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TRIP REPORT
CONSULTANCY TO USAID-SUPPORTED
FAMILY PLANNING AND HEALTH PROJECTS
ZAIRE

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Executive Summary

From the 8th of August through the 1st of September, Benedict Tisa served as a short term consultant for JHU/PCS providing technical assistance to the family planning services projects of Projet de Soins de Santé Primaire en Milieu Rural (SANRU), Projet des Services des Naissances Désirables (PSND) and Comité National des Naissances Désirables (CNND). Specifically, the scope of work was defined as follows:

1. Provide technical assistance in the development of posters, billboards, and leaflets on family planning methods.
2. Conduct one/two pretests on these materials.
3. Train local staff in pretesting methodology.

All of the above were carried out by the consultant and the working committee made up of representatives of PSND, SANRU and CNND.

In addition to the above, materials were developed for child spacing and methods of contraception, including a flipchart for the clinics, comic strips (to be used by SANRU), motivational and educational posters, stickers, coloring pages/posters and stencils for identifying the clinics that supply family planning services. Additional materials and formats such as billboards, banners, matchboxes, buttons, plastic bags, slide shows, VTR and film were also discussed.

Before we could consider producing any of these materials, it was necessary to decide upon a logo or symbol that could represent the national program of Naissances Désirables. This logo would be different from the logos of the individual projects but suggest a composite of all of them. The committee finally designed a simple red triangle, pointing down, with a map of Zaire in the center in white. The points are rounded slightly. At the top would be printed "Naissances Désirables". In principle, this logo has been accepted by all three organizations involved, but it has yet to be adopted formally by the Department of Public Health. This logo will be used to identify not only the clinics but also the printed materials in the educational and promotional campaigns.

In designing the materials, we worked from the concept that what was most needed at this time were educational materials for the clinics, such as a flip chart and posters. For reasons of time and economy, it was decided that all of the other visual materials would be developed from the images and text of this core of materials. The 20 images in the flip chart would serve as an image bank from which other materials such as posters and educational charts would be developed.

Eleven messages (appendices) were developed which would be used on the posters and as classroom motivational materials. The posters are to be printed in five languages and the flipchart will be produced in two sizes and two editions of three languages each.

The initial sketches were tested in a clinic in Kinshasa with both males and females. Modifications are being made as indicated.

At the time of this writing, most of the materials are in various stages of development. The price of the printing has yet to be established, since, for accurate figures, mock-ups will be needed to show to the printers. The pricing and investigation of the printing will be done by SANRU, the design and mock-up by PSND, and the test is being developed with the assistance of CNND.

Materials are scheduled to be in production during October and ready for distribution by late December.

Recommendations for future needs:

1. Additional hardware, such as silk screens and a button press to produce materials. The project should purchase ready-made films and slide shows for Africa for family planning topics.
2. Training in the use of VTR equipment on hand at PSND and SANRU.
3. The question as to who will be paying for the production of the materials should be cleared up as soon as possible.
4. A follow-up consultancy, once the materials are produced, to assist with the development of a distribution system, to develop additional

materials, and to train personnel in the use of silk screening and VTR. This service would be based on a need and time decided by the three projects involved.

It should be noted that all of the work took place within the working committee consisting of Citoyen Manguelo of PSND, Dr. Kidinda of SANRU, and Citoyenne Mulelebwe Issiki of CNND. Although most of the day-to-day work was done by the group, additional valuable inputs were made by many people from all of the included organizations.

In summary, it was felt that the consultancy and the committee were productive, but that the time was a bit short for the amount of work that needed to be done.

List of Abbreviations

- AZAP - Agence Zairoise de Press
- CNND - Comité National des Naissances Désirables
- IEC - Information, Education and Communication
- IPPF - International Planned Parenthood Federation
- JHU - The Johns Hopkins University
- ND - Naissances Désirables
- PCS - Population Communication Services Project
- PSND - Projet des Services des Naissances Désirables
- SANRU - Projet de Soins de Santé Primaire en Milieu Rural
- USAID - U.S. Agency for International Development
- VTR - Video tape recorder

I. PLANNING

A. LOGO

It was designated in earlier reports and evaluations that an identifying marker was needed in the health facilities in the urban project which would clearly identify the clinics as places where family planning services are available.

To avoid confusion among the national program of Naissances Désirables (ND) and specific projects, it was decided by the committee that a new logo or identifying marker would be adopted. This would be a combination of the logos already in use by PSND and CNND. The logo which was chosen was an inverted red triangle, the flat base on the top and the point down. The center, in white, contains a map of Zaire. The tips of the triangle are rounded to be less aggressive. The triangle and the map were decided on because the triangle was being used by CNND and PSND as well as by many other nations around the world for family planning programs. The map of Zaire represents the nation. The red was chosen because it would attract attention. The design was kept simple so that a stencil could be easily made from the image. If needed, letters or wording could be printed at the top. These could be just the words "Naissances Désirables". In the future, it might be adapted by the other projects as their logo.

