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MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

36747

Academy for Educational Development, Inc.

Sponsored by the Office of Health and Office of Education
Development Support Bureau
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

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Document # **17**

SEMIANNUAL REPORT NO. 5

Project Director

Dr. William A. Smith

OCTOBER 1, 1980 - MARCH 31, 1981

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SECTION I.

BACKGROUND

On September 30, 1978, the Academy for Educational Development was contracted by the United States Agency for International Development to implement a five-year project designed to develop a methodology for the application of mass communication to the prevention and treatment of acute infant diarrhea in rural areas of developing countries. Simultaneously, Stanford University was contracted to evaluate the project. The project is designed to build upon past experience with communication technology and to utilize radio and photo novels, in conjunction with local health delivery services, to enable two cooperating Ministries of Health to use mass communication regularly and systematically in their health education programs. The effort is a joint project of the Office of Education and Office of Health within the AID Development Support Bureau.

SECTION II.PRINCIPAL OBJECTIVES ESTABLISHED FOR THIS PERIOD*A. HONDURAS

The detailed implementation plan for Honduras will be submitted to AID for approval on December 5, 1980. A draft of that plan is available from the Academy and includes the following general activities:

1. Pretesting of radio and print materials for the prevention phase of the campaign.
2. Development of the training protocol to be used with physicians, auxiliary nurses and guardianes.
3. Contracting radio production and broadcast facilities.
4. Final printing of poster and supplementary print materials.
5. Acquisition of ORT packets for Phase One.
6. Execution of Phase One.

B. AFRICAN SITE

If approval from The Gambian government is forthcoming this quarter, it is expected that final recruitment, contracting, and placement of field personnel will take place before March of 1981. Activities in The Gambia will include establishment of an office, initial planning with MOH counterparts, and preparation of the developmental investigation plan. Equipment and vehicle shipment will take place, and one consultant trip is planned for this period.

C. WATER AND SANITATION ADDITION TO THE HONDURAS SITE

If AID approves the "Water and Sanitation" addition to the MM&HP project the field director will be contracted and relocated in Honduras. Again, preliminary meetings with MOH counterparts and initial planning of the intervention will be carried out. A modest developmental investigation is contemplated, but detailed scheduling of project activities will have to take place in Honduras with MOH counterparts.

D. INSTITUTIONAL REVIEW BOARD MEETING

A second meeting of the Institutional Review Board will be called to address the ethical research implications of the implementation plan for Honduras. This meeting will be scheduled for mid- to late-January, allowing board members to review and approve research activities of the implementation plan.

* Taken from Semiannual Report No. 4.

SECTION III.

ACTIVITIES UNDERTAKEN

A. HONDURAS

A detailed implementation plan was submitted to AID for approval on December 5, 1980. The plan was discussed fully and a few modifications were requested by AID to increase the number of print materials produced. These modifications were subsequently submitted to AID and the implementation plan was officially approved. (See Appendix A.)

Due to the size of the implementation plan, the entire plan has not been attached here but is available from AED upon request. Selected sections have been included as Appendix B to this report, however. The development and execution of this plan has been the central activity during this reporting period in Honduras. The status of the implementation activity is briefly summarized below.

Review of MM&HP Implementation Activities

The broadcast campaign officially began on March 1, 1981.

● Radio Spots

- * 20 radio spots were produced for Phase I
- * 2 radio spots were rejected by the Ministry
- * 18 radio spots are presently being broadcast
- * A detailed transmission schedule is provided in Appendix B. Six commercial radio stations are being used with a total average of 328 individual spots transmitted each day
- * In addition to the radio spots, three songs have been produced and are being aired 145 times a week. One radio news item on dehydration has been aired on one of the national radio chains

● Transmissions Monitoring

Two transmission control systems are being used. The first monitors broadcasts on the two national radio chains. The second monitors broadcasts on the four regional stations. Station owners were surprised to know that someone was monitoring their broadcast, after being confronted with early reports of poor performance, their compliance has improved considerably. Recent reports showed an 80 percent compliance with negotiated broadcast schedules.

● Impact Monitoring

Information on recognition is still anecdotal and highly speculative, but during one of the evaluation contractor's recent visits to a rural community, recognition of two campaign themes was high. Articulation of the word "dehydration," however, remained low, although basic understanding of the concept as heard on the radio seemed clear.

- Public Relations

- * Three newspapers published a news item on the project and oral rehydration
- * 25 doctors have received Diarrhea Dialogue in Spanish by mail
- * A one-hour forum was broadcast to publicize the oral therapy program featuring the director general of health, the sub-director of maternal child care, and a hospital physician. The program included audience questioning during broadcast
- * The PANI lottery results newsletter, with a circulation of 70,000, included key campaign slogans
- * Two television news items on the oral rehydration ward were broadcast.

- Additional Printed Materials Distributed

Translation and printing of three major papers of Oral Rehydration for the medical community:

- * "OMS Manual for Dehydration Treatment"
- * Robert Parker - Oral Therapy for Diarrhea and Dehydration
- * Training Programs for:

- doctors
- nurses
- auxiliares nurses
- guardianes

- * Translation of Implementation Plan

- Packets

- * 220,000 packets produced by PANI
- * 120,000 have been labeled
- * 37,600 labeled packets distributed to 74 auxiliares and 4 hospital facilities
- * 11,850 envelopes containing 2 packets each distributed as part of the 37,600 total

DISTRIBUTION SCHEDULE

	Total #	Posters	Packets	Flag	Flyers	Nurses' Guides
Already Distributed						
Hospital	1	14	-	-	-	-
Private Clinic	-	-	-	-	-	-
Regular Hospital CHE	1	14	3,200	-	-	4
CESAMOS	6	642	2,400	-	-	12
CESAR	67	67 CESARx 101 posters 107=7169	67 CESAR x 400 packets 26,800	-	-	67 CESAR x 2 guides
Others/Ministry/Drs.		80				
To Be Distributed						
<u>Guardianes</u>	160	12	200	1	100	-
<u>Parteras</u>	620	12	200	1	100	-
<u>Alcaldes</u>	800	12	200	1	-	-
Buses						
Public Place in Teguc.						
Billboard						
Newspaper						

GRAPHIC MATERIALS

	<u>Amount Printed</u>	<u>Amount Distributed To Date</u>
<u>Posters</u>		
Dehydration	2,000	1,338
Breastfeeding	5,000	3,242
Special Infant Care	5,000	3,242
Signs of Dehydration	2,000	97
Rehydration Process	2,000	(150 photocopies)
Litrosol Symbol	20,000	(new)
<u>Others</u>		
Litrosol Flag	1,000	(new)
Litrosol Instruction Envelopes	75,000	(new)
Flyer on Signs of Dehydration	35,000	(new)

TRAINING CONDUCTED

	<u>Actual Number in District</u>	<u>Number Trained</u>	<u>Length of Training</u>
Regional Auxiliary Nurses	80	74	2 days
Regional Staff & Doctors	30	12	3 days
Nurses (National Seminar)		34	1 day
PC Health Workers		60	1 day
Doctors in Tegucigalpa		20	

TRAINING PLANNED TO BE COMPLETED
BY JULY

<u>Guardianes</u>	160	1 day (7 hrs.)
<u>Midwives</u>	650	1 day (7 hrs.)
<u>Village Mayor</u>	380	1 day (7 hrs.)

Oral Therapy operating in Materno-Infantil
Servicio Social
Clinic Alonso Suarzo

A number of important changes in Ministry of Health (MOH) personnel have taken place during this period. In August of 1980, a new minister of health, Dr. Juan Andoni Fernandez, was named. During a period of some four months, the Ministry was in a period of transition. In November of 1980, there was a national nurses strike which closed most facilities and caused important delays in several project activities. While the basic personnel structure of the Health Education Office was unaffected by the changes in administration, several other key departments did undergo important changes. The status of the Maternal Child Care offices was in doubt for several months. Indeed, it has been this office which was given official oversight of the MOH Diarrheal Disease Control Program. Fortunately, Dr. Pareja, the AED field project director, has maintained an excellent relationship with all the potential counterpart offices and through a coordinating committee has kept all of the MOH entities informed of the MM&HP activity. This coordination has turned out to be an important element in reducing delays and misunderstanding which often result during periods of personnel instability.

The new administration of the MOH has instituted a period of fiscal austerity. The immediate impact of this program has been to compromise the MOH's ability to fund the three counterparts agreed to in the original project agreement. A series of conversations with the new minister has made it clear that this decision was taken at higher levels within the Honduran government as part of a national austerity program. Officially, two of the counterparts were to be included on the MOH's payroll as of March, 1981. The MOH has absorbed 80 percent of the salary of one counterpart but as yet has been unable to assume responsibility for the second. A third counterpart was never identified and remains a topic of concern. The MM&HP project is continuing to support the second individual and to cover 20 percent of the first counterpart's salary while resolution of this issue remains under consideration.

PANI, the Honduran national pharmaceutical laboratory, has been producing an average of 1,200 oral rehydration packets a day. While this volume is not sufficient to supply the total national demand, it is adequate to provide coverage for the project's target region, Health Region No. I. The MOH agreed that if a supplemental supply of some 300,000 WHO packets could be provided, then the entire production of PANI would be allocated to Health Region No. I. The WHO packets have been financed through the MM&HP project with the administrative assistance of PAHO. This ensures that only one form of oral therapy packets will be used in Health Region No. I and will reduce the potential for confusion among the rural population.

During this period, Dr. Smith made two visits to Honduras. The trip reports for each of these visits have been attached as Appendices C and D. In brief, the purpose of trip one, taken in October of 1980 was to review the results of the developmental investigation and prepare with the field personnel the draft implementation plan. In coordination with representatives of the Stanford team and the assistance of Dr. Paul Touchette the principal prevention and treatment messages were selected during this period and these became the basis for the implementation plan previously mentioned. Dr. Smith's

second visit occurred in February of 1981 and was directed at executing the first steps of the implementation plan. Particular attention was given to a review of the radio program materials, the packet production system, counter-part funding, and plans for the initiation of the new Water and Sanitation addition to the MM&HP project which will be described in detail later in this report.

Perhaps one of the most significant developments during this period has been the inclusion of the auxiliares alcaldes as part of the rural distribution system for packets in Honduras. The original implementation plan included local pulperias (stores) as distribution points, because these small pulperias were both ubiquitous in the rural areas and accepted places for the distribution of medicines by rural people. Unfortunately in March of 1981, the MOH made a decision that distribution of packets through these commercial establishments would violate national restrictions against government competition with private drug companies. Because a local drug company was already producing an oral rehydration solution* it became impossible for the government to market such a solution through commercial channels. In an effort to compensate for this development, it was decided to approach the Ministry of Government to request their approval to use village mayors as a distribution point for the ORT packets. Auxiliares alcaldes are the local representative of the Ministry of Government. Even the smallest village will have an auxiliar alcalde. This network is in place: auxiliares alcaldes have monthly meetings and they appear to have the respect and confidence of their communities. A concern centers around their role as health providers. These individuals have never played such a role before, and it is unclear how they or their communities will respond. Despite their concerns, they seemed to be the most appropriate delivery unit available. Approval was received from the Minister of Government after requests by officials of the Ministry of Health and Dr. Reynaldo Pareja. The implementation plan was consequently modified to provide training sessions for some 380 auxiliares alcaldes in the region.

