

NEW DIRECTIONS IN POPULATION/FAMILY PLANNING COMMUNICATION  
A GLOBAL PERSPECTIVE  
FROM  
JOHNS HOPKINS UNIVERSITY/POPULATION COMMUNICATION SERVICES

by

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In recent years there has been a resurgence of interest in development communication generally and more specifically in communication support for health and family planning programs. Communication, often called information, education and communication (IEC), was an important element in the first national family planning programs, especially in Asia. But after an initial thrust to publicize family planning, many programs concentrated on a major and well-justified effort to expand the availability of family planning services and to develop a staff infrastructure to provide adequate services with a choice of methods. Now attention is turning again to the crucial role of communication in both public and private family planning programs.

There are several important reasons for this renewed attention to the communication component of family planning programs. First, some countries which began programs in the 1960s and 1970s have seen a levelling off of family planning prevalence after initial acceptance; this suggests that better communication with more specific goals is needed to encourage continued use and recruit new users. Second, where once there was simply a lack of information about family planning, today there is a vast amount of misinformation, rumor, and outrageous exaggeration of side-effects that frightens not only potential users but also some health personnel; combatting misinformation has become a major communication challenge for family planning programs in all countries. Third, innovative new contraceptive distribution systems such as Social Marketing and Community-Based Distribution (CBD) require new approaches to communication that go beyond the traditional patterns of health education and borrow from commercial or entertainment techniques. Fourth, new communication technology is spreading rapidly fueled by transistors, satellites, and dry cell batteries; this includes television, which now reaches most urban areas, extensive use of sound, videotapes and video cassette recorders (VCRs), and low cost personal recorders and receivers which bring mass media to every home and especially to the ears and eyes of the younger generation. Fifth, more people have been trained in modern communication techniques and especially in campaign approaches to generate broad community support for social change. And sixth, the concept of Primary Health Care, and especially Oral Rehydration Therapy, (ORT) and immunization programs, calls for new approaches to health communication in order to reach many of the same audiences that family planning programs need to reach. In fact, in developed and developing countries alike, the more emphasis is placed on preventive health measures like immunization and family planning, the more important it becomes to reach, inform, and

persuade a large segment of the population through effective communication programs. Thus communication becomes a key element in social mobilization to support health programs.

So, for a variety of reasons, governments, donor agencies and family planning program managers are taking a hard look at the communication component of their programs. People are asking: what more can be done to improve family planning communication?

ICOMP is to be congratulated for recognizing this concern, organizing this meeting, and focusing attention on the management aspects of communication programs. Without good management, the communication component of family planning programs will not be effective. And without strong communication efforts, family planning programs will not be effective. Thus the overall family planning program director needs to know about modern communication techniques and approaches, and the communication director needs to be a good manager of his or her own activities as well as a creative communicator.

#### Role of JHU/PCS

To help respond to this increasing need for communication expertise, to provide a convenient and responsive source for different types of advice and help, and, above all, to develop and implement the new directions that are necessary to make family planning communication programs more effective, the Population Communication Services (PCS) project was established in 1982 at The Johns Hopkins University. Funded primarily by the United States Agency for International Development, the JHU/PCS project, which is administered through the Population Information Program (PIP), has a broad mandate to provide different kinds of family planning communication assistance to various organizations in countries where the US government provides development assistance. To carry out this mandate, JHU/PCS has a staff of about 30, encompassing a very broad range of international communication experience and skills. The project draws on 70 years of experience at The Johns Hopkins University School of Public Health in training, health education, and public health activities worldwide. JHU/PCS also works closely with two other organizations, the Academy for Educational Development (AED) and the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT), which have considerable skills in various types of modern development communications. Moreover, JHU/PCS also builds on the experience and expertise of the Population Information Program which, with Population Reports and the computerized database POPLINE, has served health personnel and researchers since 1972.

Basically, JHU/PCS can provide a range of assistance to government programs, to private family planning associations, and to media or related organizations that want to improve the content and coverage of family planning communication. Some of this help is very specific and limited to

requests for material or information. At the same time, JHU/PCS can help interested organizations undertake new approaches to family planning communication which can be particularly valuable to program managers in this period of opportunity and challenge. These new approaches are based on the experience and the lessons learned from many different programs. They have important implications for management. Indeed, in some cases, the new directions for communication programs are basically sound management precepts that need to be applied to communication programs more rigorously than they have been applied in the past.

Briefly, then the specific kinds of assistance that JHU/PCS can provide are described below, followed by a discussion of new directions in family planning communication, and a review of the implications of these new directions for management.

### JHU/PCS Services

(1) Information. Through a regular series of PCS packets and issues of Population Reports, JHU/PCS can provide up-to-date information on what other agencies are doing worldwide to address common communication problems.

Primarily through the PCS packet series which are produced two or three times a year in three languages, PCS distributes to IEC directors material about important current issues or themes of population communication. PCS packets not only include many samples of what other agencies are doing in such areas as, for example, materials for illiterates or social marketing but also the packets explain the background and purpose of these efforts. They show, for example, how a poster of a pregnant man from England can be adapted to make sense in Kenya. Issues of Population Reports on films, population education in the schools, youth programs, and other communication issues are also available on request in four languages. Feedback from the field is important to help PIP/PCS identify the subjects that will be most useful.

(2) Samples. JHU/PCS can provide sample brochures, slides of posters, tapes, T-shirts, key rings or other copies or illustrations of IEC materials from many different countries.

The JHU/PCS Media/Materials Collection has more than 3,500 items that illustrate different ways to convey a family planning message. Several slide sets with captions show how various programs communicate with men or with young people or provide samples of material available in a particular language such as Arabic. During the last year, PCS answered 420 requests - or almost two per day - for this type of sample material, which can be adapted locally for different countries.

