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# Mass Media and Health Practices

## IMPLEMENTATION

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SEMIANNUAL REPORT No. 11

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## INTRODUCTION

This document is one of a series of reports prepared by the Academy for Educational Development, Inc., under its Mass Media and Health Practices Project contract with the United States Agency for International Development.

The full series includes:

Document #1	<u>Scope of Work - Technical Proposal</u>
Document #2	<u>Contract Scope of Work</u>
Document #3	<u>Semiannual Report No. 1</u>
Document #4	<u>Project Agreement with Honduras</u>
Document #5	<u>Semiannual Report No. 2</u>
Document #6	<u>Honduras Target Regional Selection Process</u>
Document #7	<u>Semiannual Report No. 3</u>
Document #8	<u>Principal Health Considerations</u>
Document #9	<u>Developmental Investigation Protocol</u>
Document #10	<u>Institutional Review Board</u>
Document #11	<u>Honduras Regional Background Paper</u>
	<u>Description of Field Investigation</u>
Document #12	<u>Description of Field Investigation Activity: Honduras</u>
Document #13	<u>Communication and Development</u>
Document #14	<u>Results of Honduras Field Investigation</u>
Document #15	<u>Implementation Plan: Honduras</u>
Document #16	<u>Semiannual Report No. 4</u>
Document #17	<u>Semiannual Report No. 5</u>
Document #18	<u>Semiannual Report No. 6</u>
Document #19	<u>Implementation Plan: The Gambia</u>
Document #20	<u>Second Year Implementation Plan: Honduras</u>
Document #21	<u>Semiannual Report No. 7</u>
Document #22	<u>Semiannual Report No. 8</u>
Document #23	<u>Semiannual Report No. 9</u>
Document #24	<u>Semiannual Report No. 10</u>
Field Note #1	<u>Packets: Do Visual Instructions Make a Difference?</u>
Field Note #2	<u>Packets: More Questions and Few New Answers</u>
Field Note #3	<u>The ORT Poster: Something Special for the Professionals</u>
Field Note #4	<u>Selecting Campaign Messages</u>
Field Note #5	<u>Building a Network of Effective Providers</u>
Field Note #6	<u>1982 Health Worker Training Report</u>
Field Note #7	<u>Report on the 1982 "Happy Baby Lottery"</u>
Field Note #8	<u>AMA-MAS - A Radio Course on Breastfeeding</u>
Field Note #9	<u>Rainy Season Feeding Messages</u>

## 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 to the prevention and treatment of acute infant diarrhea in isolated rural areas of both countries.

In January 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.

On September 30, 1982, the Mass Media and Health Practices contract was modified by Amendment #12, adding to the scope of work five technical assistance/campaign support activities (ta/cs activities). Each ta/cs activity was to provide up to five person-months of technical assistance to any country interested in adopting the MMHP methodology to their own program of diarrhea disease control. The explicit intent of this amendment was to provide additional resources to disseminate the MMHP approach through a series of at least five "diffusion sites."

In June 1983 the Ministry of Health in Ecuador signed a Letter of Understanding with AID-S&T/ED, which stipulated the provision of up to 18 months of technical assistance to the Ecuador National Diarrheal Division Control Program. The form of the assistance would be to add a public communication component to the government's existing DDC program and focus on three provinces of central Ecuador as a model for strengthening and expanding the national program. This activity became the first formal diffusion site called for under the MM&HP Amendment #12.

In September 1983, the Ministry of Health in Peru signed a Letter of Agreement with AID-S&T/ED, which stipulated the provision of one advisor over a period of 15 months for regular consultancies of up to six weeks each. The advisor would assist with the development and implementation of a Health Literacy Campaign which included the themes of family planning, diarrheal disease control, and immunization. This represented the second formal diffusion site called for under the MM&HP Amendment #12.

A Letter of Agreement between AID-S&T/ED and the Government of Swaziland was signed in February 1984. The Agreement stipulated the provision of a resident expert for at least seven months over a period of one year. This adds an ORT component to an existing Rural Water-Borne Disease diarrhea prevention project and creates a third MMHP diffusion site.

SECTION II  
ACTIVITIES PROJECTED FOR PERIOD  
OCTOBER 1, 1983 - MARCH 31, 1984

A. **HONDURAS: PRIMARY HEALTH CARE**

1. Formative Evaluation of PROCOMSI II multitheme campaign.
2. Preprogramming and Implementation Plan development for 1984 campaign, adding Family Planning Component.
3. Extension of technical assistance through September 1985.

B. **HONDURAS: WATER AND SANITATION**

1. Complete production of media materials.
2. Analyze training needs for field promoters.
3. Reprogram activities for 1984.
4. Extend technical assistance through September 1985.

C. **ECUADOR**

1. Monitor ongoing campaign.
2. Formative evaluation of three sites activities.
3. Reprogram for 1984.

D. **PERU**

1. Conduct ad agency/MOH seminar.
2. Sign Letter of Understanding.
3. Prepare research protocol.
4. Provide regular assistance for research and programming of planned campaign.

E. **SWAZILAND**

1. Rasmuson's visit to plan December - January campaign.
2. Smith and Rasmuson visit to plan assistance and draft Letter of Understanding between MOH and AID-S&T/ED.
3. Begin assistance in March/April 1984.

SECTION III  
ACTIVITIES UNDERTAKEN

PRIMARY HEALTH CARE COMPONENT - PROCOMSI II: HONDURAS

A. SUMMARY

The six-month period covered by this report corresponds to the final months of the first contract and the initial months of the second. Family planning is included in addition to the 1983 themes of diarrhea, malaria, tuberculosis, and immunizations.

Follow-up training of project personnel and regional groups engaged in production of radio programs has been another fundamental activity of this period.

Campaigns on vaccination and responsible parenthood were developed in preparation for the family planning theme. During this same period, evaluation on earlier tuberculosis and vaccination campaigns were carried out in addition to promoting the Fourth National Vaccination Week.

Plans have been developed for the baseline investigation on family planning.

B. EXPANSION OF WORKPLAN

The Agency for International Development (AID) expressed interest in expanding and extending the present contract to September 1985. In this respect, AID requested a reprogram of the original workplan. The new workplan was presented to and approved by the Ministry of Health (MOH) and AID, with family planning being added to the themes covered under the original 1984 workplan.

C. VACCINATION CAMPAIGN (October-December 1983)

This campaign was based on the baseline investigation of September 1983. The campaign included the following radio messages:

- o "If your child is ill when his vaccine is due, take him to the Health Center and let the nurse decide if he can be vaccinated."
- o "In order to be thoroughly vaccinated, your child must receive all of his vaccines."
- o "A vaccine has several dosages; your child should take all of them."

Several messages were prepared promoting the National Vaccination Week of November 1983. In these, information was provided on the dates in which the MOH vaccination teams would visit the different communities. In addition, people were advised to present their vaccination registry cards to those teams.

Twelve different versions of six radio spots were validated during the first week of October. This validation was carried out in the three project regions by interviewing 290 persons in nine different communities.

The radio campaign began on October 21 and lasted until the end of the year. A total of 10,000 radio spots were broadcast (30 seconds each) in addition to 200 longer radio programs (20 minutes each).

A poster was designed and 30,000 copies were distributed to promote the November National Vaccination Week Campaign. In addition, a new vaccination registry card was designed, pretested, and 10,000 copies printed. A fold-out pamphlet on vaccination also was designed and pretested for a final printing of 100,000 copies. This fold-out provides information on diseases for which vaccines are available — their symptoms, transmission, vaccine dosages, and recommended ages. The fold-out was to be distributed by nurses to mothers at the time of vaccination of their children.

The vaccination campaign was evaluated in January 1984 by interviewing 270 beneficiaries.

Five radio spots, one television spot, and 30,000 posters were produced for the March 1984 National Vaccination Week.

#### **D. FORMATIVE EVALUATION OF THE TUBERCULOSIS CAMPAIGN**

This evaluation was performed October 24 - November 7, 1983. A total of 270 persons were interviewed in nine communities in three health regions. A demand on the services from the tuberculosis campaign was observed in several communities. New cups for spit sample collection were given to MOH. Illustrations printed on these cups instruct the patients on how to obtain an adequate sample.

#### **E. FAMILY PLANNING CAMPAIGN (Preparatory Phase)**

The amended workplan includes the family planning theme in addition to those addressed before. A preparatory phase dedicated to "responsible parenthood" began in December 1983. The objective of this phase was to motivate people on responsible parenthood by promoting two "enabling" concepts:

- 1) Frequent pregnancies affect the health of the mother; consequently, children should be spaced more widely.
- 2) Couples should decide on the number of children to have. This number depends on their capacity to provide food, education, and care.

Six versions of three radio spots were tested during this preparatory phase. Of these, three were selected and adapted to the changes suggested by the potential beneficiaries of the campaign. In addition, the following jingle was prepared to identify the campaign: "Responsible parents should have only the children they can attend" (rhymes in Spanish).

These spots were broadcast 6,000 times from December 1983 through February 1984. The campaign continues on radio stations throughout the country and under financing from the Pan American Health Organization (PAHO).

Parallel to this, three posters were designed to support the radio messages. PAHO financed the printing of two of the posters (5,000 copies each); AID Project 522-0153 financed the third one with a similar printing of 5,000 copies.

#### F. FOLLOW-UP ON MALARIA CAMPAIGN (January-March 1984)

The campaign on malaria was carried out from January through March 1984 in accordance with the new workplan for 1984-1985. This campaign coincided with the initiation of concentrated efforts on preventive medicine by the Vector Control Division of the Ministry of Health. A change in policy gave more emphasis to medication and, consequently, the campaign focussed on this aspect. To this effect, new radio spots were produced on the topic adding to those produced on malaria in 1983.

A comic book entitled "The Mosquito that Spoke" was produced and 80,000 copies printed for distribution to primary schools. In addition, a manual is being prepared for training primary health care workers of the Vector Control Division.

#### G. PROJECT STAFF TRAINING

Project personnel implemented the "Third Workshop on Educational Radio Techniques" March 5 to 9, 1983, in Juticalpa, Olancho. A total of 25 participants from four health regions were trained through this workshop.

The MOH and Johns Hopkins University are implementing a project on "Information, Education, and Communications for Family Planning." In this context, two workshops were held for the various national organizations associated with family planning activities. The project sent two of its staff, a field coordinator and the graphic arts education programmer, to the first workshop on "Production of Graphic Material for the Illiterate". Three additional staff, two field coordinators, and the Project Radio Programmer, participated in the workshop on "Production of Radio Materials for Family Planning".

#### H. ANNUAL PROJECT EVALUATION

An internal staff workshop to evaluate 1983 project activities was held January 30-February 3, 1984. This workshop analyzed both technical and administrative matters, and produced a number of recommendations leading towards better project execution.

The major difficulties encountered related to the rather tortuous MOH administration associated with contractual and payment procedures. This normally results in an employee receiving his first monthly salary in April.

Another difficulty is the delays in obtaining graphic materials in support of ongoing campaigns. The poor economic situation of the country and related restrictions on money exchange for acquiring foreign inputs make print shops unable to honor delivery dates of printed materials. This delays delivery of printed materials to the health region by several months.

## I. COORDINATION WITH NATIONAL INSTITUTIONS

In coordination with PRO-ALMA ("Project in Support of Breastfeeding"), the project designed a fold-out on breastfeeding for distribution in hospitals. UNICEF will finance the printing of 200,000 copies of this fold-out.

## J. COLLABORATION WITH JOHNS HOPKINS UNIVERSITY

The MOH and Johns Hopkins University (JHU) are implementing a project on "Information, Education, and Communications for Family Planning." The PROCOMSI II Field Director collaborated actively in the development of this Project as a member of its Consultative Technical Committee. Several meetings were held with Dr. Patrick Coleman, (JHU representative), ASHONPLAFA staff (Honduran Association for Family Planning), and several other persons representing institutions related to family planning. Additional personnel were added to the PROCOMSI staff for the production of radio and graphic materials.

## K. INTERNATIONAL PROJECTION

The UNICEF Office in Guatemala invited the PROCOMSI II Field Director to present the project educational methodology to Guatemalan health professionals.

PROCOMSI II was requested to participate in the design of a series of posters on vaccinations to be produced by UNICEF.

UNICEF in Guatemala also invited the Project Radio Programmer to present the course "AMA-MAS" ("Love More") in a workshop on educational materials for mass media. This presentation received very favorable reviews.

Photographs from the Primary Health Care project are included in Appendix A.

## L. DOCUMENTS

This component of the project has produced the following documents since its inception in March 1983:

- "The Implementation Plan", January 1983.
- "Techniques of Basic Social Research" (Training Materials), February 1983
- "Results of the Formative Research on the Theme of Malaria", February 1983
- "Plan for the Educational Campaign for the Theme Malaria", February 1983
- "Techniques for Pretesting Educational Materials" (Training Materials), March 1983
- "Results of the Pretesting of Educational Materials for the Theme Malaria", March 1983
- "Results of the Formative Research on the Theme Diarrhea", April 1983
- "Plan for the Educational Campaign on the Theme Diarrhea", May 1983
- "Formative Evaluation on the Malaria Campaign" June 1983
- "Formative Research on the Theme Tuberculosis", June 1983

"Plan for the Educational Campaign on the Theme Tuberculosis", July 1983  
"Techniques of Educational Radio" (Training Materials and Report on the first  
Workshop on Educational Radio Materials), July 1983

These documents are available in Spanish only.

PROCCMSI II RADIO SCHEDULE

<u>Health Region</u>	<u>Radio Station</u>	<u>Spots Per Day</u>	<u>Days of the Week</u>
#1	Oriental El Paraiso	15	Monday-Saturday
#2	Corporacion	15	Monday-Saturday *La Voz de la Salud - 1 Time
	Comayagua	15	Monday-Saturday La Voz de la Salud - 1 Time
	Suare	20	Monday-Saturday La Voz de la Salud - 1 Time
	Centro	16	Monday-Saturday La Voz de la Salud - 2 Times
#3	San Pedro	15	Monday-Saturday La Voz de la Salud - 1 Time
	Norte	15	Monday-Saturday
#4	Valle	15	Monday-Saturday La Voz de la Salud - 1 Time
	Choloteca	15	Monday-Saturday
	Circuito Radio Centro	15	Monday-Saturday
#5	La Voz del Occidente	15	Monday-Saturday La Voz de la Salud - 1 Time
	Sultana	15	Monday-Saturday
	Ondas de Ulua	20	Monday-Saturday
#6	Ceiba	15	Monday-Saturday La Voz de la Salud - 1 Time

#7	Juticalpa	20	Monday-Saturday La Voz de la Salud - 1 Time
	Magistad	25	Monday-Saturday La Voz de la Salud - 1 Time
	La Voz de Olancho	25	Monday-Saturday La Voz de la Salud - 1 Time
Metropolitana	HRN	11	Monday-Saturday La Voz de la Salud - 1 Time
	America	9	Monday-Saturday

\* 20-minute radio program

## WATER AND SANITATION COMPONENT - HONDURAS

### A. 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.

### B. EDUCATIONAL GOALS

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

### C. AUDIENCE DEFINITION

#### 1. Primary Audience

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

#### 2. Secondary Audience

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

### D. BEHAVIORAL OBJECTIVES

The Health Education Project has four behavioral objectives. These were selected because they could be easily assessed by direct observation without having to rely on the

beneficiary's reported behaviors. Through the analysis and understanding of their own water and sanitation problems, the audience will:

- 1) Cover drinking water vessels.
- 2) Use a ladle or pour drinking water from containers into glasses or cooking utensils.
- 3) Keep the latrine and surroundings clean and free of vegetation and animals.

## **E. COMMUNICATION STRATEGIES**

### **I. 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.

In synthesis, the delivery strategy is as follows:

A. **Primary Audience**

o Person to Person

**Approach:** The Promoter encourages the group to comment on the contents of illustrations or a tape recording. He leads them through a dialogue that creates awareness among the audience through self-analysis of their own reality. This analysis should bring about the organization of the community to construct necessary water and sanitation systems and then make changes in sanitary practices.

