Republic of the Sudan
Federal Ministry of Health
Directorate General of Primary Health Care
Reproductive Health Directorate

COMMUNICATION STRATEGIC PLAN FOR REPRODUCTIVE HEALTH SUDAN

2010 - 2015

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Contents

Comment [N1]: Capital N and Capital H

Comment [N2]: S in small letters

Comment [N3]: Strengths NOT strength

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Comment [N5]: Threats NOT threads

Comment [N6]: Capital N

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Acknowledgement

This document was the result of a collaborative effort of a committee including representatives from Federal Ministry of Health and Khartoum State Ministry of Health. I would like to extend my thanks to Dr. Ibrahim Elsubai, Director of Health Promotion/ Khartoum SMOH, who led the committee, and each of Dr. Eltigani H. Elmusharaf, Director of Planning/ Krt SMOH and Dr. Muna Abdelmoniem, Communication Focal point at the National RH Directorate. The committee has worked meticulously in reviewing available experiences and putting together this work, aiming at producing a guiding document that is both comprehensive and practical for implementation.

I would also like to acknowledge the technical and financial support received from UNICEF- Sudan for the development of this document.

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Abbreviations

ANC	Antenatal Care
ARH	Adolescent Reproductive Health
CBOs	Community Based Organizations
CEMD	Confidential Enquiry into Maternal Deaths
CHPs	Community Health Promoters
CO	Communication Officers
C/S	Caesarean Section
EmOC	Emergency Obstetric Care
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FP	Family Planning
GoS	Government of Sudan
HIV/ AIDs	Human Immuno-deficiency Virus/ Auto-immunodeficiency Syndrome
HTP	Harmful Traditional Practices
HW	Health Workers
IDPs	Internally Displaced People
IEC	Information, education, communication
IG	Implementation Group
I/NGO	International Non-governmental Organization
IPC	Interpersonal communication
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoF	Ministry of Finance
M-RIP	Massive, Repetitive, Intense, Persistent
NGOs	Non-governmental Organization
NRHP	National Reproductive Health Policy
PHC	Primary Health Care
RH	Reproductive Health
RHCP	Reproductive Health Communication Program
RHCSP	Reproductive Health Communication Strategic Plan
SBAs	Skilled Birth Attendants
SHHS	Sudan Household Health Survey
SMS	Safe Motherhood Survey
STIs	Sexually Transmitted Infections/ /
TV	Television
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WCBA/ WRA	Women in child bearing age/ Women in reproductive age
WHO-EMRO	World Health Organization- Eastern Mediterranean Regional Office

Executive Summary

The need for accurate information is the foundation ~~of~~ for achieving the needed behaviors in all issues related to RH. In Sudan, the main sources of information, education and communication are peers, popular media including music, radio, and the visual media especially TV, video, and the performing arts.

However, the identification of the method preferred by our target groups is still based on the planners' assumptions. It is high time that an innovate communication approach that takes into account the prevailing cultural and social contexts was used to inform, educate and communicate with the adult population and young people to enable them acknowledge their reproductive needs and rights and to utilize the available services and make inform choices about their sexual and reproductive health.

The purpose of reproductive health communication strategic plan document is to provide a framework to those who are in a position to plan, design, implement or support a strategic communication effort for Reproductive Health (RH). This document addresses various target groups:

1. Federal level decision-makers/planners
2. State-level decision-makers/planners
3. Locality-level managers and implementers
4. Service providers (public and private)

The communication strategy framework for RH draws on the experiences of communication in RH in various countries with similarities to Sudan's situation and circumstances as well as the experiences of other national health programs. The plan is built on involvement of seven strategic elements including:

1. Universal right to know
2. Cultural sensitivity
3. Gender sensitivity
4. Community participation
5. Multi-level partnership
6. Appropriate media mix interventions
7. Research, monitoring and evaluation

The document is divided into two parts:

1. **Part I**: Provides a framework for designing and planning a communication program for RH in Sudan.
2. **Part II:** Provides detailed steps in designing and implementation of the activities, events and materials at the federal, state and locality levels.

This communication strategy has been designed and developed to play a prominent role in creating a powerful and sustainable RH positive culture. ***By the time the national policy of RH was developed, the Federal, states and localities*** *realized* ***the importance of communication to reach the vast number of people in a nation characterized by***

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tremendous diversity. However, given the diversity and uneven development of the country in terms of infrastructure and socioeconomic indicators, communication is a challenging task

The communication component of RH has three main objectives:

1. To create, facilitate develop and forge political, administrative and community-level commitment to RH support in Sudan.
2. To increase understanding about RH and the use of RH services and preventive actions among:
    - The public, so that they make use of RH services and demand
    - Health cadre and medical staff across the country, so that they know about RH challenges and become part of the solution.
3. To ensure the target groups compliance with the advices, enhance the reputation of a client friendly RH service, improve provider-attitude and skills, and encourage families to become advocates for RH issues.

The communication strategy is guided by the following principles:

1. The communication approach is **people-centered** and **client-friendly**.
2. Communication efforts and initiatives are **process**- rather than product oriented.
3. Detailed planning, choice of communication channels and monitoring are **decentralized**
4. Communication strategies **address social and cultural issues** related to RH

In resonance with the three objectives of communication in the RH, four basic essential **behavioral objectives** are critical for success, these are:

1. To ensure that 90% of pregnant women complete a minimum of four antenatal visits (focused ANC) to the health facility during each pregnancy (when she misses the menstrual cycle, at the end of the first 3 months and at 6 & 9 months).
2. To ensure that 90% of pregnant women seek to deliver by a skilled health worker with midwifery competencies at every birth.
3. To ensure that 20% of married couples access quality and affordable family planning services with full respect of their freedom of choice, confidentiality and privacy
3.4. Individuals, family and community develop positive behavior and practice in support of health seeking behavior of mothers and their newborns
4.5. All family members especially mothers, fathers and grandparents are committed to combat FGM/ cutting and early childhood marriage of their daughters.

Target groups: The communication strategy has two target groups; RH clients / patients and potential RH clients / patients constitute the primary target group. The secondary target group includes doctors/medical students, RH providers,~~Local leaders~~, nurse Midwives, CBOs /NGOs / Midwifery Schools Local leaders and family members~~.~~

Target behaviors: The strategic communication framework identifies target behaviors and barriers, suggests a set of key messages and supports services to be used for communicating the target group.The framework also suggests channels to reach the target group. Of particular importance to inter-personal communication (IPC) is the trialogue approach. Trialogue is a strategy that aims at changing community attitudes and behaviors through active participation in caring for persons affected by adisease as well

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as open and honest discussions regarding fears, prejudice and problems concerning RH issues.

Planning an ongoing communication capacity-building is essential for implementing an information, education and communication (IEC) strategy, ***whether in regard to formative IEC assessment, design, communication product development, pre-testing, monitoring or evaluation (what s the difference between assess and monitor check the sequence).*** The framework takes cognizance of this. In order for the Government of Sudan (GoS) to meet the challenge of coming up with an effective response to the RH challenges, the involvement and reach of partners such as NGOs and CBOs is very important.

