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PD-ABQ-285

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IMPLEMENTATION PLAN
FOR
STATE INFORMATION SERVICE:
INFORMATION, EDUCATION, AND COMMUNICATION (IEC) CENTER
SUBPROJECT

APRIL 1, 1994 - JUNE 30, 1997

A MINISTRY OF INFORMATION SUBPROJECT UNDER
USAID POPULATION/FAMILY PLANNING III
PROJECT NO. 263-0227

TABLE OF CONTENTS

	Page
List of Abbreviations	iii
Executive Summary	1
I. Subproject Description	5
A. Background and Rationale	5
1. Demographic Achievements	5
2. Communication Achievements.	6
3. The SIS/IEC Center	7
4. SIS Collaboration with MOH/SDP	9
B. Subproject Goal, Purpose and Outputs	11
1. Goal	11
2. Purpose	11
3. Outputs	12
3.1 Improved IEC strategic information	12
3.2 Increased demand for contraceptives generated through mass media and local outreach	12
3.3 Improved SIS Management Capacity	13
4. SIS Subproject Strategy Overview	13
C. Detailed Description of SIS Strategy & Activities	16
1. Research for Strategic Planning	16
1.1 Activities	16
1.2 Outputs	18
2. Demand Generation and PRO-Approach Campaigns	19
2.1 Campaign Background, Audiences, & Objectives	20
2.2 Campaign Interventions	28
2.3 Campaign Outputs	29
3. Institutional Development and Outputs	30
4. Inputs	32
D. Master Implementation Plan and Schedule Chart	34
E. Training Plan	41
1. Participant Training	41
2. In Country Training	47

F. Commodity Procurement Plan	48
G. Vehicle Procurement Plan	55
H. TA Plan	57
I. Subproject Management Plan/ Infrastructure	60
- Structure	60
- Coordination/ Collaboration with other agencies	60
II. Financial Plan	63
- Summary	65
- SIS	67
- SIS/SDP	78
- Host Country Contribution	83
III. Monitoring and Evaluation Plan	85
IV. USAID Conditions and Approvals	87

TABLES:

1. Outputs and Implementation Activities	34
2. Master Implementation Plan and Schedule (SIS)	35
3. Participant Training Plan	41
4. Invitation Travel Plan	42
5. Financial Plan: Participant Training	43
6. Additional Participant Training Plan	45
7. Summary Participant Training and Invitational Travel Plan	46
8. Audio/Visual Commodity Procurement and Budget	50
9. Computer Procurement Plan	52
10. Vehicle Procurement Plan	56
11. Expatriate Technical Assistance Plan	58
12. Local Consultant Technical Assistance Plan	59
13. SIS/IEC Center: Summary Financial Plan	65
14. SIS/IEC Center: Financial Plan	67
15. SIS/IEC Center - MOH/SDP Financial Plan	78
16. Host Country Contribution to SIS	83

APPENDICES:

- A. Logical Framework Matrix
- B. SIS/IEC Center - MOH/SDP Letter of Agreement
- C. SIS/SDP IEC Strategy Paper

LIST OF ABBREVIATIONS

AV	Audio/Visual
CAPMAS	Central Agency for Public Mobilization and Statistics
CDC	Center for Disease Control
CPR	Contraceptive Prevalence Rate
CYP	Couple Year of Protection
DHS	Demographic and Health Survey
EOP	End of Project
FP	Family Planning
FY	Fiscal Year
GOE	Government of Egypt
IEC	Information, Education and Communication
I/G&S	Implementation/ Goods and Services Contract
IPC	Interpersonal Communications
IUD	Intrauterine Device
JHU/PCS	Johns Hopkins University/Population Communication Services
LE	Egyptian Pound
LOP	Life of Project
MCH	Maternal and Child Health
MIS	Management Information System
MWRA	Married Women of Reproductive Age
MOH	Ministry of Health
MOI	Ministry of Information
MOP	Ministry of Population
MWRA	Married Women of Reproductive Age
NPC	National Population Council
OC	Oral Contraceptive
OR	Operations Research
PIL	Project Implementation Letter
PIO/T	Project Implementation Order/Technical
POP/FP	Population/Family Planning
PRO-Approach	Promoting Professional Providers and Contraceptives
PY	Project Year
QIP	Quality Improvement Program
SDP	Systems Development Project
SIS	State Information Service
TA	Technical Assistance

TFR	Total Fertility Rate
TOT	Training of Trainers
USAID	United States Agency for International Development
VCR	Video Cassette Recorder

EXECUTIVE SUMMARY

The State Information Service/ Information, Education and Communication Center (SIS/IEC Center) is the lead government agency responsible for family planning communication in Egypt. Since its establishment in 1979 with the technical and financial assistance of USAID, the SIS/IEC Center has carried out its public education activities at the national level through the mass media and at the governorate level through interpersonal communication activities conducted by Local Information Centers (LICs).

The public educational campaigns have had a widespread impact on family planning knowledge, information-seeking and adoption in Egypt. Knowledge of family planning is now almost universal in Egypt. The 1992 Egyptian Demographic and Health Survey (EDHS) showed that 73% of men and 71% of women cited television as their first source of information on family planning. Fifty-one percent of respondents in the 1992 EDHS also cited television as the main factor influencing them to seek more information on family planning. A major part of such information-seeking consists of clinic visits. In Minya Governorate, a recent Family Planning initiative involving the coordination of policy-makers, IEC outreach and service providers raised contraceptive prevalence to 30%, 8 percentage points above the 22% reported in the 1992 EDHS baseline.

The goal of the IEC subproject is to assist the Government of Egypt to achieve its fertility reduction goals, specifically the lowering of the Total Fertility Rate (TFR) from 3.9 in 1992 to 3.5 in 1997. The purpose of the IEC Subproject is to contribute to an increase in the level and effectiveness of contraceptive use in Egypt by generating demand for and increasing the correct use of contraceptives through mass media and local outreach. Achievement of this purpose will be determined by the following indicators:

- Contraceptive Prevalence will increase from 47% in 1992 to 53% in 1997.
- Extended use failure-rate will decline from 10% in 1992 to 7% in 1997.

- Husband/Wife communication on family planning will increase among men from 39% in 1992 to 46% in 1997 and among women from 44% in 1992 to 46% in 1997.
- Positive attitudes among women toward the safety of modern contraceptive methods will increase as measured by:
 - a) reasons among women for not using family planning due to side effects and health reasons reduced from 11% in 1992 to 8% in 1997.
 - b) reasons among women for discontinuing use of family planning due to side effects or health concerns reduced from 40.6% in 1992 to 36% in 1997.
- Knowledge among women of injectables will increase from 81% in 1992 to 91% in 1997.

The POP/FP III IEC Subproject will result in improved information, education and communication (IE&C) for current and potential users, consisting of the following specific outputs.

Improved Strategic Information as a result of:

- Improved understanding of client characteristics influencing contraceptive adoption using audience segmentation and analysis of subgroups (unmet demand, low-parity women, men, dropouts);
- Expanded understanding of agency IEC capacities from program analyses of institutional capacities and resources;
- Enhanced program design and implementation based systematically on audience and program analyses;
- Improved messages consistently guided by formative research, including pretesting;
- Improved replanning of programs based on periodic impact evaluation;
- Improved integration of IEC approaches based on interagency coordination between the SIS, the NPC, MOH and NGOs.

Increased demand for and effective use of contraceptives generated through mass media and local outreach campaigns as a result of:

- Increased knowledge of proper use of contraceptives, especially of injectables;
- Increased positive attitudes toward MOH/SDP service providers and safety of modern contraceptive methods based on implementation of the PRO-Approach;
- Increased husband-wife communication on family planning, particularly in rural Upper Egypt;
- Increased political and religious support for family planning, particularly in rural Upper Egypt;
- Increased clinic attendance and contraceptive adoption among unmet need audiences, low-parity women, women of rural Upper Egypt, and dropouts.

Improved SIS Management Capacity through Institutional Development and Training as a result of:

- Improved program management resulting from increased staff skills in strategic planning, design, implementation, monitoring and evaluation;
- A comprehensive program MIS designed and functioning to guide management decisions;
- Improved technical skills in computers, office management, research methodology and management of TV/video productions.
- An IEC dissemination system, including indexing, archiving and distribution systems for SIS documentation center designed and implemented;
- Increased capacity of Local Information Centers to conduct the planning and implementation of local initiatives.

The IEC Subproject will systematically employ the strategic design process of communication, or the "P-Process" in The Johns Hopkins University usage. The steps of the P-Process include: a) Analysis of audiences and program capacities, b) Design, c) Development and Pretesting, d) Implementation, Monitoring and Evaluation, and e) Replanning. IEC research and strategic planning are fundamental

activities and will occupy a distinct place in the IEC Subproject plan. To generate and sustain demand for contraceptive services among current and potential clients, the IEC Subproject will use the mass media and local outreach to conduct campaigns targeting certain demographic and behavioral 'gaps.' In addition, in collaboration with the MOH/SDP subproject, the IEC subproject will develop, implement, and evaluate a campaign entitled the PRO-Approach to promote MOH FP providers and contraceptive services. Finally, the Subproject institutional development strategies respond to the need for internal improvement in program monitoring and management capacity.

Technical assistance and procurement inputs will be furnished through the I/G&S Contract to assist in producing these outputs. Local program costs in support of the Subproject will be furnished by USAID through Project Implementation Letters. Facilities, staff salaries and incentives and costs of local airtime will be supplied the GOE. The Implementation Plan which follows details the manner in which subproject outputs will be planned and supported by specific inputs during the 3.25 year period from April 1, 1994, to June 30, 1997.

I. SUBPROJECT DESCRIPTION

A. BACKGROUND AND RATIONALE

A.1 Demographic achievements

In recent years, Egypt has taken strong steps and made remarkable progress in addressing the pressing issue stemming from the country's rapidly growing population. In the 1960s, the Government of Egypt (GOE) first recognized rapid population growth as an impediment to economic and social development. In the 1980s, it began to take effective steps to address the problem. With the attention of Egypt's leadership focused on population, substantial progress was made toward reducing population growth rates. As a result, contraceptive prevalence increased from 24% to 37.8% between 1980 and 1988. Almost all of this growth in prevalence was due to the use of modern contraceptive methods, particularly the IUD, which climbed from 4% to 16%. Increased prevalence was accompanied by a growing favorable public attitude toward family planning (FP), which was approved by 90% of women by 1988.

The 1992 Egypt Demographic Health Survey (EDHS) demonstrates an even higher contraceptive use at 47.1%, with a large increase in IUD use. The 1992 EDHS also shows an almost universal awareness of oral contraceptives (99.4% of currently married women) and the IUD (98.9% of currently married women) and where these methods can be obtained (90.4% and 87.5% respectively). Much of the increased knowledge and acceptance of contraception can be attributed to the effective use of mass media, particularly television, by the State Information Service and to the wide availability of both commodities and sources of supply through the public, PVO, and commercial sectors.

The GOE must now move to consolidate the gains it has made during the past decade. The focus of the Population/Family Planning (POP/FP) III Project is to assist the Government of Egypt in meeting its ambitious goals of reducing the population growth rate to 2% by 1997 and to 1.8% by the year 2007. To achieve these goals, the total fertility rate

will need to be reduced to 3.5 children per woman by 1997 and 2.7 by 2007.

To put these goals in perspective, by 1997 there will need to be at least 800,000 more contraceptive users than in 1988 simply to maintain prevalence levels at the 1988 level. Recently, there has been a dramatic rise in contraceptive prevalence from 37.8% of currently married women in 1988 to 47.1% in 1992. However, to achieve the intermediate TFR target of 3.5 by 1997, contraceptive prevalence will have to increase to approximately 53% nationwide. In fact, modern method prevalence has reached 55.6% in urban governorates, 58.5% in urban areas of Lower Egypt, and 45.4% in urban areas of Upper Egypt, but prevalence in rural Upper Egypt remains at 23%, presenting a clear programmatic challenge.

The recent achievements of Egypt's population program are indeed significant. They fuel confidence to meet the necessary challenges to expand upon these achievements. Preliminary 1992 data suggest that the absolute annual increase in population (1.3 million) has fallen for the fourth consecutive year. Yet, the challenge to accelerate Egypt's program remains strong and the resulting impact critical. If the present trend can be accelerated and Egypt achieves an average two-child family by 2013, then population size would stabilize at 121 million by the last decade of the next century. If, however, the two-child family is not achieved until 2023, then population is projected to stabilize at 140 million. The difference is equivalent to adding another Cairo.

A.2 Communication Achievements

Knowledge Levels: The 1992 EDHS has shown that family planning knowledge is almost universal among married women. As mentioned above, virtually all women have heard about the pill and the IUD, 81% know about injectables, 71% know about sterilization, 55% know about condoms and 47% know about Norplant despite the fact that Norplant was not approved for general use at the time of the survey.

Lack of information about where to obtain a method is not a barrier to use in Egypt. The survey also showed that more than nine in ten women are aware of at least one place where they can obtain contraceptives and family planning services.

Sources of Information: Television is a far-reaching source of family planning information. It was cited as a first source by 73% of men interviewed and by 71% women interviewed followed by interpersonal sources, at 26% for women and 17% for men. The 1988 DHS indicated that three out of four women watch TV almost every day.

The 1992 EDHS survey showed that television was cited as the most important medium causing people to seek more information on family planning (52% of women reported that television caused them to seek more information on family planning, followed by 44% of women citing friends and relatives as the most important cause).

Television was also the most cited recent source of information about family planning: 73% women and 62% men heard family planning messages on television in the previous month. It is worth noting that, among those who have seen FP messages on TV, 69% of women and 68% of men mentioned that the Karima Mokhtar spots were the most informative ones they had seen on television. Few people at the time of the 1992 EDHS were receiving family planning information through community forums (7% women, 13% men), or newspapers and magazines (6% of women and 10% of men).

A.3 The State Information Service / Information, Education and Communication (SIS/IEC) Center

The Government of Egypt (GOE) has designated the State Information Service Information, Education and Communication (SIS/IEC) Center to be the lead national agency responsible for family planning communication. The USAID Final Evaluation of the POP II IEC Subproject states that the "SIS (IEC Center) has demonstrated special skills in reaching illiterate women through television, and rural men

through interpersonal communication activities, particularly through mass meetings and by enlisting the support of religious leaders and influentials." SIS mass media and local IEC campaigns have increased public awareness of the health and social benefits of family planning, increased knowledge of proper contraceptive use, improved attitudes toward service providers and services as well as toward the religious acceptability of family planning, and increased local demand for family planning services.

Using the mass media over the last 4 years, the SIS/IEC Center has produced and broadcast 31 TV spots, a number of short dramas, a major TV serial drama, "And the Nile Flows On," and developed messages to be inserted into existing popular programs. Mass media strategies have been aimed at increasing the proper use of contraceptives, increasing the religious acceptability of family planning, reducing early marriage, reducing son preference, promoting male responsibility, improving the image of health providers and promoting husband-wife communication on family planning.

In addition, the Center has conducted extensive rural outreach programs through its network of 60 Local Information Centers (LICs), one or more of which are located in each of Egypt's governorates. From March, 1992, to September, 1993, a concerted local family planning campaign was conducted in Minya governorate of Upper Egypt. The Minya Initiative was intended to improve FP/IEC program planning at the governorate level, improve local collaboration among FP agencies, improve public attitudes toward the safety of contraceptives and increase contraceptive adoption. The Initiative was successfully planned and implemented with extensive collaboration among local agencies, including the National Population Council (NPC), the Ministry of Health (MOH) and a number of non-governmental organizations (NGOs). According to the impact evaluation, 91% of those attending the public meetings reported a belief that contraceptives were safe and effective, 87% discussed family planning with their spouses following the meetings and 74% of meeting attendees adopted (or continued practice of) a family planning method. Following the campaign, the contraceptive prevalence rate (CPR) in Minya governorate was found to

have reached 30%, 8 percentage points higher than the 22% CPR reported by the 1992 DHS baseline.

Building on the governorate-level Minya Initiative, the SIS launched a "Select Village Program" in 16 governorates in 1993. Program objectives of decentralized planning and interagency collaboration reflected those of the Minya Project; communication objectives varied locally, but included the advocacy of support for family planning among local leaders and the generation of demand for family planning services among local men and women. Evaluation of the "Select Village Program" is under way but currently incomplete. Over the next three years, the Program will be carried out in districts as well as villages and will be expanded in existing governorates as well as extended to new governorates.

Finally, from a management standpoint, the State Information Service/ IEC Center is uniquely positioned to carry out Family Planning IEC activities using the mass media and public outreach. Located within the Ministry of Information (MOI), the Center has access to free airtime for family planning communications and can make favorable arrangements for use of Radio and Television Union resources to have FP messages included in professional productions. Additionally, staff recruited from within the MOI bring relevant communication expertise to the job of family planning.

A.4. SIS Collaboration with the Ministry of Health / Systems Development Project (MOH/SDP)

While the SIS/IEC Center promotes family planning generically under its government mandate, it can also serve as a resource for specific interagency collaborations. Such a collaboration is planned under the POP/FPIII Project between the SIS/IEC Center and Egypt's major provider of family planning services, the Ministry of Health (MOH).

The Ministry of Health has a network of 3600 family planning clinics in Egypt, providing services which account for 35% of national contraceptive prevalence. Since 1987, the MOH has carried out a

Systems Development Project to upgrade MOH clinical services. As part of the SDP, the MOH has piloted a quality improvement program to further improve clinical services and place a greater emphasis on a consumer-oriented approach to raise client satisfaction with the MOH experience.

