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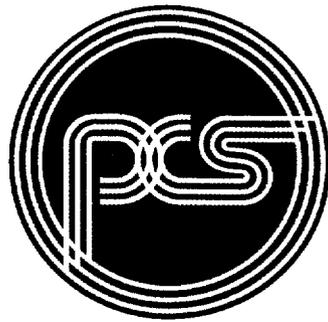
The Johns Hopkins University
Center for Communication Programs

Population Communication Services



Final Report
Third Cooperative Agreement
1990-1997

PCS
Third
Cooperative
Agreement

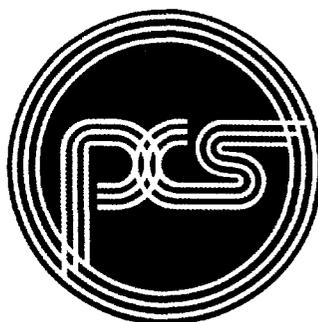


FINAL
REPORT

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THIRD COOPERATIVE AGREEMENT



OVERVIEW

The Third Cooperative Agreement (CA3) supporting the Population Communication Services (PCS) and the Population Information Program (PIP) at the Johns Hopkins University Center for Communication Programs (JHU/CCP) was signed in July 1990. It was extended twice, until July 1997, reflecting continuing high levels of field demand for information, education, and communication (IEC) technical assistance and support from JHU/PCS. During a portion of this period (June 1992-July 1997), PIP was supported through the same cooperative agreement, having previously been a separate contract and subsequently becoming a separate CA.

During this seven year period from 1990 to 1997, JHU/PCS/PIP was able to build upon the experience and accomplishments of the second Population Communication Services Cooperative Agreement (1986-1990). This led to expanded activities in the areas of training and capacity building, establishment of national IEC committees, development of national IEC strategies, mass media community mobilization, and interpersonal communication, counseling training and programs. Major challenges during the final years of CA3 arose as a result of restrictions in the release of funding, reduced overall funding, the new USAID field support funding system, and the start-up of the new Cooperative Agreement (PCS 4), which began in November 1995.

OVERVIEW

Throughout the seven years of JHU/PCS/PIP, the program moved effectively into the realm of strategic communication for behavior change. By the end of CA3, the concept of strategic communication for behavior change was becoming well established, not only for family planning but also for reproductive health and other family health interventions. Key elements of strategic communication include:

- setting specific, measurable, appropriate, realistic, and time-bound ("SMART") communication objectives;
- positioning the service, product, or issue so that it becomes memorable and influential to the intended audience;
- selecting the means to implement an effective reproductive health communication program—a multichannel, Entertainment-Education (Enter-Educate) approach using a single medium as the leader to advance the message and achieve a synergistic impact;
- identifying partner organizations with leadership capabilities that can implement the campaign in cooperation with the lead organization; and
- planning for monitoring and evaluation based on project objectives.

In addition, strategic communication places a continuing emphasis upon the need for behavior change. This behavior change, as JHU/PCS/PIP increasingly recognized and advanced, means changing the behavior of individuals of reproductive age, changing the behavior of providers to assure informed choice for all clients, changing the behavior of policy-makers to support and advance a broader range of reproductive health services, and changing the behavior of communities through the establishment of community norms for family planning, family size, and responsible sexual practices.

The task of strategic communication for behavior change is not easy nor a one-time effort, but during its 15 years of operation since its inception in September 1982, PCS has advanced the frontiers of knowledge in communication, developed new techniques and approaches for effective communication, and applied basic principles for effective practice in collaboration with host-country counterparts throughout the world. By the end of the CA3 project, strategic communication for behavior change was recognized as an essential part of public health programs worldwide.

**Magnitude of Outcomes
All Division**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records*	Copies of Population Reports Distributed
Africa	19	10	7	43	310	15	99	5595	16770	5	14	27,275	7,826,448
Asia	2	21	7	73	283	2	90	5054	11729	6	2	43,675	6,232,128
Latin America	2	11	10	32	201	1	57	3892	7174	0	6	18,485	9,510,816
Near East	10	0	5	29	122	11	36	2071	3051	0	0	23,094	2,709,336
NIS	4	1	6	13	27	2	2	215	34	1	1	955	224,616
Total	37	43	35	190	943	31	284	16,827	38,758	12	23	11,3484	26,503,344

*Note: numerous records cover multiple regions.

Summary: Magnitude of Outcomes Achieved/Outputs

CA EOPS Specified Outcomes

Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE	Population Reports
3	25	30	60-100	1250-1500	12-15	250-300	25,000	2000/yr	10	10	250,000 citations 5000 searches in 75 countries	1,000,000 readers

Total Outcomes Achieved

Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE	Population Reports
37	43	35	190	943	31	284	29416*	5537/yr	12	23	236,860 citations 67,225 POPLINE CD-ROM and POPLINE searches in 111 countries**	390,617

* total items accumulated since the beginning of PCS/PIP

** total countries which have POPLINE CD-ROM during July 1990-July 1997

AFRICA DIVISION

Overview

Over the life of the CA3 project, the Africa Division has been part of dramatic changes that have occurred in family planning acceptance and in the status of health communication throughout the region. Contraceptive prevalence rates (CPR) have risen from 38% to 48% in Zimbabwe and from 27% to 33% in Kenya. The increases in contraceptive prevalence have been matched by a corresponding decrease in the total fertility rate (about 5.3 to 4.3 [late 1980s-1992] and 6.7 to 5.4 [1989-1993] in Zimbabwe and Kenya, respectively). Family planning programs that were emerging in Tanzania and Uganda are now well established and are providing specialized services, such as postabortion care, integrated services, and youth counseling. A critical mass of expertise in health communication is present in many countries where previously little infrastructure and experience in this field existed. Highlights of some of the Division's key achievements and key lessons learned over this period are reflected below:

Key Achievements

Achieved a critical mass of expertise in health communication.

Over the course of CA3, the Africa Division worked in more than 20 countries and supported 13 regional projects. JHU/PCS/PIP has significantly contributed to building host-country capacity for implementing family planning programs through expert technical assistance, applying lessons learned from one country to another, and training host-country counterparts. Training of counterparts in IEC through the Baltimore Advances in Family Health Communication workshop and specialized in-country workshops has been invaluable for implementing these programs and increasing institutional and national capacity. For example, during the course of CA3 in Kenya, Tanzania, and Zimbabwe alone, more than 100 ministerial and private sector personnel were trained in health communication. This investment in IEC skills and capacity building has advanced the ability of national programs to successfully design, plan, implement, and monitor IEC programs. In Ghana, JHU/PCS/PIP's role has changed from one of providing direct technical assistance and training in all facets of IEC to one of facilitating coordination and strategic planning for special interest areas such as youth and promotion of long-term contraceptive methods.

Adopted and implemented communication programs based on a coordinated, national strategy.

As family planning programs have evolved and IEC capacity has increased, more countries are moving from an institution-based approach to IEC to a coordinated national IEC strategy. The Africa Division has provided technical and/or financial support to more than seven national IEC Working Groups and Technical Committees, which are the key building blocks for national strategic planning and implementation. In Ghana, the National Population Council's IEC Technical Committee is facilitating the coordination and implementation of a long-term contraceptive methods promotion campaign. In Zambia, a newly formed IEC Technical Committee has begun drafting a national IEC strategy document. In Kenya, the IEC Working Group, established in 1991 and representing more than 10 organizations, including the Ministry of Health, implemented the national *Haki Yako* ("It's Your Right") campaign. The group recently developed an integrated IEC strategy and implementation plan. A Project Advisory Committee (PAC) with representatives from youth-serving organizations, cooperating agencies, and research organizations provided policy and management guidance to the Kenya Youth Initiatives Project (1994-96). These broad-based, strategic efforts create synergy among the institutions involved, enhance local capacity through sharing of expertise and resources, improve use of existing resources, and contribute to greater program impact.

Maximized impact by combining mass media, community mobilization, and interpersonal communication.

Radio programs, print materials, songs, interpersonal communication and counseling (IPC/C) training for service providers, videos, drama, TV spots, billboards, community festivities, press kits and briefings, and logo launches are some of the interventions that JHU/PCS/PIP has supported throughout the life of CA3. Through its numerous projects, the Africa Division has supported a mix of mass media, IPC interventions, and community mobilization to increase knowledge and demand for family planning services throughout the region. While the emphasis of each program reflects the issues and situation specific to that country, each project design is predicated on the understanding that mutually reinforcing levels of communication affect behavior, from mass media to the client-provider interaction at the clinic. These efforts have involved many of PCS' "trademark" approaches, including Enter-Educate, the PRO Approach (PROmoting PROfessional PROviders), and GATHER (Greet, Ask, Tell, Help, Explain, Return). The Enter-Educate approach has been a part of the Africa Division's technical assistance in almost all countries, producing approximately 24 TV/video programs, 21 or more radio drama series and variety shows, games and contests, songs, live theater, comic books, and photo novellas.

Developed mature programs that moved from improving knowledge to meeting specialized needs.

Many of the countries in which JHU/PCS/PIP works have moved from increasing awareness to creating demand for family planning and serving the needs of special populations such as youth and men. This reflects the achievements made not only in the IEC arena, but also in service delivery. In the early days of CA3, efforts were concentrated on providing basic information and creating approval for family planning. Current programs concentrate on providing contraceptive method-specific information and on getting potential users to the clinic for services (Ghana and Tanzania) or on meeting the needs of special groups, such as the youth programs in Kenya, Uganda, Zimbabwe, and Zambia or the male-oriented initiatives in Ghana, Kenya, and Zimbabwe.

Key Lessons Learned

Building effective national communication programs requires a long-term and systematic approach.

The Africa Division has had the advantage of working in a number of countries over an extended period of time. This has enabled JHU/PCS/PIP to support national capacity building and behavior-change initiatives that build upon and reinforce one another. Tanzania is a case in point. The family planning Green Star logo developed in 1992 has served as a rallying point for communication activities, bringing together clients, providers, and public sector personnel. Today, this Green Star logo remains one of the cornerstones of the national family planning program. A popular radio drama, *Zinduka!*, first launched in 1995, has successfully adapted its format and content to meet the changing needs of Tanzania's reproductive health program. The series is now addressing new topics such as Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention, child survival, and breastfeeding. Institution-building, largely through training of IEC personnel and hands-on experience, has been an important component of the Tanzania program, one that will be continued and expanded under CA4. Overall, JHU/PCS/PIP's Tanzania program has contributed to the following positive results between 1991/92 and 1994: intention to use family planning among non-users doubled from 25% to 50%; discussion of family planning between couples increased from 18% to 31%; and the CPR increased from 5% to 11%.

Lessons learned extend beyond cultural boundaries and country borders.

Although Africa is typified by cultural, ethnic, language, and religious differences, JHU/PCS/PIP has repeatedly found that experiences in one country can be successfully applied to others. For example, radio serial dramas, first used by JHU/PCS/PIP in Nigeria, were successfully integrated into IEC projects in Burkina Faso, Cameroon, The Gambia, Ghana, Haiti, Kenya, Tanzania, Uganda, and Zimbabwe. While design and implementation improvements were made, the basic prin-

principle of using radio to promote the image of family planning methods and providers and to create demand for services remained constant. Data from Kenya showed that, in Phase One (1991-93) of the radio serial *Kuelewana ni Kuzungumza* (Swahili for "Understanding Comes from Discussion"), 31% of survey respondents had heard it. Of these, 5% had adopted a contraceptive method. In the 1994 National IEC Situation Survey, among respondents aged 20 to 54, 76% of the men and 68% of the women had listened to the series. These impact data are consistent with results from other countries. Other important approaches and materials that have crossed country borders include:

- Print materials to facilitate client-provider interaction, such as the all-methods leaflets, the regional flipchart, contraceptive method wallcharts, and cue cards. Some or all of these materials have been used or adapted in Zambia, Nigeria, Ghana, Kenya, Tanzania, Uganda, Cameroon, and Chad;
- Interpersonal Communication and Counseling (IPC/C) curricula and training methodologies using the "GATHER" approach. Initiated originally in Nigeria, subsequent IPC/C curricula have been upgraded, improved, and adapted in over nine countries including Cameroon, Côte d'Ivoire, The Gambia, Haiti, Kenya, Uganda, Zaire, Zambia, and Zimbabwe. JHU/PCS/PIP also worked with the Centre for African Family Studies (CAFS) to develop an IPC/C curriculum for its international training courses;
- Using theater, radio variety shows, games, and music to reach youth. Youth-oriented programs were implemented in Côte d'Ivoire, Haiti, Kenya, Madagascar, Nigeria, and Uganda.

Current initiatives already beginning to cross borders include materials for postabortion counseling care, youth counseling curricula, and approaches to promote integrated health services.

Field offices facilitate capacity building and project implementation.

Between 1990 and 1997, JHU/PCS/PIP has had a presence either through a representative or a local office in Nigeria, Ghana, Haiti, Kenya, and Zambia as well as in Uganda, Senegal, and Côte d'Ivoire through the Center for Communication Programs. This field presence has greatly enhanced the Division's capacity to provide technical and logistical support to projects and counterparts. In general, project implementation has been quicker and smoother, technical support has been more timely and efficient, and administrative and logistical barriers have been reduced. These gains translate into a stronger IEC program in terms of both impact and local IEC capacity.

**Magnitude of Outcomes
Africa**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records	Copies of Population Reports Distributed
Burkina Faso				1	22	2	3	125	378		1	484	111,384
Cameroon	1			4	14		3	106	359		2	589	261,744
Chad				1	6		1	22	118		1	152	39,312
Côte d'Ivoire		1		1	14		5	75	412			508	72,408
Ethiopia			1		4		2	89	670			584	158,088
The Gambia		1		1	6		1	64	126			497	46,200
Ghana			1	1	22		6	396	2437	1	1	1409	704,256
Haiti			1	2	11		10	149	237			668	49,392
Kenya	6	2	2	13	75	4	25	471	313	2	3	2458	460,488
Madagascar		1		2	8		3	107	2233		2	175	48,384
Mali	7	1		8	22	5	3	58	564		1	534	181,776
Mauritania					1			7	76			164	26,712
Nigeria					6		3	674	3446			2869	1,824,984
Senegal	2			2	4	2	1	62	551			909	266,784
Somalia					1			18	56			201	11,256
Tanzania		2		3	28		11	277	1175	1	1	1192	295,344
Togo					2	1		18	487			324	327,432
Uganda				1	19		8	316	917	1		823	377,160
Zaire					1			118	311			946	679,560
Zambia	1		1	1	18		2	206	677			760	198,744
Zimbabwe	1	2	1	2	25	1	12	303	896		2	866	188,664
Other Countries	1				1			1934	331			10,163	1,496,367
Total	19	10	7	43	310	15	99	5595	16,770	5	14	27,275	7,826,448

Verifiable Outcomes: Africa

	Use of Local Materials*	Local Resources Used	Increase in Knowledge of FP Methods	Increase in Use of FP Methods
✓ Burkina Faso	71	✓	(1993--68.7%)	(1993--8%)
✓ Cameroon	164	✓	(1991--65.3%)	(1991--16%)
✓ Chad	37	✓		
✓ Côte d'Ivoire	27	✓	(1994--71.5%)	(1994--11%)
Ethiopia	0	✓		(1990--4%)
The Gambia	87	✓		(1990--12%)
Ghana	85	✓	(1993--91.3%)	1988--13% 1993--20%
✓ Haiti	4	✓	1989--82.7% 1994/95--98.8%	1989--10% 1994/95--18%
✓ Kenya	373	✓	1989--97.2% 1993--97.2%	1989--27% 1993--33%
✓ Madagascar	31	✓	(1992--66.6%)	(1992--17%)
✓ Mali	19	✓		1987--5% 1995/96--7%
Mauritania	0			(1990--3%)
✓ Nigeria	5	✓	(1990--43.6%)	(1990--6%)
✓ Senegal	0	✓	(1992/93--75%)	1986--12% 1992--13%
Somalia	0	✓		
✓ Tanzania	333	✓	(1991/92--80.2%)	1991/92--10% 1996--18%
✓ Togo	0	✓		(1988--12%)
✓ Uganda	56	✓	1988/89--81.9% 1995--92.6%	1988/89--5% 1995--15%
Zaire	1	✓		
✓ Zambia	16	✓	(1992--93.7%)	1992--15% 1996--26%
✓ Zimbabwe	63	✓	(1994--98.8%)	1988/89--45% 1994--48%
Regional	49			
Total	1421			

*number of materials developed

() No sources readily available for comparison

ASIA DIVISION

Overview

In Asia, JHU/PCS/PIP emphasized the development of national strategies to serve as the framework for sustained communication programs. The national strategies promoted coordination among government agencies, non-governmental organizations (NGOs), the private sector, and donors, and provided the context for a systematic, planned approach to reproductive health communication. As a result, JHU/PCS was able to design communication programs for maximum impact in the region.

