MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

Academy for Educational Development, Inc.

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SEMIANNUAL REPORT NO. 9

PROJECT DIRECTOR

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The Gambia	Honduras	Primary Health Care	Water & Sanitation
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October 1, 1982 - March 31, 1983

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SECTION I
BACKGROUND

On September 30, 1978, the Academy for Educational Development, Inc., was contracted by the Offices of Health and Education of the Science and Technology Bureau (ST/H, ST/ED) of the United States Agency for International Development (AID) to implement a five-year project for the prevention and treatment of acute infant diarrhea in the rural areas of two developing countries. Simultaneously, Stanford University was contracted to evaluate the project.

Project agreements were signed in September of 1979 with the Government of Honduras and in December of 1980 with the Government of The Gambia. These agreements define the terms of collaboration between project personnel and the respective Ministries of Health (MOH) in both countries, and emphasize the dual goals of the program:

1) To strengthen the health education capacity of the cooperating countries through the systematic application of mass communication.

2) To contribute significantly toward the prevention and treatment of acute infant diarrhea in isolated rural areas of both countries.

In January of 1980, work began on the 36-month program in Honduras. The program includes resources for materials production, broadcast time, developmental research, and six person-years of long-term technical assistance. The program in The Gambia, also scheduled for 36 months, began in May of 1981 and includes resources for materials production, developmental research, and three person-years of long-term technical assistance.

In both countries, project personnel assist national health personnel in developing a public education campaign that combines radio, specialized print materials, and health worker training to deliver information on home treatment of infant diarrhea, including the proper preparation and administration of oral rehydration therapy (ORT). Other critical messages include rural water use, sanitation practices, infant feeding, food preparation practices, and personal hygiene.

On February 2, 1981, the AID Mission in Honduras amended the Academy for Educational Development's Mass Media and Health Practices contract to expand the emphasis given to water and sanitation messages. The amendment provides additional technical assistance to a separate Mission-supported program in three northeastern provinces of Honduras. This activity adds three person-years of technical assistance to the original contract and is referred to in this report as the Water and Sanitation (W&S) Component of the Mass Media and Health Practices (MM&HP) Project.

In July of 1982, the Health Office of the USAID Mission/Honduras amended the MM&HP contract a second time to provide assistance to the Ministry of Health's expanded national program of immunization, diarrhea, and malaria control. This amendment provides 24 person-months of technical assistance to a nationwide health education program aimed at strengthening the existing network of primary health care workers throughout the country. Using many of the same techniques developed by the diarrhea program financed under the original contract, the new program will further institutionalize the application of communication planning to the delivery of other critical health information. This activity is referred to here as the Primary Health Care Component of the MM&HP Project.

SECTION II
ACTIVITIES PROJECTED FOR PERIOD FROM OCTOBER 1, 1982 to MARCH 31, 1983

A. HONDURAS

1. Complete final phase of broadcast campaign.
2. Prepare administrative procedures for closing local office and transferring materials to Primary Health Care Component.
3. Begin work on project methodological handbook.
4. Transfer of Elizabeth Booth to Primary Health Care Component.
5. Continue assistance to Ecuador diarhea program.

B. THE GAMBIA

1. Complete first-year implementation plan.
2. Conduct formative evaluation of first broadcast year impact.
3. Develop implementation plan for second broadcast year.

C. WATER AND SANITATION COMPONENT

1. Complete production of all print materials.
2. Review target behavior and develop new broadcast strategy.
3. Emphasize increased community training.

D. PRIMARY HEALTH CARE PROGRAM

1. Conduct field research for development of implementation plan.
2. Prepare implementation plan for first year by December 15, 1982.
3. Carry out activities specified in approved implementation plan.

SECTION III
ACTIVITIES UNDERTAKEN

A. HONDURAS

This section of the report describes the last six months of the original Mass Media and Health Practices Project in Honduras. The basic activities included:

1) Implementation of the fifth and final phase of the project.

2) Continued institutionalization of the project through the Diarrhea Disease Control Program (DDC), the Division of Education, and the Primary Health Care Program (PROCOMSI II) for the Honduran Ministry of Health.

3) Official closing of the project.

4) Expanded dissemination activities.

1. Phase 5 Activities

The MM&HP Project was implemented in five phases, four of which coincided with the Honduras rainy seasons, the time of highest diarrheal incidence. Treatment messages were emphasized during this time because rural women were most likely to need the information and to put it into practice. The fifth phase, which coincided with the 1982-83 dry season, featured prevention messages and focused on a major prevention behavior --exclusive breast-feeding for the first four months of a child's life and breast-feeding plus supplementary feeding thereafter. This focus was selected because breast-feeding and other feeding advice seemed to be the most critical element for effectively interdicting the cycle of diarrhea, fasting, malnutrition, and diarrhea.

a. Formative Evaluation

The fifth phase was based upon results of the monitoring activities performed in September 1983. Individual interviews with 75 rural mothers and 28 rural health workers focused on what mothers had learned from the previous phases of the project, while focus group interviews with 40 additional mothers were used to further investigate attitudes, knowledge, and practices related to breast-feeding, especially resistance points to exclusive breast-feeding for the first four months. (The full results of this evaluation are available from the Academy.) The results of the focus groups, in particular, were critical to the breast-feeding campaign planning. They indicated that while rural mothers accept that breast milk is the best milk, they believe breast- plus bottle-feeding is better. The reason for this belief appears twofold:

1) Because of rural women's limited diet, breast milk alone often is not sufficient in quantity or quality.

2) Mothers believe infants need to eat solid foods early or they will resist solid foods later.

These two factors caused mothers to introduce many foods which are associated with solid foods, including bottles, very early in the infant's life, frequently within a few days after birth. The effect in many cases was the inhibition of the letdown reflex which created the cycle of introducing more supplementary foods and eventually dissipating the mother's milk.

It also was found that breast-feeding was perceived as an old-fashioned practice. "Modern" mothers resisted breast-feeding because it was believed to ruin the figure. Many rural mothers expressed the belief that only poor mothers breast-fed because they could not afford anything else, and if they could afford it, they would introduce the bottle as soon as possible. These opinions were confirmed by a more extensive research project carried out in urban centers, and they served as the basis for the design of the breast-feeding campaign.

b. Design

The results of these monitoring activities resulted in a campaign with three objectives: (1) upgrade the image of breast-feeding, promoting it as a modern, health-giving behavior; (2) teach basic technical skills which will help improve a mother's milk production; (3) present information about bottle-feeding as a cause of diarrhea and a hinderance in mothers' milk production.

The core of the campaign was a radio course, AMA-MAS, ("Love More"), complemented by a 20-page graphic booklet, A Guide to Ama-Mas which explained through pictures the "Nine Golden Rules of Breast-feeding." A radio course was chosen as the central component of the minicampaign because limited time and resources prevented extensive face-to-face training. The radio carried the largest teaching role and was supported by the booklet, which was chosen and designed after formative and summative evaluations showed a much higher level of literacy (56.8%) in the rural female population than previously assumed. It was, nonetheless, designed to include a single concept on each page, with simple pictures and common vocabulary. The radio course targeted a special group of active, articulate rural women who were intended to serve as opinion leaders and provide face-to-face support to other women in their community.

The rural mother received her guide at the rural health center or from a community health worker and followed the course on the radio for 10 weeks. The program was broadcast on three national radio stations and six local radio stations so that mothers had several opportunities to hear the same program during a week. The format of the radio programs featured an Auxiliary Nurse giving the course to a group of rural mothers. This "formal" format was chosen to help legitimize the course which required that the mother learn in a very informal environment--alone in her home--without the structure of listening groups or other face-to-face support. As a part of the 10th program, the mother completed a simple exam which was attached to the guide, and returned it to the health center. She then received a diploma qualifying her as an expert in breast-feeding and as a member of AMA-MAS.

The radio component of the minicampaign also included a series of 30-second spots designed to support the longer radio program course. The overall campaign was divided into two phases of three months each, the radio course being broadcast in the second three month period.

The goal of the first phase was to "set the stage" by promoting breast-feeding as a modern, positive behavior and promoting the radio course as a source of information for breast-feeding mothers.

The tone of the campaign was established through the slogan: "The modern mother that gives only breast milk has healthy children." ("La madre de hoy que solo pecho dá, niños sanos tendrá.") This slogan was put to the catchy merengue rhythm of a very popular song, and the jingle was used in materials throughout the minicampaign.

The messages of the spots during the first three months included:

- **The breast-feeding mother is special:** She is modern and is doing the best for the health of her children. Two men are featured complimenting one of the wives who has just won an award for being a good mother and for breast-feeding.

- **Father supports mother when she is breast-feeding:** The breast-feeding mother is special and needs support from her husband. He needs to insure that she eats well while she is breast-feeding. Aimed specifically at the male audience, this message features two men, one who has just had his first child and wants to give something special to his wife to show how happy he is. The other man suggests that his friend write a poem which relates how special she is and how she must eat well while she is breast-feeding. His friend emphasizes that the most important thing is to put his words into practice.

- **Bottle-fed children are less healthy than breast-fed children.** This message features Dr. Salustiano talking with parents of a newborn about how bottle-fed children contact more diseases than breast-fed children, especially diarrhea.

- **Promotion of radio course:** This message explained the course, enrollment procedures, and times of airing. (Three spots)

The second phase of the radio campaign (December 1982 to March 1983) focused on broadcasting the radio course as well as a series of spots which supported the technical information provided in the course. These messages included:

- **Breast milk is sufficient for the first four months of an infant's life.** This message features Dr. Salustiano in the "Consultation for All".

