

**IEC DISSEMINATION WORKSHOP FOR STDs,
HIV/AIDS AND FP: TOWARDS DETERMINING THE
NEXT STEPS.**



Dissemination Report Series No. 2

**USAID Contract No. 623-0238-C-00-4058-00, Support to AIDS and Family Health
(STAFH) Project 612-0238.**

**IEC DISSEMINATION WORKSHOP FOR STDs,
HIV/AIDS AND FP: TOWARDS DETERMINING THE
NEXT STEPS.**

DATE : **JULY 27, 1998.**
VENUE : **LILONGWE HOTEL.**

***Prepared by : David Chilongozi, MPH.
Research Associate
JSI-STAFH Project.***

July, 1998.

Acknowledgments

JSI-STAFH and the author would like to express their appreciation to governmental and non governmental institutions for allowing their staff to participate in the workshop. We also wish to extend our sincere appreciation to the participants for their willingness to spare their precious time and contribute to the discussions.

Special thanks also goes to Mr. R.D.G.. Ngaiyaye for chairing the session, and Mr. B. Kaneka of the National Family Planning Council of Malawi, Mr. E. Nkhono of Health Education Unit of the Ministry of Health and Population, Mr. T. Mita of Media for AIDs Society in Malawi, Ms. Anne Domatob and Marc A. Okunnu, Sr., of JSI-STAFH for their presentations and facilitating the session.

Requests for further information or copies of this document must be addressed to the Chief Of Party, JSI-STAFHJ Project, P.O. Box 1011, Lilongwe, Malawi.

A. EXECUTIVE SUMMARY.

A half day Information Education and Counseling (IEC) dissemination workshop on STDs, HIV/AIDS and FP experiences and lessons was held at Lilongwe Hotel on July 27, 1998. There were 18 participants and 4 facilitators inclusive. Participants were Supervisors, Master Trainers and Trainer of Trainers of IEC project activities. Participants were drawn from the Ministry of Health and Population, non governmental media institutions and donor organizations. These participants represented a cross section of the media and IEC institutions in Malawi (See Appendix I. Workshop Program and Appendix II. List of Participants).

The workshop was conducted to share STAFH Project IEC experiences, lessons learned and recommendations for improving current and future IEC program planning and implementation.

B. BACKGROUND

JSI-STAFH Project goal is to complement and support the efforts of the Malawi government to reduce total fertility rate (TFR) and the incidence of sexually transmitted HIV infections. The Project's aim is to collaborate with partner agencies to increase contraceptive prevalence rate (CPR) and promote behavior change that will reduce the prevalence of STDs and HIV/AIDS. In order, to achieve its goal the IEC Unit of JSI-STAFH in collaboration with the National Family Planning Council of Malawi and the Ministry of Health and Population developed four key strategies, namely: (a) promoting the condom using "Condom First" or "Condom Plus Another Method" Initiative (b) linking women who want to use family planning to appropriate services as they become available (c) using every opportunity to prevent sexually transmitted HIV and (d) maximizing resources through collaboration with partner agencies and giving technical assistance in implementing reproductive health IEC programs.

As part of implementation, the IEC Unit of JSI-STAFH in partnership with other agencies has promoted service delivery and utilized opportunities for integration of STDs, HIV/AIDS prevention and FP messages and materials. It has also developed educational materials e.g. training curriculums, print media, mass media and small media. In addition, it has identified and addressed cultural and social barriers to the use of family planning and delay in seeking STD treatment. In this regard, lot of experiences, findings, lessons learned and recommendations in IEC have been generated. However, limited experiences, findings, lessons learned and recommendation have been disseminated. As a result, JSI-STAFH in collaboration with partner agencies planned to organize IEC dissemination workshop for STDs, HIV/AIDS and FP.

As JSI-STAFH is winding up a comprehensive dissemination at all levels e.g. from community to national levels is not feasible. Therefore, an approach to disseminate through Senior IEC Officers who should hopefully later disseminate to Junior Officers had been adopted. In view of this, a half day dissemination workshop on IEC experiences, findings, lessons learned and recommendations in promoting STDs, HIV/AIDS and FP services, developing, pre-testing, printing of IEC materials, distribution and use involving Senior IEC Officers in STD/HIV and Family Planning was conducted on Monday, July 27, 1998 at Lilongwe Hotel.

C. OBJECTIVES

- (a) To review STAFH Project IEC experiences, findings, lessons learned and recommendations in STD/HIV and Family Planning.
- (b) To discuss the implications of the IEC experiences, findings, lessons learned and recommendations for improving STD/HIV and FP program planning.
- (c) To identify issues of advocacy and policy if any arising from the discussion.

D. PROCEEDINGS

1. Official Opening

The Director of IEC in the National Family Planning Council of Malawi Mr. R.G.D. Ngaiyaye chaired the workshop. Before the proceedings, he asked Marc A. Okumu, Sr., Chief of Party, JSI-STAFH to officially open the workshop, he acknowledged the presence of the different media organizations and asked the participants for self introduction. The chairperson went on to express his concern for the absence of some organizations who could not attend this workshop because another IEC workshop were running concurrently in Mangochi organized by Ministry of Health and Population. He decried the incoordination amongst IEC players in Malawi. He, however, went on to ask the Chief Of Party to give a welcome remark. In his welcome remark, he thanked participants for sparing their precious time to attend the workshop. He went on to attempt to define the word "dissemination" and highlighted the importance of the role of IEC in dissemination of STDs, HIV/AIDS and FP. Thereafter, he said that IEC is not an end to itself, he emphasized the need to strive for strategies that would promote behavior change if a positive impact in reduction of sexually transmitted HIV infections and advocacy for FP services was to be achieved. In conclusion, he guided presenters that in their presentations they needed to focus on the following: (a) what were their organizations expected to do in IEC, (b) how did they do it, (c) what challenges and successes did they encounter (c) what lessons were learnt and (d) recommendations.

Ms. Anne Domatob, IEC Advisor, JSI-STAFH gave a key note address. In her speech, she outlined the JSI-STAFH IEC Strategy, objectives, achievements challenges, successes, lessons learned and recommendations; these will be discussed in detail later in the text.

2. Presentations and Discussions

There were four presentations from Ms. Anne Domatob of JSI-STAFH, Mr. B. Kaneka of National Family Planning Council, Mr. E. Nkhono of Health education Unit and Mr. T. Mita of Media and AIDS Society of Malawi. Apart from the four presentations there were four other papers which were not presented as time could not permit (*See Appendix VII*). These papers were from: Mr. M. Munyenembe of

FAO, Mr. J. Maganga of Malawi Institute of Education, Mr. Tozer Mhone of Department of Information and Whyngtone Kamuthunzi of District Education Office, Lilongwe. In each of the four presentations a brief background account was given by the presenter. Presentations and discussions were focused on three broad themes, namely: (a) IEC material development, distribution and use, (b) IEC supervision and coordination and (c) IEC issues requiring advocacy and policy backing. Experiences, findings, lessons learned and recommendations were discussed in-depth. Each presentation was followed by a general discussions in the three break out sessions matching with the above mentioned broad themes and a plenary. Below are the presentations titles, major issues raised and recommendations:

- (a) **STAFH Project Dissemination of IEC experiences, findings, lessons learned and recommendations. By Anne Domatob (See Appendix III. Presented paper).**

Major issues raised were:

(i) **"Condom First" or Condom Plus Another method" Initiative:** strong arguments were put forward based on studies conducted in Malawi that married women were vulnerable to HIV infections; it was necessary to promote the condom as the number one family planning method in clinics, communities and private health service delivery programs. In the event that women choose hormonal methods, the IUCD or VSC, they will be encouraged to use the condom as well. It was further argued that this strategy will be supported by a policy that makes "free" condoms readily available at health facilities and aimed at complementing Population Services International (PSI) Chishango Marketing Program.

However, it was reported that the Ministry of Health and Population has rejected the Condom Initiative outright. Some participants observed that the Ministry might have rejected the initiative probably due to lack of adequate briefing on the issue.

It was recommended that:

- *the NFPCM should take lead to advocate and present the recommendations to the Ministry of Health and Population to review the "Condom First" or "Condom Plus Another Method Initiative".*

- (b) **Coordination and Supervision of IEC Activities in family Planning, STDs, HIV/AIDS and Reproductive Health : The Role of Family Planning Council of Malawi. By Mr. B. Kaneka (See Appendix IV. Presented paper).**

Major issues raised were:

(i) **Supervision:** it was reported that there is minimal supervision and occasionally none existence in IEC programs at national , regional, district, health centers levels. Reasons ranging from lack of funds to travel, lack of personnel and poor organization were cited. It was also noted that IEC Officers had inadequate training and lacked supervisory skills.

(ii) **Coordination:** it was reported that despite formation of the National IEC Committee a body comprising public and private sector health and non health institutions, and mandated to coordinate IEC activities, the committee remained inactive. In its mandate the Committee is supposed to : review IEC materials before publications, enroll members to the committees and meet regular to discuss any other issues pertaining to IEC program operations.

It was recommended that:

- *to explore possibilities of training more IEC officers both locally and externally to increase quality and quantity of trained officers. In addition, to review the supervisory structure in IEC programs and aiming at improving supervisory skills.*
- *to review and update membership of the IEC Committees, it is assumed that a review and update of membership might invigorate the committees' operation capacity.*
- *formation of task forces in the National IEC Committee to work on specific issues e.g. gender, FP, STDs and HIV/AIDS. The Task Forces were viewed as action oriented than the broad based National IEC Committee.*

(c) **National IEC Project for AIDS/STDs Prevention and Family Planning: Media and AIDS Society (MASO), By Mr. T. Mita (See Appendix V. Presented paper).**

Major issues raised were:

(i) **High attrition rate of desk Officers:** it was reported that the reasons for the attrition was due to low incentives offered to the officers. The attrition has affected the Media and AIDS Society of Malawi. Officers who were originally trained have joined other organizations for "better jobs". Reasons to this end were lack of "a good compensation package" for the desk officers.

(ii) **MASO IEC messages were too wide:** it was reported that MASO did not accomplish its intend task because its messages were not target specific. However, MASO contributed its failure to lack of funding, transport and personnel. Much as the participants agreed to the above mentioned reason, they also felt that if MASO IEC messages were target specific it could have achieved its intended result.

It was recommended that:

- *MASO should develop and produce target specific IEC messages.*
- *MASO should find means of sustaining itself than depending on donors.*

(d) IEC Material Development, Distribution and Use for STDs, HIV/AIDS and FP.
By Mr. E. Nkhono (See Appendix VI. Presented paper).

Major issues raised were:

(i) IEC material development without following process: it was reported that some organizations are developing IEC materials without following the proper development process. This was an issue of concern, participants felt that organizations involved in developing IEC materials should follow the procedure as outlined below: first conduct a research \Rightarrow compile a report \Rightarrow segment target group \Rightarrow develop message (target specific) \Rightarrow pre-test messages \Rightarrow \leftarrow segment target group. This approach is called a "P" (See Appendix XI). Such messages are rarely reviewed by the National IEC Committees. However, the messages are produced and aired on the radio or any other form of media. Occasionally, such materials have conflicting messages and misleading the public.

On a separate note, it also reported that there are limited or no IEC materials for the blind people in STDs, HIV/AIDS and FP. Despite that, there are over 20,000 registered blind people in Malawi. Participants felt strongly that blind people are equally vulnerable group to HIV acquisition and needed preventive IEC materials on STDs, HIV/AIDS and promotion on FP services targeting them.