**Message delivery:** Promoter, flipcharts, wallcharts, and cassette recording.

o Mass Media

**Approach:** The mass media reinforces concepts and provides basic information that could be used by the audience with their neighbors in the group sessions with the Promoters.

**Message Delivery:** Photonovels, radio soap operas, radio spots, posters.

b. **Secondary Audience**

o Approach

**Promoters:** Train in group dynamics and the proper use of materials to encourage the audience to participate fully and spontaneously in the analysis of the messages contained within the illustrations and recordings.

**Rural primary school teachers:** Train in the use of specially designed teaching modules on water and sanitation.

**Rural children:** Teach basic concepts about water and sanitation practices.

**Sanitary engineers working with the project:** Motivate them to support the Education Component by understanding and approving the education activities.

o Message Delivery

Workshops for Promoters I on group dynamics and use of audiovisual materials.

Teaching modules in water and sanitation practices for rural teachers.

Comic books, an integral part of the teaching modules, to provide rural school children with basic information for the water and sanitation classes.

Classroom wallcharts with messages on use of water, personal hygiene, upkeep of latrines and decontamination of drinking water.

Workshops for Promoters III, and Sanitary Engineers.

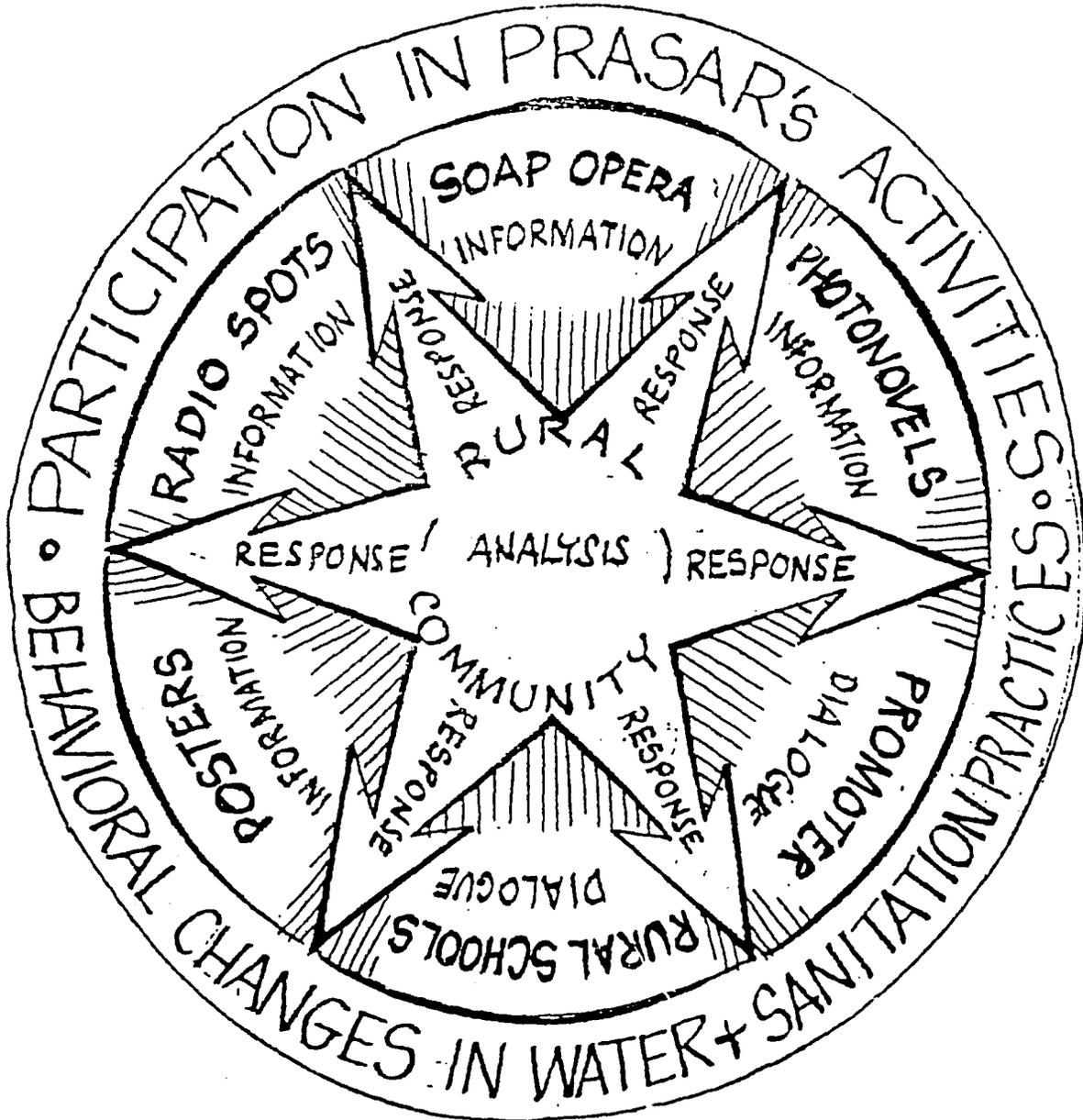
2. Message Tone

The message tone mixes serious and straightforward approaches in group meetings with entertaining, humorous situations through radio to promote the concept that contaminated waters can produce serious illness. A safe environment through the construction and proper use of latrines, potable water, potable water systems, and conservation procedures are promoted as the best prevention for contamination and water-related illness.

GRAPH NO. 1 - MESSAGE CONCEPT BY TARGET AUDIENCE

MESSAGE CONCEPT		TARGET AUDIENCE				
		PRIMARY		SECONDARY		
		Community Groups	Families	Rural Primary School Teachers	Rural School Students	Promoters And Engineers
Promotion	Water and Sanitation Problem Awareness	X	X		X	
	Community Organization	X	X		X	
	Community Action	X	X		X	
Health Education	Cleaning Latrines	X	X		X	
	Covering Drinking Water Containers	X	X		X	
System Maintenance	Importance of Maintaining Aqueducts	X	X			
	Importance of Family Contribution	X	X			
Dynamics Behaviors	Using Teaching Modules			X		X
	Dialogue and Group Dynamics					X
	Using Flipcharts					X
	Using Wallcharts			X		X

GRAPH NO. 2



### 3. Message Content

Message content has been selected for the entire educational campaign; the necessary treatment for each material addressing the project's four behavioral objectives is provided later.

It should be noted that although the project's Educational Campaign is directed to fulfill four behavioral objectives, it also refers to a wider range of peripheral objectives in materials such as radio soap operas or the person-to-person approach.

### 4. Media Selection

Materials were selected to work together, repeating, complementing, and reinforcing each other's message and supporting the person-to-person approach.

For example, for Objective No. 2 related to using a ladle or pouring water into the cooking utensils, materials were used as follows:

#### o Radio

**Soap Opera:** Through dramatization, the main character discusses the problems and consequences of touching potable water with the hands when dipping a glass into the water storage vessel.

**Radio Spots:** Jingles and dramatizations stress the dangers of not using a ladle or not pouring water from the container.

#### o Graphics

**Adult and Rural School Wallcharts:** Wallcharts explain, through a sequence of three-four frames, the problems of putting the hands in water containers.

**Calendar:** A visual and written message tells readers to use a ladle or pour drinking water from the container.

**Teaching Module:** Comic books teach rural school children about the danger of placing the hands into the drinking water container.

o **Person-to-Person:**

Using the calendar and wallcharts as message decodification aids, Promoters create a dialogue through which groups explore the danger of putting the hands into drinking water containers.

Six variables were considered in the selection of each media or material.

1) **Audience**

- o Understanding of written, graphic, or audio messages.
- o Acceptance of styles (colors, realistic illustrations for adults, humorous illustrations for elementary schools, tragicomic situations for soap operas, etc).
- o Visual perception problems in the interpretation of graphic concepts and codifications.
- o Age and interest.

2) **Purpose**

- o What message should be relayed?
- o Does the material allow an effective treatment of the message?
- o Will it achieve the objectives?
- o Will it be easy to distribute?

3) **Cost**

- o Is the material cost effective?
- o Could the message be relayed using a less expensive alternative?
- o Is the production cost within budgetary means?

4) **Field Applicability**

- o Could it be used in any field situation?
- o Are spare parts available for any equipment used?
- o Does it need special rooms darkened or with electricity?
- o Is it easy to transport in the field?
- o Could it be distributed quickly?
- o Does it need specialized and time-consuming training for personnel to use it?

5) **Effectiveness**

- o Is it the best channel to relay the educational message?
- o Will it be useful to support the rest of the educational campaign effort?

## 6) **Production Possibilities without Project Funding**

Perhaps one of the most important factors considered in the materials selection was to find materials that could be produced within institutional means. Many very effective materials or models cannot be repeated because of high production costs or required technical knowledge.

## 5. **Methodology**

Educational materials used in the project, and even the educational model, might be considered traditional and perhaps unsophisticated. The main difference is the methodology used in message preparation and teaching dynamics. All materials were designed to create awareness among learners about problems within the community and their influence on the family's health. They promote an analytic rationalization of the real situation through dialogue and active participation. Psychosocial dynamics for community education were adapted and successfully applied to Health Education for the person-to-person approach. Flipcharts with illustrations codifying the water and sanitation realities of rural communities are used by Health Education Promoters to stimulate a dialogue with group members through which participants themselves re-create their community's living conditions, analyzing their problems and proposing solutions. Health Promoters are moderators of the resulting interaction, reassuring and supporting the ideas being generated by the method's dynamics.

Other organizations in the field demonstrated great interest in this educational model. World Relief, CEDEN, and Plan en Honduras have sent Promoters to be trained in the methodology and are using the same approach and materials. The Water and Sanitation Project of the Ministry of Health/AID in Dominican Republic has adapted the flipchart and educational approach and it is used by the project's Promoters in Health Education meetings.

## E. **IMPLEMENTATION**

The Rural Education Project will last 43 months beginning in February 1981 and

ending in September 1985.

The Education Campaign is divided into two overlapping phases: Promotion which began in December 1981 and Education which began on September 1982.

The Promotion phase emphasizes infrastructure construction. The Education phase promotes the safe use and maintenance of the infrastructure.

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### GRAPH NO. 3 - EDUCATIONAL STRATEGY BY PHASE

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- |           |   |  |
|-----------|---|--|
| PHASE I:  | o | Analysis of own Water and Sanitation Reality |
| PROMOTION | o | Solution Proposal                            |
|           | o | Organization                                 |
- 

- |           |   |  |
|-----------|---|--|
| PHASE II: | o | Analysis of own Water and Sanitation Reality |
| EDUCATION | o | Changes in Attitudes                         |
|           | o | Changes of Practices                         |
- 

Promoters were heavily involved in the first phase as interpersonal communication was the primary message delivery channel. In the second phase, the radio is the main delivery system with the Promoter as support. The reason for this strategy is that Promoters spend an average of three months with each community and as soon as the construction is finished they move on to another community. Radio is an effective follow-up, repeating key messages initially introduced by the Promoter.

The Implementation Plans for the Health Education Components are available from the Academy.

## F. STATUS OF PROJECT IMPLEMENTATION

### I. Materials

#### a. **Materials Designed and Field-tested as of April 1984**

- o 3 Promotional Radio Spots
- o 3 Promotional Posters
- o 60 Episodes of "Frijol El Terrible"
- o 1 Flipchart for Promotion and Community Organization
- o 1 Users Manual for Promotion and Community Organization
- o 3 School Wallcharts on Personal Hygiene and Latrines
- o 2 Adult Wallcharts on Latrines
- o 4 Rural School Teaching Modules for Water and Sanitation Classes
- o 1 Photonoel on Promotion and Community Organization
- o 4 Comic Books "Juanita y La Gotita"
- o 1 Technical Flipchart for Latrine Construction
- o 41 Educational Radio Spots
- o 1 Flipchart for Aqueduct Maintenance

#### b. **Materials Designed and in First Production Stages**

- o 79 Educational Radio Spots
- o 20 Episodes of "Frijol El Terrible"
- o 10,000 Copies of Posters for Promotion of Water Pumps

#### c. **Materials Produced and Distributed**

- o 3 Promotional Radio Spots
- o 8,000 Copies of Three Promotional Posters
- o 60 Episodes of "Frijol El Terrible"
- o 200 Copies of the Flipchart on Promotion and Community Organization

- o 200 Copies of the User's Manual for the Flipchart on Promotion and Community Organization
- o 100 Copies of a Flipchart on Aqueduct Maintenance
- o 3,000 Copies of the Rural Wallchart on Personal Hygiene
- o 3,000 Copies of the Rural School Wallchart on Latrines
- o 250 Copies of Teaching Module No. 1 for Rural Schools' Water and Sanitation Classes
- o 5,000 Copies of the Comic Book "Juanita y La Gotita No. 1"
- o 100 Copies of the Flipchart on Latrine Construction
- o 41 Educational Radio Spots
- o 16,000 Calendars on the Use of a Ladle
- o 16,000 Reprints of the Poster on Latrines
- o 16,000 Wallcharts on the Use of a Ladle and Care of Drinking Water
- o 5,000 Copies of "Juanita y La Gotita and Module #2"
- o 10,000 Copies of the Photonovel "Por el Bienestar de Todos"

d. **Materials in the Design Stage**

- o Nonverbal Maintenance Manual
- o 1 Rural School Wallchart - "Covering the Water Container"
- o 1 Rural School Wallchart - "Using the Ladle"
- o 1 Education Flipchart - "Water-Related Diseases"
- o 1 Technical Flipchart - "Construction of the Water-Sealed Latrine"
- o 1 Aqueduct Construction Game
- o 40 Episodes of "Frijol El Terrible"

2. **Radio**

The Radio Campaign began in December 1981 with the broadcast of three promotional radio spots with a frequency of 10 spots per day. Copies of three promotional posters which were coordinated with the radio spots were distributed as well. These were followed by the broadcasting of the educational soap opera "Frijol El

Terrible" which began in September 1982, and is being broadcast every day by two radio stations, Ondas del Uluu and Santa Barbrira, and twice a week by La Voz de Centroamerica. The first cycle of 60 episodes was completed on La Voz de Occidente and Ondas del Uluu. The owners of Ondas del Uluu, however, requested permission to rerun all the episodes daily and free of charge. They indicated that the series had been highly successful, attracting a larger audience at the time that the program was broadcast.

### 3. Person-to-Person

The person-to-person campaign has been, so far, the most difficult to implement. First, all Promoters had to be trained because the methodology was unknown to them. Secondly, Health Education activities always have been of secondary importance for the Water and Sanitation Project, and third, the Health Education component does not have direct control over the Health Promoters. Nevertheless, the Promoters have been applying the new techniques learned in the health education training seminars and are using the materials with good results.

Materials distributed to Promoters included:

- o Flipcharts to be used with community groups, namely, Promotion and Community Participation, Construction of Latrines, and The Importance of Aqueduct Maintenance and Money Contribution
- o Educational Wallchart to be used with small groups or home visits on Latrines Upkeep, Covering Drinking Water, and Using the Ladle.

### 4. Rural Schools

Rural schools are receiving the new teaching modules which include the Comic Book "Juanita y La Gotita." The subject of the modules is Water Contamination and Methods of Purifying It, Use of a Ladle, Reforestation, and Latrines. Teachers are pleased with the materials and have reported good results to the Promoters.

5. Promoters

To date, 230 Promoters have completed the first phase of training and 104 are expected to follow by August 1984. These groups also include Promoters from other projects such as Plan de Honduras and CEDEN. The second phase will consist of a series of one-day meetings to train Promoters in the use of newly produced educational materials.

6. Graphic Materials Production

After some problems with different service suppliers, the project has identified responsible printers that produce quality work and respect deadlines.

7. Evaluation and Pretesting of Materials

Pretesting of materials is conducted with any new material that is produced: The materials are taken to the communities to assess their effectiveness and applied during group meetings, using the predetermined dynamics and analyzing results. If no major changes are necessary, designs are submitted to the printers.

