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 2. USE LETTER QUALITY TYPE, NOT DOT MATRIX TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Swaziland</u> (ES # _____)	B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>93</u> Q <u>1st</u>	C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
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D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project / Program	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
645-0228	Family Health Services Project	FY 88	31/12/1995	\$6,814,558	\$4,954,557

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
Action(s) Required Amend the Family Health Services (FHS) Project Paper by adding a Project Paper Supplement outlining the revisions to be made to the original FHS Project Paper.	Anita Sampson	August 1993

APPROVALS

F. Date of Mission Or AID/W Office Review Of Evaluation: (Month) 08 (Day) 31 (Year) 1993

G. Approvals of Evaluation Summary And Action Decisions:

Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission of AID/W Office Director
Signature	 Anita Sampson, PGDO		 Edward Baker, PGDO	 Jack Royer, A/Director
Date	6 June 1994			6/18/94

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

The purpose of the Family Health Services Project is to reduce high fertility rates and improve maternal and child health, and to increase the prevalence of modern contraception and the practice of child spacing, emphasizing expansion into new areas to extend family planning services and information to a wider number of Swazis, respectively. Since this evaluation was a mid-term evaluation and the Mission planned to extend the Family Health Services Project, evaluations and studies of different project components were undertaken. Implementation of the three assessments of project components were undertaken with the assistance of DATEX, John Snow Incorporated and Pathfinder International. Each project component was evaluated separately by different consultants. Thus, the INTERIM evaluation which is a compilation of all three project component assessments was conducted by Dr. Everold Hosein, Eric Krystall, David O'Brien and Dr. Douglas Huber on the basis of a review of project documents, visits to industry sites and clinics and interviews with project personnel.

The major findings and conclusions in each of the project components and studies are as follows:

1. Progress has been good in establishing industry based Family Planning/AIDS programs.
2. In order for FLAS's Information, Education and Communication to have a national impact a focused, intensive integrated marketing communication program is needed.
3. Voluntary surgical contraception (VSC) services could readily be initiated at four industrial and one FLAS clinic with proper training.
4. The construction of a headquarters building for FLAS would be cost effective and would provide FLAS with a much needed asset. In addition, the purchase and renovation of a house to use as a clinic in Mbabane, would provide FLAS with a base of operations in the capital city for expanded FP activities, including the initiation of surgical contraception.

The evaluators noted the following "lessons":

The pilot phase of the industry based FP/AIDS project was a success due to the support the program received from the personnel at the industries.

The private sector is willing to play a significant role in providing STD/AIDS prevention and family planning services on a sustainable basis.

COSTS

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Dr. Everold Hosein,	DATEX	23 days	\$19,997	P,D&S
Eric Krystall,	John Snow Inc.	20 days	\$15,500	P,D&S
David O'Brien,	John Snow Inc.	20 days	\$15,500	P,D&S
Dr. Douglas Huber,	Pathfinder International	10 days		Pathfinder Co- operative Agreement
2. Mission/Office Professional Staff Person-Days (Estimate) <u>60 days</u>		3. Borrower/Grantee Professional Staff Person-Days (Estimate) <u>5 days</u>		

SUMMARY

J. Summary of Evaluation Findings - Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

- Purpose of evaluation and methodology used
- Principal recommendations
- Purpose of activity(ies) evaluated
- Lessons learned
- Findings and conclusions (relate to questions)

Mission or Office
USAID/Swaziland

Date This Summary Prepared:
June 8, 1994

Title And Date Of Full Evaluation Report:
Assessment of FHS Project

Purpose of Activities Evaluated

The Family Health Services Project began in 1989 with the signing of two Cooperative Agreements: one with the Family Life Association of Swaziland (FLAS) for local costs and one with Pathfinder International for technical assistance. A mid-term evaluation of the FHS Project was completed in September 1990. USAID/Swaziland planned to amend and extend the FHS project with FLAS. The major components of the extended project was likely to include an extension and expansion of the industry based family planning program and a new national IE&C campaign aimed at increasing contraceptive prevalence in Swaziland

FHS Project activities fall under four project components:

- (1) Establishment of a sustainable research and evaluation capability at FLAS;
- (2) Improved service delivery through existing FLAS clinics;
- (3) Initiation of a comprehensive program of family planning and AIDS services at least three large industries and
- (4) Establishment of a sustainable Information, Education and Communication (IE&C) capability at FLAS.

Findings and Conclusions

(1) Establishment of a sustainable research and evaluation capability at FLAS.

Pathfinder International provided a long-term advisor to support the creation of a Research and Evaluation Unit (REU), which is now established and produces monthly, quarterly and semi-annual statistical reports of good quality on services provided in FLAS clinics and through its industry program. FLAS's research and evaluation capability has been firmly entrenched within the FLAS structure and the three-person REU has coped well with the demands of FLAS's monitoring and evaluation agenda, which will be its primary responsibility in the future.

(2) Improved service delivery through existing FLAS clinics

The FHS Project has funded regular medical back-up at FLAS clinics to improve its nurses' skills in dealing with clients who would otherwise require referral to a physician. Clinic management has been improved through the revision of the client filing system, the establishment of clinic-service protocols and the revision of service standards. All FLAS clinics have been renovated, and additional clinical equipment and reference materials have been purchased. FLAS seeks to provide high quality services as a model for other agencies, for industry clinics, and for nursing students who undertake clinical practice in FP at FLAS clinics. FLAS's clinical services were evaluated in March 1993 by Dr. Douglas Huber who found the level of clinical competence to be of a consistently high quality.

(3) Initiation of a comprehensive program of family planning and AIDS services at least three large industries
In January 1992, with assistance from a new long-term advisor from Pathfinder, FLAS began to implement a pilot program to provide FP services and STD/AIDS-education services at four large and three medium-sized industrial sites (against an original target of only three large sites). FLAS acts as a consultant to help industries establish sustainable FP/AIDS programs which increase knowledge, improve attitudes and increase contraceptive prevalence by 20% among employees in each industry.

SUMMARY (Continued)

The heart of the program is the promotion of contraception, distribution of condoms and foams, and referral of clients to industry clinics for other methods - all by peer educators known as Industry Based Distributors (IBDs), 157 of whom have been trained under the project and are supervised by a nurse from the medical department of each industry. FLAS has also trained 10 industry nurses in contraceptive methods, including IUD insertions. In addition, a monitoring and evaluation system, comprised of service statistics and contraceptive prevalence surveys, has been designed and implemented. The industry program was evaluated by two consultants Eric Krystall and David O'Brien in April 1993. The evaluators noted that, "the strength of the... program is in making high quality, sustainable family planning services accessible to a specific population... and in building a base of support for family planning among an important segment of the population, workers, which should have an effect throughout the rest of the population". Although they suggested that the program could be improved by better selection of and incentives for IBDs, more IE&C activity, changes in the management information system, and a re-emphasis of FP as opposed to AIDS, the evaluators concluded that FLAS can and should expand the program to a variety of other industries.

(4) Establishment of a sustainable Information, Education and Communication (IE&C) capability at FLAS
The FHS Project initiated significant changes in FLAS's approach to IE&C. In 1990, a consultant assisted FLAS in designing, conducting, analyzing and drawing conclusions from a comprehensive study of attitudes related to FP. In 1992, the Program for Appropriate Technology in Health (PATH) began providing periodic TA to implement an IE&C plan based on that research. An April 1993 IE&C evaluation by Dr. Everold Hosein recommended that FLAS focus exclusively on a small number of carefully defined, highly focused activities. Dr. Hosein recommended that FLAS encourage women to use family planning services through a focused, intensive integrated marketing communication program, which will: (a) promote all family planning services sites, and the cost, ease and quality of services; (b) address public and individual fears about family planning methods; (c) address male-related constraints to family planning; (d) address constraints related to teenagers

In June 1993, USAID funded a feasibility study to examine the potential for introducing voluntary surgical contraception (VSC) at industry clinics. The study concluded that VSC services could readily be initiated at four industrial and one FLAS clinic with proper training. The Mission will fund VSC activities through a buy-in to the central VSC Program with Association of Voluntary Surgical Contraception (AVSC). AVSC/Nairobi will provide VSC training for four doctors, four nurses and ten counsellors.

In May 1993 USAID funded a study to look at the feasibility of constructing a headquarters building on FLAS-owned land in Manzini. The study recommended that the construction of a headquarters building for FLAS would be cost effective and would provide FLAS with a much needed asset. Under the extended project, USAID will enhance FLAS's sustainability by constructing a headquarters building on FLAS-owned land in Manzini. The headquarters will provide staff with badly needed space in order to effectively manage their programs, and provide FLAS with a real asset in which value is stored, rather than expended. In addition, USAID will fund the purchase and renovation of a house to use as a clinic in Mbabane. This will provide FLAS with a base of operations in the capital city for expanded FP activities, including the initiation of surgical contraception.

