

PD-AAU-149

4/8/84

NEEDS ASSESSMENT/PROJECT IDENTIFICATION  
MISSION TO MALI

Prepared By:  
Margaret Burns Parlato

In-Country Dates:  
September 24 to October 6, 1984

Population Communication Services  
Population Information Program  
The Johns Hopkins University  
624 North Broadway  
Baltimore, Maryland 21205  
USA

**Table of Contents**

	<b><u>Page</u></b>
Executive Summary . . . . .	i
List of Abbreviations . . . . .	iii
I. Introduction . . . . .	1
II. Existing IEC Activities . . . . .	5
III. Key Findings About the IEC Program . . . . .	9
IV. IEC Resources . . . . .	13
V. Recommendations . . . . .	23

Appendix A - List of Contacts

## Executive Summary

Margaret B. Parlato, Regional Program Coordinator for the Johns Hopkins University Population Communication Services project, visited Mali from September 24 to October 6, 1984 to assess family planning communication activities and develop a plan of technical and financial assistance.

The private family planning association (AMPPF) plays the lead role in promoting family planning. Its budget, however, for those activities is small. Major activities include a monthly radio program, seminars for leaders, and production of occasional print materials. Only about 0.2 percent of women use modern contraceptive methods. Although services are available chiefly in urban areas, the existing centers are not well utilized. One clinic in Bamako alone accounts for 63 percent of users in the country.

There is a real need to improve clinic-level education about family planning and to encourage women living near facilities to make use of them. There is also need to provide clinics with basic audio-visual materials, including signs, logos, flip charts and posters. There is considerable scope for expanding the use of radio to educate the population about family planning and create a favorable climate of opinion for the program. Other major needs identified include need for information on the attitudes and practices of the population regarding family planning.

It is recommended that JHU/PCS provide technical and financial assistance to the private family planning association to enable it to increase radio programming; develop print and graphic materials; produce a series of video films; and step up its programs for opinion leaders. A project proposal is being prepared which will have a budget of \$45,000 - \$55,000.

It is also recommended that priority be given to the IEC training needs for health personnel and that a plan be developed to gradually begin training those most likely to provide family planning information. In this JHU/PCS can work closely with INTRAH, which has been carrying out training in Mali.

The third major recommendation is to begin developing information about the knowledge, attitudes and practices of the population about family planning and

collecting information about popular media habits and patterns of contact with government extension workers. This information is critical to the development of good communication support for the country's family planning program. The Family Health Division of the Ministry of Health and Social Affairs is interested in conducting such a study in collaboration with the Sahel Institute. The Sahel Institute is presently exploring with USAID the possibility of undertaking such research. It is anticipated that technical assistance to design the questionnaire and analyze results can be provided through the Demographic and Health Surveys (DHS) project administered by Westinghouse Public Applied Systems.

### List of Abbreviations

- AMPPF - Association Malienne pour la Protection et Promotion de la Famille  
(Malian Association for the Protection and Promotion of the Family)
- DNAFLA - Direction Nationale de l'Alphabétisation Fonctionnelle et de la Linguistique Appliquée  
(National Directorate for Functional Literacy and Applied Linguistics)
- FP - Family Planning
- IEC - Information, Education and Communication
- INTRAH - Program for International Training in Health
- IPPF - International Planned Parenthood Federation
- IUD - Intra-uterine Device
- JHU/PCS - Johns Hopkins University/Population Communication Services
- MCH - Maternal and Child Health
- MOHSA - Ministry of Health and Social Affairs  
(Ministère de la Santé Publique et des Affaires Sociales)
- PMI - Centre de Proection Maternelle et Infantille  
(Maternal/Child Health Center)
- RTM - Radiodiffusion Television du Mali  
(Radio and Television Broadcast Organization of Mali)
- UNESCO - United Nations Education and Scientific Organization
- UNFM - Union Nationale des Femmes du Mali  
(National Union of Malian Women)
- UNFPA - United Nations Fund for Population Activities
- URTNA - Union des Radiodiffusions et Télévisions Nationales d'Afrique  
(Union of National Radio and Television Organizations of Africa)
- USAID - United States Agency for International Development

## I. INTRODUCTION

### Objectives

Margaret B. Parlato, Regional Program Coordinator for the Johns Hopkins University Population Communication Services (JHU/PCS) project visited Mali during the period September 24 to October 6, 1984 to:

1. Review family planning communication activities carried out by the Ministry of Health's Family Health Division and the Malian Association for the Protection and Promotion of the Family.
2. Identify and assess communication resources in the country.
3. Develop a plan of technical and project assistance for communication activities in support of family planning.

### Background

Mali is estimated to have a population of 7.1 million and an annual rate of natural increase of approximately 2.8 percent (United Nations, 1984). Although Mali has never adopted an official population policy, the government was the first of the sub-Saharan Francophone countries to support family planning services as a measure to reduce the very high levels of mortality and morbidity among women and children. Family planning is permitted as a health measure, not a demographic measure. Recent statements on population at the National Seminar on Population Policies held in Bamako in March, 1983 indicate a growing awareness of the importance of demographic variables in the country's development strategy. The creation of a Population Unit within the Human Resources Division of the Ministry of Planning in 1984 attests to this increased awareness.