8. Formative Evaluation

After the first month of broadcasting "Frijol El Terrible" a survey was conducted with 120 participants to assess listenership, acceptance, and message understanding. The data indicated that 12 percent of the sample had listened to the radio program and liked the character and that it was giving them sound advice.

A feedback system has been designed to permit the Promoters to send back information collected regarding person-to-person and educational materials.

9. Project Evaluation

Although there is no provision in the project to evaluate the Health Education effort, questionnaires were developed to assess the affect of the campaign at the field level. A sample was made of 520 interviews which were conducted in randomly selected communities from the five Departments affected by PRASAR.

The study was made at the end of the second year of the project and the first year of campaign implementation. Results indicated that an average of 75 percent of the people interviewed were observing the four practices recommended by the educational campaign.

A similar investigation is scheduled for the end of 1984; another evaluation to assess the final results of the project is scheduled for July 1985.

MATERIALS DISTRIBUTED IN THE FIELD

OCTOBER 1983 - APRIL 1984

o **PRINTED**

48,000 Posters, Wallcharts and Calendars

10,000 Comic Books

10,000 Photonovels

o **RADIO**

172 30 Minute Programs

12,480 30 Second Radio Spots

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PERSONNEL TRAINED

OCTOBER 1983 - APRIL 1984

o **BASIC TRAINING**

25 Professional Nurses

51 Ministry of Health Promoters

38 European Community Project Promoters

61 New PRASAR Promoters

o **TRAINING SESSIONS**

7 Two-Week Sessions

## ECUADOR

### A. Summary

The following activities have been implemented in the Mass Media and Health Practices intervention in Ecuador since November 1983:

- 1) Graphics: Design and Production
- 2) Radio:
  - a. Production of six spots and six radio programs for the Coast and 16 for the Sierra.
  - b. Monitoring System
- 3) Training Seminars:
  - a. Health Personnel
  - b. Community Leaders Training
- 4) Other Activities:
  - a. Educational Component Expansion
  - b. Articles
  - c. Educational Radio Contest
  - d. WHO Film
  - e. DRI Project Assessments
  - f. Technical Assistance to Peruvian MOH

### B. Brief Description of These Activities

#### I. Graphics

The production and/or expansion of previously designed graphics include:

- a) Metal Logotype
- b) Plastic Bag
- c) Flipchart
- d) Poster
- e) Post-Training Leaflet

**a. Metal Logotype**

The 150 metal logotypes designed to identify the Suero Oral distributors' homes have all been distributed to trained community leaders. Mothers are reminded by radio and health personnel to seek aid at the house where they spot this metal logotype since there they will find the Suero Oral.

At the present time, through Unicef funds, 150 additional plates have been produced. Bids are now being taken for 2,000 plastic plates. The change in material was decided because durable hard plastic plates can be made at less cost. These will be ready for distribution in the next few months.

Medical personnel, such as Auxiliary Nurses and health supervisors, have reported spotting the metal plates in several communities. The community leaders appear to take pride in exhibiting these plates because they visibly demonstrate that they have received training.

**b. Plastic Bag**

The measuring plastic bag, which pictures instructions on how to mix and administer Suero Oral, has become the most useful training tool. The bag, containing two ORS packets, is distributed to mothers through formal MOH staff and community leaders. Sixty thousand bags were initially produced with AID-DRI funds. Another order of 60,000 has been made with Unicef funds.

The distribution has been as follows:

- o Community Leaders - 3,680
- o Provincial Level - 14 trained leaders have reportedly distributed 320 ORS packets to 110 children between October 1983 and March 1984.

**c. Flipchart**

The cloth flipchart reportedly has been a success with health personnel and community leaders. They all have shown great appreciation of its graphic expression and satisfaction at the way the content has been organized.

The Sierra version has been printed, 525 in total, of which 92 have been

distributed to 18 Health Centers. A portion of these will be sent to Health Centers outside of DRI areas.

The Coast version of the flipchart is almost complete. The drafts were made with the artist in three Coast communities and are now into the final version. A photocopy is available from the Academy for Educational Development. The printing will be finished in the next few months. Reduced photocopies have been printed (200) for distribution to community leaders in their training both in the coast DRI area of Jipijapa and the new target area of Santo Domingo de los Colorados. The Sierra reduced photocopies (300) have been distributed to each community leader during the training sessions.

Unicef is helping to finance the production of 125 of the Coast flipcharts in order to implement the project methodology in Santo Domingo de los Colorados. This is a clear illustration of the impact of the intervention carried out in the Diarrheal Control Program.

The present use of the flipchart at the community level has been organized so that each of the Health Centers receives three to five flipcharts depending on the number of communities they cover. The trained community leaders borrow the flipchart from the Auxiliary Nurse in charge to use while instructing their communities about diarrhea and dehydration.

At a Family Planning meeting attended by MOH personnel, a female Indian community leader trained by the project, made a 15-minute presentation using the flipchart. The community leader impressed the audience with her clarity and precision in dealing with the crucial issues and with her ability to use the flipchart as a tool for group discussion.

Both the Immunization and Family Components of MOH Maternal Child Care have expressed their desire to do something similar and have asked the MOH Educational Division for their assistance in designing their own flipchart. Once more, the methodology has captured the attention of other programs thus increasing the possibility of institutionalization.

**d. Signs of Dehydration Poster**

This poster was to have been printed when the final art of the Sierra flipchart was completed. The end product, however, was not completely satisfactory. The artist was then asked to draw another version for the Coast flipchart which would be used as the Poster. It was necessary to redo this art as well because the dehydrated child depicted was too old for this message's purpose. It will be ready within the next few months.

**e. Post-Training Leaflet**

A post-training leaflet has been designed as a product of five training courses. The leaflet describes 10 points a community leader should implement when he/she returns home from training, and it serves as a visual remainder of the key training information. The points include:

- o Inform the community of what he has learned, and the service he can offer. (Use flipchart.)
- o A mother seeking Suero Oral must bring her sick child with her when she visits the community leader for treatment.
- o Examine the child to determine if he has any signs of dehydration. If the child does have signs, prepare the ORS solution for the mother and send her to the nearest Health Center.
- o If the child has no signs of dehydration, teach the mother how to prepare the ORS packets at home.
- o Teach the mother the ORT administration and feeding regime.
- o Instruct the mother to come back and report the child's progress to the community leader.
- o If the mother does not come back, visit her.

- o Fill in the control sheet for every case attended.
- o Take the control sheet monthly to the Health Center.
- o Ask the Doctor or Auxiliary Nurse for advice on any particular problem.

This four-page leaflet is now in the process of being designed and will be printed within the month.

#### f. **Local Production of the Diarrhea Control Leaflet**

The training of the community leaders of Quimiag-Penipe generated an interesting initiative at the Provincial level -- the production of a three-page leaflet, designed, drawn, printed, and distributed by the Education for Health staff with medical personnel assistance. This leaflet represents the local adaptation of what has been generated at the central level and points the way to the possibility of integrating local efforts with the national program's educational intervention.

## 2. **Radio Production**

### a. **Sierra Radio Spots**

Six Sierra spots were chosen following the pretest of 12 spots, and have been produced professionally and have been on the air since October 15, 1983, on five local stations, three in the Chimborazo Province (Salcedo and Quimiag-Penipe DRI Project) and two in the Cotopaxi Province (Salcedo DRI Project). It was intended that the spots should be broadcast 18,144 times in the course of the six months, but the monitoring system shows that up to 20% of the spots were not aired on most of the radio stations.

These spots were translated into Quichua by local bilingual literacy trainers, alfabetizadores, who work in a new DRI Project area, Guamote, which is the first direct extension of the Project's impact. The use of the Quichua-translated spots will be the responsibility of the alfabetizadores who indicated an interest in using a local radio station.

#### **b. Coast Radio Spots**

The last report spoke of the preliminary design of the six Coast radio spots. Since then, 12 draft spots have been written, from which six were chosen to be pretested. Interestingly, three versions of the spots were produced by Health Educators from the Coast Province of Manabi who were trained by the project. Two of these versions were chosen by the mothers during the pretest as the most attractive spots. This demonstrates how local radio production is possible without impairing technical content. The two spots are quite dramatic and lively. In one, a little girl comes running up to her mother after the sound of screeching brakes is heard. She tells her mother that the nurse has arrived and has told her about Suero Oral, what it is good for and where to find it. The other spot is a dialogue between a concerned mother and a community leader who informs the mother that her child with diarrhea needs something extra -- Suero Oral.

The pretesting was conducted by the national counterpart of the Division of Education which designed the pretesting instrument, analyzed the results, and presented the final report. This speaks in favor of the institutionalization process in so far as local staff is now able to reproduce the essential step of radio pretesting. A new taping technique also was tested; the results are presented in "Simplifying the Pretesting Technique". (Available through the Academy for Educational Development.)

The final versions of the six spots were edited by the MOH technical staff and taped professionally. They have been on the air since December 20, 1983, on the two local radio stations chosen by the mothers, Voz de Jipijapa and Voz de Portoviejo. Like the Sierra spots, the six Coast spots are being aired three times daily, five days a week.

The content of the spots is the same as the Sierra spots. What differs substantially are the names of the characters, their local idiomatic expressions, accent, sound effects, and neighborhood relations.

#### **c. Sierra and Coast Radio Programs**

It was reported in the last semiannual report that 16 Sierra radio programs were going to be written, produced, and aired. Those 16 programs have in fact been written, corrected by the MOH technical staff, and produced professionally. The Sierra programs

were distributed to the radio stations by February 15 and will run until August 1984. The stations have been instructed to air each program three times a week on the schedules chosen for each station.

The 16 Coast programs also were written, corrected, produced professionally, and delivered to the radio stations as of March 1984. As with the spots, the Coast programs repeat the same content (see Content Summary Chart), but differ greatly in the characters and cultural context. They do, however, use the same characters as the ones that appear in the Coast spots.

Neither the Coast nor the Sierra radio programs were pretested for several reasons. Time and cost were two major factors. In addition, the dramatic soap opera format is basically the same as the format selected by rural women in the pretesting of radio spots. The characters and the dramatic situation of the radio programs do not vary greatly from the ones used in the spots, and the content is also the same, varying only in length and depth.

#### d. **Monitoring System**

Great pains have been undertaken to implement a dependable monitoring system. Several systems, using volunteers, were tested, but none resulted in more than sporadic listening of one or two spots. The structural problem within a MOH bureaucracy is the absence of an institutional channel that can provide a temporary position--full-time when needed, but unnecessary when the MOH is not airing radio materials.

Nevertheless, two people have been contracted with project funds on a part-time basis to carry out radio monitoring for the Salcedo and Quimiag-Penipe Project. The first week of monitoring was very enlightening and at once proved its benefits. Of 27 spots which should have been aired, only four spots were heard. On the second station, none of the radio spots scheduled were broadcast. A letter was immediately written to the radio manager requesting him to reschedule the spots and improve his control over the radio operator.

Although the validity of the monitoring system has been demonstrated to the MOH, the difficulty still remains as to how to sustain some kind of system after the Academy leaves. A recent partial solution was to contract a person for this service for a fixed period of time. It is hoped that a contract for eight months of monitoring service will be signed within a month.

### 3. Training Seminars

#### a. Health Personnel

The seminar for Auxiliary Nurses and Health Educators in Jipijapu allowed for the participation of this personnel in the preparation of the previously mentioned radio spots. It also allowed them to obtain first-hand experience with the graphic materials (The Sierra flipchart, Sierra radio spots, the metal logoplate, and the plastic bags).

The material and training seminars for the Coast have been slower to produce largely because the Area Health Chief has been changed three times.

#### b. Community Leaders Training

The change in personnel also has impeded the training of community leaders planned for early February 1984. Three courses have been cancelled; the first group of Coast community leaders hopefully will be trained in June.

The Sierra community training largely has been implemented as planned. The goals of these training sessions generally remain the same as the previous six months:

- o Train the selected community representative to become a community ORT packet distributor responsible for teaching mothers the correct mixing and administration of Suero Oral.
- o Teach the community leader to diagnose signs of dehydration and to refer a child with these signs to the nearest health center or hospital. Instruct the mother to give him Suero Oral on the way to the health facility.
- o Teach the community leader the use of the educational materials (I/D metal plate, instructional plastic bag, flipchart, radio spots, and programs).

The dynamics of the seminar have not varied, but rather have been refined to obtain the maximum participation. Previously trained community leaders have taken charge of testimonial sessions, answering questions, and explaining difficulties and



The Guamote training constitutes the first expansion of the project to an area which was not originally defined as the pilot area. The decision to expand to this area was borne out of the initiative of the local Literacy Department. Although a DRI Project area, Guamote had no formal agreement with the Ministry of Health to carry out a joint activity. Nevertheless, after receiving this invitation, permission was obtained from SEDRI and MOH to train over 80 alfabetizadores. Since the alfabetizadores have received a secondary education and special teaching courses, a new training guide was developed.

Again, credit should be given to the Educational Division for its assimilation of the training process. While the Project Field Director was in Lima, Peru, the national counterpart the entire seminar, obtained additional help to substitute the absence of the Project Director, took charge of all financial aspects, supervised the organization of four working groups (with 20 or more participants each), and was responsible for overall coordination of the process.

The Sierra spots and the theme song were translated into Guichua during this seminar. Revisions were made to the Flipchart Guide to adjust it to the dynamics and psychosocial techniques used in the adult literacy courses.

The total number of trained personnel followings:

Nov. 24-28/83	Jipijapa	- Medical Personnel . . . . . 25
		- Health Educators . . . . . 7
		- Auxiliary Nurses . . . . . 10
		- Others (Institutions) . . . . . 20
October 20-21/83	Salcedo	- Community Leaders . . . . . 24
March 1-3	Penipe	- Community Leaders . . . . . 27
	Quimiag	- Community Leaders . . . . . 33
	Salcedo	- Community Leaders
		(re-training) . . . . . 14
March 27-29/84	Guamote	- Community Educators . . . . . <u>80</u>
		TOTAL . . . . . 226

## C. OTHER ACTIVITIES

### 1. Educational Component Expansion

The expansion of the Project to other areas has been constantly sought since the visit of Dr. Anthony Meyer (October 1983). The first step taken in this direction is the Guamote training seminar.

The second step is a formal request for expansion. With the collaboration of the Project Field Director, the head of the Diarrheal Control Program has presented a budget proposal to SEDRI and MOH directives requesting seven million sucres (approximately US\$116,700), to expand the program to cover all Provinces in which the DRI projects are presently located.

A third indirect step already has been mentioned--the Educational Division has taken the initiative, with Unicef funds, to expand the methodology to the Coast area of Santo Domingo de los Colorados. The baseline investigation has been performed, and working committees at the local level have been established to begin the community training. This area will use the materials already produced by the MMHP pilot project.

### 2. Articles

An article on the history and development of the media package used in the DRI projects is being written in collaboration with SEDR. This 30-page article should be in final form by June 1984. The Project Field Director is responsible for writing the radio section and the final editing of the document.

The Project Field Director also has written articles on the "Utility of the Baseline Investigation" and "Simplifying the Pretesting of Educational Radio Spots". These articles are available from the Academy for Educational Development.

### 3. Educational Radio Contest

The internationally-known Communication Center, CIESPAL, is sponsoring a Latin American Educational Radio Contest. The Project Field Director has compiled a package of Sierra and Coast programs and their scripts. Formal presentation of the material was made by the Director General. It will be one of the few opportunities for a public institution such as the MOH to participate in this type of educational contest.

4. WHO Film

WHO is funding the production of a Diarrheal Disease Control Film shot in three locations -- Philipines, Tunisia, and Ecuador. The film will present to potential funding agencies and governments the world diarrhea problem, the life-saving potential of ORS, the need for governments to take actions, and examples of Diarrheal Disease Control Programs carried out in these countries.

Shots of community participation, dehydrated children, use of the educational materials, and sources of water contamination were filmed in Ecuador. The Project Field Director served as guide and translator for the film crew, and organizer of the community participants. The final version of this film should be ready by the end of 1984.

