MILESTONE COMPLETION REPORT
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Date: 7 May 2002

Task Number:	*6*
Task Description:	*Enhanced Strategic Communication Approaches Improving FP Knowledge, Attitudes and Effective Use and Increasing Demand for Methods and Services in Public, NGO and Private Commercial Sector.*
Milestone No:	**6.5**
Milestone Description:	**Collaborative IEC relationships (and cooperative agreements) annexed into each agency's IEC implementation plans.**
Source of Verification:	**Partner agency's implementation plans.**
Planned End Date:	**April 30, 2000.**
Status:	Completed
Comments:	The goal of POP/FP IV is to promote long-term sustainability of the Egyptian Family Planning Program, reduce fertility and improve reproductive health. USAID and Pathfinder recognized from the beginning that a well planned, innovative and energetically implemented IEC strategy was a key element in achieving these goals. The first step was the establishment of a National IEC Steering Committee and associated working groups to provide strategic leadership to the communication component, ensure that the PF/RH interests of all players represented, and encourage the full use of all

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available IEC resources. Chaired by the MOHP and made up of representatives of Egypt's key public/private health and communication groups, that Committee was given the task of overseeing the design of a national population IEC strategy document.

Dr. Moushira El Shaffie, the First Undersecretary of Health, MOHP, established the IEC Steering Committee in 1999 to produce the IEC Strategy. Members were the UNFPA, POP/FP IV, the NGO National Council for Population and Development (NCPD), and Cairo University Department of Mass Communications. Meetings of group representatives were conducted from April to June 1999 to develop a framework for the IEC Strategy.

These efforts culminated in a National Strategy Workshop in Alexandria 24-25 June 1999, attended by 75 representatives of agencies working in the national population program. The output of this conference was a working draft of the National IEC Strategy for Population and Reproductive Health. The input of all agencies participating in the June 1999 workshop was then refined in a series of small group meetings, resulting in the production of a draft and then final IEC Strategy in December 1999. This document was the basis for the creation of life of project IEC strategy plans by SIS, CSI and PSP, elements of which were incorporated into the implementation plans that followed. The IEC strategy documents for each organization are attached. The Pathfinder Quarterly Performance Report: I July—30 September 1999, states that Program Goals, Key Audiences, Communication Objectives, and Channels, all elements of the draft National Strategy, were, with technical assistance, incorporated into the MOHP, SIS and Private Sector draft yearly plans for 2000.[1]

The approved National IEC Strategy was circulated to partner agencies in January 2000 for guidance in the preparation, revision and implementation of their individual work plans for the project years that followed. The Pathfinder Quarterly Performance Report: 1 January—31 March 2000, states: "Implementation plans [were] completed for MOHP/Population Sector, SIS/IEC Center, Private Sector Program, and Clinical Services Improvement (CSI) Project. IEC goals and audiences [are] incorporated into [final] subproject implementation plans."[2]

The fact that partner organizations worked in close collaboration to create and refine the strategy document led to continuing cooperation as each agency created and implemented their own plans based on this

[1] Task 6, p. 15
[2] Task 6, p. 18

common strategy. Since the beginning of POP IV, SIS, CSI and PSP have invested in developing closer working relationships with each other. The results have been better coordination of activities, wider distribution of IEC materials (materials produced by SIS, CSI and PSP were shared by all), avoidance of duplication with the attendant cost savings, and enrichment of the scope and scale of activities through joint participation. For example, community mobilization/public relations events organized by PSP benefited greatly from the addition to the day's program of SIS-sponsored youth events and exhibits of IEC materials, medical round tables, and CSI displays. [3]

Co-productions, such as the television spot featuring poster art by young Egyptians, jointly produced by SIS and PSP, were possible because of this increased cooperation and integration of activities. CSI and PSP developed a cross-referral system to promote increased client traffic for both organizations. Video materials produced by SIS and PSP were edited into compilation videotapes to be shown to clients in CSI waiting rooms. As a further example, CSI made use of 250 family planning counseling flip charts, 100,000 FP method leaflets, and 300 posters, all produced by SIS.

The following documents are attached for verification:

1. National IEC Strategy for Population and Reproductive Health.
2. "Increased Demand," Section 4 of MOHP Strategic Life of Project Plan.
3. SIS Life of Project Implementation Plan and Budget: 1 July 1999—30 June 2002, see Section III, SIS/IEC Strategy and Activities.
4. The SIS IE&C Center: A Strategic Overview.
5. Marketing and Promotion Strategy and Plan for Clinical Services Improvement (July 1, 2001 to June 30, 2002).
6. PSP Marketing Communication Strategy and Plan for the Private Sector Program (July 1999 – June 2002).

[3] See the submission for Milestone 5.11 for descriptions of these events.

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Ministry of Health and Population
Population and Family Planning Sector

National IE&C Strategy for Population and Reproductive Health

Ministry of Health & Population
RH-IEC
United Nations Population Fund
Reproductive Health/Information, Education and Communication Project

1999

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Thanks and Appreciation

Egypt's population and family planning program is considered one of the most successful health programs in the world, and the Egyptian experience in this field is taken as a model by many nations wishing to achieve reasonable rates of population growth.

This success did not come about by chance. On the contrary, it is the result of the collaboration of many agencies and organizations, Egyptian and foreign, working in this field, to which may be added the effort and hard work of many Egyptian workers and experts who had impact on the Egyptian experiment and molded it to accord with the Egyptian public and society.

The Egyptian media shared in the program's success and had an influential role in bringing the informational message to the public, helping, in the process, to change the latter's attitudes and to modify its health-related practices for the better. The Egyptian program faces many challenges in the coming phase. These will call for the effort and collaboration of all organizations and institutions for the achievement of the program's objectives. The role of the media in achieving these objectives is constantly expanding, necessitating the creation of an Information, Education and Communication (IEC) strategy that would be a model to guide those working in the field of population and family planning, and for the realization of whose objectives all organizations, institutions and projects working in that field might collaborate.

With the realization of this dream and the presence before us of such a strategy, it now remains merely to offer our thanks to all the agencies, organizations, institutions and experts who worked together and made such efforts to bring this work, of which we are all so proud, to fruition. We would like to single out for thanks the United Nations Population Fund and the IEC Component of the Reproductive Health Project/IEC, who took joint responsibility for the accomplishment and supervision of this work throughout the various stages of its preparation. Likewise we wish to thank the Center for Mass Communication Programs of Johns Hopkins University and USAID for their effective participation and continuous support through the provision of distinguished experts to help assure the success of the work.

Finally, we cannot omit to offer our thanks to the Information, Education and Communication Center of the State Information Service, the representatives of the national universities and the Central Authority for Popular Mobilization and Statistics, in addition to the private-sector and other projects working in the field of health and population, and the journalists and IEC specialists for their effective contributions, which had their impact on the outcome of the work.

May God grant us all success in the service of this nation.

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Introduction

The Ministry of Health and Population adopts a forward-looking vision emphasizing the importance of comprehensive economic development through stable population growth arising from the individual's conviction of their rights and obligations regarding reproductive health. The Population and Family Planning Sector of the Ministry assumes its national responsibility to provide high-quality family planning and reproductive health services.

The Ministry of Health and Population implements the National Program for Population and Reproductive Health in collaboration with all the concerned ministries and state agencies in tandem with non-governmental organizations and public sector institutions. It is strengthened in this by the continuous support of the political leadership, which should receive the lion's share of the credit for the success they have realized during past years, and which unceasingly stresses the importance of paying attention to the population problem and of ameliorating the status of the Egyptian citizen in every sphere.

Throughout each of the stages of the National Program for Population, the Ministry of Health and Population has maintained high esteem for religious teachings and sound traditions that help implement the Program and rejected methods that run counter to these. The Ministry of Health and Population emphasizes that family planning and reproductive health services represent an integral part of basic health care, which is a right of every Egyptian citizen. In spite of the remarkable development of services provided through its various outlets, and the development of its human resources and equipment, a lot remains to be realized by the Egyptian family planning and reproductive health program.

One of the Ministry's primary cornerstones to for the realization of the objectives of the National Program for Population is the implementation of an information strategy which focuses on population problems that can be solved through changing behavior and attitudes. The strategy recognizes the maturity level of the National Program's main components. Whereas the family planning component for example may be considered to have attained an advanced stage from all aspects, the reproductive health component may be regarded as in the early stages from the information viewpoint.

Situation Analysis

The Egyptian Population Program faces several challenges, including reduction of maternal mortality, increasing medically supervised child birth, increased use of modern contraceptive devices, raising public awareness of reproductive health, and expanding the demand for its services. To overcome these challenges, it is necessary to boost health service levels and make them available to all women at times appropriate for them. Moreover, members of governorate-level medical teams must provide medical advice and counseling on gender and other sensitive issues that concern youth and the adolescent population. They also have to undertake promotion of awareness-raising around subjects related to safe maternity. This may be realized gradually through the continuous training of the program managers in implementation of the various components of the reproductive health program and follow-up on the progress and effect of these programs using clear and effective indicators.

The Egyptian Program has realized several achievements that have made it a model to be followed by many countries. The main strengths of the population program are embodied in the following points:

First: Improvement in national demographic indicators: statistics from the 1996 population census indicate a reduction of the annual population growth rate to 2.1% (against 2.8 in 1986); the 1997 Demographic and Health Survey showed reduction of the fertility rate from 5.3 children/woman in 1980 to 3.3 children/woman in 1997 and reduction of the birth rate from 0.318 in 1991 to 0.284 in 1998; meanwhile, the rate of use of family planning devices rose from 24.2% in 1980 to 57% in 1998 and years of protection in 1999 rose by 45% and 105% as compared to 1997 and 1995 respectively.

Second: Coverage of all parts of Egypt by family planning service provision outlets: most of these outlets provide high quality services. They include public and private sector units as well as non-governmental organizations and mobile clinics. The Ministry of Health and Population is keen to develop these units, raise the skills of the medical teams working in these clinics and improve the services provided to the public.

Third: Availability of modern and safe family planning devices at all outlets at reasonable prices. The Ministry is careful to ensure that the available devices are diversified and to introduce modern, safe devices that suit the target population.

Fourth: Several ministries, organizations and institutions act jointly to confront the population problem on the national level. The state provides the necessary resources to face this problem.

Fifth: Different mass media (television, radio and press) are widely spread all over the country. Most Egyptian families possess radio and television sets. Outreach channels including local information centers and family planning clinics provide a diversity of outreach forms.

Sixth: Trained national information cadres have gained extensive experience through the programs implemented during past years. They have managed to provide several new forms of communication via both mass media and direct contact with the public.

Seventh: Public awareness of the population problem, family planning and modern devices has attained a high level among the target population, although application rates differ from one district to another.

In addition to its numerous strengths, the Egyptian program has some weaknesses that have to be faced, such as the high illiteracy rates among Egyptian women, especially in Upper Egypt, and the persistence of erroneous values and beliefs. Moreover, the service provided by some outlets has not reached the advanced level expected by the target population.

Some reproductive health components may appear to clash with certain values and social and religious beliefs of Egyptian society. For this reason, the program is keen to choose the components that are appropriate to the concerned community and are not in conflict with its social and religious norms. In this respect, the media are expected to handle such delicate issues with the care and attention appropriate to the society.

Mission

- To boost the ability of couples and individuals to practice their basic right to decide freely and responsibly the number of children they bear and the period between each child.
- To raise the awareness and understanding of decision-makers on the individual, national and international levels of the importance of population and reproductive health issues.

Objectives

1. To augment public knowledge of reproductive health topics and act to increase the demand for related services.
2. To increase the demand for family planning services, raise the family planning devices use rate, decrease contraceptive dropout and decrease the percentage of needs unsatisfied by available contraceptive methods.
3. To support other elements of population and development issues such as population redistribution, improvement of demographic indicators, and cultural, social and economic development and gender issues, which are a common factor in all reproductive health issues.
4. To promote cooperation among all agencies working in population media fields to realize the objectives of the national program for population and reproductive health.

