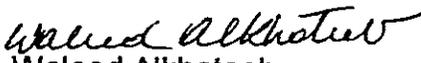


MILESTONE COMPLETION REPORT
CONTRACT NUMBER : 263-C-00-99-00017-00

To : Chris McDermott
COTR

CC : Donella Russell
Contract Officer

From : 
Waleed Alkhateeb
Chief of Party

Date : January 29, 2000

Task Number : 6

Task Description : *Enhanced Strategic Communications Approaches Improving FP knowledge, Attitudes and Effective Use and Increasing Demand for Methods and Services in Public, NGO and Private Commercial Sector*

Milestone No.: 6.4

Milestone Description: National IEC strategy reflected in partner agencies IEC implementation plans

Source of Verification: Partner agencies IEC implementation plans

Planned End Date: January 31, 2000

Status : Completed

Comments: Virification document attached

**STATE INFORMATION SERVICE:
INFORMATION, EDUCATION, AND COMMUNICATION (IEC) CENTER**

**LIFE OF PROJECT
IMPLEMENTATION PLAN AND BUDGET**

JULY 1, 1999 – JUNE 30, 2002

A MINISTRY OF INFORMATION SUBPROJECT UNDER
USAID POPULATION/ FAMILY PLANNING IV
PROJECT NO. 263-0267

III. SIS/IEC STRATEGY AND ACTIVITIES

OVERVIEW

The key components of the SIS IEC project are:

- (A) **Research for Strategic Planning and Design**
- (B) **Communication Campaigns**
- (C) **Institutional Development**

The main activities to be conducted are detailed below.

A. RESEARCH FOR STRATEGIC PLANNING

Research will continue to play a vital role in the design and implementation of SIS communication programs. During this period, the SIS plans to conduct the following:

- **Pretesting**
Systematic pretesting of IEC materials will continue in order to ensure optimal audience/program fit. This will include pretest of TV Spots and any new client education print materials that are produced under the project.
- **Evaluation of Local Activities**
The Center will develop and implement a practical means of evaluating and providing feedback on local activities, which can be carried out by IEC Center and LIC staff.
- **Monitoring TV Spots**
The Center will conduct an independent monitoring of TV Spot airing to better plan and evaluate its communication campaigns.
- **Monitoring TV Programs**
The Center will provide regular monitoring and evaluation reports on the TV programs it supports as an expanded program activity.

B. COMMUNICATION STRATEGIES

Over the life of the project, the communication strategies of the SIS are designed to achieve the key objectives identified in the subproject purpose. In sum, these are to increase:

- 1) knowledge of contraceptives and their proper use, especially of injectables,
- 2) positive attitudes toward family planning, especially towards methods and providers
- 3) communication about family planning and reproductive health, especially among couples and between clients and providers, and
- 4) the adoption and continued use of family planning.

B. COMMUNICATION STRATEGIES (continued)

Current Period: July 1, 1999 - June 30, 2002

During the current period, the SIS will build upon the efforts of the past as well as introduce a new strategic focus:

- *Young People's Campaign: Better Health and Quality of Life for Young Adults*
- *Gold Star Campaign*

Young People's Campaign

Background:

The SIS/IEC Center plans a high visibility, integrated media campaign directed at the Young People of Egypt. The aim of the campaign is to improve the understanding and practice of positive reproductive health behaviors among young adults, including the practice of family planning among young married couples. Growing numbers of young people are entering marriageable age every year. One out of five married women is under the age of 25. Reaching young adults has become a national priority.

Audience segmentation studies based on the EDHS-95, conducted in collaboration with the SIS through USAID and the Population Project Consortium have underscored the importance of this demographic group. The Center has identified it as a priority audience. Young unmarried men and women need proper understanding of reproductive health matters and family planning before they enter marriage.

Among married women, the young are the largest group never to have used family planning. Young *Never Users*, according to Audience Segmentation: Secondary Analysis of the 1995 EDHS (Zanaty, 1998) are predominantly rural and low-educated. Knowledge of methods in this group is good (know 5.7 methods), but below average. This suggests that information regarding correct method use and the handling of side effects may be needed--especially focusing on methods for spacing children and contraception while breastfeeding. These women have high approval of family planning (86%) as well as high intention to use (71%). However, their husbands have a slightly higher disapproval of family planning than the average (husbands 18%). The husband is important in setting the climate for family planning decision-making. According to a decision-making indicator in the EDHS-95, young women in this group are more dependent on the man for dealings outside the home and decisions within the home than older women. Young husbands are therefore a very important group to reach. Messages on the religious support and health benefits of spacing are needed.

Almost half of the young women who have never used family planning have not yet had their first child. Their reason for non-use is that they want a child soon. While this is a positive and important desire, it is important for young couples to understand that this is a personal, social choice. Medically, there is no threat to fertility if a couple decides to delay their first child. As Egypt enters the 21st Century and more and more women obtain higher education and enter the workplace, more young couples wish to delay their first child. It is important for young people to seek counsel from trained service providers to make informed choices about planning their families. Young people hold the future of Egypt in their hands. To improve the quality of their lives and that of generations to come, they should be equipped to make the best possible choices regarding their health and that of their families.

Audiences:

1. Young Adults, aged 15-25, including
 - Unmarried young men and women
 - Future Brides & Grooms
 - Young married couples, young parents

Objectives:

1. Increase understanding of positive reproductive health practices, including family planning,
2. Improve attitudes toward family planning and positive reproductive health behaviors among young people, including the option of delaying the first child,
3. Improve communication between young people and their parents, their health providers and their spouses about positive reproductive health practices
4. Increase the adoption of family planning among young married couples and improve positive reproductive health practices among all young adults (for example, taking periodic medical check-ups)

Implementation:

The overall focus of the SIS/IEC campaign activities for the period will be on young adults. The Center will seek to use famous youth figures and popular media to reach this important group. The key concepts and messages of the campaign will be developed by the SIS in keeping with the goals of the Ministry of Health and Population (MOHP).

Implementation: Illustrative activities for Project Year One (continued)

1. Mass Media

- Produce TV and Radio spots as the centerpiece of the Young People's Campaign, establishing the key campaign concept and messages
- Assist production of TV Programs, "Masaa El Khir," "Dawaa Al Fikr" and "Rejected and Changeable" focusing on youth issues
- Produce TV Contest on population and reproductive health for young people with Channel 1, "Youth on the Way"
- Produce radio evening drama and soap operas focused on youth"
- Produce press contest on reproductive health for "Mothers' Day," "Ramadan" and for local journals

2. Support Information

- Special music production for Youth
- Produce docudrama, or short feature, with young couple as main character

3. Interagency Collaboration and Local Activities

- Hold quarterly campaign launch meetings for LIC staff, focusing on Youth Strategy
- Hold community outreach meetings, with emphasis on those for Youth in summer programs

4. Training

- Conduct FP/RH training of Youth & Sports leaders as well as Student Leaders
- Conduct computer training, including basic Windows and Word Processing training for 24 LIC staff and specialize Excel training for SIS Finance Division staff
- Conduct Research Utilization and Strategic planning workshop estimated 25 center and LIC staff who did not attend March Workshop

5. Research

- Research Division data collection for baseline on new Select Villages
- Pretesting of IEC messages and materials

6. Commodities

- Local computer procurement to supply units to select LICs
- Purchase of audio-visual equipment for LICs and new quarters
- Establishment of computer network with E-mail and file-sharing in new quarters

The Gold Star Campaign

Background:

The SIS/SDP initiative represents an important collaboration between the SIS and the Ministry of Health and Population (MOHP) Systems Development Project (SDP). The goal of the initiative is to promote "greater public ... understanding, acceptance and demand for improved-quality FP services at MOHP (SDP) health units through the communication services of the SIS/IEC Center, and in so doing strengthen institutional IEC coordination between the SIS/IEC Center and the MOHP (SDP)." (from Letter of Agreement, Appendix A.) The highlight of the initiative is the Gold Star Campaign, named for the quality symbol used to market qualifying MOHP service units.

Audiences:

Primary:

1. Married women (chiefly rural and/or low SES)
Discontinuers as well as Never Users
2. Married Men (rural, directly and through influentials)

Secondary:

1. Service Providers (MOHP/SDP FP Nurses & Doctors)

Objectives:

1. Improve attitudes toward the safety of contraceptive use through improved client IEC materials, local outreach and mass media messages;
2. Improve the image of MOHP FP service providers through mass media and local outreach promoting positive role models for practitioners and generating a higher level of expectation for quality care among clients;
3. Increase clinic visits and contraceptive adoption through mass media promotion and SIS local outreach activities linked closely to the MOHP/SDP teams at the district level.