JHU/PCS worked extensively in Bangladesh, India, Indonesia, Nepal, the Philippines, and for a short period, in Pakistan. Faced with diverse needs in the region, JHU/PCS designed a strategic mix of innovative communication programs that complemented national priorities to promote behavior change in each country.

Of particular significance for health communication programs during CA3 was the rapid growth of mass media in the region. JHU/PCS made optimal use of the new markets for entertainment programming by collaborating with the private sector to develop high-quality Enter-Educate dramas. These programs reached millions of people who would not have been reached through traditional health education programs.

Key Achievements**Communication programs achieved measurable results in changing knowledge, attitudes, and behaviors.**

Philippines: National communication campaigns conducted from 1993 to 1996 more than doubled the rate of family planning acceptance. During this three-year period, the CPR increased from 40% to 48.1%. This increase represents a change of 2.7 percentage points per year compared to the average one percentage point per year from 1968 to 1993.

Bangladesh: A 1996 study found that the *jiggasha* approach (meaning "to enquire" in Bangla), which uses community mobilization techniques, further improved the government family planning program to increase the rate of modern contraceptive use to that of a developed nation. The study showed that 63% of women who participated in *jiggashas* were using modern contraceptives compared with 43% of those who had been visited at home by a government field worker but had not attended a *jiggasha*.

Nepal: Client-provider interactions improved dramatically as the result of a distance education radio program to improve the counseling skills of rural health workers. Observations of client-provider interactions over time indicated that participants of the program demonstrated more positive

counseling skills (e.g., asking open-ended questions, asking about client concerns) than did health workers who received training from a workshop or no training at all.

Strengthened institutional capacity and individual skills, ensuring sustainability of communication programs.

Training is key to developing a critical mass of competent communication specialists. With the goal of ensuring sustainability, JHU/PCS/PIP emphasized capacity building of local counterparts through training, technical assistance, and hands-on experience.

In each country, JHU/PCS/PIP offered an adapted version of the Baltimore-based Advances in Family Health Communication workshop for senior and mid-level communication managers. The workshop features the interactive computerized training program SCOPE (Strategic Communication Planning and Evaluation) to guide participants through each step of the research-based planning tool called the P Process. SCOPE is regularly updated with new country data to allow realistic communication planning.

In the Philippines, decentralization has increased demand for IEC training at the local level. JHU/PCS/PIP initiated a partnership among universities and government agencies to administer and conduct the Advances workshop on a cost-recovery basis for Local Government Units (LGUs). JHU/PCS/PIP also provided technical assistance to LGUs to develop strategies and implement activities.

Capacity building was of particular importance during CA3 for the mature national programs in Bangladesh and Indonesia, where JHU/PCS/PIP objectives focused on building institutions and ensuring sustainability. In Indonesia, the P Process has become an institutionalized part of the IEC planning process in 24 of 27 provinces. In Bangladesh, JHU/PCS/PIP's transfer of skills in strategy development, advocacy, and management culminated in the establishment of the Bangladesh Center for Communication Programs (BCCP) as a local NGO in 1996. BCCP provides communication management services for a number of health and social programs in the country.

Key Lessons Learned

National strategies that are based on research and developed through consensus provide the framework for effective communication programs.

Research-based national strategies ensure that priority audiences will be reached and that the most effective communication channels will be used. In Nepal, a 1993 needs assessment identified women with unmet needs as the key audience for the Redline Communication Strategy. Part of the first National Reproductive Health/Family Planning IEC Strategy, the Redline Strategy recommended radio as the most effective channel for reaching these women.

National strategies can improve coordination and curb duplication of efforts. In Bangladesh, JHU/PCS/PIP spearheaded the development of the National Integrated Family Planning (FP) and Maternal and Child Health (MCH) IEC Strategy and

Action Plan. The development process built consensus among 40 representatives of key agencies from public and private sectors and the donor community. Based on the strategy, JHU/PCS/PIP developed a logo campaign that encompassed all FP/MCH services provided at static clinic sites, rather than promoting individual services in separate costly campaigns.

Complementary programs to improve services and raise clients' expectations for quality can lead to better client-provider interaction.

Under CA3, JHU/PCS/PIP focused on improving the counseling skills of providers and creating demand for quality services among clients.

Nepal's Rural Communication Program, launched in 1996, consisted of two radio programs designed to enhance client-provider interactions. The distance education program, *Service Brings Reward*, aimed to improve the counseling skills of health workers, while a complementary radio drama series, *Cut Your Coat According to Your Cloth*, was designed to encourage increased demand for family planning services. Evaluation of the programs showed a synergistic effect—the general public listened to the program intended for health workers and this increased their expectations for quality care. At the same time, the radio drama series enhanced the image of health workers providing family planning services and gave them the confidence to provide better services.

In Indonesia, JHU/PCS/PIP continued to support the Blue Circle program that was designed to move family planning acceptors from the already successful government program to more self-sustaining private-sector services. The program provided training for private-practice providers to improve quality of care. The Blue Circle logo was placed on offices of physicians and midwives who could provide quality services at affordable prices. Through a series of campaigns, the Blue Circle gained so much recognition that the government launched an array of contraceptive products with the logo as a brand name.

In recent years, JHU/PCS/PIP assisted the Indonesian Ministry of Health and the National Family Planning Coordinating Board (BKKBN) with a nationally coordinated effort on health services quality improvement. JHU/PCS/PIP conducted a comprehensive review of existing counseling training curricula, a pilot study to define client-provider interaction characteristics, and assisted with the design of a standard counseling training program.

In India, JHU/PCS/PIP assisted the Indian Medical Association with the promotion of doctors trained in counseling and contraceptive technologies. Using the Blue Triangle logo and campaign strategy implemented in Gujarat, JHU/PCS/PIP conducted a mass-media campaign to publicize private physicians as providers of quality family planning services.

Distinctive logos help clients easily identify services.

Borrowing from commercial sector experience, JHU/PCS/PIP developed logos in several countries to identify family planning and reproductive health service sites.

Developed in 1993, the logo and slogan for the Philippines Family Planning Program describes family planning as caring for one's children. The Department of Health and LGUs use the logo as a unifying symbol for campaigns, products, and services offered through the decentralized family program. The versatile logo can be expanded to include child health services.

In Bangladesh, the Green Umbrella logo represents the protection offered by integrated FP/MCH services at static clinic sites. The logo was introduced to the public in a mass-media campaign in 1996 and has provided continuity for the integrated services in subsequent campaigns.

The leveraging of funds extends program reach and promotes sustainability.

Commercial sponsorships can prolong the life of products or programs initiated by family planning agencies and lead to sustainable programs. JHU/PCS/PIP attracted the support of sponsors by using the Enter-Educate approach to develop programs with high commercial value for the flourishing mass-media markets in Asian countries.

In Indonesia, JHU/PCS/PIP's collaboration with well-known TV directors and writers enlisted support from the private sector for production and other costs. In 1993, the Indonesian Television and Radio assumed half the production costs of the *Equatorial Trilogy*, three films that demonstrated the linkages between population growth and environmental degradation. In 1995, a television station in Indonesia assumed the full production costs of *Alang Alang* (Wild Grass), a full-length film about the importance of educating girls.

In the Philippines, the feature-length population and environment film, *Okey Si Ma'am*, obtained corporate sponsorship support of approximately \$85,000 from Gift Gate and Sony as well as free publicity on radio and TV talk shows approximating \$50,000. Another JHU/PCS/PIP project, a series of six Enter-Educate videos for youth, received significant public and private sector support. Penshoppe, a national Filipino-brand of teenage ready-to-wear clothing, reproduced 450 cassettes for distribution to 40 schools in metro Manila. The company supported a facilitator for one year to show the videos in these schools, promoted the videos during a special school tour, and showed the MTV in 35 retail outlets.

Having witnessed the commercial success of the six-episode TV drama, *Aahat* (An Approaching Sound), Pakistan TV subsequently provided 50% of the funding for the next JHU/PCS/PIP Enter-Educate program, the 13-episode TV social drama *Nijaat* (Deliverance).

New research techniques help to improve program design.

In India, JHU/PCS/PIP applied a newly developed research tool, Perceptual Mapping, to further refine audience analysis. Perceptual Mapping graphically depicts an audience's perceptions. The closer together two concepts, attributes, services, or providers are on the graph, the more closely associated they are in the audience's minds. Perceptual Mapping allowed communication specialists in India to

learn the audience's point of view in one glance and enabled them to respond with specific messages and programs. The research tool also can be used for evaluation purposes.

Extensive research on communication networks in Bangladesh formed the basis for a pilot project in rural Bangladesh that was extensively replicated during CA3. Called the *jiggasha* approach, it helps field workers identify and mobilize influential women in the community to organize *jiggasha* discussion groups about family planning. When the most influential women host *jiggashas*, information and attitudes spread most quickly among community members.

**Magnitude of Outcomes
Asia**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records	Copies of Population Reports Distributed
Bangladesh		2	1	14	67		24	407	2250	4		3726	271,656
Hong Kong					1			131	28			647	34,776
India		1	1	5	68		12	685	3905			11991	1,826,664
Indonesia	1	4	2	6	54	1	15	428	1158			3371	337,848
Nepal	1	1	2	8	33	1	17	293	1208	2	1	1246	63,336
Pakistan		3		8	25		5	351	700		1	2262	204,624
Philippines		10	1	32	33		17	620	1571			3825	420,168
Thailand					2			311	598			3767	224,616
Other Countries								1828	311			12840	2,848,440
Total	2	21	7	73	283	2	90	5054	11,729	6	2	43,675	6,232,128

ASIA

Verifiable Outcomes: Asia

add this information and update PCS

	Use of Local Materials*	Local Resources Used	Increase in Knowledge of FP Methods	Increase in Use of FP Methods
Bangladesh	57	✓	(1991--99.8%)	1991--40% 1996/97--49%
Hong Kong	0			(1992--86%)
✓ India	60	✓		1988--45% 1992/92--41%
✓ Indonesia	25	✓	(1990/93--94.6%)	1987--51% 1994--55%
✓ Nepal	117	✓		(1996--29%)
✓ Pakistan	68	✓		1990/91--12% 1994/95--18%
✓ Philippines	222	✓	(1993--97.2%)	1988--34% 1993--40%
Thailand	16	✓		1987--66% 1993--74%
Regional				
Total	565			

*number of materials developed

() No sources readily available for comparison

LATIN AMERICA DIVISION

Overview

During CA3, the work of JHU/PCS/PIP's Latin America Division focused mainly on urban areas. However, a transition into rural areas also became evident. Urban audiences were exposed to family planning messages through a wide variety of channels, from mainstream TV to popular street theater. JHU/PCS/PIP took the lead in reproductive health in Bolivia, where the concept and promotion of reproductive health was successfully positioned two years before the International Conference on Population and Development in Cairo. National support for reproductive health communication has continued to grow in the region. During CA3, JHU/PCS/PIP expanded to Guatemala, Mexico, Nicaragua, Honduras, Ecuador, Peru, Bolivia, and Brazil.

Continuous advocacy to opinion leaders resulted in strong political support for family planning and reproductive health in many countries. Showing strong leadership, the Bolivian President and Vice President and the First and Second Ladies launched Phases I and II of the Las Manitos Campaign. Their commitment paid off: the campaign gained international recognition by winning The Population Institute's Global Media Award for Best Advertising Campaign. In recent democratic elections, all political parties in Bolivia included reproductive health as an area of interest for the health agenda of the future government.

Communication products in most of Latin America have achieved a level of sophistication that allows for local production of various materials. JHU/PCS/PIP has conducted many campaigns throughout the region, all of them based on locally produced materials. These materials include video and radio spots, TV and radio series, videos for in-clinic use, training videos, audio cassettes for buses, jingles, logos, banners, posters, brochures, flyers, manuals, flipcharts, billboards, posters for buses, calendars, stickers, pins, keychains, clinic signs, T-shirts, press releases, press advertisement, phone hot lines, and street theater.

Key Achievements

Developed successful national reproductive health communication strategies that have set the agenda, guided reproductive health programs, and built institutions.

National strategies throughout the region proved to be the most cost-effective mechanisms for building capacity, strengthening partnerships, promoting synergy, and maximizing program impact. As demonstrated by Bolivia's National Reproductive Health Strategy, productive public-

LATIN AMERICA

private sector coalitions can attain high-level commitment, public visibility, and sustainability over time. Workshops and the development of new training curricula have contributed to building communication expertise within institutions.

Guided decentralization efforts that adapt national strategies to local characteristics, thereby tailoring culturally sensitive rural IEC strategies to communities.

Developing responsive, innovative, and client-oriented local strategies has been the vision when trying to reach rural groups in several countries in the region. These interventions were developed as part of a national/regional reproductive health campaign aiming to expand and tailor messages and activities to the specific needs of the audience. Likewise, encouraging greater participation from the Ministry of Health (MOH) and NGO clinics to promote their reproductive health services through well-orchestrated folk media and community participation has proved to enhance providers' image and bring more clients to clinics.

Increased impact through multi-channel approaches.

The consistent use of multi-channel communication strategies by local partners was achieved by providing them with both management and conceptual tools to design, implement, and evaluate IEC interventions. JHU/PCS/PIP closely tracked efforts to link communication interventions with behavior change in Bolivia, Mexico, and Peru using different techniques such as time-series design, impact evaluation, cohort studies, and network analyses. These techniques show that the number of different channels of exposure increases significantly the intention and adoption of family planning.

Created partnerships with the commercial sector to assure message exposure.

In a region where mass media has penetrated almost all segments of society, the challenge has been to create and maintain new opportunities for traditional and electronic media to be involved in reproductive health. Unique private-commercial partnerships were formed establishing a win-win situation for all parties in Peru and Ecuador, increasing the opportunity to deliver messages in an entertaining manner that achieved high exposure.

Key Lessons Learned

IEC committees are critical to developing effective national communication strategies.

JHU/PCS/PIP worked on institutionalizing IEC committees in Bolivia, Ecuador, and Nicaragua. All the institutions working in reproductive health in the country became members of these committees. Building national coalitions among institutions facilitates training of health providers in IPC/C, standardizing the quality of information, strategic planning, and implementation of communication activities at the national level, and training a core group of communication experts in reproductive health. When the organizations work together on a set of materials or a cam-

paign, they are able to articulate common goals and cooperate to meet them. The organizations avoid duplicating materials and do not send contradictory messages to the audience. Instead of competing, the institutions worked together, and thus maximized their resources and strengthened their collaboration. A critical mass of trained communication specialists who occupy IEC positions in the public and private sectors become key players in the advancement of reproductive health communication at the national level. IEC committees maximize the impact of technical assistance by encouraging national agencies that perform comparable IEC work to participate in technical assistance activities to enhance their capabilities and create a synergistic effect.

Enter-Educate programs help build partnerships between family planning organizations and the local media.

A number of Enter-Educate programs in the Latin America region have demonstrated that family planning organizations and local media can develop win-win strategies to diffuse reproductive health messages. For example, *Ms. Rumors*, an entertaining street theater skit produced by APROPO (Advocacy for Population Programs), attracted the attention of *Alo Guisela*, one of Peru's most popular TV shows. In a mutually beneficial alliance, APROPO provided biweekly mini-dramas to be aired on the show and health experts to help the host answer call-in questions about sexuality and contraceptive methods. The popularity of *Alo Guisela* helped APROPO's health messages reach 2,896,000 people across Peru. The combined exposure and popularity of APROPO's and *Guisela's* partnership led to negotiations with the largest national radio network in Peru to co-produce and air additional radio programs. In Ecuador, JHU/PCS/PIP collaborated with a private agency to develop a series of educational pamphlets for adolescents. The Youth, Love, and Sexuality pamphlets were sold to schools. A commercial group then used the pamphlets as a promotional item for condom sales in pharmacies and other commercial outlets.

