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TRIP REPORT:  
IEC NEEDS ASSESSMENT AND PLANNING  
FOR THE THAI NATIONAL FAMILY PLANNING PROGRAM

Prepared by: Robert S. Griffin,  
Consultant

Dates of In-Country Work:  
June 9 - July 1, 1984  
July 7-25, 1984

Population Communication Services  
Population Information Program  
The Johns Hopkins University  
624 North Broadway  
Baltimore, Maryland 21205  
U.S.A.

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## Executive Summary

This IEC needs assessment and planning mission was carried out by Robert S. Griffin, JHU/PCS consultant, in Thailand from June 9 through July 1, 1984, and July 7 through July 25, 1984. The principal objectives of the mission were to conduct an IEC needs assessment of the National Family Planning Program (NFPP) and, accordingly, to develop an IEC plan with the IEC staff of the NFPP. In addition, the consultant was to exchange information and provide IEC recommendations to the USAID Evaluation Team.

The consultant was asked to participate in the USAID Evaluation as a full team member. This participation was on the balance very useful in terms of the opportunity to exchange views and to obtain a broader view of the NFPP. But there were two side effects: the consultant's time to focus on his main objectives was correspondingly limited, and because other members of the Evaluation Team were looking at service delivery strategies, management, research and evaluation, training, incentives and so on, the review of IEC focused on the mass media activities of the Information and Public Relations (IPR) Section of the Family Health Division.

This trip report is addressed to USAID and JHU/PCS. It describes the consultant's findings and recommendations and the implications for foreign assistance. The major finding is that the IPR Section is producing high-quality, targeted media with appropriate messages. Continued USAID support to the IEC program of the NFPP is recommended in order to ensure continued production of high-quality materials and to fund program elements that cannot be easily funded by the Thai government due to procurement regulations. Appendix C, Assessment of Needs for IEC Support to the National Family Planning Program of Thailand, was a working document prepared as the basis for discussion with NFPP officials and intended for distribution to Thai officials and foreign donors. The resulting plan for IEC projects over the next 3-5 years, Appendix D, was prepared jointly by the consultant and the Chief of the IPR Section.

List of Abbreviations

AID	Agency for International Development
ASIN	Association for Strengthening Information on National Family Planning Program
CDD	Community Development Department, MOI
FHD	Family Health Division
FPIA	Family Planning International Assistance
IEC	Information, Education, and Communication
IPR	Information and Public Relations, Section, FHD
IPS	Institute of Population Studies
IUD	Intra-uterine Device
MCH	Mother and Child Health
MOI	Ministry of Interior
MOPH	Ministry of Public Health
NESDB	National Economic and Social Development Board
NFPP	National Family Planning Program
OPP	Office of Policy and Planning, MOI
PCMO	Provincial Chief Medical Officer
PDA	Population and Development Association
PPAT	Planned Parenthood Association of Thailand
RTG	Royal Thai Government
TAVS	Thai Association for Voluntary Sterilization
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception

## Highlights of In-Country Work

Activities. The activities of the consultant during the mission included the following: consultations with staff of MOPH, other Government agencies, private and voluntary organizations, USAID and other donor organizations; review of available documentation; review of existing IEC materials; a one-week field trip visit to three provinces in the Northeast; exchanges of information and views with members of the USAID Evaluation Team; preparation of a draft needs assessment paper for discussion; development with IPR staff of an intermediate term plan for IEC activities; presentation of the plan to the FHD and USAID.

Findings and Conclusions. The principal finding of this mission is that in general the IPR Section of the FHD is doing a very good job at this time of providing appropriate IEC support to the NFPP. The Section is producing high quality, targeted media with appropriate messages.

The basic motivational strategy of the NFPP remains interpersonal contact. Various kinds of incentives are provided for motivators. IEC efforts support this basic thrust with informational and motivational materials for field workers and by direct communications to target audiences through the mass media.

The centrally-funded activities of the IPR Section emphasize three communication channels: printed material, broadcast media, and mobile units. Government budget for these activities is at a maintenance level. Spending on print media, for example, has stabilized at 20 million baht annually, enough to re-stock health centers and hospitals with leaflets and handbooks and provide posters at the rate of one per village. The 5,000 - 6,000 hours of radio programs broadcast annually are produced and aired at low cost since most of the content is recorded music and air time is free. The use of mobile units has been increasingly integrated with service delivery at the provincial level so funds provided for mobile unit operation are not used exclusively for communication activities. Films for mobile unit shows have been provided in recent years by the Japanese Government.

The past success of information efforts in Thailand has led to a high level of general awareness of contraceptive methods. Thus, over the past two years and largely in response to the advice and support of USAID and UNFPA, the IEC program has shifted its emphasis to reflect changing NFPP priorities. New material is being targeted on regions of low contraceptive prevalence and groups with high levels of resistance to family planning. Greater emphasis is also being given to permanent methods of contraception, particularly vasectomy, where resistance by potential acceptors is reported to be high in many areas. A large body

of new motivational material has been developed to support vasectomy services. A special program for Thai Muslims that highlights the maternal health benefits of child spacing is being implemented with support from UNFPA. Targeted activities and materials have also been prepared or planned for the Northeastern region, for four low prevalence Thai Buddhist provinces in the South, and for hilltribes. Conversely, since the Central and Northern regions and the Bangkok metropolitan area generally exceed the national average in contraceptive prevalence, IEC activities for these areas are at the maintenance level only.

Present needs for IEC material and support have not yet all been met. In particular, priority attention for the next few years will focus on the development of a program for the Northeast, revision of materials on temporary methods (which are now ten years old), preparation of technical material for staff development, and special supporting materials for Ministry of Interior programs and personnel.

The largest current challenge facing the NFPP is the development of an appropriate working relationships and appropriate operating strategies with the Ministry of Interior. That Ministry has announced a strong supporting policy for family planning. Provincial Governors have already begun to organize and implement family planning campaigns. The problems facing the FHD are: 1) how to harness the energy of the MOI

into appropriate family planning activities, 2) how to avoid problems related to excessive zeal in the promotion of family planning, and 3) how to deal with the needs of individual provinces as MOI activities and regional and provincial differences require greater de-centralization of central support. While these problems present particular challenges in the IEC area, they are in fact general policy and management issues for the NFPP

The IPR Section is at present well prepared to respond to present needs and new challenges. Its leadership is active and competent and provides results-oriented management. The operational style of the Section, partially in response to external donors, relies heavily on commercial market research and media production firms for the development and testing of prototype materials. Government budget is used for mass production of materials and media placement. This operating style has allowed the development of a large quantity of media recently of high quality. (Two of the top ten radio commercials of 1983 were family planning spots developed by commercial firms for the NFPP. See Appendix B.)

The continuation of modest amounts of foreign assistance to the IEC program of the NFPP is justified for the following reasons:

- Foreign assistance has been particularly effective in re-directing IEC efforts to n / programs and needs. This process is on-going and the advent of MOI participation in the NFPP presents a major new opportunity for program advancement.

- The IPR Section has been a responsible and competent manager of foreign assistance funds.

- The Government's financial commitment to IEC is firm. Foreign aid funds for prototype development typically leverage relatively large annual expenditures of RTG recurrent budget.

- Foreign assistance funds can fill unique requirements that have been difficult or impossible for government under current regulations. For example, USAID funds have allowed the selection of the best, rather than the least cost proposals for media prototype development, and have allowed the purchase of prime broadcast time.

Specific requirements for foreign assistance are detailed in the next section.

### Recommendations

The areas for priority emphasis for IEC activities in support of the NFPP are listed in the following table. The areas are listed accordingly to NFPP objective, target group, and geographical area. The items listed are in two groups, first priority and second priority.

