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FAMILY PLANNING COMMUNICATION
NEEDS ASSESSMENT FOR NORTH SUDAN

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Executive Summary

Sudan is the largest country in Africa, having an area of approximately one million square miles with considerable variations in climatic, geographic, ethnic and other characteristics. It has about 650 kilometers of coastline on the Red Sea and shares borders with eight African countries. These factors have implications for the various demographic parameters in the country.

The rate of population growth in the Sudan is one of the highest in the world and has been estimated at 3.0 percent in 1983. The government of Sudan has accepted in principle the need for population planning and, although no official population policy has been adopted, official attitudes have changed recently towards acceptance of family planning. These concerns are less about the size of the population than about the rate of increase, the age structure, and the population distribution pattern.

The family planning program in the Sudan is largely conducted by private voluntary associations. Concerns about family planning are based primarily on family welfare considerations, the health of the mother and the child and the economic strain on family income and resources. There is as yet little activity in the development and dissemination of appropriate information, education and communication (IEC) materials about family planning. Production of such materials has remained quite limited in its scope and objectives, and no serious or committed effort has been made to develop a strategy and formulate a comprehensive and systematic approach to IEC activities. Considerable assistance will be required in this field in order to build up a comprehensive multi-faceted IEC program in the country.

Audio-visual materials have been used to a certain extent. However, most of this material is from foreign sources and there is a general consensus that the development and production of print materials relevant to the socio-cultural characteristics of Sudan is a high priority, especially if these materials were shared by all organizations active in the IEC program.

Generally mass media have not been used to promote family planning, but the potential for using local expertise to step up the utilization of the broadcast and print media is significant and should be encouraged.

A measure of coordination and cooperation between the various ministries and the organizations concerned with population matters should be sought to formulate an appropriate IEC strategy which makes use of all channels of communication and which develops the most appropriate family planning messages.

ABBREVIATIONS

- CHW -- Community health worker
- FP -- Family planning
- FPIA -- Family Planning International Assistance
- IEC -- Information, education and communication
- IPPF -- International Planned Parenthood Federation
- MCH -- Maternal and Child Health
- MOE -- Ministry of Education
- MOH -- Ministry of Health
- PHC -- Primary health care
- SFCA -- Sudan Fertility Control Association
- SFPA -- Sudan Family Planning Association
- SSU -- Sudan Socialist Union
- UNFPA -- United Nations Fund for Population Activities
- WHO -- World Health Organization

I. Introduction

A previous somewhat brief needs assessment was conducted by Mr. Marschal Rothe, S&T/POP/IT, AID/W, approximately two months prior to this mission. This initial effort provided the stage and the springboard as well as the ground work for the present mission.

The objectives of this mission were as follows:

- (1) Review and assess status of existing family planning IEC activities.
- (2) Develop a comprehensive IEC plan.
- (3) Analyze the IEC capabilities of relevant organizations.
- (4) Investigate funding of IEC unit in new SFCA (Sudan Fertility Control Association) model clinic and draw up project proposal if the new clinic is likely to be approved.
- (5) Investigate alternative or supplemental activities to SFCA clinic.

Some of the more specific questions that this mission was asked to address were as follows:

- (1) What part of the IEC program is JHU expected to fund? SFCA budget calls for \$197,000 in the first year and a total of \$661,000 over five years.
- (2) Who will develop IEC materials?
- (3) What materials will be developed for fieldworkers?
- (4) Can a general IEC strategy/program be developed so IEC work can expand now, or will it be necessary to wait for SFCA clinic approval before initiating any IEC activities? Is SFCA the only IEC prospect?

(5) Can SFCA and the Sudan Family Planning Association share materials?

To formulate its findings, conclusions and recommendations, the team consulted several related studies sponsored by USAID and other population organizations. These documentary sources were supplemented by extensive discussions with USAID personnel from Washington and Khartoum, government officials, the representatives of private voluntary agencies, other individuals such as educators in population and health, and media personnel. Discussions with the members of the various organizations focused on present IEC efforts and the possibilities of any future activities. The team attempted at all times to assess the opportunities and the constraints of each organization. When IEC activities were identified, every attempt was made to explore any potential opportunities and/or linkages to other family planning IEC activities. The recommendations made by this team regarding PCS's involvement in IEC in North Sudan are based on these discussions.

The team consisted of Mr. Anwar Bachbaouab, an expert in family planning program development, and Dr. May Yacoob, a health planner/anthropologist with previous extensive field experience in North Sudan. Both team members are fluent Arabic speakers. Logistical constraints, such as the national gasoline shortage, the limited working hours of officials, an almost two-day public holiday, and the distances involved in getting from one place to another, permitted the in-depth and comprehensive analysis of only the key institutions involved in IEC.

Moreover, this assignment could not include the southern part of the country, for which the team, in concurrence with the US AID Health and Population Officer in Khartoum, would recommend a separate mission to

assess IEC needs. Nevertheless, a brief assessment of this part of the country included in this report was made, based on interviews with the Director of Services in the South. This brief assessment, it is hoped, will serve to substantiate the need for a separate and more thorough investigation of family planning IEC opportunities and constraints in the South.