Part II of this document provides detailed steps for designing and implementation of activities, events and materials at the federal, state and locality levels. This part, along with the ***annexure (where is the annex?)***, is particularly relevant for micro planning and may guide implementers of IEC in the adoption of a wide range of IEC activities to address specific needs and target audiences. The steps and processes are supported by a list of suggested communication activities and communication materials.

Behavioral change?

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PART 1

FRAMEWORK FOR DESIGNING & PLANNING

A COMMUNICATION PROGRAM FOR REPRODUCTIVE HEALTH

PART1: FRAMEWORK FOR DESIGNING AND PLANNING A COMMUNICATION PROGRAM FOR REPRODUCTIVE HEALTH

1. BACKGROUND:

1.2 Maternal and newborn health:

Maternal and newborn health is a priority area in reproductive health in Sudan. The maternal mortality ratio is estimated at 638 per 100.000 live births (for the 15 northern states) and represents one of the highest in WHO-EMR. For each maternal mortality there is a tenfold increase in maternal morbidities, some of which are crippling to women's lives, including vesico-vaginal fistula, which is quite prevalent in Sudan.

The infant mortality rate is estimated at 68 per 100.000 live births and about half of these are neonatal deaths (37/1000 live birth) occurring during the first month of life.

Sudan is a wide country with poor communication, dispersed population, and high illiteracy rates, especially among women (42%). The country has witnessed a long period of political instability, civil unrest which resulted in migration, displacement and asylum seeking. On the other hand natural disasters such as draughts, desertification and floods represented additional causes for the aforementioned status. This situation has directly affected the health status of Sudanese and indirectly through the deterioration of health services. Hence it is important to address the immense population's needs for RH services in general and maternal and newborn health care in particular.

There are many additional constraints that affect the availability, quality and utilization of the basic RH services. These constraints can be categorized into awareness problems, organization and management structure problems and service delivery problems. Seventy one percent of pregnant women had access to prenatal care services and according to the Sudan Household Health Survey (2006), the delivery by trained personnel in the northern part of the country was 57%.However it was only 6% in Southern Sudan.

The postnatal care is low at 13% (SHHS-2006) and this needs to be addressed adequately. Emergency obstetric care services are deficient in most of the rural hospitals, in addition to the imprecise referral pathways from the community to functioning centers and referral sites. The contraceptive prevalence rate is 7.7% with a surprisingly low unmet need for contraceptive service (5%). This is probably explained by the lack of knowledge and high illiteracy rate.

In recent years boys and girls{Reference+better males and females} are almost equally represented in educational opportunities. The literacy rate (age 15 years and over) in north Sudan is 49.9 % (50.6% for males and 49.2 % for females) and primary school attendance (age 6-13 years) is 48.3 % (49.7% for males and 46.9% for females).

Sudan MDG report, stated ***that***??, and when extrapolating from historical experience, reduction of over 50% maternal mortality in about 10-12 years is realistic for Sudan i.e. from current level of 509 to 250 per 100, 000 live births (against MDG5 target of 140 per 100,000 live births). Combined with girls' education more impact could be achieved

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Comment [N34]: Original phrase : tenfold case of maternal morbidities

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Comment [N39]: Aforementioned instead of fore mentioned

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because of likely favorable change in family size, higher age at marriage, more number of current users of family services for child spacing etc. This however may not apply to the whole of Sudan. For instance, in South Sudan the risks to maternal health include early marriages; close spacing of children and heavy workload during pregnancy. When these risks are compounded by an inadequate health delivery system, they present a big challenge to achievement of the MDG5 ?? meaning MDGs? .

1.2 The role of strategic communication in RH issues:

The solutions for many reproductive health problems lie within the health services and the community. Many of the reproductive health intervention tools include community assessments and interventions, and this should be considered for all interventions undertaken. (Vague) Where the issue being addressed is a sensitive one, community involvement through proper communication interventions is critical and an appropriate campaign should be undertaken.

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Communication interventions are more cost-effective when they are clearly linked to health care service delivery programs rather than when they are conceived as stand-alone projects. From the communication perspective, this makes vital the quality of client-provider contact(Vague). Provider behaviors require monitoring, reinforcement, and updating. The lack of a supportive environment from the health care provider is also a factor that can hinder individual behavior change. It is therefore necessary to identify key issues in reproductive health, prioritize interventions and develop strategies that can enable the country to mobilize resources and institute the most essential interventions as needed.

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The reproductive health communication strategy will focus on certain areas; advocacy, social mobilization and communication for behavioral outcomes as well as Information, Education and Communication (is this diff. than the communication above? Put in small letters). These strategies require proper assessment and should target health care providers as well as community members. It is essential to get an adequate buy-in from all stakeholders, as this can make or break new innovations, especially in culturally sensitive issues. Part of the implementation plan must be a carefully thought-out and orchestrated advocacy campaign, which should target communities, health care providers, politicians and the donor community.

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1.3 Reproductive health Situation in Sudan:

The definition of RH is comprehensive and extends beyond both ends of reproductive years, putting emphasis on socio-cultural factors, gender roles and the protection of human rights, with special reference to sexuality and personal relationships.

The Government of Sudan, through the Federal Ministry of Health, has defined reproductive health as a high priority to improve family health status. Breakdown of the total population of the Sudan by estimates of RH-related population parameters clearly identifies the scope of population catered for in reproductive health service provision. It is clear that RH deals with the majority of the population (24 % WCBA or 15% MWRA(abbreviation?) and a similar proportion of spouses, in addition to 15% of U-5 children) and the un-married youth of both sexes, reaching a range of 45-65% of the total population in Sudan. The staggering number needing RH care is about 16-23 million people. This is no easy task,

and one which is only really appreciated when we look into the entailed RH problems of these potential clients.

Maternal mortality constitutes a tragedy of vast, yet exactly unknown, proportions. The maternal mortality ratio (MMR) will increase as poverty increases, displacement due to war and natural calamities prevails and squatter areas around urban centers flourish.

2 PRIORITIZED COMPONENTS OF RH:

A range of priority interventions have been identified and make up the focus for the available RH services. These include Maternal and Neonatal health, family Planning, STI/ HIV/ AIDS, Harmful Traditional Practices (including FGM), adolescent health, infertility, and screening for breast cancer, cervical cancer, and management of menopause. (Do u want to use capitals for each component or small letters text should be uniform)

2.1 Maternal and Neonatal Health:

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. The RH policy of the Federal Ministry of Health identified ANC as one of the components of the full package of RH care services in Sudan, recommending a minimum of four antenatal visits. The RH strategy (2006 – 2011) seeks to increase prenatal care coverage to 90 %.