**(3) Reference Material. JHU/PCS can provide information about experiences and research relating to communication programs and the effectiveness of different approaches.**

Abstracts and articles are available from POPLINE, the comprehensive computerized bibliographic information retrieval system, on communication as well as other aspects of population and family planning. To find out, for example, what is known about mass media promotion of condoms or what type of outreach worker is most effective in promoting family planning, a brief letter to PIP/PCS describing your need will produce abstracts of articles or reports that can often answer your questions. Last year PIP sent out about 8,000 POPLINE searches.

**(4) Project Funding. JHU/PCS can directly fund IEC projects through subgrants.**

JHU/PCS can support up to 25 projects annually in about 15 countries to carry out various IEC activities. Projects now underway range from developing training materials for family planning workers in Mexico to a film for opinion leaders in Liberia, from multimedia campaigns to launch new family planning services in Nigeria to brochures on specific family planning methods for illiterate women in Nepal and Sudan. The average project spends \$55,000 per year and lasts about 18 months. In the selection of IEC projects, priority goes to countries where there are not already large, government-funded programs and to specific activities that embody innovative new directions for effective family planning communication.

**(5) Technical Assistance to Projects. JHU/PCS can provide technical assistance to support projects.**

A major and increasing part of JHU/PCS work is technical assistance to strengthen project activities. Technical assistance, by PCS definition, includes help in project development, in training staff, in audience analysis, in pretesting all materials, in drawing up a dissemination plan, and in evaluation as well as in such administrative matters making a work plan, recruiting staff, ensuring that bank drafts reach local banks on a timely basis, and preparing financial and other reports. Based on current PCS experience, an average of five or six technical assistance visits are made to every project every year by JHU/PCS staff or expert consultants. This means at least a short visit, by someone, almost every other month. The estimated cost of this type of technical assistance is about \$20-25,000 per grant per year (not counting the grant itself and internal administrative costs).

Is this expense justified? For small projects, this additive technical assistance may amount to almost as much as the whole grant. While projects are so different in costs and scope that it is difficult to generalize, experience with several completed projects suggests that the amount of the technical assistance actually made more difference to project results than the amount of direct funding. This may be particularly true where a project

is designed to illustrate and implement new directions in IEC rather than to continue previous activities.

**(6) Other Technical Assistance. JHU/PCS can provide technical assistance in overall planning and for national or donor-funded programs.**

However innovative and productive individual IEC projects may be, JHU/PCS recognizes that IEC activities need to be part of on-going, large scale programs, often government programs. Thus technical assistance in planning national health and family planning communication infrastructure, programs, or campaigns and in assisting donor agencies such as the US Agency for International Development or the United Nations Fund for Population Activities in formulating assistance strategies is extremely important. JHU/PCS staff, the staff of contractors such as AED and PIACT, and experienced IEC consultants are available for these planning missions, program reviews, evaluations, or on-going implementation. During the last three years, for example, JHU/PCS or contractors or consultants carried out more than 60 technical assistance missions and supported a fulltime Senior Regional Communication Advisor in India.

**(7) Meetings and Workshops. JHU/PCS can support meetings and workshops for training, sharing experiences, introducing new approaches, and reaching different national audiences.**

JHU/PCS and contractors are willing to work with governments and private agencies in organizing and supporting national or international meetings that meet important, well-defined needs. During the first three and a half years of operation, JHU/PCS supported some 30 different meetings or workshops in Asia, Africa, the Near East, and Latin America. These included a Latin American conference in Ecuador in Spanish on Use of Mass Media; an Arab World Communication Workshop at Johns Hopkins for 17 IEC Directors; two Family Health Broadcast Workshops in Nairobi (English) and Dakar (French) for 83 high-level African broadcasters and family health leaders encouraging more radio coverage of family health; training workshops in Nepal and Nigeria for local family planning workers using print booklets with illiterate clients; and training workshops in Haiti and Burkina Faso to help local workers use radio or other media.

These are the specific types of assistance that JHU/FCS can provide.

#### **New Directions in Communication**

More important, however, than any specific item, grant, technical assistance visit or workshop is an overall approach to IEC which JHU/PCS, AED, and PIACT follow, endorse, and encourage all those in the field to apply to their own activities. To many, this approach may not seem new. In fact, it may appear simply as the application to communication activities of the precepts of good management which most family planning

program directors have learned from their own experience. Nevertheless these precepts need to be constantly repeated and they need to be applied explicitly to communication activities. Thus JHU/PCS emphasizes the close links between good communication and good management and the need for managers at all levels, from the Minister of Health to the supervisor of grass roots field workers, to understand that a good communication program for the 1980s entails.

The new directions described here represent a combination of ideals to be sought in communication programs and lessons learned to date from the experience of JHU/PCS and many other communication activities. While every program may not be able to achieve immediately all of the the goals indicated here, every communication program can benefit from applying these precepts to the maximum extent possible.

### Communication as Process not Product

**I. Communication is a process, not a product or an event. It should follow a logical progression, and it needs to be repetitive and continuous.**

The JHU/PCS project gives top priority to the idea that good communication work is neither a quick fix nor an instant replay. It is a long-term process. Just as the practice of clinical medicine requires various steps such as 1) medical history; 2) examination; 3) tests; 4) diagnosis; 5) treatment; 6) monitoring; and 7) prognosis, so also the practice of family planning communication needs to proceed along a logical path in order to achieve results.

A good manager recognizes that following the right process is the best way to achieve the desired results. Thus managers especially should welcome and reinforce the emphasis which JHU/PCS places on communication as a process. In fact, the steps required in the communication process are the logical steps that good managers apply in planning and carrying out any major action.

Because the process is extremely important, enough time must be allowed to carry it out fully. Even though there is usually pressure to produce materials quickly, materials produced without following the appropriate process will probably not attract or influence the intended audience. Even if materials meet the short-term deadline, they are not likely to satisfy the long-term objective.

To emphasize the importance of the communication process, JHU/PCS has produced pamphlets and posters in three languages, pretested with some key audiences (but additional comments are welcome) to dramatize the process-- what we call "the big P"-- of population/family planning communication work. (see Figure 1).