In close collaboration with the MOH/SDP, the SIS/IEC Center plans to undertake a program to provide the MOH with updated client educational materials (FP flipchart and brochures) and to actively market quality MOH providers and services through a multi-media campaign. This type of communication strategy, variants of which have been applied in Kenya, Indonesia and India, is referred to in this document as the "PRO-Approach," an acronym derived from the idea of 'Promoting Professional Providers and Services.'" The goals to be achieved through application of the PRO-Approach in Egypt include promoting greater public awareness, acceptance and demand for "improved-quality" FP services at MOH clinics through the communication services of the SIS/IEC Center, and in so doing strengthen institutional IEC coordination between the SIS/IEC Center and the MOH.

The details of the SIS/SDP collaborative outputs, strategies, financial and management plans can be found under appropriate subsections of this document. The terms of the agreement between SIS and MOH/SDP can be found in Appendix B., Letter of SIS/IEC Center - MOH/SDP Agreement.

B. SUBPROJECT GOAL, PURPOSE, AND OUTPUTS

B.1 IEC Subproject Goal

The goal of the IEC subproject is to assist the Government of Egypt to achieve its fertility reduction goals, specifically the lowering of the Total Fertility Rate (TFR) from 3.9 in 1992 to 3.5 in 1997.

B.2 IEC Subproject Purpose

The purpose of the IEC Subproject is to contribute to an increase in the level and effectiveness of contraceptive use in Egypt by generating demand for and increasing the correct use of contraceptives through mass media and local outreach. Achievement of this purpose will be determined by the following indicators:

- Contraceptive Prevalence will increase from 47% in 1992 to 53% in 1997.
- Extended use failure-rate will decline from 10% in 1992 to 7% in 1997.
- Husband/Wife communication on family planning will increase among men from 39% in 1992 to 46% in 1997 and among women from 44% in 1992 to 46% in 1997.
- Positive attitudes among women toward the safety of modern contraceptive methods will increase as measured by:
 - a) reasons among women for not using family planning due to side effects and health reasons reduced from 11% in 1992 to 8% in 1997.
 - b) reasons among women for discontinuing use of family planning due to side effects or health concerns reduced from 40.6% in 1992 to 36% in 1997.
- Knowledge among women of injectables will increase from 81% in 1992 to 91% in 1997.

B.3 IEC Subproject Outputs

The IEC Subproject will result in improved information, education and communication (IE&C) for current and potential users, consisting of the following specific outputs.

3.1. Improved Strategic Information as a result of:

- 3.1.1 Improved understanding of client characteristics influencing contraceptive adoption using audience segmentation and analysis of subgroups (unmet demand, low-parity women, men, dropouts);
- 3.1.2 Expanded understanding of agency IEC capacities from program analyses of institutional capacities and resources;
- 3.1.3 Enhanced program design and implementation based systematically on audience and program analyses;
- 3.1.4 Improved messages consistently guided by formative research, including pretesting;
- 3.1.5 Improved replanning of programs based on periodic impact evaluation;
- 3.1.6 Improved integration of IEC approaches based on interagency coordination among the SIS, the NPC, MOH and NGOs.

3.2. Increased Demand for Contraceptives and their Effective Use generated through mass media and local outreach campaigns as a result of:

- 3.2.1 Increased knowledge of proper use of contraceptives, especially of injectables;
- 3.2.2 Increased positive attitudes toward MOH service providers and toward safety of modern contraceptive methods based on implementation of the PRO-Approach with the MOH/SDP subproject;
- 3.2.3 Increased husband-wife communication on family planning, particularly in rural Upper Egypt;

- 3.2.4 Increased political and religious support for family planning, particularly in rural Upper Egypt;
- 3.2.5 Increased clinic attendance and contraceptive adoption among unmet need audiences, low-parity women, women of rural Upper Egypt, and dropouts.

3.3. Improved SIS Management Capacity through Institutional Development and Training as a result of:

- 3.3.1 Improved program management resulting from increased staff skills in strategic planning, design, implementation, monitoring and evaluation;
- 3.3.2 A comprehensive program MIS designed and functioning to guide management decisions;
- 3.3.3 Improved technical skills in computers, office management, research methodology and management of TV/video productions.
- 3.3.4 An IEC dissemination system, including indexing, archiving and distribution systems for SIS documentation center designed and implemented;
- 3.3.5 Increased capacity of Local Information Centers to conduct the planning and implementation of local initiatives;

B.4 SIS/IEC Implementation Strategy: An Overview

To achieve an impact, the IEC Subproject will systematically employ the strategic design process of communication, or the "P-Process" in The Johns Hopkins University usage. The steps of the P-Process include:

- 1) Analysis of audiences and of program capacities,
- 2) Design,
- 3) Development and Pretesting,
- 4) Implementation, Monitoring and Evaluation, and
- 5) Replanning.

Conducting IEC research and using the results for strategic planning are thus fundamental activities and will occupy a distinct place in the IEC Subproject plan. The second strategic area to be considered is that of Generating and Sustaining Demand through IEC interventions using the mass media and local outreach. The strategic objectives of increasing knowledge, positive attitudes toward family planning, communication behaviors and contraceptive practice and continuation among particular audience segments support the project purpose. Included among the IEC strategies will be campaigns to close selected demographic and behavioral "Gaps" as well as the PRO-Approach marketing of MOH providers campaign. Finally, the institutional development strategies of the Subproject will be considered. These three main strategic areas of activity will produce the outputs described in the previous section:

4.1 Research for Strategic Planning and Design

- Research, both qualitative and quantitative, will be applied to improve the strategic design and implementation of all SIS communication activities.
- Interagency meetings will be conducted on a periodic basis to coordinate IEC activities and to support the development of a national IEC strategy.

4.2 Strategies to Generate and Sustain Demand

- The SIS will design and implement campaigns to generate and sustain demand among particular audiences with particular objectives. These campaigns will target "Gaps," or areas of program challenge, which are detailed in Section C of this document. In summary, the gaps include:
 - The Geographical gap
 - Unmet need
 - Client Continuation/Discontinuation gap
 - Husband-wife communication gap
 - The Advocacy gap
 - Client satisfaction gap (addressed by SIS/SDP PRO-Approach)

- Under the PRO-Approach:
 - Existing client IEC materials, such as client brochures and counseling flipcharts, will be reviewed, and if necessary, revised, updated and then distributed to MOH/SDP clinics.
 - Service providers and "Quality-Improved" clinics will be marketed using a combination of television and radio spots, indoor and outdoor signage and community-based and clinic-based IEC. The marketing will increase positive attitudes toward MOH providers and contraceptive services.
 - Under its PRO-Approach campaign, the SIS will target clients as consumers, aiming to close the "gap" between client satisfaction and dissatisfaction by directing the client to receive quality care.

Mass media channels and local outreach networks will be used to carry out campaigns.

4.3 Institutional Development

- Seminars for staff, officers; international participant training.
- Development of a functioning MIS and activity tracking system.
- Improved storage, retrieval, and dissemination capacity of SIS Documentation Center.
- Commence a policy-level dialogue with the GOE to support FP/IEC programming as well as look at private sector opportunities to leverage program funds.

C. DETAILED DESCRIPTION OF SUBPROJECT STRATEGY AND ACTIVITIES

The key components of the IEC subproject are:

- 1) Research for Strategic Planning,
- 2) Demand Generation, including the Pro-Approach, and
- 3) Institutional Development.

The key components of the IEC Subproject strategy under POP/FP III follow on the recommendations of the POP II Final Evaluation of the IEC Subproject. These recommendations cite the need for an increased emphasis on the use of formative research and pretesting, the selection of themes closely related to public concerns, (e.g., women's health to promote birth-spacing), the continued use of method-specific or FP service-oriented advertising, the production and distribution of print materials for low- or non-literates, increased decentralization of planning and implementation at the local level, continued local advocacy activities, and increased interagency coordination at the national and local level.

(See also Master Implementation Plan and Schedule)

C.1 RESEARCH FOR STRATEGIC PLANNING

Research will play a vital role in the design and implementation of communication programs. The following research and strategic planning activities will be conducted during the period of the subproject.

C.1.1 RESEARCH ACTIVITIES

- **Greater Analysis of the 1992 EDHS Data** to develop profiles of the audience segments with greatest unmet demand. These

segments may include low parity women, the under-served poor, dropouts and couples in which women desire contraception but their husbands disapprove. The NPC and researchers who are conducting secondary analysis of the data will also be contacted to obtain findings relevant to audience segmentation for IEC design. Data from surveys like the 1991 Egyptian Male Survey and additional sources will also be examined.

- **An Audience Segmentation Survey** is planned under the SIS to give additional information on specific audience subgroups, assist in the creation of psychographic profiles and segment prospective clients by the type of providers. This project baseline will also seek to determine levels of knowledge regarding proper use of injectables, prevailing attitudes regarding the safety of contraceptives and quality of services and, finally, the degree of husband/wife communication on family planning. The results will provide guidelines for project planning and a baseline for IEC indicators.
- **Qualitative Research** such as focus groups, ethnographic studies and in-depth interviews will be conducted for diagnostic purposes and to give greater depth to the quantitative profiles derived from the Audience Segmentation Survey. For example, a qualitative study may provide a better understanding of the conditions leading to client satisfaction or dissatisfaction in Egypt (including discontinuation).
- **Analysis of spousal interaction and dynamics of marital decision-making:** Qualitative methods will also be used to probe the family planning decision-making process, the ways in which people talk about family planning (particularly husbands and wives), and how such discourse is linked to behavior. Both qualitative and quantitative research can help develop more effective IEC message strategies to address this critical element in the family planning equation.
- **Pretesting of messages** will be improved to ensure optimal audience/program fit.

- **Pro-Approach Campaign will be evaluated** using a baseline and post-test survey to determine whether communication objectives have been met and to corroborate service records.
- **Media habits such as attention to radio, press and regional TV will be investigated** to determine channel effectiveness and target new opportunities to extend the reach of family planning messages.
- **Operations research shall be conducted on the management of national and local IEC programs.** The findings will feed into an effective management of information and activity tracking system for the SIS.
- **Focusing and coordinating national communication efforts by leading in the development of a national family planning IEC strategy.** Collaborating with and assisting other family planning agencies engaged in IEC activities, such as the NPC in its preparation for the International Conference on Population and Development (ICPD) and the MOH in its enhancement of the SDP Project will position the SIS to take an increased leadership role in FP IEC. The SIS will actively seek to coordinate these and other agencies toward the formulation and implementation of an integrated national FP IEC Strategy. The SIS will develop the strategy and assist in coordinating national IEC activities through periodic interagency meetings -- with the Project Coordinating Committee, with the NPC and with the MOH/SDP, for example.

C.1.2 OUTPUTS: RESEARCH FOR STRATEGIC DESIGN

Improved understanding of client characteristics influencing contraceptive adoption using audience segmentation and analysis of subgroups (unmet demand, low-parity women, men, dropouts) as well as baseline information for project IEC indicators.

Expanded understanding of agency IEC capacities from program analyses of institutional capacities and resources.

Enhanced program design and implementation based systematically on audience and program analyses.

Improved messages consistently guided by formative research, including pretesting.

Improved replanning of programs based on periodic impact evaluation.

Improved integration of IEC approaches based on interagency coordination between the SIS, the NPC, MOH and NGOs.

C.2 "DEMAND-GENERATION" AND "PRO-APPROACH" CAMPAIGNS

The communication strategies of the SIS will have the goal of **Closing the Gaps**. Specific "Demand Generation" and "PRO-Approach" campaigns will be designed to address selected demographic and communication gaps. The key objectives identified in the subproject purpose (increasing knowledge, positive attitudes, communication behavior and practice) cut across these gaps and will thus be met through the campaigns. Formative research will support these campaigns and evaluations will determine their impact on achieving the subproject purpose. The following gaps have been identified by research and will be discussed under the "Campaign Background, Audiences, and Objectives" Section below:

- **GEOGRAPHICAL GAP**
- **UNMET NEED**
- **CLIENT CONTINUATION/DISCONTINUATION GAP**
- **HUSBAND-WIFE COMMUNICATION GAP**
- **THE ADVOCACY GAP**
- **CLIENT SATISFACTION GAP (PRO-Approach, SIS-MOH/SDP)**

Campaign implementation will make use of the mass media and local outreach network of the SIS and will be discussed under the "Campaign Interventions" Subsection C.2.2 below. Finally, "Communication Outputs" will be discussed in the concluding Subsection, C.2.3.

C.2.1 CAMPAIGN BACKGROUND, AUDIENCES, & OBJECTIVES

THE GEOGRAPHICAL GAP:

Background: Despite the success of national IEC campaigns in reaching a large proportion of the population, there still is a need to complement national campaigns with targeted local outreach activities. The 1992 EDHS survey showed that there is still a substantial geographical difference in contraceptive use. Modern contraceptive use is highest in urban Lower Egypt (58.5%) and the four urban governorates (55.6%), followed by a second tier of prevalence in rural Lower Egypt (48.2%) and urban Upper Egypt (45.4%). Although prevalence has increased in all these regions since 1988, the ranking has remained essentially the same, with rural Upper Egypt lagging behind substantially at 23% prevalence. The positive side is that 23% in rural Upper Egypt represents more than a doubling of the rate in 1988, when it was only 10%.

Indeed, the four highest proportional increases in contraceptive use at the governorate level took place in Assiut, where use more than doubled, and Qena and Beni Suef, where use virtually doubled. In Aswan contraceptive use increased by almost two-thirds. In Minya, according to the 1993 evaluation of the intensive local IEC campaign, prevalence rose from 22% in 1992 (EDHS) to 30% in 1993. However, the governorate with the lowest level of contraceptive use is also in Upper Egypt, Sohag, indicating special IEC needs in that governorate. Throughout the country, prevalence increased in 19 of the 21 governorates surveyed, remaining essentially stable in two governorates (Damietta and Cairo). Among the 21 governorates, use increased at an average rate of 8% per year between 1988 and 1992, and an average 2.4 percentage points per year.

To complement national mass media campaigns, alternative approaches are needed at the governorate level to reach the hard-to-reach. Outreach activities concentrated on select villages and districts as well as coordination with MOH/SDP clinic staff and

MOH mobile service/referral units at the local level will be strategies employed to reduce the disparity in CPR between rural Upper Egypt and the rest of the country.

Audiences:

- Men and Women of rural Upper Egypt,

Objectives:

- Increasing clinic visits and contraceptive adoption.

UNMET NEED:

Background: According to the 1992 EDHS data, the level of family planning use (any method) is approximately 47%. The survey also showed a desire to regulate fertility among 82% of married women, with 66% indicating that they did not want another child and 16% wanting to wait at least two years before the birth of the next child. With approximately 47% of women using contraceptives, approximately 35% of non-using married women can be considered to have an unmet need for effective family planning. Considering that the majority of women approve of family planning and 75% believe that their husbands also approve, those with unmet demand provide a ready audience for high quality family planning IEC. Special efforts will be made to identify ready sub-groups and to activate demand among them.

Audiences:

- MWRAs with unmet need for family planning, including
 - Low-parity women who wish to space,
 - High-parity women who wish to limit,
 - Dropouts,

Objectives:

- Increase knowledge of new methods, particularly injectables, and Norplant where available,
- Increase positive attitudes toward safety of methods,
- Increase clinic visits,
- Increase contraceptive adoption and continuation.

**CLIENT CONTINUATION/DISCONTINUATION GAP:
(addressed also in SIS/SDP IEC Initiative)**

Background: The 1992 DHS found the extended use failure rate to be 10%. Of women who have discontinued contraceptive use in the last five years, 50% of IUD users and 44% of pill users cited side effects and health concerns as the cause for discontinuation. The 1988 data show that 60% of women who know about the Pill and 40% who know about the IUD see side-effects as a primary obstacle to continued use. Focus group research has shown that the fear of side effects is the main reason behind the high rate of method switching. The combined effect of misuse of the pill and insufficient information on side effects leads to discontinuation and the spread of rumors and misinformation.

Strategic IEC interventions will have the objectives of increasing knowledge of proper use of contraceptives and promoting positive attitudes toward their safety and effectiveness. An indicator of increased positive attitudes toward contraceptive safety will be a reduction in the percentage of women citing side effects and health concerns as the reasons for discontinuation. Additional indicators for increased positive attitudes toward contraceptive safety will be established in the audience segmentation study and the PRO-Approach baseline survey. The PRO-Approach, promoting MOH "quality-improved" providers and modern contraceptives is expected to have a decisive effect on attitudes toward safety of contraceptive use and, in turn, to contribute to a reduction in discontinuation rates.

Also related to correct contraceptive use are issues of source of care and quality of care. There has been a significant change in the distribution of current users by service providers between 1988 and 1992 (EDHS). Whereas the public sector accounted for 23.7% in 1988, it was 35% in 1992, the private doctor/clinic increased from 20.3% to 28.2%, and the pharmacies decreased from 53.4% to 28.3%. This change may be the result of the shift

in the method mix towards the IUD (in 1988 40% of all users were employing IUD while in 1992, 60% of users had adopted that method). The increase in the public sector share of clients coupled with improvement of care under the MOH/SDP Quality Improvement Program (QIP) provides an expanded opportunity to increase proper contraceptive use and reduce discontinuation rates.

Audiences:

- Dropouts
- Users

Objectives:

- Increase knowledge of correct method use, particularly of injectables,
- Increase positive attitudes toward safety and effectiveness of modern contraceptive methods,
- Increase clinic visits and the adoption of contraceptive methods,
- Reduce discontinuation of contraceptive method use.

