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NEEDS ASSESSMENT: GHANA

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Appendix A: List of Contacts

LIST OF ABBREVIATIONS

APPLE	- Association of People for Practical Life Education
AVS	- Association for Voluntary Sterilization
CBD	- Community-Based Distribution
CBS	- Central Bureau of Statistics
CHW	- Community Health Worker
CCG	- Christian Council of Ghana
CSM	- Contraceptive Social Marketing
EPI	- Expanded Programme of Immunization
FHI	- Family Health Initiatives
FP	- Family Planning
FPIA	- Family Planning International Assistance
GBC	- Ghana Broadcasting Corporation
GFIC	- Ghana Film Industry Corporation
GIMPA	- Ghana Institute of Management and Public Administration
GNFPP	- Ghana National Family Planning Program
GOG	- Government of Ghana
HED	- Health Education Department
IEC	- Information, Education and Communication
INTRAH	- International Training for Health
IUD	- Intra-uterine device
JHU/PCS	- The Johns Hopkins University Population Communication Services
MCH	- Maternal and Child Health
MOH	- Ministry of Health

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NAFTI	- National Film and Television Institute
NCWD	- National Council on Women and Development
NGO	- Non-Government Organization
PCH	- Primary Health Care
PPAG	- Planned Parenthood Association of Ghana
RIPS	- Regional Institute for Population Studies
RMA	- Registered Midwives Association
TBA	- Traditional Birth Attendant
UNDP	- United Nations Development Programme
UNFPA	- United Nations Fund for Population Activities
UNICEF	- United Nations Children's Fund
USAID	- United States Agency for International Development
YMCA	- Young Men Christian Association
WHO	- World Health Organization

EXECUTIVE SUMMARY

Regional Program Coordinators Maxwell Senior and Margaret Parlato from the Population Communication Services project of the Johns Hopkins University conducted an IEC Needs Assessment in Ghana in November 1985. The team focused on assessing existing production, management and financial resources and on the development of a broad communication strategy for the AID-assisted Contraceptive Supply Project.

The team concluded that the Ghana National Family Planning Program (GNFPP) remains a pivotal agency despite its relative inactivity during recent years and that the GNFPP should have a well-defined role in the new AID-assisted project. A number of recommendations were made regarding specific coordinating functions in the IEC sector that could be undertaken by the GNFPP. Other major findings are that there is strong support in government and private organizations to undertake family planning communication programs. Executives from the Ghana Broadcasting Corporation expressed interest in airing new programs and strengthening the family planning content of existing broadcasts. Because IEC activities have been at a standstill since the late 1970s, there is a considerable need for IEC training of health and extension personnel. Print and graphic materials are needed for use in health clinics and the communities. Similar needs exist in both the public- and private-sector. Because the private-sector presently provides about half the family planning services in the country, it is important to include them in IEC training activities and provide them with informational materials developed through the AID project.

The resources for producing and disseminating information are excellent in Ghana. There are a variety of mass and traditional media which can be used to reach the population. There are many trained technical people and also a number of well-equipped production facilities for audio-visual materials, film, and radio. Government agencies and non-governmental groups working in health and family planning have not developed experience in the management and execution of communication programs that use a mix of mass media and interpersonal communication. Experience in production of audio-visual materials is also limited, due in part, because the GNFPP used to supply materials. Consequently, other organizations never developed capability in this area.

Research on a number of topics will have to be carried out to help identify the kinds of messages and information that need to be disseminated. Information about the status of family planning services available in health facilities is very sketchy. There are no reliable data on number of clinics offering contraceptives nor identification of whether supplies of family planning products are available. There is also no clear understanding of why only an estimated six percent (6%) of eligible women use modern contraceptives after nearly ten years of a family planning program. Data on media habits are poor, especially for the rural areas.

Although a detailed plan outlining target audiences, messages and appropriate channels of communication can be developed only after market/audience research has been completed, it is proposed that the AID project focus on the following areas: 1) IEC training to enable public- and private-sector health personnel to provide effective counseling about contraceptives; 2) development of basic instructional materials for use in clinics and the communities; and 3) creation of a strong mass media information program to promote acceptance about family planning. Although the social marketing campaign about to be launched by AID will inevitably result in attitude change and will increase awareness about modern methods, a broad motivation and information program is also needed.

The team recommended that the Health Education Unit of the Ministry of Health (HEU/MOH) be assigned prime responsibility for administering the IEC component of the AID project, leaving overall coordinating and policymaking to the GNFP. It is recommended that the unit work closely with the advertising agency executing the social marketing campaign in carrying out the mass media public information portion of the program. Because the HED has little experience in managing mass media efforts, the unit will focus on IEC training, and production of audio-visual materials. Considerable technical assistance will be needed to develop skills in these areas.

A work plan for initiating IEC activities was developed for the period December 1985 through September 1986. It calls for an inventory of family planning services; focus group research; development of IEC training plans and curriculum; development of an IEC plan. The Mission recommended that JHU/PCS work close with the INTRAH project in developing a comprehensive training program for family planning personnel.

Given the uncertain level of funding for the JHU/PCS project, the extent of support that can be firmly committed will have to be limited. Specifically, with existing funds for fiscal year 1986, JHU/PCS can provide technical support in the following areas: IEC training and development of an IEC plan. JHU/PCS feels it would be most cost-effective to provide the technical assistance needed for the focus group research through the SOMARC project. SOMARC is already providing support for similar research in some areas of the country.

I. MAJOR FINDINGS AND RECOMMENDATIONS

At the request of the USAID Mission in Ghana, the Johns Hopkins University Population Communication Services (JHU/PCS) sent a team of communication experts to Ghana from October 28 through November 8, 1985 to develop an information, education, communication (IEC) plan for the recently inaugurated Contraceptive Supply Project. After several days in-country, the scope of work was redefined to focus on assessing needs and resources and on developing broad strategies and recommendations. Too little basic information about the IEC sector and the availability of family planning services was available on which to base a comprehensive communication plan. The Needs Assessment, therefore, focused on the following:

- o analysis of existing capabilities for administering a comprehensive IEC program and identification of an agency to direct the communication effort;
- o evaluation of production facilities and media resources;
- o assessment of family planning IEC needs;
- o development of recommendations about the focus and broad direction for the IEC program; and
- o development of a work plan and technical assistance schedule.

The JHU/PCS team consisted of Regional Program Coordinators Dr. Maxwell Senior and Mrs. Margaret Burns Parlato. Dr. Senior, who coordinated the study, was in country for two weeks. Mrs. Parlato participated in the assessment and development of recommendations during the final week of the mission.

Ghana Contraceptive Supply Project

AID has recently provided support for a new three-year Contraceptive Supply Project (\$7.8 million) to increase the use of contraceptives in Ghana. The project has both a public and a private sector component. In the private sector, a contraceptive social marketing program is being developed that is expected to be largely self-financing. In the public sector, the project objective is to make family planning services available on a continuing basis through the Ministry of Health delivery network. Major activities of this aspect of the project include: provision of contraceptives for the MOH system; development of supply management and reporting systems to ensure more regular supplies of contraceptives; training of health personnel at all levels of the health

delivery system in family planning; and an information, education, communication (IEC) program to assure that potential clients and current users have the necessary information upon which to make an informed decision regarding the number and spacing of their children. The Population Communication Services project of the Johns Hopkins University will collaborate with Ghanaian and USAID officials in the development and execution of the IEC program. There is a budget of approximately \$80,000 for communication activities in the bilateral budget.

The major findings and recommendations are summarized below. Additional information is provided in Sections II through V.

A. FINDINGS

1. Ghana National Family Planning Programme

The Ghana National Family Planning Programme (GNFPP), established in 1970 as the coordinating, implementation body for family planning in Ghana, is still recognized as the country's principal agency for family planning. All of the public- and private-sector organizations contacted during the Needs Assessment expressed the need and importance of having the GNFPP continue to play the chief coordinating policy-making role. Despite the relatively inactive role of the GNFPP during recent years, organizations active in family planning continue to look to the GNFPP for direction and leadership as well as funds, technical assistance and IEC materials. Representatives from a wide range of agencies including the Planned Parenthood Association of Ghana, the Christian Council of Ghana, Lintas Ghana, Ltd., the Department of Nursing at the University, and some officials at the Ministry of Health, made a point of saying how important it is for USAID to involve the GNFPP. There is obviously concern that the GNFPP does not have a clearly defined role in the Contraceptive Supply Project being executed by the Ministry of Health. In view of this situation, the Needs Assessment team devoted considerable attention to exploring ways of using the expertise and experience of the GNFPP in the IEC program.

2. GNFPP: IEC Activities

Since 1983, the GNFPP has carried out very few IEC activities because of lack of funds. In 1985, 1,000 posters/calendars, and a slide-tape presentation were produced, two IEC training courses were organized at the Ghana Institute of Management and Public Administration, and a six-month campaign was carried out to provide family planning information to workers at their place of employment. Since the UNFPA

spearheaded IEC activities in the past and supplied print and other materials to both private and government organizations, other agencies have developed little experience in the IEC field. It is expected that the GNFPF will become more active in the IEC sector. UNFPA has allocated approximately \$250,000 for IEC activities and another \$250,000 for in-school education for the period 1986-89. The bulk of this is being channeled through the GNFPF. Some of the UNFPA funds are expected to be used for long-term technical assistance to strengthen the GNFPF's capacity to design and plan IEC activities and to produce IEC materials. The IEC director, who coordinated the family planning campaigns in the early 1970s, has recently been re-assigned to the GNFPF and is seeking additional donor support to continue IEC activities.