In 1972 the French law of 1920 prohibiting the advertising, sale and distribution of contraceptives was repealed. The same year, the private Malian Association for the Protection and Promotion of the Family (AMPPF) was established and a pilot family planning clinic opened in Bamako with

support from the Canadian International Development Research Centre. As a result of this pilot program, the government began to introduce family planning services in its health facilities as early as 1973. There has been steady progress in making family planning services more widely available.

A Division of Family Health was created in the Ministry of Health and Social Affairs (MOHSA) in 1978 to administer the government MCH/family planning program. Funding has been provided by the United Nations Fund for Population Activities (UNFPA); the United States Agency for International Development (USAID) has also given support in the areas of training and research. The AMPPF, a member of the International Planned Parenthood Federation, pioneered family planning in Mali and works closely with the Division of Family Health in providing training, contraceptive materials and communications support. The AMPPF, which receives some financial support from the government, operates two clinics; the one in Bamako is the largest in the country and serves 63 percent of the country's users. AMPPF also conducts research and is presently investigating traditional birth control materials. A memorandum of understanding drawn up between the MOHSA and the AMPPF assigns the private association key responsibility for providing information on family planning and motivating the public to accept and use contraceptives, supplying contraceptives to the MOHSA, and assisting in training personnel in family planning service delivery.

In 1981, a survey by the Centers for Disease Control found family planning services in 34 of the 56 MCH centers. In 1983, the AMPPF annual report indicated that services were available in 51 MCH centers and in the 2 clinics run by the Association, although it is unclear how active they are and how regular their supplies of contraceptives are.

Despite clear progress, family planning services are available primarily in the urban areas and major district capitals. The World Bank estimates that a maximum of 15-20 percent of the population has access to modern health services of any kind, with coverage as low as 5 percent in the Western and Northern regions. Access to family planning services is more limited. The MCH centers providing services extend down only as far as the district level of the health delivery system. Not all districts offer these services.

The quality and range of services also differs widely between urban and rural areas. In general, MCH services outside major towns are considered poor; the range of contraceptives offered is limited, with IUDs often not offered. Services are typically available only a few days a week during special hours. Data show that the better equipped and staffed urban clinics provide the bulk of services. The AMPPF clinic in Bamako alone served 63 percent of all users in the country in 1983. The World Bank sees little likelihood that family planning will be accepted by rural residents until improved MCH services and health education are provided at the village level and until the very high rates of infant mortality can be reduced. Discussions with the AMPPF leadership indicate that their present priority is to build family planning service capability in the rural areas.

The use of family planning services remains low. Present estimates are that only 0.2 percent of women between the ages of 15 and 44 use modern contraceptive methods (Centers for Disease Control, 1981). Those who may be reached by private-sector physicians, health centers and pharmacies are not included in this figure, as no data are available. Large families are the norm, with total fertility rates of 6.7. Users tend to be young, well-educated and urban. The pill is the most widely used method; other methods include injectables, condoms and IUDs. In 1983, AMPPF reported a total of 31,456 active users in the government and AMPPF clinics.

The AMPPF feels that there is a considerable latent demand for family planning services and a need to step up educational efforts to improve utilization of services in areas where they are available. The following examples illustrate the need for better promotion:

- As a result of a radio broadcast about male responsibility and the availability of condoms at the AMPPF clinic, men have started attending the clinic. The clinic, which previously saw only women, has tried to accommodate men by encouraging them to come at the end of the morning when most of the women have gone.

*What type of services are the men seeking?*

- At a recent fair to publicize the AMPPF in Bamako, a survey showed that only one-third of those who attended knew of the existence of AMPPF's clinic in Bamako.

## II. EXISTING IEC ACTIVITIES

The AMPPF has played the lead role in promoting family planning. Its IEC unit, formed in 1977, is responsible for planning, developing and evaluating communication about family planning and coordinating activities with the Division of Family Health and the Health Education Unit of the Ministry of Health and Social Affairs (MOHSA). In practice, however, almost all family planning communication is carried out by the AMPPF. There is no indication that the MOHSA plans to play a more active role. At this stage, there are strong political reasons for letting the private sector take responsibility for public education and mass communication.

Communication support for family planning has consisted primarily of seminars, workshops, and occasional IEC promotional efforts in the clinics and communities. There is no overall IEC strategy with a clear definition of objectives, target audiences, or a plan of action. Nor has there been a systematic use of the mass media, utilization of government extension workers or a systematic attempt to promote family planning to women attending MCH centers for other reasons. IEC activities are well-planned and executed but tend to be discrete activities with widely different objectives. Often activities are initiated in response to themes such as "women" or "youth" suggested by international health organizations. A more focused plan of activities would make better use of the organization's resources and have more impact.

In 1983, AMPPF hosted a regional IPPF conference on "Male Responsibility in Family Planning," held a five-day workshop to study the introduction of family life education into the school curriculum, and sponsored a workshop on family planning for representatives of the Directorate of Social Affairs of the MOHSA. AMPPF also held its first "Semaine de l'AMPPF" during which government officials and the public were invited to see films, posters and displays and hear talks on family planning and the role of the AMPPF. A similar fair is to be held in late 1984 in one of the regional capitals to introduce the public to the work of the Association. Plans are also underway to hold a seminar for the Ministry of Youth, Arts, Sports and Culture and for youth groups in the country.