The key stages, which can be described in many different terms, are

(1) **Analysis:** of the audiences; of the national demographic, social, and policy setting; of the various media capacities; of service availability; and of institutional capabilities to carry out IEC programs. Obviously, analysis should precede any plans for a specific product, such as printing a calendar or making a film.

(2) **Design:** setting clear project objectives; identifying specific audiences; developing simple messages which will suit those audiences; selecting media; arranging for reinforcement through interpersonal contacts; training where necessary; and drawing up a budget, a work schedule, and a management plan. Even at this stage the intended audiences should begin to be involved and consulted about the project. Moreover, in immediate enthusiasm over the product that will be produced, staff should not neglect a detailed plan for distribution and dissemination. This must be prepared in close collaboration with service providers.

(3) **Development, Pretesting and Revision:** developing and pretesting rough ideas, developing and pretesting complete messages, retesting and revising. Here especially the reactions of the intended audience, not the project director, medical officials, and not friends and relatives, should be heeded. But the key figures who determine what is acceptable in clinics or in mass media also need to be consulted in advance.

(4) **Implementation, Monitoring and Assessment:** producing messages and materials; distributing them according to plan; training those involved in personal communication with the materials; keeping all relevant individuals and institutions informed; monitoring volume of outputs, distribution, and adherence to original plans; making needed revisions; assessing the impact on intended audiences; and, above all, making any changes necessary to improve project impact as quickly as possible. Implementation is the most visible stage of the process, but success at this stage depends on the strength of the foundation laid in advance.

(5) **Review and Replanning:** evaluating the effect of the project on the intended audience, on the staff and institutions involved, and on the overall program, and then planning future work based on the lessons learned. At this point, emphasis should not be laying blame where performance lagged but rather on seeing how improvements can be made based on the lessons of experience.

(6) **Continuity over Time:** planning for the next stage is a repeated and continuous process. Even if one project ends, family planning communication should continue, either using the materials produced or assessing which needs to fill next.

Throughout the process, at every stage, audience, policy-makers, health workers and others need to provide feedback and guidance. Many changes may be needed to keep programs responsive and effective. Good contacts at all

levels can facilitate these shifts.

Following this process closely, as JHU/PCS encourages, preaches--and perhaps antagonizes some agencies by insisting--can mean that projects take longer. In three years of operating experience none of the first 25 projects ended at the time originally set. At the same time, all of the organizations which followed this process model could demonstrate more success in using this model than in past IEC efforts that were less thorough.

### The Audience as Participant

II. The most important single element in the communication process is the intended audience. There are many different audiences for family planning messages. For each audience, IEC planners need, above all, to find out what those people already think, want, do, and consider important in their lives and, from that knowledge, to develop a specific and appropriate approach. Everything produced needs to be pretested with the intended audience and then revised.

JHU/PCS seeks to identify clearly what the audience will be for any activity and tries to give that particular audience an important role in the project. PCS staff recognize that people are not empty pitchers that can be poured full of new information and sent home. Like all of those who have worked in family planning, PCS staff knows that a few family planning messages are not going to change fundamentally the way people think and behave. Therefore, family planning messages need to be designed to be as consistent as possible with what people already want - for instance, mothers want good health for themselves and their children; fathers want educated children who can earn a good living; young people want to be attractive to the opposite sex; and everybody wants the respect of their peers.

Effective family planning communication projects have to begin by identifying different audiences, whether policy-makers, parents, or young people; pretesting all materials with the audience; making sure that materials produced actually reach the intended audience; discussing and planning activities with representatives of each intended audience; and getting regular feedback from that audience. "Segmentation" is the term that communication experts and advertising agencies use to describe this process of identifying all the different audiences who need to receive different family planning messages.

Actually, the best way to demonstrate how important the audience is in modern IEC activities is to drop the word "audience" altogether. Audience implies a passive crowd, listening and politely clapping. Instead, we should use a word like "participants" or "activists" which makes very clear

that the audience is really part of the project. That is the ideal--a two-way communication with people who are actively participating in an on-going process.

In this process, the IEC managers serve as channels, regularly transmitting information from the technical experts to the audience and then back to the experts. IEC managers must keep in touch with their end-users at every stage of the process and must encourage this type of audience participation, even from audiences who are not used to being consulted or who are shy in giving their opinions to the experts. Making the audience part of the process is a difficult goal--perhaps impossible for any managers to achieve fully--but it is an important new direction in which family planning communication must go if it is to be more effective.

### Linking Mass Media and Personal Communication

III. Mass media, including the latest sound and video technologies, should be combined with personal interaction wherever possible to provide the widest and most persuasive type of health and family planning communication.

Ten years ago it was the accepted wisdom that interpersonal communication, not mass media, was the way to family planning acceptance. Decades ago research showed that people might get information from mass media but they could be persuaded only by friends and relatives.

Today that assessment is changing. More and more people are exposed to radio, to television, and to audio and videotapes. More and more people live in urban areas where they hear more on the radio and tapes and see more on billboards and other advertising than they can ever discuss with their families, who often live somewhere else in any case. More and more, the agenda for family and community discussion, even in remote rural areas, is set by messages coming from outside with new information and new points of view. And more and more, new technology ranging from satellite television transmission to hand-held projectors and commercial video parlors can spread new messages in ways that are not only educational but also interesting and entertaining. There has in fact been a real revolution in the availability of mass media to entertain and teach large segments of the population.

The JHU/PCS project is particularly eager to move in new directions that link modern mass communication technology with the time-honored persuasiveness of personal interaction. Several PCS projects in Latin America illustrate how this can be done.

In Honduras, the rural community-based distribution project of ASHONPLAFA depends on personal contact with a local distributor who keeps

supplies. For the many small local radio stations, family planning radio spots were developed that mentioned the CBD distributors by name. This mention greatly enhanced their prestige. Over 80,000 radio spots were broadcast. Flyers were also developed in which the CBD distributors wrote in their individual names and addresses to reinforce the radio spots. As a result, preliminary evaluation suggests that there was a 5 percent increase in the number of CBD users, the first such increase in two years.