B. WATER AND SANITATION EDUCATION CAMPAIGN

In September of 1980, USAID asked the Academy to submit a proposal to provide 36 person/months (p/m) of additional technical assistance under the MM&HP project. This request was made after agreement between the USAID Mission in Honduras and the AID office of Education, Development Support Bureau. The Mission had recently funded a long-term loan to the Ministry of Health to support a large-scale water and sanitation program in four northwestern provinces of Honduras. The loan agreement included support for technical assistance in the health education area directed at the development of a mass media and health worker training program in basic water use and latrine maintenance skills. On February 2, 1981, the Academy signed a \$390,816 amendment to the MM&HP project which expanded our existing scope of work and permitted us to assist the MOH in this important educational program. Because the approach is so similar to the original diarrheal program, we believe that the combination of activities will increase the opportunity to introduce systematic instructional design

* Commercial production was very small scale and the product exorbitantly expensive at \$6 per bottle.

procedures into the MOH overall health education program. A description of the goals of this activity is provided in Appendix E.

Mr. Oscar Vigano was selected as field project director for the program and after a period of orientation here in Washington arrived in Honduras on February 17, 1981. Mr. Vigano will be working as part of a tripart team including: The Office of Health Education; the Office of Sanitary Engineering, Ministry of Health; and the National Water Supply Agency. Mr. Vigano's principal activity for this period has been to develop an implementation plan for submission to the project team and USAID Honduras. While the funds to support this program have been officially transferred to USAID, Office of Education for incorporating in the Academy's MM&HP project, Dr. Meyer will share monitoring responsibilities on the Water and Sanitation portion of the program with USAID Mission personnel in Honduras. The Academy will be providing regular technical and administrative reports to the Mission in addition to our reporting obligations to our technical monitor in Washington, Dr. Meyer.

C. THE GAMBIA

On December 29, the Academy received word that representatives of the Ministry of Health in The Gambia had signed the MM&HP project agreement. The Ministry and the USAID mission requested that resumes of key field personnel be presented to them for review. Mr. Mark Rasmuson was identified as the Academy's principal candidate for field project director in The Gambia. Mr. Rasmuson's resume was sent to The Gambia, and we are awaiting official approval from The Gambian Government.

Administrative details have been completed to begin remodeling an existing garage into office space for both AED and Stanford personnel in The Gambia. The Mission has offered to assist the project in the purchase of vehicles for the project and the Ministry of Health is anxiously awaiting the arrival of the team.

D. BUDGET REVIEW

A major budget review of the MM&HP project was prepared at AID's request. A meeting has been scheduled with AID on April 3, 1981 to discuss the present status of the project and to deliver the projected life-of-project budget. The summary of the major presentation will be included in Semiannual Report No. 6.

E. INSTITUTIONAL REVIEW BOARD

On February 24, 1981, the Academy Institutional Review Board met to review the Honduras implementation plan to ensure that the Guidelines for the Protection of Human Research Subjects were being followed by the Academy. The official conclusion of the Review Board is attached in Appendix G. In summary the Board concluded that under the new guidelines issued in late 1980, the Academy's activity under this program is for the most part exempt from regulation and that even if the program were so regulated, the activities provide adequate protection for the individual subjects in the program.

F. COORDINATION AND DISSEMINATION ACTIVITIES

The Academy has been asked to make two presentations on overall project design during this period. On February 3, 1981, a two-hour presentation was made to the USAID CASH group. This working group of AID officials interested in health, nutrition, and population seemed quite receptive in the project's approach and responsive to the presentation. A number of requests for further information were generated and several important contacts made with critical AID offices. On March 4, 1981, a similar presentation was made to representatives of the international health community at the NCIH conference in Washington. Again the response was quite favorable.

Regular coordination with the Stanford evaluation team is maintained through correspondence, regular telephone calls, and substantive meetings between the staffs. Field project staff in Honduras meet regularly to exchange information. During Dr. Smith's visit to Honduras in October, Dr. Dennis Foote, the Stanford project director was present. Meetings during this period ensured that major implementation decisions were made jointly by the implementation and evaluation contractors. Both institutions were present at the official presentation of the implementation plan in December, and again, close coordination was maintained during the budget review process in February 1981.

Regular involvement of project consultants has also continued to make an important contribution to the program's overall development. Dr. Touchette traveled to Honduras in October and participated actively in the development of the implementation plan placing special emphasis on criteria for selecting critical prevention and treatment behaviors. Mr. William Novelli has reviewed radio scripts and discussed the media broadcast plan with Dr. Pareja and Ms. Booth. Dr. Hornik assisted in the computer analysis of the field data and has made important suggestions on the continued monitoring of field activities. Drs. Black and Levine reviewed the graphic materials prepared for physician's training and were very helpful in structuring the technical information on breastfeeding and supplemental feeding bouts of diarrhea, the use of antibiotics as well as the development of the ORT administration regimen for fixed facilities in Honduras. Copies of the draft implementation plan were provided to all consultants and their comments were incorporated in the final approved version.

SECTION IV.PROJECTED ACTIVITIES FOR APRIL 1, 1981 to SEPTEMBER 31, 1981A. HONDURAS

Phase I of the implementation plan will be completed and Phase II of the broadcast campaign initiated. Training will continue for health professionals, village health workers, and the auxiliares alcaldes.

B. WATER AND SANITATION PROGRAM

An implementation plan for the education activity will be submitted to the MOH and USAID/Honduras for their approval. Execution of the plan will begin as soon as approval is received.

C. THE GAMBIA

Mr. Rasmuson will arrive in The Gambia and begin the developmental investigation phase of project activity. It is expected now that this phase should take three to five months after which an implementation plan will be developed for the education campaign. This implementation plan will be reviewed, submitted to AID, and consequently, to the AED's Institutional Review Board for approval.

SECTION V.
ADMINISTRATIVE REPORT

Expenditures to March 31, 1981:

	MM&HP*	W&S*	TOTAL
Salaries and Wages	\$241,503.72	\$ 5,850.08	\$247,353.80
Employee Benefits	36,415.28	1,404.02	37,819.30
Consultant Fees	16,635.00	--	16,635.00
Travel and Transportation	53,732.13	8,082.61	61,814.74
Overseas Allowances	15,136.55	--	15,136.55
Other Direct Costs	51,332.26	--	51,332.26
Equipment	11,788.82	--	11,788.82
Overhead	<u>98,662.35</u>	<u>3,834.18</u>	<u>102,496.53</u>
TOTAL	<u>\$525,206.11</u>	<u>\$19,170.89</u>	<u>\$544,377.00</u>

* Because of the addition of USAID Honduras Mission funds to the MM&HP contract, all future administrative reports will segregate expenditures into basic contract expenditures (MM&HP) and mission supported activities in water and sanitation (W&S).

December 10, 1980

Dr. William Smith
Academy for Educational Development
1414 - 22nd Street, N.W.
Washington, D.C. 20037

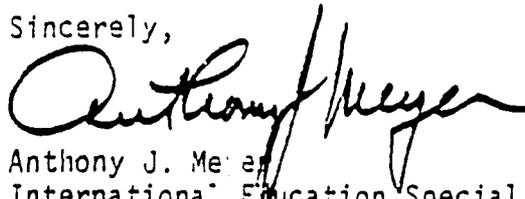
REF: Contract AID/DSPE-C-0023

Dear Bill:

It gives me great pleasure on behalf of DS/ED and DS/HEA to approve of the Academy implementation plan for Honduras as required under the referenced contract for the Mass Media and Health Practices project.

You and your field staff are to be complimented for an outstanding research and development effort in preparing the plan. As I stated during the AID review meeting of December 5, the Academy plan is the most exciting document I have read in my field for some time. The plan omens well for a successful continuing operation in the field.

Sincerely,



Anthony J. Meyer
International Education Specialist
Office of Education
Bureau for Development Support

Clearances:

DS/ED: D. Sprague DS
DS/ED: C. Block DS
DS/HEA: D. Ferguson DS 12-12

cc: DAA/DS: S. Joseph
SER/CM: G. Gold
DS/PO: W. Alli
LAC/DR: E. Brineman
USAID/Tegucigalpa: J. Massey
AED: C. Greenwood

APPENDIX B

B-1

MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

Academy for Educational Development, Inc.

Sponsored by the Office of Health and Office of Education
Development Support Bureau
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Document # **15**

IMPLEMENTATION PLAN

HONDURAS

Project Director

Dr. William A. Smith

Project Field Coordinators

Dr. Reynaldo Pareja
Ms. Elizabeth Booth

November 1980

15

CAMPAIGN SUMMARYI. THE PROBLEM

Honduras reported that 1,030 infants died from diarrheal dehydration in 1977. This accounts for 24 percent of all infant deaths and represents the single greatest cause of infant mortality in Honduras. The most commonly available treatment for diarrheal dehydration in Honduras is intravenous therapy (IV). IV therapy is expensive, requires trained medical personnel and a relatively sterile environment, and is presently available only in fixed health facilities which serve a small portion of the country's rural population.

II. COMMUNICATION OBJECTIVES

- A. Substantially reduce the number of deaths among children below the age of five from diarrheal dehydration.
- B. Extend rehydration therapy to isolated rural areas where it is not now available.
- C. Substantially reduce the per-patient cost of rehydration therapy in Honduras.
- D. Introduce several diarrhea-related prevention behaviors to a significant number of rural people living in isolated areas.

III. AUDIENCE DEFINITION

- A. Primary audience is rural mothers/grandmothers with children under the age of five and primary health care workers called guardianes.
- B. Secondary audiences include physicians, nurses, auxiliary nurses, midwives, fathers of children under five, rural school teachers and children, and regional health promoters.

IV. COMMUNICATION STRATEGIES

- A. Teach the primary audience:
 1. To properly prepare and administer pre-packaged WHO formula, oral rehydration salts to:
 - a. infants, (less than one-year) as soon as the child gets diarrhea, and
 - b. toddlers, (older than one-year) as soon as the child loses appetite or becomes listless.
 2. To seek outside assistance if the child does not improve after administering the above regimen.
 3. A cluster of behaviors associated with breastfeeding, infant food preparation, and personal hygiene.

3. Teach secondary audiences to support the primary audience through:
 1. Physicians and nurses using oral therapy in all fixed facilities.
 2. Fathers and midwives understanding and approving oral therapy.
 3. Rural schools teaching prevention measures.
 4. Regional health promoters distributing ORT packets.

