Population Technical Assistance Project

EVALUATION OF THE POPULATION COMMUNICATION SERVICES (PCS) PROJECT
Prepared for
Office of Population
Bureau for Research and Development
Agency for International Development
Washington, D.C.
under Contract No. DPE-3024-Z-00-8078-00
Project No. 936-3024

EVALUATION OF THE
POPULATION COMMUNICATION
SERVICES (PCS) PROJECT

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Fieldwork
January 29 - April 23, 1993

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Report No. 93-195-152
Published September 15, 1993
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## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AED</td>
<td>Academy for Educational Development</td>
</tr>
<tr>
<td>A.I.D.</td>
<td>Agency for International Development</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immuno-deficiency syndrome</td>
</tr>
<tr>
<td>APROPO</td>
<td>Support for Population Programs (Apoyo a Programas de Población in Peru)</td>
</tr>
<tr>
<td>CA</td>
<td>Cooperating Agency</td>
</tr>
<tr>
<td>CA-3</td>
<td>third cooperative agreement between A.I.D. and JHU for PCS project</td>
</tr>
<tr>
<td>CAFS</td>
<td>Center for African Family Studies</td>
</tr>
<tr>
<td>CBD</td>
<td>community-based distribution</td>
</tr>
<tr>
<td>CERPOD</td>
<td>Center for Population and Development Research (Mali)</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Surveys</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health (Philippines)</td>
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<tr>
<td>FP</td>
<td>family planning</td>
</tr>
<tr>
<td>FPAK</td>
<td>Family Planning Association of Kenya</td>
</tr>
<tr>
<td>FY</td>
<td>fiscal year</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education, and communication</td>
</tr>
<tr>
<td>INTRAH</td>
<td>Program for International Training in Health</td>
</tr>
<tr>
<td>IT</td>
<td>Information and Training Division (Office of Population, A.I.D.)</td>
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<tr>
<td>IUD</td>
<td>intrauterine device</td>
</tr>
<tr>
<td>JHPIEGO</td>
<td>Johns Hopkins Program for International Education in Reproductive Health (project)</td>
</tr>
<tr>
<td>JHU/CCP</td>
<td>Johns Hopkins University Center for Communication Programs</td>
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<tr>
<td>LDC</td>
<td>less developed country</td>
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<tr>
<td>M/MC</td>
<td>Materials and Media Center (PCS unit)</td>
</tr>
<tr>
<td>MCH</td>
<td>maternal and child health</td>
</tr>
<tr>
<td>MIRS</td>
<td>Media Impact Research System</td>
</tr>
<tr>
<td>MOH/HED</td>
<td>Ministry of Health/Health Education Division (Ghana)</td>
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<tr>
<td>NCPC</td>
<td>National Council on Population and Development (Kenya)</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organization</td>
</tr>
<tr>
<td>OPH</td>
<td>Office of Population and Health</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PCS</td>
<td>Population Communication Services (project)</td>
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<td>PIP</td>
<td>Population Information Program (project)</td>
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<tr>
<td>POPTECH</td>
<td>Population Technical Assistance Project</td>
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<tr>
<td>PRO</td>
<td>promoting professional providers (PCS activity)</td>
</tr>
<tr>
<td>PTC</td>
<td>Pakistan Television Corporation</td>
</tr>
<tr>
<td>R&amp;D/POP</td>
<td>Bureau for Research and Development (A.I.D.)/Office of Population</td>
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<tr>
<td>SAAI</td>
<td>Saffitz, Alpert and Associates, Inc.</td>
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<tr>
<td>SEATS</td>
<td>Family Planning Service Expansion and Technical Support (project)</td>
</tr>
<tr>
<td>SCOPE</td>
<td>strategic communication planning and evaluation (PCS activity)</td>
</tr>
<tr>
<td>SOMARC</td>
<td>Social Marketing for Change (project)</td>
</tr>
<tr>
<td>TRT</td>
<td>Turkish Radio and Television</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>USAID</td>
<td>Agency for International Development (country mission)</td>
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<td>ZNFPC</td>
<td>Zimbabwe National Family Planning Council</td>
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Project Identification Data

1. Project Title: Family Planning IEC Field Support

2. Project Number: 936-3052

3. Geographic Scope: Worldwide

4. Critical Project Dates:
   - Authorization: April 25, 1990
   - Initial Obligation: FY 1990
   - Final Obligation: FY 1999
   - Project Assistance Completion Date: January 1, 2000
   - Cooperative Agreement Signed: July 18, 1990

5. Project Funding:
   - Authorized Life of Project Funding: $60,000,000
     - Office of Population: $30,000,000
     - Mission Buy-ins: $30,000,000
   - Obligations Through March 31, 1993: $32,088,557
     - Office of Population: $17,970,322
     - Mission Buy-ins: $14,118,185

6. Mode of Implementation: Cooperative Agreement with Johns Hopkins University Center for Communication Programs

7. Contract Number: DPE-3052-A-00-0014-00

8. Responsible A.I.D. Officials:
   - Deirdre LaPin, Project Manager, R&D/POP/IT Division
   - Charlotte Ureksoy, Acting Project Manager, R&D/POP/IT
   - Earle Lawrence, former Project Manager, R&D/POP/IT
   - Roy Jacobstein, Chief, R&D/POP/IT

Executive Summary

Introduction

The Population Communication Services (PCS) project no. 936-3052 was created to provide support for the effective delivery of appropriate information on family planning to developing country target groups. It is administered by the Johns Hopkins University through the Center for Communications Programs (CCP) of its School of Hygiene and Public Health in Baltimore and supported under a five-year cooperative agreement (DPE-3052-A-00-0014-00) with the Agency for International Development (A.I.D.) effective July 18, 1990 and extending through July 15, 1995. Total estimated amount of the agreement for this five-year period is $60 million.

The PCS project was created by A.I.D. to establish the capability of a U.S. institution to conduct a continuing program of technical assistance and support in the area of family planning information, education and communication (IEC). Since its creation in 1982, funding has risen from about $10 million for the first five years project, to $30 million for the second, to $60 million for the present effort. The project has continually outspent anticipated funding during each funding period; however, A.I.D. has willingly increased funding to meet increasing demand for PCS's IEC services.

The scope of PCS has expanded with the incorporation in December 1992 of the A.I.D.-funded Population Information Program (PIP), which produces the Population Reports series and the POPLINE CD-ROM program. PIP staff were incorporated into PCS but the overall PCS ceiling was not increased. (PIP's annual expenditures are between $2.5 and $3 million.)

Project Design

PCS's goal is to enhance the freedom of individuals to choose the number and spacing of their children by strengthening the IEC component of family planning programs. PCS describes its mission as making family planning a household word, a community norm, and an informed individual choice. Project activities fall into three categories: assessing IEC needs of various developing countries; developing and monitoring projects; and providing technical assistance. The project has 15 objectives which broadly reflect aspects of IEC program goals including provision of information about, and encouragement to use, family planning; institution-building; communications innovation; and IEC leadership. This report was originally planned as the midterm evaluation of the PCS project but under a revised schedule will serve as the final project evaluation.

Project Strengths

Design and Implementation: Emphasizing Research in Program and Project Development

Although no specific quantitative goals are set forth in the five-year project agreement, the project appears to have achieved significant outputs. Among the 35 country subprojects currently under way, many involve innovative approaches that have proved effective in informing large segments of target audiences of the value and availability of contraceptives and in convincing a proportion of these individuals to adopt a family planning method. Among these approaches are enter-educate projects, which channel important family planning educational messages through entertainment media, and the
use of existing community information-sharing networks. The latter approach has included using village leaders, traditions, and networks (such as jiggashas or community-based information centers in Bangladesh and durbars or traditional town festivals in Ghana) to pass on information interpersonally.

PCS has contributed substantially to the development of the methodology of IEC, by applying research throughout the life of each intervention, from the design phase through evaluation of impact. The project has moved the approach to IEC from one of individual communication activities to one based on an integrated, strategic plan. The project's rich mix of evaluative approaches, including focus group discussions, in-depth interviews, surveys, time series analyses of client records, exit interviews, and cost effectiveness analyses, are selected according to the setting and have established a new standard in the field of communication. As a result, they have been adopted by host country groups and others in the field.

Impact, Institutionalization, and Leadership

Using the staff resources of its strong and innovative Research and Evaluation Division, PCS has demonstrated consistently that IEC campaigns result in knowledge, attitude, and practice changes, including an increase in contraceptive use. The evaluations also indicate that the effects can be viewed as a hierarchy, with individuals moving at various paces through different stages of behavioral change. There will be large numbers at the first stage (exposure to family planning information, which may reach 90 percent of a given target audience) but understandably fewer at the point of use (closer to 10 percent of a target audience).

PCS has also succeeded at several levels in institutionalizing IEC skills in many of the countries in which it has worked. It has done a good job in assisting staff of agencies (particularly ministries of health and family planning associations) to upgrade their skills, to develop an IEC campaign, and to collaborate with other public and private agencies; results show that IEC is now incorporated in family planning programs in a number of countries. Another facet of institutionalization has been the decision of some radio and television programmers to incorporate family planning messages in non-family planning programming, after a PCS TV drama series or other enter-educate program has met with country-wide success. In such cases, PCS deserves credit for demonstrating the importance and acceptability of the family planning issue.

PCS is the Office of Population's primary IEC project and A.I.D. has looked to the project to provide leadership within the communication community worldwide. PCS has succeeded in living up to these expectations. As noted above, the project is an acknowledged leader as an innovator and experienced practitioner of IEC. It has increased the professionalism of the population IEC field by defining a scientific basis for program design through needs assessment, field testing, and impact evaluation. It has led the way in institutionalizing skills among host country IEC personnel. In short, PCS has changed the perception of IEC's role from a relatively minor, supportive one to an essential, and sometimes leading partner, in family planning programs. In so doing, PCS has done an excellent job in efforts to increase the priority that policymakers accord to family planning.

The project has also demonstrated the ability to foster in-country cooperation on IEC activities among family planning organizations and has done an excellent job in promoting consistency in IEC messages through fostering collaboration, including creation of working groups and country-wide strategic plans.
Management

The PCS staff are well respected throughout the population community, with a reputation for being highly qualified and professional, for doing commendable work, and for being reliable in the delivery of outputs and the keeping of commitments. They should be credited for PCS’s being a standard setter for creation and production of IEC materials, for enhancing the IEC role in family planning, and for the project’s flexible and creative approach to IEC challenges. The project is regarded highly by USAID missions, which have found that PCS provides rapid and effective responses to their requests. The addition of resident advisors appears to have enhanced program efforts and facilitated collaboration among CAs and host country organizations. Even in countries with resident advisors, however, additional PCS technical assistance is in demand.

Project Issues

Project Design

A difficulty in the project design for evaluation purposes is the lack of quantitative standards by which to judge performance. The 10-year outputs of the project paper were not included in the cooperative agreement for the five-year lifespan of the project, thus making it impossible to assess whether the project is on target for outputs. The 15 project objectives, which might appear a viable alternative for evaluation purposes, are very broad and general with no quantitative benchmarks and thus cannot serve as performance standards. The PCS Research and Evaluation Division, which does the excellent work described above in impact evaluation, has not directed its attention to assessing or monitoring in any systematic way the performance of the project in terms of the 15 objectives for which PCS as an organization is expected to be held accountable.

The Research and Evaluation Division has the skills to assess PCS’s efforts according to project objectives and to evaluate internal operations such as the Media/Materials Center and SCOPE. The Media/Material Center’s operations, for example, have not been rigorously evaluated according to its defined purpose. Likewise, the staffing, purpose, and costs of SCOPE, a new training approach that uses computer software to design and monitor the IEC strategy development process, need further consideration.

Design and Implementation: Emphasizing Research in Program and Project Development

The project’s strong performance in applying research to evaluation of project impact is not always matched at earlier points in the life of country projects. The result may be that a country project design is not altogether appropriate to the need or that problems that arise during implementation are not fully addressed. More emphasis at these earlier stages would assure that projects were more relevant and effective. In particular, a major program design need relates to closing the gap that often exists between high awareness and positive attitudes toward family planning (which suggests that usage would be commensurately high) and low contraceptive practice. Although more focus on this gap is clearly necessary, PCS has increasingly moved in this direction, facilitated by the mass media’s greater acceptance of family planning issue discussion.

Although generally PCS makes concerted efforts to help prepare family planning service providers for an increased caseload as part of an IEC campaign, in some cases providers did not have a sufficient preparation period to adjust for the increase. This is not always PCS’s fault; nevertheless,
because quality of family planning services is a key variable in measuring the impact of an IEC campaign, this lack of coordination needs additional attention.

PCS has done a commendable job in publishing in peer-reviewed journals, but this format is too academic and too little related to program planning to be of real use to IEC staff in a local agency setting. Adding practical program-oriented dissemination vehicles for lessons learned, research findings, and project strategies would help transfer ideas and solutions to IEC challenges.

Impact, Institutionalization, and Leadership

Although PCS has helped agencies train or recruit IEC staff, the level of education and training of such professionals is sometimes inadequate in relation to IEC needs (thus requiring continued PCS assistance) or not of sufficient academic level to allow promotion (thus limiting IEC influence within agency programming).

Management

Despite an earlier recommendation that it be reorganized functionally, PCS headquarters has retained its geographic organization in order to respond to the field’s preference for continuity of technical assistance from PCS headquarters. This has necessitated some duplication of technical skills within the organization. Even in countries in which PCS has a field office, technical assistance visits by Baltimore-based staff are still in demand.

Other issues of concern relate to project funding. Once again, PCS is likely to exhaust its planned ceiling before the end date of the current cooperative agreement, probably at the end of the fourth year of program activities. PCS’s inadequate funding creates uncertainty among those requesting assistance from the project. Although accurate predictions are difficult in multi-year projects facing changing circumstances, obligations and expenditures under this cooperative agreement have deviated considerably from planned budget guidelines, with underspending particularly noticeable in the areas of country subprojects and subcontracts. The actual expenditure for one subcontractor, the Academy for Educational Development (AED), was below 20 percent of originally expected levels, and for another, the Program for Appropriate Technology in Health (PATH), even lower. This has represented a hardship for these organizations in terms of planning for other work. At the same time, this implementation pattern offered some advantages for PCS.

PCS has not always been able to coordinate its efforts with those of other Cooperating Agencies (CA), especially training and service provision CAs. This has resulted in some duplication of effort, inconsistent training approaches, and less effective use of IEC materials. Because PCS is designed to serve the needs of these other programs, it is important that this inadequacy be addressed. To some extent, both A.I.D., in defining CA roles, and USAID missions, in requesting IEC work in-country, must help to improve coordination among CAs.

Future Issues

Although a start could be made by PCS’s evaluation staff during the current cooperative agreement in assessing whether the project is achieving the objectives set forth in the agreement, it is also important that the objectives themselves be made more measurable and achievable. This could be undertaken as part of the development of a new cooperative agreement.
PCS has demonstrated significant competence and creativity, with the result that the project is in great demand, sometimes for activities in health-related or environmental projects that are beyond the scope of staff expertise in family planning. Working in these peripheral areas can sometimes attract new audiences, but it also carries a risk that PCS could erode its reputation as an organization with a high level of specialized professional competence.

The incorporation of PIP will put greater managerial and financial burdens on the PCS project, duties that do not appear at present to have been thoroughly explored. In particular, funding for the next cooperative agreement is set at $100 million. Some of the $40 million increase over the present level of funding could be absorbed by PIP leaving fewer funds for increased PCS activities or unforeseen developments. Should additional funding be needed in the next cooperative agreement, an amendment could be considered.

**Recommendations**

**Impact, Institutionalization and Leadership**

- The current research emphasis on impact evaluation should be expanded to permit greater attention to program needs, design, and midcourse corrections to make projects more relevant and effective.

- In settings where high awareness and positive attitudes about family planning exist but contraceptive practice is low, a greater effort should be made to design projects that address this gap.

- The PCS Research and Evaluation Division should have as one of its foci a systematic ongoing assessment of the total PCS program in terms of achievement of the stated objectives of the cooperative agreement.

- In addition to submitting articles to peer-reviewed journals, PCS should disseminate information on its activities and findings to family planning IEC professionals through publications that are more widely available and timely.

- A.I.D. and PCS should seek ways to provide training in IEC for nationals to create in-country consultants and to institutionalize IEC within country programs; advanced degree training should be one of the available options.

- PCS, working with appropriate host country counterparts, should continue to take a leading role in IEC strategy and materials development and, where the in-country situation is conducive, in fostering coordination of the groups carrying out these activities.

**Management**

- PCS should be encouraged to continue its practice of placing country representatives in countries in which it is carrying out a large program, in which it sees promising opportunities for regional activities, and where improved coordination of IEC resources would result.
• Given the growth of PCS and the incorporation of PIP, PCS should review its staffing and operations to ensure adequate managerial capacity and systems.

• A.I.D. must provide clearer guidance to all CAs as to how they can best work together on training for counseling, other areas of training for service providers, and population communication overall. USAID missions and PCS must take the necessary steps to avoid duplication of efforts.

**Future**

• In the next cooperative agreement, project objectives should identify more realistic targets.

• Although some expansion into related fields could benefit PCS's central mission, care must be exercised to prevent the project from being drawn so far afield that additional staffing or technical skills are required.

• The consistently upward trend in the demand for PCS services, combined with the incorporation of the PIP project into PCS, suggests that the funding ceiling foreseen for the next cooperative agreement may require adjustment over the course of the project. A.I.D. should remain sensitive to this possibility and take appropriate action.
1. Introduction

1.1 Project Background

The Family Planning IEC [Information, Education, and Communication] Field Support project no. 936-3052, generally known as the Population Communication Services (PCS) project, was created to develop effective communication programs in direct support of selected population and family planning service delivery programs in developing countries. It is administered by the Johns Hopkins University through the Center for Communication Programs (JHU/CCP) of its School of Hygiene and Public Health in Baltimore and supported under a five-year cooperative agreement (DPE-3052-A-00-0014-00) effective July 18, 1990 and extending through July 15, 1995. Total estimated amount of the agreement for this period is $60 million.

The Office of Population of the Agency for International Development (A.I.D.) developed this project to establish the capability of a U.S. institution to conduct a continuing program of technical assistance and support in the area of family planning information, education, and communication (IEC).

The original five-year cooperative agreement for this project (DPE-3004-A-2081) began on September 30, 1982. It was budgeted for $9,895,000, of which $7,737,000 had been obligated by May 1985. With 78 percent of its budget committed in just over half of its five-year life, an in-depth evaluation was made by a team which recommended continuation and expansion of the project. Consequently, a renewed agreement (DPE-3004-A-00-6057) was launched in September 1986 authorizing expenditures of $30 million in the next five years.