(ii) IEC material distribution: it was reported that IEC materials are dumped in the regional Health Offices (RHOs) and District Health Offices (DHOs). This entails that the users or consumers do not have access to the IEC materials. Lots of explanations came up why materials are dumped e.g. (a) consumers have not asked for the IEC materials (b) not all districts have IEC Officers who could take charge (c) lack of commitment and transport. It is apparent from the discussions that there are several problems surrounding IEC material distribution e.g. from the national, regional, district to community levels. It requires systematic multisectoral approach to resolving these problems. Suggestions like: (a) sensitizing the District Development Committees to the importance of IEC materials who in turn would relieve the problem of transport (b) sensitizing the District Health Team as first approach before the District Development Committee and (c) IEC material producers must budget for the distribution of the materials they produce. Below are the recommendations made by the group on the issue.

(ii) IEC material Producers and Users: it was reported that some IEC materials are distributed with a user guide while others were not. It was also noted that users guides have been developed in English for most IEC materials in Malawi and there is a need to translate materials in vernacular languages.

It was recommended that:

- all organizations producing IEC materials should follow the "P" approach.
- all IEC materials developed or produced must be reviewed by the National IEC Committee.

-
- *organizations must consider developing IEC materials for the blind in STDs, HIV/AIDS and FP.*
 - *a feasibility study be considered to examine factors which hinder IEC material distribution at national, regional, district and community levels in Malawi.*
 - *all IEC materials must accompany a user guide preferably translated in appropriate vernacular language.*

<ul style="list-style-type: none"> • Inappropriate deployment of trained and well experienced IEC personnel. • IEC Committee members do not show commitment to the National Committee. • Gross inadequacy in terms of quality and quantity of IEC trained officers. 	<ul style="list-style-type: none"> • None • None • A few IEC personnel have international recognized training. 	<p>country should be deployed accordingly and promoted in IEC positions.</p> <ul style="list-style-type: none"> • Reminders have been sent • Explore probabilities of training more IEC officers both domestically and internationally. 	<p>policy makers and partner agencies.</p> <ul style="list-style-type: none"> • Government of Malawi, donors, NFPCM and partner agencies.
--	---	---	--

Table 2. IEC Material Development, Distribution and Use for STDs, HIV/AIDS and FP.

NO.	Findings, Lessons & Recommendations	Action Taken	Action To Be Taken	Responsibility
1.	Some agencies follow normal process on material development while others do not.	<ul style="list-style-type: none"> • Some individuals have been identified by NFPCM and sent for training on material development. • Workshop have been organized and officers trained to follow material development process. 	<ul style="list-style-type: none"> • All agencies should make sure that the process for material development is followed and that material developed go through the National IEC Committee to ensure uniformity and avoid conflicting messages and duplication. 	NFPCM
2.	Most IEC materials that have been developed have not been reviewed by the National IEC Committee.	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • All IEC materials developed by agencies should go through the National IEC Committee. • To re- assure agencies involved in material production that the review process by the National IEC Committee will not delay production and implementation. 	NFPCM

3.	There is no inventory of IEC material	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Inventory should be made accessible to all IEC players. 	<ul style="list-style-type: none"> • NFPCM
4.	Materials are not reaching the target population, probably due to: <ul style="list-style-type: none"> • Lack of commitment • Lack of transport • Operating in isolation • Lack of coordination 	<ul style="list-style-type: none"> • Some materials have accompanied a user guide while others have not. 	<ul style="list-style-type: none"> • Develop user guide, print, distribute to all users. • Feasibility study to be conducted on factors that hinder the effectiveness of IEC material distribution in Malawi. 	
5.	Use of materials: <ul style="list-style-type: none"> • User guide to have adequate information • Production of IEC materials should be in adequate numbers for the target population e.g. leaflets. • Regular training on the use of user guide. 	<ul style="list-style-type: none"> • None • 30,000 IEC materials were produced and were reported from district hospitals as not enough. • None 	<ul style="list-style-type: none"> • Production of over 100,000 IEC material is a desirable estimate. • Plan training in use of user guide. 	<ul style="list-style-type: none"> • Partners in IEC • NFPC

Table 3. IEC ISSUES OF ADVOCACY AND POLICY

NO.	Findings, Lessons & Recommendations	Action Taken	Action To Be Taken	Responsibility
1.	The MOH&P has rejected the "Condom First" or condom Plus Another Method" Initiative	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • MOH&P should revisit their stand. 	NFPCM, MOH&P
2.	Accessibility to family Planning services	<ul style="list-style-type: none"> • Launching of the FP Logo 	<ul style="list-style-type: none"> • Publicize the FP logo on the radio and in papers 	MOH&P, NFPCM, MASO
3.	Men and youth motivation to attend FP clinics	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Male and youth services to be integrated into other services on daily basis, to be expanded to youth clubs and outpatients department. 	MOH&P, CHAM, BLM
4.	Audience research for comprehension and acceptability.	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Encourage the sharing and use of research findings. Action research must be done timely. 	NFPCM
5.	A weak financial base for MASO	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • MASO should find means of sustaining itself than depending on donations. 	MASO
6.	High attrition rate of desk officer e.g. MASO	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Advocate for the creation of health 	MASO & Ministry of

7.	MASO targeting was too wide	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • desk in media organizations • MASO should make target specific messages. 	Information. MASO & AIDS Secretariat.
8.	IEC sub Committees inactive	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Review the role of the IEC subcommittee to reduce delays in reviewing materials. • IEC subcommittee to monitor and standardize messages and should not be a clearing house. • Should coordinate and disseminate IEC materials. 	
9.	Men and youth attendance at family Planning clinics	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Create an enabling environment to allow for the dissemination of FP messages to youth in school. 	Ministry of Education and Culture.

4. Evaluation.

An evaluation was conducted to review the effectiveness of the meeting and set improvement targets for the future meetings. We adopted an evaluation tool from "The Skills Development Hand book for Busy Managers" by Pat O'Reilly 1993, Mac Graw-Hill International (UK) LTD and made modifications to suite the meeting (*See Appendix XII. Evaluation tool*). The tool tested three areas, namely: (a) How well were participants briefed/prepared before attending the meeting ? (b) How well was the meeting managed? (c) How effectively were decisions turned into action? The assessment rating scale ranged from 4 to 1, whereas 4 represented excellent and 1 weak needing improvement in descending order.

Of the 18 participants only 13 filled the evaluation tool. Eighty eight percent (n=11) participants indicated that the meeting was managed well and decisions were effectively turned into action. However, 22 % (n= 4) indicated that they were not well prepared/ briefed before attending this meeting. Reasons for dissatisfaction were: (a) agenda not mailed in advance to the participants, and (b) participants did not have a chance to influence the agenda. Ninety percent (n= 16) felt that decisions were effectively turned into actions. Over 80%(n= 14) participants proposed that the session duration should be extended to one full day rather than half day. Participants felt they were rushed through the sessions.

The above mentioned findings indicate improvement in areas of effectiveness of turning decisions into actions as compared to the first meeting which scored 52.2%. Areas of who well were the meeting managed need improvement as we have scored 2% below what we scored in the first dissemination workshop in June, 1998. Furthermore some participants felt that other players IEC were not invited to this forum e.g. Population services International (PSI) and PVOs. We acknowledge the concerns and we will work towards improving areas where shortfalls were noted.

5. Closing remarks

The chairperson, in his closing remark, thanked participants for their encouraging participation in the workshop. And assured them of the JSI-STAFH commitment through collaboration with its partners in improving the current and future IEC programs in Malawi.

F. CONCLUSION.

In conclusion, the organization of the workshop was fairly good. As it turns out to be the second dissemination workshop of the series of half day workshops we feel there is room for improvement. Of the twenty seven participants invited eighteen reported for the workshop. And most of these were represented by their colleagues and such arrangements were communicated to the workshop organizers prior. This was so because a similar IEC workshop was concurrently running in Mangochi hence splitting participation of IEC officers.

Despite the low attendance the participation was good. The presence of public and private sector participants drew lots of issues for discussions in IEC for STDs, HIV/AIDS and FP.

There were delays in opening the session because by the time the session expected to start few participants were present. The chairperson decided to delay the discussions to accommodate late comers. The discussions and presentations ended on time.

We strongly feel that we met our objectives. And it is our understanding that those individuals or agencies who have been allocated responsibility to follow-up or implement an activity will seriously consider doing so.

Appendix I.

JSI-STAFH : REVISED PROGRAM FOR IEC DISSEMINATION WORKSHOP.

VENUE: Lilongwe Hotel

DATES: July 26-27, 1998.

DAY 1 Sunday, July 26, 1998.

TIME	ACTIVITY	FACILITATOR
10.30 A- 5.00P	Welcoming participants	Driver

DAY 2

Monday, July 27, 1998.

7.30- 8.00A	Registration	Accounts
	CHAIRPERSON: MR. B. NGAIYAYE	
8.00- 8.10A	Welcoming remarks	Marc. A. Okunnu, Sr.,
8.10-8.40A	Background and Introduction to the Dissemination of IEC experiences, findings, lessons learned and recommendations.	Anne Domatob
	Presentations by various collaborators on IEC Supervision, Coordination, Issues of advocacy and policy, and material development, distribution and use.	
8.40-8.50A	National Family Planning Council Malawi	Mr. B. Kaneka
8.50-9.9.05A	Ministry of Education	Mr. J. Matola
9.05-9.20A	MASO	Mr. T. Mita

9.20-9.35A	Regional Health Office (S)	Mr. H.D.Kamkwamba
9.35-9.45A	Health Education Unit	Mr. E. Nkhono
9.45-10.15A	<i>TEA BREAK TEA BREAK TEA BREAK</i>	
10.15-12.00A	Break Out Sessions: <ol style="list-style-type: none"> 1. IEC Coordination and Supervision. 2. IEC Material development, distribution and use. 3. IEC Advocacy and Policy Issues 	Facilitators
12.00A-1.00P	Plenary	Chairperson
1.00P-	<i>CLOSING REMARK, Evaluation and Lunch</i>	Chairperson

14

**List of participants to the IEC workshop
Lilongwe Hotel, Monday, July 27th, 1998.**

Nos.	Name	Designation	Address
1	Mr. M.W.B. Munyenembe		Ministry of Agriculture FAO, Population Project,
2.	Mr. J.B.K. Nkhoma	Senior HEO	MOH&P
3.	Mr. Joseph Matola		Ministry of Education, LL
4.	Mr. M. Chatuluka	Reproductive Health Officer	GTZ, Liwonde
5.	Mr. J.L. Maganga		MIE, Box 50, Domasi
6.	Mr. E. Sabakati		Banja Lamtsongolo, Box 3008, Blantyre.
7.	Mr. Matola		MOWYCS
8.	Mr. Shumba	EU/AIDS Team Leader	EU/AIDS
9.	Mr. D. Chihuzi		Youth Project
10.	Mr. G.C.E. Chowa		RHO (C) Box 95, LL
11.	Mr. W. Kamthunzi		DEO-Rural, LL
12.	Mr. J.M Mwala		RHO(N) P/Bag 1, Mzuzu.
13.	Mr. H.D. Kamkwamba		RHO (S), Box 3, Blantyre.
14.	Mr. Kubwalo		DHO, Box 1274, LL.
15.	Mr. R. Chizimba		Information Dept, Box 494, Blantyre
16	Rose Chinyama	Acting Program Manager	AIDS Secretariat
17	Betha Mweso		MBC, LL
18	Mr. Tony	Director	MASO
19	Mr. E. Nkhono		HEU
20.	Mr. B. Ngaiyaye	Chairperson	NFPCM
21.	Matase Mkwamba		MOWYCS
22.	Anne Domatob	Facilitator	JSI-STAFH
23.	Christopher Mzembe		SCF-USA, Mangochi
24.	Marc A. Okumu, Sr.,	Facilitator	JSI-STAFH
25.	Mr. Kaneka	Facilitator	NFPCM
26.	Linda Andrews	STAFH Project Team Leader	USAID
27.	David Chilongozi	Facilitator	JSI-STAFH

Workshop to Develop IEC Materials on Integrated AIDS, STDs and Family Planning for Graphic Artists and IEC Personnel

Twenty graphic artists from various newspapers and organisations and IEC personnel from the National AIDS Control Programme and Health Education Unit met in Mangochi for a week to develop materials for the prevention of AIDS and STDs and promotion of Family Planning in Malawi.