Matching grants are good incentives to boost local initiatives in reproductive health communication.

In Ecuador, the IEC committee printed and shared booklets on adolescent sexuality, produced and broadcast a 30-episode radio series to inform young women about reproductive health; and organized a *TV Week on Reproductive Health* in collaboration with the most popular Ecuadorean women's TV show *En Familia* (In the Family). All three projects were funded through a matching grant mechanism in which JHU/PCS/PIP funds were matched with funds or labor from local NGOs and commercial sponsors.

LATIN AMERICA

Collaborating with social development agencies and political gatekeepers to develop program content and to encourage feedback can generate both political and financial support.

Building support for family planning among politicians and opinion leaders is key for the success and legitimization of family planning programs. Although results should be expected in the mid- or long-term, the slow and not always direct steps toward cultivating public support for reproductive health policy must be taken before policy-makers will be willing to take a stand on this issue. Political determination by itself will not dispel myths, beliefs, and misconceptions that have taken root at the individual level. A communication strategy intended for audiences who play a key role in reproductive health is necessary to keep pace with changes in the political or government hierarchies. Likewise, working with other social development agencies like the United Nations Population Fund (UNFPA) can bring increased funding and attention by lending credibility to reproductive health programs.

Family planning is an important part of general family health rather than an isolated concept.

Although family planning is currently a well-known and accepted concept in Latin America, there is a sentiment that it should be included in general family health practices. Reproductive health has been another valuable concept to frame family planning decisions and services. Nevertheless, the choice of the name and concept should take into account the culture and the availability of services in each specific context.

**Magnitude of Outcomes
Latin America**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records	Copies of Population Reports Distributed
Bolivia		5	2	18	61		24	339	2620		2	689	277,032
Brazil		1	2	2	10		4	400	345			2875	2,481,528
Costa Rica					1			162	216			1098	528,528
Ecuador	2	2	2	3	31	1	7	321	510		1	690	254,856
El Salvador			1		1			169	110			533	136,584
Guatemala		1		1	5			232	342			990	468,720
Honduras					7		2	99	456			572	1,620,024
Mexico		1	2	4	42		3	732	1172			3610	23,688
Nicaragua			1		13		7	80	130			355	942,984
Peru		1		4	30		8	463	933		3	1367	16355
Other Countries							*2	895	340			5706	2,529,576
Total	2	11	10	32	201	1	57	3892	7174	0	6	18,485	9,510,816

* to US, preparation for Advances workshop

LATIN AMERICA

Verifiable Outcomes: Latin America

	Use of Local Materials*	Local Resources Used	Increase in Knowledge of FP Methods	Increase in Use of FP Methods
✓ Bolivia	152	✓	(1990/93--99.8%)	1989--32% 1994--45%
✓ Brazil	0	✓		1986--66% 1996--77%
Cost Rica	0	✓		1986--70% 1992/93--75%
Ecuador	118	✓		1989--53% 1994--57%
El Salvador	0	✓		1988--47% 1993--53%
✓ Guatemala	0	✓		1982--23% 1995--31%
Honduras	0	✓		1991/92--47% 1996--50%
Mexico	23	✓		1987--53% 1995--67%
✓ Nicaragua	7	✓		1992--49%
✓ Peru	360	✓	(1991/92--96.9%)	1991/92--59% 1996--64%
Regional	10			
Total	670			

*number of materials developed

() No sources readily available for comparison

NEAR EAST DIVISION

Overview

The critical role of communication in strengthening population and reproductive health programs received greater recognition than ever before in the Near East region over the life of CA3. IEC professionals—many trained through JHU/PCS/PIP workshops—designed and implemented national communication strategies with the support of central decision-makers and local influential people, increasing the demand for high-quality family planning services. During those years, JHU/PCS/PIP expanded the reproductive health communication programs in Egypt, Jordan, Oman, Morocco, Turkey, and Yemen.

Population programs in those countries are now well established and often offer a wide array of services such as maternal health care, expert counseling, and high-quality reproductive health services. Early success in the CA3 IEC projects in Egypt and Morocco was one of the reasons that JHU/CCP was later selected to assist in the expansion of reproductive health, service delivery, and IEC initiatives for quality of care. Elsewhere, programs in Oman, Yemen, and Jordan began to address the increasingly high population growth rates with messages designed for local audiences as well as through advocacy initiatives that urge decision-makers to support family planning. In many countries where previously no family planning communication materials from any source were available, there are now locally designed and produced materials.

Key Achievements

Enhanced national capacity to design, manage, and evaluate reproductive health IEC programs.

JHU/PCS/PIP helped improve the capabilities of public and private sector organizations in IEC planning, implementation, evaluation, and project management through expert technical assistance. On-the-job training provided by resident advisors, complemented by short-term technical assistance, also helped to ensure the success of programs and sustainability of local institutions. Culturally and linguistically appropriate participant training also enhanced national capacity building. In 1993, JHU/PCS/PIP conducted the first Advances in Family Health Communication workshop entirely in Arabic. It is now an annual event. The workshop incorporates case studies on health communication projects, the new Arabic version of SCOPE, and lessons learned from programs used in different Arab countries. Over the course of the project, 93 participants from 14 Arab countries gained skills in implementing dynamic health

NEAR EAST

communication programs and consequently have contributed extensively to the sustainable development of health programs throughout the Arab region.

Developed IEC programs based on national communication strategies.

Working with dedicated counterpart organizations, JHU/PCS/PIP developed and implemented research-driven national strategies tailored to each country's specific family health program needs and capabilities. Strategies in countries with nascent family planning programs, such as Oman, Yemen, and Jordan, focused on increasing knowledge of and positive attitudes toward modern contraceptive methods as well as advocating support for family planning by policy-makers, religious leaders, and other influential people. In Egypt, Morocco, and Turkey, well-established programs focused on generating demand for high-quality public and private sector family planning services and increasing the correct usage of contraceptives through mass media and local outreach. To increase their impact, those strategies were implemented through mutually reinforcing channels combining mass media, interpersonal communication, village theater, and community mobilization.

Improved access to and quality of family planning services.

During CA3, the Near East division supported activities to upgrade the training of providers and enhance their counseling skills. Following an intensive national IPC/C training effort in Oman, the Al-Seeb Birth Spacing project began monitoring counseling services to measure client satisfaction with providers. Exit interviews indicated significant improvements in knowledge of contraceptive methods and desired number of children, and intention to discuss birth spacing and to use birth-spacing methods. Service statistics showed that, on average, nearly 25% more clients per month sought birth-spacing services after the project's campaign. In Turkey, JHU/PCS/PIP collaborated with the MOH and the Japan International Cooperation Agency (JICA) to produce a provider training video on high-quality family planning counseling skills following the GATHER approach (KAYNAK in Turkish). Eleven hundred sets of the KAYNAK training package, which included a video, discussion guide, poster, and information card, were distributed to FP/MCH centers, training centers, vocational health high schools, provincial health directorates, universities, and the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). The KAYNAK training tools proved successful in improving the counseling skills of providers.

JHU/PCS/PIP achievements in high-quality family planning services are reflected in the effective Gold Star campaign in Egypt. The Gold Star logo denotes government family planning clinics that pass a 101-item checklist of quality indicators over two consecutive quarters.

Key Lessons Learned

Promoting grassroots action and advocacy improves reproductive health services.

Local- and high-level advocacy promoting or reinforcing a change in population or family planning policy, program, or legislation can help improve reproductive health services and programs and achieve higher contraceptive usage rates. The creation of a supportive environment and the establishment of clearly defined strategies helped facilitate two activities in Egypt and Yemen.

Reaching approximately 161,000 men, women, and children with family planning messages in the mostly rural areas of the Minya Governorate in Egypt required the participation of 14 local and ministerial agencies from the governmental, religious, health service, and cultural divisions to design and implement the intensive family planning communication and community mobilization effort known as the Minya Initiative. A sense of cooperation among the agencies was fostered by identifying market niches and having each agency address a different client base in its recruitment efforts. The involvement of religious leaders was essential to the success of the program in this conservative governorate. The Initiative exceeded its goal by raising CPR in Minya from 22% to 30% over the 18-month campaign.

Lively interviews with typical Yemeni families focusing on the consequences that large family size has on their lives, including poor health and lack of education, formed the basis of the docudrama *Living Stories of Yemeni Families*. Designed to support advocacy among Yemeni policy-makers for reproductive health, it was used by the Ministry of Information to help convince influential people to commit to the development of a national family planning program.

Lessons learned from both the Minya Initiative and the Yemen project were used in developing the JHU/CCP Gold Star Initiative in Egypt and the JHU/PCS 4 Men's Participation Campaign in Jordan.

Public and private alliances enhance program impact and generate financial support.

JHU/PCS/PIP leveraged co-funding by regional and international agencies for the implementation of the regional *Family House* project. The Ford Foundation and the Canadian International Development and Research Center (IDRC) provided funds to develop and produce *Family House*, a soap opera that intertwined health messages into the dramatic trials and triumphs of an average Egyptian family. The series was broadcast nationally in Egypt, Jordan, and Morocco. It was the first joint venture between family health communicators, television producers, and commercial sponsors in the Arab world. The techniques and skills derived from the *Family House* experience were used to secure funding for the development of the *Arab Women Speak Out* project materials.

Arab Women Speak Out is an innovative documentary, training, and advocacy project designed to strengthen decision-making and negotiating skills for women

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about their lives and reproductive health. Diversified support from USAID, the European Commission, and the Arab Gulf Program for United Nations Development Organizations were crucial to the production of the project materials during CA3. As a result, JHU/PCS is now in the position to leverage funds from international and regional organizations for the 1998 multimedia launch, training workshops, and dissemination of the project at the community and national levels.

Disseminating lessons learned from successful IEC programs enriches future initiatives.

The common language, culture, and traditions of the Near East continue to provide opportunities for using effective materials, approaches, and projects as prototypes that can be adapted in neighboring countries. Materials include TV spots, logos, informational leaflets, contraceptive method-specific brochures, cue cards, training manuals, and contraceptive method demonstration kits. Documents detailing the experience in Egypt include "Fruits of Collaboration" (a bilingual report on the results of the Minya Initiative) and "A Step-By-Step Guide for Planning and Implementing Social Mobilization for Family Planning at the Local Level." These materials helped guide the design of the Al-Seeb Project in Oman and the JHU/PCS 4 Men's Participation Campaign in Jordan.

JHU/PCS/PIP developed case studies and videos to be used in workshops and to inform communication professionals about experiences in other countries. Videos included *Sharing the Vision: Egypt's Family Planning Experience*, a promotional film highlighting efforts to slow population growth; *Family Planning in Egypt: Mass Media Makes a Difference*, a documentary discussing the effectiveness of the Enter-Educate approach; *Minya Harvests*, a 20-minute video highlighting key activities and cooperation between local agencies as part of the Minya Initiative in Egypt; "Visit Us More Than Once," a video magazine designed for Egyptian clinic waiting rooms; and *Hope Was Always There*, a made-for-television Turkish feature film about a young midwife providing health and family planning services in a mountain village. Case studies included several qualitative studies of family planning in Egypt and Jordan and a case study of the Tunisian National Family Planning Program. These materials were used in many other countries in the region and the Gulf States.

**Magnitude of Outcomes
Near East**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records	Copies of Population Reports Distributed
Egypt	4			15	60	5	25	513	942			2358	925,680
Jordan	1		1	1	7			99	466			447	75,096
Lebanon	1			1				64	25			278	
Morocco	1			6	16	1	2	209	428			718	599,256
Omar			1	1	7		6	33	42			63	0
Palestine	1			1				12	1			116	
Tunisia	1			2	11	5		79	246			929	169,344
Turkey			3		14		2	287	756			1199	126,000
Yemen	1			2	7		1	31	145			184	37,296
Other Countries								744				16,802	776,664
Total	10	0	5	29	122	11	36	2071	3051	0	0	23,094	2,709,336

NEAR EAST

Verifiable Outcomes: Near East

	Use of Local Materials*	Local Resources Used	Increase in Knowledge of FP Methods	Increase in Use of FP Methods
✓ Egypt	620	✓	1990/93--99.6% 1995--99.89%	1988/89--40% 1995--47%
✓ Jordan	0	✓	(1990--99.2%)	(1990--35%)
Lebanon	0	✓		(1971--53%)
✓ Morocco	18	✓	(1992--99%)	1992--42% 1995--50%
Oman	25	✓		(1988--9%) (1995--22%)
Tunisia	2	✓		1988--50% 1994--60%
✓ Turkey	37	✓	(1993--99%)	1988--60% 1993--63%
✓ Yemen	10	✓	1991/92--57.7% 1997--83.7%	1991/92--6% 1997--13%
Regional	39	✓		
Total	751			

*number of materials developed

() No sources readily available for comparison

NEW INDEPENDENT STATES DIVISION

Overview

During CA3, JHU/PCS/PIP introduced concepts of strategic communication design and family planning promotion to several Central Asian Republics (CARs) and Ukraine. With technical assistance from JHU/PCS/PIP, local counterparts in the NIS developed the first family planning promotion programs in these countries' history, prepared educational materials for young adults, and put family planning and women's health in the local and national media. Evidence from qualitative research and anecdotal reports suggest that these programs have changed attitudes about contraception, prompted information seeking, and enhanced communication within families about reproductive health.

When JHU/PCS/PIP first began working in the NIS, family planning programs were in their infancy. Lack of information and limited supplies of modern contraceptive methods led to a heavy reliance on abortion and a deep distrust of modern contraceptive methods. Few family planning specialists had any knowledge of health communication strategic planning, qualitative research, or message design. Specialists recognized the need to inform women and change reproductive health behavior, but few knew how to begin.

To promote the use of modern contraception as an alternative to abortion and to support the USAID Reproductive Health Program in the region, JHU/PCS/PIP collaborated with local partners in Kazakhstan, Uzbekistan, Kyrgyzstan, and Ukraine to maximize access to and the quality of family planning services by:

- increasing skills and communication capability among local counterparts,
- increasing positive attitudes toward modern contraceptive methods and increasing demand for family planning services,
- increasing knowledge among young adults about modern contraceptive methods,
- promoting information-seeking and sexual responsibility among young adults,
- increasing provider knowledge of family planning methods and programs, and
- enhancing client-provider interaction and counseling during family planning service delivery.

NEW INDEPENDENT STATES

Key Achievements

Increased local capacity in designing and implementing health communication strategies and programs.

Through technical assistance to the CARs and two workshops in Ukraine, JHU/PCS/PIP introduced researchers, doctors, psychologists, and representatives of the Ministry of Health to:

- concepts and methods of health communication including the elements of designing a strategy and implementing a program,
- techniques for participatory education and using videos effectively in small groups, and
- techniques for conducting and analyzing qualitative research to better understand clients' concerns and tailor appropriate messages and materials for them.

Through this training and experience, local counterparts were closely involved in design and production of strategies and messages for print materials, television and radio spots, and videos.

Increased public and private discussion about contraception and increased demand for family planning services.

The JHU/PCS/PIP program and materials brought family planning issues into the public arena and emphasized the advantages of contraception for spacing children and limiting family size. In Kazakhstan, Kyrgyzstan, and Ukraine, television and radio spots and videos were broadcast on private television stations at no charge. Group discussions and referrals to local service delivery sites often followed these broadcasts. Reports from Odessa and Lviv in Ukraine show increased attendance at family planning clinics and increased intrafamily discussion about family planning after the television broadcasts.

Produced innovative and sustainable IEC and training products.

Materials produced with technical assistance from JHU/PCS/PIP have been extremely well received and continuously used, often in creative and cost-effective ways. In the CARs, providers use the television spots as discussion starters with young women. In Ukraine, some family planning centers have established video lending libraries so clients can watch the videos at home with their partners, their parents, and their friends. Since the JHU/PCS/PIP project in Ukraine ended, the Ministry of Health has ordered 600 more videos and 80,000 brochures. To support training and family planning counseling for providers, JHU/PCS/PIP developed and distributed over 100,000 laminated cue cards on family planning methods and had several issues of **Population Reports** translated into Russian.

Worked with a combination of public and private organizations.