5. DRI Project Assessments (March 12-24, 1984)

AID and PRITECH performed simultaneous assessments of the DRI health component. The Project Field Director served both consultants as guide and facilitator. They were able to observe a retraining and evaluation session and a first-time training session. They also were able to review the material produced, the implementation plan, and the integration of the media in the educational package. Both evaluators concluded that it is worthwhile to sustain and expand the MMHP intervention in these DRI projects.

## THE GAMBIA

### A. EVALUATION OF RAINY SEASON FEEDING CAMPAIGNS

In October 1983, the Mass Media Project conducted its third evaluation exercise, a formative evaluation designed to monitor the activities and assess the impact of the Project's rainy season feeding campaign, and to guide the planning of the project's final six-month phase.

The staff's previous two evaluations were a developmental investigation of diarrhea-related beliefs and practices in the fall of 1981 prior to the start of the project's educational activities, and a formative evaluation conducted in February 1983 which focused on rural mothers' learning of the project's oral rehydration messages.

The 1983 rainy season (June-October) campaign emphasized the proper feeding of a child with diarrhea and gave mothers and health workers clear advice about the limitations of sugar-salt solution. Previous feeding messages were reformulated to recommend a number of energy-rich local dishes as especially important when a child is recovering from diarrhea. Mothers were reminded to take their child to a health worker if his or her condition was not improving with sugar-salt solution treatment by the third day, and health workers were reminded that any case of moderate or severe dehydration should be treated in the health station using complete-formula ORS or IV solutions.

#### I. **Methodology**

The evaluation drew on the following sources of data:

- o Interviews with 62 rural women in 14 villages in five divisions by AED and Health Education Unit staff.
- o Interviews with 29 rural health staff in 17 health stations in five divisions by AED and Health Education Unit staff.
- o Analysis and discussion of selected data from Stanford's most recent survey (September) with Dr. Peter Spain.

- o Review and discussion of interviews with nine Peace Corps Volunteer health workers conducted in September by Judy McDivitt, visiting researcher from the Annenberg School of Communications.
- o Monitoring of scheduled project radio broadcasts on Radio Gambia during the week of October 9-16.

## 2. Findings

A high level of exposure to the campaign's messages was suggested by the interviews with the 62 women.

Of the 95 percent of the women who said they had heard a health program on the radio recently, 56 percent spontaneously named "feeding a child" as the subject of the program. This was the most frequent response given by the women, with even "diarrhea" (47 percent) and "sugar-salt solution" (47 percent) named less frequently.

Of the 95 percent of the women who had heard about "power foods", the feeding campaign slogan used in the radio programs and on the handbill, 78 percent named radio as the source of this knowledge, while 68 percent named a health worker. Seventy-three percent of these women who had heard about "power foods" could name at least one of the five specific solid food dishes promoted by the campaign, and 47 percent named at least two.

Several measures in the evaluation indicated solid gains in the number of women who endorse the feeding of solid foods to a child with diarrhea.

When asked what foods are best for a child with diarrhea, 60 percent of the women named at least one, and 23 percent at least two, of the solid foods the campaign has recommended especially for the recovery phase following diarrhea. When specifically asked in the next question about the best foods for a recovering child, 69 percent of the women named at least one, and 42 percent at least two, of the campaign's recommended foods.

Forty-four percent of all the foods named by the women as "best for a child when he has diarrhea" were solid or semi-solid dishes like those promoted by the campaign. Another 25 percent were those ingredients (oil, ground nuts, mild, sugar, eggs, and fish) which the campaign has recommended as giving extra energy to a child's food. Only 11 percent were thin pap-like foods. These findings are in contrast to those of the project's developmental investigation when coos pap alone accounted for a third of all foods named and fewer than 10 percent were energy-rich foods.

The evaluation also produced encouraging findings in two areas of concern relating to sugar-salt solution identified by previous evaluations: misunderstanding by mothers of the purpose of sugar-salt solution, and overreliance on sugar-salt solution by some mothers and health workers in cases demanding additional treatment.

Responding to the question "what does sugar-salt solution do for a child with diarrhea?", the women answered as follows (women could give more than one answer):

Stops diarrhea	41%
Prevents dehydration	29%
Replaces fluids	29%
Other	20%

These answers compare favorably with AED's February evaluation, when 70 percent of the women said s/s solution stopped diarrhea and less than two percent mentioned preventing dehydration, and with Stanford's December 1982 data, in which 82 percent of the respondents mentioned stopping diarrhea and only five percent prevention of dehydration.

Mothers and health workers also demonstrated a reassuring but not entirely satisfactory understanding of the limits of s/s solution therapy. Asked how many days a mother should try to treat her child's diarrhea herself before taking him to the health center, 74 percent of the women answered three days or less, the campaign's recommendation. While the majority of health staff answered appropriately to questions of when a mother should bring her sick child to the

health center and how a case of moderate dehydration should be treated, a 20 percent minority gave wrong answers: five health workers said they told mothers to bring their child to the health center after one to two weeks of self-treatment for diarrhea, and six recommend s/s solution treatment for cases of moderate dehydration which should be treated with a complete-formula (WHO/UNICEF) solution in the health station.

The Gambia Formative Evaluation Report is available from the Academy.

## B. Planning of 1984 Mini-Campaign

In November, working in close collaboration with the Health Education Unit and Radio Gambia, project staff began planning the 1984 Mini-Campaign.

Following upon 18 months of intensive educational activity focusing on oral rehydration therapy (PRT) and the proper feeding of a child with diarrhea, the mini-campaign was conceived with two major goals in mind:

- o To promote several key personal and community behaviors in an attempt to reduce the incidence of infant diarrhea. These include behaviors in three main areas:
  - protection of community wells;
  - personal hygiene, particularly proper disposal of faeces and washing hands with soap; and the
  - educational role of Village Development Committees (VDC's)
  
- o To provide an intensive in-service training experience in the Project's educational methodology for members of the Health Education Unit (HEU) to ensure that the methodology is well institutionalized.

### I. Educational Objectives

The mini-campaign's objectives were selected on the basis of a four-week developmental investigation in December and of a behavioral analysis of possible objectives conducted following the investigation. The Mini-Campaign Developmental

Investigation and the Mini-Campaign Implementation Plan designed based on the Investigation are available from the Academy.

The objectives of the Mini-Campaign included:

- o Fifty percent of CHW's (Community Health Workers) and VDC (Village Development Committee) members and 25 percent of rural mothers will name well protection, hand-washing, or VDC responsibilities as the topic of a recent health program they have heard on the radio.
- o Seventy-five percent of CHW's and VDC members will have a copy of the hand-washing poster.
- o Fifty percent of CHW's and VDC members and 25 percent of mothers will name at least three out of the five features of a well-protected well promoted by the campaign, namely:
  - a) wall or parapet
  - b) cement apron
  - c) cover
  - d) fence
  - e) permanent pail on a pulley system or forked stick
- o Fifty percent of CHW's and VDC members and 25 percent of mothers will name at least two of the four times promoted by the campaign as particularly important for washing hands with soap, namely:
  - a) After using the latrine
  - b) After cleaning up faeces in the compound
  - c) After cleaning up a baby who has defecated
  - d) Before eating or preparing food

- o Twenty-five percent of VDC members with posters will have used the poster to teach someone else in their village.
- o Ten percent of VDC's will have undertaken some aspect of a well protection project since the campaign began.

## 2. Radio Component

Three series of radio programs were produced for the mini-campaign, one for each of the campaign's three major themes:

**VDC's** - A series of four 13-minute programs broadcast on Radio Gambia's new "Bantaba" program during the month of February:

- 1) Interviews with PHC trainers to explain the role of VDC's within the PHC structure.
- 2) Interviews with CHN's to explain common problems of VDC's and VHS's.
- 3) A case study of a successful VDC, including interviews with CHN's, VDC members, and villagers.
- 4) A talk by an authority on the essential elements of one of the VDC's most important responsibilities -- protection of community wells.

**Well Protection** - A series of four programs, 10-15 minutes each, broadcast on the "Tesito" program during the month of March:

- 1) A talk by an authority explaining germ theory and relating it to contamination of water and protection of wells.
- 2) An instructional talk on important considerations in siteing, constructing, and protecting wells.
- 3) An actuality program from a successful village "tesito" project on well improvement.
- 4) A question-and-answer program on germ theory.

Hand-washing and Germ Theory - A series of five 10-15 minute programs to be broadcast on the women's programs ("Musoltaa" and "Jotayi Jigainyi") during the month of April:

- 1) Germ theory explained in a way village women can easily understand.
- 2) A short drama demonstrating the essential times to wash hands with soap and water.
- 3) A talk on the importance of keeping well water pure and doing laundry and watering animals far away from the well.
- 4) A dialogue showing the importance of cleaning up infant faeces promptly and disposing of it in a latrine.
- 5) A short song by a prominent Gambian griot on the four important times for washing hands with soap and water.

These radio programs were planned in close consultation with the Rural Broadcasting Section of Radio Gambia with the assistance of a Mass Media Project radio consultant, Esta de Fossard, during her three-week consultancy in mid-January. Field material for the programs was recorded on a four-day trek to the Mansakanko and Farafeni regions during the week of January 22, which included interviews with VHW's, TBA's, PHC Trainers, and Regional Health Team members at a VHW re-training session, and visits to a number of nearby villages.

### **3. Print Component**

The hand-washing component of the mini-campaign was supported by a poster/teaching aid illustrating the four essential times for washing hands with soap -- after using the latrine, after cleaning up faeces from the compound, after cleaning up a baby who has defecated, and before eating or preparing food.

The poster was distributed to CHN's at three regional training workshops at the end of March (see following section on Training), and they in turn distributed copies to the VHW's, TBA's, and VDC members in their regions. Copies were also distributed to all major health stations by the HEU.

The main intended use of the poster was as an aid to community health workers (CHN's, VHW's, TBA's) and VDC members in teaching the campaign's hand-washing messages to other community members.

The poster was designed by the HEU and Book Production Unit graphic artists. The poster's central graphic image, a pair of hands washing with soap, benefited from two days of intercept interview pretesting with 60 women in the town of Brikama. The first drawing showed only the hands washing with a bar of soap and only three out of 30 women immediately identified the image. Many respondents thought the bar of soap was a box, a book, or some other object. When, on the second day, a picture of another hand pouring water from a cup onto the washing hands was added to the drawing, 19 out of the 30 respondents immediately identified the drawing correctly.

One thousand copies of the poster were produced by silkscreen printing by a local Gambian graphic arts studio, Studio A in Serrekunda.

#### 4. Training Component

Three regional training workshops for Primary Health Care Program (PHC) Community Health Nurses (CHN's) were planned as part of the mini-campaign. These workshops were for the purpose of discussing the campaign's objectives and messages with the PHC CHN and provide them some guidance and practice in effectively teaching the messages to the VHW's, TBA's, and VDC's whom they supervise. (CHN's in the Primary Health Care Program normally supervise the work of the VDC, VHW, and TBA in each of four villages surrounding the key village in which the CHN resides.)

These one-to-two day workshops, planned in cooperation with the Regional Medical Teams to coincide with regular in-service training programs, were scheduled as follows:

Central Region:	March 19-20 in Mansakanko. 16 CHN's from NBD and LRD.
Eastern Region:	March 26 in Bansang. 13 CHN's and several PCV's from MID.

Western Region: March 30 in Essau.  
6-9 CHN's and 2-4 PCV's from NBD and WD.

Training activities during the workshops included:

- o Discussion of campaign research findings, objectives, and messages.
- o Discussion of problems in working with VDC's.
- o Discussion of rural villagers' understanding of disease causation and of effective approaches in teaching the germ theory of disease.
- o Teaching practice sessions: discussing and teaching germ theory with villagers; use of the hand-washing poster.

The workshops were also used to distribute the hand-washing posters to CHN's, who in turn distributed copies to the other health workers they supervise. CHN's were also given copies of the broadcast schedule of the Mini-Campaign radio programs and were encouraged to tell VDC members to listen to and discuss the programs.

In addition to these three workshops, the HEU distributed posters and provided on-site orientation to the staff of most of the country's major health stations during treks between the workshops.

## 5. Monitoring and Evaluation

HEU staff will regularly monitor the broadcast of campaign radio programs to ensure that they are aired according to schedule. This will be particularly important during the month of April, when community health workers and VDC members will have been told to listen to scheduled programs. Spot checks of CHN progress in distributing posters and holding meetings about the campaign with VHW's, TBA's, and VDC's will also be made.

At the end of April, the HEU will conduct a community health workers and VDC survey comparable in scale to the developmental investigation, to determine what impact the Mini-Campaign has had.

## C. DISSEMINATION ACTIVITIES

Project staff were involved in a number of activities which disseminated the experiences and lessons of the Mass Media Project in The Gambia to individuals or organizations in other African countries.

### 1. **Swaziland and Malawi Consultancies**

Field Director Mark Rasmuson made two trips to Swaziland to assist Ministry of Health officials plan educational activities under the Swaziland Diarrheal Disease Control program. On the first of these trips, from November 6-18, 1983, he was accompanied by Mrs. Amie Joof, Head of Rural Broadcasting at Radio Gambia, who was the producer of all project radio programming in The Gambia. Rasmuson and Joof worked with staff from the Health Education Unit, Public Health Unit, and Swaziland Broadcasting Services on the review and revision of a series of radio programs on oral rehydration for Swaziland's rainy season.

In late January, Rasmuson and Dr. William Smith returned to Swaziland for a two-week period to assist the Ministry of Health and AID Mission finalize the agreement for Swaziland to become an additional project site under the MMHP Project and draft a preliminary implementation plan.

Rasmuson and Smith spent one day in Malawi during this trip briefing AID and Ministry of Health officials about the MMHP Project.

### 2. **Sahel Region Oral Rehydration Seminar**

On December 6-8, Mrs. Haddy Gabbidon, one of the Project's principal Gambian counterparts in the Ministry of Health, attended an AID-sponsored ORT Seminar for Sahel Region countries in Bamako, Mali. Mrs. Gabbidon presented the the Project in The Gambia and demonstrated the Project's educational materials to representatives from WHO/Geneva, Mali, Upper Volta, Senegal, and Chad.

### 3. **CDD Program Manager's Course**

The Project was presented and discussed at the WHO-sponsored CDD Program Manager's Course held in Nazareth, Ethiopia, December 5-16 by Mr. Musa Marenah,

Chief Trainer for Gambia's Primary Health Care Program, with whom project staff have worked extensively. His presentation elicited a great deal of interest from the other African participants and requests for examples of project materials from many of them. Examples of the project's posters and flyers were sent to seminar participants from Ethiopia, Tanzania, Sierra Leone, Botswana, Uganda, Nigeria, Kenya, Liberia, and Ghana.

#### **4. In-Country Dissemination Seminars**

Project staff held two two-day seminars on the project at the request of the Senegal AID Mission for the purpose of orienting Senegalese health personnel. USAID/Senegal is planning to add an oral rehydration component modeled on the Gambian experience to its primary health care project in the Sine Saloum region, and requested the USAID/The Gambia and project staff to arrange briefings for key personnel from the region. Eleven Senegalese officials attended the first of these seminars, March 5-7, and 15 the second, April 1-3.

The second seminar was also attended by two representatives from Niger, two from Sierra Leone, one from Botswana, and by Mr. Dale Huntington, enroute to become the Field Director for the MMHP Project in Swaziland.

The seminars included presentations on all aspects of both project implementation and evaluation, and field trips to rural clinics and Red Flag Volunteers' home.

#### **5. French Adaptations of Project Posters**

The Project received final copies of two posters, adaptations of The Gambia project "Diarrhea Management" and "Diet for Diarrhea" posters, from the French Nutrition Institute, ORANA, in Dakar. The adaptations were made by Dr. Olivier Fontaine of ORANA with USAID/Dakar support and in consultation with MMHP project staff. They will be used in several pilot ORT projects in Senegal.