HUSBAND-WIFE COMMUNICATION GAP:

Background: The 1992 EDHS survey showed that only 39% of men and 44% of women said that they had ever discussed family size with their spouses. Misperceptions of spousal attitudes on family planning are widespread: nationally, 16% of wives thought that their husbands wanted more children than they, whereas 7% of husbands thought their wives wanted more children than they did themselves. Among couples from rural Upper Egypt, fully

one third of wives and 29% of husbands were wrong in their perception of their spouse's attitude toward family planning. Such misperceptions are an indicator of a lack of husband-wife communication on family planning.

Measures of change in these indicators in the proposed 1996 EDHS will show the impact of IEC strategies designed to improve husband wife communication on family planning. Husband-wife communication on family planning-related issues, including contraceptive methods, has been found in the family planning literature to be a strong determinant to family planning adoption behavior. The Aahat Social Drama Campaign Evaluation conducted by JHU/PCS in Pakistan found that 89% of women who discussed family planning methods with their spouses visited the clinic; 98% of those visiting the clinic had discussed contraceptive methods with their spouses.

Another indicator of spousal communication is whether FP decisions are made jointly between husbands and wives. In the 1992 EDHS, only half of the women interviewed believed FP decisions were made jointly with their husbands. Furthermore, there were significant misperceptions about whether the decision to have another child is made jointly, again very pronounced in rural Upper Egypt. While 39% of the husbands in the area said both husband and wife had an equal influence on the decision, only 25% of women regarded themselves as equals in the decision.

Though most contraceptive practice in Egypt employs female methods, wives generally do not take action without the husbands' sanction. The lack of the man's explicit approval of family planning is, therefore, an impediment to family planning adoption. The 1992 EDHS showed that 25% of husbands do not explicitly approve of family planning. The rate is higher for Upper Egypt. In Minya, only 66% of wives said their husbands explicitly approved of family planning.

Audiences:

- Married Couples of reproductive age (MCRAs), particularly in rural Upper Egypt, and
- Husbands, particularly in rural Upper Egypt.

Objectives:

- Increase husband-wife communication on family planning, particularly on contraceptive methods,
- Increase positive attitudes toward and explicit approval of family planning among males,
- Reduce spousal misperceptions of their partner's approval of family planning, and
- Increase joint decision-making on family planning between spouses.

ADVOCACY GAP:

Background: Advocacy among local leaders is an important strategy to build support for the family planning program. In rural Upper Egypt, advocacy among religious leaders continues to be particularly important. In the evaluation of "The Nile Flows On" the average response of viewers before exposure to the TV Series was that modern family planning methods were *haram* (against religious beliefs). After the film was shown, this attitude was reversed, with the average respondent stating that family planning was not contrary to his or her religious beliefs. Additionally, the character of the young sheikh who supported family planning in the drama was shown to have high credibility among survey respondents. Religious leaders, as has been found in the Minya Initiative, are effective at reaching the entire community, but, in particular, men, whose importance in the family planning decision has been discussed in the previous section.

Audiences:

- Religious leaders, and
- Community leaders,

Objectives:

- Increase advocacy for family planning in the context of other positive benefits (maternal-child health, improved household economy, educational opportunities, etc.),
- increase advocacy in direct support of family planning service providers and services.

CLIENT SATISFACTION GAP: THE PRO-APPROACH CAMPAIGN: (SIS/SDP)

Background: Increasing client satisfaction will entail quality improvement of MOH family planning services and the promotion of these services to prospective clients. Further information needs to be gathered on client satisfaction, but a direct indicator of dissatisfaction is the level of extended use failure rate--10% in the 1992 DHS. As noted under the "Continuation/Discontinuation Gap" above, focus group research has shown that the high rates of method switching and dropping out are due mainly to side effects, which should be expected to decline with better quality care. The provision of safe, quality services with improved client informational materials is thus the first essential step toward increasing client satisfaction.

The second step is to promote professional providers and services to reposition their image in the public mind and stimulate demand for services. The SIS/IEC Center plans to market "Quality-Improved" Ministry of Health service providers and centers in just this manner under the SIS/SDP collaboration.

In Summary,

- Client satisfaction can be increased through improved client-provider counseling, availability of appropriate client educational materials, and other indicators of quality of care (timely service, cleanliness, proper clinical procedures, etc.).
- The Ministry of Health/SDP Project has embarked on a quality improvement program (QIP) for its clinics nationwide. It plans under POP/FP III to have 70% of FP

service units meet 90% QIP standards, 30% of districts served with actively functioning mobile service/referral teams, 80% of service delivery units offering injectable method and 75% of rural clinics in Upper Egypt staffed with at least one nurse.

- The Ministry of Health is the largest provider of FP services, accounting for 47% of the services delivered nationwide. It has an extensive network of 3,600 clinic facilities covering all 21 governorates.

Audiences:

- dropouts,
- non-contraceptive using MWRAs (particularly those with an unmet demand for contraceptives), and
- current MWRAs using contraceptives,

Objectives:

- increase knowledge of safe, correct method use (through appropriate client IEC),
- increase client awareness of what constitutes quality service,
- increase (establish) recognition of symbol associated with QIP facilities,
- increase positive attitudes toward professional providers and services, particularly toward those of QIP facilities,
- increase clinic attendance,
- increase contraceptive adoption and continuation, and
- increase client satisfaction.

(For details of the "Pro-Approach" campaign see Appendix C.

C.2.2. CAMPAIGN INTERVENTIONS

- **Mass Media:** Mass media will play a key role in promoting family planning concepts, service providers and contraceptive methods. It will focus on providing the impetus to people so that they will move from the stage of the decision to adopt family planning to the actual adoption. Messages will concentrate on activating unmet demand.
- **Local Outreach Initiatives:** On the local and governorate level, the select villages project will be expanded. Local Information Centers will use lessons learned in the initial select villages and Minya to improve outreach strategies and address the needs of the underserved in Lower and Upper Egypt. In interpersonal communication, new formulas will be tried out. One will be participatory theater, where theater groups will act out a drama and leave the solution to the audience input. Members of the audience will be asked to contribute their ideas to how the drama should end and discussions will follow on pros and cons of each suggestion to stimulate exchange and convey more information. Short duration docu-dramas produced by the SIS/IEC Center will also be very useful for delivering specific messages and generating discussions at LIC meetings.
- **Marketing of MOH providers and MOH FP services through collaboration with the SDP subproject.** Collaboration with the SDP on development of IEC and implementation of the PRO-Approach will improve the quality and increase the quantity of SDP IEC materials used for interpersonal counseling regarding FP services and methods. During the second phase of the project, when the MOH determines that a sufficient level of quality improvement among MOH service units has been reached, the SIS will implement a mass media and local outreach campaign to market MOH providers and services. The SIS will also conduct a communication impact evaluation of the marketing campaign.

C.2.3 OUTPUTS: DEMAND GENERATION CAMPAIGNS

- Building on the successes of the "Doctor's Diary" TV spots and the "Nile Flows On" serial drama, the SIS/IEC Center will continue to develop innovative ways to disseminate FP messages based on research findings. TV Spots, social dramas, radio spots and additional 'enter-educate' programs will be produced and disseminated. To maximize the cost benefits of such programming, particularly serial dramas, special attention will be paid to streamlining program development, obtaining fixed scheduling agreements with the Radio Television Union and exploring alternative program durations and formats.
- Family planning messages will be broadcast on national television and radio as they have been in the past but new communication channels, such as regional TV and radio stations which are claiming increased share of the audience, will be used to extend message reach. Through the LICs, local radio stations will be used in innovative ways to reach young illiterate women with FP messages.
- Organized multimedia campaigns will be used to maximize the impact of messages and products (e.g., themes of social dramas, spot advertising and local activities will be linked in concerted campaigns).
- Knowledge and the image of contraceptive methods, including Norplant and injectables (where available) will be improved through the mass media, local outreach and provider/client IEC materials. The benefits of contraception will be promoted as well as informed choice and contraceptive information to reduce fears, misinformation and misuse.
- Decentralizing local IEC program planning and implementation will be expanded.
- Short 10-15 minute docu-dramas will be produced by SIS/IEC Center to generate discussion in public meetings conducted by LICs.

The "PRO-Approach" Campaign

- Improved quality and quantity of contraceptive information will be available to enhance informed choice and assist the client/provider interaction.
- Knowledge and the image of contraceptive methods, including Norplant and injectables (where available) will be improved through the mass media, local outreach and provider/client IEC materials.
- Image of FP service providers will be improved through the mass media and local outreach by providing role models for practitioners and a higher level of expectation for quality care among clients.
- SIS and MOH/SDP interagency meetings will be conducted at the national level for strategic program design and collaboration; orientation meetings and workshops involving MOH and SIS staff will be held at the local level.
- SIS local outreach activities will be linked closely to the MOH/SDP mobile service teams deployed at the district level. SIS community mobilization activities will channel participants to ready service sites.

C.3 INSTITUTIONAL DEVELOPMENT

In 1993, the SIS/IEC Center attempted to update its management systems through the training of its field officers as well as through the introduction of computer use for programmatic and financial monitoring. Increased training for Management Information Systems (MIS) and the establishment of an MIS will therefore be carried out under this subproject.

To enhance the communication and management skills of the SIS/IEC staff there is a need for selective training abroad. The purpose of such

training is to increase an understanding of how successful FP IEC programs in other countries are designed, implemented and managed. This advanced foreign training is expected to focus on program design, implementation and evaluation.

Additionally, to support long-term program sustainability, avenues of supporting SIS IEC activities through increased GOE support as well as through private sector leveraging will be explored. A policy-level dialogue will commence with the SIS to increase GOE support of FP IEC programs. Areas of institutional development under the project will result in the following outputs:

OUTPUTS: INSTITUTIONAL DEVELOPMENT

- Improved IEC program planning and management skills among SIS staff and among other agencies through in-country workshops and participant training in strategic planning, design, implementation, monitoring and evaluation.
- Improved IEC Program Management system designed and implemented.
- Improved technical skills in computers, office management, research methodology and management of TV/video productions.
- Improved indexing, archiving and distribution system for SIS/IEC documentation center designed and implemented.
- Improved system of communication between SIS/Cairo and LIC staff to better manage and foster decentralized planning and implementation of local initiatives.
- An expanded role for the SIS in inter-agency coordination, communication strategy design, and the dissemination of IEC lessons learned to other family planning agencies.
- Policy level dialogue will begin to increase GOE and private sector support of FP/IEC programs.

C.4 INPUTS TO THE SUBPROJECT

Technical Assistance Inputs: A long-term expatriate IEC Specialist, supplemented by short-term expatriate technical assistance shall be furnished by the Implementation/ Goods and Services (I/G&S) Contractor to provide inputs to the SIS in the following areas:

- Management,
- Research for Strategic Planning,
- Program Design and Implementation,
- Training, and
- Marketing.

Short-term in country assistance through special IEC consultants will be provided through USAID-supported SIS and SIS/SDP budgets.

Financial Inputs: USAID funds will support IEC local program costs as per the attached budget (SIS Budget). SIS will contribute staff salaries, overhead and media airtime costs. Financial inputs for expanded program and management costs will be required from USAID. Committee fees for work conducted for such expanded programs are included in the local cost budget. To meet reporting and accounting requirements of USAID, complete records will be kept of the committees' constitution, the names of members attending and meeting times.

Support of the services performed by the SIS for the PRO-Approach (SIS/SDP) Initiative will be conducted through project-funded staff and committees as per the attached budget (SIS/SDP Budget). The costs of the research and IEC activities as outlined in the signed SIS/IEC Center - Ministry of Health/SDP Letter of Agreement will also be borne by USAID through the local cost budget provided to the SIS/IEC Subproject via Project Implementation Letters.

Participant Training: The I/G&S Contractor will coordinate short-term participant training for the SIS. Funds for participant training shall be provided through the I/G&S contract. As detailed in the subsequent Training Plan, the I/G&S Contract will provide four foreign participant training opportunities for the SIS. Based on staff needs, the SIS has

requested additional foreign participant training opportunities over the 3.25 year life of the project. The staff needs and alternate participant training plan are detailed in the Training Plan section (#E). Upon the condition of USAID approval and the timely incorporation of earmarked funds into the I/G&S contract, additional participant training opportunities may be provided to the SIS.

Procurement: Upgrading the SIS communication infrastructure is expected to require procurement and use of select commodities such as computers, audio-visual equipment, and vehicles. Procurements will be made through the I/G&S Contractor at levels agreed upon by USAID and placed under the I/G&S Contract. The present I/G&S Contract allows for procurement for SIS of the audio-visual equipment detailed in the subsequent Procurement Plan (Section F); the contract does not presently allow for procurement of computer equipment. Based on justification furnished in the Procurement Plan (Section F), the SIS is requesting computer procurements. The SIS is programmed to receive 3 vehicles under the I/G&S Contract (see Vehicle Procurement Plan, Section G), and based on the justification furnished therein, is requesting 12 additional vehicles. Upon the condition of USAID approval and the timely incorporation of earmarked funds into the I/G&S contract, computer equipment and additional vehicles may be provided to the SIS.

D. SIS/IEC CENTER IMPLEMENTATION PLAN AND SCHEDULE CHART

The following Implementation Plan and Schedule gives activities which need to be carried out by the SIS/IEC Center by each quarter of the period covered in the Workplan April, 1994 - June, 1997. Activities in the following Implementation Plan and Schedule will result in the outputs of the Implementation Plan and are grouped in corresponding categories, as illustrated in the table below.

**Table 1.
Outputs and Implementation Activities**

OUTPUTS	IMPLEMENTATION ACTIVITIES
1. Improved strategic information	Research & Evaluation
2. Increased Demand generated and Effective Use of Contraceptives improved through Mass Media and Local Outreach MOH/SDP Service Providers and Clinics marketed through the PRO-Approach	Strategic Communication & Interpersonal and Local Activities SIS - MOH/SDP PRO-Approach Activities
3. Improved SIS Management Capacity	Institutional Development

**TABLE 2.
MASTER IMPLEMENTATION PLAN AND SCHEDULE**

ACTIVITY	OUTPUT CODE	BUDGET CODE	INDICATORS	DATES												
				START-UP	PROJECT YEAR 1 (7/94-6/95)				PROJECT YEAR 2 (7/95-6/96)				PROJECT YEAR 3 (7/96-6/97)			
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. STRATEGIC COMMUNICATION																
Conduct National IEC coordination meetings with NPC	1.6	C.1.1	Quarterly Meetings	X	X	X	X	X	X	X	X	X	X	X	X	
Develop National Communication Strategy	1.1-3 1.6	C.1.2	National IEC Strategy produced			X	X	X	X	X	X	X				
Prepare Annual SIS Strategic Plans and establish key campaign themes	1	C.1.4	Annual plan developed, campaign themes established	X	X			X	X			X	X			
PRO-Approach Strategy with MOH/SDP (see PRO-Approach Strategy subsection below)																
Develop messages for TV and radio dramas, spots and inserts	1.4	A.1.1	New messages developed	X	X	X			X	X			X	X		
Produce TV spots.	2	A.1.1	Est. 6 TV spots/yr		X	X	X	X	X	X	X	X	X	X	X	
Produce TV inserts and programs.	2	A.1.2	Multiple inserts in est. 24 regular programs/yr	X	X	X	X	X	X	X	X	X	X	X	X	
Organize TV Contests	2	A.1.3	Est. 4/yr	X	X	X	X	X	X	X	X	X	X	X	X	X
Produce "Wedding of the Month"	2	A.1.4	1 regular program, est. 12 shows/yr			X		X		X		X		X	X	
Produce TV play for Ramadan	2	A.1.5	1 TV play produced		X	X	X									
Develop two TV serial dramas To promote providers	2 (2.2)	A.1.6	2 TV serials produced		X	X	X	X	X	X	X					
Develop one TV serial drama To increase H/W Communication	2 (2.3)	A.1.7	1 TV serial produced								X	X	X	X	X	

ACTIVITY	OUTPUT CODE	BUDGET CODE	INDICATORS	DATES													
				START-UP	PROJECT YEAR 1 (7/94-6/95)				PROJECT YEAR 2 (7/95-6/96)				PROJECT YEAR 3 (7/96-6/97)				
					Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. STRATEGIC COMMUNICATION																	
Produce radio social dramas	2	A.2.1	8/yr, 5 for main network, 3 for regional networks		X	X	X	X	X	X	X	X	X	X	X	X	
Produce radio soap operas	2 (2.3)	A.2.2	Est. 6/year, 15 episodes, 30 min each.		X	X	X	X	X	X	X	X	X	X	X	X	X
Produce radio inserts and programs.	2	A.2.3	Est. 150 programs / month	X	X	X	X	X	X	X	X	X	X	X	X	X	
Organize radio contests.	2	A.2.4	Est. 6/yr	X	X		X		X		X		X		X		
Develop "special" radio project for young women	2 (2.5)	A.2.5	New programs, est. 6/yr			X		X		X		X		X			
Produce Press features on FP	2	A.3.1	Est. 70/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	
Organize Contests on FP Information	2	A.3.2	Est. 4/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	
Produce docu-dramas for LICs	2	B.1.1	Est. 1/yr		X	X			X	X			X	X			
Reproduce docu-dramas and other A/V materials on 16mm and video	2	B.1.2 B.1.3	Est. 10 copies film, 100 copies video / year			X	X	X	X	X	X	X	X	X	X	X	
Preliminary studies for coproduction of movie feature film on over-population.	2	B.1.4	Study completed, script & mechanism established		X		X		X		X		X		X		
Produce video songs on FP	2	B.1.5	Est. 1/yr				X				X						
Produce documentaries on "Nile" and "Life of Women"	2 1.6	B.1.6	2 Documentaries produced	X	X												
Produce FP posters, calendar, desk display materials	2	B.2.1 B.2.3, 4	Est. 2/yr, 1/yr, 1/yr			X				X					X		
Produce internal newsletter to strengthen Center/LIC link	3.4, 3.5 1.6	B.2.2	Est. 6/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	
Print/reprint booklets for LICs to distribute to opinion leaders	2	B.2.5	Booklets produced			X				X					X		
Produce materials for exhibition.	1.6	B.2.6	Exhibition materials produced	X	X			X			X				X		