Table 1

Recommended Priorities for IE&C Support for the NFPP

1st Priority

<u>Suggested NFPP Objective</u>	<u>Target Group</u>	<u>Area</u>
1. To support and cooperate with MOI on provincial family planning activities	Determined by province	Province by province
2. To support continuation of temporary methods	Current users of temporary methods with less than two children	National
3. To promote permanent methods	Current users of temporary methods or new acceptors with 2 or more children	National
4. To supplement family planning activities in the Northeast	New acceptors, current users of temporary methods	Regional
5. To supplement family planning activities in the South	New acceptors	8 provinces

2nd Priority

<u>Suggested NFPP Objective</u>	<u>Target Group</u>	<u>Area</u>
6. To promote general MCH and child-spacing	Newly married couples, pregnant women, mothers with less than two children	National
7. To provide family life information including family planning to adolescents	Adolescents, Pre-marriage age group	National
8. To promote the two child family norm	Pre-marriage age group; married couples with 2 children or less	National
9. To support and cooperate with MOI Departments and Parastatals in targeted family planning activities	As determined by Department or Agency	Determined by target group
10. To develop special information programs for hilltribes	Hilltribe current users and new acceptors	Northern provinces
11. To assist the FHD Training Section in the preparation and production of training aids.	Health personnel	National

Recommended IEC activities in support of the achievement of these objectives are as follows (by objective):

1. Two activities are recommended for immediate implementation: organization of joint observation visits to provinces with MOI-sponsored campaigns with OPP/MOI staff, and documentation of campaign experience

in five or six provinces in summary form for circulation to Governors and PCMO's. Further, support in the form of supplementary funds for provincial campaigns initiated by Governors should be channelled through the FHD to PCMO's. The preparation of a handbook for MOI officials on population and development issues and basic demography is also strongly recommended.

2. and 3. Recommended activities include: the revision of all materials on temporary methods, except the IUD, to provide up-to-date problem-oriented information; strengthening of the counselling function at the Health Center level by the preparation and distribution of a handbook for health personnel on problems of temporary methods, screening procedures to identify potential switchers to permanent methods, and the child-spacing concept; revision of materials on permanent methods and the IUD, all of which have been recently revised, in three years time; a contingency for the possible promotion of Norplant.

4. The development of an overall strategy for emphasis on the Northeast is recommended to the FHD. IEC aspects of this emphasis would include additional funds for MOI campaigns in the Northeast, technical assistance for the planning and implementation of campaigns, development of radio spots in the Northeastern dialect and television spots that support the strategy to be developed.

5. The special emphasis on the South has two components: four Thai Muslim provinces and four low prevalence Thai Buddhist provinces. The Thai Muslim provinces are the subject of a comprehensive project which

has already been funded by UNFPA. The plan calls merely for implementation of that project. For the Thai Buddhist provinces, increasing assistance from FHD staff for the implementation of district level campaigns is recommended. These campaigns will emphasize female sterilization and injectables.

6. All existing MCH materials will be reviewed and revised for inclusion of the child-spacing concept.
7. To begin to reach the large pre-marriage age group that will become the young married couples of the Sixth Plan period, a handbook on family life will be prepared for adolescents that includes the basics of human reproduction and contraception and promotes the two-child family and delaying the age of marriage.
8. The two-child family concept will be integrated into all media and materials under revision and recommended for promotion by the MOI.
9. Emphasis will be placed on developing working relationships with the Departments of Labour and Public Welfare which have factory workers and slum dwellers and hilltribes as their target groups.
10. IEC activities for the hilltribes are currently being discussed in the context of a USAID-supported project for the hilltribes. The nature of such activities has not been clearly defined as yet, but funds will be made available for special information programs for hilltribes through this project.
11. The IPR Section will assist the FHD Training Section to facilitate the commercial production of training aids to strengthen

training programs for health personnel.

The financial implications of this list of activities for donor assistance are summarized in Table 2. Requests for assistance from foreign donors are for prototype development or materials revision by commercial sources, purchase of broadcast time, support for the new initiatives of the MOI, or the hilltribes. The two former items are difficult to fund within the context of existing Government regulations and the two latter items are high priority Government activities.

In addition to activities carried out by the NFPP directly, support for private and voluntary organizations is recommended: namely, continued and increased support for the successful program of vasectomy promotion and service delivery by PDA; support for PPAT to develop further its program of in-school family life education; and support for TAVS to participate in provincial MOI campaigns.

Table 2  
External Assistance Needs Summary  
(Baht)

Activity	Year					Total	Remarks
	1	2	3	4	5		
1. Provincial MOI Campaign Support	2,550,000	2,500,000	2,200,000	-	-	7,250,000	
2. Temporary Methods	1,000,000	1,000,000	1,500,000	-	-	3,500,000	- include \$500,000 for Nor plant promotion.
3. Permanent Methods	50,000	-	1,000,000	1,000,000	-	2,050,000	
4. Northeastern Emphasis	3,050,000	3,150,000	2,050,000	2,050,000	12,050,000	12,450,000	
5. Southern Emphasis	-	-	-	-	-	-	
6. MCH/Child Spacing	-	50,000	50,000	-	-	100,000	
7. Family Life Information	100,000	-	-	-	-	100,000	
8. Two Child Family Norm	-	-	-	-	-	-	
9. Support for MOI Departments Family Planning Activities	-	-	-	-	-	-	
10. Hill Tribes	10,900,000	2,700,000	-	-	-	13,700,000	
11. Training Aids	-	-	-	-	-	-	
<b>Totals</b>	<b>17,650,000</b>	<b>9,400,000</b>	<b>7,900,000</b>	<b>3,090,000</b>	<b>2,050,000</b>	<b>28,950,000</b>	

Note: Exchange rate on August 8, 1984: 22.99 Thai Bahts = US\$ 1.00

## LIST OF PERSONS CONTACTED

Ministry of Public Health (Thailand)

Family Health Division  
 Ministry of Public Health  
 Bangkok 10200  
 Thailand

Mr. Tony Bennet, Advisor, Columbia University  
 Ms. Patama Bhiromrat, Chief, IEC Section  
 Dr. Nonglak Bunnag, Medical Officer  
 Dr. Morakot Kornkasem, Director  
 Mr. Suthon Panyadilok, Chief, Research & Evaluation Section  
 Dr. Suvanee Satayapan, Assistant Director  
 Ms. Chusie Sujpluem, Chief, Training & Supervision Section

FPIA/New York

Family Planning International Assistance  
 810 Seventh Avenue  
 New York, New York 10019  
 Tel: (212) 541-7800

Ms. Carol Klein, Director Program Management  
 Ms. Geri Stone

Northeast Field TripBuriram

Ms. Nongkhran, Publicity, Training and Service Promotion Section  
 Dr. Somchai, Nam Rong District Hospital  
 Dr. Sucharit, PCMO  
 Ms. Supaporn, Evaluation Officer

Nongkhai

Mr. Kai, District Health Officer, Ban Kaat  
 Ms. Kanchana, Health Promotion Section  
 Dr. Phichaiyo, PCMO  
 Ms. Satchee, Publicity, Training & Service Promotion Section  
 Dr. Tongchai, Deputy PCMO

Surin

Dr. Anchalee, Dep. Director, Ratanaburi District Hospital  
 Ms. Bupha, Ban Kae Yai Health Center  
 Dr. Chaitong Kraichoke, PCMO  
 Mr. Sanong, Publicity, Training & Service Promotion Section  
 Ms. Waraporn, Health Promotion Section, Ratanaburi District Hospital

LIST OF CONTACTS (continued)

United Nations - Private & Voluntary Personnel in Thailand

Mr. Barnett Baron, Director, Population Council  
Mr. Andy Fisher, Population Council  
Ms. Mary McGovern, Regional Director, FPIA  
Dr. Nippon, Director, PPAT  
Mr. Jay Parsons, Coordinator, UNFPA  
Ms. Pornphan, ASIN  
Mr. Tanaporn Praditwon, Communication & Information Manager, PDA  
Dr. Arry Sriburatham, Executive Director, TAVS  
Ms. Cecilia Verzosa, PIACT  
Mr. Meechai Viravaidya, Director, PDA  
Mr. Russell Vogel, Asia Director, TAVS

UNFPA/New York

United Nations Fund for Population Activities  
220 East 42nd Street  
New York, New York 10017  
Tel: (212) 850-5802

Mr. Richard Moore, Former Coordinator, Thailand  
Ms. Kerstin Trone, Evaluation Officer

US AID Evaluation Team

Mr. Visudh Kanchanasuk  
Ms. Lynn Knauf  
Dr. Donald Minkler  
Dr. Thephanom Muangman  
Mr. Ernest Petrich  
Dr. Yaowarat Porapakham  
Dr. Pramote Prasartkul  
Dr. Orapin Singhadej  
Mr. Songkhram  
Ms. Sunanta Sophonasukra

US AID/Thailand

APO San Francisco 96346

Mr. Bashmat Ali  
Mr. Kittiwat  
Ms. Patricia Moser  
Mr. Karoon Rugvanichje  
Mr. Terry Tiffany

LIST OF CONTACTS (continued)

US AID/Washington

Mr. David Oot  
ASIA/TR, 3327A NS  
US AID  
Washington, D.C. 20523  
Tel: (202) 632-2928

Mr. Marschal Rothe  
S&T/POP/IT Room 806 SA-18  
US AID  
Washington, D.C. 20523  
Tel: (703) 235-9867

World Bank/Washington

World Bank  
801 19th Street, N.W. - Rm. 303  
Washington, D.C.  
Tel: (202) 676-1601

Ms. Catherine Fogel, Operational Assistant  
Mr. Nicholas Prescott  
Mr. David Radel

# NATION BUSINESS I

BANGKOK, FRIDAY MORNING, JULY 13, 1984

## TACT awards announced

THE ten outstanding radio commercials for 1983 were announced at the Eighth Top Advertising Contest, organized by the Advertising Association of Thailand last night.