In the NIS, JHU/PCS/PIP actively supported the burgeoning private sector as well as the Ministries of Health and other government organizations. In some of the nascent collaborations in the NIS health sector, projects included common discussion and shared goals among government physicians, private research organizations, advertising agencies, and television producers.

Key Lessons Learned

Technical assistance and training of local professionals builds institutional capacity.

Since the field of health communication is so new to the NIS region, training local counterparts and creative specialists in the health communication process has been an essential part of building institutional capability. At the same time, extensive technical assistance has been needed to move the program forward and support development of high-quality materials. Workshops that bring together providers and specialists to learn new skills and develop communication materials are effective; through the workshops, participants were empowered to take ownership of their programs and were highly motivated to disseminate and use the educational materials at the community level. In Ukraine, follow-up training that addressed how to use the communication products most effectively proved to be a valuable part of the project. The Video Training workshop revealed the importance of structured training on the use of videos as a tool for discussion.

Community educational activities are cost-effective and relatively easy to carry out at the oblast and city level.

Given high-quality materials and technical assistance, local counterparts have willingly worked hard to distribute materials, train other professionals to conduct educational programs, and develop innovative and creative channels for reaching audiences. Working at the city and community levels is an effective approach to improving access and quality, especially in Ukraine, and should be adopted in forthcoming programs.

Accurate information builds women's confidence in modern contraceptive methods.

JHU/PCS/PIP qualitative research in five countries clearly showed that women in the region choose abortion only because they perceive no other acceptable alternatives. Most women dislike and fear abortion but have little information and confidence in modern contraceptive methods. Anecdotal evidence from several countries suggests that providing accurate information through print, media, and interpersonal communication is effective in changing negative attitudes about modern contraceptive methods.

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High-quality and durable IEC materials are an important tool not only for training health care professionals but also for client counseling.

Feedback from specialists indicates that family planning providers rely on the cue cards on a daily basis. The cards are often prominently displayed where users and providers can easily access them. JHU/PCS/PIP continues to receive requests from counterparts and other cooperating agencies for these IEC materials.

**Magnitude of Outcomes
New Independent States**

	Regional Projects	Country Projects in Enter-Educate	Needs Assessments	Support to Country Projects	TA Visits	Regional Workshops	In-Country Workshops	M/MC Items	Info Updates	Sustainable Community Mobilization Projects	IPC/C Campaigns	POPLINE Records	Copies of Population Reports Distributed
Kazakhstan	1		1	2	6	1		10	1			47	2,184
Kyrgystan			1	2	5			9				40	0
Turkmenistan			1		1			10				34	168
Ukraine	2		2	5	10		2	27	22		1	48	26,712
Uzbekistan	1	1	1	4	5	1		7		1		38	2,856
Other Countries								152	11			748	192,696
Total	4	1	6	13	27	2	2	215	34	1	1	955	224,646

NEW INDEPENDENT STATES

NEW INDEPENDENT STATES

Verifiable Outcomes: New Independent States

	Use of Local Materials*	Local Resources Used	Increase in Knowledge of FP Methods	Increase in Use of FP Methods
✓ Kazakhstan	9	✓		(1995--59%)
✓ Kyrgystan	9	✓		
Turkmenistan	1	✓		
Ukraine	18	✓		
✓ Uzbekistan	6	✓		(1996--56%)
Regional	40			
Total	83			

*number of materials developed

() No sources readily available for comparison

RESEARCH AND EVALUATION DIVISION

Overview

JHU/PCS/PIP is a leader in the integration of research and evaluation, an essential part of the population communication intervention design process. The Research and Evaluation (R&E) Division of JHU/PCS/PIP designs empirically based communication interventions, monitors project activities, and evaluates the impact of interventions. Effective communication requires a continuing cycle of formative research, audience analysis, design, implementation, assessment, and replanning. JHU/PCS/PIP researchers strive to improve these aspects of communication and share their research results for use on a broader geographic and programmatic basis.

Key Achievements

Improved documentation.

The R&E Division has improved the documentation and dissemination of research methods by focusing on writing more Field Reports, Working Papers, and peer-reviewed journal articles, and increasing presentations at professional conferences. This increase in documentation has benefited country programs, as attested by several countries having requested hundreds of additional Field Reports to meet internal demand, while also meeting scientific and donor requirements for documentation of research design.

Standardized research protocols.

Considerable progress has been made in standardizing research protocols by developing model questionnaires, data collection guides, and ancillary documentation. Consequently, there is a greater comparability of data, a better understanding of the relationships of various measures, and a reduction in design time. Standardized research protocols also help host-country counterparts get involved, thereby increasing local institutional capability to perform communication evaluations.

Increased collaboration with other research organizations and USAID cooperating agencies.

The R&E Division has expanded its collaboration with a variety of agencies to include training in research techniques; joint data collection activities; presenting and accessing data for use in other programs; joint development of indicators; and refining measurement, development, and

RESEARCH AND EVALUATION

dissemination of research materials. These collaborative activities expand the use of data, reduce costs, and facilitate transfer of successful methodologies.

Developed innovative measurement and analysis methods.

The R&E Division has used the large number of ongoing evaluation exercises to test and develop several new data collection and analysis methodologies. Examples of areas of innovations from the JHU/PCS/PIP project include:

- Psychographic measurement—refined attitudinal measures to segment audiences and to design more focused interventions (Egypt).
- Network analysis—innovative procedures for identifying and using informal channels of communication, and increased analysis of the impact of social networks on individual behavior (Bangladesh and Nepal).
- Image mapping—multidimensional scaling techniques to refine and quantitatively measure attitudes toward providers and family planning methods (Zambia and India).
- Path Analysis—to refine causal models (Tanzania and Philippines).
- Transcript analysis—use of transcripts of client-provider interaction to perform refined content analysis of counseling, thus providing a new understanding of such concepts as client satisfaction, empowerment, and quality of care (Kenya and Indonesia).
- Panel and longitudinal studies—use of panel studies to gain a more in-depth understanding of the process of behavior change (Philippines, Nepal, and Bolivia).

Increased involvement in qualitative research.

As communication interventions become more complex, the need to understand the process of change and culturally bound attitudes becomes imperative. The R&E Division has responded by increasing its involvement in qualitative research activities, including refining data collection methods, particularly for focus groups (Ghana, Zambia, Jordan, Central Asian Republics, and Bolivia). It has also been actively involved in disseminating more qualitative research findings, increasing use of content analysis, integrating qualitative and quantitative data, and developing improved tools for qualitative data collection (Kenya, Indonesia, Zambia, and Nepal).

Expanded involvement in the formative research process.

The Division has supported the informational needs of the communication design process by using a broader range of data, better audience segmentation exercises (supported by the use of other data sets, especially the Demographic and Health Survey—DHS [Kenya, Indonesia, Zambia, and Nepal]), smaller and quicker turn-around studies (Central Asian Republics), more qualitative data, and greater collaboration between evaluation and program staff to better understand information needs.

Refined impact evaluation and increased access to data.

The Division evaluates communication interventions for impact by using the "Steps to Behavior Change" model. The recognition that communication interventions impact behavior independent of other program interventions has come from a broader use of communication research data and better dissemination of findings; more sophisticated modeling; better linkages among theory, findings and programs; the cumulative impact of data from various countries; data over time, and findings from a variety of data collection methods.

One of the division's goals has been to fully document each data set and make it available to other programs and researchers. This has been accomplished by publishing data sets, creating a database to facilitate access to specific data, and expanding collaboration with other organizations.

Improved understanding of issues in counseling and client-provider interactions.

With an increasing emphasis on quality of care, the Division has refined tools to measure the quality of client-provider interaction. Better measurement has resulted in improved training programs and have led to new interventions (Indonesia, Mexico, Zimbabwe, Kenya, Ghana, and Nigeria).

Innovative research approaches include: video observation, audio observation, content analysis, "on-the-fly" coding, adaption of the Roter Coding System for client empowerment and other issues. Other agencies, interested in issues of quality of care, are now applying these approaches.

Key Lessons Learned

Evaluation needs to be built on a theoretical base and can contribute to and refine that base.

Theoretical models of communication and behavior change are valuable to guide development of communication strategies and materials, to strengthen interventions, and to increase the power of evaluation to document project impact. Most commonly used models have been cross culturally tested and validated. Not only do these models provide proven explanations for behavior (which helps program planners choose appropriate audiences, strategies, and messages), but the measures developed to test those theories provide proven techniques for evaluating the changes predicted by those models. The challenge is to make the relevant communication and behavior change theories accessible to program planners and managers, policy-makers, and donors.

Plans for monitoring and evaluation, based on the project objectives, should be included in the strategic design.

Many project managers see evaluation as an activity done at the end of a project (summative evaluation). Yet formative research during project development and the

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design phase, monitoring during project implementation, and summative evaluation are all closely linked throughout the implementation process and are individually and collectively necessary for fully documenting and explaining the project's impact.

Formative research helps planners to specify which steps in the behavior change process the project will focus on and how they expect project activities to generate those changes. This, in turn, indicates which specific impacts should receive a summative evaluation. Monitoring and process evaluation can provide information on which activities actually occurred, providing a causal context for behavior changes measured by summative evaluation.

In addition, formative and monitoring research may provide the most powerful protection against weak project impact by focusing project efforts on behavior changes that are measurable, and by identifying implementation problems before they are too serious to correct. Formative and monitoring research also help to document problems that are beyond the power of program managers to correct, thus protecting them from blame for project shortcomings.

Evaluation benefits from the use of multiple measurement tools and analysis techniques.

Of all the interventions one can do in a health or family planning project, perhaps the most difficult to evaluate are those communication interventions intended to influence norms, values, and behaviors. To overcome the methodological constraints of trying to measure impact on subjective issues, dynamic processes, complex causal models, and often subtle changes, JHU/PCS/PIP often uses multiple measurements. Using a variety of approaches to evaluate a communication activity generates more information, reduces methodological biases that can cast doubt on research findings, and allows a look at broader or secondary audience impacts.

Evaluation must be appropriate to the size and scope of the project and set clear priorities for data collection analysis and dissemination.

- Evaluate those issues that have room for improvement. (Use formative research to identify opportunities for impact.)
- Stress evaluation of activities that have a future and will benefit from informed decision making.
- Stress evaluation of activities that are new or untested and for which evaluation results will provide important guidance for redesign.
- Make evaluation consistent with the size of the project.

Program and evaluation staff benefit from collaboration in the evaluation process.

Involving program personnel in the evaluation design ensures relevance, increases ownership and subsequent use of evaluation results, and supports integration of research into the project implementation process. Involving evaluators in pro-

gram design facilitates the development of measurable program indicators, encourages the use of empirically based decision making in project design, and makes subsequent evaluation more relevant to program needs.

Evaluation often raises new questions or reveals unintended results that can be explored in later projects.

One of the functions of evaluation is to help identify gaps in our knowledge of the project under evaluation. Evaluation should help managers recognize what they do not know. As managers and policy-makers are sensitized to the need for information, the decision-making process becomes easier and safer because it is based on fact rather than intuition or ignorance.

Evaluation of communication intervention impact is complicated by the synergy of multiple interventions and the realities of the program environment (*the social, structural, political, and economic situation surrounding a communication intervention*).

Communication campaigns often use multiple activities and media to spread and reinforce health behavior messages. The separate effects of each activity are often difficult to isolate without the use of prohibitively complicated and expensive evaluation designs. In most cases, it is more practical to evaluate programs than to evaluate activities or messages, and evaluation priority should be given to activities or messages that are particularly innovative or are disseminated on a large scale and over time. These evaluations are more likely to produce new knowledge about programs, address political concerns, be more universal, and contribute to continuation and expansion of the communication activities.

TRAINING DIVISION

Overview

During CA3, JHU/PCS/PIP established a Training Division to respond to the need for high-quality IEC training. The immediate goal of the training team was to develop IEC skills and increase the number of managers capable of carrying out strong IEC programs.

Since 1990, JHU/PCS/PIP has graduated more than 1,000 IEC professionals from the Advances in Family Health Communication and other similar workshops. Reports from graduates suggest that these training workshops have provided them with a common conceptual framework and the technical skills and positive attitude that make change possible.

Key Achievements

Established a critical mass of IEC experts who have influenced family planning programs at many levels in their countries.

The key to sustaining health communication programs is to build a critical mass of IEC experts in each country. JHU/PCS/PIP has developed IEC networks that can influence country programs at every level. Bangladesh and Zimbabwe provide good examples of how IEC training has contributed to successful family planning programs.

After the Executive Director of the Zimbabwe National Family Planning Council (ZNFPC) attended the Advances workshop in Baltimore, IEC activities became part of ZNFPC's program design. For more than five years, ZNFPC has sent provincial- and central-level managers to Baltimore for IEC training. They have institutionalized the IEC process in Zimbabwe's family planning programs resulting in many successful projects (e.g. the Male Motivation Campaign) and an increase in CPR from 38% in 1984 to 48% in 1994.

In Bangladesh, over 100 Advances-trained IEC professionals hold positions at the highest government and non-government levels. Many organizations include four or five IEC professionals who support state-of-the-art communication design and implement carefully developed messages. CPR in Bangladesh has increased from 31% in 1989 to 49% in 1996. These professionals help ensure the continuing success of family planning in Bangladesh.

Demonstrated that an interactive computer program can train program managers—even those with no previous computer experience—to develop good health communication skills.

In 1992, JHU/PCS/PIP developed the SCOPE software to give workshop participants a chance to use real country data to design a communication strategy. The first version of SCOPE was based on a complete set of data from Turkey (including baseline and impact evaluations).

At first, skeptics claimed that participants in developing countries would be overwhelmed because of their lack of computer experience and that working on a computer would be impersonal. However, even those with no previous computer experience have rated SCOPE highly, saying that it is the workshop's most participatory training method. Workshop participants work in teams and spend approximately 95% of their time discussing options and sharing accomplishments.

SCOPE is now available in 15 country versions and four languages: English, French, Spanish, and Arabic. SCOPE technology continues to improve as a result of internal dialogue among SCOPE users, developers, and health communication experts. Based on the P Process, SCOPE now links many resources into one program. It reads current databases from the Internet, from other computer software, and from CD-ROM programs and translates these data into colorful illustrations, maps, graphs, and tables that inspire creativity and analytical thinking. Requests for adaptation from countries such as Zambia include remaking SCOPE into a district-level planning tool.

Established a principle-based learning approach that provides a solid framework for participants from different cultures, can be transferred across country situations, and can be translated into other health arenas.

JHU/PCS/PIP's model IEC workshop, *Advances in Family Health Communication*, has been held in Baltimore annually since 1989. The workshop is based on the P Process communication framework and on broad principles of communication and human knowledge. Evidence that these principles can be applied to other health arenas and to many cultural and country situations follows:

Increasing numbers of applicants receive funding from donor agencies. The *Advances* workshop is primarily self-supporting through participant tuition. Recognition of its impact can be seen by the increased willingness of other donor agencies to financially support participants. In June 1996, for example, more than half of the 39 participants were supported by donor agencies such as the WHO, UNFPA, UNICEF, and The World Bank.

Advances workshops are attracting participants from other health areas. Many applicants now come from health fields such as AIDS, primary health care, and malaria control.

Requests for Advances-style workshops are now received for disciplines such as management, AIDS, and youth programs. JHU/PCS/PIP was asked to conduct an *Advances* workshop for AIDS workers in Zimbabwe, in collaboration with the

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National AIDS Coordination Programme. In March 1997, JHU/PCS/PIP worked with its Uganda office to provide management skills IEC training for provincial-level field offices. As of the writing of this report, JHU/PCS/PIP was developing the first Advances-style workshop with an emphasis on communication programs for adolescents.

Key Lessons Learned

Training can help build local capacity.

In Indonesia, the training team worked with the International Training Program (ITP) of BKKBN to help improve its presentations, curriculum, and content. ITP later co-sponsored the first combined Advances/Observation Study Tour (OST) for Asia. Plans are now underway for ITP to lead the next combined Advances/OST, with only technical support from JHU/PCS/PIP.

In the Philippines, JHU/PCS/PIP trained faculty of the University of the Philippines to use SCOPE for training IEC staff in local government units.

During a workshop, a small, core training team has greater impact on participant learning than many diverse resource people.