ACTIVITY	OUTPUT CODE	BUDGET CODE	INDICATORS	DATES												
				START-UP	PROJECT YEAR 1 (7/94-6/95)				PROJECT YEAR 2 (7/95-6/96)				PROJECT YEAR 3 (7/96-6/97)			
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. STRATEGIC COMMUNICATION									X				X			
Mount promotional campaigns for outstanding productions	2	B.2.7	Public relations events conducted							X				X		
Develop communication inputs for ICPD 1994	1.6	B.2.8 B.2.9	Meetings with NPC, IEC materials produced	X	X											
PRO-APPROACH STRATEGY <i>(SIS - MOH/SDP Collaboration)</i>																
Prepare Annual IEC Plan for Pro-Approach with MOH/SDP; conduct quarterly and periodic technical meetings	1 (1.6)	SIS/SDP 5	Annual Plans & Meetings with MOH in support of Pro-Approach	X	X	X	X	X	X	X	X	X	X	X		
Assist MOH to produce and distribute client/provider IEC materials	2.1 2.2	SIS/SDP 2	Client-provider IEC materials produced	X	X	X	X	X	X							
Conduct interagency technical meetings at Central and Local levels	1.6 3.5	SIS/SDP 5 C.2.3	Plans made, Materials reviewed and prepared		X	X	X	X	X	X	X	X	X	X	X	
Produce SIS - MOH/SDP Pro-Approach Campaign promotional materials. (TV & radio spots, signage)	2 (2.2)	SIS/SDP 1	Marketing materials produced				X	X	X	X	X	X				
Conduct integrated SIS-MOH/SDP campaigns among LICs (See IPC Local activities section)	2 (2.2)	C.2.8	Integrated outreach meetings and program activities conducted					X	X	X	X	X	X	X	X	X
Conduct formative research, including pretesting of messages (See Research section)	1.4	SIS/SDP 4	Studies conducted and reports produced				X	X	X	X	X					
Conduct baseline and post-campaign evaluation survey (See Research section)	1.5	SIS/SDP 4	Study conducted and report produced					X	X	X	X	X	X	X		

ACTIVITY	OUTPUT CODE	BUDGET CODE	INDICATORS	DATES													
				START	PROJECT YEAR 1				PROJECT YEAR 2				PROJECT YEAR 3				
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
2. INTERAGENCY COLLABORATION, IPC & LOCAL ACTIVITIES																	
Conduct national level IEC Conferences and Seminars	1.6	C.1.3	Est. 2/yr			X	X			X	X			X	X		
Conduct seminars with regional universities/colleges.	3.1	C.1.4	Est. 2/yr			X				X				X			
Conduct FP promotional campaigns. (IEC Center Activity)	2	C.1.5	Est. 3/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	
Organize contest at national level	2	C.1.6	Est. 1/yr.			X				X				X			
Conduct ongoing public meetings in select villages and districts	2	C.2.1	Est. 8/yr x 60 LICs	X	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct 3-day educational meetings for local influentials,	2	C.2.2	Est 7 per office/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Conduct inter-agency meetings (Collaboration with MOH/SDP, NPC)	1.6	C.2.3	Est. 10 per office/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	
Organize audio-visual meetings	2	C.2.4	Est. 15 per office/yr	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Organize youth meetings (during summer camps)	2	C.2.5	Est. 200 per yr	X	X				X				X				
Organize Ramadan evening meetings	2	C.2.6	Est. 8 meetings per office per year				X			X				X			
Organize Zagal and recreational evenings	2	C.2.7	Est. 1/yr per LIC	X	X				X				X				
Expanded "Select Village/District" Campaigns in 90% LICs	2	C.2.8 C.1.5	Est. 16 PY1, 32 PY2, 48 PY3	X	X	X	X	X	X	X	X	X	X	X	X	X	X

ACTIVITY	OUTPUT CODE	BUDGET CODE	INDICATORS	DATES												
				START	PROJECT YEAR 1				PROJECT YEAR 2				PROJECT YEAR 3			
3. INSTITUTIONAL DEVELOPMENT				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Conduct Computer Training for IEC Center staff	3.3	D.1.1	Est. 4/yr	X		X		X		X		X		X		
Conduct 3-day seminars for SIS officers for planning, mobilization, presentation, and evaluation.	3.1	D.1.2, D.1.4	Est. 3/yr (IEC Center)	X			X				X				X	
Conduct management systems training for SIS Center and LIC officers	3.1 3.2	D.1.3	Est. 3/yr for 30 psns		X	X		X		X		X		X		
Conduct research training workshop for SIS officers	3.1	D.1.5	Est. 2/yr	X	X	X		X		X		X		X		
Conduct FP/IEC local leader training	3.5	D.2.1	Est. 4/yr	X		X		X		X		X		X		
Conduct seminars for press & media personnel.	2	D.2.2	Est. 9/yr (IEC Center)		X	X	X	X	X	X	X	X	X	X	X	X
Reinforcement training for religious leaders.	2	D.2.3	Est. 4/yr (IEC Center)	X		X				X				X		
Conduct seminars for Women's Councils in the governorates.	2 1.6	D.2.4	Est. 4/yr (IEC Center)		X		X		X		X		X		X	
Procure A/V equipment	3.3,3.4	I/G&S	Equipment procured			X	X									
Procure Computer equipment subject to USAID approval.	3.2	I/G&S	Equipment procured			X	X									
Reorganize documentation center.	3.4	F.2.7	Documentation center functioning		X	X	X	X	X	X	X	X				

39

4. CONDUCTING FORMATIVE RESEARCH & IMPACT EVALUATION		BUDGET CODE	INDICATORS	START	PROJECT YEAR 1				PROJECT YEAR 2				PROJECT YEAR 3				
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Conduct Audience segmentation/psychographic profile survey	1.1	E.1	Study conducted and evaluation report produced	X	X	X	X										
Conduct message pretesting for iec materials	1.4	E.2	Est. 4 sets FGDs/yr	X													
Investigate reasons for discontinuation, unmet demand	1.1	E.2	Study conducted and report produced	X	X	X											
Investigate low-parity women and other populations	1.1	E.2	Study conducted and report produced	X		X	X										
Investigate husband/wife communication on FP	1.1	E.2	Study conducted and report produced	X		X	X					X				X	
Study channel effectiveness for regional television	1.2	E.3	Study conducted and evaluation report produced			X	X										
Conduct pre and post surveys of villages for "Select Village" project.	1.5	E.4 E.5	Study conducted and evaluation report produced	X		X		X		X		X		X	X		
Impact evaluation of T.V spots & dramas.	1.5	E.6	Study conducted and evaluation report produced				X				X					X	
PRO-Approach Campaign Evaluation (included in SIS/SDP subsection)	1.5	SIS/SDP 4	Study conducted and evaluation report produced						X			X					

40

E. TRAINING PLAN

SIS/IEC Center management and institutional capacity will be augmented through targeted participant and in-country training.

E.1. Participant Training

Limited short-term participant training for SIS staff will be arranged and funded through the I/G&S Contract. The Contract presently makes provision for four participant training positions over the Life of Project (LOP). As shown in the Participant Training Plan below (Table 3), the special needs identified by the SIS for which training will be provided are: 1) IEC Strategic Planning and Design, 2) Community Mobilization, and 3) Research Utilization. The training proposed to best meet these needs for the four participants is the three-week "Advances in Family Planning Communication" Workshop conducted by JHU/PCS in Baltimore, USA.

**Table 3.
SIS Subproject
Overseas Participant Training Plan
under I/G&S Contract**

Trainee/ Position	Subject	Duration	Total	Startup & PY1 94/95	PY2 95/96	PY3 96/97
IPC Specialist	FP IEC Strategic Planning	3wk	1	1		
Press Specialist	FP IEC Advocacy	3wk	1	1		
Research Specialist	FP IEC Research	3wk	1	1		
LIC Outreach Specialist	Community Mobilization	3wk	1	1		
TOTAL		12 wk	4	4		

Invitational Travel:

Two Invitational Travel opportunities have been identified for top management to attend international conferences and share the lessons learned in Egypt's FP IEC program. The persons and subjects are identified in the table below. Invitational travel costs will be borne by the I/G&S Contractor, as detailed in the total Participant Training and Invitational Financial Plan below.

**Table 4.
SIS Subproject
Invitational Travel Training Plan
under I/G&S Contract**

Position	Subject	Duration	Total	PY1 94/95	PY2 95/96	PY3 96/97
SIS Director	Promoting FP Providers and Services: The PRO-Approach in Egypt	1wk	1			1
SIS Director	Activating Demand through Local Outreach: The Minya Initiative	1wk	1	1		
TOTAL		2wk	2	1		1

**Table 5.
FINANCIAL PLAN
SIS**

**Overseas Participant Training and Invitational Travel
(Provided by I/G&S Contract - US\$)**

Type of Training/ Travel	Location and No. of courses	Cost per trip US \$	Total Cost US \$	Cost\$ PY1 94/95	Cost\$ PY2 95/96	Cost\$ PY3 96/97
Overseas Participant Training	USA - 4 courses	@ 10000	40,000	20000	20000	
Invitational Travel	USA - 2 trips	@ 6000	12,000	6000		6000
TOTAL (US\$)			52,000	26000	20000	6000

Proposed Plan for Additional Participant Training

To assist in achieving its Institution Building goals, the SIS is requesting an additional 12 foreign participant training positions over the Life of the Project.

Present Capacity

The SIS currently has an estimated pool of 70 senior staff members, each working with two or more junior staff who bear responsibility for program management. All of them need a firm grasp of FP Communication principles and approaches in order to design and implement more effective programs. In the six years between 1987 and 1993, 40 SIS staff members have received USAID-supported participant training, averaging close to seven trainees per year. This training has greatly benefitted the FP Communication Program in Egypt, but staff training needs continue to exist as the program matures and new staff join SIS.

For staff members in key positions of responsibility, with technical expertise and English language proficiency, overseas participant training provides a valuable means of gaining skills and wider exposure to lessons learned in Family Planning Communications worldwide.

Justification

The areas of greatest need for skill development among Center and LIC staff are:

- Research Techniques and Utilization
- Strategic Planning and Design
- Program Monitoring and Evaluation
- Marketing
- Community Mobilization
- Technical: MIS, Desktop Publishing, Documentation Center Management, Audio-visual techniques

In addition to the four (4) SIS participant training positions available under POP/FP III, the SIS has identified a need for 12 additional positions which can be filled from among its Center and LIC staff. The staff identified need training in one or more of the areas above, are well-qualified, and their added skills would provide a direct benefit to the mass media and local outreach programs of the SIS. Each has extensive field or academic experience and is expected to meet language proficiency requirements.

Table 6, the "Additional Participant Training Plan" details the types of positions, subjects of training, proposed schedules and costs to be requested for USAID consideration. The funding, if approved, would be included under the I/G&S Contract, which would furnish the required training to the SIS.

Finally, Table 7, the "Summary Participant Training and Invitational Travel Plan," presents the entire plan for existing and requested Participant Training and Invitational Travel.

Table 6.
SIS Subproject
Additional Participant Training Plan
Requested under I/G&S Contract

1. PARTICIPANT TRAINING						DATES			
Trainee/ Position	Subject	Duration	US\$ Cost per course	Total US\$ Cost	Total Number of Positions	START-UP	PY1 94/95	PY2 95/96	PY3 96/97
IPC Specialist	FP IEC Strategic Planning	3 wk/ea	10,000	10,000	1			1	
Mass Media Specialists	FP IEC Campaign Design and Marketing	3 wk/ea	10,000	20,000	2			1	1
Research Specialist	FP IEC Research	3 wk/ea	10,000	10,000	1				1
Technical specialists	Technical training: graphics, MIS	1.5 wk/ea	6,000	12,000	2		1		1
LIC Outreach Specialists	Community Mobilization (USA/Indonesia)	3 wk/ea	10,000	20,000	2			1	1
	Community Mobilization (Observational Study)	1.5 wk/ea	4,000	16,000	4		1	2	1
TOTAL Participant Training					12		2	5	5
				\$ 88,000			\$10,000	\$38,000	\$40,000

Table 7.
SIS Subproject
Summary Participant Training & Invitational Travel Plan
Requested under I/G&S Contract

Note: a) includes 4 existing Participant Training positions (Table 3) and 12 requested positions (Table 6)
 b) includes 2 existing Invitational Travel Positions (Table 4)

1. PARTICIPANT TRAINING						DATES			
Trainee/ Position	Subject	Duration	US\$ Cost per course	Total US\$ Cost	Total Number of Positions	START-UP	PY1 94/95	PY2 95/96	PY3 96/97
IPC Specialist	FP IEC Strategic Planning, Advocacy	3 wk/ea	10,000	20,000	2		1	1	
Mass Media Specialists (including Press)	FP IEC Campaign Design and Marketing	3 wk/ea	10,000	30,000	3		1	1	1
Research Specialist	FP IEC Research	3 wk/ea	10,000	20,000	2		1		1
Technical specialists	Technical training: graphics, MIS	1.5 wk/ea	6,000	12,000	2		1		1
LIC Outreach Specialists	Community Mobilization (USA/Indonesia)	3 wk/ea	10,000	30,000	3	1		1	1
	Community Mobilization (Observational Study)	1.5 wk/ea	4,000	16,000	4		1	2	1
TOTAL Participant Training					16	1	5	5	5
				\$ 128,000		\$10,000	\$40,000	\$38,000	\$40,000
2. INVITATIONAL TRAVEL									
SIS Director	Minya Initiative & PRO-Approach	1 wk/ea	6,000	12,000	2		1		1
GRAND TOTAL Participant Training & Invitational Travel					18	1	6	5	6
				\$ 140,000		\$10,000	\$46,000	\$38,000	\$46,000

E.2 In-country Training

In-country IEC Training will be conducted in the areas outlined below:

- Research Utilization
- Strategic Planning and Design
- Program Monitoring and MIS
- Marketing
- Community Mobilization
- Technical: MIS, Desktop Publishing, Documentation Center Management, Audio-visual techniques

The Subproject will use short-term expatriate training specialists, non-SIS Egyptian resource persons and qualified staff to conduct training workshops and special seminars for a variety of participants. The subjects and schedules of these trainings are given in the Training and Local Activities sections of the Master Implementation Chart. The Financial Plan for the trainings is included in the SIS Financial Plan, local cost budget.

F. COMMODITY PROCUREMENT PLAN

The SIS infrastructure was upgraded under the POP/FP II Project through procurements of select audio-visual equipment and computers. To handle its existing workload and meet the needs of expansion the SIS will face the need for more of both of these types of commodities.

F.1 Audio Visual Equipment:

Present Capacity:

The SIS uses audio-visual equipment to conduct many of its activities, chiefly in the areas of recording key events, making IEC presentations, conducting outreach activities and disseminating materials. Most of the A/V materials procured to date have been those which serve local outreach activities using film, television, radio and audio-cassette. Between 1987 and 1993, the following types and quantities of AV materials were procured for use in the locations specified:

<u>A/V Equipment</u>	<u>Location</u>
(51) Cinema Projectors	LIC (1) IEC Center
(25) Projection Screens	LIC
(46) Television Monitors	LIC (4) IEC Center
(6) Video Cassette recorders	IEC Center
(63) Radio/Audio Cassette Recorders	LIC
(53) Still Photo Cameras	LIC
(25) Overhead Projectors	LIC
(1) VHS Video Camcorder	IEC Center

A/V Equipment Justification:

The functional areas which are underserved by the existing audio-visual equipment are those of video recording, making IEC presentations, particularly using video-cassettes, and

disseminating materials from the Center to the LICs. The activities conducted under these functional areas are illustrated below:

Video Recording: (at broadcast quality and at consumer quality)

- . Recording of folk programs for use in creating new IEC materials
- . Recording focus groups for use in script-writers' workshops
- . Recording live interactions with fp clients and the general public for use in the creation of IEC materials
- . Recording directed material for inclusion into television programming
- . Recording key events such as campaign launches and seminar excerpts for use in program documentation and publicity

IEC Presentations:

- . Using videocassette presentations on normal TV monitors for Local Outreach meetings and IEC Center workshops and seminars
- . Using video projection for presentations to large groups during Local Outreach meetings

Dissemination of Materials

- . Copying SIS-produced video materials and distributing them from the Center to the LICs
- . Copying and distributing video materials to other FP agencies

Procurement

The A/V commodities proposed for procurement under the I/G&S Contract of FP/POP III are designed to fill these needs. The type of equipment, quantity and US\$ cost are given below. Audio-visual equipment for the SIS will be purchased under the I/G&S Contract during Project Year One. In the event that equipment of neither U.S. source nor origin are available, a waiver for purchase shall be requested of USAID.

Table 8.