V. MESSAGE TONE

The tone of the campaign will be serious and straightforward. It will seek to promote a mother-craft concept which supports what mothers are already doing and adds several new components to "being a good mother." ORT will be presented as the latest achievement of modern science: a remedy for lost appetite and an aid to recovery, but not as a remedy for diarrhea.

VI. EXECUTION

TV, radio, print materials, and health worker training will be used. Public service spots and mini-programs on radio will be stressed for rural mothers and health workers. These will be supported by news features on both radio and TV for medical practitioners. Support materials including posters, photonovels/pamphlets, and mailings will supplement the broadcast media. Health worker training, including physicians, nurses, auxiliary nurses, and guardianes will be the primary vehicle for introducing oral therapy to the medical establishment.

CAMPAIGN ELEMENTS

I. OVERALL STRATEGY

The proposed public education campaign on treatment and prevention of acute infant diarrhea in Honduras will promote the administration of pre-packaged, WHO formula, oral rehydration therapy by rural mothers in their homes during mild to moderate bouts of diarrhea. Rural mothers will be told if the diarrhea becomes worse to take their child to fixed health facilities or village health care workers. In these places, a more structured and controlled administration of oral therapy will be available.

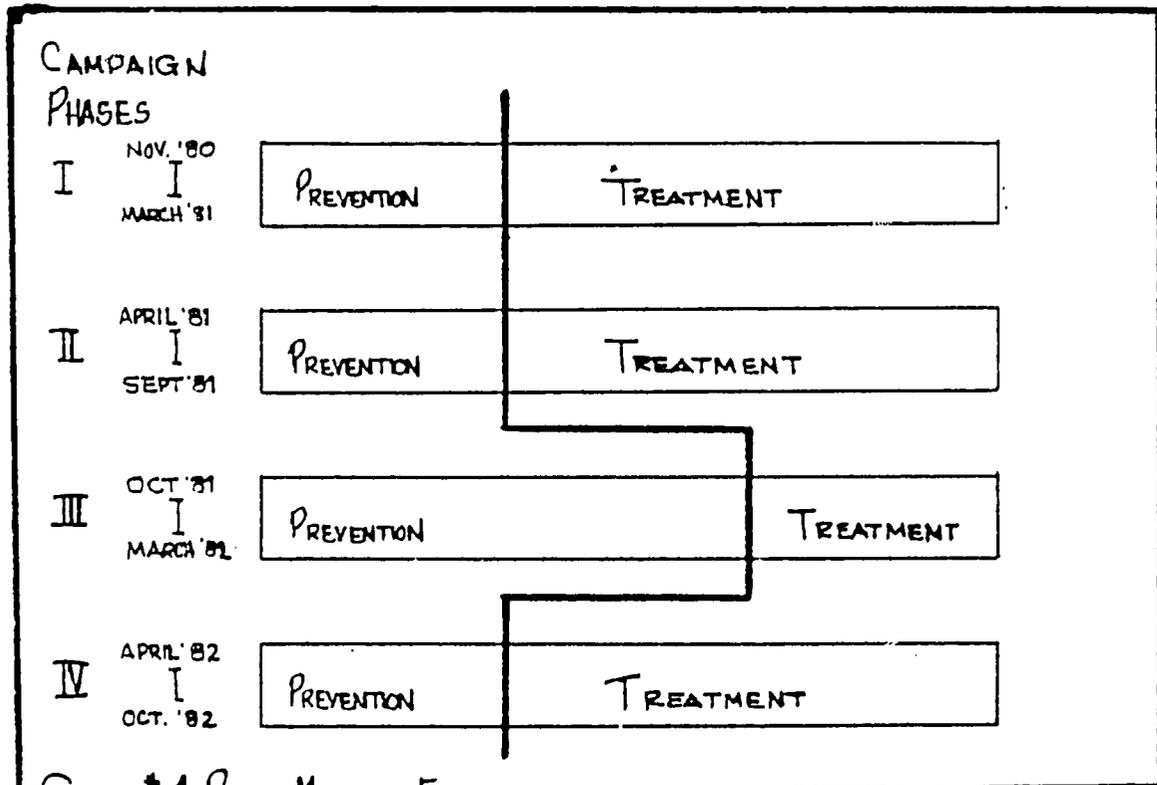
Two basic messages: administer ORT correctly when your child becomes mildly ill, and seek help if the child gets worse, will be the central themes of the campaign. These themes will be supplemented by a few prevention behaviors including continued breastfeeding, use of colostrum, home hygiene, and food preparation for children.

Treatment messages will be stressed over prevention messages for three reasons: (1) ORT offers the most significant and immediate contribution to the health needs of rural Hondurans, (2) the behaviors required to make ORT successful in rural homes represent an optimal range of instructional complexity which will permit evaluators to determine mass communication's ability to significantly affect various aspects of an important health behavior, and (3) a general skepticism surrounding the ability of health education alone to make any significant impact on rural diarrheal morbidity.

The primary target audience in the campaign will be rural mothers/grandmothers with children under five and the primary health care workers called guardianes. Several other groups including rural fathers, physicians, nurses, auxiliary nurses, MOH midwives, rural primary school teachers and children, and health supervisors (promotores) will receive a small number of specialized messages designed to affect them to reinforce and support mothers and guardianes in the correct application of ORT.

The campaign is a two-year effort divided into four sequential phases timed to coincide with the peak seasons of diarrhea (see Graph #1). Phase I, which precedes the first diarrheal peak, will stress face-to-face training of health workers and medical professionals in the proper application of oral rehydration therapy for mild, moderate, and severe cases. Phase II, during the first diarrheal peak, will shift from an intensive face-to-face effort to a media-based mass campaign directed at rural mothers and grandmothers. Messages during this period will focus on diagnosis; procurement, mixing, and administration of ORT; and recovery. A few prevention concepts will be addressed during this phase. Phase III will shift to a prevention focus, but selected treatment messages will be broadcast to reinforce therapy compliance. This

period precedes the next diarrheal peak season and will prepare mothers to apply useful prevention techniques. Phase IV, during the second large diarrheal peak, will reemphasize ORT treatment. During this phase, media will be used to reinstate treatment behaviors elicited during Phase II, and to provide continued reinforcement to selected prevention measures.



GRAPH #1 PHASED MESSAGE EMPHASIS

A message pattern has been developed which differentiates messages by specific audience. The treatment pattern is built around a core cluster of treatment behavior which is either expanded for audiences like physicians, nurses, and auxiliares, or selectively emphasized for groups like school children and midwives. This means that physicians will learn how to treat severe dehydration with oral therapy in addition to the moderate dehydration therapy being taught to rural mothers. School children will not be taught the entire core cluster of oral therapy behaviors directed at mothers but will focus on early diagnosis and alerting mothers to a possible problem.

Prevention messages are also differentiated by target audience. For example, breastfeeding will be emphasized with physicians, diaper storage with guardianes, and general environmental sanitation in school programs (see Graph #2).

GRAPH # 2 MESSAGE CONCEPT BY TARGET AUDIENCE

		MOTHERS/ OR. MOTHERS	GUARDIANES/ PARTERAS	PHYSIC. NURSES	AUXIL. NURSES	FATHERS	SCHOOLS	HEALTH PROMOT.	
TREATMENT	ACCEPTANCE	↑ ✓	↑	↑	↑	✓	✓		
	DIAGNOSIS					✓	✓		
	PROCUREMENT							✓	
	MIXING								
	ADMINISTRATION	✓	✓						
	RECOVERY					✓			
	SEEK HELP	↓	↓	↓	↓				
	(ADDITIONAL MESSAGE CONCEPTS)								
		• ANTIBIOTICS/DRUG THERAPY			✓	✓			
		• FIXED FACILITY REGIMEN			✓	✓			
	• TEACHING BEHAVIOR		✓		✓				
PREVENTION	PRE-REQUISIT CONCEPTS	↑ ✓	✓				✓		
	BREASTFEEDING	↑ ✓	✓	✓	✓		✓		
	FOOD PREPARATION	↑ ✓					✓		
	PERSONAL HYGIENE	↓ ✓				✓	✓		

Radio will be the principal means of reaching rural mothers. While simple print materials such as posters and graphic pamphlets will be distributed widely, it is expected that many mothers will receive only the radio messages. Word of mouth is expected to be an important secondary source of information for mothers. The primary contact points for mothers will be guardianes, rural clinics, children's hospitals in Tegucigalpa, and rural primary schools. Schools were added to the communication network because they offer a relatively simple way to provide structured information to a large number of rural homes. The guardianes will be reached by a preliminary intensive training effort, and supported through regular bimonthly meetings, radio broadcasts, and simple print materials. Secondary audiences such as physicians, nurses, and health promoters will be reached principally through print media, although regular news items are expected to be important motivators for these groups.

75

COPIES OF SAMPLE RADIO SPOTS
PRODUCED FOR PHASE I
MARCH 1 - MAY 15, 1981

21

COMPLETE LIST OF RADIO SPOTS

PHASE I - MARCH 1, 1981 - MAY 15, 1981

A. Dehydration

1. De-hy-dra-tion
2. Drink, my love (Dona Chela)
3. The lack of water
4. Dehydration in the school
5. Mario Rolando
6. Don't neglect that child (Dona Chela)

N - News bulletin - dehydration

N^b - News bulletin - oral rehydration room (postponed until the next phase)

S - Dr. Salustiano

C - Song

B. Breast

1. Congratulations
2. Breast feeding

S - Doctor Salustiano

N - News Bulletin

C - Song

C. Infant care

1. I love you, Mom
2. The one who laughs
3. There is nothing so healthful, sensible

S - Doctor Salustiano

D. Tiny, unobservable insects/worms

1. Worms
2. Insects in the school

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Page 2

3. Finally...
4. Worms (Dona Chela). Rejected by the Committee because it doesn't talk about the treatment for worms.

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DEHYDRATION

SONG FOR TWO VOICES: WOMAN AND MAN

MOTHER: What's the matter with my son?
 What's the matter with him, doctor?
 He's dried up and doesn't have any color.

DOCTOR: Dirties his diaper?

MOTHER: All the time.

DOCTOR: Has he lost his appetite?

MOTHER: He doesn't want to eat, doctor.

DOCTOR: My good woman
 Pay attention
 What your child has is
 DEHYDRATION (Repeat three times)

TO BE SPOKEN

MOTHER: Doctor, what is that?

DOCTOR Diarrhea "gives" dehydration

 Dehydration is the loss of vital liquids that the
 child's body needs to live. If the liquids that the child
 is losing are not replaced, the child will die.
 If your child has diarrhea, give him liquids so he doesn't
 die.