II. Overview

A. Economic, Social and Political Factors

An IEC plan for Sudan must take into account the cultural, political and economic factors that influence fertility. Current demographic trends are also very important in providing background information necessary for the formulation of an IEC strategy. The recent population census estimates the Sudanese population as nearing 30 million. Almost 46 percent of the population is 15 years and under. Eighty percent of the population is rural with almost 25 percent nomadic. The crude birthrate is 48 births per 1,000 population; the crude death rate is 18 deaths per 1,000 population, resulting in an annual growth rate of 3.1 percent. Infant mortality is 141 deaths per 1,000 live births.

Among the most prominent health problems of pregnant women are: malnutrition and anemia; hemorrhage; toxemia; obstructed labor; infections and hepatitis. Maternal mortality is 0.2 percent in the Sudan compared to 0.015 percent in developed countries. In addition, 14 percent of all pregnancies end in abortion. The average number of living children per family is five, and the average lost in childhood death is two. The average age of first marriage is between 15 and 20. There is an average birth interval of 1½ to 2 years, which is decreasing. Only about 20 percent of pregnant women seek prenatal care; the vast majority are aided by traditional birth attendants. It is estimated that only 5 percent of women deliver in the hospital and that is because of obstetrical difficulties.

Cultural traditions play an important role in the approach of rural women to fertility. Miscarriages, for example, are believed to be pre-

vented by a beaded string tied around the abdomen. The evil eye and witchcraft are ascribed to most birth and fertility problems. The various forms of female circumcision are also health problems of major importance in the country.

The health manpower directly involved in family planning services in the Sudan consists of primarily 2,500 physicians. Of these, 64 are OB-GYNs, 23 are pediatricians, and 84 are community medicine specialists.

The physician/population ratio is 8/100,000. Auxiliary health personnel and paramedics in the country are estimated to be 20,000. Of these it is not known how many have emigrated to neighboring or rich countries.

Given this situation of a large and scattered population and high rates of mortality and morbidity, it is only natural that Sudanese leaders and policymakers are less concerned with the size of the population than with its quality. Other factors, such as the current economic situation and the governmental reorganization designed to gain control over the economic and political situation, will also affect the implementation of IEC efforts in the Sudan. The economic situation, as reflected in a high negative current balance of payments (\$151 million in 1979) and slower-than-expected progress in all sectors of the economy, has also affected the health sector. Auxiliary health workers of all categories are left to their own resources, without supervision or monitoring of activities. The gasoline shortage is severe, and the resources that might facilitate communications are practically nonexistent in the rural areas and quite often are lacking in the capital cities.

The current political strategy of decentralization has influenced the allocation of manpower and financial resources. The policy of decentrali-

zation, which went into effect in 1981, has made the regional governments responsible for their own budgetary expenditures and revenues. The Councils at the district level are now responsible for raising revenue to pay front line primary health care workers at the PHC units and the dispensaries. The effect that the political strategy has on family planning services is not yet clear. Some of the difficulties encountered in the regional governments in the implementation of the MCH/FP program stem from the current organizational arrangement. The regional MCH/FP programs depend on the national program for their budget (under Dr. Baldo in Khartoum). Any efforts to integrate the MCH/FP program with other PHC activities have not yet proven very successful. This lack of organizational coordination no doubt influences the availability of resources to train all categories of PHC workers in family planning skills. Furthermore, the pressure to decentralize has made the already scarce resources of family planning organizations in the capital threadbare to the point of near ineffectiveness at the regional level.

To summarize briefly, the foregoing is only a brief description of some of the cultural, political and economic factors that can influence the implementation of a family planning IEC program in the Sudan. The design of an IEC plan has to take into account the severe shortages and constraints that Sudan is currently experiencing.

B. Government Policy

Practitioners and some decisionmakers in the field of family planning in the Sudan believe that the acceptance of family planning is an evolutionary process. Family planning is considered a very sensitive issue and is usually a part of family health activities with broader objectives of

childspacing and improved maternal health. This type of sensitivity would obviously affect any IEC effort. The Sudanese government has not taken a stand on population policy. It recognizes the principle of a family's freedom of choice concerning family planning. It permits the importation of family planning commodities, the provision of services and the dissemination of family planning information in health care facilities and in the media. In addition, the government does not interfere with the family planning activities of organizations in either the public or the private sectors. The general feeling about family planning is that as long as it is part of MCH activities or other health activities, the topic is not likely to cause any agitation. A possibility exists that there will be a population policy following the recent census. Other indications of government softening towards family planning policy is the Minister of Health's recent speech in Parliament on family planning.

Aside from the government's formal policy, there are other factors that affect the slow acceptance of family planning. Among these factors is the unfamiliarity of health providers with family planning. It is estimated that over 45 percent of the physicians in the Sudan were trained in countries where family planning is not a priority. Consequently, other categories of health providers trained by physicians do not receive adequate information on the subject. Another significant factor is the general belief by the Sudanese that the major population problem is the rural to urban migration and rapid growth rather than family size.