- **Bottle-feeding makes mother's milk dry up** because the more the child drinks from a bottle, the less milk the mother produces. This message features a distraught mother, who bottle-feeds as well as breast-feeds, talking with Dr. Salustiano about why her breast milk is drying up.

- **Breast-feeding alone does not cause breasts to fall.** Features two mothers talking at a party, one mother complimenting the other on her appearance and asking how she is so attractive even though she breast-fed all of her children.

- **A child learns to eat more easily after he is four months old when his gums are thicker;** features urban voices and modern soft music.

c. Face-to-Face Component

Although the face-to-face component was not as extensive as in the earlier phases because of limited time and resources, it nevertheless played an important role in legitimizing the radio course and supporting the technical messages. Over 110 rural Auxiliary Nurses were directly trained by the project in correct breast-feeding concepts and techniques. The project also coordinated closely with a new breast-feeding program which was training health professionals in the urban hospitals. This coordination was especially important because the national hospitals are considered by both rural and urban Hondurans to be the best medical care in the country.

d. Phase 5 Monitoring

Project monitoring of initial results are positive. Only one month after the course ended, over 636 exams had been received from one-fourth (22) of the participating health centers--an average of 28 exams per center. (Each rural health center received 50 guides with exams for distribution). Almost one-half of the women (47%) answered all of the questions correctly. Thirty-six percent answered only one question incorrectly, and most were in response to a question that contained a double negative and was in itself difficult to understand.

These results suggest that well-designed radio programs and graphic booklets can provide significant instruction without extensive face-to-face training. More importantly, they indicate that a rural woman can learn important details from radio courses alone in her home without the formal structure of listening groups, monitors, or other formal interpersonal support.

Summative evaluation will be provided by Stanford University. Project personnel cooperated with Stanford personnel to incorporate relevant questions in Stanford's final evaluation.

e. FOTONOVELA: Salvaste a tu Hermanita (You Saved Your Little Sister).

The project has produced simple educational materials for rural school children. The photonovel Salvaste a tu Hermanita, is designed to teach rural school children the signs of dehydration and to motivate them to help their mothers to identify these signs in younger children. The photonovel tells the story of Mario, a 10-year-old school boy who notices that his little sister has sunken eyes, lacks appetite, and has other symptoms which concern him. He warns his mother and together they take the child to the health worker and later to the health center. Mario becomes the hero of the story when the Auxiliary Nurse congratulates him for saving his little sister's life. At the end of the photonovel, Mario explains the signs of dehydration and tells the readers that they too can become a hero by warning their mothers if they observe these signs. The photonovel also includes a teacher's guide of activities describing how it can be used in the classroom.

The photonovel was designed and pretested during the fourth phase (March-October 1982) and distributed during the fifth phase to rural schools in two health regions. The photonovels were distributed through the mail because initial experiments with the Ministry of Education's formal distribution systems proved ineffective.

2. Institutionalization of the Project

a. Institutionalization Through the DDC Program

The project has continued to work closely with the Ministry of Health DDC Program to insure institutionalization of the educational methodology within their workplan. In particular, project staff have worked with DDC staff to define which educational materials used by PROCOMSI I in their regional campaign should be used in the national campaign. These materials include:

Large flipcharts (for Regional Nurses)	125
Small flipcharts (for Auxiliary Nurses)	400
LITROSOL poster	16,000
Health Worker Manual	3,000
Flags	3,500
Educational flyer	500,000

Future radio messages will be defined based on the monitoring activities to be carried out in April. Individual interviews and focus groups will be conducted in three health regions outside of the PROCOMSI I area to define which messages should be stressed on radio during the 1983 rainy season.

Project staff also have continued to work with the DDC Program in the design and production of ORT packets. One final step was to receive the shipment of packaging that PANI, the national pharmaceutical division, needs to continue local packet production. The envelope design includes the name LITROSOL as well as the red heart with the mixing instruction logo. This packet will help to maintain the visual continuity that was clearly established during the project's early phases.

The DDC Program also is using 80,000 UNICEF packets which were purchased to ensure a continued supply of packets independent of local production. The distribution of these packets has created a problem. Many rural women are not accepting these packets because they claim to prefer LITROSOL. In order to incorporate these packets into the educational strategy, the DDC Program has hired two packers from PROCOMSI I to package the UNICEF packets within the widely recognized LITROSOL instructional flyer. The DDC Program also is considering attachment of a gummed label with the LITROSOL red heart logo onto the UNICEF packets.

b. Institutionalization Through the Division of Education and Primary Health Care Project

One of the major goals of the MM&HP Project is to institutionalize the methodology within the Division of Education so that it can be applied to future problems identified by the Ministry of Health. This institutionalization has been greatly strengthened by the implementation of the AID Project 522-0153, Mass Media for Village Health Workers. This program will apply the PROCOMSI methodology to the Ministry's four priority programs--malaria, immunization, diarrhea, and tuberculosis. To avoid confusion and to further emphasize the continuation of the methodology, this new project expansion was named PROCOMSI II by the Ministry of Health Director-General.

The two staff members, Arturo Diaz and Hector Valladares, whom PROCOMSI I supported, are now contracted through the 522-0153 as permanent staff of the Division of Education. The Division also added three new technicians in addition to incorporating the two existing staff members within the PROCOMSI II, thus establishing a Health Education Unit with seven professional-level positions.

As part of the continuing transfer of skills to the personnel involved, two training courses, one in formative evaluation (January) and one in pretesting (February), were organized. These courses coincided with the actual development of materials to be used in the first malaria campaign. A complete description of these courses and the materials developed follows in Section D.

c. Official Closing of PROCOMSI I

The final step of institutionalization was made with the official closing of the project on March 18, 1983. All project materials, including the vehicle, Xerox machine, tape recorders, etc., were officially transferred to the MOH Division of Education.

B. THE GAMBIA

In The Gambia, the Mass Media and Health Practices Project staff are carrying out a parallel activity to that in Honduras. The primary intent is to adapt the same basic methodology to the conditions and opportunities of an African setting. This section of the report outlines the primary program activities in The Gambia for this reporting period.

1. Training

The project completed the final two of a series of six in-service training sessions on management of diarrheal disease for rural health staff. These last two sessions were conducted during the weeks of June 13 and June 20 for a group of 18 Leprosy Inspectors and a group of 20 mixed Community Health Nurses, Health Inspectors, Dresser Dispensers, and Nurse Midwives, respectively.

The following totals of rural health staff have thus been trained by the project to date:

Dresser Dispensers	11
Health Inspectors	20
Nurse Midwives	13
Community Health Nurses	48
Leprosy Inspectors	20
Peace Corps Volunteers	10
Trainee Community Health Nurses	28
TOTAL	150

Each Health Inspector, Community Health Nurse, and Leprosy Inspector trained by the project (a total of 84) was instructed to identify and train village volunteers in 10 villages surrounding their posts on selected aspects of diarrhea management, namely, the mixture and administration of the sugar-salt solution and the promotion of breastmilk and solid foods. Each of these volunteers was given two of the project's graphic products, a red flag to identify her compound and a "Special Diet for Diarrhea" poster for use in teaching village mothers.

A total of approximately 840 "Red Flag Volunteers" have been trained in addition to the formal health system staff. Project staff personally identified more than 50 Red Flag compounds along the main roads while on trek and conducted interviews with 10 Red Flag Volunteers during a monitoring trek shortly after this training phase had begun. In general, project staff found that the Volunteers had thoroughly learned the mixture of sugar and salt, but had some difficulty in reporting all the key points of administration and in using the poster as an educational aid. The staff reported these results to rural health staff members who were encouraged to make follow-up visits to the Red Flag Volunteers for further training.

On October 15, the project sponsored a special seminar entitled "New Directions in the Management of Infant Diarrhea" for members of the Gambian medical community. The purpose of the seminar, conducted cooperatively with The Gambia Medical Association, was to orient the country's private practitioners and government physicians to the Medical and Health Department's policy and program on diarrheal disease control.

Dr. Fred Oldfield, Director of Medical Services, presented the government policy; Dr. Michael Rowland from the Medical Research Council reviewed research on diarrheal disease and oral rehydration; and Mark Rasmuson, AED Field Director, described the Mass Media and Health Practices Project and reported some of Stanford University's preliminary baseline research findings (Stanford Field Director Peter Spain was on leave at the time of the seminar).

The seminar was attended by more than 40 Gambian and expatriate physicians, including a visiting delegation of three from the Ministry of Health in Sierra Leone and senior representatives from the Gambian nursing community. Each attending physician received a special packet of educational materials, including a copy of the Medical and Health Department's manual on the management of diarrhea and copies of the project's posters.

Project staff participated in planning and implementing the "National Seminar on Development Communications" held in The Gambia June 7-19 under the sponsorship of The Academy for Educational Development, Radio Gambia, and USAID. This seminar provided training in instructional radio production to 28 midlevel professionals from Radio Gambia and from other government departments working with Radio Gambia.