## 6. Other Individuals Briefed

In addition to the participants in the dissemination seminars previously described, project staff gave extensive briefings to the following visitors:

Dr. Clifford Block, AID/Washington

Mr. Robert Clay, AID/Washington

Mr. James O'Connor, AID/Washington

Mr. Edward Piszek

Ms. Cathy Parker, CDC/Atlanta

Ms. Christine Babcock, Agriculture Communications Consultant

## PERU

### A. BACKGROUND

In June 1983, the Ministry of Health approached USAID/Peru with a request to support an aggressive program of mass communication applied to health. In principal, USAID agreed to support the idea and requested a detailed plan from MOH. By September, MOH had produced a 60-page plan detailing some 14 health topics to be treated in a comprehensive, year-long program to be called Alfabetizacion Sanitaria (Health Literacy). Initial concern was expressed that 14 themes might be too many to handle adequately in such a short time. USAID requested assistance from the Population Communication Services project which in turn sent Jack Porter, President of Porter, Novelli, and Associates, and William Smith, Senior Vice President of the Academy for Educational Development, to discuss the plan with MOH. During their meeting, held in Lima from November 8-10, 1983 Porter and Smith met with representatives of MOH, as well as representatives of five local advertising agencies. It was agreed at the conclusion of this visit that the following steps would be taken:

- 1) The 14-theme campaign would be reduced to three key themes: family planning, diarrheal disease control, and immunization. Family planning would receive 50 percent of the campaign resources, with the other two themes receiving 25 percent each.
- 2) AID would support this campaign by helping to select and then to contract a local advertising agency to develop the campaign strategy and materials with the Ministry of Health. Total cost of AID contribution to be approximately \$500,000.
- 3) USAID/Washington, specifically S&T/ED through their Mass Media and Health Practices Project with AED, would provide regular short-term assistance to MOH and the agency for one year of the project. Some \$60,000 would be added to the AED contract by USAID/Peru to permit local research needed for the campaign to proceed rapidly. The Letter of Agreement (Appendix B) was signed on September 30, 1983.

- 4) Dr. Reynaldo Pareja, the Ecuador MMHP Field Director, would provide technical assistance at critical times during campaign implementation.
- 5) Jack Porter would help to develop the selection criteria for the advertising agency and then return to Peru to participate in the agency review process.
- 6) Smith, Pareja, and other PCS advisors would develop and conduct a workshop to orient the selected agency and MOH personnel to the use of social marketing.

## B. SOCIAL MARKETING WORKSHOP

The Social Marketing Workshop had two objectives:

- 1) Orient the selected advertising firm in differences between social and commercial marketing.
- 2) Orient the advertising firm in the technical information related to diarrhea disease control, family planning, and immunizations which they would need to implement the campaign.

The following is a summary of the workshop schedule:

### Monday, November 7

Meeting with Art Danart, USAID/Peru Population Officer to be briefed on status of advertising agency selection. At this point the selection process was entering the final cost bids -- all five firms were still competitive. Concern was expressed about the fundamental differences between the agency and the USAID contract and cost accounting procedures. Xavier de la Cueva met in the afternoon with Dannart and Mike Synder, the USAID/Peru Contract Officer. Smith, Pareja, and

Coleman met with Dr. Sotelo, MOH/Peru, to define participants and schedules for the week. It was agreed that Tuesday would be spent with the MOH working groups on diarrhea, family planning, and immunization preparing MOH presentations to advertising agencies.

#### Tuesday, November 8

Team met with MOH working groups. A detailed agenda for the workshop was established. Each group followed a common format for the development of this presentation to the agency which included a brief presentation on each of the following areas:

- o Program History and Background
- o Present MOH Activities in the Area
- o Problems Encountered
- o Existing Sources of Information
- o Possible Topics Requiring Further Investigation

In the evening, the team met with the selected agency, Forum, a subsidiary of Ogilvy Mather, to brief them on the upcoming workshop. Special emphasis was given to the complexity of the upcoming campaign and the necessity for the agency to develop a supportive and responsive style in working with the Ministry. Agency personnel seemed very receptive.

#### Wednesday, November 9, 1983

The Ministry of Health inaugurated the session with additional comments by the Associate Director of USAID/Peru and the President of the Forum. The morning was absorbed with general presentations on the objectives of the Health Literacy Program, the special characteristics of social marketing, and the experience with development communication in other settings.

The afternoon session focused on family planning, emphasizing the special problem of large-scale family planning promotion in Peru.

Thursday, November 10, 1983

The morning session focused on diarrhea, following the format already established. The afternoon focused on immunization. The MOH presentations were well organized, lasted about 45 minutes each, and were followed by 30-40 minutes of excellent questioning. The agency was clearly concerned about promoting a service that might not be fully developed and the MOH personnel were candid about their own ability to deliver services and also were concerned about over-promising. During all these sessions the number of participants varied little -- Forum-5, MOH-20, Advisor-5.

The presentations were chaired by the Assistant Director of Maternal Child Care Division/MOH. The advisors participated in each session -- Smith on diarrhea, Coleman on family planning and Pareja on immunization. Existing materials, including print, television, and radio materials, were demonstrated, analyzed, and discussed. The quality of MOH materials were quite high and much of these existing materials may be used during the early stage of the program.

In the evening, the advisors met for two hours with Forum representatives in their offices helping to develop a format for their presentation the next day. These presentations included:

- o A review of content by health topic.
- o A strategy for integrating the three themes under a single thematic approach with periods of greater intensity for specific topics coincidental with seasonal priorities.
- o A detailed timeline and responsibilities chart to be completed with the MOH on Friday.

The session was extremely frank, open, and useful. The agency demonstrated their awareness that this was both a new and a difficult challenge for them. They seemed to welcome all assistance and were particularly pleased that Pareja would be returning.

A short briefing was held for Art Danart in the lobby of the Sheraton Hotel prior to Smith's departure at 1:00 a.m. on Friday, November 11.

Reports from Coleman, Pareja, and de la Cueva during the Friday session went extremely well. Forum made a presentation to the MOH summarizing much of the previous two days and suggesting an overall approach to future planning. The MOH was pleased that the agency had made such progress in a short time and specific responsibilities were assigned to individuals in each institution.

### C. IMPLEMENTATION OF THE CAMPAIGN

The Baseline Investigation for the national campaign required sound statistical data and the MOH had limited evaluation capabilities. AID and the MOH decided, with AED's advice, to hire a research firm to implement the investigation.

The final selection made by Peru-AID/MOH/AED/FORUM was Michelsen Asociados. Dr. Pareja traveled to Lima in April 1984, to help Michelsen Asociados to draw up the questionnaires for each of the topic areas: immunizations, diarrhea control, and family planning. The questionnaires were submitted to MOH technical staff for revision. They will be applied in May and the results will be analyzed, with Dr. Pareja's assistance.

While the Field Investigation has been underway, an "umbrella transition" campaign was begun in December 1983. This "umbrella" campaign, suggested by the Field Director, uses the previously produced MOH materials. These materials basically cover immunization and oral rehydration. To fill the gap in family planning, AID/Peru obtained four television spots from the Guatemalan Family Planning Association, APROFAME. One of these was selected for the umbrella campaign. Newspaper ads and articles also were published in the four major national newspapers.

## SWAZILAND

### A. TECHNICAL ASSISTANCE CONSULTANCY - November 6-18, 1983

Mr. Mark Rasmuson, Gambia Field Director, and Mrs. Amie Joof, Head of Radio Gambia Rural Broadcasting and Adult Education, visited Swaziland to review the diarrheal disease education campaign currently being undertaken by the Ministry of Health's Public Health and Health Education Units.

The consultants were asked to focus their review on the oral rehydration therapy (ORT) component of the campaign and to make recommendations in that area during the current rainy season in Swaziland. They also were asked to share the experiences of The Gambia's diarrheal disease program in which they have both worked for the past two years.

The consultants' visit was supervised and coordinated by Dr. Wilbur Hoff and Dr. Bill Hoadley of the Rural Water-Borne Disease Project.

#### 1) Scope of Work

The specific scope of work outlined for the consultants by Dr. Hoff and Dr. Hoadley was as follows:

- 1) Review existing radio programs prepared for mass media diarrheal disease campaign (content and scheduling) and existing informational materials available through the Health Education Unit and other sources.
- 2) Review data on evaluation of radio programs prepared for mass media campaign.
- 3) Review plans for training of extension workers in communication and community development skills.
- 4) Meet with Ministry staff and review policies, plans, procedures, and resources for implementing ORT programs.

- 5) Recommend modifications of existing program materials and reprogramming as required.
- 6) Recommend follow-up actions to be taken by Health Education Unit.
- 7) Long-term planning and design of new programs and materials will take place beginning in January 1984.

2. **Work Accomplished**

- o Discussed the present status and future directions of the diarrheal education campaign with all involved parties, i.e., the Public Health Unit, Health Education Unit, Directorate of Medical Services, Rural Water-Borne Disease Project Staff, USAID, and the interministerial committee which has produced the campaign's radio programs.
- o Reviewed all planning documents and educational materials that the campaign has produced, including radio scripts and tapes, graphic materials, and evaluation reports.
- o Revised, in working sessions with the diarrhea campaign committee, the existing radio programs and spots about ORT to reflect several important changes in campaign messages, particularly the formula for mixing the water/sugar/salt rehydration solution.
- o The Campaign Committee wrote and recorded four new radio spots emphasizing the new formula for the water/sugar/salt solution.
- o Briefed the Campaign Committee, Health Education Unit staff, and others about the diarrhea project in The Gambia and left examples of all project materials.

- o Made a number of recommendations for the future planning of the campaign. (See below.)

### 3. Recommendations for Immediate Action

- 1) Seek a written statement of policy in diarrheal disease management from the MOH.
- 2) Use only the ORT radio programs (new and revised) through the month of January to establish the new water/sugar/salt solution formula.
- 3) Distribute only the ORS flyer with the clarified message about taking the child to the health center during the next few months.
- 4) Begin development of an ORT manual for training health staff.
- 5) Conduct a long-term campaign planning exercise to rank campaign messages and outline future activities.

### 4. Recommendations for the Longer Term

- 1) The ORT components of the campaign should be substantially strengthened. Establishing ORT practices within a health system and among a rural population is a major project in itself.
- 2) A major ORT training effort for the health staff is a high priority.

The Trip Report for this consultancy is available through the Academy for Educational Development.

## B. LETTER OF AGREEMENT

During the development of this diffusion activity, it became clear that the original model of five person-months of technical assistance would not be adequate to support the program. Swaziland required more in-depth support over a longer period of time. The Academy proposed, in consultation with the USAID Mission in Swaziland and the S&T/ED Project Monitor, to expand the assistance to approximately nine person-months of resident technical assistance in Swaziland, plus a modest amount of home office support. This was agreed to by all parties and was formalized in the Letter of Agreement between the government and S&T/ED. It was decided that the MMHP technical consultant, Dale Huntington, would reside for a period of 18 months in Mbabane. Future discussions are planned with the AID Mission in Lesotho and/or Malawi to determine if a pair of sites can be covered as in Ecuador and Peru. In this way two sites would be covered by a single resident expert, maximizing the experience gained in The Gambia by having a key technical advisor work in both Swaziland and Lesotho or Malawi.

After various discussions between AID S&T/ED, AID/Swaziland, the Ministry of Health, the Center for Disease Control, and the Academy for Educational Development, a letter of Agreement (Appendix C) was signed between S&T/ED and the Government of Swaziland in February 1984.

## C. SWAZILAND WORKPLAN

Development of the Workplan began in January 1984, during a visit to Swaziland by Dr. William Smith, MMHP Project Director, and Mr. Mark Rasmuson, Gambia Field Director. The substantive activities, as described in the Workplan, build upon the MMHP methodology developed in The Gambia and Honduras, and at the same time adapt that methodology to the special needs of Swaziland. MMHP assistance is being added to an ongoing program of Rural Water-Borne Disease Control, adding an ORT emphasis to an existing preventive commitment. At the same time the Center for Disease Control in Atlanta, Georgia, will be providing support for a combined diarrhea, immunization, and malaria program using the advisor's expertise in mass media. An extension of the program in Lesotho or Malawi would represent a similar adaptation. The workplan is included in Appendix D.

D. In March 1984, Dale Huntington was contracted by the Academy to serve as Field Director of the Swaziland site. Mr. Huntington spent two weeks in Washington for discussions with project staff, consultants, and AID personnel, and reviewing documents. He also spent four days in the Gambia reviewing the project with Mark Rasmuson.

## DISSEMINATION ACTIVITIES

An essential part of the MMHP scope of work includes the dissemination of the program's fundamental methodology in other areas of the world. The strategy for reaching this goal includes publication of articles, reports, and field notes on key parts of the program's approaches. In this regard, the following activities were completed this quarter.

### A. SWAZILAND/PERU

The principal dissemination activity was the formal agreement negotiated to include Swaziland and Peru as the second and third different sites under the MMHP contract. During the discussions in Swaziland, it was further agreed that because of its relative proximity, similarity, and participation in the CCCD program, Lesotho would be a likely fourth site for the program. Details of this involvement were to be negotiated over the next 3-6 months.

### B. CONFERENCES:

American Public Health Association, Dallas, Texas: The APHA Conference included a panel on the MMHP Project during which the following papers were submitted.

- o Traditional Beliefs: the Basis of Health Message Design  
Dr. William Smith, Dr. Paul Touchette
  
- o Mass Education at the Village Level  
Elizabeth Booth, Dr. Tony Meyer, Dr. Reynaldo Pareja, Mark Rasmuson
  
- o Evaluating the Health Education Impact  
Dr. Clifford Block, Dr. Dennis Foote, Dr. Carl Kendall, Dr. Peter Spain

Ms. Booth presented the paper, "The Use of Radio to Change Health Behaviors, a Pilot Project in Honduras and The Gambia" at the Northwestern University Program Communication Mass Media and Development Research Convention Conference, October 13-15, 1983.

Formal presentations were made by Dr. Smith at The American Society for Allied Health Professions and the AID Health, Population, and Nutrition Officers Conference in Cairo, Egypt.

#### C. PUBLISHED ARTICLES

"After Twelve Months of Broadcasting", the most complete summary of the project to date, describes the programs in The Gambia and Honduras, and includes the Stanford University summary of the evaluation of the first year of implementation.

The complete list of other MMHP publications is included in Appendix E.

#### D. OTHER

1. From October 17-29, Dr. Smith served as special consultant to WHO's Diarrhea Disease Control Program. As part of a three-person team, Dr. Smith helped develop a strategy for the application of communications to the WHO diarrheal disease control program. This strategy drew heavily from lessons learned during the MMHP program.

2. As subcontractor under both the Population Communication Services and the Technology for Primary Health Care contracts, MMHP staff are providing extensive diffusion of the experiences, findings, and methodology developed under the MMHP Project. Brief descriptions of the Academy's role in each of these programs follow:

#### POPULATION COMMUNICATION SERVICES

**OBJECTIVE:** To improve population communication among private and public sector institutions in countries throughout the world. The Academy is a subcontractor to Johns Hopkins University and a part of a consortium of institutions.

**DURATION:** 1982-1987

**SPONSOR:** U.S. Agency for International Development, Bureau for Science and Technology, Office of Population

A comprehensive national information, education, and communication (IEC) program can do much to spread public awareness of family planning methods and service supply outlets and to legitimize the idea of family planning among the general public. Even specific IEC activities, such as improved person-to-person communication, skillful use of print media, and mobilization of available private sector IEC resources, can make a difference in family planning acceptance.

In 1982, a consortium of institutions, led by the Johns Hopkins Population Information Program, and including the Academy for Education Development, Porter Novelli and Associates, and PIACT (the Program for the Introduction and Adaptation of Contraceptive Technology), began a five-year program to improve population communication.

The overall goals of the Population Communication Services project include:

- o Assisting public and private population/family planning agencies based in developing countries in all stages of communication program design and implementation, including audience identification, message design, media communication, and evaluation.
- o Developing and expanding the capacity of population/family planning specialists in developing countries to design, implement, and evaluate communication programs.
- o Improving coordination of population/family planning communication activities among and organizations in developing countries.
- o Expanding the knowledge base on which to make decisions about communication programs.

