled by the MOH for FY 86 will be followed up and implemented by November of this year.

To further the capabilities of the HED staff, an audio-visual skills training workshop is proposed. This workshop Table II should come on during the first phase of the program. In the same context, the staff of the Division should be provided with the opportunity to attend short courses and workshops in order to upgrade their skills in materials development and utilization and evaluation of programs.

As part of the total package for the IEC on MCH/FP, the division would need the supply of necessary equipment both at the national and regional levels and then at a latter stage at the district level. (See Provisional Budget for list of equipment.) At the regional level the regional health education officers would see to the proper storage, use and maintenance of the equipment. The HED recognizes that there is a serious need to identify HED program management problems and IEC needs at the regional district and community levels. To this end, a task of the IEC Advisor and short-term consultant will be to assist the head-office staff in reviewing in-house IEC training procedures vis-à-vis HED needs. This review will give directions for program management at the lower levels and also suggest ways for efficiently getting materials on time to the

regions, districts and health center levels. In order for the HED not to seem to be doing only MCH/FP activities, it is suggested that such activities as nutrition and communicable disease should be integrated into the MCH/FP program. Such an integrated approach to program implementation would support and lend further credibility to the MCH/FP program.

A vehicle or two to the HED for program implementation and monitoring should be considered. There would also be the need to employ few other specialized workers to work with the division. An IEC Advisor to act as the Program Coordinator would be ideal. (See Appendix for Job Description) The idea of the HED acquiring the services of a National Serviceman to take charge of the Research and Evaluation Unit of the Division should be fully pursued along with an intern or half-time A/V producer. Also the artist of the Division would need to have orientation of the right presentation of health situations. A one month in-service orientation course is therefore suggested.

At the initial stages of program implementation some technical assistance from key overseas agencies identified under the Plan is envisaged. Technical Assistance will be needed particularly for conducting specialized workshops, campaigns and evaluation exercises. The MOH will request such TA as identified in the plan and as program needs arise.

At the end of the first year, an evaluation team comprising foreign and local IEC consultants will undertake a comprehensive evaluation of activities in Phase I. The team will also evaluate the use of key IEC personnel and program equipment as well as financial disbursements.

Research and Evaluation

Ongoing and integrated MCH/FP evaluation and research are viewed as critical factors in assisting the MOH/HED to measure the effectiveness and impact of key IEC interventions outlined in the IEC Plan. The design of the Plan in part is supported by baseline data analyses which include a KAP study to determine male and female awareness and use of FP modern methods, an MCH/FP literature review, an IEC Needs Assessment and a clinical survey. An attempt was made, given current information, to identify measurable evaluation targets for IEC interventions. However, a serious limitation to the development of across-

the-board realistic and measurable targets for IEC intervention is the current lack of information on FP and contraceptive acceptor levels and a KAP among the key target audiences identified in the Plan. Similarly, information is also limited on levels of use of the mass and traditional media by target audiences.

In Phase I individual activities related to training will depend on current and enhanced MOH training evaluation protocols to measure their effectiveness. Wherever possible the MOH and HED will build into training workshops and seminars questionnaires to test participant levels of knowledge and information retention of key MCH/FP and IEC/FP subjects. Specialized workshops and IEC courses will have strong built-in evaluation protocols.

Rigorous attention will be paid to institutionalizing formative and summative evaluation procedures for the development of all HED print and mass media products. TA in the HED in research and evaluation will facilitate this goal. A KAP study targeted for MOH levels A and B early in Phase I of the Plan will provide also some further information on which to establish and revise existing targets and measures for preliminary IEC activities. At the end of Phase I or the implementation of key IEC activities, in this phase it is recommended that an evaluation of all major activities be conducted as part of an integrated MCH/FP IEC evaluation. Such an evaluation is necessary to verify program directions, messages and activities in Phase II of the Plan as well as establish new evaluation targets for activities. Similarly, an evaluation at the end of Phases II and III should be conducted. Technical assistance is recommended for this initiative.

Integration of all IEC activities undertaken by the HED is seen as an important strategy for fully utilizing the department's resources. Therefore, this plan recognizes the need to integrate key program activities, including evaluation and research, wherever possible with current and ongoing HED activities in the six MCH/FP program areas.

Substantial program monitoring will be undertaken by key HED staff and cooperating agencies at regular intervals in the program.

TABLE I

IEC STRATEGY MATRIX OBJECTIVE A

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM ACTIVITIES/ OBJECTIVES	KEY IEC ACTIVITIES	OTHER SUPPORT ACTIVITIES
HEALTH EDUCATION OFFICERS - Diplomas in HED - Masters in PH (HED) - Exposed to audio-visual material development and use - Exposed to communication techniques - Lack in-depth knowledge in IEC-FP	Increase HED and Regional/District capabilities through: 1. improved manpower skills in a) IEC needs assessment; b) integration of FP into other HED activities; c) production skills; and d) research and evaluation. 2. Increase availability of A/V equipment.	1. Establish standard in-service training program in IEC for health educators. 1a. Review existing IEC training procedures vis-à-vis HED needs. IEC consultant to develop IEC training component. 2. Acquire adequate supply of audio-visual equipment for use at the district level. 2a. Develop supporting material IEC/FP manual. Identify responsible institutions. 3. Identify the IEC needs at level B and plan accordingly. 3a. Conduct a KAP survey to identify IEC needs at level B and A. MOH/HED staff to participate in CAFS July workshop. 4. Integrate IEC/FP activities into other HED program activities. 4a. HED to write a program strategy showing lines of integration of IEC activities in all 6 MOH program areas. 5. To recruit qualified personnel to do IEC activities. Recruit half-time audio-visual production/intern and IEC advisor.	1. Equip health educators with materials development, utilization and evaluation skills. 2. Write a proposal to GOG/MOH for support for equipment and transportation 3. Attend overseas IEC training courses.

Objective B:

To change the attitudes and behavior of MOH/NGO service providers about FP so as to provide effective counseling for clients.

Problem Statement

Service providers at health stations, polyclinics and hospitals (MOH & NGO) are in general not supportive of family planning. This lack of support is viewed as directly related to their lack of knowledge about the effects, application and safety of FP, information on the availability and use of contraceptive methods available and the role of birth spacing in child survival and maternal health.