 (Instrumental theme of the Song)

ANNOUNCER: For a healthy people, we are working
 Ministry of Public Health

DEHYDRATION: DR. SALUSTIANO

(Murmurs)

MOTHER: Dr. Salustiano, I'm worried about my son. Look what the diarrhea has done to him. His skin is wrinkled, he's dried up, and has a sad look.

DOCTOR: Maria, what your son has is dehydration.

MARIA: Dehy....what, Dr. Salustiano?

DOCTOR: Dehydration

MOTHER: What is that?

DOCTOR: Dehydration occurs when the child's body loses the vital liquids that it needs to live.

MOTHER: Then this dehydration is dangerous?

DOCTOR: The child can die if you don't replace the liquids that he is losing.

(Break)

ANNOUNCER: If your child has diarrhea, give him liquids so he doesn't die.

ANNOUNCER: For a healthy people, we are working
Ministry of Public Health

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5. DEHYDRATION

OPERATOR: Sound of a strong waterfall mixed with the cry of a child suddenly it stops.

ANNOUNCER 1: Parents, don't let your child die from the diarrhea that takes away all the vital liquids from his body.

OPERATOR: Sound of the waterfall in the background....
If your child has diarrhea, give him liquids so he doesn't die.

ANNOUNCER 2: For a healthy people, we are working
Ministry of Public Health

SONG: BREAST

Mother,

that little one who kicked your tummy

has finally arrived.

His little eyes are now looking at you and
smiling.

His little hands, still have no strength, Mother,
but they squeeze anyway.

He, that is so tiny,
depends on you to grow, Mother

Care for your child from the moment he's born
Give him your breast so he will grow
Give him the vigor
that only your breast can give, Mother.

ANNOUNCER: A mother that breast feeds
Is a true mother.

ANNOUNCER: For a healthy people, we are working
Ministry of Public Health

2. BREAST: DONA CHELA

BREAST MILK

(Sound of a hen)

(Music cuts off. Remains in the background.)

NEIGHBOR: Your little boy is really becoming a young man, Dona Chela. He's handsome, the little tyke.

CHELA: Sure, that's because I was always a milk-breast mother.

NEIGHBOR: (Surprised) Milk-breast mother. Aren't you confusing the term with a hairy-chest man.

CHELA: No, I say I am a milk-breast woman because I always knew it was the best nourishment I could give to my children.

NEIGHBOR: And why is it the best milk, Dona Chela?

CHELA: For a mountain of reasons, child. Because it is more nutritious. It prevents the child from becoming sick easily, and it helps him grow strong and healthy. All my children love me.

NEIGHBOR: Why wouldn't they, you were a milk-breast woman.

CHELA: Now, you are catching on.

ANNOUNCER: For a healthy people, we are working
Ministry of Public Health

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1. B R E A S T

"CONGRATULATIONS"

MOTHER: Hello, Godmother. Congratulations.

GODMOTHER: Whatever for.

MOTHER: You haven't heard? The Ministry of Health is congratulating all the mothers that nurse their children because the children that are nursed grow more cheerful, vigorous, and wholesome.

GODMOTHER: That's true, my children never got sick while I was breast-feeding them.

MOTHER: For that you deserve congratulations for being a good mother.

GODMOTHER: And you, too. You always nursed your children.

(Happy music: trumpets)

ANNOUNCER: Honduran mothers, the Ministry of Public Health congratulates you for your efforts and worries in the care of your children. The mother who breastfeeds is a true mother.

ANNOUNCER: For a healthy people, we are working
Ministry of Public Health

2. INFANT CARE

WHO LAUGHS

(The laughter of mother and child.)

ANNOUNCER: Who laughs from the smile of a young child? The mother.

(Child's cry)

ANNOUNCER: Where is the heart that cries with the crying of a child?

In the mother

(Happy break music)

ANNOUNCER: Mother, the laughing and crying of your child depends on you.

Give more care to your children when they are weaker.

ANNOUNCER: The child under two years is the weakest. He needs more attention.

ANNOUNCER: The young children are more delicate, give them more care.

(Music and the laughter of a mother and child.)

ANNOUNCER: And enjoy the laughter...together.

OPERATOR: For a healthy people, we are working

Ministry of Public Health

INFANT CARE

DR. SALUSTIANO

(Music of radio-novel in the background)

MOTHER: (Crying) Oh, Dr. Salustiano, my poor child has died.
He couldn't fight the sickness.

DOCTOR: You're right, Mama, but your infant wouldn't have died if
you had given him more care.

MOTHER: I don't understand, my husband, and the other children
also had diarrhea and they were cured easily.

DOCTOR: Yes, but they are older; they are more resistant.
The young children are different. They are so weak, so
defenseless that they can't protect themselves against
sickness.

MOTHER: Oh, Lord. You are right, Doctor. (That makes sense, Doctor)

(Dramatic knock: Strike)

ANNOUNCER Young children are more tender.

Give them more care.

ANNOUNCER: For a healthy people, we are working

Ministry of Public Health

1. WORMS

WORMFREDO/WORMBERTO

ANNOUNCER: What occurs in the stomach of a sick child?
(Sound of stomach noises)

WORMBERTO: Wormfredo, how good it is to see you.

WORMFREDO: Wormberto, I didn't think we'd meet again.
How you have grown.

WORMBERTO: Yes, And the same with you.

WORMFREDO: It's because this child feeds us so well with the filth he eats.

WORMBERTO: Yes, he drinks water without boiling it...ha-na-na... and he
eats food that makes him chokes...ho-ho-ho.... That's why
we are so prosperous.

WORMFREDO: Yes, Wormberto. But now there are so many of us here in the
"bouch" that many have had to leave to look for food somewhere
else.

WORMBERTO: Yes. Ha-na-ha. Now the child sleeps with his eyes all washed
out and wakes up all the time. His
end will arrive soon. Ha-na.
(Cry of despair.)

ANNOUNCER. For a healthy people, we are working
Ministry of Public Health.

10 APR 1981

MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

1520

24/1/81

Academy for Educational Development, Inc.

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Development Support Bureau
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

TRIP REPORT

HONDURAS

OCTOBER 14 to 26, 1980

Project Director

Dr. William A. Smith

Project Field Coordinators

Dr. Reynaldo Pareja
Ms. Elizabeth Booth

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PRINCIPAL ACTIVITIES REALIZED

- I. Review and Analysis of Field Investigation Data.
- II. Development of draft implementation plan for Public Education Campaign.
- III. Selection of Prevention and Treatment Messages.
- IV. Coordination with MOH and USAID on related aspects of Health loan and MM&HP Project, including Component-4 Diarrhea Control, Component-7 MOH, Component-13 Mass Media for VHW, Component-15 Extension of Supervision and Component-16 Continuing Education for VHW.
- V. Review of technical requirements for health education components of water and Sanitation Project with MOH and USAID.
- VI. Visit to Materno Infantil Hospital to discuss involvement of their personnel in oral therapy training sessions.
- VII. Set-up radio monitoring system to determine present programming approach of health message.,

PERSONS CONTACTED

Dr. Merlin Fernández	Director General
Dr. Arturo Zelaya	Director Office of Health Education
Dr. Danilo Velásquez	Director Office of Maternal Care
Dr. Alberto Guzmán	Director Office of Epidemiología
Dr. Francisco Cleaves	Director Pediatric M.I. Hospital
Dr. John Massey	USAID Health Office
Berry Smith	USAID Health Office
Kathy Himmoh	USAID Health Office

- Visit to Nueva Armenia for mixing trial and home observation.

October 23, 1980

Dr. John Massey
Health Office
USAID, Honduras

Dear John:

I wanted to take this opportunity to thank you and your colleagues in the Mission for your continuing support of the MCH & HIV Project. At the same time I would like to report on the Project's progress and give you a general idea of our plans for the future.

The Pre-Program research stage has been completed. The data has been analyzed and an implementation plan has been outlined for the entire campaign. The final plan will be presented for official approval on December 4, in Washington. I will send you a copy as soon as approval is received there. The Project's in-country phase is on schedule, largely due to the extraordinary effort made by Reynaldo, Betty and the support we continue to receive from the Ministry.

During this visit I met the new Director General and discussed the Project's Program. The relationship between the new AID Health Loan and our Project was mentioned and Dr. Merlin Fernández seemed quite insistent that the two efforts should be carefully coordinated and resources shared. A similar discussion with Dr. Danilo Velásquez of MCH, resulted in the same conclusion. The integration of efforts seem to us not only inevitable but critically important. Planning for coordinated efforts has already begun under the auspices of Dr. Zelaya.

Our overall plan now projects an intensive period of training for health personnel from January thru May, in preparation for the first large scale media promotion of oral therapy. We are convinced that without the support of the medical community oral therapy will not be accepted. Our second phase will stress treatment behavior for a period of 6 months using both graphic materials and persistent radio broadcasts.

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Phase 3, from approximately January 1982 to May 1982 will focus on prevention behaviors, again using radio and graphics as the principle medium of instruction. The fourth and final broadcast phase, from June 1982 through December 1982 will again focus on treatment, attempting to re-instate behaviors established during Phase 2.

In reviewing the timing of critical components of the Health loan, it is remarkable how well those activities are related to our own planning. Specific areas which stand out include packet production, health worker training and supervision, and mass media development. We hope to be able to contribute in each area and thereby promote what our Project was originally designed to do - extend the effectiveness of health education to all areas of Honduras.

I have included a list of activities I have completed since being here, along with the principle prevention and treatment messages we have selected with the MCH as appropriate for Honduras.

I will track down the electrolyte salt costs we discussed as soon as I return to Washington and I hope the Peace Corps accepts our idea to conduct a small container research project.

I hope we can keep in close contact, and let me thank you once again for all your support and assistance.

Cordially,

William A. Smith
Vice President &
Ass. Dir., International Division
Academy for Educational Development

WAS/avc

7/8

Y-1111 1305 2007

MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

Academy for Educational Development, Inc.

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Development Support Bureau
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

TRIP REPORT

HONDURAS

FEBRUARY 5 to 13, 1981

Project Director

Dr. William A. Smith

Project Field Coordinators

Dr. Reynaldo Pareja
Ms. Elizabeth Booth

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TRIP REPORT
MASS MEDIA AND HEALTH PRACTICES PROJECT: HONDURAS
FEBRUARY 5 to 13, 1981

Objective

- Review Implementation Plan for Mass Media and Health Practices project with field team to ensure that all campaign components are in place.
- Discuss details of packet production and distribution system with MOH and PAHO officials.
- Discuss counterpart funding and provision of broadcast time by MOH.
- Prepare plans for initiation of the Water and Sanitation Health Education components through discussion with personnel at AID, SANA, and MOH.