Conclusion

Based on the recommendations from the assessments above, the Mission, in consultation with FLAS and Pathfinder, amended and expanded the FHS project in order to ensure that project resources will have a lasting impact on Swaziland's contraceptive prevalence rate. The FHS Project Paper Supplement will retain the original goal and purpose of the project. To achieve this purpose, the extended project will assist FLAS to:

- increase the demand for FP and knowledge of how to prevent HIV infection through a major new Information, Education and Communications (IE&C) campaign;
- increase the availability of FP services by (i) improving and expanding the industry-based FP and AIDS pilot program started under FHS and (ii) initiating a pilot program of voluntary surgical contraception (VSC) in at least two industry medical facilities and one FLAS clinic; and
- improve FLAS's sustainability and reliable outreach by providing a headquarters building for FLAS and by purchasing a building for a new FLAS clinic in Mbabane.

The extension of the Family Health Services (FHS) Project will contribute to the achievement of the original project purpose by intensifying and expanding activities initiated earlier in the project and by enhancing the ability of the grantee, the Family Life Association of Swaziland (FLAS), to sustain these and other family planning (FP) activities after the termination of USAID support on December 31, 1995.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation summary: always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Final Report of the Family Life Association of Swaziland Information Education and Communication Assessment, May 4, 1994 by Dr. Everold N. Hosen

Trip Report, Swaziland 21-30 March, Family Life association of Swaziland - Douglas Huber, MD, MSc, Medical director, Pathfinder International

Family Life Association of Swaziland Industry Program Assessment by Eric Krystall, private Sector Family Planning Expert and David O'Brien, Management/Finance Expert, April 1993, John Snow Incorporated.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

645-0510

FINAL REPORT

FAMILY LIFE ASSOCIATION OF SWAZILAND
INFORMATION EDUCATION & COMMUNICATION
ASSESSMENT #645-0510

Submitted to USAID/Swaziland

Under Health IQC Contract No. PDR-5929-I-00-1115-00, D.O. 3

DATEX, INC.
2101 Wilson Blvd., Suite 100
Arlington, VA 22201

Prepared by: Dr. Everold N. Hosein

MAY 4, 1993

The views and opinions expressed herein are those of the evaluation team, and are not necessarily those held by Datex, Inc., nor USAID/Swaziland.

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FINAL REPORT OF THE FAMILY LIFE ASSOCIATION OF SWAZILAND INFORMATION EDUCATION & COMMUNICATION ASSESSMENT

INTRODUCTION

The scope of work for this assignment is presented as Annex I to this report. The report is not presented directly in relation to the scope of work but the various tasks of the scope of work are covered in an integrated way in the report.

The report is divided into three sections.

Section I

The section begins with an examination of the family planning challenge in Swaziland -- the extent of the unmet need and the constraints to the wider practice of family planning. It concludes that the primary challenge is responding to the desire of 60,000 women who wish to practice family planning. Awareness of family planning and sources of supply is high and the attitude to the concept is positive. However, four major constraints emerge: an imprecise sense of service locations, fear of modern family planning methods, fear of the male partner's reaction to the use of family planning, and personal inertia prompted by a mix of factors. Information-Education-Communication (IEC) conclusions are drawn from these observations which culminate in a "prescribed" program in which little effort should be spent on increasing general awareness of family planning methods or in generating further acceptance of the concept. Instead, enormous effort should be put on promoting the specific location of service points and dealing with fear of methods, male constraints, and inertia. At the end of the Introduction there will be a list of the five summary findings.

Section II

This section takes the "prescribed" IEC program and assesses the Family Life Association of Swaziland (FLAS) IEC effort. It concludes that the pro-active elements of the prescribed program are not "adhered" to in any substantive way. The current IEC program conduct many useful activities in a wide variety of areas but this leads to dissipated effort and a dedicated staff being very stretched.

Section III

This section formulates a new IEC program for FLAS as per the "prescribed" framework. The orientation is an intense, massive and repetitive marketing communication effort focusing on vigorously promoting service sites and responding to fears of methods, male constraints, and personal inertia with special attention to teenagers. The management of the proposed program and training needs are also discussed in this section. The program proposed is best described as

an "integrated marketing communication plan." It depends heavily on national radio, television and newspaper advertisements and new initiatives at the field level. The program steps back from the traditional IEC approach of promoting the virtues of family planning and leaps into the marketing challenge of bringing clients to service points. The proposed budget may seem substantial at slightly over U.S.\$2 million for two years. But it is this kind of IEC investment which would make a rapid and dramatic difference to family planning in Swaziland.

The report was developed during a three week mission to Swaziland from April 14 to May 4, 1993. During the mission, the evaluation team met with each IEC staff member at FLAS, made numerous field trips to different parts of the country, reviewed an enormous amount of research and other information on family, and met with numerous officials in the media, at the Ministry of Health, the Statistics Office, UNICEF, and UNFPA. A list of individuals met is located in Annex II. The evaluation team wishes to thank Mr. Jaye Anderson and Ms. Anita Sampson, of the USAID/Swaziland Mission, for all their assistance in facilitating this work. And, finally, thanks to the staff of FLAS. They were extraordinary. They were warm, welcoming, open, friendly, ready to provide every bit of information, ready to entertain new and strange ideas, and were generous in spirit and with their time. The cliché is here appropriate: they made this report possible. Special thanks to Mrs. Khetsiwe Dlamini, FLAS's Executive Director, and Mr. Jerome Shongwe, Senior Programme Officer (IEC).

Summary Findings

IEC Conclusion #1: There is no need to exert effort in selling the concept of family planning to the 60,000 women who want to or plan to practice family planning. We could capitalize, however, on their existing interest in child-spacing and even family size limitation.

IEC Conclusion #2: There is little need to spend an enormous amount of time and effort in increasing awareness of family planning methods. Some modest effort, however, can be directed at increasing awareness of male and female sterilization, bringing the overall awareness of most methods closer to 100%. These goals should be viewed as secondary goals at the most and should not be treated as top priority.

IEC Conclusion #3: There is a need to substantially promote service sites, their location, quality, costs, and relative advantage compared to getting pregnant (the effort-benefit ratio).

IEC Conclusion #4: Considerable effort should be dedicated to responding to people's fears of the methods, fear of their partner's reactions, and personal inertia with special attention to teenagers.

IEC Conclusion #5: Finally, in a context of limited financial and staff resources and the urgency of the need, the IEC Program should focus almost exclusively on those tasks predicated by the above conclusions, with work on AIDS, STDs and empowerment being important, integrated elements.

SECTION I

THE FAMILY PLANNING INFORMATION-EDUCATION-COMMUNICATION (IEC) CHALLENGE IN SWAZILAND - IMPLICATIONS FOR IEC ACTION

An effective family planning IEC program has to be structured (and in turn assessed) in relation to unmet family planning needs and existing constraints to the practice of family planning. The basic inquiry in assessing FLAS' family planning IEC program asks: How well does the IEC effort respond to the current family planning challenges?

The 1988 Family Health Survey provides some indication of the challenges -- the unmet needs and constraints to the increased prevalence of family planning. This is supplemented by a variety of studies carried out under USAID auspices in the past three years.

In general, there is a high level of awareness of family planning, national acceptance of the concept of family planning, a desire to have slightly smaller family size, significant intention to practice family planning in the near future but with a current prevalence rate of about 17-20%. This data base allows us to arrive at a number of IEC conclusions which ought to shape the kind of IEC program responsive to the "market" situation. Let's look at the market situation (these figures have been calculated using the data from the 1988 Family Health Survey, the actual numbers were calculated by the evaluation team, using these percentages applied to census data available at FLAS).

- About 20% of women-in-fertile age are using a modern method of family planning, i.e. about 33,000 women.
- About 45% of non-users plan to and want to use family planning in the near future. This represents a ready market for family planning of about 60,000 women.
- If we, therefore, serve this total of 93,000 women with quality family planning services, we would achieve a prevalence rate close to 60%.

The paramount family planning IEC goal should be to respond to the market of a potential 60,000 women who would like to use family planning. An immediate reaction to this goal definition might be: "Well, what about the remaining 70,000 women who do not seem to be interested in using family planning? Shouldn't we be working to motivate that group also?" One must recognize that some of these women are not sexually active, some are pregnant, some do wish to get pregnant, some are infertile, and some have fundamental problems with family planning.

In contrast, however, it seems that the ready market of a potential 60,000 women begs to be treated as the first order of business. This market alone would demand a major national effort

for it to be effectively served. But it is an effort which is quite feasible in the social-cultural context of Swaziland.

Theoretically, if each of the 300 government clinics would serve one new acceptor per day, the 60,000 women would be easily served within a year. If one is successful, the country would have achieved a very respectable level of contraceptive prevalence and this in itself will have a subsidiary impact on the remaining women who still need to be motivated to use family planning. Furthermore, the UNFPA-supported government family planning program seems oriented towards the more traditional goals of increasing awareness and public motivation, so that the remaining group of 70,000 women would not be ignored.