Strategic Approach

Several sectors have established service provision outlets in Egypt. The Ministry of Health and Population provides the whole country with family planning, reproductive health and maternity and childhood services through its health units and rural, central and public hospitals for the broad public at nominal prices. Non-governmental organizations provide services for some population categories at prices slightly higher than those of the Ministry of Health. Finally, the system of family planning and reproductive health services is complemented by the numerous private clinics and pharmacies that give counseling and devices.

The media strategy of the Ministry of Health focuses on raising the demand for these services and enabling each sector to expand its role and attract the largest portion of the public. This can be realized through the improvement of services offered, the addition of the most modern family planning methods that suit Egyptian society, introduction of new reproductive health services and creation of actual demand for these services on the part of the target population.

While these vertical sectors (the Ministry of Health and Population, non-governmental organizations, private clinics, pharmacies and other concerned parties) provide family planning services to the public under the reproductive health services umbrella, several other sectors and projects active in population fields work horizontally to promote these services, raise public awareness of reproductive health topics and realize the other IEC strategy objectives.

Target Population

Before the communication process starts, the National Population Program accurately identifies the target population of the program and the information campaign. This is because this is the population implicated in the whole communication process. It is also the prospective recipient of the information message, and which is required to understand it and to change its behavior accordingly.

The target population of the family planning and reproductive health information strategy may be classified as follows:

A. Various Population categories:

1. Adolescents and Youth:

Youth represent the biggest challenge for the population program in Egypt. The youth of today require education and awareness raising so that they may make responsible life choices, especially in the sphere of reproductive health. Many members of the younger generations need to be provided with information on the risks of early marriage, consanguineous marriage and early reproduction and their considerable role in restricting their future options. They also need to acquire the specific and appropriate sexual knowledge needed to face Acquired Immunity Deficiency Syndrome (AIDS) and other sexually transmitted diseases.

Targeting a specific public such as youth, adolescents and young married couples is a crucial factor for the success of the IEC program. Programs addressed to adolescents that deal with health and other risks related to sexual practices, early pregnancy, early reproduction and school life should be considered a crucial tool with which to reach young people.

2. Women of Reproductive Age:

- Young women about to get married.
- Newly married women wishing to practice child-spacing.
- Women married for some time who wish to limit pregnancy.

3. Women at Menopause

4. Men at Different Life Stages

B. Health Service Providers:

- Doctors, nurses and health workers.
- Workers in outreach (rural women extension workers, population educators, governorate-level officials).

C. Official and Community Leaders:

- Decision-makers in related ministries and government agencies.
- Program managers working in the population and reproductive health spheres.
- Leaders of society (politicians, men of religion, community leaders, local community leaders, family heads in villages, etc).
- Non-governmental organizations and associations.
- Mass media workers.

Each program may divide its targeted population into primary and secondary segments and define the priorities for every segment according to the objectives of the information campaign and the reproductive health topic to be promoted, taking into consideration geographical differences.

Channels of Communication

For the efforts exerted in IEC to be active, they must use a package of communication channels running from the provision of individual counseling to formal education curricula. These channels should include mass media, popular folklore and arts, public events and gatherings, local and rural councils, youth centers, schools and other educational institutions.

Amongst the major media to disseminate population information are newspapers, radio, television, movies, plays and all folkloric and popular arts. Diversification of the communication channels is beneficial because it allows the utilization of the specific characteristics of each channel and provides multiple opportunities to convey the message and increase the efficiency of the campaign.

Every program should choose a principal and an auxiliary communication channel including community mobilization and personal contacts among the local community individuals and groups, non-governmental organizations and service providers. A plan may be made for a coordinated approach to use several communication channels that interact with one another.

The constant and calculated presence of family planning and reproductive health campaigns in mass media together with activation of the appropriate communication forms have a far reaching effect on changing public behavior. The information process must be expanded horizontally as well as vertically through adoption of parallel treatment approaches, by which the same topic is be treated in various messages at the same time (the horizontal approach), while the topic is treated in a very deep and concentrated manner from all aspects related to health and social, economic and religious viewpoints (the vertical approach).

Channels of Communication, activities and Information Production Strategy:

First: Mass Communication:

Radio and Television:

With the increase in radio sets in Egyptian society particularly in the rural and remote areas (one radio set for every three persons approximately) and the upsurge in the number of televisions, electronic mass media have come to play an increasingly important and far reaching role in building the awareness of population and development issues in general and reproductive health issues in particular.

To supplement the information message, the Egyptian program produces several radio and television series on topics that deal with family planning and reproductive health addressed especially and indirectly to youth. In addition, there are songs, plays, competitions and popular folklore that attract young people.

Modern information techniques have gone beyond the "instruction" method to a more positive role that establishes dialogue and interaction between the target

population and the idea. This role produces positive results for both parties: awareness building, public persuasion and facilitation of choice. Thus, the programs that have effective impact on the Egyptian public are those which rely on dialogue and active interaction with the listeners and viewers through telephone calls, questions and answers from the program guests. This method suits the Egyptian public especially in rural communities where literacy levels are low.

Regional radio and television networks play an important role especially in rural areas and attract large numbers of listeners and viewers. Consequently, the Egyptian information program for family planning and reproductive health will concentrate on the six regional television channels, especially given that the time available is very large.

It is important to establish good relations with the radio and television personnel especially in the regional channels. They should be provided with the sufficient information and convenient conditions to render the information message appropriately. Moreover, their information and skills must be renewed through workshops and periodic bulletins.

The Press:

In spite of wide spread illiteracy in the Egyptian countryside and among a large portion of the targeted population, the press still represents an accredited source of information that reaches rural communities through their educated and semi-educated members, who give credibility to the transmitted message by attributing it to newspapers.

The Egyptian program centers on regional newspapers which are closer to the language of the concerned community. Journalists from these newspapers are invited to discuss family planning and reproductive health topics in a manner that promotes the community's concept of woman without coming into conflict with prevailing cultural and religious systems.

The program focuses as well on the central state-owned and opposition newspapers which are important mass media of considerable impact on the concerned reader who, in turn, conveys the message to the neighboring and interacting communities. These newspapers are considered an effective means to acquire support from leaders, decision-makers and popular and local leaderships.

Second: Outreach and Local Activities:

The Egyptian program focuses during the next five years on good personal communication and counseling skills especially in the context of family planning and reproductive health. Accurate information conveyed sympathetically and sensitively to satisfy the needs of all population groups can help reduce anxiety and secure informed choice. The program pays attention also to counseling skills and gives priority to the training of physicians, nurses and specialists in IEC and to providing them with the necessary information materials such as flip charts, printed matter and video films.

The IEC strategy considers direct contact as one of the most important communication methods due to its immediate impact on the targeted population. The information strategy relies on successful direct contact to convince the public of the message conveyed, provide answers for any questions, elaborate on reproductive health principles (including modern family planning methods and the application, advantages and disadvantages of each method), responds to rumors concerning family planning and promotes and elucidates reproductive health topics. Direct contact can help considerably to market the available services inside the service provision outlets and improve the service providers' profile for the targeted population.

Direct contact is the main communication channel in certain sensitive topics of reproductive health such as female circumcision, sexual culture, problems of adolescence, etc., especially amongst youth and adolescents in schools, universities, clubs and similar gathering places.

The direct contact strategy relies on the collaboration of all the projects and agencies acting in the population field in order to avoid redundancy in the information message, maintain the diversity that characterizes each project and reach the targeted population through the following avenues of approach:

1. Extensive local activities and mass meetings to reach the largest audience.
2. Participation of local newspapers and other mass media (radio and television).
3. Participation of active non-governmental organizations working in the same field.
4. Participation of rural women extension workers and male and female population educators.
5. Participation of the Health Education departments in all governorates.
6. Participation of mobile clinics and information campaigns in local activities to attract a larger audience.
7. Participation of local information centers in view of their effective presence among the population.
8. Participation of the information officials of the Ministry of Health and Population.
9. Participation of service providers.
10. Participation of social workers and psychology specialists in schools and universities.
11. Participation of youth centers, clubs and culture palaces.

The information message is conveyed to the targeted population through local activities and meetings held in every village and city. Attention will be focused on and implementation priority will be given to villages relatively deprived of the service chosen according to the presence of one of the following criteria:

- Relative deprivation of medical services.
- Low attendance rate at family planning clinics and maternity and childhood care clinics.
- Low rate of contraceptive years of protection.
- Low rate of employment of contraceptives.
- High illiteracy rate.

Sub-Objectives
And Principal Avenues Of Approach

Sub-objective 1:

To augment public knowledge of reproductive health topics and to act to increase the acceptance of and demand for reproductive health services:

To realize this objective, the following topics must be emphasized and promoted:

1.1 **Safe Maternity:**

a. Pre-marriage care.
b. Pre-natal, natal and post-natal services

1.2 **Reproductive Health Medical Services:**

a. Inflammations of the reproductive system.
b. Sexually transmitted diseases.
c. Acquired Immune Deficiency Syndrome (AIDS)
d. Early diagnosis of tumors.
e. Menopause.
f. Infertility therapy.

1.3 **Provision Of Information Necessary For Adolescence.**
1.4 **Gender Equity In All Reproductive Health Topics.**
1.5 **Men's Participation And Responsibility.**

1.1 Safe Maternity:

a. Pre-marriage Care:

Medical examination before marriage is one of the most important subjects to emphasize, especially for young couples getting ready for marriage. Together with medical and sexual counseling, medical examination prepares them for a continuous and successful marital relationship.

Youth below the age of marriage as well as parents must be made aware of the importance of medical examination and counseling before marriage. Parents must also be prepared to give counseling to their sons and daughters before marriage.

The Egyptian program in its endeavors to change practices and attitudes during the next five years aims to make medical examination and counseling before marriage an essential part of marriage arrangements and to increase the newly weds' acceptance of these services.

Mass media are the most important channels to reach the target population. Radio and television programs addressed to the Egyptian woman and family as well as medical, social and religious programs can be utilized to deliver this message. Social drama that handles such topics in an indirect manner is an excellent method to convince the target population. The press can also deal with these subjects from a scientific perspective and elaborate on the importance of medical examination before marriage.

Other important channels include direct contact, seminars, and meetings with various youth groups in universities, schools, clubs, youth centers, camps, etc. as well as distribution of the appropriate brochures, booklets and posters.

b. Pre-natal, natal and post-natal services:

Pre-natal, natal and post-natal services are amongst the most important topics related to safe maternity. They help reduce infant and maternity mortality rates, preserve women's health and reproductive systems and lead to healthy children.

The targeted population of this campaign is both men and women of reproductive age as well as the medical service providers in health units and rural, central and public hospitals. Midwives are the most important segments of the targeted population especially in the villages of Lower and Upper Egypt.

The public must be made aware of the importance of pre-natal medical follow-up, periodical check-up, balanced diet, vaccination against tetanus, signs of danger, personal hygiene, etc. Couples must be made aware of the importance of points of delivery equipped to provide specialized service, or under the medical supervision of a physician or trained midwife.

Medical teams must be trained and encouraged to treat women properly. Midwives must be trained to recognize critical pregnancies and encourage the transfer of critical cases to specialized medical centers.

The required changes of attitudes and practices include making pre-natal follow-up, delivery in specialized medical centers, post-natal services and the use of contraceptives among the basic principles of the life of every married couple and to promote the acceptance of these services.

The aforementioned communication channels are deemed appropriate to reach the target population together with the emphasis on direct contact, seminars, and meetings with various targeted categories of both sexes of reproductive age and the distribution of the appropriate brochures, booklets and posters.

1.2 Reproductive Health Medical Services:

a. Reproductive system inflammations:

The targeted population for this component is men and women of reproductive age. The required changes in attitudes and knowledge of this component are:

- To increase women's awareness of the reproductive system (its structure, functions and care).
- To consider the reproductive system similar to any other system in the human body.
- To encourage the discussion of matters related to the reproductive system without embarrassment.
- To consider the discussion of matters related to the reproductive system as a woman's right.

The goal is to change the public attitude and increase the public awareness of medical care and counseling in relation to the reproductive system, and to secure men's participation and acknowledgment of the need for treatment when necessary.