Implementation: July 1, 1999 - June 30, 2002 (Illustrative PY 1 Activities)

1. Marketing Campaign Materials

- Produce and air Wave III TV and Radio spots emphasizing Gold Star FP/RH services to optimize weight and frequency of "Gold Star" messages
- Press inserts in popular magazines
- Produce Gold Star outdoor signs to draw attention to clinic from nearby streets
- Conduct Gold Star clinic openings and provider-recognition ceremonies in governorates
- Produce and place Billboards for Gold Star program (estimated 100)

2. Client-Provider IEC Materials

- Design and lay out Reproductive Health Brochure and Wallchart; finish to camera-ready stage
- Produce client motivational materials

3. Distribution

- MOHP/SDP activity

4. Research & Evaluation

- Pretest Brochure and Wallchart

5. Management

- Conduct committee meetings as necessary to ratify design and production of program materials

C. INSTITUTIONAL DEVELOPMENT

In this period, the SIS/IEC Center will increase its institutional development and training through the following activities:

Training

The In-Country and Participant Training Plans developed in conjunction with the Capacity Enhancement Results Team are included as **Appendix B** and **Appendix C**, respectively. The plans will be considered for final USAID approval under separate cover: in the Pop/FP IV Three Year Training Plan. The following categories in training will be undertaken by SIS in-country:

- Computer Training: basic training for new users from the LICs and advanced training for IEC/Center staff (e.g., Excel, Computer Graphics);
- Local Training Workshops for Staff in Planning, Management and Administration, Research Utilization and Communication skills;
- Local Training Workshops, decentralized as much as possible, for counterparts, including local leaders, media personnel (to generate high quality coverage of the campaign), youth leaders (Youth and Sports Leaders and Student Leaders), and NGOs staff and School Teachers (to facilitate local coordination with these groups);

Management Information System (MIS)

The Three-Year SIS MIS Implementation Plan is included as **Appendix D**.

- Program MIS: track activities through re-establishing use of the MIS

Documentation Center

- Documentation Center: During Pop/FP III, SIS indexed and archived video, audio and print IEC materials; during this period, especially after the SIS move to new quarters, the emphasis will shift toward the establishment of display and distribution systems for the documentation center.

TABLE 1. Implementation Plan and Schedule
SIS Pop/FP IV: Life of Project
(July 1, 1999 - June 30, 2002)

Activities	Budget Code	1999/00				2000/01				2001/02				Responsibility
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
A. Mass Media														
A.1 Television														
TV Spots (est 5/year)	A.1.1			X				X				X		Cinema/TV, Contractors
TV inserts, (messages) inserted into regular TV programs on 8 channel (est .20 shows/mo)	A.1.2	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV, Contractors
TV contests	A.1.3	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV
Assist production of TV programs on occasional basis (ex: Masaa el khir, Dawa El fikr, Samir Sabri)	A.1.4		X		X		X		X		X		X	Cinema/TV, Contractors
Special TV project for FP promotion / publicity (ex: youth event , health week ,drama script dev't ,)	A.1.5	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV, Contractors
TV Serial (TBD)	A.1.6													TBD
TV Song	A.1.7		X				X				X			Cinema/TV, Contractors
A.2 Radio Section														
7-Episode Serials (avg. 8/yr)	A.2.1	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV/Radio
30-Episode Soap Operas (avg. 3/yr)	A.2.2	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV/Radio
Radio inserts (avg. 800/ yr)	A.2.3	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV/Radio
Radio contest (5/yr)	A.2.4	X		X		X		X		X		X		Cinema/TV/Radio
Radio Spots (5/yr)	A.2.5		X	X			X	X			X	X		Cinema/TV/Radio
Radio Song (1/yr)	A.2.6		X				X				X			Cinema/TV/Radio
A.3 Press Section														
National & regional press items	A.3.1	X	X	X	X	X	X	X	X	X	X	X	X	Press
Contests in FP information (4/yr)	A.3.2		X	X	X		X	X	X		X	X	X	Director, Press
Local Press Seminars (3-day) (2/yr)	A.3.3		X		X		X		X		X		X	Director, Press
National Press Briefings committees in Cairo (6/yr)	A.3.4	X	X	X	X	X	X	X	X	X	X	X	X	Director, Press
National Conference of Newspapers	A.3.5		X				X				X			Director, Press
World / POP/National Day	A.3.6	X				X				X				Director, Press

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TABLE 1 Implementation Plan and Schedule

SIS Pop/FP IV: Life of Project

(July 1, 1999 - June 30, 2002)

Activities	Budget Code	1999-2000				2000-2001				2001-2002				Responsibility
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
I. Support Information Production														
I.1 Video /Cinema section														
Production of Short Feature (1/yr)	B.1.1	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV, Contractors
Reproduction of drama, spots & other AV materials	B.1.2	X		X		X		X		X		X		Cinema/TV
Documentary photo coverage for conference / publication use	B.1.3	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV, Contractors
Co-production of FP projects (eg, TV shows, serials)	B.1.4	X		X		X		X		X		X		Director
Musical projects(eg, radio operette for youth) (2/yr)	B.1.5	X	X	X	X	X	X	X	X	X	X	X	X	Cinema/TV, Contractors
I.2 IEC Material Production Section														
Production of posters(2*20,000/yr)	B. 2.1		X				X				X			Materials Production
SIS /IEC Center Newsletter/ Documentation Center Publication	B.2.2				X		X		X		X		X	Materials Production
Wall calendars (15,000/yr)	B.2.3		X				X				X			Materials Production
Desk Diary/Agenda (est. 10,000/yr)	B.2.4		X				X				X			Materials Production
Produce /Reprint IEC materials (Fatwa, Islam, Brochure)	B.2.5	X	X	X	X	X	X	X	X	X	X	X	X	Materials Production
Exhibitions and Conference Materials and Publications	B. 2.6		X	X			X	X			X	X		Materials Production
Promotional Events	B. 2.7		X	X			X	X			X	X		Materials Production

SIS Pop/FP IV: Life of Project

(July 1, 1999 June 30, 2002)

Activities	Office	1999-2000				2000-2001				2001-2002				Responsibility
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
C. IPC & LOCAL ACTIVITIES														
C.1 Activities organized by IEC Center														
LIC Quarterly Campaign Conferences (avg 4/yr)	C.1.1	X	X	X	X	X	X	X	X	X	X	X	X	Director , LIC Personnel
Campaign Launch events (5/year)	C.1.2	X	X	X	X	X	X	X	X	X	X	X	X	Director, Training
Youth artistic contest (1/yr)	C.1.3		X	X	X		X	X	X		X	X	X	Director, Training
"Special" Projects: (eg ,Youth Summer Camps 2/office/yr)	C.1.4	X			X	X			X	X			X	Director, IEC Staff
C.2 Activities Organized by Regional Offices														
One day public meetings (office+SV: 240 mtgs/yr)	C.2.1	X	X	X	X	X	X	X	X	X	X	X	X	IEC CENTER, LICs
3-day educational meetings (avg.5mtgs/office+ SV :180 mtgs/yr)	C.2.2	X	X	X	X	X	X	X	X	X	X	X	X	LICs
Inter- agency public meetings (avg. 10mtgs/office/yr)	C.2.3	X	X	X	X	X	X	X	X	X	X	X	X	DIRECTOR, IEC CENTER
Audio- visual meetings (avg. 7 mtgs/ office+ SV:240 mtgs/yr)	C.2.4	X	X	X	X	X	X	X	X	X	X	X	X	LICs
Youth Meetings (avg. 830 meetings/yr)	C.2.5	X	X	X	X	X	X	X	X	X	X	X	X	LICs
Ramadan Evening (avg. 8 mtgs/office /yr)	C.2.6			X				X				X		LICs
Zagal and recreational meetings (avg.60 mtgs/yr)	C.2.7	X	X	X	X	X	X	X	X	X	X	X	X	LICs
Village/District level Initiatives	C.2.8	X	X	X	X	X	X	X	X	X	X	X	X	LICs
School Tournaments (40/yr)	C.2.9		X	X			X	X			X	X		LICs

TABLE 1 Implementation Plan and Schedule
SIS Pop/FP IV: Life of Project
(July 1, 1999 - June 30, 2002)