This problem is viewed as particularly critical at Level B within the MOH. At this level, service providers in health stations are usually the first persons clients meet in the MOH service-related program. The IEC strategy, therefore, has identified MOH/NGO service providers at Level B to be the primary target audience for a series of activities aimed at changing their attitudes and behaviors. A secondary target audience are the Service Providers at Level C who serve as Trainers of Level B staff. Other target audiences are village health workers at Level A and doctors, pharmacists and supervisory health staff (See Table II).

Phase I of the program covers a twelve month period from June, 1986, the targeted date for start-up of IEC MCH/FP activities.

Phase I activities are targeted at MOH MCH/FP Service Providers as well as those serving in a pilot counselling program proposed for four regions to be identified by the MOH. A companion activity for the same area will be a pilot contraceptives promotional exercise for first-time acceptors and clinic users. Specific target audiences identified are service providers at the Priority Target Level (Level B); at the Secondary Target Level (Level C), the Tertiary Target Level (Level A). Also included at a low priority level are doctors, pharmacists and supervisory medical personnel. The primary program objective for IEC activities in this phase will aim at changing the attitudes and behavior of MOH/NGO service providers about family planning so as to provide effective counseling for clients.

The plan emphasizes enhanced MCH/FP and IEC training for the priority target audiences and has identified a series of program interventions that can meet the specific program objectives. Based on a prioritized rating, a series of specific programming objectives have been identified from which key IEC and other support activities have been designed. The MOH has placed a priority ranking on the following:

1. Establishment of a core MOH/HED MCH/FP team of trainers comprised of key personnel from MOH levels C & B.

2. Conducting a specialized training exercise for the core team outside the current levels of MOH training.

3. Providing interim support for MCH/FP and IEC training within the framework of current MOH training programs and schedules of activity.

4. Developing an appropriate and relevant MCH/FP training component for Level B of MOH service provider.

5. Obtaining accurate information on the KAP of MOH/NGO service providers at Level B and if possible Level A.

The HED views the establishment and selection of a core team of MCH/FP trainers with IEC expertise as a fundamental approach to the short and long term achievement of its program goals. The core team approach to MCH/FP training will provide a key cadre of specially trained MCH/FP staff that will serve as the primary trainers of trainers at Levels C and B and therefore facilitate the swift diffusion of knowledge and information at the District and Community levels. This team will also provide specific training and input into the proposed MOH pilot counselling program for four regions. This program will provide a controlled environment to test service provider training skills and counselling programs. Selection of members of the core team (approximately 30 staff from Levels C and B) will be the prerogative of the MOH training unit; however, emphasis of participants should be at Level C, since they are the trainers of Level B. During a

specialized training and orientation workshop for the core team, the participants will be expected to make recommendations to the MOH and HED on specific strategies to improve IEC outreach and materials dissemination throughout the various regions, and also, to fully participate in the design and implementation of integrated MCH/FP training and counseling programs at the various levels.

A critical tool to facilitate the work of the MCH/FP program and that of the core team will be an MCH/FP training manual with a built-in enhanced IEC component that can support program directions. As a first step towards the development of the IEC training manual and component, the MOH will recruit a short-term IEC consultant for assisting in the development of the IEC training manual and component. The curriculum for the core team and the subsequent curriculum for training field workers will be based on a KAP survey of representative number of field workers as well as their perceived needs. (See Table II.) The MOH/HED has established a Review Committee to make recommendations on appropriate training materials and support strategies. Concurrently, the MOH is working on the development of a standard Training Procedures Manual for all levels, for MCH/FP training. Recommendations have also been made for the development of a training plan for the short and long term for MOH MCH/FP training.

In addition to improved MCH/FP information, the MOH views increasing the counseling and interpersonal communication skills of service providers as an important aspect in changing their attitudes and behavior. Therefore, increased emphasis will be placed on providing counseling skills training, both within the current schedule of MOH training and within specialized training programs. Towards this end a series of counseling guidelines and protocols will be reviewed for their applicability to the MOH needs. (For example, guidelines used in such programs as the Ghana Christian Council program and the Zimbabwe National Family Planning Council CBD program for motivation of clients will be reviewed.)

The proposed pilot counselling program will also include a practicum in which the trainees would be actively reaching new acceptors.

While Phase I program activities pay special attention to enhanced training for service providers, emphasis will be placed also on providing the staff with the necessary support materials and equipment needed for program implementation.

At the initial stage, a general FP method flipchart or booklet for use in training will be developed. Also, the MOH will place on order a number of training support materials such as films, anatomical models, etc., that are identified for purchase. The MOH recruitment of a local hire, short-term IEC consultant to provide support for IEC training will facilitate this thrust.

Throughout this Phase, the mass media will be utilized to support the objective of changing the attitudes and behaviors of service providers. It is expected that the planned KAP survey would also ascertain what kind of A/V, print and mass media support are needed to increase the job performance of service providers. A key strategy for improving morale and motivating change will be a PR campaign for service providers. This mini-campaign will see the placement of advertisements and messages in the print and broadcast media targeted at marshaling public support and approval for MCH/FP service providers. The trainees in the on-going MOH training program will be also oriented to the objectives of this campaign.

The PR campaign for service providers will be complemented by an HED sponsored workshop for broadcasters and journalists targeted for early in Phase I. The objective of this workshop is to bring health educators and journalists together to work towards the goal of developing accurate messages and mass media (radio, TV, print) programs in general support of MCH/FP. The outcome of the workshop will be a series of radio, TV and print programs and articles which carry accurate messages about MCH/FP and which highlight and educate the general public on key aspects of the MOH/FP programs.

At the end of Phase I, the plan calls for an across-the-board evaluation of the interventions conducted throughout the program. A team of evaluators comprising MOH, HED and foreign consultants will evaluate key aspects, including the attainment of stated program objectives, the impact of activities, the performance of key human resources and fiscal instruments. The results of this evaluation will set the parameters for new and ongoing activities for Phases II and III on the Plan. A detailed breakdown of Phase I Target Audience objectives and workplans can be found in Tables II & II.1.

