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TRIP REPORT:
JHU/PCS TECHNICAL ASSISTANCE VISIT
TO SWAZILAND

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Dates of In-Country Work:
March 10-16, 1985

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EXECUTIVE SUMMARY

JHU/PCS Regional Program Coordinator Wilma H. Lynn conducted a technical assistance visit to Swaziland from March 10-16, 1985. The major objectives of the visit were:

1. To provide technical assistance to the staff of the IEC Unit of the Family Life Association of Swaziland (FLAS) in conducting a series of activities in support of a proposed project entitled: Family Life Education: Community Based Approach Pilot Project.
2. To conduct: a) an in-country assessment of the Information, Education and Communication project of the Health Education Division of the Ministry of Health as well as other internal and external IEC related services available to MOH; and b) make preliminary recommendations for assistance to USAID/Mbabane.

Major Conclusions and Recommendations

A. Family Life Association of Swaziland

1. No assistance for individual project activities should be provided to the IEC Unit of FLAS until such time that FLAS is aided in developing the management and institutional capability needed to implement such activities efficiently and successfully. The USAID Mission should provide assistance directly and through the JHU/PCS project to FLAS in developing such a capability.
2. The USAID Mission through JHU/PCS should provide assistance to FLAS in conducting an in-depth analysis and evaluation of the FLAS IEC Unit and its program objectives. Such an evaluation was not conducted under a recently implemented IPPF/FPIA evaluation of FLAS.
3. As a complementary activity to a recommended evaluation of the FLAS IEC Unit and its program, the Mission should provide the IEC staff with technical assistance in IEC interpersonal and mass media program planning and management. This exercise should be conducted before FLAS develops a new series of program activities for 1986.

4. TA is required to assist the staff of the IEC Unit develop a comprehensive plan of action that integrates its current program towards one with program goals that have clear-cut measurable objectives.
5. FLAS IEC materials (print and broadcast) should be evaluated before further support is given to assisting the Unit in reproducing those materials already developed.
6. The Mission along with JHU/PCS should re-examine FLAS IEC program objectives in light of recent MOH program goals in FLE and encourage FLAS to work closer with the MOH in integrating its programs and drawn on the resources of related program agencies.
7. Any comprehensive FLE program that is being developed should be supported and backed by accurate and reliable information of the Knowledge, Attitudes and Practices (KAP) of Swazi adolescents. A KAP baseline survey in this area is urged.
8. FLAS should share the findings of a pilot area FP/KAP baseline survey, recently conducted with INTRAH and JHU/PCS assistance, with the MOH and MOE. Out of the information from this survey could come some consensus on FLE policy and program directions.

B. Health Education Division/MOH

1. The USAID Mission should provide support and technical assistance to the HED staff in developing a long-range integrated health education plan and implementing strategy that is based on identified GOS/MOH program needs, target groups and audiences.
2. The HED can benefit from an in-depth Needs Assessment which would also provide some clear guidelines as to specific MCH/FP needs and programs.
3. Immediate technical assistance should be targeted at helping the Division conduct an evaluation of some of the key HED materials already developed to determine their impact on the targeted audiences.

4. The USAID Mission should support programs to provide assistance to the MOH and HED staff in obtaining appropriate training in MCH/FP IEC outreach. In-service practicums in the areas of interpersonal and mass media program planning, message design and development media campaign and project planning, materials development and program evaluation could be developed in collaboration with JHU/PCS, the Academy for Educational Development (AED), INTRAH and Trans Century.
5. JHU/PCS has been requested by the HED staff to arrange observational visits for staff members to review HE programs in other countries. At present, it would be difficult to justify staff absences given the considerable work responsibilities being undertaken by the Division staff. However, given available opportunity, the Mission should consider sending the Senior Health Educator Officer, Mrs. P. Mlthemba to Zimbabwe for a brief (four-day maximum) observational tour of the Zimbabwe National Family Planning Council.
6. JHU/PCS should continue to supply both the HED and FLAS with films and other support materials through the JHU/PCS Media/Materials Collection.
7. HED staff has also requested some assistance in executing HED planned workshop activities. It is recommended that an overall planning strategy for Seminars and Workshop as part of a general Needs Assessment of MCH/FP/IEC take place before support is given to individual Division activities, workshops or otherwise.

C. Follow-Up Activities for JHU/PCS

1. JHU/PCS should await USAID Mission approval to plan a technical assistance visit in support of FLAS and the HED/MCH, based on the above recommendations.
2. JHU/PCS should provide FLAS and the HED/MOH with requested MCH/FP sample print and audio-visual materials as well as program related films and videos.

LIST OF ABBREVIATIONS

A/V	-	Audio-visual
AED	-	Academy for Educational Development
FLAS	-	Family Life Association of Swaziland
FLE	-	Family Life Education
FPIA	-	Family Planning International Assistance
FP	-	Family Planning
GOS	-	Government of Swaziland
HED	-	Health Education Division
IEC	-	Information, Education and Communication
INTRAH	-	Program for International Training in Health
IPPF	-	International Planned Parenthood Federation
JHU/PCS	-	Johns Hopkins University/Population Communication Services
KAP	-	Knowledge, Attitudes and Practice
MCH	-	Maternal and Child Health
MOE	-	Ministry of Education
MOH	-	Ministry of Health
SBS	-	Swaziland Broadcasting Services
TA	-	Technical Assistance
UNFPA	-	United Nations Fund for Population Activities
USAID	-	United States Agency for International Development
ZNFPC	-	Zimbabwe National Family Planning Council

Meetings with USAID/Mbabane Representatives

A briefing meeting was held with USAID representatives, Deputy Director Harry Johnson, Program Officer Scott Smith, and Assistant to the Health Officer, Linda Lankenau. Lynn reviewed with Mission staff: a) the objective of and types of assistance provided by the JHU/PCS project and b) plans to provide assistance to the Family Life Association of Swaziland (FLAS). The Mission requested that Lynn also conduct an in-country preliminary assessment of the information education and communication (IEC) program of the Health Education Division of the Ministry of Health and the resources of the Swaziland Broadcasting Service and make preliminary recommendations to the Mission regarding possible areas of assistance.