C. Contraceptive Prevalence, Awareness, and Attitudes

The 1979 Contraceptive Prevalence Survey found a low prevalence rate, with about 6.4 percent of married women using any form of contraception. Utilization patterns showed an increase of 5 percent among women under 25 and 8 percent among women aged 25 to 34. Survey data indicate that an estimated 15 percent of urban/educated women of reproductive age would use contraceptives if they knew where and how to get them. The survey indicates a discrepancy between knowledge and behavior in all aspects relating to family planning. To illustrate, in terms of family planning services, 64 percent of the 1979 Contraceptive Prevalence Survey sample knew where to obtain family planning services: 25 percent of the sample knew that they could receive family planning services at the pharmacies, 15 percent at family planning clinics, 22 percent at health clinics and 17 percent through private physicians. However, only 29 percent of the sample had actually ever obtained family planning services. Those who sought family planning services obtained them from the following sources: 16 percent from pharmacies, 4 percent from physicians, 3 percent from clinics. The same sample showed that 79 percent wanted more information and 48 percent wanted to actually use family planning services. Awareness and experiences with contraceptive methods show a high awareness of oral contraceptives (86.4 percent for the female sample).

Among the men surveyed in a 1982 study, half of the sample of those practicing contraception reported that they and their wives relied on breastfeeding, rhythm and withdrawal; 3.6 percent of the total sample used condoms, and 16.4 percent of the males reported that they and their wives relied on the "efficient" methods -- pills, injectables, IUDs and voluntary

sterilization. When asked about communication between married couples regarding birth control methods, only one-third of the male sample reported that they discussed methods with their wives.

The main source of family planning information is personal communications from friends and relatives (62 percent of the sample). Other sources, such as pharmacies, health clinics, family planning clinics, account for 7 percent each.

D. AID Mission Strategy

The AID Mission's strategy to increase the awareness and acceptability of family planning in the Sudan is to focus first on urban areas and older women who wish to end fertility. This strategy will no doubt provide an excellent basis for the beginning of an "awareness" stage in North Sudan. However, if the IEC efforts are to have long-term effects that will influence population growth rates, then the younger married women must be considered, and a strategy aimed at that age group will have to be a priority.

III. Family Planning IEC Activities

A. Family Planning Activities in the South

Members of the needs assessment team were unable to visit South Sudan during this mission. Some information about the southern areas of the country was obtained in Khartoum, however, and this is summarized in the paragraphs below. It is recommended that a specific needs assessment be undertaken for South Sudan at a later date.

The organization of the family planning program in the South is different and much more limited in scope than in Northern Sudan. Ethnically, politically and culturally, this part of the country is different, and the context of family planning IEC activities will have to be developed separately to comply with those differences. The contraceptive prevalence rate in the South is estimated to be less than 2 percent. Some of the cultural and economic values connected with birth and childrearing no doubt contribute to this very low prevalence rate. Marriages are for the primary purpose of procreation. What is often referred to as "replacement behavior"--whereby women give birth to replace the children who died--is a very common practice. The high mortality rates and the lack of family planning information for either men or women also play a part in maintaining the high birthrate. These cultural factors will require further in-depth investigation in order to design an effective IEC strategy for the South.

At present, family planning services in the South consist of three clinics under the supervision of the national MCH/FP program, directed by Dr. Baldo in Khartoum. Recently, attempts were made to make family planning part of the primary health care program. Family planning services

will be implemented by the community health workers (CHWs) in the context of mother and child care activities. At the dispensary level, the village midwife will be able to provide family planning services. At present, there are only 100 village midwives in all the South, and their activities are concentrated primarily in the urban areas.

Family planning IEC activities mainly consist of periodic radio programs and meetings for women. The Ministry of Health (MOH) has a health program on the radio, broadcast twice a week, which sometimes includes family planning information. The Ministry of Education (MOE) has a program with the International Labor Organization which addresses the employment of women and their role. Some family planning information is disseminated in the context of these educational sessions for women.

B. The Health Education Department, MOH

The Health Education Department of the MOH is administered and managed by Dr. El-Obeida Mahjoub, who has energetically and practically single-handedly introduced some family planning information through the different forms of media. The facilities of this department are separate from the MOH and consist of 10 offices, a lecture room equipped with audio-visual materials that could seat 75-100 trainees, and a press and reproduction capability.

The Department has established a TV program produced once a week and a radio program aired twice a week in which Dr. Obeida gives some family planning information through interview shows with physicians. The Department has also produced flip charts on health education principles and has provided training for religious leaders and women political leaders in health education.

The Health Education Department seems to have the capability and the facilities to undertake IEC training. Its director has the experience and capability to contribute to IEC efforts in any potential project. However, factors such as the lack of skilled manpower (those trained have emigrated), outdated equipment, and a shortage of resources, have all contributed to the Health Education Department becoming heavily dependent upon Dr. Obeida. This, in turn, has created a situation where other organizations have difficulty collaborating with the Department. Nevertheless, its IEC efforts are acknowledged and recognized by all people involved in health education in Sudan.