3. Favorable Climate for Family Planning IEC

Top-level broadcasting officials are favorable to family planning and expressed willingness to air new programs and increase the family planning content of existing ones. The extension services arm of the Community Development Division of the Ministry of Labor and Social Welfare was also most supportive of having family planning included in their work. Representatives of all the non-government organizations (NGOs) that provide family planning, expressed very positive attitudes and requested printed materials, radio support and IEC training to continue their work. From the varied contacts made during this visit, the team concluded that there is good support for family planning among those in a position to carry out IEC activities.

4. Private-Sector

Non-governmental organizations (NGOs) presently provide an estimated 40 - 50 percent of all family planning services delivered through organized health facilities. The NGOs have the potential to expand their services and are interested in more actively promoting them. However, since the GNFPF has ceased producing educational materials, these agencies have been hampered in their communication efforts. Representatives from the agencies visited, expressed interest in obtaining brochures, pamphlets, posters, slides and flipcharts to help them in their work. There is also a need to train private-sector clinic workers in IEC techniques. The NGOs are generally well managed and could substantially increase the number of couples reached with planning services. It will be important to provide this sector with adequate stocks of IEC materials through the Contraceptive Supply Project and also to provide training in all aspects of inter-personnel communication.

5. Lack of Recent Data

Most of the existing data on services, audience knowledge, attitude and practices about family planning, as well as on media habits date back to the 1970s. However, this should not be surprising since most FP/IEC activities have been at a stand-still since then. Current data on a variety of points will be needed to develop on IEC program. Specifically, information on the following topics will be necessary:

- o **Listenership:** Basic data is needed on media exposure and listening habits and preferences. What are peak listening hours for men, women, and youth. To what type of programs do these target groups listen? Who has access to radio in the family? Who owns and/or manages the radio? What radio channels do different groups prefer? What kinds of program formats are most popular and best able to convey family planning messages? What languages are preferred? Such information is considered particularly necessary for a public information program that will be given free air time as part of regularly scheduled programs rather than pay for spots during generally acknowledged peak listening hours. Such a study is also needed to establish listening habits of the rural population. Current information is based primarily upon the experience of advertising agencies who deal with an urban market. Ghana Broadcasting Organization studies have also been urban oriented.

- o **Clinic Situation:** Little solid data are available on present levels of family planning activities in government health establishments or on the capacity of the clinics to meet increased demand for services. This information is needed to determine when and what type of mass-media motivational programs are appropriate. The availability of family planning supplies, trained personnel, IEC activities, AV equipment and materials needs to be determined to help assess training and audio visual (AV) needs in service delivery facilities.

To gauge the existing situation in the MOH/FP clinics, a sample survey is recommended. Information gathered will be useful to determine the kind of information to be disseminated through the mass media.

- o **Family Planning KAP:** Since there is no clear knowledge of the present attitudes of people toward family planning nor clear understanding of why so few couples use contraceptives, some research is needed to explore knowledge and attitudes. The results will guide message development and presentation.

- o **Extension Services:** The Needs Assessment team was unable to adequately assess the potential of using extension services now working at the community level. Accurate information is needed on these potential channels for information dissemination, including the numbers of community workers at the community and regional levels. This will help guide plans to train and equip these cadres.

5. IEC Management Capability of the Ministry of Health

There is no demonstrated IEC management experience within the MOH. To date, the Health Education Division (HED) of the Ministry of Health (MOH) has not been involved in the planning and administration of integrated communication programs involving mass media and clinic level education. The focus has been on traditional health education which relies on interpersonal communication. Experience is also limited in development of education materials. The HED has no experience with methodologies of audience research, pretesting and the use of multi-media in development communication. Considerable support will, therefore, have to be given to the HED to enable it to carry out the kind of IEC program envisioned for the project.

6. Radio is Currently Being Used to Convey Family Planning Information

The Ghana Broadcasting Corporation (GBC) presently broadcasts some programs with family planning information. Discussions with officials of the GBC indicate there is interest in family planning and willingness to produce and broadcast new radio and television programs with family planning messages. The following programs presently on the air regularly include a family planning component:

- o **Women's World**, broadcast twice weekly.
- o **The Breakfast Show**, a popular magazine style program, broadcast daily between 6:00 a.m. and 9:00 a.m.
- o **How are you?** and **Questions for the Doctor**, broadcast regularly in the different national languages.

7. There Are a Variety of Potential Communication Channels

There is no shortage of communication channels in Ghana. With available resources and creative talents, these media can deliver important messages on health/family planning. A wide selection of mass media is available in Ghana including radio, TV, billboards, and a variety of graphic, print and traditional media.

- o **Movie theatres:** A network of movie theatres exist throughout the country and short films and photographic slides could carry family planning information to moviegoers. Discussion held with representatives of the Ghana Film Industry Corporation (GFIC) suggests that this medium offers strong potential for reaching a large audience.
- o **Billboards:** Outdoor advertising is widespread in Accra and from all indications is also available in other towns. A wide range of products and services were advertised and there are several companies producing outdoor advertising.

- o **Mobile Vans:** Mobile vans equipped with AV equipment form part of the Ministry of Information (MOI) network for information dissemination. These vans, estimated to number about ten in working condition, are assigned to the regions and provide support to all agencies that deliver services in the communities.
- o **Newspapers:** There are two daily English language newspapers with a combined circulation estimated between 75,000 - 200,000. There are also two established weeklies. Printing and reproduction qualities are high and offer potential to carry family planning information to the literate segment of the population.
- o **Video Houses:** Video seems to be the fastest growing medium in Ghana and offers a challenging opportunity to bring health/FP message to a diverse audience. Of particular note are the video projection facilities for small group viewing that have sprung up in Accra and other urban areas. Admission is inexpensive and attendance is said to be strong. The Ministry of Information is considering ways of using this channel for social programming.
- o **Folk Media:** Concert parties, dances, drama and music are considered popular entertainment, especially in the villages. These traditional media offer considerable potential to bring health/FP messages to rural people.
- o **Photonovels:** Comic books, weekly sports pages and other small publications are produced in Ghana and may offer special channels to reach youth, male audiences and other target groups.

8. There is Good Television Potential

Television offers considerable potential. The Japanese Government is strengthening the TV facilities and estimates are that 80 percent of the population will be able to receive a strong signal within the next one to two years. At present GBC's Research Department estimates there are 175,000 sets in the country. However, no specific program on health/FP is currently televised. A popular weekly comedy program has occasionally highlighted family planning as its theme. During Family Planning Week, an annual event, several programs are broadcast and in the women's program on TV, family life is sometimes addressed.

The Director of TV suggested that GBC could produce a half-hour program bi-weekly, if provided with a set of portable video equipment. The present video equipment are over used and only one set is assigned to general programming; the other two are used to cover the daily activities of the Government. This request to obtain equipment in exchange for broadcasting time should be carefully considered.

The Director of TV requested that producers from the station be given training in family planning content, so that as soon as the opportunity arises and the resources made available, the station can begin to do family planning programs on a regular basis. It is encouraging that the GBC managers actively support the government's population policy.

9. Good Production Facilities for A/V Materials

There are numerous facilities for producing posters, slides, flipcharts and other audio-visual (AV) materials. In the 1970s many government agencies set up quite elaborate production facilities with the help of donors. The GNFPP facilities which were specifically set up for family planning production no longer have working equipment and most of it is beyond repair. A core of trained staff, e.g., photographers, artists, printers, remain assigned to the Material Development Unit (MDU). Other media production centers exist in the Ministries of Agriculture, Health, Rural Development and Cooperatives, and Information. There is a large pool of trained artists and photographers with no supplies and little work to do. Several units visited had produced very little in recent years.

The Ministry of Information facilities offer considerable capacity for production of A/V materials. Government directives strongly encourage all ministries to use the production facilities of units such as the National Audio Visual Service rather than set up duplicate facilities. The following key production facilities come under the Ministry of Information: The Ghana Film Industry Corporation, the National Film and TV Institute and the National Audio Visual Services. These centers are generally well equipped and staffed and they are prepared to produce materials for other ministries and for the private sector. The quality of work can be quite good; advertising agencies utilize some of these facilities for production work.

10. Extension Network

A network of Community Development Workers exists. Working within several key government ministries, these workers support and coordinate the extension work of their various ministries. Ministries that rely heavily on extension workers are the Ministry of Agriculture, the Ministry of Labor and Social Welfare, and the Ministry of Rural Development and Cooperatives. Other government agencies also have field staff. These include the Ministries of Health, Education, and the National Women's Council; all provide (or did provide) some degree of family life education in communities throughout

the country. UNICEF is planning to rely on the Department of Community Development to mobilize field workers in the 15 districts where UNICEF is working. It will be important for the family planning IEC program to utilize these resources for reaching out beyond the health clinics.