Audio-Visual Commodity List and Budget

Description	Qty	Unit Cost US\$	Total Cost US\$
Betacam Integrated Video Camera	1	26,000	26,000
Fluid-head Tripod	1	3,000	3,000
Beta Video Recorder		12,000	12,000
VHS Video player/ recorder/ systems converter	2	2,000	4,000
Edit Controller	1	1,000	1,000
20" Multiscan Video Monitors	3	1,200	3,600
12" Video Monitor	2	600	1,200
Portable Video Projectors	4	6,000	24,000
SVHS Camcorder	1	2,000	2,000
SLR Still Camera with 2 lenses and flash	1	1,200	1,200
Multisystem VCRs	20	300	6,000
Microphone Package (2 Lavalier, Directional, Cardioid Mics, Boompole)	1	10,000	10,000
Time-base Corrector	1	12,000	12,000
TOTAL			\$106,000

* includes spare parts at 5% of equipment value

F.2 Computer Equipment Procurement

A stated goal of the Pop III Project is to "enhance SIS institutional capacity to plan, design, implement, coordinate, and evaluate...research-based communication programs." Implicit in this goal is the improvement of SIS capacity to conduct each of these tasks more efficiently and manage them more effectively. Increased computerization will play a vital role in building SIS capacity to conduct and manage these tasks.

While, at present, no procurement of computers for SIS is allocated under the I/G&S Contract, SIS current capacities and needs are discussed below for consideration of such a procurement in the event funds should be available in the future of POP/FP III.

Present Capacity

Under the USAID POP II Project, SIS received the following computer equipment which it uses to capacity in its tasks of routine document preparation:

- (2) IBM Pcs (AT)
- (1) Zeos PC (486)
- (1) Mac (Quadra 700)
- (1) Mac Centris
- (1) Rewritable optical disk drive
- (1) Color Scanner
- (1) Color printer
- (1) Laser Printer
- (1) Dot matrix printer
- (1) QMS 815 MR

Computer Procurement Justification

An assessment of SIS computer needs was conducted under Pop II. Preliminary recommendations suggest a need for approximately 12 additional desktop computers and 3 notebook computers along with hardware accessories (e.g., printers) and appropriate software. These computer inputs would serve the functional areas listed below, enhancing SIS capacity to manage and implement FP IEC programs. Portable notebook computers would be shared by IEC Center staff to conduct work in the field in the areas of MIS/Reporting, Research, Training and Program Implementation identified below:

1. MIS / Reporting requirements

- providing timely access to information for the purpose of decision-making and reporting
- reporting and data collection in the field (requiring portable computers)

(SIS does not possess the hardware necessary to implement a computer-based MIS at present.)

2. Research

- data entry, analysis
- report preparation
- program data entry in the field (qualitative), requiring portable computers

3. Documentation Center Database

- cataloguing materials produced
- IEC information clearinghouse
- dissemination

4. Training Materials Preparation

- schedules, curricula, planning documents, including modifications in the field (portable computers)

- standardized tests, handouts
- presentation materials for resource persons

5. Program Design and Implementation

- planning documents, contract worksopes
- technical products (text for print IEC materials, storyboards, scripts, etc.)
- progress reporting, monitoring
- correspondence
- work in the field (portable computers)

6. Accounting/Finance

- financial entry, reporting

7. Graphics/ Publishing

- layout, composition
- editing
- pre-production (camera ready)

Requested Computer Procurement

The computer commodities proposed for procurement under the I/G&s Contract of FP/POP III are designed to fill the needs identified above. The type of equipment, quantity and US\$ cost are given in the following table. In the event funds become available, computer equipment for the SIS will be purchased under the I/G&S Contract conforming to the US source and origin of purchase requirements of USAID. If equipment of neither U.S. source nor origin are available, a waiver for purchase shall be requested of USAID.

Table 9.
SIS
Computer Procurement Plan
(Requested under I/G&S Contract - US\$)

Description	Qty	Unit Cost US\$	Total Cost US\$
PC Computers 486, 210MB HD, 8MB Ram, accessories	4	\$ 2300	\$9,200
PC Computers 486, 123 MB HD, 8MB Ram, accessories	6	1900	11,400
PC Notebooks 486, 8M, VGA	3	3000	9,000
Mac Quadra 800, 240MB 16M Ram, Monitor, Video card	1	4500	4,500
Mac Centris, 240, 8MB	1	2400	2,400
Iomega 150 Drive	1	900	900
Iomega Bernoulli Disks (150MB)	5	120	600
Laser Printers (Postscript)	3	2400	7,200
Power Surge Protectors	12	100	1,200
Print Queuing Devices	10	75	750
Uninterrupted Power Supply	3	100	300
Tape Backup drive	1	300	300
Backup Tapes	20	40	800
Color scanner (600DPI)	1	3000	3,000
Slide Maker	1	2500	2,500
Dust Covers	12	100	1,200
CD-ROM Drives	2	400	800
PC Software (WordPerfect, Utility Programs, Spreadsheet, DBASE, SPSS)	8/ea	1000/ computer	8,000
Mac Software (Photoshop, desktop publishing, wordperfect, etc.)	3/ea	1500/ computer	4,500
TOTAL			\$ 68,550

G. VEHICLE PROCUREMENT PLAN

Vehicle procurement for the SIS will take place through the I/G&S Contract. At present the Contract provides for three vehicles. The vehicles are planned to be purchased in year one of the Project.

G.1 Present Capacity

The SIS currently has a fleet of 35 utility vehicles. Ten more are in the pipeline under POP II, making a total of 45 vehicles expected by June of 1994. Two of the existing vehicles are kept for IEC Center use, the remainder are distributed amongst the LICs. The vehicles are used to attend meetings outside the Center and, in the governorates, to conduct local outreach activities.

G.2 Justification

The SIS operates 60 LIC offices which conduct intensive local outreach campaigns. These local campaigns are programmed for expansion under POP/FP III to increase contraceptive prevalence and reduce contraceptive use-failure in the rural governorates where the need is greatest. At present only 55% of the 60 LICs have vehicles; when vehicles in the pipeline arrive, the proportion will rise to 72%. The need of the SIS is to obtain an additional 15 vehicles to enable the remainder of the LICs to conduct active local outreach programs. (A few LICs are close together, enabling them to share vehicles.) An active local outreach program consists of the following activities, some of which are programmed for expansion under the SIS/SDP collaboration:

- Distribute IEC materials
- Conduct local training, planning and monitoring trips
- Transport numbers of personnel to meetings
- Arrange logistics for community mobilization campaigns and meetings
- Collaborate with the SDP on marketing activities involving visits to widely dispersed MOH service units.

G.3 Procurement

The following vehicle procurement charts outline the type, estimated cost and distribution of a) the 3 vehicles which are programmed for procurement and b) an additional 12 vehicles which are requested for procurement in the event funds are available.

Table 10.

SIS VEHICLE PROCUREMENT PLAN

VEHICLE STATUS	TYPE	DISTRIBUTION	NO.	UNIT COST	COST
HAVE	Utility	2 at Center 33 at LICs	35		NA
PIPELINE	Utility	10 at LICs	10		NA
PLANNED PROCUREMENT	Passenger Vans (2 vans)	1 at Center 1 at Center for Outreach	2	40,000*	\$ 111,000
	Utility	1 at LIC	1	31,000*	
REQUESTED PROCUREMENT	Utility	12 at LICs	12	31,000*	\$ 372,000
TOTAL			60		\$ 483,000

* includes spare parts at 15% of vehicle value

H. TECHNICAL ASSISTANCE PLAN

Technical assistance (TA) will be offered to the IEC Subproject in the form of expatriate long-term and short-term assistance furnished through the I/G&S Contract as well as by local consultants funded under the Subproject local cost budgets. Qualified Egyptian nationals will be employed as consultants to render assistance where possible. Expatriates will be used only when appropriately qualified Egyptians are unavailable. It is understood that USAID will review and approve all technical assistance personnel prior to their utilization.

H.1 Expatriate Technical Assistance

Long-term expatriate assistance will be offered to the SIS in the person of the Resident IEC Technical Specialist. Short-term expatriate technical assistance will be offered in the areas of research, program support, training and marketing. The long-term specialist will divide his time between the SIS and SIS/SDP Initiative as summarized below and detailed in the table on the following page; the short-term expatriate consultants will serve the SIS, with the marketing specialist assigned exclusively to the SIS/SDP initiative. *

Long-Term Expatriate Resident Advisor:	1/94-6/97
a. IEC Technical Specialist (SIS)	35 person months
b. IEC Technical Specialist (SIS/SDP)	<u>4 person months</u>
Subtotal.....	39 person months
Short-Term Expatriate Technical Assistance categories:	
a. Research Specialists	9 person months
b. Program Management Specialists	10 person months
c. Training Specialists	9 person months
d. Marketing Specialists (SIS/SDP)	<u>4 person months</u>
Subtotal.....	32 person months
Grand Total	71 person months

(*) As per 2/8/94 memo from JHU/CCP to USAID, it is suggested that 4 additional person months of expatriate short-term TA will be needed to implement the SIS - SDP Initiative. This is not available under the current TA allocations within the overall level of short term TA in the I/G&S Contract. The I/G&S will monitor expatriate TA needs and allocations and make adjustments as feasible.

TECHNICAL ASSISTANCE TABLES - IEC SUBPROJECT

**TABLE 11.
EXPATRIATE TECHNICAL ASSISTANCE TO SIS
(in person/months)**

Expatriate Technical Assistance to SIS	TOTAL	Startup 1-6/94	PY1 1994/5	PY2 1995/6	PY3 1996/7	POST 7/97
IEC Resident Advisor (SIS) (SIS/SDP)	35 4	5 1	10 1	10 1	10 1	0
IEC Research Specialists (Short-term)	9	0	3	3	3	0
IEC Program Specialists (Short-term)	13	.25	4.75	4	4	0
IEC Training Specialists (Short-term)	6	0	2	2	2	0
IEC Marketing Specialists (Short-term)	4	0	2	2	0	0
TOTAL	71 SIS = 63 SIS/SDP = 8	6.25	22.75	22	20	0

H.2 Local Technical Assistance

Local Egyptian technical assistance will be offered to the Subproject through consultancies supported under the SIS and the SIS/SDP local cost budgets. The consultants are identified in the SIS Financial Plan Budget Notes and in SIS/SDP Financial Plan. The areas of consultancy and level of effort are presented in the table below.

TABLE 12.
LOCAL CONSULTANT TECHNICAL ASSISTANCE PLAN SIS
 (in person/months)
 (supported through local cost L.E. budget)

Local Technical Assistance To SIS	Total psn/mos	Start-up	PY1	PY2	PY3
MIS/Media Consultant	36		12	12	12
Writer/Translator	36		12	12	12
Audio-Visual Specialist	36		12	12	12
Desktop Publishing & Graphics Specialist	18		6	6	6
Documentation Specialist	36		12	12	12
Marketing Specialist	39	3	12	12	12
Financial Specialist	39	3	12	12	12
Administration Specialist	19.5	1.5	6	6	6
Other Consultants: Technical specialists	12		4	4	4
TOTAL	271.5	7.5	88	88	88

I. SUBPROJECT MANAGEMENT PLAN/ INFRASTRUCTURE

I.1. Structure

The Executive Director of the SIS/IEC Center will bear central responsibility for the management of the IEC Subproject. She will oversee the planning, implementation and evaluation of SIS operations, provide fiscal management of the local cost budget, and approve technical assistance and other inputs furnished by the I/G&S Contract. The Executive Director will be the counterpart of the Resident IEC Specialist under the I/G&S Contract. The Resident IEC Specialist will be the principal contact between the Subproject and the Contractor. The Resident IEC Specialist and the short-term expatriate consultants will assist the SIS to achieve its outputs under the USAID Subproject.

The SIS organization is governed by a Chairman. Beneath the Chairman, the sole official IEC Center appointment is that of the Executive Director. The remainder of the SIS/IEC Center staff (e.g., Divisional Directors) are seconded from other parts of the SIS to serve the Center. As staff turnover is low, the Division Heads have provided the Center with a stable organizational structure. The organizational chart is included on the following page. Finally, while SIS operations as a whole are managed centrally, there is an increasing decentralization of authority to manage local activities. With the expansion of such local activities, LIC Directors play an increasingly important role in program management.

Management of Subproject implementation will be based on annual Project Implementation Plans and Budgets. These will be prepared USAID approved formats and requirements. The Resident IEC Specialist, in close collaboration with counterparts in the SIS, will provide ongoing support in the development of these plans.

I.2. Coordination/ Collaboration with other agencies

The SIS is mandated to be the lead agency in FP Communication, collaborating with other agencies to achieve the goals of the family

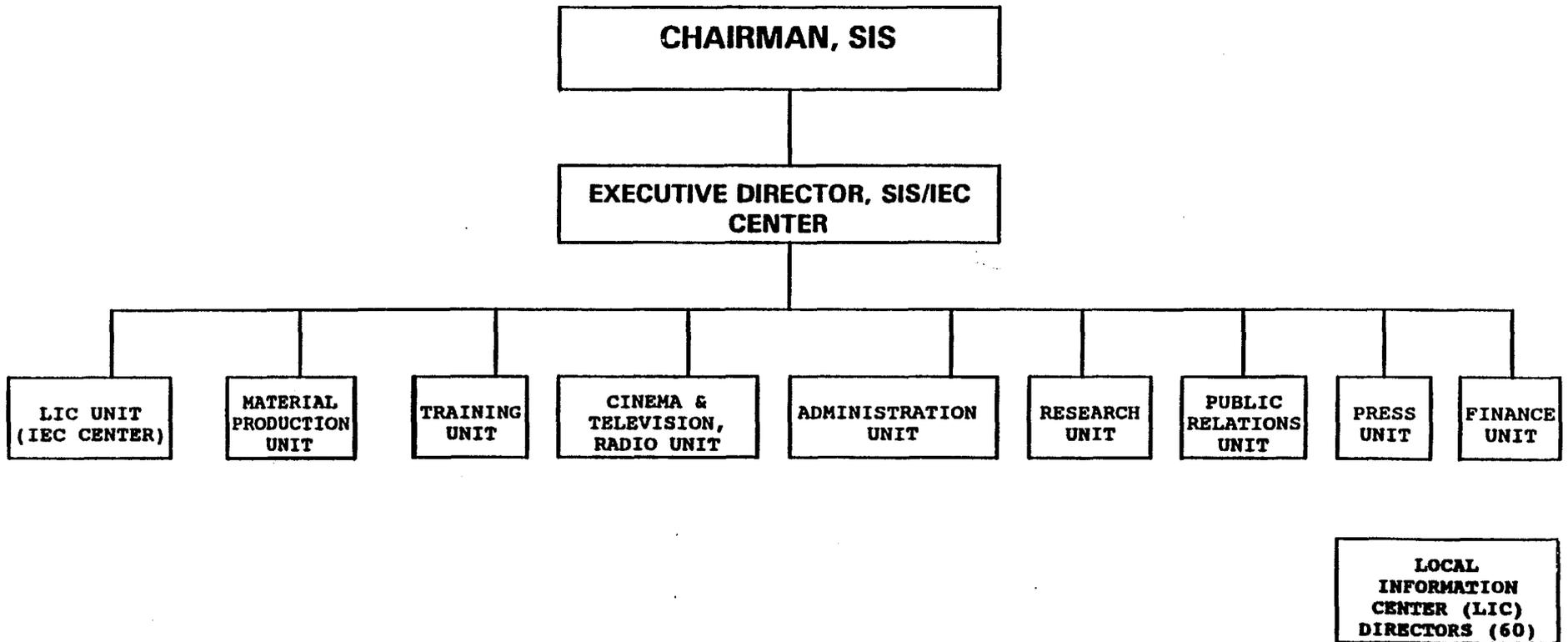
planning program. Overall coordination with other agencies will take place through the NPC-based Project Coordinating Committee on a semi-annual basis as well as through additional periodic meetings with the NPC.

Under POP/FP III, SIS is also collaborating with the MOH/SDP to increase demand for "Quality-improved" public sector FP services. Under an agreement with the MOH/SDP, SIS will assist in the production and distribution of MOH client IEC materials and in the marketing of MOH "Quality Improved" family planning services, discussed as the PRO-Approach elsewhere in this document. The signed Letter of Agreement detailing the terms of SIS/IEC Center collaboration with the MOH/SDP Project is attached as Appendix B. Appendix C provides a detailed Strategic Plan for the joint SIS/SDP IEC Initiative.

The SIS also collaborates extensively with other agencies in program management and implementation at the local level. Such agencies include the NPC, MOH, MOSA, Ministry of Culture and leading NGOs. Joint meetings and joint resource inputs were key management strategies in the Minya Initiative and Select Village Projects. Local SIS collaboration with other agencies will expand with the extension of the "Select Village/ Select District" projects into new governorates under the current IEC Subproject.

Finally, the SIS will collaborate with the other Family Planning agencies in Egypt to develop a National IEC Strategy. The best means of positioning and developing the Strategy will be determined during Project Year One in close collaboration with the Minister of Population.

SIS Organizational Structure



II. FINANCIAL PLAN

The financial inputs to SIS for the IEC Subproject come from USAID through the Local Cost Budget and the I/G&S Contract and from the Government of Egypt (GOE). The distribution of these financial inputs is presented in the Summary Financial Plan, Table 13.