The essential IEC focus for FLAS should, therefore, be on serving the market of 60,000 potential users. In planning to attract this group of 60,000 women to service points, we need to look at what the available data tells us about this group and draw programmatic IEC conclusions:

1. Attitudes to Family Planning

The concept of family planning is readily accepted. It is part of the old Swazi culture. People accept the idea of child-spacing. And while the notion of a much smaller family size is not yet internalized, there seems to be an increasing understanding of the relationship between means and the ability to support a large family. There is already an inclination to want a smaller (by one less) number of children than now pertains.

IEC Conclusion #1: There is no need to exert effort in selling the concept of family planning to the 60,000 women who want to or plan to practice family planning. We could capitalize, however, on their existing interest in child-spacing and even family size limitation.

2. Knowledge of Family Planning

There seems to be widespread knowledge (i.e. awareness) of family planning methods (at the 80-90% level). Some methods are better known than others. Male sterilization is the least known (about 10%). There is about a 40% awareness of female sterilization.

IEC Conclusion #2: There is little need to spend an enormous amount of time and effort in increasing awareness of family planning methods. Some modest effort, however, can be directed at increasing awareness of male and female sterilization, bringing the overall awareness of most methods closer to 100%. These goals should be viewed as secondary goals at the most and should not be treated as top priority.

3. Knowledge of and Attitudes to Service Sites

The 1988 Family Health Survey gives some indication of the use of public health facilities and there seems significant use of these facilities for antenatal care, among other uses. For family planning, most current and past users avail themselves of government clinics (the dominant service points), PLAS, hospitals, private clinics and chemists. The survey also indicated that about three-quarters of the 60,000 women who intend to use family planning in the future know where to obtain services (usually the government clinics). Some other data from focus groups suggest that there might be some displeasure about obtaining family planning from government clinics because of the attitudes of some nurses. The attitudes reflect the general view that the clinics are there to serve the ill not the healthy person seeking family planning. One suspects that most people have a vague sense of where they can obtain services but not a precise sense. For many it is extremely difficult and time-consuming getting to a clinic. From a marketing perspective, a prospective client or customer is more likely to act when he or she has a very clear sense of where the service or product can be obtained, at what costs, with what ease and with what quality. All those who intend to use family planning should have a very precise sense of where they can get services and should have confidence in those sources.

IEC Conclusion #3: There is a need to substantially promote service sites, their location, quality, costs, and relative advantage compared to getting pregnant (the effort-benefit ratio).

4. Reasons for Non-Use of Family Planning

The dominant reasons for non-use among this group of 60,000 women are:

- Fear of the side-effects of the modern methods of family planning (especially for the many who had used a method in the past).
- Fear of their partners' reaction to their use of modern methods.

Beyond these, there seems to be a third reason:

- **Personal inertia:** While a woman may want to practice family planning, the effort required seems to outweigh the benefits. The "price" is too high in terms of the time, money and effort required to get to a service point (including finding out exactly where it is), the amount of time to be spent at the service point, the discomfort involved in being served in a possibly insensitive manner, being intimidated by an internal medical examination, and the effort involved in maintaining the method. All of these, combined with the fear of the methods and fear of their partners, lead to inertia - the "why bother" syndrome. Inertia takes on a very special dynamic when it comes to teenagers -- they know about family planning and, for the most part, do not wish to become pregnant.

IEC Conclusion #4: Considerable effort should be dedicated to responding to people's fears of the methods, fear of their partner's reactions, and personal inertia with special attention to teenagers.

Our four IEC conclusions point the way to a prescriptive IEC response. The conclusions become the basic framework for the kind of national IEC effort needed to serve the ready market of 60,000 women. It is against this framework that we assess the IEC program of the Family Planning Association of Swaziland.

The framework is:

The IEC Program

- **Should not spend much effort on selling the concept of family planning.**
- **Should not spend much effort on increasing public awareness of family planning methods, except that some modest effort could be directed at increasing awareness of male and female sterilizations.**
- **Should spend considerable effort on marketing and promoting service points.**
- **Should spend considerable effort on responding to fears of the side-effects of modern family planning methods, fears of the reactions of male partners to a woman's use of family planning, and in overcoming personal inertia with regard to action on family planning with special attention to teenagers.**
- **Finally, in a context of limited financial and staff resources and the urgency of the need, the IEC Program should focus almost exclusively on those tasks predicated by the above conclusions, with work on AIDS, STDs and empowerment being important, integrated elements.**

SECTION II

ASSESSING FLAS' IEC PROGRAM

How does FLAS' IEC Program measure up to what we have concluded should be the framework for an effective IEC program as "prescribed" in Section I? Let's look at this prescription by prescription.

1. Do not spend much effort selling the concept of family planning.

FLAS spends some effort selling the family planning concept but it does not seem to be a major pre-occupation of FLAS. Within its community talks, radio programs and face-to-face motivational work, the general value of family planning is touched upon but does not become the major or sole focus. It becomes the entry point for a subsequent presentation on specific methods. FLAS may want to review its radio and newspaper content so that these media focus even less on the selling of the general concept of family planning.

2. Do not spend much effort increasing public awareness of family planning methods.

FLAS seems to adhere to this prescription. Not much effort is devoted to disseminating general information on the range of family planning methods available. A variety of new, method-specific pamphlets have been produced but these serve a public need for specific information rather than general information on the range of methods. There is one old pamphlet on all of the methods and each of the new method-specific pamphlets does have a column covering the range of other methods. This all seems to be an appropriate level of effort at increasing awareness levels. There is a possibility that community talks and group meetings may be focused on increasing general awareness but it is difficult to measure the extent of this effort.

3. Spend considerable effort on promoting and marketing service points.

FLAS does not adhere to this prescription. The very modest effort at promoting service sites is extremely general and is done almost in passing. There is reference to the FLAS Clinic in Manzini or Mbabane but no specific address or direction. Sometimes only a post office box number is given. Even at the location of FLAS clinics little is done to guide a visitor to the clinic entrance and provide an inviting, welcoming setting. The promotion of government clinics is far too general to be useful. The use of radio for promoting service sites is helpful but limited.

4. Spend considerable effort responding to public fears of the methods, fear of male partner's reactions, and overcoming personal inertia (with special attention to teenagers).

FLAS has begun to scratch the surface of this area through its method-specific pamphlets, its school's program, its women's empowerment and male motivation program, and its videos for teenagers and men. Much more focused and intense attention to this prescription is required.

While what is now being done is useful, it is too thinly and broadly spread out. It lacks concentrated, massive and repetitive treatment.

5. Focus almost exclusively on the tasks predicated by the two preceding pro-active "prescriptions."

FLAS does not adhere to this prescription -- and for understandable reasons. There are so many demands, so many needs, so many individual projects, that FLAS is driven to do a little bit on every topic: AIDS, STDs, Reproductive Health, Safe Motherhood, Women's Empowerment, Male Motivation, School's Family Life Education, General Public relations, Teenage Pregnancy, etc. This leads to a dissipation of extremely well-intentioned efforts in the face of an enormous range of social problems. Yet if we are to respond to the need of the existing large demand for family planning (by 60,000 women), not a demand that has to be created but one that already exists, a deliberate, single-minded focus on the tasks immediately and directly related to this goal is called for. And within this approach, one would find it quite feasible to address concerns about AIDS, STDs and empowerment.

SECTION III

A NEW IEC PROGRAM FOR FLAS

The proposed new IEC Program for FLAS is based on the "prescriptive" framework emerging from the IEC conclusions drawn about the family planning market situation in Swaziland.

Objective: To encourage 60,000 women to use family planning over the next two years.

Process: Through a focused, intensive integrated marketing communication program which will

- (a) vigorously promote all family planning service sites, and the cost, ease and quality of services plus the effort/benefit ratio.
- (b) address public and individual fears about family planning methods;
- (c) address male-related constraints to family planning practice;
- (d) address constraints linked to personal lethargy and inertia, especially with regard to teenagers.

Activities

1. Public Relations to Position FLAS and Publicly Set Goal

A major effort to recruit 60,000 women should begin with a modest public relations campaign which re-establishes FLAS as the nation's pre-eminent organization sensitive to and concerned about the quality of Swaziland's family life. This campaign should culminate in the announcement by FLAS of its concern about the large numbers of women who risk pregnancy and death when they would like to space their next pregnancy or just not get pregnant ever again. The campaign should comprise the following:

- A series of 4 30-sec radio spots on FLAS and its concern with general family life themes, with the last spot focusing on the family planning need and FLAS' intention to help people act on their desire for family planning. The first spot will be broadcast 6 times per day for 5 days, then replaced by the second spot in the second week with the same frequency, and so on, until all four spots are broadcast over a one month period.
- A series of four 30-sec TV spots along the same themes as the radio spot. The pattern of broadcast will parallel the radio spots but with just two placements per night on television, perhaps at the top and bottom of the evening newscast.

- A series of four full-page newspaper ads along the same themes of the radio-TV spots. These will be printed in a similar pattern to the broadcast of the radio-TV spots but with each ad appearing on Monday, Wednesday, Thursday and Sunday of each of the four weeks.