Persons Interviewed

Dr. Reynaldo Pareja
Ms. Elizabeth Booth
Mr. John Massey, Health Officer
Mr. Ray Baum, Program Officer
Ministry of Health
Director General of Health

Sr. Jiron, Director, PROSABA, MOH
Dr. Zelaya, Health Education Chief, MOH
Luis Sarimiento, Health Educator, MOH
Dr. Carillo, Assistant to the Director, MOH
of Child Care Division, MOH
Rural Health Auxiliar Nurse
Director of PANE
Ms. Miriam Martinez, Project Nurse, MOH
Mr. Hector Valladares, Graphic Specialist

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A. PRINCIPAL ACCOMPLISHMENTS

1. Reached agreement with AID, PAHO, and Ministry of Health (MOH) to provide 100,000 emergency oral rehydration packets upon approval of amendment to AED Contract.

2. Through discussion with the MOH, it was agreed that the MOH would send a letter to the Ministry of Finance requesting that terms of Project Agreement be respected and that the three counterpart positions taken out of MOH budget be restored.

3. Visited laboratories of PANE, the national drug producer, and discussed production difficulties. With their help, some 50 sample packets with new triangular design were produced.

4. Visited a rural clinic and tested six poster designs, the new packet labels, and a new packet shape.

5. Reviewed status of each project component and developed the following materials:

- Distribution norms for packets and graphic materials..
- Designs for second phase poster materials, including a characteristic symbol for LITROSOL promotion: a large red heart with a red rose.
- Developed a training plan for auxiliar nurses and guardianes using dolls to simulate the clinical rehydration regimen.
- With Dr. Carillo and Miriam Martinez, developed the rehydration norms for the MOH and translated them into specialized posters for distribution to fixed facilities and to be used as a basis for training of health professionals.
- Developed plan and pilot designs of materials for school program including three specialized graphic products.
- Developed plans for a monitoring system, relying on regular monthly telegrams and summary control sheets for each health worker receiving materials.

B. MAJOR ISSUES AND POTENTIAL PROBLEMS

1. Packet Production

Using estimates developed during this trip, it is anticipated that some 96,000 packets a month will be needed during the months of May, June, and July if a fully operational marketing campaign is in place. This suggests that something like 600,000 packets are needed a year for Health Region No. I alone, or some 3,200,000 packets a year once the program becomes truly national (see Appendix D,1.)

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At present, PANE, is producing 2,500 packets a day, approximately 50,000 packets a month, or approximately 600,000 packets a year. This production is presently limited by the capacity of the mixing/filling machine and by the number of work shifts a day. Conceivably, PANE could double production by putting on an extra shift and making minor improvements in production speed, but it does not seem reasonable that PANE will be able to maintain an accelerated production rhythm for extended periods of time.

For the moment, the 96,000 packets a month appears beyond the project's capacity to distribute. In Health Region No. 4, which has a fully implemented oral therapy program, at best without large scale public promotion, they managed to use only 38,000 packets during all of 1980. It simply does not appear reasonable to assume that the MOH will triple that rate of annual packet use for one month only.

An agreement was reached with the MOH to provide the entire production of PANE, some 150,000 packets during the next three months, to Health Region No. I (the project's target region) alone, and to obtain an emergency stock of some 100,000 packets from UNICEF to meet the needs of the rest of the country during 1981. This will ensure that in Health Region No. I, one style of packet will be used and that the Ministry will have an excellent test of how that packet is best distributed, received, and used before making a national commitment to a specific design.

It will also permit the MOH to gauge the effects of a large-scale promotion on packet demand and may suggest the necessity for additional investment in production equipment. Until the MOH has proof that demand will increase considerably, they are unwilling to make additional investments in equipment and staff. This seems a reasonable position on their part as skepticism about the project's ability to distribute such large quantities of packets continue to be strong within the MOH.

2. Packet Design

In 1980, PANE purchased one million aluminum foil packets very similar in design and structure to the UNICEF packets. The foil is a bit thicker, and the labeling much simpler, but the packet holds the same volume and mixture of ingredients and is shaped the same way. During the first months of field tests several problems with the PANE packets were detected. First, the glucose had not been properly dried before being mixed and the salts were caking severely. This interfered seriously with the ability to pour and dissolve in water. Secondly, the ink used on the packets came off with only minimal handling. Third, the foil was so heavy that it was impossible to tear open without using a knife or some other sharp instrument. And fourth, spillage of salts was common when they were poured into narrow-necked bottles.

We believe that the drying problem has been solved. Humidity standards in the laboratories are still a few degrees higher than optimal. This problem is being addressed by the addition of several dehumidifiers. New package labels have been designed which provide a brand name, LITROSOL, and a four picture instruction on how to mix the packet (see following page).

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Three hundred thousand labels were printed to test their durability under field conditions and their instructional efficacy. They are being added by hand to the already printed PANE packets. In an effort to address the packet-opening difficulty, a small slit (see photograph A on following page) is being made in the upper corner of the packet which permits easy tearing of the corner. This also helps solve an earlier problem with pouring the salts into narrow-neck bottles which are the most common liter size available in rural Honduras. Opening at the corner provides an easier means of inserting salts into the small bottle opening.

Early field trials of the instructions and the slit indicate that without direct guidance, mothers do not notice the instructions on the packet. They are particularly unaware of visual instructions. In one case for example, a mother simply turned the packet to the side where the ingredients were printed and tried to use this as a mixing instruction. Mothers tended to wash their hands before opening the packets without any suggestion from the instructor to do so. Because their hands were wet, the packet opening was wet also. This caused the salts to clog at the opening and made pouring difficult, but not impossible (see photograph B). Several mothers used their teeth or a knife to open the packet. None of the mothers could find the slit, even after being asked to look for it on the packet. However, once the mothers were shown the visual instructions--step-by-step, and shown physically where the slit was--they learned very quickly and seemed pleased to have the information. The instructions took less than a minute and mothers made virtually no mistakes in opening the packet after the simple instruction period.

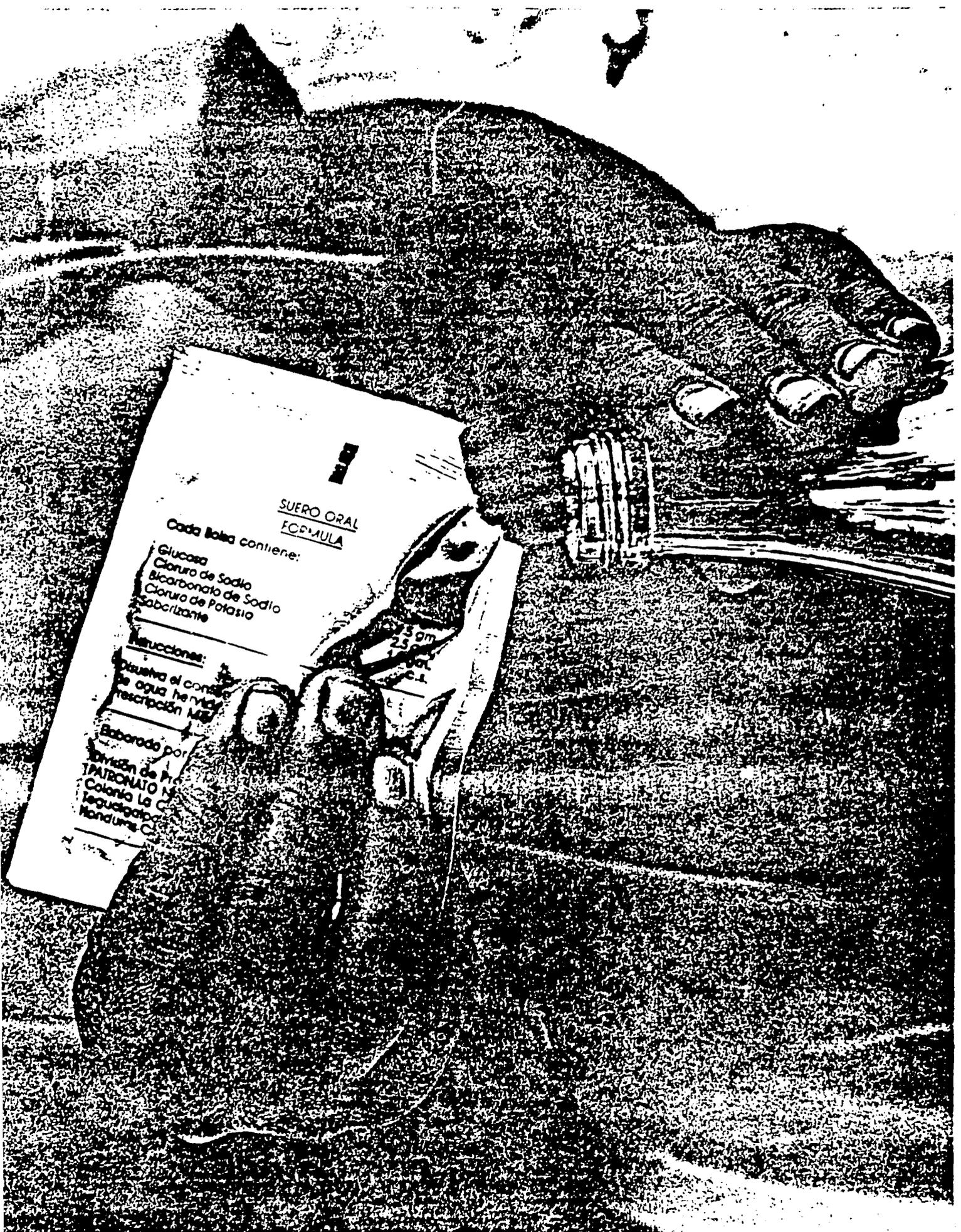
Taking this experience into account, a support leaflet (see Appendix D,2.) has been designed which uses the exact drawing on the packet label coupled with additional simple drawings of the principal administration steps and dehydration signs. These support leaflets will be distributed with every packet and used as a teaching guide for the auxiliar nurses, providing them a simple, but systematic way to review all the important mixing and administration points. These materials are now being tested with auxiliar nurses.

Finally, one additional packet experiment is being tried. A new packet shape has been designed. This shape allows the same volume of salts to be packed, but provides a single, narrow point. This point, when opened with a knife, converts into a funnel, which fits perfectly into the narrow-neck bottles commonly available, and virtually eliminates spillage.