2. Distribution of Graphic Materials

In addition to the distribution of educational materials to physicians, rural health staff, and Red Flag Volunteers described under "Training" in this and previous reports, the project has distributed graphic materials as follows:

- Approximately 150,000 Mixing Flyers illustrating the proper way to mix the sugar-salt solution were distributed throughout the country during the month of August as part of the "Happy Baby Lottery" (described further below). These flyers were delivered by project staff to all rural health centers, from where they were then distributed to rural dispensaries, subdispensaries, and Red Flag Volunteers. Mothers were instructed over the radio to go to one of these sites to obtain a "Mixing Picture" (Flyer), their "ticket" to enter the Happy Baby Lottery.

- Bulk orders of project materials were delivered upon request to the following:

-- Assistant Director of Education (for distribution to rural primary & secondary schools)	400 "Diet"Posters 5,000 Mixing Flyers
-- Curriculum Development Department (for distribution to in-service training of primary school teachers)	120 "Diet" Posters

--	Action Aid (British Aid Agency) (for distribution to in-service training of teachers)	80 "Diet" Posters
--	Gambian Red Cross Association	80 "Diet" Posters
--	Department of Cooperatives (for distribution to rural co-ops education workers)	25 "Diet" Posters
--	Peace Corps (for health volunteers)	17 Treatment Posters 51 "Diet" Posters
--	Community Health Nursing School	30 "Diet" Posters
--	World Evangelical Crusade Mission (for distribution to clinics)	7 Treatment Posters 7 "Diet" Posters
--	Methodist Mission (for distribution to clinics)	5 "Diet" Posters 5 Red Flags

A partial listing of other agencies which have received samples of project graphic materials includes:

School of Public Health, Banjul
School of Nursing, Banjul
Department of Pediatrics, Royal Victoria Hospital, Banjul
Regional Medical Officer, Mansakanko
Regional Medical Officer, Bansang
Medical Officer, Bansang Hospital
Child Health Group, Medical Research Council, Fajara
Nonformal Education Department, Banjul
USAID, Banjul
USAID, Dakar
UNICEF, Dakar
Diarrhoeal Disease Control Program, WHO, Geneva
Ministry of Health, Sierra Leone
Ministry of Health, Senegal

3. Description of "Happy Baby Lottery"

a. General Background

The "Happy Baby Lottery" is an important part of the Mass Media for Infant Health Project's overall campaign to teach rural mothers in The Gambia how to prevent and treat infant diarrhea. The central idea of the Lottery is to provide a structure for an intensive period of education, using graphic materials, radio messages, and some incentives--the lottery prizes--to encourage mothers to participate in this educational process.

b. Distribution of Lottery Tickets, August 16-30

The Mass Media Project team will distribute some 200,000 educational handbills to health centers throughout the country. Some of them will in turn be distributed to

village volunteers who have been trained by health staff in the proper treatment of diarrhea and who have a red flag hanging in their compound as identification. These handbills, or "Mixing Pictures," provide visual instructions for mixing a sugar-and-salt rehydration solution. The mixing pictures also will serve as Lottery tickets--a woman must have one in order to participate in the Lottery.

c. **Pre-Lottery Publicity, August 30-September 11**

Radio Gambia will give intensive publicity to the Lottery and explain how it works. The publicity messages will explain that only mothers are eligible to enter and that mothers should pick up their mixing pictures from the local health center or Red Flag Volunteer. It will explain that alkalos from villages without a Red Flag Volunteer can go to the health center to pick up mixing pictures for the mothers in their villages.

d. **Village Contests, September 11-October 9**

During each of these four weeks, the names of 18-20 villages from all over the country will be selected and announced over the radio (a total of 70-80 villages). A trained judge (local health inspector) will visit each of these villages. To enter the village contest, a mother must have a mixing picture and must know how to mix and administer the sugar-and-salt solution properly. The judge will first conduct a drawing to choose 20 women from among those present to demonstrate their mixing knowledge. Each of these women will win a small prize--a bar of soap or a plastic cup--and will become eligible for the Grand Prize drawing on October 9.

e. **Grand Prize Drawing**

On October 9, following the four weeks of village contests, the drawing for Grand Prizes--15 radio cassette players-will be aired over Radio Gambia. The winners will be drawn from the names of the winners in the village contests by a prominent Gambian. Five Community Prizes for communities who participated most actively during the village contests also will be announced. The prizes will be distributed the following week by members of the Mass Media Project team and Radio Gambia staff.

4. <u>Radio Programming</u>

During a six-week return visit to The Gambia by project consultant Esta de Fossard, scripting was completed and production begun on 72 radio programs—36 different programs, one each in Wolof and Mandanka--as follows:

- **The Diet to Prevent Dryness:** A series of three spots and two miniprograms designed to inform listeners of the best diet for preventing dehydration/malnutrition, including sugar-salt solution, breast milk, and solid foods. Broadcast period: July 12-August 2.

- **The Red Flag:** A series of four spots designed to inform listeners of the meaning of the red flags with the picture of the happy baby on them. The spots inform the audience that the woman living in a compound who flies a red flag has been specially trained by the health staff to mix and administer the sugar-salt solution properly. Broadcast period: July 11-August 2.

- **Administration of Sugar-Salt Solution:** A series of four spots and two miniprograms designed to offer continued instruction in the correct

method for mixing the sugar-salt solution. Broadcast period: August 2 - October 9. (The project's first series of nine programs, broadcast starting May 1, included instruction in mixing the sugar-salt solution and introduced the concept of a "diet" to prevent dryness.)

- **Happy Baby Lottery:** A series of 11 programs publicizing the Lottery, describing in detail the information on the Mixing Flyer Lottery "ticket," announcing the names of the 72 villages drawn to participate in the first phase of the Lottery, and announcing the names of the Grand Prize winners. (A description of the Happy Baby Lottery is attached to this report.) Broadcast period: August 23-October 9.

- **Clean-Up Campaign:** A series of five spots and two miniprograms that focus attention on how to avoid the transmission of diarrhea from one child to another when a child touches a contaminated, watery stool, when a mother fails to wash her hands with soap after cleaning up a stool, and by flies who carry the disease from one place to another. This campaign will stress the importance of keeping the compound free of feces. Broadcast period: October 25-December 31, in combination with selected previous programs as a review of the entire campaign to date.

In November/December, scripting and production were completed for the following series of "dry season diarrhea" radio programs:

- **Dry Season Spot 1:** Medical and Health Department spokesperson presenting dry season messages.

- **Dry Season Spot 2:** Fatou-Mariam dialogue establishing Fatou as Red Flag Volunteer who presents dry season messages.

- **Dry Season Spot 3:** Hard sell spot on the special danger of rapid dehydration during bouts of dry season diarrhea.

- **Dry Season Mini 1:** Interview with MRC physician, Dr. Sirafo Conteh, on dry season diarrhea.

- **Dry Season Mini 2:** Program honoring Red Flag Volunteers and teaching them the dry season messages to teach to others.

- **Dry Season Mini 3:** Questions and answers about key issues of diarrhea campaign to date, especially when to take a baby with diarrhea to a clinic and the proper volumes of sugar-salt solution to administer.

- **Feces Spot 6:** New feces spot concentrating on food contamination and washing hands with soap and water.

In these radio programs, the following dry season messages were emphasized:

- There is a special and particularly dangerous type of diarrhea during the dry season which causes rapid dehydration in infants.

- If child contracts diarrhea, begin administering the sugar-salt solution quickly.

- Give at least the recommended amounts of the solution:

  -- 1 Julpearl bottle for child under 6 months.
  -- 2 Julpearl bottles for child 6-18 months.
  -- 3 Julpearl bottles for child over 18 months.

- Mix a fresh quantity of the solution every day.

- Know the signs of dehydration: dark sunken eyes, dry skin and mouth, noticeable weight loss.

- If signs of dehydration are detected, or if diarrhea lasts for more than three days, take child to health center.

- Consult Red Flag Volunteer for advice on mixing and administering sugar-salt solution.

- Use the mixing picture as a reminder of how to mix the solution.

The dry season series was originally scheduled for broadcast on January 1, 1983. Several of the spots were rescheduled, however, to be aired by December 15th after the Medical Research Council Clinic in Fajara reported on December 10 that an epidemic of presumably rotavirus diarrhea appeared to be starting.

The series will be aired through March on Radio Gambia's Rural Broadcasting and Local Languages programs.

In January, project staff were notified that a compendium of its radio programs had won third prize in an international radio competition.

The competition, sponsored by the League of Red Cross Societies, WHO, UNICEF, and the Union of National Radio and Television of Africa (URTNA), was open to all African countries. Each country's entry was judged according to how well it promoted community participation in primary health care.

The Gambia's entry, produced by Mrs. Amie Joof, was a half-hour program about the Happy Baby Lottery which included several of the project's educational spots and interviews with Lottery winners and Red Flag Volunteers.

5. Planning

In late January, during a five-day visit to The Gambia by Project Director Dr. William Smith, discussions were held with all concerned parties at the Medical and Health Department, Radio Gambia, and USAID about plans for the project's third-year extension.

The following people were involved in these discussions:

- **Medical and Health Department**

  Dr. Phil Gowers, Medical Officer of Health

Mr. Paul Robson, Health Education Officer
Mr. Saihou Dibba, Head of Health Education Unit

- **Department of Information/Radio Gambia**

  Mr. Swaebou Conateh, Director of Information and Broadcasting
  Mr. Ebrima Cole, Acting Director of Radio Gambia
  Mrs. Amie Joof, Head of Rural Broadcasting Section
  Mr. Sering Fye, Producer in Rural Broadcasting
  Mrs. Yamai Jack, National Educational Media Coordinator
  Mr. Yankuba Touray, Assistant Broadcasting Engineer

- USAID

  Mr. Byron Bahl, AID Representative
  Mr. Keith Simmons, Project Manager
  Ms. Meri Ames, Assistant Project Manager

The project's third year received an enthusiastic endorsement in all of these discussions. There was general agreement that the project's third year should emphasize institutionalization of educational methods; Radio Gambia expressed special interest in upgrading its audience research capability and its minirecording studio facilities. The Medical and Health Department indicated a desire to see an expansion of the project's focus into other diarrhea-related content areas, such as maternal and infant nutrition.