The objective of the workshop was to develop IEC materials for publication in newspapers and also to assist in developing posters.

Some of the materials developed during the session were used in the MASO newsletter, and MASO Calendar posters.

Development of messages was done after the participants were briefed on the HIV/AIDS/STD and Family Planning situation in Malawi. Participants were assigned specific messages from which to develop the materials.

Dissemination of prevention and promotion messages by Graphic Artists continue to appear in the local media.

Support to Media Institutions for News/IEC Materials Published on AIDS, STDs, and Family Planning.

16 Journalists from various newspapers and Malawi Broadcasting Corporation(MBC) went on two material gathering tours in the Northern and Central Region of Malawi.

The Journalists visited AIDS prevention and care projects including the Tovwirane Resource Centre, Ekwedeni AIDS Prevention Project, Baula AIDS/STD and Family Planning programme run by Livingstonia CCAP Synod, Home Based Care Programme in Rumphu and Kasola Orphan Care Project in Karonga District which they found to be very educative as could be judged from the articles appearing in the newspapers and feature programmes on radio. The material gathered was featured in newspapers and radio programmes on MBC. With the assistance of the National AIDS Control Programme material was also gathered for the production of a video film on AIDS Prevention and Care, and Family Planning

Production, Design and Distribution of Newsletter.

During the Project MASO has been able to produce three newsletters as samples of how AIDS and family planning stories could be written in an interesting manner.

The first issue was distributed in two ways:

As an insertion in the already established local newspapers:

The Weekly Chronicle

The Democrat

The Nation

Postal Distribution to organisations working on AIDS, NGOs Funding agencies as well as policy makers in the public and private sectors.

Dissemination of Information on HIV/AIDS, and Family Planning

This was done to keep the media well informed of what was going to take place in the field of the three problem areas of HIV/AIDS, STD and Family Planning.

Information Sheets were produced covering these activities:-

JSI National Coordination Conference.

National Conference on AIDS

JSI grant signing ceremonies

World AIDS Day 1996/97

NACP Review of 1996 activities and plans for 1997

International Conference for People Living with HIV/AIDS

National Launching of the UNV Programme in Malawi

Launching of the Family Planning Logo

World AIDS Campaign 1998

MANASO National Conference

Annual Coordination meeting for JSI-STAFH Project

NGO Quarterly Meetings

Death Announcement of Winnie Chikafumbwa, National Coordinator and Founder

National Association of People Living with HIV/AIDS in Malawi (NAPHAM)

Death announcement of Ndanyo. Mwagomba, first President of Youth Arm

Organization

Don't ban Straight Talk radio programme

Media Campaign and Skills Development Workshop

Work Sessions on HIV/AIDS STDs and Family Planning for media personnel(3).

5. Production and Broadcast of Radio Jingles on AIDS, STDs and Family Planning

MASO produced 8 jingles in English, Chichewa, Yao and Tumbuka on the prevention of HIV/STD transmission through sex. All 16 Slots were broadcast on the Malawi Broadcasting Corporation.

The dissemination of messages through radio jingles is an effective way of reaching the general public. However, due to underestimated funds for broadcast it was impossible to have the jingles aired adequately.

6. Support to Traditional Media Through Integration of Family Planning, HIV/AIDS and STDs Prevention Messages into Village Cultural Festivals

In order to be able to reach the majority of Malawians living in rural areas who may be illiterate, or may not be able to afford a radio or the batteries it was decided to use a different approach to reach this audience.

Traditional media which relies on sharing information through the word of mouth was used. The pilot phase used District AIDS Coordinators (DAC) to identify groups who were give accurate information about the three subject areas and then on a given day a recording team of MBC/MASO would come and the 'best' groups would be given cash prizes.

Some of the groups had to be assisted with transportation from their areas to the recording centres.

MASO turned to traditional dances which have been used all along to disseminate information of all kinds.

Eleven Cultural Festivals were conducted in these ten districts:-

Chikwawa
Mwanza
Thyolo
Mulanje
Mangochi (5b) Namwera
Dedza
Nkhotakota
Mchinji
Nkhata Bay
Rumphi

The Cultural festivals were held to realise three of MASO's objectives:-

To stimulate a more positive attitude to the AIDS epidemic from those with HIV/AIDS, the community and media practitioners so as to bring about change in attitude and behaviour.

To advocate for adequate AIDS education to all sectors of the Malawi Society which should be delivered in constructive and simple language and positive images, avoiding stigmatisation and creating stereotypes, fear and hopelessness.

To lobby and advocate for change in some cultural/traditional practices that are a risk to HIV infection.

The overall objective was to integrate messages on HIV/AIDS/STD prevention, and the promotion of modern methods of Family Planning into cultural dance festivals.

Audience Research (Focus Group Discussions)

MASO conducted an Audience Research on Risky Behaviours Associated with HIV/AIDS/STD Transmission, and Family Planning Practices in Malawi.

A lot of studies have been conducted in Malawi on knowledge attitudes and practices on HIV/AIDS and Family Planning. These studies indicate that knowledge is over 90%. It is, however, disturbing to note that practice continues to be very low. This is evident from the continuing increase in HIV positive and STD cases, and the low uptake of Family Planning methods (Malawi DHS 1996).

The study dealt with sexual and reproductive Health issues of HIV/AIDS, STDs and Family Planning. The three are directly linked in that the presence of the STDs, individuals are predisposed to HIV. At the same time becoming pregnant in the presence of HIV accelerates one to develop full blown AIDS. It is also known that consistent and correct use of Condoms reduces the spread of HIV/AIDS/STDs, and helps avoid unwanted pregnancies.

Objectives

To investigate the existence of risky behaviours towards contracting HIV/AIDS, STDs and unspaced child births.

To determine factors which promote the existence of risky behaviours

To assess people's attitudes and practices towards the behaviours being promoted in family planning, STDs and HIV/AIDS programmes.

To determine perceived obstacles in HIV/AIDS, STDs and Family Planning programmes.

To develop recommendations to promote safe sex, and practice modern family planning methods available in Malawi.

Study Type

This was a qualitative cross-sectional and community-based study.

Sample Consideration

The sample focussed on tribes as the Malawi society comprises of people with different cultural backgrounds traditions and values in the three regions of the country.

Findings

The main findings were essentially based on cultural practices which continue to play an integral part in HIV and STD transmission, and hinder the practice of family planning. These include Wife Inheritance, (Chokolo) Cleansing (Kuchotsa Fumbi/Fisi) and Initiation Ceremonies (Chinamwali) among others

It came out clearly from the FDGs that the perception is that failure to observe the recommended rituals leads to death. The traditional leaders insisted that observing the rituals was good for the men, families and the communities.

A study by Drs Kornfield and Namate in Phalombe in southern came up with almost similar findings but the Community is willing to maintain the symbolism without actually doing the practices that can lead to HIV/AIDS. This is a win win situation.

Cultural practices that restricted couples from having sex for periods ranging from 6 months to two and half years were likely to put the male at risk. Such practices encourage promiscuity by the male who, it was said, cannot wait that long without having sex.

The Focus Group Discussion (FGD) data suggests that men have the final say in reproductive health matters and yet some of them are ignorant about how modern methods of family planning work. They easily believed all misconceptions associated with contraceptives. Thus, the men are unlikely to allow their spouses to use the contraceptives.

The condom rated very low. Using a condom during sexual intercourse was described as 'eating a sweet with its wrapper' and was highly unlikely to be used as a contraceptive. Some communities continue to view the condom as a catalyst for promiscuity.

Breakdown of cultural and family planning values, coupled with the Generation gap was often cited as a contributing factors to the spread of HIV/AIDS.

While ordinary members of the community were willing to stop or modify the practices, traditional leaders tended to be adamant, insisting that departure from cultural practices, even if they are risky, would bring bad omen.

Pills and the injectables are the most known modern methods of family planning with the exception of one community where out of ten women who participated in the FGD, four of them had used the Tubal Ligation (T.L.) method.

Annual General Meeting

The Media and AIDS Society in Malawi (MASO) held its 2nd Annual General Meeting on 2nd May, 1998 at the Health Education Unit, in Lilongwe.

Over 80 people attended the meeting at which the MASO revised Constitution was adopted after careful consideration of the various aspects. The previous Constitution was said to be dictatorial with so many gaps and imbalances. Hence the need to revision.

Elections for presidency and Executive Committee were also conducted during the Annual General Meeting. A new Executive committee which included performing artists was elected with Jonathan Nkhoma as president and three of the ten members are ladies.

oversees the welfare of People Living with HIV/AIDS in Malawi and working in host organisations which have taken on board PLWAs to work with them.

Media and AIDS Society in Malawi (MASO) also worked together with MANET+ (Malawi AIDS Network for People Living with HIV) in organising the Candlelight Memorial in commemoration of those who died from AIDS and advocating for the care of those who are suffering from the disease.

At the function, the Winnie Chikafumbwa Memorial Fund was also inaugurated by the Minister of Health and Population. (*Late Miss Winnie Chikafumbwa was the Founder and National Coordinator of NAPHAM.*)

NAPHAM

One of MASO's objectives to promote the work of the organisation so that people living with HIV/AIDS in Malawi are not isolated and that they receive care and treatment respect and without discrimination. MASO has, therefore, helped with publicity schemes for its activities.

MUSIC ASSOCIATION OF MALAWI

When Project HOPE, Malawi, organised the National AIDS Song Contest, MASO played a vital role in involving as many singing groups as possible.

MASO worked out a publicity scheme so that the contest is a success.

MASO travelled with the Malawi Broadcasting Team to record songs with messages on HIV/AIDS throughout the country. This was done in collaboration with the Music Association of Malawi.

DRAMA ASSOCIATION OF MALAWI

MASO worked hand in hand with the Drama Association of Malawi when it organised the National AIDS Drama Competition with funding from the British High Commission. Over 400 drama groups took part in the contest ending with six groups for the finals which were conducted in September, 1997 with the then Minister of Youth and Culture as Guest of Honour. The then British High Commissioner, His Excellency Mr. John Martin, was also in attendance.

Prior to the national competition, MASO conducted a series of workshops on Forum Theatre funded by the British Council in Malawi. These workshops provided the basis for the competition.

EU AIDS

The EU has continued to fund a radio programme called *Phukhusi La Moyo* through MASO. The organization arranges recording sessions with the radio producers and the District AIDS Coordinators throughout the country. The NACP participate in this tours.