- A press conference at which FLAS' Executive Director and President expresses great concern about the unmet family planning need and FLAS' intention to focus on helping those who want family planning. The press conference should have a press kit prepared with four well-written news features on women dying from pregnancy-related causes, family planning and infant mortality, population growth in Swaziland and implications for social development, and family planning as a woman's right supported by key Swazi men. The press should be encouraged to print the features.

- The FLAS Page in the Swazi Observer and the FLAS weekly radio program should reflect over the same four week period the themes of the radio-TV-print ads and the news features. Technical assistance should be provided FLAS in the design of the FLAS Page and in further enhancing the effectiveness and impact of an already effective radio program.

2. Promotion of Service Points

The strategy here is to flood the country with powerful, visual indicators of service points and in the process present constant triggers for action on family planning.

● FP Logo/Flag and Placement at All Service Sites

- A national logo should be developed in collaboration with the Ministry of Health for "family planning."

- A flag of this logo should be designed and produced in mass quantities (5000), attached to long sticks, and positioned in the immediate vicinity of and at all service sites (government clinics, FLAS clinics, industrial clinics and hospitals, private hospitals, homes of Community Based Distributors (CBD), Industrial Based Distributors (IBD), Rural Health Motivators (RHM)) where family planning is available. The flags should be so aligned that they serve as direction pointers to the service points. Since there will be heavy promotion of these flags on radio and TV, FLAS must monitor and ensure that the flags are always in place.

● Radio Spots to Promote Flags and Service Points

- Two 30-sec radio spots should be produced which promote the meaning of the flags and urge potential clients that it's worth it to follow the flag to a service point (referring to them all in generic terms) for safe family planning and the best advice and caring

service, and at no cost at government and industrial clinics; one of the spots should refer specifically to the three FLAS clinics (and its fees), the industry-based clinics and CBDs. A tag line or slogan should be part of these spots and should suggest the basic message: For family planning, follow the flag. The phrasing and perhaps the accompanying burst of music should become so popular that everyone will be humming it after the airing of the spots. The spot should be broadcast about 10 times per day, five days per week, for three weeks, with the FLAS-specific spot occupying about 20-30% of the daily frequency. After a two week pause, they should be re-broadcast about 8 times per day for another three weeks, five days per week. After a four week pause a similar cycle of broadcasts should be repeated, and continued every quarter for the first year.

- A second set of two 30-sec spots with the same basic message as the first two but in a different style (perhaps a dramatized dialogue) emphasizing good features of the service points and with the same slogan/tag line/music should be produced and broadcast in the second year in a similar schedule as in the first year. The basic intention here is to present a continuous, repetitive, constant reminder about family planning and where to get it.

- TV Spots to Promote Flags and Service Points

- A similar set of 30-sec TV spots (two in the first year and another two in the second year) essentially putting video to the radio spots above should be produced and broadcast in parallel pattern to the radio spots in the first year. The frequency of broadcast should be four times per night for three weeks, a pause of two weeks, three times per night for the next three weeks, a pause of four weeks, and a repeat of the total cycle each subsequent quarter in the first year and the second year.

- Print Ads to Promote Flags and Service Points

- A set of full-page ads reflecting the content of the radio-TV spots above should be developed and printed in parallel pattern to the radio-TV spots in both national newspapers, The Times and the Observer, with the following frequency: Monday, Wednesday, Thursday, Sunday for three weeks, pause for two weeks, then repeat for another three weeks, pause for four weeks, and repeat cycle in each subsequent quarter but only twice per week. This schedule is to be repeated in the second year.

- Handbills to Promote Flag/Logo and Service Sites

- 100,000 handbills (single sheet flyers) promoting the flag/logo and the themes of the radio-TV print ads should be produced and distributed widely. 15,000 of the handbills should specifically promote FLAS clinics; another 15,000 should promote the industrial clinics. A system for widespread distribution should be established including distribution at the gates of the industrial sites, on the streets, at every retail shop, bottle store,

restaurant, etc, which would keep stocks of the handbills at their cash registers, at every community meeting, outside schools, and by Rural Health Motivators, CBDs, and IBDs.

- Referral Cards and Health Worker Awards to Promote Flags/Logo and Service Points

- 50,000 small business-card size referral cards should be printed and distributed to all CBDs, IBDs and RHMs. The cards should have the logo/flag, a space for the name of the health worker, a space for the name of the potential client, a space for the clinic and the date being referred to, and a space for the name of the attending nurse. At the back of the card would be instructions for the attending nurse on what to do with the card: collect them over the year and then send them by a certain day to FLAS for consideration for a Health and Family Planning Award to be given out at an Annual Awards Function. Health workers will use these cards to refer clients to particular health clinics for family planning. The attending nurse will collect these cards as per the instructions on the back. They will be advised before hand of this awards system. FLAS will subsequently host a massive awards function every year at which time every nurse serving any client will receive an award and special awards will be given to those serving substantial numbers (to be defined) of clients. Awards should also be given to IBDs, CBDs, RHMs, and the new junior counsellors described below who will be stationed at various clinics. The nature of the awards should be simple and useful (e.g. a pen set, pocket radio, pocket calculator, inexpensive perfume bought in bulk - prices ranging from US \$2.00 to \$10.00 for the higher level awards.) The goal of this system is to both promote the service sites and motivate health workers to continue doing great work. It is not so much the value of the wards that count but the fact of work recognition applauded in a public manner.

- Uniforms/Accessories for CBDs and IBDs to Promote Themselves as Service Points and Service Providers.

- CBDs and IBDs should be made more publicly visible in their communities. A special vest uniform should be made which is of the same color as the flag/logo and this flag/logo should also appear on the front and back of the vest. In addition, each of these health workers should be given a canvas bag/briefcase, also coordinated by color and flag/logo, in which supplies and promotional literature could be put.

- Point-of-Service Promotional Activities for FLAS Clinics

- Each of the FLAS clinics should also be part of the flag/logo promotion plan. But in addition to this, FLAS should take action to have more prominent FLAS signs pointing the way to the clinics, and special decorative measures taken to make the entrance ways to the clinics more inviting. In addition, FLAS should work with a local marketing specialist to conceive of promotional activities which could be conducted in the open spaces in front of FLAS clinics which could draw modest crowds and so break down barriers to entering FLAS' space. Such activities may be a folk dance, music, a video

presentation, etc, all of which will need to be promoted within the near vicinity of the clinic through handbills, FLAS' radio programs and word-of-mouth. A special goal here would be to attract teenagers.

3. Dealing with Fears of Methods

Fear of methods is perhaps the single most significant deterrent to family planning practice. An intense, concentrated, repetitive and sustained effort is proposed to respond to fears. It can not be dealt with in a piece-meal, half-hearted fashion. It calls for a judicious mix of mass media "counselling" and interpersonal "counselling." The following activities are proposed:

- Radio Spots

- A 60-sec radio spot should be produced around the following theme: "The family planning methods provided at FLAS, the government clinics, industrial sites are highly effective and very safe, and approved by the Ministry of Health, WHO and the IPPF International Medical Panel, after decades of research -- but there are many rumors around based on wrong information and bad assumptions -- we urge you not to believe what you hear from the street but to come to the experts -- come to the "flag" -- and talk to a professional who has been trained, who knows the facts and who can advise you on the best family planning method for you -- We offer safety and effectiveness -- we care about you and about your health -- we too want a strong and healthy Swazi people -- don't listen to rumors, do the wise thing, come talk to us -- follow the flag-- seek out our lady in green (referring to the junior counsellors described below)." This theme should be put into appropriate siSwati. The spot should be announced by a strong, articulate, credible voice as if it is an important public announcement. This should not be a jazzed-up spot -- it is simple, plain, straight-to-the heart, honest, direct. The frequency of broadcast should be as follows: 6 times per day, five days per week, in the interim six-week periods in each quarter when the flag/radio spots are not being broadcast in the first year.

- Another 60-sec radio spot along the same lines as above should be produced for the second year but with about 30-secs being voices of people who have gone to a clinic and gotten good advice. The broadcast frequency in the second year should be the same as in the first.

- TV Spots

- A 60-sec TV spot similar to the radio spot above should be produced and broadcast in the same six-week periods in each quarter but twice per evening in the first year. The spot could simply be a video of the radio spot.

- Another 60-sec spot should be produced in the second year similar to the second year radio spot described above and broadcast with the same frequency as the first year TV spot above.

- Radio Features

- Five 15-minute radio programs on modern family planning methods should be produced and broadcast, one every day for one week every six months, at a time of mass popular listenership. The radio station should promote these broadcasts as per a special 15-sec promo script prepared by FLAS and given to the station to be used by radio announcers, at their discretion in the course of the day, for a two week period before the broadcast. Each program should feature a nurse or doctor being interviewed about the safety and effectiveness of a specific method and the various side-effects, rumors and misinformation about these methods. Each program should also feature short inserts from satisfied users of the particular method being discussed. The structure of these programs should be such that a particular method gets special attention but other methods are also discussed so that listeners who missed a program would still get some information about a method he or she might be interested in.