It was decided that this logo would be printed on all of the materials used in family planning, in addition to the project logos of the organizations that produced and are using them. This logo will also be produced as a stencil so that it can be painted on the walls of clinics and serve as an identifying marker. The symbol would also be produced on promotional materials such as stickers and plastic bags.

This logo has been adopted in principle by all of the organizations involved but has yet to be approved by the Department of Public Health for national use.

B. RATIONALE BEHIND THE SELECTION OF MEDIA AND FORMATS

The design and selection of subjects, messages and formats took into consideration the following:

1. Materials were needed as educational tools.
2. Materials were also needed for motivational and promotional use.
3. The primary objectives of the messages were to:
 - a. Inform the audience where to obtain family planning information and services;
 - b. Inform the audience about the existence of different contraceptive methods;
 - c. Motivate both men and women to use contraceptives for birth spacing; and
 - d. Motivate others to pass on the information to members of their community.
4. All of the materials would mutually reinforce each other in both message and visual content.
5. Materials would be produced in as many of the five languages as practical.
6. The methods and resources for distribution would be taken into consideration.
7. Cost and timing would be an important factor. One wanted to get the most materials for the least amount of money in the shortest time possible.
8. The fact that some of the formats and messages were already in draft form upon the consultant's arrival influenced the selection of some of the materials.

9. The development of materials would take into consideration what was already being used in the clinics at the present time, as well as the needs and concerns of the infirmières using them.

C. PRETESTING

Pretesting of most of the materials and images to be used in the flipchart, posters, and the coloring pages took place in the C.P.F. in Matogoe in Kinshasa. We were given a room where we pinned the sketches on the wall in gallery fashion. Both men and women at the clinic for family planning services were used for the pretest. In doing this we asked them basically three questions:

1. Could you explain this image?
2. Is there anything in the image that offends or confuses you?
3. What could be done to make the images more understandable?

Indeed, these simple questions led to others as situations arose. There were many small and important changes made to the sketches. A major mixed reaction came from the image of a man with an erection illustrating the use of the condom. People just were not comfortable with this image.

I believe that all parties involved in the pretesting are convinced of its importance as one of the stages in the development of materials and are able to carry out this function as the need arises.

II. MATERIALS

A. FLIPCHART

The flipchart represents a core resource of images from which many of the other communication materials will be developed. It is useful as a flipchart in itself, but will also provide images to be replicated or adapted for posters, teaching aids, and billboards in the future.

The flipchart is the "workhorse" of the educational materials to be supplied to the clinics. It is modeled after the IPPF flipchart that is now being used in the clinics, but which was designed for Anglophone Africa. We decided to use this model because the "infirmières" at the clinics were used to the format and basic presentation, and were able to make suggestions and inputs as to the design of a similar flipchart in line with the cultural and programmatical conditions in Zaire.

The committee decided that the material would be printed in four colors and designed in two different sizes: 9" X 14" to be used in clinic rooms, and a larger 35" X 20" poster size to be used for large classroom situations.

The text is to be printed in three languages on the back of the visuals, and two series of materials are to be produced covering all five languages.

Based on the individual needs of the organizations involved, an initial run of 1500 of each size will be printed.

The sketches and the text have been done and are now in the process of modification as indicated. The text is scheduled to be ready for translation by mid-September, and the materials ready for the printer at the beginning of October.

B. POSTERS AND POSTER FORMAT TEACHING AIDS

Posters for various uses are being developed from the same images being used in the flipchart.

Of the 20 images included in the flipchart, 5 have been selected for general use in the clinics and community as motivational material. Another 5 have been selected for potential use in the clinics as teaching aids. In addition, two of the motivational materials are to be printed in black and white, to be used in the primary schools as take-home coloring materials.

Posters and large printed teaching aids were thought to be necessary in the following situations:

1. Motivational posters that would be used in the clinics and communities.
2. Posters that could be used as teaching aids in the clinics.
3. Pages for coloring that could be used in the schools to get the message of child spacing into the homes of the families.

Messages are to be printed in five languages, based on the 11 messages that have been designated for use (see Appendix B).

The posters and other materials developed from the flipchart will be printed at the same time as the flipcharts. The plates will be modified slightly for each change in message or language. This will save time and money, since it will all be done in one printing.

The distribution system will be centered in the urban clinics and the communities that have these clinics.

The coloring pages will be distributed to the primary schools in the communities where clinics provide child spacing services.