With regard to support to the FLAS, the Mission was briefed on the status of a request to fund a project entitled, "Family Life Education: Community Based Approach Pilot Project" submitted to JHU/PCS by FLAS. (See Appendix B) As a preliminary activity in support of the general goals of the proposed project, INTRAH and JHU/PCS had recommended that FLAS conduct a Knowledge, Attitudes and Practices (KAP) baseline survey of Swazi adolescents, so that any messages or program strategies developed under the proposed project would be supported and backed by accurate and reliable information.

Prior to this visit, JHU/PCS had agreed to finance this activity and during the visit, INTRAH representatives, Carol Place, in conjunction with Lynn, was to assist FLAS in conducting the baseline survey. Based on the results of this survey and an in-country assessment of project needs and costs JHU/PCS would provide further support to FLAS. However, as a result of findings of the visit, recommendations were made to the Mission to defer support for the project until such time as several institutional support activities had been conducted at FLAS. An overview of FLAS and the IEC program follows.

Family Life Association of Swaziland/Program Review

The following were the main subjects discussed with staff of the Family Life Association of Swaziland (FLAS):

- a) FLAS IEC Program review;
- b) A proposal for a "Community Based Approach Pilot Project Family Life Education Project";
- c) TA needs of the FLAS/IEC Unit.

A. FLAS Program Review:

FLAS is a non-profit voluntary organization in operation since February 1980. FLAS provides services in a number of areas, including family planning, counselling and services, IEC material and development, antenatal classes, social welfare, legal aid, and training and evaluation programs for teachers and nurses. Services in these areas are coordinated through a network of three clinics located in Mbabane, the capital, Manzini and Malkerns.

FLAS has as some of its major activities:

- a) To assist and supplement the activities of the MOH and other Government agencies in the promotion of health and family life;
- b) To assist and supplement the activities of the MOH and other government agencies in the education for acceptance of child spacing as a basic human right available to all;
- c) To help and assist in the education for the understanding of the nature, cause and effects of growth in population on people in their own communities and countries in the world;
- d) To assist in the distribution of information concerning all aspects of family health, education and welfare.

Since its inception, FLAS has expanded from its first storeroom office behind a centrally located shop with no furniture, to an organization operating out of three clinics with 15 full-time staff, 2 part-time staff and several volunteers averaging 8 at any one time. According to a recent FPIA/IPPF evaluation report, FLAS has experienced this dramatic growth without the incorporation of corresponding management systems. FLAS operates on a very limited budget. In 1983, as indicated in FLAS's "Fourth Annual Report", only E 3,817 was generated as a result of varied fund raising efforts. FLAS does receive some assistance from several donor agencies, including IPPF, and the FPIA, however, current figures on the level of donor contributions are not available.

According to FLAS's "Fourth Annual Report," government statistics for 1983 indicate that FLAS provided services to 28% of all new family planning acceptors in Swaziland and 15% of all continuing users. Appendix C provides a breakdown of FLAS FP clients and the clinical services provided. However, FLAS has no reliable record-keeping system and/or data analysis capability; therefore, some caution is needed in taking these statistics as the authoritative benchmark.

A number of FLAS non-clinical activities are implemented through the IEC Unit of FLAS, which is staffed by two full-time members and supported by several volunteers. In addition to producing a number of pamphlets primarily aimed at adolescents, the staff train teachers and nurses and are now involved in conducting a male responsibility campaign.

It is in the area of Family Life Education (FLE) that FLAS's IEC Unit has been most active. Education activities have been conducted throughout Swaziland and include:

- ° Training of teachers and nurses in FLE (with assistance from INTRAH).

1 E = approximately US \$.90 in 1983.

- Materials development in support of clinical outreach and FLE activities.
- 158 lectures over the 1982-83 period to various organizations and community groups.
- Talks by FLE educators at some 37 secondary and primary schools.
- FLE/FP orientation and motivation seminars for Chiefs.
- Evaluation of FLE training program for teachers and nurses (with assistance from INTRAH).

In an attempt to advance and complement these programs, the IEC Unit of FLAS had requested funding from JHU/PCS to carry out a one-year pilot FLE project. (Appendix B).

Family Life Education: Community Based Approach Pilot/Project Review

A review of the project proposal and pre-project activities including the implementation of a baseline survey in the targeted pilot project area was carried out with the IEC Unit Staff. According to FLAS, despite the relative success and impact of its ongoing FLE programs, there has been a steady growth in the number of teenage and out-of-wedlock pregnancies as well as cases of sexually transmitted diseases throughout the country. Moreover, lack of total community support for some FLE programs was identified as a major factor hampering FLAS information and education programs targeted at teens and adolescents. Through the pilot project, FLAS hoped to: a) mobilize community support and approval for the teaching of FLE in schools and community venues and b) provide evidence through the program to the Ministry of Education to support the case for the inclusion of FLE classes and curricula in school programs. (See Appendix B).

In meetings with FLAS representatives, Lynn confirmed the commitment of JHU/PCS to support the pilot project. Towards this goal, JHU/PCS had allocated a requested US \$425.00 for conducting a baseline survey of the pilot project area. The survey would be a pre-project activity conducted with assistance from INTRAH which had worked with FLAS over the years. Information from this preliminary baseline survey would be used to support the development and implemen-

tation of specific project activities under the pilot program. It would also provide invaluable information on the knowledge, attitudes and practices of family life principles and family planning in the pilot area.

