

ISN-34147

PN-AAP-701/62

ANALYSIS OF MULTI-FACETED ASSIGNMENT

FOR

CAIRO FAMILY PLANNING ASSOCIATION

A Report Prepared By:
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During The Period:
DECEMBER 8 - 22, 1983

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:
Ltr. AID/DS/POP: 3/7/84
Assign. No. 582229

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ACKNOWLEDGMENT

This report describes the activities of APHA consultant, Valerie DeFillipo, Senior Program Officer, Margaret Sanger Center, during the period December 8 through December 22, 1983.

The consultant is particularly grateful to the following individuals for their support and assistance:

Aziza Hussein	Chairman of the Board, Cairo Family Planning Association and Family of the Future
Mahassen Khalifa	Project Director, Family of the Future
Lenni Kangas	USAID/Cairo
Timothy Seims	USAID/Cairo

The consultant would also like to express gratitude to the board and staff of the Cairo Family Planning Association and Family of the Future whose assistance made this assignment most rewarding both professionally and personally.

EXECUTIVE SUMMARY

The Cairo Family Planning Association requested the assistance of consultant, Valerie DeFillipo, Senior Program Officer of the Margaret Sanger Center in fulfilling a multi-faceted assignment.

The first part of the assignment centered on a conference which was held December 16 through 18, 1983 entitled Media and Its Message: Innovative Uses for Health Education. The Conference provided an unusual opportunity for leading representatives of the disciplines of medicine, social science and media production to work together to explore more effective ways of using radio in health education.

The proceedings of the Conference highlighted two striking gaps in the health education field. There was a paucity of either systemic or informal communication around program initiatives or the availability of educational materials among institutions involved in health care education. This absence of strong linkages between programs resulted in costly duplication of efforts, insufficient use of established distribution channels and a weak referral network. Clearly, strong priority must be attached to doing thorough needs assessment prior to the initiation of new materials development activities.

The second gap identified was the lack of use of previously produced educational materials. Program staff need to focus on the fact that there are no teacher-proof materials. Health information/education programs should include detailed work plans to introduce and orient designated staff to the function and use of the materials being produced.

The second objective of the assignment was to refine the workplan for the implementation of the prototype information/education system. Issues of replication and criteria for selection of demonstration sites were reconsidered. The workplan was amended to include low-performing clinics as pilot-sites for the testing of the prototype system. Mechanisms for inclusion in the pilot test of other critical determinants of clinic performance were also explored. Specifically, the additional determinants were identified to be staffing patterns and clinic operating hours. It is recommended that a matrix be developed clearly indicting the range of variables being tested at each clinical site.

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ABBREVIATIONS

APHA American Public Health Association
CFPA Cairo Family Planning Association
USAID United States Agency for International Development

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INTRODUCTION AND BACKGROUND

In September, 1983, at the request of the Cairo Family Planning Association (CFPA), Valerie DeFillipo, Senior Program Officer of the Margaret Sanger Center, designed a prototype system for a clinic-based information/education program and developed an in-depth work plan for its implementation.

Subsequent to the submission of the program plan, the CFPA again requested technical assistance from the consultant for multi-faceted assignment.

The first part of the assignment related to a conference entitled, Media and Its Message: Innovative Uses for Health Education which was jointly sponsored by the CFPA and the Ford Foundation and was held in Aswan, Egypt, December 16-18, 1983. The role of the consultant was two-fold: to organize the conference presentation of CFPA members; and to participate in the conference sessions to ensure that the health education messages identified at the conference would be incorporated into the prototype information/education system designed during the previous assignment.

The second objective of the assignment was to refine the workplan for the implementation of the prototype system. Issues of replication and criteria for selection of demonstration sites needed to be given further attention. The methodology utilized was a combination of in-depth consultations with USAID and in-country personnel as well as continued observation of patient flow in additional clinic sites in Cairo. The itinerary was as follows: December 10 to 15, Cairo; December 16 to 18, Aswan; December 19 to 21, Cairo.

II. MEDIA CONFERENCE

MEDIA CONFERENCE

Introduction

The Cairo Family Planning Association was exploring the feasibility of undertaking a pilot media project to produce twelve audio tapes approximately five minutes in length on the topics of family planning, female reproductive health, family health and female circumcision. The target audience was chosen to be low-income women of reproductive age with little or no education. A secondary objective of the project was the training of a group of Egyptian radio directors, scriptwriters, and sound technicians in the innovative use of the radio medium.

As an initial step in determining the project's viability, the CFPA proposed to co-sponsor a conference with the Ford Foundation, entitled Media and Its Message: Innovative Uses for Health Education.

The conference was a pacesetting event for Egypt in that it represented an unusual opportunity for leading representatives of the disciplines of medicine, social science and media production to work together to explore more effective ways of using radio in health education. Their goal was to define a list of health education messages which were entertaining, informative, accurate and culturally relevant to the target audience.