C. Nutrition Emergency Clinic

The Nutrition Emergency Clinic attached to the University of Khartoum is managed by Dr. El Ouff. Children diagnosed as suffering from malnutrition are admitted to this clinic for emergency treatment in nutrition rehabilitation. The clinic staff has produced educational charts on child feeding, nutrition and some family planning. Information in these areas is given to the mothers who accompany their children.

D. Ministry of Health MCH and Family Planning Activities

The MOH has integrated family planning into its MCH services since 1975. The Ministry of Health/World Health Organization maternity centered family planning project was funded by UNFPA with the objective of training MCH personnel in health aspects of family planning and offering health related family planning services through MCH centers. In 1979, this project was reformulated, and a plan of action more in line with the primary health care approach was adopted by the MOH. This plan was designed to

cover four priority provinces in a first phase (North Darfur, N. Kordofam, East Equatoria, and Red Sea). At the end of 1981, five more provinces were added; the project is expected to gradually expand to cover all of the 18 provinces of Sudan by 1985.

One of the major objectives of the new project is to strengthen and expand the training of health workers at the provincial level and also to provide training to other categories of personnel who can contribute to the health service delivery system within their communities. The basic training curricula of all MCH/FP workers (nurses, midwives, and health visitors) were revised in order to emphasize preventive health care, health education family planning and nutrition education. In addition, a program of intensive refresher courses was also established. In conformance with the Sudanese government policy of decentralization and regionalization, this training is presently conducted in 12 subtraining centers located in 10 provinces. These courses are designed for all categories of health workers including village midwives, community health workers and nutritionists. Out of a total paramedical work force estimated at 20,000, some 3,000 workers have been trained as of April 1983. The family planning component of the training program is very limited and is part of general MCH training.

Under this project, the MCH/FP department also conducts a training program for community leaders, undertaken in cooperation with the Women's Union branch of the Sudan Socialist Union (SSU). Lectures and seminars have been organized for women leaders selected by the SSU. About 100 of them have already participated in this program, which focuses particularly on health education, nutrition and some family planning concepts.

Audio-visual materials have been used to a certain extent in the project. However, most of this material is from foreign sources, and there is need to develop local materials which could be of a much better use, particularly in the training of community leaders and health workers at the village level. Some audio-visual equipment (movie and slide projectors) has been provided by Family Planning International Assistance (FPIA) and a supply of films and slides was made available by WHO.

Some efforts were made in collaboration with the Departments of Nutrition and Health Education, the Sudan Family Planning Association, and other organizations. A limited number of lectures were conducted jointly but apparently on an ad hoc basis. Educational materials developed by these organizations have also been made available from time to time to the MCH/FP project, but there is little or no activity in the development or dissemination of FP/IEC materials for the trainees to take home or for potential acceptors.

Generally mass media have not been used to promote family planning as mass media are not easily accessible to the population in most rural areas. The MCH/FP program relies to a great extent on the community health workers and the village midwives for health and family planning education.

The program operates under major constraints, principally the lack of adequate transportation and communication systems in the rural areas, which limits supervision of health workers and the flow of feedback information from the field; poor logistics often results in inefficient, irregular supply lines to operating field-level health centers with the consequent disruption in the distribution of drugs and contraceptives. FPIA, which has supplied the MCH/FP department with over one million cycles of pills,

is trying to address this problem through a new project to improve supply, stockage and distribution of contraceptives.

Nevertheless, the Ministry of Health's MCH/FP program has trained women from the regional capitals who do use their newly acquired skills. This program has the potential of becoming an FP/IEC vehicle to health providers in the regions.

E. Ministry of Education

In 1979, the Ministry of Education (MOE), in collaboration with UNFPA and UNESCO, began a program aimed at promoting population education both in-school and out-of-school. The approach developed for in-school population education attempts to integrate population topics into the existing course curriculum, while the approach for the out-of-school sector of the population attempts to integrate population education into other development programs.

To achieve its objectives of reaching its out-of-school audiences, the MOE has established close linkages with projects of other governmental institutions with access to unskilled workers, illiterate youth and women. Such institutions include the nutrition and gardening program of the Ministry of Education, the Ahfad College for Women, Ministry of Social Welfare, Shambat Agricultural Institute, the Ministry of Agriculture and the Ministry of Health. The project also has linkage with the Council of Religious Affairs. To date, the activities of the project have been primarily preparatory in nature. The first of such efforts was a survey of "case studies" to assess the attitudes of the regional governments regarding population education. Second, the project sponsored a population conference held recently in Khartoum. The approach of MOE in implementing

this program has stressed building on the capability of existing institutions and on integrating new population information with existing curricula.

The project has conducted teacher training in population education, concentrating on the regional governments' school systems and encouraging training that is multidisciplinary in approach and uses a participatory method of learning. The project also has conducted training activities for community development personnel. To support the training activities, the project will publish a "source book" for teachers on population studies. The population education curriculum for primary and intermediate schools will be tested during the 1983 academic year.