INTERNATIONAL AIDS CONFERENCES

On a separate note, the British government has also supported MASO in enabling its members to attend conferences on AIDS. In October 1997 the Department For International Development (then ODA) provided funding for the Programme Officer and a member of the Executive Committee to attend the SANASO Conference on AIDS in Mbabane, Swaziland. In June 1998, the British High Commission in Malawi funded the Programme Officer to attend the 12th World AIDS Conference in Geneva, Switzerland.

CHALLENGES FACED

The implementation of this project has not been without its challenges these have been many and varied:-

- 1 A weak financial base for MASO has continued to pose a threat to the continued existence of the organization
- 2 The demise of its founding President at a time the grant had been approved caused a break in the administrative set up, this was unforeseen and solutions to sort this problem MASO which were not in accordance the conditions of the grant have haunted MASO throughout the period of the grant
- 3 Lack of own transportation has been a setback to the implementation of its programme
- 4 High attrition rate of desk officers in the cooperating organization so that those originally trained are no longer there.
- 5 No real incentive for the desk officers
- 6 The targeting was too wide, for an organization with so few permanent members of staff to attempt to cover the whole Malawi was a bit ambitious
- 7 Monitoring mechanisms not well developed
- 8 Position of Data Officer was never filled although this was a key position in the production of newsletters and monitoring
9. The jingles were too few to leave a lasting impact
10. Data Bank never established for the media to refer to for accurate and latest information
11. Lack of modern communication facilities e.g E- Mail and Internet

SUCSESSES

1. **MASO takes great pride in the fact that it enjoys excellent working relationship with its partners in the fight against HIV/AIDS. MASO has played a tremendous promotional role in publicity for their activities both in the print and radio media in addition to its advisory capacity in advocating for the support of their initiatives.**
2. **Press Releases have been published in the local print media and featured in news casts on the Malawi Broadcasting Corporation. MASO has also disseminated HIV/AIDS information on AIDS activities through Information Sheets to the media in Malawi. Some of these Information Sheets contained information sent to MASO by Panos Institute of London, an international media organisation in the United Kingdom.**
3. **MBC has over this period increased its coverage of HIV/AIDS, STDs, and Family Planning issues. Sponsored programmes have been introduced on the network and MASO can rightly claim some of the credit as it was a leader in this area .**
4. **MASO also played host to a group of Zambians working on AIDS from the Northern Province Health Education Project on AIDS which made an educational visit to Malawi in October, 1997.**
5. **MASO led the team to key organisations working on AIDS in Malawi such as MASO Secretariat, the National AIDS Control Programme (NACP), the Malawi AIDS Counseling and Research Organisation (MACRO), Population Services International / Malawi, Regional Health Office (South), Muslim Association in Malawi, Project HOPE and the Cobbe Barracks of the Malawi Army.**
6. **The visitors were briefed on the activities that these organisations are carrying out in helping the government to slow down HIV transmission in Malawi as a response to the call by the government for a collaborated approach to the fight against the epidemic. Their visit was covered by the Malawi Broadcasting Corporation in an interview following their visit to the station in Blantyre.**
7. **Newspapers that have a wide rural readership published in the vernacular like Boma Lathu and Odini now carry stories on HIV/AIDS, STDs and Family planning in most of their editions. Over 300 stories have been monitored by MASO from a situation where less than ten stories on the same subjects were published two years ago.**

Networking among JSI - STAFH grantees and other players in this area has been enhanced.

MASO's profile as a credible partner in spearheading the fight against AIDS in Malawi has been enhanced. This is heightened by the realization that there is no affordable cure for AIDS in sight except for behaviour change.

LESSONS LEARNT

The geographical scope was too big for an NGO of like MASO

MASO carried out the advocacy role and the publicity function best for the organizations in Lilongwe and to a lesser extent those in Blantyre. Those in the North were not supported much in this regard

In the presence of so many specialized NGOs like for Youth, for Women etc segmentation is necessary for impact.

4 Weak management structures lead to a waste of resources.

5 Realistic and pragmatic monitoring tools to be considered at the inception of the project.

Project document which is divorced from reality becomes difficult to successfully implement eg. inflationary trends ignored

RECOMMENDATIONS

1 NGOs should not try to bite more than they can chew

2 MASO should consider a coordinating role in terms of publicity and advocacy for the subject areas

3 Management should be strengthened to use judicious use and accountability of resources. Beware of false savings.

4 The Desk Officers should have refresher courses, have regular meetings and consider token incentives to sustain the interest.

5. Resources for monitoring to be budgeted for eg radio cassette, tapes, etc

6. Project documents should be dynamic not cast in stone where rates quoted for things like per diems are out of date.

7. The production of the newsletter should embrace languages like Chichewa, Yao and Tumbuka. This should include stories from other NGOs and should be distributed into the rural areas. Possibility to use national distributors like Coca Cola or Lever Brothers should be explored.
8. Production of videos should be given serious consideration as this is a powerful tool.
9. Traditional media is a vital tool in message dissemination. More needs to be done to promote the dissemination of AIDS/STD and FP information through traditional dances, and Fine and performing Arts. MASO needs to continue working with the traditional media which it views as a sustainable channel more suitable for the rural population which is at a disadvantage due to its inaccessibility to newspapers and radio information.
10. The gesture by the Head of State in supporting MASO with a vehicle is very commendable and it is hoped the promised funds for running the organization will be forthcoming soon.
11. Funding levels by international donor agencies should be reviewed to meet the current demand by service organisations as regards operating expenses, exchange visits, staff development and capacity building and other related areas of concern.
12. More training for those involved in IEC is a must especially as there are very few institutions currently doing this.
13. The element of gender needs to be integrated in IEC programmes.
14. The financial support given to MASO by USAID through the JSI- STAFH Project was most welcome and timely, it is hoped that other donors will emulate this example and learn from the experiences of the last two years.

Tony MITA
Executive Secretary

27 July 1998

STAFH PROJECT
DISSEMINATION
OF
IEC
EXPERIENCES, FINDINGS, LESSONS
LEARNED AND
RECOMMENDATIONS.

Prepared by

Anne Domatob
IEC Advisor

**Background and Introduction to Dissemination of IEC experiences,
findings, lessons learned and recommendations**

BACKGROUND INFORMATION

INTRODUCTION: The STAFH Project has been operating in Malawi since 1992 when Family Health International (FHI), a USAID-funded international contractor, initiated STD activities, as a measure of preventing further sexual transmission of HIV. FHI also inherited the project of teaching AIDS Education in Malawi's schools from AIDSCAP, another USAID-funded project. JSI-STAFH came into the scene in October 1998 and inherited these activities from the previous USAID contractors. JSI-STAFH has been implementing the project for almost four years to-date.

STAFH GOAL AND PURPOSE:

- **GOAL :** To reduce the Total Fertility Rate (TFR) and the rate of HIV & STD transmission.
- **PURPOSE :** To increase the contraceptive prevalence rate (CPR) and to promote behavioural change to reduce the prevalence of HIV /AIDS / STD.

Key strategies to achieve the project's goal and purpose

The STAFH project document/JSI contract specifies the following broad strategies:

- ◆ expanding FP services through training and up-grading clinics
- ◆ promoting an integrated approach to reducing fertility and STD / HIV transmission.

In practical terms, over the last four-years (1994 - 1998), JSI-STAFH has worked with its partners, other STAFH project agencies, donors and other international organizations to achieve results in the following key strategic areas:

- ⇒ increasing the availability of and access to quality FP education and services;
- ⇒ expanding STD and HIV/AIDS prevention education and services;
- ⇒ expanding the involvement and strengthening the capacity of NGOs and the private sector to develop, implement and manage FP and AIDS projects;
- ⇒ strengthening logistics management;
- ⇒ training for program and service expansion;
- ⇒ developing FP and STD training manuals and guidelines;
- ⇒ increasing the availability of quality IEC materials; and
- ⇒ researching technical and programme development issues and disseminating findings.

- 5) dispel fears, rumours and misconceptions
- 6) address married women too
- 7) develop more visual than text in materials for low literates
- 8) strengthen IPCC and community mobilization efforts
- 9) address and strengthen STD symptom recognition and correct management.
- 10) ensure that IEC materials distribution channels work
- 11) make FP and STD clinics client-friendly.

STAFH PROJECT'S OVERALL IEC STRATEGY

The STAFH Project's goal is to reduce the total fertility rate (TFR) and the incidence of sexually transmitted HIV. The Project's purpose is to increase the contraceptive prevalence rate (CPR) and to promote behavioral change that will reduce the prevalence of STD/HIV/AIDS (see Appendix A for all deliverables). In order to support the STAFH Project in its attainment of deliverables, the four key strategies of the Overall IEC Strategy are:

- (1) **Promoting the condom using the "Condom First" or "Condom Plus Another Method" initiative.** Given the vulnerability of married women to HIV infection, the condom will be promoted as the #1 family planning method within health facilities and in community- and employer-based programs. In the event that women choose hormonal methods, the IUCD or VSC, they will be encouraged to use the condom as well. This strategy will be supported by a policy that makes "free" condoms readily available at health facilities and is aimed at complementing PSI's Chishango Social Marketing Program.
- (2) **Linking women who want to use family planning to appropriate services as they become available.** In order to do this, services will be marketed by: (a) promoting and advertising service delivery sites; (b) providing quality services; and (c) persistently addressing selected cultural or social barriers to the use of family planning, i.e., allaying fears about methods and addressing male-related concerns and barriers posed by other groups who are influential in reproductive (health) decisions.
- (3) **Using every opportunity to prevent sexually transmitted HIV.** The approaches will include: (a) identifying and utilizing all opportunities for integrating STD/HIV/AIDS prevention activities with family planning services; and (b) targeting high-risk and vulnerable groups including youth with STD/HIV/AIDS prevention information and STD treatment services.
- (4) **Maximizing resources through collaboration with other donors, government agencies, NGOs, and technical assistance groups involved in implementing reproductive health IEC programs and positioning the STAFH Project to have a unique IEC role.**

These components, particularly the first three, are interrelated. Consequently, some of the recommended IEC activities for one strategy may be the same for another. Condom promotion has to be a central theme in **ALL** STAFH Project activities, whether it be in the context of family planning or disease prevention as the condom is what makes integration possible. The Condom initiative is therefore the principal strategy.

- ◊ Out-of-school Youth: Over 210 episodes of the Tinkanena radio drama soap opera would have been produced and aired at the end of September 1998, by a multi-sectoral review committee. This medium has been used to disseminate information on HIV/AIDS, STDs and unwanted pregnancies in collaboration with UNICEF. A detailed assessment report is also available.
- ◊ Over 100 youth workers around the country trained in Adolescent Reproductive Health, utilizing the manual, 'Life Planning Skills: A Curriculum for Young People in Malawi'
- ◊ Bar girls, freelancers and bar-owners - supported EU's ongoing effort with IEC print materials - mainly posters and picture codes.

Main challenges & Failures:

- This strategy is directly linked with the rejected 'condom 1st/condom plus another method' strategy.
- In spite of the dual benefit of condom use in relation to FP, STD & HIV/AIDS prevention, most FP providers have a hard time promoting the condom as an FP method in its own right - because of its perceived failure rate and low CYP, it is still prescribed, in the majority of instances, as a back-up FP method.
- The Malawi school AIDS Education materials (teachers' guides and learners' handbooks) give factual information but lack the skill-based learning activities and experiences which would enable the youth to cultivate low risk behaviours for HIV or to make informed behaviour change.