11. Donor Coordination

There is considerable scope for collaboration among the donor agencies active in family planning and health. A meeting of donor and government representatives organized during the Needs Assessment indicated that coordination is seen as desirable in the following areas: technical assistance to strengthen IEC capabilities; training of clinic and extension personnel; provision of equipment; and organization of field research and inventories to help plan family planning and other health education activities.

UNFPA's IEC budget for 1986-1989 is \$250,000 and UNICEF has allocated \$230,000 for development support communication activities during the 1986-1990 period. The World Health Organization (WHO) is supplying audio-visual equipment and educational materials to the MOH.

12. IEC Training

The training program for health personnel being developed as part of the AID-funded Contraceptive Supply Project does not have a separate component to train service providers in IEC techniques. Such training will need to be incorporated in training plans. The USAID Mission has asked JHU/PCS and INTRAH/MSH to present a joint training plan.

B. RECOMMENDATIONS

1. MOH/HED Management of IEC Programs

It is recommended that the Health Education Unit of the Ministry of Health (HED/MOH) be assigned prime responsibility for administering the IEC component of the AID Contraceptive Supply Project, leaving overall coordinating and policymaking to the GNFPP. MOH direction and day-to-day input is the key to establishing an effective communication program in the health clinics throughout the country. As a government agency, the MOH will be in a strong position to work with the Ghana Broadcasting Corporation in developing new radio and television programs and obtaining needed air

time. Developing IEC capabilities in the MOH will be of long-term importance to the country's family planning program. Because the HED has little experience in the planning and management of comprehensive IEC programs involving both interpersonal communication and mass media efforts, it is recommended that HED focus on IEC training of clinic and extension personnel; supervision of clinic-level IEC programs; and production of print and graphic materials for use by the MOH as well as NGOs. The Needs Assessment team feels that the HED unit will need considerable technical support to design and execute the research and mass media component of the IEC program. It is recommended, therefore, that HED work closely with Lintas Ghana Ltd., the advertising agency executing the social marketing campaign, in planning the mass media public information portion of the program.

2. GNFPP Coordination

The GNFPP will need to play a strong role in coordinating the many family planning and MCH/FP communication activities being funded with support from various donors. It is recommended that the IEC committee be reactivated to perform this function. The MOH/HED will need to develop close formal and informal links with the GNFPP. A second major need is for the GNFPP to take prime responsibility for supplying the non-governmental organizations and other government agencies with IEC materials that will be produced by the MOH under the AID-assisted project. For this system to work effectively, the GNFPP will need to assess needs for IEC materials in the different organizations and develop a distribution system. The GNFPP is the only organization that has the authority and experience to channel IEC materials to both the public- and private-sector. A third area of activity where GNFPP involvement would be desirable is in orchestrating the participation of government extension services in the promotion of family planning. Although the MOH/HED has traditionally worked in collaboration with some extension services in providing health education, they have not had experience in programming family planning information.

3. Need to Strengthen MOH/HED Unit

It is recommended that technical assistance be provided to strengthen the MOH/HED. The unit needs to develop capabilities to plan and execute communications support activities using media as well as traditional approaches; to organize communications research; develop messages; gain experience in current methodologies used to develop and pretest audio-visual materials; and learn how

to effectively use the resources of an advertising agency. A communication advisor will be of particular help in developing the management experience of the staff to carry out complex information/education programs.

It is recommended that an IEC advisor be made available to the MOH/HED for four to six months at the beginning of the project. The MOH and AID need to explore the possibility of having the advisor funded through UNDP, since the UN organizations (UNICEF, UNFPA and UNESCO) providing IEC support to the GNFPP and the MOH would also benefit from strengthening the IEC capabilities of the HED. Such an arrangement is particularly desirable since the AID budget for IEC activities is small and does not permit funding an advisor. Should UN support for such a post not be feasible, then AID should try to identify local experts to work with the HED. While no one individual has presently been identified with the full range of skills required, individuals with the different skills might be available. JHU/PCS will be able to help recruit an advisor(s). Due to present funding limitations, however, JHU/PCS will not be able to fund the position.

4. Provision of IEC materials to the Private Sector

Because the private sector plays an important role in the delivery of family planning services, the Ghana Contraceptive Supply Project should produce enough IEC materials to permit distribution to the non-governmental organizations.

5. Develop IEC Component for All Family Planning Training Courses

It is recommended that an IEC component be developed and included in **all** training activities for family planning that will be carried out within the MOH/FP. It would also be highly desirable to include the private sector in all IEC training programs. This should be done for management training as well as clinical training. Interpersonal communication skills and the use of AV materials, e.g., flipcharts and projection equipment, should be included. It is further recommended that an IEC consultant visit Ghana at the same time as other agencies, such as INTRAH/MSH to design the training plan jointly in order to ensure that IEC concepts are fully integrated into the training plans. This consultant should further assist in the curriculum development, material development and in the recruitment process of the IEC trainers.

It is further recommended that a **pre-training needs assessment** be conducted to identify categories of health personnel and the specific IEC needs of each group. Some of the information will be obtained when the on-site inventory exercise and the focus group discussions, that have been proposed for health personnel, are completed.

6. Carry Out a Sample Survey of Health Clinics

It is recommended that field visits be made to a sample of MOH clinics as soon as possible. The purposes of these visits are: a) to begin to assess the family planning service situation in MCH/FP clinics; b) to identify community level workers, providers of health and family planning education, primary extension networks at the community level; and c) to determine the availability of AV materials and equipment in the clinics. This sample should not be an exhaustive study, but one that would provide an understanding of the existing conditions. A check list should be developed for this survey so as to keep clinics visits short, but at the same time to ensure that the information required is obtained.

The Needs Assessment team developed an inventory guideline to be used in the sample survey. Eventually, the questions could be incorporated in the inventory of health facilities being planned by UNFPA (a \$75,000 budget has been allocated for this study). A copy of the guidelines was presented to UNFPA and the MOH. However, as no timetable has been established for the UNFPA activity, it is recommended that AID initiate the sample of clinics as soon as possible so that basic information will be available for planning purposes.

7. Review Existing KAP Studies

It is recommended that a review be made of existing research findings to determine what further research is necessary. Studies over the last six years should be reviewed, among those are the **Ghana Fertility Survey** (1979-1980) and the **KAP Study** conducted by Lintas Ghana, Ltd. (1980). JUH/PCS has made a POPLINE computer search and identified other studies and relevant documents. All relevant materials will be sent by JHU/PCS to the USAID/Accra. A list of possible researchers from RIPS and GIMPA to review studies was discussed with USAID/Accra Population Officer. The literature review should take two to three weeks, as little in the way of new research is assumed to have been carried out in recent years.

It is further recommended that the desk research follow an outline similar to the 1980 KAP study conducted by Lintas Ghana, Ltd. However, questions relating to sources of information should be included. The results of the literature review should be made available to AID, Lintas, MOH/HED, and GNFPP.

8. Listenership Study

It is recommended that a small listenership study be conducted to obtain information to supplement available studies. The most recent studies conducted by the Ghana Broadcasting Corporation were mail surveys and the information obtained does not present a clear picture of listening habits in the rural areas. Field interviews are needed to determine:

- o which members of the family listen to the radio;
- o peak listening hours for men and women;
- o what type of programs they preferred;
- o who in the family has the radio during different times of the day; and
- o what programs men and other special target groups prefer.

It is further recommended that AID explore the possibility of having SOMARC provide technical assistance to the research division of the GBC to select a sample for the survey; to develop a research instrument; and to analyze the findings.

9. Audience Research

Focus Group Discussions: It is assumed that focus group discussions or other targeted research will be necessary to supplement the information gained from the literature review. Lintas advertising agency is planning to conduct focus group discussions in urban areas as part of its pre-campaign research. It is recommended, therefore, that AID provide funding to extend research to rural areas to explore why men and women do not use contraceptives. AID also should consider using technical assistance from the SOMARC project for this aspect of research. SOMARC is presently providing assistance to Lintas on research for the social marketing program. The research would also help to establish message content and thematic treatment for a public information campaign. It is anticipated that focus group discussions should also be held with family planning service providers to explore their attitudes and help identify the kinds of messages and information that need to be presented in the audio-visual materials designed for their use.

10. Use of an Advertising Agency

It is recommended that the MOH/HED unit subcontract the mass media information aspect of its program to an advertising agency. Lintas advertising agency is best qualified to be given responsibility for the planning and execution of the mass media information program. This decision is based on the fact that Lintas is conducting the advertising campaign to promote the sale of contraceptives under the government's new social marketing campaign. Under its present social marketing contract, Lintas can provide only very limited general promotion of family planning. When the AID-funded project was initially designed it was felt that general support for family planning would be carried out by a separate organization. Giving Lintas responsibility for the overall promotion of family planning as well as for the sale of contraceptives will help assure a comprehensive mass media effort. Having one agency handle both media programs should also increase the impact of the programs as they can be designed to be mutually supportive. Research and development costs are expected to be lower under the proposed arrangement.

11. No Funding for New Production Facilities

It is recommended that no funds should be provided to develop any new audio-visual materials production units. All production should be contracted out to MOI and/or private production firms. The MOI has facilities and trained personnel to undertake the development of whatever audio-visual materials that will be needed. There is also a significant number of private production houses well staffed to undertake material production.