Activities	Indicator Code	1999-2000				2000-2001				2001-2002				Rationale/Notes
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
D. TRAINING														
D.1 Staff training														
Computer training (est 12 /yr)	D.1.1	X	X	X	X	X	X	X	X	X	X	X	X	Training , Consultants
New Approaches to IEC (est. 3yr)	D.1.2		X	X	X		X	X	X		X	X	X	Training , Consultants
Management Supervision of FP/ IEC (est.2yr)	D.1.3		X	X			X	X			X	X		Training , Consultants
Communication skills (est.2/yr)	D.1.4		X	X			X	X			X	X		Training , Consultants
Research Methods, Utilization & Planning (est.2/yr)	D.1.5		X		X		X		X		X		X	Training , Consultants
Strategic Planning for Managers (est.2/yr)	D.1.6		X		X		X		X		X		X	Training , Consultants
A/V Training : editing, desk- top video (est.1/yr)	D.1.7			X				X				X		Training , Consultants
D.2 Counterpart Training														
Local Leaders (est. 4/yr)	D.2.1		X	X	X		X	X	X		X	X	X	Training , Consultants
Media Personnel including local media (est. 4/yr)	D.2.2	X	X	X		X	X	X		X	X	X		Training , Consultants
Youth Leaders (Youth & Sports and Student Leaders) (est. 2/yr)	D.2.3		X				X				X			Training , Consultants
NGO Leaders & Teachers (est. 2/yr)	D.2.4		X		X		X		X		X		X	Training , Consultants
Reorganize documentation center (archiving completed, show area to be established after SIS move)	F.2.7		X	X	X		X	X	X		X	X	X	Documetation Center

TABLE 1 Implementation Plan and Schedule
SIS Pop/FP IV: Life of Project
(July 1, 1999 June 30, 2002)

Activity	Project Component	1999-2000				2000-2001				2001-2002				Responsibility
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
E. RESEARCH														
Research dissemination seminars	E.1	X	X	X	X	X	X	X	X	X	X	X	X	Research staff, Experts
Formative research for IEC (pretesting and qualitative)	E.2	X	X	X		X	X	X		X	X	X		Research
Impact evaluation of Mass Media programs (survey and qualitative)	E.3			X	X			X	X			X	X	Research, contractors

**TABLE MOHP/PS - MOI/SIS
IMPLEMENTATION PLAN AND SCHEDULE
(July 1, 1999 - June 30, 2002)**

ACTIVITY	BUDGET CODE	3-Year PLAN (7/1999 - 6/2002)												RESPONSIBILITY
		PY1 Q1	PY1 Q2	PY1 Q3	PY1 Q4	PY2 Q1	PY2 Q2	PY2 Q3	PY2 Q4	PY3 Q1	PY3 Q2	PY3 Q3	PY3 Q4	
<i>SIS - MOHP/SDP GOLD STAR CAMPAIGN</i>														
Annual IEC Plan with SIS/SDP; conduct periodic technical meetings	5.4	X	X	X	X	X	X	X	X	X	X	X	X	Directors, SIS/SDP Staff
Assist co-produce TV programs (est. 8/yr)	1.1	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, SIS Staff, RTU
TV Ads (est.5/yr)	1.2	X	X			X	X			X	X			Staff, SIS/SDP Liaison, Contractor
Radio Spots (est. 4/yr)	1.3		X	X			X	X			X	X		SIS/SDP Liaison, Contractor
Press Inserts (est.4/yr)	1.4	X	X	X	X	X	X	X	X	X	X	X	X	Director, Consultants, Contractor
Produce, distribute and maintain outdoor signs	1.5		X	X	X			X				X		Director, Consultants, Contractor
Produce, distribute and maintain Billboards	1.6		X	X	X		X				X			Director, Consultants, Contractor
Conduct "Population Weeks" /EE Events	1.8,1.10	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, Consultants, LIC staff
Conduct Coordination Workshops (2)	1.9			X			X				X			SIS/SDP Liaison, Consultants, LIC staff
Produce and Distribute new motivational materials	1.7, 2.5	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, Consultants, LIC staff
Produce Gold Star RH Walchart, Leaflets, Poster, Motivational Print Materials	2.4	X	X	X	X	X	X	X	X	X	X	X	X	SIS Design, SDP Printing
Produce (and update) RH/FP Guidebook for IEC Workers	2.6		X	X							X			SIS/SDP Liaison, Consultants, LIC staff
Conduct formative research, including pretesting of messages (See Research section)	4	X	X	X			X	X			X	X		SIS/SDP Liaison, Consultants, Research

VI. FINANCIAL PLAN (July 1, 1999 - June 30, 2002)

The Summary Local Cost Budget for the current period of the IEC Subproject, to be supported by USAID through a Project Implementation Letter, is presented in the Summary Financial Plan, **Table 2**. The budget summarizes the Life of Project plans for both SIS Program costs and SIS MOHP/SDP costs. Funding for the SIS -- MOHP/SDP Initiative will be allocated from the MOHP/SDP budget (as noted in the MOHP/SDP Implementation Plan) directly to SIS by USAID through a Project Implementation Letter.

SIS Local Cost Budget

The proposed Local Cost Budget for current period of the SIS IEC Subproject is presented in the Life of Project Financial Plan, **Table 3**. The table is followed by Budget Notes.

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

- Mass Media
- Support Information Production
- Interagency Collaboration, IPC and Local Activities
- Training
- Research
- Commodities: Supplies & Equipment
- Monitoring & Evaluation
- Management, Office Support and Services

SIS - MOHP/SDP Local Cost Budget

The proposed local cost budget of the SIS - MOHP/SDP Initiative for the IEC Subproject is attached as **Table 4**.

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

- Marketing Campaign Development
- Client-Provider IEC Materials
- Additional Activities
- Research and Evaluation
- Management

APPENDIX A.

SIS/IEC Center – MOHP/SDP Letter of Agreement

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

ARTICLE 1: PURPOSE AND GOALS

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

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

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

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

New SDP IEC Project Materials

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

Adaptation of Existing IEC Program Materials for the Project

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

Evaluation of IEC Materials and Communication Interventions

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

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

ARTICLE 3: ANNUAL IEC PLAN

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

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

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

ARTICLE 4: CREATIVE DEVELOPMENT AND REVIEW

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

ARTICLE 5: REPRODUCTION OF EXISTING PRINT MATERIALS

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

ARTICLE 6: SIS/IEC Center RIGHT TO USE SUBCONTRACTORS

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

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

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

ARTICLE 8: PRETESTING CREATIVE MESSAGES & MATERIALS

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

ARTICLE 9: PLACEMENT OF MASS MEDIA

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

ARTICLE 10: DISTRIBUTION OF IEC MATERIALS TO THE FIELD

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

ARTICLE 11: PUBLIC RELATIONS

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

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

ARTICLE 12: PARTICIPATING IN SDP/IEC TRAINING

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

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

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

ARTICLE 13: EVALUATION OF IEC PROGRAM ACTIVITIES

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

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

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

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

ARTICLE 14: FUNDING OF SIS/IEC Center ACTIVITIES

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

ARTICLE 15: REPORTING

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

APPROVED:

APPROVED:

Sawsan Bakly

Dr. H. El Gebaly

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

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

January 23, 1994

**MINISTRY OF HEALTH AND POPULATION, POPULATION SECTOR
(MOHP/PS)**

**Strategic Life of Project Plan
Population/Family Planning IV
1999-2002**

August 25, 1999

4. In the same selected units introduce the concept of CQI and train the staff. Thus the innovative approaches are introduced with the concept of TQM. Conduct training and close supervision and support to institutionalize the system.

5. *Hold quarterly one-day workshops in each district for follow-up in monitoring*

3.4 Private Sector Role in Service Delivery Expanded and Enhanced

EDHS data shows that the role of the private sector in meeting the needs and demands of Egyptian families for contraception has been declining. As Tables 2 and 3 presented in Section 2, the role of the private sector, which includes private physicians, pharmacies, NGOs/PVOs and mosque/church clinics, has declined very significantly over the last few years. In 1995, 63% of contraceptive users obtained their methods/services in the private sector; in 1997 that figure dropped to 59% and in 1998 to 52%. Although EDHS data shows a very slight decline in the role of private physicians, the largest relative declines were for pharmacies and NGOs.

The MOHP recognizes and appreciates the important role the private sector has in a sustainable system of health care for all Egyptians. Indeed, a basic premise of the health sector reform project is a vital role for the private sector and the principal of a co-pay for the basic package of services by the majority of Egyptians. There is, therefore, a serious need to understand the weak performance of the private sector, relative to that of the public sector and to revise policies and programs accordingly. The MOHP/PS will support a full evaluation of the issues and push the private sector to play a fuller role, in line with national health sector reform.

3.5 Service Environment and Delivery Enhanced in Public and NGO Sectors

3.5.1 The Public Sector

The MOPH has successfully implemented a QIP system that provides the standards for care and the indicators used for evaluation. The Gold Star is a good motivation for health care providers to comply with set standards; however, indicators are needed for the new RH services and incorporate these in the Gold Star. See Section 3.3 2. In addition the concept of Total Quality Management/Continuous Quality Improvement (TQM/CQI) will be introduced to selected sites as a pilot activity.