Strategy # 4: Maximizing resources through collaboration with other donors, government agencies, NGOs, and technical assistance groups involved in implementing RH/IEC program

Accomplishments & Successes:

JSI-STAFH's IEC Unit, with its skeleton staff (1-2 persons at any given time) in the life of the project, has successfully collaborated with other units within the project, all RH stakeholders - i.e. government agencies, donors, NGOs and technical assistance groups involved in RH/IEC to accomplish the tasks in Strategies #1 -3 above.

Key players in strategy 1 were:

- ◊ All STAFH project units, including PVOs
- ◊ Government Ministries: MOHP, MOIBT, MOWYCS
- ◊ NFPC & AIDS Sec.
- ◊ NGOs
- ◊ Donors : USAID...
- ◊ Advertising agencies

Key players in strategy 2 were:

- ◇ All STAFH project units particularly FP, Research, FIN/Admin.
- ◇ Government Ministries: MOHP, MOIBT, the District Commissioner and his team.
- ◇ NFPC
- ◇ NGOs
- ◇ Donors (USAID, UNFPA and WHO)
- ◇ Advertising agencies

Key players in strategy 3 were:

- ◇ All STAFH project units particularly NGO, Private Sector, Fin/Admin. & PVOs.
- ◇ Government Ministries: MOHP, MOIBT, MOWYCS, MOE, MANEB.
- ◇ AIDS Sec.
- ◇ NGOs
- ◇ Donors (USAID, UNICEF, UNFPA, UNAIDS, WHO and EU)
- ◇ Advertising agencies

The structure and form of collaboration in all these efforts were done through:

- meetings
- joint working sessions
- co-funding of some activities.

- The articulation of a comprehensive strategy guided the implementation of the IEC component of the project. - it is key to all IEC efforts.
- Without the 'c-words' (cooperation, collaboration, coordination, concertation and communication), very little or even nothing would have been accomplished.
- Audience research must be conducted to ensure comprehension and acceptability of all IEC messages and materials; particularly with regard to sensitive but educative materials like the condom and STD leaflets. NB: In a number of instances, the analysis of audience research findings showed that health workers tend to be more sensitive to explicit messages and illustrations than the target groups for which the materials are intended in the community.
- Men and youth may be more motivated to comprehend, accept and participate in FP if clinics were more male- and youth-friendly.
- IPCC and community mobilization (drama, songs and dance) should be continued, reinforced and strengthened in order to sustain durable demand for, and utilization of available services.
- Continue improving the IEC materials distribution network by establishing a data base at HEU, for tracking all types of available materials produced, in/out of stock, where to obtain them, distribution outlets, etc.
- Organize training and refresher courses targeting IEC officers, other health and extension workers including CBDs on the correct use of IEC materials -NB: a user guide for print IEC materials is now available in English and soon, in Chichewa.

**COORDINATION AND SUPERVISION OF IEC ACTIVITIES IN
FAMILY PLANNING, STDs, HIV/AIDS AND REPRODUCTIVE HEALTH**

**THE ROLE OF THE NATIONAL FAMILY
PLANNING COUNCIL OF MALAWI**

**A PRESENTATION MADE AT THE WORKSHOP ON THE
DISSEMINATION OF IEC EXPERIENCES, FINDINGS,
LESSONS LEARNED AND RECOMMENDATIONS
ON STD, HIV/AIDS AND FAMILY PLANNING**

LILONGWE HOTEL, 27TH JULY, 1998

**IEC DEPARTMENT
NFPCM
P/BAG 308
LILONGWE 3**

INTRODUCTION

The National Family Planning Council of Malawi, is a parastatal, under the Ministry of Health and Population. The Council's mandate is threefold. It is charged with the responsibility of Advocating for Family Planning (FP) and other related Reproductive Health issues. In this respect it is expected that the Council should persistently defend and work for the cause of family planning, plead and solicit support for the cause of Family Planning from various cadres of policy makers and opinion leaders. To this end, Advocacy is one of the main activities the Council is engaged in.

The second element of the Council's mandate is to support the family planning programme. This is the element which empowers the Council to solicit financial and technical support to support FP and other related reproductive health issues in areas which are not served at all, insufficiently served and also devise and implement some new and innovative ways of popularising family planning. This is done through various activities like Training, IEC, Research and Service Delivery.

The third element of the mandate is to coordinate all the FP activities and Population and Reproductive Health IEC. It is this element which, for the purposes of this workshop, there is a need to dwell much on.

IEC Coordination

The Council is comprised of the various government and non-governmental (NGO) organisations and is served by a Secretariat. To this end, the Council has a number of committees and sub-committee assigned for specific activities. One such notable sub-committee is the IEC Sub-committee. This Sub-committee is responsible for promoting standardisation of Population, Family Planning and other related Reproductive Health information, education and communication, so that messages disseminated to the target audience are uniform, in accordance with current research results and information and well interpreted.

To this end, it is also responsible for reviewing IEC materials on Population, Family Planning and other related reproductive health issues produced by various organisations which are implementing various projects pertaining to the above.

The Sub-committee is currently chaired by the Department of Information of the Ministry of Information. Its membership includes all Population, FP and other-related RH projects implemented by the Ministries of Education, Sports and Culture; Information; Women, Youth and Community Services; Health and Population; Agriculture; NGOs such as Banja La Mtsogolo; GTZ FP Project; etc, and parastatals such as Malawi Institute of Education; The Demographic Unit at Chancellor College; Malawi Broadcasting Corporation and others.

In brief, the Terms of Reference of the Sub-Committee are outlined below:

- i) Review and advise on project proposals, designs, work programmes and action plans encompassing IEC activities developed by various ministries;
- ii) Advise on suitable prioritization of target audiences for IEC on family planning and reproductive health programmes of the various organization to ensure sufficient coverage of key target groups at every point in time;
- iii) Review and suggest improvements to all prototype IEC materials on family planning and reproductive preferably before they are pre-tested; and
- iv) Review and standardize all IEC messages and materials developed by the different organizations before such messages and materials are communicated to the general public in order to eliminate any possible conflicts and ensure adequate complementarity in the messages.

Success

- i) The Council, through the Sub-committee has managed, to a certain extent, to coordinate the development and implementation of IEC activities by various organisations. It has also managed to supervise the implementation of the IEC activities.
- ii) The various organisations have also benefited a lot of sharing resources (human and financial) in the implementation of IEC activities. For example, Project A might need to produce IEC materials on family planning targeting the Adolescent. It might happen that Project C already produced such materials when it was concentrating on location X. This means then that Project A might just adopt such materials rather than re-inventing the wheel. This also happens in the sharing of expertise. The Sub-committee is comprised of IEC gums trained in IEC locally or internationally.

However, because the Sub-committee does not encompass all the stakeholders especially NGOs, their role of seeing strange materials will still continue. In addition, there are not any serious repercussions in the organisations which choose not to follow the procedure.

Challenges

There have been some challenges which need to be discussed and resolved here. Some of them include:-

- i) It seems that this Sub-Committee is not recognised by some organisations either because they do not know of its existence or by sheer impudence. This has been evidenced by some hair raising IEC materials and some radio

programmes which have been released to the public with no up-to-date information, poor design and so on. The challenge is on how to get these organisations to appreciate the wisdom of working as a nation to avoid jeopardising the fragile FP Programme in the country.

- ii) The failure to encompass other equally important elements of the RH such as STDs, HIV/AIDS, Environment, etc. It has been observed that the above cited, although they constitute a very significant component of the FP and Population Programme are not adequately served in terms of IEC materials coming to the IEC Sub-committee. I hope we can discuss that even further as it is a challenge also.

RECOMMENDATIONS

For the enhancement of the IEC Programme in STDs, HIV/AIDS and FP, it is high time organisations realised that united we stand, divided we fall, as such it is pertinent that all IEC activities and experiences should be complimentary and not competitive.

There is a need to have some powers to sanction those organisations that do not wish to work in solidarity.

NATIONAL IEC PROJECT FOR AIDS/STD PREVENTION AND FAMILY PLANNING

GRANT AGREEMENT NUMBER : 623-0238-C-00-4058-00/11
PROJECT START DATE : 15th JUNE, 1998
PROJECT COMPLETION DATE : 30th JUNE, 1998

A. INTRODUCTION

The Media and AIDS Society in Malawi (MASO) has for the past 24 Months implemented a National IEC Project for the Prevention of AIDS and Sexually Transmitted Diseases and Promotion of Family Planning method available in Malawi.

Its birth is a direct result of the political dispensation of 1994 which permitted all the basic freedoms to every Malawian. This was the response of the media practitioners to the problems of HIV/AIDS, STDs, and Family Planning.

The purpose of the project was to develop and disseminate integrated messages which address the three crucial areas of HIV/AIDS, STDs and Family Planning. Using the media channels and available resources to enable the Malawi media to successfully spearhead the national fight against AIDS, contribute to the prevention of STDs and promote manageable families.

In spite of the high levels of knowledge about the dangers of AIDS, Malawi faces the challenge to transform this knowledge into action for AIDS prevention. Over 90% of Malawians know the basic facts about AIDS but only a small proportion of them still have this knowledge translated into a personal commitment to protect themselves and others as will be noticed later on in the report.

OBJECTIVES

The goal of this project was to create an adequately informed society on family planning, STD, and HIV/AIDS prevention issues, activities and services in order to decrease sexually transmitted HIV and to lower the fertility rate in Malawi which currently is at 6.7 per every woman of child-bearing age.

Specific Objectives

To produce and disseminate IEC messages that seek to promote behavioural change and modify attitudes, beliefs and practices that put people at risk of contracting HIV.

To produce and disseminate IEC messages that educate people on early symptoms recognition of STDs, importance of correct treatment, treatment of partner, complications of STDs and the relationship between STDs and HIV transmission.

To produce and disseminate IEC messages that promote the utilization of family

planning services.

To develop integrated messages on the prevention of HIV, STDs and unplanned pregnancies.

To increase knowledge of 24 media practitioners working on AIDS, STDs and Family Planning media campaign.

To institute and broaden coordination and networking among media practitioners and institutions working on HIV, STDs and Family Planning.

Target Groups

Media Practitioners and Institutions

Members of the General Public

Urban

Rural

Persons with HIV or AIDS

Persons with STDs

Men and Women of child bearing age

Media practitioners and institutions

Methodology

Creation of a network of media practitioners to provide accurate, timely and relevant information in the areas of AIDS, STDs and Family Planning to the Malawi population and specific target groups.

Establishment of a monitoring and catalogue system to ensure positive reporting on AIDS, STDs and Family Planning.

Production and dissemination of IEC messages to increase acceptance and access to Family Planning services. Encouraging the integration of messages on the prevention of HIV/AIDS, STDs, and Family Planning in songs used in traditional dances.

Equipping the media personnel with the necessary skills to better impart the messages to target populations.

Meetings of the Executive committee and the Board of Trustees took place at regular intervals.

Supervisory and advocacy visits to MBC and the main publishing houses

INSTITUTIONAL SET UP

At the start of the Project MASO which is an NGO had the following full time members of staff :-

The President

Programme Officer

Book keeper

Secretary/ Office Manager

Messenger

MASO has a ten member elected Executive Committee and the Supreme policy making body is a six member Board of Trustees (BOT) headed by a chairperson. In this set up the President was the head of the Secretariat and was secretary to the Board of Trustees.

The President had absolute power and could veto any decision.