The activities which PCS carries out include:

**Needs Assessment and Planning** -- Expert communication consultants and staff are available to review current and planned population/family planning communication activities, to develop comprehensive plans and strategies, and to recommend effective approaches.

**Project Funding** -- PCS provides full or partial financial support for activities in the field of population/family planning communication.

**Evaluation** -- PCS staff and cooperating agencies are available to help organizations to design and carry out methodologically sound evaluations of population/family planning communication, as requested.

**Technical Assistance** -- PCS provides short-term technical assistance in specific aspects of population/family planning communication, as requested.

**Dissemination of Prototype Materials** -- PCS answers requests from developing country organizations for information and ideas on communication materials in any medium. Particularly effective materials are distributed to interested population/family planning organizations for use as models or prototypes.

**Distribution of Films** -- PCS provides some population/family planning films from its collection to qualified organizations in developing countries. A film catalogue is available on request.

**Meetings and Workshops** -- PCS organizes national and international workshops and meetings to teach new skills and to promote information exchange.

The Academy's particular responsibilities in the consortium include mass media planning, international seminar and workshop organization, and information services. Academy staff have led needs assessment and planning missions to Colombia, Peru, Senegal, Zimbabwe, Nepal, and Sri Lanka, helping to develop project proposals to be funded under the projects' grant program. The program's first major workshop, held in Quito, Ecuador, in August 1983, brought together more than 78 population and communication specialists from 17 countries to discuss and learn how new communication approaches can be added to existing programs in Latin America.

## TECHNOLOGY FOR PRIMARY HEALTH CARE

**OBJECTIVE:** To help developing countries to lower infant and child morbidity and mortality through the introduction and improved delivery of key disease technologies in primary health care.

**DURATION:** 1983-1987

**SPONSOR:** Office of Health, Bureau for Science and Technology, U.S. Agency for International Development

Infant and child mortality remain disproportionately high in developing nations. Some 17 million children under five years of age died last year; eight million of them never reached the age of one. Over five million of these children died from dehydration, the loss of liquids and vital salts caused by diarrhea. Many more died from the vicious cycle of malnutrition and infectious diseases contributed by the child's diarrhea. In addition, three to four million children die annually from diseases that can be immunized, particularly measles and tetanus. Polio, diphtheria, and tuberculosis, other immunizable diseases, continue as major health problems, frequently causing disabled and unproductive lives.

Many of these deaths could be prevented if existing disease control technologies were made widely available to families in the Third World. PRITECH seeks to work with developing countries to lower infant and child morbidity and mortality through the introduction, expansion, and improved delivery of these technologies, particularly oral rehydration therapy (ORT) and immunizations, through primary health care programs.

The Academy for Educational Development is a principal subcontractor to Management Sciences for Health (MSH) under this large-scale program to promote and develop expansion of the use of oral rehydration and immunization in the world's emerging

nations. As such, the Academy is responsible for technical expertise and direction of the health communications and social marketing components of the Disease Control and Systems Support activities of PRITECH, and for its information services.

The project involves four major activities:

**Disease Control:** PRITECH will implement limited interventions in selected countries to introduce, improve, or expand the use of ORT and immunizations, especially through primary health care programs. The project approach will emphasize those areas which are principal constraints of widespread effective use of ORT and immunizations, but which have not always been included or emphasized in previous projects. These include expansion of programs through the nongovernmental sector, more cost-effective self-sustaining financial analysis and planning, commodities production, competency-based training, retail sales, and public education/social marketing.

**Systems Support:** Short-term (up to three months) technical assistance can be provided through the USAID Mission for the design, implementation, and evaluation of primary health care and disease control programs.

**Information Systems:** PRITECH offices house the Primary Health Care Information Center, a basic reference library on primary health care, ORT, immunizations, and key training and systems management technologies. The Information Center also will publish annual technical updates on key PHC technologies, particularly ORT and immunizations.

Promotion of ORT and immunizations to motivate host country and donor agency decision makers to commit resources to these programs.

One of the principal constraints of ORT and immunizations is the lack of effective public education. The Academy is drawing on its experience in the Mass Media and Health Practices Project in Honduras, The Gambia, Ecuador, and Swaziland to assist in the design and implementation of health communications activities which effectively link new medical technologies to the village. The Academy also is responsible for planning, establishing, and operating the PRITECH Information Center as well as providing technical direction in the design of promotional activities in coordination with MSH and the other members of the PRITECH consortium.

## SECTION IV

### ACTIVITIES PROJECTED FOR PERIOD APRIL 1 - SEPTEMBER 30, 1984

#### A. PRIMARY HEALTH CARE COMPONENT-HONDURAS

1. Development of Family Planning Component
2. Integration of the MOH Division of Education with MOH Audio-Visual Center and the Water-Sanitation Education team.

#### B. WATER AND SANITATION COMPONENT-HONDURAS

1. Continued production of media materials.
2. Implement second stage of training of promoters.
3. Integration of the MOH Division of Education with MOH Audio-Visual Center and the Water-Sanitation Education team.

#### C. ECUADOR

1. On-going monitoring of the Sierra program.
2. Focus on training in the Coast program.
3. Continued development of media materials as outlined in the implementation plan.

#### D. THE GAMBIA

1. Draft project extension document.
2. Complete implementation and evaluation of Mini-Campaign.
3. Close Academy office including formal transfer of equipment, etc. to Gambia MOH.
4. Rasmuson returns to Washington.

#### E. PERU

1. Analyze audience research.
2. Select messages and design and pretest materials for the campaign.
3. Begin implementation of family planning component of the campaign.

#### F. SWAZILAND

1. Establish office.
2. Implement developmental investigation.
3. Write final draft of the implementation plan.
4. Begin training of health workers, design, and pretest of radio and graphic materials.
5. Esta de Fossard to give radio training course to assist in design and pretesting of radio materials.

SECTION V

ADMINISTRATIVE REPORT

1. Expenditures to March 31, 1984

<u>Category</u>	<u>MM&amp;HP</u>	<u>W &amp; S</u>	<u>PHC</u>	<u>TOTAL</u>
Salaries & Wages	625,121	136,809	69,441	831,371
Employee Benefits	134,292	34,413	17,911	186,616
Consultant Fees	40,899	2,945	975	44,819
Travel & Transportation	199,576	26,634	28,200	254,410
Overseas Allowances	82,622	48,986	--	131,608
Other Direct Costs	332,286	37,209	46,474	415,969
Equipment	32,547	923	1,270	34,740
Overhead	<u>340,547</u>	<u>60,901</u>	<u>41,664</u>	<u>443,112</u>
Total	<u>1,787,890</u>	<u>348,820</u>	<u>205,935</u>	<u>2,342,645</u>

2. Amendments

#12 dated 9/30/83 - added \$700,000 to the MMHP contract increasing the total contract amount to \$2,782,581 and expanded the scope of work to include an additional year of assistance to The Gambia, and five technical assistance/campaign activities (ta/ca activity) to ensure continued diffusion of the program's methodology to countries other than Honduras and The Gambia.

#13 dated 3/31/83 - fully obligating the contract funds.

3. International Travel

William Smith

October 1983, 15-22 - Geneva  
November 1983, 11 - Peru  
November 1983, 16 - Dallas, Texas  
January 1984, 21 - Swaziland  
January 1984, 30 - Malawi  
February 1984, Cairo, Egypt

Reynaldo Pareja

November 1983, 5-12 - Peru  
December 1983, 20-21 - Frida Campodonico to Ecuador

Jose Ignacio Mata

January 1984, 3-12 - Washington, D.C.  
January - February 1984 - Leslie Zeldin to Honduras

Mark Rasmuson

March 1984, 15-29 - Washington, D.C.  
January 23-February 2, 1984 - Swaziland, Malawi

Dale Huntington

On board March 15, 1984  
March 1984, 29 - Gambia and to post: Swaziland

**APPENDIX A**

**Photographs**

**Primary Health Care Project Activities**

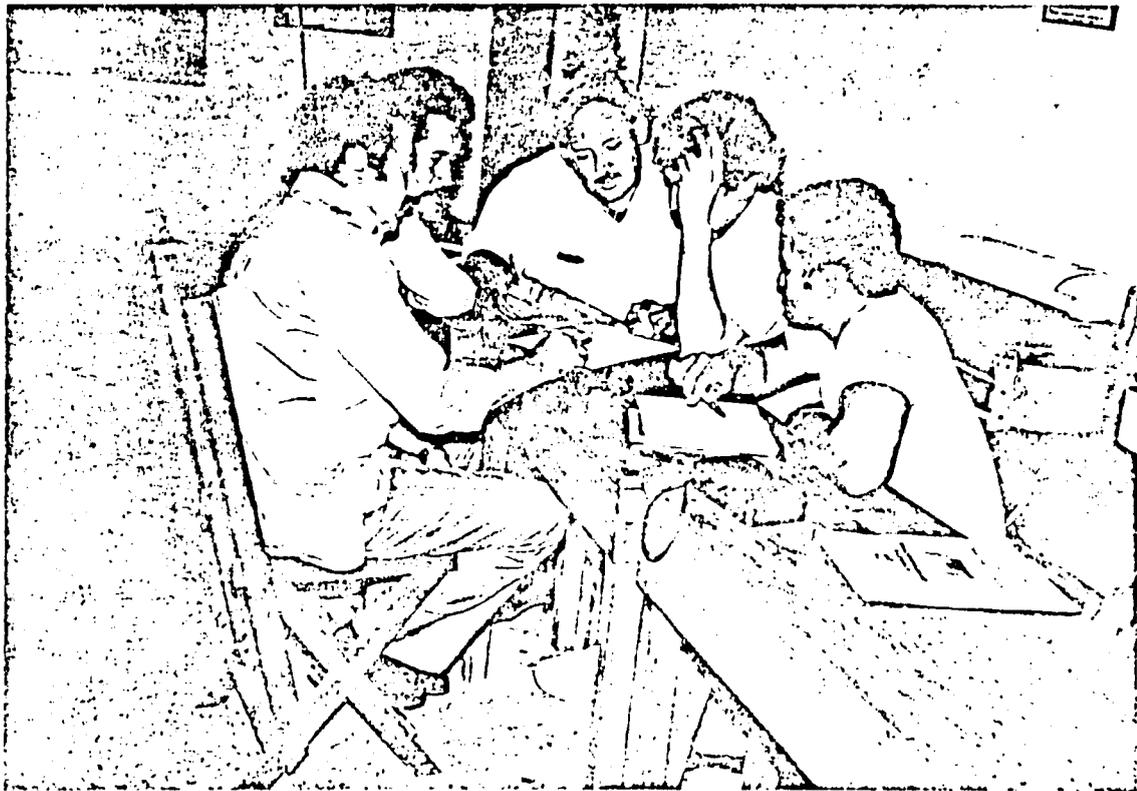






Gracias mamá  
Eres madre de verdad









## APPENDIX B

Mass Media and Health Practices: (Letter of Agreement)

I. This Letter of Understanding is entered into by and between the Ministry of Health (MOH) of the Government of Perú, and the Agency for International Development (AID), an agency of the United States of America, to define the responsibilities of each party under a shared activity called the Mass Media and Health Practices Project (MM&HP).

It is understood that this agreement concerns a research and development project funded by the Bureau for Science & Technology of AID/Washington and is distinct from the normal USAID/Peru program in that the project includes the specific requirement and resources to disseminate information about project activity and results to a broad community of international development professionals.

I. PROJECT DESCRIPTION

This project will contribute to the overall health objectives of Peru by:

Promoting the widespread utilization of health services in three areas: family planning, diarrheal disease control (with

Convenio de Proveedor para el Programa de Comunicación Masiva Aplicada a la Salud Infantil

I. Este Convenio de Proveedor se efectúa entre el Ministerio de Salud del Gobierno del Perú y la Agencia para el Desarrollo Internacional (AID), una dependencia del Gobierno de los Estados Unidos de América, para definir las responsabilidades de cada parte, bajo el presente Proyecto de Comunicación Masiva Aplicada a la Salud Infantil. Se entiende que el presente convenio corresponde a un proyecto de investigación y desarrollo financiado por la División de Apoyo al Desarrollo de AID/Washington, que se diferencia del programa regular de la USAID/Perú en cuanto que este proyecto tiene los fondos y el requisito específico de divulgar las actividades y los resultados del proyecto a la comunidad de profesionales del desarrollo.

II. DESCRIPCION DEL PROYECTO

Este proyecto contribuirá al logro de los objetivos generales de salud del Perú, mediante:

1. La promoción del uso de los servicios de salud en tres áreas específicas: planificación familiar, control de enfermedades

an advocacy on oral rehydration with electrolyte solution) and immunization, through a national campaign entitled "Health Literacy"

2. Strengthening the health education system through the management of private-sector resources to design and produce systematic mass communication campaigns.

3. The production of a series of radio and television programs concerning selected Health Literacy themes. These programs will be supported by graphic materials and specific training for health personnel and primary health care workers.

An important aspect of this program is the adoption and integration of long-term systematic communication planning and design procedures into the health education system of Peru. It is understood that the Ministry will use private-sector resources to mount an initial comprehensive campaign on three themes; family planning, diarrhea and immunization.

diarréicas (con énfasis en el uso de la rehidratación oral), e inmunizaciones a través del programa nacional de "Alfabetización Sanitaria".

2. El fortalecimiento del sistema de educación para la salud mediante la administración de recursos del sector privado orientada al diseño y ejecución de una campaña educativa que utilice los medios de comunicación masiva.

3. La producción de una serie de programas de radio y televisión sobre los temas de salud especificados arriba. Tales programas serían apoyados con material gráfico y adiestramiento específico del personal profesional de salud y del personal comunitario.

Un aspecto importante de este proyecto es el buscar la adopción e integración de la planificación sistemática y a largo plazo de la comunicación masiva dentro del sistema de educación para la salud del Perú. Se entiende que el Ministerio de Salud recurrirá al sector privado para el montaje de una campaña integral sobre los tres temas mencionados: planificación familiar, control de diarreas e inmunizaciones.

The assistance provided under this agreement will emphasize the area of diarrheal disease control, but is not limited to this theme alone. The advisor will work with the Ministry to help ensure the optimum utilization of the private-sector resources in all three content areas.

### III. PROJECT OBJECTIVES

The objectives of this project are to:

1. Conduct a multi-media intervention in Perú aimed at the adoption of salutary health practices, family planning and the prevention of infant and early childhood diarrhea.
2. Develop an educational methodology for the use of private-sector expertise in mass communications by Ministry of Health professionals emphasizing the management of media research and campaign design execution and monitoring.
3. Disseminate the findings of the project to the professional community inside and outside of Perú.

### IV. PROJECT EXECUTION

The executing agent for the Mass Media and Health Practices project for AID will be the

La asistencia técnica que se prestará bajo este convenio enfatizará el tema de control de diarreas pero no se limitará al mismo. El Asesor ayudará al Ministerio a conseguir la óptima utilización de los recursos del sector privado en las tres áreas de contenido sobre lo cual versará el programa.

### III. OBJETIVOS DEL PROYECTO

Los objetivos de este proyecto son:

1. Conducir una campaña de comunicación masiva por medios múltiples en el Perú, dirigida a la adopción de prácticas de planificación familiar y de prevención de la diarrea infantil.
2. Desarrollar una metodología educativa que permita al Ministerio asimilar la experiencia que tiene el sector privado en el uso de los medios de comunicación masiva como familiarizarse con la investigación de audiencia, diseño y monitoreo de una campaña.
3. Difundir los resultados del proyecto a la comunidad profesional dentro y fuera del Peru.

### IV EJECUCION DEL PROYECTO

El agente ejecutor del Proyecto de Comunicación Masiva Aplicada a la Salud Infantil,

Academy for Educational Development. The Ministry of Health, cooperating in this project, will provide:

1. One project coordinator with authority to direct and manage the private-sector resources and coordinate MOH service resources in at least three areas: family planning, diarrheal disease control, and immunization.
2. A minimum of \$50,000 using AID/Peru Project No. 527-0230 funds for audience research, materials testing and program monitoring of the three themes.

The Academy will provide one consultant over a period of 15 months for regular consultancies up to six weeks each.