Again, commitments outpaced budgeted funds, with 70 percent of the budget obligated by the end of two years. A second in-depth evaluation in May and June of 1989 again made the recommendation that this project be continued and expanded, and the current five-year agreement (CA-3) was launched a year early, in July 1990, with an authorized expenditure level of $60 million and a 10-year authorization (fiscal year [FY] 1990-FY1999) for $160 million. It was assumed that half of the budget would derive from buy-ins from in-country missions of the U.S. Agency for International Development (USAID) or regional bureau funds.

This report was planned as the midterm evaluation of the PCS project; however, because of a revised schedule, it will serve as the final project evaluation (see Appendix A for details of the assignment).

1.2 Project Management

The Center for Communication Programs was established in 1988 in the Department of Population Dynamics at the Johns Hopkins University School of Hygiene and Public Health. The CCP includes PCS, the Nigerian Family Health Services project, several population and acquired immuno-deficiency syndrome (AIDS) activities funded through other grants, and the Population Information Program (PIP). PIP produces the Population Reports series and the POPLINE CD-ROM program and was incorporated into the PCS cooperative agreement as of December 1992. PIP staff were incorporated into PCS but the overall PCS ceiling was not increased. (PIP's annual expenditures are between $2.5 and $3 million.)
U.S. subcontractors include the Academy for Educational Development (AED), the Program for Appropriate Technology in Health (PATH), and Saffitz, Alpert and Associates, Inc. (SAAI). The utilization of domestic subcontractors is described in Chapter 3.

1.3 Project Design

1.3.1 Purpose

The purpose of the cooperative agreement is to support "the effective delivery of appropriate information on family planning to developing country target groups." According to the agreement, the project will achieve this purpose by strengthening the IEC component of family planning programs in developing countries, by undertaking the following activities:

1. The provision of resources and a broad range of IEC skills, experience and management capabilities geared toward transferring the IEC technology to the country receiving the service. PCS, together with IEC expert consultants, will assess the IEC needs of various developing countries, develop and monitor projects, provide technical assistance, collect and distribute model and prototype IEC materials, evaluate IEC programs and materials, and convene meetings and professional workshops to train LDC [less developed country] planners and IEC personnel to carry on these functions independently and successfully.

2. Development of in-country capacity to design, maintain, and evaluate IEC activities. PCS will help institutionalize host country capacity to carry out their own communication programs by working with
   - public sector population, family planning, and health organizations,
   - private sector population, family planning, and health organizations,
   - radio, television, print, video, theater, and mass media of all kinds,
   - schools of public health and other health provider training institutions, particularly in the inclusion of population and health communication into curricula, and
   - research organizations.

These tasks will be accomplished by identifying approaches that can be implemented within existing resources; involving a variety of local public and private sector agencies and institutions; and sharing materials, techniques, and findings through workshops, conferences, and publications.

1.3.2 Goals and Objectives

The cooperative agreement describes the primary goal of the project as follows:

...to enhance the freedom of individuals in developing countries to choose the number and spacing of their children. This goal will involve not only making family planning information available but also helping people to realize that they do indeed have the potential to choose from a variety of family planning options.
The agreement lists 15 objectives that the project will pursue in order to meet the project goal. These are included in Appendix B and discussed below in Section 1.4.

In its annual workplans, PCS has provided a concise summary of the project's overall goal in different terms, describing it as reducing the level of fertility in developing countries by making family planning

- a household word
- a community norm
- an informed individual choice.

1.3.3 Project Activities

PCS's work is described in the cooperative agreement as falling under three categories:

- needs assessments
- country and regional projects
- technical assistance.

Its performance in needs assessment and country and regional activities is discussed in Chapters 2 and 3 and its technical assistance is described in Chapter 5.

Table 1 provides a summary of outputs to date in these three categories, plus information on workshops and conferences attended or held and on films and materials provided. A difficulty in the project design for evaluation purposes is that the 10-year outputs of the project paper were not included in the cooperative agreement for the five-year lifespan of the project. This makes it impossible to assess whether the project is on target for outputs.

<table>
<thead>
<tr>
<th>Region</th>
<th>Needs Assessment &amp; Planning</th>
<th>Country Projects Under Development&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Country Projects Under Way&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Country Projects Completed</th>
<th>Technical Assistance Visits</th>
<th>Workshops and Conferences</th>
<th>Provision of Films and Materials&lt;sup&gt;2&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>Totals CA-3 (FY91-FY92)</td>
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<tr>
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<td>35</td>
<td>20</td>
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</table>

Source: PCS Annual Reports
<sup>1</sup>FY92 only
<sup>2</sup>Includes 10-year projects funded under separate Nigeria contract in 1988.
1.4 Project Performance: Achievement of Objectives

The 15 objectives listed in the cooperative agreement (see Appendix B) are very broad and general. For example, the first calls for ensuring that "all men and women of reproductive age have available to them accurate and understandable information on family planning and a wide range of family planning methods." In addition, the objectives do not contain quantitative benchmarks. In the above example, "all" is not a meaningful number nor is "a wide range" of family planning methods further defined. A set of "indicators of effectiveness" accompanies each of the objectives; these too are broad and are thus also difficult to quantify. For example, the indicators for the first objective described above include increased print and broadcast material on family planning; changes in knowledge based on national surveys or pre- and post-surveys; and reduction of misinformation.

The 15 objectives fall into two groups. The first group, which includes 9 of the 15, constitutes what the project has called the stages in the "hierarchy of communication effects." These describe four ways in which IEC can affect audiences, ranging from 1) increasing knowledge and skills of clients and providers, 2) persuading potential users that family planning is acceptable, and 3) affecting the decision to actually use family planning, to 4) building support among national leaders for use of family planning. The 6 other indicators are described as "project and process indicators." These include adherence to the Office of Population's priority country strategy; development of activities through application of a research-based methodology; use of innovations in communication approaches and technology; assuring that IEC and services are linked; institution-building; and seeking opportunities for self-sustaining activities.

Appendix B includes a self-assessment done by the project as to how well it is meeting these objectives. This assessment offers examples of successes in selected countries for each objective. This report draws on these examples in developing its conclusions as to PCS's overall performance.

Although the lack of specificity in project objectives made a quantitative assessment difficult, this project evaluation was conducted with these global objectives as a framework for observation and analysis (see Appendix A, Attachment 1). Also, given the documented success of the PCS program to date, this evaluation placed special emphasis on the project's impact on users in the field and contributions of PCS to the communications field.
2. Design and Implementation: Emphasizing Research in Program and Project Development

2.1 Overview

From PCS's inception through FY92, PCS had worked in 49 countries. Prior to the current cooperative agreement (CA-3), 89 projects had been completed and during CA-3, PCS has carried out or has under way a total of 55 country projects. Many of these are innovative, such as enter-educate programs, which channel important family planning educational messages through entertainment media, and the use of existing community information-sharing networks. The "Aahat" television series in Pakistan, using the country's most popular writer, producer, and cast in a dramatic format, is a successful example of reaching large numbers of people—60 percent of those surveyed—and breaking new ground for the discussion of social issues. PCS works effectively at the other end of the communications spectrum, too, by using village leaders, traditions and networks to pass on information interpersonally. In Bangladesh, Jiggashas (community-based information centers) have been established based on existing leadership and communication networks; thus, neighbors and opinion setters are helped to be effective communicators to village people, multiplying the numbers reached by fieldwork efforts. Similarly, durbars (traditional town festivals) are used in Ghana as the setting for village chiefs and leaders to make their endorsements of family planning and for family planning workers to pledge their caring and support to the community's welfare.

PCS takes a strategic and integrated approach to IEC, having moved from pursuing individual communications actions, such as producing a pamphlet or TV program, to an overall, communications strategy. Moreover, it takes a scientific approach to development of the entire process, using research to define its activities at all three stages of a project's life: development of the project, including carrying out a country needs assessment and developing a country strategy; implementation of the project, including monitoring to identify need for midterm corrections; and evaluation, to identify impact of interventions. This increasingly professional approach to IEC has enhanced the effectiveness of family planning programs and led to improving skills of host country IEC personnel.

2.2 Use of Research Tools Throughout Project Cycle

A major PCS contribution to IEC implementation is the application in diverse settings of scientific evaluation methodology to design projects, monitor progress, test effectiveness of products and campaigns, and measure impact over time. Standard tools include needs assessments, focus groups, interviews, surveys, observations, pre- and post-tests, and analyzing client records and market sales.

PCS has developed an integrated tool for use with mass media campaigns: the Media Impact Research System, to measure changes in knowledge, attitudes, and behavior, consisting of quasi-experimental designs used in various combinations throughout the project cycle. The system includes the following methods: focus group discussions, in-depth interviews, surveys with representative samples, analyses of client records at various time intervals, exit interviews with clients, structured interviews with small selected samples, and cost-effectiveness analyses.

PCS has successfully established this evaluation approach to coincide with the stages of family planning decision-making and acceptance including the stages of knowledge, persuasion, and decision.
and has labeled the approach a "hierarchy of family planning communication effects" (see Section 1.4). This hierarchy offers a logical and rational framework for assessing and interpreting evaluation results in the successive stages of family planning adoption.

PCS has exhibited strong innovation skills in developing additional research methods, particularly applicable to challenging program settings or projects. Thus, it has pioneered or refined social network analysis (study of interpersonal communication patterns to identify opinion leaders and influencers), image mapping (combination of multidimensional scaling and theory of reasoned action to measure audience perceptions), path analysis (use of multivariate statistics for causal modeling), and audience segmentation (cluster analysis of audience lifestyles and sociodemographic characteristics) to fit the needs of particular project activities.

The evaluation and research activities described above are implemented by PCS's Research and Evaluation Division, a strong and well-staffed department whose 10 members work on aspects of virtually all PCS activities and to which considerable resources are allocated. The division has been able to help PCS use resources wisely by choosing efficient IEC strategies and by utilizing pre-testing, focus groups, and other tools to fine-tune projects and make midterm adjustments.

2.3 Planning and Priority Setting

2.3.1 Strategic Approach

As a first step in developing an IEC strategy or project in any country, PCS conducts a needs assessment, whenever possible in concert with other Cooperating Agencies (CA) or international organizations. Needs assessments are undertaken to identify program gaps and to assess how best to implement activities, including through which organization. They take into account the general political and economic climate in the country; policy, attitudes, and history regarding population/family planning; the nature, quality, and extent of family planning services; quality of the IEC infrastructure and extent of IEC resources; the availability of research and evaluation resources; and the extent of interests and activities by other international donors.

Ideally, an overall strategic IEC plan for a particular country is developed, based on the needs assessment and involving participation of other donor agencies, CAs, and national implementing agencies to ensure maximum coordination and collaboration on themes, priorities, and task assignments. PCS has prepared 12 to 15 strategic plans thus far during CA-3. These were comprehensive, practical, and relevant to country realities. Where strategic plans have not been developed, as in Pakistan and Turkey, ministries, non-governmental organizations (NGO), and other CAs voiced a strong interest in working with PCS to develop such plans. PCS pursues this approach as the initial step whenever possible or practicable; sometimes this is impossible because existing five-year plans or bilateral programs have already been developed specifying which activities will be carried out (as in Pakistan) or because there is no USAID mission (as in Turkey).

Where strategic plans have not been developed or instituted, individual country and regional projects are developed to address specific communication problems or objectives. These are typically the same elements that would be integrated into a strategic plan and include multi-media campaigns, training on use of IEC materials or on interpersonal communications, development of print and audio-visual materials, and a variety of enter-educate activities. Country and regional project grantees may be public ministries, parastatal agencies, private health/family planning institutions, media entities,
training institutes, private firms involved in communication or research, or other organizations. Projects may be for a period of a few months to a maximum of five years. All project materials and information should have family planning/population as the primary focus, but may bridge related issues such as child survival, family health, AIDS, and the environment.

Where feasible, PCS also undertakes regional projects that result in maximum cost-effectiveness of the IEC activities by taking advantage of linguistic and cultural similarities. For example, PCS supports the Centre for African Family Studies (CAFS) to provide a Francophone communication course to professionals from several African countries. A popular enter-educate effort, the TV series "And the Nile Flows On," produced by the Egyptian State Information Service, has also been broadcast in Jordan. Under a new regional project, PCS is negotiating airtime for a TV soap opera, "The Family House," in Egypt, Jordan, and Morocco.

In a major country program, PCS may either fund an agency to carry out some of the activities and/or provide significant technical assistance to the lead agency(ies). PCS also provides short-term technical assistance independent of country programs to USAID missions, private and public health and family planning agencies, media organizations, and other organizations as requested. The purpose of technical assistance is to provide desired help not otherwise available to the recipient agency. Technical assistance is provided by the PCS staff, consultants and subcontractors, including in-country or regional subcontractors where available and appropriate.

2.3.2 Use of Research in Program Planning and Project Design

Accomplishments

The needs assessment is often the first research tool used for program planning as it reveals gaps both in a country's infrastructure that must be addressed before initiating activities and in IEC program areas requiring design and implementation. A staffing gap in the Ministry of Health/Health Education Division (MOH/HED) in Ghana, for example, was noted in that country's needs assessment. This was addressed by hiring an IEC specialist.

When PCS assists in the program or project design phase, other forms of research are used to determine content and approach. Focus group research, with participants reflecting the planned target audience, is often used at the early stage of program design to identify appropriate messages, including both topics that need to be included and language characteristics such as dialects, reading level, tone, and format. Field testing of prototypes then follows and adjustments can be made. For example, in Kenya, method-specific leaflets and posters were designed and pretested to meet audience needs. This process does not necessarily have a specific end point; despite initial testing, the Kenyan pamphlets were found, through actual program use, to contain unacceptable drawings and thus will be altered as needed.

Kenya's use of research for program design (and evaluation) included other methods, too, such as observation of trainers and counselors, interviews with providers and exit interviews with clients, inventory of IEC materials, and a survey on family planning use. A similarly strong research approach for program design was used in Pakistan, where PCS planned, in collaboration with the Ministry of Population Welfare and USAID, a six-episode television social drama, "Aahat." Starting with an assessment of the Ministry's IEC activities, PCS went on to learn about audience needs and perceptions by observations at population welfare clinics, interviews with key IEC personnel, literature reviews, social-anthropological research, and focus group discussions. The drama scripts,
along with related 30-second spots, were pretested through focus group discussions and qualitative interviews and were refined appropriately.

In another example of program design to reach target audiences, PCS assisted the MOH/HED in Ghana to identify communication channels other than television, which reached too small a proportion of Ghana’s population. The Ghana Health and Family Planning Information Project thus emphasized community-based activities supplemented by radio, mobile video dramas, and various print materials including flip-charts, information booklets, leaflets, wall charts, and posters. The themes that were used — the positive image of service providers, male participation, and refutation of rumors and misinformation — were identified by a literature review, needs assessment, and focus group research.

PCS was praised for responding to needs in countries whose family planning programs were at all levels of development. USAID missions typically pointed to PCS’s effectiveness in identifying activities to break new ground and overcome barriers and their ability to do this rapidly and professionally. For example, in Indonesia, where contraceptive prevalence is relatively high (around 50 percent) and the family planning program is well established, a major concern is for increasing the sustainability of program activities. PCS’s assistance was seen as pertinent to this need. The mission cited as perhaps its most important contribution encouragement of local filmmakers, whose "innovativeness and creativity can keep the program sustainable." Likewise, in Ecuador, which also has a relatively high contraceptive prevalence rate, the mission noted that because further gains in family planning use would be difficult and costly, a strong and unified communication campaign would be essential to shape demand for the future. PCS technical assistance, it noted further, had been critical in developing such a campaign. By contrast, Nepal, where prevalence is relatively low and which described itself as at the starting point with IEC and not ready for a mass media approach, was pleased that PCS had proved willing and able to help meet its needs. The mission cited specifically PCS’s assistance in development of a test village IEC program. Missions in Cameroon and Bolivia, two other low prevalence countries, also made note of PCS’s ability to provide assistance that fit within the countries’ existing cultural and programmatic capabilities. The mission in Cameroon mentioned particularly PCS’s efforts to define the place of traditional media and social channels in family planning IEC, and Bolivia cited PCS’s emphasis on strengthening local communication agencies.

The USAID mission in Egypt also mentioned PCS’s responsiveness to the particular needs of that country, reporting that PCS is meeting the needs of the National Population Council and the three ministries that produce IEC materials in family planning/population. The U.S. Embassy in Turkey noted that PCS provides innovations tailored to country-specific needs.

**Areas Needing Improvement**

Although nearly always praised for using research to determine program design, PCS has occasionally been criticized for not taking cultural differences sufficiently into account and instead, tending to introduce themes and products found useful elsewhere. In particular, PCS has not fully met the challenge of designing programs for populations that seem to know about contraceptives but still do not use them. The mass media campaign in Turkey provides a good example of this concern as expressed by several organizations in that country. Although the two campaigns there (the latter in CA-3) unquestionably reached large numbers of people and resulted in apparent increases in understanding and knowledge of family planning information and some increased use of certain family planning methods, there may now be less need for emphasis on consciousness raising and more need
for addressing specific reasons for non-use of various methods. Before the first campaign, 69 percent of the target audience had already heard of family planning and 55 percent understood the concept. Many interviewees suggested that a more useful approach would have included better targeted activities that focused on specific family planning methods and attempted to dispel myths about them. Such an approach, however, would have been difficult as Turkish censors were limiting the type of information that could be broadcast. The more restrained campaign that resulted undoubtedly contributed to more overt method discussion later.

Kenya provides another instance of a country in which awareness of contraceptives is very high but contraceptive prevalence is low. Here again, PCS’s program plans could benefit from further research into the root causes of this basic and critical discrepancy. In the Kenya Provider and Client Information, Education, and Communication Project, research focused on performance of providers and how it might be improved, rather than looking beyond this process issue at what may have been cultural biases against the use of family planning. Both here and in Turkey, the closing of the gap between high levels of awareness and positive attitudes and low contraceptive practice demands priority attention beyond the task of changing the levels of awareness and attitudes.

### 2.4 Implementation Issues

The effectiveness of a project is largely determined by its design and the implementing agency’s ability to carry it out. As indicated, PCS program designs have derived considerable strength from their research underpinnings, especially needs assessments, focus groups, and baseline surveys. Implementation usually has been well done, with special care taken to upgrade infrastructure and allocate tasks before beginning project activities.

Occasionally, implementation has been hampered by in-country political and/or administrative changes (as in Burkina Faso — see below in this section), stock-outs of contraceptive supplies (as in Ghana — see Section 3.2.2), or other constraints generally beyond PCS’s control such as slow moving bureaucracies and reluctant collaborators. In a few other cases, problem areas were observed that were more squarely within PCS’s control. Such issues typically related to translating goals (derived from research findings) into operations and failing to observe the need to correct mid-course weaknesses.