The 10 awards went to commercials with different titles and products as follows:

- 1) "Every Drop Is Deep" - Singha Beer by Raintree Co
- 2) "Mae Proy" - a commercial of Thep Duang Porn Coconut Co by Take One Co
- 3) "Roses" - soap commercial of Berli Jucker by Ogilvy & Mather
- 4) "Sam Fon Sam Morasum" (literally means three rainy seasons, three monsoons) of Panthong Construction Co by Vinset Co
- 5) "Problem" of Land and House Co Ltd by Far East Co
- 6) Atari Home Computer by Nite-spot Production
- 7) "Suffering Couple" of the Public Health Ministry
- 8) "Vasectomy" of the Public Health Ministry
- 9) "Meditation" of the Association for the Blind of Thailand to Seek Employment
- 10) "Whispering" - an anti-smoking campaign by Pacific Corp.

Items 7) and 8) were prepared for the NFPP by Ling McCann Erickson under funding provided by USAID and UNFPA.

ASSESSMENT OF NEEDS FOR IEC SUPPORT  
TO THE NATIONAL FAMILY PLANNING PROGRAM  
OF THAILAND

Prepared by: Robert S. Griffin,  
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Dates of In-Country Work:  
June 9 - July 1, 1984

Population Communication Services  
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624 North Broadway  
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## LIST OF ABBREVIATIONS

DOH	Department of Health
FHD	Family Health Division
IEC	Information, Education and Communication
IPRS	Information and Public Relations Section
IUD	Intrauterine Device
MCH	Maternal Child Health
MOI	Ministry of Interior
MPH	Ministry of Public Health
NFPP	National Family Planning Program
PCMO	Provincial Chief Medical Officer
PDA	Population and Community Development Association
PPAT	Planned Parenthood Association of Thailand
TAVS	Thai Association for Voluntary Sterilization
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VHC	Village Health Communicator
VHV	Village Health Volunteers

Assessment of Needs for Information, Education, and Communication  
Support for the Thai National Family Planning Program

Introduction

The decline in the population growth rate in Thailand can be attributed to a great extent to the timely establishment and competent implementation of the National Family Planning Program (NFPP). The adoption of family planning practices has been facilitated by highly successful public information programs carried out by the Family Health Division of the Department of Health (FHD/DOH) and by private and voluntary organizations. As a result of these efforts, general knowledge about family planning is at high levels: nearly all Thai women of reproductive age know several modern methods of contraception and where to obtain family planning services. In addition, 97% of Thai women of reproductive age either are currently practicing some contraceptive method or, if not practicing, find family planning acceptable. The national rate of contraceptive prevalence was 59% in 1981.

Having achieved these outstanding educational results, public information efforts of the NFPP have been evolving as the overall program has matured. This paper reports the current status of information activities, the directions in which they have been evolving, and attempts to assess the needs of the NFPP for information activities in the intermediate term future.

Methodology

The NFPP has been frequently researched and evaluated by both Thai and foreign institutions and scholars. A large body of documentation exists in both English and Thai. This assessment relies heavily on these reports, surveys, and evaluations. In addition, extensive interviews have been held with relevant staff of the FHD, other units of the Ministry of Public Health, other Ministries working in family planning, private and

voluntary agencies and donor organizations. Finally, the national level data has been supplemented by some observations of field activities and interviews with provincial and local program personnel.

### Institutional Roles and Relationships

The primary responsibility for development of mass communications to support the NFPP rests with the Information and Public Relations (IPR) Section of the FHD. The training of field personnel in their motivation and communication roles is shared between the Training Section and the IPR Section. Implementation of public information and motivation activities at the provincial level is the responsibility of the Provincial Chief Medical Officer (PCMO). In the chain of command, the PCMO reports to the Office of the Under-Secretary of the Ministry of Public Health, for technical and administrative matters but he must also heed the orders of the Governor of his province in regard to program implementation.

The relationship between the FHD and the PCMO is a staff relationship. The FHD provides support for provincial programs in the form of central planning and budgeting, supplies, training, supervision, and technical assistance.

### The Information and Public Relations Section: Organization and Functions

Under the IPR Section Chief are three sub-units: a) Mobile Units, which supervises all centrally-funded IEC activities for MCH and family planning. In the provinces this sub-unit is also responsible for VHC training and any other IE&C training that is conducted there.

b) Mass Communications, which develops and distributes radio spots and programs and printed matter, and c) Production, which develops and produces teaching aids used by health field workers and aids used in IE&C training seminars [See Appendix 1].

Operationally, some media development work is done in-house by staff members of the Section, but a large amount of this work is contracted out to local commercial media producers and market research firms.

Because of the large volume of foreign assistance to the Section in the areas of prototype development, equipment, media purchases, market research, etc., Section staff have additional large responsibilities for planning, monitoring, reporting, and coordination of donor-assisted projects.

#### Provincial Information Activities: Organization and Functions

At the provincial level, information programs are implemented by the Publicity, Training, and Service Promotion Section under the PCMO. However, because of the integrated nature of many family planning activities, motivational and education efforts are often also carried out by provincial Health Promotion Sections. In practice, the two sections typically cooperate and share responsibilities. Further support for information and motivation work is provided at the district level by Health Promotion personnel of district hospitals. At the tambon level, health center staff carry on this work. At the village level, the Village Health Volunteers (VHV) and Village Health Communicators (VHC) act as information providers and service coordinators.

#### IEC Activities of Other Organizations

Private and Voluntary Organizations. The Population and Community Development Association (PDA) has well-known and innovative information activities to support family planning in integrated community development programs. The Planned Parenthood Association of Thailand (PPAT) also does extensive information and education work, particularly in the area of sex education. PPAT has also done some work with difficult to reach groups: hill tribes, refugees, and Thai Muslims. The Thai Association for Voluntary

Sterilization (TAVS) prepares technical information on sterilization for medical practitioners and promotional information for the general public. In the past year, the private and voluntary organizations have had notable success in motivating vasectomy acceptors.

Other Government Agencies The two government agencies involved in the population field in a relatively large way are the Ministries of Education and Interior.

The Ministry of Education is responsible for both in-school and out-of-school population education. The Ministry's approach to family planning in adult education emphasizes voluntarism and independent decision-making.

The involvement of the Ministry of Interior in family planning is relatively recent, but must be regarded as a major event in the history of the NFPP. In its policy statement issued in January, 1984, the Ministry committed itself to promote and support family planning as another means to poverty alleviation. All MOI departments and parastatal bodies have been instructed to support family planning. Most importantly, all provincial governors have been instructed to consider family planning as the first priority in provincial development planning. Several provinces have already held successful family planning campaigns under the leadership of their governors in the past few months.