The Academy has the authority and responsibility for the final selection and/or termination of their personnel.

Both the Ministry and the Academy reserve the right to report inadequacies to the respective authority and to request that corrective measures be taken which will promote the overall success of the project.

representando a la USAID/Perú, será la Academia para Desarrollo Educativo. El Ministerio de Salud cooperará con este proyecto proporcionando:

1. Un coordinador de proyecto con la autoridad para dirigir y administrar los recursos del sector privado como también coordinar los recursos del Ministerio en las tres áreas definidas: planificación familiar, control de diarreas e inmunizaciones.
2. La suma de un mínimo de US\$50,000 del Proyecto AID/Perú No. 527-0230 destinada a la investigación de la audiencia, el pre-ensayo de materiales y el monitoreo de la intervención educativa en las tres áreas temáticas.

La Academia proporcionará un Asesor durante un período de 15 meses, que vendría regularmente para consultas hasta de seis semanas.

La Academia tendrá la autoridad y responsabilidad final para la selección y/o terminación de su personal.

Tanto el Ministerio como la Academia se reservan el derecho de dar a conocer las inconsistencias que surjan durante el desarrollo de la actividad y solicitarán la aplicación de medidas correctivas cuando el caso lo amerite y ayuden al éxito del proyecto.

The Director General for Health Services will designate the Director of the Technical Committee of the Health Literacy Program as the executing agent and will provide general project coordination and specific technical support for the health related project decisions and the management of the private sector agency.

#### V. PROJECT ACTIVITIES

A. Specifically the Academy will provide assistance in the following areas:

1. Determination of health advice to be advocated by the campaign along with a specific plan for acquiring, distributing, and monitoring the resources (pre-packaged electrolyte solution, home-mix ingredients, clinic contact, health worker visits, etc.) needed to make that advice practical.

2. Review of pilot materials (sample radio programs, draft graphic materials, and preliminary training designs) for pilot testing with representative members of the target population.

3. Pilot testing of draft campaign materials with representative members of the target population, using both individual and small group testing situations.

El Director General de Servicios de Salud designará como ejecutor al Director del Comité Técnico del Plan de Alfabetización quien proporcionará la coordinación y el apoyo específico para la toma de decisiones del proyecto, así como el supervisar el trabajo de la agencia privada seleccionada.

#### V. ACTIVIDADES DEL PROYECTO

A. La Academia proveera asistencia técnica en las siguientes áreas:

1. Determinar qué mensajes de salud deben ser promovidos, además de proponer un plan específico para la adquisición, distribución, y control de los recursos (sobres de R.O., acceso a servicios de salud, etc.) que resulten necesarios para llevar a la práctica esos mensajes..

2. Revisión del material piloto (programas de radio, bocetos del material gráfico y diseños preliminares de adiestramiento) que serán sometidos a pre-ensayos con la audiencia meta.

3. Pre-ensayo de material piloto con miembros de la audiencia meta utilizando la técnica de entrevistas individuales así como de grupos pequeños.

4. Revision of draft materials based upon results of pre-testing and final production of campaign materials.

5. Review of a broadcast and distribution schedule for all campaign elements.

6. Preparation of health personnel, including orientation of health workers, distribution of materials to decentralized distribution points, final scheduling of broadcasts, and development of a plan to monitor campaign implementation.

7. Monitoring of the campaign activities, transmission of radio and TV programs, distribution and placement of graphic materials, contact between health workers and target population, and monitoring of all campaign elements.

8. Negotiation with and monitoring of the private-sector agency.

#### VI. RESPONSIBILITIES OF THE PARTIES

A. AID/Washington hereby agrees to carry out its responsibilities in support of this project by providing the following through a contract with the Academy:

4. Ayudar a definir qué cambios hay que hacer al material de prueba en base a los resultados obtenidos.

5. Revisar el cronograma de transmisión y distribución de los materiales de la campaña.

6. Colaborar con el diseño del adiestramiento del personal de salud, la distribución descentralizada de materiales, la calendarización de las transmisiones de radio, y desarrollo de un plan de monitoreo de la ejecución de la campaña.

7. Diseñar con el Ministerio el monitoreo de las actividades de la campaña, la transmisión de programas de radio y T.V., la distribución y ubicación de materiales gráficos, el contacto entre los trabajadores de salud y la audiencia meta, y el control de todos los elementos de campaña.

8. Asistir en los acuerdos que se lleven a cabo con la Agencia privada que se contrate así como su monitoreo.

#### VI. RESPONSABILIDADES DE LAS PARTES

A. La oficina del AID en Washington se compromete, por este medio, llevar a cabo sus responsabilidades en apoyo a este proyecto proporcionando, mediante un contrato con la Academia, lo siguiente:

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1. One senior staff member in the United States who will serve as International Project Director.

2. One advisor in Peru over a period of 15 months.

3. Medical, communication, evaluation and education consultants, as necessary, up to three person/months.

4. On-the-job training in Peru for MOH personnel including media management, audience research, and program monitoring.

B. The Ministry hereby agrees to carry out its responsibilities in support of this project by providing the following:

1. Establishment of this project as a national priority of the Ministry of Health.

2. Public support and endorsement of the project and the health objectives being advocated.

3. One project coordinator with responsibilities to direct and manage the private-sector agency contract and coordinate MOH services related to the Health Literacy program.

1. Un miembro de su personal, ubicado en los Estados Unidos, quien cumplirá las funciones de Director Internacional del proyecto.

2. Un asesor en el Perú durante un período de 15 meses.

3. Consultores médicos y otros consultores en comunicación, evaluación y educación, según sean necesarios, hasta un máximo de tres meses/persona.

4. Adiestramiento en servicio del personal del Ministerio en supervisión de los medios, investigación de la audiencia meta y monitoreo de la campaña.

B. El Ministerio, por este medio, acuerda llevar a cabo sus responsabilidades en apoyo a este proyecto, con las siguientes acciones:

1. Determinar que el proyecto es una prioridad del Ministerio de Salud.

2. Apoyar y promover públicamente al proyecto y los objetivos de salud que pretende lograr.

3. Asignar un coordinador con la responsabilidad de supervisar y controlar las actividades de la Agencia privada, así como coordinar los recursos del Ministerio relacionados con el Plan de Alfabetización Sanitaria.

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4. Office space, including utilities, furniture, and telephone lines for the project advisor in addition to counterpart personnel.

5. Access to health clinics and health personnel, including sponsorship of meetings and seminars with the national medical community, if necessary.

6. Release time necessary for health personnel to participate in training programs.

7. Cooperate with project personnel in gaining access to rural communities for the purpose of conducting the audience research.

8. Use of Ministry print and audiovisual facilities as necessary.

9. Duty free clearance in accordance with the general agreement between the two governments for all materials and goods for the project and for the Academy personnel.

10. Information on new national activity which might influence diarrheal disease and/or related measures of health status or behavior during the life of the project.

4. Espacio de oficina, incluyendo insumos de trabajo, escritorio, acceso a línea de teléfono para el Asesor del proyecto además de las contrapartes nacionales pertinentes.

5. Acceso a los servicios y al personal de salud, incluyendo el auspicio de reuniones y seminarios con la comunidad médica nacional, si es necesario.

6. Autorizar el tiempo necesario para que el personal en salud pueda participar en los adiestramientos.

7. Ofrecer al personal del proyecto transporte para llegar a las comunidades rurales a fin de conducir las investigaciones de la audiencia meta.

8. Permitir el uso de las facilidades del Ministerio de imprenta y audiovisuales según sea necesario.

9. Obtener la entrada libre de impuestos según el convenio general entre los dos gobiernos para todo el material y bienes del proyecto y del personal de la Academia.

10. Dar la información sobre nuevas actividades nacionales que podría tener influencia significativa en los resultados de la intervención del proyecto.

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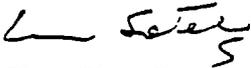
11. Permission to use and publish materials and reports developed during the project, including evaluation data, outside Peru.

VII. USAID/PERU MISSION CONTRIBUTION

The AID Mission will cooperate with the project by providing the project and its staff the services customarily provided to personnel and projects contracted by the Mission.

VIII. CONCLUDING STATEMENT

IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives in Peru this day.



Dr. Juan Manuel Sotelo Figueiredo  
Director  
Dirección General de Servicios de Salud

11. Otorgar el permiso para usar y publicar fuera del Perú los informes y/o materiales elaborados durante el proyecto, incluyendo datos sobre evaluación.

VII. CONTRIBUCIONES DE LA MISION DE LA USAID/PERU

La Misión de la AID cooperará con el Proyecto proporcionando al personal del mismo los servicios ofrecidos regularmente al personal y proyectos contratados por la Misión.

VIII. CONCLUSION

EN FE DE LO CUAL, las partes interesadas, actuando por medio de sus representantes autorizados en el Perú firman este Convenio en Lima en el día y fecha.



Dr. Anthony Meyer, PhD  
Office of Education  
Bureau for Science & Technology  
AID/Washington

## APPENDIX C

# MASS MEDIA & HEALTH PRACTICES

Academy for Educational Development

1414 22nd Street N.W.

Washington, D.C. 20037

(202) 852-1900

## LETTER OF AGREEMENT

KINGDOM OF SWAZILAND

THE MASS MEDIA AND HEALTH PRACTICES PROJECT

*is a program of the*

Bureau for Science and Technology

Office of Education

and

Office of Health

Agency for International Development

*through contracts with the*

Academy for Educational Development, Inc.

as Implementation Contractor

*and*

Stanford University's

Institute for Communication Research

as Evaluation Contractor

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## LETTER OF AGREEMENT

### MASS MEDIA AND HEALTH PRACTICES PROJECT

- I. This Letter of Agreement is entered into by and between the Department of Economic Planning and Statistics of the Government of Swaziland (GOS) and the Agency for International Development (AID), an agency of the United States of America, to define the responsibilities of each party under a shared activity called the Mass Media and Health Practices project (MM&HP).

It is understood that this agreement concerns the implementation of mass media support for the oral rehydration campaign in Swaziland and will be funded by the Bureau for Science & Technology of AID/Washington. It is distinct from the normal USAID/Swaziland program in that the project includes the specific requirement and resources to disseminate information about project activity and results to a broad community of international development professionals.

## II. PROJECT DESCRIPTION

This project will contribute to the overall health objectives of Swaziland by:

1. Promoting the widespread utilization of oral rehydration therapy as part of the government's existing program of diarrheal disease control.
2. Strengthening the health education system to design and produce systematic mass communication campaigns.
3. The production of a series of radio programs concerning selected health themes. These programs will be supported by graphic materials and specific training for health personnel and primary health care workers.

An important aspect of this program is the adoption and integration of long-term systematic communication planning and design procedures into the health education system of Swaziland. In addition, training and exposure to these procedures will be made available to other Ministries with public education needs.

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The assistance provided under this agreement will emphasize the area of diarrheal disease control, but is not limited to this theme alone. The advisor will work with the Ministry of Health to help ensure the optimum utilization of resources to meet stated health education objectives.

### III. PROJECT OBJECTIVES

A National Health Policy formulated by the Ministry of Health (MOH) was approved by the Cabinet in August, 1983. The objective of the Ministry of Health identified in this policy statement is "to improve the health status of the Swazi people by providing preventive, promotive, rehabilitative, and curative health services which are relevant and accessible to all." To achieve this objective a strategy has been approved for the provision of primary health care, placing emphasis on the prevention of disease. The highest priority of the Ministry of Health is assigned to the establishment of a comprehensive primary health care system, basic elements of which include the provision of health education, and environmental and other interventions to prevent morbidity and mortality. Diarrheal disease is a major cause of morbidity and mortality and is the target of preventive and curative programs of the Ministry of Health. The Ministry has established a policy of using oral rehydration therapy in hospitals and clinics and of promoting it generally in the homestead.

The objectives of this project are to:

1. Conduct a multi-media intervention in Swaziland aimed at the adoption of salutary health practices, for the prevention and treatment of infant and early childhood diarrhea.
2. Develop an educational methodology for the use of mass communications by Ministry of Health professionals including the management of media research and campaign design execution and monitoring.
3. Disseminate the findings of the project to the professional community inside and outside of Swaziland.

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IV. PROJECT EXECUTION.

The executing agent for the Mass Media and Health Practices project for AID will be the Academy for Educational Development (AED). The Ministry of Health, cooperating in this project, will provide:

1. One person with authority to coordinate MOH service resources in diarrheal disease control and health education.
2. A maximum of U.S. \$40,000 using funds from the AID funded Combatting Childhood Communicable Diseases (CCCD) project for health education materials, audience research, materials testing and program monitoring.

AED will provide one resident expert over a period of at least 12 months under the project. This expert will devote at least seven months equivalent over this period to activities under this agreement, using the remainder of the time for consultancies elsewhere. In the event that other consultancies are not forthcoming, the balance of time will be devoted to activities under this Agreement. Activities under this project will be closely coordinated with other activities of the Health Education Unit and in particular, the Ministry of Health's activities related to the control of water born diseases and the Rural Water-Borne Disease Control project.

The MOH and USAID/Swaziland must concur in the final selection of the long-term contractor resident expert from the candidate(s) supplied by AED.

Both the MOH and AED reserve the right to report inadequacies to the respective authority and to request that corrective measures be taken which will promote the overall success of the project.

The Principal Secretary of the MOH will designate the Deputy Director of Health Services as the executing agent for the MOH and will provide project direction and specific technical support for the health related project decisions.

V. PROJECT ACTIVITIES

Specifically, the resident expert under this project will provide assistance in the following areas:

1. Determination of health advice to be advocated by the campaign along with a specific plan for acquiring, distributing, and monitoring the resources (pre-packaged electrolyte solution, home-mix ingredients, clinic contact, health worker visits, etc.) needed to make that advice practical.
2. Review of pilot materials (sample radio programs, draft graphic materials, and preliminary training designs) for pilot testing with representative members of the target population.
3. Pilot testing of draft campaign materials with representative members of the target population, using both individual and small group testing situations.
4. Revision of draft materials based upon results of pre-testing and final production of campaign materials.
5. Review of a broadcast and distribution schedule for all campaign elements.
6. Preparation of health personnel, including orientation of health workers, training in the planning and implementation of mass media campaigns and related extension support, distribution of materials to decentralized distribution points, final scheduling of broadcasts, and development of a plan to monitor campaign implementation.
7. Monitoring of all campaign activities, including: transmission of radio and TV programs, distribution and placement of graphic materials, and contact between health workers and target population.

#### VI. RESPONSIBILITIES OF THE PARTIES

AID hereby agrees to carry out its responsibilities in support of this project by providing the following through a contract with AED:

as

1. One senior staff member in the United States who will serve as International Project Director.
2. One resident advisor serving up to 12 months, subject to Paragraph IV.2. of this Agreement.
3. Additional medical, communication, evaluation and education consultants, as necessary, up to three person/months.
4. On-the-job training in Swaziland for MOH personnel including media management, planning, programming, message design, radio production, audience research, and program monitoring.

The Government of Swaziland hereby agrees to carry out its responsibilities in support of this project by providing the following:

1. Establishment of diarrheal disease control and promotion of oral rehydration as a national priority of the Ministry of Health.
2. Public support and endorsement of the oral rehydration and the health objectives being advocated.
3. Two staff (a Health Inspector and Nurse) who will work full time on the project and receive training under it and a coordinator whose responsibilities will include coordination of MOH services related to the health literacy program.
4. Office space, including utilities, furniture, and telephone lines for the project advisor in addition to counterpart personnel.
5. Access to health clinics and health personnel, including sponsorship of meetings and seminars with the national medical community, if necessary.
6. Release time necessary for health personnel to participate in training programs.