In a regional Latin American project developed through a commercial firm, two lyrics were written and set to music for young people. The songs urge adolescents to wait, not to be carried away by their passions, and not to bring into the world "children of bread and water" whom they cannot care for and support. So instead of plugging in to millions of transistor radios and tape sets that sing "let's make babies," young people may also hear two popular and attractive role models conveying a very different message--a message to slow down and think about the future (see Figure 2).

But we all know that two songs, posters, records, and music videos alone will not change the way young people behave. So promotion of the songs is linked in 11 countries with health centers or family planning associations that provide personal counselling and family planning services for young people. The idea of using popular music--that blares in the ears of millions of youngsters--to encourage them to get family planning counselling directly from experienced advisors is an exciting way to link mass media and personal persuasion.

This combined approach applied at a regional level also makes the most of limited resources and has a greater impact than either media or personal contacts alone. Moreover, a variety of different media including radio, television, records, and posters are used as well as personal contacts. Obviously this kind of multiple approach calls for much more coordination, with media, with service providers, and with local IEC personnel than a single media approach. In fact, it calls for the kind of planning and synchronized programming that only good managers can provide.

#### Why Media Matters

IV. Another crucial concern of the PCS project is to establish better relations with the professional media--print journalists, editorial writers, columnists, radio broadcasters, television producers, even disk jockeys--so that the media will carry more--and more favorable--stories about family planning. This can be done at very little extra cost to either family planning organizations or the media and can benefit both.

JHU/PCS sees the media as a crucial audience for family planning messages. Good IEC directors will research the needs of the media, become acquainted with interested journalists, prepare relevant material to meet

media deadlines, monitor media activities, get direct feedback, and tailor many special events, personal interviews, and release of research studies or program announcements to keep the media interested. As Jack King, Director of Public Information and Health Education for WHO, says, what is needed is more than just "the fireworks syndrome" of massive publicity for a big event. It is continuing attention to the needs of the media. The media, after all, do not have big news events to cover every day but still need to fill the pages of newspapers or the hours of broadcast time with material that will keep people interested.

Good media relations means that IEC directors use established media programs or columns to disseminate news about family planning at no extra cost. They can do this if they are respected as reliable sources of information, if they maintain regular contacts with the media, and if they can provide interesting, relevant stories on an on-going basis. The next JHU/PCS packet will give some examples of effective media relations that help both the family planning program and the media.

A major PCS project with the media involves the Union of National Radio and Television Organizations of Africa (URTNA). In this project, PCS considers broadcasters both as an audience themselves and as a channel to reach other audiences. A grant to URTNA funded two meetings, bringing French and English-speaking broadcasters and family planning experts together to see how they could develop more material for radio on family planning and how they could share radio and television tapes. URTNA will now make small grants to national broadcasting agencies and to producers to produce new materials on family planning for broadcast.

Unfortunately, it is still all too true that popular US shows like Dallas and Dynasty include every kind of murder and mayhem, even adultery and incest, but never say a word about family planning. An important new direction in family planning IEC is to make sure that the media and national policy-makers recognize that family planning is as much a part of life as marriage and childbirth and that it can be presented in a way that is accurate, acceptable, and useful to the public.

As the Costa Rican radio show Dialogo announced when it began its pioneering broadcasts on sex education 15 years ago, "We are not ashamed to discuss what God was not ashamed to create."

### Coordination Crucial

V. Communication, more than any other program activity, demands coordination with many other activities and organizations. At the same time, IEC projects can foster cooperation among agencies that might otherwise not cooperate.

JHU/PCS programs emphasize coordination within agencies and among agencies as an essential element of communication activity. Within family planning programs or any service-providing agency, communication work must be closely coordinated:

1. With **policy-making**, since policy-makers need to have relevant and timely information in order to develop effective policy, whether for a national program or for a small organization.

2. With **service delivery**, since without available services publicity about family planning will only cause frustration. Conversely, if the services that are available are not publicized, and thus not well-utilized, lack of use may be wrongly attributed to lack of interest and may then discourage service providers.

3. With **logistics**, since supplies must be available to meet whatever demand is created by better communication.

4. With **training**, since communication training should be included in all other types of training---clinical, management, and research--as well as offered separately for communication specialists.

Communication activities are also a valuable way to bring different agencies together to share resources in planning and implementing programs. All service-providers in a given country or region need to keep in touch with one another's communication plans and, whenever possible, share materials. For example, government agencies and family planning associations can share print materials or films; both agencies can be mentioned on radio and TV messages. Also, as noted earlier, coordination needs to include the national or local media. Journalists and broadcasters can cooperate with health and family planning providers to develop materials that will be both technically good and medically appropriate. Other special constituencies, such as women's groups, labor unions, and agricultural cooperatives, should be kept informed of new family planning materials and campaigns and should be encouraged to share their relevant plans with the family planning IEC managers. On a larger scale, regional communication activities in areas of shared languages and interests can help multiply the impact of various communication materials.

Several examples of JHU/PCS activities that have deliberately tried to foster cooperation among different groups can be cited. In Honduras, where JHU/PCS has worked with the Ministry of Health, the Social Security Institute and ASHONPLAFA, the family planning association, the three agencies were encouraged to meet at regular intervals--which had not occurred before--to discuss communication plans and activities. In Nigeria, JHU/PCS has worked with the Planned Parenthood Federation of Nigeria (PPFN) and several state health ministries to coordinate radio, television, and newspaper campaigns with the opening of new family planning service centers. PPFN has provided and distributed illustrated booklets on family planning methods to all the state family planning coordinators for

use in state clinics. As an outside agency and, on a small scale, a donor agency, JHU/PCS puts high priority on shared resources and on constructive cooperation rather than too much competition among the organizations it works with.