Some eighteen months later a full time Executive Secretary was appointed to take charge of the day to day running of MASO and act as Secretary to the Executive Committee and the Board of Trustees. This followed the adoption of a revised Constitution.

RESOURCES

MASO has about two hundred members spread throughout the country these pay a token membership fee of less than MK100 per year and often this was not paid. MASO had no transport of its own until towards the end of June 1998 when its patron, His Excellency President Dr Bakili Muluzi donated a twin cab Toyota Hilux to the organization.

Office space has been donated to MASO by the Ministry of Health and Population since its inception for which MASO is very grateful.

The salaries of most of the key staff members were supported by JSI - STAFH although MASO was responsible for the recruitment of the members of staff.

Activities Carried Out

During the project period MASO carried out the following activities to address issues of the rising HIV sero- prevalence rates and deaths affecting Malawi's economy, socio-cultural and health situation, vulnerability to HIV infection through sexually transmitted diseases and over population :-

Establishment of AIDS/Health Desks

Through Regional Work Sessions on AIDS, STDs and Family Planning AIDS Desks were established in the following media institutions:-

Malawi Broadcasting Corporation

Malawi News Agency (24 District Information Offices)

New Voice

Kommando Newspaper

The Daily Times

The Nation

Independent Newspaper

The Malawi News

UDF News

Star Newspaper

This is Malawi Magazine

Boma Lathu

Weekly News

Care Magazine

Odini Newspaper

The Mirror

Weekly Chronicle
New Vision
The Tempest
The Statesman

20 AIDS Desks in various institutions including the Malawi Broadcasting Corporation and Malawi News Agency (MANA) which had an officer in each of the country's 24 administrative headquarters.

The Information officer in each of the district is also MASO's contact person to ensure coverage of HIV/AIDS, STDs and Family Planning activities even in the remotest areas of Malawi.

In addition, fine and performing artists in Malawi are also committed to the fight against HIV/AIDS. Some of the Drama groups which were represented at the Regional Work Sessions registered themselves as members and committed themselves to work with MASO in message dissemination on AIDS, STDs and Family Planning.

These Drama Groups are:-

Kapirintiya Drama Group
Azizi Travelling Theatre
Mwambo Arts
Drama Association of Malawi
Dragon Arts Drama Group

Some of the Media Institutions have multiple contact persons due to regional representation e.g. the Daily Times, The Nation, Malawi Broadcasting Corporation

Publication of AIDS, STDs Family Planning integrated Messages in 3 Major Newspapers

Publications of stories in more than three newspapers in the country continued throughout the project period. By 30th June, 1998, 268 news stories had been published against the 375 article target.

Broadcast of AIDS, STDs, FP and Integrated Messages on Radio

The target was set at 250 programmes carrying messages on the three topics. At the end of the project period 294 monitored programmes with such messages were aired by MBC. These are the programmes which MASO was able to monitor.

Training Needs Assessment for Media Personnel

The needs assessment was done alongside the Work Sessions which were conducted at Regional level in Mzuzu (Northern Region) Lilongwe (Central Region) and Blantyre (Southern Region).

The Needs identified were based on barriers to effective messages dissemination and availability of resources in Malawi.

Barriers: Some of the barriers identified by the participants included the following:-

Lack of Information on HIV/AIDS, STDs and Family Planning
Lack of training on how to write effective and interesting stories on HIV/AIDS
Lack of adequate publications in the vernacular
Limited circulation which never make it into the remotest rural areas
Editors limited news values
Inadequate publications for rural areas
Stigmatization
Lack of adequate publicity for AIDS activities.

Available resources:

Although there were barriers, participants noted the existence of enabling resources which were readily available.

These include, among others:-

Newspapers
Reporters
Dramatists, NGOs, Government Commitment
The MBC
Funding agencies etc.

Training Programmes put in Place

A. Media Campaign and skills Development Workshop for journalists.

24 Journalists were trained at Liwonde in Balaka district.

The training session was conducted with the aim of:

Equipping participants with relevant information on HIV/AIDS, STDs and Family Planning
Developing effective writing skills so as to make their articles more interesting.

Advocating for more coverage of AIDS, STDs and Family Planning activities, issues and services

After briefing the participants on the situation of the three areas of focus they went out into the field to gather information for their stories which were later published in newspapers and broadcast on MBC.

JSI-STAFH PROGRAMME FOR IEC DISSEMINATION WORKSHOP

VENUE : Lilongwe Hotel

DAY & DATE: Monday, July 27, 1998

THEME : IEC Supervision, Coordination, Material Development, Distribution And Use.

PRESENTED BY: E.M.F. Nkhono - Ministry of Health and Population (Health Education Unit).

INTRODUCTION

Information, Education and Administration (IEC) for Health popularly known as Health Education is a support service which catalyses other components so that action is taken by individuals, families and communities in respect of community-planned health programmes or projects (Bomba; 1990). Behavioural change is the end product of health education. There is an erroneous impression by many people that anyone can be a health educator. This narrow view of health education originates from the fact that such people think that dissemination of information is synonymous with health education.

REPRODUCTIVE HEALTH IEC

Reproductive Health Components STD, HIV/AIDS and Family Planning (FP) are essentially carried out by two separate programmes headed by Managers. Specifically, the EU Programme and MASO have had a number of IEC strategies in controlling further spread of STDs and HIV Infection. The two programmes i.e. EU/AIDS Control and MASO are headed by a Team Leader and a president respectively. Certain degree of family planning IEC is also offered by MASO. The Ministry's HIV/AIDS and Family Planning programmes are run independent of each other.

Reproductive Health IEC was established to:

- ◆ Prevent further spread of STDs and HIV Infection
- ◆ Reduce the Morbidity and Mortality associated with HIV infection.
- ◆ Reduce the impact of AIDS and HIV infection on individuals, families and communities.
- ◆ Reduce negative attitudes towards contraceptive use and family planning.
- ◆ Increase contraceptive prevalence rate (CPR) from 14% to 28% among rural and urban communities by the year 2002.

◆ **Challenges:**

The main challenge in FP is that we should be able to increase CPR from 14% to 28% by the year 2002. This requires a lot of commitment, and resources. It is interesting to note that there are many organizations dealing with IEC but this needs to be well coordinated in order to convey uniform messages to the masses. Increasing the CPR can therefore result in reduced Total Fertility Rate, reduced Maternal Mortality Rate, reduce growth rate, and reduced infant mortality rate.

SUCCESSSES AND FAILURES

- ◆ We have been most successful in the launching of the family planning logo through the various communication strategies. The success came into being with full support and coordination by NFPC, JSI-STAFH Project and other players in family planning. The FP logo is a unifying symbol of FP services in the country.
- ◆ Despite all this success, we have not done very well on supervision of IEC activities more especially at Central level. main reason for the poor performance was lack of resources i.e. human and financial.
- ◆ Materials such as leaflets which were produced in small quantities of about 30,000 did not reach most of the target groups. Many parts of the country lacked information through the said IEC materials.

LESSONS LEARNED

IEC Materials at national level should be produced in large quantities e.g. leaflets should not be less than 100,000 and posters not less than 30,000 of each.

Close monitoring of information dissemination up to the grassroot level is important. We have seen that messages and materials can be produced at Central level but tend to end up at certain level because of various reasons.

RECOMMENDATIONS FOR FUTURE IEC PROGRAMME PLANNING IN STDs, HIV/AIDS AND FP:

1. We have noted that STD, HIV/AIDS affect mostly the sexually active group. It is therefore, recommended that:
 - ◆ Promotional activities in relation to STD prevention as well as prevention of HIV/AIDS with special emphasis being placed on adolescents.
2. We have also noted that Malawi's picture on RH issues is worse. It is therefore, recommended that:

In liaison with JSI-STAFH Project, National Family Planning Council of Malawi (NFPC) and other partner organizations including UNFPA, some IEC activities were done.

- ◆ Health workers have continued giving health talks at the FP Clinics.
- ◆ Following the big gap that exists between awareness and practice, it was noted that several factors related to attitudes contribute to the low practice. Mean while, the service delivery points (static) are about 432. Although this number seems to be low, others are reached through outreach services and Community Based Distribution. In order to increase contraceptive use communication of real facts about FP and Contraceptive use and where to get services from have been high on the agenda. This approach uses the belief that if people lack information, the results are fears, rumours and misconceptions i.e. negative attitudes. Therefore, communication of real facts will in turn reduce the negative attitudes.

It has been the belief of the IEC programme that the main source of these negative attitudes toward FP and Contraceptive Use (CU) is from men. Therefore promotion of male involvement has been regarded as necessary. Unfortunately, there were very few meetings that were done with men in the past twelve months.

◆ Family Planning Logo:

The Ministry with its partner organizations produced and launched a family planning logo. The logo is being used to publicize the services and the importance of family planning. In liaison with donor/partner agencies, the FP logo has been used on Bill Boards (Blantyre, Lilongwe, Zomba and Mzuzu), sign posts at QECH and LCH (Bottom Hospital), Murals (to be placed at every health facility offering FP Services and in places where many people converge), Posters, stickers and flyers, T/Shirts and Clothes. For the purpose of the launching ceremony, six pairs of street banners were produced. Multi-media approach is being encouraged in communicating the facts about family planning. In this respect, radio jingles and spots were also used.

◆ Materials Development, Distribution and Use:

Just like any other IEC Materials, the FP IEC Materials were produced in view of the target audiences. Various materials especially leaflets, radio messages, flyers were produced following results of certain studies of the target groups. Organizations such as NFPC, JSI-STAFH Project, UNICEF, University of Malawi conducted various types of research. The ministry, in liaison with the partner agencies, produced necessary materials.

The Health Education Unit has been used as the main distribution point for such materials through the Regional Health Offices (RHOs). RHOs have in turn sent out the materials to districts who have also distributed them to health centres and the community for use.

Research has shown that current contraceptive use in family planning is still very low although awareness is high (over 90%). This picture is almost the same in the control of STDs, HIV infection. Many people have the knowledge of prevention but very few practice the preventive measures.