3.5.2 The NGO Sector

CSI is the lead non-governmental institution in the sector; CSI's strategic plan describes its plan to improve its services and its plan, once it achieves legal status, to assist other NGOs in the sector to improve their services.

4. INCREASED DEMAND

4.1 Introduction

The MOHP Population Sector, with the assistance of the POP IV project, will conduct new communication initiatives to increase demand for reproductive health and family planning services in Egypt. Communication will thus serve Egypt's program goal of improving the

overall reproductive health status of its citizens, framed within the context of the Cairo ICPD Program of Action. The WHO has defined Reproductive Health as "the state of complete physical, mental and social well being...in all matters relating to the reproductive system and its functions and processes." At the heart of successful reproductive health is the ability of men and women to receive information and implement decisions regarding whether or when to have children -- to determine their own fertility practices through family planning. Family planning thus occupies a central position in Egypt's population efforts under the Population/Family Planning IV project.

4.1.1 Reproductive Health "Developing Phase"

Research has shown an acute need for a range of reproductive health services, yet low public awareness of many RH issues, including the concept conveyed by the words '*saha ingabeyya*' (70% MWRA unfamiliar with term, GS Impact Survey: 1998). With clinical guidelines for new RH services being introduced into its Standards of Practice and training of service and information providers under way, the MOHP is poised to bring new RH screening, referral and treatment services to the public.

A comprehensive reproductive health program is at an early, or "Developing Phase" in Egypt. **The communication goal for Reproductive Health is to increase knowledge of RH conditions and to generate motivation and demand for services.**

During Pop/FP IV, the Reproductive Health program will be introduced to the public using a cross-cutting "life-stage" approach: addressing women and men at different natural stages of life with messages on age as well as culturally-appropriate RH information and services. For example, the natural audiences of unmarried youth, young mothers, and older women may need age-appropriate RH information on basic hygiene and reproductive functions for youth, proper breastfeeding and spacing for young mothers, and cancer screening and hormonal therapy for older women. In addition to communication campaigns addressing the *public*, the launch of RH will require special initiatives to build support among community and religious *leaders* as well as among service and information *providers*. See Annex 2 for a schematic diagram summarizing the IEC strategy.

4.1.2 Family Planning "Advanced Phase"

The family planning program is at an "Advanced Phase" in Egypt, with 52-54% of MWRA currently using family planning and almost 75% having used it at one time. Unmet need has declined from 20% MWRA in 1992 to 14.5% in 1998 (EDHS:92,98), with most of the improvement represented by less unmet need for spacing. Further analyses have confirmed improvements in spacing practices, signaling that, in general, Egypt's young low parity women are implementing their family planning decisions with greater confidence and success: they are increasingly becoming 'expert' family planners. More women are using family planning after the first birth; they are using earlier after delivery (many before 2 months postpartum); there is a steady increase in use of a 2-year birth interval; and fewer married women under 25 are discontinuing due to side-effects and health concerns ("Reproductive Life Cycles," based on EDHS:92,95,97).

Low CYP Districts: However, despite positive signs, important challenges remain if Egypt's fertility reduction goals are to be met. The spread of success is uneven. In all Egypt's governorates there are areas where positive trends are low and, in some cases, demand appears to be declining. Reaching these needy areas and population groups is the particular challenge of the Pop/FP IV Family Planning program.

The communication goal for Family Planning is to increase demand for FP services and reduce discontinuation due to side effects and health concerns. The POP IV demand strategy is designed for a mature, or "advanced" country program: its key approach is to market services, at the same time providing practical information on methods and their use, enabling consumers to become 'expert' family planners. POP IV will market family planning services in the public, private commercial as well as NGO sectors, building upon the widely recognized "brands" of service offered by each sector. These include: *Gold Star* quality services available through the MOHP public sector; the *Ask-Consult* services available in the private commercial sector; and *CSF's* "Distinguished Services at an Affordable Price" in the NGO sector. These three branded choices are designed around Egyptian consumers and reflect different market segments based on economic and other demographic variables. For example: the primary audience for the Private Sector is the middle and upper class, while CSI is focused on the middle and lower middle class and the public sector remains focused on reaching the lower classes and those families with limited resources to pay for services.

Under POP IV, demand generation will be founded on this branding strategy, allowing each sector to maximize its potential. But in addition, new cross-cutting approaches -- such as the "life-stage" approach -- will be used to build demand for services in all sectors while advancing several key initiatives including reproductive health, the introduction of new contraceptive products, and the expansion of program activities to meet unmet needs among the urban poor, rural poor, and hard-to-reach in Upper Egypt.

4.1.3 Key Audiences

Young married women and men:

Due to demographic momentum, the sheer numbers of young married men and women are larger than ever before and growing every year. Young married represent the point of market entry for family planning. To increase demand among young married and enable them to become 'expert' family planners --spacing their children successfully -- is the path to securing long-term users and to achieving Egypt's population goals in the future. Although unmet need for spacing is declining and trends in parity of first use, timing of use after delivery and length of birth interval are generally positive among young couples, the MOHP will intensify efforts to serve this group, especially in low-CYP districts throughout Egypt and among hard-to-reach population segments.

The growing spectrum of reproductive health and integrated MCH services provided by the MOHP represents a key benefit to this group and will therefore be used as leverage in the marketing of family planning services.

Mid-aged and older women and men, especially in Upper Egypt.

This group represents the largest 'remaining' market for family planning, but is the most difficult to reach. Most of the unmet need for family planning is the need to limit births (of 14.5% total unmet need, 10.8% is unmet need to limit, EDHS:98). The populations in greatest need to limit births are the older, the poor, and the uneducated. Their numbers are especially high in Upper Egypt, though they are also to be found in districts throughout Egypt's governorates. Due to age and socio-economic status, their health is often poor and they frequently do not use family planning because of side effects and health concerns.

Generating demand for adoption and continued use of family planning among those with unmet need to limit is a critical population and public health challenge. The MOHP, with its extensive network of low-cost clinical services, offering long-term methods like the IUD and injectables, may be best positioned to penetrate this un-reached market. Groups with high unmet demand may also have special informational and motivational needs. The extensive cadres of MOHP local outreach workers, including IEC Officers, Raaeda Rifayat, and Muthakef Sukani motivators, will be deployed throughout low-CYP districts under Pop IV to reach them and activate demand for quality "Gold Star" MOHP services.

Like young married, these older age groups will benefit from new MOHP RH services, such as cancer screening, hormone therapy, and treatment of reproductive morbidity, so that RH will represent an added value acting as leverage to build demand for MOHP family planning services.

4.2 Innovative Marketing Communication Activities

The POP IV task "Innovative marketing communication activities generating increased demand among specific market segments" refers to activities dealing primarily with RCT and CSI and the private sector. See their strategic plans for their activities to generate demand.

4.3 Public Communication Strategies for Reproductive Health and Family Planning

4.3.1 RH Umbrella

Reproductive Health will serve as a unifying, cross-cutting 'umbrella' for population communication in Egypt, offering family planning services plus a new 'category' of reproductive health services and products to Egyptian consumers.

4.3.2 IEC Coordination

The MOHP Population Sector, with its lead role in policy and coordination, its services and its trained personnel, will guide the "Development Phase" of reproductive health and "Advanced Phase" of family planning communication in Egypt. The MOHP will coordinate inter-agency IEC strategy through the following activities:

- the establishment of an IEC steering committee, meeting quarterly, and
- the conduct of semi-annual IEC Strategy and Coordination workshops.

The strategy will build upon the momentum established in each agency's program and look for ways to develop crosscutting initiatives that will maximize the impact of each agency's activities.

4.3.3 MOHP Marketing Services

- Take the lead in the first cross cutting initiative, the introduction of RH services in MOHP facilities. As the MOHP adds new reproductive health services, the "Gold Star" will be positioned to include and represent these services as an added value. To the public, the central message is that 'The Gold Star means Quality Health Services.'
- Focus on expanding reach to the most in need, using MOHP cadres of governorate and district IEC officers, the Raida Rifayat, and Muthake Sukani motivators, targeting activities in 100 Low-CYP Districts in PY1
- Re-energize and promote the Gold Star clinics, especially in the communities

4.3.4 SIS/MOHP Collaboration Project

- Focus on life-stage campaigns with the Year 2 emphasis on adolescents and young married, introducing RH and marketing Gold Star RH/FP services
- Use integrated media approach, with television entertainment formats, public affairs shows and spots complemented by radio and press, as well as community outreach, and point of sale support.
- Develop the initial package of RH counseling and client materials(Flipchart, Leaflets, Wallchart)
- Update FP counseling and client materials, as necessary
- Promote Gold Star quality services intensively in the community

4.3.5 Women's Clubs

In Egypt there are 270 women's working to assist women in a variety of ways, including literacy and vocational training. The MOHP/PS will work, in collaboration with the Ministry of Education, to introduce health and population into their programs so that these clubs can be further collaborators in family planning/reproductive health IEC.