TABLE II

IEC STRATEGY MATRIX OBJECTIVE B

PHASE 1

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES PRIORITIZED	KEY IEC ACTIVITIES	PRIORITY RATING	OTHER SUPPORT ACTIVITIES
1. Level "B" Service Providers (urban and rural) Ages 22 - 60 * All literates up to primary and secondary school levels * Male:Female ratio 5:95 (MCH/FP) * Generally not motivated work * Not well informed about all aspects of FP * Primary rural based (Non-District) 2. Level "C" Service Providers (urban) Ages 22 - 60 * All literates beyond secondary school level * Male:Female ratio 1:10 (MCH/FP) * Frustrated with levels of logistic support * Not well informed about all aspects of FP	1. Establish a core MOH & HED team of MCH/FP trainers comprising key personnel from levels C & B. 2. To train level B MOH service provider in MCH/FP.	1a. Conduct for core team specialized training exercise outside current MOH training. Emphasis will be on MCH/FP training and counselling procedures 2a. Provide interim support for MCH/FP and IEC training within the framework of current MOH training program and schedule of activities. 2b. Develop an enhanced IEC component that can be included in current MOH training programs level C, B and A. 2c. Review MOH/NGO/other MCH/FP training materials now available vis-a-vis MOH MCH/FP training needs. 4a. Build into any MOH training program a strong MOH/FP IEC training component. 5. Develop specialized FP materials and A/V aids for MOH MCH/FP training. 5a. Conduct a skill training workshop on use of A/V aids and materials for health educators. 5b. Obtain and develop specialized A/V and print materials for MOH training. 5c. Review MOH/HED equipment and stock and make list and recommendations for improvement. 6. Obtain accurate information on the KAP of MOH/NGO service providers at level "B" and if possible level "A". 6a. Apply results of clinical survey to MOH training. 6b. Conduct a KAP study for levels "B" and "A" (3 regions)	High High High High	1. Develop a standard training procedures manual for all levels for MCH/FP training. 1a. MOH & HED to identify potential members of core team from C & B levels (20 C & 10 B) core team will cooperate with MOH training division. Team will advise & assist MOH training at levels B & A and establish guidelines for materials distribution. 1a. Develop a training plan for the short and long term for MOH MCH/FP training. 2a. MOH to conduct core team workshop at GIMPA. 3a. Provide enhanced MCH/FP training for staff at level "C". Expand information in manual B to include more FP information and management of program. 3b. Provide opportunity for MOH staff to obtain specialized training through short courses/workshops (local, regional and international). 3c. MOH training unit to make recommendations on special ° short and long courses ° training needs personnel ° needs personnel deployment for training etc. 3d. Review Ghana Christian Council Counselling program for applicability to MOH counselling needs.

* MOH and NGO service providers and level "B" are:
Medical Assistant
Nurse Midwives
Public Health Nurse
Health Inspectors Nurse
Community Health
Health Assistant
Nutrition Technical Asst.

TABLE II

IEC STRATEGY MATRIX OBJECTIVE B

PHASE 1

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES PRIORITIZED	KEY IEC ACTIVITIES	PRIORITY RATING	OTHER SUPPORT ACTIVITIES
3. Level "A" service providers * Age 35 & community level * Illiterate * Farmers and Fishermen * Rural * Knowledge of anti and post natal information nil. * Poor understanding of MCH/FP * Perpetrators of common myths and misconceptions of MCH and role of FP 4. Doctors, Pharmacists, and supervisory medical staff * Urban (provincial & national levels) * Comparatively well informed about FP * Lacking in current reliable MCH/FP information * Need A/V clinical materials * Need refresher courses		7. Provide doctors, etc. with current and accurate FP information and enlist their support for FP work of service providers at all levels. 7a. Supply with A/V aids and materials for clinic and office utilization. 7b. MED to develop comprehensive mailing list for utilization by overseas agencies and Institutions for literature and research data. 9. Involve journalist & broadcasters in MOH MCH/FP outreach efforts so as to increase number of print & broadcast programs on FP. 9a. Conduct a workshop for journalists and broadcasters.	Low Low High	Enterprise project will pull in private sector doctors JHPIEGO providing curriculum development doing a seminar July/August in Accra in modern FP techniques.

Level "A" service providers include:
* TBAs
* Community Clinic Attendants
* Other governmental and NGO

TABLE II.I

DRAFT WORKPLAN FOR OBJECTIVE B

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCES	TIMING	TA INPUT
1. Review MOH MCH/FP training materials (local & foreign) suitability for MOH training.	1. Collect all available materials (Done) Review local films (Done) Establish a review committee (HED/MOH training with outside contractor (Done) Make recommendations for review procedure, field tests, etc., for contractor	MOH/HED		Review team to meet last week in April 1986	
	Contract focus group sessions - Conduct focus group sessions - Pretest materials/evaluate - Make recommendations on suitable materials & type for enhanced MCH/FP training - Target audience, etc.	Outside Contractor	Local Contractor	Mid-May	
2. Develop and produce specialized local materials and A/V aids for MOH MCH/FP training.	Based on contractor's report, develop suitable flipbook & other training materials (print)	MOH & TA		Beginning of June	
	Contract out print job (private firm)			End of June	
	Develop spin-off materials (slides, A/V aids, brochures, etc., from material designs)	MOH & TA		June-July	
3. Develop an IEC component for MOH training program.	2. Develop an IEC MCH/FP manual for consistent training procedures and protocol. Training curricula and support text & resources to be included. Consultant to make specific recommendations and some input into current MOH training program.	MOH/Local IEC Consultant	IEC Consultant	Early May Hire Consultant 1-month contract/work needed for Sept/Oct 86	Local hire External JHU/PCS input and guidance

TABLE II.I

DRAFT WORKPLAN FOR OBJECTIVE B

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCES	TIMING	TA INPUT
4. Provide MOH staff with training opportunities	3. MOH/HED staff should participate in CAFS regional IEC/FP skills training workshop July 1986	MOH	USAID CAFS/JHU/PCS	July (3 wks) 1986	None
5. Obtain from donor agencies A/V aids and material for training	MOH should identify local IEC/FP trainer for on-going program support				MOH to provide JHU/PCS with list of candidates to MOH
	Investigate INTRAH & JHPIEGO training program, etc.	CS	JHU/PCS USAID	On-going	On-going
	4. Write to IPPF, JHPIEGO, JHU/PCS requesting films, training materials & A/V aids	MOH	USAID	Immediately	JHU/PCS to send M/MC materials, books, etc.
6. Establish core team of MCH/FP trainers from levels B & C	5. MOH core team to recommend establishment of clinical MOH counselling program for IEC/FP activities (interpersonal)			Year 1	On request
	Conduct training workshop for core team	MOH/GIMPA	Christian Council of Ghana		
7. A/V skills training workshop for HED/NGO staff	6. Skills training on use of A/V equipment & material development	MOH/HED	GIMPA, GFIC GBC	Year 2	INTRAH/JHU/PCS
8. HED workshop for journalists and broadcasters	HED to conduct a message development and production workshop for local journalists and broadcasters	HED, GBC, MOI, GFIC, GIMPA, HED/MOH	JHU/PCS, IMPACT (URTNA, PANA)	August 1986	

PHASE II

Objective C:

To help promote and generate increased client acceptance of MOH/NGO contraceptives and FP services from 6 to 14 percent.