A. USAID Contribution

Through the I/G&S Contract, SIS will receive support from USAID for the following:

- Short-term, Long-term Expatriate Technical Assistance (Table 11)
- Participant Training and Invitational Travel (Table 7)
- Audio/Visual Procurements (Table 8)
- Vehicle Procurements (Table 10)
- Computer Procurements (Table 9) subject to USAID approval and availability of funds

Through the local cost budget, SIS will receive support from USAID for the following:

- Mass Media
- Support Information
- Local Activities
- Training
- Research
- Commodities: Supplies & Equipment (LE)
- Monitoring & Evaluation
- Management, Office Support and Services
- * (The SIS Local Cost Financial Plan is detailed in Table 14)

Through an additional local cost budget for the SIS/SDP Marketing Initiative, the SIS will receive support from USAID for the following:

- Marketing Campaign Materials
- Client-Provider IEC Materials
- Additional Activities
- Research and Evaluation
- Management
- * (The SIS/SDP Local Cost Financial Plan is detailed in Table 15)

B. Host Country Contribution

The Government of Egypt provides support to the SIS in the following areas:

Contributions in Cash

- Salaries for IEC Center and LIC Staff
- Incentives for IEC Center and LIC Staff
- Fuel and vehicle maintenance
- Office rent, utilities and basic operating costs
- Additional LIC Family Planning Meetings paid by SIS

Contributions in Kind

- Radio Airtime
- Television Airtime
- Press space

The combined GOE contribution to SIS is detailed in **Table 16, GOE Host Country Contributions to SIS**. Project year 1 estimates are based on actual and estimated GOE contributions in 1993. For Project Years 2 and 3, an annual inflation rate of 15% has been used to project increases.

III. MONITORING AND EVALUATION PLAN

A. Key Issues

Within USAID/Cairo, responsibility for the subproject rests with the Office of Population. The POP/FP III Project has established a Committee to monitor the implementation of the subprojects.

An important function of the I/G&S Contractor under the Project will be to design and implement an MIS to track activities by the subprojects. The I/G&S team will design its systems to gather, analyze, and evaluate data regarding the activities and impact of the program, as well as ensure the timely submission of periodic program and financial reports. The Resident IEC Specialist will assist in the integration of the subproject reporting and MIS into the I/G&S Project monitoring system.

B. Monitoring

Project monitoring within the SIS takes place through quarterly reports from the field and from Divisions as well as through site visits. SIS Quarterly and Annual reports form the chief source of documentation for ongoing levels of activity in the subproject.

The I/G&S Contractor through its Resident IEC Specialist and short-term MIS consultants will integrate the data from SIS into the Project MIS to track indicators in the logical framework. The monitoring system, together with the I/G&S reporting system will provide systematic information for strategic decision-making as well as data for interim and final evaluations.

C. Evaluations

The impact of SIS Subproject demand generation activities using the mass media and local outreach will take place through periodic IEC campaign evaluations measuring communication objectives. The audience segmentation study conducted in the first part of Project Year One will provide important baseline data for key communication indicators. A pre- and post- evaluation of the SIS/SDP Marketing of

Providers and Services Initiative is planned in Project Year Two.

As a part of the larger Project, the IEC Subproject will be evaluated through the Mid-term Evaluation planned by USAID in Project Year Two (1995). This interim evaluation will provide data allowing for mid-course corrections of program design.

The final evaluation, conducted in the last year of project implementation, will focus on documenting the lessons learned over the life of the project and providing guidance for future program development. It is expected that the 1997 EDHS will provide firm indicators on whether the Project's and Subproject's objectives have been met.

D. Audits

Consistent with POP/FP III Project requirements for all implementing agencies, the SIS Subproject will have either a financial audit or assessment every year of the subproject.

IV. USAID CONDITIONS AND APPROVALS

A. CONDITIONS PRECEDENT

1. Overall LOP Implementation Plans

Prior to disbursement of Project funds for the implementation of a particular subproject under an implementing agreement (PIL) with an implementing agency, each implementing agency, with assistance provided by the I/GS contractor, must develop an overall Life of Project (LOP) Implementation Plan for the entire grant period, with a Detailed Implementation Plan for the first year. This LOP Implementation Plan will include a detailed equipment plan supported by the necessary specifications. No commodities will be procured under a subproject until USAID approves its Commodity Procurement Plan, unless A.I.D. agrees otherwise in writing. The LOP Implementation Plan will also include participant and in-country training plans for the relevant subproject in accordance with Mission Order 10-1. No training will be carried out under a subproject until USAID/Cairo approves its training plan, unless USAID/Cairo agrees otherwise in writing.

2. Subsequent Detailed Implementation Plans

Prior to each subsequent year's disbursement of Subproject funds, the implementing agency, with assistance from the I/GS contractor, will develop a Detailed Annual Implementation Plan for that year's activities, for USAID/Cairo's approval.

3. GOE Premium Pay

Prior to each year's disbursement of Subproject funds, the implementing agency will present evidence, satisfactory to USAID, that the GOE has made available, through its resources, funds to cover normal GOE premium pay (AGR-IDAFI) for the relevant implementing agency management and technical staff (central, governorate, and district level as appropriate) in order to provide for smooth implementation of the family planning subprojects.

B. REQUIRED APPROVALS

USAID/Cairo approvals which are required prior to actions or decisions being taken by the SIS subproject include the following:

1. Changes in the appointment of the SIS Executive Director.
2. Annual Project Implementation Plans and Budgets.
3. Host country procurement actions requiring USAID approvals according to standard A.I.D. regulations.
4. Shifts in project budget line items exceeding 15%.
5. Use of any budgeted contingency funds.

APPENDIX A
LOGICAL FRAMEWORK MATRIX

**APPENDIX A
LOGICAL FRAMEWORK MATRIX**

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>GOAL: To assist the Government of Egypt to achieve the goal of lowering fertility.</p>	<p>Reduction in TFR from 3.9 in 1992 to 3.5 in 1997</p>	<ul style="list-style-type: none"> • Demographic and Health Survey 	<ol style="list-style-type: none"> 1. Age at first marriage remains consistent or rises due to greater adherence to law. 2. Breast feeding practice (extent, duration and prevalence) remains constant. 3. Socio-political and economic conditions continue to favor lower fertility.
<p>PURPOSE: To contribute to an increase in the level and effectiveness of contraceptive use by generating demand for and increasing the correct use of contraceptives through mass media and local outreach.</p>	<ol style="list-style-type: none"> 1. Increase in contraceptive prevalence in Egypt from 47% in 1992 to 53% in 1997. 2. Decrease in extended-use failure rate from 10% in 1992 to 7% in 1997. 3. Increase in Husband/Wife communication on family planning reported among men from 39% in 1992 to 46% in 1997 and among women from 44% in 1992 to 46% in 1997. 4. Increase in positive attitudes among women toward the safety of modern contraceptive methods as measured by: <ol style="list-style-type: none"> a) reasons among women for not using family planning due to side effects and health reasons reduced from 11% in 1992 to 8% in 1997. b) reasons among women for discontinuing use of family planning due to side effects or health concerns reduced from 40.6% in 1992 to 36% in 1997. 5. Knowledge among women of injectables will increase from 81% in 1992 to 91% in 1997. 	<ul style="list-style-type: none"> • Demographic and Health Survey • FP Service statistics • Special studies 	<ol style="list-style-type: none"> 1. Population and family planning remain a high priority for GOE. 2. FP services continue to improve in quality and there are no added social or political impediments to FP acceptance among Egyptians.

20

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUTS: IMPROVED IE&C FOR CURRENT AND POTENTIAL USERS</p> <p>1. Improved strategic information to increase effective use of modern contraceptive methods through:</p> <p>1.1 Improved understanding of client characteristics influencing contraceptive adoption using audience segmentation and analysis of subgroups (unmet demand, low-parity women, men, dropouts)</p> <p>1.2 Expanded understanding of agency IEC capacities from program analyses of institutional capacities and resources</p> <p>1.3 Enhanced program design and implementation based systematically on audience and program analyses</p> <p>1.4 Improved messages consistently guided by formative research, including pretesting</p> <p>1.5 Improved replanning of programs based on periodic impact evaluation</p> <p>1.6 Improved integration of IEC approaches based on interagency coordination between the SIS, the NPC, MOH and NGOs.</p> <p>2. Increased demand for and correct use of contraceptives using targeted Mass Media and Local Outreach campaigns</p> <p>2.1 Increased knowledge of proper use of contraceptives, especially of injectables</p> <p>2.2 Increased positive attitudes toward MOH/SDP service providers and safety of modern contraceptive methods based on implementation of the PRO-Approach with the MOH/SDP subproject.</p>	<p>1.1 Secondary analysis of DHS data will be conducted.</p> <p>National audience segmentation study will be conducted.</p> <p>1.2 Analysis conducted of Local Information Center (LIC) capacity to coordinate with MOH district and local staff as well as with mobile clinical teams.</p> <p>1.3 Strategic project briefs produced for programs.</p> <p>1.4 Qualitative studies of select subgroups conducted.</p> <p>Pretesting of programs conducted.</p> <p>1.5 Evaluation of PRO-Approach campaign conducted, results disseminated, follow-on plans created.</p> <p>Evaluation of LIC activities conducted, results disseminated, follow-on plans created.</p> <p>1.6 Interagency IEC Strategy produced.</p> <p>2.1 Information on proper use of injectable disseminated through national mass media campaign and local outreach in 70% of governorates; Client/provider methods brochures produced and disseminated to 70% of MOH clinics.</p> <p>2.2 PRO-Approach campaign conducted promoting MOH/SDP service providers and modern contraceptive services through national mass media and through local outreach in 70% of governorates.</p>	<p>1. Quarterly & Annual SIS Progress & Financial Reports.</p> <p>2. Strategic program design documents.</p> <p>3. Formative research, pretesting and evaluation reports.</p> <p>4. Interagency IEC Strategy</p> <p>5. Site Visits & Interviews.</p> <p>6. IEC Evaluations</p> <p>7. Service delivery clinic records, sales statistics</p>	<p>1. Field data collection and program activities remain possible in all areas of Egypt.</p> <p>2. SIS MIS system functioning to report accurately on national and local activities.</p> <p>3. Commitment exists among national FP agencies to collaborate on IEC strategy.</p> <p>4. The SIS incentive system remains in place and SIS management and administration remain stable.</p> <p>5. Television air time continues to be free and GOE continues its liberal approach to message content.</p> <p>6. 80% of public and private service delivery units offering injectable methods by time of next DHS.</p> <p>7. SIS Marketing of quality MOH FP services in 70 % of governorates dependent on sufficient QIP levels established under MOH/SDP (level to be determined jointly by SIS and MOH/SDP).</p> <p>8. 20% of districts have actively functioning MOH mobile service/referral teams partially assigned to collaborate with SIS local information centers.</p> <p>9. SIS assigns an adequate number & quality of employees to central project and SIS/SDP office.</p> <p>10 Adequate level & quality of outside Technical Assistance is provided to, and accepted by, the SIS.</p> <p>11 An adequate level of computer hardware exists in the central office to implement computer-assisted MIS.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
2.3 Increased husband-wife communication on family planning, particularly in rural Upper Egypt.	2.3 Messages promoting husband-wife communication on family planning and male responsibility produced and disseminated through national mass media and through local outreach in 70% of governorates.		
2.4 Increased political and religious support for family planning, particularly in rural Upper Egypt.	2.4 Advocacy for political and religious support of family planning conducted at the governorate, district and local levels in 70% of governorates.		
2.5 Increased clinic attendance and contraceptive adoption among unmet need audiences, low-parity women, women of rural Upper Egypt, and dropouts.	2.5 Campaigns targeting these subgroups conducted through national mass media and through local outreach in 70% of governorates.		
3. Improved SIS Management Capacity through Institutional Development and Training			
3.1 Improved program management resulting from increased staff skills in strategic planning, design, implementation, monitoring and evaluation.	3.1 Personnel Trained through in-country and participant training: 50 LIC Team Members 20 Central MOH Team Members		
3.2 A comprehensive program MIS designed and functioning to guide management decisions.	3.2 MIS/reporting procedures produced, disseminated & being utilized. Personnel Trained: 12 MIS Specialists (Central Office, 2 from SIS/SDP) 10 Computer Operators 1 Computer Systems Analysts/Maintenance Specialists		
3.3 An IEC dissemination system designed and implemented.	3.3 IEC documentation and distribution system designed and implemented. 10 Divisional and Documentation Center staff trained		
3.4 Increased capacity of LICs to conduct IEC planning and coordination	3.4 50 LIC staff trained.		

iii

20

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS			MEANS OF VERIFICATION	ASSUMPTIONS
INPUTS:	<u>Work Months</u>	<u>\$ (000's)</u>	<u>L.E. (000's)</u>		
1. Technical Assistance: Foreign	71 psn months			1. Project Records & Reports	1. Actual SIS resource contributions are as planned.
2. SIS Local Cost Budget			10,950.0		2. SIS complies with USAID & GOE regulations on resource use.
3. SIS- MOH/SDP Local Cost Budget			2,481.3		3. SIS MOH/SDP Collaborative Agreement remains in force
4. US\$ Participant Training (I/G&S)		140.0			4. USAID approves and funds are available
5. US\$ Procurements (I/G&S)					5. b) USAID approves and funds are available
a) A/V Equipment		108.0			c) USAID approves and funds are available
b) Computers		68.5			
c) Vehicles		483.0			
6. GOE Contribution: Staff, Facilities, Airtime			56,384.6		6. GOE continues to support SIS at the same level and provides an annual inflation increase.
TOTAL:	71 psn months	US \$ 797.5	L.E. 69,795.9		

iv

93

APPENDIX B.
SIS/IEC CENTER -- MOH/SDP
LETTER OF AGREEMENT

94

**LETTER OF AGREEMENT
BETWEEN
MINISTRY OF HEALTH/SYSTEMS DEVELOPMENT PROJECT (MOH/SDP)
AND
THE STATE INFORMATION SERVICE/INFORMATION, EDUCATION AND
COMMUNICATION CENTER (SIS/IEC CENTER)**

ARTICLE 1: PURPOSE AND GOALS

The purpose of this agreement is to provide for a collaborative working relationship between the Ministry of Health (MOH/SDP) and the State Information Service/Information, Education and Communication Center (SIS/IEC Center) to provide IEC related creative and production services for the Ministry of Health supporting the Family Planning Systems Development Project II (SDP II), a MOH/SDP Subproject under USAID Population/Family Planning III.

The goals to be achieved under this agreement include promoting greater public awareness, understanding, acceptance and demand for improved "quality" FP services at MOH health units through the communication services of the SIS/IEC Center, and in so doing strengthen institutional IEC coordination between the SIS/IEC Center and the MOH.

**ARTICLE 2: SIS IEC CREATIVE, PRODUCTION AND EVALUATION
DELIVERABLES**

It is mutually agreed that the SIS will create, produce and evaluate the following IEC program materials and interventions to exclusively satisfy MOH program needs:

New SDP IEC Project Materials

1. 6 television, 6 radio, and 2 print ads for national media.
2. 4 television, 4 radio, and 6 print ads for regional media.
3. One 15 minute video promoting professional FP providers.
4. An outdoor identification symbol sign, one per clinic. (# to be determined)
5. Indoor signage, 4 different signs for each clinic. (# of sign sets to be determined)
6. Program name tags for clinic staff. (# to be determined)
7. Promoting providers waiting room poster. (# to be determined)

as

Adaptation of Existing IEC Program Materials for the Project

8. Counseling flipchart and/or cue cards. (# to be determined)
9. Patient education leaflets (#s to be determined) including:
 - A. IUD leaflet.
 - B. Pill leaflet.
 - C. Injectable leaflet.
 - D. Condom leaflet.
 - E. Overview of methods leaflet.
 - F. General FP leaflet.
 - G. General FP poster.

Evaluation of IEC Materials and Communication Interventions

10. Pretest of IEC materials.
11. Baseline and post-test survey for campaign impact evaluation.
12. Select qualitative investigations of IEC impact to assist further planning.

And any such additional IEC program materials and studies that may be determined necessary and mutually agreed upon in the future.

ARTICLE 3: ANNUAL IEC PLAN

Prior to the initiation of SIS/IEC Center development activities, and prior to each MOH/SDP/SDP implementation year, representatives of the SIS/IEC Center and MOH/SDP shall jointly prepare an annual IEC communications plan to fully meet the communications and marketing needs requested by the MOH/SDP. This annual plan shall include:

- a detailed list of mass media, community program and in- clinic materials to be produced and in what quantities;
- a mass media placement plan and schedule for placing materials in both national and regional media outlets;
- a detailed distribution plan and timetable for distributing program materials to the field and MOH/SDP units;
- a research and program evaluation plan;
- plans and detailed schedules for any new or on-going training programs supporting the IEC initiatives;

- plans for community-based outreach activities; and
- detailed budgets, schedules/time-lines, and persons responsible for program implementation.

ARTICLE 4: CREATIVE DEVELOPMENT AND REVIEW

The SIS/IEC Center shall provide to MOH/SDP all creative development and production services related to the MOH/SDP IEC program, including concept development, copywriting, design, art direction, photography, illustration, typesetting, color separations, printing, audio-visual pre-production/production/post-production and duplication. MOH/SDP shall provide creative guidance to SIS/IEC Center using a communications strategy developed specifically for the SDP project. In addition, MOH/SDP shall review the creative development process at all key steps providing approvals and/or additional suggestions for revisions.

ARTICLE 5: REPRODUCTION OF EXISTING PRINT MATERIALS

On behalf of and under direction from MOH/SDP, the SIS/IEC Center shall seek to identify, review, select, secure permission for use, adapt (if necessary) and reproduce in agreed upon quantities any and/or all appropriate existing IEC materials for use in the SDP IEC program. MOH/SDP shall provide guidance and any necessary management and political support to assist SIS/IEC Center in this activity.

ARTICLE 6: SIS/IEC Center RIGHT TO USE SUBCONTRACTORS

SIS/IEC Center shall have the right to select and use creative subcontractors including writers, designers, artists, producers, editors, printers, etc. in the development of IEC materials produced on behalf of MOH/SDP. However, all contracts shall be between the SIS/IEC Center and its creative subcontractors, and all management and financial responsibilities related to the completion of the IEC workscope shall remain within the SIS/IEC Center.