5. INCREASED FINANCIAL SELF-SUFFICIENCY

5.1 Introduction

Over the last four years the MOHP has been assuming financial responsibility for the national family planning and reproductive health program. While in 1995 the program was largely funded by USAID, since 1996 the MOHP has invested heavily in the program. In addition to starting to assume the responsibility for staff costs, the MOHP has funded special programs such as mobile teams and clinics on which it expended 12 million LE last year. Over the last three years, it has invested over 462 million LE in capital development.

ANNEX 2: INCREASED DEMAND

INCREASED DEMAND: STRATEGIC FP/RH COMMUNICATION CAMPAIGNS

- 1) Market "Brands" of service in public, NGO and private sectors
- 2) Develop cross-cutting initiatives: eg, "Life-stage" approach



UNMARRIED YOUTH:

Prepare the Market



YOUNG MARRIED COUPLES:

Capture the Market

(Spacers)
(Post-partum)

OLDER MARRIED COUPLES:

Sustain the Market

(successful transition to limiting)
Expand the Market (meet Unmet Need to Limit)

*Public
Sector*



*GOLD
STAR*

*NGO
Sector*



CSI

*Private
Sector*



*ASK-
CONSULT*

**TABLE MOHP/PS - MOI/SIS
IMPLEMENTATION PLAN AND SCHEDULE
(July 1, 1999 - June 30, 2002)**

ACTIVITY	BUDGET CODE	3-Year PLAN (7/1999 - 6/2002)												RESPONSIBILITY
		PY1 Q1	PY1 Q2	PY1 Q3	PY1 Q4	PY2 Q1	PY2 Q2	PY2 Q3	PY2 Q4	PY3 Q1	PY3 Q2	PY3 Q3	PY3 Q4	
1. STRATEGIC COMMUNICATION GOLD STAR CAMPAIGN														
Annual IEC Plan with SIS/SDP; conduct periodic technical meetings	5.4	X	X	X	X	X	X	X	X	X	X	X	X	Directors, SIS/SDP Staff
Assist co-produce TV programs (est. 8/yr)	1.1	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, SIS Staff, RTU
TV Ads (est.5/yr)	1.2	X	X			X	X			X	X			Staff, SIS/SDP Liaison, Contractor
Radio Spots (est. 4/yr)	1.3		X	X			X	X			X	X		SIS/SDP Liaison, Contractor
Press Inserts (est.4/yr)	1.4	X	X	X	X	X	X	X	X	X	X	X	X	Director, Consultants, Contractor
Produce, distribute and maintain outdoor signs	1.5		X	X	X			X				X		Director, Consultants, Contractor
Produce, distribute and maintain Billboards	1.6		X	X	X		X				X			Director, Consultants, Contractor
Conduct "Population Weeks" /EE Events	1.8,1.10	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, Consultants, LIC staff
Conduct Coordination Workshops (2)	1.9			X			X				X			SIS/SDP Liaison, Consultants, LIC staff
Produce and Distribute new motivational materials	1.7, 2.5	X	X	X	X	X	X	X	X	X	X	X	X	SIS/SDP Liaison, Consultants, LIC staff
Produce Gold Star RH Wallchart, Leaflets, Poster, Motivational Print Materials	2.4	X	X	X	X	X	X	X	X	X	X	X	X	SIS Design, SDP Printing
Produce (and update) RH/FP Guidebook for IEC Workers	2.6		X	X							X			SIS/SDP Liaison, Consultants, LIC staff
Conduct formative research, including pretesting of messages (See Research section)	4	X	X	X			X	X			X	X		SIS/SDP Liaison, Consultants, Research

SDP III
Master Implementation Plan And Schedule
(July 1, 1999 - June 30, 2002)

Activity	Budget Code	Indicators	Responsibility	Project Year 1 7/1999-6/2000				Project Year 2 7/2000 - 6/2001				Project Year 3 7/2001-7/2002				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
IEC Unit Central Office																
IEC National Strategy Workshop (estimated 2/yr.)	1.2	National IEC strategy updated	Director SDP Central Office, IEC Unit, IEC Consultants		x		x		x		x		x			X
IEC Coordination Committee (1 st yr. 6, subsequent years 1 yr.)	1.1	Sector Activities Coordinated and integrated	Director SDP Central Office, IEC Unit, IEC Consultants	x	x	x	x	x	x	x	x	x	x	x	x	x
Media Programs & Coverage for regional events and issues (event per governorate)	1.3	Client load in low CYP areas increased	Central Office, IEC Unit, IEC Consultants	x	x	x	x	x	x	x	x	x	x	x	x	x
IEC Manual Update	1.4	IEC manual periodically updated	IEC Unit, IEC Consultants			x									x	
Gold Star Newsletter (estimated 5000 copies)	1.5	Newsletter produced	IEC Consultant, IEC Unit, CO staff	x	x	x	x	x	x	x	x	x	x	x	x	x

Monthly Meeting With Governorate IEC Officers (nated 4/yr.)		New directives given and problems solved regularly	Governorate IEC officers, IEC Unit staff, IEC Consultant	x	x	x	x	x	x	x	x	x	x	x	x
Governorate Activities															
Governorate IEC Officers Monitoring Visits to On- going IEC Activities	2.1	First level of monitoring of IEC district activities conducted	Governorate IEC officers	x	x	x	x	x	x	x	x	x	x	x	x
District IEC Officers Visits to and In-clinic Seminars (nated 6/month each)	2.2 2.3	Ready target audience captured	District IEC officers	x	x	x	x	x	x	x	x	x	x	x	x
District IEC Officers Community Seminars (nated 6/month)	2.4	Low CYP areas motivated to seek RH & FP services	District IEC officers	x	x	x	x	x	x	x	x	x	x	x	x
Governorate IEC Officers Public Meetings	2.5	Large gatherings motivated to seek RH & FP services	Governorate IEC officers	x	x	x	x	x	x	x	x	x	x	x	x
Mothers Seminars (nated 10/month)	2.6	Men oriented with RH & FP components and services	Male Mothers	x	x	x	x	x	x	x	x	x	x	x	x

Star Social Mobilization in Low CYP Districts (at least 1 event/district)	2.7	CPR in low CYP districts raised and GS clinics promoted	Governorate and district IEC officers, IEC Unit staff, CO staff, IEC Consultants	x	x	x	x	x	x	x	x	x	x	x	x
Monthly meeting between Governorate and district IECs (estimated 4/yr.)		Coordination achieved and problems solved	Governorate FP director and IEC officer, IEC Unit director	x	x	x	x	x	x	x	x	x	x	x	x

CSI POP/FP IV Plan
July 1, 1999 – September 30, 2002

With PY1 of POP/FP Implementation Plan/Schedule
(July 1, 1999 to June 30, 2000)

THE CLINICAL SERVICES IMPROVEMENT SUBPROJECT

Egyptian Family Planning Association
Under

USAID/Cairo Population and the Ministry of Health and Population

Search MATH

NGO

RCT

OS

• Depoprovera	
Condoms (one piece)	1/100
Foaming tablets (one tablet)	1/100
Diaphragm	1

In 1998, to better enable intra-Egypt discussions on clients and service volume, CSI adopted a new definition, similar to that of the MOHP, of a new family planning user. That is,

A new family planning user for CSI is a CSI client who uses contraception for the first time or one who is using it for the first time in the last twelve months.

The following Table presents the CYP which will be the basis for payment only in PY1, but which is presented in this Table for the LOP for contraceptive requirement projections.

PY IV of POP III with CEIs)	PY IV of POP III (without CEIs)	POP IV			
		PY1	PY2	PY3	Q1 of PY4
261,668	219,274	230,200	241,700	253,800	63,450

1. DEMAND RESULTS.

4. Innovative marketing communication activities increased demand among specific market segments

4.1 Authority, Responsibility and Function at Different levels

In POP/FP III CSI delegated full authority and responsibility for marketing to the LMOs; no professional marketing function remained at HQ. The reasons for this decentralization are unclear at this point in time, but they were probably based on cash flow problems as well as the recognition that LMOs and centers know their local customer market better than HQ would. There are, however, important functions at the HQ level, which will be undertaken at HQ in POP IV:

- Marketing the institutional image and programs to donors and other key stakeholders including higher levels of the MOHP;
- Setting policies on services and products, market segments, service locations and prices;
- Developing and marketing the training and technical assistance activities of the Center of Excellence to other NGOs, USAID, the MOHP, and in time, to institutions outside Egypt in the Arab Region; and
- Supervising and ensuring that the marketing activities of all LMOs and centers are effective, efficient and in accordance with CSI institutional policies, values and themes.