Problem Statement:

The most recent data on contraceptive prevalence are from the 1979-80 Ghana Fertility Survey which showed six percent of fertile age women using modern efficient contraceptive methods. Although more recent information is not available, usage is believed to have remained level. The survey showed high levels of awareness about family planning (68 percent know of at least one method). Knowledge about where to obtain contraceptives is lower. Of ever-married women only about 40 percent could identify a source of supplies and services.

There is some information to explain the low level of contraceptive prevalence after nearly ten years of a national family planning program. A recent Consumer Intercept Study conducted in Ghana by SOMARC/The Futures Group concludes that consumers concern about the safety of contraceptive methods is a significant factor in a couple's decision not to use contraceptives. However, more in-depth research on knowledge, attitudes and practices is needed to help structure the IEC strategy for the AID program and guide message development.

In general the little that is known about current acceptor levels of MOH/FP services and contraception indicates a variety of problems which range from:

a. High client frustration due to inadequate contraceptive supply and method unreliability, such as faulty condoms, etc.

b. High client frustration because of a general absence of MOH/FP services.

c. Client fear of some contraceptive devices due to lack of proper knowledge about their use and side effects.

d. Uncooperative attitude of men towards contraceptive and FP in general.

e. Pressure on a woman by husband and peers to increase the number of her children so that she can have children of both sexes.

f. Problems associated with rumors, religious belief and doctrines.

g. Lack of good counseling by service providers on MCH/FP.

The MOH IEC/FP strategy to resolve and achieve its objective will be targeted at MOH high risk groups (See Table III).

In Phase II and after the satisfactory completion of key prioritized activities, the IEC plan will focus on the implementation of those activities targeted at promoting and generating increased client acceptance of MOH/NGO contraceptives and FP services from 6 to 14 percent. In this phase, clinic/client and community based activities have been designed for specific target audiences and are based on MOH program directives. The target group for selected activities within this phase are those clients considered by the MOH to be at high risk. That is:

- Fertile women 15-19 about to marry
- Women above 35
- Women with childbirth intervals of less than 3 years
- Women with more than 4 pregnancies

Males (general) have also been identified as priority targets. Priority has been given to activities and messages which aim at: a) increasing client knowledge and information on FP and contraceptives; b) dispelling popular rumors and misconceptions related to modern contraceptives and FP; c) increasing client acceptance of the combined pill and foaming tablet; d) development of specialized clinical and community counselling programs for clients; e) activities aimed at emphasizing to the target audience the need to delay childbearing until age 20+; and f) providing information on the role of childbearing (3 year intervals) for child survival.

It is expected that a pilot counseling program in four regions, begun in the latter part of Phase I, will be institutional by early Phase II to complement the specific objectives of the program phase, which are to:

1. Raise the present contraceptive acceptance rate of target group to 14%;

2. Increase preference for delayed childbearing (until 20 years old);

3. Increase counselling of MCH/FP in clinics and community;

4. Increase target audience knowledge of modern contraceptives with emphasis on the Combined Pill, Barrier Methods, Condoms, Foaming Tablets;

5. Increase knowledge and awareness about the health benefits of child-spacing; and

6. Reduce rumors and misconceptions related to modern contraceptives and FP.

The MOH has identified a wide range of IEC activities which possibly can be undertaken to achieve some of its high priority objectives early in Phase II. Among these will be the development of specialized print materials on the condom, pill and foaming tablet; a special booklet and video for young adults; and a motivational slide presentation based on the print materials for youth. A key activity to support community based MCH/FP outreach will be a series of workshops for chiefs and traditional leaders. These awareness and motivational workshops (four per year) will be held first in the four regions chosen by the MOH to conduct Pilot Community Counseling Programs. It is felt that by encouraging the leadership at the community level to become fully involved in the MOH outreach efforts the activities in the trial counseling program will be afforded greater opportunity for success. Tables III and III.1 provide details and workplans of IEC activities for Phase II.

TABLE III

IEC STRATEGY MATRIX OBJECTIVE C

PHASE II

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES PRIORITIZED	KEY IEC ACTIVITIES
HIGH RISK GROUPS WOMEN (Rural/Urban)	1. Raise present contraceptive acceptance rate target group from 6% to 14%	1a. Have recognizable FP symbols outside all MOH centers and on HED FP materials.
- Recognize service centers as best source of information on FP		1b. Develop special materials (movie slides, bumper stickers, promotional) items which highlight service centers as places
- Varied literacy levels		1c. Ad campaign to improve image of service providers as source of FP information.
- Majority Protestant		1d. Develop special clinic display IEC materials, slide presentation, posters, wall charts, display boards, notice boards.
- Limited knowledge about contraceptives and their use		1e. Develop a special welcome package for first time acceptors (samples) Pilot as part of Pilot counselling program.
- Fear of spouse disapproval of FP	2. Increase preference for delaying childbearing (until 20+).	2a. Develop special booklet/pamphlet targeted at fertiles girls and boys as FLE exercise.
- Variety of fears and misconceptions about MCH/FP		2b. Special message slides for cinemas.
- Ignorant about child spacing		2c. Radio dramas.
- Low use of broadcast media		2d. Contraceptives promotional exercises as part of community counselling.
- Childbearing before marriage low		2e. Insert articles in Pop magazines.
	3. Increase counselling of MCH/FP in clinics and community.	2f. Special campaign combined with child survival campaign.
		3a. Set up special counselling sessions in community or service centers for parents (support with TV, radio spot announcements) FLE exercise.
		3b. Develop spin-off materials from counselling.