12. Development of an IEC Plan

When the market/communication research studies are completed, an IEC plan can be developed. This activity should be carried out by the IEC advisor if one is available, if not JHU/PCS will provide technical assistance to develop a comprehensive plan.

13. JHU/PCS Support

Given the uncertain level of funding for the JHU/PCS project, the extent of support that can be firmly committed will have to be limited. Specifically, with existing funds for fiscal year 1986, JHU/PCS can provide technical support in the following areas: IEC training and development of an IEC plan. JHU/PCS feels it would be most

cost-effective to provide the technical assistance needed for the focus group research through the SOMARC project. SOMARC is already providing support for similar research in some areas of the country.

14. JHU/PCS Coordination with Other Contractors

It is recommended that strategies workplans and technical assistance plans of JHU and other organizations providing support to the Contraceptive Supply Project be closely coordinated. This will be particularly important with respect to the training program being carried out by INTRAH/MSH and the social marketing project receiving support from SOMARC.

BACKGROUND INFORMATION

Sections II through V contain background information on resources available for a national family planning communication program.

SECTION II: DEMOGRAPHIC TRENDS AND GOVERNMENT POPULATION POLICY

A. Population Trends

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

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

B. Government Policy

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

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

Successive governments have endorsed the population policy by providing administrative and financial support to the GNFPP. The Provisional National Defence Council, since coming to power in 1981, has continued this commitment in the face of scarce resources and economic instability. Rapid population growth is seen as the country's most significant problem. While family planning is advocated as the key to reducing fertility, in recent years increasing attention has been given to the health aspects of birth spacing. There has been particular concern with the high maternal and child mortality rates and the general poor health of rural populations. Attention is being focused increasingly on the provision of family planning and maternal child health services as part of basic health care. In the last several years, there has also been an attempt to reach rural zones with integrated primary health care services and to fully integrate family planning with other preventive health care measures.

Other government efforts to reduce fertility levels include programs to raise the status of women through better education and employment opportunities and legislation reducing maternity benefits and child allowances to cover only the first three children.

C. Contraceptive Use

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

There is little information to explain the low level of contraceptive prevalence after nearly ten years of a national family planning program. Research on issues of motivation and attitudes is, therefore, needed to help structure the IEC strategy for the AID program and guide message development.

SECTION III: FAMILY PLANNING INFRASTRUCTURE

There are three major family planning service delivery systems in Ghana: the Ministry of Health MCH/FP infrastructure, private clinics run by church groups and other non-governmental organizations, and the commercial pharmaceutical retail systems. Efforts in both the public and private sectors are coordinated by the Ghana National Family Planning Programme (GNFPP).

Information on the availability of family planning services is poor and out of date. Acceptor records are very sketchy after 1978. While Ghana attempts to maintain a system of vital health statistics, the economic situation in recent years with its consequent administrative difficulties have precluded the collection and tabulation of data. Consequently, there are no reliable estimates about the number of service points or family planning users. This poses serious problems for designing a communication program for family planning as too little is known to develop a strategy for promoting family planning services through the media or in clinics.

Estimates are that about 30 percent of the population has reasonable access to modern health care: family planning services delivered through the clinic infrastructure would presumably be available to a smaller percentage. That part of the population which obtains contraceptives through commercial outlets is also not known. In general, services are believed to be available primarily to urban women since deteriorating road conditions, limited transportation, long distances and a general reluctance of Ghanaian women to walk far for family planning services limit the program's reach.

The clinics run by non-governmental organizations play a leading role in the delivery of family planning services in the organized sector, serving an estimated 40-50 percent of users. This percentage may have increased in recent years due to personnel and supply problems which have seriously affected MOH services.

The following summarizes information about the major organizations active in family planning:

A. Ghana National Family Planning Programme

The Ghana National Family Planning Programme (GNFPP) was established in 1970 by the Ghana National Family Planning Secretariat to implement the government's newly established population policy. The GNFPP was placed within the Ministry of Finance and Economic Planning. The Executive Director of the GNFPP reports directly to the

Minister of Finance. Prior to 1984, the policy and operational aspects of the program came under the Ministry of Finance. As of 1984, the operational aspects have been assigned to the Ministry of Health, while policy coordination remains the responsibility of the GNFPP.

The GNFPP has a small administrative staff. Its principal functions are the planning and coordination of family planning activities in both the public and private sector. Its training and educational activities are described in Section IV.

B. Ministry of Health

In Ghana, family planning services are integrated into the maternal child health (MCH) services provided by the Ministry of Health. These services are now being actively made a part of primary health care services. This new emphasis on PHC has raised a number of issues about how health personnel are to be trained. AID and the MOH are still trying to resolve these problems.

There are presently 367 MCH/FP clinics in the country; about ten percent are in the Greater Accra Region. Little reliable data are available on how many are staffed by trained personnel and have contraceptive supplies. Between 1978 - 1980 the MOH trained 4,000 health personnel in family planning, but many of them are believed to have changed jobs or left government service. Informal estimates by various MOH staff indicate that about 50 percent of clinics are now in a position to provide services. These are estimates, however, and need to be treated with caution.

C. Non-Government Organizations

1. Christian Council of Ghana

The Christian Council of Ghana, established in 1961, is made up of eleven religious organizations and is considered the pioneer in family planning services in Ghana. It operates twelve clinics in greater Accra, each staffed with a family planning nurse, a field worker and a family planning counselor. Contraceptives are provided only to married couples. Oral contraceptives are the most frequently prescribed method, although all methods are available. In 1983, there were 5,627 new acceptors for contraceptives with pills and condoms accounting for 52 percent and 39 percent respectively of methods chosen. In the same year, the CCG served about 3,100 continuing users.

An unannounced visit to one of the clinics in Accra found six women waiting for family services. The staff expressed need for AV materials, booklets, brochures and for training in the delivery of family planning information. There was also a concern that services in clinics need to be improved and that staff need more training.

Funding is provided through several sources, among them: local churches, Church World Services, World Council of Churches, GNFPP and Family Planning International Assistance (FPIA). The latter has a five-year project to support community-based family planning services and to train 103 counselors of which 32 are PPAG participants. The Council also expects to train more volunteers and staff as counselors. Special activities include:

- o In 1980, the Community-Based Family Planning Services project was launched with assistance from FPIA. Its purpose is to provide and expand family planning services and to make them readily available and accessible at the village level in the Ashanti, Volta and the Greater Accra regions. A mobile clinic with a field supervisor and three field workers is also operating in four villages around the Greater Accra area.
- o IEC - The family planning counseling unit has over 600 voluntary counselors who are either attached to four family advice centers or who work out of church halls. They provide counseling, give lectures and seminars to students in schools, to church groups and to other social groups on subjects related to sex, marriage, family planning and family life.
- o Lectures on family life education are given in schools, to community groups and to other social organizations. Field workers also visit the markets and other social gatherings to provide family planning information and sometimes show films. Infertility and pre-marital counseling are two important activities of the CCG. Apart from a few booklets on Christian principles, some calendars and posters, there are no other educational materials.

2. Planned Parenthood Association of Ghana

The Planned Parenthood Association of Ghana (PPAG), an affiliate of the International Planned Parenthood Federation, was organized in 1967. Nationally, the PPAG provides services in 35-40 clinics; some are their own and others are operated by the MOH. Since 1983, because of the government's emphasis on PHC, the PPAG has made an effort to provide integrated MCH/FP services. The 10 urban clinics, however, remain uni-service family planning centers. Since its inception, the PPAG has also focused on providing education to the public and has mounted special service and outreach programs. Among its projects are the following:

- o **Community-based, distribution services project:** this project has trained traditional birth attendants (TBAs) to provide family planning services in 140 communities. The objective is to make non-clinical contraceptives easily available. The TBAs have been found to be very effective because as "Native Doctors" they treat the sick with herbal medicines and enjoy the confidence of the community. In addition to working with TBAs, the PPAG collaborates with agents working through pharmacies, drug stores, grocery stores, banks, Lotto Kiosks, police and military barracks, etc. to deliver contraceptives.
- o **Women's development programs:** The PPAG has placed considerable emphasis on income-generating activities for women. Ten projects are now in operation around the country. Activities include tying, production of nylon handbags, furniture repair, tailoring and soap-making. The programs are new, and their impact cannot be fully evaluated. The PPAG, however, feels that the women enrolled in the programs are very receptive to practicing family planning.
- o **Male motivation:** The PPAG has, over the years, made efforts aimed at reaching out to men in family planning through a wide variety of programs. Through the Pretsea project, one of three popularly known as Daddies Club, about 5,000 people were contacted in 1985 through lectures, group discussions, supported by 27 films shows and follow-up home visits. A total of 1,519 acceptors were recruited, most of whom were women who were motivated by their husbands to go for services. During the past few years, the PPAG adopted a plan to intensify its efforts to reach men, included family life education projects for school and out-of-school youths, provided education about the prevention of STD/Infertility, and initiated community-based distribution (CBD) as well as educational programs for industrial and commercial workers including miners at their work place.
- o **FLE programs for youth:** PPAG has reached out to about 200 schools and other youth organizations, contacting nearly 90,000 people and referring about 15,000 acceptors who required some kind of service. PPAG provided the necessary supportive services such as lectures, film shows and educational materials and has continued to play a pioneering role in family life education. In consultation with the National Vocational Training Institute, the PPAG has also initiated integrated programs for youth (mainly messengers employed in the public service) being trained in special vocational skills.