Several examples from Kenya illustrate this point. In the Provider and Client Information, Education, and Communication project referred to above, husband-wife communication was singled out as an objective although the research findings supporting this choice (from the 1989 Demographic and Health Surveys [DHS]) were ambiguous. PCS had noted that more information was needed to determine the information and communication needs of men. A need existed to find ways to improve spousal communication that did not erect other barriers to contraceptive use. Apparently, however, no additional research was done in this setting to clarify the supposition that improved spousal communication would increase contraceptive use in Kenya. Rather, family planning providers were sending women home to talk to their husbands without providing them contraceptives, a practice surfaced by a PCS situation analysis and rightly found to be inappropriate. In other areas, PCS has undertaken research on men’s attitudes and behavior and is testing approaches to reach them by

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various IEC formats (such as radio and songs). In this case, however, the proper role of counselors in stimulating spousal communication without sacrificing method adoption was not clearly defined.

Another example of an inadequately researched objective, also in the Kenya project, related to the provision of full information to clients about every method of family planning. Although informed choice must always be an important consideration, and is one not always observed in the Kenya setting, it can be counterproductive if overused with established clients. For example, in both a clinic setting and in a community-based distribution (CBD) session, long-term clients were provided a thorough explanation and detailing of every family planning method even though in both cases the client had expressed complete satisfaction with her existing method. The clinic patient, who was using the oral contraceptive, was required to come back every three months for resupply and, at each of these visits, was taken through yet another detailed review of all methods. She was also given pelvic examinations more often than the recommended once a year. In short, the well-intentioned objective of full information on all family planning methods may inadvertently have been translated into an overzealous counseling effort, which overburdens the client and, indeed, the clinic staff itself. Although new regulations that will increase the supply of pills may allow for fewer visits by the client, the Kenyan project also needs to consider its counseling protocol on its own merits, assessing whether thorough method review every three months discourages a patient's return to the clinic, encourages her to switch methods and thereby risks a period of lapsing altogether, or raises unnecessary concerns about her current method.

Sometimes, inadequate attention is paid to making adjustments in response to problems once activities are under way. For example, in the Kenya Provider and Client Information, Education, and Communication Project, a youth center was attracting considerable numbers of young men but no young women. Program staff were unable to explain why this was and had made no effort to find out the reason (e.g., through a survey of the immediate community to identify ways to bring girls into the center). Likewise, in Burkina Faso, where transfer of staff weakened a newly created IEC unit in the Ministry of Health, the mission said that PCS did not provide adequate guidance and technical assistance to strengthen the new group. The use of research techniques including sentinel sites (representative sample of clinics for rapid feedback), site visits, mystery client studies (anonymous clients observing quality of care), and monitoring—all used to some extent now—could be expanded during the implementation phase in order to sharpen and fine-tune IEC campaigns, identify ways in which they are going wrong, find neglected opportunities, pinpoint obstacles to achievement of program goals, and suggest ways around them.
3. Project Impact

3.1 Measuring Project Impact

Although research techniques are used for every phase of an IEC intervention, from program and project design through implementation to evaluation of a project's effects, it is clearly the last measurement that is most crucial; in fact, the research techniques used in earlier stages are intended to enhance a project's impact. Although small projects can measure either limited effects (such as acceptability of materials) or more substantial effects on limited audiences (the intended target groups of specific IEC activities such as participants at a durbar), PCS has made a major effort to show IEC impact on a large population's behavior.

PCS has succeeded in demonstrating that IEC projects are capable of effecting behavioral change directly in addition to supporting family planning programs that do so. Such impacts have been shown to result especially from mass media programs, using the Media Impact Research System to measure effects (see Section 2.2 above).

3.2 Country Examples

3.2.1 Turkey

Evaluation of project activities in Turkey demonstrates the use of diverse research methods and the attainment of various results. Collaborating with the Turkish Family Health and Planning Foundation, PCS implemented two national multi-media campaigns (1987 and 1991) stressing mass media, with additional communication activities designed to support the overall campaign. Campaign objectives were identified to promote family planning awareness, improve the image of service providers and methods, and increase the use of methods and services.

The first campaign (which was carried out under CA-2 and reported on in CA-3) relied heavily on mass media, including 10 educational/motivational TV spots, three television programs (two dramas and one documentary), a radio drama, and eight radio spots. Supporting activities included an educational video for family planning clients, print materials (calendars, posters, and brochures), two journalists symposia, a photo exhibit, and a dissemination conference. Significant formative research was undertaken before the campaign began in order to ensure maximum effectiveness of the campaign design and provide baseline information. Research methods included a communication needs assessment along with an assessment of the foundation's institutional capabilities, 34 focus group discussions for message design, and a baseline survey to determine knowledge, attitudes, and practice along with levels of media exposure.

The results of this research, as reported by PCS in various publications and shown in Appendix B, reflected the hierarchy of communication effects, i.e., that, as a result of an IFC campaign, individuals move at various paces through different stages of behavioral change. As is seen below, there were large numbers at the early stages (exposure to and knowledge of family planning information) but smaller ones at latter stages, as it is much more difficult to translate this knowledge into a decision.
to use contraception. The campaign succeeded in covering 80 percent of the target audience: married women of reproductive age. Among these, results were as follows:2

- **Awareness** — the proportion of married women who had heard of family planning increased from 69 percent to 86 percent.

- **Comprehension** — the proportion of married women who correctly understood the concept of family planning increased from 55 percent to 71 percent.

- **Recall** — the dramatic television series was recalled by 61 percent of interviewees, 59 percent recalled the humorous television spots, and somewhat fewer recalled other mass media messages.

- **Spousal communication** — 63 percent of married women say they talked to their husbands about family planning as a result of the campaign.

- **Clinic attendance** — 10 percent of married women say they visited a clinic for family planning information as a result of the campaign.

- **Contraceptive use** — modern method use increased 4.2 percentage points during the 4-month campaign period.

The increase in use of modern methods was driven primarily by an increase in the use of intrauterine devices (IUD) (an increase from 16 percent to 22 percent); in fact, IUDs frequently were substituted for other methods (oral contraceptive use declined from 24.6 percent to 21.4 percent, condom use declined from 9.9 percent to 7 percent and withdrawal declined from 21 percent to 19 percent). Although a substitution effect took place, the campaign should be deemed a success because of the increase demonstrated in the sole clinic-based method, IUDs, given that the media messages urged clinic visits.

Research regarding the second campaign, which featured a two-episode TV drama entitled "Hope Was Always There" focusing on improving the image of the midwife, once again validated the hierarchy. Of the 36.7 percent of men and women of reproductive age who saw the TV drama, 92 percent recalled messages, 88.4 percent agreed with the presented message, 40.5 percent talked to other people about the show, and 91.6 percent expressed willingness to see other episodes. Eighty percent reported they intended to visit a midwife to get family planning.

### 3.2.2 Ghana

In Ghana, too, where PCS collaborated with the MOH/HED, extensive research was carried out to determine the effectiveness of the Ghana Health and Family Planning Information Project, including household interview surveys and focus group discussions, a recall and comprehension study, a cost analysis study, and a review of clinic statistics. In this project, diverse community-level communication channels were emphasized because television coverage in Ghana is exceedingly limited. Program

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2Kincaid, D. L., et al., "Turkey's Mass Media Family Planning Campaign." Note that these (more recent) figures differ slightly from those in Appendix B.
activities included institution building of MOH/HED to manage a large-scale IEC project with additional staff recruited and equipment provided; the development of a service providers' training manual; training of service providers in all 10 regions in counseling and interpersonal communication with additional training in the three target regions of key supervisors; the development of a variety of materials for providers; and production of television and radio programs.

Traditional town meetings launched the campaigns in all districts; in these well-attended gatherings, chiefs, religious leaders and government officials publicly endorsed campaigns and service providers were visibly acknowledged as caring professionals. Other related entertainment supported these efforts, including audio cassettes of popular music, video and film shows or live dramas, soccer matches, games and contests, and itinerant drama troupes. A song developed for the campaign, "Awo Dodo," became a national hit.

The campaign was evaluated by household interview surveys and focus group discussions, a recall and comprehension study, a cost analysis study, and a review of clinic statistics. As with Turkey, the results confirmed the hierarchy of effects pattern, starting with high exposure (over 90 percent of men and women in the three campaign regions were exposed to at least one medium), 41 percent of men and 25 percent of women talked to a sexual partner about family planning and 25 percent of men and 30 percent of women talked to a service provider about family planning during the campaign, and 4 percent of women and 11 percent of men surveyed in the sentinel site began using modern contraception during the campaign period. Overall, the greater the exposure to the campaign, the more likely some action was to take place.

Although exposure to the campaign was strong and family planning discussion and use apparently increased, the available data prevented unequivocal conclusions about campaign effects on knowledge, attitudes and behavior. Some of the problem related to the quality of data and the data collection process but, more important, contraceptive stock-outs that occurred during this period prevented full evaluation of the campaign's impact on contraceptive use. Another methodological difficulty involved the initial plan to limit radio programming to the three experimental districts; however, when this was found not to be feasible, radio was eliminated almost completely at the beginning and then used throughout all regions midway through the campaign.

The Ghana example points to some important lessons learned in the area of IEC evaluation. First, the campaign was wisely adjusted to reach the audiences intended in ways that would accomplish this, including the use of traditional communication strategies where appropriate. In fact, distribution of contraceptive posters throughout the experimental districts was very successful, thanks to effective campaign committees developed at the district level. Mass media — in the form of radio, in this case — although able to reach large numbers of people, did not lend itself to an experimental design since media in Ghana is national in implementation. Most important, the program showed how critical the linkage is between an IEC campaign and the quality of service provision. If IEC is to be measured according to contraceptive use increase, then the availability and quality of services are essential prerequisites to such success. This situation, however, was partially out of PCS's control and the stock-outs compromised measurement of an apparently successful IEC campaign.

3.2.3 Bangladesh

In Bangladesh, PCS used existing channels to communicate family planning messages. Bangladesh also provided an opportunity to explore the theory that "ideational factors" — that is, ideas as change agents — can effect the adoption of modern contraceptives within a traditional culture exhibiting a
low rate of socioeconomic development. The project involves the training of family welfare assistants and their supervisors to enhance their knowledge and skills, the establishment of Jiggashas (community information centers) to disseminate information and assist family planning workers with service delivery, and related activities to generate discussions and disseminate family planning information to village women. An evaluation of the project found that three types of interpersonal communication were closely related to family planning intention and practice: interpersonal communication about family planning with one's spouse and with other women and interaction with family planning field workers. Path analysis, or a modeling of the activity to determine key variables, was used to examine potential causal models; the model suggested that the village selected, social norms, interpersonal communication, and ideation factors accounted for 88 percent of the variance in the adoption rate of the 24 villages.

This type of communication strategy, as well as the evaluation used to examine it, demonstrate PCS's flexibility in IEC program design for a target audience not easily reachable by mass communication. (For example, only 30 percent of rural women can be reached by radio in Bangladesh.) The path analysis also contributes to an understanding of ways to affect family planning decision-making. The implications for Bangladesh are important and positive; interpersonal communication and ideation are factors, for example, that can be influenced by the population program.

3.2.4 Other Country Examples

In several other countries as well, PCS is building an impressive array of data which reinforces PCS's findings that the effects of a given intervention conform to the hierarchy of effects suggested above in different settings. For example, radio soap operas in various African countries tended to attract large numbers of listeners, generate discussion, although at a somewhat reduced level, and result in an increase in contraceptive use, although at a lower rates still. In The Gambia, 75 percent of the men and women surveyed listened to the radio show at least once, and in Ghana and Zimbabwe, 38 percent and 41 percent respectively had listened to the programs. The programs also generated many discussions about family planning with friends and spouses; for example, in Nigeria and Zimbabwe, about 60 percent of the listeners reported discussing the programs. The dramas also motivated listeners to seek family planning services; for example, 7 percent of male listeners in Zimbabwe began using a family planning method.

A similar hierarchy of results was observed in Pakistan following the "Aahat" campaign. About 60 percent of the population surveyed was exposed to the series, 47 percent intended to improve spousal communication, and 9 percent visited a family planning clinic. In Nigeria, an enter-educate song resulted in exposure of 64 percent of the target population, with 16 percent talking to their spouses and 12 percent talking to a family planning agent.

In more targeted campaigns that were designed or able to reach more limited audiences, results also involved behavioral change. In Brazil, for example, PCS reported an 81 percent increase in vasectomies performed at a Sao Paulo clinic; 58 percent of the new clinic visitors cited TV as the source of referral. In Nigeria a television promotion of family planning in clinics in three Nigerian cities resulted in a two- to five-fold increase in the number of new clients. In another enter-educate project in Nigeria, a mobile drama with family planning themes increased clinic visits by 81 percent.

\[^{3}\text{John Cleland and Christopher Wilson, "Demand Theories of Fertility Transition...." suggest that the diffusion of new ideas (and ideas concerning the means of fertility reduction in particular) leads to significant fertility decline.}\]
3.3 *Evaluation Issues: PCS's Objectives and Operations*

As indicated in Section 2.2, PCS's strong and well-staffed Research and Evaluation Division designed to support program operations has invested considerable effort in demonstrating the impact of specific PCS activities, particularly films, TV presentations, radio soap operas, and coordinated publicity campaigns. This evidence has been of critical importance to A.I.D. for its funding considerations but also for the larger IEC field more generally in moving from a supportive activity to a project directly effecting behavioral change. Although it is important to continue evaluating impact, a great need exists also to monitor campaigns and activities in order to refine and improve products and IEC campaigns at all stages of implementation (see Recommendation 1 below).

In addition to the need for midcourse correction as cited in Section 2.4 above, research could be used more extensively to probe promising new directions. For example, in the Kenya Provider and Client Information, Education, and Communication Project, the program plan showed faithful adherence to a research study on clinic providers and proceeded to address identified weaknesses, but such failures seemed minor; research moving out into other areas might have surfaced program gaps more able to explain the low contraceptive prevalence rate in an environment of high awareness. At the same time, it is apparent that PCS projects are increasingly geared to narrowing the gap between awareness and practice through such approaches as improving the image of service providers and identifying them through the use of logos.

Given the published reports that were reviewed, along with feedback from some CA representatives in the field, it appears as though PCS may selectively choose successes for evaluation and reporting. PCS should report on failures or stumbling blocks as well as successes so that others can learn from such experiences. The evaluation process should be careful to pursue an open inquiry of PCS activity results.

PCS's research efforts could also assess whether the project as a whole is making progress toward achieving the 15 objectives outlined in cooperative agreement. As noted in Section 1.4, these objectives do not lend themselves well to measuring progress. Nonetheless, some initial efforts could be made to develop documentation on how well the project is meeting these objectives according to the various indicators listed in the agreement. Such efforts could lay the groundwork for reframing program objectives to be achievable and measurable, leading to restatement of these objectives in the next cooperative agreement.

Finally, the Research and Evaluation Division could contribute more to PCS's own operations. For example, PCS invests $800,000 annually in maintaining a Materials and Media Center (M/MC). The collection is intended to be comprehensive, containing every item related to the use of IEC in family planning programs that M/MC can locate. The M/MC serves PCS itself and family planning professionals in the field by providing examples of useful media materials to help guide their own efforts. It hosts visitors in its well-organized facility in Baltimore, helping to underscore the potential of IEC, sends out sample packets of IEC materials (i.e., posters, brochures, etc.) to its mailing list, and responds to requests. It has increased practical use of needed materials during CA-3, such as initiating a photo collection for use in print material production and finding more useful and cost-effective ways to send IEC samples to the field. Although these are commendable efforts, their impact has not been adequately measured, nor have hard questions been raised to see if the Center's objectives could be achieved more effectively in other ways. M/MC evaluated its packet service several years ago by means of a questionnaire mailed to everyone on its current mailing list. Not surprisingly, the packets were described in glowing terms by recipients who enjoyed receiving them.
This evaluation, however, did not ask some of the tougher questions related to use of materials, unmet needs, or alternative ways of providing materials development assistance. In addition, no assessment was done of cost-effectiveness of the various M/MC components. When recipients in the countries visited were asked about using the packets, they seemed to use them as information sources rather than as program materials and/or prototypes.

In addition, the mailing list seems uneven and deficient. The lists contained only one or two addressees in each Asian country (two in Turkey) but more than 40 in Kenya, at least half of which are not involved in the creation of IEC materials on family planning. PCS's research and evaluation staff could assist the M/MC to make sure the mailing list is evaluated for its effectiveness; program staff could make a greater effort to identify addressees who could best benefit from M/MC mailings.

PCS needs to make an internal study, relating M/MC resources to its goals. Issues that researchers could pursue include whether project goals would be satisfied by a more limited collection strategy; what it is intended to accomplish; and who its audience is. One conclusion might be that PCS must develop a more rational distribution list for M/MC packets and products. An internal study might not point to any other major changes in the M/MC operation, but at the least it would give some guidelines for more prudent use of what is after all a rather large program investment.

The SCOPE (Strategic COmmunication Planning and Evaluation) program offers another opportunity for internal assessment. This new program, a potentially very important innovation for IEC strategy development, consists of computer software to train IEC practitioners to design and monitor the IEC planning process. A significant amount of staff time and financial resources have gone into its development and additional expense is required to input individual country data ($10,000 per country). Careful testing in a few country-level situations and in training may be warranted to assess its usefulness and applicability. Following this, A.I.D. may want to further evaluate its potential both within and beyond PCS before more funds are committed to its expansion.

3.4 Dissemination of Findings

PCS has accumulated a wealth of information about how a systematic communication effort can speed the spread of knowledge about family planning and population policy. The number of articles, books, reports, and conference papers produced by CCP (including PCS) has increased significantly during the present evaluation period. A total of 127 items have been issued during the project period compared with 74 during the previous four-year project (1986 to 1989).

PCS attempts to make these research findings available to others, mainly through peer-reviewed journal articles and now, with the addition of PIP to PCS, through Population Reports, which exhaustively cover diverse topics. These, however, do not serve as very practical dissemination vehicles. Articles tend to be academic in nature and are usually slow to be published; furthermore, they generally appear in journals that are not accessible to most practitioners and inevitably stress material more useful to other social scientists than to those who plan and implement programs in developing country settings. Population Reports, although containing information about communication, are not devoted to either PCS activities or communication issues.

Disseminating lessons learned, research findings, and project strategies through periodic newsletters, occasional papers, and training materials and at seminars or workshops would facilitate the transfer
of ideas about solutions to IEC challenges. Indeed, better dissemination would benefit the entire population community. PCS’s Research and Evaluation Division could be of assistance in this area.