TABLE III

IEC STRATEGY MATRIX OBJECTIVE C

PHASE II

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES PRIORITIZED	KEY IEC ACTIVITIES
1. FERTILE WOMEN 15-19 ABOUT TO MARRY	4. Increase target audience knowledge of modern contraceptives with emphasis on the combined Pill Barrier Methods, Condoms, Foaming Tablets, Injectables, NFP	4a. Develop film strip or slide presentation on each method/side effect including NFP. 4b. Do doctor call series one FP method per week or special radio series.
2. WOMEN ABOVE AGE 35 - High awareness levels of contraception but low of FP	5. Increase acceptability of combined Pill from 6% to 14%.	5a. Provide specialized materials on combined Pill (Booklet/Pamphlets). 5b. Encourage special counselling by service providers.
3. WOMEN WITH CHILDBIRTH INTERVALS OF LESS THAN 3 YEARS	6. Increase knowledge about the health benefits of child-spacing.	6a. Conduct special campaign on child spacing for child survival (all media). Combine with campaign to delay childbearing.
4. WOMEN WITH MORE THAN 4 PREGNANCIES - Women in monogamous marriages have higher fertility than those in polygamous marriages	7. Promote discussions of FP with spouse through MOH counselling programs.	7a. Radio dramatizations. 7b. Clinic counselling. 7c. Concert parties.
- Average Ghanaian woman wants a large family (approximately 6)	8. To reduce rumors and misconceptions related to modern contraceptives and FP and increase KAP levels on myths and misconceptions.	8a. Testimonial statements "taped" for loud speakers by community opinion leaders. 8b. Specialized in-clinic counselling. 8c. Radio drama series. 8d. Video drama series.

TABLE III

IEC STRATEGY MATRIX OBJECTIVE C

PHASE II

TARGET AUDIENCE/ CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES PRIORITIZED	KEY IEC ACTIVITIES
5. FERTILE MALES (General) - Exercise considerable influence on their partners' contraceptive methods - Do not see themselves as responsible for FP - Generally do not approve of FP - Better educated than women - Low knowledge of all contraceptives available - See service centers as best source of advice on FP - Generally favorable attitude to condom - Some misconceptions about contraceptives and their use	1. To develop specialized community based counselling program for males on FP. 2. Raise present acceptor rate of condoms from 6% to 14%. 3. Increase male utilization of MOH/NGO services for FP by 2% 10%. 4. Provide information on sexually transmitted diseases.	1a. Establish special counselling sessions for males in community. (Pilot counselling activity) 2a. Produce special materials on the condoms. 3a. Utilize social groups to motivate males to go for FP service 3b. Encourage male TBA to refer males to clinic. 4a. Informational pamphlets. 4b. Slides for movie cinemas. 5a. Produce specialized materials and programs dealing with male fears and misconceptions of FP and child-spacing. 5b. Do series in sports magazine (local). 5c. Doctor call radio program for males. 5d. Special radio program 5e. Special video for use in male establishments and factories.

TABLE III.1

WORK PLAN FOR IEC ACTIVITIES

OBJECTIVE C PHASE II & III

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCE	ESTIMATED TIMING
1. Produce booklet/pamphlet on condom. 20,000 copies.	Outcome scripts and prototype for series of radio, TV and print mass media products.			
2. Produce material on Foaming tablets, Pill	If possible some analysis on audience listening trends.			
3. Multi-media campaign on child spacing for child survival and delaying childbirth until age 20.	1. Develop booklet. Develop spin-offs eg. slide set, filmstrip, poster, etc.	HED, GNFPP/Local agency	JHU/PCS/PIACT, GSMP, SOMARC	Late Phase I
	"	"	"	Early Phase II
		HED	JHU/PCS/HEALTH COM II UNICEF	Phase II or III
4. Produce a general awareness video and booklet for teens.	HED to work with GFIC or during Broadcasters Workshop for script, messages, themes, treatment, etc.	HED, MOI		Late Phase II or III
5. Do TV documentary or Docu-drama on Ghana FP program.		HED, GBC, MOI, GFIC (Sponsor)	IMPACT/University of Ghana (Geog.)	Late Phase I or Phase II after Journalists Workshop
6. Obtain newspaper space for regular Q & A MCH/FP series, features. (non HED activity)		MOH	MOH	
7. Develop special "Welcome" package promotional for first time clinic acceptors. Pilot Activity		GSMP, DANAFCO, MOH	SOMARC, LINTAS	Late Phase I after Key MOH training of core team and pilot counselling program.
8. Conduct Pilot community counselling program for 4 regions (link with above)	Design Pilot Clinical Counselling Program. Including Clinical Counselling Protocols for Levels B & A.	MOH, GCC, NGOs	INTRAH, JHU/PCS, GSMP	After Level "C" counselling training to facilitate their input.
9. Conduct small audience all media survey for FP outreach.	Contract out to advertising agency or in HED Broadcasters Workshop.	MOH/MOI, GBC	JHU/PCS	Late Phase I before or during Broadcasters Workshop.

PHASE III

Objective D:

To motivate males (rural and urban) and increase their awareness and use of FP methods and encourage them to allow and/or encourage their sexual partners to use family planning.

Problem Statement:

In a 1985 consumer study conducted by SOMARC and The Futures Group to determine client awareness of family planning methods and the factors which affect Ghanaians' decisions to practice family planning, it was found that with regard to birth spacing, 97 percent of male respondents using condoms and 95 percent of men whose partners were using foaming tablets saw family planning as an important method of spacing their children in the future, while 80 percent of men not using contraceptives suggested they might practice family planning in the future to space births. The study also found that men saw the oral pill as the most effective method of preventing pregnancies, while the condom was rated second and the foaming tablet third. However, nearly half of the men interviewed for the study felt that the pill was not a safe method. Another third were not sure. With regard to sources of family planning advice, men agreed (contraceptive users and nonusers alike) that family planning clinics offered the best advice on family planning. Clinics were followed, in order of popularity, by private physicians and pharmacists. Chemical sellers, midwives and nurses trailed far behind. Co-workers were the least popular sources of family planning advice. The MOH strategy to motivate males to use FP methods, therefore, targets four groups of men:

Target Audience

1. Males about to marry
2. Fathers
3. Opinion leaders - chiefs, religious leaders, politicians, elders
4. Male TBAs

Program emphasis will be targeted at motivating males and increasing their awareness and use of contraceptives and FP. The MOH/HED anticipates that

program activities in Phase I and Phase II to a large extent will have satisfied some of the specific program objectives identified for these target groups. None-the-less, a series of campaigns will be developed for across-the-board programs emphasis. These are: a) a male responsibility campaign; b) a multi-media campaign on child spacing for child survival and delaying childbirth till age 20+. (See Table IV and IV.1)

TABLE IV

IEC STRATEGY OBJECTIVE D

PHASE III

TARGET AUDIENCE/CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES	KEY IEC ACTIVITIES
1. Males about to marry 26+ (urban primarily) - Medium education levels some secondary to university - Listen to radio (music program) - Read newspapers (sports papers) - Youth club members - Religious clubs - Video house - Cinemas - Curious about condom and foaming tablets - Not generally well-informed about FP and MCH in general - Like fancy items, key-rings, T-shirts 2. Fathers. 20-onwards (urban & rural) - Not very knowledgeable about contraceptives - Know about condom but not well informed about uses - Unsure of proper use of T-Tablets - Moderately literate (urban) Illiterate (rural) - Radio popular medium - Majority don't view films, video, TV - Habituate drinking bars - Members of (CDRs) Committee for the Defence of Revolution - Primary FP spokesperson	1. To increase number of males practicing FP. 2. To increase number of males favoring FP. 3. To increase their knowledge about FP from 6% to 14%. 4. To counter myths and misconceptions about contraceptives	1. Male responsibility campaign. 1a. Peer group counselling. 1b. Community counselling sessions. 1c. Develop counselling protocol and guidelines. 1d. Teen video

TABLE IV

IEC STRATEGY OBJECTIVE D

PHASE III

TARGET AUDIENCE/CHARACTERISTICS	SPECIFIC PROGRAM OBJECTIVES	IEC ACTIVITIES
3. Opinion leaders (40 + age) (urban & rural) - Lack of accurate knowledge about FP - High awareness of some form of contraception but not used (urban) - Members of service clubs (Rotary, Lions, Kiwanis) - Some members of religious groups - Varying levels of literacy - Radio and newspapers popular medium - Interpersonal communication preferred - Like calendars, posters, diaries	1. To obtain the cooperation and involvement of Chief & Elders in convincing males and females to use MCH/FP 2. To provide policy makers and MCH/FP decision makers with sophisticated data and information on issues and topics related to FP & socio/economic matrix of society. 3. To foster general dialogue on FP issues in the society. ° To obtain their sanction and approval for special community activities related to MOH/NGO FP programs ° To counter popular and current fears and misconceptions about contraceptives by raising KAP levels.	1a. Workshop for Chiefs and Elders. 1b. IMPACT/RIPS regional seminars. 2a. Do "RAPID" spin-off materials 2b. Lecture, tour of service clubs (Lions, Kiwanis) and speakers roster. 2c. IMPACT/RIPS radio series on population and FP issues. 3a. IMPACT/RIPS produce a bi-weekly series of newspaper articles. 3b. Magazine series (IMPACT/RIPS)
4. TBA's (males) - High awareness of traditional methods of FP - Low awareness of modern methods - Skepticism about modern methods - Illiterate - See himself as a powerful figure in the community - Desire to be well trained and well informed about FP	° To improve their knowledge of conception and birth. ° To provide them with media and public support. ° To foster their service as a referral network to MOH/NGO services 10% more referrals than present. ° To increase their KAP of contraceptives through training. ° Provide with FP contraceptive supplies and IEC materials to foster greater utilization of distribution of materials.	Develop a specialized training film for TBAs (UNICEF, USAID TBA manual now being developed).

TABLE IV.I

WORK PLAN FOR IEC ACTIVITIES OBJECTIVE D

PHASE III

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCE	TIMING
1. Workshops for Chiefs and Elders.	Conduct a series of small workshops primarily for Chiefs and Traditional leaders in their communities	HED, Department of Geography University of Ghana	IMPACT, INTRAH JHU/PCS	Early Phase II or tie-in with pilot activity
2. Conduct regional seminars (non-HED activity		University of Ghana, HED	IMPACT/PRB	Phase II & III
3. Produce a "RAPID" type flipchart & overhead projector trans-parencies "spin-offs of RAPID material." (non-HED activity)	Produce a series of materials based on RAPID presentation for Ghana.	RIPS, M.O. Planning	RAPID/IMPACT/PRB	Phase I - On-going
4. Establish a MCH/FP speakers roster for a series of speakers forums and tours. (non- HED activity)	° Draw up a list of possible speakers for MCH/FP - open sessions & forums at national, district & community levels. ° Develop special kit & update bi-monthly. ° Kit to be used to support their presentations, eg. slides, transparencies, suitable films, etc. ° Set up Speakers Tour for radio, TV, service clubs, training centers and national forums. ° Provide equipment and personnel for taping speeches & transcription.	University of Ghana	IMPACT/PRB, RAPID, MOH/HED	Phase I - On-going

TABLE IV.I

WORK PLAN FOR IEC ACTIVITIES OBJECTIVE D

PHASE III

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCE	TIMING
5. Produce a bi-weekly series of newspaper articles. (non-HED activity)	° Recruit journalist for writing. ° Recruit translators. ° Establish mechanisms to facilitate information collection (national, regional & international). ° Purchase column space or obtain free space (MOI). ° Establish letters to writer space for feedback. ° Hire photographer (part-time)		IMPACT/PRB,	Mid. Phase I - on-going (after Journalist workshop).
6. Produce radio series 7. Radio social drama series	° Recruit radio producer. ° Recruit presenters, script writer/translator. ° MOH/HED to approve key messages ° Script for accuracy. ° Content. ° Conduct pretest. ° Obtain sponsorship, to enhance program longevity. ° Or free time through MOI. ° Insert scripts into local magazines. ° Obtain key listening time "prime time".	HED, MOI, University of Ghana MOH/HED	JHU/PCS/URINA IMPACT/PRB Local sponsors	After Journalist Workshop.