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PHOTOGRAPH A





SUERO ORAL
FORMULA

Cada Bala contiene:

- Glucosa
- Cloruro de Sodio
- Bicarbonato de Sodio
- Cloruro de Potasio
- Saborizante

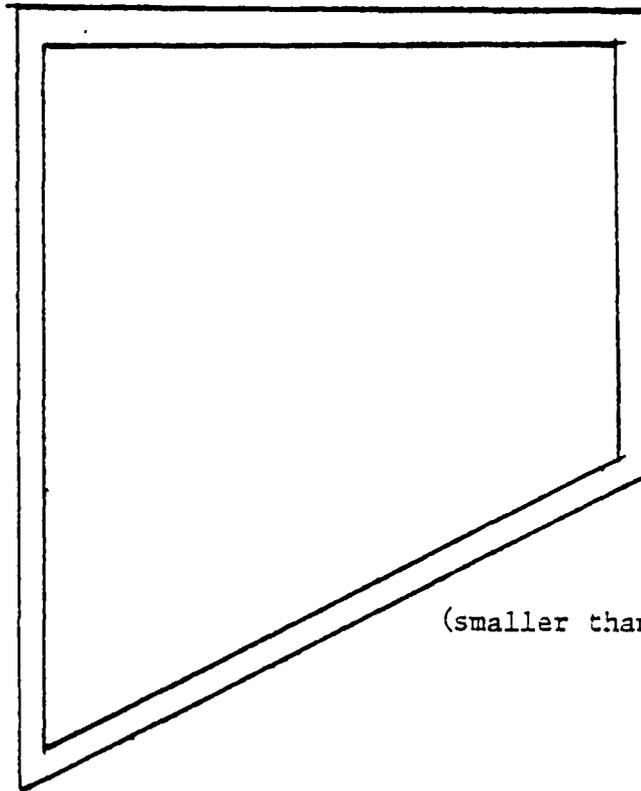
Instrucciones:

Disuelva el contenido
en agua hervida
Prescripción M.F.

Elaborado por

División de Producción
PATRONATO N.º
Colonia La C.
Reguigato
Mandurá C.

Mothers, when given a choice between the two packet shapes--and after having used both, chose the triangular packet as "much easier." This design will not be incorporated into large scale production until further field trials have been conducted, and if it proves successful will be used for the next bulk order of packets.



(smaller than actual size)

3. Counterpart and Broadcast Contribution of the MOH

The project agreement stipulates that the MOH will assume the financial responsibility for three counterparts and one-half the cost of air-time required by the project. The MOH is fulfilling its commitment in terms of air-time but is facing a difficult situation as regards the counterparts. Due to the project's late start-up in Honduras, the MOH missed the 1980 budget cycle and was unable to include the three counterpart salaries in the 1980 budget. The project, under special agreement with AID, agreed to pay those salaries for one-year on condition that the MOH assume them from that point on. The MOH included the three positions in its 1981 budget request to the Ministry of Finance. Honduras however, is undergoing a financial austerity program, and budgets are being severely cut at all levels. The MOH received dramatically less money than requested and the three new positions for counterparts were denied. We have reached agreement with the Minister that he will make a special plea for these three positions.

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We are hopeful, but not overly optimistic, that the situation will be favorably resolved. Discussion with USAID mission personnel indicated that the austerity program is genuine and pervasive, affecting the implementation of large loan agreements with several Ministries. A number of avenues are being explored. Without the counterparts we now have, it will be virtually impossible to implement the present campaign plans. Their absence would severely eliminate the project's ability to develop a Honduran capacity to integrate systematic communication planning in future health programs. This is an issue of great concern to us at the moment.

C. STATUS OF PROJECT IMPLEMENTATION

During my visit, a thorough review of the project's present status was conducted involving both project personnel and MOH counterparts. The following is a brief report on the status of each component.

1. Radio Program Production

a. Spots

The central themes of this phase of the campaign are: to introduce the concept of dehydration; to provide messages which reward and praise mothers for doing the right thing, such as breast-feeding; and to introduce the link between children who need special care and parasites. Twenty-one radio spots have been pretested, revised, and produced. These twenty-one are now ready for final MOH approval and distribution to radio stations. Broadcasts are scheduled to begin the last week of February. The programs break down in the following ways: by content there are four programs on "special care for young infants;" four programs on "how to avoid parasite contamination;" four programs on "the importance of breast-feeding;" and 9 programs on "the significance of dehydration in children."

From a format perspective: there are three programs which have a news style; four programs which use a single narrator; and 14 programs which use a dramatic setting. These dramatic programs include a midwife character, a school class, a learned doctor, two mothers congratulating themselves, two parasites talking to each other about the things they like most, and a happy mother who learns how to kill parasites. In addition, two songs have been written for the project, one which is a lovely melody stressing the importance of child care, and a second which is a memorable jingle about dehydration.

In my view the radio programs are very well produced, technically excellent, and should be both memorable and relevant. I was very pleased with the quality of the production.

b. Mother of the Week (MOW)

The field taping of ten MOW programs will be conducted the first week of March. Five villages will be visited and two auxiliares, ten mothers, and several guardianes will be interviewed. These materials will be edited into ten final programs. MOW broadcasts will begin the end of March. A ventriloquist has been contracted and a special dummy made to animate the large community sessions. Graphic materials will not be distributed during this first field taping, but additional pretesting of new graphic materials will be conducted during the community visits.

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c. News Items

Four news items are now being written for broadcast at regular intervals during Phase I. The first two items will stress Honduras' role in implementing oral therapy in the Maternal Child Hospital and in developing local production of oral rehydration salts. In addition, the latest studies of the importance of breast-feeding and feeding during diarrhea will be stressed in the two additional programs.

d. Mini-Radio-Novelas

This program is now being reconsidered in light of the lack of an MOH radio counterpart. Without a full-time person to write, produce, and distribute these programs, it is impossible for a quality program to be produced. The cost of hiring actors, along with taping and editing costs, makes this format relatively expensive. For these reasons, the radio novela is being reconsidered and probably will be eliminated as part of Phase I programming.

2. Graphic Materials

a. Posters

Three posters have been pretested, redesigned, and are now in final production. Copies of each have been provided in Appendix D.3. The first poster focuses on the benefits of breastfeeding. Additional field testing showed that a little pizzazz needed to be added to the original design. This was done by encircling the mother in a large red heart, adding a rose to her hand, and crowning her with a laurel leaf. An initial trial of using a halo was rejected because of opposition from evangelical groups in rural communities. The heart, rose, and crown were well received and the poster proved popular with the test audience. Coincidentally, red is a color associated with curing and adds impact to the overall visual message. These three elements: heart, rose, and crown are being considered as a characteristic trademark for the program, combining them with images of a healthy child holding a LITROSOL packet, and a LITROSOL packet by itself.

A second poster shows a mother providing special care for her infant while her other children play in the background. And a third shows the negative consequences of keeping water from a child with diarrhea. The third is somewhat controversial. The death scene was considered to be very strong by most of the test audience. They clearly said they "didn't like the picture" and it appeared clear they were referring to the content. At the same time, they recognized the consequences of lack of water. Only 1,000 copies of this poster are being made, while some 5,000 initial copies of the other two are being produced.

Draft posters for Phase II are also included in Appendix D.3. They show how the same visual themes are expanded to relate LITROSOL to child care and to avoid death from dehydration. The phrases being used on the posters are picked up in the radio programs and provide an identifying characteristic for the campaign. One poster is being designed which replicates the label on the LITROSOL packet. This poster will be widely distributed throughout the region during Phase II.

One specialized poster has been designed for fixed health facilities including doctor's offices, hospitals, clinics, and health centers. This graphic provides clear instructions on administration of oral therapy in fixed facilities and additional information on the importance of breast-feeding, avoidance of antibiotics, and feeding during bouts of diarrhea. This poster is being printed in the U.S. so that it will have the maximum professional quality. This is considered critical to convincing the medical professionals that oral therapy is a serious and "high-class" treatment. The chart has been designed especially for a literate and sophisticated audience. It will be used in the training sessions for all health professionals and distributed at the end of each training course.

5. Support Visuals

A slide tape presentation on the administration of oral rehydration therapy has been prepared for use with professional medical personnel. The seven-minute presentation uses pictures from the oral rehydration ward in Tegucigalpa and photographs taken during field mixing trials to illustrate the overall administration and instructional problems related to oral therapy. Finally, a manual for auxiliar nurses and another on official MOH norms for oral therapy are being prepared and structured into separate documents. These documents will be used as a reference, supporting the large wall graph and the training sessions.

A Hoja de Apoyo para Madres support leaflet for rural mothers is being prepared (see Appendix D,2). This leaflet details the critical points in administration and mixing of the oral solutions.

A similar sheet is being prepared for midwives and primary health workers to emphasize the signs of dehydration and decision points when children must be taken to a fixed facility.

Three materials are being prepared for use in rural schools. The first is a children's story, abundantly illustrated, which has as the central character a young boy who helps save his sister's life by recognizing the early signs of dehydration. The story emphasizes the role that young children can play in such a program and gives the boy praise from both his mother and the local health nurse for being such a hero. The second is a comic book using two parasites as central characters. The parasites build upon the story from the radio spot to explore how unsanitary conditions help them propagate. The comic features a little girl who learns how to destroy parasites and guard against parasite invasion. The third is an exercise called La Casa Sana.^{*} Like the fire prevention checklist that many schoolchildren in the U.S. take home to evaluate the home fire hazards, this checklist is an exercise which allows the rural teacher to first discuss diarrhea hazards around the home, to motivate the child to do an individual evaluation of his own home, and then to adopt one of the behaviors which is not presently practiced. Care has been taken to include several aspects which we know now exist in rural homes to avoid embarrassing children who come back to school with a zero health score. One activity has been included especially for follow-up purposes. That activity is the use of a special box, or place in the home, to store dirty diapers. It

* The Healthy House

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is considered that this is very rare now; that it would be a contribution towards home cleanliness; and that it is something that a school age child (second- to third-grade) could effectively manage. The exercise includes a monitoring function and a reward for children who do arrange a special place for dirty diapers.

3. Training

One training course has been completed for 37 nationwide nursing supervisors. This course emphasizes both the theoretical and practical aspects of oral therapy. Initial skepticism among project personnel about the worth of theoretical sessions proved to be unfounded. The nurses are accustomed to theoretical presentations, particularly from respected doctors, and would have felt cheated if only practice sessions had been included. The purpose of this early training was to introduce the oral rehydration therapy concept to an influential group of supervisors working at the national level.

The next major training experience will be for 125 medical students preparing for their first year of field service. A similar emphasis on theory combined with practice will highlight the training design. The wall chart will be used as the basis of the training structure and will be distributed along with a paper prepared by Dr. Edwin Parker which has been translated into Spanish for this purpose.

In April the full-scale training of auxiliar nurses in Region I will begin using a training design which emphasizes simulated practice of therapy administration (see Appendix D). In May and June training of primary health care workers and midwives will begin.

The basis for this training approach was developed after a five-week field test of the training format. Miriam Martinez, the project counterpart nurse, first spent one week in the Maternal Child Care Hospital observing doctor's, nurse's, and mother's responses to the oral therapy regimen. These experiences pointed out clear difference between rural and urban mothers who came to the hospital. Rural mothers had much greater difficulty in keeping the scheduled administration times. They were oblivious to the work. They were more reluctant to wake their children to administer the solution, as sleep for them represented an important improvement in their child's condition.