Following preliminary discussions with the IEC staff, concern was expressed that:

- a) FLAS had not obtained formal approval from the Ministry of Education to conduct the FLE training or teaching programs in schools in the area. It was pointed out that if the Ministry were to be formally brought into the planning of the activity, the MOH would be more informed and later hopefully supportive of the project. Towards this end, it was suggested that Agnes Mabuza, Senior Health Educator, write to the Ministry soliciting its formal support for the project and in particular those activities that impacted on Ministry of Education programs; (Appendix D).
- b) FLAS had not developed a sample curriculum that could be used in the pilot community training program. Although FLAS has used a guide to health education in their FLE programs and had been conducting FLE programs for some years, no formal curriculum had been developed or approved by the MOE or MOH for this exercise. FLAS staff were therefore requested to work towards this goal by first using its experience to develop a core curriculum that could be tested through the pilot activity, and later approved by the Ministry of Education and incorporated in the MOE school programs.
- c) FLAS staff may not be able to cope with the level of FLE training that they had identified as necessary under the project activity. In order to ascertain to what extent TA and other support mechanisms were needed for the project activity, Lynn conducted an assessment of FLAS institutional support for the FLE pilot project.

The assessment focused on:

- a) FLAS IEC institutional resources and capabilities vis-á-vis the proposed pilot FLE project;
- b) Government of Swaziland MOH and donor agency programs vis-á-vis the pilot project;
- c) MOH goals and activities in FLE/MCH/FP.

A summary of the findings follows.

A. FLAS IEC institutional resources and capabilities.

Funding for FLAS IEC activities comes primarily from IPPF grants for projects under the 1985 IEC workplan. This workplan was drawn up by the IEC staff in November. According to the workplan, IEC staff responsibilities are geared towards four project activities. These are:

Project 1: Male Motivation Campaign.

Project 2: FLE campaign to: a) conduct seminars for nurses and traditional healers, b) conduct 100 lectures, and c) reprint pamphlets.

Project 3: Seminar for Youth (in 4 regions).

Project 4: Training of CBD workers in FLE.

The two full-time IEC staff members, Agnes Mabuza, Senior Health Educator, and Eric Masengo, Health Educator, are in charge of project execution, with Masengo to provide 60% of his time on the Male Motivation Project. In addition to these activities, the IEC staff is also responsible for developing motivational materials, (booklets, etc.) and radio programs. The present workload appears to be enormous and work pressures are further exacerbated by the ongoing ill health of Unit Head and Senior Health Educator Agnes Mabuza. The IPPF plans to support the hiring of two additional staff members for the IEC

Unit this year but their impact on the 1985 workload is expected to be negligible, since they will have to undergo extensive training before they can assume their health education job responsibilities.

With regard to the proposed pilot project, although this project was developed before the 1985 workplan was drawn up by the IEC Staff, it was not included in the formal workplan. It therefore appears that the staff had not planned on how best to incorporate this pilot activity into their overall work strategy and were willing to conduct it as a distinct and separate program when funding was obtained. This is an unfortunate oversight since aspects of the pilot project are fully compatible with activities under the four project areas planned for 1985 and if incorporated into the workplan, could have given strong support and programming direction to FLAS's overall strategy for FLE outreach.

However, for FLAS now to develop the FLE pilot project as a separate activity that would necessitate drawing largely on already limited staff and institutional resources would appear to be disfunctional to current work programs. A separate FLE program, such as the one conceptualized under the pilot FLE project, would also in some areas represent a duplication of current work activities, including the FLE campaign already funded in the IEC workplan.

The problems of the IEC staff in recognizing their overall program needs and in matching staff time as well as institutional and staff resources to program needs are indicative of problems identified in a recent evaluation of the FLAS program. The evaluation, conducted jointly by IPPF and FPPIA, called for improved program planning, management and scheduling of activities in the IEC Unit. The IEC Unit program activities need to be carefully reviewed to ensure that there is full structural and program reinforcement within FLAS and its various service programs as well as with complementary public sector programs.

These institution-strengthening activities and support programs should be undertaken as a priority and should precede any new program activity undertaken by the IEC unit. In recognition of this need, a concerted effort was made by the joint INTRAH and JHU/PCS team to use the in-country opportunity to orient the IEC staff to the strategies and steps in project planning and program management.

In addition to the IEC Unit's need for overall assistance in project planning and management, the information materials developed and used by the IEC Unit should be evaluated. Some of these materials (See Appendix E) were identified by FLAS for use in the implementation of the proposed project, and FLAS had requested that JHU/PCS fund reprinting and translating these pamphlets into SiSwati. However, it appears timely to conduct an evaluation of the impact of materials and their messages before reprinting. This evaluation could provide some clear guidance to FLAS, the MOH and MOE on the impact of the materials as well as suitability of the medium chosen. A similar review and possible evaluation of other FLAS IEC programs should also be conducted at the earliest opportunity.

The limited in-country time (four working days) proved inadequate to meet with representatives of the Ministry of Education to assess their attitude toward incorporation of FLE materials into the formal educational systems. An effort should be made at the earliest opportunity to obtain some clear indication of MOE attitudes toward FLAS/FLE programs.