#### Summary of Current IEC Program of the NFPP (1984)

The current IEC program of the NFPP is summarized in the following table:

Summary of Current IEC Program of the NFPP (1984)

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NFPP Objective	Target Group	Messages	Communication Methods	Budget Source	Other Related Programs	Status of Activity
To inform the public about contraceptive methods and services	new acceptors, general public	Contraceptive methods, service points	9 leaflets 5 posters radio spots (30 sec) radio information (5-10 min), fp film on tv	RTG Japanese Government	PDA, PPAT, TAVS	On-going
To promote the two-child family norm	pre-marriage group, married couples with up to two children, general public	"Two is enough" "Boys or girls, have only two"	2 posters 1 film radio spot	RTG UNFPA	PDA	On-going
To promote methods of family planning with high continuation rates: a) Vasectomy b) IUD c) "Permanent" methods	a. married males with two or more children (rural)	"Don't believe the rumors" "Vasectomy is free"	interpersonal contact 2 posters, radio spot	RTG UNFPA USAID	PDA ASIN TAVS	Campaigns on-going, posters being printed
	a. same as above (urban)	Vasectomy	interpersonal contact 3 posters 3 leaflets 4 radio spots 1 tv spot	USAID	PDA ASIN TAVS	prototypes ready for mass production
	b. female users of temp. methods, new acceptors	IUD	poster, leaflet, mobile unit activity, campaign	RTG UNFPA	NOI	media in development
	c. married males or females with two or more children in areas around 60 Central regional district hospitals	IUD, Vasectomy, female sterilization	groups meetings mobile motivation followed by mobile service or referrals to hospitals	USAID		on-going

Summary of Current IEC Program of the NFPP (1984)

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NFPP Objective	Target Group	Messages	Communication Methods	Budget Source	Other-Related Programs	Status of Activity
To promote mother and child health	mother, newly-married females	general MCH, MCH and fp, "HealthyMother"	2 films, 2 handbooks, 2 leaflets, 1 flipchart, 1 poster	RTG		On-going
	same group in 8,000 poverty villages	general MCH	extra printing of handbooks, leaflets, poster; "Model Mother" contest	RTG		On-going
To promote child spacing	pre-marrieds, newly-marrieds, currently pregnant women	child spacing	leaflet, radio message, 3 films	RTG UNFPA		On-going
To concentrate program inputs into the Northeast	n.w acceptors, potential switchers to permanent methods	IUD, Vasectomy	special campaigns. with mobile units, extra printed matter	RTG USAID	MOI	On-going

- / -

Summary of Current IEC Program of the NFPP (1984)

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NFPP Objective	Target Group	Messages	Communication Methods	Budget Source	Other Related Programs	Status of Activity
To concentrate program inputs into the South a) in four Southern Thai Buddhist provinces with low prevalence rates	Key acceptors	contraceptive methods and services, general fp	extra inputs in the form of mobile units, seminar for VHV, VHC; group meetings	RTG UNFPA	PDA PPAT	On-going
b) in four predominantly Muslim provinces	Muslim religious and community leaders, candidates for child-spacing	general MCH, child spacing for health	seminars for VHV, VHC, training for traditional midwives and VHV in MCH/FP motivation and service; study tour for religious leaders; glossary for officials; mobile MCH/FP service with Muslim motivator; incentives for midwives; calendar, posters, leaflets, 30 minute audio tape, radio spots	UNFPA	PDA PPAT	Training completed; Media in development
To develop special programs for hill tribes	Hill tribes in Northern provinces	being developed	being developed	USAID, UNFPA	PDA, PPAT	In development
To support provincially prepared radio spots	target groups of provincial campaigns	general health with at least 25 % family planning	radio spots	RTG		On-going

Analytical Discussion

There is a high degree of consensus about the status of the NFPP and its future direction : The program is maturing and evolving. Prevalance will increase at slower rate. New acceptors will be recruited increasingly from younger, low parity couples. And greater emphasis will be placed on the quality of contraception practiced by current users. In information activities, the implications of the evolution of family planning in Thailand are already being recognized. New messages are being developed for clearly-defined target groups.

The new active role of the Ministry of Interior in family planning has not yet been fully appreciated, however. In provinces where Governors have lent strong support to family planning campaigns, impressive statistics on new acceptors, especially for IUD's, have been reported. MOI activity presents a great opportunity for the NFPP, but the possibility of excess enthusiasm could also present problems. Thus, it is imperative at this time to work with the MOI on public relations matters as well as to support their initiatives.

The IPR Section is well-prepared to pick up new challenges and to continue its present strong program : The Section has competent leadership and management and an impressive record of output and results. The section has particularly useful strengths in project development and monitoring and in contract administration.

In regard to specific communication methods, the past use of multi-media mixes and the richness of the overall media environment in Thailand make decisions on the effectiveness of on individual methods difficult if

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not impossible. The Thai programs use of coordinated mass media coupled with extensive person to person motivation and education has proven to be successful in general and so far has not faced financial constraints. Nevertheless, continuous monitoring of the use, understanding and response to communication messages will be increasingly important to good program management.

#### Recommendations for Future IEC Support for the NFPP

The following recommendations are based on existing trends and plans, research findings, discussions with NFPP personnel in the FHD and in the field and the judgment of the consultant. The recommendations give suggested NFPP objectives with information implications and target groups. The rationale for the recommendation is also given. The recommendations are grouped into two large areas : First Priority and Second Priority on the basis of the immediacy and magnitude of the perceived need. Hopefully, after further discussion, these recommendations can be the basis for further planning.

#### I. First Priority (Not necessarily in order of importance)

- To develop plans for support and cooperation with MOI on provincial family planning activities.

Target groups : as planned by each province.

Rationale : The success of family planning campaigns supported by provincial governors is impressive indeed. These efforts should be supported. At the same time, MOI officials need to understand more about family planning and about the issues involved in family planning motivation. It is anticipated here that IPR Section would have to make greater efforts to cater to the

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needs of individual provinces.

- To support continuation of use among IUD, pill and injectable users

Target group : current IUD, pill and injectable users.

Rationale : Partially as a result of MOI-sponsored campaigns, new acceptors may not remain active users. One-year continuation rates for pills and injectables are in the 60 - 70 % range for most regions, while the rates for IUD's are somewhat better. Messages are needed to reinforce continuation in areas with high rates and to encourage continuation in areas with low rates

- To promote switching from methods with lower continuation rates to methods with higher continuation rates

Target groups: Married couples with two or more children

Rationale : Switching to permanent methods, or the IUD from low continuation rate methods will reduce the rate of unwanted pregnancy and reinforce the small family norm.

- To promote general MCH and child spacing.

Target groups : Newly married women, pregnant women, mothers.

Rationale : Better mother and child health is an end in itself. In addition, spacing will reduce maternal mortality and indirectly reduce population growth by increasing the time between births and sensitizing the mother to family planning.

- To continue to intensify program inputs in the Northeast

Target Groups : new acceptors, spacers, potential permanent method users in the Northeast.

Rationale : The Northeast is the region with the largest estimated pool of

potential new acceptors (over one million). Many Northeastern provinces lag behind the national average in contraceptive prevalence. In addition, many Northeastern provinces are poverty areas. Finally, the Northeast is demographically the most significant region in the country with 35% of the nation's total population.

- To continue to intensify program inputs into the South in eight provinces.

Target groups : Thai Buddhists (new acceptors) in Nakhon Srithammarat, Songkhla, Krabi, and Pattalung; Thai Muslims (child spacers) in Pattani, Yala, Narathiwat, and Satun.

Rationales : Like the Northeast, many provinces in the south lag behind the national average of contraceptive prevalence, and in addition are poverty areas. Thai Muslims require special consideration in regard to family planning.

## II. Second Priority

- To promote family planning in general.

Target groups : new acceptors, young marrieds.

Rationale : The high levels of knowledge and positive attitudes of women of reproductive age towards family planning indicate a decreased need for general family planning information. Nevertheless, basic information should be available to anyone who needs it.

- To promote the two-child family norm

Target groups : Pre-marrieds, young marrieds with less than two children.

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Rationale : There is already considerable acceptance of the two-three child family among many young married couples especially in urban areas. Acceptance of the two-child norm in rural areas will most likely, as it has elsewhere, follow the general trend of economic development.

- To work with the MOI on special programs for its departments and parastatals, e.g. for laborers with the Labor Dept., public enterprise workers with the various parastatals, etc.

Rationale : The opportunity to work with MOI on special groups should be carefully evaluated. Many of the groups they include or serve-such as factory workers and slum dwellers-have been considered or suggested by FHD or others already. However, the opportunity to work through MOI may present a unique opportunity.

- To develop special family planning programs for the hill tribes.

Target group : hill tribes in Northern provinces.

Rationale: The hill tribes are numerically small and difficult and expensive to serve. Other groups may have a comparative advantage at serving the hill tribes. Nevertheless, the Government is committed to assisting the hill tribes. Family Planning services should be made available along with other government services.

- To develop a sex education information program for adolescents

Target groups : adolescents, pre-marriages aged 15-20

Rationale : Today's adolescents are tomorrow's young married couples, Education of adolescents for personal growth and marriage with information about sexual development, family planning, and motivation for smaller families is becoming essential as new acceptors of family planning are drawn increasingly from young, newly married couples.