The above-mentioned communication channels are deemed suitable to reach the targeted population, but emphasis should be put medical programs on radio and television and providing information through credible medical sources. It is also possible to use direct contact, seminars, and meetings with various targeted categories of both sexes of reproductive age and to distribute appropriate brochures, booklets and posters.

b. Sexually transmitted diseases:

The target population for this component is men and women of reproductive age.

Required changes in knowledge include:

- Increase in women's awareness of the reproductive system (its structure, functions and care).
- Knowledge of the diseases that may be transmitted through sexual intercourse and their symptoms.

Required changes in attitudes include:

- Acknowledgment of the importance of medical examination and treatment of the married couple together.
- Sexually transmitted diseases should not be considered the outcome of social intercourse outside of marriage.

The objectives are to change public attitudes and increase public awareness of medical care and counseling in relation to the reproductive system, and to secure men's participation and their acknowledgment of the importance of treatment when necessary.

The above-mentioned communication channels are deemed suitable to reach the target population, but emphasis should be put medical programs on radio and television and providing information through credible medical sources. It is also possible to use direct contact, seminars, and meetings with various target groups of both sexes of reproductive age and to distribute the appropriate brochures, booklets and posters. Medical counseling presented to the public in clinics and medical units by physicians and nurses should include topics related to the reproductive system.

c. Acquired Immunity Deficiency Syndrome (AIDS):

Target population

- Men and women of reproductive age.
- Doctors, dentists and blood banks.
- Barbers and midwives.
- High-risk groups.
- Tourist resort and facility workers.
- Aviation workers.
- Drug addicts.
- Prisons and juvenile correction centers.
- Young women's rehabilitation centers.

Required Changes in Knowledge:

- Increased knowledge among women of the reproductive system (anatomy, functions and care).
- Familiarization of the public with the disease, the channels of transmission and methods of prevention.

Required Changes in Attitudes:

- Absence of embarrassment in discussing the disease and means of protection.

Required Changes in Behavior:-

- Medical examination whenever there is doubt (e.g., after blood transfusions).
- Interest among doctors in infection control principles.

The above methods of communication are considered suitable for reaching the target population, with a focus on medical programs on radio and television where information is provided by a reliable medical source.

Outreach also can be used in the form of seminars and meetings with different population groups, especially high risk groups and slum-dwellers through distribution of printed material about AIDS such as brochures, booklets and posters, plus production of an informational card to be distributed to youth travelling abroad.

d. Early detection of tumors (breast – reproductive system).

Target population:

- Women of reproductive age (child–bearing age)
- Girls of reproductive age and before marriage.
- Medical service providers (doctors and nurses)

Required Changes in Knowledge:

- Increased knowledge about the prevalence of the tumors and their dangers.
- Importance of breast self-examination for all ages.
- Early tumor detection leads to complete cure in most cases.

Required Changes in Attitudes:

- Focus on the fact that tumors are not infectious.
- Focus on the fact that tumors are treatable.

Required Changes in Behavior:

- Habitual, regular breast self-examination.
- Prompt resort to medical examination when any abnormality is detected.
- Regular annual vaginal smear at a clinic.

In addition to the above, the following additional communication methods may be used:-

- Training of doctors and nurses and encouraging them to train women in breast self-examination.
- Raising the awareness of the population about the importance of counseling and medical examination on the appearance of any abnormal secretions or swellings.
- Production of printed materials such as brochures about breast self-examination and the importance of vaginal smears.
- Production of television spots.

e. Menopause

Target populations:

- Women before, during and after the age of reproduction.
- Husbands of women of that age.

Required Changes in Knowledge:

- Normal changes that occur during this period.
- How to get through this period.

Required Changes in Attitudes:

- Changing the community's ideas about this period, so that it comes to be viewed as a normal period that does not affect the woman's femininity.

Required Changes in Behavior:-

- Resort to medical counseling as normal and abnormal changes occur, and taking the necessary treatment.

The above means of communication are considered suitable for reaching the target population, with a focus on the use of medical programs on radio and television. Attention must also be paid to the husband's role in supporting his wife so that she can get through this period safely.

1.3 Provision of information about adolescence

The target population

- Parents.
- Adolescents.
- Teachers.
- Information workers, community leaders and men of religion.

Required Changes in Knowledge

- Knowledge of the physiological and psychological changes that occur during adolescence in both sexes.
- Awareness of and rectification of harmful practices at this period.
- Knowledge of the essentials of personal hygiene during this period.

Required Changes in Attitudes

- Lack of embarrassment at discussion of changes occurring during puberty.
- Lack of embarrassment at discussion of topics specific to puberty (sex, personal hygiene, physical changes, menstrual cycles, masturbation).

Required Changes of Behavior

- Commitment of youth to the principles of religion and ethics.
- Every member of the target population must play his role regarding adolescents.

Appropriate channels of communication:

- Updating the intermediate and secondary school curricula so as to include reproductive health topics specific to adolescence.
- Encouragement of teachers to explain the lessons of the curriculum relating to the procreative system and reproductive health.
- Use of religious and medical programs on radio and television to discuss reproductive health topics specific to youth in a way appropriate to Egyptian society.

- Production of informational and educational materials for adolescents about menstrual cycles and general cleanliness.
- Seminars and youth meetings in youth clubs and youth centers with men of religion and a specialized doctor.

1.4 Gender equity in all reproductive health topics

Target population

- Parents.
- Grandparents.
- Teachers.
- Information workers.
- Community leaders and men of religion.

Required Changes in Knowledge

- Clarification of the stand of religion regarding gender equity.
- Clarification of the disadvantages associated with a lack of gender equity.

Required Changes in Attitudes

- Knowledge of the rights of women and men and their equality, taking into consideration the biological differences between them.
- Changing society's attitude towards women.

Required Changes of Behavior

- Equality of treatment for both sexes.
- Giving women their rights in education, work, law and all relevant fields.

The above-mentioned methods of communication are considered suitable to reach the target population, with a focus on the production of films and drama series that treat the subject openly. Also, educational curricula should be changed to deal with gender equity.

1.5 Men's participation and responsibility

The family is a social institution that represents the first of a wider series of loci for the social decision-making process and the empowerment of women so that they may decide their destiny through participation in family decision-making. This requires first the elimination of discrimination against women in order to lead to a change in the social behavior of community members.

Empowerment of women as wives, mothers, daughters or sisters to participate in family decision-making does not mean creation of a struggle for power with men within the family but is the basis for the woman to fulfil her role as an equal partner and so achieve balance in relations and roles and reduce the dangers of constant

conflict which endanger the family and social stability. This can also offer a better chance to the woman to shoulder her responsibilities as mother, wife and working woman. This has its effect also on reproductive behavior, in that the woman does not try to over-reproduce in order to keep her husband. It also helps her in freedom of choice concerning reproduction and in limiting the number of children and the employment of the appropriate method of family planning. It is also important regarding this field to allude to the importance of encouraging sharing between men and women in all fields serving the family, of encouraging men to shoulder their responsibility of their reproductive behavior and of their participation in child-raising.

One part of this effort must be directed towards changing deep-rooted social attitudes to the effect that women cannot take responsibility and do not have the ability to make decisions, which remain the responsibility of the man alone.

Target populations

- Youth.
- Men at different stages of life.
- Teachers.
- Information workers.
- Men of religion.
- Community and political leaders.

Required Changes in Knowledge

- Confirming the important and positive role of the man towards all family members and that the man has rights and obligations to the family and must encourage the woman to participate in family decision-making.

Required Changes in Behavior

- Participation of all family members in discussions and decisions that affect the well-being of the family.
- Men's support for women's full reproductive rights.

In this field the woman must be trained to take decisions relating to the family and be aware of her rights through the dissemination of the principles of family culture and by closing the gap between the sexes. NGOs should be encouraged to disseminate knowledge and training on family culture and to make the family aware of the importance of sharing between the man and the woman in child-raising.

For this purpose methods of mass communication can be used, especially those addressing the woman and the family, plus social drama, as well as educational and cultural activities for young people of both sexes in the schools, universities, youth clubs, women's clubs and NGO's.

This is in addition to the recognition of the role of personal communication and outreach, especially to rural women leaders and teachers. Men of religion must be

trained and their support for this issue gained, and informing and printed materials suitable to the different groups of the target population must be produced.

Sub-objective 2:

Increasing demand for family planning and reproductive health.

This increase can be achieved by the following:-

2.1 Urging Newly Weds To Adopt The Concept Of Pregnancy Spacing.

2.2 Promotion Of The Concept Of A Family Of A High Health, Economic And Social Standard.

2.3 Reducing The Contraceptive Drop-Out Rate.

2.4 Development And Improvement Of Communication (Counseling) capacities Among Family Planning Service Providers (Doctor, Unit Nurse).

2.5 Raising The Performance Standards Of Information And Social Services Providers And Mass Communication Workers.

2.6 Urging Natural Leaders With Influence In The Community To Adopt The Concept Of Family Planning In Areas Of High Fertility.

Family planning is considered the corner stone of reproductive health, and the point of entry for the prevention of most problems related to it. The state has afforded family planning great importance over more than 20 years, as the base of the demographic triangle and the speedy solution to the population problem.

IEC in the field of family planning has reached a very important turning point in that a concentration on family planning is being transformed into a concentration on reproductive health with its wider implications and numerous components. This represents an important challenge because the target population has been saturated with family planning messages. A different category of population groups must be targeted, along with diversification and renewal of the informational approaches to create non-traditional approaches to change traditional concepts and habits in order to achieve an increased rate of practice.

2.1 Urging Newly Weds To Adopt The Concept Of Pregnancy Spacing.

The target population for this sub-objective is divided into two:

a. Newly weds (women and men)

Newly weds are considered a new group of the population to be targeted for information on family planning. During the last few years attention was focused mainly on women of ages 25 to 35 years with two or three children. The goal in. targeting newly weds is to urge them to adopt the concepts of spacing and planning early on in their family life.

In spite of intense information about contraceptive methods during past years, up-coming generations who are reaching reproductive age need to know about new means of contraception and their side effects and how to respond to rumors that worry them in order to arrive at an increase in the use of contraceptives. Likewise, they are in need of knowledge about available services, so that they may be encouraged to ask for these.

Among the important matters concerning this group (which surveys show to be older than in the past and with higher ambitions for a better standard of living) is the encouragement of active sharing between the spouses regarding decision-making on family planning stressing the direct connection between the size of the family and its health and psychological, as well as economic, state.

Outreach is considered a very important channel to reach this population group due to the interaction and give and take it provides between the sender and the recipient. This comes about through counseling by the doctor and the nurse to provide information about contraceptive methods and their side effects and through seminars and meetings conducted by information officials in clinics, women's clubs, camps and religious establishments and, further, by home visits on the part of rural women extension workers.

There is also an important role for mass communication in providing information about contraceptives and the connection between the ambitions of youth regarding family size and the discussion of these topics in television dramas and chat shows.

b. Primaparas and the post-natal period

In spite of its importance, this group has not received sufficient attention in the past. When the woman is confident of her capability of reproduce, and following the discomforts of labor, she becomes more receptive to advice on spacing and postponement of pregnancy.

When this population group has enough information about safe maternity and the woman is sure that postponement of pregnancy by the use of a contraceptive method with breast feeding can guarantee her and her child a healthy life, she will have resort to a family planning clinic seeking a suitable contraceptive method. Also an efficient referral system from the pregnancy care and birth services centers to the family planning clinics will facilitate access to service.

Information provision for this population group will rely primarily on personal communication, especially the standard of the counseling which the woman receives from the doctor and the nurse, though the use of mass communication methods and short drama films will help to make the ideas more concrete, with the goal of convincing people to practice contraception.

2.2 Promotion Of The Concept Of A Family Of A High Health, Economic And Social Standard:

The reproductive health program is concerned to attract youth and invite them to adopt the concept of family planning. It is recommended that youth (19-25 years) should be given the highest priority since this age group represents the fathers and mothers of tomorrow as they approach marriage.

Usually this age group is torn between by two opposing currents. There is the concept that urges them to follow the path of their parents and grandparents in having many children. On the other hand, this age group is exposed daily to outreach messages enumerating the advantages of a small family from the psychological, social and health perspectives. In addition. this group is by nature filled with enthusiasm and determination to achieve a better standard of living than their parents.