Audio-visual materials to support the training in population and development issues are under production. The project recruited a team of seven artists from the faculty of Fine Arts, University of Khartoum, to produce slides for a slide show. This team is currently designing posters to be used as the basis for discussions on nutrition, health and demography. These audio-visual materials are in the testing stage to assess if they convey the intended messages. Other IEC activities for 1983 include a workshop on the use of audio-visual materials, a seminar on the role of women and a two-week workshop on developing curricula and materials with population concepts.

Some of the opportunities and constraints in IEC efforts of the MOE are as follows:

- o The MOE project has the potential of reaching Sudanese youth who are in school with messages about population issues. Almost half of the population of Sudan (46 percent) is aged 15 or younger.

- o The cultural sensitivity about reproductive issues makes it very unlikely that messages specifically about family planning can be introduced among unmarried youth. However, the MOE's efforts are also directed at the out-of-school population, and among older married audiences, population messages might well be extended to include family planning information.
- o The project has surrounded itself with IEC technicians genuinely interested in population problems and the building of manpower and institutional capability seems to be well underway.
- o The project is currently staffed by two experts: the one for the in-school program is from Egypt, and the second, for the out-of-school program is from the Philippines. The question needs to be asked as to the long-term capability of the MOE in carrying on the activities of these experts. Also, it will be important, in the longer term, to support and complement the MOE's efforts with more specific IEC activities concerned with family planning.

F. Ahfad University College for Women

Founded in 1960 in Khartoum, the college has developed into one of the major schools of social work in the Sudan. The college curricula emphasize subjects such as home economics, nutrition, health and family welfare, with a main focus on rural development issues and the socio-economic needs of the rural population, particularly women. There are about 400 students enrolled in the college; approximately 80 of them graduate annually. The college is closely linked to the Babeker Bedri Scientific Association for Women's Studies which has a research program conducted in cooperation with the college faculty and the students. The research program stresses the

needs of rural women, the role of Sudanese women in socio-economic development, and women and development issues in general. Ahfad also collaborates with SFPA and SFCA on population/family planning education, and both organizations have been called to participate in Ahfad educational programs. Late in 1979, Ahfad initiated a women's leadership training program introducing population concepts. However, the integration of population and family planning education into the college activities has remained minimal, largely because of the lack of resources, especially educational materials. There is a potential for strengthening Ahfad collaboration with SFPA and SFCA; substantive linkage between these institutions could be developed through the sharing of resources and coordinating and complementing each other's activities.

G. Community Based Health Program

This project, a collaborative effort between the School of Community Medicine under the directorship of Dr. El Tom and Columbia University, is designed to train front-line health workers, specifically medical assistants, nurses, community health workers and health visitors in family planning, vaccination, oral rehydration therapy and nutrition. The project has concentrated its activities in East and West Bank of the Nile in North Khartoum and has produced baseline data on contraceptive users, specifi-

While some analysts believe this project may one day be an important base for developing family planning infrastructure, it has encountered some problems which have implications for future IEC efforts. The project's administrative arrangement is such that the School of Community Medicine is

responsible for the distribution of contraceptives and the collection of data, while MOH personnel are responsible for the delivery of services. This "double" reporting system has contributed to the lack of interest on the part of MOH in integrating some of the project's data into its health statistics. The implication for any IEC project is that activities by two separate institutions need to be clearly outlined and centralized. This kind of arrangement is particularly necessary for establishing an effective system of accountability.

Other constraints encountered by this project include difficulties in providing follow-up services to oral contraceptive users and replication of this project's efforts to other areas. The lessons for IEC efforts are as follows: first, the need for continued training of front-line health providers in managing cases; and second, the need for a keen awareness as to what works in one place and how it can be adjusted so that it can be utilized in another cultural grouping. In other words, IEC materials developed for urban illiterate adults may not work for illiterate adults in settled rural communities and may be totally inappropriate for adult illiterate women in nomad communities.

H. Sudan Family Planning Association

The Sudan Family Planning Association (SFPA) was established in 1965 as a voluntary organization supported by the International Planned Parenthood Federation (IPPF). Its objectives are to provide family planning services to the largest possible number of Sudanese women and men and to spread information about maternal and child health and the benefits of family planning to family health. The Association has a central office in

Khartoum and has established a network of family planning clinics in some 30 governmental health centers. The president of the SFPA is a member of the National Population Committee, and the Association's executive committee has been recently enlarged by members co-opted from different ministries. SFPA has also recently established an IEC committee which will be responsible for the planning of an IEC strategy and plan of action and for the coordination of the Association's IEC activities with those of other voluntary organizations and government agencies involved in the population field.