STDs, HIV/AIDS PROGRAMME

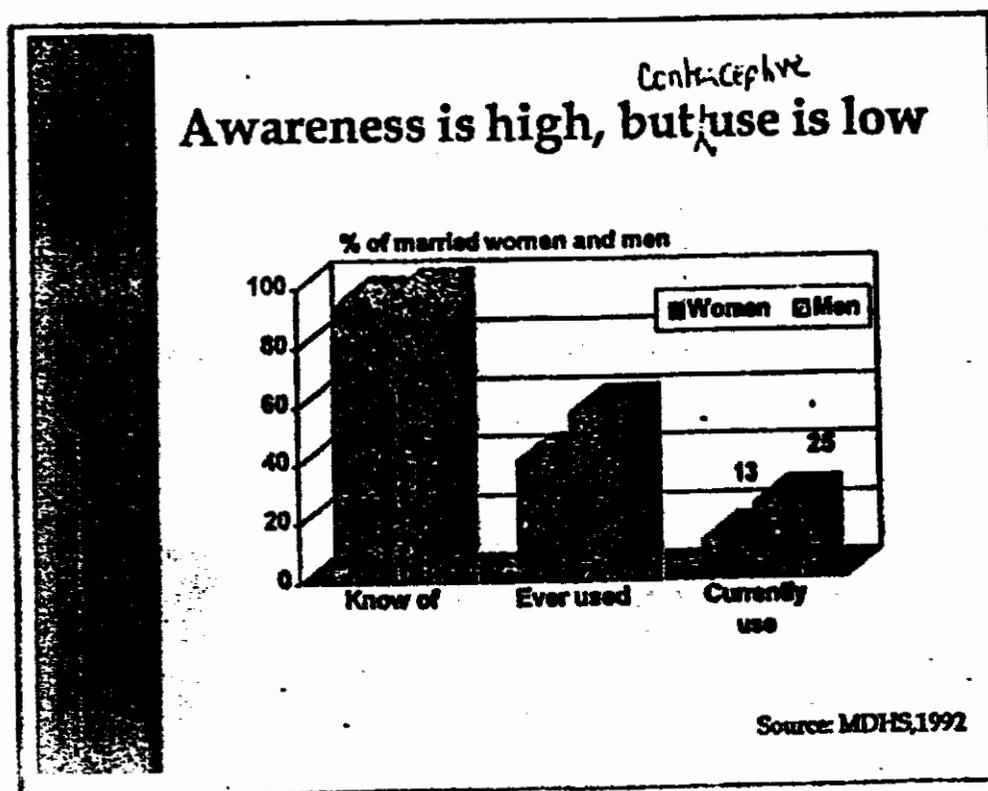
IEC activities have been on the promotion of health behaviours in controlling the spread and rehabilitation of those affected by HIV/AIDS. Strategies have been through:

- ◆ Meetings with different target groups especially the sexually active ones. The AIDS control programme uses the ABC approach in preventing further spread of AIDS.
- ◆ IEC Materials:

The programme produced few new IEC materials. Some of the IEC Materials were produced through various partner/donor organizations. For example, JSI-STAFH Project and UNICEF supported the productions. The materials were in forms of leaflets and posters. Supervision of most activities was done at all levels.

- ◆ Family Planning Programme

Just like in STDs, HIV/AIDS, IEC activities, Family Planning also had a number of materials produced.



♦ Adopting the new RH approach in order to address such issues as the high Maternal Mortality, Teenage pregnancies, abortions, STDs, including HIV/AIDS and Male responsibility for FP.

3. Some activities such as supervision, meetings, etc. were not done due to lack of resources. It is therefore, recommended that:

♦ The Ministry of Health and Population should have an IEC vote from various donor organizations which can facilitate supervision at all levels and implementation of other communication strategies at all levels.

REFERENCES:

1. Bomba W.A.: Strengthening of the IEC and Social Mobilization Unit of the MOHP, Lilongwe, 1990.
2. PHRDU: Advocacy for Implementation of the National Population Policy (Workshop report), Lilongwe, 1997.

THE INTEGRATION OF POPULATION EDUCATION INTO THE FORMAL SCHOOL CURRICULUM

The Population Education project which is integrating Population Education into the curriculum is now in its second phase. The first phase of the project started in October 1993 and ended on 31 December 1996. This phase integrated Population Education into four carrier subjects in upper primary standards 5-8. The four carrier subjects are: Social Studies, Science and Health Education, Agriculture and Home Economics. The second phase which started on 1 January 1997 and is expected to end on 31 December 2001 is integrating Population Education in five carrier subjects of Forms 1-4 of the secondary school curriculum namely; Geography, Biology, Social Studies, Agriculture and Home Economics.

One of the immediate objectives of the Population Education project is to have increased the level of awareness and knowledge, and promote positive changes in attitudes and behaviour towards population problems and concerns in Malawi; such as family life, gender equity, equality and empowerment of women, reproductive and sexual health, environmental protection, conservation and management, from among primary and secondary school students, students in teachers training colleges, students at the College of Distance Education, students of the Faculties of Education at Chancellor College and Mzuzu University, and students of the Domasi College of Education.

The goals of Population Education in Malawi

Population Education in Malawi is aimed at convincing the learners that they can control many of the events in their lives, including those related to reproductive behaviours such as when to leave school, when to marry, when to have the first child, how many children to have, whether and when to migrate, that they can take decisions, follow them up with action and obtain results. Many children begin to believe early that they have no control over their own fate. Schools are therefore expected to help them to modify this attitude, and teach them that what they become in life will depend to a large extent on their own decisions and actions.

Population Education is expected to:

- enable the learners to acquire knowledge, skills, attitudes and values necessary to:
 - understand and evaluate the prevailing population situation in Malawi, the dynamic forces which have shaped it and the effect the

situation will have on the present and future welfare of themselves, their families, their communities and the nation

- respond to population situations and problems in a conscious and informed manner
- help the learners to understand the impact of population change on their lives
- develop the decision-making skills they will need to cope with and improve their population situation

Objectives of Population Education in Malawi

Some of the Population Education objectives which pertain to reproductive health are:

- acquire knowledge, attitudes and skills necessary to understand and analyse population issues which affect the quality of life of the individual, the family, the community and the nation
- apply skills in critical thinking, decision-making and planning in relation to population issues and concerns
- understand the process of human growth and development in order to appreciate and cope with biological, psychological and emotional changes relating to adolescence
- understand the social and economic impact of sexually-transmitted diseases including HIV/AIDS on the individual, the family, community and the nation
- develop healthy and desirable attitudes and practices towards premarital and marital sexual behaviour in order to prepare themselves for adult life and responsible parenthood
- explain the goal of the national population policy

Topics covered in Population Education carrier subjects

Some of the reproductive health topics which have been covered and are going to be covered in the carrier subjects include:

- Population dynamics
- Food and nutrition

- Diseases, eg, STDs and HIV/AIDS
- Human growth and development
- Reproductive and human sexuality
- Drug and substance abuse
- Early marriages
- Teenage pregnancy/premarital sex
- Population growth and sex and sexuality
- Adolescent reproductive health

Materials development and distribution

Reproductive health materials which include STD/HIV/AIDS among other issues have been developed in three main subjects at the primary school level. These include:

- a. *Science and Health Education*
This subject looks at the diseases individually, what they are, their causes, signs and symptoms, prevention and treatment.
- b. *Social Studies*
This subject looks at the social, emotional, financial, psychological, etc, effects of STD/HIV/AIDS.
- c. *Home Economics*
This subject looks at nutritional requirements of people infected with STD/HIV/AIDS.

Teachers' guides and pupils' books have been developed in the various subjects for standards 5 to 8 to assist both the learners and the teachers to handle the topics properly. A Population Education Sourcebook which has to be used as the main reference book has been produced by the project in conjunction with MIE professionals and the reproductive health topics highlighted above have been discussed in detail to provide teachers with more knowledge of the subject matter.

A Population Education TTC Students' handbook has been developed in a self learning mode to provide more understanding and clarification of the subject matter.

At secondary school level Population Education books will be prepared for students and all reproductive health topics will be covered. Most of the primary school books were printed and are in use in schools except standard 7 and 8 books.

Constraints

1. Development of visual aids for use during the teaching and learning situation have not been developed yet. Money is not available for this activity.
2. Primary School Education Advisers have not been in-serviced on this as such we can not guarantee proper supervision of the teaching of this content. The project has not provided for the in-servicing of PEAS and Methods Advisers to assist oversee the teaching of STD/HIV/AIDS.

IEC EXPERIENCES: PROJECT MLW/97/P10

1. BACKGROUND

This Project is titled "Population IEC in Extension Institutions and Services" and its activities are confined to the six LIA Districts of the country.

The primary beneficiaries of the project are farm families, while the agriculture extension workers are the secondary beneficiaries.

The long term objective of the project is to assist the Government of Malawi in its population strategy of increasing the knowledge and enhancing the awareness of the general public on population - environment - development linkages so that farm families can make informed decisions about family sizes which would maintain a population growth rate that is in balance with the country's potential development and natural resources.

The main thrust of the project, is on motivating farm families to adopt modern family planning methods. HIV/AIDS is touched upon as it affects agricultural productivity.

2. IMPLEMENTATION OF IEC ACTIVITIES

2.1 STRATEGY

The project has adopted a strategy of integration. Population education has been integrated into the extension workers job which mainly uses the interpersonal communication activities. To this end all the population IEC materials which include: Flip Charts, Posters, Leaflets and a resource manual have been designed and packaged to relate rapid population growth to agricultural problems of food shortages, land shortage, land degradation, deforestation and farm inputs.

2.2. INTRODUCTION OF POPULATION IEC INTO FARMING COMMUNITIES

Initially a baseline survey was conducted by the project to assess KAP of farm families, and extension workers on population issues. The result of the survey gave the planning team information to develop materials and training strategies.

The IEC material were developed, pretested with farm families, presented through the IEC Sub-Committee and produced in mass.

The first stage of introducing the materials was to train local leaders in the six project areas. Members of the DDCs, Traditional Authorities, Group Village Headmen, Political Party leaders, Religious leaders were among the categories of the local leaders orientations. This activity was designed to:

- (i) inform the local leaders of the additional role of the extension workers in the villages and
- (ii) to solicit support for population education.

The second stage was to train all agricultural extension workers in the six LIA districts. The training which started in August, 1997 was completed in July, 1998. A total of 652 extension workers have been trained as opposed to 405 envisaged in the original project plans.

The whole experience has been challenging and very enjoyable. The experience has brought to light a number of findings and lessons.

3.0 FINDINGS

In the interactions with the extension workers and farm families, the following findings have surfaced:

- There is very little dialogue on Family Planning issues between spouses.
- In the majority of areas men and women accuse each other of reluctance on adopting family planning.
- Farm families, when approached with relevant and client - friendly messages, are willing to consider practising family planning.
- Generally the general public is receptive to population education, when the issues raised are related and linked to their day-to-day problems.
- Accessibility to Family Planning Services is a key factor to adoption.

4.0 LESSONS LEARNT

From the experience and the findings outlined above, several lessons have been drawn:

- The general public is aware that rapid population growth brings problems both for the families and communities.
- Family Planning Issues are sensitive for some families in communities where they live, hence cautiousness is required when handling them.
- Group approach in discussing family planning assists in creating a conducive atmosphere for dialogue between female and male members of the communities.

5.0 RECOMMENDATIONS

- 5.1 Motivation efforts should be matched with service provision to enable the new potential Family Planning clients have immediate benefits within reach.**
- 5.2 Family Planning Service coverage should include large areas to enable a great impact in a wider area than the current scattered nature of the services.**
- 5.3 Team work need to be promoted between service providers on the one hand and the motivators on the other.**

WORKSHOP ON THE DISSEMINATION OF IEC MATERIALS, FINDINGS, LESSONS
LEARNED AND RECOMMENDATIONS ON STD/HIV AND FAMILY PLANNING JULY 27,
1998 - RESEARCH AND PLANNING UNIT, MINISTRY OF INFORMATION
EXPERIENCES.

1. EXPERIENCE IN PRODUCTION AND DISTRIBUTION OF IEC MATERIALS

Production costs are so high for materials such as posters, comic books and fabric.

Mass IEC campaigns have proved to be very effective in the dissemination of STD/HIV/AIDS and Family Planning messages. But these campaigns lack back-up of other IEC materials such as pamphlets, fliers and posters from other organisations to be distributed to the audience.

Radio is a major source of information to over 60% of the population, but airing charges for IEC jingles and programmes have been so prohibitive as they have been charged on commercial rates.

2. IEC SUPERVISION AND COORDINATION

Our experience have shown that most of the artists being used to produce IEC materials are not well oriented on the subject matter and procedures to be taken in the message development are not followed, as a result messages produced are sometimes incomplete or contradictory.

While our materials have routinely been technically pretested or checked by the sample target audiences and IEC sub - committee respectively, there are hundreds of IEC materials in circulation having a lot of technical errors, socially and culturally unacceptable messages leading to people shunning away from the use of some IEC materials.