All of the visuals and texts have been through the first pretesting and are now being modified as indicated.

The posters are to be printed in color, and the coloring page in black and white. They are scheduled to be ready for the printer by the middle of September, and printed during the month of October along with the flip charts.

The original 10 visuals which we had selected were narrowed down to a total of 6 for the initial printing: 3 for motivational and coloring pages, and 3 for educational uses. This will make a total of 8

different posters to be printed in five languages, with a total production run as follows:

- 60,000 posters to be used motivationally,
- 35,000 posters for teaching aids,
- 50,000 black and white posters for use in the schools.

C. FOLD-UP BROCHURES, HAND-OUTS AND BOOKLETS

Two subject groups were thought to be the most important:

1. An explanation of the services offered by ND, entitled, "What is Naissances Désirables"?
2. Descriptions of the methods available for family spacing.

In the designing of these brochures several factors had to be taken into consideration:

1. They had to be written simply, clearly and in several languages;
2. The text should conform with the information given in the flipchart;
3. The brochures would be divided into several subject groups, i.e., natural means, chemical, and permanent means of child spacing;
4. The distribution of these materials would be an important factor in their design.

The format the committee decided on was one of legal sized paper, printed on both sides, folded into four sections, with each method printed on one section. By tearing along the folds of the brochure, specific information on a single method of interest to an individual

could easily be provided, avoiding the confusion that might result from too much information. Of course, the complete brochure could also be distributed to those who wished information regarding all of the methods available for child spacing.

It will also be more economical and speedy to print up one brochure on all the methods, which can be separated as needed, than to print 5-6 separate brochures.

The second brochure, "What is Naissances Désirables?" would be printed on one fold-over sheet.

These materials would be printed in three languages: French, Lingala and Swahili with a total printing of 1,200,000 for the 2 brochures.

The text for both of the brochures has been prepared in draft form and is now being modified according to revisions indicated by the tests and agreed upon by the committee. The translation of the texts remains to be done. The translation and the mock-up are scheduled for completion during the month of October.

D. STICKERS AND STENCIL

Stickers are to be produced and used in several ways:

1. As identifying markers in the clinics to show in which rooms the services are available.
2. As promotional material to be distributed to the public.

The room-marking stickers are designed in the form of an arrow with the "Naissances Désirables" wording on the top, a red triangle and an arrow. These are large 12" X 5" stickers with red lettering.

The smaller promotional stickers are to be given for the most part to people receiving services at the clinics. The people can put them on

their doors, cars, houses, etc. They could be seen as a potential face-to-face form of media, since the people with the stickers would know something about the services first hand and would be able to describe, at least, the method that they were using.

Other stickers would be distributed to the general public.

5,000 identifying stickers are to be produced.

15,000 promotional stickers, 11cm X 11cm, will be printed.

The design for the identifying stickers is now ready. The promotional materials are being modified. Both will be ready for printing mid-October and are scheduled to be printed early November.

Stencil: To mark individual clinic walls, a metal stencil will be produced. Each organization will receive approximately 3 copies of the red triangle. The logo will be stenciled on the walls in red paint.

E. MISCELLANEOUS MATERIALS

During the course of the consultancy, many other forms of media were discussed: they included banners, billboards, buttons, matchboxes and T-shirts. None of these were excluded, but it was thought that the first things to be produced and distributed should be the flipcharts, posters, comic books, and coloring pages, and that all of the clinics should be marked before venturing into other types of promotional materials.

Because the core images are in the process of being produced, and slogans and messages have been designated, it will be a relatively simple matter to design other materials to reach the urban audience.

Some thoughts on each of the different media:

1. Billboards

It was felt that the time is not right to use this media yet. More research has to be done on the best possible sites.

2. Plastic Carrying Bags

These could be easily developed from the visual materials. They would best be sold or distributed in markets around the clinics.

3. Buttons and Badges

Although these forms are interesting, a limiting factor is that they are an expensive media to produce. They range from 15-30 Zaires each in cost depending on the quantity. It would be best to use them in the same way as the stickers, in that they would be given only to people who could tell others about the services that they are using. However, it would be less expensive if the project produced its own buttons and badges. The project might consider purchasing the necessary equipment. These button presses and necessary supplies are relatively inexpensive and would enable the project to make specific buttons for individual clinics, languages, messages, etc.

4. Film and Slide Shows

It was felt that, at the present time, there was not a real need to have additional materials produced locally. The cost is high and, at the moment, there is no decided use for these materials. There exist many agencies that supply ready-made materials specific to Africa. Organizations such as World Neighbors and IPPF, etc., should be contacted to obtain lists of what they have available.