Evaluations from Advances workshops overwhelmingly show low ratings when outside "experts" present sessions. Perhaps because it has a better rapport with the participants, a core team is better able to adapt learning to the needs of the participants.

A variety of teaching methods is most effective because people have different learning styles, preferences, and expectations.

Some participants want to be actively involved in the learning process; they tend to enjoy teaching techniques that use role plays, simulations, and student feedback. Other participants feel short-changed when they are expected to participate in their learning; these learners prefer lectures. Most participants, however, prefer a mixture of methods.

JHU/PCS/PIP should secure management support before accepting participants.

Although it is difficult for students to execute what they learned in a training workshop in their home country, it is even more difficult when trainees do not have support from their supervisors to do so. Strong commitment on the part of managers of trainees is crucial to good learning. Zimbabwe provides a good example of strong managerial support on two counts. First, after the Executive Director at ZNFPC was trained in Baltimore, he implemented changes in his organization, he encouraged subordinates to receive Advances training and to implement post-Advances changes on the job, and he supported the first Advances-style workshop in Zimbabwe. Second, on returning home after taking the Baltimore Advances in 1996, the Deputy Director of the National AIDS Coordination Programme sought funding for the first AIDS Advances workshop held in Zimbabwe in July 1997.

Training works best when integrated with programs.

As part of an overall decentralization scheme, the Philippine Government devolved health functions and resources to local governments. JHU/PCS/PIP worked closely with LGUs and the Development Academy of the Philippines to assess training needs and to design appropriate training solutions. Actual management information systems forms used by local governments were incorporated into the SCOPE Philippines version to enhance its value.

MEDIA/MATERIALS CLEARINGHOUSE

Overview

Throughout each year of CA3, thousands of family planning and reproductive health (RH) professionals in developing countries turned to the Media/Materials Clearinghouse (M/MC) for sample materials (posters, pamphlets, videos, audiotapes, and novelty items) and information and assistance in setting up their own resource centers. These professionals derived great benefit from learning about what others have done to accomplish their own project work, thereby building their capacity to improve RH communication activities. During the course of CA3, the M/MC significantly increased its ability to meet these needs quickly at minimal cost.

Key Achievements

Accelerated diffusion of innovations.

At the start of this cooperative agreement, the M/MC received and filled 1,200 requests for media/materials each year. That annual number has risen to 2,000. This 66% growth was managed through increased efficiency without additional funding or staff, providing a cost-effective way of giving FP professionals the media/materials they require to improve their programs.

During the course of CA 3, the M/MC obtained over 9,000 new materials, bringing the total size of the collection to over 27,000 items, establishing the M/MC as the largest of its kind anywhere. This 50% growth reflects the M/MC's efforts to keep the IEC community informed about the latest materials produced to promote RH.

As the collection grew, the M/MC found new, cost-effective ways of sharing the collection. Some examples are What's New, a semi-annual illustrated, annotated listing of selected materials on a specific topic such as Male Motivation and Population and the Environment; Videoshare, a catalog of videos that promote RH; and on-demand bibliographies, customized printouts from the M/MC's computerized database that include a full record of each item in the collection.

Many M/MC users rely on computers for much of their information, so the M/MC placed special emphasis on development in this area. For example, the M/MC:

- developed a home page on the World Wide Web which attracts an average of 55 visitors each month;
- routinely receives requests now via E-mail;

MEDIA/MATERIALS CLEARINGHOUSE

- has scanned all posters and many other items in the collection into a digital format; and
- developed the capacity to provide requesters with customized, illustrated databases on CD-ROM.

Evidence of the growing awareness of the M/MC as a unique resource is the annual number of professionals visiting it, from 650 in 1990 to 1,200 in 1997.

Increased local capacity.

As recognized experts in the establishment and operation of multimedia collections, M/MC staff trained developing-country professionals in setting up their own resource centers. The staff developed an adaptable curriculum for a study tour that provided training in resource center planning, materials acquisition and cataloging, reference and other services, and facilities management. In addition, M/MC staff travelled overseas to assist on-site in special procurement and training. For example, the Media/Materials Manager travelled to Egypt to help set up the National Population Information Center in Cairo, to Ghana to help set up the Health Communication Resource Centre near Accra, and to India to help set up the Media/Materials Resource Centre in Lucknow. M/MC staff also helped to establish resource centers in many other countries, notably Nigeria and Turkey, and at the World Health Organization headquarters in Geneva.

The M/MC receives at least one request each month to assist in capacity-building activities. During 1997, such requests came from Eritrea, Ethiopia, Ghana, India, Indonesia, Kenya, Mali, Nepal, Pakistan, Philippines, South Africa, Tanzania, Turkey, and Zimbabwe. For this reason, staff developed a *Resource Center Checklist* and have distributed more than 3,000 copies of this publication.

Key Lessons Learned

The health communication materials preserved in the M/MC offer invaluable models to IEC professionals for many years to come.

During the course of CA3, USAID and other agencies invested millions of dollars in the development, pretesting, and production of health communication materials. While projects end, the accumulation of knowledge and experience represented in these materials continues. The M/MC has learned that current materials improve the quality and effectiveness of future IEC materials for RH programs.

Pretesting has revealed that some materials developed for one project are suitable for another, thus achieving cost-efficiency.

In Madagascar, for example, the M/MC provided a project with videos from other countries that were pretested and found appropriate for broadcast, without any adaptation. The programs were seen by at least 20% of the urban population around Antanarivo for a cost of less than \$100.

MEDIA/MATERIALS CLEARINGHOUSE

Feedback suggests that the media/materials distributed by the M/MC have had far reaching impacts and provide opportunity to transfer more knowledge faster for less cost.

As one example, one hundred journalists at a major HIV/AIDS conference in Manila were given selected M/MC RH materials, which they subsequently used in their programs to reach over a million Filipinos. A requester may now receive an entire M/MC illustrated database on one CD—a virtual resource center for just a few dollars.

POPULATION REPORTS

At the close of CA3, **Population Reports** regularly mailed a total of 152,506 copies to 108,199 subscribers. This is an increase in copies of 17% and an increase in subscribers of 27% over July 1, 1992, when 130,413 copies were regularly mailed to 85,172 subscribers.

Population Reports published and distributed the following reports in English between July 1, 1992 and June 30, 1997:

Series & Number	Title	Initial Mailing	Additional Requests	Request Period
M-10*	<i>The Environment and Population Growth: Decade for Action with wall chart Environment & Population and poster The Environment & Population Growth: A Dangerous Trend</i>	69,266	20,351	5 years
K-4	<i>Decisions for Norplant Programs with supplement Guide to Norplant Counseling</i>	70,425	22,367	5 years
M-11*	<i>The Reproductive Revolution: New Survey Findings</i>	78,471	15,667	4 years
L-9*	<i>Controlling Sexually Transmitted Diseases with wall chart STDs—Diagnosis, Treatment, Follow-up</i>	70,767	33,211	4 years
M-12	<i>Opportunities for Women Through Reproductive Choice</i>	71,478	14,491	3 years
J-40	<i>Making Programs Work with poster Family Planning Helps Everyone</i>	71,478	12,221	3 years
K-5	<i>New Era for Injectables with supplements Guide to Counseling on Injectables and DMPA at A Glance</i>	72,072	15,769	2 years
J-41	<i>Meeting the Needs of Young Adults with supplements Female Genital Mutilation: A Reproductive Health Concern and Reaching Young Adults Through Entertainment</i>	73,369	16,156	2 years
J-42	<i>Helping the News Media Cover Family Planning</i>	73,369	9,936	2 years
B-6	<i>IUDs—An Update</i>	72,111	8,271	1 year
J-43	<i>Meeting Unmet Need: New Strategies</i>	71,047	8,796	1 year
J-44	<i>Family Planning Methods: New Guidance</i>	70,936	—	—
J-45	<i>People Who Move: New Reproductive Health Focus</i>	70,936	—	—

* These publications come with a slide set.

India

In 1993, **Population Reports** started printing and distributing English-language editions in India. Listed below are the reports that have been printed in India with their initial distribution:

Report Series and Number	Number Distributed
M-10, K-4	15,000
L-9, M-12, J-40	20,000
K-5, J-41, J-42, B-6, J-43	25,000

POPULATION REPORTS

Translations

All **Population Reports** issues are translated into French and Spanish. Following is the list of the reports that were published under CA3:

French

Series & Number	Title	Initial Mailing	Additional Requests	Request Period
C-10	<i>Voluntary Female Sterilization: Number One and Growing</i>	8,107	2,469	5 years
J-39	<i>Paying for Family Planning</i>	11,276	1,082	5 years
D-5	<i>Vasectomy: New Opportunities with supplement Quick Guide to Vasectomy Counseling</i>	11,432	3,234	4 years
M-10	<i>The Environment and Population Growth: Decade for Action with wall chart Environment & Population and poster The Environment & Population Growth: A Dangerous Trend</i>	8,817	1,386	4 years
M-12	<i>Opportunities for Women Through Reproductive Choice</i>	9,227	778	2 years
L-9	<i>Controlling Sexually Transmitted Diseases with wall chart STDs—Diagnosis, Treatment, Follow-up</i>	18,523	924	1 year
M-11	<i>The Reproductive Revolution: New Survey Findings</i>	18,492	251	1 year
J-40	<i>Making Programs Work with poster Family Planning Helps Everyone</i>	18,492	274	1 year
K-4	<i>Decisions for Norplant Programs with supplement Guide to Norplant Counseling</i>	18,652	506	9 mos.
B-6	<i>IUDs—An Update</i>	18,942	2	3 mos.
J-43	<i>Meeting Unmet Need: New Strategies</i>	18,942	15	3 mos.

Spanish

Series & Number	Title	Initial Mailing	Additional Requests	Request Period
J-39	<i>Paying for Family Planning</i>	39,346	863	5 years
D-5	<i>Vasectomy: New Opportunities with supplement Quick Guide to Vasectomy Counseling</i>	39,230	1,308	4 years
M-10	<i>The Environment and Population Growth: Decade for Action with wall chart Environment & Population and poster The Environment & Population Growth: A Dangerous Trend</i>	39,102	1,038	3 years
K-4	<i>Decisions for Norplant Programs with supplement Guide to Norplant Counseling</i>	39,117	697	2 years
L-9	<i>Controlling Sexually Transmitted Diseases with wall chart STDs—Diagnosis, Treatment, Follow-up</i>	39,100	2,844	2 years
M-12	<i>Opportunities for Women Through Reproductive Choice</i>	39,606	709	2 years
M-11	<i>The Reproductive Revolution: New Survey Findings</i>	38,628	303	1 year
J-40	<i>Making Programs Work with poster Family Planning Helps Everyone</i>	36,431	86	6 mos.
K-5	<i>New Era for Injectables with supplements Guide to Counseling on Injectables and DMPA at a Glance</i>	36,431	76	6 mos.
J-41	<i>Meeting the Needs of Young Adults with supplement Reaching Young Adults through Entertainment</i>	36,436		3 mos.

The following selected **Population Reports** were printed in Arabic, Russian, and Turkish:

Series & Number	Title	Language	Initial Printing
C-10	<i>Voluntary Female Sterilization: Number One and Growing</i>	Turkish	11,000
J-36	<i>Counseling Guide</i> abridged version	Russian	5,000
		Russian	550
A-7	<i>Lower-Dose Pills</i>	Russian	8,000
		Arabic	5,000
M-10	<i>The Environment and Population Growth: Decade for Action</i>	Arabic	7,500
H-8	<i>Condoms—Now More Than Ever</i>	Russian	7,000
B-5	<i>IUDs—A New Look</i>	Russian	6,000
K-4	<i>Decisions for Norplant Programs</i>	Turkish	20,000
K-5	<i>New Era for Injectables</i>	Russian	11,000
		Turkish	13,000

International Family Planning Perspectives

With partial support under a subcontract with cPCS/PIP, the Alan Guttmacher Institute publishes the quarterly journal *International Family Planning Perspectives*. It is published in English with French and Spanish summaries and distributed to policy-makers, government officials, researchers, and program specialists in developing countries. It contains peer-reviewed scientific articles, an update section that highlights current research, a digest section that summarizes research studies, and book reviews. During CA3, *International Family Planning Perspectives* increased its circulation from about 20,000 to about 30,000 copies. Thus, it has the largest circulation of peer-reviewed journals in the family planning field.

Other Publications and Materials Produced by the Johns Hopkins Population Information Program, 1992-1997

- 1992 *Helping Services Meet Demand: An Assessment of A.I.D. Assistance to Family Planning in Kenya*. Included slide set.
- 1994 Produced and distributed the following materials for the International Conference on Population and Development (ICPD) in Cairo:
- Poster *Family Planning Helps Everyone* in English, French, Spanish, and Arabic (See: *Making Programs Work: Family Planning Lessons and Challenges*, **Population Reports** issue, Series J, Number 40. 1994.)
 - Slide card "Family Planning Helps Everyone" in English, French, Spanish, and Arabic showing how family planning helps women, children, men, families, development, and the environment including a world map showing cities with populations over 25,000. (A joint PCS/PIP project.)
 - Lapel pins *Family Planning Helps Everyone* in English, French, Spanish, and Arabic (A joint JHU/PCS/PIP project.)
 - *Delegates' Guide to Recent Publications*, a publications guide offering important background information to conference delegates; 9,840 printed and distributed. (A joint JHU/PCS/PIP project.)
 - *Madmuun & Murih (Effective and Comfortable)*: A summary of findings from family planning research in Egypt, 1988-1993, a PCS/PIP project report (English and Arabic); 500 copies distributed at the ICPD. (A joint JHU/PCS/PIP project.)
- 1994 *Training To Maximize Access and Quality* brochure for USAID.
- 1995 *Maximizing Access and Quality: Considerations for Family Planning and Reproductive Health Programs* brochure for USAID.
- 1996 Produced and distributed 3,000 copies of *Reproductive Health Care for Urban Migrants*, a **Population Reports** Preview Edition for the Habitat II conference in Istanbul. Also produced and distributed 3,000 plastic bags (to hold conference material) imprinted with a graph showing the difference between the rates of increase in urban and rural populations. Produced and exhibited **Population Reports** Habitat II computerized quiz for the Istanbul Conference.

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- 1997 Produced and distributed 3,000 copies of *Food Security and Population Growth*, a **Population Reports** Preview Edition at the World Food Summit in Rome. Also at the World Food Summit, disseminated 4,500 plastic bags imprinted with graphs showing population increase and decrease in arable land per capita. Produced and exhibited **Population Reports** Food Summit computerized quiz for the World Food Summit.

Printed 150,000 copies of *Essentials of Contraceptive Technology*, handbook for clinic-based family planning providers, with wall chart.

Other Projects and Initiatives:

1. Journalists Initiative (1993-97): A joint JHU/PCS/PIP project that strengthens professional relationships between journalists and family planning programs, improves the extent and quality of coverage of family planning by the news media, and promotes knowledge and understanding of population and health issues among members of the press. Conducted workshops in Bangladesh, Tanzania, Kenya, Mali, and Senegal.
2. Continued to refine the **Population Reports** quiz, an interactive Enter-Educate computerized tool that can be used in a variety of settings. Various versions of the game have been designed for the American Public Health Association (APHA) and National Council on International Health (NCIH) conferences; UN conferences (the ICPD in Cairo, the Habitat Conference in Istanbul, and the Food Summit in Rome); for workshops in Jordan, with both Arabic and English versions; and for local conferences in the Philippines and Tanzania.
3. Internet publication (1995-97): PIP posted 10 full-text issues of **Population Reports**, press releases, order forms, and the **Population Reports** quiz on the Internet.

Awards

1. *AIDS Education—A Beginning* (**Population Reports** Series L, Number 8) won a prize in the National Association of Government Communicators Blue pencil competition for content and design in 1990.
2. *Pharmacists and Family Planning* (**Population Reports** Series J, Number 37) won 2nd prize for "achievement in writing about health and biomedicine in a periodical" from the Mid-Atlantic Chapter of the American Medical Writers Association in 1991.
3. *The Environment & Population Growth: A Dangerous Trend* (**Population Reports** Series M, Number 10) poster won two ADDY® awards from the American Advertising Federation in 1993.
4. *Controlling Sexually Transmitted Diseases* (**Population Reports** Series L, Number 9), with its two-sided diagnostic wall chart, won a major prize from the American Medical Writers Association (AMWA) in 1994.