There is a monthly radio broadcast on family planning on "Magazine de la Femme," a women's program sponsored by the National Union of Malian Women (UNFM). AMPPF is allocated one of the four 30-minute time slots each month. The program is broadcast in French. Recent topics have included: Islam and family planning; men's role in family planning; and constraints to practicing family planning. Generally, the programs are done in a question and answer or interview format. Other radio programs will occasionally mention family planning in their broadcasts and the AMPPF is usually invited to provide a speaker or information. Two press articles are prepared each month for the Bamako daily paper, L'Essor. Occasionally material is prepared for Kibuku, the rural newspaper for new literates.

The use of print material to promote family planning is extremely limited. Printing costs are high and funds are limited. In 1983, 300 copies of a leaflet on the AMPPF were produced, as well as 1,000 calendars, 1,000 posters and 100 T-shirts. In 1984, a reference manual in Bambara was produced for health personnel, and a calendar was issued. These materials are distributed to the government maternal/child health clinics and the AMPPF clinics.

Family planning films are shown on television from time to time. There is a real need for appropriate material. Community-level promotion of family planning is sporadic and not executed in a systematic fashion. Government extension personnel have not been trained to educate about family planning. This leaves AMPPF's small staff with a huge need to fill. The AMPPF does some outreach in Bamako, where film showings and discussions are organized about once a week in schools, health centers and neighborhoods. In 1983, the AMPPF organized an orientation on family planning for administrative-level personnel from MOHSA's Social Affairs Directorate. The impact of this orientation has been limited because funds for training of field staff who work in the communities have not been available.

The IEC unit is specifically responsible for planning, developing and evaluating communication about family planning and for coordinating activities with the Division of Family Health and the Health Education Division. The IEC unit is staffed by two professionals: Mrs. Adama Diallo, a social worker and a recently hired director; and Mr. Yaoumba Rouamba, who assumed the post after retiring as head of the Health Education Division of the Ministry of Health.<sup>1</sup> In 1983, the annual budget was \$50,000 (AMPPF total was \$138,000), of which the bulk was for salaries and support of four regional offices. Funds available for production of print materials, radio programs and activities such as seminars totalled about \$8,000. The amount of operating funds is clearly inadequate.

In addition to the national IEC unit, the AMPPF has four regional offices, each with an educator responsible for promoting family planning in the region. The offices are staffed by a coordinator (frequently an M.D.), an educator who works closely with AMPPF volunteers. Typically, the educator shows films to youth groups and gives talks about family planning in government health clinics.

Only one of the bureaus has audio-visual equipment (projector, generator). Appropriate films and other audio-visual materials are in short supply.

The four regional offices of AMPPF (located in Mopti, Segou, Sikasso, Kaye) each have a family planning educator who periodically visits schools, MCH centers and youth and women's groups to promote family planning. Clearly, the AMPPF with its small staff can expect to reach only a fraction of the population with access to family planning services. More effective coverage requires training of existing government health and extension staff to include family planning education in their duties.

---

<sup>1</sup>He was trained by Donald Bogue at the University of Chicago.

Education about family planning at the health facility level is acknowledged to be very poor. Even in places where services are available, few women are exposed to information or motivated in any way, and referrals from one MCH service to the FP service rarely takes place. According to the AMPPF, there is presently no IEC component in the training for service providers. The following are some key findings on the subject from recent surveys:

- A 1981 Manpower Training Needs Survey conducted in Western Mali by the National Directorate of Planning and Health and Social Training with funding from USAID found that 98 percent of health personnel had no information or training in family planning, although 50 percent of the respondents said they had been asked for information on the subject.

The same study found that 97 percent of health personnel had no educational/informational journals or materials of any type.

- A 1981 survey of family planning facilities by the Centers for Disease Control concluded that health personnel generally lack confidence about their technical knowledge of family planning. Half know fewer than 40 percent of the complications that can be associated with pill and IUD use (midwives could identify 80 percent of complications).

The study found that medical staff give out information only to those who ask. Referrals between services are non-existent.

There is clearly a need to improve communication about family planning in the clinics. Staff training of MOHSA personnel is needed; simple orientation materials are required. Women attending clinics also need to be aware that services are available. Use of posters and clear graphics to indicate availability of services is badly needed.

### III. KEY FINDINGS ABOUT THE IEC PROGRAM

Following is a summary of observations and major findings about the family planning IEC effort in Mali:

1. Communication support for family planning is being undertaken on a very modest scale. Building political support for family planning and creating awareness among the population that presently has access to services would benefit from a more intense effort. Additional funds are needed to do this. The existing IEC budget covers salaries and maintenance of regional bureaus, with only about \$8,000-10,000 per year for activities and IEC materials.
2. The lack of an overall IEC strategy with a clear definition of objectives, target audiences and a plan of action is also a problem and tends to dissipate efforts. The IEC activities in progress are well planned and executed but tend to be discrete activities with widely different objectives. A more focused plan of action is needed to fully utilize the human and financial resources of the organization and maximize impact.
3. To date the AMPPF has tended to execute IEC activities with its own small staff. While this may have been necessary in the early years, it no longer seems feasible for AMPPF staff to be responsible for directly providing outreach and clinic-level education. Even creation of additional regional offices cannot be expected to adequately meet the need for face-to-face communication in the communities and MCH clinics. Creation of regional offices to do motivation is also considered a needless duplication of existing resources. At some point existing government extension and service staff must be trained to carry out these functions. AMPPF staff could then be involved in overall IEC planning, training, and supervision, and could concentrate on building political support for family planning and on the production of radio programs and print materials for use throughout the program. At present, these general support activities have been given low priority.