While it will continue operating its family planning clinics over the next few years, the SFPA will endeavor gradually to turn these clinics over to the government health services and to focus increasingly on information and education activities and the provision of services in areas of the country where they are not available through the government. Following an overall evaluation of its program by IPPF, SFPA is currently undergoing a major restructuring directed mainly at decentralizing its operations through the establishment of six regional branches. This effort at restructuring is encountering major obstacles, particularly because of SFPA's limited administrative capacity and the severe constraints in communication and transportation in the Sudan. This shift to decentralization might also exacerbate the problem of SFPA's limited capacity to monitor the implementation of its programs in the regions and to ensure a reasonably adequate distribution of contraceptives and other supplies to the six regions. The IPPF grant to SFPA has been held in a contingency fund at IPPF headquarters pending full implementation of the regionalization program and the revision of SFPA work programs.

In the field of IEC, SFPA has achieved some educational activities through the national mass media. Articles in the daily newspapers have been published from time to time and family planning topics have been included, on some occasions, in the radio and TV programs of the MOH's Health Education department. SFPA has also conducted some lectures and workshops in cooperation with the Ministry of Education, the University of Khartoum and Ahfad Women's University and has participated in several national population conferences and seminars. However, in the absence of a well-planned IEC strategy, these efforts were minimal and conducted on an ad hoc basis with little or no follow-up activities. Production of audio-visual materials by the SFPA has been extremely modest with only a few posters and pamphlets produced. These were largely unillustrated and directed mostly to the urban literate population and the well-educated.

I. Sudan Fertility Control Association

The Sudan Fertility Control Association (SFCA) was founded in 1975 at the Faculty of Medicine, University of Khartoum, by a group of 15 physicians who were motivated by the need for scientific research related to Sudanese MCH and family planning. Since its inception, SFCA has become a member of the World Federation of Health Agencies for the Advancement of Surgical Contraception (WFHAVSC). The Association is also a founding member of the International Federation of Family Health (IFFH) and of the Regional Arab Federation of Associations for Voluntary Fertility Control (RAFAVFC). The Association has been actively engaged in biomedical research relating to fertility control and has also conducted several studies on attitudes and practice of family planning in Sudan.

Although its past activities have centered mainly on clinical studies, SFCA is seeking to expand its input into the health planning process in the country and to increase its involvement in family planning service delivery in cooperation with other organizations and government institutions. One of the elements which could contribute to achieving this objective is the fact that many members of the Association serve on the executive boards of several Sudanese organizations and institutions such as SFPA and the National Population Committee.

The Association proposes to establish a model family planning clinic in Khartoum to provide comprehensive family planning services, including information and education. SFCA has secured the support of USAID/Khartoum for this project, and implementation will begin upon formal approval by the MOH. The IEC program of the clinic will provide education and information to the public about family planning matters in general, as well as promoting the use of the clinic among potential acceptors in the greater Khartoum area. As SFCA past experience in IEC has been very limited, considerable assistance will be required in this field in order to build up its capability and enable it to conduct a comprehensive multi-faceted information and education program. Areas in which such assistance is needed include the development of an IEC strategy and program as well as the development of related print and audio-visual materials. SFCA past and present activities are funded by Family Health International (research and administrative support), Association for Voluntary Sterilization (administrative support, training and information and education), and FPIA (MCH/FP center at Hag Youssif).

IV. IEC Facilities and Mass Media Channels

The following are the main media outlets in Sudan:

Daily newspapers:	Sahafa	60,000 circulation
	Ayam	45,000
Magazines:	Africa	12,000
	Sudanow	15,000

TV: One TV station; approximately 1,000,000 sets.

Radio: One radio station. No reliable estimate of number of radio sets.

Advertising in the daily newspapers and weekly magazines is very limited, and for most products publicity is achieved by way of posters, billboards and other public displays. The TV station at Omdurman has a "Commercials" department which handles TV advertising which is aired at two regular intervals during the evening programs. TV advertising is of a lesser quality than printed ads. Among products advertised on TV are cosmetics and perfumes, hygiene products, insecticides and food brands. All these items also constitute the bulk of print advertising.

The potential for using local expertise for the production of family planning audio-visual materials is significant. Technical assistance in the design and development of such materials could very well be provided by local firms under contractual arrangements with family planning organizations.

There are several printing, advertising and marketing firms in Sudan, most of which are located in the capital city of Khartoum. The team visited the facilities of two leading firms--El Qorashi (also known as Sudan Publicity Company) and FAL Printing and Advertising Company. Both

are well established and have long experience in advertising in Sudan. The materials designed and produced by these two firms are of excellent quality and cover a wide range of products, including pharmaceutical items.

Of the commercial houses visited, the team was most enthusiastic about FAL Printing and Advertising Company, due to the dependability and managerial skills of the FAL manager and his interest in collaborating in the development of family planning audiovisual materials. The team considers FAL a serious possibility in IEC material production. The meeting with FAL was attended by the program officer of SFCA, who expressed a preference for working with this printing and advertising firm.

Some family planning information has been carried on TV and radio programs. The "Family Magazine" program (once a week on radio and TV), the "Women's Program" (one a week on TV) and the "Health Education" program (once a week on radio and TV) do from time to time insert indirect messages on population issues and family planning. Members of SFPA and SFCA have also been invited a few times to be interviewed as a part of these programs.