An amendment to the project's country agreement is currently being drafted to effect the third-year extension.

6. Research

In February, project staff conducted a formative evaluation to assess progress to date and to guide the planning of third-year educational activities. The planned components of this evaluation include:

- Individual interviews with 150-200 mothers.
- Focus group interviews with 5-7 groups of 6-8 mothers each.
- Individual interviews with 25-30 Red Flag Volunteers.
- Individual interviews with 10-20 Rural Health Staff.

The project produced two other reports in January on its 1982 activities:

- 1982 Health Worker Training Report
- Report on the 1982 "Happy Baby Lottery"

7. Briefings on The Gambia Project

Project staff briefed the following individuals or groups on the Mass Media Project in The Gambia:

Dr. Anthony Meyer, ST/ED/AID Washington

Dr. Stan Foster, CCCD/AID Washington

Dr. Richard Herniman, CDD/WHO Geneva

USAID Mission Staff, Dakar

Delegation of visiting national health officials from Senegal

Delegation of visiting national health officials from Sierra Leone

On December 10, the Project Field Director, Mark Rasmuson, and the Evaluation Field Director, Peter Spain, were invited to discuss the Mass Media Project before the staff of the Medical Research Council in Fajara at its monthly evening seminar. Mr. Rasmuson described the project's educational planning and activities to date, and Dr. Spain reported Stanford's first field data.

Other individuals briefed on the project by the Field Director during this reporting period include:

Dr. Michael Merson and Mr. Robert Hogan, WHO/CDD

Dr. Stan Foster, CDC

Mr. Byron Bahl, AID Representative, Banjul

Ms. Susan Lloyd, MCH Advisor, AID Regional Office, Abidjan

Dr. Socrates Litsios, WHO/Malaria Programme

Ms. Alberta Brasfield and Ms. Renee Brown-Bryant, CCCD Health Education Consultants

Members of the MRC Tropical Medicine Research Board (on evaluation visit to MRC-Fajara)

C. WATER AND SANITATION COMPONENT

1. The Problem

Since the 1970s the Honduras Water and Sanitation Program's construction of water and waste disposal systems has increased at an annual rate of 32 percent. There has been no provision, however, to educate the beneficiaries on the proper upkeep and use of these systems. The result: little or no behavioral changes amongst the rural population who continue to drink contaminated river water and defecate in open fields, thus perpetuating the contamination cycle.

2. Educational Goals

- Motivate the rural population of the project areas to collaborate in the construction of water and sanitation system.
- Change rural behaviors relating to safe water and sanitation practices.

3. Audience Definition

a. Primary Audience

- Rural families of towns with a population of less than 2,000.

b. Secondary Audience

- Health promoters and engineers working with the project. Rural primary school teachers and their students.

4. Educational Objectives

a. Primary Audience

- Through the understanding of their own sanitation problems, the rural population will organize and construct the necessary infrastructure in collaboration with PRASAR.
- Drinking water will be protected by covering all water storage containers.
- A ladle will be used to take drinking water out of storage containers.
- The latrine and surrounding areas will be kept free of debris, bushes, and animals.
- A family quota will be paid for the upkeep of the system. (In towns where aqueducts have been constructed.)

b. Secondary Audience

Promoters:

- Correctly use materials and group dynamics to motivate the primary audience to participate in the analysis of the messages contained in the project graphics and audio materials.

Sanitary Engineers:

- Support the Educational Component through understanding and approving the education activities.

Primary School Teachers and Students:

Rural primary school teachers will use specially designed teaching modules to teach their students basic concepts about water and sanitation practices.

5. Communication Strategies

a. Philosophy and Overall Message Delivery Strategy

PRASAR's educational strategy is based on the belief that the only way an adult will change attitudes and begin to act on better water and sanitation practices is through his own conviction. Often, the campesino neither sees nor understands the problem or its causes. When confronted with the problems and their causes, however, he is capable of understanding, proposing possible solutions, and reacting to implement them. The best way for an adult to reach this understanding is through self-analyzing the reality of his own situation, not by absorbing already processed information. The Education Component seeks to induce community change through problem analysis and immediate action, reinforced through a continuous educational campaign. The project provides information and encourages the audience to engage in a dialogue, analyze their own reality, and propose solutions to the problem. This information reaches the audience through all available channels in the rural environment--radio, graphics, promoters, and the rural school.

b. Person to Person Approach

Through this approach the promoter uses community meetings to encourage the group to comment on the contents of project graphics or recordings. He leads them through a dialogue that creates awareness through the analysis of their own reality. This analysis should bring about the organization of the community to construct the necessary water and waste disposal systems and to change sanitation practices. After construction, wall charts and other materials are used to provoke discussion and action on correct use and maintenance of water and sanitation systems. The promoter distributes copies of the materials after the meeting to participants.

Message Delivery: Promoter, flipcharts, wall charts, cassette recordings, photonovels.

c. Rural School Approach

The rural primary school teacher applies specially designed modules containing

steps necessary to complete a series of learning objectives related to water and sanitation. Each step provides educational objectives, basic information for the teacher to use during the class, and exercises for the students. The same information is also contained in a comic book which is to be read at home and discussed with the family. Wall charts also serve to stimulate discussion and learning in the classroom.

Message delivery: Teacher, wall charts, photonovels.

d. **Mass Media Approach**

The mass media approach reinforces concepts and provides basic information that can be used by the audience in discussions with their neighbors or in group sessions with the promoters.

Message Delivery: Radio programs, posters, radio soap operas, radio spots, photonovels.

6. Implementation

The Education Component is divided into two overlapping phases--promotion and education. The first phase, promotion, began in December 1981. The second phase, education, began in September 1982 and is the focus of this report. Promoters were more heavily involved in the first phase as interpersonal communication was the primary focus for a series of specially designed training course. The intention was to actualize the role of promoters as community educators, giving them new teaching and group dynamic skills. In the second phase, radio is the primary delivery system, building upon the health promoter training completed in phase I. The strategy reflects the fact that promoters spend an average of three months with each community; as soon as actual construction is finished, they move on to another community. Radio provides one means of providing tailored followings to villagers in these communities.

a. **Training**

In total, 120 promoters are involved in the project. They received a basic training course on group dynamics and use of project materials, followed by a series of one-day meetings to teach the use of new materials as they are produced.

To date, 60 Health Promoters have completed the first phase of training and 40 are expected to follow by June 1983. Materials distributed to these promoters include:

- Flipchart Promotion and Community Organization.
- Flipchart - Construction of Latrines.
- Wall chart - Latrine Upkeep.
- Manual for Promotion and Community Organization.

b. **Person-to Person Contact**

Improved person-to-person contact has been the most difficult aspect to achieve. Most of the promoters lack experience as teachers or group organizers. They are burdened with numerous other responsibilities, and rarely are rewarded for teaching. Additionally, health education traditionally has been of low status in the project and the

Health Education Component has no direct control, and only moderate influence, over the Health Promoters. Nevertheless, several promoters have been applying the new group techniques learned in the training seminars and are using the available materials with good results. Clearly, full dependence on them must be limited, however, and radio must be offered as an alternative mechanism to reach rural people directly.

c. Radio

The radio component of the campaign uses short radio spots and 30-minute radio programs. These programs are broadcast on two radio stations, Ondas de Ulúa in Santa Barbara and La Voz de Occidente in Santa Rosa de Copán, which cover about 60 percent of the project area and have an audience of approximately 50,000 people. The radio programs are divided into two 15-minute segments. The first segment, "Frijol El Terrible," ("The Terrible Bean") is a soap opera comedy with folkloric characters that tell the story of a typical rural town with all of its frustrations, problems, and rewards. The major personality, Frijol, is a well-known radio personality in the project areas.

The second segment is produced locally by Health Promoters and is used to promote the project through reports of PRASAR's activities, interviews, announcements of new construction sites, and other project-related activities. Thirty programs were broadcast from September 1982 to March 1983.

Radio spots were not broadcast during this six-month period because the emphasis was on training and face-to-face communication, reinforced by graphics. A series of spots will begin to be broadcast in June.

d. Schools

Rural schools are receiving Teaching Module No. 1 which includes the Guide to Teaching Module No. 1 and an instructional comic book, "Juanita y La Gotita." Each teacher received one guide and 20 copies of the comic book for students. Wall charts on latrine care and personal hygiene also have been distributed to some schools in the area. These materials will continue to be distributed throughout the next six months.

e. Graphics

After various problems with different suppliers, the project has identified local artists and printers who produce high-quality work and who understand the importance of deadlines. All of the project's materials should therefore be ready for distribution on schedule by October 1983. The following materials have been designed and are in the first production stages:

- 1 Photonovel - "Promotion and Community Organization."
- 1 Flipchart - "Maintenance and Family Contribution Quota."
- 1 Comic Book - Latrines, "Juanita y La Gotita No. 2."
- 1 Teaching Module No. 2 - "Latrines."
- 1 Comic Book - "Juanita y La Gotita" No. 3 - Reforestation.
- 87 Educational Radio Spots.
- 28 Episodes of "Frijol el Terrible."