**Recommendations**

1. The current research emphasis on impact evaluation should be expanded to permit greater attention to program needs, design, and midcourse corrections to make projects more relevant and effective.  
2. In settings where high awareness and positive attitudes about family planning exist but contraceptive practice is low, a greater effort should be made to design projects that address this gap.
3. The PCS Research and Evaluation Division should have as one of its foci a systematic ongoing assessment of the total PCS program in terms of achievement of the stated objectives of the cooperative agreement.
4. All functions of the Media/Materials Center should be reevaluated to determine whether they are optimally conducive and cost-effective in achieving the Center’s stated objectives. Changes should be considered in its method of operation (including a careful analysis and revision of its mailing lists, the cost and results of its packets, and more tailored technical assistance). Alternatively, some reallocation of resources into regional centers might be appropriate.
5. In addition to submitting articles to peer-reviewed journals, PCS should disseminate information on its activities and findings to family planning IEC professionals through publications that are more widely available and timely.
6. PCS should consider publishing a newsletter or series of timely occasional papers focused on lessons learned to provide useful current information to IEC professionals.
7. PCS should consider production of a study covering lessons learned over its 10-year history, with special emphasis on helping to match strategies with various levels of family planning program achievement (i.e., to fashion approaches suitable to maturity of program, particular needs, infrastructure, and available IEC channels).

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4Recommendations in boldface are the principal recommendations in this report and appear above in the Executive Summary.
4. Institutionalizing IEC within Country Agencies

4.1 Overview

PCS has made good progress toward transferring and upgrading IEC skills and thus toward institutionalization of these skills within various countries. Such activities are emphasized in PCS's cooperative agreement, which calls for improving the ability of host country agencies to carry forward their IEC activities with decreasing amounts of PCS support. Four of the project objectives in the agreement also address this goal:

- improving the ability of family planning service providers to communicate with their clients;
- improving the link between IEC activities and family planning services in order to increase the likelihood of lasting behavior change;
- improving institutional capability to plan, implement, monitor and evaluate a range of population communication activities with minimal outside assistance; and
- building of a level of support among policymakers and program managers sufficient to sustain family planning programs.

Institutionalizing IEC within agencies and country programs can be accomplished in diverse ways, including upgrading staff skills through the acquisition of experienced staff or by training existing staff, raising the priority of IEC within a country's family planning program, and coordination and allocation of tasks to increase the effectiveness and sustainability of an effort. A fundamental approach increasingly utilized by PCS is training family planning workers in different types of IEC such as strategic planning, message design and materials development, interpersonal communication and counseling, mass media utilization, and research and evaluation. In 1992, to suggest the level of PCS training, PCS carried out in Africa 20 training workshops, 12 in English and 8 in French. These workshops — together with the Baltimore-based Annual Advances in Family Health Workshops and regional coun . parts in Tunis (in French) and Cairo (in Arabic) — also helped to disseminate lessons learned and other evaluation findings.

4.2 Targeting of Institutions

Because PCS strategies are expected to have a country-wide effect, the project targets institutions that have the potential to reach the widest possible audiences. This has occurred especially within family planning associations (in Kenya, for example — as discussed below in Section 4.3.1) and ministries of health (in Ghana — see Section 3.2.2 above) and through demonstration of the importance and acceptability of the family planning issues (especially in national media and information agencies, as in Pakistan and Turkey — as discussed below in Section 4.3.3). Ministries of health, because of their access to large segments of the population, are particularly important target institutions. The bureaucratic complexities and political sensitivities in these ministries may make this kind of cooperation difficult. On the other hand, when a ministry is politically powerful, the potential for major impact is great. In some cases, PCS may work with several institutions to increase the likelihood of a broad-based, sustained effort.
4.3 Achieving Institutionalization Objectives

4.3.1 Improving Institutional Capability

PCS has done a good job in assisting agencies to acquire skills in the set of research tools needed to design, implement, and evaluate an IEC campaign and to incorporate lasting changes in their institutional capability. In Ghana, for example, MOH/HED staff cited the needs assessment as having helped them identify ways to strengthen their management and infrastructure, particularly through the hiring of an IEC specialist. Ministry staff was also assisted to work with the private sector, although they showed some initial reluctance. The HED head, however, admitted that the approach of using a commercial advertising agency, although more expensive than doing the work within government, proved cost-effective in the long run because of the agency's vast experience and the high quality of its work.

Among family planning associations, PCS has been successful at upgrading staff skills and helping to foster leadership roles for better coordination of activities within countries. The Family Planning Association of Kenya (FPAK), for example, is the lead agency in the PCS-funded Kenya Provider and Client Information, Education, and Communication Project and, as such, coordinates many groups' activities in the country, including implementation of major tasks of the National Council on Population and Development (NCPD). NCPD, which is the government agency officially responsible for Kenya's family planning efforts, credits PCS with fostering this collaboration, which in turn has helped provide a broad outlook in the Kenya family planning program and increased its sustainability.

Although most agencies expressed a need for highly qualified IEC staff of their own, many also appeared reluctant to give up access to technical assistance. Even in cases in which local institutions had added staff trained in IEC, such as the Turkish Family Health and Planning Foundation, the MOH/HED in Ghana, and the CAFS in Kenya, and had undertaken IEC projects on their own, they still expressed a wish to continue their joint efforts with PCS. They pointed to PCS's "vast experience" and track record in other countries and noted that these could prove valuable in their own settings. Many organizations referred to PCS as the IEC expert, clearly indicating that PCS could give them the best advice and the most current updates on promising project approaches. Thus, even where substantial technology transfers have occurred, there remains an interest in IEC technical assistance. These situations are undoubtedly transitional ones in which skill transfer is continuing. Even where it is substantially completed, however, agencies appear to benefit from continued support, reality-checking, and encouragement.

Another expressed indication of the continuing need for IEC training and experience-sharing sessions is the popularity of workshops provided directly through PCS or in partnership with regional agencies such as CAFS. The summer workshop in Baltimore, for example, had 200 applicants with space for only 38.

A longer-term concern for institutionalization is that in many cases IEC staff do not have sufficient training or a high enough academic degree to upgrade IEC efforts within an agency. Not only is a given staff person's ability to carry out tasks compromised if training is inadequate, but the potential to rise in a ministry bureaucracy and therefore to wield power is limited without an advanced degree. This latter circumstance was found to be the case in Ghana where a qualified IEC staff person would face limited promotion potential in the ministry with only an undergraduate degree.
4.3.2 Improving the Ability of Service Providers to Communicate with Clients

PCS has always assisted family planning service providers to communicate with clients, a basic IEC program element. Some of these efforts have involved assistance with discrete products, such as outreach posters, client information pamphlets, and method flip-charts. More recently, PCS has worked to make this kind of effort more far-reaching, leading to more consistent family planning messages and greater integration of product use by multiple agencies. In Kenya, for example, collaborating agencies in the Provider and Client Information, Education, and Communication Project have been encouraged to use standardized themes and common materials to "give the same client the same message." FPAK credits PCS with helping to foster this teamwork, which has resulted in a successful program effort drawing on diverse agencies' skills, constituencies, and interests.

PRO (Promoting pRofessional prOviders), an approach pioneered by PCS, aims to depict family planning professionals as caring and competent. It has been used successfully in Ghana to overcome negative images about family planning providers. By promoting professionals providers, PCS is able to reinforce concern about the quality of care and to encourage would-be users to seek advice even when they are not sure exactly which method to use. The PRO Approach also appears valuable in winning over the support of health care providers. Also, in some areas and some media, promotion of providers is more acceptable to gatekeepers and policymakers than is public or mass media promotion of specific methods.

A relatively new PCS program offering intended to fill a key IEC gap is training counselors to communicate better with clients. Although this effort risks overlapping with those of existing training organizations, several service providers noted that counseling has been traditionally neglected in past training and thus PCS's expanded agenda was welcome. That PCS's entry into this field is needed can be seen by the demand for assistance with training manuals for interpersonal communication. Of the 11 training manuals produced by PCS projects in Africa, 9 have been designed for counselors and CBD workers.

4.3.3 Raising the Visibility and Priority of Family Planning

Radio and Television

In some countries, PCS has institutionalized the family planning theme within national radio and TV programming, having convinced local programmers of the value of these messages. For example, in Turkey, Turkish Radio and Television (TRT) now addresses family planning issues on various programs and commits public resources to productions that deal with these issues. TRT had initially been hesitant to deal with family planning issues. The tide turned after it was encouraged to accept PCS's high-quality TV productions. The positive audience reception and many awards led to TRT's now producing its own programs on what had initially been a very sensitive topic.

Likewise, in Pakistan, where the PCS-developed TV drama series "Aahat" became a huge success, reaching approximately 20 million viewers, Pakistan Television Corporation (PTC) offered free air time and contributed partial costs for the next series. Not only has PTC taken over considerable responsibility for airing of this drama series, but family planning issues are now discussed on other TV shows as well.
In some countries, PCS has succeeded in getting airtime donated for productions it has funded; it might now be able to assist writers and producers to address family planning issues in existing shows as a cost-effective alternative to assuming direct production costs.

Print Media

Newspapers. PCS has attempted to reach journalists as part of country projects in many parts of the world, including Nigeria, Peru, the Philippines, Bolivia, Ecuador, Egypt, and Brazil. The mission in Cameroon, for example, noted that PCS had developed an excellent relationship with national newspapers, radio, and television. With the incorporation of Population Reports, PCS has in-house journalism capability and a journalism initiative project has been developed, coordinated by a staff member of Population Reports.

On the other hand, the evaluation of the project undertaken in 1989\(^5\) had cited inadequate attention to journalism, particularly in Africa, as a problem, and PCS still does not appear to place the same priority on reaching journalists in a systematic way as it does to working with other mass media. Activities directed toward journalists do not always receive major consideration in country strategies; rather, they tend to be limited to supportive efforts in country projects. Although involving Population Reports is a promising sign, this publication is managed separately from PCS and the journalism staff is heavily committed to its own activities; thus, the project’s commitment to journalism is still not entirely clear, particularly in the Africa region. This lack of emphasis may reflect that other CAs are also involved in work with journalists that serves to update them on recent advances in contraceptive technology. Adequate attention must be given to this sector by one or more CA; this requires A.I.D. to make clear its priority concern as well as to clarify roles and identify areas for possible cooperation among CAs on such activities.

Even though literacy levels are low in many developing countries, the newspaper is still an important medium which could be used more effectively by PCS to reach opinion leaders and other literate persons on emerging population policy issues—for example, adolescent pregnancy. Efforts need to be sustained because of the high turnover among the press.

Print Materials. The 1989 PCS evaluation also raised an issue with regard to the quality and targeting of print materials. PCS has succeeded to a considerable degree in correcting what was described as a lack of attention to quality and appropriateness of print materials in the Africa region. Since that evaluation, more attention has been paid to using advertising firms in developing posters and other materials; PCS has moved away from using health education units for the design of print materials unless the units’ staff are strong in design and creativity. In Zimbabwe, for example, an advertising/creative consultant was hired to work with the health education unit. In Ghana, an advertising agency was sub-contracted for print materials. Using advertising firms has facilitated the dialogue between the public and private sector in the Africa region and has produced higher quality print materials.

\(^5\)See Appendix D for a listing of the recommendations in the 1989 evaluation (J. McWilliam and E. Rogers, Evaluation of the Population Communication Services Project (1986-1989)).
4.3.4 Improving the Link between IEC Activities and Family Planning Services

In most circumstances, PCS makes concerted efforts to help prepare family planning service providers for an increased caseload as part of IEC campaigns and has done so quite successfully. These efforts can include upgrading services where such deficits are amenable to IEC intervention (such as improving provider image and/or counseling skills) or using recognizable logos to identify family planning provision sites. PCS cannot always control the situation, however, and in some cases preparations were not made. In Turkey, for example, family planning providers explained that they were not given adequate advance notice of planned mass media campaigns so as to prepare for increased client visits, suggesting that the Turkish Family Health and Planning Foundation and PCS should have alerted them sooner. In Ghana, on the other hand, contraceptive stock-outs occurred during the IEC campaign (see Section 3.2.2), which may have prevented people who had decided to use family planning from actually doing so. In these cases, the stockouts do not reflect on PCS, which took exceptional care to assure that service delivery was upgraded and clinic staff ready for increased client visits when the IEC campaign was launched.

Recommendations

8. To further develop in-country expertise, PCS should provide more in-country workshops similar to the Baltimore summer sessions in selected countries or regions; similarly, regional training centers (such as CAFS) could be strengthened to provide such activities.

9. A.I.D. and PCS should seek ways to provide training in IEC for nationals to create in-country consultants and to institutionalize IEC within country programs; advanced degree training should be one of the available options.

10. In addition to producing mass media programs, PCS should consider greater efforts to influence existing media programming in order to leverage broadcast opportunities and achieve maximum impact.

11. PCS should increase its efforts to work with journalists in order to reach opinion leaders and other literate persons on emerging population policy issues; it should be standard practice to incorporate a journalist outreach component into country IEC strategies. This may require A.I.D.'s clarification of the roles of the various CAs that work with newspaper journalists concerned with family planning and contraceptive technology.
5. Leadership Role

From its inception, PCS has been expected to assume a leadership role in the area of IEC, or, as stated in the first cooperative agreement, "to create an institutional basis for family planning IEC worldwide." This leading role was anticipated in at least 4 of the 15 objectives in this cooperative agreement. These included activities that would 1) improve the use of communication innovations and modern technology; 2) increase dissemination of research findings and program results to enable other agencies to benefit from PCS's experience; 3) improve the link between IEC activities and family planning services to increase the likelihood of lasting behavior changes; and 4) build a level of support among policy makers sufficient to sustain adequate family planning programs.

PCS's leadership, abilities, and expertise have been widely recognized, and its services and assistance are continually in demand. Many individuals identified PCS as the leader in the IEC field and the organization they would select for assistance in a communication activity.

The project's success in developing innovative materials and media, setting of standards for the design and implementation of IEC projects, and using a scientific approach to needs assessment, field testing and impact evaluation are discussed above in Chapter 2. USAID mission responses and individuals in public and private agencies in countries visited frequently used the term "professional" to describe PCS's scientific approach to IEC. One mission noted that its scientific approach had led to increased professionalism of host country IEC staff and enhanced the effectiveness of the country's family planning program. PCS has also done an excellent job in efforts to increase the priority accorded to family planning by policy makers. In addition to the television networks' in both Turkey and Pakistan both embracing family planning messages (see Section 4.3.3), a Filipino political leader participated in a PCS project, a move that subsequently enhanced his electability.

Observers also commented favorably on PCS's increased emphasis on interpersonal communication and the counseling role of family planning providers, which served to increase the link between IEC and family planning service provision, thus helping to assure program integration.

PCS has also taken a leading role in developing IEC strategies, plans, and materials and wherever appropriate, fostering working groups among the many other agencies that also provide family planning information and service programs. Its leadership has promoted consistency of message and collaboration. In Kenya and Bangladesh, for example, PCS's role enabled it to encourage collaboration with regard to strategies, consistency of message, and sharing of themes and goals. In Kenya, PCS's work with FPAK and NPCD underscored the advantages of developing team work and using materials that convey the same messages (see Section 4.3.2). In Bangladesh, likewise, PCS facilitated, coordinated, and funded an IEC working group to develop strategies for IEC; participants included representatives from the government, NGOs, CAs, and donors. In addition to improving the work in IEC, this cooperative effort, according to an United Nations Population Fund (UNFPA) comment, proved to be a good exercise in consensus building among organizations. In the Philippines, the PCS country representative is also the IEC technical advisor to the Department of Health where he plays a key role in coordinating and assisting the development of national IEC strategies and programs. In countries in which there was little or no collaboration, PCS was identified as a likely agency to help bring together USAID-supported CAs, donor agencies, and in-country groups for coordinated actions.
In short, PCS has changed the perception of IEC's role from a relatively minor, supportive one to an essential, and sometimes leading, partner. In several countries, PCS's role was described as a "breakthrough" or "necessary first step" in moving family planning forward. In Pakistan, the soap opera "Aahat" was credited with demonstrating that family planning themes could be discussed in public or in the mass media without strong negative public reaction; furthermore, it opened the door for public discussion and acceptability of family planning among diverse segments of the population. In Bolivia, too, PCS's communication efforts and a national IEC plan helped pave the way for instituting family planning services.

If the diffusion of new ideas (and ideas concerning the means of fertility reduction in particular) leads to significant fertility decline, PCS's role in helping to deliver new ideas effectively underscores the leadership potential for PCS and its mission.

Several agencies expressed surprise and admiration that PCS was able to be creative year after year and continue to show leadership without fatigue setting in. Further enhancement of PCS leadership was identified by some as a challenge for the future. Some, including representatives of A.I.D., expressed interest in PCS's taking on related issues that badly need improved communication attention such as HIV, reproductive tract infection, women's status, and reproductive health (see Section 8.1.2). This strong encouragement of PCS to play a larger role and expand its issue coverage is testimony to its reputation as a dependable and effective leader.

Recommendation

12. PCS, working with appropriate host country counterparts, should continue to take a leading role in IEC strategy and materials development and, where the in-country situation is conducive, in fostering coordination of the groups carrying out these activities.

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6 As suggested by John Cleland and Christopher Wilson in "Demand Theories of Fertility Transition...."
6. Management Issues: Organization, Staffing, and Budget

6.1 Staffing and Organization

6.1.1 Headquarters

PCS's 53 professional headquarters staff members are well respected throughout the population community, with a reputation for being highly qualified and professional, for doing commendable work, and for being reliable in the delivery of outputs and the keeping of commitments. They should be credited for PCS's being a standard setter for creation and production of IEC materials, for enhancing the IEC role in family planning, and for the project's flexible and creative approach to IEC challenges. (Staff are listed in Appendix C.)

The headquarters staff has also grown rapidly over the past four years, with a total of about 95 persons (both professionals and administrative) as compared with about 60 in 1989. Headquarters has also been reorganized to some degree in response to the 1989 evaluation, which found that top management was over-extended with too few administrative and substantive heads to manage and implement the program. Top leadership includes the director of CCP, who oversees the entire PCS operation, and the PCS project director, who supervises all PCS activities. Under these two individuals, PCS now has two deputy directors (rather than one as in 1989) and two associate directors. Executive management meetings, which include the top four staff, are held once a month. Senior management meetings are held for all division heads once every three months.

