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The Johns Hopkins University
Population Communication Services
The Ministry of Health and Social Action
Division of Family Health, Burkina Faso

September 1990

A Family Planning Program
Blooms in the Sahel

The Burkina Faso IEC Project
Final Evaluation Report

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Final Evaluation Report

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EXECUTIVE SUMMARY

The Burkina Faso IEC Project evaluation confirmed that effective communication leads to changes in behavior. Using both quantitative and qualitative measures, the evaluation team gauged knowledge, attitude and behavioral changes at the conclusion of this three-year project. The Johns Hopkins University/Population Communication Services (JHU/PCS) and The Ministry of Health and Social Action (MOHSA) launched this \$257,077 IEC program in 1987. The project's overall goal was to expand the demand for family planning services in Burkina Faso.

Evaluation data affirmed that the project's communication activities had a sizable impact on increasing women's demand for family planning services. Communication activities also significantly heightened public awareness of family planning. Several key indicators of project impact include:

Behavioral Changes

- . The total number of family planning clients at eight Ouagadougou clinics tripled between January 1988 and December 1989; new clients doubled;
- . Women's use of modern contraceptive methods at these clinics jumped 125%, from 8% to 14%, during this same period;

Knowledge Changes

- . 92% of survey respondents correctly identified at least one provider of family planning (FP) services, well above the 40% initially targeted by the project;
- . 89% of these respondents recalled having seen the national FP logo;
- . 63% correctly associated the logo with family planning;

Attitudinal Changes

- . The proportion of women desiring FP services at eight Ouagadougou clinics more than doubled (6.1% to 12.9%) between January 1988 and December 1989;

Exposure to Project Interventions

- . 77% of adults surveyed had attended at least one discussion on family planning;

- . 75% of survey respondents recalled having seen the national FP logo at maternal child health centers, clinics, or dispensaries;
- . 57% recalled seeing the FP logo on billboards, and 48% on posters;
- . 93% of those who had seen the project's theatre forum performance correctly recalled its FP themes 18-months later.

Cost Recovery

- . 85% of production costs for 6,588 meters of printed cloth with the FP logo were recovered through sales.

In the course of this three-year project, the Division of Family Health expanded its capacity to develop quality IEC materials and conduct effective FP/IEC training of outreach workers. The project produced family planning promotional materials impressive in quality, variety and number. The MOHSA developed a rigorous family planning communication curriculum and with it trained 140 outreach workers.

Both the clinic and the impact surveys demonstrate that the Burkina Faso IEC Project went beyond raising popular awareness of family planning, and contributed to changing contraceptive behavior. This change is reflected in an increased demand for FP services, growth in the numbers of clinic clients, and increases in contraceptive use. The growing acceptance of family planning in Burkina Faso demonstrates the potential of a carefully conceived, well-implemented IEC strategy to generate demand for family planning.

LIST OF ABBREVIATIONS

ABBEF	Association Burkinabé pour la Bien-Etre Familiale/Burkinabé Association for Family Welfare
CERCOM	Centre de Recherche en Communication/Center for Communcation Research
CSMI	Centre de Santé Materno-infantile/Maternal-Child Health Center
DSF	Direction de la Santé Familiale/Directorate of Family Health
EMP	Education en Matiere de Population/Population Education
ENSS	Ecole National de Service Sociale/National School of Sccial Service
FP	Family Planning
FGD	Focus Group Discussion
GOB	Government of Burkina Faso
IEC	Information, Education, Communication
IUD	Intrauterine Device
INTRAH	Program for International Training in Health
JHU/PCS	The Johns Hopkins University/Population Communication Sevices
KAP	Knowledge, Attidutes, and Fractice
MCH	Maternal and Child Health
MOHSA	Ministry of Health and Social Action
NTT	National Training Team
USAID	United States Agency for International Development

I. BACKGROUND

The Burkina Faso IEC Project was one of several programs designed to increase the demand for and availability of child spacing services and information to men and women of Burkina Faso. In June of 1986, the Government of Burkina Faso (GOB) and USAID/Ouagadougou signed a three year, 1.25 million Population Project to expand training and IEC activities promoting family planning. In 1986, contraceptive prevalence was an extremely low 1%. A critical measure of program achievement was an increase contraceptive prevalence from 1% to 3% by the project's conclusion.

In 1987, USAID/PCS and The Ministry of Health and Social Action (MOHSA) developed a three-year IEC program with an in-country budget of \$257,077. The MOHSA Directorate of Family Health (DSF) was to implement this project. The project's purpose was to expand the demand for family planning services by reinforcing the institutional capability of the GOB to conduct effective FP communication programs. The project planned to achieve this goal by 1) supporting the MOHSA in its role as the coordinator of FP activities; 2) upgrading the FP communication skills of social educators; and, 3) developing the MOHSA's ability to develop print and mass media materials, and to conduct communication campaigns.

The project's principal communication goals were:

- To increase to 70% public recognition of the national family planning logo in project provinces;
- To raise to 40% the proportion of adults who can correctly identify a location where family planning services are available;
- To increase opinion leaders' awareness and support for FP;
- To promote positive attitudes towards FP among men;
- To enhance the correct utilization of oral contraceptives among users; and,
- To encourage greater awareness of FP and increase sexual responsibility among young people.

The project was responsible for producing a wide variety of training, research, print and media-related outputs. The process of producing these outputs would enable the project to realize its communication and institution-building goals. The projected outputs were divided into three categories:

Training Outputs

- . Training eight members of the MOHSA's National Training Team in family planning communication;
- . Conducting six IEC workshops for 140 frontline workers;

- . Developing a trainers' handbook for teaching MOHSA agents about family planning communication;
- . Designing a FP/IEC curriculum for the National School of Social Services;
- . Instituting a monitoring system for MOHSA extension agents' FP/IEC activities.

Research Outputs

- . Conducting focus group discussion research on family planning issues with villagers in two provinces;
- . Carrying out a household survey of knowledge, attitudes, and practice of family planning in these same provinces;

Print and Media Outputs

- . Producing and distributing an array of print materials, including posters, methods booklets, logo stickers, leaflets, clinic signs, printed cloth;
- . Manufacturing 125 contraceptive sample kits;
- . Sponsoring 15 performances of audience-participation plays dramatizing family planning issues;
- . Videotaping these plays for television broadcast;
- . Producing and broadcasting a series of FP radio programs;
- . Carrying out IEC campaigns in ten provinces; and,
- . Conducting a FP awareness program aimed at opinion leaders.

The purpose of the final evaluation was to measure the degree to which the project had achieved its goals, determine the impact of project activities, and make recommendations for future programs. These evaluation findings are especially valuable to the MOHSA, USAID/Burkina, and JHU/PCS in designing future IEC projects in Burkina Faso.

II. EVALUATION METHODOLOGY

The evaluation was conducted by Michelle Bashin, Program Officer, JHU/PCS, and Dr. Hugues Kone, Professor at the Center for Communications Research (CERCOM) at the University of Abidjan, with assistance from the Mrs. Pauline Cassalom, Project Coordinator, MOHSA/DSF, and other project staff.

The team examined the quality and impact of all project outputs through observation, interviews, impact surveys, and review of clinic data. The impact surveys, conducted in the provinces of Oubritenga and Gourma, measured public awareness and

exposure to family planning messages. JHU/PCS research and program staff had conducted a experimental survey with a similar questionnaire in Ouagadougou earlier in 1990.

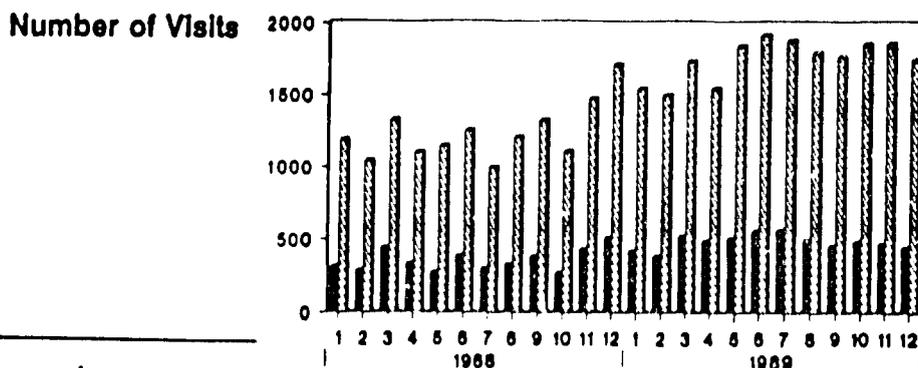
The evaluation team gained valuable information through discussions with MOHSA personnel, members of the National Training Team, mid-wives and social educators. The team also interviewed recipients of project materials including the Population Education Division (EMP) of the Ministry of Education, and the Burkinabe Association for Family Welfare (ABBEF), an International Planned Parenthood Federation affiliate. Mrs. Roxana de Sole, USAID Population Project Manager, provided useful insight into project conflicts and solutions, and participated in several evaluation meetings. This report describes the results of this investigation and offers recommendations for future FP/IEC programs.