As early as possible in POP IV, CSI will reassess its strategic marketing. A key first step will be a classic marketing audit, examining marketing functions, authorities and responsibilities and leading to a CSI marketing and promotion plan. That plan will lead to a strengthening of CSI's HQ marketing including hiring marketing staff.

4.1.2 Services and Products

- **Clinical services:** CSI's portfolio of services (see Section XX) includes a full range of RH services; its marketing, however, remains focused primarily on family planning. POP IV technical assistance will enable CSI to broaden marketing and promotion to cover the CSI portfolio of services and clients.
- **Products:** When women receiving RH services from CSI need a pharmaceuticals other than family planning commodities, CSI writes a prescription and the woman purchases the product from a local pharmacy. When CSI achieves legal status as a recognized legal entity, CSI, in collaboration with the POP IV work with pharmaceutical companies, might/could stock pharmaceuticals related to its RH services: for instance hormonal therapy for its mid-life program. Profit from such pharmaceuticals could be used to cross-subsidize family planning.

Discussions on this potential will begin in the second year, after legal status has been obtained. Within the perimeters allowed by that legal status, a mini-pharmacy would be set up, in least in the primary centers, in years two and three.

- **Support to other NGOs**

See Section 5.3.1 for CSI support to other NGOs.

4.1.3 Customers

- **Clients:** As the CSI portfolio of services and clients indicates, CSI plans to target a broader range of clients than previously. Men and youth will be targeted. A particular focus will be the urban middle class of Cairo: CSI has no clinics in Cairo¹⁴, which has 25% of Egypt's population. The urban lower-middle and middle class of Cairo is potentially a perfect market for CSI. Cairo is also the logical site for a model clinic/COE that could be used both for training and technical assistance and to generate income to subsidize family planning and centers in poorer and more rural areas.

Underserved villages in rural Upper Egypt: CSI's success with CEIs demonstrate that many of the so-called "hard-to-reach" can be reached with enough will and effort. With the 1998 EDHS indicating an apparent drop in CPR and CSI's research on those using CEI services indicating that these families had indeed wanted family planning, but the problem was one of functional access, it remains important for CSI to continue CEIs.

Under POP III, for clients CSI began a marketing package that included a video, brochures and a variety of printed materials. These will be completed in PY1.

- **Donors:** In POP IV and beyond, CSI will be marketing its services to a variety of customers beyond clinical clients. They include donors and other NGOs. Under POP III, CSI began a donor package. It will update and complete this package in Year 1.

¹⁴ CSI staff report that CSI considered opening clinics in 1990/1991 in Cairo and Giza but didn't due to financial constraints.

- Other NGOs: In POP IV CSI will also be presenting itself and marketing itself to approximately 15 other NGOs, which under POP IV plans, CSI would be helping to strengthen, particularly in demand creation. A clear brochure, outlining areas of CSI expertise and areas of potential support, will be helpful to both promote CSI and lay a framework for agreement. (One competitive edge for CSI in its support to other NGOs will be its institutional compliance with the Tiahrt Amendment.) CSI will develop this brochure in Year 1.

4.1.4 Communication Strategies

For lack of funds over the last year, CSI put on hold a number of marketing initiatives planned earlier. Those, and other new activities, will be implemented in POP IV. In line with the marketing plan, CSI will develop and implement in year 1:

- Mass media (TV and radio) messages
- Promotional materials in women's magazines and press (targeting the urban middle class)

Essential to these activities will be upgrading CSI's marketing, promotional and IEC equipment and supplies. In Year 1 CSI (with Pathfinder support) will purchase audio-visual equipment and supplies.

POP IV technical assistance and mass media will promote and reinforce CSI brand recognition. It is CSI's experience that many people do not recognize CSI as CSI.

4.1.5 Prices

"Getting the prices right" is a large part to the road to sustainability. CSI obviously must price its services for its market segment; its success in doing so, however, is not unilateral. CSI is crucially affected by the marketing, location and prices of the MOHP. CSI will find it hard to compete with the MOHP if it has clinics in middle class neighborhoods offering high quality services at a fraction of the cost of CSI's, as the MOHP has in Alexandria. CSI will also find it hard to raise prices in neighborhoods when there is political commitment to provide services at lower and lower prices.

In POP IV CSI will work on ways to close the gap between actual expenditures and revenue from clients and CYP.

5. FINANCIAL SUSTAINABILITY RESULTS

5.1 CSI long-term organizational structures established and institutional autonomy increased through enhanced technical and business development capacities

5.1.1 Legal Status

An institution but not a NGO

CSI was established as a project in 1987. However, as indicated in Section 1, the following year USAID modified the project for the first time, beginning the process of institutionalizing

CSI PY1 Implementation Plan/Schedule for POP IV

	Review/refinement of prices for CSI clinical services, including referrals and contracts with labs for specialized tests	MIS, FIN/AD, LMO	X	X	X	X
	Establishment of CSI prices for products (mini-pharmacy)	"				X
	Establishment of CSI prices for services to NGOs	"				X

ED = Executive Director,
 ADTA = Assistant Director for Technical Affaires
 MIS = MIS Director
 FIN/AD = Finance & Admin. Director

GA = Governorate Affaires
 Market = Marketing Department
 Med = Medical Department
 LMO = Local Management Offices

SD

CSI PY1 Implementation Plan/Schedule for POP IV

	Customers for managed care/contracts (factories etc) to deliver clinical services						X
	Customers for COE services - NGO strengthening					X	X
	Donors					X	
	<i>4.1.4 Communication Strategies</i>						
	Donor package	Market, ADTA, Pathfinder					
	Review materials partially developed during POP III - complete	"	X				
	Design additional materials or revise above to include COE and NGO strengthening	"	X	X			
	Produce and distribute	"				X	
	NGO package - brochure on NGO strengthening developed, laying out what CSI can offer	"					X
	Clinical client/customers package	"			X	X	X
	Marketing strategy, targeting customers listed above, developed	"			X	X	X
	Marketing materials designed, redesigned and pretested to meet new and hard-to-reach audiences and to sell new products	"			X		
	Workshops for creative design of new IEC materials	"			X	X	
	New IEC materials identified	"			X	X	
	New IEC materials produced	"					X
	Promotional materials targeting urban middle class women in magazines etc	"				X	X
	CSI Anti-FGM strategy planned and implemented	"					X
	Mass media (TV and radio) used	"					X
	Special effort on Cairo clinics when opened	"					X
	Additional and updated audio-visual equipment and supplies purchased and distributed	Market, FIN/AD	X	X	X		X
	Promotional events and materials for CSI's obtaining an independent legal status	Market					X
	<i>4.1.5 Prices</i>						

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CSI PY1 Implementation Plan/Schedule for POP IV

POP IV Tasks	CSI Activities	Responsible	Q1	Q2	Q3	Q3
4.1 Innovative marketing communication activities increased demand among specific market segments	4.1.1 Authority, responsibility and function at different levels for CSI Success	Market, ADTA, GA, LMO				
	Plan for marketing audit	ADTA	X			
	Arrange for TA	ADTA	X			
	Arrange for small team to work with POP IV Demand team in marketing audit	ADTA, Market	X			
	Conduct marketing audit	TA team, Market, ADTA	X	X		
	Analysis of market niche	"	X	X		
	Analysis of services and products	"	X	X		
	Analysis of prices	"	X	X		
	Hold workshop to share main conclusions and recommendation	ADTA, GA, LMO				X
	Distribution of CSI marketing and promotion plan and strategies	Market				X
	4.1.2 Services and Products	Market, ADTA, GA, LMO				
	Review of services and products - client/customer demand and willingness to pay	Market, ADTA, GA, LMO		X	X	X
	Begin discussions through Demand team with pharmaceutical companies	ED, Market, ADTA				X
Plan addition of products to mini-pharmacies	Market, ADTA				X	
4.1.3 Customers	Market, ADTA, GA, LMO					
Study niche groups	Market					
Develop customer satisfaction plan: identify customers	Market					
Clients for clinical services - new clients and new services			X	X	X	

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GA



**Marketing Communication
Strategy and Plan
for
The Private Sector Program**

(July 1999 - June 2002)

**INCREASED DEMAND
-- Task 5 --**

USAID Population Family Planning IV
Project No. 263-0267

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Attachments:

1. Schematic Diagram: *Increased Demand: Strategic FP/RH Communication Campaigns*

**Marketing Communication
Strategy and Plan
for
The Private Sector Program
(July 1999 - June 2002)**

INCREASED DEMAND

- Task 5 -

I. BACKGROUND

The POP/FP IV Private Sector Program (PSP) will conduct new communication initiatives to increase demand for family planning services within the private commercial sector in Egypt. It will capitalize on the momentum created by the POP/FP III Private Sector Initiative (PSI), conducted from July 1994 through December 1998. The PSI program enhanced the role of the private sector service providers (primarily pharmacists, pharmacist assistants, and physicians) through continuing medical education, advertising and marketing, and research and evaluation.