- Informational Radio Spots

- Some people won't be attentive to the radio features above but are in need of the information anyhow. Eight 60-90-sec informational method-specific spots should be produced and broadcast. Each spot should focus on a different method, how it works, how it is used, side-effects and what to do about them, and should dispel myths and rumors about the method. They should also have short sound-bites from satisfied users. A schedule of broadcast should be developed which would allow for each spot to be played at least once per day, four days per week, for two weeks every four months, i.e. each spot would have been aired 8 times over the two week period.

- Print Ads

- The informational radio spots described above on each of five most popular methods should be turned into nicely-designed full-page ads to be printed in the Times and the Observer, one per day for five days per week over a two week period, pause for 2 weeks, repeat for another two weeks. This cycle should be scheduled again two more times per year.

- Newspaper Feature Articles on Methods

- Eight feature articles, written professionally as news stories, on specific family planning methods should be prepared and made available to the Times and the Observer for

publication. Each feature should use quotes from credible sources including satisfied users to talk about safety and effectiveness and to discount myths and rumors.

- **Sister Dlamini Program: Radio Call-In and Mail Response**

- A friendly "counselling" character should be created called tentatively "Sister Dlamini". Sister Dlamini is based at FLAS and she is the one you can call if you have a personal question about methods or any sexually-related issue. You can write her. You can call her at her radio program. Sister Dlamini will either host or be the resource guest on a half-hour radio program named after her. The program broadcast once a week for 13 weeks twice per year and promoted in-between by the regular radio announcers using a 15-sec promo script provided by FLAS. The program will be a call-in program, with a number of calls being pre-arranged so as to prompt additional callers. The program is intended primarily to deal with fears of methods but could also deal with AIDS, STDs and other human sexuality questions. The person to play this role must be very carefully selected for their expert knowledge, communication skills, and level of comfort being on radio. People will also be encouraged to write Sister. A set of standard responses to the most popular questions asked about various methods will be prepared on the computer and be personalized when responding to a particular individual. Other questions would require individual attention. Sister Dlamini may also announce that she will show up at certain clinics (FLAS', industries' and government) or at shopping malls (sitting at an umbrella-sheltered table) available to answer personal queries.

- **Brother Shongwe (tentative name) Program: Radio Call-In and Mail Response**

- This is similar in structure to the Sister Dlamini program but directed at men. It will alternate with the Sister's radio program every other 13-weeks.

- **Television Chat Show: "The Jerome Thulile Show"**

- This is a television chat show named after whoever is the real host. The host should be someone with a sense of humor, very comfortable on television and can casually and in a relaxed but organized manner interview guests. The show will be devoted to health issues in general, will be a half-hour long, taped in front of a studio audience such as at the Mbabane Theatre Club. On each program there will be two guests plus the constant guests Sister Dlamini and Brother Shongwe. The first part of the program will begin with a short light-hearted monologue, followed by interviewing two guests, one of whom can be an entertainer, local comedian, dancer, or local personality and the other being a specialist on some medical issue such as high blood pressure, diabetes, etc. Each program should have a 10-minute segment for Sister Dlamini and Brother Shongwe to discuss a specific family planning method and to answer queries, submitted in writing by the audience, some planned beforehand, and perhaps some directly by members of the audience. The show should be taped as if it is being broadcast live and should have a

warm, light-hearted, entertaining mood but with moments for seriousness which could also have bits of humor, such as actually putting on a condom on one's fist to show its strength or putting it on a banana. The show should run for 13 weeks, twice per year.

- **Clinic-Based Pre-Service Counselling by FLAS-Hired Junior Counsellors**

- Nurses at government and industry-based clinics seem overburdened by the regular mob of sick patients so that they find it difficult to take the time to counsel new family planning clients. Many feel that it would be helpful if a FLAS "counsellor" could be available at the larger clinics to counsel new clients and then to pass these clients on to the nurses for the actual method counseling. Such counselling would become a critical interaction for dealing with fears of methods. 100 junior counsellors should be hired and trained by FLAS to conduct clinic-based method counselling. They should be given a distinct uniform also carrying the family planning logo/flag and provided with appropriate aids such as the book-size flip chart (see below) and the self-instructional manual on family planning for health workers. These junior counsellors will then be placed at various clinics, perhaps on a rotating basis as appropriate. Necessary collaborative arrangements will need to be made with the Ministry of Health. Since there is no long term guarantee of employment for these workers, they should be hired as contract employees and properly and sensitively counselled that this job is for a specific time only. The recruitment process could follow a process of training more than 100 people who are publicly invited to apply for training and in a competitive review process, the best 100 selected. Those trained but not selected could still serve as informal agents in the field with correct information.

- **Book-size flip chart for counselling by health workers.**

- 1000 book-size flip-charts should be printed and distributed to all health workers involved in family planning counselling. The flip-charts should be based on existing flip-charts used at FLAS but should pay particular attention to dealing with fears of methods.

- **Self-Instructional Manual on Family Planning, STDs and AIDS for Health Workers**

- 1000 copies of a loose-leaf self-instructional manual for health workers on family planning (plus AIDS and STDs) should be printed and distributed to all health workers. The manual should be based on a similar manual produced for the Caribbean by IPPF and funded by USAID/Barbados.

- **Regional Seminars for all Nurses and other Family Planning Health Workers**

- A one-day seminar in each region (in collaboration with the Ministry of Health) should be held for all government clinic nurses and other FLAS or FLAS-related family planning field staff in each region. The seminar should serve to motivate staff to do

good work in family planning, stressing its importance and need, and it should also serve to help staff deal with fears of methods. The last part of the seminar should be used to introduce the flip-charts, the junior counsellors, the prescription pads (described below), and the self-instructional manual.

- Videos on Methods (All methods and Specific Methods)

- It can be extremely dull work for health staff to be continuously repeating the same old information about the various methods and even about specific methods. To enhance client satisfaction, to deal with fears, and overall to facilitate the "counselling" process at FLAS clinics (both individual and group) and at community meetings and the industrial sites, a series of engaging videos (perhaps done in an interview format with inserts of satisfied users) should be produced on family planning methods. One video (15-20 minutes) should be on all the methods, providing a good overview and also addressing fears along the way. Eight other videos on each method, 5-8 minutes long, should also be produced. These videos will be shown at the FLAS clinics in the waiting rooms, to small groups of new clients in the counselling rooms, and, on occasions, specific method videos for a specific client who has chosen or has been given that method. Each clinic will be provided with two TV sets with built-in Hi-8 Video Cassette Players, one for the waiting room, the other for the counselling room. In addition, 12 similar TV sets ready for battery operation and with carriage trolleys will be provided for use in the field, approximately three per region. In addition two video-equipped 4-wheel drive vehicles will be available for the rural areas for community video shows. One rule should be established: Whenever the video equipment is used, the method-specific videos must always be shown regardless of what other videos are shown.

- Prescription Pads

- To deal with fears and enhance the counselling process, "method prescription" pads should be introduced. Similar to the kind of pads used by physicians to prescribe drugs, the method prescription pad is slightly larger (letter size paper) and method-specific. For example, you would have a prescription pad (50 pages per pad) for the injectable. On the sheet, there would be a space for the client's name, the nurse or health worker's name, and the date. On the left hand side in bullet form would be a list of items to be told to the client. This list would pay special attention to likely side-effects and how to deal with them, and also have reassuring information to counter rumors. There would also be some blank space for a nurse to insert a personal reminder to the client or set an appointment date and time for the next visit. Basically, after a method has been chosen, the nurse reaches over for the appropriate pad, pulls off a page, writes in the various names, go over the items in the left hand column, writes in a personal note, and gives the "prescription" to the client. This process serves several useful purposes in the "counselling" process after method-selection. It personalizes the method to the client (in a more effective way than handing out a pamphlet would) and the sheet becomes a

memory aid for the nurse as he or she goes over the left-hand column list. 300 pads should be printed for each of the four popular methods: injection, pill, IUD, condoms.

- Distribute method-specific pamphlets widely.

- FLAS has produced a number of method-specific pamphlets. While these will be distributed to clients at FLAS clients, there are sufficient quantities to allow for mass distribution throughout the country at bookstores, shopping malls, retail shops, etc. Small display stands should be bought or made which would allow for the pamphlets to be stacked and displayed publicly. The public should have immediate and free access to these materials in as many public places as possible. Particular attention should be paid to displays in locations frequented by teenagers.