4. There is virtually no information about knowledge, attitudes and practices regarding family planning. In the early 1970s, the Canadian government sponsored a small study to examine traditional family planning practices. Little other data exist. As a result, the IEC program operates in a real vacuum. Information is needed on existing levels of knowledge about contraceptives and attitudes favoring and impeding practice; information is also needed about people's media habits and patterns of contact with health and extension services. Such studies would help guide content of radio messages and help in designing appropriate messages for print and other educational material.
5. The existing network of family planning clinics is not being well-utilized. Considerably more needs to be done to educate couples with access to services and to inform them of the availability of services.
6. Clinic-level education about family planning is generally non-existent, even in those establishments that offer services. Lack of staff training in educational techniques and poor referral services have been identified as major problems.
7. At present, little exists in the way of outreach and community-level education about family planning. To date, none of the cadres of government extension personnel regularly working in the community have been trained or given responsibility for promoting family planning. The most important extension staff are those of the national literacy organization, DNAFLA, and the Social Affairs branch of the MOHSA.
8. The task of sensitizing national and regional leaders about family planning and of building support presently are carried out on an ad hoc basis. There is no plan systematically to reach key influential groups in the capital and regions on a regular basis.

9. Radio is not fully exploited. While a mass campaign to promote family planning services is not appropriate at this time, a great deal needs to be done to sensitize the population about child spacing concepts and to begin to make people comfortable with the idea of family planning. At present, there is only one half-hour program a month dealing specifically with family planning. The program is broadcast in French, and can be understood by less than 15 percent of the population. The actual audience being reached is, thus, very tiny. In Mali, radio is popular and could be used to reach a truly mass audience. The program format for the family planning program--interviews--is also far from ideal. More varied program content and presentation are called for.
10. The potential for using print materials in Mali as part of an IEC program is poor. Printing costs are very high and the quality of work is generally very poor. A good deal of supervision and timely direction would be needed to improve the quality of materials produced. The few quality printers (for example, the Government Printing Office) are heavily booked; paper supplies are a constant problem. As a result, the AMPPF and the MOHSA sometimes send material to France for printing. The use of print materials is also severely hampered by the fact that 90 percent of the population is illiterate. For women, the figure is 95 percent.
11. There are almost no audio-visual materials of any kind available in the clinics where family planning services are being provided. There is an immediate need for flip charts (150-200), some color wall charts and posters, and general instructional/reference materials for the clinic personnel.
12. Clinics providing family planning services are very poorly designated, if at all. The central PMI in Bamako, for example, has a small sign above the door. Signs with graphics understandable by the largely illiterate public are needed. A clearly and easily recognizable logo would be a big help to make women attending clinics aware that family planning services are available.

13. Films and videotaped materials on family planning and related topics have been requested by the national broadcast organization to show on television. The AMPPF has few films in French, and many are not considered appropriate for Mali.
14. The IEC unit of AMPPF and the Division of Maternal/Child Health of the MOHSA have few reference materials about communication and family planning.

#### IV. IEC RESOURCES

This section provides information about some of the other major organizations which are active in family planning, communications and rural development and which could be involved in future IEC efforts to promote family planning.

##### Radiodiffusion Télévision du Mali

The national broadcast organization (RTM) has until recently operated only in radio. Television has been in operation for less than one year. Radio Mali devotes a considerable portion of its air time to programs promoting the social-economic welfare of the population. Major areas of focus include: health, agriculture, literacy and animal husbandry. Malian music and culture are also given prominence. The rural radio division of RTM is the most prominent--26 hours of programming are targeted to the rural public.

RTM believes that radio programs should be produced in the field, not the studio. Several recording crews are assigned field reporting. RTM has 2 regional centers which record programs and send them to Bamako for broadcast. Travel budgets, however, are limited as are vehicles. RTM has few funds of its own and depends on budget from other ministries for per diem. As part of the effort to preserve Malian culture, a rural audiothèque has been established to record and collect songs and other material.

The National Broadcasting Service has a discothèque which collects and records the country's oral tradition. Groups collect oral traditions and scan the different linguistic and cultural zones of the country. The National Literacy Agency (DNAFLA) has worked with RTM in organizing workshops to adapt and transcribe the recorded material. Entire epics such as "Da Monzon," "Sunjata" and "Bakari Men" along with sketches, puzzles, tales, etc. have been transcribed. Some 50 manuals are ready for printing and distribution.

Radiodiffusion Télévision du Mali covers all the geographic area of the country with its radio broadcasts. Television programming was initiated about 6 months ago and reaches Bamako and the surrounding area. Although no audience surveys have been made, reports are that radio listenership is high. Informal observation in Bamako indicates that radio is indeed popular. Despite the recent inauguration of T.V., a sizeable number of sets are reported in Bamako among the middle class, who have been anticipating the event for some time.

Radio Mali is on the air 16 hours a day (from 6 a.m. to midnight). Important programs of national interest such as the news are broadcast in 8 languages (on a rotating basis). The majority of programming (60-65%), however, is in French. The rest is primarily in Bambara, Sonrai and Peulh.

