

E v a l u a t i o n
FINDINGS
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IEC SUPPORT TO MCH/FP

I. BACKGROUND

The strengths and weaknesses in approaches taken by information, education and communication (IEC) projects in support of family planning was the theme of an evaluation organised in 1992. The evaluation analysed two types of projects with IEC objectives. These were MCH/FP projects with an integrated IEC component and separate IEC projects that were meant to support MCH/FP.

The evaluation reviewed several issues in an effort to clarify why IEC efforts succeeded or failed to create and/or sustain demand for family planning. Project design, outputs, methodological and implementation issues were examined to determine the advantages and drawbacks of each type of project. Issues related to local institutional capacity and co-ordination mechanisms were also taken into account.

Three evaluation missions visited seven projects in Africa and Asia between August and November 1992. Their findings are reflected in seven case studies. In addition, project evaluation and programme review reports on eight additional projects in Africa, Asia and Latin America were also reviewed as supplementary sources of information on IEC activities.

II. MAJOR FINDINGS

Changing Attitudes and Behaviour

A significant shift in attitude towards family planning was noted among various audiences as a result of IEC interventions. Specifically, the audiences targeted by the projects reviewed included top level decision-makers, religious leaders, planners and administrators, health and family planning service providers as well as potential acceptors.

At the policy level, attitude changes resulted in the adoption of sectoral or national strategies to co-ordinate IEC efforts with family planning service delivery. In the Philippines, for example, the IEC project produced a Communication Master Plan to be implemented by the Department of Health. In Rwanda, the population policy incorporated IEC strategies.

It may be assumed that a positive disposition towards family planning among religious/opinion leaders and service providers in turn influence attitude and behaviour changes

at the grass roots level. In addition, interventions aimed at potential family planning acceptors do attain varying degrees of success, depending on the effectiveness of the IEC activities and also the availability of services. Changes in attitude and behaviour can be measured if the project design had included the collection of base line data. Direct causal relationships are, however, difficult to establish when project activities are not conducted in a controlled environment.

Quantitative Emphasis

The immediate objectives of projects tended to emphasise primarily quantitative aspects. They were often formulated in terms of activities to be undertaken rather than results to be achieved. As a consequence, progress indicators assigned were preponderantly quantitative, such as the number of people to be sensitised or trained; products expected; workshops or seminars to be held etc. Qualitative norms and indicators for substantive monitoring were seldom defined. The neglect of qualitative aspects reduced projects to a series of activities which often assumed their own dynamic without necessarily keeping in view the ultimate goal of effecting social change.

BOX I

Changing Attitudes

The IEC project in the Comoros targeted, inter alia, religious leaders. After having attended various workshops and conferences organised by the project, the spiritual leader of the religious community, the "Grand Mufti", in a national radio broadcast, gave a speech emphasising the advantages of child spacing.

Institutional Issues

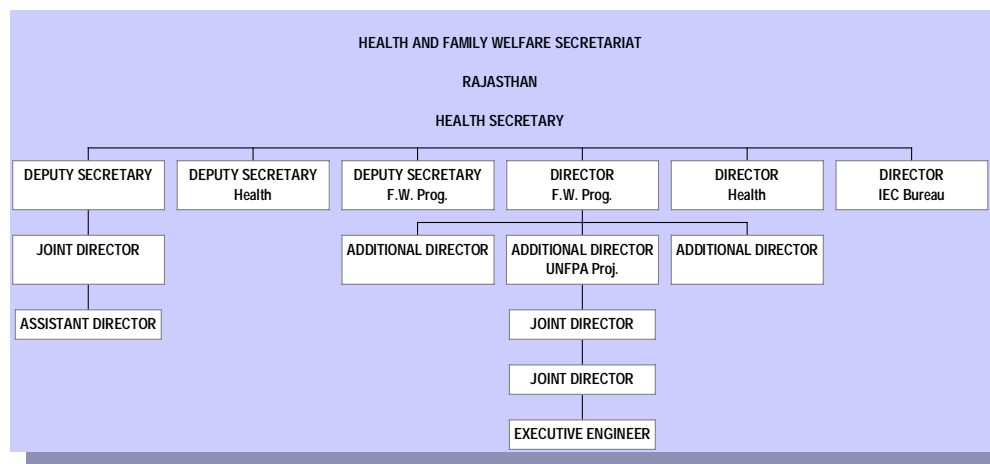
The evaluation found that, in the preparatory phase, insufficient attention was given to the analysis of the capacity of institutions to implement IEC activities. This was a major constraint on project effectiveness as it leaves specific institutional needs, e.g. for staff training, unidentified until problems related to these weaknesses occur.