III. IMPACT OF PROJECT ACTIVITIES

A. The Growing Demand for Family Planning Services

As part of a larger operations research project with Columbia University, the DSF carried out three surveys in eight maternal and child health centers (CSMI) in Ouagadougou.¹ The surveys were designed to measure changes in demand for clinical services, including family planning. The DSF conducted these surveys in December 1988, June 1989, and January 1990. The data provide a clear picture of changes in demand for family planning services in Ouagadougou during the last two years of the JHU/PCS project. The following two graphs were drawn from The Operations Research Final Report on the Integration of MCH, FP, and Nutrition in Ouagadougou, Burkina Faso, April 1990.

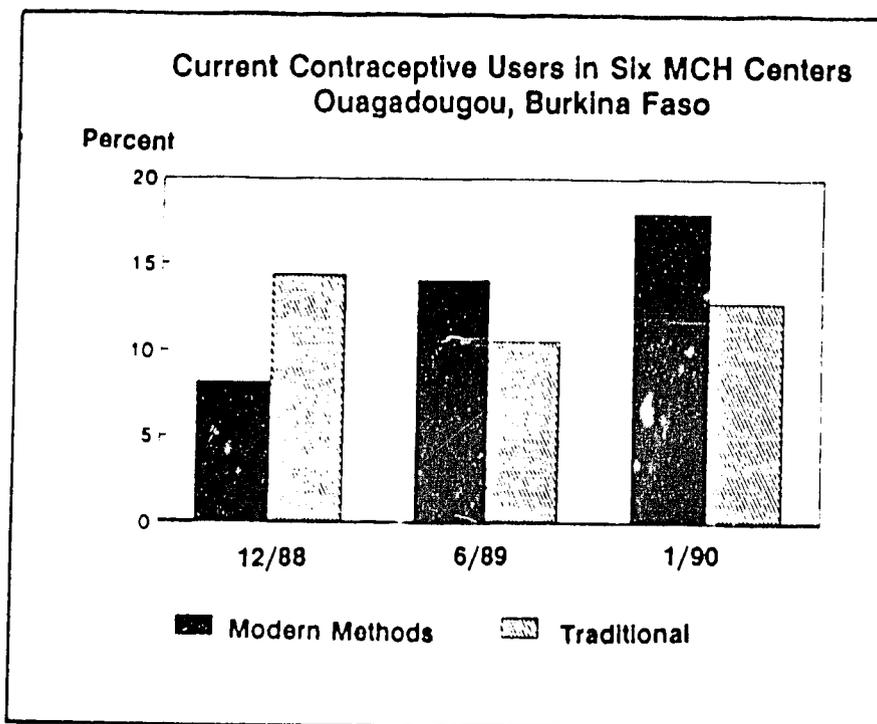
**Family Planning Clients
in Eight Maternal Child Health Centers
Ouagadougou, Burkina Faso**



¹ Ibid.

■ New Clients ▨ New + Old Clients

The first graph describes the steady increase in client visits to eight clinics in Ouagadougou offering family planning services. Between January 1988, and December 1989, the total number of family planning clients tripled, and the number of new clients doubled. The proportion of clients who desired family planning services also increased steadily over this same period. Three client surveys revealed that the proportion of women desiring family planning services grew from 6.1% to 12.9% in just two years.



The Columbia University/DSF surveys also documented a steady growth in the percentage of users of modern methods. At the time of the first survey, just 8% of clients were using modern methods. Seven months later that percentage had climbed to 14%. By January 1990, 18% were using modern contraceptive methods, an increase of 124% over baseline levels.

These increases in demand for family planning services are the result of many forces, including IEC, health system reform, integration of clinical services, expansion of services, and improved quality of care. While difficult to isolate, communication has made an important contribution in stimulating the demand and use of contraceptives. Project evaluators therefore applied another methodology, mini impact surveys, to

interventions on men and women's planning.

Students carried out three interviews of Ouagadougou, Gourma, and the questionnaire was first tested in the region. The evaluation team used a focus group. The DSF selected the sites to represent sites with vastly different demographic and one dormant. In only three provinces, the intervention is generalizable to the project

total of 228 persons. Some 63 in Ouagadougou, 80 in Gourma, and 85 in the following manner:

women;
15-24, 37% between 25-34, and 21% illiterate, 21% elementary school and technical school, and 10% illiteracy).

adult's 1) recognition and understanding of family planning logo; 2) attendance and participation in discussions and identification of sources of modern family planning. Only open-ended questions were asked.

Understanding of the Family Planning Logo

Of the respondents reported that the logo represents a level of understanding originally targeted by the project (95% in Gourma, 92% in Ouagadougou) but not by sex. There was no difference between men and women's

was not stratified by age or

of the logo was very high, adults' understanding also needed to be assessed. Well over 90% linked the logo's design with the meaning. Understanding of the logo varied by province between the provinces' of the respondents in Gourma, as opposed to 69% in Ouagadougou,

and in purely descriptive terms, like "I saw it and his family." They did not, however, mention family planning. These responses make it clear that awareness raising must accompany the intervention. The logo was best understood in the context of the promotions had strongly emphasized

of the respondents recalled having seen the logo on posters, including maternal child health centers, and clinics. This percentage was 81%.

It raised the public's exposure to the logo on posters, billboards, printed cloth, and more than half the respondents, 57%, saw a billboard, 48% on posters, 29% on cloth. Pamphlets were mentioned only in the position of this media in a largely rural area. The usefulness of posters and billboards to disseminate the concept of family planning, is clear. The present an excellent tool for reaching people on mopeds and motorcycles greatly

It was especially significant in the project produced only 6,588 meters. In Ouagadougou, 85% recalled having seen the logo on posters, but only 5% in Ouhadougou. During the project all six social educators were wearing the logo on their cloth. The cost-recovery potential of the logo should not be overlooked. The MOHSA sold the logo to the public. Fully 85% of the logo was sold through sales. The DSF contributed to the project account to finance

Workshop performed "Fatouma, the Baby-sitter" in Ouagadougou and Ouhadougou about 18-months ago. The fact that the troupe performed

just once in each location, 17% of those surveyed clearly remembered the play. A remarkable 93% of those who had seen the play, correctly recalled its family planning themes.

More people in Oubritenga recalled seeing the play, 22%, than in Gourma 11%. This difference in exposure may be attributable to: 1) free admission in Oubritenga, but not in Gourma; 2) language differences, most people in Gourma speak Gourmanché, but the play was performed in Moore; and 3) the size difference between the two towns.

Anecdotal evidence from other provinces suggested a dramatic increase in demand for information and contraception following performances of "Fatouma". Clinic statistics from Gourma and Oubritenga, however, did not bear this out. Nevertheless, the fact that eighteen months after seeing a single performance, 93% of those who had seen the play correctly recalled its message, displays the power, and effectiveness of live theatre as a medium for family planning messages.

Questions regarding the Theatre Forum were not included in the survey conducted in Ouagadougou.

3. Participation in Discussions on Family Planning

Evaluators found that family planning outreach activities had touched a substantial proportion of adults surveyed. Over three-quarters of those surveyed in Gourma and Oubritenga, 77%, had attended at least one discussion on family planning. Again, the survey findings reflected the dynamism of Gourma's social educators. Some 96% of those interviewed there reported having attended a discussion, as opposed to 58% in Oubritenga.

Respondents described the subjects of these talks as birth spacing, 69%, and modern methods of contraception, 57%. They mentioned such topics as breastfeeding, sterility, and sexually transmitted diseases, somewhat less often (12%). One person in five who had attended a discussion, 20%, had viewed a film as part of the discussion.