The Ministry of Information is not opposed to allocating more air time to population and family planning messages on radio and television, provided that messages are of a low key nature, integrated in a family health concept and that religious beliefs, values and customs are taken into consideration. Again a measure of coordination and cooperation between various ministries (i.e. Health, Education, and Social Affairs) and the organizations concerned with population matters should be sought to formulate an appropriate IEC policy for the main media channels and to structure the content of messages on radio and TV and in the press.

V. Findings and Recommendations

A. Findings

1. There is as yet little activity in the development and dissemination of appropriate IEC materials for potential family planning users. Production of such materials has remained quite limited in its scope and objectives.
2. Partly as a direct consequence of the absence of a clearly defined government policy about population, and partly due to the fear of voluntary associations in taking a stand to implement family planning services, IEC programs are conducted in a sporadic manner. No serious or committed effort has been made to develop a strategy and formulate a comprehensive and systematic approach to IEC activities.
3. There is a need to strengthen the capability of voluntary associations in the design and implementation of IEC programs. To do this, the necessary financial and technical resources will have to be made available so that such programs can be carried out.
4. There is little evidence of a coordinated effort between the different voluntary associations operating in the field of family planning and governmental institutions active in the field. This lack of coordination is particularly evident in sharing resources for the development and implementation of IEC activities.
5. There is a need to intensify production of appropriate audio-visual and print materials and to expand their distribution.
6. The providers of health and family planning services are an impor-

tant target audience that should be encouraged to promote family planning services.

7. In view of the sensitivity regarding family planning, the AID Mission should encourage and support FP/IEC efforts which will put family planning in the context of health care and family life education. Ministries with activities in similar areas, such as the Ministry of Social Welfare and women's unions, could be encouraged through the central IEC project to strengthen these activities. Experiences from other Moslem countries have shown that the socio-economic argument to adopt family planning has triggered criticism from the fundamentalist factions. While the socio-economic argument for family planning is useful in basic school curricula or for policymakers, the health and family life education perspective has proven to be a more powerful motivation.
8. Private-sector capability from local advertising and "printing houses" can provide the specific and task-oriented technical assistance required for the production of posters, pamphlets, and radio and TV spots.
9. Due attention should be given to the problem of ensuring adequate family planning service delivery and distribution of contraceptives to the field level operations to meet the demand for services created by an expanded IEC program. In addition, IEC efforts can only complement the activities of health providers. Until health providers are able to communicate effectively about family planning to their clients, and until a logistical system exists to provide contraceptives, IEC efforts are of little value. In the Sudan both

the logistical system and health providers' training in family planning should be strengthened so that IEC efforts would complement this effort.

B. Recommendations

1. With the concurrence of the USAID/Khartoum Health and Population Officer, the team recommends that IEC efforts in the Sudan be led by the Sudan Fertility Control Association (SFCA). The approval of the proposed AID project to assist the development of the SFCA model clinic is an independent factor. Whether or not the model clinic receives AID support, the institutional capability of SFCA in IEC will have to be built up. This decision was influenced by the observation that the same actors seem to be members of several organizations. Currently, SFCA seems to have some of the nationally more influential family planning actors. Moreover, in assessing the capabilities, opportunities and constraints of the various associations, the team found that there was little variance among them. Coordination and linkages with other associations in materials production and dissemination will not pose a problem.
2. The centralization and coordination of IEC efforts in SFCA will require a full-time IEC specialist who will have to be recruited. It is important that the USAID Mission Health and Population Officer have an input into the selection process. The responsibilities of the IEC specialist will be setting IEC objectives and coordinating SFCA activities with other family planning organizations and media channels.

3. It is imperative that IEC efforts for Sudan be targeted at young married couples. IEC efforts targeted at this age group will have to be based on an understanding of the attitudes and practices of this age group in both the urban and rural areas.
4. Any new IEC activities for family planning should be integrated into the on-going primary health care and maternal and MCH programs. The expanded IEC activities should be used to complement the educational and training programs conducted by other institutions and voluntary associations.
5. IEC efforts for the Sudan will have to be culturally appropriate to the different cultural groupings. What may work for urban illiterates will not work for rural illiterates, and what may work for settled communities may not work for nomad communities. If IEC materials are to be effective they need to consider the cultural, residential and educational factors which exist in the Sudan.
6. An IEC strategy for Sudan will have to be a three-pronged approach. One approach aimed at women who wish to end fertility should provide information on the how and where of family planning services. For the younger age groups 15-20 years who are newly married or soon to be married, the approach should be one of planning one's future. For women who have given birth to their first child, IEC efforts should emphasize spacing births. An effective IEC strategy will have to begin with the "awareness" stage addressing these categories.
7. IEC efforts for the Sudan should strengthen training in face-to-face communication of health providers and community workers. The print

media can only be used as a supplement to this strategy. Limited surveys in Sudan have shown that the most effective method for the transfer of family planning information is through friends and relatives.