3. Association of People for Practical Life Education

The Association of People for Practical Life Education (APPLE), a volunteer organization, is actively involved in the implementation of several small family projects funded by international organizations.

Funds to recruit 3,700 new clients and to provide services for another 3,000 have been made available through an FPIA project between 1980-86. Contraceptives supplied under this project includes IUD, pills, condoms and foam. APPLE works with the mother/

daughter clubs to train health and family planning workers. At one point, there were approximately 80 daughters and 140 mothers active in clubs. USAID and Canadian International Development Agency (CIDA) have funded several small rural projects to strengthen income generating capacities, such as boat-building, the acquisition of fishing tackles and the development of infrastructure such as boring wells and mini-dams. There were 15 active women's cottage industries at one time.

In the area of IEC, PIACT has provided funds and technical assistance since 1983 to develop flipcharts on family planning methods for use in APPLE's community programs. APPLE has developed innovative programs and activities including the "Village TV" to promote child-spacing and the use of contraceptives.

4. The Young Men's Christian Association of Ghana

Under the auspices of FPIA, the Young Men's Christian Association of Ghana has trained 50 Field Assistants for its family life education (FLE) and counseling program. The YMCA has five Regional Secretariats and about 10 professional counselors in its program aimed at producing a multiplier effect at the grass roots level. Over the last four years, about 19,000 people were contacted with nearly 9,000 referrals made to the nearest family planning clinics.

Under a current project, funded by FPIA, the YMCA plans to recruit another 5,000 clients and continue to provide services for another 6,000 from earlier projects. In its information dissemination program, the YMCA utilizes radio, films, newsletters and lectures.

5. Registered Midwives Association

The Registered Midwives Association (RMA) has 80 pre- and post-natal clinics within the Greater Accra area, and possible hundreds throughout the country. Most are equipped to provide family planning services other than the IUD. The Midwives encourage contraceptive use, but do not have supplies or information on their uses. Representatives of the RMA expressed an interest in having training to provide contraceptives to their clients and information on the benefits of family planning and child-spacing. If training and commodities were provided, the RMA believes clients would only pay for the commodity, not the service. There are approximately 8,000 trained Midwives in Ghana, although only 50 percent are practicing; many have retired and others have migrated.

The Association has recently submitted a proposal to FPIA which outlines its plan to train Midwives in PHC skills. The proposal calls for the training of 100 midwives over one year in three districts in the Greater Accra area.

6. National Women's Council

The National Women's Council (NWC) is a government organization responsible for women's affairs. Through its regional offices, the NWC works with local women's groups, church groups, special interest groups and with organizations working at the village to promote women's projects. Family planning information is integrated in all programs and the organization promotes the concept of providing education through economic incentives.

Information and education are through lectures, although there is the recognition that mass media, particularly rural radio broadcasts, film, mobile AV vans, booklets and brochures would probably have wider appeal. There is a considerable lack of educational materials and the NWC expressed a need for carefully designed AV materials and other teaching aids that can be taken out to rural areas. The NWC seems to have gained the respect of women at the village level and seems to have the ability to mobilize and organize them.

D. Commercial Sector

In Ghana there are an estimated 300 pharmacies and 2,500 chemical sellers. Preliminary data from a 1985 retail audit being conducted in conjunction with the country's new social marketing program, indicate that contraceptives are widely available through the commercial sector. There are no data, however, or even estimates of the level of demand for these products or the volume of people obtaining family planning products from these sources.

From 1970 through 1981 Ghana had several commercial social marketing programs through which non-prescription contraceptives were made available through retail outlets in the regional capitals and some of the major towns. The first program to supplement clinic-level distribution of contraceptives and make supplies more easily available was administered by the Ghana National Trading Corporation (GNTC) beginning in 1971.

Initially, the GNTC distributed EMKO foam and condoms through its 12 warehouses to about 350 retail sale outlets throughout the country. In addition, about 200 registered pharmacy shops and about 1,500 registered chemical sellers participated in the

commercial program. It was also intended that the GNTC would sell at wholesale prices to other commercial concerns such as the United Africa Company, Ltd., Union Trading Company, Ltd., Glamour and others. Although a comprehensive media campaign was planned, including press, radio, cinema, TV, and billboards, all promotion stopped after ten (10) days of press ads due to complaints about some of the press ads.

Evaluation of the performance of GNTC, after a couple of years, indicated that the GNTC retail outlets were not enthusiastic about promoting the sale of the contraceptives, mainly because the remuneration to its storekeepers was calculated on commission rates based on the total volume of sales of the outlet.

In 1979, another social marketing program was initiated with support from USAID and technical assistance from Westinghouse Health Systems. Oral contraceptives were included in the project but not advertised extensively. Since 1980-81, the program has been inactive.

A new social marketing program is again about to be launched in Ghana with assistance from USAID. In Year I, the program will cover 140 market towns throughout the country. Estimates are that approximately 840,000 women of fertile age live in the urban areas to be covered by the program. DANAFCO, a pharmaceutical distribution company is directing the project and is using an Accra advertising agency, Lintas Ghana, Ltd., to design the mass media campaigns to promote the sale and use of the contraceptives.

SECTION IV: INFORMATION, EDUCATION AND COMMUNICATION FOR FAMILY PLANNING

A. Background

The Ghana National Family Planning Program (GNFPP) has played the lead role in providing information, education and communication (IEC) about family planning. As a coordinating body for family planning activities in the public and private sectors, training and IEC have been its most important activities. During the 1970s when Ghana had an active family planning program, the GNFPP mounted mass media campaigns and produced a wide variety of pamphlets, posters, calendars, and other print materials and maintained a mobile van promotion unit. Educational materials were widely shared with the non-government organizations working in family planning. As a result, IEC capabilities and experience has been concentrated in the GNFPP. Other groups developed little

expertise in the production of IEC materials and the development of mass media campaigns. In the private sector, communication support for family planning has been limited primarily to seminars, workshops and clinic-level education.

During the period 1970-1980 a number of population and family life education programs were introduced by the government and private organizations. The Ministry of Education (MOE) in collaboration with private voluntary organizations, introduced family life education programs in the schools on an experimental basis. Family life education was introduced in the Department of Home Science at the Faculty of Agriculture of the University of Ghana. In 1980, population concepts were introduced in agriculture, economics, agriculture extension and home science. Introduction of family planning into the activities of government extension workers was also begun during this period.

In 1972 the government launched a major mass media campaign to promote the sale of contraceptives in pharmacies. Through the services of Lintas advertising agency, radio, TV, billboards, and newspapers were aggressively employed to promote the sale of contraceptives through retail outlets. Evaluation of this effort indicate the campaign resulted in a considerable increase in awareness about contraception and use of contraceptive products. As discussed above, a similar program is being planned for 1986.

B. Present IEC Activities

Due to the economic difficulties and rampant inflation that has seriously gripped Ghana in the past five years, family planning communication activities have been minimal. There have been no funds for mass communication campaigns and only very limited budgets for producing print materials. In November 1984 and December 1985, GNFPF provided funding for a population communication course offered at the Ghana Institute for Management and Public Administration and a poster/calendar promoting child-spacing was also produced.

There is little information available about family planning education activities in government and private health clinics, nor is there information about the availability of basic instructional materials such as flipcharts and wallcharts. It is also not known if there are signs designating family planning service points. Health personnel who were asked about these issues, however, indicated that education of women coming to clinics is done sporadically and that few clinics have appropriate IEC materials. In the AID-assisted family planning program, therefore, it will be important to assess needs more thoroughly; to develop an IEC component for health personnel being trained in family planning; and to develop a range of graphic and print materials for use in the clinics.

C. IEC Management Resources

The Needs Assessment team was requested to draw up a plan for the management of IEC activities. A review of existing resources and capabilities was felt to be particularly timely, as the new AID-assisted contraceptive supply project is being executed by the MOH, rather than by the GNFP, the agency that had directed previous AID-funded population efforts. With the shifting role of the GNFP from that of an executing body to that of a coordinating body, AID felt the GNFP's role in the IEC sector required clarification.

Review of the IEC capabilities of a wide range of public and private sector organizations indicate the following organizations should be involved in the management and execution of IEC activities: the GNFP and the Health Education Unit of the MOH. It is recommended also that the MOH contract with Lintas Ghana, Ltd., the advertising agency executing the social marketing campaign, to develop the mass media aspects of the government's IEC program. The following summarizes information about each of these organizations:

I. The Ghana National Family Planning Program

When the GNFP was organized in 1970, training and materials development were two of its main activities. The GNFP has also been responsible for coordinating IEC activities in the different public and private agencies and supplying them with audio-visual materials. Committees made up its policies and programs. The IEC Committee, which is no longer active, reviewed requests for assistance and made recommendations.

The training unit conducted seminars, workshops and trained workers from all levels of the public and private sector in the non-clinical aspects of family planning. An extensive training program was carried out in the 1970s to prepare community development workers to disseminate information. This unit has been relatively inactive in recent years. The two IEC training programs carried out in 1984-85 were conducted by the Ghana Institute of Management and Public Administration.