The first phase of the PSI program promoted entire categories of providers who had participated in specialized continuing education seminars to improve the quality of their services. In the second phase of the project, the PSI began promoting categories of contraceptive products, in which the private sector had an interest and for which there was a consumer need. Unlike early social marketing programs which competed against the pharmaceutical sector by promoting subsidized products, the PSI project initiated a dialog with pharmaceutical companies to explore areas of common interest within the existing marketplace. In 1998, this strategy was employed successfully to support the introduction of the progestin-only pill (POP) into the market. The leading contraceptive manufacturer, Schering AG, attributed the accelerated introduction of its POP product, Microlut, directly to the Private Sector Initiative's advertising of 'the progestin-only pill for breast-feeding women.'

The current Private Sector Program (PSP) will take this dialog to the next step, and enter into innovative partnerships with pharmaceutical companies to expand the universe of clients further, thus leveraging support for MOHP Population Sector goals.

Marketing communication will play a key role in forging partnerships with the private sector by offering pharmaceutical firms a service they dearly need: *direct-to-consumer* advertising of contraceptive products.

II. GOALS & OBJECTIVES

The broad goals of the Private Sector Program are to:

1. contribute to increased use of family planning services, and
2. contribute to the sustainability of the national family planning program.

Based on recent population projections (Market Segmentation:97), with CPR staying at current levels, the market for all services and methods will increase by 23% between 1997 and 2007. With CPR growing to the desired 60% by 2007, the market size will increase by up to 50%. According to EDHS-98 data, the public sector is currently providing 48% of all FP services. This represents an increase from 1995 levels by 4 percentage points (44 to 48), primarily attributable to a dramatic increase in IUD user reliance on the public sector from 45% in 1995 to 56% in 1998, with the largest shift occurring in rural Upper Egypt. The question arises whether the public sector can handle not only a further shift in percentage of FP services delivered, but an increase in consumer demand of 23-50% over the next 10 years.

The intent is for PSP to help the private sector assume a greater portion of the burden of this projected increase.

Communication Objectives

The specific communication objectives of the PSP are to increase demand for private sector family planning services and products by:

- a) identifying participating providers to build client traffic, and by
- b) increasing consumer adoption of contraceptive products available through the private sector

III. MARKET SEGMENTATION

Family Planning "Advanced Phase"

The Family Planning program is at an "Advanced Phase" in Egypt, with 52-54% of MWRA currently using family planning and almost 75% having used it at one time. Demand for modern contraceptives is relatively robust. Unmet need has declined from 20% MWRA in 1992 to 14.5% in 1998 (EDHS:92,98), with most of the improvement represented by less unmet need for spacing. In general, Egypt's young low parity women are implementing their family planning decisions with greater confidence and success: they are increasingly becoming 'expert' family planners (see age segment analysis below). Psycho-social obstacles are less daunting than in the past and practical questions relating to services and correct method use have taken center stage.

Therefore, Pop IV will follow a mature country strategy to increase demand. The Public, NGO and Private Sectors will focus mainly on marketing their FP services and products intensively to their respective consumer segments. The consumer segments served by each of these sectors are differentiated socio-economically, with the private sector serving the middle and upper classes, the fee-for-service NGOs, like CSI, serving the middle and lower middle classes and the Public Sector serving those least able to pay.

Within each sector and tying them all together, Pop IV communication programs will also employ a cross-cutting "life-stage" approach, addressing women and men at different natural life stages with messages on age-appropriate RH/FP information and services. For example, the natural audiences of young mothers and older women may need age-appropriate RH/FP information, such as spacing and post-partum information for the younger groups, and successful limiting strategies for the older groups. The private sector program will address age-segmented audiences to market the special products and services available through the private sector.

In addition to communication campaigns addressing consumers, expanding FP demand in the private sector will target leaders as well as service providers. Special initiatives will be undertaken to build program support among industry leaders as well as to improve consumer-oriented communication among service providers.

Key Audiences:

- **Young married women and men:**

Due to demographic momentum, the sheer size of the MWRA market is expected to grow by 23% in 10 years (1997-2007). An ever-increasing portion of this market is young. Young marrieds represent the point of market entry for family planning. To increase demand among young marrieds and enable them to become 'expert' family planners -- spacing their children successfully -- is the path to securing long-term users and to achieving Egypt's population goals in the future. Although unmet need for spacing is declining and trends in parity of first use, timing of use after delivery and length of birth interval are increasingly positive among young couples, the Private Sector Program will intensify efforts to serve this group.

Communications on methods and services for spacers and post-partum women will be addressed primarily to young married women and men.

- **Mid-aged and older women**

This group represents the largest 'remaining' market for family planning, but is the most difficult to reach. Most of the unmet need for family planning is the need to limit births (of 14.5% total unmet need, 10.8% is unmet need to limit, EDHS:98). The populations in greatest need to limit births are the older, the poor, and the uneducated. Their numbers are especially high in Upper Egypt, though they are also to be found in districts throughout Egypt's governorates. Due to age

and socio-economic status, their health is often poor and they frequently do not use FP because of side effects and health concerns.

Generating demand for adoption and continued use of family planning among those with unmet need to limit is a critical population and public health challenge. The Private Sector Program will seek to address this group through promotion of successful limiting strategies using a broadened method mix as well as through the promotion of special clinical services and/or provider groups (eg, promotion of General Practitioners).

- **Leaders**

In addition to the key public audiences above, the PSP will work intensively with leaders at all levels -- with an emphasis on pharmaceutical industry, pharmaceutical distributors, pharmacist and medical leaders as well as program planners from the public sector and donor community -- to build support for an expanded role for the private sector.

- **Providers**

Pharmacists and physicians represent the front line providers building demand among consumers and will, therefore, be a key focus of coordination, internal communication and motivational activities in the Pop/FP IV Private Sector Program. The advertising and communication component will seek to enhance the quality and frequency of client-provider interactions, providing counseling materials and point-of-sale displays to communication.

IV. STRATEGIC APPROACHES

A. Brand Identity/Equity

The PSI project created a brand identity for private sector providers through the development and promotion of the "ASK-CONSULT" logo. Other programs have also established "corporate" brand identities with substantial consumer equity.

Pop/FP IV will market family planning services in the public, private commercial as well as NGO sectors, building upon these widely recognized "brand identities" of service offered by each sector. These include: Gold Star quality services available through the MOHP public sector; the Ask-Consult services available in the private commercial sector; and CSI's "Distinguished Services at an Affordable Price" in the NGO sector. These three branded choices have established considerable "equity" with Egyptian consumers and reflect different market segments based on economic and other demographic variables. For example: the primary audience for the Private Sector is the middle and upper class, while CSI is focused on the middle and lower middle class and the Public Sector remains focused on reaching the lower classes and those families with limited resources to pay for services.

Under POP IV, demand generation will be founded on this branding strategy, allowing each sector to maximize its potential. But in addition, new cross-cutting approaches -- such as the "life state" approach -- will be used to build demand for services across all sectors simultaneously, while advancing several key horizontal initiatives including Reproductive Health, the introduction of new contraceptive products, and the expansion of program activities to meet unmet needs among the urban poor, rural poor, and hard-to-reach in Upper Egypt. (see Attachment 1: *Increased Demand: Strategic FP/RH Communication Campaigns*)

B. Product Promotion with Tie-ins to Pharmaceutical Companies and Distributors

Under Pop/FP III, the Private Sector marketing communication campaigns established a brand identity for participating service providers and promoted categories of FP methods. Under POP/FP IV, the PSP will explore ways to extend this brand equity into the promotion of individual products -- associating specific brand-name products with the Private Sector Program. The Program's advertising campaign will thus serve as an important *direct-to-consumer* channel, increasing the public's exposure to the diversity of products in the marketplace. The first part of the plan is to develop collective advertising of pharmaceutical brands in association with PSP contraceptive method advertising. All legal brands will have an equal chance to participate. Permission to introduce brands will be negotiated with the media authorities; early indications are positive that the Ministry of Health will support this initiative. Pharmaceutical firms have stated their interest in gaining brand exposure for their products in association with "Ask-Consult" method advertising.