A National Committee reviews all radio programs each year and allocates air time. This is based partly on needs expressed by different ministries and by quality and perceived popularity of the previous year's programs.

Radio staff produce the health and family planning programs. At one time, MOHSA staff were responsible for production, but according to the director general of RTM, Mr. Dicko, the programs were too scientific and were not produced on a regular and dependable basis. Now radio people are responsible; they obtain content orientation and program ideas from health experts. RTI has two staff specialized in health: Mr. Boubacar Diallo, press correspondent to the MOHSA, and Mrs. Tousso Diara, responsible for health and women's programs.

Radio programs with a major health component are as follows:

- ° Santé Pour Tous. This 20-minute program, broadcast daily in the national languages, focuses on a variety of health topics. The program has recently done a series of interviews in the MCH centers with physicians and patients.

- **Ménage à Musique.** This daily program, designed for the housewife, has a sizeable health component. Nutrition and breastfeeding are discussed, and family planning is sometimes mentioned. Language of broadcast varies.
- **Santé Sans Blouse.** This program about health issues is not broadcast on a regular basis. A program is being planned to examine the need for a national population policy.
- **Micro-Programs.** Short six-minute health programs broadcast each morning on diarrhea control.
- **Magazine de la Femme.** This weekly program has health as a regular feature. Family planning is allocated one 30-minute time slot each month.
- **Magazine des Sciences.** In recent months, some programming time has been devoted to family planning (e.g. technical treatment of contraceptive methods).

In Mali, family planning is a topic that can be discussed on the air. As one producer explained, RTM has moved from general sensitizing about the concept to a more specific education and training of the public about contraceptives. Despite these changes, however, family planning remains a sensitive issue. There has been some hesitation, for example, about broadcasting the family planning segment of "Magazine de la Femme" in local languages. The feeling is that the public reached by a French language program will be an educated and urbanized one, less likely to be offended by the content. Use of local languages would mean reaching a much broader audience and one that might be offended.

In outlining the needs of RTM, Mr. Dicko emphasized that staff had little formal training and theoretical knowledge. Of primary interest would be orientation about message research and design and communication strategies and program format.

In discussing ideas for the URTNA Radio Broadcast Bulletin, a number of RTM staff said they are primarily interested in what others are doing in other countries. Most broadcast tapes sent to them by foreign government agencies are not used. Canada's Farm Tapes are used primarily as a source of ideas, not broadcast. They are studied and adapted and are rarely used as is, since they are not specific enough. No one had seen the Health scripts being sent out by the Voice of America.

#### Health Education Unit of MOHSA

The Health Education Unit administered by the Division of Family Health was created in 1982 to give greater emphasis to health education, an area the government feels is of importance primarily in the execution of its new primary health care program. The policy of the unit is to introduce a health education component into all development programs/projects in the country. To date, the Health Education Unit has done very little education related to family planning. At times, health educators have collaborated with AMPPF staff in showing family planning films. Artwork for the AMPPF calendar was done by the Health Education Unit under contract.

The Unit has a staff of 26. It is headed by a young physician, Dr. Fodé Coulibaly, who has no previous health education experience, and includes a sociologist, 6 nurses (with no education training), 2 social workers, 1 community development technician, 3 artists, plus secretarial and administrative staff. The Division has 4 regional offices (Ségou, Mopti, Sikasso, Gao); a health educator is posted in each of these regions. All the staff except the Director participated in the recent INTRAH Mali Workshop in production of audio-visual materials. The unit has a big staff but little money to execute activities. The operating budget is approximately U.S. \$4,000 (1.5 million CFA) which severely restricts the ability to produce materials and undertake educational activities. Production of audio-visual materials is particularly hampered, since funds for supplies and printing are virtually non-existent. Lack of training and experience of staff in all phases of IEC planning and implementation is a key problem.

As part of the World Bank's \$17 million Health Development Project, the Health Education Unit is slated to receive three person-months of technical assistance to help improve services. Equipment and materials are also budgeted. The timing of this assistance is not yet clear.

The following summarizes major activities:

- Training. Two staff members conduct health education training in the Bamako schools of nursing and provide training in the production of audio-visual materials to students at the school for community development specialists. The training staff also participates in refresher courses sponsored by the Ministry of Health and other ministries involved in training extension workers whose duties include health promotion.
- Outreach. Eight staff members work in the "animation" unit. They are responsible for radio broadcasts special health events and campaigns for vaccination, cholera control, etc. Two of the unit's members carry out health education in the Bamako Maternal/Child Health Centers. Four staff are posted in the regional offices.
- A radio program called "Health for All" (Santé Pour Tous) is produced 3 times per week in local languages. The 25-minute program focuses on a variety of health problems and is broadcast in Bambara, Peulh, and Serré on different days, although not according to any fixed schedule. The dialogue format program is developed by the Health Education staff; technicians from the radio station assist in the recording.
- Recently the Health Education Unit has started to experiment with "slogans," 5-6 minute micro-programs broadcast every day at peak morning listening hours (6:50 a.m.). Focus is presently on the need to disinfect water with chlorox. A series of radio cassettes on health is being produced for use in the "audiotèque rurale" rural listening centers being funded by UNDP as part of a rural water supplies project.

Audio-Visual Production. The production unit, staffed by four artists, is housed in a very large and well-lit building. Because of limited funds for materials and printing, little is produced in the way of audio-visual aids and print materials for use by health personnel. The work that is being done is undertaken for projects that have their own budgets.