Ministry of Health

The Government of Swaziland is now into the second phase of activities under a UNFPA/IPPF/Government of Swaziland/MOH project entitled, "Assistance to National MCH/FP Program in Swaziland." Under this project, plans aimed at mobilizing community support for family planning and FLE programs have been developed to be conducted through such institutions as FLAS and the Health Education Unit of the Ministry of Health. Some related identified activities are targeted at a) sensitizing Swazi chiefs and, at a later stage, b) training Youth Advisors and School Health teams to support MOH/HEU activities. Another proposed activity which is expected to be funded in 1985 is a project entitled "Family Life Education for Youth" which seeks to develop a core curriculum for FLE in Swaziland as well as train a cadre of teachers in FLE with assistance from the Centre for African Family Studies in Kenya. A goal of this activity also is to develop a uniform, well structured and tested FLE curriculum and country-wide strategy which could be incorporated into both MOE and MOH programs. It is believed that this project will also facilitate government plans to train family planning practitioners and service providers systematically so that

government clinics and hospitals could be more involved in outreach family planning and FLE. ¹

An underlying assumption of this donor project appears to be that the GOS and the MOH are now willing to assume a larger role in providing FP/FLE information and training in Swaziland a role hitherto left primarily up to FLAS. If this is indeed the case, and the GOS now feels that community mobilization and motivational efforts in FP/FLE should best be led by the MOH, it may be more timely for donors to place less emphasis on supporting individual FLAS FP/FLE activities and more emphasis on assisting MOH/FLAS collaboration and program reinforcement in this sector.

In discussions with both IPPF and MOH, representatives stressed that a well structured and uniform FLE curriculum and teacher training program should now be developed for Swaziland and while FLAS was commended for its achievements and outreach in this area, its institutional limitations are recognized. Accordingly, IPPF felt that through the proposed "FLE for the Youth" project, adequate across the board institutional support would be provided to both FLAS and the MOH to develop a good training program and curriculum for FLE. Also, representatives for the MOH have expressed the need for their Ministry to develop a proper mechanism for educating the youth. If indeed current recommendations to develop a suitable program utilizing the services of School Health Teams and Youth Advisors is agreed on with the Ministry of Health, then this could well prove to be an excellent strategy which could be folded into the general framework of FLAS efforts to address the community needs for FLE. However, again this calls for full collaboration and joint input into FLE planning between the various agencies involved in attempting to develop an outreach program in this area. It also calls for some direct policy statements and commitments from the Ministry of Health on Family Life Education which could be used to support and facilitate community participation and involvement in outreach FLE.

¹ It is estimated that by 1990--assuming no reversal in the GOS policy of making such services available as an integral part of the MCH--virtually 95% of clinics in the Swaziland will be providing such services.

Health Education Division

A meeting was held with the Senior Health Education Officer, Pitnera Mlthemba, and staff members. Discussions centered on:

- a) Community outreach programs and the HED schedule of activities for 1985;
- b) HED materials development programs; and
- c) TA needs from JHU/PCS.

The staff of the Health Education Division (HED) has scheduled some 25 activities to be conducted this year. These include community meetings with church leaders, youth groups, chiefs and community groups in general to provide information on a number of topics including nutrition, school health, family health and youth health. A series of workshops and seminars have also been planned for members of the medical profession including hygienists, clinic nurses, supervisors and health inspectors. The majority of these programs are being conducted in collaboration with other health related units and agencies. According to the HED staff, these activities were developed in response to the GOS/MOH decentralization thrust and the goal to carry health information and services into communities throughout the country.

This year, the staff of the HED has placed emphasis on providing training to those members of the community (Chiefs, extension workers, etc.) that have significant input into family health and family planning. In addition, several programs targeted at youth, as part of the International Year of the Youth activities, have been planned. According to the Staff, yearly programs and key activities are drawn up based on general guidance from MOH program policies and the Ministry's five year plan. Generally, individual Health Education Officer decide on the key program activities, their timing and priority.

At present, the staff (two full-time health education officers) do not work through the MOH clinics. They hope in future to expand their services in this area by including regional health education officers into their activities. Efforts to reach more communities will coincide with the Ministry plans to integrate MCH/FP services into all health centers.

According to the staff, a similar strategy to that used to plan yearly programs is used to determine print and A/V materials development efforts in support of MOH programs. The Health Education Division is well equipped for materials production, with an entire room devoted to the storage of state-of-the-art A/V production equipment. In addition, there is a studio for graphic work that is well equipped. Additional production equipment is expected to be provided to the Unit under the UNFPA/GOS/MOH project. It is not clear however, if this project can recruit and train additional staff for the Division or provide overall technical assistance in use of the equipment.

Based on discussions with the health education staff, it is clear that current work pressures and staff limitations make it difficult for the staff to match health education program needs adequately with IEC program implementation and materials development efforts. The staff are aware of this constraint and expect some change in the status quo with the implementation of MOH plans to develop a cadre of regional health educators as well as youth advisors and school health teams. MOH plans for the development and satisfactory employment of such cadres could well be facilitated by a timely observational tour by a key MOH/HED team to a neighboring country which has successfully developed a similar strategy. Such a program geared towards family planning service delivery outreach has been developed with USAID assistance in Zimbabwe and is operated by the Zimbabwe National Family Planning Council (ZNFPC). It is a model program in its well-organized family planning service delivery programs using a cadre of well-trained community based distributors, medical personnel and youth advisors.

The ZNFPC nationwide program is one that is particularly appropriate as a model for the MOH and health educators in Swaziland not only because of similarities between Swaziland and Zimbabwe but also because of similarities in the problems related to family planning service delivery and outreach education. It is therefore, a strong recommendation of this report that the USAID Mission support a short but substantial visit to the ZNFPC at the earliest opportunity by a team comprised of key MOH officials and one representative of the HED.

I was able to meet with Dr. Rhodes Mwaikambo, MCH/FP Project Adviser, to obtain a general overview of the MCH/FP Project and possible avenues for technical assistance input. Discussions centered primarily around the proposed FLAS FLE Pilot Project and its possible impact on project activities, project assistance to the HED and likely areas for technical and program input from JHU/PCS. General observations relating to FLAS and the HED are included in earlier sections of the report. Dr. Mwaikambo suggested the following as likely areas for JHU/PCS technical assistance:

1. Provide TA to support the on-going development of FLE training programs in conjunction with the MCH/FP project. Groups targeted for training are FLAS health educators, youth advisors and school health teams.
2. Conduct a MCH/FP message development workshop.
3. Assist the HED in IEC materials development.
4. Conduct a KAP study on family planning and childspacing practices.