While there were not significant educational differences between those who had attended the talks and those who had not, differences did exist in men and women's attendance. Some 82% of the women reported attending at least one discussion, compared to 70% of men. Women were more likely than men to hear lectures on various health topics during clinic visits with their children. Those who reported their principal source of family planning information was health personnel were also more likely to have attended a discussion on family planning.

4. Knowledge of FP Service Delivery Points

The project sought to increase the proportion of adults able to identify family planning service delivery points to 40%. The data collected indicate that the project far surpassed this goal. Overall, 92% of respondents correctly identified at least one FP service delivery point. Some 56% of those questioned reported that family planning services were available at maternal-child health centers, 36% mentioned clinics, and 9% pharmacies. Only 8% could not name a single source for family planning services. Respondents gave multiple answers.

Sources of family planning services tended to be better known in provinces where family planning promotion was intensive. In Gourma, for example, just 5% of those questioned could not name a source of family planning services, as opposed to 14% in Oubritenga.

No statistical differences in knowledge of service delivery were noted by sex or level of education.

5. Primary Sources for FP Information

Health personnel and radio broadcasts emerged as adults' two main sources for family planning information. Respondents mentioned friends or relatives only infrequently. In places where social educators have vigorously promoted family planning, respondents favored health personnel to radio by a wide margin. In Gourma, for example, 81% of all respondents identified health and social workers as their primary informational resource. This compares with just 15% who cited radio.

On the other hand, in where outreach efforts have been limited, and in the capital city, where the population is much larger, radio was the leading resource. Some 62% of those in Oubritenga, and 54% in Ouagadougou cited radio as their primary source for family planning information. Some 28% of the respondents in Ouagadougou, and 33% of those in Oubritenga mentioned health and social workers as their principal source of information. This response was nearly the reverse of that given in Gourma, reflecting the disparity in outreach efforts between the two provinces.

This data suggests that in smaller communities, where health and social workers play an active role in family planning promotion, men and women regard them as their primary resource for information and advice. In places where IEC activities are more limited, however, people rely more heavily on radio for information. Interpersonal communication and radio must, however, go hand in hand. Radio has the potential to reach large numbers of people at relatively low cost. Personal contact with health

workers, is critical in dispelling fears and rumors and assuring women's correct use of contraceptives.

Although the project intended to produce a series of radio programs on family planning topics, ministerial reorganizations and administrative logjams delayed progress on the radio broadcasts for nearly two years. Only after the project's conclusion were the last administrative obstacles cleared away and the first programs broadcast. Because radio programs were not aired during the project, data was not collected on adult's exposure to FP radio messages.

Both the clinic and the impact surveys demonstrate that the Burkina Faso IEC Project went beyond raising popular awareness of family planning, and contributed to changing contraceptive behavior. This change is reflected in the an increased demand for services, growth in the numbers of clinic clients, and increases in contraceptive use. These indications of a growing acceptance of family planning reflect a carefully conceived, well-implemented IEC strategy.

IV. ASSESSMENT OF PROJECT OUTPUTS

The project was responsible for producing a wide variety of training, research, material, and media-related outputs. At the project's conclusion, the grantee had completed the following:

Training Outputs

1. Trained eight members of the MOHSA's National Training Team in family planning communication;
2. Conducted six IEC workshops for 140 frontline workers;
3. Developed a trainers' handbook for teaching MOHSA agents about family planning communication;
4. Designed a FP/IEC curriculum for the National School of Social Services; and,
5. Instituted a monitoring system for MOHSA extension agents FP/IEC activities.

Research Outputs

1. Conducted focus group discussion research on family planning with villagers from two provinces; and,
2. Carried out a baseline survey of family planning knowledge, attitudes and practice in these same provinces.

Materials and Media Outputs

1. Produced and distributed an array of print materials, including posters, contraceptive methods booklets, logo stickers, leaflets, clinic signs, printed cloth;
2. Manufactured 125 contraceptive sample kits;
3. Sponsored 15 performances of audience-participation plays dramatizing family planning issues;
4. Managed IEC campaigns in nine provinces;
5. Conducted an FP awareness program aimed at opinion leaders; and,
6. Contributed funds to help produce the film "My Daughter Will Not be Excised"; and,
7. Produced and disseminated "Pondré" a song with family planning themes.

Two of the expected outputs were partially completed by the project's end. They included:

1. Broadcasting a series of FP radio programs; and,
2. Videotaping the interactive-theatre for television.

The following pages describe the grantee's experience executing each activity, and the evaluators' assessment of the quality of each output. Each section concludes with recommendations to refine the activity or output.

V. TRAINING OUTPUTS

1. Development of a National Training Team

A central project objective was to upgrade the proficiency of MOHSA social workers' interpersonal communication skills. In order to begin this process, JHU/PCS assisted International Training for Health (INTRAH) train a team of eight social educators and ten health personnel in reproductive health and communication. This core group, known as the National Training Team, went on to teach over 140 MOHSA front-line workers the principles of FP/IEC.

During a group interview, eight members of the NTT expressed satisfaction with their experience as instructors. They felt the their training had prepared them well to teach others. Their training and the experience of training others reinforced their levels of knowledge and competence. Several noted that the development of the FP/IEC Training Manual greatly facilitated their teaching.

Recommendations:

1. Provide additional training to team members in supervision, and management (personnel and contraceptive supplies), production and use of visual aids, and IEC;
2. Develop a handbook containing classroom and reference materials for participants attending FP/IEC workshops.

2. Training Social Educators

In the course of the project, the National Training Team instructed 140 social educators in FP/IEC. Social educators expressed universal praise for the training, emphasizing the course's practicality, and their improved understanding of contraceptive methods. Past participants reported that the workshop materials have been useful sources of reference. The evaluation team saw training documents in several staff offices. MOHSA staff at all levels desired refresher courses to allow them to learn new skills and exchange ideas with their colleagues.

Health and outreach workers repeatedly requested additional slides, projectors, films, flipcharts, flannelographs, and other audio-visual materials to enliven their teaching. Except for posters, clinicians and outreach workers have little to animate or illustrate their discussions. Puppets, marionettes, story boards and models are all visual aids which could be produced locally. During training, a module on the production of audio-visual aids would help social educators' animate discussions.

Transportation continues to pose a serious handicap for the majority of social educators. While they are expected to perform their activities outside the provincial capital, many do not have means of locomotion. For many, their only opportunity for extensive outreach was during the provincial IEC campaigns, when they had a vehicle and gas at their disposal. Disparities between donors' provision of transportation has at times created friction between provincial health departments.

Social workers received more extensive IEC training than their clinical counterparts, whose training concentrated on clinical skills. INTRAH trained a large proportion of clinic workers in Ouagadougou during the project. Many desired additional training in communication. Several health workers in the provinces suggested developing a course adapted to training traditional birth attendants about modern methods.

Recommendations

1. Equip each clinic and social affairs office with a basic set of audio-visual materials, including print materials on contraceptive methods, posters on male and female reproductive anatomy, a contraceptive sample board, a set of posters, and a flannelograph. Purchase additional films, slide shows, and slide projectors for all project sites;
2. Train at least two members of the National Training Team in production of visual aids, and incorporate this subject into FP/IEC training;
3. Conduct short refresher courses for social educators who have received FP/IEC training two or more years ago; and,
4. Intensify the client counseling component of clinic workers' training.

3. Development of an FP/IEC Training Manual

The DSF developed a manual for training social educators in family planning and IEC. This handbook provided a cohesive structure for each of the workshops conducted by the Team. The manual devotes two weeks to family planning, and two weeks to communication. This training guide has also been used as a model for communication training in both Niger and Mali.

The National Training Team members, and others within the MOHSA requested additional copies of the training manual.

Recommendation

1. Print and distribute additional copies of the training manual to the NTT, Professional Training, and others active in the family planning field.

4. Family Planning Curriculum for the National School of Social Services

In close collaboration with the National School of Social Services (ENSS), the DSF developed a detailed course curriculum for the professional training of social educators. This curriculum contains the essential elements on health communication, family planning, social assistance, administration, and culture. All these topics are to be covered during the three-year academic course.

The second draft curriculum was submitted to the MOHSA for review during the evaluation visit. Once the draft has been

finalized, it will be reproduced and distributed to the National School for Social Services, the MOHSA, Professional Training, and others active in family planning.

Recommendations

1. Print and distribute final curriculum; and,
2. Plan a working session with the ENSS, where the DSF and the NTT will train instructors on how to teach the various modules.