TABLE IV.I

WORK PLAN FOR IEC ACTIVITIES OBJECTIVE D

PHASE III

ACTIVITY	TASKS	RESPONSIBLE AGENCIES	LOCAL/FOREIGN RESOURCE	TIMING
8. Develop special film for TBA's for training and informational purposes		MOI, GFIC, HED	JHU/PCS, INTRAH JHPIEGO	Phase II
° Spin-offs - slides, filmstrips, etc.			"	
9. Establish peer group counselling session at the Community level	° Enlist assistance of traditional leader for counselling	NGOs, (GCC, APPLE, ETC.) MOH/HED Ministry of Social Welfare	INTRAH, HEALTH COM II	
10. Evaluation of IEC materials and intervention Phase I	° Select key community organizations ° Provide service providers with info guidelines, A/V materials.		JHU/PCS	During pilot community program
11. Male responsibility campaign		MOH/HED/GIMPA	JHU/PCS TA	End of Phase I Phase III

LOCAL INSTITUTIONAL RESOURCES

Ghana has considerable resources for producing audio/visual and print materials as well as supporting IEC training and research activities. The IEC plan allows for the full utilization of identified resources throughout the program's implementation.

Public Sector Resources

1. The Ghana National Family Planning Program (GNFPP) Mass Media Production Unit:

The Mass Media Production Unit has been relatively inactive in recent years and has suffered significantly from a degeneration of equipment and a lack of finances to maintain its standard. Currently the production unit can produce quality art work, graphic designs and layouts for most print materials. However, all work has to be contracted out for printing. Also, because of the lack of A/V equipment and basic material supplies, the production unit is now unable to produce film strips, videos, films and innovative A/V materials.

In the absence of key equipment and resources, at the production unit, the HED should rely on private sector and in-house resources to develop its own materials. For example, graphic artwork and designs can be produced by the HED artist with some input from staff at the Production Unit. This will allow further strengthening and development of HED institutional resources. However, the HED should contract out its own work with private printing firms. Nonetheless, the Production Unit can provide intern support in black/white slide production, print material layout and design, photographic shooting and development.

2. The National Audio/Visual Aids Center

The Audio/Visuals Center produces high quality artwork and graphic designs suitable for posters, calendars, Christmas cards, etc. Also, the Unit has experience working with fabrics and flannel cloth. The HED should fully utilize this resource for the development of innovative posters, calendars and print design on fabrics. Since the A/V does not undertake large-scale printing of materials, but contracts them out to the Ghana Publishing Company the HED would need to resort once more to the private sector for printing of materials.

3. Ghana Film Industry Corporation (GFIC)

The GFIC produces entertainment and educational film (five government operated cinemas are located in Accra). The Corporation is gearing up to move from film into video production. The HED should fully utilize the GFIC resources and expertise for the development of low-budget training films. However, since the emphasis in Ghana is soon to be on video rather than film, the HED should collaborate with the GFIC on video co-production and utilization of staff as well as mobile A/V units.

Para-Statal

4. The Ghana Institute of Management and Public Administration (GIMPA)

GIMPA can be utilized as the primary institution for MOH training and seminars within the framework of the IEC plan. GIMPA operates as a training institution and provides a wide range of high level services to both public and private sector organizations and consultants. Each year GIMPA sponsors a course on Population and Communication Management for Development. The November 7 - December 12, 1985 course was sponsored by the GNFPP. It focused on management principles, population issues, and communication and family planning issues. Another course is scheduled for October-November this year. However, funding is uncertain.

GIMPA generates about 30 percent of its funds from consultant services and fees paid by private organizations. Its faculty skills and institutional resources are well suited to the MOH and HED education and training needs. For example, GIMPA's faculty can be used as consultants for the curriculum and training development course design and program implementation. GIMPA also has an excellent Library and its training facilities are ideally suited for short-term local training workshops and seminars. Its library can also serve as a document and collection center for MCH/FP training until the HED can build up its own documentation center.

University of Ghana/School of Communication

The University of Ghana School of Communication encourages its students to serve as interns in public and private sector establishments. Also the School has a radio and TV studio with relatively modern equipment for radio production. The MOH/HED will investigate the use of interns from the School of Communication for HED A/V and print production expertise.

Private Sector

Lintas Ghana, Ltd. is identified as a key private advertising agency to assist the MOH/HED in IEC/FP outreach. During the 1970's, Lintas conducted a major contraceptive social marketing project for the government. This year Lintas is the major advertising agency working with the Ghana Contraceptive Social Marketing Program. Lintas is involved in advertising, promotion, marketing research, etc., to promote the sale and use of contraceptives. Lintas, therefore, occupies an advantageous position in providing complementary assistance to the MOH/HED IEC/FP outreach.

TABLE V

TIME-TABLE FOR ACTIVITIES

ACTIVITY	PHASE I 86-87												PHASE II 87-88												PHASE III 88-89											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Staff Recruitment																																				
1. IEC Advisor/Coordinator	X																																			
2. Half-Time A/V Producer		X																																		
3. IEC Consultant	X																																			
Special Events																																				
1. Pilot counselling program for 4 regions (Western, Upper E & W, Volta)								X																												
2. Male responsibility campaign																												X								
3. Multi-media campaign on child spacing for child survival and delaying childbirth till age 20+																												X								
4. "Welcome" promotional package for first-time acceptors. Pilot activity.								X																												
5. All media audience survey for FP/Broadcasters Workshop activity.			X																																	
6. Conduct KAP study in 4 regions as part of counselling								X																												
7. Field materials review												X																								
8. Small advertising campaign to improve image of service providers as source of FP information								X																												

TABLE V

TIME-TABLE FOR ACTIVITIES

ACTIVITY	PHASE I 86-87												PHASE II 87-88												PHASE III 88-89											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Print Materials																																					
1. General FP method IEC material (un-defined but either flipchart or booklet) for Level B and some Level A	X																																				
2. General FP method booklet material for client	X																																				
3. Booklet on condom										X																											
4. Booklet on pill										X																											
5. Booklet on IUCD										X																											
6. General FP method wall chart/posters for clinics		X																																			
7. Order IPPF flipcharts	X																																				
8. Photocopy TOT Level C workshop handouts	X																																				
9. Order special anatomical models	X																																				
10. Develop a calendar					X																																
11. Christmas card series					X																																
12. "RAPID" spin-offs ° Flipchart ° Transparencies ° Slide show ° Filmstrip (Non-HED activity)																																					
13. IEC FP training manual							X																														
14. Regular newspaper article/column							X																														
15. Special booklet for fertiles (boys/girls)																				X																	
16. IEC/FP training manual			X																																		