In 1971 an independent Material Production Unit (MPU) was established in order to have production capability entirely focused on the needs of the family planning program. With support from CIDA, the Overseas Development Agency, the Canada Film Board, and other donors, the unit was furnished with photographic, printing and audio-visual equipment to produce audio-visual materials for the GNFP and participating agencies. At one time the unit included 3 artists, 3 photographer/film-makers, printing

staff and 9 mobile van operators. Considerable long-term technical assistance was provided by CIDA and ODA in all aspects of production. Among its accomplishments are the production of 16mm and super 8 films, slide-tape presentations, and numerous brochures, pamphlets, posters, bumper stickers and other materials on family planning.

Because of cutbacks in funds, there has been little production activity in recent years. Much of the equipment is no longer in working order, and many of the staff have left. There remains, however, a core staff of very well-trained artists and photographers with considerable experience in producing family planning materials. The director of the unit, Mr. Tai, who had been posted overseas for the past few years, has recently been reassigned to the unit.

2. Ministry of Health - Health Education Division

A Health Education Unit established in 1957, was upgraded to a Division in 1968 with assistance from WHO. The HED, which is under the Deputy Director of Medical Services (Public Health), has seven units and its functions include advising on health education policies; designing, testing, and preparing educational materials and visual aids (production is presently contracted out); integrating health education in the curricula of schools and teacher training institutions; and organizing health workshops and campaigns for various audiences. The staff of approximately six (6) professionals is young and well trained. Four (4) have completed an MPH at the WHO Regional Training Center in Ibadan.

Working in collaboration with other Ministries, the HED provides education to students and teachers on various health issues such as sexually transmitted diseases, immunizations, nutrition, and family planning. In coordination with regional health officers, it also provides support to other organizations in the rural areas which are disseminating information on health. Information is provided through lectures, discussions, film shows and with models and charts when available. A number of AV materials have been produced over the years such as posters, calendars, and photographic slides. In collaboration with the GBC, the unit has produced occasional radio programs on health related topics.

Like all governmental agencies HED's activities have been halted by the lack of resources. The unit will be receiving AV equipment from the WHO in December 1985 and it is also expecting inputs through the UNICEF and USAID programs.

The HED has a traditional health education focus. Activities have tended to focus on interpersonal forms of communication in the schools, health clinics and communities. The present staff has not had experience in the planning and management of integrated IEC programs using mass media as well as face-to-face communication. Training is needed in research, message development, IEC planning and in current methodologies for developing and pretesting audio-visual materials.

3. Lintas Ghana, Ltd.

Lintas Ghana, Ltd. is a full service advertising agency. It has research capabilities and access to a wide range of support services. It conducts consumer survey, baseline and program evaluations. During the 1970s, Lintas conducted a major contraceptive social marketing project for the government. Presently, Lintas is responsible for research, planning, execution and monitoring of a social marketing campaign for contraceptives being organized by DANAFCO.

It would be most efficient for Lintas to also manage the mass media component of the IEC program being funded under the USAID Contraceptive Supply Project. This would ensure that the general mass media information about family planning is complementary to the campaign to market contraceptives. There are many areas of research and planning that would benefit from such an arrangement.

SECTION V: IEC RESOURCES

Ghana has excellent resources for producing films, radio programs and other audio-visual material. There are also a rich array of traditional and popular media which the AID communication program can use.

Although many institutions have been inactive over the last five years, there is significant interest in starting new IEC activities. The Ghana Broadcasting Corporation has continued to provide some information on FP, as part of its regular radio and TV broadcasts. Senior level administrators are supportive of family planning.

The MOI has several material production facilities for multimedia development; these include film, video, TV, audio, and photographic slides as well as facilities for information dissemination such as mobile AV vans, and cinemas. The Department of Community Development field workers offer considerable possibilities for carrying information and education to the community. With training and AV support, these workers

could have an important impact in changing the attitudes of rural people about FP. Research and training facilities exist and are ready to proceed with activities to promote family planning and population training. Following is a summary of mass media, traditional, production and extension network resources in the country.

A. **Mass Media**

1. Radio

Ghana Broadcasting Corporation operates two independent radio channels distinguished as Radio One and Radio Two. In addition, programs are relayed daily to regional stations and together they provide coverage to 80-90% of the population. With support from the Japanese Government, radio is being expanded and when the project is completed, it is anticipated that all of Ghana and adjoining countries will receive radio clearly. Three 50kw transmitters have recently been added to the system. From all indications, radio enjoys considerable popularity and is the primary medium for news and information. Radio offers significant opportunities for providing information and education to people in the rural and urban areas. Broadcasts are done in six local languages and English.

Health and family planning issues are covered in various radio programs although there are no programs devoted exclusively to the topic.

- o **Women's World** which is broadcast on Sundays at 1:30 p.m. and repeated during the week frequently carries information on FP.
- o **The Breakfast Show**, broadcast 6:30 - 9:00 a.m. each weekday, carries segments on health and family planning. Sometimes medical personnel is present on the show to answer questions and respond to health and family planning issues.
- o **How are you?** and **Questions for the Doctor** are regularly broadcast programs with health/FP information.
- o **Family Planning Week**, an annual event promoted by family planning organizations, receives considerable media coverage.

There are 50 **Radio Forums** throughout the farming areas. The programs focus on agriculture, health, nutrition as well as other topics that may be of particular importance to the forum members. Discussions from the forums are sometimes recorded and are made into programs which are further broadcast to other areas, thus providing for broader participation among listeners. **Radio Fan Clubs** are also formed throughout the

country; they monitor radio programs and promote listenership. Once each week, there is 30-minute program devoted to fan club members. Radio farm forums and radio fan clubs can be instrumental in encouraging special interest groups of people to listen to the radio programs that are designed with their interest in mind. The club members can be mobilized, not only to motivate people to listen, but also to generate ideas that may be used on radio programs, thus creating wider participation by listeners.

2. Television

Ghana Broadcasting Corporation (GBC), a government-subsidized corporation, provides TV services to approximately 50 percent of the country's geographic area under an expansion program presently being undertaken jointly with the Government of Japan. Over 75 percent of the population live within the regions now covered and as the expansion program continues, better quality reception and wider coverage are anticipated. There are thirty-three hours of transmission each week and when the expansion is completed, transmission is expected to increase to 45 hours. GBC will also move from black and white to color. The GBC itself produces approximately 80 percent of its TV programming, depending on imports for a relatively small part of total programming. Broadcasts include sports, public affairs, youth and cultural programs. There is a weekly women's program in which family planning and FLE topics are sometimes covered and from time to time, health/FP information are included in special programs. Family planning week, an annual event, receives considerable TV coverage. Monday-Wednesday at 6:30 p.m. Adult Education Programs are broadcast covering a wide range of issues including, health and community development and two weekly comedy programs, **Obra/Osofo Dadzie**, broadcast on Sunday at 9:15 p.m. in the Akan language and **Show Case**, broadcast on Monday at 9:15 p.m. in four local languages, present moral themes. Family planning issues have been addressed in the program from time to time. Audience surveys conducted by the GBC research department suggests that the programs are viewed by a large percentage of the people who have access to a TV set.

Discussions with the Director of TV and the Director of TV Programming, were favorable and revealed a positive attitude toward FP. They requested that some TV producers be given training in health/FP content so that when resources were available, they would be prepared to develop programs on these topics.

TV seems to offer considerable potential, especially with the on-going expansion program, to transmit information to large sections of the population. Training in health/FP content development therefore is recommended.

3. Newspapers

There are two daily tabloid newspapers in Ghana, **The Ghana Times** and **The People's Daily Graphic**. They range from 8-10 pages and are fairly well designed and laid-out with photographs and illustrations. They both carry classified sections, local, regional and international news. Two weekly newspapers also exist. **The Mirror** is a high quality production having 8-16 pages, with some photographs. There are local advertisements and a cross-section of news items. **The Weekly Spectator** has few pictures, and the printing quality is not the best. There were no regional or international news items and based on the amount of space allotted to sports, it seems to be the most important item in both newspapers. Combined circulation range from 75,000 to 200,000 copies daily. These two newspapers offer some potential for reaching the literate segment of the population. However, their editorial positions on family planning are unclear, since they publish little on the topic.

Sports Soccer covers soccer exclusively and may be published only during the season. The edition reviewed had four pages, the printing quality was good as were the photographs. This newspaper offers potential for reaching men, since in Ghana, soccer is the leading sport and is dominated by men.

AMO Publications publishes several entertainment magazines. **Love and Fun** appears weekly and **Super Agede - "True Life Stories and Humor"** is published monthly. The multicolored magazines cover topics such as romance and health, and highlight important personalities. The cost of the magazines suggests that they are directed to the upper middle class with a high rate of literacy. The printing and the grade of paper used are of high quality. The number of copies sold could not be determined.

B. **Traditional Media and Other Communication Channels**

I. Concert Parties

Concert Parties are a traditional form of entertainment in Ghana and are considered the most popular form in villages. Groups of actors and actresses visit towns and villages to perform dances and plays which may go on for several hours. A small entrance fee is charged. A tour typically continues for 20-30 days with promoters visiting villages several days in advance to prepare for the performances. Many of these tour groups are reported to exist in Ghana. Concert Parties are considered a prime communication channel to carry information to rural people. The concerts are generally well attended and humor is an integral part of the performance. The languages used conform to the local dialects and the performers tailor their acts to the local settings.