An international leprosy agency recently paid for the design and printing of 500 instructional flash cards on each of the following topics: measles, dehydration, prenatal care and hygiene during pregnancy. The printing was done in France. A series of 7 posters have recently been produced on various topics of maternal/child health (no family planning). Between 50 and 200 copies will be printed in Bamako. Colors are applied by hand.

Health Education at the clinic level, according to Dr. Fodé Coulibaly, is not well organized and does not take place in all health facilities. In places where there are social workers, they provide education. In others, the rural matrons or nursing assistants might provide orientation to mothers.

Dr. Coulibaly is interested in obtaining further training for his staff and would like to collaborate with the AMPPF and JHU/PCS in the production of print materials on family planning. The opportunity of working closely with a materials development specialist and of receiving informal training is viewed very positively. The importance of building up the Unit's expertise and capability was also stressed by Dr. Traore, Director General of Health. Any work with the Division, then, should build in technical assistance time to fully train the staff in the methodology used.

#### MOHSA Directorate of Social Affairs

The Directorate of Social Affairs is responsible for providing social services to families and groups requiring special assistance and also for providing health education and orientation. Since the late 1970s, the Directorate has been trying to re-focus its activities and adopt a community development approach to health. The Directorate's Division of Community Development serves as the extension education arm of the Ministry.

No firm count was obtained of the number of community development technicians working in the field. According to Mr. Djitteye, Director of the Division of Community Development, there are an estimated 100; in addition, 50 social agents (not retrained) work in Bamako and the hospitals.

The Directorate of Social Affairs has 7 regional offices (plus one in Bamako), an administrative office at the district (cercle) level, and community development centers in some villages. In general, however, there are few staff working below the district level. Typically, staff are assigned to maternal/child health centers, school dispensaries, and hospitals. Field staff do not have transportation. They have received basic training in materials production and are expected to produce their own materials.

While Social Affairs lacks a rural presence, the involvement of technicians and agents in promotion and education about family planning is important. In many of the health facilities, education of patients falls largely to this cadre of personnel. To date, this group has not received family planning training, although this is perceived as desirable by the AMPPF and the Division of Family Health. Training for staff has been upgraded. In 1978, the National Center for Community Development started graduating community development technicians. Social agents (agents sociaux) are no longer being trained and are gradually retiring from service. The AMPPF would like to see family planning introduced into the curriculum, but funds for this have not been available.

#### National Union of Malian Women

The Union Nationale des Femmes du Mali (UNFM), organized in 1974, is an active organization re-grouping women from all over the country. It is also acknowledged to have considerable political influence. Its primary objective is to promote women and the family and the integration of women into all development activities. Health and family planning are core activities. UNFM is interested in promoting family planning and, according to Mme. Dicko Konato, Secretary General, would like to see a population policy adopted for Mali. The UNFM sent five representatives to the International Conference on Population held in Mexico City in 1984 and would like to see

its members more active in promoting family planning. The UNFM proposed that JHU/PCS fund a 2-3 day workshop to orient members about family planning and encourage them to promote the concept in their area. A proposal and budget have been submitted.

The UNFM has an infrastructure extending from the national to the village level, with a total of 300 local cells. (Estimates of total members are not readily available.) Activities of potential interest to a family planning communication program are the following: a monthly journal is published and inserted into the Bamako daily paper "L'Essor"; the UNFM produces two radio programs, "La Magazine de la Femme" (once a week) and "Ménage à Musique" (broadcast every morning in the national languages). Family planning is discussed from time to time on the morning program. The weekly program allows one time slot each month to the AMPPF for its program on family planning. A study on adolescent fertility, abortion, and infanticide was initiated with funding from UNFPA/UNESCO in 1982. A training center for rural extension (animatrices rurales) has recently been established with funding from the Canadian government. About 60 women have graduated.

#### National Directorate for Functional Literacy and Applied Linguistics

The National Directorate for Functional Literacy and Applied Linguistics (DNAFLA), in the Ministry of Education is one of only two government agencies with a field presence and staff working in the rural areas of the country. In a country where 90 percent of the population (95 percent of women) are illiterate, DNAFLA receives considerable government support. DNAFLA is highly regarded and considered the "champion" of rural education and development outreach. Out of the 11,000 villages in Mali, about 3,500 have been reached by the functional literacy program. Plans are underway to extend literacy action to 2,000 new villages during the next five years. These villages have designated literacy centers, some of which are specially built by the community. In other areas, schools, centers run by the National Union of Malian Women and other centers are used.

DNAFLA has an active post-literacy program. Reading materials are produced by their own press on such varied topics as health, agriculture, animal husbandry and local folklore. There is a rural newspaper, "Kibaru," published in national languages with a print run of 20,000 copies. There are also rural libraries and a rural radio broadcast. (The listening groups established in the 1970s are no longer active).

Unfortunately, because of lack of time, it was not possible to explore DNAFLA's print development capacity and capability as part of this needs assessment. DNAFLA Director, Mr. Adama Berthe, indicated that the directorate would be providing considerable support to the new World Bank Health Development Project in developing print materials.