CENTER PUBLICATIONS

Publication Series

The Center Publications (CP) Division was established during CA3 with the mandate of editing, producing, publishing, and disseminating printed materials intended for external distribution that articulate JHU/CCP/PCS' views and intellectual and programmatic innovations. CP also assists Center staff to publish outside of JHU/CCP. During CA3, CP disseminated over 36,000 copies of 19 publications. CP produces five series of publications and supports two outside publishing options as follows:

Field Reports (FR)

Typical # of pages: 64

Typical dissemination: 1,000-2,500

Average number published per year: 2-4

Content: FR describe a country project's background, programmatic issues and research findings, and provide recommendations for future improvements and a record for future reference.

Author(s): Field Collaborators, Research & Evaluation, and Divisional Program staff.

Working Papers (WP)

Typical # of pages: 80

Typical dissemination: 1,000- 2,500

Average number published per year: 1-2

Content: WP describe PCS' views about a given theme or topic and illustrate how the lessons of experience led to such a view. These publications contain descriptions of the projects from which PCS lessons were drawn and an extensive bibliography for further reference.

Author(s): Field Collaborators, Research & Evaluation, and Divisional Program staff.

Communication *Impact!* (CI)

Typical # of pages: 2

Typical dissemination: 5,000- 15,000

Average number published per year: 3-6

Content: CI briefly articulate timely PCS research findings and/or programmatic innovations.

Author(s): Field Collaborators, Research & Evaluation, Divisional Program, and CP staff.

CENTER PUBLICATIONS

How To Manuals (HT)

Typical # of pages: 100-175

Typical dissemination: 1,500- 3,500

Average number published per year: 1-2

Content: HT are step-by-step guides that teach the reader how to use the tools, apply the skills, and replicate the methodologies that PCS has developed.

Author(s): Field Collaborators, Staff, or contracted experts guided by CCP counterparts.

Special Publications (SP)

Typical # of pages: 2-240

Typical dissemination: 1,500- 2,500

Average number published per year: 2-3

Content: SP are brochures, conference programs or proceedings, annual reports, and other publications for external audiences.

Author(s): Field Collaborators, contractors, CCP staff, and CP staff.

Peer-Reviewed Journal Articles (PRJA)

Typical # of pages: 25

Typical dissemination: [500 reprints]

Average number published per year: 4-6

Content: PCS PRJA submissions articulate research and/or programmatic innovations in a manner consistent with the target journal's editorial requirements.

Author(s): Field Collaborators, CCP staff, and collaborators.

Non-Traditional Outlet Articles (NTOA)

Typical # of pages: 5

Typical dissemination: [500 reprints]

Average number published per year: 1-3

Content: NTOA are anecdotal pieces that depict a PCS project finding or innovation in layman's terms for a popular audience.

Author(s): Field Collaborators, CCP staff, and contractors.

Center Publications published and disseminated the following publications during CA3.

Field Reports

FR01 *The Nigeria Family Planning Facility Census* by K. Kiragu, S. Chapman, and G. L. Lewis (Dec. 1995).

FR02 *Family Planning and Reproductive Health in Zambia Today* by F. van den Borne, I. A. Tweedie, and W. B. Morgan (Jan. 1996).

FR03 *Involving Men in Family Planning: The Zimbabwe Male Motivation and Family Planning Method Expansion Project, 1993-1994* by Y. M. Kim, C. Marangwanda, B. Dlodlo, and A. Kols (Jan. 1996).

FR04 *Reproductive Health Is in Your Hands: Impact of the Bolivia National Reproductive Health Program Campaign* (Bilingual Spanish-English) by T. W. Valente, W. P. Saba, A. P. Merritt, M. L. Fryer, T. Forbes, A. Pérez, and Luis R. Beltrán (Feb. 1996).

FR05 *Promoting Family Planning Through Mass Media in Nigeria: Campaigns Using Public Service Announcements and a National Logo* by K. Kiragu, S. Krenn, B. Kusemiju, J. K. T. Ajiboye, I. Chidi, and O. Kalu (July 1996).

FR06 *In Their Own Words: A Qualitative Study of Family Planning in Jordan* (English with Arabic summary) by M. Farsoun, N. Khoury, and C. Underwood (Oct. 1996).

FR07 *Promoting Reproductive Health in Uganda: Evaluation of a National IEC Program* by K. Kiragu, M. K. Galiwango, H. M. Mulira, and E. M. Sekatawa (Dec. 1996).

FR08 *Haki Yako: A Client Provider Information, Education, and Communication Project in Kenya* by Y. M. Kim, C. L. Lettenmaier, D. Odallo, M. Thuo, and S. Khasiani (Dec. 1996).

FR09 *Reproductive Health Communication in Kenya: Results of a National IEC Situation Survey* by J. Kekovole, K. Kiragu, L. Muruli, and P. Josiah (June 1997).

How To Manuals

HT01 *Tools to Assess Family Planning Counseling: Observation and Interview* by Y. M. Kim and C. L. Lettenmaier (Apr. 1995).

HT02 *How To Select and Work with an Advertising Agency* by R. H. Greenberg, J. R. Williams, J.A. Yonkler, G.B. Saffitz, and J. G. Rimon II (Dec. 1996).

HT03 *How To Write a Radio Serial Drama for Social Development: A Scriptwriter's Manual* by E. de Fossard (1996).

CENTER PUBLICATIONS

Working Papers

WP01 *Bangladesh Journalists Reporting on Population and Family Planning: Study Results* by B. Khuda, A. Barkat, B. Robey, M. A. Manna, J. Helali, A. Sultana, and S. A. Salam (Sep. 1994).

WP02 *Reaching Young People Worldwide: Lessons Learned from Communication Projects, 1986-1995* by JHU/CCP/ PCS/PIP (Oct. 1995).

WP03 *Reaching Men Worldwide: Lessons Learned from Communication Projects, 1986-1996* by JHU/CCP/PCS (Jan. 1997).

Special Publications

SP01 *New Directions in Family Planning Communication: 12 Predictions for the 1990's* by P. T. Piotrow and J. G. Rimon, II (Dec. 1988).

SP02 *Qualitative Research for Family Planning Programs in Africa* by D. L. Baron, O. M. Kumah, C. L. Lettenmaier, S. C. Krenn, M. E. Bashin, M. Jato, C. A. Church, Y. M. Kim, P. F. Langlois, and A. Kols (1993).

SP03 *Promoting Sexual Responsibility in the Philippines through Music: An Enter-Educate Approach* by J. G. Rimon II, K. A. Treiman, D. L. Kincaid, A. Silayan-Go, M. S. Camacho-Reyes, R. M. Abejuela, and P. L. Coleman (1994).

SP04 *Better Together: A Report on the African Regional Conference on Men's Participation in Reproductive Health* by JHU/CCP (Apr. 1997).

POPLINE

Recognition for POPLINE

American Demographics, Inc, a subsidiary of Dow Jones & Company, Inc. and publisher of *American Demographics* magazine, named POPLINE one of the "Best 100 Sources for Demographic Marketing Information" in 1993. POPLINE was identified as one of the 100 "companies that do valuable things no one else does, or that no one else does as well." POPLINE was again recognized in 1994 (the final year this award was offered) by American Demographics, Inc.: "The selection of your product by *American Demographics* conveys recognition of the Johns Hopkins University [Center for Communication Programs] as an information leader in an industry that has become a driving force in marketing."

An article in the June 1994 issue of *Database* magazine compared coverage of adolescent reproductive health in POPLINE and MEDLINE. The authors concluded that "POPLINE provided valuable additional information that our researchers could not locate in MEDLINE alone."

In 1995, POPLINE was named the second most widely used CD-ROM in developing and Eastern European countries in a United Nations Education, Scientific, and Cultural Organization (UNESCO) report, "Inventory of CD-ROMs in Developing and Eastern European Countries." The respondents consisted of 639 CD-ROM sites and 73 facilitating organizations as of spring 1993. The survey, carried out by the Université de Montréal, found that, of 60 CD-ROM titles in use:

- POPLINE was the second most frequently *owned* CD-ROM title, with 136 sites reporting ownership. (MEDLINE was first, with 176 sites.)
- POPLINE was the second most frequently *used* CD-ROM title of all respondents with an aggregate score of 355. (MEDLINE was first, with a score of 583. The scores were calculated by first including CD-ROM titles that were one of the five most used within a site and then assigning it five points if it was the first title most used down to one point if it was the fifth title most used.)

Database Production

The POPLINE database grew from 193,976 records to 246,561 records during this period. POPLINE staff collected, processed, and added a total of 52,585 records.

Abstracts written for and keywords assigned to POPLINE records now originate in electronic form. Adopting this procedure has saved keying costs of \$40,000 annually.

Numerous manual and computerized pre- and post-input quality control measures have been developed during CA3 and are used routinely to ensure the high level of accuracy of POPLINE records. In addition, special routines for one-time changes and enhancements are performed as needed.

A number of USAID cooperating agencies and other organizations have offered their own bibliographic databases for incorporation into POPLINE. Princeton University's *Population Index* regularly contributes entries from the bibliographic journal for inclusion in POPLINE. *Population Index* submitted 13,832 records for inclusion to POPLINE during this reporting period, of which 10,579 were unique (nonduplicative) and were processed. POPLINE staff replaced *Population Index* annotations with detailed abstracts for 850 records—those concerning fertility and family planning. *Population Index* records are primarily demographic in scope. Their input was funded by a contract from JHU/PCS/PIP to the Office of Population Research at Princeton University.

POPLINE staff received 3,305 records from the *Annual Review of Population Law* between January 1993 and December 1995. These records represent publications gathered by Harvard University Law School for inclusion in its *Annual Review* publication. A grant to JHU/PCS/PIP from the United Nations Population Fund supported their input.

The 155 nonduplicative records compiled by the Population Council for their Operations Research Database were processed for POPLINE in 1995. The Population Council supported the costs of input.

Special collections from The Center for International Health and Development Communication at the Annenberg School, from John Snow International, Inc. (JSI)'s MotherCare project, and from the Health Financing and Sustainability project (now Partnerships for Health Reform) were added to POPLINE. Also, USAID's Asia/Near East Operations Research Technical Assistance group provided its final reports for inclusion in POPLINE.

The JHPIEGO Corporation and POPLINE collaborated in 1994 to input records on approximately 300 documents collected for a Health and Resource Analysis for Africa monograph project, *Monograph on Abortion Issues and East, Central, and Southern Africa Abortion Bibliography*.

POPLINE expanded and filled in gaps in its document collection with items from the East-West Center and the Center for Population and Family Health at Columbia University.

POPLINE now includes the Training Materials Database (TMDB) as part of a collaborative project with the Program for International Training in Health (INTRAH) at the University of North Carolina. INTRAH is responsible for compiling materials that facilitate training in reproductive health. The TMDB was initiated in 1989 as a mechanism to share information about print and audiovisual materials produced by the Cooperating Agencies of the Communication, Management and Training Division of USAID's Office of Population.

POPLINE Services and User Support Materials

JHU/PCS/PIP performed searches of the POPLINE database for developing-country and international development organizations. Searches can be either of two kinds: retrospective (a subject search of the entire database) or current awareness (a search of the current month's input to POPLINE). POPLINE staff provided 4,128 retrospective searches and 17,278 current awareness searches during this period. These searches were requested directly from POPLINE via mail, fax, e-mail, or phone. POPLINE staff analyze the requests, perform the searches, and send the resulting citations with abstracts to the requesters. In FY95, POPLINE surveyed recipients of the Current Awareness Search (CAS) service. Approximately half of those surveyed responded, and of those, 97% wanted additional CAS searches.

Several strategies encouraged POPLINE search requests. To encourage repeat requests, personalized letters were sent in response to requests, POPLINE logo labels were placed on all printouts, and a search request form and document delivery request form accompanied each search printout. In addition, POPLINE sent a form for requesting retrospective POPLINE searches to organizations in five USAID Joint Programming Countries. One form was designed for family planning professionals and another, for health professionals. During the Cooperative Agreement period, five countries received mailings extracted from the **Population Reports** distribution list. The response rate has been 13%.

When a POPLINE user needs more information than an abstract contains, POPLINE staff can provide a photocopy of the original document in most cases. This document delivery service is free of charge for developing-country requesters and on a fee basis for developed-country requesters. Developing-country POPLINE users received nearly 9,000 documents during this period.

JHU/PCS/PIP introduced both print materials and software to help POPLINE users make more and better use of the database. *POPLINE on Disc* is a quarterly six-page newsletter for POPLINE CD-ROM users. It reports news about content and search features, shares articles from users, and answers user queries. Sixteen issues have been produced since the beginning of December 1991.

POPLINE has produced several Special Information Packets:

- **POPLINE Collaboration** — encouraged researchers to submit their publications for inclusion in POPLINE. It explained the subject areas covered in POPLINE, the types of documents included, the way these documents are presented, and instructions on how to submit documents. UNFPA supported production and distribution of this packet to over 500 organizations in 1996.
- **POPLINE CD-ROM Promotion**—search help/tips sheets, examples of promotional materials, ideas on how to create promotional materials, and a tabletop display. UNFPA funded this packet.
- **Operations Research**—search help/tips sheets and a poster. It highlighted the operations research content in POPLINE and was a collaborative project with the Population Council. Over 400 organizations in developing countries received the packet in 1994.

- Population Law—search help/tips sheets and a poster. Produced in 1994, it announced the inclusion of material from the Harvard Law School Library's publication, the *Annual Review of Population Law*. UNFPA funded this packet.

UNFPA also funded the design of software utility that was made available in 1996 for POPLINE CD-ROM users who want to import POPLINE records into a Micro CDS/ISIS database. The utility automates the conversion. Organizations have used it to maintain their own library holdings.

The fourth edition of *A User's Guide to POPLINE Keywords* was published in 1995. The *User's Guide* was sold to developed countries, and the revenue paid for the production costs and distribution to POPLINE CD-ROM sites in developing countries.

The *POPLINE CD-ROM User's Manual* has been updated as needed since its creation in November 1992. Production costs have been funded by UNFPA.

POPLINE CD-ROM

During this period nine POPLINE CD-ROM updates were produced. The first disc of this reporting period, November 1992, was distributed to 234 organizations. The last disc of this period, December 1996, was distributed to 474 organizations, a 203% increase in distribution. An average of 47 new organizations were added at each update. Spanish and French versions of POPLINE CD-ROM became available in December 1995 and June 1997 respectively. UNFPA supports production of POPLINE CD-ROM.

The POPLINE Usage Reporting System (PURS) monitors use of the POPLINE CD-ROM. PURS, a unique evaluation and monitoring system, works as an "automated questionnaire," recording every interaction between a user and POPLINE. PURS data indicate the amount and sophistication of POPLINE use. An analysis of the 1,075 PURS reports showed that, on average, a POPLINE CD-ROM site provided 179 searches during a 6-month period. People in academic organizations did almost half the searches, followed by those in NGOs, government agencies, and UN agencies. Regionally, people in Asia performed almost half the searches, followed by people in Latin America, Africa, Near East, and Eastern Europe. PURS data allowed JHU/PCS/PIP to make informed decisions about dropping little-used record fields and identified error messages that frequently occurred during use. Help messages were expanded for problem areas.

JHU/PCS/PIP made numerous POPLINE CD-ROM software enhancements to make searching easier and more effective. Some examples are:

- "Custom format" so users can select specific fields and their order of output;
- Lateral search operator so users can select a word or phrase directly from a record and use it as a search term;
- Context-sensitive help messages;
- "Save search," which lets a user store and reuse a search strategy; and
- "Copy search," which enables users to move search text automatically from one field to another.

The first POPLINE CD-ROM National Training Center was established at the University of the Philippines Population Institute (UPPI) in Quezon City in November 1993 to support the then 12 POPLINE CD-ROM sites in the country. Fourteen months later, the number of POPLINE CD-ROM sites had grown by 12, bringing the total to 23 (one original site discontinued). In March 1995, JHU/PCS/PIP negotiated a subcontract with UPPI to provide support services to these sites. In addition to providing training and technical support to the sites, UPPI actively promoted POPLINE CD-ROM services and collected Philippine documents for input to POPLINE. The subcontract ended in May 1996 and was not renewed due to restructuring at UPPI.