5. Monitoring System for MOHSA Social Educators

The DSF developed a protocol for conducting supervisory visits with social educators in the field. During these visits, DSF staff used a questionnaire designed during the project to monitor extension agents' family planning IEC activities. The format of the questionnaire emphasized a supportive and helpful approach over supervisory and critical one.

While the DSF considered these monitoring visits to be very important, the shrinking number of project staff made it extremely difficult for them to monitor social educators regularly. Visits were reduced from twice to once a year. Even annual visits were long and tiring for project staff. The DSF also had difficulty obtaining funds for these visits. Although funds were available in the project account, they were sometimes blocked for months during governmental audits. (Refer to project management section for additional detail.)

Recommendations

1. Increase the number of project staff at the level of the DSF;
2. Since monitoring is an essential follow-up to training, designate specific staff as responsible for both training and monitoring.

V. RESEARCH OUTPUTS

1. Focus Group Discussion Research

A series of focus group discussions were used to explore the knowledge and attitudes of rural peoples towards family planning. This research was then applied to developing a questionnaire for a baseline KAP survey. Just over 500 men and women were interviewed in the provinces of Kenedougou and Zoundweogo. Discussions revealed that traditional norms favoring large families have begun to change.

Many villagers considered four children to be an ideal number. While women expressed a strong preference for intervals of three to four years between births, few were aware of the advantages modern methods can offer them. JHU/PCS produced and distributed a comprehensive report on the results of the discussions.

2. Baseline Survey of Knowledge, Attitudes and Practice (KAP) in Two Provinces

Following the focus group discussion research, a baseline survey was conducted in Kenedougou and Zoundweogo. The survey was designed to measure adults' awareness, attitudes and practice of family planning. The survey found that while 57% of men and women had heard of family planning, just 20% could name a single modern method without prompting. None of the 300 women were using a modern family planning method at the time of the survey. The survey results are important as a baseline against which to measure subsequent changes in contraceptive knowledge and use. JHU/PCS produced a report on the results of this survey.

The research carried out in the course of the project has provided the MOHSA with a wealth of information on which to base family planning promotional campaigns. The focus group discussion and KAP survey reports should not be left to gather dust on bookshelves. The DSF should carefully review these studies when planning IEC programs and developing motivational messages.

Recommendations

1. Draw messages promoting family planning from the content of focus group discussions;
2. Design messages on the benefits of family planning and specific methods using the results of the KAP survey;
3. Use the "Media Habits" section of the survey to select times and types of radio broadcasts; and,
4. Measure project success in improving knowledge, attitudes and practice through surveys in Kenedougou and Zoundweogo in two years time.

VII. PRINT AND MEDIA OUTPUTS

1a. Signboards Indicating Family Planning Services

The project produced and installed 42 signboards at clinics and social affairs offices in all fifteen project provinces. The signs, which prominently feature the family planning logo, orient a largely

illiterate public to sites where family planning services and information are available.

As described earlier, the logo has become quite well-known among Burkinabé in both urban and rural areas. The majority of those surveyed were familiar with the logo, and understood its association with family planning.

Recommendations

1. Install signboards with the family planning logo on the street outside each MOHSA clinic and IEC bureau, and position a second sign directly in front of the clinic, or paint the emblem on the building;
2. Repair or reinforce all existing signs to prevent wind damage;
3. Touch up existing signs, correcting days of consultation, as necessary;
4. Produce additional signs using sturdier materials and supports; and
5. Erect a commercial-size billboard at a major intersection in Ouagadougou.

1b. Print Material Production

In the course of the project, the DSF produced a wide array of print materials. These included:

- . 21,000 posters, on six family planning themes;
- . 30,000 leaflets on adolescent sexuality ;
- . 20,000 leaflets on contraceptive information;
- . 5,000 brochures on oral contraceptives;
- . 6,000 booklets on spermicidal foam and tablets;
- . 4,000 booklets on condoms.

All materials were disseminated according to a detailed distribution plan. Recipients included all family planning clinics in the capital, and health and social affairs offices in fifteen project provinces.

Of all the print materials produced by the project, health workers reserved their highest praise for the posters. They said they preferred the posters because they were easy for non-readers to understand, visually pleasing, and thematically appropriate. Every family planning clinic in the capital displayed two or more posters in the waiting areas. The evaluation team noted that six of eleven

FP clinics in Ouagadougou displayed all six posters in waiting rooms.

Because educational materials are in extremely short supply, in most clinics posters are health workers' only visual aid for teaching and discussion. Health and social educators rely on posters alone to stimulate discussion. Health workers particularly liked the poster which displays the various contraceptive methods for teaching.

Health workers encountered considerable difficulty mounting the posters for permanent display. Tape and glue are only temporary solutions. Wind quickly rips the posters off the walls, or termites consume them. Four clinics displayed excellent initiative, however, using scarce clinic funds to pay for frames. They noted that the frames protect the posters and imply that they are valuable.

Despite a heavy bureaucratic process for distribution, the DSF had done an excellent job distributing the posters throughout Ouagadougou. Only one of 13 sites (CSPS de Kossodo) had received less than the full complement of posters. Distribution posed a greater problem at the provincial level. For administrative reasons, the DSF can no longer distribute materials directly to clinics and bureaus at the provincial level. Instead, the DSF must send print materials to the Provincial Health Director (DSPAS), who, in turn, distributes to provincial health bureaus. In both provinces visited by the evaluation team, several batches of materials provided to the DSPAS much earlier had still not reached to family planning workers.

Recommendations

1. Frame a complete set of posters for clinic and social affairs offices in all project provinces;
2. Reproduce posters of male and female reproductive anatomy for use in training and outreach;
3. Explore ways to ease the distribution bottleneck occurring at the DSPAS level, and to streamline the distribution process;
4. Develop an ongoing distribution and resupply system for print materials; and,
5. Expand the distribution of posters into heavily trafficked public places, such as markets, restaurants, and bars.

1c. Brochures and Leaflets on Contraceptive Methods

In a little over three years, the project produced 5,000 pill, 4,000 condom, 3,000 spermicidal foam, and 3,000 spermicidal tablet booklets. In addition, the project designed and distributed 30,000 adolescent sexuality leaflets, and 20,000 contraceptive methods leaflets.

The evaluation team found that distribution of various print materials in Ouagadougou was excellent. Every site visited had received a good supply of all materials. Generally, distribution at the provincial level was good. The project encountered some bottlenecks at the provincial level where materials were distributed through the DSPAS, as previously mentioned.

A strategy for resupplying print materials to clinics and outreach workers is sorely needed. Such a system would permit those involved in family planning promotion to distribute materials more freely, and to replenish supplies when necessary. Such a system should aim to minimize the protocol necessary for resupply.

While service providers appreciated the booklets, they acknowledged that they serve a much smaller audience than the posters. These materials require functional literacy for comprehension. Less than 10% of the population is literate. The proportion of literate women is even lower, especially in rural areas. Because early contraceptive adopters tend to be educated, however, development of some print materials for this audience is important.

Production of print materials tended to be slow and costly. A scarcity of printers resulted in long holdups in production. Booklets were quite costly to produce. The condom and spermicide booklets which used several colors, were very expensive. These booklets, averaging ten pages in length, cost 320 CFA, or about \$1.28 each to print. The pill booklets were much longer, and used fewer colors. They cost 306 CFA each, or \$1.22. The quality of the drawings in all three booklets was mediocre and did not meet the high standards set by the posters.

It was not apparent that the foam booklets had been thoroughly pre-tested before printing. They had not been revised according to JHU/PCS's suggestions prior to printing, although JHU/PCS had commented extensively on all three booklets. The DSF did not consult with JHU/PCS before engaging the printer to produce 10,000 booklets at a cost of 3.200.000 CFA, or \$US 13,000. The project contract stipulates that JHU/PCS must approve disbursements of \$5,000 or more. In the future, a closer collaboration between the DSF and JHU/PCS in the development of print materials is advisable.

Clinic workers found the condom booklets moderately useful, although their clientele is mostly women. Several suggested that

they be distributed through dispensaries and pharmacies, where men commonly obtain condoms. The information in the condom booklet was simply presented, and easy to understand. The art work was acceptable. The use of five colors, however, added substantially to the cost of production. Again, a number of revisions suggested by JHU/PCS were not made before printing.