The following materials are in the design stage:

- 1 Maintenance Manual.
- 1 Technical Flipchart on Maintenance.
- 3 Promotional Posters for "Frijol el Terrible."
- 1 Adult Wall Chart - "Covering the Water Container."
- 1 Adult Wall Chart - "Using the Ladle."
- 1 Rural School Wall Chart - "Covering the Water Container."
- 1 Rural School Wall Chart - "Using the Ladle."
- 1 Educational Flipchart - "Water-Related Diseases."
- 1 Technical Flipchart - "Construction of the Water Sealed Latrine."

7. Formative Evaluation

All new materials are pretested before they are produced. The materials are tested in community meetings using a focus group interview technique.

a. Monitoring

Independent funds for large-scale evaluations are not available. Emphasis has been placed on regular monitoring to detect significant errors and make needed midcourse corrections. After the first month of broadcasting "Frijol El Terrible," a survey was conducted of 120 participants to assess listenership and acceptance of the program. The results indicated that 12 percent of the sample had listened to the radio program at least once. They reported liking the character, in particular the fact that he was giving them useful advice. A more recent survey in the same area is still being tabulated. A feedback system has been designed to permit the promoters to send back information collected about the various media and messages.

A questionnaire has recently been developed to evaluate the impact of the first two years' activities. It contains questions related to the four behavioral objectives of the project. The questionnaire will be applied by the Health Promoters to a sample of 600 rural people in the five departments affected by the project.

8. Major Problems

A Director for the Education Component has not been appointed, despite continued recommendations of the different external evaluators. This, of course, is an obstacle to institutionalizing the educational techniques. It also causes implementation problems since the Educational Component is not represented at the policy-making level.

Since February, continuous postponement of the promoters training courses has prevented the distribution of flipcharts and other important materials for field work. This postponement is one example at the field level of how construction goals take precedence over educational activities. It is interesting to note, however, that these construction goals possibly could have been better achieved if the promoters had received the training and materials that were planned for distribution in February.

9. Summary of Accomplishments: September 1982 to March 1983

a. **Training**

- 60 Promoters (30 Promoters I, 30 Promoters II and III).

b. **Distribution**

- Radio - 30 radio programs on two radio stations.

c. **Graphics**

	Produced	Distributed
Flipchart on Promotion and Community Organization	200	80
User's Manual for Flipchart on Promotion and Community Organization	200	80
Rural School Wall Chart on Personal Hygiene	3,000	2,500
Rural School Wall Chart on Latrines	3,000	1,500
Teaching Module No. I for Rural Schools	250	20
Comic Book No. I "Juanita y La Gotita"	5,000	400
Flipchart on Construction of Latrines	100	260

D. PRIMARY HEALTH CARE COMPONENT

1. Background

On June 4, 1982, the MM&HP contract was amended to expand assistance in health education. Specifically, the Academy for Educational Development will assist the Ministry of Health (MOH) in Honduras to adapt the approach used in diarrheal disease public education to an expanded national program of diarrhea, malaria, immunization, and tuberculosis. On July 26, 1982, Mr. Jose Ignacio Mata was contracted by the Academy to assist the MOH in carrying out this program. Mr. Mata spent the month of August and most of September meeting with MOH and AID/Honduras representatives, making field visits, and designing an initial conceptual approach to the health education program. A preliminary plan was reviewed and approved by MOH. It provides for three broad types of educational materials:

- Radio programs broadcast directly to target audiences to promote selected health practices related to the four themes, and to provide general support to primary health care workers.
- Simple print materials for the target population which function as reminders of key concepts.
- Modulerized pamphlets for the primary health care workers and target population which function as a rural health "library and reference guide."

This component report describes the first six months of implementation which included:

- Design and implementation of preprogram investigation.
- Design of implementation plan based on preprogram investigation and approval of the plan by the MOH and AID.
- Establishment of the office including contracting of new staff.
- Two workshops on communication methodolody--Workshop on Social Investigation Methodology and Workshop on Pretesting Methodology as part of the first phase of implementation.
- Implementation of the first phase of the project on the theme of malaria.

2. Preprogram Investigation

The preprogram investigation had three objectives:

- Orient project staff in the technical, operative, and methodological aspects of the four themes.
- Observe and analyze beliefs, attitudes, and practices of the target audience about the four themes.
- Identify educational messages to be promoted during the next year.

The investigation was carried out between September and November using various methodologies. It consisted of a three-stage process:

- Gathering of technical information about the themes.

- Investigation through field trips of the target audience and people who work directly with the target audience.

- Comparison of the beliefs and practices of the target audience with the technical messages proposed by health professionals in order to select practices most open to change through an integrated mass media campaign. The investigation included:

  -- Revision and study of documents related to the workplan.

  -- Multiple individual interviews with MOH national staff involved with the four themes.

  -- Individual interviews with region staff in two regions including regional director heads, epidemiologists, Malaria Control Inspectors, Immunization Directors.

  -- Individual interviews with regional staff including two regional heads, two regional epidemiologists, two regional Malaria Control Inspectors, two regional heads of immunizations, nine mosquito control exterminators who were part of three different spraying brigades, five Auxiliary Nurses, and three Area Nursing Supervisors.

  -- Individual interviews with the target audience including interviews with 46 mothers about the theme of immunization and two tuberculosis patients.

  -- Direct observation in 12 health centers during immunization campaigns, in 30 rural homes during immunization home visits, and in 14 rural homes during spraying for mosquito extermination.

  -- Revision of existing materials which might influence the program including epidemiological reports from the regions, visits to nine regional radio stations, and visits to regional telecommunication centers.

The results of these investigations are available from the Academy.

The implementation plan was based upon the preprogram investigation. Dr. Paul Touchette helped to review the final plan during Mr. Mata's visit to Washington, D.C., in December. The plan emphasizes continuation of the systematic use of program research to improve materials. The methodology includes audience investigation, design of materials, pretesting of materials, redesign of materials based on pretesting results, final

production, distribution, and a systematic monitoring of results. Highlights of the plan follow:

- During the first year the project will work in two health regions--Sanitary Region 4, with Regional Center in Choloteca, and Sanitary Region 7, with the regional head in Juticalpa. It also will coordinate closely with Sanitary Region 3, with the regional head in Comayagua. Two more regions will be added in the second year and three more in the third year thereby including all of the health regions in the country.

- The prime objective is the motivation and training of primary health care workers through the use of radio and graphics such as posters, pamphlets, etc.

- Each theme of the project will be emphasized during the time of the year when the rural audience is most likely to use the information. Thus, malaria will be emphasized from March to May, diarrhea from May to September, and immunization during the two annual vaccination campaigns. Tuberculosis, which has a more specific audience, will be treated from June to September.

- Materials developed as a part of the project will include:

  -- Basic Rural Health Library pamphlets, brochures and booklets, photonovels, and comic books which will be distributed to primary health care workers during their monthly meetings and which will form a reference library for the community.

  -- The Voice of Health Radio Program - a 10-15 minute program to be aired on regional radio stations and aimed at rural health workers, featuring real workers describing their experiences and projects.

  -- A weekly national radio program, tentatively titled "The Diary of a Rural Hero," which will be a soap opera featuring the lives of rural primary health workers.

  -- Radio spots aimed at the target audience to help to reinforce specific messages about the four themes.

  -- Pamphlets and other graphic materials aimed at the target audience to reinforce these messages.

The Implementation Plan is available from the Academy.

3. Establishment of the Office

Significant time was spent developing the administrative mechanisms to ensure timely dispersement of government and AID funds. Administrative tasks included:

- Meetings with various MOH staff, including the Director General, to review and approve the implementation plan. One of these meetings resulted in the change of the name of the project from PROCESS to

PROCOMSI II. Ministry officials felt that this name would demonstrate continuity and institutionalization of the PROCOMSI methodology.

- Collaborating with MM&HP Project staff to transfer materials and equipment when the project was phased out in March.

- Incorporating Division of Education staff into project implementation.

- Hiring Honduras MM&HP Project staff and new staff as a part of the project.

The two technical staff involved with the MM&HP Project have been contracted by the Ministry as permanent staff of the Division of Education. Three additional technical staff also have been contracted by the Ministry as part of the Division specially assigned to the Primary Health Care Project. The project also has contracted, with Academy funds, the project driver and office staff.

4. Workshops on Communications Methodology

A major goal of the Primary Health Care Project is the continued institutionalization of the methodology used by the MM&HP Project. Training methodology of the national and regional staff who would be working with the project was therefore defined as one of the first activities of the project. Elizabeth Booth, Associate Field Director of the MM&HP Project, was assigned to develop and implement these workshops.

In order to best use the time and resources, the workshops were planned around the actual work of the project. Therefore, the workshop on Social Investigation Methodology given in January was used to research the first theme of the project--malaria. The results of this workshop were analyzed, and formed the basis for developing the malaria campaign, including the radio and graphic materials. The second workshop was given in February on Pretesting Educational Materials. The graphic and radio materials were used as part of this workshop, and the results were employed to change and improve those materials before final production in March.

The goals of the workshops were twofold:

- Train national and regional MOH staff who would be involved with the project throughout the year in the methodology to be used.