The findings of SHHS indicate that **71.1 %** of pregnant women received ANC at least once during the pregnancy. The percentage of pregnant women receiving ANC one or more times during pregnancy is highest in Khartoum (94.8 %) and lowest in Jonglei (28.1 %), being higher among educated women and those with higher socio-economic status.

In the country as a whole, 69.7 % of women aged 15-49 years who gave birth in the two years preceding the survey had received antenatal care from qualified personnel (a doctor, nurse, or midwife).Both the women's educational and economic levels seem to have a strong association with the proportion of pregnant women receiving ANC from qualified personnel. As dictated by the government policy, ANC services are provided free of charge at public health facilities, being an integral component of the PHC package; however, clients are expected to pay costs for laboratory investigations and treatment.

Confidential Enquiry into Maternal Deaths (CEMD) reports (1997, 2000) have identified that around 20% of deaths occurred to women who booked after 20 weeks, had no antenatal care or were poor attendees. This latter was mainly due to the mother's perceptions regarding the usefulness of antenatal care, in addition to the other issues of accessibility.

The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and that transport is available to a referral facility for obstetric care in case of emergency. The SHHS assessed the proportion of births attended by qualified health personnel (a medical doctor, nurse, midwife or auxiliary midwife). About 58.1 % of births occurred in the two years prior to the SHHS were delivered by a qualified health personnel, and 19.7% of all births were

Comment [N66]: Attendees instead of attenders since the lang. spelling in this document is American not British. Text should be uniform .

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delivered in a health facility. The more educated a woman is, the more likely she is to have delivered with the assistance of a qualified health personnel or in a health facility, and this again stresses the importance of counseling these mothers during the antenatal care visits . In addition, the percentage of women who have delivered with the assistance of qualified personnel was only 27.7 in respect of women from the poorest households compared to 94.5 in the case of women from the richest households. The SHHS results also show that the C/S rate and the percentage of births delivered in a public hospital increase with education and economic level of the households.

The continuum of care approach requires linking home and community interventions to clinical services; establishing or strengthening these ties could promote interactive dialogue that results in increased utilization of services. Also, decisions to initiate care or adopt preventive practices are strongly influenced by families and communities. Empowering women, families and communities to improve their own health is a crucial cornerstone of development.
While challenges at the facility level must be addressed, the fact that the majority of births and newborn deaths occur at home means that successful community partnerships, social mobilization, and health education and behavior change communication is also required to save lives. Socio-cultural determinants such as lack of gender equity in particular and the low status of women in households and communities also hinder women's ability to seek care or take action when a complication occurs.

2.2 Family Planning:

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The (add National?) Reproductive Health (NRH) policy of the Federal Ministry of Health envisages FP as one of the top priorities among RH issues in Sudan. It seeks to make FP services accessible, available and affordable for married couples with full respect of freedom of choice, confidentiality and privacy.
The SHHS results indicated that the percentage of women aged 15-49 years (currently married or in union) who were using (or whose partner was using) a contraceptive method was only 7.7 %. The most popular method is the pill which is used by one in two (52.9 %) women who are currently using a method to avoid pregnancy.

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The overall unmet need for contraception of 5.7 %, being highest in Northern states at 18.3 % and the lowest in Upper Nile and Lakes states at 0.2 %. The figure was highest in the educated group and those of higher socioeconomic status. This comparatively low unmet need reflects the absolute lack of awareness regarding the need for contraception.
Contraceptive services are mainly provided by health visitors working in health centers, a cadre that is not widely available to enhance the accessibility to the service. The methods are provided at subsidized fees to the clients, and efforts to provide the service free of charge have not been successful so far.
Likewise, a study conducted in Pakistan(ideally reference should be mentioned) showed that the use of family planning services was strongly linked to individual and household socioeconomic factors; it also found that women were ten times more likely to use family planning services if their husbands approved, indicating the role of partners in enhancing the use of the services. Women identified socio-cultural and religious factors as the greatest barrier to family planning service use.

Lack of professional skills to provide variety of method mix family planning methods deprived clients from obtaining the method of their choice when they need it. Efforts to bring about positive behavior of Male partners towards FP including condoms are a daunting task during the implementation of this strategy.

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2.3 STI/ HIV/ AIDS:

STIs and HIV/AIDS are major public health problems, worsened by armed conflicts and natural disasters. Recent epidemiological surveys showed that the country is facing a generalized epidemic with regional variation; the prevalence being higher in the Southern, Eastern, Khartoum, and White Nile states.

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The syndromic approach has been adopted for management of sexually transmitted illnesses at the PHC level where facilities for investigation are not available. However, it is found that common STIs are usually dealt with at the secondary and tertiary health care system as well as the private sector.

Due to the cultural sensitivity of the issue, STIs are usually under reported; data from six states gave a prevalence rate of 4.7 cases per 1000 population in 1999. Meanwhile, the numbers of reported AIDS cases is on the increase. The main route of transmission is through sexual intercourse (97%), the age group most affected is 15-39 years accounting for 85% of infected cases, the cases during pregnancy reported as 1%.

Comment [N74]: Reference if possible is it the safe motherhood survey?

Awareness of AIDS is improving, as reflected in the SHHS (2006) - 70.4% of Sudanese have heard about it, compared to only 20% (1999 Safe Motherhood Survey). The number of VCT centers has increased and comprehensive training is being given to health providers. The overall goal is to maintain the current level of HIV/AIDS prevalence at less than 2% among the general population, with major focus on increasing awareness in the community about means of prevention and treatment of STIs, HIV/AIDS especially among adolescents, youth and high risk groups.

SHHS findings on poly gamy and the need to promote condom as dual protection…

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PMTCT

2.4 Harmful Traditional Practices (including FGM):

Traditional practices constitute an important part of the social life in Sudan. Female genital mutilation is one of the most prevalent practices, in addition to early or childhood marriage and nutritional taboos.

FGM is widely practiced in the Sudan; the SHHS survey has shown a slight reduction in its prevalence (from 90% to 86% within 7 years).

Female circumcision is performed mainly by the traditional circumciser and nurses/midwives. The SHHS results indicate that out of the circumcised females, 53.5 % of them were circumcised by a traditional circumciser while 41.5 per cent of them were circumcised by a nurse/midwife

Families need to be made aware of the immediate and late complications on the health of women and children, which has been significantly documented in many studies. The role of all family members in such decisions, especially fathers and grandmothers, has to be addressed.

Early or childhood marriage is practiced especially in rural communities, and thus risks of maternal mortality and morbidity due to childhood pregnancy are consequently increased. Raising community awareness with regard to such consequences should not be disregarded.
Nutritional Taboos have been reported in some studies and the practices include the restriction of certain important nutritional components during pregnancy and childhood.
The Sudan National Reproductive Health Policy (2005) has called for the elimination of the HTP especially FGM and encourages public health actions towards achieving elimination; this entails addressing the different community groups and enlisting the support of the community e.g. women youth(women and youth?), political and religious leaders for elimination of HTP.