5. VTR

Both SANRU and PSND have video equipment. Neither knows how this can be used. PSND lacks some of the necessary hardware to use their equipment. They need batteries, a tripod, and lights. People from both organizations should be instructed in the use of this equipment. The video can be used in training sessions, as well as provide public relations clips to TV as promotional messages.

6. T-shirts

Though a good idea, they have the same limitations and drawbacks as the badges and stickers, in that they are expensive. If used, they should not just be distributed to the general public, but should be given or sold selectively to people who have benefitted from the services and will be in a position to tell others about the project or the clinics.

7. Matchboxes

In a nation where there is a limited variety of images on matchboxes, this could be a potential means of building symbol recognition. Some investigation into their cost is being made by the urban project.

8. Banners

These are inexpensive to make but have a long useful life. Several could be produced with different slogans and messages, and hung over the streets in a community where there exists a clinic with ND services. They could be changed weekly or monthly as necessary.

9. Comic Strips

SANRU is in the process of developing a series of materials that can be used in their rural programs. Together we worked on two that would support the ND program. These are "Methods of ND" and "Sterility due to VD". These will be used mainly in the rural area, but the two centering around ND can be used also in the urban area. The text of these has been developed and the drawings are now in process.

III. RECOMMENDATIONS

- A. That there be a follow-up consultancy after the initial materials are produced to help plan the use and distribution of the materials, and to begin preparation for additional materials to be developed. During this consultancy, there would also be assistance in the use of VTR and silkscreening.

- B. Materials for use in family planning education in the form of film and slide shows be purchased from suppliers instead of being produced locally at this time. Both film and slide shows are expensive to produce and, as yet, the projects involved have no clear idea as to what the content of these materials should be or how they will be used.
- C. Simple silkscreen capabilities should be added to the projects. PSND's IEC specialist, Citoyen Manguelo, knows how to use silkscreening. He would need some assistance in the construction of the needed equipment. The addition of this capability could be added to the urban project for under \$200.
- D. If the buttons and badges are going to be used, then the project should think of importing the basic equipment and parts to make them in-country themselves and cut the cost, and enable the project to produce only those that are needed at the time. Equipment and spares would cost under \$300, less than the price of having several thousand of one design produced in Kinshasa.
- E. Without a doubt, the IEC staff member needs additional space to work in. The small shared space is not adequate for developing materials. There is no space to work and there is always too much traffic.
- F. A follow-up consultancy is suggested during January/February of 1986, after the materials are produced.
- G. The financial situation in regard to the printing of the materials should be settled as soon as possible. Determining the cost of the materials and who will be paying for them is of the utmost importance to completion of their production.

List of Principal Contacts

USAID/Kinshasa

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Mr. Kenneth Heise, Population Advisor
Ms. Gail Murphy, (IDI) Population Advisor
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SANRU Project (Basic Rural Health Project)

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Citoyenne Chirwasa Chramolekwa, Director
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Dr. Miatudila Malongo, Administrator
Citoyenne Mulelebwe Issiki, Deputy for IEC Section
Citoyenne Kawadi Mwenge, Social Worker, IEC Section
Citoyen Bongwele Onaga, Chief Evaluation and Research

Messages

1. Planifiez votre famille.
2. Une famille planifiée est une famille heureuse.
3. Les grossesses non planifiées sont nuisibles à la santé de la famille.
4. Le père est aussi responsable de la planification de la famille.
5. Allaitez votre bébé au sein pendant au moins 18 mois.
6. Ne tombez pas enceinte si vous ne le désirez pas.
7. Les naissances trop rapprochées entraînent une mauvaise santé.
8. Ayez les enfants que vous voulez au moment voulu.
9. Le développement de notre pays dépend plus de la qualité que de la quantité de nos enfants.
10. Vous pouvez contrôler vos grossesses.
11. Nous pratiquons les naissances désirables, et vous?

APPENDIX C

Time Frame

	Sept			Oct				Nov			Dec				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Preparation of flipcharts and posters	X	X	X	X											
2. Printing of flipcharts and posters				X	X	X	X								
3. Preparation/ Development of brochures						X	X	X	X						
4. Preparation of stickers						X	X	X	X						
5. Printing of stickers									X	X	X				
6. Start : Distribution												X	X	X	X

APPENDIX D

Job Description for Future Consultancy
to Take Place in January-February 1986

Consultancy in communication support to the Urban Family Planning Project, PSND, CNND, SANRU to provide technical assistance with:

1. Distribution of existing materials.
2. Design and planning of additional support materials including printed materials, buttons, billboards, booklets, etc.
3. Provide technical assistance in the use of silk screen production and VTR.

This consultancy should be of a duration of 4 weeks.