Genuine cooperation among agencies does not happen by accident, however. It requires good management and understanding of the principles and practice of teamwork. Usually coordination, to be effective, should be arranged at all levels of work. The upper and lower echelons should be designed in a link-pinning strategy to ensure that communication and participation from one level to another are achieved to a maximum degree. IEC directors need to know who to approach and how to help all those involved to get some benefit for their institutions. The result should be to maximize know-how and resources available to all - not to reinvent the wheel but to develop a better wheel in each new activity that others can then also use.

#### Training that is Specific and Relevant

**VI. Every communication activity should include some on-the-job training, and every training activity should lead to the development/production of some useful materials and/or activities.**

JHU/PCS believes that training and IEC activities need to be closely linked, so closely, in fact, that it is not always possible to draw a line between the two. This poses a special challenge for managers.

Projects and other production work should serve as on-the-job training exercises. In practice, this means that technical assistance should be provided at frequent intervals, perhaps as often as every other month; that as many staff as possible should be involved in planning and implementing projects so that they can learn from the process; and that technical assistance visits should be short and intermittent, with a schedule of work to be achieved by staff between visits. Otherwise, outside consultants find that they are doing the staff work, and, as a result, the staff avoids both the work and the training. In short, every IEC project involving a family planning agency should result in enhanced staff capability and confidence as a result of the project, and not just a storeroom of new brochures. This enhanced capability takes different forms. On the one hand, it may mean the ability to produce better print and broadcast materials. This is a frequent and valuable benefit from IEC projects. At the same time, IEC projects can also serve to upgrade skills in person-to-person communication. In Nepal, for example, where PIACT cooperated with JHU/PCS to develop illustrated booklets for largely illiterate users, PIACT staff worked with panchayat-based health workers to show them not only how to develop booklets but also how to communicate better with clients - for example, to encourage clients to ask questions, repeat instructions, and show the booklet to others. Especially where potential users are of a lower

status or lower caste than the health personnel, IEC training should focus on the manner and style of interpersonal communication as well as on the development of educational materials.

The IEC director should plan in advance to get the maximum and appropriate training benefit from every project. This means assessing staff capabilities and responsibilities and making sure that people have an opportunity to acquire the skills that they particularly need. To help achieve this result and to assure continuity, JHU prefers not to cover the full cost or even a large share of IEC staff salaries in any agency, since this becomes simply an invitation to let the trained staff go when any project is complete.

Just as JHU tries to support projects that include the maximum on-the-job training even at some additional cost - so also JHU seeks to develop training activities that produce useful IEC materials. Instead of long term academic training or a one-shot workshop on communication theory, JHU/PCS looks to support various kinds of training exercises that will provide each participant with a product that he or she can take home and use. This is primarily skills-based training. Skills-based workshops need to be repeated at intervals, with participants taking on more difficult tasks in successive workshops.

Two training workshops were held in Haiti, for example, which ended with participants not only knowing more about the use of radio for family planning messages but also having new material to broadcast. One workshop was held for family planning workers alone and then a second one for these workers and radio broadcasters together to produce a series of ready-to-air tapes on family health for local stations.

A regional training program is being developed with the Centre for African Family Studies in Nairobi, Kenya to improve IEC skills and to help provide educational materials that are badly needed in both French and English. Other training workshops in Burkina Faso, Somalia, India and elsewhere will seek to emphasize these combined objectives.

Training in IEC, however, need not be limited to skills. Depending on the goals of the project and the training activity, training could be focused on developing commitment and motivation toward FP work. In a way, it is training towards building a new breed of fieldworkers who believe in what they are doing and care about the people they are working with. Care should be observed in balancing this type of training with instilling a thorough understanding of the subject matter being promoted. From understanding comes confidence in dealing with questions, misinformation and rumors.

### IEC as Institution-Building

#### VII. A well-designed communication project can play an important institution-building role for family planning organizations.

JHU/PCS believes that communication activities not only can improve family planning usage and train the individuals who work for those programs, but also communication activities can strengthen the institutions that are able to carry them out. In many ways effective communication is the cornerstone of an institution, attracting public attention, policy support, additional clients, and new resources. More specifically from a management standpoint, a good communication project, even a small project, offers opportunities to:

1. Establish a closer rapport with client populations by fostering audience research, by frequent pretesting and feedback on various materials, and by a greater overall emphasis on the client as a consumer exercising free choice rather than as a patient supposedly following medical instructions;
2. Establish links with community agencies and media through a local advisory committee to advise on IEC strategies and review materials produced;
3. Attract the attention of top management or policy-makers and help them understand the value of good communication and the need to devote more resources and attention to communication and media relations;
4. Focus more attention within the organization on management by objective and such good management tools as work plans, budgets, distribution plans, schedules, and regular monitoring of activities that are an integral part of the communication process;
5. Provide valuable resources - such as booklets, posters, radio spots, tapes, and films - by which central, federal or headquarters units can service local units, thus strengthening the organization as a whole;
6. Publicize the work of the family planning or communication unit, whether it be public or private. Favorable public reaction to the materials is most important. Even if materials or activities cause controversy in some quarters, that may be better for a family planning program - and more effective in attracting clients - than lack of attention and no publicity; and
7. Generate program resources by selling materials to individuals or agencies which can afford to pay.

This means that the IEC director should be an important member of the management team in any program with a voice in policy decisions and organizational goals. He or she is not merely a print or film or media expert but a key executive managing what should be a multi-faceted program.

Several JHU/PCS projects illustrate how communication projects can be good institution-builders. In Nigeria where the Planned Parenthood Federation of Nigeria (PPFN) sponsored printing of more than 325,000 brochures in four languages, those brochures not only told about family planning methods but also served notice to health centers nationwide that PPFN existed and was serving an important national health need. PPFN personnel both at headquarters and in the field report perceived higher status as a result of identification with the booklets. In both Mexico and Brazil, projects with family planning organizations, the Mexican Federation of Private Family Planning Associations (FEMAP) and the Brazilian Association of Family Planning Entities (ABEPF), have not only provided brochures and flyers for family planning users but also have helped fledging federations to provide a visible and useful service which in turn can help them expand their national membership. These organizations can thus become known as producers of high quality IEC materials.