Early marriage

2.5 Adolescent sexual and reproductive health:

Adolescent age is biological, psychological, physical transition period to adulthood. It is characterized by … Curiosity, peer influence, adventurism. Drug abuse, sexuality, violence
Adolescents and youths constitute a sizable group of the population in Sudan, and their needs tend to be neglected by the health care system; this will have negative impact on their reproductive knowledge, practice, and attitude in later life.
The health care currently provided to youths, school children or university students is only of curative nature. There are neither education programs on adolescent RH problems nor health services to deal specifically with adolescent and youth RH problems in a way addressing their needs. Improvement of RH situation of adolescent and youth requires various health system strengthening components complemented by awareness raising on appropriate RH information and to encourage (with or without and?) youths to make use of the services including pre-marital counseling and care within the health care system.

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2.6 Infertility

Infertility constitutes an important RH problem affecting couples. SMS survey (1999) showed the incidence of primary infertility to be about 10% in Sudan, and these are mainly due to endocrinological causes. Secondary infertility is mainly the result of recurrent STIs and this is preventable through proper management, usually provided at secondary and tertiary care levels by qualified personnel (obstetricians, endocrinologists).
The private sector constitutes an important avenue for management of infertility, where clients try to get the best care they could afford to cure this problem which has its socio-cultural influences on the married couple. Modern advances in the management of infertility, (i.e. in-vitro fertilization), are available in two centers in Sudan but the cost is prohibitive to the majority of patients. The public health system has not yet introduced such new advances. The RH strategy aims to reduce the incidence of infertility due to STIs and improve management of the infertile couple, which must be coupled with awareness raising to strengthening proper management of STIs which lead to secondary infertility, as well as enhance early care seeking.

2.7 Screening for breast cancer, cervical cancer, and management of menopause:

Breast cancer and cancer of the cervix are established internationally as the most prevalent form of malignancies in women and two of the major causes of female mortality. Recent health care developments have provided preventive approaches to these two diseases through screening and early management (primary prevention method).However, in Sudan there are no reliable figures on the incidence of breast cancer and cancer of the cervix; and there is no existence of a program for screening as yet. Usually women with these two diseases report in late stage to health care, but the result for late cases are disappointing. Simple information on regular self examination of the breasts proved to contribute to early detection of breast lesions. Regarding cervical cancer; ~~I~~it is important to raise awareness to ensure that: 1. Affordable and effective diagnostic tests are widely available at health facilities, 2. Women are encouraged to demand and utilize these services 3. IEC on integrated STI/HIV and cancer of cervix should be widely available 4. Women report early in case of any such suspicion.
Women are known to suffer from a variety of health problems at the menopause associated with the hormonal imbalances arising because of ~~,~~ageing, which could affect their normal life. It is important to provide health information and care to women during this period through various channels (IEC material and counseling by health providers).

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5. SWOT ANALYSIS:

Strengths:

1. Availability of directives and guiding documents for the RH programme (RH Policy, RH Strategy, Sudan Road Map for Reduction of Maternal and Child Mortality). The National Reproductive Health Policy has identified maternal mortality as a priority strategic issue and has drawn many guidelines and proposed strategic actions to reduce it. The National Reproductive Health Strategy (2006-2010) aims to attain the nationally set policies and internationally agreed development goals and targets and ultimately to attain highest achievable standard of RH for all population.
2. Reproductive health is appropriately reflected in national health sector plans (5 - Year Health Strategy)
3. Development and adoption of guidelines & standards for clinical practices in public and private sectors.
4. Midwifery training curriculum has been revised, up-graded, and all school tutors trained as a prerequisite to achieve the international standard of skilled attendance at birth.
5. Availability of data to establish a national information base with a comprehensive and updated reproductive health related data required for evidence-based planning and policy development as well as service delivery improvement (SHHS, RH Mapping, EmOC Needs Assessment)

3.2 Weaknesses: (numbering)

1. Federal level ??Managerial inadequacy in the RH management structure at peripheral level, which needs to be addressed in order to meet RH objectives most effectively and efficiently.
2. Low coverage with basic RH health services.
3. No clear strategy to motivate and retain skilled personnel, leading to mal-distribution and high staff turnover especially with regards to EmOC.

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~~3.~~4. Lack of clear policy on media utilization on RH issues and limited availability behavioral research to inform development of culturally and gender sensitive messages

3.3 Opportunities: (numbering)

1. The Comprehensive Peace Agreement and Abuja Peace Accord ~~has~~ are both major opportunities to settle the political environment in Sudan. Consequently, the Interim Constitution acknowledged the right of the Sudanese people to a good quality of life and equal access to means of livelihoods, health, and education and to maintain basic human rights and fundamental freedom among all people of Sudan. In particular to woman health and rights, the Interim Constitution has included four Articles directly avail good potentiality for improvement of woman health.

2. Commitment nationally and internationally to the upgrading of village midwives to Skilled Birth Attendances SBAs

~~2.~~3. Ever growing support from the global community towards Health Systems Strengthening, integration of RH with other programs such as HIV etc and repositioning of family planning.

Threats: (numbering)

1. Sensitivity of the RH policy issues, impacting on political support and commitment for the RH activities within and outside the health sector.
2. The vast and diverse environment of the country, as well as great cultural diversities found among more than 600 tribes; bordered by nine countries, it has tribal mixes across frontiers sharing similar customs and traditional values. In addition, its central geographical position (nine neighboring countries) has exposed it to successive waves of refugee influxes from neighboring countries nearly always fleeing from areas torn by strife or from repressive regimes. Equally, drought, famine, or civil wars have taken their toll.

3. The population pyramid of the Sudan poses a major threat; it illustrates a high percentage of young people, due to a high birth rate and high mortality rates. Females are a majority, and 49.6 % fall in age group 15-64. The dependency ratio is 862, and female-headed households account for 11.7%.

4. COMMUNICATION CHANNELS AND MEDIA ANALYSIS:

Many communication channels have been identified to be of great values and effects to transfer the needed messages for reproductive health issues. The main sources of information, education and communication can be as follows:

4.1 Mass media—radio, television, newspapers and magazines—generally provide broad coverage for communication messages, reaching a large number of program participants quickly and frequently. In Sudan, radio has been a powerful channel to reach large numbers of people (often illiterate in remote areas) with communication messages and to model priority behaviors and their consequences. Television, with both visual and auditory impact, is a broad reaching channel. Newspapers and magazines are broad reaching to literate audiences and can carry more complex messages than broadcast media.

4.2 Print channels—pamphlets, posters, flipcharts, training materials used in combination with interpersonal communication to reinforce messages delivered. They can act as a reminder of key messages or, when distributed at the individual or home level, can provide complex information in a digestible form, so participants can use it as needed.