The 1989 evaluation also recommended that the project be reorganized to reflect technical communication functions (i.e., radio/television broadcasting, print journalism, etc.), but this has not been done as the geographic organization was found to be more responsive to USAID mission requests. Thus, PCS now has four regions: Africa, Asia, Latin America, and the Near East and Eastern Europe. The regional approach also reflects field preference for continuing use of the same PCS advisor (regardless of specialty area). The result is some duplication of technical skills within each region but greater continuity of staff visiting the field. For example, enter-educate expertise, including in films, radio, and video, is found in each of the geographic divisions as is expertise in print communication, including in creating posters, leaflets, etc. Interpersonal communication expertise is found primarily in the Africa Division. Journalism expertise is still lacking (see Section 4.3.3). A training division may also be needed as the project develops its interpersonal communication training and state-of-the-art IEC training courses.

PCS has two functional units that respond to needs of the geographic divisions: the Research and Evaluation Division and the M/MC (see Chapter 3).

In response to the 1989 evaluation, which found an overemphasis on family planning/health skills among staff, PCS has made an effort to strengthen its development communication expertise, in particular by having added an experienced senior advertising executive to the staff. Currently, the project looks for expertise in both communication and public health/family planning for all positions, as well as working experience in developing countries.

7 In addition to this figure used for Baltimore-based staff, there are 10 (full-time equivalents) students, 30 overseas staff (up from 12 in 1989), and 28 newly incorporated PIP staff.
6.1.2 Field Offices

PCS has three field offices, in Kenya, the Philippines, and Bangladesh, and a staff member located in Ghana though a subcontractor with another organization. The project plans to open another two field offices in the near future — in Nepal and India. PCS has been represented by an expatriate staff member in Nigeria, as part of the Nigerian Family Health Services Project and thus not funded under the cooperative agreement part of PCS (see Section 1.2). Each country representative manages a locally hired staff.

At the time of the 1989 evaluation, the project had two resident advisors: one in India and one in Bangladesh. That evaluation urged PCS to increase its country presence on the theory that "resident advisors" would provide technical assistance more cost efficiently than would short-term technical visits. Increasing the number has proved a sound move. PCS has focused on placing country representatives in countries with larger, longer-term projects. In those countries, program efforts appeared more consistent and cooperation with other organizations, stronger than elsewhere. In Kenya, for example, PCS — and its resident advisor in particular — is credited with fostering an effective IEC working group consisting of public and private agencies (see Section 4.3.1). The presence of this Nairobi-based staff person and his familiarity with the country and family planning professionals are viewed as invaluable assets. Similarly, the resident advisors in the Philippines and Bangladesh are recognized as the IEC experts by A.I.D., other donors, and local governmental and private organizations. The technical competence, ability to work with organizations, dynamism, and creativity of country representatives and their staffs have been highly praised by representatives of various USAID missions, other donor institutions, host governments, local organizations, and other CAs. The lack of a resident advisor was felt to disadvantage some programs.

The 1989 evaluation had also recommended that PCS station advisors in regional centers to support several country activities. This has not been done, as PCS staff believe that Baltimore-based technical assistance is as responsive to specific country needs as might be technical assistance provided by regional advisors.

6.1.3 Technical Assistance

As noted in Section 2.3.1, PCS headquarters staff, consultants, and subcontractors provide technical assistance through field visits, primarily to countries in which there is no country representative. Technical assistance visits by Baltimore-based staff are still in demand, however, even following the training of staff and/or with a field office/PCS staff in place (see Section 4.3.1). In CA-3 through the end of FY92, 282 technical assistance visits had been made.

PCS has developed a consultant roster of IEC experts, which it has revised and updated in accordance with a recommendation in the 1989 evaluation, but it tends to use known individuals rather than to tap the roster for a given technical assistance assignment. The project has made efforts to economize by planning trips to include geographically close countries and/or trips made in concert with meeting or conference obligations.

The cooperative agreement had stipulated that technical assistance should be provided not only by staff and consultants but also by "in-country or regional" experts. Although some further cost savings could be realized through use of local professionals, it may not be a practical solution given the preference for continuing with a PCS staffer already familiar with the project.
6.1.4 Project Advisory Committee and Project Review Committee

The 1989 evaluation called for better use of its advisory committee to supplement staff expertise and perspectives and the creation of an in-house project review committee to examine each project and major technical assistance initiative on technical, financial, and administrative grounds. PCS and A.I.D. did not agree with the recommendation to activate the advisory committee because it was not deemed a priority and appeared difficult to operationalize, and therefore the recommendation has not been implemented. With regard to the review committee, although the review of subprojects has not been formalized, such examinations take place on a regular basis. Top management, including finance staff, look at all subprojects, and individual PCS staff members with particular expertise may be requested to give an independent review of subprojects.

6.1.5 Interchange between the School of Hygiene and Public Health and the PCS Project

Considerable progress has been made in the interchange between the Johns Hopkins School of Hygiene and Public Health and the PCS project in academic, research, and evaluation areas, in accordance with another recommendation in the 1989 evaluation. Specifically, 5 PCS staff members out of 60 held joint appointments with the School of Hygiene and Public Health in 1989, whereas in 1993, there were 10 joint appointments out of the total Baltimore-based staff of about 95. Thirteen PCS staff hold doctorate degrees compared to four in 1989. Numerous graduate students work on PCS projects.

The university curriculum now contains a health communication program, a joint program with the departments of Health Policy and Management, Population Dynamics, and International Health. A collaborative education program with the Annenberg School of Communication, University of Pennsylvania, has also been developed since the last evaluation.

6.1.6 Addition of PIP

PCS has grown rapidly during this project period. If this growth continues, existing managerial staff may become overextended. Furthermore, the addition of PIP requires that PCS synchronize functions and procedures that are now operating separately.

6.2 Budget Issues

6.2.1 Review of First Two Cooperative Agreements

PCS funding has increased substantially with each successive cooperative agreement — from a budget of $9.9 million for the first project in 1982, to a budget of $30 million in 1986, to the current budget of $60 million. Likewise, under each cooperative agreement, funds have been obligated at a faster rate than planned. The result has been that the first two five-year agreements had reached the budget ceiling in about four years (see Section 1.1).
6.2.2 A.I.D. Obligations to PCS through March 31, 1993

As of March 31, 1993, midway through the project's third fiscal year, A.I.D. had obligated a total of $32.1 million to PCS from both central funds and buy-ins, or 53 percent of the five-year total (see Table 2).

Table 2
Funds Obligated to CA-3 and Expended, July 1, 1990 - March 31, 1993 (in U.S. dollars)

<table>
<thead>
<tr>
<th>Source</th>
<th>No. of Buy-Ins</th>
<th>Total Funds Obligated</th>
<th>% by Source</th>
<th>Total Funds Expended</th>
<th>% by Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td></td>
<td>17,970,372</td>
<td>56</td>
<td>14,978,094</td>
<td>64</td>
</tr>
<tr>
<td>Buy-ins (including earmarked funds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>13</td>
<td>3,502,063</td>
<td>11</td>
<td>2,262,809</td>
<td>10</td>
</tr>
<tr>
<td>Latin America</td>
<td>7</td>
<td>1,546,465</td>
<td>5</td>
<td>791,121</td>
<td>3</td>
</tr>
<tr>
<td>Asia</td>
<td>8</td>
<td>7,866,787</td>
<td>24</td>
<td>4,387,825</td>
<td>19</td>
</tr>
<tr>
<td>Near East and Eastern Europe</td>
<td>2</td>
<td>1,202,870</td>
<td>4</td>
<td>828,060</td>
<td>4</td>
</tr>
<tr>
<td>Total buy-ins</td>
<td>30</td>
<td>14,118,185</td>
<td>44</td>
<td>8,269,815</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>32,088,557</td>
<td>100</td>
<td>23,247,909</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PCS

These obligations do not fully conform to the ratio of core funds to buy-ins anticipated in the cooperative agreement. The plan was that 50 percent ($30 million) of funds would come from the Office of Population and 50 percent from USAID missions and regional bureaus. In fact, the ratio has been 56 percent (core) to 44 percent (buy-ins), including just under $18 million of obligations from core funding and $14.1 million through 30 buy-ins. The ratio is further skewed in terms of expenditures; at the end of FY92, just under two-thirds of expenditures had been from core funds (64 percent) and only about one-third (36 percent) from buy-ins. (See Table 2.)

The buy-ins have been distributed among the four geographic regions as follows: Africa, with 13; Asia, with 8; Latin America, with 7; and the Near East, with 2. In dollar terms, the Asia region, with fewer buy-ins, accounted for 55 percent of the funds (among them Bangladesh, $3.4 million, Pakistan $1.5 million, Nepal, $454,000, and the Philippines $2.3 million), followed by Africa (25 percent), Latin America (11 percent), and the Near East (9 percent). (See Figure 1.)

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8PCS. "Annual Report Fiscal Year 1992." TableIX-3.
Asia's high level of buy-in investment in the PCS project reflects the effects of the Office of Population's new Priority Country Strategy. At the start of the cooperative agreement, the Office was emphasizing Africa and de-emphasizing Asia. Over the past two years, however, 60 to 70 percent of the PCS budget has been focused on the priority countries identified by the Priority Country Strategy, helped significantly by large buy-ins from the Asia USAID missions.

Figure 1

Regional Distribution of Buy-In Funds
(July 1, 1990 - September 30, 1992)

Near East 8%
Africa 25%
Latin America 11%
Asia 55%

6.2.3 Budgets and Expenditures through September 30, 1992

The budgets for the first two fiscal years of the project provide added evidence that the project is spending faster than anticipated. The cooperative agreement projected the first two-year budget at $18.1 million; the actual budget was 13 percent higher — $20.5 million (see Table 3). The cooperative agreement projected a third year budget of $11.4 million; the actual budget is $19.6 million, or 72 percent higher (see Table 4).

Distribution of funds within project budget categories has diverged considerably from that which was anticipated in the cooperative agreement, although it is important to keep in mind that projections are difficult to make in multi-year activities and buy-ins. Budgeted staff costs (salaries, benefits, and PCS consultants), for example, are much higher than anticipated in the cooperative agreement and budgets for subcontracts, considerably lower (see Table 3). Furthermore, actual expenditures have varied considerably from budgeted amounts. Subcontractor expenditures are well below even the revised budget, and although country projects have been budgeted at nearly the expected level (88 percent), barely half the budgeted amount (56 percent) has been spent (see Table 5). The latter figure is understandable, however, given the multi-year nature of most subprojects. Overall, expenditures, at $16.6 million for the first two fiscal years, are moving at a reasonable rate against obligations (see Table 5) and can be expected to accelerate in future to match planned increase in annual budgets.
## Table 3
Projected Annual Budgets v. Actual Annual Budgets, CA-3
October 1, 1990-September 30, 1992 (FY91 and 92)  
(in U.S. dollars)

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Projected FY91 and 92 budgets in CA 5-year budget</th>
<th>Actual Budgets, FY 91 and 92</th>
<th>Actual budget as % of projected budgets FY 91 and 92</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>2,787,708</td>
<td>4,434,005</td>
<td>159</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>696,927</td>
<td>1,161,926</td>
<td>167</td>
</tr>
<tr>
<td>Consultants</td>
<td>452,550</td>
<td>851,294</td>
<td>188</td>
</tr>
<tr>
<td>Travel</td>
<td>1,448,931</td>
<td>1,170,441</td>
<td>81</td>
</tr>
<tr>
<td>Equipment</td>
<td>861,981</td>
<td>1,472,601</td>
<td>171</td>
</tr>
<tr>
<td>Country Projects</td>
<td>4,516,224</td>
<td>3,988,997</td>
<td>88</td>
</tr>
<tr>
<td>Subcontracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academy for Educational Development</td>
<td>1,018,238</td>
<td>255,382</td>
<td>25</td>
</tr>
<tr>
<td>PATH</td>
<td>1,012,949</td>
<td>193,165</td>
<td>19</td>
</tr>
<tr>
<td>Other Subcontracts</td>
<td>1,069,610</td>
<td>474,798</td>
<td>44</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td>1,745,748</td>
<td>2,873,901</td>
<td>165</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>2,454,030</td>
<td>3,619,779</td>
<td>148</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,064,896</td>
<td>20,496,289</td>
<td>113</td>
</tr>
</tbody>
</table>

Table 4
CA-3 FY 1993 Budget
(in U.S. dollars)

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>3,949,910</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>1,081,341</td>
</tr>
<tr>
<td>Consultants</td>
<td>935,430</td>
</tr>
<tr>
<td>Supplies</td>
<td>169,374</td>
</tr>
<tr>
<td>Travel &amp; Allowances</td>
<td>1,458,998</td>
</tr>
<tr>
<td>Equipment</td>
<td>270,000</td>
</tr>
<tr>
<td>Country Projects</td>
<td>6,031,819</td>
</tr>
<tr>
<td>Subcontracts (AED, PATH, etc.)</td>
<td>1,685,702</td>
</tr>
<tr>
<td>Other Direct Costs</td>
<td>1,247,256</td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>16,829,830</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>2,794,659</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,624,489</strong></td>
</tr>
</tbody>
</table>

Source: PCS FY 93 Annual Workplan, p. 8.
Based on the current accelerating rate of obligations and the work that lies ahead, PCS estimates that the project will have run out of money well before the official end date of the present cooperative agreement. Specifically, PCS projects that obligations will have exceeded the project ceiling before the end of FY94 and that expenditures will have reached the project ceiling about one-third of the way through FY95.

### 6.2.4 Role of the Controller

The 1989 evaluation had recommended that the position of financial manager be established to bring expenditures more in line with priorities. Although PCS has increased its financial management staff, the financial manager still does not have a major role in decision making. The Finance Division provides information and advice requested by senior management but does not otherwise help senior management make major program decisions as they relate to financial mandates or needs.

At the time of this evaluation, the Finance Division was developing a project management database and a financial management database. It is likely that these databases will be connected so that there will be a fuller accounting of funds expended on subprojects and other major PCS activities. The Finance Division is also considering installing a system that can access the university accounting system.
system, so that official financial records of the university can be accessed more efficiently by the PCS Finance Division.

A recent advance in contracting has been the delegation of authority to various levels of staff to expend funds. A country director can approve activities up to $1,000. Division directors can approve project expenditures up to $5,000. Contracts above $5,000 must be approved by the Finance Division and those above $25,000 by A.I.D. This delegation of authority should speed up the implementation of project activities.

Obligation and expenditure of funds beyond project budgets do not seem to be major concerns to either PCS management or to the Office of Population staff. Rather, they are viewed as evidence of underestimation of demand for IEC services and confirmation of the competence of PCS. PCS has been encouraged to respond to all requests within its mandate and available funding and to expand its activities to meet legitimate needs in the field.

In short, the five-year planning budget appears to be outdated and needs to be revised in light of changing A.I.D. country priorities, the increase in program size and complexity (including the addition of PIP), and expenditure patterns over the first half of CA-3.

6.3 Subcontractors

The present cooperative agreement includes three subcontractors: the Academy for Educational Development (AED), the Program for Appropriate Technology in Health (PATH), and Saffitz, Alpert and Associates, Inc. (SAAI). As suggested by the underspending in this category (see Section 6.2.3), the use of subcontractors has been substantially less than planned for the first two years of this cooperative agreement. The actual expenditure for one subcontractor, the Academy for Educational Development (AED), was less than 20 percent of originally expected levels, and for another, the Program for Appropriate Technology in Health (PATH), even lower.

The 1989 evaluation had identified underutilization of subcontractors as a problem and had called for greater collaboration. In fact, the level of collaboration has decreased since that evaluation. Part of the explanation may lie in PCS's having acquired specific expertise on its staff which reduces the need for subcontractor use and explains the trend. In addition, PCS cites the higher cost of subcontractors as a reason for non-use as well as the concern about competition with these subcontractors for other A.I.D. contracts.

The subcontractors expressed concern that they are not significantly involved in the development of annual PCS workplans. They noted particularly that lack of coordination with PCS makes it difficult for them to schedule staff time for PCS work assignments. This is of particular importance to the smaller subcontractors such as SAAI, which are initially budgeted for a certain level of work and do not have the flexibility of reassigning staff to other work (see Recommendation 20 in Chapter 8).

Recommendations

13. PCS should be encouraged to continue its practice of placing country representatives in countries in which it is carrying out a large program, in which it sees promising opportunities for regional activities, and where improved coordination of IEC resources would result.
14. Given the growth of PCS and the incorporation of PIP, PCS should review its staffing and operations to ensure adequate managerial capacity and systems.
7. External Relations

7.1 Responsiveness to Mission Requests

USAID missions were generally highly positive regarding PCS's responsiveness to their requests for assistance. Terms like "creative," "responsive," and "dynamic" recurred time and again in discussions with mission staff. At least two missions remarked that PCS was the best among all the CAs in-country. Missions reported favorably on all types of PCS products, including print materials, logos, and TV and radio spots and dramas. They were also high on PCS's success in transferring skills and improving local IEC capacity.

Negative comments were few. Mention was made in Section 2.2.2 of specific instances in which some projects were not fully responsive to local conditions. Some missions also made reference to the need to sustain programs given the temporary effects of mass media. In Bolivia, where a logo and materials on contraceptive methods were being developed, the mission made reference to delays in producing the "product."

In some countries, mission staff appeared not well informed on IEC, preferring to turn over these activities to PCS rather than themselves becoming involved in program development and monitoring. The cables received from the field confirmed that mission staff could know more about the intricacies of IEC program development. Although they often mentioned IEC products and the need for skills transfer, they were much less inclined to cite PCS's abilities in the areas of research, needs assessments, national strategy development, training for interpersonal skills, message and concept development, awareness raising, and developing collaborative working arrangements. Workshops to update A.I.D. staff tend not to include IEC information.

7.2 Coordination with Other Organizations

7.2.1 Coordination with CAs

Overview

As the only Office of Population CA that works principally with IEC, PCS is expected to work closely with other CAs in any aspect of family planning that might have an IEC dimension. Collaboration was seen as a weak area in the 1989 evaluation and although collaboration appears to have improved since, more effort is needed to ensure that PCS complements other CA programs. This is especially important in the training area, where overlap exists and in service delivery, with which coordination is essential in order for the IEC component to result in the desired effects of increased, improved use of family planning. Furthermore, coordination within the communications arena is important in order to increase effectiveness, promote consistency, and avoid duplication.

Examples of Cooperative Activities

PCS can cite a number of instances in which it has cooperated with CAs that provide training (the Program for International Training in Health [INTRAH]), with general purpose family planning CAs (Pathfinder International), and with CAs whose focus is on operations research (the Population
Council). For example, the high-quality training and IEC materials produced by PCS are found useful by all service provider and training CAs.

INTRAH trainers often use training materials developed and produced by PCS. In Kenya, for example, PCS packets are being used for INTRAH-sponsored training, and in Tanzania, PCS is to provide badges for clinic providers trained by INTRAH and logos for facilities in which the trained providers will work. INTRAH notes that it has found PCS's research and studies helpful to its own development of training courses.