Appendix X

WHERE IS TINKANENA GOING?

By Whyghtone Kamthuzi

When Tinkanena first came on the air of the Malawi Broadcasting Corporation in October, 1994 till the of September, 1995 the storyline followed that of Tinkanena Video which was made available by UNICEF and the National AIDS Control Programme in 1992. The story was simple. It had one plot which always followed one character and this character was Chimwemwe. Where ever Chimwemwe was, was where the story went.

The simple storyline had one major theme which was AIDS prevention among the youth. Since sex is the main mode of AIDS transmission in Malawi, the storyline hovered around sexual issues among the youth. Since this was the first time on the national radio that sexual issues had been brought head on for public consumption, reactions from the public varied from disappointment, encouragement and appreciation.

With the original storyline, almost everyone was able to follow the story with ease. But with such a single plot and a single theme, sustainability of the project would be in jeopardy. Tinkanena was to be a radio soap opera and not a novella. A radio soap opera is long, slow, has subplots and its middle is indefinitely expandable to accommodate its spiral structure.

Instead of having one continuous highly condensed action of a play as it was during Tinkanena's infancy, a soap opera's main plot progresses slowly to accommodate a number of simultaneous stories but all the subplots have a bearing on the main theme and all these occur in the same frame.

After a comprehensive evaluation of Tinkanena conducted in July 1995 by Dr Edward Douglas, a Social Marketing and Radio Production Specialist from the United States of America the programme began to change following the results of his evaluation and recommendations he gave for the programme to be more effective and reach a wider listener ship.

Among his recommendations was to make Tinkanena a true radio soap opera with a number of subplots in order to be able to cover more area than in the original format. Tinkanena had to have three subplots. One subplot taking place in a village, another subplot covering a town and another one covering a secondary school where a substantial number of the youth are found.

Emphasis of coverage was to be widened. AIDS prevention was to continue but living positively with AIDS was to be introduced too as, according to statistics, some youth had been reported having HIV already. Therefore there was need to give support and hope to the youth who were already HIV positive. This opposed the original storyline which prophesied nothing but doom to those carrying the virus.

It was again this same year, 1995 when people in Malawi flocked in very large numbers to Machinga to drink a herbal concoction called mchape which was claimed to be a cure for AIDS. The flow of people to Machinga to take the drink revealed the extent of people's knowledge of AIDS and the fear they had for it.

People suffering from AIDS or dying from it were no longer considered a phenomenon in society as almost every village or extended family experienced the traumatic conditions suffered by the victims themselves and those taking care of the victims.

Therefore, the recommendation said Malawi had gone past the stage of educating people about AIDS through fear appeals or threats. People were already aware of these. What was required was to continue giving the people advices on AIDS prevention and advices on living positively with AIDS.

In addition, to AIDS prevention and living positively with AIDS other related issues had to be included. These issues were gender, population, alcohol and drug abuse, safe motherhood, sexually transmitted diseases and other youth related issues.

From October, 1995 Tinkanena has taken a different approach. It has three subplots which may not be carried in one episode. For ease of comprehension especially for the very young ones I try to limit each episode to two subplots only.

The characters in the three subplots are Sammy, Martha Ndagoma, Gwazeni, Sambani and Titha in the village. In town are Chimwemwe, Dora, Francis, Chimwemwe's aunt, Chagwa, Patrick and Mrs Fatsani. At the secondary school we have Sheila, Joseph, Joyce, Miss Chulu, Mr Lambulani and Charles. Despite the different localities, a number of characters, have strong links with the village and the characters of the village.

This increase in subplots maybe one reason why others feel Tinkanena has changed. Another concern is on why Sammy who was found HIV positive in 1995 is still alive up to this day. The people claim that the programme is encouraging people to get HIV as they know they will surely survive as long as Sammy is.

Why Sammy, Chimwemwe, Dora and Sheila are still alive although they are HIV positive is to give hope and encouragement to those people who already have the virus. If people who are HIV positive live positively by following the counselling they were given before and after the HIV test and test results, they may live for years before they die. Others may live for over ten years.

Sammy was found HIV positive in 1995 and if you follow the story in Tinkanena, as a soap opera, whose flow is very slow, only two and half years have passed since Sammy was told of his serostatus. To illustrate the "snail's pace" in the movement of the story in a soap opera, the recent cases of Miss Chulu in which she shouted at Sheila for failing to answer a question which just took a day to get resolved, in Tinkanena soap opera it is taking over four broadcast which is a period of over a month. Therefore, soap operas should not be judged in the same way plays are.

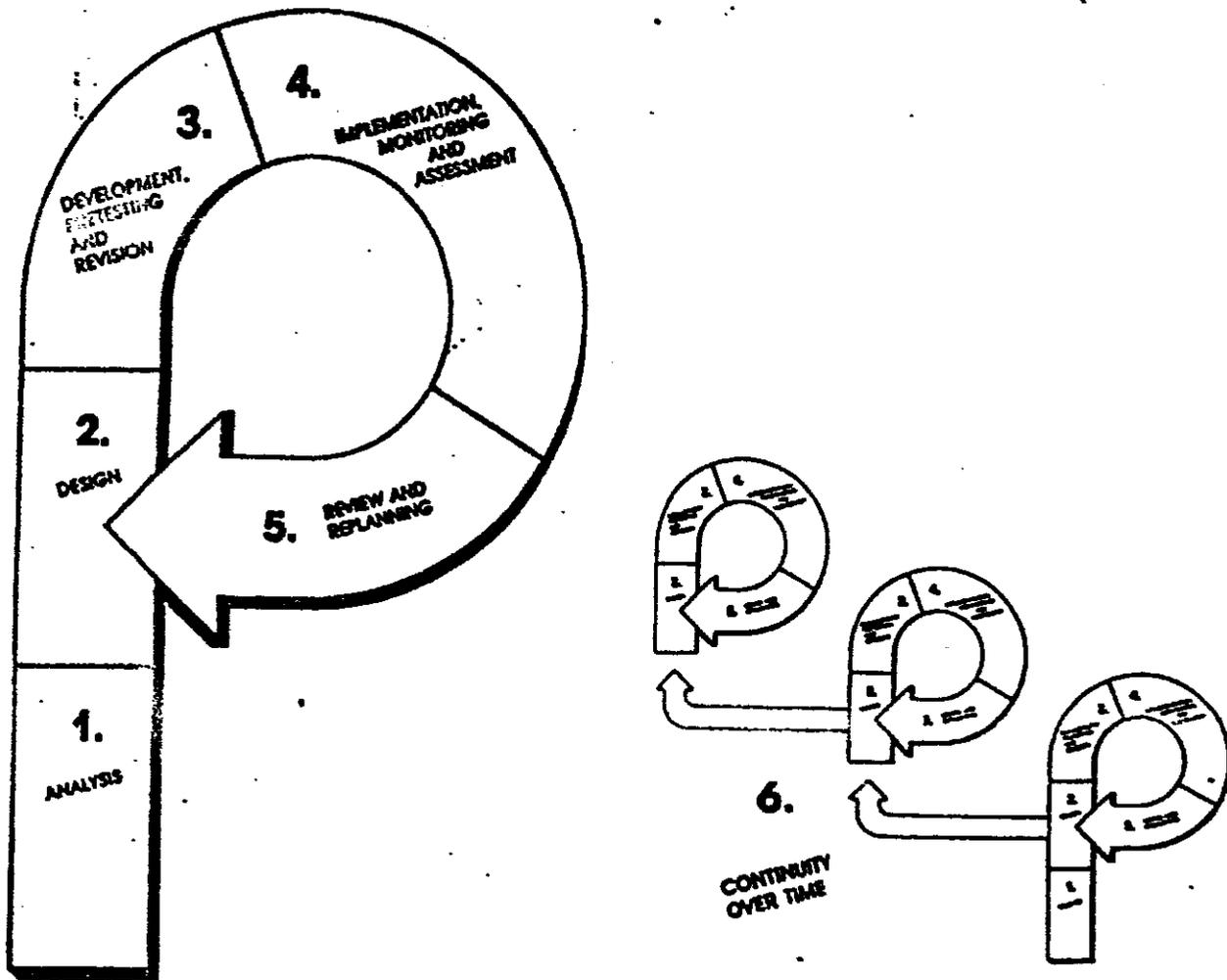
The most crucial issue now is on how to handle AIDS prevention and the same time living positively with AIDS. The latter is conceived as promoting the spread of HIV in the belief that even if one has the virus, will still live positively and contribute to society.

The title of the programme, Tinkanena, acts as a guide to me not to go too far with living positively with AIDS issues. In the coming programmes, sufferings of Sammy, Chimwenwe and the others who are HIV positive will be highlighted. I believe, apart from killing Sammy and Chimwenwe torturously as others want, making them suffer while they are still living positively can bring a better lesson to most people.

Today the programme covers issues on AIDS preventions which are mostly covered by other forms of media, these are like the fears we should have on our neighbours who may look innocent but having various thoughts about ourselves or our children; our relatives or so called relatives who seem to be too good to us not knowing they have an interest in our daughters, the matola issues, teachers, examinations, video, places of worship, selling of items at roadsides or shops, house servants and others. These small things which are not considered highly as ways in which HIV spread can use need to be considered highly.

In my home when crops are in the field, farmers tether their goats to prevent them from destroying farm crops but they don't tether young goats because they think young goats are not destructive. But the truth is, if there is crop destruction in the gardens caused by goats, it is these untethered goats which are responsible. It would be wiser even to tether the young goats. That is why is important not just to look at bars, prostitutes and those other so called risky activities and leaving out the games children play at night under moonlight. Tinkanena is there to bring out these untethered young goats.

POPULATION COMMUNICATION PROCESS



1. ANALYSIS

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

2. DESIGN

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

3. DEVELOPMENT, PRETESTING AND REVISION

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

4. IMPLEMENTATION

- Implement Action Plan
- Monitor Outputs
- Measure Impact

5. REVIEW AND REPLANNING

- Analyze Overall Impact
- Replan Future Activities

6. CONTINUITY OVER TIME

- Plan for Continuity
- Adjust to Changing Audience Needs

DISSEMINATION WORKSHOP EVALUATION TOOL

CHECK-LIST: HOW GOOD WAS THAT MEETING?

Use this questionnaire to review the effectiveness of your meeting and to set improvement targets for future meetings.

Meeting title:				
Venue, date and time:				
Chairman:				
Please mark your assessment here using: 4 = Excellent continue doing this well 3 = Good: scope for minor improvements 2 = Fair: much improvement is possible 1 = Weak: major improvement is essential	4	3	2	1
How well were participants briefed/prepared before attending?				
Was there appropriate notice of date, venue & subject?				
Was the room comfortable and suitable for the purpose?				
Were unnecessary interruptions avoided?				
Was the room reserved and set out appropriately?				
Was the aim of the meeting understood in advance?				
Were agendas and attachments sent well in advance?				
Did participants have a chance to influence the agenda?				
Were time allocations stated in the agenda?				
Were problem-solving/decision processes appropriate?				
Was the discussion controlled assertively?				
Did participants listen attentively to other contributors?				
Were conflicts resolved without bullying?				
Were key points questioned and summarized?				
How effectively were decisions turned into actions?				
Were all follow up actions/next steps identified				
Was each action, with date, accepted by one person?				
To what extent was the purpose of the meeting achieved?				
Improvement targets for next meeting				