MCH/FP projects with an IEC component demonstrated their potential to strengthen service delivery capacities in institutions responsible for MCH/FP. They have led to the creation of IEC units in these institutions, the incorporation of IEC tasks into MCH/FP job descriptions, and the integration of both clinical and IEC techniques in training curricula. However, this was not found to be systematic, and did not always result in operational integration in the delivery of family planning services. There is a need to develop clear norms and procedures, including a common monitoring/evaluation system to reinforce integration at central, intermediate and local levels.

Of particular concern is the finding that human resource development and capacity building in IEFC tended to benefit the central level at the expense of the operational level. The quantitative emphasis mentioned above also exacerbated the problem of dilution, not to mention distortion, of content as training moved from central to peripheral areas. As a result, the staff assigned to practical tasks and who were in closest contact with the target population were often the most poorly trained and the least motivated.

Co-ordination

Co-ordination between service delivery and IEC is a key factor in improving and maintaining contraceptive use. It was found to be generally weak. The success of MCH/FP projects with an integrated IEC component as well as IEC projects located in the health sector depended on effective co-ordination among different departments and levels within the line Ministry. This was particularly so in the case of IEC projects, which were organisationally, separate from the unit in charge of service delivery. Linkages among the concerned elements were not always explicit in the project document and such a critical matter cannot be adequately addressed in an *ad hoc* manner in the course of project implementation. An example is the IEC project in Rajasthan, India where the health system was characterised by strong centralisation at the top level. Lines of authority that conveyed decisions and information were exclusively vertical, precluding direct collaboration between administrative and technical levels on the one hand, and between different technical arms, such as IEC and MCH/FP, on the other. (See Box II)



With respect to IEC projects outside the health sector e.g. the industrial sector, co-ordination with service delivery is critical and has been found to be weak or non-existent in most cases. Interestingly, there were instances of success (Columbia, Mali) where decentralisation led to effective co-ordination. Since these projects are not linked exclusively to the health system, modalities of co-ordination should take into account alternate systems of service delivery, such as private sector, community distribution, social marketing, etc.

Multi-sectoral co-ordination appeared difficult to achieve without a national IEC strategy. Such a strategy should serve as a logical framework for all IEC interventions, specifying the roles and functions of the different actors involved in the provision of family planning and IEC.

Dissemination Process

Dissemination of messages was done using a variety of methods, many of which were innovative and culturally sensitive. These included campaigns for the public at large through mass media, national days or weeks devoted to population themes, plays by local theatre groups, songs, video and film shows and interpersonal communication.

Separate IEC projects tended to develop wide communication networks. They used various categories of personnel who were in contact with the target populations (health/agriculture/social workers, teachers, NGOs). Moreover, they developed a social mobilisation dynamic by using indigenous systems of information (Abakangurambaga in Rwanda), or training IEC workers among resource persons at the community level (animators in the Comoros and Burkina Faso, motivators in Zambia firms, link persons in India and worker's committees in Kenya). Service delivery projects with an integrated IEC component had a more specific focus; they used health workers and community workers to disseminate messages that were based on health issues.