4. Dealing With Male-related Constraints

Some male-related constraints are linked to their own fears of the side-effects of modern methods. These would have been taken care of in the series of public messages dealing with fears of methods. There are other constraints more culturally-linked to the male dominant state of affairs in Swaziland. The approach recommended is not to "beat up" on men but to use examples and models of the new Swazi man who supports modern family planning, who jointly decides with their partners on using modern family planning (use by either one), who can show what a difference it made, and who remains true to the essence of Swazi culture regarding caring and respect for mothers, as per the Queen Mother, and caring about a quality family life. A series of radio-TV-print advertisements using this male testimonial approach is recommended. A similar set of radio-TV-print ads are also recommended but with female testimonials on how wonderful their male partners were in jointly discussing and deciding that modern family planning was the thing to do, how wonderful it has been since they started family planning and with all of this retaining the aura of being Swazi. The following is recommended:

- One 60-sec multi-voiced male testimonial radio spot should be produced and broadcast six times per day for five days per week for three weeks, and repeated with same frequency every quarter.
- One 60-sec multi-character male testimonial TV spot should be produced and broadcast in parallel to the radio spots but twice per evening.
- One full-page ad should be effectively designed reflecting the same theme of the radio-TV spots and published in the Times and the Observer in parallel to the radio-TV spots but four days per week.
- A similar set of radio-TV-print ads should be produced with female testimonials and broadcast and printed as for the male testimonials.

- Newspaper Features

- A four-part series of news feature articles should be professionally prepared about men who support their partners use of family planning or who themselves have taken on the responsibility, and women who got men to support modern family planning or who are just proud of their partner's role in the process, and about how all of this makes such a difference to the quality of family life. The articles should also have quotes from chiefs and elders about the issues involved. These articles should be made available to the Times and the Observer with a request that they be published as a public service.

- Radio-TV- Print Ads on AIDS and STDs

- AIDS and STDs are matters of concern to both men and women but men carry a more weighted responsibility particularly with regard to the use of condoms. While the radio-TV-print ads suggested are male-directed, they will also serve an informational function for women. The approach of these ads should not be based on scare tactics. They should be direct, straight-forward, well-articulated presentations of the facts and what should be done about AIDS and STDs, leaving the decision in the hands of the listener/viewer/reader. The following is suggested:

- One 60-sec radio spot, one 60-sec TV spot and one full page ad should be produced and released as follows: the radio spot should be broadcast 4 times per day, five days per week, for three weeks and this schedule repeated every eight weeks; the TV spot should run parallel to the radio spots once per evening; and the newspaper ad should run in the Times and the Observer three days per week parallel to the radio-TV spots.

- Conference on Swazi Culture and Male Family Responsibility

- A one day national conference should be held on the theme of Swazi Culture and Male Family Responsibility. The goal here is to create a public stir and through the media coverage of this conference put the subject on the public agenda for mass discussion. The conference should invite key leaders (men and women) with different, even controversial, passionate perspectives, with an opportunity for people to break up into small groups for discussions. The goal here is not to arrive at some action plan or even consensus but to provoke thought about the issues. Media coverage is key both before, during and after. Every effort should be made to have live day-long television and radio coverage.

- Meetings with Chiefs

- A series of regional meetings with chiefs should be organized and the range of FLAS's videos, as produced above, including TV spots, should be shared with them. The goal here is to engage their support for encouraging men in their communities to practice

family planning, use condoms, and support their wives' use of family planning. The chiefs should themselves become informal promoters of the messages. Media coverage of these meetings is also important. After every meeting, there should be a press conference so that quotes from various chiefs can be broadcast nation-wide, presuming that these are supportive.

- Training for FLAS field staff and other health workers in "empowering" techniques for women and men

- FLAS has started an interesting empowerment program in the Lobombo region. More of FLAS' staff and other health workers in family planning could benefit from training in the issues and techniques involved there. A series of weekend seminars should be held for groups of staff (15 at a time) to explore this area and to enable staff to integrate these concepts in their day-to-day contact with potential clients, male and female.

5. Dealing With Personal Inertia and Lethargy (especially among Teenagers)

The above mess of activities should in itself work towards overcoming inertia and lethargy. The constant presence of media triggers to act or think about family planning will go a long way to facilitating behavior.

Teenagers, however, are a particular problem here. Maybe nothing should be done until we can be confident of a network of effective service sites for teenagers. Or confident that FLE under whatever name would contribute to abstinence.

Acting on the belief that constant, steady, persistent attention to teenagers could lead to action, the following is suggested:

- Reproductive Health Workbook

- A simple Reproductive Health Workbook, printed on newsprint and in massive quantities, should be produced to be distributed to every single student in Swaziland from the age of 10-19. The workbook should be a self-guided workbook, written in such a way that the first part would be for those aged 10-13 and printed separately, and the second part for ages 14-19 and printed together with the first part but to be distributed only to the 14-19 year old. The workbook would cover the basic "lessons" on human reproduction, the miracle of birth, menstruation, body changes, pregnancy, family planning, AIDS, STDs, sexual values and sexual responsibility. It would be a self-guided workbook and a teacher could facilitate its use with minimum exposure. 60,000 copies should be printed for ages 10-13 and 40,000 for ages 14-19. Each year the workbook should be distributed to the incoming members of the particular age group. The workbook should be prepared in consultation with the Curriculum Committee of the Ministry of Education but it is not necessary that it be accepted as a formal part of the

school curriculum. The main request would be to ensure "no objections" to the delivery of these workbooks into the hands of all students, ages 10-19.

- One-day Mass Conference (or Regional Conferences) for Teachers and others on the Teenage Pregnancy Problem and Use of Workbook.

- Such a conference would focus on the hard data about the extent of teenage pregnancy and the causes of the problem. Data on this is already available but as a preparatory activity for this conference a small research project should be undertaken involving in-depth interviews with a sample of teenagers (about 60-100) who became pregnant or gave birth in the previous year. The results of this survey will be shared at the conference. The goal here is to arouse national concern, and particularly teachers' concern, about the problem. The afternoon of the Conference will be spent introducing and explaining the use of the Reproductive Health Workbook.

- Radio Call-In Program with Music and Chat

- A call-in radio program should be produced especially for teenagers, focused on issues linked to growing up but especially sexual responsibility and sexual health. Both Sister Dlamini and Brother Shongwe can be the co-hosts or the resource guests with a very popular DJ being the host. The program should be 60-minutes long and broadcast at the most popular time for teenagers once per week. The program should nicely mix popular music with called-in questions (some pre-arranged). The hosts and guests should constantly remind teenagers that it is worth their effort to come to FLAS or a government clinic for advice before they make a mistake. The key here is: It is worth the effort, and the nurses will be nice to you. This program should be vigorously promoted by the regular radio announcers at the station.

- Family Life Day

- FLAS should, in collaboration with appropriate others, designate a particular Sunday as Family Life Day. On this day there will be a statement by the Queen Mother on the importance of finishing school, sexual responsibility, and avoiding pregnancy. Other statements from church leaders, chiefs, government officials, and similar personalities, should be solicited and made available to radio, TV and the newspapers. A key national activity to be promoted in the media is that parents should take a few hours in the day and go through the Reproductive Health Workbook with their children. Both on radio and television there should be a simultaneous broadcast of a family actually doing this (dramatized if necessary) page by page.

● Youth "Mock" Parliamentary Debate

- In an attempt to engage youth in a national discussion of sexual responsibility, FLAS should organize a mock parliamentary debate on a subject such as "Swazi teenagers are sexually irresponsible" or "Reproductive Health Education should be taught in School." A group of teenagers take one position, and another group the opposite position. They all gather as if in a parliament -- if it is possible, it would be ideal to actually have access to the national parliament, as has been done in some Caribbean countries. Different individuals are given roles such as Speaker of the House, and the debate is engaged. Live radio and television coverage should be arranged and as many school students as possible should attend as members of the audience or the gallery. The students participating in the debate will be required to carry out the necessary research and gather information for the debates. In other countries where this has been tried, there was enormous publicity and discussions about the issues being debated.

Notes to the New IEC Program

- 1. This plan will need to be turned into a realistic work plan with judicious timing and scheduling of the various activities.*
- 2. In all mass media materials such as radio-TV-newspaper ads, there should always be a final tag line which prompts action along the lines of "Follow the Flag" or "See 'ne Lady in Green (the junior counsellor)." Some may suggest "Call Sister Dlamini or Brother Shongwe at telephone number #####." On the telephone, any number of individuals at FLAS could play the roles of Sister Dlamini or Brother Shongwe, with appropriate training and briefing.*
- 3. The whole plan may look like over-kill but there is a strong case to be made for this excess. The size of Swaziland and the scope of the challenge is manageable and the mass media is pervasive. It should be used to its stimulating maximum over the next two years. Hence the concentrated, massive, repetitive treatment. The success of this approach will serve as a model for other countries in Africa.*
- 4. While FLAS is responsible for the implementation of the plan, the various activities envisaged are not directed at promoting FLAS itself but are aimed at prompting action on family planning. Some of the activities and materials may be identified with FLAS but many can function on their own without a specified FLAS sponsorship. This may avoid the perception of FLAS being this super-rich NGO simply promoting how great it is. One understands that this may have been a problem in the past but it should not deter FLAS from this intensive plan suggested.*
- 5. In addition to the video equipment suggested, a desk-top publishing computer system for FLAS is recommended. This will facilitate the design of the wide range of print materials described in the plan.*

EVALUATION

The normal, managerial process evaluation of the program will be built into the implementation plan. Impact evaluation, however, requires separate attention. The government's central statistics department and its Census Office completed a household survey at the end of 1991 which included questions about family planning practice. The results of that survey should be out in a few months and should provide a baseline measure of contraceptive prevalence for 1992 and, with a slight stretch, for 1993. It may be possible to have family planning questions added to the next household survey likely to be undertaken later this year. This could provide an even more timely estimate of contraceptive prevalence.