This situation demands the intensification of data on the advantages of spacing and provision of information about counseling and services, and a stress on the direct relationship between the size of the family and its standard of living in order to firmly implant the concept of planning for the future by using the various family planning methods.

Mass communication methods are considered the most important ways to reach this group, especially through youth programs on the radio and television with a focus on call-in discussions and competitions. Consolidating and complementing this is outreach at youth centers, secondary schools and universities through debates, seminars and competitions.

2.3 Reduce The Contraceptive Drop-Out Rate

The demographic health survey of 1998 revealed that 24% of women were abandoning the use of contraceptive methods after one year from adoption. This number represents one quarter of the women using the methods. Nearly 10% of women attribute the cause of drop-out to side effects and fear of use-related health complications.

The target population for this sub-objective are women themselves as a first priority, then men, since they sympathize with their wives and fear for them, and finally the influential members of the family such as the mother and the mother-in-law.

The information provided must, above all, be concerned to reassure the public and familiarize it with normally occurring side effects of the methods and how to deal with these. Likewise, information should do a better job of correcting erroneous ideas about contraceptive methods and putting an end to rumors. Thereafter the importance of follow-up visits to gain confidence as to the method and promotion of the services provided in different places is necessary. It is also essential to sensitize the husband and influential family members about how to deal with side effects. When all gain confidence in the methods and feel that all these symptoms are normal and transient the drop-out rate will decline.

Good counseling is a primary communication channel, especially during follow-up visits, which should coincide with children's vaccination visits. Seminars in the clinics and home visits are also very effective in this field.

Mass communication methods are considered supporting elements to personal communication.

2.4 Development Of Communication Skills Of Family Planning Services Providers

Visitors to government clinics frequently complain of bad treatment by the health team, despite their satisfaction with the medical standards and the privacy of examinations, the reasonable prices, the waiting period, etc. The situation has improved to a great extent recently, though complaints are still heard about the inadequacy of the information provided to visitors about contraceptive methods and their side effects.

The demographic health survey of 1998 revealed that two out of five visitors stated that the service providers did not give them any information about methods other than the method they were going to use, and 50% of the visitors did not acquire any information about the side effects of the methods.

The target population is composed of the health team, consisting of the doctor and the nurse. There can be no doubt that good counseling about contraceptive methods and their possible side effects will reassure the acceptor and prepare her to deal with the method. Giving her a chance to ask questions and express her fears will increase her readiness to continue to use the method.

The most important method of communication in this field is continuous training and workshops about how to give counseling and the importance of communications to the clinic visitor and her peace of mind.

2.5 Raising The Performance Knowledge Standards Of Information And Social Services Providers And Mass Communications Workers.

Among the causes that have helped in the success of family planning in Egypt is the excellent, condensed information made available via mass media and personal communication.

The target group for this sub-objective are information and social services providers and mass information workers.

In spite of the conviction of this group regarding the issues in question and in spite of the exposure of the majority to training in the field of communication, its members remain in need of continuous refresher courses and provision of information about contraceptive methods, and especially new methods – in which respect they resemble newly weds in view of the fact that new factors enter the field continually. Similarly, they need to gain new skills to energize society, especially the workers in mass communications. This is to be done, naturally, through training programs, workshops, seminars, conferences and specialized programs, locally and abroad, to examine the newest systems and approaches to community activation.

2.6 Urging Influential Natural Leaders In The Community To Adopt Family Planning Concepts In Areas With High Fertility Rates.

In spite of continuous information campaigns over the last twenty or so years about the importance of family planning which have tackled it from several perspectives, opposition from the older generations in society remains, especially in the countryside of Upper Egypt, which has a high fertility rate. This, while in 1998 the total national fertility rate declined to 3.4, total fertility in the same year in the countryside of Upper Egypt was 4.5.

The target population for this sub-objective is the influential members of the family (the mother, mother-in-law, father-in-law) and community leaders such as men of religion and powerful women in the community.

Information campaigns can activate positive attitudes towards the impact on a small family of the family economy and affluence and, through creation of awareness of the dangers of recurrent pregnancy and labor and their effects on the health of the mother and child, and increased information and awareness about the health attitudes around the family planning, followed by provision of information about service provision centers, it is possible to create a positive attitude towards family planning and so win this influential group to the side of family planning. The most important means to convince family members are mass communication methods using drama because of its active effective impact on this group.

Community leaders are the most important target population and they can be reached through NGOs and sympathetic leaders and through discussion sessions and workshops that give an opportunity to these to express their ideas and hear opposing opinions.

Sub-objective 3:

Increased attention to and support for other dimensions of population and development issues

This is to be achieved through the following:-

3.1 Population Redistribution

a. Encouragement of movement to new residential communities.
c. Decreased migration from rural to urban areas
d. Development of slum areas.

3.2 Amelioration Of Population Indicators

a. Eradication of illiteracy
b. Education
c. Development of the productive capacities of men and women and promotion of small projects to raise the standard of living of the family.
d. Putting an end to child labor.
e. Raising the standard of preventive and curative health services and of reproductive health services, especially in deprived areas.

f. Emphasizing the importance of the role of civil society organizations in the improvement of population characteristics.

3.3 Sensitization to Gender Issues And Their Relationship To Reproductive Health

a. Gender equity with regard to rights, especially in the area of work.
b. Awareness among women and men of the necessity of equal treatment of children.
c. Empowerment of the woman and her participation in the development of the family and society.
d. Violence against women and its negative impacts on the family.

3.1 Population Redistribution

a. Encouragement of the movement to new communities

The population problem is not represented by the continuous population increase alone. There is another dimension, which is the maldistribution of the population, which is concentrated in a narrow strip along the Valley and in the Delta which does not constitute more than 3.5% of the total surface area of Egypt (one million square kilometers). Population density declines noticeably as soon as one leaves the Valley. Yet 98% of the total population lives on this narrow strip because of the fertility of the soil and availability of water.

Because of this government policy has been directed towards building new cities to absorb the increase in population and lessen crowding in the Valley and Delta.

Youth is considered one of the most important target groups in this context. Youth are to be encouraged to accept the build-up of and residence in these new cities and job opportunities, points of attraction, services and appropriate facilities should be provided for them, while the costs of owning or renting living units in the new communities should be reduced.

It is important also to address women, especially mothers and newly married women, to spur them to encourage youth to move to these communities and make new families there.

Among the required changes to be achieved through IEC in this respect are:

- Formation of positive attitudes among youth and new families towards the new communities and the job opportunities and services available there.
- Spurring youth to move to live and work in these new communities.

In this respect mass communications methods such as the press, radio and television may be used, especially television dramas, along with outreach through the organization of field visits to these cities for youth groups which could be covered by the media in order to convey their impressions and ideas.

Education also plays an important role in this respect through the population education programs in the academic curricula at the different levels, especially secondary and higher, and likewise school extended activities.

b. Migration from the countryside to the cities.

By migration we mean the movement of population from one geographic area to another. There is an internal migration within the country's borders and another external migration abroad. Migration may be temporary, seasonal or permanent.

Most migration is due to a discrepancy between pull and push factors. Migration from the countryside to the cities represents the most important form of the internal migration because the big cities, especially the capital, attract population from the small towns and the countryside, leading to increase of population in these cities, such as Cairo, in which most ministries and the various government offices and activities are concentrated, providing the pull of job opportunities and availability of services.

Migration creates new social problems and pressure on services, housing, transportation, and power, and causes pollution of the environment and the spread of crime.

To overcome this it is important to improve services and conditions in the countryside and the small towns. Rural development efforts have an important role in this field and the most important target population groups in this regard are youth and men of working and productive age.

Important required changes are

- Acquainting the target population to the effects of the migration on the geographic distribution of the population and the future of the rural development.

-Sensitizing them to the many problems facing them and their families due to this migration in housing, job opportunities and social stability.

Audiovisual methods of communication play a basic role in this field, especially drama (films, plays and serials).

c. Development of slum areas

Certain big cities in Egypt, especially Cairo and Alexandria, have witnessed unplanned growth, leading to many problems in the field of social and health services.

Cairo specifically grew after the Second World War. Its population in 1950 was two million, which has increased to more than 15 million. This is because it is an area of human attraction, not to mention the continuous flow of internal migration from the exporting governorates of Upper and Lower Egypt by those searching for job opportunities and the realization of a better standard of living in the cities. These slum areas have grown rapidly and lack the minimum of services such as clean drinking water, sewage and electricity, and they now encircle Cairo from the east and west. In addition industrial areas have grown up around Cairo which have attracted

thousands of laborers from the Delta and Valley, comprising what has been called the "poverty belt" around the capital.

This has led to the formation of dens of vice, crime and extremism in these areas. Given that these areas have become a reality, it has become important to develop the standard of their economic, social and health services in order to reduce the negative effects of these slums.

The target population in this field are the decision-makers, who should be invited to pay attention to these slums and to study their problems and give priority to the introduction of services. Another target group is providers of health services and reproductive health services, who should be persuaded of the importance of their roles in these communities. Youth are also among the groups whom it is important to familiarize with these services and their locations, and who should be urged to accept and benefit from these.

Mass communication methods are employed in this field (the press, radio and television) alongside posters and booklets for distribution.

Outreach channels may also be called on for help, especially seminars and meetings. The health services themselves play an important role in this respect as communicators.

3.2 Amelioration Of Population Indicators

Population indicators include education, health, the nature of the work force, social insurance and the degree of dependency in the community, technological improvement, etc.

a. Eradication of illiteracy

Egyptian society continues to suffer from an increase in the illiteracy rate among its members, especially women, in spite of efforts made to combat this. The dimensions of this problem are obvious from the continued leakage from compulsory education especially among females, and the treatment of children as a source of income, forcing them sometimes to desert education to join the employment market even if below the legal age.

Researches and studies have confirmed the relationship between positive behavior and education, whence the importance of eliminating literal illiteracy, as well as of paying attention to the elimination of workskill and cultural illiteracy.

It is important in this field to give first priority in the efforts to eradicate illiteracy to younger social groups comprising illiterate youth, and to deprived groups especially women and inhabitants of the countryside and poor urban neighborhoods, and to encourage them to as to the need to eradicate their illiteracy.

Also among the target groups also are educated youth, who should be encouraged to share in the national illiteracy and adult education campaign.

Use of mass communication methods in this field (especially television) complements outreach channels such as camps, youth troupes, youth clubs and the role entrusted to local voluntary societies and other non-governmental organizations.

b. Education

One of the most important priorities in this field is to provide basic primary education for children and to assure persons of working age access to appropriate skills. The size of society's needs in education depends on demographic shifts, especially the size and average growth rate of the school-age population.

In this respect there are numerous problems to be faced, in spite of the increase in schools and classrooms and in the number of students of compulsory education age who have been absorbed. Despite this progress complaints about the maldistribution of educational services, especially in the countryside and slum areas in the cities, are still be to heard. There is also increased crowding in the classroom and an increase in the school drop-out rate.

On the other hand, research and studies prove that achievement of a certain standard of education leads to a decreased birth rate, and impacts similarly on the decline in the death rate, especially if the educational programs include the essentials of public health and environmental improvement.

In this field the target population is all family members, and especially children, in order to sensitize them to the value of education and its importance, and in order to encourage them to continue their education and the importance of on-going life-long education, plus acknowledging adult men and women, who are to be sensitized to the importance of education and the dangers of dropping out.

It is also important to address decision-makers and officials to urge them to take the necessary steps to achieve the absorption of all students of compulsory education age, to eradicate dropping out and to work to raise the standard of educational services.

Mass communication methods may be relied on to achieve this, including the press, radio and television. The press may be used to a greater extent with regard to decision-makers and likewise radio and television, especially local radio stations and regional television channels which address a target population with largely shared characteristics and environmental situations.

In addition, opinion leaders, especially teachers, educators and religious scholars may be used, while some gatherings such as youth and women's clubs may be utilized, in addition to conferences, seminars and workshops.

g. Improving the productive capacities of men and women and the promotion of small projects to raise the standard of the family:

Decrease in the level of individual income and the standard of living of the family leads to the continuation of social and economic problems, which in turn lead to an increase in child labor and treatment of children as an basic resource for family income. From this an inappropriate attitude towards reproduction results and

decreased participation by women in economic activity, which in turn increases the birth rate.