Organization, Staffing, and Functions  
of  
The Public Relations and Information Section (PR&I)  
Family Health Division, Department of Health  
Ministry of Public Health

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Organization

The PR&I Section is formally organized into three sub-units :

1. Mobile Units
2. Mass Communication
3. Production

Because of the high level of external assistance to the PR&I Section, professional staff of the three sub-units also perform additional functions in regard to the planning, monitoring, and coordination of external assistance projects.

Staffing

Total staffing for the PR&I Section includes :

- 18 professional staff
- 7 technicians
- 13 administrative support staff
- 13 projectionists

Functions

The main responsibility of the PR&I Section is to provide information, education, and communication support for the National Family Planning Program. Functions carried out by the sub-units are as follows :

Mobile Units

The sub-unit has four professional staff. The main function of these four staff is to supervise training and motivation activities of the health and family planning mobile units that operate in each province under the PCMO. This sub-unit is responsible for the budgeting and planning of provincial mobile unit work.

Mass Communications

This sub-unit has four professional staff. Its work is divided into two areas : radio and publications.

There are three types of programs :

1. Folk song programs with family planning spots. These programs are produced by the sub-unit and distributed to 40 radio stations around the country.
2. Radio dramas. These dramas are serials of popular stories. Each installment is 30 minutes and there are up to 45 - 50 programs in one series. Family Planning messages are broadcast like commercials at breaks in the stories. The PR&I Section buys rights to produce these stories for radio then contracts out program production. The programs are broadcast over 40 to 50 stations.
3. Local spots. Money is provided to about 60 provinces for the preparations of spot messages on local provincial stations. Between 10,000 - 15,000 baht is provided annually to each province for such spots.

Total radio broadcast time that includes family planning messages amounts to 5,000 - 6,000 hours annually.

Radio programs generate about 100 letters a month to the PR & I Section usually requesting further information. All letters are answered, typically with a printed leaflet.

There are two types of printed matter :

1. Handbooks for health staff and other technical resource persons.
2. Posters, leaflets, and booklets that are for the general public.

About 20 subjects in the areas of mother and child health and family planning are covered. All are illustrated. Current annual distribution is about 4 million pieces per year.

Printing as well as some research and prototype development is done on contract.

#### Production

This sub-unit has four professional staff.

It is responsible for the development of teaching aids used by health field workers and aids used in seminars. Such aids include films, slides, transparencies, mid-wife kits, flip charts, etc. Some design work and scripting is done in-house, but most production is contracted out.

#### Planning, Monitoring and Coordination

Internationally assisted projects provide for prototype development equipment, incentive payments for staff, media buying, and consultants. The planning, monitoring, and coordination of these projects is done as additional work by the chief of the PR & I Section and the professional staff of the three sub-units.

THREE TO FIVE YEAR PLAN  
FOR IEC ACTIVITIES TO SUPPORT  
THE NATIONAL FAMILY PLANNING PROGRAM  
OF THAILAND

Prepared by:

Patama Bhiromrat, Chief  
Information & Public Relations Section  
Family Health Division  
Department of Health  
Ministry of Public Health (Thailand)

Robert S. Griffin, JHU/PCS Consultant

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Population Communication Services  
Population Information Program  
The Johns Hopkins University  
624 North Broadway  
Baltimore, Maryland 21205  
U.S.A.

## LIST OF ABBREVIATIONS

CDD	Community Development Department
FHD	Family Health Division
IE&C	Information, Education and Communication
IPR	Information and Public Relations
IUD	Intrauterine Device
MCH	Maternal Child Health
MOH	Ministry of Health
MOI	Ministry of Interior
MOPH	Ministry of Public Health
NFPP	National Family Planning Program
PCMO	Provincial Chief Medical Officer
PDA	Population and Community Development Association
PPAT	Planned Parenthood Association of Thailand
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

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3-5 Year Plan for IE&C Activities to Support the NFPP

Introduction

This plan describes the major elements of activities recommended for implementation by the Information and Public Relations Section of the Family Health Division of the Department of Health for future support to the Thai National Family Planning Program. The plan is organized according to objectives that have been imputed to the NFPP for the coming three to five year period. Five objectives have been rated as first priority and six more as second priority in terms of their needs for IE&C support. Table 1 lists the suggested objectives, their target groups, geographical coverage, and priorities.

For each objective, a summary is given of the current status of activities and available media. Development plans for the future are outlined for research, strategy formulation, activities, training, media development and monitoring and evaluation. Budget estimates are given along with needs for external assistance.

It should be emphasized at the outset that the mass media IE&C activities of the IPR section support and assist the basic NFPP strategy of interpersonal motivation by health personnel at all levels. Financial incentives provided to motivators through donor-assisted projects have been essential to the success of this strategy. These incentives are included in current UNFPA and USAID projects as aspects of integrated service delivery approaches.

Table 1

Recommended Priorities for IE&C Support for the NFPP1st Priority

<u>Suggested NFPP Objective</u>	<u>Target Group</u>	<u>Area</u>
1. To support and cooperate with MOI on provincial family planning activities	Determined by province	Province by province
2. To support continuation of temporary methods	Current users of temporary methods with less than two children	National
3. To promote permanent methods	Current users of temporary methods or new acceptors with 2 or more children	National
4. To supplement family planning activities in the Northeast	New acceptors, current users of temporary methods	Regional
5. To supplement family planning activities in the South	New acceptors	8 provinces

Table 1, Continued

## Recommended Priorities for IE&amp;C Support for the NFPP

2nd Priority

<u>Suggested NFPP Objective</u>	<u>Target Group</u>	<u>Area</u>
6. To promote general MCH and child-spacing	Newly married couples, pregnant women, mothers with less than two children	National
7. To provide family life information including family planning to adolescents	Adolescents, Pre-marriage age group especially in rural areas	National
8. To promote the two child family norm	Pre-marriage age group; married couples with 2 children or less	National
9. To support and cooperate with MOI Departments and Parastatals in targeted family planning activities	As determined by Dept. or Agency	Determined by target group
10. To develop special information programs for hilltribes	Hilltribe current users and new acceptors	Northern provinces
11. To support the development of family planning and MCH training aids by the FHD Training Section	Health personnel	National

### Recommended Activities

1. Suggested NFPP Objective: To support and cooperate with the Ministry of Interior on provincial family planning activities

Target Group: Determined by province

#### Current Status

Following the adoption of a strong policy statement in support of family planning, the Ministry of Interior has begun to actively support family planning activities at the provincial level. The nature of such support has been left largely to the discretion of provincial governors and thus far has varied widely from relative inactivity to large-scale family planning campaigns. In provinces where the Governor has organized a campaign, the activities typically contain some or all of the following elements:

- emphasis on IUD insertions;
- recruitment of new acceptors through local government channels;
- organization of service delivery by provincial, district, and tambon level health personnel;
- incentives for acceptors or their villages or tambons;
- training for campaign personnel prior to the campaign;
- multi-media information campaigns to support the main effort.

Such campaigns may last a few days or a few months. To date, results from provinces that have held campaigns are impressive and it is now obvious that the Ministry of Interior can have a large impact on the NFPP.

## Development Plans

The relationship between the Ministries of Health and Interior has been evolving on a province by province basis with Interior in the role of organizer or motivator and Health in the role of service provider. At the headquarters level, relationships have yet to be clearly defined. To assist the process of building a cooperative relationship between the Ministries, two activities are recommended for immediate implementation by the FHD:

Organization of a series of joint Health/Interior observation and inspection visits of provincial family planning campaigns in which Provincial Governors have been active. This activity has in fact been requested by Ministry of Interior staff of the Office of Policy and Planning which has national responsibility for coordination of Interior's family planning policy.

-Summary documentation of campaigns that have already occurred in five or six provinces for circulation to Governors and PCMO's. The purpose of this documentation would be descriptive, not evaluative, to inform key provincial Health and Interior officials about the various approaches to family planning that have been taken in some provinces and, to the extent that information is available, to point out the strengths and weaknesses of the various methods attempted so far.

It is recognized at this point that Ministry of Interior officials are in need of further orientation to population issues. MOI may choose to organize such training for its personnel at various levels.

To support this orientation effort, the IPR Section will undertake to prepare a handbook on population and development issues,

population dynamics, etc. This handbook would exceed the expertise of MOPH officials so a contract for handbook preparation to the Institute for Population Studies of Mahidol University or another appropriate agency is contemplated. The IPR Section would take care of printing and distribution of the finished product.