It is suggested that, as a final evaluation, a Family Planning User Poll be conducted at the end of 1996 to determine new levels of contraceptive prevalence and so measure the contributory impact of the new IEC program. A Family Planning User Poll (FPUP) is not conceived as a massive and extensive Demographic Health Survey or the 1988 Family Health Survey. It will be a national random sample survey of about 1500 respondents, done in collaboration with the Statistics Department of the government, and limited to 10-15 questions about family planning use, triggers to action, and reasons for non-action. The cost of such a poll would be substantially lower than the much longer and larger surveys, and the results can be computerized quickly within two weeks.

MANAGEMENT OF THE NEW IEC PROGRAM

The FLAS IEC staff represents a wonderful mix of talents. It is a committed group of people with strong interest in their work. They have absorbed a lot from their training exposure and from the availability of various consultants in research and materials production. The staff seems extremely busy and one has a sense of a group of people being stretched in a variety of directions.

Can the existing staff plan and execute on its own a new IEC program as conceived above? It would seem that this is not possible at this time. More technical support would be needed and so, too, more in-service and external training are also needed. With existing staff, international technical support and additional local consultants, and with refinements to some existing activities, FLAS can execute a new IEC program as per the suggested framework.

The IEC staff can quite capably design and execute an IEC program similar to its current effort which attempts to work on many different fronts but not with single-minded intensity on a fixed goal such as serving 60,000 women in need of family planning. The lack of capability here has primarily to do with the absence of a certain kind of skill which is not usually found in most family planning organizations. This is a skill in conceptualizing IEC in terms of integrated marketing communication, with marketing stripped of its commercial orientation but retaining the orientation of serving clients, responding to needs and expanding the numbers of people who use one's services.

In reviewing staff skills, one notes that all IEC staff members have received some kind of training, both locally and externally. The following areas seem to be covered in the various training opportunities: development communication, communication planning, focus group research, radio, community development, home economics, leadership and management skills, certificates in teaching, women in health, business communication, journalism, desk-top publishing, population and development, women's health information, AIDS and STDs. While the next section deals with training needs, at this point it is instructive to note that the skills missing have to do with marketing communication: advertising, media planning, marketing, sales training, public relations.

This presents a special management situation if we are looking at how to manage the implementation of a new IEC program as formulated above, a program which is based more on a marketing communication orientation rather than a traditional IEC approach.

The scope of work for this IEC assessment called for an assessment of the management of FLAS's IEC Unit. One could do this in relation to the existing IEC program, but such an assessment would be less useful with regard to quite a different IEC program as proposed. The IEC program, as now conceived, covers many goals and objectives and activities -- none of them harmful, none of them grossly inappropriate to the mission of FLAS, but most of them just scratching the surface of the key challenges. The current IEC program is understandably diffused -- FLAS feels obligated to respond to several social areas, even to respond to different donors and to different kinds of technical assistance. The management of this diffused program seems fine -- things get done, most of them on time, and a group of engaged staff seem to work well with a management style that is gentle and soft and not rigid and driven. A little bit more rigor might be helpful but on the whole a diffused program gets implemented. (There was a recent problem of confusion on the production of materials but it is not clear whether this was due to poor conceptualization of materials to be printed or poor advice in the technical assistance process or simply too many cooks in the kitchen, in which case one needs a master chef who can limit the number of cooks.) One could suggest some organizational changes which would enhance rigor in management but it seems that one should look at management issues of this sort in relation to the proposed program rather than the current one.

A new IEC program as presented above will need more rigor in management than currently enjoyed at the FLAS IEC Unit for its diffused program. And the reason for this is that a marketing communication plan calls for precise planning and execution to mesh all the various reinforcing elements into a cohesive whole as the plan rolls out in implementation. This has implications for the training of staff as explained below.

This also leads to the question of how the proposed IEC program is to be managed and implemented. In the first instance, external management and technical support will be required but such support will need to be in relation to a new IEC management structure best developed as part of a process of planning and consultation with staff as the new program is dissected and mapped out for implementation.

The following is suggested:

1. FLAS should contract the services of a company with special expertise in family planning with a marketing communication orientation to IEC. The company's task will be to help FLAS plan and execute an IEC program as conceived above and in the process train FLAS's staff in this process. The company will assign a mix of specialists on short term tasks such as radio spots production, media planning, print advertisement design and production. The company will also assign a full-time "Account Executive" to work with FLAS on all the planning and implementation details of the new IEC program. The account executive, as in advertising, will facilitate the overall process making sure all elements are in place and on time, and while doing this will be training FLAS staff to do the same.
2. The implementation planning of the new IEC program will require a detailed listing of tasks and activities and a detailed assignment of specific staff and person-hours. This consultative and planning process will lead to a natural differentiation of roles in the IEC department and to clearer delineation of tasks and responsibilities in relation to the IEC program. A new management arrangement will evolve from this process rather than be imposed. This should lead to more rigor in management and the kind of sharp, precise implementation requirements of the new IEC effort.

The scope of work for this assessment also called for commentary on FLAS's capability to monitor, evaluate and revise IEC programs based on change (or lack thereof) in target-audience attitudes/behavior. This process of monitoring and evaluation is an essential management task and an important one in marketing communication. It does not seem that FLAS has a precise capability in this area but one recognizes that the current IEC program was concocted with a variety of external technical input which did try to base the program on data on audience attitudes and behavior. One suspects that the process did not allow for training of staff in the planning of IEC programs responsive to changing needs. In the proposed IEC program, and with the above management approach, this gap will be filled.

TRAINING NEEDS

The previous section on management pointed to some training needs with reference to the implementation of a new IEC program. Within the program itself, there are various training activities listed for nurses, teachers, and FLAS staff. The core training proposed is that integrated in the technical support provided by the contracted company described earlier. Beyond this, the following training is suggested in relation to the needs of the proposed IEC program:

Jerome Shongwe: He should be sent on a 4-month Certificate Training Course in Management and Marketing Communication. Part of the training should involve an attachment to a family planning organization involved in marketing its services and programs and also an attachment to an advertising or public relations agency. Such courses are usually available as part of the

Schools of Continuing Education of various universities, in Washington, D.C. or New York. Unfortunately no such training program is available within the established schools of public health dealing with family planning IEC. The company contracted by FLAS (described above) should be responsible for identifying the program of training for Mr. Shongwe. The training proposed should further enhance Mr. Shongwe's planning and managerial skills and also his understanding of marketing communication as applied to family planning.

Sifiso Zwane and Mbuso Tfwala: Both should be sent on a 2-month attachment to an advertising/marketing company in Johannesburg to develop skills in radio, television and newspaper advertising, marketing, sales-force training (to be applied to CBD training subsequently), and media planning. Alternatively, the two staff members could be sent on a similar attachment to New York and also be linked to a family planning service center. They should also enroll in short courses through New York University School of Continuing Education in fields such as advertising, media production, public relations and marketing. The contracted company should also be responsible for coordinating this training. Both Zwane and Twalsa are involved in IEC activities which involve the use of radio, public relations and the equivalent of community sales. Training outside the usual health/community development arena may spark new possibilities in their own creative and skill development.

Thoko Nhlabasti, Thembe Mvubu, Frieda Maseko, Dorah Maduna, Musa Mgogo, Khanya Mabuza, and selected others from the Ministry of Health or Industrial Clinics: A special workshop on Human Sexuality and Empowerment should be organized for these staff members who are involved in interpersonal counselling. The contracted company should explore the participation of Centre for African Family Studies (CAFS) and the New York University Human Sexuality Program or other similar resources in this workshop. These staff members are involved in substantial field-level interaction with clients and other service providers. The human sexuality dimension of family planning is a central element of interpersonal discussions and counselling. Further training in this area will increase the confidence and skill of these staff members to deal with the subject even more effectively.

BUDGET

Note: This budget may seem enormous for an IEC program but when considered in relation what is spent on similar efforts for commercial products, the projected sums here are modest. As an example, about \$4-6 million U.S. is spent on promoting a single movie in the U.S.

The budget provides the projected total expenditure over two years per item. As part of a grant extension, the grantee should be asked to submit a yearly break-down following the detailing of an implementation plan, within 3 months of signing the extension.