Observations and Findings

The consultant participated in a wide range of activities enumerated below:

1. planning meetings:
 - o overall organization of conference
 - o specific organization of CFPA presentation
2. review of audio/visual materials to be presented at the conference:
 - o materials produced by CFPA
 - o materials produced by Salamtak, The Arabian Gulf States Joint Program Production Institution (see Appendix A)
3. all Conference sessions (see Appendix B)

As a result of this experience, the following observations are offered:

1. Lack of use of the educational materials, not lack of quality, was the most consistent problem cited by the CFPA program participants. The problem stemmed primarily from an insufficiently thorough orientation of the staff to the function and use of new educational materials, but was compounded by the inadequate staffing levels in general. New educational initiatives were superimposed on the on-going regular duties of the clinic staff; thereby causing scheduling conflicts and inconsistent program effectiveness.

2. There appears to be little systemic communication around program initiatives and available multimedia resources among the various institutions involved in health care education. The absence of even an informal referral network was striking. Programmatic repercussions are evident:

- o unnecessary and costly duplication of effort,
- o since educational materials are not shared, programs lose the advantage of multiple distribution points and the cost-savings of using other organizations' materials to fill unmet gaps in their own programs,
- o linkages among service providers are not strong enough to appropriately refer a prospective client to an additional source of care once the person has entered the formal health delivery system.

One example of the kinds of problems that result from lack of communication was identified during the closing discussion of a session at the Conference. The representative from the Nutrition Institute of the Ministry of Health stated that his program staff had a long-standing need for a film to help demonstrate and introduce basic concepts of good nutrition. The CFPA had undertaken a nutrition program a few years ago through which they produced a good film on nutrition which also included a message on family planning. Neither were aware of the other's needs or resources. A copy of the film and its associated pamphlets could have been easily shared having a beneficial effect toward reaching both programs' goals.

Recommendations

The Conference was intended to function as a forum during which the participants devised approaches and found solutions for ways in which their disciplines could work more cohesively.

Rather than reproduce the recommendations of the Conference proceedings, this consultant feels it is more appropriate and relevant to offer two recommendations which may assist other consultants involved in the evaluation of other project needs for feasibility:

1. A thorough needs assessment should be completed prior to the initiation of new materials development activities. Individual institutions may not be aware of what has already been produced nor which media have proved effective in other comparable programs.

2. Individuals working in information/education programs, whether from the point of view of evaluation or program development, should bear in mind that there are no teacher-proof materials -- materials that somehow magically work by themselves regardless of the educator. Educational materials are always connected to the people who use them and while this may appear elementary, many good educational materials failed because they simply were not used. Information/education programs should include detailed work plans for the introduction and orientation of the designated staff to the function and use of the materials. The educators should also be involved in the development of those materials as much as possible.

Plan of Action

It should be mentioned that one of the outcomes of the Conference was a decision to revise certain elements of the media project. It was felt that it would be more cost-effective to use already established production studios and staff rather than train an entirely new production team.

It was also decided that the proceedings of the Conference, and especially the health messages, would be printed and forwarded to the Egyptian project staff who are responsible for implementing the clinic-based information/education system. This mechanism would allow both the media project and the information/education project to proceed independently, on their own timelines.

III. WORKPLAN: PROTOTYPE SYSTEM FOR INFORMATION/
EDUCATION SYSTEM

WORKPLAN: PROTOTYPE SYSTEM FOR INFORMATION/EDUCATION PROGRAM

Introduction and Background

Prior to the consultant's completion of the first assignment, a verbal presentation of the prototype information/education program had been made to USAID/Cairo, CFPA, and Family of the Future staff. The verbal presentation was followed up by a written work plan, which identified certain issues requiring further attention.

Observation and Findings

Through discussion and collaboration with in-country personnel, the consultant has selected only high-performance clinics as pilot sites for the field testing of the prototype information/education system. If the system is to have real potential for replication and adaptation in a wide variety of settings, however, it must also be tested in a low-performance center. It was felt that including low-performing clinics in the pilot-stage would encourage the project staff to confront a possibly different set of constraints and problems than would be found in the other centers; and that these constraints and problems may be a more common characteristic of the Egyptian family planning network than the overall high performance centers.

In response to these comments, the consultant observed clinical flow patterns in two additional centers which were generally considered to be at low-performance levels. The first center was considered to be low-performance because of its extremely low case load. The second center, while having reasonably high levels of activity, would be considered low-performance in overall quality of service offered. Both centers, pending administrative approval, would be appropriate for inclusion in the pilot-study.

Also, it was suggested that the inclusion in the pilot test of other critical determinants of clinic performance would enhance the overall use-effectiveness of the demonstration project. Therefore, mechanisms for testing the impact of different staffing patterns and varying clinic hours were initially explored.