JHU/PCS through the USAID Mission can provide timely and on-going assistance to the MOH in all the above. In addition, the Mission may also be able to utilize the services of the Development Communication Center and project when this program becomes fully operational.

Dr. Mwaikambo also requested that he be placed on the mailing list for Population Reports. JHU/PIP will send 25-30 copies of Population Reports through Dr. Mwaikambo's office for distribution in Swaziland. (Done)

Area of Collaboration between JHU/PCS and the Development Communication Project

Under a development communication project awarded to the Academy for Educational Development, Inc. (AED) and TransCentury, USAID will provide assistance to the Swaziland Broadcasting Service (SBS) to enable it to: support the various outreach communication efforts of Swazi ministries; provide professional-level training in the design of practical information materials for

publication or broadcast to public- and private-sector agencies; and involve a broad range of public and private communication resources in actively passing on practical knowledge to a wide audience.

This projects present obvious opportunities for program collaboration between JHU/PCS and the Academy for Educational Development/TransCentury grantees. Towards this goal, the Mission requested that I use the opportunity of the in-country visit which coincided in a project programming visit from AED, to explore areas of collaboration in program implementation.

Based on the findings of the visit and discussions with AED, it was determined that as a first effort, an attempt should be made to provide some immediate training to key representatives of the HED/MOH, MOH, FLAS and other relevant agencies in general communication program planning and message development, interpersonal communication and counselling strategies. Such training would complement current FLE and other educational activities being undertaken both by HED and FLAS and serve as a reinforcement for the goals of the development communication project which will need some lead time before it can actually begin implementing training activities in Swaziland.

Towards this goal, AED has suggested that its in-country project adviser could be of assistance in helping to develop a training workshop in conjunction with JHU/PCS. However, such an activity should be related to specific agency programs such as the FLE for the youth project activity and should not have to wait until the Development Communication Project is fully operational.

Summary of Recommendations and Follow-Up Activities

The Family Life Association of Swaziland (FLAS)

The Family Life Association of Swaziland is to be highly commended for its foresight and initiative in developing the FLE pilot project. The concept and objectives backing this proposal are excellent and the project itself would be a significant exercise in advancing the goals of FLE outreach in Swaziland. However, under the present status quo at FLAS, it would be extremely difficult, even with a simplification of project design and a significant injection of technical support to the FLAS IEC staff, for FLAS to execute this activity at the level needed for it to have the desired impact and success.

'FLAS health educators are well recognized both in the private and public sector as "trail-blazers" in Family Life Education outreach in the country. FLAS itself has a very high public profile through its community services, radio programs and regular information features in the press. Care should be taken that the organization does not overextend itself to the extent that its impact is diluted and of less significance than is expected. FLAS, in particular the IEC Unit, should be provided with a significant level of technical assistance and Mission support targeted primarily at efforts to develop FLAS management and institutional capabilities to perform priority services that are compatible with local GOS/MOH goals and objectives as well as available service resources. What follows are recommendations on some specific activities which can be targeted at the IEC Unit to assist it in developing and strengthening its capabilities.

The Johns Hopkins University/Population Communication Services (JHU/PCS) can provide assistance and back-up to Mission efforts to support FLAS in all the identified areas recommended.

A. FLAS

1. JHU/PCS should not provide funding to FLAS for the implementation of a Family Life Education: Community Based Approach Pilot Project until such time as FLAS is aided in developing the management and institutional capability needed to conduct such an activity efficiently and successfully. The USAID Mission should provide assistance directly and through the JHU/PCS project to FLAS in developing such a capability.
2. The USAID Mission should provide assistance to FLAS, at the earliest opportunity in conducting an in-depth analysis and evaluation of the FLAS IEC Unit and its program objectives. Such an evaluation was not conducted under the joint IPPF/FPIA evaluation of FLAS yet it would be invaluable in providing data on the impact of FLAS outreach efforts and an indication of future program directions.

3. As a complementary activity to a recommended evaluation of the FLAS IEC Unit and program, the Mission could provide the FLAS IEC staff with technical assistance in IEC interpersonal and mass media program planning and management. This exercise should be conducted before FLAS develops a new series of program activities for 1986. In particular, TA is required in assisting the IEC Unit develop a comprehensive plan of action that integrates its current activities towards one program goal that has clear-cut measurable objectives. Such a plan of action will reinforce all FLAS service activities through appropriate and timely interventions in the areas of training, materials development and information dissemination. It will also, in part, relate to other complementary programs and activities by other program related agencies. FLAS has recognized some of the above needs and has requested direct TA from JHU/PCS. However, such assistance should fall within the framework of current management and institution-building programs being planned for FLAS by FPIA and IPPF as related to the findings of the recent evaluation.
4. TA is required to assist the staff of the IEC Unit to develop a comprehensive plan of action that integrates its current program towards one with program goals that have clear-cut measurable objectives. Such a plan, which should be developed following an evaluation of the IEC Unit, will provide a framework for appropriate and timely interventions in the areas of training, materials development and information dissemination.
5. FLAS IEC materials (print and broadcast) should be evaluated before further support is given to the Unit in reproducing those materials already developed. FLAS should be advised not to develop any new materials or reprinting until some basic evaluation is conducted on the impact of FLAS materials. Since these materials, if deemed successful in their impact, also could be utilized by the MOH in their community programs, it is important that they be evaluated at the earliest opportunity. FLAS has requested direct assistance from JHU/PCS in this matter; however, an evaluation of the materials already developed by FLAS should take place at the same time as a basic FLAS IEC evaluation.