In retrospect, the booklets were among the least cost-effective of the print materials the project produced. Their extremely high unit cost, limited audience (literate women), slow production, and mediocre quality all argue against investing limited resources into their production. Future projects should produce large print runs of leaflets instead.

Recommendations

1. Transform pill and condom booklets into a comic-book style leaflets, with quality drawings and simplified text;
2. Produce all leaflets in large numbers (i.e. 15,000+);
3. Distribute condom leaflets in pharmacies, dispensaries, and during awareness campaigns;
4. Distribute contraceptive methods leaflets to students and public leaders;
5. Commission other professional artists to illustrate all print materials;
6. Develop the skills, and responsibilities of one person at the DSF as the resident expert in print material production;
7. Develop a replenishment system for all print materials which minimizes bureaucracy; and,
8. Explore piggy-backing the ordering system for print materials onto the reordering system for contraceptive supplies.

1d. Badges and Decals with the Family Planning Logo

The project produced and distributed a total of 7,500 decals (4" and 8" diameters) and 1,000 buttons displaying the national FP logo. In Burkina Faso, decals are extremely popular for commercial and social marketing. They are colorful, attention-getting, and durable. Outside MOHSA bureaus, decals clung to staff mobilettes, service vehicles, and, occasionally, clinic doors.

Many of the clinic and social affairs staff were wearing the badges during the evaluation team's visit. The director of the Burkina Faso Association of Family Well-Being (ABBEF), affiliate of

the International Planned Parenthood Federation, remarked that ABBEF requires all staff to wear the badges during working hours.

Within the MOHSA the decals and buttons have been well distributed. The most commonly heard complaint was that there were simply not enough of them. Clinics and project provinces received small numbers of decals and badges for staff and local authorities. A few more were provided for the provincial IEC campaigns. Given their popularity among MOHSA staff, the decals did not suffice for more general distribution. Until decals and buttons are produced in greater numbers, they will reach relatively few individuals outside the health system.

Recommendations

1. Print decals in runs of at least 15,000 for public distribution;
2. At the level of the DSF, reserve 1,000 decals for distribution during provincial IEC campaigns;
3. Provide each province with 500 decals for distribution during community outreach activities;
4. Distribute decals outside the MOHSA, in public places such as markets, taxi stands, and restaurants;
4. Produce 100 buttons per province for distribution to opinion and political leaders during provincial FP/IEC campaigns;
5. Reduce size of buttons to approximately 1" in diameter.

1e. Printed Cloth with the Family Planning Logo

In Burkina Faso, brightly colored printed cloth an extremely popular way to publicize events, promote national solidarity and popularize health issues. Tailors fashion this cloth into traditional garments, boldly displaying the cloth's message. The project produced 6,588 meters of cloth, featuring the national family planning logo and slogan, "Family Planning: Happiness Within Your Reach."

As part of a cost-recovery strategy, social educators sold the cloth at a subsidized price of 3,000 CFA per piece, about 12% below the cost of production. Consumers quickly bought up all the available cloth, attractively priced 20% below retail. The DSF demonstrated excellent ability to manage sales, recovering over 90% of all reflow monies. The DSF deposited all funds generated by sales back into the project account. Such a strategy enabled the project

to publicize family planning among a large audience for only a fraction of the production costs.

Recommendations

1. Expand the use of printed cloth as a means to publicize family planning, especially as part of provincial IEC campaigns; and,
2. Collaborate with the commercial sector on ways of marketing printed cloth at a very large scale at subsidized prices.

2. Contraceptive Sample Kits

The project produced 125 contraceptive sample kits. These zippered attache bags hold contraceptive samples and brochures. Several health workers suggested modifying the pockets and straps to better hold bulky contraceptive samples. Those who had received sample kits found them particularly useful for extension work outside the clinic setting. Because they were such attractive briefcases, many kits were used instead for carrying documents.

Recommendations

1. Modify kit to better hold samples;
2. Assemble contraceptive sample boards for display in clinic waiting areas as part of FP/IEC training.

3. Traditional Media: The Theatre Forum

The project employed traditional media in an innovative format to stimulate discussion about FP at the village level. A talented local script writer produced and directed an interactive theatre piece entitled "Fatouma the Baby-Making Machine". The play revolved around Fatouma's conflict between satisfying her demanding husband, and providing for their many children. After each performance, the director challenged members of the audience to reinterpret the choices and attitudes of the various characters, according to their own point of view. This interactive approach was at once hilarious, and thought provoking. At the end of each performance, the local health educator and clinician would discuss family planning, and answer questions.

The Burkinabé Theatre Workshop performed "Fatouma" once in each province. Audiences of several hundred people attended each performance. The evaluation surveys conducted in Oubritenga and Gourma found the play's impact to be long-lived. Although the play had been performed only once in each province, 18 months prior to

the survey, 17% of those interviewed recalled having seen it. More importantly, however, 93% of those who had seen the play recalled that the play's child spacing messages. While anecdotal reports indicated a surge in demand for contraceptive methods in the weeks following the play, evaluators did not find evidence of this change in either province.

Recommendations

1. Use the "theatre forum" approach to stimulate awareness of family planning, and schedule multiple performances in each province, including towns and villages outside provincial capitals.
2. Conduct theatre workshops in provinces where Mooré is not spoken to train local theatre troupes to perform this piece in their own language;

4. IEC Campaigns in Nine Provinces

Social educators conducted IEC campaigns in nine of ten provinces. These campaigns were intended to garner support for family planning among community leaders and villagers. Campaign activities included reunions with political and opinion leaders, speeches by leaders endorsing family planning, presentations on contraceptive methods, and projection of films. During the campaigns social educators intensified their FP outreach efforts, devoting themselves uniquely to family planning. For one week, they visited a different village each evening to project films and make presentations. They also distributed leaflets, booklets, and decals during these meetings. Whenever possible, the theater forum was performed as part of the campaign.

Recommendations

1. Create a set of guidelines to assist provinces to organize their campaigns; and,
2. Use radio and television coverage of the campaigns to expand the number of people exposed to this promotion.

5. Conducted FP Awareness Program for Opinion Leaders

The project substituted provincial awareness campaigns for a program oriented towards leaders alone.

6. Production of "My Daughter Will Not Be Excised"

The project contributed \$5,000 towards the production of "My Daughter Will Not Be Excised". This film dramatizes the dangers of female excision. It brilliantly contrasts excision's value as a traditional practice, with the pain and suffering it inflicts on women. This film received rave reviews at the African film festival "FESPACO" in 1989. In accepting financial support from JHU/PCS, the director agreed to share distribution rights for the film.

Recommendation

1. Produce copies of the film for use by Burkinabé and other African health and social workers; and,
2. Explore ideas for family planning dramas with the film's director.

7. Production of "Pondré" Family Planning Theme Song

The project contracted a popular local artist to produce a song with family planning themes. The song was entitled "Pondré," a Moore term for a child born too close to his siblings. The lyrics encourage the audience to reflect on the unhappy fate of the pondré. The song received considerable radio play upon its release. The DSF produced and distributed over 100 cassettes to bars, nightclubs, and popular meeting places across the country.

Recommendations

1. Use this song as the theme for all radio and television programs and spot announcements on FP; and,
2. Produce a music video which dramatizes the themes expressed in the song.

Two project outputs were only partially completed by the project's conclusion. These were:

1. Radio Programming

The project was to produce a series of radio programs on a variety of family planning related topics. Early in the project, a radio programming committee including the MOHSA, the Ministry of Information, Burkina Radio and Television, and others selected the program topics, and outlined treatments for each broadcast. A fusion of health and social affairs ministries, and subsequent administrative logjams delayed progress on radio programming for

more than two years. In September 1990, the Burkina Faso Government officially recognized the radio programming committee, and the first of this series of programs was broadcast. Although the project has drawn to a close, the MOHSA is committed to broadcasting the entire radio series.

Recommendations

1. As it has the capacity to reach large audiences at low cost, emphasize radio programming in future projects;
2. Train project managers to work with the media, and to develop program outlines;
3. Emphasize dramatic and entertainment-oriented approaches for informing the public about family planning;
4. Give special attention to women's radio habits and preferred listening times, as their access to radio is more limited than men's.

2. Videotaping the Theatre Forum for Television

Although the Theater Forum was to be videotaped for television broadcast, technical difficulties made production of a serviceable film impossible. Technicians could not surmount the sound and lighting difficulties they encountered while filming the play outdoors. JHU/PCS had suggested that an indoor production, with a small, studio audience as the most workable alternative to filming outdoors.