It was also clear from these experiences that neither doctors nor nurses gave very good instructions to mothers, nor did they provide regular supervision of mothers. This was particularly true during those times when the nursing shifts were changed. In a few cases, mothers were left without oral solution for up to three hours. Vomiting was frequent. It was rarely severe, but it did concern mothers greatly and seemed to be related to rapid administration of the solution. The instructions which nurses and doctors gave to mothers on how to prepare and administer the packets in their homes were also insufficient. There was little or no checking with mothers to determine if they understood the instruction and a very rapid review of the most important points was made. A common question which mothers asked was whether they should "cook" the solution before giving it to infants. This questioning has prompted doctors to dwell on the point and insist that the solution not be boiled, but that the water in which it is prepared be boiled. Mothers were also concerned that the solution had not stopped the diarrhea. The

doctor's response was to focus on the child's improvement and to say that the solution had stopped the vomiting. This proved to be an effective argument with most mothers, although their concern about receiving medicine for the diarrhea continued.

The second stage of the trial was a field test of an auxiliar's ability to teach the basic steps of mixing to rural mothers. Miriam spent one day in Talanga, a rural area several hours from the capitol. She first taught the local auxiliar during a three-minute demonstration, how to prepare the solution. The auxiliar then taught 11 mothers, individually, with no intervention from Miriam. She then established a follow-up schedule; visiting the first four mothers after one week; another four mothers after two weeks; one mother after three weeks; and a final mother after four weeks. There was essentially no loss in learning the critical mixing steps. Mothers, even after three and four weeks, made no notable mixing mistakes and seemed to remember very well how much water to use; when to add water and salts; and how to give, and over what period of time to administer, solution. This was both surprising and encouraging to the project staff. It suggests that nurses may be effective educators even if they are pressed for time and may suggest that opinion leadership, the transfer of mixing and administration instruction from one mother to another, should be aggressively encouraged.

4. Campaign Administration

A number of specific administrative decisions are now being made. First, a broadcast schedule is being finalized which will specify each radio broadcast time and station. This design will be used to monitor the station's compliance with scheduled plans. A local commercial firm which specializes in this service will conduct the monitoring activity.

A distribution system has been designed to control what materials are distributed to whom. A combination of distribution during training sessions, distribution to difficult areas through the Mother of the Week program, and regular monthly cables from 10 selected sites will be used to ensure that at least minimal supplies of packets and print materials are available.

Distribution of packets through commercial pulperias (stores) is still being discussed. No one in the MCH has explicitly forbidden it, but all authorities have expressed serious concern. They feel it would set a precedent which the MOH does not want to establish and would blur the lines between commercial and public distribution of patent medicines. In the absence of a clear prohibition project staff continue to explore ways in which the commercial sector can be involved, including commercial production of oral salts to compliment the MCH's own program. Optimism is tempered in this regard, but project personnel continue to be hopeful. At this point, it is doubtful that packets will be widely available through local stores during Phase II of the project.

D. OVERALL EVALUATION OF PROGRAM AT THIS STAGE OF DEVELOPMENT

Enormous progress has been made toward the development of some very exciting instructional materials, including the radio programs and several interesting graphic support materials. The support leaflet offers an instructional axis around which the principal educational points can be organized, taught, reinforced, and evaluated.

The biggest problem continues to be effective supply and distribution of packets. While steps are being taken to address this problem, its solution continues to depend on a variety of factors beyond the project's control. It appears clear now that the project will have an effective first phase campaign and that the potential demand for LITROSOL will be high. We continue to be hopeful that a break-through on the production of packets, the use of commercial distribution facilities, and assured access to training courses will be forthcoming.

Finally, the concern over the continued availability of counterpart personnel is very critical. Not only will the absence of counterparts weaken the ability of the project to become an operational part of the MOH, but it threatens the project's ability to conduct training sessions, design materials, and generally carry-on with the campaign.

NUMBER OF PACKETS OF LITROSOL REQUIRED BY ORAL THERAPY PROGRAM

SYSTEM 1:

<u>Calculated by number of distribution points during rainy season:</u>		<u>LITROSOL</u>
No. of health centers; 63 x 10 episodes of diarrhea daily x 20 days in a month x 2 packets	=	25,200 per month
No. of <u>guardians</u> ; 164 x 2 episodes of diarrhea daily x 20 days in a month x 2 packets	=	13,120 per month
No. of midwives; 559 x 0.5 episodes of diarrhea daily x 20 days in a month x 2 packets	=	11,180 per month
<u>Hospital Materno Infantil</u>	=	10,000 per month
<u>Hospital Danli</u>	=	<u>5,000 per month</u>
	Subtotal	64,500 per month
250 large stores x 50 packets (per month)	=	12,500 per month
650 small stores x 30 packets (per month)	=	<u>19,500 per month</u>
	Subtotal	32,000 per month
(No. of packets during rainy season (per month))	Total	96,500 per month

No. of packets needed during rainy season: 4 x 96,500	=	386,000 per month
No. of packets needed during dry season: 8 x 24,125 (1/4 of rainy season)	=	<u>193,000 per month</u>
Packets needed for Region I annually	Total	579,000 per month
Packets needed nationally (annually) (Considering Region I has 18 percent of total population)		3,216,666 per month

Best Available Document

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SYSTEM 11:

Calculated by number of children:

64,000 families of Region I x 1.5 children less-than-5-years-old	=	96,000 children
96,000 children x 4 episodes of diarrhea annually	=	384,000 episodes
384,000 episodes x 2 LITROSOLS	=	768,000 LITROSOLS annually
No. of LITROSOLS during rainy season (128,000 x 4)	=	512,000 LITROSOLS
No. of LITROSOLS during dry season (32,000 x 8)	=	<u>256,000 LITROSOLS</u>
	Total	768,000 LITROSOLS

(System 1 represents 75 percent of this total)

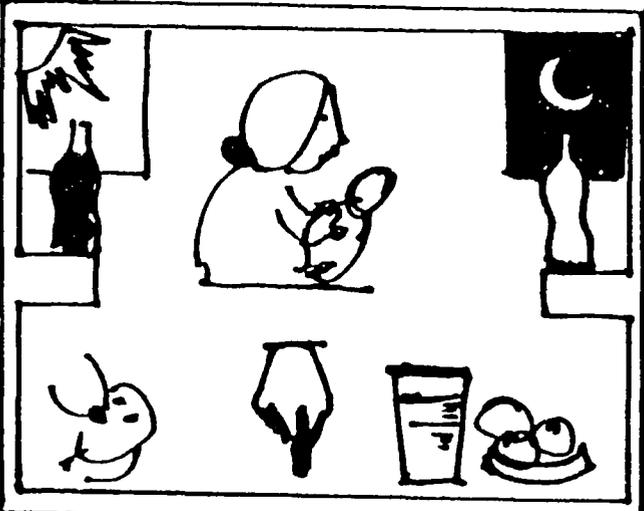
SYSTEM 111:

<u>18,000 episodes of diarrhea reported in 1980</u>	=	36,000 LITROSOLS
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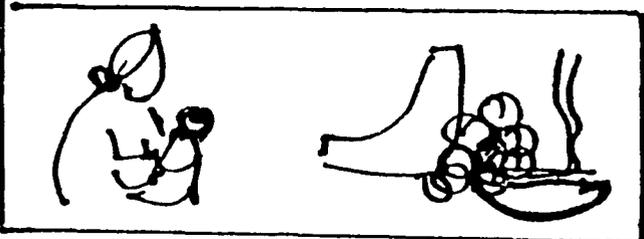
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1	2	3	4
(same a label)			

Mix LITROSOL in a 1 litre bottle of Water



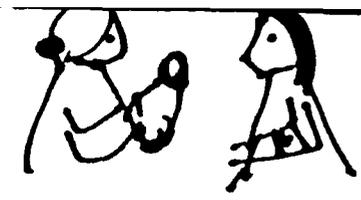
Give ALL the bottle in 1 full day plus Breastmilk, Water & Juice



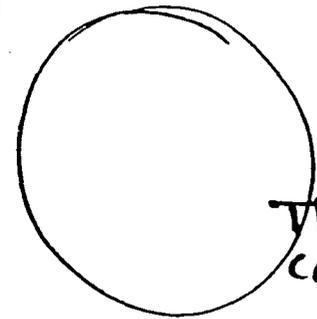
Give soft foods like rice water,



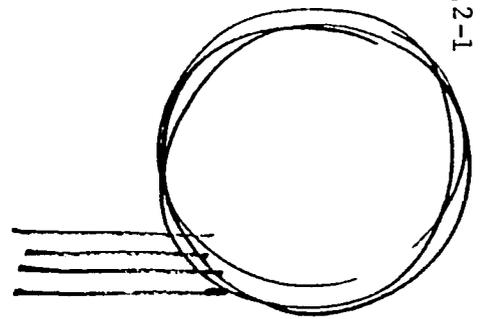
DONT give Purges like teas, —, —.



Take your child to the ~~br~~ clinic if:



The diarrhea continues



D,2-1

Holia de Aporo

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Ministerio de Salud Pública y de la Dirección de Educación, Dirección Provincial de Promoción Social

Madre que pecho da..



¡Es Madre de Verdad...!

Ministerio de Salud Pública y de la Dirección de Educación, Dirección Provincial de Promoción Social

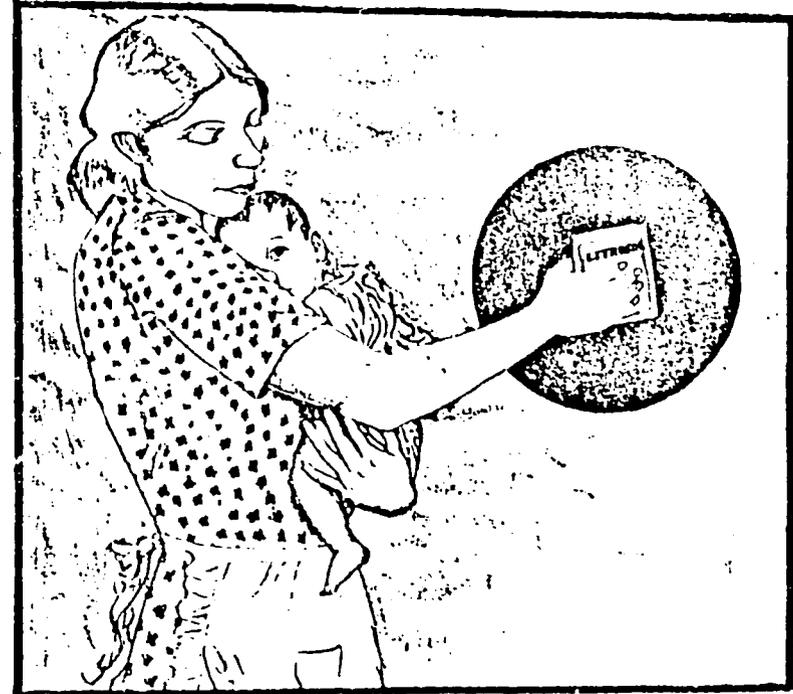
EL TIERNO ES MAS DELICADO



¡ DELE MAS CUIDADO !