This clarifies the importance of supporting the population indicators so that human resources may be converted into productive power characterized by efficiency. One of the options available in this respect is to encourage small industrial and productive projects (rural, residential and environmental) in the villages and small towns, and to support the role of the Social Fund for Development in providing appropriate job opportunities and granting loans to youth and women and helping them to carry out feasibility studies for their projects, as well as developing training programs to improve the productive capacities of Egyptians and to develop the rural woman.

The population groups targeted by the information messages in this field include men, women and youth, who should be made aware of these projects, and of the ways to benefit form them. Women should be made aware of their productive power and role in raising the economic standard of the family. Decision-makers also should be encouraged to introduce appropriate facilities for those wishing to benefit from small projects either through feasibility studies, loans, instruction, or the marketing of their products.

In this context, mass information methods can be used along with outreach channels. Special use can be made of youth groupings, especially of women, and attention should be paid to training methods and workshops.

d. Putting an end to child labor

The data indicate that 4% of children from the age of six to fourteen are active in the work force. This indicates a violation of child rights leading to social and economic problems. Among the causes are a decrease in awareness of the value of children's education among some lower-income social groups, especially in the Egyptian countryside, and the rise in the drop-out rate at the basic education stage, and the view that children are an prime source of family income. There is no doubt this phenomenon has a negative effect on these children, since they are deprived of the enjoyment of their childhood, and also on society, since it deprives children of their right to be educated, or to continue their education. Children also face poor health conditions and are exposed to physical debilitation, mistreatment and different forms of physical and psychological abuse. Allowing this situation to continue is one of the causes of increased reproduction for the purpose of introducing additional children to the employment market in order to increase family income.

In this field it is important to enforce the laws related to child support, to forbid their economic exploitation, and a make a commitment to the enforcement of the legislation and laws forbidding child labor. Penalties for violation of the law of compulsory basic education should be made more severe. At the same time, places should be made available to all students of the age of compulsory education. In addition, society's awareness of the importance of education and the disadvantages of child labor should be raised. The population groups that should be targeted in this way are the father and mother in the countryside, small towns, poor quarters and slums, as well as the political and educational decision-makers.

It is furthermore necessary to gain the support of the general public and its approval of the laws and decrees that forbid this inhuman phenomenon. For this purpose means of mass communication, the press, radio, and television, especially social drama, may be used, as well as outreach channels and NGOs and local voluntary societies in their allotted roles.

e. Improve the standard of the preventive and curative health services and the provision of reproductive health services, especially in deprived areas.

It is observed that the age structure of the Egyptian population is still young, in that children represent 40% of the total population. This is why a portion of health services must be aimed at children, putting these under pressure and leading to a decline in health conditions among children, especially in the countryside and urban slum areas.

This is exacerbated by low average individual income, low health awareness and the prevalence of illiteracy. The state exerts major efforts to improve the standard of the health service by increasing the number of hospitals and health and curative units, the number of beds in these, the number of doctors and nursing staff, and to raising their level of efficiency.

In addition to the above, it is necessary to pay attention to preventive medicine, especially related to maternity and childhood, and the provision of medicines, curative methods and health awareness, and to increase the number of family planning centers, especially in deprived villages, and to provide different means of contraception, plus training for the workers in these centers.

The target population is the political, social and health decision-makers, who should be urged to complete the health services in the deprived areas and to exert greater efforts to increase the standard of the services currently provided. Additionally, health services providers should be targeted in order to raise their awareness of the importance of their role and the importance of the development of their performance and to raise their level of efficiency. For this purpose means of mass communication are to be used, such as general newspapers, magazines, specialized medical periodicals and booklets, as well as radio and television, especially the educational radio stations which organize training and on-going education for doctors, and the specialized Horus television channel (transmitted by the Egyptian satellite NileSat), not to mention on-going training methods, seminars, panels and workshops.

f. Emphasizing the importance of the role of civil society organizations in improving population indicators

The role of civil society organizations such as NGOs, syndicates, federations, political parties, cooperatives etc. has become pronounced, especially in the last two decades of the 20th century, and the importance of the interaction of their role with the government and private sectors to achieve society's priorities in the field of continuous development has become obvious.

These organizations have a role in mobilizing public opinion and participation and in the implementation of population and development programs, especially in facing the

side effects and social dimensions of the privatization program. In addition they play a role in sharing in the provision of services (especially health services, reproductive health services and family planning services), and in efficiently making these available to users.

Information has a double role in this context. From one perspective, information is used to make these organizations and their role and mission known, in the improvement in the way they are viewed, and to encourage new volunteers to join their ranks and incite citizens to participate in their activities and to benefit from their services.

Among the population groups targeted in this field are members of local voluntary societies and other non-governmental organizations, as well as the general public. Mass information methods are the most important channels of communication that can be used. especially the press, radio and television, in addition to outreach channels.

3.3 Gender Awareness And Reproductive Health

a. Gender Equity

Women in Egypt have acquired many rights with regard to employment, particularly those included in the Permanent Constitution of 1971, which states that men and women are equal in political, social and cultural matters, and that public posts are open to both. This has resulted in an increase in job opportunities for women from 3 percent in 1970 to 18.5 percent in 1991. Similarly, the laws governing women's employment, such as Law no. 91 of the year 1959, ban discrimination on the basis of sex, while granting women certain rights such as maternity leave and a ban on the employment of women on night shifts, with a few exceptions.

However, and despite the increase in women's participation in the labor market in both the government and private sectors, there have been attempts to limit job opportunities for women, as part of a wave of opposition to gender equity. There have also been attempts to justify gender discrimination in employment and limit women's job opportunities to traditional areas. In addition, women are subjected to various forms of gender discrimination in terms of division of labor vis-a-is men. The percentage of women in high administrative positions and senior jobs does not exceed 13 percent. This is because of society's image of the working woman, which does not give her full credit and denies her capacity to bear responsibility. Men also enjoy most of the training opportunities that open the road for promotion to higher positions.

It is thus important to remove these restrictions, which limit women's opportunities for advancement and their ability to compete with men for higher administrative positions. Enjoyment of equal rights with men will undoubtedly enable women to participate in decision-making and contribute to increasing family income and living standards. It will also give them a feeling of economic security.

Population information should play a major role in advocating equal employment rights, and changing the passive image of the working woman presented through the media, especially drama. It should call upon society, specially decision-makers and

the general public, to provide help for women in performing their dual roles at home and at work. Direct channels and methods of communication such as seminars, discussion groups and symposiums can also contribute to such efforts.

b. Educating Men and Women About the Need to Treat Children of Both Sexes Equally.

Gender discrimination is clearly apparent in most Egyptian families. It can be seen in the way sons are treated compared to daughters, and in the rights and duties bestowed upon each. Discrimination still exists in the distribution of social roles and responsibilities within the family, and also in the way each sex in presented in dramas and text-books, which sustain through time a qualitative gap that can be overcome only with difficulty.

Hence the importance of educating both men and women about the necessity of treating their sons and daughters equally with regard to food, health care, education opportunities, and social, economic and political activities. It is also necessary to work toward changing the traditional view of the value of the son compared to that of the daughter, and to emphasize through population information and its methods, the social and economic value of the daughter and the necessity of upgrading that value.

The target population includes members of the family and children, as it is important to sustain the concept of equality between the boy and the girl from childhood through curricula and other educational activities. For this purpose, various information methods are used, especially social drama and women and children's programs. This is in addition to school teaching materials, such as books, and various educational activities that must be undertaken jointly by boys and girls and depend upon participation.

c. Women's Empowerment and their Participation in the Development of their families and societies.

The Egyptian woman has made great strides toward her advancement, developing her status and increasingly contributing to the building of her society. She has sought to acquire a larger share in moving society towards progress and development. Nevertheless, these steps fall short of the full realization of her constitutional rights.

The last decade of the twentieth century witnessed an increase in efforts made to develop the economic, social, health, political and educational capacities of women. This was meant to maximize their participation and increase the level of their contribution, for it has been proven that the return on investment in women's development is higher than in any other field.

Hence, the importance of rapidly implementing women's development programs becomes apparent. This requires preparation of public opinion to accept women's contribution in this field. The media have an important role to play in this respect, while part of the responsibility falls upon women themselves.

It is important to support the efforts made to develop women economically to become productive units that multiply and energize society's productive power. Such

development should be based upon the comprehensive development of basic social services, with priority going to education and health, not only in urban areas but also with full coverage of Egypt's villages and remoter hamlets. It is up to the media to help women recognize their capacities, and to motivate them to become educated and literate and to participate in training activities and benefit from opportunities provided for them to establish small projects and use available credit.

The target population in this area is the woman herself, in urban and rural areas. Mass media plays a basic role in this respect, particularly informational materials directed to women through programs on the radio and television, women's magazines, or women's columns in newspapers, in addition to women's clubs and voluntary associations, which use outreach channels and methods, and community leaders and extension workers.

d. Violence Against Women and its Negative Effects upon the Family

Some categories of Egyptian women are still subjected to different forms of physical or psychological violence within the family. This effects relationships within the family, negatively influences the socialization of children, and may lead to the break-up of marriages, and the spread of different forms of delinquency among children.

Violence is divided to two types:

First: Psychological violence, which includes the following forms:

Favoring sons over daughters.

1. Early marriage and marriage against the woman's will.
2. Polygamy.
3. Arbitrary divorce.
4. Desertion of the wife.
5. Depriving women of education.
6. Non-participation of women in decision-making.
7. A contemptuous attitude towards women on the part of men.
8. Abuse, in the work-place and street.

Second: Physical Violence, which includes:

1. Beating.
2. Female circumcision.
3. Rape.

Though the issue of violence against women has many social dimensions, the media have an important role in disseminating knowledge of its harmful effects, physical, psychological and social, on family and society, and working to change these practices and to minimize them to the extent possible. This can be achieved through improving women's image in the media, emphasizing her status, presenting models of positive relationships between men and women, condemning physical violence, and purging drama (films and serials) of improper statements or violent practices against women.

While man is the main target in this respect, it is important to create comprehensive awareness among all social groups of the harms of violent practices against women, which also violate religious and human values. For this purpose, mass media, and especially drama, are to be used because of their strong impact on attitudes and behavior and avoidance of direct guidance and advice.

Female Circumcision

The coming period will witness Ministry of Health and Population concern to correct misconceptions about female circumcision prevalent in Egyptian society, and its negative impact on girls' health. The target population for this topic includes fathers, mothers, grandparents, doctors, midwives, barbers, religious scholars, community leaders and officials.

The required changes in knowledge are to educate the public about the harmful health and psychological effects of female circumcision, to clarify religious positions on female circumcision, and to have it be considered a form of violence against women. Required changes in attitudes are to emphasize that a girl's behavior is not associated with female circumcision, that proper up-bringing and adherence to religious principles are basic, and that violence is inappropriate for sound education.

The public should be urged to change its practice, and abstain from female circumcision and violence against females. Health services providers should also be encouraged to stop female circumcision through training of doctors and midwives.

The use of women's and family programs, medical programs, and question-and-answer and religious programs on radio and television is among the most important communication methods to educate the target population. Also, the use of drama which treats the subject professionally helps to attract the public and helps it to benefit from the information message. The use of the press provides a large forum in which to explain the subject and its adverse health effects.

Outreach is considered among the most important channels of communication, especially in rural areas and Upper Egypt. Seminars should be held to clarify religion's view about female circumcision. Information materials should be printed, in addition to posters and brochures.

Early and Common-law (*'urfi*) Marriage:

Despite the efforts made in past years to increase citizens' awareness of the dangers of early marriage and the issuing regulatory statutes which put an end to arbitrary estimation of girls' ages, this practice still prevails in rural areas of Egypt. The law is manipulated by writing common-law marriage contracts which remain in effect until the girl reaches the age of 16—the legal age for marriage for girls—at which time an official contract is written.