6. The Mission along with JHU/PCS should re-examine FLAS IEC program objectives in light of recent MOH program goals in FLE and encourage FLAS to work closer with the MOH in integrating its programs and drawn on the resources of related program agencies. Towards this goal, data from the KAP baseline survey conducted by FLAS with JHU/PCS and INTRAH assistance could be used to determine some joint programming strategies and activities between the MOH and FLAS. This data could be presented to the MOH as well as the MOE by FLAS and perhaps used as a preliminary KAP study to support a joint inter-agency pilot FLE exercise similar in structure to that originally proposed by FLAS.
7. Any comprehensive FLE program that is being developed should be supported and backed by accurate and reliable information of the Knowledge, Attitudes and Practices (KAP) of Swazi adolescents. A general KAP baseline survey is needed.
8. FLAS should share the findings of the KAP baseline survey recently conducted with INTRAH and JHU/PCS assistance, with the MOH and MOE. Out of information obtained from this survey could come some consensus on FLE policy and program directions.

B. Health Education Division/Ministry of Health

The Health Education Division of the Ministry of Health is being given significant assistance in upgrading its services under the multi-donor MOH project entitled, "Assistance to National MCH/FP Program in Swaziland." Since much of the actual strategies for assisting the Division under this project still appear to be in the planning stage, it may be timely for the Mission to target its attention at helping the Division in determining its specific institutional and program needs so as to better and more efficiently perform identified program activities for the Ministry of Health. The following are specific recommendations for strategies that could affect this goal.

1. The HED has developed a wide range of community information activities in line with present GOS/MOH directives and programs. However, it appears that few of these activities have been developed as part of an overall integrated MOH program strategy for health education. In fact, the Unit does not appear to operate within the framework of any long-term program plan or strategy. While in the short term this may satisfy individual MOH/HE programming needs, in the long-term little headway will be made by the Division in fully exploiting the use of its resources to adequately match integrated health education needs. In addition, while some of the proposed 1985 activities for the Division were developed to be conducted in collaboration with other agencies, it is doubtful if in fact this full-scale collaboration exists at the level needed to ensure interagency institutional and staff support for HE program activities. For example, FLAS officials indicated that although their institution is regularly included in HED program plans, actual collaboration during program implementation is rare because of joint staff pressures or a breakdown in program planning.

Given the above factors, considerable attention should be placed by the USAID Mission in providing support and technical assistance to the HED staff in developing a long-range integrated health education plan and implementation strategy that is based on identified GOS/MOH program needs, target groups and audiences as well as accurate and program-responsive messages. Such a program implementation strategy and plan of action for the HED would go a long way in ensuring that present staff maximize their time and institutional resources in conducting priority program activities that complement the work and service levels of the Ministry of Health and related agencies. It would also facilitate the matching of materials development projects (print and audio/visual) with program needs and allow for full utilization of presently underutilized audio/visual equipment.

2. It is clear that the Health Education Division can benefit from in-depth Needs Assessment which would also provide clear guidelines as to specific IEC MCH/FP needs and programs. A comprehensive needs assessment of the Division should take into account existing and planned

MCH/FP services as well as the support mass media system available through both the private and public sector. Since FLE outreach and an emphasis on educating the masses through interpersonal communication strategies seems to be the IEC strategy of first choice by the MOH and FLAS, a needs assessment should also a) determine if emphasis on FLE over other FP/IEC strategies is indeed the most effective for FP outreach; b) include an examination of the goals and policies of the Ministry of Education with regards to FLE programs within the formal and non-formal education system in Swaziland; and c) clarify if FLE interpersonal communication strategies such as lectures, counselling and in-clinic IEC programs with support print and A/V materials constitute a more efficient strategy for program support compared with a media strategy that places emphasis on use of the broadcast media, such as radio. Since some of these issues impact on the terms of reference of the Development Communication Project, an attempt could be made to conduct the recommended Health Education Division needs assessment with a team of experts which include both JHU/PCS and (Academy for Educational Development (AED) communication specialists and MCH/FP experts.

3. Given the apparent willingness of the MOH to play a larger role in providing increased MCH/FP IEC outreach activities and its new thrust in the area of FLE, supportive multi-media IEC programs and materials will have to be developed. The HED seems well equipped to develop at least a minimal number of support materials, however, present staff workloads unless improved will afford little opportunity to devote time to materials development, planning and design at the level necessary to satisfy present Swazi HE materials support needs. Moreover, health education and materials development programs should be supported by a careful well-planned strategy that is backed by accurate and current information on available services and the present community levels of MCH/FP knowledge, attitudes and practices. Therefore, immediate technical assistance should be targeted at helping the Division conduct an evaluation of some of the key HED materials already developed to determine their impact on the targeted audiences. A part of this evaluation process should be the conducting of a KAP study targeted at

key target audiences for MOH programs. Such a study is particularly applicable to the MCH/FP area where it is apparent that a great deal of misinformation and misconceptions surround the individual use of family planning. This problem was highlighted in the results of a brief survey carried out in thirteen rural clinics in Swaziland in 1983. Some of the nurses responding to questions on the main problems related to the introduction of family planning services quoted clients' fears as:

"Husband afraid of becoming impotent if wife use contraception."

"Custom do not allow family planning."

"Women afraid of loops, think that it will walk around in the body."

A key part of any materials development strategy for the HED should also take into account the training of service providers and auxilliary staff in the use and transfer of the information contained in the materials to the clients or key target audiences. Plans for distributing the developed materials, which include strategies for their storage, restocking, printing and dissemination country-wide should also be developed as part of an overall HED program and materials development strategy. JHU/PCS has provided similar assistance to groups and agencies internationally through individual country projects and technical assistance. Assistance can be provided to the HED as well as FLAS in this area.