Precisely because good communication is such a powerful tool in strengthening an institution, JHU/PCS looks very closely at the goals and capabilities of any agency before initiating projects. The direction that JHU/PCS wants to go in communication work is not just publicity and public relations, but rather a broad spectrum of communication support for agencies that have strong roots in their own communities and that can achieve results in their own areas of responsibility. Thus in some cases management support or management training may be necessary before any major communication work should begin. Alternatively, training in management of communication projects may be provided by JHU/PCS as part of the implementation of major communication projects.

#### Using the Private Sector

VIII. Government and private sector family planning programs can benefit greatly by using the services of highly skilled, professional communication specialists.

JHU/PCS emphasizes that the private commercial sector has a great deal of expertise in modern communication techniques. Advertising agencies, market-research firms, film producers, the whole entertainment industry and other media-related organizations can usually perform specialized communication tasks better than family planning programs.

In a time of new techniques and increasing specialization, there is no reason for every family planning association or even every Ministry of

Health to duplicate the type of audiovisual equipment and production skills that exist in the commercial sector. Better quality work can be produced in a more cost-effective way by purchasing the appropriate services on a competitive basis from commercial firms. In fact, since public service communication is competing with commercial advertising and popular entertainment for the same audience's attention, family planning programs need to be just as good and to use many of the same attention-getting techniques.

JHU/PCS has at least four projects with private commercial organizations - one in Liberia which produced an excellent film based on the RAPID project demographic projections, using pictures instead of graphs to illustrate rapid population growth; two in Kenya, one to produce and a second to evaluate contemporary videodramas and spots designed to illustrate new uses of videotape; and one in Mexico, already mentioned, to produce and distribute popular songs for young people. At least two other projects include large subcontracts with advertising agencies to help the family planning associations in Nigeria and in Bolivia with family planning IEC campaigns. In each case commercial firms were best equipped to do the work. Moreover, the commercial firms carried it out almost on schedule - a better record than many government or voluntary agencies.

Working with the private sector has important management implications. IEC directors do not need to be artists or producers but they do need to be good managers. They need, for example, to know how to draw up specifications for an advertising firm to bid on and how to evaluate the bids that are received. They need to help market-research firms learn more about low-income audiences - not previously the target of much market research. They need to be able to give clear instructions, delegate responsibilities and monitor both financial and substantive activities. While at the start there may be problems with regard to private agency accountability for public funds, due to inexperience, these can be surmounted by careful monitoring. In short, while IEC directors still need to be creative people with good ideas, they also need to be competent supervisors who can manage a team of experts working for them.

#### IEC and Cost-Recovery

**VII. Communication programs can begin to cover some of their costs by producing materials of professional quality that will be in demand and by developing specific plans for cost-recovery at the start of a project.**

JHU/PCS recognizes, reluctantly, that there is no such thing as a free lunch - in family planning or in anything else. Therefore eventually all continuing activities should deliberately try to generate revenue to improve their services and expand their scope. Programs that depend entirely on hand-outs - whether from governments or donor agencies - may

find their resources squeezed too tightly to carry out the bold, innovative activities that are needed. This is not to say that family planning communication can pay for itself entirely or that it can become a big fundraiser at the first attempt. Social Marketing programs have clearly shown that self-sufficiency is not an immediate or realistic goal for programs that try to recruit new, hard-to-reach users. But communication activities can begin to plan how they will bring in revenues and how they can work more closely with commercial organizations that know very well how to make good communication pay. And, incidentally, donor agencies can assist in this process, by revising some of their restrictions to encourage rather than discourage cost-recovery.

Efforts to recover some of the cost of IEC work need to be built into a project from the beginning. A feasibility study or expert advice from the commercial sector should be sought early in the planning process. Cost-recovery measures that are devised at the last minute to overcome cost-overruns when a project turns out to cost more than the original budget allowed are much less likely to succeed than those which were carefully planned from the start.

To be frank, JHU/PCS has had mixed experience in cost-recovery. Most activities at this point do not return any revenues. But there are a few projects that point the direction to go. In Mexico, for example, pamphlets that were developed, tested, typeset and printed the first time by FEMAP with US AID funds from PCS are being reprinted at a very low cost to be sold to other family planning clinics around the country. In Brazil, ABEPF sells materials to federation members at a subsidized price. In Nigeria, broadcast programs are being produced by one network with JHU/PCS funds that can then be sold to other networks at a price much below what it would cost to produce new material. The most promising cost-recovery project JHU is underwriting is in producing and promoting popular songs for young people. If the songs are a commercial success, royalties will come back to support new programs. The sponsoring company has the commercial experience, which neither Hopkins nor most family planning associations have, to pursue an aggressive marketing strategy that is designed to see those songs broadcast and those records sold as widely as possible.

The verdict is not yet in on cost-recovery, but JHU/PCS is trying, and will support other agencies that are trying, to generate revenues from communication by such efforts as:

- o producing materials--brochures, posters, songs, tapes, or whatever - that are so good that they will sell commercially;
- o actively seeking out buyers, such as drug firms or pharmacy chains, that might sponsor or pay for advertisements in family planning materials; and
- o working with the private commercial sector, such as advertising agencies, marketing companies, and distributors who know how to get

the largest return for communication spending.

### Sharing the Lessons Learned

IX. Family planning communication needs and deserves to be rigorously evaluated 1) in terms of specific objectives identified at the beginning of any activity; 2) in close collaboration with the people who have done the work; 3) with the understanding that the lessons learned will be widely shared with others; and 4) in order to be incorporated in continuing activities.