TABLE V

TIME-TABLE FOR ACTIVITIES

ACTIVITY	PHASE I 86-87												PHASE II 87-88												PHASE III 88-89											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
A/V Products																																				
1. Film/video for teens																		X																		
2. Radio social drama series					X																															
3. Radio interview series								X																												
4. TV documentary or docu-drama on Ghana FP program																		X																		
5. Special training film for TBAs																X	X	X	X	X	X	X														
6. Slide presentation on GFP methods - spin-off from methods booklets		X																																		
7. TV series								X																												
8. Slide presentation on condom, pill			X																																	
9. Motivational slide presentation																		X																		
10. Spot announcements				X																																
Workshops/Seminars																																				
1. A/V skills training workshop for HED & NGO staff									X																											
2. HED workshop for journalists and broadcasters			X																																	
3. MOH/HED workshop for Chiefs													X																							
4. Regional seminars for opinion leaders (non-HED activity) IMPACT/RIPS project																																				
5. Specialized MCH/FP IEC Workshop for core training team						X																														

TABLE VI

PROVISIONAL IEC BUDGET 86-89 US $

STAFFING	1986-87 $150,925	1987-88 $271,700	1988-89 $238,850	TOTAL 86-88 $661,475
Half Producer A/V	3,500			
IEC Advisor	15,000			
IEC Consultant	2,500			
SUBTOTAL:	21,000			
Workshops/Seminars				
1. A/V skill training workshop for HED & NGO staff (30 participants)	5,000			
2. HED workshop for journalists and broadcasters	10,000			
3. MOH/HED workshop for Chiefs (4 per year)	5,000	5,000	5,000	
4. Core trainers 3 week workshop	20,000	10,000	10,000	
SUBTOTAL:	40,000	25,000	25,000	
Print Materials				
1. 20,000 @ 200 per unit flipchart/booklet for TOT	4,500	1,100	1,000	
2. 10,000 general FP client booklets	14,000	14,000		
3. 5,000 booklets on condom	6,700			
4. 5,000 booklets on pill		6,700		
5. 5,000 booklets on IUCD		6,700		
6. 1,000 wallchart general FP	1,125			
7. 5,000 calendars	5,600	2,300	1,150	
8. 5,000 Christmas card series	1,400	700	700	
9. 5,000 Youth booklets		6,700		
10. 500 IEC/FP training manual	1,100			
SUBTOTAL:	34,425	38,200	2,350	
A/V				
1. Teen video				
2. Radio social drama		8,000 sponsored		
3. Radio interview series				
4. TV docu-drama				
5. TBA training film				
6. General FP slide presentation	3,000			
7. 7 slide set @ 25,000 each				
Slide on pill	1,500			
Slide on condom	1,500			
Foaming tablets		1,500		
8. TV series		25,000 (with sponsorship)		
9. Motivational slides presentation	3,000			
10. Radio spot announcement	3,000	5,000	2,500	
11. TV spots	2,000	3,500	1,500	
12. Promotional material	5,000	5,000	5,000	
SUBTOTAL:	19,000	48,000	9,000	
Special Events				
1. Pilot counselling program		100,000*		
2. Male responsibility campaign			150,000	
3. Multi-media campaign on child survival and child delay			50,000	
4. Contraceptive promotion (pilot 50,000 samples @ 400 each		56,000		
5. KAP study (4 regions)	20,000			
6. Field materials survey	2,000			
SUBTOTAL:	22,000	156,000	200,000	
Public Relations				
1. Advertising/PR for service providers	2,000	2,000	2,000	
2. Regular bi-weekly newspaper column	2,500	2,500		
SUBTOTAL:	4,500	4,500	2,000	
Nairobi/Harare 10 days MOH study tour 3 persons	10,000			
Equipment and Supplies				
1 Dubbing maching cassette				
500 Cassettes p/year				
12 Automated slides projectors/ electric				
30 cassette recorders				
20 Megaphones/loudspeakers				
1 Video portopak				
15 Microphones for cassette recorder				
2 Reel-to-Reel tape recorders				
Photocopying paper				
12 16MM film projectors				
SUBTOTAL	10,000	0	0	

APPENDIX C

MATERIALS REVIEWED

General Information on FP

1. What Is Family Planning? Apple/PIACT/PATH 1985.
2. A Good Father Knows About FP MOH/Botswana 1985
3. Why Family Planning? GFPA (Gambia) PIACT
4. Contraception: Comparing The Options FDA, DHH, USA
5. Contraception Planned Parenthood Association - Chicago
6. The Truth About FP MOH Botswana (PIACT)
7. Methods Of Contraception PPF of American 1980 Revised
8. Choices In Birth Control Kramers Communication USA 1985
9. Basics Of Birth Control Planned Parenthood for American 1982 Revised
10. Types and Methods Of Contraceptive Use APPLE/PIACT
11. Family Planning A Guide To Methods IPPF, English for field workers, health, social and welfare workers

The Pill

1. The Pill Planned Parenthood Association of Sierra Leone
2. Mmapula MOH Botswana 1983
3. Mexico La Pastilla Antic PIACT
4. Bangladesh PIACT
5. The Use Of Pill Over A Monthly Cycle APPLE/Ghana

The Condom

1. Kitso Odirisa Sekausu (FL) MOH Botswana 1985
2. Men And Birth Control What A Man Needs To Know California Health Department Office of FP USA

Foaming Tablets

1. Foaming Tablet PPA of Sierra Leone 1983
2. Foam PPA of Sierra Leone 1983

IUD

1. The IUD PPA of Sierra Leone 1983
2. Kutumia Kitanzi Umati, Tanzania

Youth

1. I Need To Know

* Effective birth control without prescription, condoms and foam
Mauritius FPA

APPENDIX D

JOB DESCRIPTION MOH/HED/IEC ADVISOR

PROFILE OF IEC ADVISOR/PROGRAM COORDINATOR OFFICER:

The key requirements for the local here IEC Advisor are the following:

1. Educational background: Post-graduate training in social sciences, with specialization in one or more of the following: social work, public health education, non-formal or adult education, rural sociology, mass communication.

2. Experience:

- Design and conducting of workshops/seminars
- Population and/or health programs
- Advertising, public relations, public information, and/or running of educational campaigns.
- Some international (especially regional) experience consulting in any of the above
- Ability in use of audio visual equipment.