- Form, through the exchange of knowledge and experiences, a health education team among the participants.

For both workshop seminars, the participants included: seven persons from the Division of Education, three representatives from Region 7, two representatives from Region 2, two representatives from Region 4, and one representative from the Division of Vector Control.

Both workshops consisted of one week of theory in which the participants designed their research instruments, and one week of practice in the field during which the participants implemented the questionnaires.

a. Workshop on Social Investigation Methodology - January

The Workshop on Social Investigation Methodology explored three social research methods—observation, individual interviews, and focus groups. Due to limited time, only individual interviews and focus groups were actually conducted during the week in the field. The week of theory in Tegucigalpa included an overview of the methodology of the project and a more detailed analysis of the three research methods, using project-designed materials.

The participants then worked together in plenary and small groups to define the objectives of the investigation, identify which method would best explore each objective, and to design the instruments. These instruments included five individual interview questionnaires--target audience, Malaria Control Primary Health Care Worker, Auxiliary Supervisor of Vector Control, Regional Inspector of Vector Control, and Laboratory Technician--and two focus group instruments - Focus Groups with Rural Women and Focus Groups with Mosquito Control Exterminators.

The week of field work in Region 4 had two objectives:

- Implement the preprogram investigation about malaria using the instruments designed during the week of theory.
- Give each participant direct experience with the two research methods.

The work included:

- 150 individual interviews with the target audience in three rural communities.
- Focus groups with Malaria Control Exterminators—three groups in three rural sites with a total of 22 participants.
- Focus groups with rural women—three groups in three rural sites with a total of 34 participants.
- Individual interviews with Malaria Control Primary Health Workers—six interviews in six rural sites.
- Individual interviews with Regional Laboratory Technician and Regional Head of Vector Control.

Sites for individual interviews with the target audience and for focus groups with rural women were selected according to access to the municipal capital head as done during the MM&HP Project. Each instrument was therefore implemented in the municipal capital, one site of relatively easy access to a municipal capital, and one site of relatively difficult access to a municipal capital. The complete description of this workshop is included in Taller sobre Metodos de Investigacion Social de Base. The results of the investigation are described in Investigacion de Base sobre la Problematica Educativa de la Malaria. Both documents are available from the Academy.

b. Workshop on Pretesting of Educational Materials - February

Because evaluation of the first workshop indicated that participants most liked the way the workshop was divided into two parts--one on theory and one on practice--the second workshop took the same form.

The first week of theory was once again given in Tegucigalpa and consisted of presentations on: 1) the analysis of the results of the Preprogram Investigation implemented in the previous workshop, and the campaign plan and radio and graphic materials designed based on that investigation; 2) presentation of the methodology of pretesting using a Guide to Pretesting designed by the training coordinator; and 3) design of instruments to pretest two pamphlets and three radio spots.

The 15 participants were divided into five subgroups of three persons each. Each subgroup was responsible for following one particular material through the entire pretesting process--design of the instrument, interviews in the field, tabulation, and analysis of interview results.

The week of practice was carried out in Region 7 in the Department of Olancho. The sites were once again selected according to access to the municipal capital. The radio spot pretesters interviewed 10 people in each site--five women and five men--while the graphic material pretesters interviewed five people in each site --two illiterates and three literates. Each material was pretested by three people; consequently, the total number of interviews was 30 for each radio spot and 15 for each pamphlet.

The pretesting workshop allowed more time for the tabulation and analysis of the data than the first workshop which had not been able to include much time for these important aspects. All of the participants finished the tabulation of the questionnaires about their materials and most of the participants finished at least an initial analysis of the results.

The report of the pretesting workshop, including the Guide to Pretesting, is included in, Informe del Taller, Technicas de la Validacion de Materiales Educativos. The results of the pretest and the recommendations for changes to the materials are included in, Resultados de la Validacion de los Materiales Educativos sobre Malaria. Both are available from the Academy.

5. Implementation of the Malaria Campaign

The Implementation Plan for the Malaria Campaign, which was designed from the Preprogram Investigation carried out in January, was divided into two general areas--Malaria Control through Mosquito Extermination, and Treatment. In general, the investigation indicated the need for the following:

a. Malaria Control through Mosquito Extermination

- Reinforce the educational role of the Mosquito Control Exterminator after rural homes are sprayed.

- Focus on teaching how the insecticide works. Most of the rural audience believes that the smell of the insecticide is what kills the mosquito and therefore, when there is no odor, the insecticide is no longer effective.

b. **Treatment**

- Clarify rural vocabulary related to the disease. The investigation showed that many rural people believe that "paludismo" is the first phase of "malaria" and that they can cure "paludismo" themselves. As a result they frequently take medications which disguise the malaria symptoms and,therefore, when they go to the Primary Health Care Worker for treatment, the malaria no longer shows up in the lab test.

- Teach the rural population to eat before taking the malaria treatment and to drink liquids and rest, which will help counteract the secondary effects of the treatment.

c. **Support of the Primary Health Workers**

- Support the Malaria Primary Health Worker, promoting him/her as a help to the community and as the person who best knows how to treat malaria.

d. **Target Audience**

- The rural mother who is generally home when the exterminator comes to spray was identified by the investigation as the target audience for the campaign. In general, however, the target audience is rural people over 15 years of age.

Based on these indications, the following materials were designed, pretested. and produced for final distribution:

- One-page pamphlet on mosquito control to be used as a teaching aid and distributed by the exterminator during spraying. The rural mother is instructed to wait several hours before re-entering her home after it is sprayed. This flyer can also serve as educational entertainment while she is waiting, and a timely reminder thereafter.

- One-page flyer on treatment, to be used as a teaching aid and distributed by the Malaria Primary Health Care Worker. The flyer explains the causes and treatment of malaria, including eating before taking the pills.

- Five radio spots which include a jingle and which will serve to attract attention and to identify the spots with the project. Messages of the spots include: 1) Insecticide kills through contact, not smell; 2) Insecticide should be left on the wall; 3) The Malaria Primary Health Care Worker knows best how to treat malaria and is there to help the community; 4) "Paludismo" and malaria are the same; 5) The malaria treatment is best taken after eating. The tone of the spots will be informal and popular, creating the personality of Julian, the exterminator.

- Weekly radio programs of "The Voice of Health" to expand on the messages outlined in the graphic materials and radio spots.

- Pamphlet for rural schools possibly teaching the school children to eliminate mosquito breeding grounds.

- Manual for Malaria Primary Health Care Workers - the first of several graphic materials which will form part of the Basic Rural Health Library.

Implementation materials are available from the Academy.

E. DISSEMINATION ACTIVITIES

As one full year of programming was completed and evaluation results began to accumulate, the program initiated a series of diffusion activities designed to share the results and lessons learned from the program. The following graphic indicates briefly how the project has grown from a relatively focused diarrheal disease campaign in Honduras and The Gambia to a multimessage campaign in Honduras with expansion to Ecuador, Swaziland, and other countries beginning in 1983.

1. Ecuador

In October 1982, Dr. Reynaldo Pareja, Honduras Field Director, traveled to Ecuador to assist in the design of an Implementation Plan for the Ecuadorian DDC Program. In order to define the content and tone of the campaign, Dr. Pareja organized an initial audience investigation to explore rural beliefs and behaviors related to diarrhea treatment and media usage patterns. The MOH Division of Education staff then worked with Dr. Pareja to design educational materials based on these results. These materials include an instructional flyer, a new logo, a flag to identify community distributors of packets, a flipchart, two posters, and a gummed label which will be applied to the UNICEF packets. The radio spots will focus on three ideas--packet identification, what the packets are for, and how the ingredients are to be mixed and administered.

2. Swaziland

Elizabeth Booth, Assistant Field Director, traveled to Swaziland in October 1982 to participate in a two-week seminar on communications planning. The seminar was attended by participants from ministries and institutions which work in community education. The first week of the seminar emphasized theory and practice in planning integrated educational programs while the second week focused on applying this methodology to the design and production of radio materials. During this second week the participants designed and produced radio programs and spots which were later aired on the national radio station.

Parallel to this work, Ms. Booth also formally presented the Honduras MM&HP Project to the staff of the Swaziland Ministry of Health to explore the possibility of implementing a similar program there.

3. Other Seminars

PROCOMSI staff also have participated in various seminars during this last six months. These seminars have helped disseminate information about the project and the educational methodology. They include:

- Communications Seminar-Rio de Janeiro, Brazil. Sponsored by PAHO. Attended by Hector Valladares, educator in graphic arts.

- Breast-feeding and Support Groups-Jamaica. Sponsored by INCS, La Leche League, and AID. Attended by Elizabeth Booth, Assistant Field Director.

- Seminar on Rural Communication-Tegucigalpa, Honduras. Sponsored by AID-ST/ED and conducted by the Academy for Educational Development. Represented by Dr. Pareja, Ms. Booth, Mr. Valladares, and Arturo Diaz, radio programmer.

- Breast-feeding Seminar-Panama. Sponsored by INCAP and AID. Attended by Arturo Diaz.

Samples of various implementation materials are available from the Academy.

4. Planned Dissemination:

Honduras: Pareja scheduled to leave for Ecuador/Peru. (See below)

Booth joins Washington, D.C., staff as Associate Project Director to begin formal preparation of training manual and to assist in diffusion activities.

Vigano continues through January 1984. Mission discussing possibility of extension.

Mata continues on PHC through January 1984. Mission discussing possibility of extension.