Story-telling has also been highly effective in holding the attention of people of all ages. **Songs, music, dances and dramas** are considered effective methods of entertainment in Ghana. From all indications, these media enjoy popularity especially in the rural areas where the impact of TV and video is not as evident as in the more urban areas.

Working in schools, with community groups, and with decision-makers, messages on family planning, child-spacing and teenage problems could be interwoven and presented in a culturally relevant and acceptable manner.

To effectively reach a wide cross-section of people with low literacy skills and especially in rural areas, it seems wise to harness the media from which people are accustomed to expect entertainment.

2. Video Houses

Video seems to have become one of the fastest growing entertainment media in Ghana. Shops rent videotapes and video machines for moderate prices. There are also private houses that are used for public viewing for a small charge. The proprietors of the movie houses dislike this new trend, and the government is also studying ways to control the medium and tap it for national development goals. People who own video machines sometimes invite neighbors and charge a small entrance fee. This may be done several times during the weekend. Should the present popularity of video continue, it will be one of the most important entertainment media, especially in the towns where electricity is available. It offers considerable potential for bringing information directly into the homes of people.

3. Movie Theatres

There are seventeen movie theatres in the Greater Accra area and others throughout the country. Most are owned and managed by the GFIC. They are operated on a commercial basis strictly for entertainment purposes and are widely used to advertise products and services. 70mm photographic slides or 35mm films are used. The promotional activities are done prior to the main feature and during intermission and seem to offer considerable possibilities to deliver family planning messages especially to young people who are generally the patrons of the theatres.

4. Billboards

There are several advertising agencies, many specializing in outdoor advertising. Billboards are in abundance in Accra promoting a wide array of products and services. Among the most outstanding billboard advertisers are: AfroMedia, ApplePie, CADCO and DPP. AfroMedia has the capacity to produce a wide selection of promotional items such as T-shirts and fabric products. The staff includes graphic artists, layout artists and printers. AfroMedia has its own printing and photographic equipment and the quality of work seems to be of professional standards.

5. Mobile Vans

Films produced by the Ghana Film Industry are disseminated through the film unit which provides support to government ministries and agencies particularly those working in rural development. Ten mobile vans are assigned to regional districts and provide support to all government agencies working in each region. For example, the MOH can request that the mobile vans show slides on health issues to support a specific program.

The vans are equipped with a wide range of AV equipment, films and other informational materials. In addition to the AV vans, several other venues are used to disseminate information, among them:

- o The regional movie theatres operated by the GFIC.
- o Schools to which TV sets are made available.

C. **Media Production Facilities**

There are a very large number of audio-visual production facilities in the public sector. Over the years many of the ministries and departments have set up their own units. A number of units visited by the Needs Assessment team had old equipment that no longer operated and large staffs with little in the way of supplies to produce materials. It is recommended, therefore, that USAID not support the creation of another production facility. There are many in existence that have trained staffs and the equipment needed to produce appropriate IEC materials. Following is a summary of some of the facilities operating in Accra:

- o **Ghana Film Industry Corporation (GFIC):** GFIC is administered by the Ministry of Information (MOI) and produces films and photographic slides in support of government programs. Among the films produced are:
 - Youth and Natural Development
 - Timber Products
 - Ghana Students in Cuba
 - Export Promotions
 - Minerals

Two weekly newsreel-type programs are also produced in black and white. Since the decline of the economy during the early years of the 1980s, production of films has declined due to escalating costs and staff turn-over.

GFIC also works on a commercial basis for private businesses, such as Lintas Advertising Agency, to produce their AV materials. All the films that are produced for the government programs are disseminated by use of the mobile AV vans that are owned by the MOI. These mobile AV vans provide support to all agencies working the districts to provide services. In the past, films on health and family planning have been shown to rural audiences. The potential exists for use of these outlets in the future.

- o **National Film and Television Institute (NAFTI):** NAFTI is an institution within the MOI that provides training to workers in the film and TV agencies. Because of a lack of time, the Needs Assessment team was not able to explore the resources at NAFTI. A number of organizations contacted, however, indicate NAFTI has excellent production capability for TV spots.
- o **National Audio Visual Aids Centre:** The National Audio Visual Aids Centre is a department within the MOI that works jointly with the GFIC and the film unit to produce educational and informational materials and to provide technical support to all government agencies requesting services. Government directives encourage all ministries to use the production resources of the NAVS rather than set up independent production units. The photographic section serves as a mini-public relations department for the Head of State and spends a considerable amount of its time covering the state functions. NAVS has collaborated with GNFPP to produce AV materials for family planning and have shared technical staff over the years. Large scale government printing is not undertaken by the National Audio Visual Services, but by the Ghana Publishing Corporation.

In addition, production units exist in the Department of Community Development of the Ministry of Rural Development; the Department of Nutrition in the Ministry of Health. The Department of Community Development produces slides, posters and a range of print materials of very excellent quality.

D. Extension Workers

Ministry of Rural Development and Cooperatives, Department of Community Development: The Department is one of the oldest existing within the Ministries of Government and dates back to the 1940s. Its mandate is to provide support services in all public sectors that work at the community level.

Through a network of three levels of extension workers -- Education Assistants, Community Development Assistants, Community Development Officers -- the Department provides a support structure to other agencies so that social services reach to all segments of the community.

Education is provided at the community level through an integrated approach. Through small scale village industries, women are taught skills in nutrition, family planning, primary health care, home science and adult literacy. Although scaled down from earlier efforts, the Department still provides adult education to over 7,000 participants. The Department provides technical assistance and some materials to a number of self-help projects in the Ashante region. Similar efforts in the Western region has not succeeded and in the Northern region, community infrastructure projects - such as water, sanitation and school building have also been undertaken.

The extension workers perform an important role in the community. They are front-line workers and as a result, the successful implementation of any program rests on the training, knowledge and motivation of these workers. There are no formal data on the number of extension workers that are active in the communities. UNICEF is relying on the extension workers to carry out their activities in the 15 districts in which they are working.

Extension workers are required to have successfully completed high school and the Community Development Officers, in addition, are required to have at least two years of college education. Representatives from the Department cautioned that additional training in family planning and in interpersonal communication would be required before any large scale effort is made to disseminate family planning information at the community level. The director of the Department expressed interest in programming family planning into the tasks of extension workers.

E. **Research Training Institutions for IEC**

There are considerable resources to support IEC training and research activities for planning. As noted in Section II, Ghana has had a progressive population policy for almost 20 years. Because of this policy and the demands created by the family planning programs, training and research institutions have acquired experience in the sector.

1. Regional Institute for Population Studies

The Regional Institute for Population Studies (RIPS) is a regional demographic research and training institution for English speaking Africa, supported by the United Nations Economic Commission to Africa and the Government of Ghana. As an academic institution, RIPS offers a Graduate Diploma and a Master of Arts degree in Demographic Research and Training. RIPS has the capacity to conduct KAP, baseline and other research studies that are essential to a family planning IEC program.

2. Ghana Institute of Management and Public Administration

The Ghana Institute of Management and Public Administration (GIMPA), was developed as a joint project in 1961 by the UNSFP and the Government of Ghana and in 1966 was handed over to the latter. As a training institution, it provides services on management and public administration in the public and private sectors. It also provides research and consultancy services. Among the courses offered during the first term of 1985 were: Health Administration and Management, Public Relations Management, Population Management, Financial Management, Agriculture Resource Management, and Research Techniques.

GIMPA generates about 30 percent of its funds from consultancy services and fees paid by private organizations and the remainder from the Government. CIDA has also provided assistance for building in the past and a new agreement is being negotiated which will provide for an exchange of students and teachers with Carlton University in Canada and the strengthening of GIMPA teaching capabilities.

During November 1984, a course on population communication sponsored by the GNFP, was offered at the Institute and was scheduled to be repeated in November 1985. Students enrolled in the courses are encouraged to visit communities and to develop communication messages as part of their program. Twenty-five students were enrolled in the first year, however, only twenty were admitted for the second year due to a lack of funds.

GIMPA has an impressive roster of highly trained professional staff. The campus complex has classrooms, office space, living accommodations and dining facilities. To continue with the course on population communication, GIMPA needs AV equipment, IEC materials and basic supplies for the course. The Institute also expressed a need for technical assistance in respect to course content for future courses. It is recommended that JHU/PCS provide a basic collection of family planning and IEC reference materials for the program.

3. University of Ghana

The University of Ghana offers training in broadcasting and print journalism and grants in Advanced Diploma and a Master of Arts degree in Communication. During the 1985-86 school year, there were 20 students studying for the Advanced Diploma and nine for the MA. There are five teachers within the school. Among the courses offered are: advertising, radio and TV broadcasting production, print and broadcast journalism, communication theories, research methods, and public relations.

The School has a radio and TV studio equipped with relatively modern equipment for radio production. The TV section is less well equipped and the cameras and video machines are outdated. However, they are in working condition and are suitable for training purposes. During a tour of the production facilities, some commercials and public service announcements that were produced by the students were played back.