3. The Mission should support programs to provide assistance to the MOH and HED staff in obtaining appropriate training in MCH/FP IEC outreach. Specifically, training is needed in the areas of interpersonal and mass media program planning, message design and development, media campaign and project planning, materials development and program evaluation. In-service practicums in the above areas could be developed for the MOH/HED and could form part of technical assistance provided to staff as part of the development of a MCH/FP IEC plan of action. Such training could be developed in collaboration with the Academy for Educational Development and INTRAH, TransCentury and the Center for African Family Studies.

4. The Health Education Division staff has requested that JHU/PCS assist in arranging observation visits for staff members to review HE programs in other countries. While this is recognized as an excellent strategy for exposing staffers to potential IEC program activities, such visits as that to the ZNFPC in Zimbabwe should best be supported as a follow-on to the findings of the recommended Needs Assessment. At present, it would be difficult to justify staff absences given the considerable work responsibilities being undertaken by the available Division staff. Nonetheless, given available opportunity, the Mission should consider sending the Senior Health Education Officer, Mrs. P. Mlthemba to Zimbabwe for a brief (four day maximum) observational tour of ZNFPC to orient her with the management and program implementation of this model FP program which also has a very successful IEC component.
5. The staff has requested assistance in obtaining a number of general MCH films and materials. A similar request from FLAS has been filled with the objective of both agencies sharing the materials. In the future, JHU/PCS should continue to supply both the HED and FLAS with films and other support materials through the JHU/PCS Media/Materials Collection as per individual requests from current stock.
6. HED staff has also requested some assistance in executing HED planned workshop activities. It is recommended that an overall planning strategy for Seminars and Workshops as part of a general Needs Assessment of MCH/FP/IEC take place before support is given to individual Division activities, workshops or otherwise.

C. Follow-Up Activities for JHU/PCS

1. JHU/PCS should await USAID/Mission approval to plan a technical assistance visit in support of FLAS and the HED/MOH, based on the above recommendations .

2. JHU/PCS should provide FLAS and the HED/MOH with requested MCH/FP sample print and audio-visual materials as well as program-related films and videos.

LIST OF CONTACTS

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Family Life Education: Community Based Approach Pilot Project

PROJECT DESIGN

A. General Goals

The pilot FLE program will introduce family life education in schools in two regions, Hhohho and Shiselweni, in 5-8 secondary and high schools where FLE will be taught to at least one group per week during school time. In order to prepare and fully involve the Hhohho and Shiselweni communities in this exercise, FLAS will conduct a series of integrated activities sequenced through three phases to lead up to community support and implementation of the FLE program and a final evaluation of the pilot project. Phase 1 activities have been concluded. In Phase 2, activities will aim at mobilizing community involvement and support in implementing the FLE pilot program in the target schools. Therefore, FLAS will hold meetings at 7 pilot schools between FLAS project personnel, headmasters and teachers to discuss and determine how best to implement FLE in each school. Since Chiefs and Indunas (traditional council and leaders) will be calling the meetings on behalf of FLAS, local community support is envisaged.

Following these series of meetings, FLAS will conduct a 3-day seminar for teachers and nurses in each of the two regions. This seminar will re-orientate those professionals in this area to the FLE Program and methodology as well as elicit discussions of how best to implement FLE topics to be covered under the project e.g. Subject/Topic sequence and timing; curriculum, support material needed, etc.). Following these preparatory activities, FLAS will implement its FLE program in the pilot schools. It is envisaged that at least one FLE class will be conducted per week/per school by FLAS/FLE trained or oriented teachers. Since preparatory community meetings and approvals from local traditional leaders will have laid a foundation for community cooperation, FLAS envisages that these teachers will at this stage receive full cooperation from parents, headmasters and health service provi-

ders. After approximately one month of community-led FLE activities in Phase Two, FLAS proposes to conduct a series of follow-up-visits to schools and clinics in the region for a re-assessment of trainer needs as well as to provide timely advice and assistance as requested. Such program reinforcement activities will be supported by a one-day seminar for both teacher and nurses in each region so as to allow for review, assessment, problem sharing and solving and program redirection if necessary. Eleven months after Phase Two activities begin, FLAS will return to the community.

B. Project Objectives for Family Life Education Community Based Pilot Project

- To introduce Family Life Education in schools in two regions, Hhohho and Shiselweni in 5-8 Secondary and High Schools.
- To have Family Life Education taught in each school to at least one group for a week during school time.
- At the end of a year, the overall number of teenage pregnancies will have dropped by 5%.
- To gain community (parent, leaders) support for the introduction of Family Life Education in the schools by changing their attitudes towards Family Life Education and family planning.
- The community will be provided with information on the basic concepts of Family Life Education during the community meetings.
- Within a year, the number of clinic visits (in that area) by adolescents will increase by 8% for family planning and pregnancy counselling and sexually transmitted diseases.
- Within a year, the number of clinic visits by community members will increase.

- The number of teacher nurse referrals for family planning and pregnancy counselling, sexually transmitted diseases will increase.
- To increase the general knowledge about the subject of Family Life Education.
- To increase knowledge on Family Life Education for the other teachers and headmasters in order to gain their support and cooperation for the introduction of Family Life Education.
- To review Family Life Education for the teachers and nurses through a refresher seminar so they can teach Family Life Education and provide services.
- To make a case for inclusion of Family Life Education in national school curricula by using the results of this pilot project.
- To inform adolescents, other teachers, nurses, headmasters and the community about Family Life Association of Swaziland.