Recommendations

1. Provide technical assistance to the DSF for videotaping a quality version of the play;
2. Film the Theatre Forum in both Mooré and French for use in other African countries.

VII. PROJECT MANAGEMENT

Changes in project management paralleled other changes in the GOB between 1987 and 1990. Major governmental reorganizations following the coup d'etat in 1987, such as the fusion of The Ministry of Health and the Ministry of Social Action. The project, formerly managed within one section of the Direction de la Planification Familiale, DPF, lost its autonomy following integration into the MOHSA/DSF.

At the project's debut, ten staffers were directly involved in IEC activities. Through reorganization and attrition, only five staffers remained by the project's end. The project was conceived under the assumption that there would be sufficient staff to carry out training and material development activities. The staff shortages greatly hampered the DSF in carrying out a number of project activities within the projected time frame.

The project's financial management was somewhat problematic. The project coordinator bore the responsibility for preparing all quarterly financial and activity reports. The project accounting system is complex and time consuming, especially for those without an accounting background. Toward the end of the project, quarterly reports fell increasingly behind schedule as the Project Coordinator assumed a growing number of responsibilities to compensate for a shrinking staff. In the last year, JHU/PCS staff felt a disturbing isolation from the project as financial and activity reports fell months behind schedule.

Recommendations

1. Assure that an adequate number of staff are assigned to carry out the project activities; and,
2. Contract an independent accounting firm to assure accurate and responsive financial management of the project, freeing the Project Coordinator to perform her managerial functions.

VIII. CONCLUSIONS AND RECOMMENDATIONS

The Burkina Faso IEC Project evaluation confirmed that effective communication leads to changes in behavior. Using both quantitative and qualitative measures, the evaluation team was able to quantify knowledge, attitude and behavioral changes following project activities. Evaluation data affirmed that communication activities had a sizable impact on increasing demand for family planning services, and greatly enhanced public awareness of FP services. The project produced materials which were impressive in terms of quality, variety and number. The MOHSA/DSF demonstrated an expanded capacity to develop quality IEC materials and conduct effective FP/IEC training of outreach workers.

Clinic data revealed that the demand for family planning services increased substantially in the capital city over the course of the project. Clinic surveys documented a growing demand for family planning services at eight clinics in Ouagadougou. *Between January 1988 and December 1989, the total number of family planning clients tripled, and the number of new clients doubled.* Three client surveys revealed that the proportion of women desiring family planning services grew from 6.1% to 12.9% during this same period.

The surveys also documented steady growth in the percentage of users of modern methods. Women's use of modern methods increased 125% over baseline levels over the two years when the surveys were conducted. An initial 8% contraceptive prevalence among clinic clients climbed to 14% in just twenty-four months. These increases in demand, client visits, and use-prevalence are all concrete measures of increasing demand for family planning services.

The evaluation team also used surveys, to quantify the effect of project interventions on awareness of family planning among women and men of reproductive age. Some 89% of all survey respondents were familiar with the national family planning logo. This represented a level of recognition well above the 70% targeted by the project. Well over half the respondents, 63%, understood the meaning of the logo, and linked this image with the concept of family planning. Three-quarters of those who recalled seeing the logo, reported seeing it at a health center.

The surveys also measured the public's exposure to the logo in its various formats--posters, billboards, printed cloth and decals. More than half the respondents (57%) had seen the logo on a billboard, 48% on posters, 29% on decals, and 22% on printed cloth. Pamphlets were mentioned only rarely. The impact of printed cloth is especially significant in light of the limited number of meters produced (6,588 meters), and its cost recovery feature. The MOHSA sold the printed cloth to the public at a subsidized price, recovering 88% of production costs through sales. Reflows generated through sales were redeposited into the project account to finance other activities.

The Burkinabe Theatre Workshop performed the play "Fatouma, the Baby-Making Machine" once in each project province. Some 17% of those surveyed had witnessed this performance. Although the survey took place some eighteen months later, a remarkable 93% of those who had seen it correctly recalled its message. This high degree of recall illustrates the power and effectiveness of live theatre as a medium for family planning communication.

Evaluators found that family planning outreach activities had touched a substantial proportion of survey respondents. *Over three-quarters of adults surveyed (77%) had attended at least one discussion on family planning.* Respondents described the subjects of these talks as birth spacing (69%), modern contraceptive methods (57%), breastfeeding, sterility, and sexually transmitted diseases (12%). (Respondents gave multiple answers.) One person in five (20%) had viewed a film as part of the discussion.

The project sought to increase to 40% the proportion of adults able to identify correctly family planning service delivery points. Data collected indicates the project far surpassed this goal: 92% of those interviewed correctly named at least one family planning service delivery point. Only 8% did not know where to go to obtain

these services. Some 56% cited maternal and child health centers, 36% mentioned clinics, and 9% pharmacies.

Both the clinic and the impact surveys demonstrate that the Burkina Faso IEC Project went beyond raising popular awareness of family planning, and contributed to changing contraceptive behavior. This change is reflected in the an increased demand for services, growth in the numbers of clinic clients, and increases in contraceptive use. These indications of a growing acceptance of family planning reflect the results of a carefully conceived, well-implemented IEC strategy.

Based on this evaluation, JHU/FCS offers several recommendations for application to future IEC projects in Burkina Faso.

1. Feature radio programming as the central element in family planning promotion. Use serial dramas and entertainment to convey family planning messages and information;
2. Emphasize radio and television messages which motivate adults to visit FP clinics;
3. Establish training as the number two priority area. Determine a timetable for training all social educators in FP/IEC;
4. Conduct similar impact-surveys in at least five other project provinces as baseline and follow-up evaluation measures;
5. Expand the use of the Theatre Forum. Schedule multiple performances in each province, workshops with other theatre troupes, and performances for political leaders. Videotape the play for television broadcast and pan-African distribution;
6. Reprint and distribute posters, decals, and cloth in large quantities. Develop a resupply system for health and social action offices that minimizes red tape;
7. Limit the production of print materials for literate audiences in favor of mass media broadcasts, and materials for non-readers;
8. Select one or two very specific priority audiences for family planning messages and tailor all media materials to these audiences;
10. Equip every clinic and social affairs office with a basic set of audio-visual and educational materials for use in promotional activities;
11. Increase the number of MOHSA staff responsible for IEC project implementation and management. Assign specific areas

of responsibility, such as radio programming, training, etc. to each staff member.

12. Contract an independent accounting firm to assure accurate and responsive financial management of the project, freeing the Project Coordinator to perform her managerial functions.

APPENDICES

Appendix A
Impact Survey Questionnaires

Appendix B
Clinic and Site Evaluation Forms

Appendix C
Tables of Survey Findings:

Gourma and Oubritenga
Gourma, Oubritenga and Ouagadougou
Ouagadougou

MINISTERE DE LA SANTE ET DE L'ACTION SOCIALE
 DU BURKINA FASO
 L'UNIVERSITE JOHNS HOPKINS
 SERVICES DE COMMUNICATION EN MATIERE DE POPULATION

MINI-ENQUETE POST PROJET

CODES

- A. Code d'identification _____
- B. Province: _____
- C. Ville ou village: _____
- D. Secteur ou quartier: _____
- E. Commune: _____
- F. Sexe: Masculin - 1 Féminin - 2

Bonjour. Je m'appelle _____
 et je travaille pour le ministère de la Santé et de
 l'Action sociale. Le ministère aimerait que vous l'aidiez
 à améliorer la qualité des services de santé. Pourriez-
 vous, s'il vous plaît, répondre à quelques questions?
 Bien. Merci. Les renseignements que vous me donnerez
 sont confidentiels. Votre participation est volontaire.