Pathfinder is collaborating with PCS in its Kenya adolescent programs and also in its work with professionals using PCS's PRO approach. Pathfinder, working with PATH, has developed audiovisuals, posters and other materials with FPAK, which complement the posters and pamphlets developed with PCS assistance to FPAK. Pathfinder finds the PCS materials to be good and reprints them as required.

Not only do CAs find PCS's products useful, PCS too has found it can learn and profit from work done by other CAs. For example, in Kenya, PCS adapted the situational analysis methodology developed by the Population Council in its Africa Operations Research/Technical Assistance project, for IEC studies. In turn, the Population Council accepts inputs from PCS for its operations research work; in Ghana, the Council's situational analysis will include a few questions on AIDS, at the request of PCS.

In other instances, CAs have put their joint imprimatur on a cooperative venture of equal benefit for all. In Tanzania, PCS, the Population Council, and the Demographic and Health Surveys will undertake a joint workshop to disseminate survey findings.

PCS also stays abreast of the planned activities of other CAs. For example, the Population Council and PCS regularly inform each other of their proposed activities in the Africa region so that each may benefit from the other's intervention. Communication early on among CAs working in the same country is essential to avoid duplication of effort and ensure that programming gaps are filled. In Tanzania, INTRAH and PCS are working together to determine what role each will play.

Overall, the consensus was that when there is collaboration among CAs, IEC project development proceeds more effectively. As discussed above (see Section 4.3.1), using the Kenya IEC working group as an example, such collaboration results in less duplication, greater consistency of themes and tactics, and better linkages between IEC and service delivery.

7.2.2 Gaps

Despite the many examples of collaborative efforts, much more needs to be done in order to ensure that A.I.D. assistance in IEC is having a maximum effect. Lack of coordination results in some duplication of effort, inconsistent training approaches, and weakened effectiveness of IEC materials. The responsibility for better coordination cannot lie with PCS alone, however. A.I.D. and USAID missions must also take a hand in ensuring that the efforts of PCS and other CAs are well synchronized.

With regard to duplication of effort, staff at one USAID mission stated a preference for overlapping responsibilities among CAs so a choice would be possible for certain requests, no doubt fostering rivalries and creating inefficiencies. Clearly, PCS bears no responsibility for this. As to training,
PCS's increased emphasis on training in the area of counseling, a very commendable and highly praised move (see Section 4.3.2), may be leading to some inconsistent training approaches, since other CAs may be providing training to the same individuals in clinical skills or other aspects of service provision. This lack of coordination is to be expected as PCS increases its training activities, but A.I.D. or the USAID mission should also examine more closely how counseling training could be integrated with other provider training. With regard to ensuring that IEC materials are well utilized, in Ghana, Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) undertook training of midwives in clinical family planning methods without using PCS support in the area of interpersonal communication. Again, it was incumbent on the mission or, in this case, JHPIEGO, rather than PCS, to ensure that coordination was better. By contrast, in Turkey, PCS seems not to have made the maximum effort to plan activities with another CA.

PCS could, however, make a greater effort to inform other CAs about its plans. For example, in Africa, the Population Council is required to keep a record of its collaborative work with other CAs. The work of these CAs is somewhat similar, insofar as each serves the needs of these other programs, the Population Council in operations research and PCS in IEC. Thus, it is important that PCS seek ways in which it can work with the family planning agencies it serves and the CAs that support them.

Most interviewees agreed that coordination must be managed at the country level, rather than from the U.S. Where this was done, as in Kenya and Bangladesh, for example, tasks were allocated and projects proceeded smoothly. A working group facilitated, coordinated, and funded by PCS in Bangladesh, which developed IEC strategies, was, according to UNFPA, a good exercise in consensus building among organizations. In Ghana, although better collaboration is still required at the national level among CAs, there was strong evidence of useful coordination at the regional level where working groups, convened by PCS and MOH/HED, were instrumental in carrying out project activities such as materials distribution, committing local leaders and chiefs to endorse family planning campaigns, and arranging for public events. The Ghana example also confirmed that a PCS resident advisor can encourage coordination (see Section 6.1.2).

Collaboration among CAs is not always easy. The imperative of the A.I.D. contracts with CAs and subsequently of sub-contracts with national institutions to complete tasks by certain dates inhibits the parties involved from consulting with other CAs if this causes delays. Overlapping areas of responsibility exist in various CAs' cooperative agreements, especially in the training area. Furthermore, as noted above, USAID missions sometimes request work from more than one CA even if this fosters duplicative activities. Institutional loyalty can also inhibit collaboration. In most cases, however, although turf issues cannot be eliminated, PCS appears sensitive to other CA mandates and has demonstrated an interest in collaboration. In view of the disincentives for CAs to work together, it is often up to A.I.D. and USAID missions to encourage and make possible more dialogue among them.

**Recommendations**

15. PCS should give consideration to including mission staff in Baltimore summer workshops to give them a better understanding of how IEC activities might benefit population projects in their countries. Similarly, IEC should be added to the agenda of the periodic meetings of A.I.D. population officers.

16. PCS should work more closely with other CAs in long-term planning for country programs to ensure maximum effectiveness in providing IEC assistance to those working with service providers.
in training and service provision. PCS should seek or create opportunities for other CAs to become more familiar with its resources and means of collaboration.

17. A.L.D. must provide clearer guidance to all CAs as to how they can best work together on training for counseling, other areas of training for service providers, and population communication overall. USAID missions and PCS must take the necessary steps to avoid duplication of training efforts.
8. Future Issues

8.1 Project Design

8.1.1 Project Objectives

As stated in Section 1.4, project objectives are so broadly defined as to make planning for achieving them and measuring accomplishments extremely difficult. Although the intent to broaden the project's approach beyond outputs to larger impact goals is commendable, more measurable and achievable objectives could be derived from the existing framework for use in the next cooperative agreement.

Recommendation

18. In the next cooperative agreement, project objectives should identify more realistic targets.

8.1.2 Expansion of Project Scope

A.I.D., several USAID missions, and some ministries of health have attempted to tap PCS for IEC assistance in a number of public health-related fields such as maternal health, malaria, and HIV/AIDS. PCS sometimes responds to these requests, particularly in the case of ministry of health programs in which campaigns and services are integrated. This expansion is natural and inevitable as programs addressing family planning also include reproductive health issues and, increasingly, HIV prevention. Furthermore, by introducing a diversity of public health themes in family planning mass media efforts, the family planning message becomes more varied and subtle and may succeed in attracting new audiences.

On the other hand, if PCS undertakes an appreciable number of activities in non-family planning areas, there is a danger that it will be seen as defining itself as a group of generalists capable of taking on almost any assignment in the health field requiring skills it does not possess, rather than an organization with a high level of specialized professional competence. In Ghana, for example, PCS is a subcontractor in an activity that combines several topics including a major family planning agenda, HIV testing, and malaria prevention. Both HIV testing and malaria prevention appear to be outside the technical expertise of PCS staff. In addition, these issues do not appear to lend themselves to integration with family planning in a targeted IEC effort. In Indonesia, likewise, PCS has been involved in developing videos that combine family planning and environmental issues. Again, PCS has little expertise in environmental issues. On the other hand, advantages of attracting new audiences and opening up new arenas for incorporating the family planning message may outweigh the costs of expanding into less familiar territory. It is important for such costs and benefits to be weighed carefully in each situation.

If the IEC needs of related health programs are not handled adequately elsewhere, and if funding is available, there is in principle no reason for PCS not to consider participating in them. It should be recognized, however, that present PCS funds do not cover present demands and that PCS staff composition was not developed with these other needs in mind. If PCS expands into broader public health fields, it will need to consider the staffing implications.
Recommendation

19. Although some expansion into related fields could benefit PCS's central mission, care must be exercised to prevent the project from being drawn so far afield that additional staffing or technical skills are required.

8.1.3 Use of Subcontractors

The underutilization of subcontractors in this cooperative agreement raises the question as to whether there is a legitimate role for subcontractors in this project. No useful purpose is served by including subcontractors if their participation will not be found necessary.

Recommendation

20. In planning for the next cooperative agreement, the Office of Population and PCS need to consider whether there is a role for subcontractors and, if the decision is positive, then their role should be more carefully delineated and the budget should be more realistic.

8.2 Incorporation of PIP

The funding implications of the incorporation of PIP within PCS need to be considered. The 10-year project paper for PCS envisions an increase in the PCS budget for the proposed fourth cooperative agreement period, 1995-1999, from $60 million to $100 million. This increase appears warranted, based on potential demand alone. The costs of incorporating PIP, however, threaten to consume some of the $40 million proposed increase in the PCS budget (as noted above, PIP's annual expenditures are $2.5 to $3 million), leaving less for expansion of PCS's IEC activities or for unforeseen developments. Should additional funding be needed in the next cooperative agreement, an amendment could be considered.

Recommendation

21. The consistently upward trend in the demand for PCS services, combined with the incorporation of the PIP project into PCS, suggest that the funding ceiling foreseen for the next cooperative agreement may require adjustment over the course of the project. A.I.D. should remain sensitive to this possibility and take appropriate action.

8.3 Country Priorities

PCS has refocused most of its activities within the Office of Population's priority countries. If A.I.D.'s new initiatives in the newly independent states and eastern Europe bear fruit, demand for PCS support in these areas will put an added strain on PCS resources.

Recommendation

22. A.I.D. and PCS need to consider the staffing and budget implications of program activities in eastern Europe and the newly independent states.
Appendices
Appendix A

Description of the Assignment

The primary purpose of this evaluation was to assess components of the PCS project and make recommendations to A.I.D. Program objectives, outputs, costs, organization and administration were examined. Special emphasis was placed on PCS activities in achieving project objectives, the impact of the program on users in the field, and contributions of PCS to the communications field. The scope of work for the evaluation is presented as Attachment 1.

The evaluation was carried out by a four-person team including team leader Judith Senderowitz, consultant and former president of the Center for Population Options; Charles Johnson, associate technical director of the Population Technical Assistance Project (POPTECH); Bryant Kearl, emeritus professor of agricultural journalism and emeritus vice chancellor at the University of Wisconsin-Madison; and John McWilliam, project administrator for the Nigerian Family Health Services Project. Fieldwork took place over a three-month period, with field visits to Pakistan, Bangladesh, and the Philippines carried out in February by Charles Johnson and with the bulk of the assignment taking place in March-April by the full team. This second phase began in the U.S. with consultation with A.I.D. Office of Population and Regional Bureau staff and interviews with PCS staff in Baltimore. The team, minus Johnson, traveled to Ghana, Kenya, and Turkey, where they conducted on-site interviews with host country institutions that use PCS services and USAID personnel and observed in-country activities that had received PCS assistance at a variety of sites, including clinics, youth centers, village fairs, counseling sessions, and film showings (see Attachment 3 for list of persons interviewed). Although the six countries visited offered neither a representative nor a comprehensive sample of PCS activities, there was sufficient uniformity of responses to assure the team that selection of countries did not bias the results of the evaluation.

The team analyzed and reviewed relevant program documents and outputs (project records, reports, published materials, videotapes), with particular emphasis on numerous evaluative studies written by PCS of its activities and outputs (see Attachment 2). In addition, it reviewed responses to a cable sent by the Office of Population to USAID missions where PCS either has or is considering activities.
Appendix A — Attachment 1

Scope of Work

The following questions should be used to guide the review of management/contract issues:

1. **Cooperative Agreement.** Are all deliverables on schedule? Have all projected outputs and targets been reached or will they be reached by the end of the project?

2. **Management.** Is the project managed in an efficient and effective manner? Has the mid-tier of management been strengthened as recommended in the previous evaluation? Are there any substantive management problems or management areas that need strengthening? Are the administrative/financial capabilities sufficient to ensure compliance with A.I.D.'s reporting, clearances, and communication directives, and to monitor and audit subagreements in compliance with A.I.D. and University requirements?

3. **Responsiveness.** Does the project provide timely, appropriate, and flexible support in response to requests for assistance from developing country organizations, missions, and AID/W?

4. **Coordination.** Has JHU/PCS coordinated and integrated its activities -- needs assessments, training, research, technical assistance, and mass media and community communication campaigns -- with service delivery and population activities at the country level? Has it collaborated with other Cooperating Agencies? Have JHU/PCS training programs, workshops, materials, and media center services assisted A.I.D. and other cooperating agencies?

5. **Personnel.** Are the language, experience, and technical skills of project staff and consultants appropriate to implement the project effectively? Is the project able to recruit, motivate, and retain high quality staff?

6. **Subcontractors.** Has JHU/PCS effectively and appropriately used the major subcontractors on this project -- Academy for Educational Development (AED), Program for Appropriate Technology in Health (PATH), and Saffitz and Alpert?
The following guidelines should be used to focus review of project impact issues.

A. IEC Leadership. JHU/PCS has documented many cases where communication has resulted in behavior change and demonstrated the cost effectiveness of an expanded role for IEC in population programs. With increased emphasis on "ideational factors" in the demographic transition, the role of communication, both with mass media and interpersonal networks, is increasingly recognized. The evaluation should assess, through review of published journal articles and analysis of the activities of the JHU/PCS evaluation unit, the project's impact on the discipline of development communication and introduction of innovative approaches and communication practices in the field.

B. Project Objectives. The project paper states that the in-depth evaluation will measure the effectiveness of recipient activities and outputs in achieving the major objectives of the project. The evaluation team will make a qualitative judgement about the success of JHU/PCS in achieving the following 15 objectives though assessment of the associated indicators.

1. To insure that all men and women of reproductive age have available to them accurate and understandable information on family planning and a wide range of family planning methods.

   Indicators of effectiveness: increased print and broadcast material on family planning promoted by recipient; changes in knowledge based on national surveys or pre and post surveys in recipient program areas; reduction of misinformation.

2. To insure that both family planning clients and service providers understand the principle of informed choice regarding family planning and family planning methods.

   Indicators of effectiveness: client interviews; observation; pre and post testing of trained providers; mystery client studies; and service statistics to document the appropriate counseling processes and procedures.

3. To increase the acceptability of the concept of family planning in developing countries.

   Indicators of effectiveness: accurate interpretation of the concept of family planning; changes in

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attitudes measured by national or local surveys; extent of public statements by national leaders; communication by couples and families; favorable media coverage; and stated support for expanded mass media, in-school, and out-of-school education programs that refer to family planning.

4. To reduce the taboo of discussing family planning at the level of the family, community, and nation.

**Indicators of effectiveness:** changes in attitudes measured by national or local surveys; extent of public statements by national leaders; communication by couples and families; favorable media coverage; and stated support for expanded mass media, in-school, and out-of-school education programs that refer to family planning.

5. To promote behavior change among persons of reproductive age so that individuals and couples take appropriate action to avoid unwanted pregnancy or pregnancy that would lead to children that cannot be properly cared for.

**Indicators of effectiveness:** pre and post survey data and service statistics indicating increases in new acceptors, in continuing acceptors, in persons seeking information, in couples and families discussing family planning, and in appropriate instances, fewer sexual partners and/or delayed initiation of sexual activity.

6. To improve the use of communication innovations and modern technology in order to reach special groups and expand family planning communication.

**Indicators of effectiveness:** number of innovative projects and approaches undertaken; pre and post recall surveys among intended audiences; extent to which innovations are replicated in different areas or projects.

7. To improve the ability of family planning service providers to communicate with their clients.

**Indicators of effectiveness:** pre and post testing of trained providers; observation; client interviews; mystery client studies; and service statistics to document counseling skills, and their impact on contraceptive use.
8. To improve the link between IEC activities and family planning services in an effort to increase the likelihood of lasting behavior change.

Indicators of effectiveness: surveys and clinic data identifying sources of information and reasons for using specific facilities; increased involvement of media and IEC experts in the promotion of specific services and/or methods; increased involvement of health providers in developing and pretesting media products.

9. To improve, in developing countries, the institutional capability to plan, implement, monitor, and evaluate a range of population communication activities with minimal outside assistance.

Indicators of effectiveness: ability of agencies to undertake improved second and third round campaigns and projects in less time and with less outside technical assistance (assuming continued availability of project funding); increased number of IEC activities and publication about those activities.

10. To build a level of support among policymakers and program managers sufficient to sustain adequate family planning programs, both public and private, including all components thereof.

Indicators of effectiveness: increased number of public statements by officials in support of programs; elimination of restrictions and obstacles to effective program operations; adoption of appropriate national population/family planning policies.

11. To develop opportunities for self-sustaining promotional activities or fee-based services that benefit from such promotion in order to reduce the need for publicly funded programs.

Indicators of effectiveness: number and extent of commercially supported IEC activities; extent of free or discounted airtime; personal appearances of popular artists and other exposure; use of private sector services where available.

12. To use a step-by-step, research-based methodology to formulate, monitor, and evaluate all family planning IEC efforts.
**Indicators of effectiveness:** project reviews, project monitoring reports, and evaluation reports documenting this process.

13. To increase the dissemination of research, programmatic, and other relevant information that would serve to promote the goal of this project and enable other agencies and groups to benefit from the lessons learned through activities and projects.

**Indicators of effectiveness:** number of published articles, books, presentations at professional meetings, newspaper and broadcast publicity, national and international awards presented, and overall demand for recipient-staff and services by LDC and other programs.

14. To insure availability of research, scientific, programmatic, and other relevant family planning information to all those who need or would benefit from such information.

**Indicators of effectiveness:** number of queries and responses provided; number of publications and materials disseminated on family planning IEC; use of state-of-the-art technology to provide rapid responsive service; favorable feedback from those served via surveys and correspondence.

15. To give priority to countries/regions where population size is high (above 20 million) and fertility rates have remained highest.

**Indicators of effectiveness:** correlation between project activities and fertility indicators (controlled for availability of A.I.D. funds).

C. **New Directions.** Can the full potential contribution that communication can make to global family planning be realized through the current project design? Will this project be capable of utilizing the full potential of mass media to change reproductive behavior in the 1990's and beyond? What recommendations should be followed in the design of a future IEC project?

D. **Special Issues.** The team should address these special issues.

1. The current project directs some communication effort to audiences other than family planning users,
such as mothers-in-law, older men, policy-makers, family planning service providers, etc., as determined by country strategies. Does more work need to be done in this area? Specifically, does more communication need to be directed at men, the underserved gender in population programs?

2. Are the impact indicators listed under section B the optimal indicators for this and follow-on projects? Should additional indicators be included to measure impact?