Recommendations

1. A matrix should be developed clearly indicating the range of variables being tested at each clinical site.

2. Care should be taken not to add too many over-lapping objectives to the primary thrust of the project less there be diffusion of program goals and administrative morass.

3. The implementation of the information/education system in low-performing centers should not be scheduled until the introduction of the system in high-performing centers is completed.

APPENDICES

APPENDIX A: INFORMATION OF SALAMTAK

مؤسسة الإنتاج البرامجي المشترك لدول الخليج العربي
THE ARABIAN GULF STATES JOINT PROGRAM PRODUCTION INSTITUTION



THE EDUCATIONAL HEALTH PROGRAMME

SALAMATAK

Based on West German Model

Cost \$6 million - 25¢ per child

مؤسسة الإنتاج البرامجي المشترك لدول الخليج العربي

THE ARABIAN GULF STATES JOINT PROGRAM PRODUCTION INSTITUTION



The Institution relied, ever since the early stages of production of programme 'SALAMATAK', upon verified field studies of the social, psychological and health status of the public to whom the programme was to be addressed.

These studies were achieved through scientific seminars in which the results of research studies about diseases, problems and wide-spread habits in the region, were discussed by medical specialists and those concerned about health guidance. As a result, a programme research committee was formed, and it summarized the health problems into a scientific syllabus in which each health aspect was listed and given a certain percentage according to its importance.

The research committee then set up a medical handbook which defined the various diseases and their causes, and the means of protection. This handbook became the scientific reference on which script-writers based the curriculum objectives of each segment or scene of the programme.

In order that the information would reach the public, the programme was designed in the following manner:

- 1) 52 TV episodes of 30 minutes duration each; and 52 Radio episodes of 25 minutes duration each.

2) 260 TV spots and 150 Radio spots of 2 minutes duration each, discussing one problem in a concentrated manner and in the form of a TV or Radio commercial.

Dramatization, live action, animation, interviews, muppets, songs and scientific films were used in a co-ordinated manner in each episode in order to make the programme more appealing to the public.

In order to evaluate the programme, special studies based on statistics were made during and after the period in which the programme was broadcast. These studies clarified the effect the programme had had on the public, and at the same time, served as a guide-line for the evaluation and production of new programmes of the same kind.



APPENDIX B: MEDIA CONFERENCE AGENDA

MEDIA AND ITS MESSAGE: INNOVATIVE USES FOR HEALTH EDUCATION

December 16-18, 1983 Oberoi Hotel, Aswan, Egypt

FRIDAY, DECEMBER 16

7:30-11:00

10:45-1:00 Opening Address Aziza Hussein, Chairwoman, Cairo Family Planning Association
John Gerhardt, Regional Director, the Ford Foundation

17:30-1:30

Session I—MEDIA TOOLS FOR HEALTH EDUCATION

What potential does the media have for changing behavior and ideas?
What are the health problems we should address?

1:00-4:00 Lunch and Excursion to Philae Island

4:30-6:30 Session II—UNDERSTANDING THE TARGET AUDIENCE

How can we better understand a target audience? How do we create health education that a selected audience can understand and incorporate into their daily lives? What basic research is needed to understand the concerns of both the medical profession and the people receiving the information?

7:30-9:00 Dinner

SATURDAY, DECEMBER 17,

9:00-11:00: Session III—INNOVATIVE HEALTH EDUCATION PROJECTS

Presentation of excerpts from health education projects. What was the process of developing these health education messages? What problems arose and how were these problems addressed?

1:00-11:30 Tea Break

1:30-1:30: THE BASIC ELEMENTS OF RADIO PRODUCTION

A demonstration of how a radio program is constructed. How can we use these elements to construct relevant health messages?

STYLES OF MESSAGE PRESENTATION

What results can we receive from various types of messages—positive vs. negative messages; advising listings; raising questions and opening up discussion; speaking with the voice of authority; using drama, music, and narration.

1:30-2:30 Lunch

2:30-4:00 CAIRO FAMILY PLANNING ASSOCIATION AND ITS EDUCATIONAL PROGRAMS

Why are we undertaking this media project? Why did we choose the areas of family planning, reproductive health, family health and female circumcision? How can these experimental messages better serve the staff and clients of the clinics?

ASMAI CONFERENCE AGENDA PART I

SATURDAY, DECEMBER 17 (cont.)

4:30-7:30 Free Time

7:30-9:00 Dinner

SUNDAY, DECEMBER 18

9:00-11:00: DEVELOPING A LIST OF MESSAGES FOR THE PILOT SERIES

What elements should each message contain?

After a general discussion of the messages, the participants will divide into four working groups. Each group will take one of the four message topics. They will develop a list of topics they feel relevant for each area, according to the discussions and activities of the conference.

11:00-11:30 Teabreak

11:30-1:30 . The general group will reconvene, and a spokes person from each small working group will present their list of topics with a brief explanation for each choice. Then the general group will discuss the appropriateness of the chosen messages.

1:30 Lunch