BOX III

The Abakangurambaga Strategy

The IEC project in Rwanda developed a successful communication strategy by using the Abakangurambaga. These are traditional carriers of information within the community. According to a survey taken by the project, 72% of Abakangurambaga were appointed by the community and 28% by the local authorities to promote and follow-up on family planning practice.

The Abakangurambaga promoted family planning through home visits, during which they tried to convince women of the advantages of contraception. Among the arguments used, 51% were related to birth-spacing, 34% to the scarcity of land and 17% to education of children.

According to the same survey, an Abakangurambaga "convinced" an average of 5 women per year. The rise in contraceptive prevalence from 6.2% in 1989 to 12.6% in 1992 was attributed largely to the Abakangurambagas' efforts.

Content of Messages

The importance of cultural sensitivity in IEC materials was generally recognised and efforts towards this end were evident. At the same time, there were important gaps in technical knowledge that prevented appropriate steps from being taken in this regard.

One of the problems highlighted, was insufficient audience segmentation and analysis of the needs of the target groups. As a consequence, messages tended to be stereotyped and too rational, lacking in the emotional content that is important to change behaviour.

BOX IV

Content of Messages

A well-known anthropologist in Comoros drew the evaluation team to the dull and unattractive terms used to translate FP methods in that country. Since the national language is very poetic, it would have been more appropriate to take advantage of this characteristic in the designation of methods. Instead, “condom” was translated as “sock”. “Have you seen many peasants wearing socks?” he asked.

Because of their interdisciplinary nature, separate IEC projects were better equipped to formulate messages relevant to the circumstances of the target population, linking family planning topics to a diverse range of everyday issues. On the other hand, IEC messages in MCH/FP projects were limited to the health context, where the themes performe adopt a health-based approach to promoting family planning. In both cases, more effort could have been made to re-examine basic assumptions in order to strengthen or modify strategies adopted.

Technical Backstopping

The quality of technical backstopping by executing agencies varied from project to project; the substantive orientation of the executing agency was not found to be a factor in this regard. On the other hand, the competence of the resident technical adviser, where there was one, or national project director was a critical factor in project performance. This was illustrated by the projects in the Comoros, India and Rwanda, which developed a sound methodological approach owing to the expertise of the person in charge of the technical execution of the project. The sustainability of project achievements, however, can be precarious if the effectiveness of a programme depended on the dynamism or expertise of an individual.

III. CONCLUSIONS

The general conclusion of the evaluation is that both types of project have contributed to improving levels of knowledge and, by implication, practice of family planning. The project types are complementary. MCH/FP projects with an IEC component were designed to improve capacity to deliver quality services and were generally effective in doing so. They provided equipment as well as logistical support, strengthened human resources, carried out research and produced educational material specific to the MCH/FP area. Separate IEC projects, on the other hand, were intended to create awareness and demand. They carried out IEC in support of family planning beyond the health sector e.g. agriculture sector. Through communication strategies, they undertook activities to increase levels of knowledge of family planning and other population topics. Optimal implementation of these projects, however, requires a multi-sectoral approach that has yet to be fully developed in many countries.

Both types of project influenced changes of attitude at the political and decision-making level. This had led to the adoption of more effective communication strategies and to the involvement of opinion leaders in advocating the advantages of FP. At the same time, the impact of IEC on the acceptance of FP at the grassroots level has not been systematically monitored or documented. The gap between knowledge and use of family planning methods in various countries, as well as the high dropout rate, may be attributed to weaknesses in both the service delivery system and the IEC approach.

Sustainability of IEC support of family planning is closely linked to the institutional capacity to implement IEC activities on the one hand and, on the other hand, to set in place a strong system to provide MCH/FP services. From the experience reviewed in the evaluation, it may be concluded that achieving sustainability of IEC will also be facilitated to the extent that the activities are part of a national strategy which co-ordinates the implementation of IEC and FP activities.

This issue of *Evaluation FINDINGS* is based on findings, conclusions and recommendations drawn from an evaluation report entitled “IEC MCH/FP”, published by the Office of Oversight of Oversight and Evaluation.

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