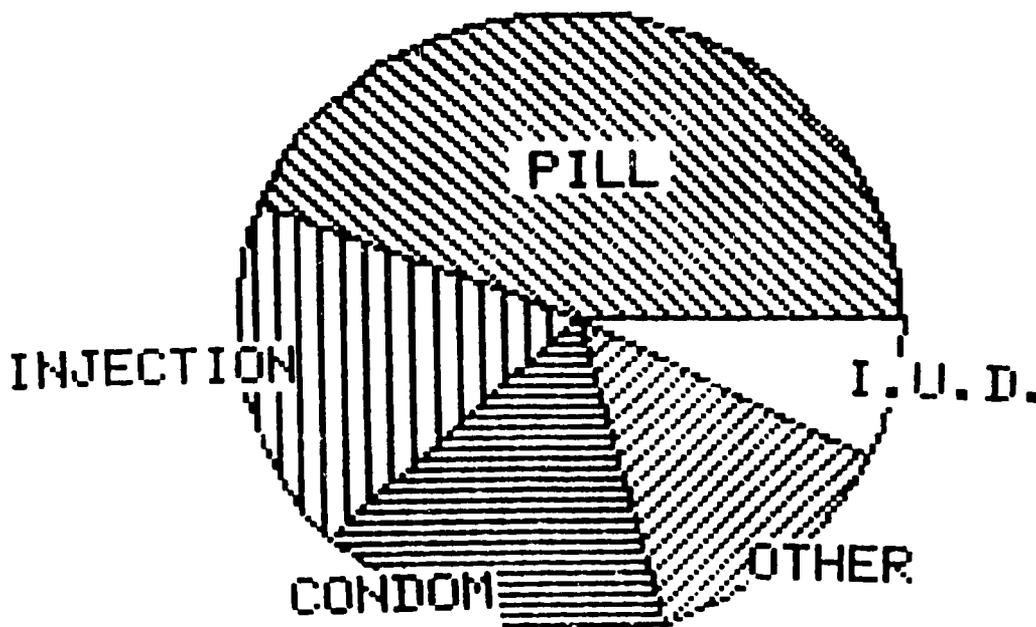
FAMILY PLANNING CLIENTS

SOME BASIC CHARACTERISTICS

Family Planning: 2906 New Acceptors

Pill	IUD	Condom	Injection	Other*
43%	7%	17%	19%	14%
(1264)	(212)	(494)	(539)	(397)

*Other- Foam, Diaphragm, Natural Family Planning



Total Family Planning Visits: 6 026

<u>Sex</u>			<u>Ratio</u>
Males	456	08%	M : F
Females	5 570	92%	1: 12

AGE:

10 - 16	91	02%
17 - 21	2060	34%
22 - 25	1997	33%
26 - 35	1714	28%
35+	164	03%
	<u>6 026</u>	

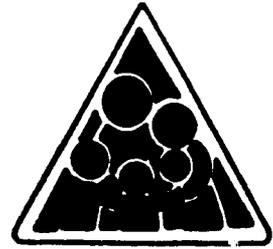


The Family Life Association of Swaziland 'Temndeni'

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Tel: 83079
MALKERNS

P.O. Box 1286
Tel: 46680
MBABANE

P.O. Box 1061
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MANZINI



The Director of Education,
Ministry of Education headquarters,
P.O. Box 39,
MBABANE

12th March, 1985

Dear Sir,

RE: "FAMILY LIFE EDUCATION COMMUNITY BASED APPROACH PILOT PROJECT"

As a follow-up on the discussion we had about this new pilot project, we hereby wish to inform you about current activities being implemented and request your written approval.

Currently we are working on a Baseline data collection plan involving school committees, teachers, headmasters and clinic nurses. We will use these data to measure the success of the project. This pilot project involves the following schools:

Motshane Secondary School, Mbabane Central High School, Lobamba National High School, Mbuluzi High School, Mazombizwe Secondary School, Nsongweni Secondary School, Evelyn Baring High School.

We will also be having meetings with the chiefs and their communities (parents) where the project will be introduced for their support. We would like to invite a representative of the Ministry to attend the first of these community meetings. We will inform you of the date. A three day refresher seminar for the Family Life Education teachers will be held to prepare them for teaching Family Life Education in their schools.

A report on these activities will be sent to your office, and evaluation results will be presented after a year.

/.....2...../

2/3

We would prefer to have the Ministry's written approval for this project.

May we end by thanking your co-operative spirit and express the hope that this will continue for the benefit of the nation, I remain.

Very truly yours,



AGNES MABUZA (MRS.)
SENIOR FAMILY LIFE EDUCATOR

LITERATURE:

FLAS has continued to produce several different types of educational aids this year, not just pamphlets. Finding new ways in which to communicate is always important, the medium used depending upon the target group.

Materials currently being produced by FLAS:

1. Girls growing up
2. Boys growing up
3. The Fact About Sexually Transmitted Diseases
4. Family Planning explained
5. Diet Guide
6. Nutritious Eating
7. Women and the Law: Rape (co-produced with UNISWA)
8. Your Rights and Responsibilities (in Family Planning)
9. Understanding Menstruation
10. Individual pamphlets on all Family Planning methods
11. Don't Rush Me (a photonovella for adolescents)
(co-produced with PBFL)
12. Family Planning Board Game
13. Puppets.
14. Pamphlets on Breastfeeding

In the pipeline:

1. A quarterly newsletter "FLASH"
2. Women and the Law: Marriage
3. Women and the Law: Employment
4. Women and the Law: Adoption
5. Understanding Adolescence (a comprehensive booklet)
6. Pregnancy and Childbirth
7. Is It Worth It? (a booklet on alcoholism)
8. Two photonovellas



There is a terrific need for health education materials which even the joint efforts of the Health Education Unit and FLAS find it hard to meet. With the new assistance of the UNFPA, it is hoped that FLAS will be able to develop several new educational materials including belated newsletter entitled "FLASH".

These films are ostensibly available on loan to member organizations although follow