UNESCO is currently providing assistance to the school for a rural newspaper and a rural radio program. A printing press was recently installed. The final edition is scheduled for early 1986.

The second project is Rural Radio Broadcasting using a sub-station of the GBC. For the past two years, the station has broadcast local programming three days each week for one-half hour. Programs are developed by local listening clubs. The program content is basically agricultural, but sometimes other topics are included such as health and nutrition.

The School offers potential for broadcast and print production and for dissemination of health/FP materials. In particular:

- o Messages could be broadcast to specific regional groups using the rural radio sub-station, especially where there are listening clubs; and
- o The printing facilities could be used to produce family planning materials in the Fanti language for specific groups of people in the region.

4. The Department of Community Development

The Department of Community Development in the Ministry of Rural Development and Cooperatives has 13 rural training centers and 14 training institutions for women. Although the capabilities of these centers and institutes need to be established and the availability of AV materials, and equipment need to be determined, they provide infrastructure for training in the regions where the field workers and some health personnel are located. If equipped with even the minimum of AV aids and equipment, these training institutions could provide training at the regional levels.

F. Donor Agencies - International Assistance

The following summarizes major donor activities directed to family planning and development support communication.

- o **United Nations Fund for Population Activities** has allocated approximately \$250,000 for out-of-school IEC programs during 1986-1989. United Nations Children's Fund has earmarked \$230,000 for project support communication during 1986-90 and there are additional funds for IEC materials (posters, flipchart, etc.), ORT, nutrition, and for training.
- o **United States Agency for International Development** is funding contraceptive supplies through its Contraceptive Social Marketing (CSM) program and is planning to strengthen the MOH, MCH/FP program through the Contraceptive Supply Project. The HED will also benefit from this project, since it will coordinate the IEC activities of the MOH. (Section I contains a more detailed summary of the AID project.)
- o **Family Planning International Association** has on-going projects with the Christian Council of Ghana and APPLE and one recently ended with the YMCA.
- o **Association for Voluntary Sterilization** is developing two projects with the Korle-Bu Hospital and the Kofanoche University Hospital.
- o **Westinghouse** is planning a Demographic Health Services survey in early 1986.
- o **The World Bank** is providing funds to the MOH starting in 1986. The grant will fund the development of a cold storage system, strengthening of the PHC system, population research, and the rehabilitation of some health facilities.
- o **The Pathfinder Fund** has plans to set up projects.

- o **World Health Organization** is presently working with the MOH on two projects focusing on primary health care, onchocerciasis and development of weaning foods. WHO will provide AV equipment and supplies to the HED.

AID will need to take the lead coordinating role among donors in assuring that training and IEC activities are compatible and complementary. Overall, substantial amounts of funds are needed to strengthen IEC capabilities at the central and community levels. This could include providing camera equipment for use in producing family planning TV programs and training staff and extension workers in communication methods which could be applied to family planning as well as to other PHC topics.

SECTION VI: IEC WORK PLAN

Although a detailed plan outlining target audiences, messages and appropriate channels of communication can be developed only after completing market/audience research, the following outlines the general strategy for the AID project and presents a work plan for the IEC program over the next few months.

Objectives

The objective of the IEC component of the Contraceptive Supply Project is to increase the utilization of family planning services available through both the **government** and **private** sector health clinic infrastructure and outreach systems. More specifically, the program will seek to:

- o provide effective counseling about family planning to those seeking services;
- o increase awareness about where to obtain services; and
- o generate acceptance of family planning and increase the use of contraceptives available through MOH and NGO clinics.

Priority Activities

In order to accomplish these objectives it is recommended that the AID project focus on the following activities:

1. **IEC Training:** Provide IEC training to all categories of health workers being trained in family planning. It is important to include personnel from both the non-governmental organizations and the Ministry of Health, since the private sector presently provides an important share of health services in the country.

In a second phase, IEC training should be provided to extension personnel from the key ministries and private organizations working in the communities.

2. **Audio-visual Materials:** There is a need to develop basic instructional materials for use in the clinics and the communities; such as wall charts/posters, leaflets about contraceptive methods, flip charts, signs to identify family planning service locations, etc.
3. **Mass Media Promotion of Family Planning:** A strong mass media information program is of vital importance. Although the social marketing campaign being funded by AID will inevitably result in attitude changes about contraception and will increase awareness about modern methods, a broad motivation and information program is also needed. Such an effort would have to be designed to reach both a rural and an urban population.

The IEC mass media program can make extensive use of radio and television and can expect to integrate messages into many programs that are already on the air. The Ghana Broadcasting Corporation is also willing to create new programs. Radio should receive priority attention. Many other channels of communication are also available including cinema halls, itinerant theatre groups such as "concert parties" and billboards. The mix of media and the number to be used will be determined based on audience reach, the management ability of the agency coordinating the IEC effort and also the budget available for communication activities.

Coordination of the family planning motivation program with the social marketing campaign is essential to ensure that the two efforts are complimentary in terms of target audience and objectives, and that the messages are consistent. Timing of media efforts and communication activities is also important. If effectively done, impact can be maximized.

Management

The IEC component of the Contraceptive Supply Project will be implemented by the Health Education Division of the Ministry of Health. The HED will have direct responsibility for the overall planning, coordination and management of all communication activities being carried out under the project. Specifically, the HED unit will plan and execute IEC training of health personnel; will supervise the IEC activities of health

workers; will develop IEC materials. It is proposed that the HED will contract with Lintas Ghana, Ltd. to provide the mass media component. It is highly desirable, however, for the HED to be involved in the planning and execution of the mass media effort.

The HED will work closely with the GNFPF in developing a distribution system to supply IEC materials to government and non-governmental groups working in family planning. Given the objectives and the experience of each organization, it is recommended that their responsibilities be roughly divided as follows:

- | | |
|---------------|--|
| GNFPF | Overall coordination of AID-funded IEC activities with other communication activities in the country; and responsibility for managing the distribution of IEC materials produced under the MOH project to both governmental and non-governmental organizations active in family planning. |
| MOH | Primary responsibility for managing family planning IEC activities in the clinics and communities; for producing print and graphic materials; for training in IEC health and extension personnel in family planning IEC methods; and for overseeing mass media public information programs because of limited experience in mass media it is suggested that the MOH subcontract this component to the advertising agency already handling the media campaign for the private-sector part of the AID project. |
| LINTAS | The advertising agency would plan and execute mass media efforts to create awareness about family planning and promote family planning services. |

Work Schedule

The following is a suggested work plan for getting IEC activities underway.

**Schedule of IEC Start-Up Activities
MOH Component**

December 1985 - September 1986

Activity	Proposed Dates	TA Needs	Comments
Planning			
1. Follow-up visit by JHU/PCS consultant to discuss IEC strategy and work plan with the MOH, and the GNFPF.	Jan/Feb 86	-----	This visit will be carried out in conjunction with other planned travel in the region.
Research			
2. Literature review of KAP and communication studies (2-3 weeks)	Dec/Jan 86	-----	JHU/PCS and AID identified Researchers at GIMPA and RIPS who are well qualified to conduct proposed research. JHU/PCS will conduct POPLINE search and send copies of all relevant documents.
Research			
3. Site Visits to FP clinics	Dec/Feb 86	Design of Checklist and inventory methodology	USAID/ACCRA will arrange for design of questionnaire and will work out a plan with the MOH to complete the study.
Research			
4. Focus Group Discussions			
A. Attitudes towards FP among potential contraceptive users.	To be determined	Design and Execution of FGD (2-3 weeks)	This is an activity of very highest priority . USAID/ACCRA will explore possibility of having Lintas carry out activity with funding and technical assistance from SOMARC. This would represent an expansion of research already planned by

Activity	Proposed Dates	TA Needs	Comments
			SOMARC. Providing TA through SOMARC would be more cost effective than bringing in a second team of experts to carry out similar work.
B. Attitudes of FP service providers		Design and execution of FGD (2-3 weeks)	SOMARC could also provide TA support for this aspect of research.
Research			
5. Listenership Study (3 months)	To be determined	Design of sample and research instrument (2-3 weeks)	The Research Division of Ghana Broadcasting Corporation can carry out study. USAID/ACCRA will explore feasibility of having SOMARC fund this activity as part of the social marketing project. The study, although highly desirable, is not critical. and should be carried out only if funding permits.
6. Recruit IEC Advisor (4-6 months)	To be determined		JHU/PCS can help identify and screen candidates, once funding has been identified for the position. Alternatives to a full-time IEC advisor is short-term TA to help with planning, questioning and design of print and other materials and development of outreach activities.
7. IEC Training			
A. Needs Assessment	To be coordinated with INTRAH	Training expert 3 - 4 weeks	Timing of TA visits should be coordinated with INTRAH/MSH.
B. Development of Curriculum			JHU/PCS will be able to provide TA for this activity.
C. Identification of Trainers			

Activity	Proposed Dates	TA Needs	Comments
D. Training of Trainers		3-weeks	
E. First Training Course		2 weeks	
Planning			
8. Develop an IEC Plan	April-May	JHU/PCS 2-3 weeks	This can be done when FGD and site visit results are available. If advisor recruited JHU/PCS TA will not be required.

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