U.S. Dollars
Total for Two Years

Mass Media Materials Production and Advertising Costs

1. Radio Spots	
- Production and Broadcast Time	324,000
2. Radio Features	28,000
3. Television Spots	
- Production and Broadcast Time	270,000
4. Television Feature (Chat Show)	13,000
5. Newspapers Ads	210,000
6. Video Productions on Methods	30,000
7. 100,000 Handbills	
-Design, Production, Distribution	5,000
	Sub-total: 880,000

Other Materials Production

8. 5000 Flags with Logo

- Design, Manufacture, Distribution 30,000

9. Referral Cards (50,000) 3,000

10. Book-size Flip Charts (1000) 20,000

**11. Family Planning Self-Instructional
Manuals (1000) and distribution 30,000**

**12. Prescription Pads by Method for
Four Methods (Total 1200 pads of 50
sheets each) plus distribution 6,000**

13. Reproductive Health Workbooks

- Preparation, Production (100,000)
and distribution 300,000

Sub-total: 389,000

Miscellaneous Marketing

14. Uniforms and bags for IBDs, CBDs, Jr. Counsellors (300) 4,000

15. Awards for Health Workers and Function 5,000

16. Distribution of Existing Pamphlets 2,000

17. Promotional Activities at FLAS Clinics 9,000

18. 100 Junior Counsellors and Training

- Salary @ \$2200 U.S. per year
for two years plus training 460,000

19. Nurses Seminar 5,000

20. Conference on Men and Swazi Culture 5,000

21. Meetings with Chiefs 5,000

22. Conference of teachers	5,000
23. Family Life Day	5,000
24. Youth Debate	3,000
	Sub-total: <u>508,000</u>
<u>Equipment</u>	
25. Six TV sets with built-in Hi-8 VCR	3,000
26. 12 TV sets with built-in Hi-8 VCR and battery operated	7,000
27. Desk-top Publishing Computer System	5,000
28. Two 4-wheel drive vehicles equipped for video shows at back and 10 umbrella-tables for outdoor counselling	42,000
	Sub-total: <u>57,000</u>
<u>Training</u>	
29. Study Fellowship (Shongwe)	15,000
30. Study Fellowship (Zwane and Tfwala)	30,000
31. Human Sexuality and Empowerment Training (including international resource)	15,000
	Sub-total: <u>60,000</u>
<u>Management, Technical Service, Training and Evaluation Contract</u>	
32. Account Supervisor (25%)	74,000
33. Full-time Account Executive (Local Hire)	36,000
34. Technical Assistance and Training in Radio, TV, Newspaper, other Materials Development and Research (36 weeks)	90,000
35. Travel and Per Diem	108,000

36. Family Planning User Poll	15,000
37. Administrative Services (Telephone, Fax, Secretarial)	40,000
	Sub-total: <u>363,000</u>

TOTAL: US \$ 2, 257,000

Budget Explanations:

Budget Item #

- #1 Radio Spots:** Production \$16,000; Broadcast Time Costs for a total of 2040 30-sec inserts plus 5136 60-sec inserts = equivalent of 12,312 30-sec inserts @ US \$25.00.
- #2 Radio Features** 5 15-min programs, broadcast 28 times -- Broadcast Time \$5000, Production \$2500; 52 Dlamini 30 min shows -- broadcast time \$5000, production \$2500; ditto for the Shongwe Show; 104 60-min teenage call-in show -- production and broadcast \$5000.
- #3 Television Spots** 8 spots - production @ \$5000. Broadcast Time: 880 30-sec inserts plus 1140 60-sec inserts = equivalent 3160 30-sec inserts @ \$73.00.
- #5 Newspapers Ads** Times: 576 full page ads @ \$243.00 discounted rate.
Observer: 576 full page ads @ \$121.00 discounted rate.
- #35 Travel/Per Diem** 14 R/T Business Class NY/Swaziland/NY @ \$5000; 308 days per diem @ *\$123.00

ANNEX I

Background

USAID is planning to amend and extend its Family Health Services (FHS) Project with the Family Life Association of Swaziland (FLAS). The extended project will end on September 30, 1995. National-level Information, Education and Communication (IE&C) programs to promote family planning and AIDS prevention will be a major emphasis on the extended project.

ARTICLE I - Title

Project Name: Family Life Association of Swaziland Information Education & Communication Assessment, #645-0510.

ARTICLE II - Objective

The contractor shall perform an assessment of the FLAS's IE&C capabilities and its current and planned IE&C programs and to recommend IE&C interventions to be support under the project extension.

ARTICLE III - Statement of Work

The contractor shall:

(1) Assess FLAS's capability to design and implement effective IE&C campaigns targeted on specified audiences to promote family planning and AIDS prevention nationwide. The resources available from each of FLAS's seven IE&C personnel should be assessed. Recommend improvements, including but not limited to, training, technical assistance, and/or additional staff.

(2) Assess the management of FLAS's IE&C unit, including the process by which FLAS designs/produces IE&C materials, implements IE&C campaigns and reports on progress. Recommend improvements, including but not limited to unit reorganization and/or workload reduction, as indicated.

(3) Assess the appropriateness of FLAS's current IE&C strategy in light of its content, targeting and staff resources. Recommend changes as indicated, including but not limited to, improvements which may not currently be feasible but which might become feasible with training, management improvement or additional staff.

(4) Review the content and implementation of FLAS's current IE&C programs, including recently produced print materials, industry-based IE&C activities, family-life education, radio programs, and presentations to clients in clinics and communities, and recommend improvements, if necessary. (Radio production capability need not be assessed.)

(5) Assess FLAS's capability to monitor, evaluate and revise IE&C programs based on change (or lack thereof) in target-audience attitudes/behavior.

ARTICLE IV - Reports

The contractor shall produce 6 copies of a draft report of his findings and recommendations, no later than close of business on April 30, 1993. The draft report shall be delivered to the Contract Officer's Technical Representative (COTR). The COTR shall be identified in Article V of the delivery order. The draft report shall be reviewed by USAID/Swaziland and FLAS and returned to the contractor. The contractor shall incorporate the comments/revisions and deliver 3 copies of the final report to the COTR no later than close of business, May 3, 1993. The contractor shall also deliver the final report on floppy disk (either 5 1/4" or 3 1/2") prepared with WordPerfect 5.1.

ARTICLE V - Relationships and Responsibilities

The Health Policy Researcher/Analyst for Datex, Inc. will be Dr. Everold Hosein, who will perform the tasks outlined in the Statement of Work. Dr. Hosein will work under the direction of J.L. Anderson (COTR) or Anita Sampson (COTR) of the USAID mission in Swaziland.

ARTICLE VI - Performance Period

The period of performance of this delivery order is April 12, 1993 through May 4, 1993.

ARTICLE VII - Work Days Ordered

The following represents the work days required in the performance of these activities. The level of effort set forth herein shall not be exceeded without the prior written approval of the Contracting Officer.

ANNEX II

LIST OF INDIVIDUALS INTERVIEWED FOR FLAS IEC ASSESSMENT

USAID/Swaziland:

Mr. Joseph Anderson
Ms. Anita Sampson

Family Life Association of Swaziland:

Ms. K. Dlamini, Executive Director
Ms. Nomcebo Manzini, Deputy Executive Director/Director of Programmes
Mr. Jerome Shongwe, Senior Programme Officer (IEC)
Ms. Frieda Maseko, Programme Officer (Lubombo Region)
Ms. Thoko Nhlabatsi, Asst. Prog. Officer (FLE)
Mr. Sifiso Zwane, Materials Development/Public Relations Officer
Ms. Dorah Maduna, Prog. Asst (Women)
Ms. Thembie Mvubu, Field Worker
Ms. Mbuso Tfwala, Asst. Prog. Officer (Communication and CBD)
Ms. Thandie Dlamini (Nhleko), IEC Secretary
Mr. Khanya Mabuza, Industries Project Officer/Nurse
Ms. Thuliie Msane, Senior Prog. Officer (Services)
Mr. Musa Mgogo, i/c Research and Evaluation
Ms. Millicent Obaso, Resident Advisor, FHS Project
Sister Bussie Mavimbela, FLAS Manzini Clinic
Nursing Staff at FLAS Malkern and Mbabane Clinics

Ministry of Health:

Mr. Chris Mkhonza, Principal Secretary
Matron Matsebula, Public Health Unit
Sister P. Mthembu, Senior Health Educator
Sister Prisca Kumalo, National Family Planning Coordinator
Sister Mary Ndlela, Health Education Officer
Ms. Dudu Dlamini, Statistics Department
Ms. Beatrice Shongwe, Statistics Department

UNFPA: Ms. Nosisa Mohammed, Programme Officer

UNICEF: Ms. Peggy R. Bide, Programme Officer

UNDP: Ms. Trine Lund-Jensen, Junior Professional Officer (Women and Development)

John Snow Inc./SEATS: Dr. Ndungu Wamburu, Medical Advisor

Media, Video, Advertising:

Mr. Lenny Shoulder, Swazi TV (Advertising and Programmes)
Radio Swaziland (Sales and Programming Staff)
Swazi Observer (Sales Staff)
Times of Swaziland (Sales Staff)
Mr. David Brown, Director, Eye-to-Eye Productions
Ms. Miranda Strydom, Kukhaanya Marketing Ltd
Ms. Gillian Dunn, Vision Grafix Ltd
Ms. Terri Martin, Terrific Designs

Ubombo Ranches (A FLAS Industrial Site): Dr. P. H. Canter, Chief Medical Officer