Ecuador: Basic agreement that Pareja will move to Ecuador in June 1983 to assist with Mission-supported diarrheal disease program. Possible assistance to Peru and other Latin American countries during this period.

Peru: Conversation with AID Mission to determine feasibility of Pareja assistance for up to one year.

Swaziland: Mission expressed interest in MM&HP assistance with planned reorientation of diarrheal disease program.

5. Publications and Presentations

Articles published in:

- AID Resources Report
- Horizons
- UNICEF Newsletter
- Diarrhoea Dialogue
- Africa Health
- NCIH and ICORT Papers
- Development Communications Report

6. **Presentations**

- World Bank
- UNICEF Director and Staff
- WHO Diarrheal Staff
- ICORT - Five speakers on agenda
- CCCD - Combatting Childhood Communicable Disease
- CDC - Centers for Disease Control
- Contractive Social Marketing Program
- AID/NCIH - Six Topic Panel
- University of Connecticut - Medical Department
- University of Maryland - Medical Department
- Interviewed for "Voice of America" Program - Africa
- AID video short interview planned

SECTION IV
ACTIVITIES PROJECTED FOR
APRIL 1, 1983, to SEPTEMBER 30, 1983

A. HONDURAS

- Primary Health Care Component: Develop campaign materials as indicated in Implementation Plan.
- Water & Sanitation Component: Continue implementation of campaign, with emphasis shifting to radio materials.

B. THE GAMBIA

- Redesign second-year campaign to respond to findings from first-year formative evaluation.

C. ECUADOR

- Dr. Pareja takes residence in Ecuador to begin an 18-month period of assistance to the Ministry of Health to develop and expand their program of Diarrheal Disease Control using techniques and approaches developed under initial MM&HP Project.

D. WASHINGTON, D.C.

- Elizabeth Booth joins the Washington, D.C., staff as Assistant Project Director taking over many of the daily technical supervisory and support functions under the contract.

SECTION V

ADMINISTRATIVE REPORT

Expenditures to March 31, 1983

Category	MM&HP	W&S	PHC	TOTAL
Salaries & Wages	$507,441	$91,296	$20,909	$619,646
Employee Benefits	103,694	22,581	5,292	131,567
Consultant Fees	30,651	--	--	30,651
Travel & Transportation	136,173	22,82[illegible]	4,777	163,778
Overseas Allowances	61,705	33,424	--	95.129
Other Direct Costs	258,398	23,461	12,374	294,233
Equipment	32,156	923	--	33,079
Overhead	264,664	41,067	11,109	316,840
Total	$1,394,882	$235,580	$54,461	$1,684,923

MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

Academy for Educational Development, Inc.

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

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Field Notes

REPORT ON THE 1982 "HAPPY BABY LOTTERY"

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Report on the 1982 "Happy Baby Lottery"

The Academy for Educational Development is a nonprofit service organization active in many areas of education. Under contract to the Offices of Health and Education, Science and Technology Bureau (ST/H, ST/ED), United States Agency for International Development, the Academy is assisting the Ministries of Health in Honduras and The Gambia to develop comprehensive public education campaigns on prevention and treatment of infant diarrhea. The campaigns combine broadcast radio, simple print material, and health worker instruction in an effort to provide practical information to rural women.

INTRODUCTION

As part of its national campaign to educate rural mothers in the proper treatment of acute infant diarrhea, The Gambia's Medical and Health Department recently conducted a unique educational project--a national contest offering inexpensive but attractive prizes to mothers who learned how to mix correctly a simple oral rehydration solution.

The 'Happy Baby Lottery", carried out during the months of September and October 1982, combined the use of a pictorial handbill showing how to mix the solution, face-to-face teaching by health workers, and an intensive schedule of instructional radio programs. Preliminary evaluation findings suggest that as many as 40% of Gambia's rural mothers have learned how to mix the rehydration solution as a result of the lottery and six months of prior project activities.

THE LOTTERY'S INSTITUTIONAL SETTING

The Mass Media for Infant Health Project, which conducted the 'Happy Baby Lottery", has been operating in The Gambia since May 1981. Part of a larger two-country project sponsored by USAID's Offices of Health and Education Bureau of Science and Technology, the Mass Media Project is intended to develop the application of mass media to the control of diarrheal disease. The major goals of the Project in both countries--the other is Honduras--are to reduce substantially mortality caused by diarrhea in chilaren under five years and to institutionalize the Project's educational methods in each country's Ministry of Health.

In The Gambia, the Project has followed the lead of the Ministry's national diarrheal disease control policy, which advocates home use of a simple rehydration solution made from water, sugar, and salt to prevent the most serious consequence of common acute diarrhea--dehydration. A standard formula for this solution was developed using a local soft drink (Julpearl) bottle and cap for measurement: 1 liter of the solution is made using 3 Julpearl bottles of water, 8 Julpearl caps of sugar, and 1 cap of salt.

The major instructional objective of the Project has thus been to teach the primary audience of rural mothers and other child caretakers how to correctly mix and administer this solution. Important related messages about proper feeding of infants during bouts of diarrhea and specific hygienic measures that may be taken to prevent diarrhea diarrhea are also being disseminated.

To achieve these objectives in The Gambia, Africa's smallest country (just 50 miles wide by 250 miles long, with a population of around 640,000), three communication channels were identified for use: radio broadcasting (two-thirds of rural compounds in The Gambia have a working transistor radio), pictorial graphic materials (tne rural population is predominantly illiterate), and face-to-face instruction by health workers and other rural opinion-leaders.

Cooperating local institutions include the Medical and Health Department's newly formed Health Education Unit, where the Project is formally housed, Radio Gambia, the country's national government radio station; and the Ministry of Education's Book Production Unit.

DESIGN OF THE LOTTERY

The central idea of the Lottery was to provide a structure for an intensive period of education on oral rehydration, using graphic materials, radio messages, face-to-face instruction, and some incentives—the Lottery prizes—to encourage mothers to participate in this educational process.

Specifically, the Lottery ws designed to motivate mothers to seek out a colorful 8"x11" handbill showing the Julpearl bottle and cap formula for the sugar-salt solution and to listen to a special series of radio programs which explained how to interpret the handbill and how to use it to mix and administer the solution. Four months of prior radio broadcasting had sensitized mothers to the special danger of diarrhea, namely dehydration, and had introduced the sugar-salt solution as a measure for preventing it. A series of training workshops for 150 key health personnel throughout the country also had been held to ensure that the campaign's radio messages would receive interpersonal reinforcement from health workers in the field.

The Lottery was planned to work as follows:

Approximately 200,000 handbills, or "mixing-pictures" as they were called, would be delivered by the Mass Media Project staff to approximately 20 health centers and dispensaries throughout the country. A portion of these would be distributed to mothers at the health centers by the local government health workers, and the rest would be delivered in turn to a network of some 800 village volunteers who had been trained by the health workers as village "diarrhea experts" following their own training at the Project's workshops.

During this same time, an intensive publicity campaign about the Lottery would begin on Radio Gambia in four local languages--Wolof, Mandinka, Fula, and Serehule--explaining that the mixing-picture was to be used as the ticket for entering and encouraging all women (only) to obtain one and to learn how to mix the sugar-salt solution. A series of radio programs interpreting the mixing-picture and explaining key points of administering the solution would be aired throughout the Lottery period. (To ensure nationwide reception of these programs, cassette tape copies would be delivered to Radio Gambia's up-country relay transmitting station in Basse for direct broadcast. Reception in this part of the country was notoriously poor due to the weakness of Radio Gambia's signal reaching the relay transmitter from its origin 200 miles down-country.)

The distribution of the mixing-picture tickets would be followed by the Lottery's core activity--at 4-weeks, the names of 18 villages from all over the country would be drawn randomly and announced over the radio. Each of these villages would be visited by a contest judge, one of the local health workers. Every woman in the village who came to the contest with a mixing-picture in hand would be eligible to enter an initial drawing, conducted by a judge, to choose 20 women who would then have a chance to demonstrate their mixing knowledge. Each of the 20 women who correctly demonstrated for the judge how to mix the sugar-salt solution would win a prize--a 1-liter plastic cup. If she could also correctly answer at least 3 out of 5 questions about how to administer the solution she could win a second prize as well--a bar of locally made soap. She also would then become eligible for the Grand Prize Drawing: a special one-hour program, broadcast on Radio Gambia in which a Gambian VIP would draw and announce the winners of 15 radio-cassette players from among the village contest winners. Five community prizes, consisting of a 50-kg bag of sugar and a 100-kg bag of rice each, also would be awarded to the villages who had participated most actively in the village contests.

DESIGN AND PLANNING CONSIDERATIONS

The Lottery design was the end-product of a planning process that involved long hours of discussion among Project staff, close consultation with Medical and Health Department and Radio Gambia officials, and a trial village contest conducted to test this key component of the overall design.

The idea of the village contest itself resulted from a staff brain-storming session on how to avoid the many problems anticipated with the original lottery scheme, in which the 200,000 mixing-picture tickets would be numbered and a true lottery-style drawing and announcement of numbers would take place. Primarily, most rural villagers in The Gambia cannot read numbers. Also anticipated was the accidental loss of winning-numbered tickets resulting in few or no winners, or the intentional hoarding of tickets at distribution points. The village contest idea that finally evolved, in which names of villages rather than numbers were drawn and announced, avoided all of these problems and had the additional virtue of rewarding not just a lucky draw but the actual performance of the very set of behaviors--mixing the sugar-salt solution--the Project is trying to teach.