4.3 Traditional media—local theatre, song, festivals and puppets are examples of traditional means of communicating messages to the community. They can help bring messages to more remote areas or when messages from "the outside" are not credible. Using traditional media requires heavy involvement from the community, so although they are time and labor intensive to develop and produce, they create ownership and local attention to the messages.

4.4 Interpersonal communication: channels such as face-to-face communication, community distribution, home visits, training, group discussions and counseling, are generally best for giving credibility to messages, providing information, and teaching complex skills that need two-way communication between the individual and a credible source of information. Interpersonal communication facilitates the discussion of information or messages that participants see as sensitive or private. This channel is also important for providing positive feedback and immediate reinforcement to people performing priority behaviors. The strategy will focus on these channels through mosques, markets, schools peers(school peers or schools and peers), weddings, public meetings, Wali speeches, town hall and I/NGOs meetings with local communities in IDP camps.

Comment [N82]: These instead of this

Comment [N83]: Mosques in small letters

Comment [N84]: Added and

4.5 Media mix: The combination of these channels is called the media mix. The media mix should be one that enables communicators to reach many people many times within the stipulated time frame, to supply the appropriate information in an understandable form for each participant group, and to remain within a budget that can be maintained by the institution conducting the communication program.

The communication channels chosen for the media mix should not compete with each other, but should use complementary messages and be phased throughout the program for maximum effectiveness.

Communication strategies that combine multiple channels have the most impact on the development problem because a mix of channels maximizes their strengths and off-sets their short comings. The question is no longer which channel is best, but rather, how to use a combination of channels to teach and support priority behaviors.

5. OBJECTIVES:

5.1 Overall Objective:

The Reproductive Health Communication Strategy aims to:

Inform, educate and communicate with the adult population and young people to enable them acknowledge their reproductive needs and rights and to utilize the available services and make informed choices about their sexual and reproductive health.

5.2 Specific Objectives: Repetition??

Comment [N85]: Of instead of for

The specific objectives of Reproductive Health Communication Strategy:

1. To create, facilitate, develop and forge political, administrative and community-level commitment to RH support in Sudan.
2. To increase understanding about RH&R in order to demand and ~~the~~ use of RH services and preventive actions among:
    - The public, so that they make use of RH services and
    - Health cadre and medical staff across the country, so that they know about RH challenges and become part of the solution.

Comment [N86]: Deleted :for

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~~1.~~3 To ensure the target groups compliance with the advices, enhance the reputation of a client friendly RH service, improve provider-attitude and skills, and encourage families to become advocates for the RH issues.

Comment [G87]: Better split: addressing providers and service delivery points for client friendly service provision and 2. Clients compliance and advocates

5.3 The behavioral objectives:

1. To ensure that 90% of pregnant women complete a minimum of four antenatal visits to the health facility during each pregnancy (when she misses the menstrual cycle, at the end of the first 3 months and at 6 & 9 months).
2. To ensure that 90% of pregnant women seek to deliver by a skilled health worker with midwifery competencies at every birth.
3. To ensure that 20% of married couples access family planning services with full respect of their freedom of choice, confidentiality and privacy

Comment [G88]: Percentage covered with effective IEC promoting FP. Process? 20% access??

~~3.~~4. Communities and families supportive of health seeking behavior of pregnant mothers and their children
~~4.~~ All family members especially mothers, fathers and grandparents are committed to combat FGM/ cutting and early childhood marriage for their daughters.
5. How about the rest; Adolescent RH, ROC and STIs etc.

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6. KEY MESSAGES ON PRIORITIZED RH ISSUES:

6.1. Maternal and neonatal health(Do u want caps or not?):

6.1.1. Every pregnant woman should have at least 4 antenatal visits throughout pregnancy (when she misses the period, at the end of the first 3 months and at 6 & 9 months).

Undergo the necessary tests including VDRL, blood group, PMTCT

6.1.2. Every woman in child bearing age should receive 3 doses of tetanus toxoid vaccine.

6.1.3. Every pregnant woman should receive folic acid and ferrous sulphate throughout pregnancy.

6.1.4 Every pregnant woman should be aware of the danger signs during pregnancy and the risk symptoms and signs that need urgent referral.

6.1.6. Every woman should understand what is meant by a delivery plan and how to plan accurately for delivery.

6.1.7. Cases that should deliver in hospital (primigravida, twin pregnancy, mal-position and mal-presentation, chronic diseases such as diabetes mellitus, hypertension, cardiac disease, contracted pelvis, bad obstetric history, age of the mother less than 18 or more than 35) should be known to all.

6.1.8. Every pregnant woman should be oriented regarding the most important components that her meal should contain.

6.1.9. Pregnant woman should not receive any drugs without medical advice.

6.1.10. Pregnant woman should not be exposed to smoking, whether active or passive.

6.1.11. Pregnant woman should refrain from alcohol because it has serious effects on the mother and may cause abortion or fetal malformation.

6.1.12. Delivery should be attended by skilled personnel (midwife, nurse midwife, health visitor and assistant health visitor, trained medical assistant or medical doctor).

6.1.13. Breast feeding should start immediately after delivery, and be exclusive for the first 6 months.

6.1.14. Every pregnant woman should know the symptoms and signs that need medical advice during puerperium

Comment [N89]: Puerperium not purperium

6.1.15. Every woman should return for postnatal care services first 6 hours, 6 days and 6 weeks after delivery.

Counseling on post partum FP

6.2. Family Planning:

Comment [N90]: On instead of in

6.2.1. Every couple should know the impact of family planning on reducing maternal mortality.

6.2.2. Every couple should know the health and economic benefits of family planning for the mother, child, and spouse.

6.2.3. Every couple should be oriented on the different types of family planning methods (effect, usage, and side effects) and timing i.e. regular, post abortion, postnatal and post rape contraception.

6.2.1. There should be a gap of at least 2 years between each pregnancy and the next.

6.3. STIS/ HIV/ AIDS:

6.3.1. Every woman at reproductive age, as well as the general community, should be oriented regarding sexual health.

6.3.2. Every pregnant woman and women at reproductive age should be made aware of STIs/ HIV/ AIDS, (modes of transmission, risk factors, and treatment, complications and consequences).
6.3.3. Every pregnant woman and women at reproductive age should know the hazard of vertical transmission of AIDS from mother to child.
Health risks of polygamy and dual protection role of condoms in poly gamy couples

6.4. Harmful Traditional Practices (HTP) including Female Genital Mutilation (FGM):

6.4.1. The community, mainly midwives and grandmothers; should know the serious complications of HTP especially FGM, on the health of women and girls.
6.4.2. Community midwives, and woman in reproductive age should know the impact of early marriage and nutritional taboos on the health of women and children.
Community of change male groups
Addressing practitioners and alternative in come generation