JHU/PCS emphasizes the importance of evaluating what family planning communication accomplishes. Evaluation is not, in our view, a bitter pill that has to be swallowed in order to get the money to do something. Evaluation is a reward that comes after hard effort; it is a dessert at the end of the meal; it is a stimulating opportunity to find out what really happened and to acquire new knowledge and new skills so that the next activity can be even better. Evaluation should be intellectually exciting and programmatically stimulating. It should leave all the staff eager to go on and apply what they have learned so far.

But that type of evaluation does not just happen by accident a month before the grant ends. First, evaluation begins with a review and statement of project objectives before any work starts. The objectives should be clearly stated, preferably in quantitative terms that can be measured, such as 30 percent more family planning acceptors, half of whom remember hearing something on the radio about family planning; or a 25 percent greater knowledge about how to use the pill among women who received a pictorial booklet; or 20 percent higher attendance at youth centers by young people who heard songs about sexual responsibility. Every communication activity must have a specific objective. And activities must be designed at a volume that is high enough to achieve that objective. Objectives must, of course, be realistic in the light of staff, resources, and time available. For example, if two million brochures are needed to serve all national clinics, then a project to produce 25,000 brochures is not likely to achieve an objective on the national level although it may meet a limited local objective. Whatever other actions are going on, it should be possible to define and measure in the intended audience some impact of that communication activity. A few communication interventions are not going to change the birth rate. They need to be repeated, improved, repeated and improved over and over to achieve changes in behavior.

Secondly, evaluation is not an exercise to be carried on exclusively by outsiders and communicated in confidence to donors with minimal agency involvement. Evaluation should be planned and carried out by the project staff, with help and advice from JHU/PCS, other donor agencies, or cooperating contractors or consultants. Finding out what really happened

should be the most interesting part of any project. Results should be discussed, analyzed, and pondered by everyone involved to uncover all the possible problems, issues, areas where results were better than expected, areas where results were worse, and opportunities for better results in the future. The original objectives should be reviewed to be sure that they were realistic; if necessary, they should be revised.

Thirdly, the lessons learned from evaluation should be distilled, objectively presented, and shared with others. More money is probably wasted in not sharing the results of evaluations than in any other aspect of communication. If, for example, appeals to practice family planning because it is good for maternal and child health do not convince men, then those findings need to be widely publicized so that no more money is wasted on messages that are not convincing. Similarly, if radio spots that talk about community-based distributors and even mention them by name do have an impact on the effectiveness of those distributors, then program staff need to know it. Those who work in family planning communication should not be too modest or too busy to share the results of their research just as widely and just as proudly as medical or other social science researchers do.

Fourthly, and most important - all communication evaluation must recognize that communication should be a repetitive and continuing process. Health personnel and program directors know that taking pills for a month will not prevent pregnancy over a full year. Similarly, running a mass media blitz campaign for a month will have little long-term effect on birth rates or even on a contraceptive use. Family planning communication needs to be repeated over and over again. Radio and television spots, for example, need to be repeated at least 10 times a day to influence people's behavior. Print messages need to be used not just in one publication but in many places.

Moreover, not only does the same message have to be repeated many times but also different messages have to be developed that will be appropriate for different age groups. Ideally, family planning should be a cradle-to-grave effort, beginning with sex education and population education in the schools, then counselling for newly weds, maternal and child health advice for mothers, economic planning advice for fathers and finally reassurance to older people that family planning will not keep them from having grandchildren or undermine their security. All of these messages need to be repeated on a continuing basis to all the appropriate audiences. Variations then can be developed on these themes to keep public interest and attention.

Evaluation should therefore not be the last step after completing one project but rather the first step in planning new activities to maintain an effective level of family planning communication. Admittedly, donor agencies and government finance ministries need to decide whether to continue funding various activities. But the more any organization can demonstrate that it has learned from experience and that it is ready to

apply the lessons of the past to new programs in the future, the more likely it is to obtain continued funding. Undoubtedly there are more projects which are delayed because lessons from past efforts have not been well-applied in new activities than there are projects which are refused funding when they were really all ready to continue.

JHU/PCS encourages all those involved in family planning communication to publicize not only what they know about family planning but also what they have learned in evaluating communication projects. A useful project evaluation was carried out for JHU/PCS by the Centro de Orientacion Familiar (COF) in Costa Rica. COF received a small grant to improve and expand coverage of the radio show Dialogó, which is designed for low income women. The evaluation found, among other things, that coverage was much expanded, that letters from the audience were greatly increased, but that fewer letters than expected were printed in the accompanying newspaper column because many letters were too long. Increased interaction with the audience from initial pretesting through the final evaluation stimulated COF staff. In future, COF staff expects to keep in even closer touch with its audience and to improve further the technical and programming side of the show.

Evaluation of a generic advertising program in Colombia showed that even where the primary goal was not achieved - because of factors beyond the control of the project - other valuable lessons can be learned. Sales of the PROFAMILIA brand of condoms did not increase as a result of a radio campaign promoting condoms in general because other black market condoms flooded the market. But the radio advertising campaign demonstrated (1) that the image of condoms could be improved so that they were more acceptable for married couples to use and (2) that the public was not offended by this type of promotion. The campaign results also suggest a possible disadvantage of generic advertising as compared with brand name advertising. Generic advertising may attract poor quality products to an area, damaging the credibility of the promoter and the use of the method. Brand name advertisers, on the other hand, can protect the quality of their products and are usually motivated to do so. These are findings that other family planning programs and IEC directors might want to consider.