Under the "Support to Developing Country" program, if an organization in a developed country funded the purchase of two or more CD-ROM drives for developing-country organizations, POPLINE would supply that donor organization with a free subscription to POPLINE CD-ROM. This CD-ROM Support Program allowed POPLINE to match donor organizations with developing-country organizations that had applied for POPLINE CD-ROM but were unable to purchase a drive. During this reporting period, 17 organizations participated in the Support Program. JHU/PCS/PIP donated to developing countries 41 CD-ROM drives valued at over \$11,000.

Capacity Building

During this period, there were POPLINE training activities in eight countries (* indicates non-USAID funds):

Africa

Mali: Centre d'Études et de Recherche sur la Population pour le Développement [July 3-22, 1995]*

Zimbabwe: Workshop for 11 organizations [October 25-31, 1995]*

Arab States

Jordan: National Population Commission [October 9-12, 1995]

Jordan: UNFPA Country Support Team for Arab States [October 14-15, 1995]*

Asia

Bangladesh: Workshop for 12 organizations [March 14-16, 1995]

Kiribati: Ministry of Health and Family Welfare [July 25-August 8, 1994]*

Maldives: UNFPA Country Office [January 13-16, 1995]*

Philippines: Workshop for 17 organizations [March 27-30, 1995]

Philippines: Workshop for 7 organizations [November 19, 1993]

Philippines: Training of Trainers (TOT) for University of the Philippines [November 3-2, 1993]

Sri Lanka: Family Planning Association of Sri Lanka [January 27, 1995]*

Sri Lanka: UNFPA Country Office [January 23-26, 1995]*

POPLINE

Online POPLINE

POPLINE is available online via telecommunications such as the Internet through the U.S. National Library of Medicine (NLM) MEDLARS system. All users of online POPLINE must have a user code assigned by NLM, and there is a use charge levied by NLM based on the number of characters transmitted. Online POPLINE is used primarily by organizations in developed countries.

During this reporting period, online POPLINE was accessed 6,306 times for a total of 5,269 hours. USAID Cooperating Agencies (about 25 in all) used POPLINE online 675 times for a total of 770 hours.

ADMINISTRATION

Overview

Organization and Staffing

The PCS project is administered through CCP of the Johns Hopkins University School of Hygiene and Public Health. Phyllis Tilson Piotrow, Ph.D., is the Director of the Center and has served as the Principal Investigator of the PCS project since its inception in 1982. During the period of the PCS3 Agreement, CCP was fortunate to have two highly qualified Project Directors, Patrick L. Coleman who served as Project Director until November 1990, and Jose G. Rimon II, who assumed the position for the rest of the project. Mr. Rimon is currently still serving as Project Director and is responsible for the day-to-day management of JHU/PCS/PIP activities.

Program operations under the JHU/PCS/PIP project are organized geographically, with divisions for Asia, Africa, Latin America, Near East, and the New Independent States. Other activities are grouped by functional areas into divisions currently consisting of Finance and Administration, Research and Evaluation, Training, and Center Publications. In addition, the M/MC and Creative Resources Group operated under the PCS3 project. Currently, this group operates under PIP and works with them to ensure timely and accurate dissemination of family planning and related health materials to developing countries throughout the world.

Field Offices

When the third Cooperative Agreement (CA3) started on July 18 1990, CCP had only two field offices overseas - Bangladesh (which was funded by PCS) and Nigeria (which was funded under a separate contract from Regional Economic Development Services Office/West and Central Africa—REDSO/WCA). By July 15, 1997, when the CA3 Agreement officially ended, CCP had 23 field offices, of which 16 were supported under the CA3 Agreement. The remaining seven offices were financed through separate CCP contracts, and were located in Egypt, Haiti, Uganda, Senegal, Russia, Côte d'Ivoire, and Morocco. The list of offices financed under the JHU/PCS/PIP as of July 15, 1997 are shown in the table at the end of this section. All of CCP's offices are staffed with an IEC Resident Advisor responsible for developing projects in support of program activities in the given country. These advisors are experienced staff members or local experts with a long-standing consulting or other relationship with the JHU/PCS/PIP project.

ADMINISTRATION

Audits and Management Initiatives

As JHU/PCS/PIP grew, so did the number of audits and management initiatives. During the seven year period from July 1990–July 1997, JHU/PCS/PIP implemented 37 audits of 31 organizations in developing countries, and commissioned two audits of a domestic for-profit organization (Saffitz Alpert & Associates Inc.). A complete list of these organizations and copies of the audit reports is available to USAID upon request.

JHU/CCP has also been audited twice during CA3 by Johns Hopkins Office of Audits and Management Services. In 1995, our Local Area Network (LAN) was audited and received extremely high marks for the network and operations. The auditors noted that PCS procedures can serve as a model for the rest of the University. In 1997, the rest of Finance & Administration Division operations was audited. The auditors noted that we have established effective administrative and programmatic policies and procedures to ensure compliance with the organization's mission and sponsoring agencies' regulations.

In a continuing effort to streamline operations and make our programs more cost efficient, several management initiatives were implemented during the seven-year period of the CA3 Agreement. These initiatives covered several areas including application of new technologies, developing financial management tools, providing on-site visits and training, and improving policies and procedures. Highlights of accomplishments in all these areas are presented below:

■ Application of New Technologies

In 1991, JHU/CCP implemented a LAN to replace our stand-alone personal computers. This LAN was later commended by JHU's Office of Audits and Management Services as an excellent example of procedures that could be implemented by the rest of the University. The LAN increased efficiency by allowing multiple users to share documents, and communicate via E-mail software packages to remote office locations.

JHU/CCP implemented **11 databases** which supported JHU/PCS/PIP from 1990–1997. Specifically, databases were developed for Human Resources, Budget/Master Accounts, Check Requests, Independent Contractors/Consultants, Research & Evaluation Library Inventory, Research and Evaluation Mailing List, Training Mailing Lists, Training Participants, Training Materials, M/MC Materials & Requests, and Annual Report Mailing Lists. All of these databases have allowed us to track and store information in a more efficient manner, and give us the ability to generate several useful management reports.

■ Developing Financial Management Tools

Management attention in FY95 was directed toward changes required to implement **new accounting and budgeting systems**. During this period, JHU converted its accounting package to the more powerful College and

University Financial System (CUFS). Accommodating this change, along with USAID's new budgeting process, required many modifications to both financial and management procedures.

To streamline review and reconciliation of its overseas operations, in FY96, JHU/PCS/PIP implemented a **standardized reporting format for field offices**. JHU/CCP's Field Office/Compliance Manager provided on-site training to the Resident Advisors and their staff in financial management, bookkeeping, and record keeping. This also ensures that reports can be reviewed more quickly when they are received in Baltimore.

During 1997, JHU/CCP implemented a new **Financial Monitoring System**. This system is used to generate monthly financial reports that provide Program Managers and Senior Management with essential financial information needed to make effective decisions regarding the use of project funds.

■ Providing On-site Visits and Training

Several staff from the Financial & Administrative division provided **on-site technical assistance to our overseas offices and subaward recipients** in matters ranging from general office operations to preparing for an organizational audit. Over the seven year period of the Cooperative Agreement, staff and consultants of the Financial and Administrative Division provided 40 weeks of technical assistance to the JHU/PCS/PIP project.

In addition to the training provided overseas, the Finance & Administrative Division provides **on-going training to Baltimore-based staff** on numerous topics including contract monitoring and management, personnel management, and financial management and monitoring.

■ Improving Policies and Procedures

A major initiative in FY96 was the development of an **activity brief and docket review approval system**. This establishes limits for approval authority, allowing Division Chiefs and Country Representatives to implement small activities without a cumbersome review and approval process by top management. It also sets forth guidelines for formal reviews of subagreements and subcontracts, allowing speedier implementation of smaller contracts and grants.

Another initiative in FY96 was the development of a **Policies and Procedures Manual** that includes policies on Activity/Approval Authorities, Human Resources, Subcontracting, Purchasing, Field Offices, Travel, and Information Systems.

Support for Partner Organizations (U.S. Contractors)

JHU/PCS/PIP benefited from the resources of four US partner organizations all of which have specialized experience in different aspects of communication programs. All four organizations have provided support and assistance to the Annual

ADMINISTRATION

Advances in Family Health Communication Workshop. Highlights of their in-country participation during the CA3 Agreement are presented below:

Academy for Educational Development (AED)

AED has particular expertise in development communication, the organization and planning of training workshops, use of mass media for health programs, and educational broadcasting. Under the CA3 Agreement, staff and consultants of AED provided technical assistance, workshop management, and project support services in 16 countries. These countries included Cameroon, Tunisia, Haiti, Nicaragua, Nigeria, Zambia, Honduras, Ghana, Peru, Mexico, Ecuador, Egypt, Nepal, Zaire, Bolivia, and Brazil. In addition, AED provided the regional advisor to the AIDS/STD Prevention and Control campaign in Santa Cruz, Bolivia; and has been instrumental in working with the Africa regional institutions of the Union of National Radio and Television Organizations of Africa (URTNA) and the Centre for African Family Studies (CAFS).

Program for Appropriate Technology in Health (PATH)

PATH is well known for its pioneering work in the development of print materials for non-readers, and contributed significantly to a number of projects. Specifically, PATH staff and consultants provided technical assistance focusing on materials development and adaptation in 13 countries. These countries included Nepal, Morocco, Egypt, Ghana, Cameroon, the Gambia, Bangladesh, Pakistan, Uganda, India, Kenya, Zimbabwe, and Senegal. They also provided support to the development of postabortion counseling materials for use in sub-Saharan Africa.

Saffitz Alpert & Associates Inc. (SAAI) & Prospect Associates Ltd. (Prospect)

With strong skills in campaign design, media planning, and social marketing, first SAAI, and later Prospect, provided technical assistance in marketing, advertising, strategic design, and capacity building. During the CA3 Agreement, these two organizations provided technical assistance to 10 countries. These countries included Bangladesh, the Philippines, Ghana, Mexico, Uzbekistan, Kyrgyzstan, Egypt, Bolivia, Kazakhstan, and Indonesia.

JHU/PCS Field Offices

Country	Resident Advisor as of 7/15/97	Office Location	Year Established
Bolivia-Country	A. Pérez	La Paz, Bolivia	July 1992
Bolivia-Regional	L. Beltrán	La Paz, Bolivia	July 1992
Brazil	R. Said	Ceará, Brazil	December 1993
Ecuador	P. Palacios	Quito, Ecuador	August 1993
Ghana	B. Glass	Accra, Ghana	January 1997
India	V.S. Chandrasekar	New Delhi, India	June 1993
Indonesia	F. Putjuk	Jakarta, Indonesia	June 1995
Jordan	A. Yassa	Amman, Jordan	November 1995
Kenya	D. Odallo	Nairobi, Kenya	October 1992
Mexico	T. Martin	Mexico, D.F., Mexico	October 1994
Nepal	M. McCroskie	Kathmandu, Nepal	June 1993
Nicaragua	M. Gurdian	Managua, Nicaragua	May 1997
Nigeria	B. Kusemiju	Lagos, Nigeria	October 1988
Peru	M. Tello	Lima, Peru	May 1994
Philippines	M. de la Rosa	Manila, Philippines	October 1991
Zambia	E. Serlemitsos	Lusaka, Zambia	May 1995
Turkey	F. Tunçkanat	Ankara, Turkey	July 1994

FINANCE

Financial Report

From July 1990 to July 1997, the PCS project was supported by Cooperative Agreement DPE-3052-A-00-0014-00 (PCS3) with the United States Agency for International Development. The PIP was also funded under this Agreement from June 1992 through July 1997. Beginning in July 1990 and originally scheduled to terminate in 1995, the PCS3 Agreement was extended through July 15, 1997. Thereafter, the project was referred to as JHU/PCS/PIP

Total expenditures under JHU/PCS/PIP were \$96,995,580. Of this amount, Central funds accounted for 57% or \$55,140,117, Field Support funds accounted for 9% or \$8,304,000, while incremental funding from missions and regional bureaus (including earmarked and Other Year Budget [OYB] transfer funds) accounted for 34% or \$33,551,463.

Spending in FY97, the last year of the CA3 Agreement, totaled \$5,162,856, a reduction in spending from prior years reflecting a transition of activities to the new PCS4 Project.

Of the total expenditures for JHU/PCS/PIP, \$80,569,452 was disbursed for PCS activities and \$16,426,128 for PIP activities.

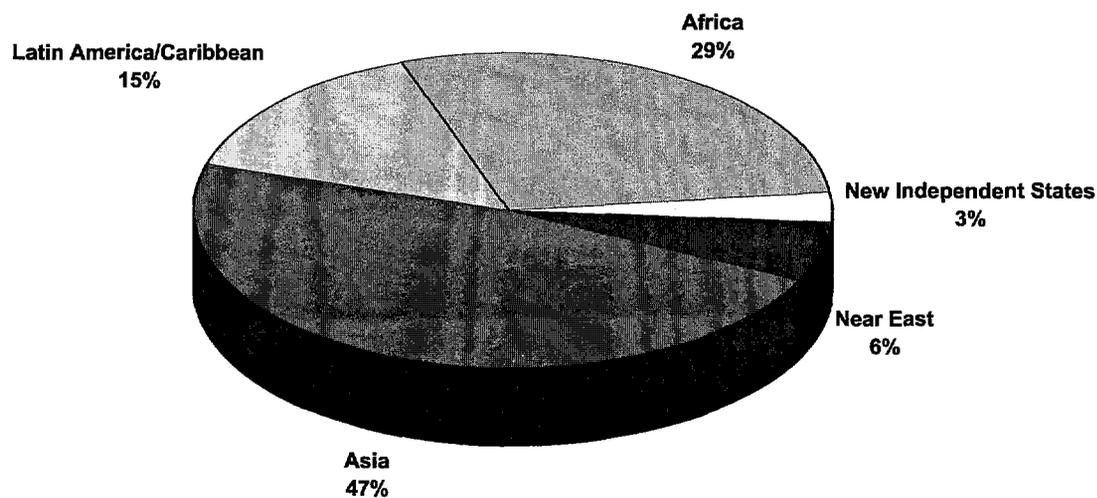
JHU/PCS/PIP expenditures and funding by region are displayed in the charts that follow.

Funds Obligated to CA-3
DPE-A-00-09-00014-00

	TOTAL FUNDS OBLIGATED	% OF FUNDS
Core	<u>\$55,140,117</u>	<u>57%</u>
Country & Regional*		
Africa	11,776,284	12%
Latin America	6,140,840	6%
Asia	19,542,757	20%
Near East	2,533,582	3%
New Independent States	1,362,000	1%
Other	500,000	1%
Country & Regional Subtotal	41,855,463	43%
GRAND TOTAL	\$96,995,580	100%

*Includes Earmarked, OYB transfers, Field Support & Mission Incremental funds.

Funding by Region
CA-3



Appendix A

JHU/PCS/PIP3 Final Report Saffitz Alpert & Associates Inc./Prospect Associates

Summary

Saffitz Alpert & Associates Inc. (SAAI), which became part of Prospect Associates during FY96, provided services to JHU/PCS/PIP under Cooperative Agreement No. DPE-3052-A-00-0014-00 throughout the term of the agreement. These services consisted of various types of technical assistance, as summarized below.

Africa

Ghana: In FY96, worked with the Family Planning and Health Project IEC Advisor and in-country counterparts to prepare for a long-term family planning methods communication strategy workshop held May 2-4, 1996.

Asia

Bangladesh: In FY94 and FY95, assisted USAID, the World Bank, and the Government of Bangladesh (GOB) in developing and implementing a comprehensive implementation plan under the recently adopted Government of Bangladesh National FP/MCH IEC Strategy (1993 - 2000). In FY96, assisted in further refinement of the National Media Campaign based on the media plan for the National FP/MCH IEC Strategy Implementation. In addition, SAAI staff assisted in the review selection of an advertising agency to handle the National Media Campaign's first phase: a national logo launch.

Indonesia: In FY91, supported a feasibility study and initiated plans for the development of an Enter-Educate film on population and the environment for the Indonesia Ministry of Population and the Environment (KLH). This ultimately became a film project called "The Equatorial Trilogy." In FY97, assisted in the development of the International Training Program/Observation Study Tour (ITP/OST) Case Study. The Case Study was conducted in Dhaka, Bangladesh, and included selecting and working with researchers in Bangladesh to conduct, analyze, and report on the study.