Medicalization of FGM

Early marriage and its health consequences,

6.5. Adolescents & Youth Reproductive Health (ARH):

6.5.1. Every adolescent in the community should have access to information and education about sexual health and various RH issues.
6.5.2. Every adolescent in the community should be aware of the dangers and serious consequences of STIs/HIV/AIDS.
6.5.3.
Every adolescent in the community should know the benefits of premarital examination.
Every adolescent should have appropriate information based on specific youth categories/groups: such as rural youth, urban youth, and in-school and out of school, refugees and IDPs, street dwellers
Substance abuse and violence

6.6. Infertility:

6.6.1. Every couple should have general information about the causes of primary and secondary infertility.
6.6.2. Every couple should know when to seek care for STIs which cause infertility.
Accessing services

Comment [N91]: Causes instead of cause

6.7. Screening for Breast Cancer, Cervical Cancer, and Management of Menopausal Problems:

6.7.1. Every female should be educated on self examination and know how to detect suspicious breast lump and the existence of diagnostic methods(though expensive) such as mammography.
6.7.2. All females should know the symptoms and impact of breast and cervical cancer.
6.7.3. All females should be aware of menopausal problems and their management.
Know predisposing factors for ca of cervix, demand and use of available cheep and cost effective diagnostic services such as VIA.

Comment [G92]: Broad

Comment [N93]: Add abbbreviation

6.8. Pre-marital care:

6.8.1. The community should know the importance of pre-marital examination in ensuring a healthy and happy family. VCT
6.8.2. Every couple who is planning to get married should have full information about the pre-marital examination; benefits, content, and process.

Comment [G94]: Some details

7. IMPLEMENTATION STRATEGIES:

7.1 Social and Community Mobilization:

Social mobilization is considered as a mean for the communities to declare publicly their rights to control their reproductive health and to create widespread support for those rights. It creates the enabling environment, as well as the vehicle for broad-based change to occur.

Comment [N95]: As a mean not as a means

Social mobilization embraces behavior related strategies and skills including community mobilization, social marketing and communication for behavior outcomes. All of these strategies can be used in a social mobilization movement to promote the reproductive health issues.
These strategies ultimately link the hands of those having less power, voice, and resources with those who have more. The process is collaborative in nature. It is about transformation and sharing of knowledge. It is about fostering momentum for positive change in support of reproductive health as human rights.
Therefore, the process of social mobilization—the original catalyst for change—can come from the grassroots or the national level. The important thing is that this catalyst—an individual, a group of individuals, or an institution—facilitates a process in which ultimately power is shared with a wider, more diverse group of stakeholders. For genuine change to occur, it is important that those most directly affected by the change be integrally involved in the process of determining the nature of the change by using participatory research, community group meetings, partnership meetings, traditional media, music, song and dance, road shows, community drama, leaflets, posters, pamphlets, videos and home visits.

7.2 Public Relations/Advocacy/ Administrative Mobilization:

ADVOCACY is a process that involves a series of actions conducted by organized citizens in order to transform power relationships. The purpose of advocacy is to achieve

specific policy changes, program changes, or allocation of resources that benefit the population involved in this process. These changes can take place in the public or the private sector. Effective advocacy is conducted according to a strategic plan and within a reasonable time frame.
The public relation and administrative mobilization aim at putting the particular recommended healthy behavior on the public and administrative/ program management agenda via the mass media, news coverage, talk shows, celebrity spokespersons, discussion programs; meetings/discussions with various categories of government and community leadership, service providers, administrators; official memoranda; partnership meetings

7.3 Interpersonal Communication-face-to face engagement with targeted audiences:

Inter Personal communication (IPC) will be used mainly for advocacy and to less extent in the social mobilization and communication. There are several advantages to using IPC: it allows for a two-way communication, as well as for in-depth communication delivery – complicated messages can be explained, clarified. It provides feedback, it is participatory and therefore allows the participant groups to own the communication in addition to the fact that the retention of the message delivered through IPC is much longer than retention of message delivered through mass media.

7.4 IEC support and promotion materials required:

The strategy attempts to outline the change or reinforce the sets of behaviors in a "target audience" regarding reproductive health problems in a predefined period of time. It is multidisciplinary and client-centered in its approach.
IEC strategies involve planning, implementation, monitoring and evaluation. When carefully carried out, health communication strategies help to foster positive health practices individually and institutionally, and can contribute to sustainable change toward healthy behaviors.

8. MONITORING AND EVALUATION:

Monitoring and evaluation process is an integral component of any strategy implementation that helps to identify problems, measure progress toward objectives and assess results.

8.1 Monitoring and evaluation of the Reproductive Health Communication Strategic Plan

Monitoring and evaluation are as essential to effective reproductive health communication programs as are colourful banners, creative and informative messages, trained and motivated outreach workers, or prime time television spots. Taking time and resources to design and conduct some systematic measurement of communication activities and impact puts the Communication Officers (CO) in a better position to make mid-course corrections and to document and disseminate convincing evidence that the

communication programme has made a significant contribution to development objectives. Research, monitoring and evaluation not only produce measures of communication programme accomplishments, but if designed correctly, these procedures can also provide built-in mechanisms for detecting and correcting programme weaknesses and flaws.

8.2 Monitoring:

Specifically, monitoring Reproductive Health Communication Programme gives communicators evidence that:

a) Activities are going according to plan;
b) Materials, training, and other preliminary components are in place;
c) Messages are reaching targeted participants;
d) Communication activities & messages are changing behavior in the desired direction; and
e) Communication activities, strategies and messages are not producing (unexpected) negative reactions.

The RHCP will be monitored by the regular meetings and reports. The federal RH directorate should design tools and forms for reporting. The format should cover the cascade of delivering reproductive health messages at different levels. The RH communication officers will submit monthly report to the reproductive health coordinator at locality level. From the locality the RH communication officers will submit monthly reports to the state RH director. The state RH directors will submit monthly report to the directorate of RH at Federal ministry of health

Comment [N96]: report instead of report

Moreover, regular supervisory visits will be conducted to ensure the coverage and quality of Reproductive Health messages at different levels.

Comment [N97]: visits instead of visit

Coordinated multiagency joint monitoring of the progress in the implementation of the communication plan will be conducted using the following tools: Joint field monitoring, review meetings

8.3 Evaluation:

The purpose of evaluation is to provide:

1. Credibility for the methodology, strategy, activities and resources used in the communication programme by showing that they had some discernible impact.
2. Evaluation findings also help stakeholders decide whether to repeat, expand or revise a particular intervention.

Comment [N98]: added that

Three types of evaluation are used in development: process, impact and outcome evaluation.

8.3.1 Process evaluation: documents what and how programmatic events occurred. Rarely do communication programmes occur as planned, and the extent to which they deviate from planning will affect their impact. Many of these same events are tracked during monitoring, but process evaluation differs in two ways.

- First, monitoring data are collected and used as the programme is implemented.
- Second, monitoring data are used at all levels to improve performance.

On the other hand, data from process evaluation are usually analysed at the central level and help decision-makers interpret impact and outcome findings for further planning.