The drawing that the judge would conduct in each village contest to select 20 actual contest participants was added to the design after it became apparent that the contests would attract great interest and that it would be impossible to give every woman with a mixing-picture a chance to demonstrate her knowledge. Thus, at each contest the judge would use system of marked and unmarked plastic bottle caps: every woman with a mixing-picture would draw a cap from a bag, and those who drew one of 20 specially marked caps would become contest participants.

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After considering hiring short-term employees to serve as the contest judges, at the suggestion of Medical and Health Department headquarters it was decided that 18 rural Health Department Inspectors would be chosen because they were distributed throughout the country's five political divisions, they had attended the Project's earlier training workshops, and they were the most mobile of rural health staff--most were supplied with motorcycles and petrol allowances.

Their selection largely determined the number of village contests that could be held and the number of women who would be allowed to participate. After conducting the trial village contest, Project staff determined that a Health Inspector could not reasonably be expected to conduct more than one contest each week for four weeks, given his or her regular work load. Each contest would require two trips to the village--the first to make the necessary explanations and arrangements with village leaders, and the second to actually run the contest. Given the time required to set up and to allow each woman a chance to demonstrate the the mixing of the solution, a single contest, envolving only 20 women, could easily become a full day's work.

Selection of rural Health Inspectors as contest judges also influenced the way the 72 winning villages were chosen. To ensure that these villages were reasonably accessible to the judges, four winning villages were drawn from the vicinity of each of the 18 Health Inspector's posts in the following manner: A comprehensive, consecutively numbered list of all (approximately 2,000) villages in The Gambia was obtained from the Project's evaluation director, who had compiled the list in determining the sample for his baseline research. In drawing each judge's four villages, the numbers of all villages in those three or four districts served by the judge's health post were considered part of the pool. A random number table was used to select the four winning village numbers from the pool, but with the provisions that a village would be rejected if it were too small (fewer than 100 people) or too remote from the judge's post (more than 15 kms). Thus, while every village in the country had a chance initially to be drawn--all districts are covered by a health facility served by a health inspector--resource constraints (the judge's time and petrol) and the Project's desire to have a maximum impact on public awareness determined that larger and more accessible villages would be favored in the final selection.

In choosing the contest prizes, Project staff sought items that would be locally available, inexpensive, but useful and appealing to village mothers and, if possible, related to or consistent with Project goals. The plastic cup, the most common vessel for drinking water and a convenient 1-liter measure, and the bar of local soap satisfied all of these criteria. To make them more colorful and attractive, both were decorated with a bright red decal with a picture of a happy baby on it.

The more expensive grand prizes--radio-cassette players, which are highly valued possessions in rural villages--were offered to generate high interest in participating in the lottery and in following it on the radio. The community prizes, too, were planned to sustain wide interest and to encourage maximum participation. A 50-kg bag of sugar, which could be used to make the sugar-salt solution, and a 100-kg bag of rice, another commodity highly valued during the pre-harvest "hungry season" when the lottery was held, were selected after Project staff had confirmed that traditional means of sharing such donated goods existed in the villages so that the prizes would not be monopolized by one or two village leaders.

Finally, the Lottery was planned to coincide with a time of the year when Gambia's hard-working women would have some free time to participate. September/October was chosen because it is a time when most of the women's rainy

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season planting activities have been completed and they have some leisure time. It is also a time when rainy-season diarrhea is at its peak, and the Lottery's educational messages could be expected to arouse high interest among the rural audience.

IMPLEMENTING THE LOTTERY

To a greater extent than expected the Lottery proceeded almost entirely according to plan and with no serious hitches.

The 72 village contests generated a great deal of excitement and enthusiasm in the rural areas. In some villages, as many as 400-450 women turned out with mixing-pictures in hand ready to participate. Other village contests were accompanied by festive drumming and dancing, and in at least one village a sheep was purchased by the village elders and cooked to feed the contest participants.

Much credit for the success of these village contests must go to the conscientious efforts of the Health Inspector judges and other local health staff who assisted them. (Setting up and judging the contests proved to be more work than one person could handle, but assistance to the Health Inspectors from their fellow health workers always seemed quickly forthcoming.) A campaign T-shirt was given to all the local health staff who helped, and a small cash honorarium was provided to each Health Inspector judge.

There were, of course, some problems. The most serious of these was a petrol shortage which severely reduced allocations to all departments in the Gambian government in August, just as the Lottery was beginning. The most serious consequence of this shortage for the Medical and Health Department was that the outreach operations of the rural health centers, whose staff hold mobile clinics in surrounding villages at least two or three days each week were severely curtailed. For the Lottery, the shortage meant that the Project staff had to provide commercial stations so that they could distribute the mixing-pictures and later reach the village contest sites. This expenditure represented a substantial unanticipated cost. Indeed, petrol, including that purchased by Mass Media staff to make the six country-wide, lottery-related treks, was the major cost of the entire undertaking.

The other major problem encountered was that in spite of efforts to select carefully the contest villages, several of the villages selected and announced over the radio during the first week were either many miles away from the judge's post or were only a tiny hamlet of one or two compounds in which no one had ever head of the Lottery. In one case, the concerned judge telephoned Project staff from his distant up-country post to say that he had exhaused his entire petrol allowance searching for the village announced for his area only to learn that it was actually across the border in neighboring Senegal. These lapses required the Project staff to review carefully the remainder of the villages that had been selected, reselect a number of them, and make an extra trip up-country to inform judges affected by the changes and to replenish the petrol allowances of several.

With these few exceptions, however, the Lottery proceeded smoothly and according to schedule, which was as follows:

July 19-31	o Trek to rural health centers throughout country to inform staff about Lottery plans and recruit judges.
Aug. 5	o Hold trial village contest to test contest design.
Aug. 9-28	o Trek to health centers to distribute mixing-pictures. Health staff in turn distribute to village volunteers.
	o Assemble judges' instruction books and village contest kits.
	o Draw names of 72 contest villages.
Aug. 23-Sept. 10	o Lottery publicity and mixing-picture explanation programs begun on Radio Gambia.
Sept. 1-9	o Trek to rural health centers to train contest judges and deliver instruction books and contest kits to them.
	o Deliver Lottery programs in Fula and Serehule on cassette tapes to Basse relay transmitting station.
Sept. 9	o First group of 18 winning villages announced on Radio Gambia.
Sept. 9-15	o Judges conduct first round of 18 village contests.
	o Project staff treks to selected sites to monitor first contests.
Sept. 16	o Second group of winning villages announced.
Sept. 16-22	o Judges conduct second round of contests.
Sept. 23	o Third group of winning villages announced.
Sept. 23-29	o Judges conduct third round of contests.
Sept. 30	o Fourth group of winning villages announced.
Sept. 30-Oct.5	o Judges conduct fourth round of contests.
Oct. 6-8	o Staff treks to all judges' posts to collect names of village contest winners for grand prize drawing.
Oct. 9	o Grand Prize Drawing on Radio Gambia.
Oct. 11-20	o Trek to distribute grand prizes and community prizes to winners.

The "Happy Baby Lottery" came to an exciting conclusion on October 9 when the Gambian President's wife, Lady N'Jaimeh Jawara, drew and announced the names of the grand prize winners in a special one our trilingual (English, Wolof, and Mandinka) broadcast on Radio Gambia. She also surprised the Mass Media Project staff by adding extemporaneously that she hoped that this would be the first annual Happy Baby Lottery.

During the two weeks that followed, the Mass Media and Radio Gambia staffs were on the road again delivering radio-cassette players, bags of rice, and bags of sugar to the lucky Lottery winners all over The Gambia, while a series of post-Lottery spots began on the radio congratulating winners and consoling losers with the message that the real prizes in the Happy Baby Lottery, of course, are healthier and happier Gambian children.

RESULTS OF THE LOTTERY

As part of a separate contract with USAID to evaluate the Mass Media Project, Stanford University's Institute for Communication Research is conducting research in 20 rural villages in The Gambia, concurrent with the Project's implementation, to assess its ongoing and summative impact. Following the baseline survey carried out prior to the start of the Project's educational activities, Stanford's four field workers have been regularly collecting data from approximately 800 rural mothers in the areas of infant mortality and morbidity, nutritional status, and knowledge and practice of oral rehydration therapy.

The impact of the Happy Baby Lottery is thus being assessed in terms of the numbers of mothers who heard the Lottery programs, obtained and learned how to use the mixing-picture, and learned how to mix and administer the sugar-salt solution as a result of the Lottery. The results of this assessment are not yet available from the Stanford team.

A separate evaluation of The Gambia's Expanded Program of Immunization (EPI) was conducted by the U.S. Center for Disease Control in November 1982 which included several questions about rural mothers' diarrhea treatment practices. The evaluation team reported that of the 200 mothers surveyed, 60% named sugar-salt solution as the preferred treatment for diarrhea and 40% were able to cite correctly the Julpearl bottle-and-cap formula for mixing the solution.

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The following statistics on the Lottery were compiled from records kept by the Health Inspector judges:

	Number
Village contests	72
Women who entered village contests with mixing pictures	6,580
Women who won chance to demonstrate mixing of solution	1,440
Women who mixed solution correctly	1,097
Women who correctly answered at least 3 out of 5 questions about administering solution correctly	1,157
Combined participants and spectators in 72 contests	10,728

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