Another plan which will be explored is to use the PSP logo in product packaging. Subject to acceptance by all parties concerned, the "Ask-Consult: Mark of Confidence" may be awarded to any product that participated in joint promotions as a "seal of approval." This seal could be affixed to packages via stickers individually, or actually included on the original printing.

The PSP branding of service outlets will occur intensively throughout the country providing a high, 'critical mass' visibility to participating private sector FP providers. New point-of-sale display materials will be produced, such as window stickers, door-signs, and counter display units.

The goal is to expand PSP recognition into the service delivery outlets, and ultimately into the client's home through the "Ask-Consult" identification marker. Furthermore, the "Ask-Consult: Mark of Confidence" should come to stand for a symbol of product quality.

V. IMPLEMENTATION PLAN & SCHEDULE

The PSP will conduct intensive, integrated media campaigns, phased in association with pharmaceutical product promotion/introductions and linked to waves of CME mini-courses. Media schedules will maintain approximately a monthly Reach of 80% and a Frequency of 15 (average exposures per viewer). These are the levels maintained during the last two years, with an interruption only during in the first quarter of 1999. The Government of Egypt has supported the program's marketing effort considerably, approving a 50% discount on media airtime in the public interest.

The integrated campaigns will use a full complement of communication channels, including:

- Point of Sale Promotional Materials
- Counseling Support Materials
- Media Advertising & Placements (Radio, TV, Outdoor)
- Promotional Activities (Sales promotions, newsletter, direct mail, radio/TV partnerships)
- Pretesting materials
- Public Relations

The activities detailed in the accompanying Marketing Communication Plan will be implemented by local subcontractors.

PRIVATE SECTOR PROGRAM
MARKETING COMMUNICATION PLAN
July 1999 - June 2002
(Illustrative)

Task	Deliverable	Units/yr	PY1				PY2				PY3			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1..	Point-of-Sale Promotional Materials													
	Large Stickers	30,000		X				X				X		
	Small Stickers	30,000		X				X				X		
	Pocket Calendars	500,000		X				X				X		
	PSP brochure	10,000		X				X				X		
	Calendar	10,000		X				X				X		
	Certificates	10,000		X	X		X	X			X	X		
	Pharmacy Bags		X		X		X		X		X		X	
	Promotional Giveaways	x 10,000	X		X		X		X		X		X	
2..	Counseling Support Materials													
	Pill Brochure (combined OC)	1,000,000		X	X			X				X		
	Pill Brochure (progestin-only)	1,000,000		X	X			X				X		
	Injectable Brochure (progestin-only)	1,000,000		X	X			X				X		
	Injectable Brochure (combined)	1,000,000		X	X			X				X		
	Providers' Contraceptive Guide	10,000		X	X			X				X		
	Counter Display (modular)	60,000		X				X				X		
3..	Media Advertising													
	Product Tag on TV spots	6		X										
	TV Spots (methods)	6		X	X			X	X			X	X	
	Radio Spots	6		X	X			X	X			X	X	
	Outdoor / transit advertising				X		X				X			

PRIVATE SECTOR PROGRAM
MARKETING COMMUNICATION PLAN
 July 1999 - June 2002
 (Illustrative)

Task	Deliverable	Units/yr	PY1				PY2				PY3			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4..	Promotional Activities													
	Sales promotions in pharmacies	varied			X		X		X		X		X	
	Press column/inserts	varied			X		X		X		X		X	
	Radio partnerships	4		X	X	X	X		X		X		X	
	Newsletter	4		X	X	X	X	X	X	X	X	X	X	X
	Direct mail	4			X		X		X		X		X	
	Trade Journal Advertising	4			X		X		X		X		X	
	Television Partnerships	4			X			X				X		
5..	Pretesting Materials													
	Pretest Product tags	1		X	X									
	Pretest TV Spots	1			X				X				X	
	Pretest client support materials	1			X			X				X		
6..	Public Relations													
	Launch Event	1			X							X		
	Press briefing events	1			X		X		X		X		X	
	Local Launch Events	4			X	X	X	X	X	X	X	X	X	X
7..	Monitoring & Documentation													
	Campaign monitoring report	4	X	X	X	X	X	X	X	X	X	X	X	X
	Campaign photo/video services	varied	X	X	X	X	X	X	X	X	X	X	X	X
8..	Media Airtime/ Placement													
	TV Air	80% Reach	X	X	X	X	X	X	X	X	X	X	X	X
	Radio Air	80% Reach	X	X	X	X	X	X	X	X	X	X	X	X
	Outdoor Placements				X	X	X	X	X	X	X	X	X	X

VI. COMMUNICATION RESEARCH & EVALUATION

PSP Communication campaigns will be designed, produced and evaluated using a proven, research-driven, marketing-based communication approach: JHU/yCCP's "P" Process. The process entails the following key steps:

- Program Analysis
- Program Design
- Development and Pretesting
- Implementation, Monitoring & Evaluation
- Program Re-planning

The PI team will evaluate the Private Sector Project contribution, as a whole, and the marketing communication components, in particular, using a variety of instruments. Process evaluation, or measurement of *outputs*, will be conducted through consistent monitoring and documentation of activities. Impact evaluation, or measurement of *outcomes* will be conducted using the EDHS, population-based surveys, provider-based surveys, Omnibus surveys, and pharmaceutical sales data.

The major indicators which will be used to evaluate marketing communication impact among consumers are listed in the accompanying table. These trace the important predictors of behavior change:

- recognition of private sector campaign messages (e.g., 'brand recognition')
- knowledge/understanding of product and service messages
- positive attitudes toward private sector products and services
- communication with providers about FP "Ask-Consult"; receiving FP counseling
- communication with others (eg, family members) about FP "Ask-Consult"
- visits to participating private sector providers
- purchase of private sector contraceptive products

Intermediate Result: Increased Demand for FP Services from Private Sector

Key Audiences	Indicators	Data Source
<p>1. Consumers (includes potential consumers)</p>	<p>Knowledge/Awareness of Services and Methods Increased recognition of "Ask, Consult" brand-of-service Correct understanding of "Ask-Consult" services Increase in reported exposure to "Ask,Consult" by channel (tv, radio, outdoor, etc.) Increased knowledge of 'new' methods (eg, I-mo Injectable, POPs, PPIUD) Increased knowledge of correct method use / appropriate conditions for use Increased knowledge of alternative sources of service (does public-sector client know of a private-sector source for her method?)</p>	<p>BASELINE SOURCE: various IMPACT EVALUATION: Media monitoring firms Omnibus surveys 2000 EDHS</p>
	<p>Attitudes Increased / sustained positive attitude toward "Ask, Consult" service providers Increased approval of fp methods, specifically hormonals (injectables, OCs, incl POPs)</p>	<p>BASELINE: Gold Star, 1997 & 1998 EDHS IMPACT: omnibus surveys, 2000 EDHS</p>
	<p>Communication Increased spousal or intra-family communication on "Ask-Consult" related messages Increased consumer-provider communication in private sector</p>	<p>BASELINE: Gold Star, 1997 & 1998 EDHS IMPACT: omnibus surveys, 2000 EDHS</p>
	<p>Change in use patterns Increased client visits to pvt sector provider for fp information or services Increased sales volume of pvt sector contraceptives Reduced "Unmet Need" for Spacing and Limiting (PSP contribution to...) Increased use of private-sector services (CPR)</p>	<p>BASELINE: Gold Star, 1997 & 1998 EDHS, IMS IMPACT: 2000 EDHS, EPTC, IMS</p>

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Key Audiences	Indicators	Data Source
1. Providers	Knowledge/Awareness of Services and Methods	BASELINE SOURCE: various IMPACT EVALUATION: Media monitoring firms Omnibus surveys 2000 EDHS
	Attitudes Communication Increased communication with consumers on FP	BASELINE: Gold Star, 1997 & 1998 EDHS IMPACT: omnibus surveys, 2000 EDHS
	Change in use patterns Increased client visits to pvt sector provider for fp information or services Increased use of private-sector services (CPR) Increased sales volume of pvt sector contraceptives	BASELINE: Gold Star, 1997 & 1998 EDHS IMPACT: 2000 EDHS, IMS

Schematic Diagram

*Increased Demand:
Strategic FP/RH Communication Campaigns*

INCREASED DEMAND: STRATEGIC FP/RH COMMUNICATION CAMPAIGNS

- 1) Market "Brands" of service in public, NGO and private sectors
- 2) Develop cross-cutting initiatives: eg, "Life-stage" approach