8.3.2 Impact evaluation: measures the immediate effects of RH communication program and/or its various components, usually focusing on the behavioural changes stated in its objectives.

For example, impact evaluation would measure to what extent health workers use communication skills learned in training; whether pregnant women can state when they are to complete a minimum of four antenatal visits to the health facility during each pregnancy after listening to a health talk

8.3.3 Outcome evaluation: is research designed to document a communication programme's contribution to long-term changes in the status of women at reproductive age. Its primary focus is on changes in health status achieved by target participants and other quality of life indicators communication has addressed. These changes could be reductions in indicators such as mortality, morbidity, illiteracy, poverty, unemployment and homelessness. Because many factors outside the control of the communication programme will also affect these indicators (e.g., world commodity prices, natural disasters, armed conflict, and poor harvests), long-term outcome evaluation of a communication programme is often conducted in the context of overall programme evaluation.

Comment [N99]: is instead of in

The purpose of both impact and outcome evaluation is to document with systematically collected data, to what extent programme goals and objectives have been achieved and to help decision-makers determine "what works".

Operational researches and targeted surveys are among the major undertakings planned to evaluate the proper implementation of the RHCSP.

9. MANAGEMENT:

The overall management of the communication strategic plan for Reproductive health (RHCSP) will be undertaken by the reproductive health directorate at FMOH in close collaboration with UNICEF/Sudan, WHO/Sudan and UNFPA/ Sudan. An Implementation Group (IG) will be formed under the chairmanship of a FMOH-designated officer. A single staff member will be assigned the duties of RHCSP as IEC state coordinators to coordinate day-to-day implementation. Involvement of other development partners??

10. WORK PLAN:

The communication and managerial actions in part 2 will need to be laid out in a detailed implementation work plan with appropriate scheduling of activities and identification of persons responsible for implementation at all levels. This exercise should be a group exercise involving the many individuals who will be involved in implementation, including the proposed IG. *(The above activities will be repeated below in a Work Plan but laid out in a format with spaces for designating persons responsible and setting time lines.*)

PART 2

DRAFT

STRATEGIC FRAM EWORK FOR REPRODUCTIVE HEALTH COMMUNICATION STRATEGY

PART 2: STRATEGIC FRAM EWORK FOR RH COMMUNICATION STRATEGY:

Detailed steps in designing and execution of Implementation Strategies, Key barriers, Themes/ message focus, Activities Channels Media and Indicators at the federal, state and locality levels

Behavioral Objectives	Implementation Strategies	Audience	Key barriers	Themes/ message focus	Activities/ Channels/ Media	Indicators
Behavioral Objective1: To ensure that 90% of pregnant women complete a minimum of four antenatal visits to the health facility during each pregnancy (when she misses the menstrual cycle, at the end of the first 3 months and at 6 & 9 months) by the end of 2011.	**Advocacy and Administrative Mobilization**	-Decision makers in MOF, MOH - Community leaders - Religious leaders Training institutions Drs and MWs	Maternal and neonatal health not perceived as a national and political priority Health professional competency in providing Focused ANC	- Allocation of more resources for maternal and neonatal health - Influencing communities to access services	▪ Sensitization and orientation meetings ▪ Printed reports ▪ Pamphlets • Nomination of RH IEC coordinators in each state • Develop annual communication plan for the RH. • Development and distribution of advocacy kits to the targeted policy makers at all levels; the kits include: • Media messages, panel discussions organized • Design/ Revise the RH logo and theme for branding the RH that can be used in all IEC materials and	- No of meeting conducted - Target audien attended - No of reports printed and circulated - No of pamphl printed - No of RH IEC coordinators in states - Presence of communication plans - Presence of R logo.

					advertisements. • *(N.B. This should be done as soon as possible, perhaps at the forthcoming message design and pre-testing workshop)* • The following advocacy kits holding the RH logo will be distributed as gifts to high policy and decision makers at federal and states levels: - Development and printing of diaries for the years 2009-2011. - Design Table and Desk sets - Hand bags - Pens - Caps - T-shirts - Key holders	- No of advocac kits developed a distributed to th target audience.
	Community Mobilization	- Community at large - Women in reproductive age - Pregnant women - Teachers - Students	Community does not perceive ANC as a priority health intervention	Mobilization of communities to ensure availability of ANC services and encourage mothers to access the service	• Organize and execute School Promotion effort for ANC • In collaboration with the Federal Ministry of Education and Training, print two slightly different single-sheet black and white A4 handouts about using ANC (1,500,000 copies of each handout).	- No of school h interventions - No of printed sheets. - No of school exercises printe distributed

					• Conduct schools exercise on ANC- 1,500,000 A4 handouts (multiple choice questions on the back page) will be distributed to all school children in basic schools and also secondary schools and to their teachers at the beginning of the educational year. Teachers should be asked to read the single sheet to the students and answer their queries in the context of what is on the sheet. Each child should be told to take the sheet home and read it to their parents, or have someone else read it to their parents	
	Interpersonal Communication	- Women in reproductive age - Pregnant women -	Pregnant women are not aware of ANC as an important intervention to ensure safe pregnancy and delivery	- Importance of ANC for the well-being of the mother and child	- Home visits by community health promoters - Pamphlets - Mother cards	- Number of ho visits conducted CHPs - Number of pamphlets and mother cards pr and distributed
	IEC support and promotion	- Community at large	- Mothers may be	Importance of ANC for the	- Posters - Pamphlets	- Number of posters/pam

	materials	- Women in reproductive age - Pregnant women	illiterate - Variety in local dialects, cultures,	well-being of the mother and child	- Stickers	s/stickers pr and distribu
Behavioral Objective 2	**Implementation Strategies**	**Audience**	**Key barriers**	**Themes/ message focus**	**Activities/ Channels/ Media**	**Indicators**
Behavioral Objective 2: To ensure that 90% of pregnant women seek to deliver by a skilled health worker with midwifery competencies at every birth.	**Advocacy and Administrative Mobilization**	- Policy & decision makers, Stakeholders - Doctors - Local leaders, - CBOs /NGOs - Midwifery schools.	- Safe Motherhood is not addressed as a national priority - Decision makers are not aware of the link between skilled delivery care and the high maternal mortality	90% of pregnant women should deliver by a skilled HW with midwifery competencies at every birth.	- Seminars and advocacy sessions - Press release reports Documentaries on best practice	- No/ of semina advocacy sessio conducted - No/ of press reports released
	Community Mobilization	- Community at large - Women in reproductive age - Pregnant women	- Traditions & beliefs. - Inadequate coverage with	Ensure availability of skilled cadre in every village, and avail facilities for referral of	- Traditional media - Street theatre - Radio programmes - Documentaries	- No/ of sessions conducted - No/ of rad programm broadcast - No/ of