Early marriage leads to early pregnancy, at a time (below the age of 20) when the girl's reproductive organs are not fully developed. This may lead to dangers or complications during delivery, such as vaginal hemorrhage and death. Moreover,

mothers at such a young age are socially and emotionally unqualified to provide complete care for infants. Early pregnancy results in the delivery of weak children with low immunity, which results in their being infected with many potentially fatal diseases.

Past years have witnessed a spread of common-law marriages among youth despite their negative impact. The required changes in this respect are to educate the target population about the negative effects of this practice and its dangers, and to change their attitudes and modify their behavior, in order to achieve positive impacts on reproductive behavior in terms of family size and characteristics.

Target groups include youths of both sexes, family members, influential relatives, decision-makers in order to urge them to take prompt actions, and famous writers and thinkers who are capable of influencing public opinion, in order to encourage them to raise and discuss these issues.

Mass media may be for this purpose, particularly those directed towards youths, family and women, in addition to social drama. Also, school and college teaching programs and other educational and cultural activities should be used.

Outreach channels, youths centers, sport clubs and women's clubs activities should also be used.

Sub-objective 4:

To upgrade the level of cooperation among all organizations working in population information to achieve the objectives of the National Population and Reproductive Health Program.

This is to be achieved through the following:

4.1 Exchange of information and research results among concerned organizations and programs.
4.2 Exchange of information about program activities and of information product among concerned organizations.
4.2 Establishment of a national IEC committee representing all concerned organizations.

The basic mission of the committee is to coordinate among all organizations and projects in the field of population and reproductive health, to follow-up and evaluate implemented activities, and review the National IEC Strategy annually.

4.1 Exchange Of Information & Research Results Among Concerned Organizations And Programs.

Data are considered one of the most important components of sound health planning. As for information and communication, data and situation analysis campaigns are the cornerstone of any successful communication program.

Many agencies and projects collect data through various methods, including research and studies with different research aims. Results are used by the concerned agencies then kept for the future. However, when another agency needs a similar study it may undertake it again, thus repeating work and wasting time and money.

Thus, it is useful for agencies and projects working in health and population to exchange available data and research results in this field.

Target Population

All agencies and organizations working in the field of health, population and population information.

Required Changes in Knowledge, Attitudes and Practice

Awareness that available information may be useful to many other agencies, taking the initiative in offering such information to them, and making all information available to all agencies for review and use, so that activities are integrated, not competitive, contradictory, or duplicated.

To achieve this objective, communication channels between agencies and projects should be increased and developed. Regular meetings, conferences, seminars and specialized workshops are among the means required. Also, a data base needs to be established within the National Information Committee. It would be useful for the Ministry of Health and Population to establish a web site where data and activities of the ministry and other agencies and projects working in this field are shown.

4.2 Exchange Of Information About Program activities And Information Production Among All agencies.

Each project or program implements a plan of activities to achieve its objectives. It also produces various information materials for its target audience.

Activities vary from training of different groups (media people, extension workers, population educators, health educators, doctors, nurses, community leaders, men of religion) to the implementation of outreach activities in the targeted districts and villages. Information production also varies from products for radio and television (drama, documentary films, serials, discussion programs, etc.), to the production of printed materials (posters, brochures, booklets, flip charts, etc).

While implementing activities, it may be discovered that the same activities are being implemented by another project or have been implemented before. For example, many projects and agencies have trained religious leaders and health educators several times. This may be useful sometimes, but it is more useful that projects working in the same field cooperate, so that each benefits from the other's experience, thus starting from where the other left off, and complementing the required information message.

Such repetition is found in the case of information production, particularly printed materials such as posters and brochures, which are produced repeatedly by several projects. Coordination among projects to exchange information production is useful, and when good quality products are made, the implementing project could be asked to produce sufficient quantities for other projects.

It is also useful that Ministry of Health and Population adopt the establishment of a center for collection and documentation of Egyptian information production in this field. Such a center is expected to become a reference for all agencies and projects working in health and population. Information production should also be disseminated through the internet and made available to all Egyptian and foreign agencies concerned.

4.3 National IEC Committee.

The establishment of a National IEC Committee on which all relevant agencies are represented, whose main mission would be to coordinate all agencies and projects in the field of population and reproductive health; follow-up and evaluate implemented activities; and review the National IEC Strategy annually.

The committee should include representatives of all concerned agencies and organizations, such as the mass media (television, radio and the press), youth organizations, women leaders, voluntary associations, information experts, religious leaders and all projects working in health and population.

The committee may print a guide to all organizations working in the field, issue regular newsletters about information activities undertaken by each, and exhibit the information product of each. The committee may also conduct studies and researches

on developing performance, the target population and the appropriate information message, and disseminate such information through the internet.

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

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

August 25, 1999

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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 *CSI*'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 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.

IMPLEMENTATION PLAN AND BUDGET

FOR

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

JULY 1, 1999 - JUNE 30, 2002

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

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LIST OF ABBREVIATIONS

AV	Audio/Visual
CPR	Contraceptive Prevalence Rate
CSI	Clinical Services Improvement
DHS	Demographic and Health Survey
FP	Family Planning
GOE	Government of Egypt
IEC	Information, Education and Communication
IUD	Intrauterine Device
JHU/CCP	Johns Hopkins University/Center for Communications
LE	Egyptian Pound
MCRA	Married Couples of Reproductive Age
MIS	Management Information System
MOHP	Ministry of Health and Population
MOI	Ministry of Information
MWRA	Married Women of Reproductive Age
NPC	National Population Council
OC	Oral Contraceptive
PIL	Project Implementation Letter
POP/FP	Population/Family Planning
PSP	Private Sector Program
PY	Project Year
QIP	Quality Improvement Program
RH	Reproductive Health
SDP	Systems Development Project
SIS	State Information Service
TA	Technical Assistance
TFR	Total Fertility Rate
USAID	United States Agency for International Development

1.6 Improved integration of IEC approaches based on interagency coordination among the SIS, the MOHP, the NPC, NGOs and other USAID subprojects.

2. Increased Demand for Contraceptives and their Effective Use generated through mass media and local outreach campaigns:

2.1 Increased knowledge of proper use of contraceptives and of positive reproductive health practices, especially among young adults;
2.2 Improved attitudes toward service providers, toward family planning and toward positive reproductive health, especially among young adults;
2.3 Increased communication between young people and their parents, their health providers and their spouses/fiances on family planning and reproductive health;
2.5 Improved reproductive health practices among young adults, including the adoption of family planning among young married couples.

3. Improved SIS Management Capacity through Institutional Development and Training:

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

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 Ativities)

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.

IV. INPUTS TO THE SUBPROJECT

Technical Assistance Inputs:
Long-term and short-term technical assistance shall be furnished by the Pathfinder-Pop/FP IV Project in the following areas:

Increased Demand through marketing communication
Capacity Building through training and MIS
Improved Policy through research

In addition, IEC consultant assistance may be obtained through the local cost budgets of the SIS/IEC Center.

Financial Inputs:

USAID: USAID funds will support SIS/IEC local program costs as per the attached budget (SIS/IEC Center Budget, **Table 3**). Financial inputs for expanded program and management costs will be provided by USAID. Committee fees for expanded program work are included in the local cost budget. To meet reporting and accounting requirements of USAID, complete records will be kept of the committees' constitution, the names of members attending and meeting agenda.

The costs of the SIS/SDP Initiative as outlined in the SIS/SDP Budget, **Table 4** will also be borne by USAID through the MOHP/SDP local cost budget provided to the SIS/IEC Subproject via Project Implementation Letters. (The SIS/SDP Letter of Agreement is attached as **Appendix A.**) Support of the services performed by the SIS for the SIS/SDP Initiative will be conducted through project-funded staff and committees as per the attached budget.

Government of Egypt: The Government of Egypt (GOE) Host Country Contribution (HCC) to the IEC Subproject is detailed in **Appendix E.** The GOE cash and kind contributions cover staff salaries, vehicle and plant maintenance and operation, and media time.

V. IMPLEMENTATION PLAN AND SCHEDULE CHART
(July 1, 1999 - June 30, 2002)

The following Implementation Plan and Schedule details activities planned by the SIS/IEC Center during the period July 1, 1999 - June 30, 2002.

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

THE SIS IE&C CENTER: A STRATEGIC OVERVIEW

Background

The IE&C Center of the State Information Service is Egypt's lead agency in family planning promotion. The Center conducts public information campaigns through an effective mix of mass media, community mobilization and interpersonal interventions. The SIS Center has headquarters in Cairo and a national network of 65 Local Information Centers (LICs) located throughout the country.

The goal of the SIS/IEC program, established in 1978 with the help of USAID, is to encourage Egyptians to have smaller families, with children well spaced, so that mothers and children may live healthier lives with more resources available for the care of each child.

The Government of Egypt has contributed free television and radio time, free newspaper and magazine space, and operating costs, such as staff salaries, office expenses. USAID contributions over the years have consisted of program funds for activities and materials, technical assistance, training, and commodities.

Campaign Strategies

In 1980, the Center launched its first national family planning campaign with the slogan "Look around you, Egypt Has Population Problem." The goal was to heighten public awareness of population issues and to inform the public of the benefits of family planning. This was a coordinated multimedia "blitz," utilizing drama, music, humor and cartoons to capture and hold the public's attention. The messages were delivered through television, radio, cinema spots, the press, print materials, seminars and educational films. The LICs conducted meeting, group discussions and local entertainments organized around the same family planning themes.

After 1985, SIS focused more sharply on providing specific family planning advice and information with the theme "Small Family Equals a Better Life." Messages now included detailed and frank discussions of different contraceptive methods, side effects and related health issues. A campaign to counter rumors and misinformation was launched. The refocused campaign made use of a variety of media formats to deliver its messages – television spots, soap operas, dramas, musical shows, radio quiz programs, poetry and religious reading and community outreach activities.

By 1988, political support for family planning was strong and religious support was increasing. A new cycle of materials was produced with the theme "The Choice is Yours." New emphasis was placed on the production of materials of high professional quality to attract attention and in acknowledgement of the increasing knowledge sophistication of the audience regarding family planning.

SIS next targeted the couple as the focal point of family planning decision-making and invited the support of husbands for this decision. The theme "Together We Can Make a Better Life" was again disseminated through electronic and print media and interpersonal channels providing local outreach with the help of LICs.

The Gold Star Campaign was a major promotional effort undertaken in 1993 jointly by the Ministry of Health and Population and SIS to improve medical service delivery and to publicize these improvements as a means of increasing increased client utilization. Again, a mix of media and formats was chosen for the campaign that is still continuing. Messages portray the quality of clinics earning the Gold Star award and encourage families to take advantage of the family planning/reproductive health services they offer.

The current strategy targets young people 15 to 25 years of age and continues the promotion of Gold Star. The aim of the youth 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. A new theme, introduced in 2002, addresses young families wanting to delay the birth of their first child. Because one of every five married women is under the age of 25, reaching young adults has become a national priority. The target audience also includes unmarried young men and women and future brides and grooms. The SIS youth campaign, launched in 1999 with the theme "Plan Your Life, Enjoy Your Life" brings the full resources of SIS to bear, television, radio, press, research capacity, training and local outreach, in a fully integrated multi-wave campaign.

Marketing and Promotion Strategy and Plan

for

Clinical Services Improvement

(July 1,1999 to June 30, 2002)

INCREASED DEMAND
-- Task 5 --

USAID Population Family Planning IV
Project No. 263-0267

With technical assistance from Johns Hopkins
University Center for Communication Programs

Marketing and Promotional
Strategy and Plan
for
Clinical Services Improvement
(July 1999 to June 2000)

INCREASED DEMAND
-- Task 5 --

I. BACKGROUND

Clinical Services Improvement (CSI) is a successful Egyptian not-for-profit institution that provides high quality family planning and reproductive health services at affordable prices. It operates 90 centers throughout Egypt, serving an estimated 400,000 women per year. Client revenues cover approximately 45% of CSI's total operating costs.