As Ministry of Interior support to family planning is evolving and highly de-centralized, long-term planning is difficult at this point in time. However, the trend to some form of annual provincial level family planning campaigns does appear clear. Therefore, to demonstrate MOPH central support for these initiatives, a program of grants to the PCMO's for provincial MOI-sponsored campaigns is recommended. These grants would be over and above existing Health program funds. Such funds could be for IE&C activities only or as part of a block grant that would cover training and service delivery costs as well. The funds would presumably cover only a small portion of the total costs of the campaign so they might be presented as "matching" funds. Details of such a grant program would need to be worked out among the sections of the FHD.

A final area of possible IPR assistance to provincial MOI-sponsored family planning activities might be to the Community Development Department. MOI anticipates that CDD field staff will be involved in the promotion and monitoring of family planning activities. Just what the needs of CDD staff are for information about population and family planning is not known at this time. The MOI Office of Policy and Planning is currently gathering information on the family planning activities of MOI Departments. When CDD's plans become known, the FHD can determine the extent to which it might be of assistance.

2. Suggested NFPP Objective: To support continuation of temporary methods.

Target Group: Current users of temporary methods with less than two children

3. Suggested NFPP Objective: To promote permanent methods.

Target Group: Current users of temporary methods and new acceptors with two or more children.

#### Current Status

Continuation rates by region for temporary methods after one year are as follows (in percent):

	<u>IUD</u>	<u>Pill</u>	<u>Injectable</u>
Central	87	65	52
Northeast	78	63	67
North	75	61	65
South	62	69	62

The target group for these two objectives are mainly current users of temporary methods so they will be treated together.

There is at present no program to support continuation of temporary methods. Temporary method users are the majority of the clients of the NFPP and are likely candidates for eventual switching to permanent methods. The two-child family norm message is also appropriate for many current users. Furthermore, there is apparently a lack of technical information for midwives and other health personnel on side effects of temporary methods, switching pill brands and related questions.

In regard to permanent methods, i.e., male and female sterilization, various activities are being carried out and a wealth of media and materials is available. For vasectomy there are presently available or soon to be produced: five posters, three leaflets, five radio spots, and one television spot. Both USAID and UNFPA support vasectomy campaigns that involve the use of motivators, group meetings, and mobile service units. Private organizations - PDA and PPAT - have been notably successful in the promotion of vasectomies as has the incentive scheme for vasectomies done by private physicians offered by ASIN.

Female sterilization has not been the subject of campaigns, but mothers with two or more children are encouraged to consider it, especially post-partum, by midwives and health promotion staff of hospitals. One poster and one leaflet promote female sterilization and two more leaflets are in preparation.

#### Development Plans

Hospital-based female sterilization and hospital-based and mobile vasectomy activities will presumably continue in basically the same form. The distribution channels for temporary contraceptive methods will similarly remain basically as they are now. However, there will be some changes in the information/motivation strategy used to support the achievement of these objectives. Namely:

- revision of materials (leaflet, poster, radio spots) on temporary methods (pill, injectable and condom) to provide up-to-date problem-oriented information; the revised material will be a new media package and may not merely revise the existing material;

- strengthening of the counselling function, particularly at the Health Centers on problems of temporary contraceptives, the child spacing concept, and screening procedures for switching current users from temporary to permanent methods. A handbook integrating temporary and permanent methods will be developed for this purpose;
- encouragement of the inclusion of vasectomy in MOI-sponsored provincial campaigns by consultation with PCMO's on campaign design;
- revision of mass media materials on vasectomy and female sterilization after three years;
- a contingency will be set up for the promotion of Norplant in anticipation of MOPH approval of its use at some time within the next two years. As a brand new product in the contraceptive field, Norplant will have to be carefully and systematically promoted in coordination with the development of service delivery capacity.

4. Suggested NFPP Objective: To supplement NFPP activities in the Northeast.

Target Groups: Current users of temporary methods, new acceptors.

#### Current Status

The Northeastern provinces have received priority attention in recent years for vasectomy and IUD campaigns. Also, extra printed material, additional air time for radio spots, and additional mobile unit

activity have all been provided for the Northeast. Despite these supplementary activities, the Northeast still lags behind the nation in contraceptive prevalence.

#### Development Plans

A strategy should be developed specifically for the Northeast, as the largest region in the country with its own distinctive characteristics. The development of such a strategy should be a Division level activity of the FHD. Some ideas for the IE&C component of such a strategy would include:

- additional support to MOI campaigns in Northeastern provinces (over and above that suggested above) in the form of funds for campaign activities, technical assistance from IPR staff in the planning and implementation of the campaigns, and if desired, mobile unit support;
- development of radio spots in the Northeastern dialect;
- development of television spots for broadcast on Northeast stations.

5. Suggested NFPP Objective: To supplement NFPP activities in the South

Target Groups: New acceptors, current users of temporary methods

#### Current Status

Supplementary activities in the Southern region have been targeted on eight provinces - four Thai Buddhist provinces with low prevalence rates and four Thai Muslim provinces.

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In the Thai Buddhist provinces, the additional efforts have included group meetings at the Tambon level, extra mobile unit activities, village level surveys of acceptors and non-acceptors, and technical assistance from the FHD to the province in planning.

For the Thai Muslim provinces, the supplementary activities have been for the development of an appropriate approach for the delivery of family planning services to Muslims. This activity, supported by UNFPA, has identified the concept of child-spacing for mothers' health as the most effective appeal to Thai Muslims. The deliberate family planning and MCH strategy that has been developed has included: seminars for village health volunteers and village health communicators; training for traditional midwives and village health volunteers in motivation and service delivery; study tours for religious leaders; mobile service delivery with Muslim motivators; incentives for midwives; preparation and production of a calendar, posters, leaflets, a 30-minute tape, and radio spots, all in the local language.

#### Development Plans

In the case of the Thai Muslim provinces, the plan is merely to continue to carry out the strategy that has been developed, including the implementation of mass media communications, as media are ready for placement or distribution. Implementation would be frequently monitored and periodically evaluated.

In the case of the low prevalence Thai Buddhist provinces, the strategy under development is based on district level campaigns for all methods and increased assistance in planning and management of activities from FHD staff. District campaigns would be based at district hospitals

and would include emphasis on female sterilization and injectables (which midwives have recently been authorized to administer). Campaign funds budgeted under objective #1 would support these activities as well as funds from other current projects.

6. Suggested NFPP Objective: To promote child-spacing for mother and child health

Target Groups: Newly married couples, pregnant women, mothers with less than two children

#### Current Status

At present, the IPR Section publishes an MCH handbook that has summary information on family planning, a flipchart teaching aid on family planning and MCH, and one poster on child-spacing. Two movies on MCH were produced several years ago and new prints are ordered annually for mobile unit showings. The child-spacing concept is also used as the basis for motivation of Thai Muslims to practice family planning.

#### Development Plans

Further study of how to best promote child-spacing is necessary before a complete plan can be presented. Thus, the first step in the development of the promotion of child-spacing should be a needs assessment and strategy formulation exercise which would include a review of existing MCH materials and activities.

At the same time, follow-up monitoring of the use and effectiveness of existing materials that contain child-spacing

information can be carried out. After that, those materials (the MCH handbook, the flipchart and the poster) can be revised and additional copies published as necessary.

In addition, the child-spacing concept will be integrated into the handbook planned for health center staff to strengthen their ability to counsel clients on temporary and permanent contraceptive methods.

7. Suggested NFPP Objective: To provide family life information, including family planning, to adolescents

Target Group: Adolescents, pre-marriage age group

Current Status

At present little is done in a systematic way to reach today's adolescents with information on human reproduction, family life and family planning concepts. The IPR Section has in the past distributed a booklet to students and others actively seeking information. PPAT has an on-going sex education program which is offered to schools and youth groups. The Ministry of Education has been slow to build family life education into the school curriculum.

Development Plan

In order to begin to reach the large adolescent age cohort that will become the young married couples of the Sixth Plan period with knowledge of family life and family planning concepts, a modest effort is proposed. The IPR Section will take responsibility for the development of a handbook for adolescents on family life. It will include the basics of human reproduction, promote concepts such as the two-child family and delaying the age of marriage, and describe family planning methods and services. When completed, the booklet will be promoted by radio spots to rural youth and made available by mail or at Tambon Health Centers.

8. Suggested NFPP Objective: To promote the two-child family concept

Target Groups: Pre-marriage age group; married couples with two children or less

#### Current Status

The NFPP has done some promotion of the two-child family concept by means of posters and radio spots and PDA has also invested heavily in promotion in this area.