(MONTRER L'EMBLEME DE PLANIFICATION FAMILIALE)

1. Avez-vous déjà vu cet emblème?

- Oui - 1
 Non - 0
 Ne sait pas - 7
 Sans réponse - 9

2. Que signifie pour vous cet emblème?

- La planification familiale - 1
 Une famille avec les enfants bien espacés - 2
 Une famille heureuse - 3
 Un homme et sa famille - 4
 Autre (spécifier) _____ - 8
 Ne sait pas - 7
 Sans réponse - 9

3. Où avez-vous vu l'emblème?
- N'a jamais vu d'emblème - 0
 Dans le secteur - 1
 A la SMI - 2
 A la clinique - 3
 Au dispensaire - 4
 Au ministère de la santé - 5
 Autre (specifier) _____ - 8
 Ne sait pas - 7
 Sans réponse - 9
4. Sur quoi avez-vous vu l'emblème?
- N'a jamais vu d'emblème - 0
 Sur un pagne - 1
 Sur une pancarte - 2
 Sur une voiture - 3
 Sur une affiche - 4
 Sur une brochure - 5
 Sur un auto-collant - 6
 Autre (specifier) _____ - 8
 Ne sait pas - 7
 Sans reponse - 9
5. Pendant le mois de _____ de l'année
 dernière, un groupe de théâtre a joué une pièce
 appelée "Fatoumata, la machine à enfants" dans
 votre communauté. Est-ce que vous l'avez vue?
- Oui - 1 (PASSER A LA QUESTION 6).
 Non - 0
 Ne sait pas - 7 } PASSER A LA QUESTION 7.
 Sans réponse - 9 }
6. (SI "OUI" A LA QUESTION 5) Dites-nous de quoi
 parlait la pièce.
 _____ - 8
7. Avez-vous déjà entendu un agent de santé ou de
 l'action sociale parler de l'espacement des
 des naissances?
- Oui - 1 (PASSER A LA QUESTION 8).
 Non - 0
 Ne sait pas - 7 } PASSER A LA QUESTION 9.
 Sans réponse - 9 }

8. De quoi parlait la causerie?
- Espacement des naissances - 1
 - Méthodes de contraception modernes - 2
 - Allaitement au sein - 3
 - Avantages de la planification familiale - 4
 - Autre (spécifier) _____ - 8
 - Ne sait pas - 7
 - Sans réponse - 9
9. (SI "OUI" A LA QUESTION 7) Est-ce que la causerie était accompagnée par un film?
- Oui - 1 (PASSER A LA QUESTION 10).
 - Non - 0
 - Ne sait pas - 7 PASSER A LA QUESTION 11.
 - Sans réponse - 9
10. (SI "OUI" A LA QUESTION 9) Dites-moi de quoi parlait le film?
- _____ - 8
11. Ou obtenez-vous la plupart des informations sur la planification familiale?
- Aucune - 0
 - Personnel de sante - 1
 - Radio - 2
 - Amis(es) - 3
 - Agents sociaux - 4
 - Reunions - 5
 - Parents - 6
 - Autre (spécifier) _____ - 8
 - Ne sait pas - 7
 - Sans réponse - 9
12. Ou sont les points de services où un homme ou une femme peuvent obtenir les méthodes modernes d'espacement des naissances?
- SMI, clinique de sages-femmes ou maternité - 1
 - Dispensaire - 2
 - Pharmacie - 3
 - Autre (spécifier) _____ - 8
 - Ne sait pas - 7
 - Sans réponse - 9
13. Quelle année êtes-vous né(e)?
- _____

14. Jusqu'à quel niveau avez-vous été à l'école?

- N'a jamais été à l'école - 0
- Ecole primaire - 1
- Ecole secondaire - 2
- Ecole technique - 3
- Université - 4
- Ecole coranique - 5
- Alphabétisation fonctionnelle - 6
- Ne sait pas - 7
- Sans réponse - 9

Je vous remercie infiniment d'avoir pris le temps de répondre à toutes mes questions. (Donner à l'interviewé un auto-collant).

Enquêteur ou enquêtrice: _____

Date de l'interview: _____

Ministère de la Santé et de l'Action sociale
 Services de communication en matière de population
 de l'Université Johns Hopkins
 Formulaire d'évaluation clinique
 AF-BKF-02

Nom de la clinique _____
 Province _____
 Secteur ou quartier _____
 Personne interviewée _____
 Date _____

I. Evaluation des cliniques

A. Pancartes sur la planification familiale

1. Pancarte à l'extérieur
de la clinique Oui _____ Non _____ No. _____
2. Etat des pancartes Bon _____ Réparation nécessaire _____
 Décrire réparation nécessaire _____

B. Affiche(s) réalisée(s) par le projet

1. Affiches reçues par la clinique
 Planification, famille heureuse _____ Nombre méthodes disp. _____
 PF et stérilité _____ Emblème sur la PF _____
 Couples décident _____ Grossesse de l'adolesc. _____
2. Etat
 Encadrée _____ No. _____ Affichée _____ No. _____ Par terre _____
 Pas exposée _____ Autre _____

3. Observations

C. Auto-collants avec l'emblème de la planification familiale

- | | | | | | | | |
|----|-------------------------------|-----|-------|-----|-------|-----|-------|
| 1. | Reçus | Oui | _____ | Non | _____ | No. | _____ |
| 2. | Sur les portes de la clinique | Oui | _____ | Non | _____ | No. | _____ |
| 3. | Ailleurs dans la clinique | Oui | _____ | Non | _____ | No. | _____ |

D. Badges avec l'emblème de la planification familiale

- | | | | | | | | |
|----|------------------------------|-----|-------|-----|-------|-----|-------|
| 1. | Reçus | Oui | _____ | Non | _____ | No. | _____ |
| 2. | Personnel portant les badges | Oui | _____ | Non | _____ | No. | _____ |

E. Brochures sur la pilule

- | | | | | | |
|----|-------------------------------|-----|-------|-----|-------|
| 1. | Reçues | Oui | _____ | Non | _____ |
| 2. | Nombre disponible | No. | _____ | | |
| 3. | Endroit où elles sont gardées | | | | |
-
- | | | | | | |
|----|---|-----|-------|-----|-------|
| 4. | Sont-elles exposées/mises
à la disposition des clients | Oui | _____ | Non | _____ |
| 5. | Comment sont-elles utilisées? | | | | |
-

F. Brochures sur les condoms

- | | | | | | |
|----|-------------------------------|-----|-------|-----|-------|
| 1. | Reçues | Oui | _____ | Non | _____ |
| 2. | Nombre disponible | No. | _____ | | |
| 3. | Endroit où elles sont gardées | | | | |
-
- | | | | | | |
|----|---|-----|-------|-----|-------|
| 4. | Sont-elles exposées/mises
à la disposition des clients | Oui | _____ | Non | _____ |
| 5. | Comment sont-elles utilisées? | | | | |
-

G. Brochures sur les méthodes

1. Reçues Oui _____ Non _____
2. Nombre disponible No. _____
3. Endroit où elles sont gardées

4. Comment sont-elles utilisées?

H. Brochure sur la sexualité des adolescents

1. Reçues Oui _____ Non _____
2. Nombre disponible No. _____
3. Endroit où elle est gardée

4. Sont-elles exposées/mises
à la disposition des clients Oui _____ Non _____
5. Comment sont-elles utilisées?

I. Trousses d'échantillons de contraceptifs

1. Reçues Oui _____ Non _____
2. Nombre disponible No. _____
3. Endroit où elle est gardée

5. Comment sont-elles utilisées?

J. Autre

II. Formation

A. Y a-t-il des membres du personnel clinique qui ont été formés en information, éducation, communication/planification familiale (IEC/PF)?

1. Qui? Quand?

_____ (Date) _____
_____ (Date) _____
_____ (Date) _____

2. Pour quels projets?

B. Date de la dernière visite de suivi et de supervision

C. Besoins en formation

1. _____
2. _____
3. _____

III. Matériel devant être fourni par le MSAS

A. Réparation des pancartes

1. Type de réparation nécessaire _____

B. Affiches

1. Thèmes _____

2. Quantité _____

C. Auto-collants

1. Quantité _____

2. Dimension _____

D. Badges

1. Quantité _____

E. Brochures sur les méthodes

1. Quantité _____

F. Brochures sur la pilule

1. Quantité _____

G. Brochures sur les condoms

1. Quantité _____

H. Autre _____

Provinces of Gourma & Oubritenga

Table 1: Structure of the Sampling

VARIABLES	Number of Persons	Frequency
Province		
1. Gourma	80	48.5
2. Oubritenga	85	51.5
Sex		
1. Male	81	49.1
2. Female	84	50.9
Age		
1. 15-24	41	24.8
2. 25-34	62	37.6
3. Over 35	62	37.6
Educat. Level		
1. None	87	52.7
2. Elementary	34	20.6
3. Secondary	26	15.8
4. Technical	1	0.6
5. College	2	1.2
6. Koranic	5	3.0
7. Funct. Literate	7	4.2
8. No response	3	1.8
TOTAL/VAR	165	100.0