8. Formal and official family planning policies are not always an indicator of commitment to the implementation of family planning programs. IEC efforts in Sudan should not be all targeted at convincing policymakers. Since the government has given its tacit approval to family planning efforts in the past, this kind of informal arrangement could prove to be more effective in implementing IEC programs than if there were a formal policy.
9. Consideration should be given to the possibility of promoting family health through the commercial sectors (advertising and marketing firms) and the private health sector (general practitioners, OB-GYNs and pharmacists).

VI. Proposed Plan of Action for SFCA

The team, with the concurrence of the USAID/Khartoum Health and Population Officer, recommends that the Johns Hopkins University (JHU) focus its technical and financial assistance for IEC efforts with SFCA. The proposed activities to be conducted in cooperation with the Population Communication Services project of Johns Hopkins University will help strengthen the capability of SFCA to plan, implement and evaluate a comprehensive IEC program on a country-wide basis and in coordination with other organizations involved in population/family planning activities.

A key component of the proposed project will be the development of practical, task oriented activities to be conducted outside SFCA facilities and with the active participation of other voluntary organizations as well as government agencies. Another major element of the project will be the development of IEC materials more in line with the socio-cultural characteristics of Sudan. In conducting this activity particular emphasis will be placed on utilizing local design, production and distribution resources.

AID support for SFCA's model clinic is an independent factor. With or without this approval, the institutional IEC capability of SFCA will have to be built up in order to spearhead an IEC effort. This decision was influenced by the observation that the same actors seem to be members of several organizations. SFCA seems to currently have some of the nationally more influential family planning actors. Moreover, in assessing the capabilities, opportunities and constraints of the various associations, the team found that there was little variance among them. Coordination and linkages with other associations in materials production and dissemination will not pose a problem.

In view of the findings and the needs which can be identified, the team recommends that the JHU PCS project provide assistance to SFCA in setting up an IEC unit capable of centralizing and coordinating the FP/IEC program. The main thrust of this assistance should be directed at the following major programmatic areas to be carried out over a period of two years:

- 1) The design of a comprehensive multifaceted program to promote the practice of family planning among potential users and to strengthen the family planning content of formal and non-formal education programs in the country;
- 2) The development of a plan of action for the implementation by the different parties involved in the above programs; and
- 3) The development and production of appropriate print materials and other audio-visual support and the establishment of a mass media (radio, TV) educational and awareness programs.

The team recommends that in the first phase these activities should be implemented in the Khartoum metropolitan area and then expanded to the surrounding areas. As experience is gained and relevant programs and materials are developed for the specific cultural/economic groups, IEC activities could gradually expand to cover some of the relevant regions. The team also recommends that local private sector organizations be seriously considered as technical resources, particularly in the design and production of print materials in collaboration with SFCA.

This general outline has been thoroughly discussed with the SCFA Information and Education Committee, whose members are fully supportive of this approach.

Technical assistance and financial support should be provided to SFCA to enable it to achieve the following specific tasks:

- 1) Collection of baseline data and completion of fact-finding surveys to provide the basis for identifying an IEC approach. The most urgent of these surveys should focus on the age group 15-20 years so that appropriate media and audio-visual materials could be developed.
- 2) The production of sample educational materials, pretesting of these materials and analysis of feedback from field sites.
- 3) Development of concepts, contents and methodology for the integration of family planning in existing educational programs.
- 4) Production and dissemination of educational and communication materials.
- 5) Planning and completion of a methodologically sound evaluation of the different stages of the IEC program.

Proposed Project Development Schedule

<u>Approximate Dates</u>	<u>Task</u>
June 1983	JHU Review of team's report.
July/August 1983	Detailed project development. Review with USAID/Khartoum and SFCA.
August/September 1983	JHU/AID/Washington review and final approval. Subagreement signed.
October 1983	Project implementation begins.
September 1985	Project completion.

List of Major Contacts Made During the Team's Visit

Ministry of Health

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MCH/FP Department

Ms. Pricilla Joseph
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JUBA

Ministry of Education

Mr. Mubarak Yahia Abbas
Director, POP Education Project

Mr. Marcos S. Ramos
United Nation Advisor
Out of School POP/Education

Mr. El Sayed A. El Sheikh
United Nations Advisor
In School POP/Education

Sudan Fertility Control Association

Dr. Hedi Tein Nahas, President
Director of Khartoum North Hospital

Dr. Hamid Rushman, Secretary General
(Director, Dept. OB/GYN Faculty of Medicine, University of Khartoum)

Dr. Harith Hamad, Chairman, Executive Board

Dr. Osman Mahmoud Hassaneim
Member, SFCA and Project Director, MCH/FP Clinic

Dr. Tadil Saeed

Dr. Sayda El Dirdini

Dr. Osman Moktar

Dr. Salah El Tigani

Sudan Family Planning Association

Dr. Abdel Ralman Atabani, President

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Mr. Mohamed Souleyman
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Mr. Moh. Salah Joda, Director

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Mr. Lewis Hamah Boutros, Director

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