The Contraceptive Prevalence Survey (1981) reports that the mean number of children expected for all currently married women aged 15-49 is 3.5 and for those currently married who want more children, 2.9. These numbers have been declining over time. There are wide variations on the number of expected children among women by age, region, and education. The mean number of children expected by married women in the 20-24 age group was 2.4 while in the 40-44 age group the figure was 4.7. Regionally, married women in Bangkok expect only 2.8 children while in the Northeast the number is 3.9 and in the South, 4.2. Married women with over five years of education expect to have 2.5 children while women with no education expect 4.5 and women with 1-3 years expect 4.2.

#### Development Plans

The general strategy calls for further awareness and acceptance of this message with special emphasis on adolescents who will be the parents of the Sixth Plan period.

Thus, current messages will be reviewed and revised if necessary for optimum impact on youth. Television spots may be developed. The promotion of the two-child family through MOI channels and MOI sponsored campaigns will be pursued, for example with the distribution of two-child family posters through MOI offices. In addition the two child family concept will be included in the counselling handbook to be prepared for health center personnel on temporary and permanent methods.

9. Suggested NFPP Objective: To support and cooperate with MOI Departments and Parastatals in targeted family planning activities

Target groups: As determined by Department or Parastatal

Current Status

As an aspect of the Ministry of Interior's support for family planning, all MOI Departments and organizations have been asked to include family planning in their work programs. MOI Departments have as their responsibility groups that are often mentioned as potential target groups for family planning activities, e.g., the Labour Department (factory workers), and the Public Welfare Department (slum dwellers and hill tribes). One of the MOI parastatals, the Provincial Waterworks Authority, is now under the leadership of PDA Director Mechai Viravaidhya and has already internalized a family planning program. Other MOI parastatals include large bodies of employees and typically have their own health units. Departments and organizations under the MOI are illustrated in Appendix 2.

Development Plan

Further cooperation with MOI Departments and parastatal bodies requires further information about their own plans and decisions on

family planning activities. The MOI Office of Policy and Planning is presently surveying these agencies to see how they plan to implement the policy directive on family planning. When this information is available, the FHD and its IPR section can proceed on a case by case basis to develop working relationships to support their activities in family planning.

It is recommended that the IPR Section focus its attention initially on the Labour Department and the Public Welfare Department because of the clients these agencies serve.

In regard to parastatals, the FHD should review the information and service delivery for family planning of parastatal health units. FHD could provide training in family planning motivation and service delivery if necessary.

The handbook proposed above (Objective #1) for MOI provincial officials on population and development issues should also be useful to officials in other MOI departments and parastatals.

10. Suggested NFPP Objective: To develop special family planning activities for hilltribes

Target groups: Hilltribe current users and new acceptors

Current Status

The hilltribes are small and widely dispersed minority groups made up of five or six major tribes. Their total population is estimated at around 400,000. At present there is no general family planning service program for hilltribes. However, a number have been served through McCormick Hospital in Chiangmai and by visits to lowland NFPP service units.

A proposal for general support for family planning to hilltribes is currently under discussion between USAID and the MOPH. Indicated information components include the use of incentives for motivators, production of simple teaching aids, mobile service provision, the possible use of the hilltribe radio station, and cooperation with the Public Welfare Department programs for hilltribes.

#### Development Plan

The plan for hilltribes will be simply to implement the USAID/MOPH Proposal when it is agreed upon and becomes an operational project.

11. To support the development of family planning and MCH training aids by the FHD Training Section.

Target Group: Health personnel in training courses

#### Current Status

The FHD Training Section desires to improve the quality and quantity aids for existing training at the national and provincial levels and at midwifery schools.

The Training Section lacks staff skilled in the preparation of training aids. The IPR Section has some visual aid specialists and wide contacts with commercial visual aid producers.

#### Development Plan

The IPR Section will assist the Training Section in the preparation of training aids by facilitating their commercial production.

## Discussion of External Assistance Needs

The external assistance needs of the NFPP to support IEC are summarized on Table 2. These needs are for activities in four categories:

1. development or revision of media
2. broadcast time
- 3 support for MOI campaigns and for special emphasis on the Northeast
4. the hilltribes project.

1. External assistance is requested for media development and revision because of the government requirement to accept the lowest bid in competitive bidding for contracts for media development and production. In terms of creativity and effectiveness, the lowest bid may not be the best proposal for the NFPP. The flexibility of donor funds to purchase high quality media development has been very useful in the past. The Government is fully capable of bearing costs of mass production and distribution of developed media.

2. Broadcast time is available free of charge on request from stations operated by the Public Relations Department. However, radio coverage is widespread from stations operated by the Thai military. Prime time on these stations is leased to commercial producers. Thus, prime time on popular programs must be purchased from leasees. In practice government funds cannot be used for this purpose.

Television is an established and expanding medium in rural Thailand that has been little used to advertise family planning in the past. Development of the TV spots, purchase of air time, and a coverage study are proposed as a pilot program to study the efficiency of the use of this medium.

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Table 2  
External Assistance Needs Summary  
(Baht)

Activity	Year					Total	Remarks
	1	2	3	4	5		
1. Provincial MOI Campaign Support	2,550,000	2,500,000	2,200,000	-	-	7,250,000	
2. Temporary Methods	1,000,000	1,000,000	1,500,000	-	-	3,500,000	- include 500,000 for Norplant promotion.
3. Permanent Methods	50,000	-	1,000,000	1,000,000	-	2,050,000	
4. Northeastern Emphasis	3,050,000	3,150,000	2,050,000	2,050,000	12,050,000	12,450,000	
5. Southern Emphasis	-	-	-	-	-	-	
6. MCH/Child Spacing	-	50,000	50,000	-	-	100,000	
7. Family Life Information	100,000	-	-	-	-	100,000	
8. Two Child Family Norm	-	-	-	-	-	-	
9. Support for MOI Departments Family Planning Activities	-	-	-	-	-	-	
10. Hill Tribes	10,900,000	2,700,000	-	-	-	13,700,000	
11. Training Aids	-	-	-	-	-	-	
<b>Totals</b>	<b>17,650,000</b>	<b>9,400,000</b>	<b>7,900,000</b>	<b>3,090,000</b>	<b>2,050,000</b>	<b>28,950,000</b>	

On August 8, 1984, 22.99 Thai Baht = US\$ 1.00

3. External assistance funds are requested to supplement MOI-sponsored campaigns nationwide but with extra emphasis on the Northeastern provinces. Funding through the FHD for provincial campaigns would give the FHD some leverage in campaign design and assist in the development of relations with MOI. The Northeastern emphasis is justified on the basis of the region's demographic importance and poverty.

4. The hilltribes project is a high priority of the government and discussions with USAID for external support have been on-going for some time.

#### Suggestions for USAID Support to Other Organizations

1. The Population and Development Association has had notable success in the promotion of vasectomies. These successful efforts should be encouraged. As an aspect of USAID's present support for NFPP vasectomy campaigns, funds could be allocated to PDA for vasectomy IEC and service delivery.

2. The Planned Parenthood Association of Thailand is in the vanguard on sex education for adolescents. This initiative could be extended and expanded to a program of in-school family life education. USAID support for the development of such a program is recommended.

3. The Thai Association for Voluntary Sterilization can lend some publicity and service delivery support to sterilization activities that are part of MOI campaigns. USAID funding for such support is recommended.

MEDIA/MATERIALS CURRENTLY IN USEI. SUPPORTING TEMPORARY METHODS

Leaflets

Pill

IUDs

DMPA

Condom

All 6 family planning methods

Poster

All 6 family planning methods

II. SUPPORTING PERMANENT METHODSVASECTOMY

Leaflet

I am proud that my husband had a vasectomy.

Poster

1. Let's get a vasectomy.
2. Government performs free vasectomy.
3. Have a vasectomy like me (S).
4. Have a vasectomy like me (Hilltribes)
5. Testimonial (doctor)
6. I am proud that my husband had a vasectomy.
7. Don't wait until tomorrow.