N=165 subjects

Table 2: Structure of the sampling by province

	Gourma	Oubritenga	Observations
Sex			
1. Male	50%	48.2%	Chi-squared non-signific. at 0.05 threshold
2. Female	50	51.8	
Age			
1. 15-24	20.0	29.4	Chi-squared at 0.04 threshold
2. 25-34	32.5	42.4	
3. Over 35	47.5	28.2	
Level			
1. None	63.7	75.3	Chi-squared non-signific. at 0.05 threshold (several cats. 5)
2. Elementary	28.7	24.7	
3. Secondary	1.2	0.0	
4. Other	6.3	0.0	
TOTAL/VAR	100.0	100.0	

N = 165
subjects

Provinces of Gourma & Oubritenga

Table 3: Perception of the logo

	Overall	Gourma	Oubritenga	Men	Women
Place perceived					
Not perceived	13.3%	5.0%	21.2%	11.1%	15.5%
Clinic	42.4	10.0	72.9	40.7	44.0
CSMI	26.7	50.0	4.7	22.2	31.0
Health-social welfare	29.1	55.0	4.7	34.6	23.8
Sector	12.7	26.2	0.0	13.6	11.9
Other	8.5	8.7	8.2	9.9	7.1
Supporting material					
Pagnes	22.4	41.2	4.7	24.7	20.2
Billboards	57.0	66.2	48.2	51.9	61.9
Vehicle	13.3	20.7	7.1	18.5	8.3
Poster	47.9	53.7	42.4	48.1	47.6
Pamphlet	6.7	12.5	1.2	7.4	6.0
Bumper sticker	15.8	23.7	8.2	16.0	15.5
Other material	1.8	2.5	1.2	7.4	2.4
No response	1.2	0.0	2.4	2.5	0.0

N= 165 subjects; several responses possible

Table 4: Sources of Information

	Overall	Gourma	Oubritenga	Men	Women
None	1.2%	0.0%	2.4%	0.0%	2.4%
Health personnel	40.0	50.0	30.6	28.4	52.4
Radio	39.4	15.0	62.4	55.6	28.6
Friend(s)	0.6	0.0	1.2	nd	nd
Welfare agents	16.4	31.3	2.4	16.0	16.7
Meetings	0.6	0.0	1.2	nd	nd
Don't know	1.2	2.5	0.0	nd	nd
Total	100.0	100.0	100.0		

N=165 subjects

Table 5: Service delivery locations for contraceptives

	Overall	Gourma	Oubritenga	Men	Women
Pharmacy	10.9%	18.8%	3.5%	9.9%	11.9%
Clinic	43.6	10.0	75.3	47.5	41.7
CSMI	48.5	80.0	18.8	48.1	48.8
Other place	8.5	12.5	4.7	9.9	8.3
Don't know	7.3	0.0	14.1	6.2	8.3
No response	2.4	5.0	0.0	1.2	3.6

N= 165 subjects; several responses possible

Provinces of Gourma & Oubritenga

Table 6a: Evolution of number of users of modern contraceptives by province

	1988		1989(1)		1989		1990	
	New	Old	New	Old	New	Old	New	Old
Pill								
Gourma	58	167	49	223	44	232	110	589
Oubritenga	6	12	-	-	-	-	9	42
Spermicides								
Gourma	13	22	14	19	15	20	18	25
Oubritenga	7	5	-	-	-	-	6	14
Condom								
Gourma	25	65	46	84	57	107	78	445
Oubritenga	12	16	-	-	-	-	0	0
Sterilization								
Gourma	2		9		5		7	
Oubritenga	0		-		-		2	

(1) January, February, March; for the rest, the period covered is April, May, June.

Source: CSMI registries of Fada and Ziniare Medical Center.

Survey Findings
Comparisons Between Ouagadougou, Gourma, and Oubritenga

Table 3: Exposure and Recognition of the Logo

	Overall	Gourma	Ouaga.	Oubri
Recalled Seeing	89%	95%	92%	79%
Understood Meaning	63%	79%	69%	40%

Table 4: Sources of Information

	Overall	Gourma	Ouaga.	Oubri
None	1%	0%	0%	2%
Health Personnel	32%	50%	14%	31%
Radio	44%	15%	54%	62%
Friends	3%	0%	8%	1%
Welfare Agents	16%	32%	14%	3%
Meetings	1%	0%	2%	1%
Don't Know/Other	3%	3%	8%	0%
Total	100%	100%	100%	100%

228 Subjects

Table 5: FP Service Delivery Locations

	Overall	Gourma	Ouaga.	Oubritenga
Pharmacy	9%	19%	5%	4%
Clinic	36%	10%	24%	75%
CSMI	56%	80%	68%	19%
Other Place	23%	13%	6%	5%
Don't Know	8%	0%	11%	14%
No Response	0%	5%	0%	0%

Several Responses possible
 228 Subjects

TABLE OF SURVEY FINDINGS

Ouagadougou

Table I: Recognition of Logo by Sectors

N = 63

Sectors	Has seen logo		Total
	Yes	No	
1	2	0	2
2	9	0	9
6	8	0	8
7	10	0	10
9	11	0	11
13	3	4	7
14	8	0	8
15	0	1	1
30	7	0	7
TOTAL	58 (92%)	5 (8%)	63

Table II: Recognition of Logo by Age Group

N = 63

Age Group	Has seen logo		Total
	Yes	No	
15 - 19	4	1	5
20 - 29	27	2	29
30 - 39	14	2	16
40 - 45	13	0	13
TOTAL	58 (92%)	5 (8%)	63

Table III: Recognition of Logo by Level of Education

N = 63

Level of Education	Has seen logo		Total
	Yes	No	
Never Attended School	13	3	16
Primary	22	1	23
Secondary	9	0	9
Technical	5	0	5
University	3	0	3
Koranic	4	1	5
Functional	2	0	2
TOTAL	58 (92%)	5 (8%)	63

Table IV: Recognition of Logo by Sex

N = 63

Sex	Has seen logo		Total
	Yes	No	
Men	29	2	31
Women	29	3	32
TOTAL	59 (92%)	5 (8%)	63

Table V: What does this logo mean to you?

N = 58

<u>Meaning of the Logo</u>	<u>Number</u>	<u>Percentage</u>
Family Planning	23	39.7
Well-spaced Children	17	29.3
Happy Family	10	17.2
Family	6	10.4
Education of Children	1	1.7
Don't Know	1	1.7
TOTAL	58	100.0

Table VI: On what did you see the logo?

N = 58

<u>Material</u>	<u>Number</u>	<u>Percentage</u>
Cloth	23	39.7
Sign	15	15.9
Car	00	0.0
Poster	41	19.0
Brochure	3	5.2
Sticker	20	34.5
Calendar	1	1.7
<u>On No Material</u>	<u>2</u>	<u>3.4</u>

Table VII: Where did you see the logo?

N = 58

<u>Location</u>	<u>Number</u>	<u>Percentage</u>
Sector	24	41.4
MCH	24	41.4
Clinic	3	5.2
Dispensary	15	25.9
Ministry	2	3.5
Social Center	3	5.2
House	1	1.7
ABBEF	2	3.5
Maternity Clinic	1	1.7
Hospital	2	3.5
Red Cross	2	3.5
Bars	1	1.7
<u>Nowhere</u>	<u>2</u>	<u>3.5</u>

Table VIII: What is your main source of information on family planning?

N = 63

<u>Source</u>	<u>Number</u>	<u>Percentage</u>
Health Personnel	9	14.3
Radio	34	54.0
Friends	5	7.9
Social Workers	9	14.3
Meetings	00	0.0
Relatives	00	0.0
School	1	1.6
Literacy Center	1	1.6
Television	1	1.6
F.P. Conference	1	1.6
ABBEF	1	1.6
Newspapers	1	1.6
None	00	0.0
TOTAL	63	100.0

Table IX: Where are the service delivery points where a man or woman can obtain modern birth spacing methods?

N = 63

<u>Service Delivery Points</u>	<u>Number</u>	<u>Percentage</u>
MCH	36	57.1
Midwives' Clinic	15	23.8
Maternity Center	10	15.9
Dispensary	7	11.1
Pharmacy	3	4.8
ABBEF'	7	11.1
Social Action	2	3.2
Everywhere	1	1.6
Bar	1	1.6
<u>Don't Know</u>	<u>7</u>	<u>11.1</u>

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