#### DNAFLA's Division for the Promotion of Women

This Division has been active in producing videotapes dealing with literacy and a wide range of subjects, including health. In 1980, with assistance from UNFPA/UNESCO, a media unit was established in an effort to use portable video in the education and promotion of literacy and self-help among women. Initially, a team of 5 technicians and 4 literacy workers were trained by Martha Stuart Communications, Inc. of New York. Since then, others have been trained. Training in equipment maintenance and repair has also been provided. The filming and playback equipment is still in working condition.

Video is used to inform, organize and motivate women. It is used to take ideas from one village to another. DNFLA has made a number of programs about health and socio-economic activities of women; there is a good deal of interest in family health problems. A videotape is under production with AMPPF about family planning and contraceptive methods.

Meetings with the staff indicate they are most enthusiastic about producing more videotapes on the subject of family planning. The idea of doing a series of interviews with men and women to explore their attitudes about family planning is of interest. Unfortunately, Mrs. Dembeie, Director of the Division, was not in Bamako. DNAFLA Director, Mr. Adama Berthe,

however, in a wrap-up meeting, was most supportive of the idea. Because of their expertise, the video group is often asked by other agencies to produce material. Discussions indicate that the video material from DNAFLA is often broadcast for the television audience.

#### National Center for Cinema Production

The National Center for Cinema Production (Centre National de Production Cinématographique), which is part of the Ministry of Information, has produced films for the MOHSA. A recent production was made on the ways that modern and traditional medicine work together. Another was made on vaccinations. Both were funded by the French Cultural Center.

#### Union of National Radio and Television Organizations of Africa

The Union des Radiodiffusions et Télévisions Nationales d'Afrique (URTNA), whose headquarters are in Dakar, has a technical center in Bamako. The Center was established to follow technical developments in the field of broadcasting and to keep the 42 member countries informed of them. Other responsibilities include: centralized monitoring of all emissions of the of the member organizations; provision of advice on interference; and publication of technical research reports and monographs. A long-term project has been launched to evaluate rural telecommunications needs in Africa. Feasibility studies on satellite broadcasting and other topics of interest to members are also underway.

## V. RECOMMENDATIONS

A. Highest priority should be given to improving the promotion of family planning services in clinics where services are available and to assuring that women who do choose a contraceptive method are provided proper guidance. Training of health personnel and social workers is the key. Specifically, the following activities are recommended:

1. Development of a phased training plan for MOHSA personnel to provide family planning orientation to (a) those responsible for health education in the PMI; (b) social development staff working in the surrounding communities; and (c) those categories of clinic-level personnel who come into frequent contact with young mothers. To date, only those few clinical staff actually providing family planning services have been trained; they generally do not do health education. The personnel who regularly provide education have no family planning training and consequently do not address the subject.

It is suggested that INTRAH, which has been working in Mali, study the possibility of carrying out such a training program and work with the MOHSA in establishing priorities and a plan of action.

It is also recommended that an IEC component be added to the training provided family planning service providers. (If there is an existing IEC component, it needs to be strengthened.)

Educational materials are badly needed at the clinic level. Emphasis should be placed on developing basic, low-cost material--specifically, development of a logo for family planning that could be used by both the government and the AMPPF. Ideally, the logo would be simple and one that could be readily described over the radio. Such a symbol will help the public locate services and can provide unity to all future communication efforts.

2. Provision of signs in clinics to indicate that family planning services are available. These need to be big, colorful, and can incorporate the family planning logo.
  3. Develop a short, illustrated guide about family planning for health personnel to serve as a reference and basic introduction to family planning. Such a booklet is considered important to give personnel enough information to answer simple questions about family planning, and enough confidence to broach the subject with women attending the clinics. It is proposed that a booklet be developed, modeled after the comic-book style "100 Preguntas" done in Mexico.
  4. Supply family planning centers with basic educational materials including flip charts and posters showing contraceptive methods.
  5. Send copies of Population Report to the director of all the medical establishments in the country with special focus on MCH centers.
- B. There is a need to begin studying the attitudes, knowledge and practices of the population regarding family planning. At present, there is virtually no information to guide family planning program planners and those responsible for the IEC effort. There is also little information regarding access to services, contact with government extension cadres, and media ownership and listenership patterns. Such information will be particularly important to orient the content of future radio and television programs on family planning and to help design posters and other print materials that are relevant.

The Division of Maternal and Child Health of the MOHSA is very interested in initiating a study and has some funds available through the UNFPA project.

The Sahel Institute (Social and Demographic Unit) would like to collaborate in such a study and is exploring the possibility with USAID. Technical assistance in the design of a questionnaire and survey analysis would be required from an outside agency. Exploratory discussions with Westinghouse Health Systems indicates that they could provide such assistance under the Demographic and Health Surveys Project. Follow-up discussions are needed once the Sahel Institute receives approval from USAID to initiate the proposed research activities.

- C. The use of radio to promote family planning should be expanded. In particular, it is recommended that AMPPF increase its programming time, begin broadcasting in the national languages, and experiment with different program formats. There is willingness on the part of the national broadcast organization to provide more air time if the programs are attractive and culturally sensitive. Radio broadcasters would like to experiment with the use of storytellers, "grillots" (medicine men), and well-known comics. Use of field-level interviews is also suggested.
- D. Production of a series of video films on family planning is proposed to help meet the need for appropriate material for educational sessions conducted by the AMPPF and for screening on television. In-country production expertise exists at DNAFLA and there is interest in developing a series of programs to increase discussion and awareness about family planning.
- E. Increased attention should be given to promoting support of family planning among influentials (including political and religious leaders) at the national and local level. More popular events such as "AMPPF Fairs" would be beneficial, as would the organization of workshops for key interest groups in the country. A plan of activities needs to be developed.
- F. A two- to three-day workshop is proposed for representatives of the National Union of Malian Women (UNFM) to orient them about family planning and enlist their support for promoting family planning in their local units and neighborhoods.