ARTICLE 7: MOH/SDP RESPONSIBILITY/RIGHT TO REVIEW AND APPROVE CREATIVE

The MOH/SDP shall have the responsibility and right to review, approve, and/or provide additional inputs to the creative and production work provided by SIS/IEC Center. In addition, MOH/SDP shall have the right to review and approve any and/or all SIS/IEC Center subcontractors prior to the start of their work, and all media placement, materials distribution, and program evaluation plans prior to the implementation of these activities.

ARTICLE 8: PRETESTING CREATIVE MESSAGES & MATERIALS

The SIS/IEC Center, in coordination with MOH/SDP, shall identify and select a research organization/company/individual, who will be responsible for the pretesting of any and/or all creative concepts and/or messages developed by SIS/IEC Center on behalf of the MOH/SDP, prior to the final development of IEC program materials/ messages. The SIS/IEC Center, in coordination with MOH/SDP, shall make the necessary changes in creative materials/messages based on recommendations from the pretesting findings.

ARTICLE 9: PLACEMENT OF MASS MEDIA

The SIS/IEC Center, in coordination with MOH/SDP, shall develop and implement all mass media placement plans, including: developing the annual media placement plans; securing appropriate (targeted) advertising time and space; placing all television, radio and print advertisements in national, regional and local media outlets; tracking/verifying placements; and making any midcourse corrections in the media schedules, if needed. MOH/SDP shall provide SIS/IEC Center with the necessary support to ensure that media placements are secured at no cost, under the MOH/SDP "public service" umbrella.

ARTICLE 10: DISTRIBUTION OF IEC MATERIALS TO THE FIELD

The SIS/IEC Center, in close collaboration with MOH/SDP, shall help develop and implement distribution plans designed to distribute SDP IEC program materials to the Governorate level. Each program year, MOH/SDP shall develop a detailed itemized distribution plan, which will identify quantities and allocations of IEC materials for MOH/SDP Units in each participating Governorate. SIS/IEC Center shall use this plan as a guide in producing, warehousing, dividing and packaging each year's total bulk IEC materials; and in shipping/distributing these bulk quantities to the appropriate SIS/IEC Center office at the Governorate level. The MOH/SDP Governorate level IEC Coordinator in each Governorate shall be responsible for picking up their Governorate's bulk materials from the SIS/IEC Center, and distributing appropriate allocations to each participating health unit.

ARTICLE 11: PUBLIC RELATIONS

The SIS/IEC Center, in close collaboration with MOH/SDP, shall plan, prepare, and provide public relations programs and activities designed to increase media exposure, add greater credibility, and provide a forum for additional messages supporting the MOH/SDP IEC efforts. This shall include public relations activities supporting the initial launch and expansion of the SDP quality

improvement program nationwide; local/regional announcements of participating health units; articles and letters to the editors on quality issues related to FP providers; media relations/coverage supporting community based programs; and any additional public/media relations support that may be determined necessary and mutually agreed upon in the future.

ARTICLE 12: PARTICIPATING IN SDP/IEC TRAINING

SIS/IEC Center staff from the Central and Governorate levels shall participate in MOH/SDP sponsored workshops and training programs supporting the MOH/SDP IEC initiatives. These workshops/training programs shall include:

- A. An annual Cairo-based program planning workshop for SIS/IEC Center Central and MOH/SDP Central staff to support and guide the development of the annual IEC program plans; and
- B. A training program for SIS/IEC Center and MOH/SDP staff at the Governorate level, to introduce the IEC program and generate ideas for local implementation and coordination of program activities.

Selected SIS/IEC Center staff may be requested to participate in additional MOH/SDP training programs, including a training of trainers program for Governorate level MOH/SDP IEC Coordinators supporting the distribution (and use) of IEC program materials to the MOH/SDP health units, and training programs on patient counseling and interpersonal communications.

ARTICLE 13: EVALUATION OF IEC PROGRAM ACTIVITIES

The SIS/IEC Center, in coordination with the MOH/SDP, shall identify and select a research organization to conduct a precampaign baseline and post campaign evaluation survey.

The SIS/IEC Center shall assist the MOH by conducting select qualitative evaluation of IEC inputs.

SIS/IEC Center shall provide to MOH/SDP all IEC program related information determined to be necessary for conducting meaningful evaluations of program activities including: (but not limited to) the numbers, placements, and geographic reach/exposure of mass media advertising and public relations messages; the numbers of IEC materials produced and distributed to the Governorates; and the numbers and types of SIS/IEC Center supported community-based programs (allied with this IEC initiative) and their reach/attendance/participation of eligible consumers. Specific evaluation information needs shall be determined and listed in the annual IEC plans.

SIS/IEC Center shall provide to MOH all IEC program related information.

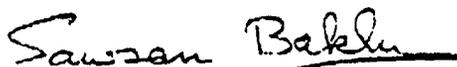
ARTICLE 14: FUNDING OF SIS/IEC Center ACTIVITIES

It is understood that the referenced IEC activities of the SIS/IEC Center in support of the MOH/SDP project shall be conducted on condition of USAID funding to the SIS/IEC Center under the Population/Family Planning III Project, and that such services of SIS/IEC Center shall be provided to the MOH/SDP without cost to the MOH/SDP. Funding shall include costs associated with creative planning, creative development, production, printing and duplication, distribution, training support, management, evaluation and any other costs associated with additional IEC program materials and requests that may be determined necessary and mutually agreed upon in the future.

ARTICLE 15: REPORTING

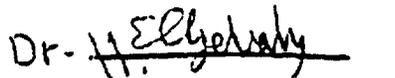
SIS/IEC Center shall regularly prepare and submit a quarterly report to the MOH/SDP, outlining progress on the specific IEC activities identified in the annual IEC plans, including updates on materials development, mass media placements, and materials distribution. Similarly, the MOH/SDP shall provide to the SIS/IEC Center any evaluative information that MOH/SDP gathers, which might assist SIS/IEC Center in its ongoing IEC efforts supporting the MOH/SDP.

APPROVED:



Mrs. Sawsan El Bakly
Executive Director
State Information Service
Information Education &
Communication Center

APPROVED:



Dr. Hassan El Gabaly
Executive Director
Family Planning Systems
Development Project II
Ministry of Health

January 23, 1994

APPENDIX C

IEC STRATEGY PAPER

**Ministry of Information -- SIS/IEC Center
Ministry of Health -- Government of Egypt
Enhancing Family Planning Services by Promoting
Ministry of Health Family Planning Providers**

**A Communications and Services Marketing Program Supporting the
Systems Development Project / Quality Improvement Program**

IEC STRATEGY PAPER

Ministry of Health -- Government of Egypt Enhancing Family Planning Services by Promoting Ministry of Health Family Planning Providers

A Communications and Services Marketing Program Supporting the Systems Development Project / Quality Improvement Program

Background

The Egyptian Ministry of Health (MOH) is the largest provider of Family Planning (FP) services in Egypt, accounting for almost 35% of the contraceptive prevalence rate nationwide. (1992 DHS) MOH has an extensive network of 3,600 clinical facilities covering all 21 Governorates throughout Egypt.

In many rural settings, especially in Upper Egypt, MOH services are the only accessible primary health care (PHC) services available. In addition to their unparalleled geographic reach and accessibility, MOH clinics provide PHC and FP services to all citizens of Egypt, regardless of their ability to pay for health care services. As such, for many of the nation's low income, rural and urban poor, MOH is their best, and in some cases only, option for obtaining health care.

In 1987, the Systems Development Subproject (SDP) was begun to create and support a comprehensive upgrading of MOH family planning services and facilities. By the end of 1992, 41 hospitals and 405 clinics had been renovated under the Systems Development Project.

In 1992, the MOH/SDP established a quality improvement program (QIP) to further improve the standards of practice in providing family planning services. In conjunction with this effort, greater emphasis is being placed on developing a more consumer oriented approach to providing FP services, designed to improve client service and client satisfaction with the MOH experience.

Key elements of the quality improvement program include the following:

- o Improved clinical performance, especially in areas of infection prevention;
- o Improved physical conditions at family planning clinics;
- o Compliance with established clinical standards in FP;
- o Commitment to client satisfaction;
- o Effective management systems to improve individual and team functioning;
- o Teamwork as the fundamental strategy to improving work habits;
- o Monitoring system to measure compliance with standards; and
- o Management Information Systems to assist Program Managers in decision making.

QIP implementation began in the Summer of 1993, in selected clinics in 4 districts in Fayyoun and 5 districts in the Qaliyoubia Governorates. An evaluation of these programs is currently underway in anticipation of developing future program activities under the Egypt Population/Family Planning III Project, scheduled to begin in January 1994.

At this time, it is anticipated that the QIP program will be expanded nationwide across all Governorates. However, the program will be limited to those MOH clinics that meet predetermined quality standards based on established criteria, prior to their selection for participation.

To support this quality improvement initiative over the next 5 years (POP III Project) of program activity, MOH plans to develop and implement an information education and communications (IEC) program designed to promote the MOH professional providers to potential FP clients.

The outline that follows offers a strategy for developing this promoting professional providers program during the upcoming 5 year period and suggests specific steps to take in developing and implementing a comprehensive IEC services marketing program during the first year of program activity.

In reviewing this document, please note that while the ideas and strategies suggested below were developed with the valuable inputs of MOH and State Information Service (SIS) staff at the central and Governorate levels, these planning discussions took place during a limited period of time. As such, it is anticipated that elements of this strategy may evolve and be further refined as the strategy is integrated into each participating institution's POP III project documents and annual work plans.

**Promoting MOH Family Planning Providers
IEC Program Strategy Outline**

1. Program Strategy Overview

A. Objectives

Primary:

- o To increase the number of clients coming to MOH/QIP clinics for FP services.
- o To create awareness of and enhance consumer perceptions of MOH FP service providers and clinics participating in the quality improvement program.

Secondary:

- o To reinforce/motivate participating QIP clinic service providers to maintain high levels of enthusiasm/commitment to the quality program and to continue to improve on quality client service initiatives (as defined by the QIP program.)
- o To raise awareness and increase consumer expectations and demands related to the quality of family planning services at all family planning facilities.
- o To build demand for and stimulate the expansion of the QIP among other non-participating MOH/SDP FP facilities.
- o To support the QIP's efforts to increase/improve the effectiveness of contraceptive usage among FP users in MOH/QIP clinics.

B. Target Audiences

Consumer Audiences:

- o Married women and men of reproductive age, in the lower and middle socio-economic status (SES) groups, with greater emphasis in Governorates/Districts where the QIP is established.

Professional Audiences:

- o MOH doctors, nurses and clinic staff who provide FP services to eligible couples.

C. Program Overview Highlights

Highlights of the IEC program will include the following suggested elements:

- o Identification and "marking" of MOH facilities that have participated in the quality improvement program, to identify, distinguish and reinforce their commitment to improved client service. (Within this strategy document, this marker is referred to generically as a "gold star")
- o Television and radio mass media advertising and public relations programs to:
 - motivate more FP clients and potential clients to use MOH services;
 - increase public awareness and enhance public perceptions of MOH providers and facilities/services participating in the improvement program;
 - promote and reinforce (role-modeling) quality client service behaviors for MOH providers and clients;
 - build consumer expectations and stimulate consumer demand for basic quality services in family planning; and
 - stimulate demand for and expansion of the program among non- participating MOH FP providers.
- o Local community-based media and promotion activities designed to enhance motivational efforts in and at the local clinic level.
- o Identification, reprinting and distribution of existing client counseling and patient education materials (posters, method- specific leaflets, etc.) to enhance provider services and improve patient compliance and satisfaction.
- o A simple signage program to enhance the clinic environment, and reinforce quality service behaviors among FP service providers.
- o A program partnership between MOH and SIS, capitalizing on MOH strengths in service delivery and SIS strengths in IEC communications development, production and distribution.
- o Evaluation mechanisms to measure the impact of IEC program activities on MOH FP service providers, FP clients, and MOH client volume.

2. Message Strategies

- o Develop messages that will work together across three different channels -- mass media; community-based programs; and in-clinic channels.
- o Position MOH and MOH providers as credible, knowledgeable and supportive providers of FP services.
- o Demonstrate appropriate service provider client service behaviors in all messages and materials.
- o Place added emphasis on the role of the nurse in FP service provision.
- o Define and communicate the basic components of quality FP services in terms of client "rights" (eg: Egyptian married couples should have the right to: FP counseling; a clean clinic environment, infection control, privacy, etc.)
- o During the first year implementation of the project, focus messages more on promoting the providers and less on promoting specific clinics. Use the "gold star" quality symbol (for marking clinics) as a marker on providers (badges) and on the messages instead of as a specific place to go for services. Future messages in later implementation years (Years 2-5) will shift the focus more towards promoting certified quality locations for FP services.
- o Develop specific messages for TV/Radio for both the national and regional stations. National stations can reach the largest audiences most efficiently, while the regional stations can be used to further localize messages based on regional differences in language, culture, and attitudes/relationship to FP. Regional messages will be designed to complement both national messages and local regional outreach activities.
- o Specific message content can:
 - emphasize and demonstrate the role of MOH service providers in providing quality service within the QIP criteria;
 - promote the rights of clients to expect and demand quality service;
 - highlight the role of nurse as being friendly, professional, knowledgeable and understanding;
 - personalize the quality aspects of service and promote a "we are family" positioning on behalf of providers (eg: highlight local activities, which demonstrate that the staff is from the same village/district/Governorate as the client; and
 - direct clients to seek out providers and clinics who have earned the quality (gold star) marking.
- o Message formats can include a mix of advertising spots, videos, public relations (messages placed in an editorial context), posters/billboards, local outreach activities, and in-clinic materials.

3. Mass Media, Community-Based And In-Clinic IEC Programs

Program messages will be developed for and integrated across three broad, inter-related channels of communications: mass media, community-based/outreach programs, and in-clinic communications.

A. Mass Media

Mass media activities will rely on a mix of media including national and regional television, radio and newspapers.

- o New TV and radio advertisements will be produced for the national media to promote FP providers and quality services nationwide. These could include a mix of :60s, 1:20s, and short :30s and :15 reminders. The media placements will be heaviest at the launch of the PRO Approach campaign, and then weighted and flighted in concert with the QIP expansion plans.
- o Regionalized TV and radio advertisements will be produced for each of the regional tv and radio stations, with tailored messages targeted to each stations specific geographic targets. These channels will be used in addition to (as opposed to instead of) the national media. Schedules will be tied to the expansion of QIP clinics and the needs of the Governorates within the regional media markets.
- o Limited national and local newspaper advertising will be targeted to community leaders and used in conjunction with the launch of the PRO Approach program, and the local expansion/opening of QIP clinics.
- o Additional program opportunities including dramatic programs, and an enter-educate mini-series highlighting the central character of a nurse, will be explored.
- o Public relations (PR) activities can increase media exposure, add greater credibility to the quality issues addressed by the QIP, and provide a forum for additional PRO Approach messages. PR activities can include the following:
 - Develop a PR campaign to support the initial launch and expansion of the QIP nationwide;
 - Use regional and local media to announce names of providers and clinics participating in the QIP and to promote outreach activities;
 - Prepare and place articles and letters to the editors on quality issues and QIP FP providers; and
 - Explore developing a village-based "quality" contest which includes a series of local elimination rounds leading to a national level competition. Prizes and recognition for winners can be built into a major quality event covered by the media.

B. Community-Based/Outreach Programs

- o Community-based communications and outreach activities are conducted in the local markets by both MOH and SIS. The four primary activities include:
 - 1) Community meetings -- conducted among community groups of 100 or more attendees and featuring films and presentations by a local doctor and religious leader;
 - 2) Discussion meetings -- conducted among smaller groups (30-35 people) of either men or women, and featuring films and specific topics on early marriage, repeated pregnancies, etc.;
 - 3) Service provider meetings -- conducted in the family planning units and featuring specific medical/clinical topics for small groups of clients; and
 - 4) Educational meetings -- conducted over 2-3 days among community leaders and featuring training style courses on the socio-economic impacts, medical issues, and religious aspects of FP.
- o Both SIS and MOH staff will be provided with appropriate materials which will allow for the incorporation of program messages into all of the on-going community-based activities, including the expanding use of the MOH's 10 Audio/Visual vans. These materials can include:
 - Enter-educate films produced by SIS which can feature the role of the FP nurse in providing quality services, define and promote the concept of consumer rights to basic quality FP services, etc. Topics will vary depending on the audience. For example, in rural areas in Upper Egypt, the issues of FP services might be introduced through topics such as "the dangers of early pregnancy", "child labor", "preference for sons", "the problems of children within a large family", "the dangers of repeated pregnancies" and so on.;
 - Videos and audio tapes of ads, media dramas and other program materials developed for mass media;
 - Posters, leaflets and other give-aways; and
 - Contests where winners receive a "gold star" gift for perfect scores.
- o In addition, IEC management training and management systems will be incorporated into the SDP, to ensure greater productivity and improved outcomes of community-based activities.

C. In-Clinic Communications

Consumer/patient education materials will be used to enhance patient counseling, improve client understanding, and enhance the quality of services provided by MOH. These can be used and distributed in-clinic, and/or distributed as give-aways/hand-outs at local community-based programs conducted by MOH and/or SIS.

- o Existing IEC print materials (counseling tools and patient education leaflets) will be collected from all public and private FP agencies. An assessment of these materials will be made to determine which are most appropriate for use in the program. Criteria will include:

- lack of medical barriers;
- quality of production;
- appropriateness for low literacy clients;
- ease and cost of reproduction/reprinting;
- use across various regions; and
- overall appropriateness for the project.