Uttar Pradesh, India: In FY95, assisted USAID and the Innovations in Family Planning Services Project (IFPS) in developing a comprehensive implementation plan congruent with the IEC Strategy for Uttar Pradesh.

Philippines: In FY96, assisted the DOH, JHU/PCS/PIP, and USAID in the selection process for the 1996 National Communication Campaign (NCC'96) advertising agency.

Latin America

Bolivia: In FY94, assisted JHU/PCS/PIP and USAID in Bolivia in facilitating a team-building workshop among the National Reproductive Health Education Program staff.

Mexico: In FY96, assisted the National Population Council (CONAPO) in understanding, reviewing, and evaluating media schedules and to develop a media plan for their Phase Four campaign.

Near East

Egypt: Starting July 1, 1990, worked with the Egyptian Junior Medical Doctors Association (EJMDA) on the Private Practitioner's Family Planning Project (PPFPP), a four-year program designed to train 1,500 physicians in providing family planning services, and to develop marketing plans and creative materials in support of participating physician outlets in Rural Upper Egypt. This included developing prototype communications materials, reviewing pretesting plans and developing final implementation plans for advertising media, public relations, and local community programs. In FY91, developed marketing programs supporting these participating physician outlets. In FY92, assisted PPFPP in evaluating its first year marketing and advertising campaign.

In FY91, also developed a comprehensive services marketing program supporting the clinics for the Clinical Services Improvement (CSI) Project, a five-year nationwide program designed to establish over 150 high-quality clinical service centers providing low-cost family planning services and to develop a comprehensive CSI marketing services strategy based on the communication review findings. In FY92, assisted in implementing its services marketing strategy and developing future advertising campaigns.

Also in FY92, with the Minya Initiative Project, a demonstration project designed to increase family planning usage through improved coordination and cooperation among local family planning organizations, assisted local participants in developing a strategic marketing/positioning framework and marketing plans for future program activities.

In FY93, assisted the Egyptian Ministry of Health/Systems Development Project in developing and implementing a promotional strategy and IEC program designed to enhance the role of family planning providers.

In FY94, assisted the Egyptian Ministry of Health/Systems Development Project and the State Information Service in developing and implementing a PRO-Approach promotional strategy and an IEC program designed to enhance the role of family planning providers.

APPENDIX A

New Independent States

Central Asian Republics: In FY93-95, worked with a team of cooperating agencies (JHU/PCS/PIP, AVSC International, JHPIEGO, The Futures Group International, the Social Marketing for Change Project [SOMARC] and the Options Project for Population Policy [OPTIONS]; Macro Systems Demographic and Health Survey; and the representatives from USAID) in conducting a needs assessment and developing and implementing specific country programs in three of the Central Asian Republics: Uzbekistan, Kazakhstan and Kyrgyzstan, under the Reproductive Health Services Expansion Program (RHSEP). In addition, SAAI was assigned to produce the layouts and production designs for two print materials under the Uzbekistan program.

U.S.-based Activities

Assisted USAID and JHU/PCS/PIP during 1996 in developing and preparing a handbook on how to find, select, and manage an advertising agency for health communication and population programs in developing countries. Specifically, activities included researching advertising agency selection materials; researching the scope of agency activities in host countries; development of the conceptual approach; writing a preliminary outline; writing, editing, designing, and attending/conducting interim meetings with JHU/PCS/PIP staff.

Additional Activities

Direct support to the USAID Maximizing Access and Quality (MAQ) Program Initiative. This included attending planning and strategy meetings and developing outlines and drafts for several core MAQ materials.

Appendix B

JHU/PCS/PIP3 Final Report Academy for Educational Development (AED)

Summary

AED provided services to JHU/PCS/PIP under Cooperative Agreement No. DPE-3052-A-00-0014-00. These services consisted of various types of technical assistance, as summarized below.

Africa

Cameroon: In FY92, directed and facilitated an Interpersonal Communication (IPC) TOT for IEC trainers.

Centre for African Family Studies (CAFS): In FY92, provided technical assistance to update and standardize CAFS' regional training workshops and to develop appropriate training support materials.

Haiti: In FY95, conducted a message, media, and materials development workshop for the Youth Sexual Responsibility Project. Also planned and co-facilitated a similar workshop for the Happy & Healthy Child Project in Haiti. In FY96, assisted the Haitian Institute of Community Health (INHSAC) in developing an IPC curriculum for this project.

In FY96, non country-specific technical assistance included a review of an IEC resource kit for community health workers and a literature review of male involvement in reproductive health (with a special focus on Africa).

Asia

Nepal: During FY92, provided technical assistance for FP/MCH activities in Nepal. Helped to launch a village-based IEC action program, monitor its implementation, and provide recommendations for its expansion. In addition, designed a strategy for decentralized IEC planning and assisted with planning for a radio audience research study. In FY93, worked with JHU/PCS/PIP to conduct an IEC needs assessment and make recommendations for further technical assistance.

Latin America

Bolivia: In FY92, helped to design the communication strategy for an AIDS/STD prevention project in which JHU/PCS/PIP implemented in conjunction with the Centers for Disease Control and Prevention. During 1993-94, provided a resident advisor for the project to implement the communication strategy. The resident advisor supervised materials development, set up a condom distribution system, and helped to establish a clinical counseling and information service. In FY96, technical assistance included work with PCS/Bolivia on the elaboration of a national three-year reproductive health training plan.

APPENDIX B

Brazil, Nicaragua, and Bolivia: During FY94 and FY95, supported training events in health communication methodology (the P Process). Other training technical assistance in Brazil included facilitation of an IPC TOT in FY94 and facilitation of a pretesting workshop in FY95. Also in FY95, assisted in the development of a series of five IPC/C videos and an accompanying facilitation guide for use during "Hablemos Con Confianza" workshops.

Peru: In FY95, assisted in the development of a "Community Communication" training manual for MOH health providers and in testing the curricula. In FY96, coordinated a workshop entitled "Principles and Practices of Adult Education."

Mexico: In FY95, co-facilitated the pretesting of an IPC workshop for the Secretaria de Salud. In FY96, observed an IPC workshop for community health workers and provided recommendations for improvement and replication.

Honduras: In FY96, took the lead in the management of PCS work with the Asociación Hondureña de Planificación de Familia (Honduran Family Planning Association) ASHONPLAFA. Technical assistance included an IEC needs assessment, a synthesis of research studies, and a regional strategic planning workshop. Also assisted ASHONPLAFA with the development of six regional IEC plans.

Nicaragua: In FY96, co-facilitated two "Hablemos Con Confianza" TOT workshops for the supervisors of community-based distributors (CBDs), and followed up on TOT replication.

Near East

Egypt: During FY91 to FY93, provided technical assistance to the Egypt State Information Service (SIS) in message development, institutional development, and evaluation. Also helped to expand the communication materials holdings of the SIS/IEC resource center.

Training

In FY91, FY95, and FY96, developed and facilitated selected sessions for the Baltimore Advances in Family Health Communication workshop. Also served as co-trainers for the French version of the Advances workshops in FY93 and FY94. Coordinated and co-facilitated Advances in Family Health Communication workshops in **Tunisia** in FY91 and in **Ecuador** in FY95.

JHU/CCP

In FY96, AED wrote a chapter on "Evaluating Community Mobilization" for the JHU/PCS/Tulane book, *Evaluating Information-Education-Communication Programs*.

Appendix C

JUHPCS/PIP3 Final Report Program for Appropriate Technology in Health (PATH)

Summary

PATH provided services to JHU/PCS/PIP under Cooperative Agreement No. DPE-3052-A-00-0014-00, through 25 Request for Services (RFS). As of July 15, 1996, all RFSs had been filled. These services consisted of various types of technical assistance, as summarized below.

Africa

Chad: In FY92, assisted the Family Well-Being Unit of the Ministry of Public Health and Social Affairs (FWB/MOPHSA) in holding focus group discussions (FGDs) to gather data for message development on family planning for use in developing a child spacing IEC campaign.

Côte d'Ivoire: In FY93, assisted in completing the Family Planning Interpersonal Communication and Counseling training manual.

Kenya: In FY92, worked on the Kenya Provider and Client IEC project. In FY92, synthesized research, developed message content strategy designs, assisted in designing tools and a plan to pretest various print and radio materials, and conducted a message content workshop and a pretest training workshop. In FY94 and FY95, assisted the Family Planning Association of Kenya's Youth Initiative Project with planning and conducting FGDs with youth and parents, participated as organizer and facilitator in the Message and Materials Design workshop, and assisted the Family Planning Association of Kenya (FPAK) in preparing the National Scriptwriters' Workshop.

Uganda: In FY92-94, worked with the Family Planning Association of Uganda (FPAU) on analyzing FGDs and in-depth interviews and in conducting a message design workshop for media consultants and a TOT workshop for field educators and nurses on male motivation. Worked on the training curriculum for Male Motivation and Group Presentation Skills for Family Planning Field Workers.

Asia

India: In FY94 and FY95, assisted in finalizing guidelines for FGDs as preproduction research and in selecting topics for broadcast through the Jain Satellite Medical Communication Network (MCN). Also reviewed the Indian Medical Association's training curriculum and identified topics for production of 50 30-minute television programs.

APPENDIX C

Nepal: In FY93, worked on planning FP IEC materials development activities (print, radio, and other media). IN FY94, assisted in designing three print materials (contraceptive method-specific flipchart, reference cards, and pamphlets) for the IPC/C Curriculum and the Comprehensive Family Planning Course (COFP) and explored possibilities for a radio drama series.

Pakistan: In FY92, assessed the availability and quality of existing FP IEC materials in Pakistan and made recommendations on key materials to be developed, revised, or reproduced; assessed potential implementing agencies and future implementation steps. In FY93, further advised on development of materials, especially for IPC/C. Also conducted pretests of an FP flipchart and eight contraceptive method-specific brochures, and reviewed draft materials.

Latin America

El Salvador: In FY94, conducted a needs assessment of existing FP IEC print materials developed by the Ministry of Health's Health Systems Support project (APSISA), the Maternal/Child Survival project (PROSAMI), and the Salvadoran Demographic Association for client orientation and for service provider training in the following priority areas: injectables, oral contraceptives, intrauterine devices (IUDs), Norplant, condoms, female sterilization, male sterilization, delay of first birth, and men's participation.

Near East

Egypt: In FY92, assisted the Ministry of Health Systems Development project (MOH/SDP) in the development of booklets on vaginal foaming tablets and injectables. Also responded to inquiries on Egypt FGDs throughout the year.

Postabortion Family Planning Training Package

Assisted in the development of a postabortion family planning counseling training package for sub-Saharan Africa: coordinated and conducted formative research, prepared the distribution plan, reviewed the draft video for trainers of service providers, and assisted in developing training package support materials (video, video users' guide, counseling cue cards, and client pamphlets) and in pretesting the package in Zambia.

U.S.-based Activities

Two PATH staff members participated in the JHU/PCS/PIP Counseling Evaluation Workshop for Family Planning Providers (March-April 1992); Path staff members participated in several Advances in Family Health Communication workshops held annually in Baltimore, with special emphasis on the IPC/C sessions.

Participated in The Evaluation Project's IEC meeting and its IEC Indicators Working Group meeting; participated in numerous other meetings on varied topics including female genital mutilation, adolescent program evaluation indicators, and revision of training materials in conjunction with the JHU/PCS/PIP Training Division.

Reviewed various videos, draft video storyboards, and other materials as requested. Reviewed several issues of **Population Reports** including the female genital mutilation section of the October 1995 issue and lessons learned in family planning program management.

Additional Activities

Served on the Client-Provider Interaction (CPI) Working Group of the Maximizing Access and Quality (MAQ) Initiative of USAID's Office of Population; as a member of the training subgroup of CPI; and as CPI liaison to the MAQ Policy Advocacy Communication and Education Working Group and the MAQ Technical Guidance Working Group.

Appendix D

ACRONYMS

ADDY	The American Advertising Awards
AED	Academy for Educational Development (Washington, DC)
AIDS	Acquired Immune Deficiency Syndrome
AMWA	American Medical Writers Association
APHA	American Public Health Association
APROPO	Apoyo a Programas de Población (Advocacy for Population Programs, Peru)
APSISA	Ministry of Health's Health Systems Support project (El Salvador)
ASHONPLAFA	Asociación Hondureña de Planificación de Familia (Honduran Family Planning Association)
AVSC	Association for Voluntary and Safe Contraception (New York)
BCCP	Bangladesh Center for Communication Programs
BKKBN	National Family Planning Coordinating Board (Indonesia)
CA3	Cooperative Agreement Three
CAFS	Centre for African Family Studies (Kenya)
CAR	Central Asian Republics
CAS	Current Awareness Search
CBD	Community-Based Distribution (or Distributor)
CCP	Center for Communication Programs
CD ROM	Compact Disk Read Only Memory
CDS/ISIS	Computerized Documentation Service/ Integrated Set of Information Systems (database management systems)
COFP	Comprehensive Family Planning Course
CONAPO	Consejo Nacional de Población (National Population Council, Mexico)
CPI	Client-Provider Interaction
CPR	Contraceptive Prevalence Rate
CSI	Clinical Services Improvement Project
CUFS	College and University Financial System
DOH	Department of Health
EE	Entertainment- Education (Enter-Educate)
EJMDA	Egyptian Junior Medical Doctors' Association
FGD	Focus Group Discussion
FP	Family Planning
FPAK	Family Planning Association of Kenya
FPAU	Family Planning Association of Uganda
FWB(MOPHSA)	Family Well-Being Unit of the Ministry of Public Health and Social Affairs
GATHER	Greet, Ask, Tell, Help, Explain, Return
GOB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development (Cairo)
IDRC	International Development Research Center (Canada)
IEC	Information, Education, and Communication
IFPS	Innovations in Family Planning Services (India)

IPC	Interpersonal Communication
IPC/C	Interpersonal Communication and Counseling
INTRAH	Program for International Training in Health (India)
ITP	International Training Program (Indonesia)
IUD	Intrauterine Device
Jiggasha	“to enquire” in Bangla
JHPIEGO	The Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU	Johns Hopkins University
JICA	Japan International Cooperation Agency
JSI	John Snow International, Inc. (Boston, MA)
KAYNAK	“GATHER” in Near East region
KLH	Ministry of Population and the Environment (Indonesia)
LAN	Local Area Network
LGU	Local Government Unit
MAQ	Maximizing Access and Quality
MCH	Maternal and Child Health
MCN	Medical Communications Network (India)
M/MC	Media/Materials Clearinghouse
MOH	Ministry of Health
NCC96	National Communication Campaign 1996
NCIH	National Council on International Health
NGO	Non-Governmental Organization
NIS	New Independent States
OPTIONS	(HB - see Appendix A - under New Independent States)
OST	Observation Study Tour
OYB	Other Year Budget
PAC	Project Advisory Committee
PATH	Program for Appropriate Technology in Health (Seattle, WA and Washington, DC)
PCS	Population Communication Services
PIP	Population Information Program
POPLINE	POPulation information onLINE
PPFPP	Private Practitioner’s Family Planning Project
PRO-Approach	Promoting Professional Providers
PROSAMI	Maternal/Child Survival project (El Salvador)
PURS	Popline Usage Reporting System
R&E	Research and Evaluation
REDSO/WCA	Regional Economic Development Services Office/West and Central Africa
RFS	Request for Services
RHSEP	Reproductive Health Services Expansion Program (NIS)
SAAI	Saffitz, Alpert & Associates Inc.
SCOPE	Strategic Communication Planning and Evaluation
SDP	Service Delivery Point
SIS	State Information Services (Egypt)
SMART	Specific, Measurable, Appropriate, Realistic, Time-bound
SOMARC	Social Marketing for Change (Washington, DC)
STD	Sexually Transmitted Disease
TMBD	Training Materials Database
TOT	Training of Trainers

APPENDIX D

UN	United Nations
UNESCO	United Nations Education, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPPI	University of the Philippines Population Institute
URTNA	Union des Radiodiffusions et Televisions Nationales d'Afrique (Union of National Radio and Television Organizations of Africa)
USAID	United States Agency for International Development
WHO	World Health Organization
ZNFPC	Zimbabwe National Family Planning Council