CSI Mission Statement

CSI is a not-for-profit Egyptian reproductive health institution. We meet the family planning and reproductive health needs of women, men and youth, through:

1. Provision of high quality and affordable family planning and reproductive services, nationwide in Egypt; and
2. Serving as a "center of excellence" in reproductive health for Egypt and the Arab region through a model center offering training, technical assistance and observational study tours to reproductive health professionals in the region.

Since CSI's establishment in 1987, it has developed a firm corporate identity as a provider of "quality services at affordable prices." CSI has further positioned itself, more recently, as a "relationship-based" service provider, capable of delivering on the promise, "CSI is here for you."

Under Pop/FP III, the marketing efforts focused on in-center counseling support materials and community outreach in the catchment areas of its centers. Additionally, in 1997, CSI instituted a new form of community service delivery and marketing called the Capacity Enhancement Initiative (CEI). CEIs delivered and marketed CSI services to areas with limited access to quality family planning/reproductive health services and linked villagers in these areas to nearby CSI centers as well as to other FP/RH providers in Egypt. The marketing strategy increased the volume of CSI family planning services by almost a third.

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Building on the momentum of the previous project, Pop/FP IV has continued to support CSI in its effort to create demand for family planning (FP) as well as other reproductive health (RH) services among defined market niches.

Family Planning remains a core business for CSI, accounting for almost 240,000 of new and returning client visits, or 60% of the roughly 400,000 total client visits (1999/2000). During 1999/2000, CSI received roughly 90,000 new FP client visits. CSI will build on its current strength, deepening its client base for family planning services during 2001/2002.

While CSI has yet to announce its expanded reproductive health service package formally, roughly forty percent of new and returning CSI clients sought and received other Reproductive Health (RH) services in 1999/2000. Among new CSI clients, more than half sought other RH services. During PY3, CSI will institutionalize select expanded RH service packages, testing demand for these services and analyzing their potential for generating new revenue. The non-family planning Reproductive Health (RH) services offered by CSI include:

- periodic medical checkups,
- individual RH counseling,
- premarital counseling
- treatment of reproductive tract infections,
- laboratory tests,
- prenatal and postnatal care,
- management of infertility,
- pap smear testing,
- breast self-exams and
- mid-life exams.

This document outlines the plan to market and promote CSI's new and existing FP/RH services to clients in its center catchment areas and beyond. It also identifies preliminary activities CSI will conduct to market its organization to donors and its institutional services to other FP/RH institutions.

II. POP/FP IV PROJECT AND COMMUNICATION GOALS

A. POP/FP IV Project Goal

CSI will contribute to the Government of Egypt's goal of reducing fertility.

B. CSI Communication Goals

The marketing communication goals of CSI are to:

- Increase demand for CSI FP/RH services
- Enhance institutional support of special CSI initiatives

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III. AUDIENCES

The marketing communication goals of CSI, one client-oriented and one institution-oriented, imply different types of audiences: Clients and Institutional Supporters. The main focus of the present Project Year (PY) 3 Plan is on client market.

A. Clients, or Consumer audience

Market segmentation analysis based on the Egypt Demographic and Health survey, 2000 (Underwood and Zanaty, 2001) has identified Reproductive Life Stage as a powerful determinant of demand for family planning services and products. Reproductive Life Stage reflects a woman's marital and parity status (unmarried, newly married without children, married with children), her fertility desire (wants children soon, wants to space, or wants to limit childbearing), and her breastfeeding status. While less data is available on demand for emergent reproductive health services, it is assumed that Reproductive Life Stage will play a useful role in predicting behaviors in this field as well (e.g., in determining demand for premarital services, pre- and post natal services, mid-life services).

The Pop/FP IV Demand Strategy, of which CSI is a part, markets branded services across the public private and NGO sectors to persons of different reproductive life stages.

The market opportunity for CSI lies chiefly among clients who can afford to pay. Underwood and Zanaty's classification of married women into three socio-economic status (SES) groups based on household goods finds 18% among the high SES group, 52% in the mid-SES group and 30% in the low-SES group. The average client payment for IUD services among these three groups was LE 27 in the high-SES group, LE 13.70 in the mid-SES group and LE 9.40 in the low-SES group. The mid-SES client payment of suggests that CSI should consider mid-SES prospects as its key market for revenue generating clients.

The size of the actual and potential FP market, according to Reproductive Life Stage and mid-SES is as follows (excludes pregnant and infecund women). Note that there is currently almost no met or unmet demand for family planning in the "0 parity, Want Soon" group. They are, therefore, less likely prospects for family planning in the short term.

Size of Family Planning Market

MWRA	FP Customers	FP Prospects	Total Market	Mid-SES Prospects*
Want Soon, 0-Parity**		595,000	595,000	309,400
Want to Space	1,210,190	382,165	1,592,355	198,725
Want to Limit	5,552,011	806,793	5,552,011	395,328
Total	5,955,407	1,189,958	7,760,597	903,453

*Mid-SES: 0-Parity MWRA, 52%; Spacers with unmet need, 52%; Limiters with unmet need, 49%.
** Not including 0-Parity pregnant MWRA

For demand generation purposes CSI family planning clients are classified into three main "Reproductive Life Stage" segments, using parity or fertility desire (desire to space, to limit) because of the ready availability of the data in the existing CSI records and the management information system (MIS). They are *Brides (zero-parity women), Beginners (Spacers), and Limiters (including younger and older limiters)*. An additional group, "Returning Clients" includes women of all life stages and is highlighted to stress the size of the group and underscore the importance of "client-maintenance" strategies for CSI's business planning.

- ***Newly Married Women, "Brides"*** Estimated market: 309,400 (mid-SES)
  At present, few newly married women seek family planning before the birth of the first child. But these women are excellent prospects for family planning *information and counseling* services as well as select reproductive health services such as pregnancy testing, prenatal and postnatal care, breastfeeding advice, etc.. The number of women seeking to postpone the birth of the first child through safe family planning practices is expected to grow in the future. In 1999/2000, 8.1% of new clients seeking FP/RH services at CSI centers were women with "0-Parity," mostly newly married women.

- ***Women wishing to Space births "Beginners"*** Market: 198,725 (mid-SES)
  The point of market entry for family planning in Egypt is after the birth of the first child. Among all married women, more than one third adopted FP after the first child. Among spacers using family planning, almost all have adopted after the first child.

  In 1999/2000, 61% of new clients seeking FP/RH services at CSI centers were women intending to space their children.

- ***Women wishing to Limit births*** Market: 395,328 (mid-SES)
  In 1999/2000, 39% of new clients seeking FP/RH services at CSI centers were women intending to limit childbearing. Limiters are treated in two subgroups, based on age.

  "Mindful Mothers," Aged 25-29
  "Mindful Mothers" are looking after young children and are in the midst of a transitional phase in their reproductive lifecycle. They are faced with the decision to continue to space or to select a method that would help them to limit their family size. Though comprising only 26% of new clients last year, this segment is expected to increase use of FP/RH services in the future.
  "Practical Planners," Aged over 30
  Practical Planners are women over 30 years who are practicing family planning in great numbers. With over 63% currently using any family planning methods, they are some of the most experienced and effective planners among all age groups. They have needs for contraceptive counseling and methods, breast and cervical cancer screenings, mid-life program services, medical check-ups and laboratory testing. In 1998-99, women over 30 accounted for 45% of all new CSI clients.

- ***Returning Clients***
  Returning clients, though they may also fall within the groups discussed above, are a special audience for whom CSI may wish to develop unique messages and activities. As an organization's most important clients, they represent loyal customers who may advocate CSI's quality services to others and provide the opportunity for CSI to address their other reproductive health needs. In 1998-99, returning clients represented 52% of all client visits.

CSI Share of Family Planning Market: Current and Projected

CSI's share of the family planning market has been variously estimated at 2.8% (EDHS:2000) and 4% (TA8: NPC Statistical Report). If CSI wishes to maintain its share of the family planning market, it must keep pace with the national growth in CPR as well as capture its share-equivalent of the new women entering the market due to population growth. The table below, generated from CPR points, estimates the total number of MWRA citing CSI as a source of service that are needed for CSI to maintain or to increase its share of the family planning market (3%, 4% and 6% share-scenarios included). It assumes a CPR increase of 1.5 percentage points per year (annual increase from1995-2000 was 1.64 percentage points) and MWRA population increase of 2.8% per annum (with the rate declining slightly over time).

Share of Family Planning Market

Year	MWRA (millions)	CPR*	FP Users (millions)	3% Share of CPR	4% Share of CPR	6% Share of CPR
2000	10.6	56.1	5.96	179,000	238,000	358,000
2001	10.9	57.6	6.3	189,000	252,000	378,000
2002	11.2	59.1	6.6	198,000	264,000	396,000
2003	11.5	60.6	7.0	210,000	280,000	420,000
2004	11.8	62.1	7.3	219,000	292,000	438,000
2005	12.1	63.6	7.7	231,000	308,000	462,000
2006	12.4	65.1	8.0	240,000	320,000	480,000
2007	12.7	66.6	8.4	252,000	336,000	504,000

*Assuming CPR increase of 1.5% per year

Adequate Supply of Family Planning Services: Existing Clinics and Clinic Expansion

CSI's current FP service capacity appears sufficient to meet the level of demand required to maintain its market share. The CSI Business Plan (prepared by Pathfinder) presents an analysis of existing CSI service capacity and percent utilization. Taking the CSI system as a whole, it appears that increased utilization of existing capacity can meet 2001/2 as well as near-term increases in demand for family planning. Capacity may be exceeded in individual clinics, however, necessitating the addition of examination rooms or additional shifts of personnel.

During PY3, CSI will also begin exploring models for the horizontal expansion of its service system through affiliation with new or existing clinics in preparation to meet increased demand for services.

B. Audience #2: Institutional Supporters

- ***International and Regional Donors for RH/FP Services***
  CSI has diversified its reproductive health services beyond family planning under Pop/FP III. One of the tasks of Pop/FP IV program year 3 will be to standardize and institutionalize services in all centers. This task will require the purchase of specialized RH lab equipment, training, and promotion of the services. Such tasks may require additional funding.

  Large international donors would be the intended audience for solicitation of funding for specialized equipment and training, whereas a regional organization may be interested in funding marketing communication approaches.

  In addition, CSI may also plan to contact donors to support the establishment of the future "Center of Excellence" in reproductive health for Egypt and the Arab region.

- ***Other FP/RH Institutions***
  In fulfillment of the CSI mission statement, CSI is envisioning a full, formal role as a model of improved family planning service delivery and cost recovery in Egypt. CSI's vision is to enable other institutions to expand FP/RH services, to improve the quality of their services and to plan and manage more effectively. CSI plans to offer training, technical assistance and observational study tours to reproductive health professionals in the region. Adding this important institution-building service will increase CSI's role in the Egyptian FP program and increase its sustainability. Donors inclined to fund special RH initiatives would be the target audience for unsolicited requests.

IV. POSITIONING

Beginning Pop/FP IV project with impressive improvements in quality of care, service volume, CYP, new RH services and cost-recovery levels, CSI has been in an advantageous position to increase client demand. CSI's past positioning identified it as the organization that delivered "quality services at affordable prices." While the affordability message remains a compelling promise and is still offered at the community level, CSI has expanded its brand position as a "relationship-based" service provider that delivers on the promise, "We are here for you." All strategic communication materials developed during Pop/FP IV convey this expanded brand image.

V. CSI STRATEGIC MARKETING COMMUNICATION ACTIVITIES

CSI marketing communication activities are of three types: 1) strategic analysis and planning, 2) activities to increase client demand, and 3) initiatives to market institutional support services.

A. Strategic Planning

CSI will continue to conduct analyses of the institution's market position, its marketing functions and its corporate image.

Objectives:
To improve CSI's marketing strategy, analyzing:

- CSI's institutional strengths, weaknesses and opportunities for growth,
- CSI's current market position, and
- CSI's image among potential clients and CSI staff.

Activities completed: (1999-2001)

- Marketing Audit: To examine marketing functions, authorities, and responsibilities.
- Positioning Analysis: To analyze CSI's current market position relative to other service providers and explore new possibilities for differentiating CSI services.
- CSI Image Review: To examine CSI's image, represented by logo and name, among customers, prospects and CSI providers to test level of recognition and plan any changes that may be needed.