- G. JHU/PCS should provide basic reference materials on family planning communication and French-language films to the AMPPF and the Health Education Unit of the MOHSA. The Health Education Unit also requires general reference material on family planning.

#### JHU/PCS Involvement

In order to implement the above recommendations, it is recommended that JHU/PCS provide funding and technical assistance to the AMPPF to:

- develop a logo, flip charts, posters and a highly-illustrated reference manual for health workers;
- develop new radio programming;
- produce a series of video films;
- hold a workshop for the National Union of Malian Women;
- provide films and reference materials on family planning and communication to the AMPPF and the MOHSA's Health Education Unit.

In discussions with the AMPPF, the Division of Maternal/Child Health, and the Health Education Unit, it was agreed that the AMPPF should play the lead role. The Health Education Unit will collaborate in the production of print materials. All materials will be shared by the two organizations and distributed in both the government and private family planning centers.

A proposal outline and budget were developed with the AMPPF and is being finalized. Budget estimates are \$45,000 - \$55,000 for a two-year period.

List of Contacts

USAID

Amembassy Bamako

Tel: 22-36-02 X396  
22-45-42

Mr. Francisco Zamora  
Health & Population Officer

Mr. Tata Sangaré  
Assistant Health & Population Advisor

Dr. Peter Knebel  
Health Advisor

Association Malienne Pour la Protection et la Promotion de la Famille

B.P. 105 Bamako

Tel: 22-44-94

Telex: 992

Dr. Abdul Karim Sangaré  
President

Mr. Mamadou Maiga  
Executive Administrator

Mr. Abdu Tounkara  
Coordinator

Mr. Yaouba Rouamba  
Chief, IEC Section

Mrs. Adama Diallo  
Social Worker, IEC Section

Mr. Seydou Tounkara  
Directeur of Clinic

Mr. Amadou Soumane  
IEC Animateur  
Regional Office, Ségou

Ministère de la Santé Publique et Des Affaires Sociales

Dr. Gaoussa Traore  
Directeur National de la Santé

**APPENDIX A**  
**Page 2**

**Dr. Liliane Barry**  
Directrice, Division de la Santé Familiale  
B.P. 1149

**Dr. Fodé Coulibaly**  
Directeur, Section de l'Information et de l'Education Pour la Santé  
Division de la Santé Familiale  
B.P. 1218  
Tel: 225493

**Mr. Mahamane Djitteye**  
Chef, Division de Développement  
Communautaire, Direction Nationale des Affaires Sociales

**Mr. Gaoussou Traore**  
Chef, Division Protection de la Famille  
Direction Nationale des Affaires Sociales

**Mr. Moussa Togo**  
Chef, Cellule Production des Articles Visuelles  
Section de l'Education Pour la Santé  
Mrs. Soumbounou Doucausé

Radiodiffusion Télévision Nationale du Mali  
B.P. 171  
Bamako

**Mr. Younouss Hameye Dicko**  
Directeur Général

**Mr. Kazamake Issiaka Daman**  
Chef, Division Programmes

**Mr. Boubacar Diallo**  
Correspondent du Ministère de la Santé Publique  
et des Affaires Sociales

**Mrs. Tosso Diarra**  
Productrice du Programme  
"Magazine de la Femme"

**Mr. Fadjigni Sinaba**  
Chef de l'Animation Rurale

Institut du Sahel  
B.P. 1530  
Tel: 22-21-78  
Telex: INSAH432

**Mr. Papa Syr Diagne**  
Corrdinateur de l'Unité Socio-Economique  
et de Démographie (USED)

**APPENDIX A**

**Page 3**

**Mr. Baba Ly Thiam**

**Ms. Barbara Jones**  
**INSAH/USAID Liaison**

Union Nationale des Femmes du Mali  
B.P. 1740, Boulevard de l'Indépendance  
Tel: 22-39-88

**Mrs. Dicko Massaran Konate**  
**Secrétaire Général**

Direction Nationale de l'Alphabétisation Fonctionnelle  
et de la Linguistique Appliquée (DNAFLA)  
Ministère de l'Éducation Nationale  
Bamako

**Mr. Adama Berthe**  
**Directeur**

**Mrs. Kady Diallo**  
**Responsable de la Section Formation**  
**Division Promotion Féminine**

**Mrs. Diallo Maimouna Cissé**  
**Division Promotion Féminine**

**Mrs. Kadia Traoré**  
**Division Promotion Féminine**

**Mr. Abdoulaye Seck**  
**Technicien Vidéo**

Union des Radiodiffusions et Télévisions Nationales D'Afrique  
B.P.39  
Tel: 22-25-93

**Mr. Medoune Lô**  
**Directeur, Centre Technique de Bamako**

Printing Facilities

Imprimerie Montana Coulibaly, Bamako-Coura  
Imprimerie Badis  
Government Printing Office

29