3. Could JHU/PCS use CNN to influence policymakers? Would CNN donate air time for this activity?

4. Would it be possible for JHU/PCS to stimulate creation of a mechanism whereby other international donors could contribute to support of international family planning communication programs? In addition to country-level institutions, could a mechanism be created at an international (or wholesale) level that would accommodate investments programmed by JHU/PCS?
Appendix A — Attachment 2

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Appendix A — Attachment 3

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Appendix B

Measuring PCS Impact by 15 Project Indicators

The 15 PCS project objectives listed in the Cooperative Agreement and in the Evaluation Team's Scope of Work correspond roughly to the five stages in the Hierarchy of Communication Effects. Several additional indicators relate to project and process variables, such as technology, institutional development, research based methodologies, and sustainability, rather than to individual behavior change. Generally, when individuals change their behavior — such as becoming family planning users — they move at various paces through five different stages, including knowledge and skills, persuasion, decision, implementation, and confirmation. Similarly, projects designed to change behavior are also developed and implemented through varying stages, guided by priority country designations, informed by research, utilizing new technologies, emphasizing links to service providers, and contributing over time to both institutional development and sustainability.

Within this framework, the 15 indicators can be best reviewed by grouping them into five broad categories and looking at a sample of PCS activities that relate to each grouping:

1. Knowledge and Skills
2. Persuasion
3. Decision and Implementation
4. Confirmation
5. Project and Process Indicators

Knowledge and Skills of Clients

Objectives 1.2, and 7 relate to PCS effectiveness in assuring wide exposure and increased knowledge about family planning among potential users (#1) (men and women of reproductive age) and service providers (#2 & #7). Knowledge is usually the first step toward behavior change. Research over many decades suggests that for clients, new information originates with service providers and media, forms an agenda for interpersonal communication, and is gradually applied, according to social learning theory, by following role models in family, community, or media. Thus, increasing the knowledge and skills of both clients and providers is the first step.

1) To insure that all men and women of reproductive age have available to them accurate and understandable information on family planning and a wide range of family planning methods.

Indicators of effectiveness: increased print and broadcast material on family planning promoted by recipient; changes in knowledge based on national surveys or pre and post surveys in recipients program areas; reduction of misinformation.

Print, audio and visual materials help insure that people get accurate information about family planning methods. Mass media are reaching vast new audiences with new ideas and agendas. In many projects, 50-80% of target populations recall and understand PCS supported family planning messages.

The Turkish Family Planning Multi-Media Campaign (1988-89) was the first national multimedia family planning promotion campaign to include a television drama and spots, radio programs, brochures, calendars, and posters. Over 6 million women, or 80% of the target audience, were exposed to the

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9 Prepared by PCS for this evaluation.
campaign materials. Fifty-six percent of the married women exposed to the campaign spontaneously recalled four campaign messages. Awareness of family planning increased from 66% before the Turkish Family Planning Campaign to 87% in the final survey. (n=2145)

In Ghana, radio programs, mobile video dramas, posters, leaflets, billboards, and many community-level activities such as tug-of-wars, raffles, durbars (town meetings), and football matches were scheduled. Based on a household sentinel site survey completed in November of 1991, 98% of women and men in the intensive campaign regions were exposed to at least one media source. (n=2120)

In Pakistan, the "Aahat" television series reached approximately 20 million viewers; many more were reached by worldwide distribution of the drama. Based on pre and post surveys, awareness of family planning methods increased from 88% before the series to 94% afterward.

Radio soap operas in four African countries — Gambia, Ghana, Zimbabwe and Zambia reached from 22 to 75 percent of intended audiences and stimulated increases in knowledge and interest in family planning.

Knowledge and Skills of Providers

2) To insure that both family planning clients and service providers understand the principle of informed choice regarding family planning and family planning methods; and

Indicators of effectiveness: client interviews; observation; pre and post testing of trained providers; mystery client studies; and service statistics to document the appropriate counseling processes and procedures.

7) To improve the ability of family planning service providers to communicate with their clients.

Indicators of effectiveness: pre and post testing of trained providers; observation; client interviews; mystery client studies; and service statistics to document counseling skills, and their impact on contraceptive use.

Family planning providers, from pharmacists to physicians, from community-based distribution (CBD) workers to clinicians, are a major source of information to clients. Their role is not only to inform but also to help clients choose a suitable method. Uninformed providers can spread misinformation and rumors that discredit family planning methods. Providers unskilled in counseling can discourage clients from seeking advice they want. Many PCS projects have trained providers in counseling skills, helped local institutions design materials, including training manuals and handbooks, conduct training, and evaluate the results.

In the Kenya Provider and Client IEC Project, 13 Master Community-Based Distribution (CBD) Trainers and 84 CBD Trainers were trained to use the National CBD Training Manual produced under the project. A reference handbook for CBDs was also developed. The project is now designing a family planning counseling and interpersonal communication training curriculum and training approximately 60 clinic-based providers.

In Ogun State, Nigeria, evaluation of a counseling training program revealed that trained counselors performed better than their non-trained peers in several areas — interpersonal relations, information giving, counseling, and return for follow-up. 94% of trained nurses gave their clients clear explanations, compared with 76% of untrained nurses. Over 96% of trained nurses scheduled return visits as compared with 78% of untrained nurses; 84% of the clients of trained nurses actually returned for those appointments, compared with only 44% of clients of untrained nurses.

In Bolivia, 43 representatives of NRHP (National Reproductive Health Program) institutions were trained during two training-of-trainers workshops in the use of interpersonal communication and counseling skills. Twenty four of these training experts are replicating workshops in interpersonal communication across
Bolivia. The evaluation showed an average improvement between the pre- and post-training questionnaires of 116%.

During the Ghana Family Planning Project, over 5,200 service providers from "Level B" clinics throughout Ghana received training in interpersonal communication and counseling for family planning. Trained providers received a service providers manual developed by the project.

Many projects in Africa have developed manuals and curricula for inter-personal communication and counseling. These include projects in Burkina Faso, Cameroon, Côte d'Ivoire, Zaire and Zimbabwe. Also in Zimbabwe, a counseling video, based on the GATHER model developed by JHU/PCS is nearly complete.

Persuasion

*Rational understanding of family planning is not enough. Family planning users need to be persuaded that family planning is acceptable, e.g. safe, effective, convenient to procure and use, and within community norms. Moreover, sustained use depends on the ability to discuss family planning with others, to find support if problems occur, and to be sure of family and community support. Many PCS projects go beyond increasing knowledge and approval of the idea of family planning. Some approaches to reduce the taboo of discussing family planning are positive media coverage, endorsements by important health officials, and support from local leaders. Enter educate projects win audience attention and prompt discussion with friends, partners, and relatives as well as questions to service providers.*

3) To increase the acceptability of the concept of family planning in developing countries.

*Indicators of effectiveness:* accurate interpretation of the concept of family planning; changes in attitudes measured by national or local surveys; extent of public statements by national leaders; communication by couples and families; favorable media coverage; and stated support for expanded mass media, in-school, and out-of-school education programs that refer to family planning.

4) To reduce the taboo of discussing family planning at the level of the family, community and nation.

*Indicators of effectiveness:* changes in attitudes measured by national or local surveys; extent of public statements by national leaders; communication by couples and families; favorable media coverage; and stated support for expanded mass media, in-school, and out-of-school education programs that refer to family planning.

In Kenya, the URTNA Family Health Broadcast Project aimed at increasing broadcasts of radio and television programs with family planning themes. To this end, the project produced five television programs in four countries and distributed two English and two French videos to all of its 44 member broadcasters across Africa. An omnibus survey in Zimbabwe documented that the mini-grant video produced in that country resulted in more discussion about and use of family planning methods. Some 12% of those who viewed the program stated that they spoke subsequently with their partners about family planning; 21% spoke with friends and relatives about the program; 16% decided to use family planning; and 8% said they started using a family planning method as a result of watching the program.

In Ghana, there was strong public support of family planning by political, traditional, and religious leaders at many of the campaign launches. Leaders spoke at community level activities, such as durbar, endorsing the use of family planning and family planning services. A study of gender differences showed that 41% of men and 25% of women talked to a sexual partner about family planning and 25% of men and 30% of women talked to a service provider about family planning during the campaign (n=2120).
In Côte d'Ivoire, the project staff have organized and conducted radio and television interviews and discussions on family planning with political, religious and community leaders and family planning experts. Newspaper articles on project activities have been published in the national and regional newspapers. "Yafaman," a drama on adolescent sexual responsibility, has been broadcast on national television. The "Yafaman" video broke new ground in Côte d'Ivoire by thrusting the controversial topic of adolescent sexual behavior onto the national agenda via a televised debate about the video following its premiere telecast.

In Bolivia, a materials evaluation client survey showed that partner communication about family planning occurred among over 82 percent of couples. For clients who received materials, inter-spousal communication increased from 83.6 percent to 94.6 percent (p<.01), significantly higher than for clients not exposed.

**Decision and Implementation**

A major intent of PCS FP/IEC projects is to influence behavior and stimulate increased acceptance and continued use of appropriate family planning methods. Behavior changes are influenced by IEC are difficult to isolate and measure. Nevertheless, many large PCS projects have demonstrated impact on contraceptive behavior. Some of the most important changes that are evaluated are changes in intention to use and use of family planning.

5) To promote behavior change among persons of reproductive age so that individuals and couples take appropriate action to avoid unwanted pregnancy or pregnancy that would lead to children that cannot be cared for.

**Indicators of effectiveness:** pre and post survey data and service statistics indicating increases in new acceptors, in continuing acceptors, in persons seeking information, in couples and families discussing family planning, and in appropriate instances, fewer sexual partners and/or delayed initiation of sexual activity.

In Zimbabwe, current use of modern methods, particularly condoms, was significantly greater among men exposed to a male motivation campaign. In addition, 7% of respondents on the Male Motivation Impact Evaluation Survey stated that they began using modern family planning methods as a result of the campaign. This represents approximately 53,200 men who said they started using modern family planning methods due to the campaign.

In Ghana, 4% of women and 11% of men surveyed in the sentinel sites began using modern contraception during the campaign period. (n=2110)

Following the four month Turkish Family Planning Multi-Media Campaign, modern method users increased from 39% to 43%. There was a substantial increase in IUD users after the campaign, from 16% to 22%. (n=2145)

An article on African soap operas was featured as the cover story in Hygie, March 1993, based on PCS projects in the Gambia, Zimbabwe, Ghana and Nigeria.

**Confirmation**

*Private use of family planning is not sufficient, especially as it is often limited to upper income educated families who visit fee-for-service private physicians. To build government support for programs that reach all sectors of society and to ensure continuing support requires advocacy and public testimonials in favor of family planning. Such willingness to bear witness publicly with respect to family planning is the final confirmation stage in*
individual behavior change and also an important step toward long term sustainability of national programs. Government officials and decision-makers also need to speak out openly. Many PCS projects and campaigns seek to mobilize people at all levels, especially influential leaders, to join in promoting family planning. Similarly, researchers and program managers are also encouraged to disseminate their findings and stimulate discussion.

10) To build a level of support among policy-makers and program managers sufficient to sustain adequate family planning programs, both public and private, including all components thereof.

Indicators of effectiveness: increased number of public statements by officials in support of programs; elimination of restrictions and obstacles to effective program operations; adoption of appropriate national population/family planning policies.

The support of important government, health, and religious leaders is essential for all effective family planning programs. Journalists also play a key role. Seminars, press conferences, and attendance at campaign activities have all helped to enlist support for family planning at community and national levels.

In Bolivia, the Building-Support-for-a-Population-Policy project aimed at increasing and supporting population issues and reproductive health programs among formal and informal leaders. Key results of CONAPO's Opinion Leaders Survey were presented in a booklet and publicized through press conferences held in three cities. Four press conferences and one high level seminar were held to disseminate data indicating that FP does have widespread support in Bolivia. Feedback from the press and leaders was overwhelmingly positive, within a national dialogue which included support for sex education in schools and a higher priority for reproductive health issues.

For the first time in Côte d'Ivoire, political, religious and community leaders, health experts and journalists have joined AIBEF staff to discuss publicly, on television, family planning and sexuality issues raised by the “Yafaman” video. Three government ministers (Health, Education and Social Affairs) attended the press screening of the video. The video is currently being screened in high schools and community centers in the major towns of the country.

In Nigeria, the National Population Logo launch was attended by the President's representative as well as the Minister of Health and other prominent religious and political leaders. In each state, the logo project was introduced by the project team to the influential political and ministry persons. In Kano State, the Emir of Kano gave his backing to the logo project. This is all fully recorded on a 30-minute video documentary about the logo project.

In Turkey, many activities were designed both before and during the Turkish Family Planning Multi-Media Project to gain the approval of top-level officials and decision-makers. In 1989, during the launch of the campaign, there were two symposia attended by 600 high-ranking government officials, health officials, and media representatives to sensitize them to population problems and gain their support for family planning.

Under a regional project with the Center for Population and Development Research (CERPOD) in Bamako, Mali, JHU/PCS set up a network of journalists and radio and television producers from Sahelian countries. The members of the network target policy- makers in their own countries with newspaper articles and radio and television programs on family planning and population issues.

13) To increase the dissemination of research, programmatic and other relevant information that would serve to promote the goal of this project and enable other agencies and groups to benefit from the lessons learned through activities and projects.

Indicators of effectiveness: number of published articles, books, presentations at professional meetings, newspaper and broadcast publicity, national and international awards presented, and overall demand for recipient staff and services by LDC and other programs.
14) To insure availability of research, scientific, programmatic, and other relevant family planning information to all those who need or would benefit from such information.

**Indicators of effectiveness:** number of queries and responses provided; number of publications and materials disseminated on family planning IEC; use of state-of-the-art technology to provide rapid responsive service; favorable feedback from those served via surveys and correspondence.

To share the findings and lessons learned from JHU/PCS projects with other groups, many papers have been published in journals and presented at meetings. For example, between 1988 and 1993, PCS has made over 100 presentations at professional meetings such as APHA and PAA.

Based on findings in Ghana, one article about the "mystery client" study was published in *Studies in Family Planning*, 1990. Two articles and two poster sessions about the project were presented at international conferences. The end-of-project conference received television coverage on the local news and also received over 10 favorable articles in newspapers. Participants in the conferences included representatives of family planning programs in Burkina Faso, Tanzania, Zimbabwe, and Nigeria.


PCS has conducted 4 Advances in Family Health Workshops in Baltimore. In addition, the same workshops have also been carried out in two other countries and conducted in French and Arabic.

In Bolivia, a bi-monthly national bulletin "Enlace" is produced to report on the national program. Contributors to the bulletin come from a broad range of institutions involved in the program, including the Ministry of Health and many private sector agencies.

In collaboration with AAAS, JHU/PIP conducted two workshops in Ghana. The first workshop, "Marketing CD-ROM Services: A Workshop for Research Librarians" was attended by 20 librarians from 7 African countries and the Pro Vice-Chancellor of the University opened the workshop. The second workshop, "CD-ROM for Academic Decision-Makers; A Seminar on the Effective Use of the State-of-the-Art Information Technology," was attended by 50 participants, half of whom were top-level academicians including the Vice Chancellor, Deans of Universities, and heads of departments.

In Kenya, under the URTNA Family Health Broadcast Project, 3 newsletters for broadcasters were produced in both French and English each year from 1987 to 1992. Newsletters contained articles and ready-to-air radio programs on family planning, health and population issues.

**Project and Process Indicators**

*PCS projects can be evaluated by process variables that address such elements as adherence to USAID priority country guidelines (#15); step-by-step research based methodology (#12); use of communication innovations (#6); links between IEC and services (#8); institution-building in LDCs (#9); and opportunities for self-sustaining or income generating activities (#11).*

15) To give priority to countries/regions where population size is high (above 20 million) and fertility rates have remained highest.

**Indicators of effectiveness:** correlation between project activities and fertility indicators (controlled for availability of A.I.D. funds).

PCS resource allocations are now guided by AID’s priority country listing which was established in 1992. In FY 1990-1992, 60% of PCS country expenditures have been in priority countries. The largest PCS projects
— in Nigeria, the Philippines, Bangladesh, Pakistan and Kenya — are all priority countries. Funding for non-priority countries is often from country buy-ins which are based on internal AID allocations through bilateral agreements over which PCS has no control. In FY 1992, PCS received substantially more buy-in funding than any other CA. ($7 million).

12) To use a step-by-step, research-based methodology to formulate, monitor and evaluate all family planning IEC efforts.

**Indicators of effectiveness:** project reviews, project monitoring reports, and evaluation reports documenting this process.

Step-by-step research-based methodology underlies all major PCS projects. They follow the P process and the MIRS (Media Impact Research System).

6) To improve the use of communication innovations and modern technology in order to reach special groups and expand family planning communication.

**Indicators of effectiveness:** number of innovative projects and approaches undertaken; pre and post recall surveys among intended audiences; extent to which innovations are replicated in different areas or projects.

PCS has used many innovations in communications and in communication technology. The enter-educate approach has been used in many countries. The PRO approach, promoting and marketing service providers, and not merely the concept of family planning or specific methods has been used in Egypt, Turkey, Ghana, India and Kenya. Other examples are:

Street theater performances were used in Peru. JHU/PCS is assisting APROPO (Apoyo a Programas de Población) in designing, developing and evaluating *Ms. Rumors*, a street theater play that in an entertaining manner delivers a strong message against contraceptive myths. The play ends transforming the "stage" into a counseling setting and encouraging people the public to approach the counselor. 3,500 people were reached during the 6-months opening season and approximately, 525 people — 15% of *Ms. Rumors* attendance — have had their questions answered by the counselor.

"Jiggashas" were used in Bangladesh for women to stimulate a critical mass of village support for family planning. This innovative design was employed to encourage the family planning field workers to visit women in small groups instead of making house-to-house visits and promote local communication materials.

Small local media like audio cassettes were used in Bolivia. The cassettes were placed in inner-city buses in the 3-5 largest cities. The cassettes will use a "magazine" format and an entertaining approach to convey reproductive health messages and services.

SCOPE, Strategic Communication Planning and Evaluation, is a computerized inter-active training tool for development of communication strategies and programs that has been adopted for Turkey, Bangladesh, and the Philippines. It can be used for both training and for strategy development and testing.

8) To improve the link between IEC activities and family planning services in an effort to increase the likelihood of lasting behavior change.

**Indicators of effectiveness:** surveys and clinic data identifying sources of information and reasons for using specific facilities; increased involvement of media and IEC experts in the promotion of specific services and/or methods; increased involvement of health providers in developing and pretesting media products.
PCS-supported activities go beyond promoting general awareness to identifying specific sites and services where people can meet their family planning needs. Through logos, the PRO approach, and very local information on service locations, PCS includes specific "cues to action" to prompt family planning visits.