		- Community leaders - Husbands	skilled delivery services	complicated cases		document produced
	Interpersonal Communication	- Pregnant women - Husbands	- Women prefer to deliver at home - Poor access to services	Development of a birth plan to ensure availability of a skilled cadre at delivery as well as facilities for communication and referral in cases of occurrence of complications during or after delivery	- Face-to-face communication - community distribution - home visits - group discussions - counseling	- Number of ho visits conducted - Number of foc group discussio conducted - % of deliveri attended by skil personnel -% of institution deliveries
	IEC support and promotional materials	- Community at large - Women in reproductive age - Pregnant women - Husbands	High illiteracy among rural women (most at risk group)	Ensure availability of skilled cadre in every village, and avail facilities for referral of complications	- Posters - Pamphlets - Stickers	Number of IEC support and promotion mate produced and distributed

Behavioral Objectives	Implementation Strategies	Audience	Key barriers	Themes/ message focus	Activities/ Channels/Media	Indicators
Behavioral Objective 3: To ensure that 20% of married couples access family planning services with full respect of their freedom of choice, confidentiality and privacy	**Advocacy and Administrative Mobilization**	- Government & community leaders. - Service providers. - Admin-istrators. - Health managers - NGOS, - Volunteers. - Social development workers. - Field staff at community level - Health workers. - midwifes	- RH policy highlights not to distribute contraceptives within the community. - Husbands refuse using family planning.	Putting the particular behavior (using contraceptive methods) on the political agenda of the policy and decision makers	• Mass media – news coverage, talk shows, celebrity spokespersons, discussion programs; meetings/discussions with various categories of official memoranda and partnership meetings. • Regular press release for the media to assure transferring the message of family planning to all families.	- No of conduct news coverage, shows, celebrity spokespersons, discussion programs; -meetings or discussions wit various categori official memora and partnership meetings -No of press rel messages devel and disseminate

	Community Mobilization	- Community at large - Women in reproductive age - Pregnant women - Village and Town councils - Village Leaders. - Village Development Committees. - School Teachers. - Imams/ religious leaders - Amirs/ Nazirs - Omdas. - Sheikhs for nomads.	Family planning is considered to be a controversial issue and is wrongly linked to religious beliefs	Mobilize all communities for particular behavior (using contraceptive methods).	• Organize regular meetings/ sessions with targeted groups and audience on how to transfer regular information on the family planning and key messages. • Requesting and assuring the community networks transfer the same information on to their respective communities via their appropriate channels.	-No of meetings conducted -No of targeted groups transferr the messages .
	Interpersonal Communication	- Women at reproductive age - Husbands - Mothers of	- Husbands refusal - Few family clinics for counseling of couples.	- Appropriate informational literature for promoting the family planning	• Home visits and meetings with the couples to assist them choosing /using appropriate family planning methods. • Designing of fact sheet to be distributed at home level.	-No of home vis conducted -No of fact she distributed

		children under two years of age.	- Religious barriers. - In adequate number of trained health cadre on FP counseling.	methods. - Convince the couple to use the appropriate methods		
	IEC support and promotional materials	- Community at large - Women in reproductive age - Pregnant women - Couples. - Mothers having under two years.	- High illiteracy rate. - Variety in local dialects, cultures.	Mobilize all communities for particular behavior (using contraceptive methods).	• Plan and design an M-RIP fashion (Massive, Repetitive, Intense, Persistent) Radio-TV "advertising" campaign through Omdurman Radio, State radios FM channels and limited use of National and State television • Production of Videos documentary film (ten minutes film) for the RH and family planning methods. • Designing of website for the RH. • Develop Radio spots and flashes on FP • Develop TV spots and flashes on FP • Development and designing	-No of advertisi campaigns. -No of channels used. -No of video documentary. -Upload of web -No of radio spo -No of TV spots -No of printed pamphlets. -No of printed posters.

					of Brochures and pamphlets for RH and family planning • Development and designing of posters for family planning to be put in health centers, hospitals and clubs.	
	Social marketing	Government. NGOS Private sector	Policy Promotion Outlet Negotiation Skills	Promotional campaign for family planning methods	• Sale promoters. • Pamphlets for RH and family planning. • Outlet promotion • Involvement of private sector working in FP. • Involvement of related NGOs. • Advocacy for operations research on social marketing	-No of sale promoters -No of Pamphle -No of outlets promoted -No of private sector -No of NGOs involved. -no of operation research suppor
Behavioral Objectives	**Implementation Strategies**	**Audience**	**Key barriers**	**Themes/ message focus**	**Activities/Channels/Media.**	**Indicators**
Behavioral Objectives 4: **All family members especially mothers, fathers and grandparents are committed to combat FGM/**	**Advocacy and Administrative Mobilization**	- Government and community leaders. - Service providers. - Administrators. - Health managers	- FGM / Cutting is backed by some religious eminent figures that call for practice of type I & II	- Health, and psycho-social consequences of ~~risks~~ of FGM and underage marriage - - Law enforcement	• Meetings • Lobbying • Sensitization seminars for the target audience. • Develop documentaries on FGM/C • Pannel discussions • Empower women advocates(volunteers who	No of meeting No lobbying gr No seminars an panel discussion organized No of women advocate group (against HTP) established

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cutting and early childhood marriage for their daughters		- NGOS, - Midwives	- Socio-cultural taboos - No Reinforcement of the law	- Women rights -	have undergone the practice)	
	Community Mobilization	- Community leaders - Social Development workers. - Midwives -	Above	- Breaking the silence surrounding FGM	- Literacy classes - Income generating activities and micro credit centers - Participatory approach meetings - Intergenerational dialogue - Positive Deviants talks - Street theatre.	- No of commu leaders participating i planning and implementing interventions' activities - No of commu members atter the activities - No of public group discussi
	Interpersonal Communication	- Parents and grandparents - Midwives - Teachers - Religious leaders -	- Cultural and social norms - Breaching the privacy of population and the communities . - Negative attitudes of	- Breaking the silence surrounding FGM.	- Home visits - Meeting with parents and grand parents - Flip chart - Pamphlets	- No of home vi - No of meeting with parents an grand parents

			midwives - Mispercepti on that men prefer to marry circumcised girls.			
	IEC support and promotional materials	- Community at large - Women in reproducti ve age - Pregnant women - Parents / grandparents - Key family members - Community / Opinion leaders - Media representativ es	- Poor communicat ion skills - Insufficient information on FGM / Cutting as harmful practices	Breaking the silence surrounding FGM	- Design and production of appropriate key messages as core for effective media communication - Production of video tapes regarding consequences of FGM / Cutting. - Designing of website for the RH. - Develop Radio spots and flashes - Develop TV spots and flashes - Development and designing of Brochures and pamphlets for FGM / Cutting - Development and designing of posters for FGM / Cutting to be put in health facilities and youth centers	- No of video ta designed - Web site desig and uploaded - No radio spots developed and a - No of TV spot and flashes developed and designed - No of posters designed, printe and disistribute

Other components highlighted as RH priorities are not included in the operational plan???

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