Radio Spots

1. Doctor's visit )
2. Doctor and Father) Variations prepared for all
3. Husband's Comment) 4 regions.
4. Jingle )
5. For father with 2 children )
6. After my husband had vasectomy, we are )  
happy as before )
7. Somchai, one in 300,000 fathers who had) In central  
vasectomy) dialect only
8. Stop to think a little before you have )  
one more child )
9. Suffering Couple )

T.V. Spot

Testimonial (among different occupations)

2. FEMALE STERILIZATION

Leaflet

Mother's Love

Poster

Mother's Love

Film

"Golden Years of Happiness"

SUPPORTING MCH, CHILD SPACING, AND TWO CHILD FAMILY

Leaflet

Model Mother  
Couple Manual

Handbook

MCH Manual  
Women Exclusive  
Happy Family

Poster

Model Mother  
Better to Have 2 (South)  
Two is Enough (South)  
Better to Have 2 (Hilltribes)  
Delivery at Hospital  
Model Mother

Other

MCH and FP Flipchart  
Health Record  
Model Mother Certificate  
Films

Radio Spot

Suffering Mother  
Happy Mother  
Happy Couple

Films

For Your Beloved Baby  
Coming Into To This World

MATERIALS IN PREPARATION

VASECTOMY

Leaflet

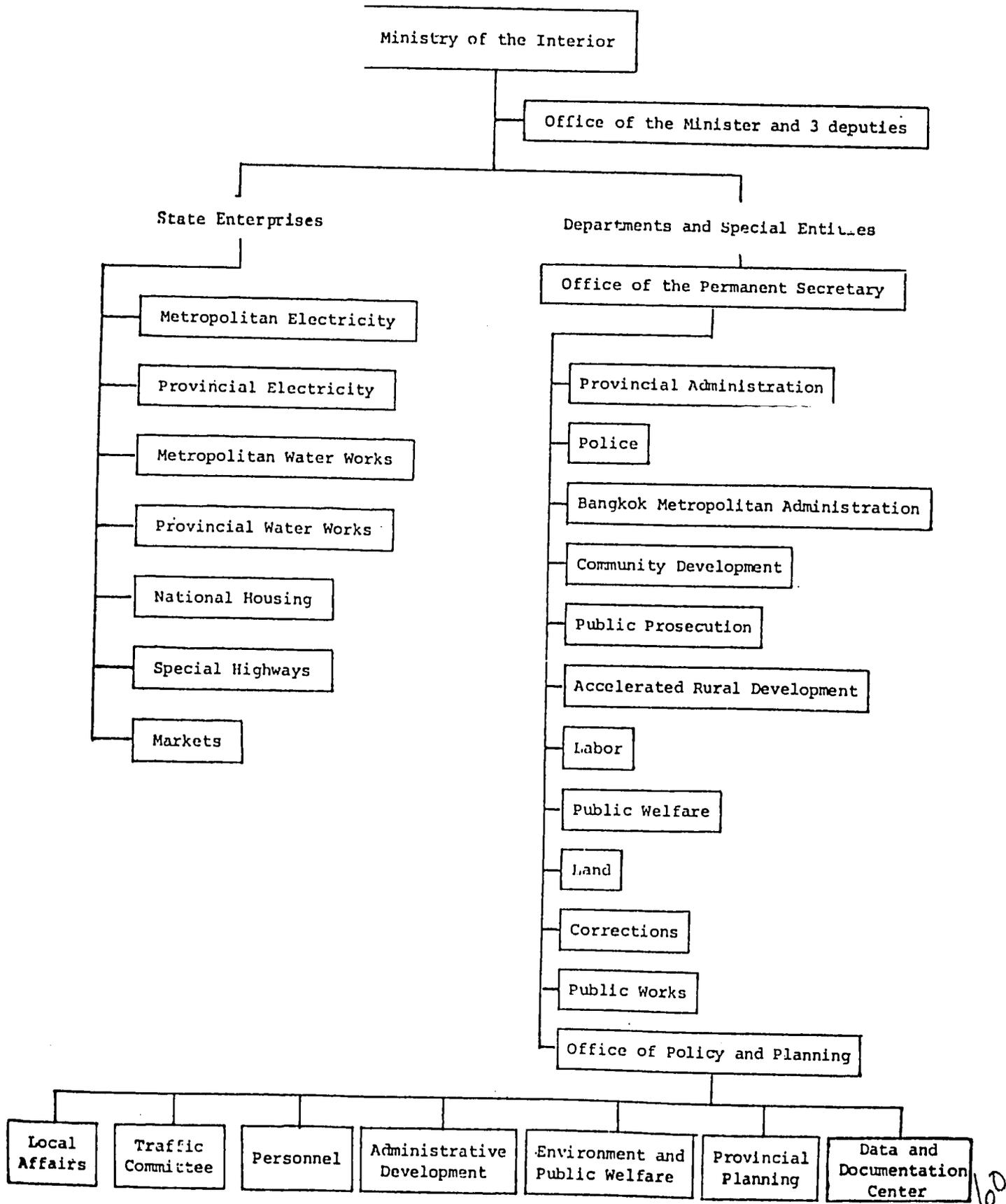
For Father With 2 Children (testimonial)  
My Family is Happy (after having vasectomy)

Poster

Father with 2 children (testimonial)

Uncle Choo  
Tid Saeng, how is it after your Vasectomy  
Talking about Vasectomy  
"Have a Vasectomy Like me" Regional

Overview of the Ministry of Interior and  
Office of Policy and Planning



Schedule of Activities

Year	1	2	3	4	5
<u>Activity</u>		<u>Objective 1</u>			
1. Observation and supervision visits with MOI staff	_____	-----			
2. Campaign documentation	_____ (6 mo.)				
3. Preparation and distribution of handbook on population issues	_____ (9 mo.)				
4. Support for provincial family planning campaign	_____ 25 provinces	_____ 25 provinces	_____ 22 provinces	-----	-----
5. Support for FP activities of the Community Development Department	-----	-----	-----	-----	-----
		<u>Objectives 2 and 3</u>			
1. Revision of materials on temporary methods	_____				
2. Counselling handbook preparation	_____ (8 mo.)				
3. Revision of mass media materials on vasectomy and female sterilization				_____	
----- = contingent on needs					

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Year	1	2	3	4	5
4. Consultation with PCMO's on campaign design	_____			-----	-----
5. Norplant promotion			-----	-----	-----
<u>Objective 4</u>					
1. Strategy formulation by FHD	_____				
2. Campaign support	_____			-----	-----
3. Radio spot preparation	_____	_____		_____	_____
4. TV spot/slide spot development	_____	_____		_____	_____
<u>Objective 5</u>					
1. Implementation of Thai Muslim Project	_____			-----	-----
2. District level campaign in 4 Thai Buddhist provinces	_____			-----	-----
<u>Objective 6</u>					
1. Review of needs/strategy formulation	_____ (6 mo.)				
2. Revision of material to include spacing concept	_____ (9 mo.)				
3. Production of revised and existing material	_____				

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Year	1	2	3	4	5
		<u>Objective 7</u>			
1. Family life handbook preparation	_____				
2. Handbook production and distribution		_____			
		<u>Objective 8</u>			
Addition of 2 child concept to existing media and activities	_____				
		<u>Objective 9</u>			
1. Review of family planning activities of Labor and Public Welfare Departments and possible development of a support program	_____	-----			
2. Review of parastatal health units FP activities and possible development of support program	_____	-----			
3. Distribution of population and development issues handbook		_____			
		<u>Objective 10</u>			
1. Hilltribe project	_____				

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Year	1	2	3	4	5
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Objective 11

Facilitate the production of  
training aids

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Year	1		2		3		4		5		Total		Remarks
Budget Source	external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	
Production of revised materials		regular budget		regular budget		regular budget							
2. Counselling handbook -development; 50,000 -production 20,000.copiesXB20	50,000										400,000		
3. Revision of mass media materials on vasectomy and female sterilization					1,000,000		1,000,000						
Production of revised materials							regular budget		regular budget				
Totals	1,150,000		1,000,000		2,500,000		1,000,000					5,550,000	
<u>Objective 4</u>													
1. Strategy formulation		regular budget											
2. Campaign support	1,000,000		1,000,000		1,000,000							3,000,000	
3. Radio spots development	300,000		300,000		300,000		300,000		300,000			1,500,000	



Year	Budget Source	1		2		3		4		5		Total		Remarks
		external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	external assistance	RTG	
<u>Objective 7</u>														
1.	Family life handbook preparation production (400,000xB3 per year)	100,000		1,200,000		1,200,000		1,200,000		1,200,000				
<u>Objective 8</u>														
1.	Addition of 2 child concept to existing media and activities													
		No new budget required												
<u>Objective 9</u>														
<u>Objective 10</u>														
	Hilltribe Project	10,900,000		2,700,000									13,700,000	
<u>Objective 11</u>														
														Cost to be budgeted by the Training Section.