Municipio de Ciudad Páez y A. S. Propósito Tratamiento Diverso Superior
Distrito de Educación

EL TIERNO ES MAS DELICADO



¡ DELE MAS CUIDADO !

Municipio de Ciudad Páez y A. S. Propósito Tratamiento Diverso Superior
Distrito de Educación

D 3-2

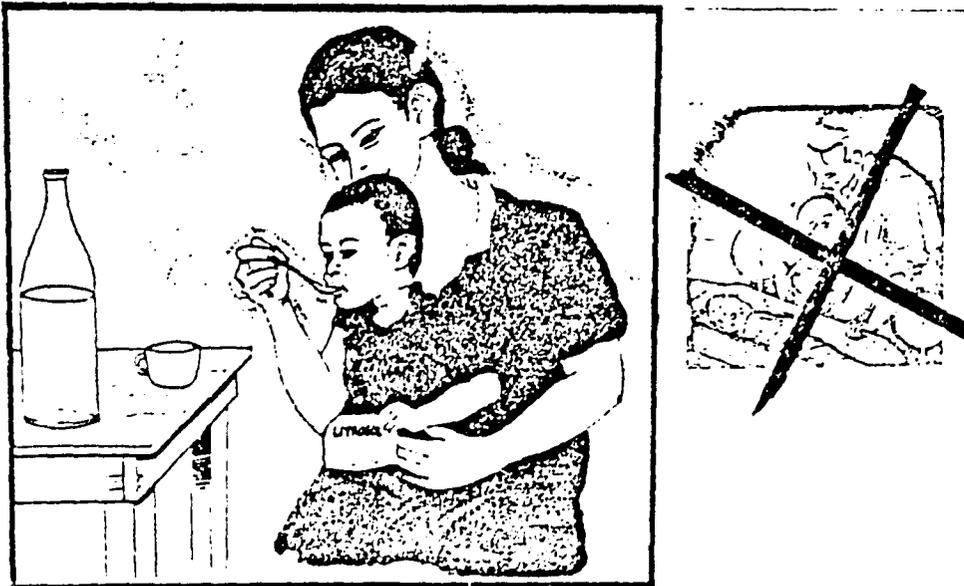
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¿ CON OBRADERA ... ?



¡ DELE LIQUIDOS PARA QUE NO MUERA !

¿ CON OBRADERA ... ?



¡ DELE LIQUIDOS PARA QUE NO MUERA !

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OUTLINE OF TRAINING DESIGN FOR AUXILIAR NURSES

Principal Objective: Train auxiliar nurses to effectively use the Support Leaflet with rural mothers.

Secondary Objective: Train auxiliar nurses to properly administer oral rehydration therapy in fixed facilities to dehydrated children.

- A. Introduction: A brief presentation of who the trainers are and why they have come.
- B. Audiovisual presentation: A seven-minute slide-tape which summarizes the major aspects of oral rehydration therapy.
- C. Theoretical presentation of how oral rehydration therapy works.

This 20-minute presentation by a respected local physician discusses the physiology of oral rehydration therapy and sets a professional tone for the remaining training. This was included to counter claims by many nurses that oral rehydration therapy was a household remedy used for years and not really as good as application of the therapy in a center. The presentation deals with their principal concerns: does it work; what happens if vomiting occurs; and does it stop the diarrhea?

- D. Demonstration by Miriam Martinez of the full application of the therapy in a center.

This ten-minute demonstration provides a model for the nurses who will then be asked to simulate the full administration cycle themselves during the training.

- E. Small group practice before the large group.

The large group of 20 to 30 nurses will be broken down into 10 groups of two to three people each. Each group will be numbered and one member of the group will take the role of an auxiliar nurse, while the other members play the role of family members. One of these groups will be asked to repeat the administration demonstrated by Miriam. Miriam will provide feedback to the small group on their performance and ask the large group to make suggestions as well.

- F. Practice in individual small groups.

At this point the small groups will separate and each will be asked to conduct one practice session using dolls, common measures, the wall chart, packets, etc. Each group will have the same materials which can be found in their clinic. They will first determine the severity of the diarrhea and look for signs of other serious problems. They will use the weight-for-age chart to establish their child's (doll) actual weight and prepare the correct volume of mixture for that child (doll). They will then use a cardboard clock to simulate administration time and discuss what they would do if vomiting occurred. They will reevaluate the child's condition and assume that improvement has taken place. At this point, they will use the Support Leaflet for mothers to teach the other members of their group how to mix and administer the solution in their homes, receiving feedback on their teaching behavior. Each member of the group will have the opportunity to simulate the role of auxiliar at least once. The trainers will pass from group to group giving advice, noting problems and providing support.

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G. Large group discussion of problems encountered.

The large group will convene once again and discuss how this system might be used in the congested, noisy environment of their rural clinic. Possibilities for group teaching of mothers and the use of expert mothers as assistants will be discussed. Essentially, the point here is to give the group a chance to compare reality with the artificial environment of the training course.

- H. The radio programs will be played during the training course and nurses asked to comment on them, making sure that the messages are clear. They will then be asked to remind mothers that such programs are on the air, mentioning specific characters like Dona Chela, Dr. Salustiano, etc.
- I. Materials, including a wall chart, the manual, multiple copies of posters and a guide on where posters should be placed in the community, along with a two months supply of packets, will be distributed.
- J. A written test will be administered to determine what information was lost and these tests reviewed and "graded" by the auxiliar herself to ensure that mistaken concepts are corrected. Special attention will be given to emphasize that: LITROSOL is a medicine, not just a vitamin; it does not stop diarrhea, but it helps make the child stronger so that the child can fight the diarrhea better; the solution replaces the water which the child has lost and helps restore the child's appetite; if vomiting occurs, the mother is to let the child rest, and then continue administering slowly; mothers should give all the solution; mothers should stop giving purges, and instead, feed the child breast milk and soft foods, and, finally, mothers should return if the diarrhea continues, or the child appears worst.

MASS MEDIA & HEALTH PRACTICES: RURAL WATER & SANITATION

OBJECTIVE: To design and execute a community health education component for a rural water and sanitation project

LOCATION: Tegucigalpa, Honduras

TARGET POPULATION: 247,000 rural Hondurans living in communities with populations under 2,000

PROJECT DURATION: 33 months

SPONSORS: United States Agency for International Development;
Government of Honduras

CONTACT PERSON: Dr. William A. Smith
Academy for Educational Development
1414 22nd Street, N.W.
Washington, D.C. 20037

Ministry of Health (MOH) statistics set infant mortality in Honduras at 103 per 1,000 live births, and it is estimated that 80 percent of children under five years of age suffer from some degree of malnutrition. Gastric intestinal illnesses are highly prevalent, with some 24.4 percent of infant deaths attributed to diarrhea. Studies by INCAP in Guatemala found a synergistic relationship between malnutrition and diarrhea. The findings suggest that an intervention such as improved water and sanitation facilities would result not only in reduced diarrhea incidence and infant mortality rates, but also in improved nutritional status among the under-five age group.

The contrast between rural and urban health conditions further strengthens the case for improving access to water and sanitation sources in the rural areas. Some 78 percent of the urban population has access to drinking water facilities and 49.7 percent has access to some means of human waste disposal. Comparatively, only 30.3 percent of the rural population has reasonable access to safe drinking water, and only 18.4 percent of the population has access to basic waste disposal facilities.

The project will pursue four major activities: (1) expansion of construction capabilities to permit self-help installation of approximately 180 gravity-flow aqueducts, excavation of 3,000 hand-dug wells to be furnished with hand pumps, rehabilitation of 800 wells and 50 piped water systems, and installation of approximately 18,000 pit latrines and 14,000 water sealed latrines; (2) establishment of functioning sub-project maintenance systems; (3) development and implementation of education activities to promote community participation, improved health behavior related to water and sanitation facility use, and systems maintenance; and (4) training of promoters and field agents to improve sub-project implementation, supervision, and overall project monitoring.

The program will be coordinated through the efforts of field promoters who are responsible for all phases of activities, including the initial community contact, obtaining assurance that the community will provide the required volunteer labor, construction, and health education. If a protected water source exists within a reasonable distance above the village that will serve the community's water needs, a gravity-flow aqueduct will probably be the appropriate solution. If the prerequisites are not present for a piped water system, the possibility of installing community wells will be investigated. The motivation for adoption of the water and sanitation facilities is to be stimulated by community participation in: the decision to initiate the project, selection of the technology, the scheduling of labor-intensive activities, instruction on system operation, and training for maintenance. A health education component is included in the project design to encourage adoption of improved hygiene practices.

The health education activity relies upon past experience in mass communication and combines systematic pre-program research with experience drawn from such fields as social marketing and behavioral analysis. This process rests upon a clear understanding of three principal areas: the behaviors to be promoted; the personal, family, and community context in which these behaviors are elicited; and the ability of the instructional tools to promote the widespread adoption of the selected behaviors.

RESOURCES USED

People:

The health education component provides one full-time expatriate technical assistant for 33 months in Honduras.

In addition, there are resources for short-term expatriate consultants in behavioral modification, social marketing, and formative education, as well as local assistance for field interviewing, village observation, and program monitoring.

Buildings:

Facilities of the Ministry of Health and the National Sewer and Water Agency (SANA).

Material Aids:

Open broadcast radio programs.
Tailored graphic materials including posters, pamphlets, flipcharts and training support materials.
16mm film and slides.

Costs:

Approximately \$500,000 for the health education component.

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THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF
HEALTH SERVICES ADMINISTRATION
DIVISION OF HEALTH EDUCATION

615 North Wolfe Street • Baltimore, Maryland 21205

February 24, 1981

TO: Dr. William Smith
Project Director
Mass Media and Health Practices

FROM: Members, Institutional Review Board of The Academy for
Educational Development *CF*

It is our view that two aspects of your project - the mass media campaign and the distribution of oral rehydration therapy - are not research activities according to the definition of research provided in the current DHHS regulations (published 1/23/81) and therefore do not require our review and approval. We also doubt that your monitoring of village women's reactions to the media campaign is a research activity. However, because no identifying information is to be collected, even if this monitoring constitutes research with human subjects, it is exempted from review under the current regulations (see 46.101, b-3, p. 3386).

Thank you for this opportunity to consider your project. We appreciate the thoroughness of the materials you prepared for our review.

IRB Members: Maurice Imhoof
Jill Merrick
Joel Teitelbaum
Ruth Faden *RF*
Mary Lou Clements
Gayla Kraetch

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