### **New Opportunities and Challenges**

In conclusion, there are great opportunities and great challenges for family planning communication ahead. As a component of family planning programs, communication deserves and is now beginning to receive more high level attention. But family planning communication cannot just continue with business-as-usual. The whole field is moving in new directions. It is becoming much more concerned with communication as a process, with the reactions of the intended audiences, with new technology that can link mass media and person-to-person communication more effectively than ever before,

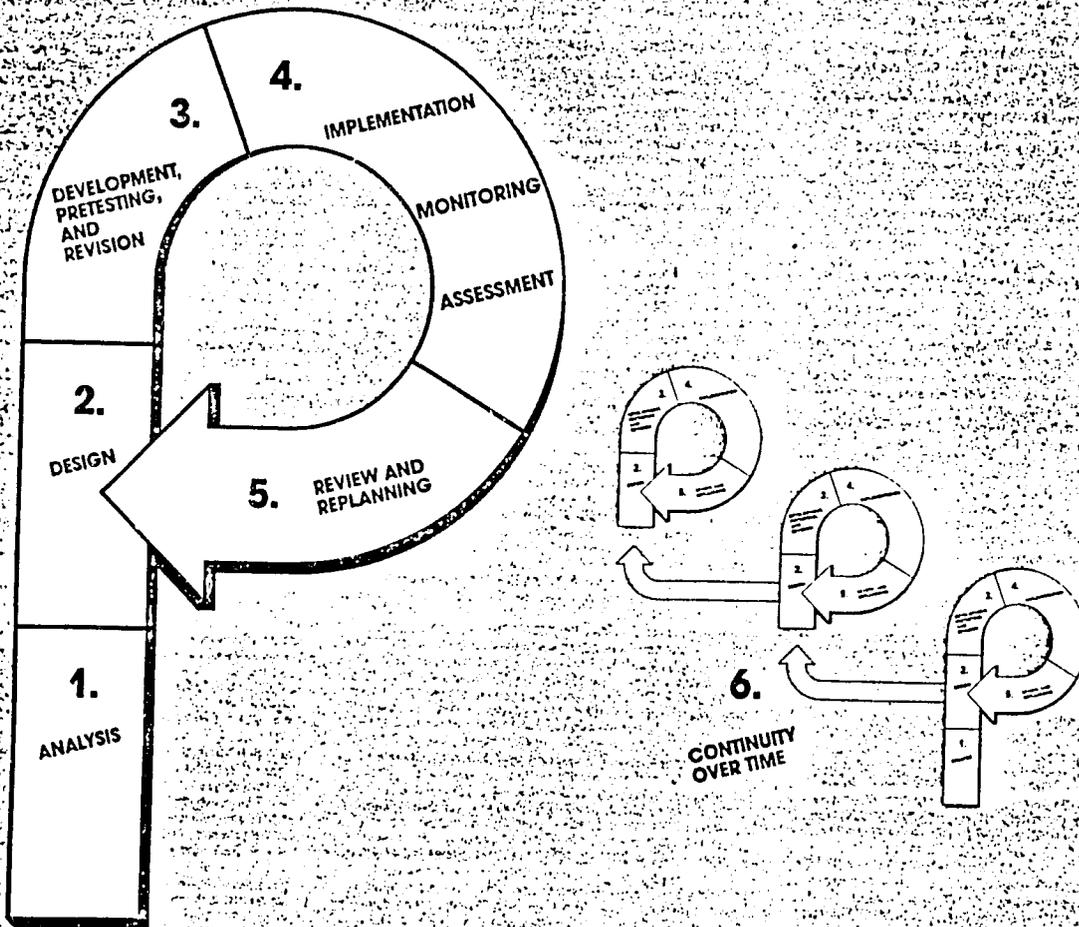
with training to develop appropriate personal skills and institutional capabilities, with cost-recovery, with forward-looking evaluation, and, above all, with the management skills that are necessary to pull all these new opportunities together and make them work.

This means communication directors or managers have to be skilled professionals themselves with enough creative imagination, production skills, and field-experience to know what needs to be done. At the same time, they need to be good managers - willing to delegate authority to others and able to supervise many people with a wide range of skills.

Equally important, top decision-makers need to be well-informed about communication activities. At every key stage, they need to be involved -making policy, setting budgets, reviewing work plans, keeping in touch with important media, and monitoring the progress and results of communication work. Only by closer involvement will top decision-makers come to understand fully the need for strong communication support. In the past, when funds were limited, IEC was the first activity to be cut. That should no longer be the case. Health and family planning communication now has to compete with commercially produced materials to attract and influence the same audience. Therefore family planning communication will need to produce and disseminate equally appealing, equally persuasive material to achieve the desired social goals.

A knowledgeable commitment at the top combined with constant feedback from the intended audiences, from service delivery personnel, from the media, from influential members of the community, and from IEC workers themselves can substantially strengthen IEC activities. And strong IEC activities can substantially strengthen existing family planning programs. This will hasten the day when every couple and individual, in the words of the World Population Plan of Action, will be able to exercise "the basic human right to determine the number and spacing of their children."

# POPULATION COMMUNICATION PROCESS



## 1. ANALYSIS

- Review Potential Audiences
- Assess Existing Policies and Programs
- Select Sponsoring Institutions
- Evaluate Communication Resources

## 2. DESIGN

- Decide on Objectives
- Identify Audiences
- Develop Messages
- Select Media
- Plan for Interpersonal Reinforcement
- Draw up Action Plan

## 3. DEVELOPMENT, PRETESTING, AND REVISION

- Develop Message Concepts
- Pretest with Audience
- Complete Messages and Materials
- Pretest with Audience
- Retest Existing Materials

## 4. IMPLEMENTATION MONITORING ASSESSMENT

- Implement Action Plan
- Monitor Outputs
- Measure Impact

## 5. REVIEW AND REPLANNING

- Analyze Overall Impact
- Replan Future Activities

## 6. CONTINUITY OVER TIME

- Plan for Continuity
- Adjust to Changing Audience Needs



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To avoid adverse rumors requires effective communication. This is a complex, continuing process with numerous steps. A brochure describing the basic process and principles for effective population communication is available on request from Population Communication Services, Population Information Program, Box PC, Johns Hopkins University, 624 North Broadway, Baltimore, Maryland 21205, USA.



*Fatima y Johnny*



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