- o These materials might include the following:

- Counseling tools such as flipcharts, wall charts, and counseling cards;
- A series of simple (non-branded) FP and method specific leaflets which include some and/or all of the following topics:
 - Benefits of FP/General Promotion of FP
 - IUD;
 - Oral Contraceptives;
 - Spermicides/Foaming Tablets;
 - Injectable;
 - Implants; and
 - Condoms.

Leaflets might be modified prior to reprinting to include an "open space" section for writing in the MOH clinic name/address and/or any special instructions.

- FP Posters; and
- Appropriate new program materials such as an "Ask the Nurse" provider poster, encouraging clients with questions and/or concerns about FP to consult with the clinic staff during their health care visit.

4. Signage

- o Signage will be used to personalize service, communicate upgraded quality, and help identify service providers and participating QIP clinics. This will include:

- A "gold star" quality identification marker that will be posted at all MOH clinics participating in the QIP program to distinguish clinics and reinforce clinic staff's commitment to improved client service. This special marker will be positioned among MOH clinics and FP service providers as a "mark of quality" certification that must be earned through the QIP and provision of quality services.

The "gold star" mark will be instantly recognized, easily described (for future use with radio messages,) easy to apply as an adjunct (rather than replacement) to MOH signs, and relatively inexpensive to produce. In addition, the symbol could be

designed for easy upgrading (eg: 2 stars, 3 stars, etc.) and/or further differentiation. The final choice of mark will be determined through pretesting.

The "gold star" can be positioned on a plaque at the entrance of the selected clinics, perhaps with an accompanying explanation such as "This is a QIP clinic".

- Printed badges for physicians and nurses will be produced, complete with the "gold star" and a space to handwrite names and titles.
- Locational signage will be designed for use in the MOH units which will help indicate the location of family planning services in the unit, and for specific service rooms such as counseling, lab, examination etc. rooms.
- Motivational service reminder signs will also be produced such as "Welcome" and "Thank You" signs for clients and "Quality matters here" signs for both clients and staff. All signs will be produced in Arabic. Additional signage opportunities will be explored such as desk coverings and scarfs for Moslem nurses.

5. Distribution of Materials to the Field

- o The State Information Service will be responsible for the physical distribution of materials from the central level in Cairo out to the SIS Governorate-based Local Information Centers. (SIS will be producing campaign materials and has a successful track record in moving materials from a central to the local level.) Once in the Governorate offices, MOH Governorate staff will pick up the bulk materials for personal distribution directly to the participating QIP units and appropriate district offices.
- o Each program year and prior to production, MOH will prepare an itemized distribution plan which will be used to determine appropriate quantities and allocations of materials to each of the participating Governorates.
- o SIS will rely on the distribution plan to determine how best to divide and package the bulk quantities of materials for shipping. Once approved by SIS and MOH at the central level, these materials will be sent to the SIS Governorate offices.
- o In each Governorate, the Governorate level IEC Coordinator will be responsible for picking up the bulk shipment of materials from the SIS Governorate office, and dividing up the materials based on the district and QIP unit needs. These materials will then be personally delivered to each of the QIP units. This delivery will include a review of materials with the FP clinic manager, suggestions for using materials, and the actual posting of clinic signage, clinic posters, etc. In addition, the MOH IEC Coordinator will be responsible for resupplying leaflets and other IEC materials to participating units, on an as needed basis.
- o MOH Governorate IEC Coordinators will be trained, as trainers, in maximizing the distribution, placement, and use of the in-clinic signage, counseling materials and patient education leaflets/materials; and the distribution, use and integration of videos, leaflets and other materials used in the community-based media outreach efforts. (This is described in more detail in the next section on SDP Integration.)

6. Integration into the MOH/SDP

This promoting the providers strategy encompasses far more than a single or separate mass media advertising campaign. Rather, it presents a service providers "marketing" program, designed to enhance the MOH/QIP services by incorporating relevant (to the quality initiative) outreach messages and activities, adequate counseling tools, appropriate IEC patient education materials and so on. Maximizing program impact requires on-going, close coordination of program activities and an integration of QIP IEC activities into the MOH/SDP program.

During the first several years of the IEC project, these coordination and integration activities will include the following:

- o The implementation of regional mass media and community outreach activities should be timed to coincide with the completed establishment of the local QIP units. FP service providers and outreach activities will benefit from the presence of the mass media campaign.
- o Many MOH/QIP units have minimal IEC materials and limited access to more, and are therefore reluctant to give materials away to clients. The promoting providers program will include a complement of in-clinic materials designed to enhance the environment, support counseling, and provide clients with information. Training will be required to put these new materials into place and use.
- o Training during the initial program years will focus on four different program levels:
 - 1) Planning workshops, to be held at the beginning of each program year, will be designed to facilitate inputs, coordinate activities and gain support and agreements on key IEC program activities for the coming program year. The end result of these planning meetings will be detailed implementation plans, developed through the collaborative efforts of key staff from MOH, SIS and USAID.
 - 2) Training MOH and SIS staff about the promoting providers program and its integration into community-based activities. This workshop will allow local Governorate staff, from MOH and SIS, to understand the strategy and PRO Approach program, and to brainstorm ideas and generate plans for the local implementation (and local coordination) of program activities.
 - 3) Additional counseling and interpersonal communications training for nurses, tied to and supporting the QIP initiative and built around the counseling tools, leaflets and other IEC/patient education materials selected for use in the QIP program.
 - 4) Training of trainers program among Governorate level MOH IEC Coordinators and those SIS and MOH staff people identified as part of the distribution system. This TOT will:
 - review individual program/campaign materials including mass media, community-based media and in-clinic IEC messages and materials, and review how each is intended to be used in the local community and QIP FP units;
 - train participants on the distribution systems, including responsibilities, forms, resupply systems; posting, etc.; and
 - train participants in training QIP FP service providers and outreach staff in each of the FP units/districts in how to best use, distribute, reorder, etc. IEC program materials in the clinic and community.

After this training, IEC Coordinators will train each of the local QIP FP unit managers in their Governorate, in conjunction with the distribution and delivery of the units program materials. In addition, a simple booklet, explaining the IEC materials and promoting the active and continued use of materials (in counseling, outreach, etc.) will be prepared and distributed by the MOH IEC Coordinator to all the MOH and SIS participants to reinforce the training associated with the initial delivery/set-up of materials and encourage future reordering of materials.

- o As part of the QIP, MOH/SDP has been relying on excellent training programs to enhance their FP clinical, management, supervisory and IEC outreach program services. Where and when appropriate, the "quality" messages associated with the promoting provider program will be incorporated into these on-going, institutional training programs.

7. IEC Program Management Plan

- o The MOH will work closely with SIS in developing and executing the PRO Approach IEC programs. In addition, Governorate level SIS and MOH IEC Staff will play an integrated role in the dissemination of IEC materials and development/implementation of community-based IEC programs in the local markets. Specific areas of responsibility for each of the organizations is as follows:
 - The central office of MOH/SDP will be responsible for the overall program design, management, coordination, and implementation of program activities. This includes developing the final Year 1 implementation plan, establishing participating QIP FP units, determining what materials will ultimately be produced and in what quantities, distributing, tracking and using materials within the Governorates, and evaluating program activities.
 - SIS Cairo will be responsible for collaborating on the communications program, and for creating and producing program messages and materials and distributing these materials to the SIS Governorate offices for pick up by the local MOH IEC Coordinator. This includes assisting MOH in developing plans for the communications activities, developing creative concepts, copy-writing, design, art direction, production, and duplication, for all program materials. Working with MOH, SIS will coordinate and manage all formative research and pretesting activities. SIS will also develop the mass media placement plans and schedules, and place national and regional tv, radio and print advertisements in the appropriate media outlets. Finally, SIS will handle the distribution of all program materials to the Governorate level.
- o Both MOH and SIS will work closely with their counterparts at the Governorate level, to ensure everyone's cooperation in implementing program activities at the local level.
 - SIS Local Information Centers at the Governorate level will receive and/or pick-up bulk shipments of program materials and notify their local MOH IEC Coordinator of its arrival.
 - The local MOH IEC Coordinator will pick-up these materials and distribute them to

the appropriate FP QIP units.

- Local SIS and MOH Staff will be encouraged (but not required) to collaborate on local program outreach activities. For example; SIS may want to incorporate promoting providers and quality service messages into their own on-going outreach efforts. Similarly, MOH may want to collaborate with the local SIS staff on staging events surrounding the announcements of new QIP units.
- o Frequent, hands-on technical assistance is needed to keep program activities moving forward and on track and to help ensure the full coordination of activities between USAID program staff, MOH, SIS, and their local Governorate counterparts. The dynamic nature of the project (new QIP sites will become operational throughout the program years) combined with the complex layering of promoting the providers within the context of a services marketing program, and the newly emerging collaboration between MOH and SIS will require knowledgeable and skilled IEC assistance throughout the program year.

8. A Scenario -- How Things Might Work

For illustration purposes, the outline below demonstrates how the management and collaboration between MOH and SIS might work in creating and producing several television ads.

- o MOH wants to produce 5 tv spots for national tv. At a planning meeting SIS suggests producing 6 spots, 4 featuring nurses and 2 showing the doctors at the QIP clinics. The nurse spots will overlap with a 20 minute video which also features the role of the nurse and which can be used in the local outreach efforts. Both groups agree.
- o A communications strategy for the tv spots is developed by MOH with TA input from JHU/PCS and submitted to SIS for use in developing creative concepts and messages for pretesting.
- o SIS develops several concepts and rough messages and reviews them with MOH. In addition, SIS discusses plans for pretesting the initial creative ideas.
- o MOH reviews the concepts with SIS and JHU/PCS. One is rejected because it is not on strategy. Two are revised and strengthened at the meeting. One is sent back to be reworked. MOH wants to add a focus group among QIP nurses in one Governorate, to gauge their reaction to the concept. Everyone agrees. Budgets are adjusted accordingly.
- o SIS finalizes the concepts with MOH's approval. SIS schedules the pretesting, develops the pretesting moderators guide, recruits participants and conducts the groups. MOH attends the sessions. Both groups discuss the findings and together, determine the next steps in creative development.
- o SIS prepares the initial draft copy-writing and storyboards for the tv spots. MOH reviews the creative and suggests several changes related to medical service delivery issues. In addition, the storyboards are reviewed for potential medical barriers and none are found.

- o Final scripts/storyboards are approved. MOH believes additional pretesting is necessary, but SIS disagrees. A compromise is reached where a round of intercept interviews are conducted in a rural area of Fayyoun and a congested urban area in Cairo. Results indicate minor changes in one of the spots. These are made by SIS.
- o SIS has approval from MOH to produce the tv spots. Production takes 4 weeks. MOH is invited to approved the rough-cuts and suggests two minor changes. The creative staff at SIS agree to one but talk MOH out of changing the other because it fixes one problem while creating several more.
- o According to the final year 1 implementation plan, the tv spots will be duplicated for television and local community program use. Copies are needed for the 2 national stations, and 1 regional station. In addition, 25 sets of vhs copies are needed. SIS manages the duplication in the appropriate formats, according to the plans.
- o SIS is ready to place the tv spots on the television stations. In addition, SIS is supposed to distribute the vhs copies to 10 different Governorates according to the distribution forms provided by MOH. Unfortunately, the other materials intended for these same Governorates have been delayed because of an unforeseen problem at the printers. SIS only has enough money in their distribution budget for one last shipment to the Governorates. MOH must decide to either wait for the other campaign materials, find more money for SIS to do an additional shipment, or arrange for the shipment of the video duplicates directly. MOH decides it's best to handle this relatively small delivery on its own and ships the copies directly to the MOH IEC Coordinator at the 10 Governorates.
- o The spots air as planned. SIS provides the appropriate documentation to MOH to allow for their monitoring and evaluation activities to track program activities and progress.

9. Key Steps in Developing the Campaign

The following steps are suggested in developing and implementing the MOH promotional program and IEC campaigns.

- 1) Review the data/literature to further understand and define the current MOH/Client relationship and to learn more about how clients perceive MOH services. This review should provide needed insights for use in developing and refining program strategies and messages.
- 2) Identify, collect and review existing FP counseling and patient education materials. Select the most appropriate materials and review for possible medical barriers. If necessary, either correct medical barriers or select alternative materials for use. Seek and secure permission to use and duplicate materials from original sponsoring agencies.

Depending upon specific materials, mechanical artwork may need to be recreated to allow for future reprinting.

- 3) Identify the numbers, sizes, and locations of MOH FP clinics participating in the QIP during the first campaign year. Based on this, determine the quantities of clinic-based

materials needed for the first year of the campaign.

- 4) Conduct brainstorming sessions with selected MOH and SIS staff from the local markets to generate specific community program ideas, identify local material needs, and explore integration of promoting provider messages and materials into existing programs. Determine how these programs can best be planned and implemented at the local level, and who will be responsible for coordinating activities. Based on this, determine the quantities of community-based materials needed for the first year of the campaign.
- 5) Conduct planning workshops and develop the final Year 1 IEC campaign program plan, based on the MOH/SDP expansion plans for QIP participating clinics, and including specific program activities, materials, timetables and schedules, budgets and persons responsible for development, distribution/placement and implementation of the mass media, community-based and clinic-based program activities during the campaign year.
- 6) Develop training curriculum for the different training programs. Develop the promoting providers program support booklet. Determine and set training program agendas and dates. Conduct training activities.
- 7) Working with SIS, create several alternatives for an identification marker which can be used in conjunction with the MOH/SIS logo/signage, to identify those clinics/service providers who have completed the quality improvement program. The "quality symbol" should be instantly recognized, easily described (for use with radio) and easy to apply as an adjunct (rather than replacement) to current MOH signage, name tags, materials, etc. Examples might include a "gold star", "diamond" etc.
- 8) Working with SIS, create several creative concepts and messages which could be used in the advertising and local outreach efforts (videos, films, etc.)
- 9) Working with SIS, conduct qualitative research among potential FP clients to learn more about the most appropriate positioning for MOH and to identify specific messages for promoting MOH providers. Specific topics to explore can include:
 - learning more about current perceptions related to MOH services, "quality" health care services, specific health care providers including MOH FP doctors, nurses and outreach staff;
 - exploring images and symbols associated with "quality" and in-clinic signage; and
 - pretesting creative concepts and alternative symbols created by SIS;

Similar groups can be conducted among MOH QIP service providers, if needed.

- 10) Based on research findings, and working with SIS, develop messages for tv and radio advertising and community based media. This step may require additional pretesting.
- 11) Working with SIS, create and produce identification markers and in-clinic signage/badges etc. in appropriate quantities. Reprint selected counseling and patient education materials (posters/leaflets, etc.) in appropriate quantities and pre-package materials for distribution to the Governorates.

- 12) Distribute community-based and in-clinic materials (through the Governorate SIS office) to the MOH Governorate staff and distribute to the participating QIP health units. Post all signs and identification markers.
- 13) Implement mass media and community-based program activities. Monitor activities and results.
- 14) Evaluate process activities and outcomes. Refine program strategies and materials based on findings and begin planning program materials and messages for campaign years 2 and 3.

10. Program Evaluation

Program evaluation activities will be conducted on (at least) an annual cycle, over each of the IEC program years. In addition, yearly auditing of program expenditures coincidental to the program evaluation cycle might be considered, to assist in tracking spending/costs to date and planning future program year allocations.

The development and production of all MOH mass media and community-based program materials/activities can be supported by technical assistance from JHU/PCS.

Because the program will make use of existing IEC counseling and patient education materials, care will be taken to select those materials that have been pretested and proven effective, and which can be easily revised should any medical barriers be evident. In addition, new messages and materials specific to the project will be pretested as part of the development process, to help ensure effectiveness.

Recent quantitative surveys (eg: DHS) will be identified and reviewed (during the initial review of the data/literature), to determine if an adequate baseline of consumer knowledge and practices related to MOH FP services exists; against which future program activities can be measured. If baseline data do not exist, MOH may need to explore conducting one or more studies to establish a pre-program baseline.

Depending upon what's available, MOH may seek to identify and evaluate the following types of changes resulting from program activities:

- o changes in consumer awareness, knowledge, and attitudes about:
 - FP service providers in general and specifically FP providers at MOH QIP outlets;
 - expectations for and/or demand for "quality" services in FP in general and specifically at MOH QIP outlets;
 - sources of information about quality service providers and FP services/information.
- o changes in awareness, knowledge, attitudes and MOH "client service" practices among FP service providers related to:
 - perceptions of their specific role in client service;

- changes in client's needs and/or demands;
- perceptions of the quality of MOH and QIP clinics related to client service.

Additional program evaluation measures could include:

Process Evaluation Measures

- o numbers and geographic reach of participating MOH QIP hospitals, clinics and subclinic sites;
- o numbers, placements and geographic reach/exposure of media advertising messages;
- o numbers, placements and geographic reach/exposure of articles and media coverage;
- o numbers and types of community-based programs and their reach/attendance/participation of eligible consumers; and
- o numbers of IEC materials produced and distributed to MOH facilities, and from MOH facilities to consumers.

Outcome Evaluation Measures

Many of the outcome measures can be evaluated using existing QIP clinic-based, management information systems such as patient in- take and tracking/monitoring logs. These might include measuring changes in:

- o pre- and post-program client traffic in participating QIP facilities;
- o pre- and post-program sales/use of contraceptives in participating QIP facilities; and
- o pre- and post-program client satisfactions with services in participating MOH facilities. (These may include tracking drop-out rates, infection rates, and conducting patient satisfaction surveys.)