In Kenya under the Provider and Client IEC Project, stars from the radio soap opera will travel to five clinics to promote family planning with service providers on site. In addition, leaflets, posters and radio spots produced under the project direct interested individuals to specific clinics and CBDs for family planning services.

In Peru, APROPO's SexEd and family planning hot-line project is referring callers to specific high quality public and private family planning clinics for services. Callers are given nearby clinics to their home or workplace. The Philippines Dial-A-Friend project was the first PCS-sponsored telephone hot line.

In Nigeria, the National Population Logo project is designed to bring people to service delivery points by serving as a marker for FP advice, services and/or supplies. The public service announcements on TV directed potential clients to go to PPFN service sites displaying the logo. A campaign beginning in mid-1993 will continue to make this link between the logo and services and will include other cues to action.

9) To improve, in developing countries, the institutional capability to plan, implement, monitor, and evaluate a range of population communication activities with minimal outside assistance.

Indicators of effectiveness: ability of agencies to undertake improved second and third round campaigns and projects in less time and with less outside technical assistance (assuming continued availability of project funding); increased number of IEC activities and publication about those activities.

Institution-building is a major PCS objective. PCS uses a dual approach — (1) providing extensive training through on-site and (2) US workshops and providing on-the-job training through collaboration in project design and implementation. Organizations have learned important skills for conducting campaigns and formed lasting partnerships with other groups. Some institutions have gone on to carry out similar activities later with minimal PCS support.

In the Côte d'Ivoire, through technical assistance, project staff have established working relationships with broadcasting and other media professionals and production houses. They have obtained the support of key government officials which will assure continued media and government support. JHU/PCS linked the North Central Region Family Planning Promotion Project to the CERCOM, at the University of Abidjan, thus enabling the project to conduct baseline, pretesting and impact evaluation.

In Bolivia, ongoing technical assistance has resulted in marked improvement in local communication skills. Technology transfer was done with a cadre of local communicators in the methodology for developing and evaluating a comprehensive set of informational support materials (print, audio, video). This included applying a coherent communication methodology through a step-by-step process, designing national and institutional communication strategies and logo, carrying out pretesting of IEC products at the national level, designing and implementing a training curriculum, and comprehensive evaluation with providers and clients on the impact of the training and provider-client support materials.

The Ministry of Health/Health Education Unit (MOH/HED) in Ghana learned, planned and implemented a multi-media campaign. Working partnerships were developed which included 13 governmental departments, 10 private voluntary organizations, and several private commercial organizations all supporting the campaign.
The Turkish Family Health and Planning Foundation was the JHU/PCS counter-part for the Turkish Family Planning Multi-Media Campaign. After completing this campaign, the foundation was able to create the successful enter-educate feature film "Berdel" which received five international film awards.

The Male Motivation Project was conducted by the IEC Unit of the Zimbabwe National Family Planning Council (ZNFPC) with technical assistance from JHU/PCS. Over the course of the project, technical assistance became less and less. By the time that the final survey was conducted, JHU/PCS technical assistance was required for the research design only. The ZNFPC Evaluation and Research Unit conducted the fieldwork, analyzed the data, and wrote a report of the findings without technical assistance. ZNFPC is virtually running the follow-on project with only minor technical assistance.

11) To develop opportunities for self-sustaining promotional activities or fee-based services that benefit from such promotion in order to reduce the need for publicly funded programs.

Indicators of effectiveness: number and extent of commercially supported IEC activities; extent of free or discounted airtime; personal appearances of popular artists and other exposure; use of private sector air services where available.

The ultimate goal of development is income-generating and/or self-sustaining activity. PCS projects, especially enter educate projects, generate corporate sponsorship, collateral support, free air and press time, and even royalties. Campaigns seek to build volunteer support and mobilize local or in kind resources.

During the Nigeria Music Project, PPFN received over ₦18,500 in royalties from the commercial sale of King Sunny Ade's album *Wait for Me*. Coca-Cola sponsored the production of t-shirts, stickers, song cards and other promotional materials.

The Turkish Family Planning Multi-Media Campaign received over $2,000,000 of free air time on television and radio, and other campaign contributions. For the "Blue House" the TV drama and the TV and radio spots also received large amounts of free radio and television time.

In Ghana, volunteers contributed over 6,000 person/days to the project; campaign management was largely voluntary.

In Peru, a joint venture with the largest TV broadcast station and the most popular TV talk show "Alo Gisella", brought to the institution savings of the order of $192,000. APROPO spent only $3,000 to produce 12 TV-sketches and reached approximately 1,755,500 people in Peru.

In Pakistan, the Aahat television series received $75,000 of free press coverage. There was commercial sponsorship of a gala awards ceremony with TV celebrity appearances.

The Dial-A Friend project in the Philippines received $55,000 worth of corporate support and $1.2 million of free air time on television.

In Turkey, the direct cost for reaching a woman through mass media was $0.04; to increase one woman's understanding of family planning $0.13, and to get one modern family planning user required $0.05.

Conclusion

Many PCS projects, especially the larger ones, have provided evidence of impact in changing knowledge, attitudes, and to a some degree so far, behavior. Most projects have followed the processes recommended.
Thus PCS activities have achieved the objectives spelled out in the 15 indicators. One significant indicator was omitted in the list — none of the PCS campaigns or projects have evoked significant backlash, negative reaction, or other counter-productive impact from the countries concerned despite their high profile and the great potential for controversy. Moreover, there is evidence that PCS projects/programs are improving over time, learning from past problems, and winning increasing recognition and support from the AID officials likely to be best informed — those in the field in the developing country AID missions who have provided buy-in funding in record amounts.
## Appendix C

### PCS Staff

<table>
<thead>
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<th>Name</th>
<th>Title</th>
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Appendix D

Recommendations in 1989 PCS Evaluation Report

1. More attention should be given in the Africa region to determine the needs for material production for specific audiences of potential acceptors and to upgrade the quality of print materials.

2. More attention should be given to print journalists, particularly in the Africa region to ensure that they receive correct and up-to-date information on population and family planning issues and to motivate them to devote more attention to these issues.

3. While the responsiveness, flexibility and high quality of short-term technical assistance are major pluses for the JHU/PCS project, the costs in terms of transportation and stress on project staff are high. More efficient ways to provide technical assistance should be explored. Consideration should be given to:
   a. Locating resident advisors in countries with large continuing JHU/PCS projects, e.g., Philippines and Ghana.
   b. Locating an adviser in a regional center to support several country projects of sufficient size, e.g., in Cote d'Ivoire or Togo for Francophone countries.
   c. Economizing, as much as possible, on the number of technical assistance visits by JHU/PCS staff to developing country IEC project.

4. Greater effort should be devoted to disseminating evaluation results to policy-makers, family planning program managers, and to the communication and scholarly community. This could be done by:
   a. Greater incentives (e.g., salary increases and promotions) should be provided for JHU/PCS professional staff for their publication of evaluation research results. Such a reward system would make evaluation and the reporting of evaluation research results a priority of each JHU/PCS professional.
   b. Closer interchange between the School of Public Health and JHU/PCS (see Recommendation 7).

5. A Project Review Committee should be established to review each JHU/PCS project and major technical assistance initiative on technical, financial, and administrative grounds. The Committee should include the senior professionals in each of the technical areas in which JHU/PCS works (evaluation, media/materials, entertainment-education, etc.), the chief of the Finance and Administration Unit, and the heads of each geographical program (Africa, Asia/Near East, and Latin America).

6. To supplement staff expertise and perspectives, the JHU/PCS Advisory Committee should meet at least once a year to review the past year's progress in the various communication areas of PCS and to review future plans. Considerations should be given to reconstituting the membership of the Advisory Committee to include individuals who represent each of the technical areas in which JHU/PCS works, e.g., evaluation research, media/materials, entertainment-education, etc. JHU/PCS subcontractors should not be represented on the Advisory Committee, so as to avoid any possible conflicts of interest.
Ways should be found to increase the academic, research, and evaluation interchange between the School of Hygiene and Public Health, the Center for Communication Programs and JHU/PCS project. This could be done by:

a. Hiring more JHU/PCS staff with PhD degrees who could also be appointed to faculty teaching positions in the School of Hygiene and Public Health on a part-time basis (a typical faculty appointment in the School involves 35 percent time teaching, with the remainder in research and/or evaluation, often supported by a funded research project);

b. Hiring more part-time JHU doctoral students as part-time research assistants on JHU/PCS evaluation research;

c. Involving faculty members in JHU/PCS project activities, especially in evaluation research;

d. Once more communications faculty are hired, offering a communication specialty track for MPH degree students in the School of Hygiene and Public Health.

Project senior staff should revise the organizational chart for of JHU/PCS within the structure of the Center for Communication Programs. Particular attention should be directed to establishing a structure reflecting technical communication functions such as evaluation research, entertainment-education, broadcasting, media/materials, and journalism.

In recruiting for any future position in the JHU/PCS project, development communication experts (rather than family planning health personnel) should be given priority in selection.

A revised and updated roster of IEC consultants should be developed by identifying persons and resources with relevant communication expertise.

Greater collaboration between JHU/PCS and its U.S. subcontractors should be fostered, particularly at the planning stage in technical assistance and country project assignments. Such collaboration should result in more efficient and effective use of project resources.

The role of financial controller should be established to bring expenditures in line with priorities set by the program. Data produced by the JHU/PCS financial system should be used to provide project decision making, both for day-to-day operations and for long term planning.

All USAID mission and A.I.D. bureau buy-ins for IEC should include funds for core costs in order to cover headquarters support for the buy-in.

The present USAID funding limit of $30 million for JHU/PCS should be raised to about $50 to $60 million for the next five years, with about half of this amount to come from buy-ins.

JHU/PCS, as the world leader in family planning communication, should take the role of fostering coordination of the IEC effort among the other communication, training, and service delivery contractors in the countries in which JHU/PCS is working. An active, systematic coordinating effort should be pursued at all stages in the technical assistance process, as well as at various organizational levels.
Appendix E

Complete List of Recommendations in this Report

Project Impact (Chapter 3)

1. The current research emphasis on impact evaluation should be expanded to permit greater attention to program needs, design, and midcourse corrections to make projects more relevant and effective.**

2. In settings where high knowledge and positive attitudes about family planning exist but contraceptive practice is low, a greater effort should be made to design projects that address this gap.

3. The PCS Research and Evaluation Division should have as one of its foci a systematic ongoing assessment of the total PCS program in terms of achievement of the stated objectives of the cooperative agreement.

4. All functions of the Media/Materials Center should be reevaluated to determine whether they are optimally conducive and cost-effective in achieving the Center’s stated objectives. Changes should be considered in its method of operation (including a careful analysis and revision of its mailing lists, the cost and results of its packets, and more tailored technical assistance). Alternatively, some reallocation of resources into regional centers might be appropriate.

5. In addition to submitting articles to peer-reviewed journals, PCS should disseminate information on its activities and findings to family planning IEC professionals through publications that are more widely available and timely.

6. PCS should consider publishing a newsletter or series of timely occasional papers focused on lessons learned to provide useful current information to IEC professionals.

7. PCS should consider production of a study covering lessons learned over its 10-year history, with special emphasis on helping to match strategies with various levels of family planning program achievement (i.e., to fashion approaches suitable to maturity of program, particular needs, infrastructure, and available IEC channels).

Institutionalizing IEC within Country Agencies (Chapter 4)

8. To further develop in-country expertise, PCS should provide more in-country workshops similar to the Baltimore summer sessions in selected countries or regions; similarly, regional training centers (such as CAFS) could be strengthened to provide such activities.

9. A.I.D. and PCS should seek ways to provide training in IEC for nationals to create in-country consultants and to institutionalize IEC within country programs; advanced degree training should be one of the available options.

10. In addition to producing mass media programs, PCS should consider greater efforts to influence existing media programming in order to leverage broadcast opportunities and achieve maximum impact.

11. PCS should increase its efforts to work with journalists in order to reach opinion leaders and other literate persons on emerging population policy issues; it should be standard practice to incorporate a journalist outreach component into country IEC strategies. This may require A.I.D.’s clarification of the roles of the

**The recommendations in boldface type are the principal recommendations in the report.
various CAs that work with newspaper journalists concerned with family planning and contraceptive technology.

Leadership Role (Chapter 5)

12. PCS, working with appropriate host country counterparts, should continue to take a leading role in IEC strategy and materials development and, where the in-country situation is conducive, in fostering coordination of the groups carrying out these activities.

Management Issues: Organization, Staffing, and Budget (Chapter 6)

13. PCS should be encouraged to continue its practice of placing country representatives in countries in which it is carrying out a large program, in which it sees promising opportunities for regional activities, and where improved coordination of IEC resources would result.

14. Given the growth of PCS and the incorporation of PIP, PCS should review its staffing and operations to ensure adequate managerial capacity and systems.

External Relations (Chapter 7)

15. PCS should give consideration to including mission staff in Baltimore summer workshops to give them a better understanding of how IEC activities might benefit population projects in their countries. Similarly, IEC should be added to the agenda of the periodic meetings of A.I.D. population officers.

16. PCS should work more closely with other CAs in long-term planning for country programs to ensure maximum effectiveness in providing IEC assistance to those working with service providers in training and service provision. PCS should seek or create opportunities for other CAs to become more familiar with its resources and means of collaborations.

17. A.I.D. must provide clearer guidance to all CAs as to how they can best work together on training for counseling, other areas of training for service providers, and population communication overall. USAID missions and PCS must take the necessary steps to avoid duplication of training efforts.

Future Issues (Chapter 8)

18. In the next cooperative agreement, project objectives should identify more realistic targets.

19. Although some expansion into related fields could benefit PCS's central mission, care must be exercised to prevent the project from being drawn so far afield that additional staffing or technical skills are required.

20. In planning for the next cooperative agreement, the Office of Population and PCS need to consider whether there is a role for subcontractors and, if the decision is positive, then their role should be more carefully delineated and the budget should be more realistic.

21. The consistently upward trend in the demand for PCS services, combined with the incorporation of the PIP project into PCS, suggest that the funding ceiling foreseen for the next cooperative agreement may require adjustment over the course of the project. A.I.D. should remain sensitive to this possibility and take appropriate action.

22. A.I.D. and PCS need to consider the staffing and budget implications of program activities in eastern Europe and the newly independent states.
EVALUATION OF THE POPULATION COMMUNICATION SERVICES PROJECT (PCS)  
(1990-1995; A.I.D. Funding $60 million)

SUMMARY

The Population Communication Services (PCS) project, administered by the Center for Communication Programs (CCP) of the John Hopkins University's School of Hygiene and Public Health, provides technical assistance and support on information, education, and communication (IEC) to family planning programs in developing countries in order to enhance the freedom of individuals to choose the number and spacing of their children. The current project is the third cooperative agreement between Johns Hopkins University and the Agency for International Development (A.I.D.), with work having begun in 1982. The project has achieved significant outputs and had 55 country projects under way or completed at midpoint of this cooperative agreement (1990-95). The highly qualified PCS staff and the application of standard and innovative research methods to strategically plan, design, implement, and evaluate projects set a high standard for IEC programming and create a strong demand for PCS services. A.I.D. has encouraged PCS to respond to this demand although this strategy has meant accelerating project spending beyond levels estimated in the cooperative agreement. More attention could now be given to activities that address the gap between awareness and family planning use, to effective collaboration with other Cooperating Agencies (CA), and to dissemination of important research and program findings. The project merits favorable funding consideration in the next cooperative agreement to ensure funds for expansion of project activities.

FACTORS AFFECTING PROJECT PERFORMANCE

<table>
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<tr>
<th>Facilitating Factors</th>
<th>Constraints</th>
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<td>PCS's highly qualified staff has enabled the project to become the standard setter in IEC research methodologies and innovative project design.</td>
<td>Closing the gap between high awareness and low use of family planning methods remains a challenge to be addressed based on country-specific circumstances.</td>
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<td>A.I.D.'s encouragement of PCS to expand its activities rapidly has allowed the project to respond to requests for assistance as they are made.</td>
<td>For reasons sometimes beyond the project's control, preparations are not always made for the increased family planning services caseload that accompanies an IEC campaign, somewhat vitiating the effect of the campaign and making it difficult to judge the intervention's success.</td>
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<td>PCS's long experience in the field of IEC and its role as the primary provider of IEC assistance for the A.I.D. Office of Population have earned the project a position as an international leader in IEC techniques and approaches for population and family planning programs.</td>
<td>When overlapping areas of program responsibility have not been clarified, the result has been some duplication of effort and lack of coordination between PCS and other CAs.</td>
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<td>PCS's flexibility in choosing program designs and in applying the most appropriate research methodologies helps ensure that its IEC interventions are optimally effective.</td>
<td>The prospect that the PCS project may reach its funding ceiling before its official completion date creates uncertainty in PCS's programming.</td>
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<td>The considerable interest in using PCS's services, reflecting the growing appreciation of the need for IEC, has facilitated PCS's work in developing country settings.</td>
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LESSONS LEARNED

- Effective IEC campaigns can lead to increases in contraceptive prevalence.

- Research is an indispensable ingredient at every stage of an IEC intervention. It is as important to conduct a needs assessment and field test products at the design stage (to identify whether message approach and content are appropriate) and to monitor their progress during the campaign (to identify need for any fine tuning) as it is to assess their impact at the end point. A strategic plan, based on a needs assessment and integrating multiple IEC aspects, can result in more far-reaching and sustained program efforts.

- IEC has shown the ability to move family planning efforts forward by demonstrating that the issue of contraception can be discussed in public without strong negative reactions. Major institutions, policy makers, and opinion leaders can also be helped to address the family planning issue without compromising their roles.

- Operationalizing IEC campaign goals (such as informed choice and spousal communication) in order to improve contraceptive behavior is not a simple process. Careful training of counselors to be flexible and address real-life situations is required in order to avoid erecting rather than reducing barriers to contraceptive use.

- Technical assistance in IEC can be so helpful that host country staff, even if their skills have been upgraded, may be reluctant to give up access to external support.

- Use of resident advisors for large-scale activities results in more consistent program efforts and better cooperation with other organizations.

- Organizing an international assistance project geographically can result in duplication of technical skills among geographic regions but may be more responsive to field needs than a functional approach.

- Although mass communications have been shown to be capable of reaching large numbers of the population effectively, traditional formats (such as village gatherings and festivals) can also provide channels for transmitting messages, where technology is undeveloped.

- Even though many countries may have low literacy levels, newspapers can serve as a useful medium for communicating family planning information to opinion leaders and other literate persons who in turn can reach the larger community.

- An organization like PCS, with a clear but limited mandate and a strong, highly qualified staff, needs to be careful about accepting requests to assist in related, non-family planning areas unless these activities serve to expand the audience for its primary issues and can do so with existing resources.