Activities planned: (2001-2002)

- Analysis of new market opportunities for expanded reproductive health services, including premarital services, pre- and post-natal services, and mid-life services
- Evaluation of FP/RH Marketing activities, including brand recognition, catchment-area activities and media impact

B. Client Marketing Activities

During Project Year 3, CSI will fully implement its revitalized brand and position as a "relationship-based" service provider that delivers on the promise, "We are here for you." Implementation includes the integrated use of national and local mass media, catchment-area promotions, point-of-service communications, and public relations activities.

Objectives:

1. Improve recognition of CSI's identity among women,
2. Increase the percentage of women who understand CSI's image and can recall its range of services, and
3. Increase the number of service volume by 3%, specifically among niche audiences:
    - Newly-married women "Brides"
    - Women desiring to space births "Beginners"
    - Women desiring to limit births "Limiters"
        - Young limiters, aged 25-29 "Mindful Mothers"
        - Older limiters, aged over 30 "Practical Planners"
    - Returning clients

Activities completed: (1999-2001)

<u>Logo Development</u>

- CSI logo modified to maintain recognition, add color and include woman's face

Outreach Materials and Activities

- One-day clinics and CEIs to provide community-based, clinical services to women in the catchment areas of the CSI centers and underserved areas
- Client marketing brochure conveying CSI's key promise and array of expanded FP/RH services
- CSI mass-distribution flyer to announce CSI services and special events
- IEC kits developed for outreach workers to use during IPC encounters and group meetings
- CSI referral pads
- Community outreach activities with consistent key messages (megaphone car announcements, meetings, home visits, lotteries) to promote CSI services to potential CSI clients
- Distribute low-cost promotional ads such as circulars/discount coupons, direct mail, fliers to announce special events
- Purchase or obtain free promotional give-aways to create a daily reminder of CSI centers and quality of service
- Transportation to centers and to follow-up with drop-out clients
- Update community outreach database to ensure accurate records of events

Point-of-Service Materials in Centers

- Client Brochure developed (see above)
- CSI signs
- CSI poster
- RH/FP video
- Logo displays in centers
- In-center meetings

Mass Media

- Two 60-second TV spots marketing CSI FP and expanded services for airing on national and local channels
- Radio spot scripts drafted
- Radio talk show featuring local CSI doctors

Activities planned: (2001-2002)

Outreach Materials and Activities

- Continue one-day clinics and CEIs to provide community-based, clinical services to women in the catchment areas of the CSI centers and underserved areas
- Distribute client marketing brochure and CSI mass-distribution flyer
- Continue use of IEC kits for IPC encounters and group meetings
- Continue use of CSI referral pads
- Continue community outreach activities such as megaphone car announcements, meetings, home visits, lotteries
- Distribute low-cost promotional ads such as circulars/discount coupons, direct mail, fliers to announce special events and convey "moderate cost" message

- Conduct clinic "open-houses," offering entertainment programs and giveaways to attract local leaders and prospective clients
- Promote CSI and cross-referral within Private Sector Project (PSP) affiliated pharmacies; CSI marketing staff should visit local PSP pharmacies and provide location information and promotional items
- Promote CSI at local maternity hospitals
- Continue providing transportation to centers and conduct follow-up with drop-out clients
- Maintain community outreach database to ensure accurate records of events

Point-of-Service Materials in Centers

- Client Brochure distributed
- Post CSI signs
- Distribute CSI poster
- Continue use of RH/FP video
- Prepare video assembly with CSI spots
- Post logo displays in centers
- Continue in-center meetings

Mass Media

- Air two 60-second TV spots marketing CSI FP and expanded services on national and local channels (announcing clinic addresses or telephone contacts locally)
- Produce and air 5-7 Radio spots
- Inserts in Women's magazines
- Develop local press ads to publicize clinic locations
- Arrange local media coverage in conjunction with local events
- Arrange media events/promotions to take advantage of yearly calendar (e.g., mothers day promotion)

Public relations

- Conduct interviews, develop feature stories with local broadcasters and press
- Present CSI story during Pop/FP IV public relations events (PSP events)
- Feature CSI story and publicize locations in PSP "trade-association" newsletter

Other test-market activities: *Explore product specific promotions*

Use Year 3 to experiment with product specific promotions at selected CSI clinic test sites. Depending upon results/outcomes, expand promotions system-wide. Specific products/services to explore may include:

- Pregnancy tests. Pregnancy tests inevitably lead to other services. If a client hopes to be pregnant: a positive test may lead to pre-natal services and a negative test may lead to a follow-up exam and fertility counseling. If a client hopes to not be pregnant: a positive test may lead to counseling and pre-natal care and a negative test may lead to counseling and FP services. CSI should experiment with pregnancy test promotions and measure both direct results in pregnancy tests and related relationships stemming from this gateway service.

- Premarital services. Premarital counseling and exams represent a potentially large client base for CSI. CSI will want to explore how best to promote this new and important relationship building service. For example: is the target for promoting and purchasing this service the bride/groom or the parents of the future couple? Given the strong cultural values and family involvement in marriage, can premarital counseling/exams be considered an important part of the "check-list" for an upcoming wedding/marriage? CSI will want to explore several strategies in different markets to determine the most effective promotional approaches.

- Counseling only versus counseling and examination services. Pricing strategies for premarital services will want to explore various combinations of services including: stand alone counseling; counseling plus basic physical exams; counseling plus FP for couples wishing to delay (short term) a first birth; and other possible service combinations. Combinations can be based on client needs/expectations, service availability in the wider community, and appropriateness for establishing a long-term CSI - client relationship.

- CSI "club" membership or discount cards. CSI will want to explore opportunities for building/strengthening client relationships through programs designed to facilitate CSI follow-up and client loyalty to CSI services. Similar to airline mileage programs, affinity cards, and other relationship building tools, CSI should experiment with relationship building programs targeted to premarital service clients. This could include a CSI membership card providing discounts and/or value added elements associated with future pre-natal and/or FP (spacer) services.

C. Institutional Supporters' Activities for PY1-PY3

Donors and other NGOs have one thing in common. Both audiences are instrumental in supporting CSI's aim to expand quality FP/RH service delivery to Egyptian women.

Objectives:

- To arrange at least two meetings with potential funding agencies,
- To secure a grant for upgrading the RH/FP services and/or for establishing the Center for Excellence, and
- To begin talking with at least two NGOs about CSI's capabilities to provide training, technical assistance and observational study tours.

Activities:

- Design and printing of a "CSI Story" brochure and outline inserts, such as service statistics, financial reports, Center of Excellence status, list of services offered to NGOs, etc.
- Tailor "request for funding" or "services offered" letters for donors and NGOs
- Assist two local agencies (e.g., Universities) to establish quality CSI clinics

D. Monitoring & Evaluation

The computerized management information system allows CSI to collect, track and analyze data regarding service volume, costs, and performance of individual centers. This system also has the capability to carefully track the communication activities. Tracking will help determine which communication materials are effective in "pulling" clients into the centers.

For the "institutional supporters," CSI should record every request for funds or services offered (organization, proposal, date and amount) as well as responses to those requests.

Activities

- Tracking new client responses to the question, "How did you hear about CSI?"
- Track funding responses

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. increase the level and correct use of family planning (CPR) by increasing the use of private sector products and services
2. improve sustainability of the national population program by expanding the role of the private sector in the delivery of FP products and services

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 Ssector 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			

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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/CCP'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
1. Consumers (includes potential consumers)	**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, 1-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?)	BASELINE SOURCE: various IMPACT EVALUATION: Media monitoring firms Omnibus surveys 2000 EDHS
	Attitudes Increased / sustained positive attitude toward "Ask, Consult" service providers Increased approval of fp methods, specifically hormonals (injectables, OCs, incl POPs)	BASELINE: Gold Star, 1997 & 1998 EDHS IMPACT: omnibus surveys, 2000 EDHS
	Communication Increased spousal or intra-family communication on "Ask-Consult" related messages Increased consumer-provider communication in private sector	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 sales volume of pvt sector contraceptives Reduced "Unmet Need" for Spacing and Limiting (PSP contibution to...) Increased use of private-sector services (CPR)	BASELINE: Gold Star, 1997 & 1998 EDHS, IMS IMPACT: 2000 EDHS, EPTC, IMS

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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

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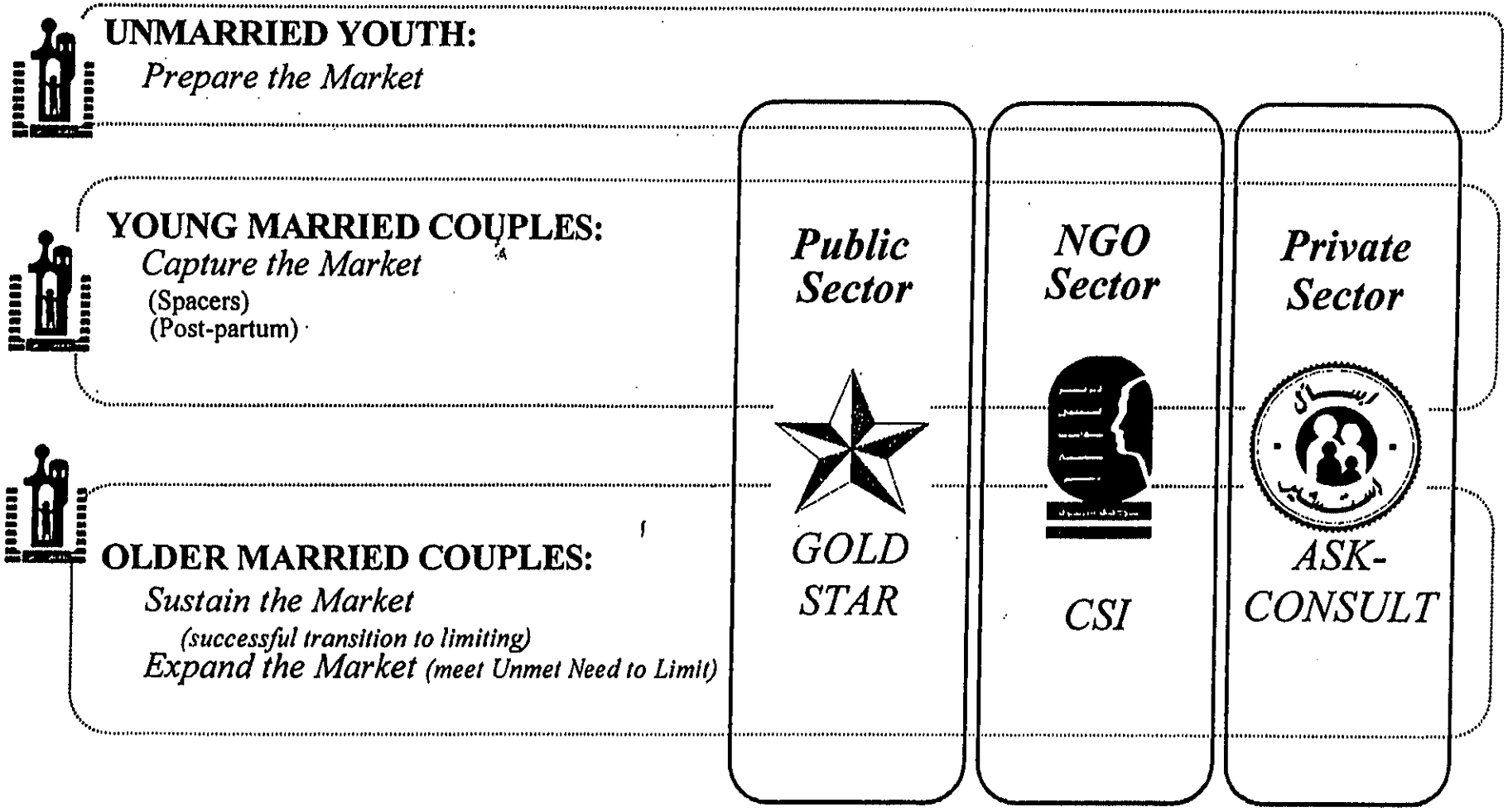
Attachment 1.

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