7. Cooperate with project personnel in gaining access to rural communities for the purpose of conducting audience research.
8. Use of MOH print and audiovisual facilities and the services of a graphic artist as necessary.
9. Assure full cooperation of the Swaziland Broadcasting Services and commitment of prime time facilities and the participation of other Ministries as required and desirable. To the extent appropriate, in-country training for the activities for the project will be opened to communications personnel of other Ministries as well.
10. Grant the necessary residence permit, work permit, or other authorizations to the advisor, and his/her dependents to enter or leave the country at any time and to travel freely in Swaziland in the performance of his/her duties.
11. Grant duty-free importation into the Kingdom of Swaziland, within 6 months of first arrival, of the personal effects that are required by the advisor, and his/her dependents; the duty-free importation of one motor vehicle for the advisor; and the duty-free re-export of such personal effects and motor vehicle when the advisor leaves the country.
12. Exempt the advisor from income taxes on income or allowances paid to the advisor for his/her services while in Swaziland.
13. Provide furnishings for the project advisors' long-term accommodation, in accordance with Government General Orders.
14. Provide in-country transportation support, including maintenance and petrol for the vehicle used by the advisor, in accordance with Government General Orders (The vehicle will be an AID-financed vehicle from the Rural Water-Borne Disease Control project).

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15. Provide, to the extent possible, such additional assistance and cooperation to the advisor as may be required for his/her effective discharge of duties and responsibilities.
16. Permission to use and publish materials and reports developed during the project, including evaluation data, outside Swaziland after review and approval of the MOH.

VII. USAID/SWAZILAND MISSION CONTRIBUTION

AID through the USAID Mission to Swaziland also will cooperate with the project by providing the project and it's staff the services customarily provided to personnel and projects contracted by the Mission.

VIII. CONCLUDING STATEMENT

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives in Swaziland this day.

\_\_\_\_\_  
Principal Secretary,  
Dept. of Economic Planning  
and Statistics

\_\_\_\_\_  
Director, USAID/Swaziland

\_\_\_\_\_  
Principal Secretary,  
Ministry of Health

Clearance:

A/RHDO \_\_\_\_\_  
RLA \_\_\_\_\_  
CONT \_\_\_\_\_  
PRM \_\_\_\_\_

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APPENDIX D

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# MASS MEDIA & HEALTH PRACTICES

## PROJECT IMPLEMENTATION

Academy for Educational Development

Sponsored by the Offices of Education and Health  
of the Bureau for Science and Technology  
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

---

DRAFT WORK PLAN  
KINGDOM OF SWAZILAND

William A. Smith  
AED  
Project Director

Mark Rasmuson  
AED  
Gambia Field Director

January, 1984

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### ACKNOWLEDGEMENTS

The Mass Media and Health Practices team wishes to express its gratitude to the Ministry of Health in Swaziland, especially to Dr. Michael Dlamini, Dr. Ruth Tshabalala, Gladys Matsebula and their staffs for all their support and guidance in the preparation of this work plan.

A special thanks goes to the staff of the Rural Water-Borne Disease Control Project, particularly Dr. William Hoadley and Dr. Wilbur Hoff and John Nelson of CDC, who gave freely of their time and advice.

Finally, Mr. Robert Huesmann, USAID Mission Director and his staff, particularly Ms. Linda Lankenau, who were exceptionally helpful to the team in the preparation of this document.

# MASS MEDIA AND HEALTH PRACTICES

## DRAFT SCOPE OF WORK KINGDOM OF SWAZILAND

### I. BACKGROUND AND RATIONALE

On September 30, 1978, the Academy for Educational Development, Inc. was contracted by the Agency for International Development to implement a five-year health communication project. The project entitled Mass Media and Health Practices (MMHP) is a joint initiative of the Offices of Education and Health within the Bureau for Science and Technology, and seeks to develop a methodology for the application of mass communication to the prevention and treatment of acute infant diarrhoea. The project has operated for three years in two countries, Honduras and The Gambia.

As the initial project nears completion, evaluation data collected independently by Stanford University's Institute for Communication Research demonstrate the fundamental effectiveness of the MMHP approach in the control of diarrhoeal disease. In an effort to expand the MMHP project's impact, ST/ED is providing up to 12 p/m<sup>S</sup> of technical assistance to interested Ministries of Health. Swaziland has requested assistance under this diffusion activity. The following work plan describes the activities and timeline for their completion, which are specified in the attached Letter of Agreement between the Government of Swaziland and the Agency for International Development.

#### A. Implementation

It is proposed that MMHP provide one resident technical advisor for up to 12 person months in Swaziland and some 3 p/m of additional short term assistance to the Ministry of Health's overall health program directed at the reduction of infant mortality. This MOH program includes four principal interventions: diarrhoeal disease control, immunization, malaria control, and water-borne disease control. The MMHP advisor will emphasize the diarrhoeal disease activity, but will also work with the Ministry as necessary to ensure that mass media and other effective health education activities are adapted to meet the overall needs and priorities of the Ministry of Health in Swaziland, and <sup>are</sup> consistent with the approach developed in the original MMHP project.

#### B. Interaction with other Related Activities

This assistance contributes to a much larger effort which began in 1976. Since that time, Swaziland, with the assistance of USAID, WHO, and UNICEF, has made considerable progress towards the control of infant mortality in the Kingdom. Particular mention should be made of the USAID Mission supported Rural Water-Borne Disease Control Project which represents a 4-year commitment to improved water supply and sanitation. In addition, internationally recognized experts have helped plan expansion of existing service delivery in each of the targeted disease areas. Numerous health professionals have been trained and rural health motivators and traditional healers have been exposed to ORS and other aspects of the program. Key Ministry personnel have participated in training seminars in Zimbabwe, Lesotho, and Bangladesh. Some 300,000 UNICEF-ORS packets have been procured and distributed. Radio messages have promoted sound prevention advice as well as popularizing a home-based sugar-and-salt ORS formula. In sum, a great deal is now underway in the Kingdom.

These efforts are to be strengthened now by a large new investment in expanded immunization, diarrhoeal disease and malaria control through the Center for Disease Control's Combatting Childhood Communicable Disease Project (CCCD). It is essential that primary attention be given during this next 12 months to organizing these efforts into a single coherent attack on the leading contributors to infant mortality in the Kingdom: diarrhoea, immunizable diseases, and malaria.

The MMHP assistance is simply one more ingredient in this coordinated attack on infant mortality. The particular emphasis of the MMHP advisor will be the role of systematic, multi-media health communications and its ability to improve the utilization and acceptance by rural people of the health services being promoted by each of the three programs. In diarrhoeal disease control, emphasis will be placed on the education of rural women in the proper use of ORS and supplementary feeding advise essential to the child's rapid recovery, as well as the expanded promotion of key prevention behaviors already the focus of attention through the Rural Water-Borne Disease Control program. While less emphasis will be given to immunization and malaria control, it is still considered useful, if the Ministry concurs, to include a multi-media health communication program aimed at increasing demand for measles vaccination, and in the case of malaria, increasing rural support for malaria spraying teams.

### C. Project Design Process

This work plan was developed by two members of the MMHP project during a two week planning mission in January 1984. The team met and worked with relevant Ministry of Health staff, USAID personnel, the CDC representative, and members of the Rural Water-Borne Disease Control Project staff in Swaziland. The plan is the result of some six months negotiation and contact between the MMHP program staff and the Ministry and Mission in Swaziland.

The MMHP Project and the Water-Borne Disease Control Project are both operated by the Academy for Educational Development. Through this linkage, it has been possible to maintain a close working relationship between the two project staffs which has made it much easier to understand the relevant conditions necessary for an effective program in Swaziland. The MMHP staff are also thoroughly familiar with the CCCD project. One member of the MMHP team participated in the development of a health education strategy paper for CCCD, during which time he met and discussed at <sup>length</sup> ~~large~~, the goals and approaches of the CCCD program.

This plan should be considered a draft. The visit was too short to ensure that all the details and suggestions are fully analyzed by the Ministry and the Mission. It constitutes a framework for further discussion and the basis for a detailed Implementation Plan scheduled for completion by May 1, 1984.

## II. PROJECT GOALS AND OBJECTIVES

As described in the attached Letter of Agreement, this project will contribute to the overall health objectives of Swaziland by:

1. Promoting the widespread utilization of oral rehydration therapy as part of the government's existing program of diarrhoeal disease control.
2. Strengthening the health education system to design and produce systematic mass communication campaigns.
3. Producing a series of radio programs concerning selected health themes. These programs will be supported by graphic materials and specific training for health personnel and primary health care workers.

Specifically, it is proposed that the following INPUTS:

1. One technical advisor for up to 12 person months,
2. 3 p/m of short term technical assistance, and
3. the availability of up to \$40,000 for local campaign and research costs,
4. In addition to the already planned contributions represented by the Rural Water Borne Disease Control program, the CCCD program and the Ministry of Health programs,

will result in the following OUTPUTS:

1. An agreed national implementation plan which will describe how the following elements will be planned, produced, tested, distributed, and monitored to ensure an integrated health communication strategy focused on a narrow band of behaviors.
2. A poster/certificate on ORS for traditional healers.
3. An instructional flyer for mothers on ORS.
4. An instructional poster for health professionals and field workers on ORS.
5. An educational pamphlet on ORS for use in schools.

6. A nine-month radio campaign on prevention and treatment of infant diarrhoea focusing on ORS preparation in the home, 5 key prevention behaviors and including an intensive mini-campaign during the 1984-85 diarrhoeal season.
7. One-to two-day training courses for at least 50% of the existing health care workers.
8. One day training for a significant percent of traditional healers in ORS, the dangers of purges, and the importance of feeding during diarrhoea.
9. A national medical seminar on infant mortality with particular attention paid to ORT with complementary presentations on immunization and malaria.
10. A series of short radio programs on the importance of the nine month measles vaccination, and
11. A regular malaria program discussing the importance of malaria and including interviews with spraying team members and community people.

It is expected that if these outputs are successfully produced, scheduled, and put in place, the following OUTCOMES should result:

1. A 50% increase in the number of mothers who have used ORS in the home.
2. A 30% increase in the number of health facilities-hospitals and clinics that are regularly using ORT as the preferred treatment for mild and moderate diarrhoea.

### III. PROJECT DESCRIPTION

The MMHP Project will implement an educational campaign using and integrating three communication channels: face-to-face instruction by health and extension workers, mass media, principally radio broadcasts, and print and graphic materials. Five major phases of activity are planned for the 12-month period of the Project:

(1) Policy Definition; (2) Planning and Formative Evaluation; (3) Materials Development; (4) Training and Materials Distribution; and (5) An Intensive Mini-Campaign on ORS.

The major consideration in the timing and sequencing of these activities is the onset of the 1984-85 diarrhoea season (October-February), when the campaign's advice will be most relevant to the rural audience. The overall campaign will be planned, materials developed, and health workers trained in preparation for a period of intense media-supported activity--the Mini-Campaign--during this period.

The following activities are based upon a basic strategic approach which integrates modern and professional healers, mass media, community education, and print materials. The media has the responsibility of informing, motivating, and reminding people of key messages. The interpersonal component has the job of delivering the service: ORS, packets, advice on feeding, support to mothers, direct instruction, which the print media has the responsibility to be a timely reminder of the most difficult information to remember. The community education component of the program should consolidate the isolated advice into regular community practice, making it part of the community require approach to disease and change.

One way of organizing this approach in Swaziland would be as follows: The modern health sector would be trained and supplied to use ORT packets extensively. Their training would include not only use in the clinic setting, but education of mothers in how to mix a packet in her home, and distribution of two packets to be mixed upon the mothers return home. HRM would receive this same training and sufficient supplies to support a packet approach.

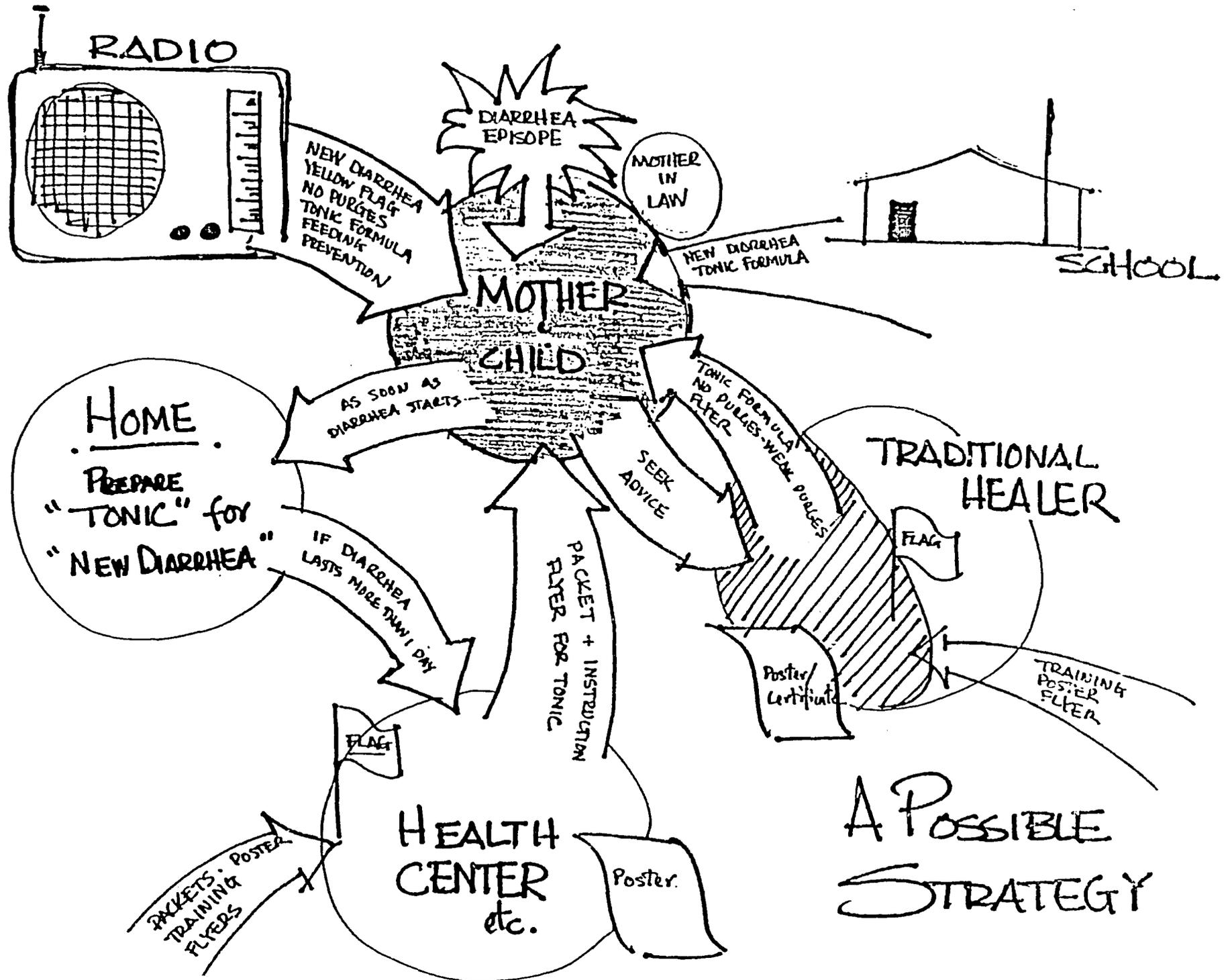
Traditional healers would be trained to use fewer and less powerful purges and in how to prepare a medicine for the "new diarrhoea"; essentially a home mix sugar and salt solution. Consideration needs to be given to the possibility of giving packets to traditional healers.

Mothers would be told that a new diarrhoea is now present. It does not respond to purges, indeed purges can be harmful. They should give their child a tonic (the Sugar and Salt Solution) as soon as the child becomes ill, and if the diarrhoea continues for two days, to bring to the health center to see if it is the new diarrhoea. While at the health center they will be given the packet as medicine, stronger than the home-made tonic.

All trained workers, HRM and traditional healers will be given an identifying flag and the radio used to tell people to go to the yellow flag to learn to treat the new diarrhoea. Radio will also promote the home mix as a tonic along with key feeding and prevention behaviors so that mothers can learn to treat the "real cause" of the disease as well as the symptoms. Radio should use testimonials with rural women and traditional healers to discuss the "new diarrhoea" and the "new tonic".

A simple flyer will be mass produced and distributed through an intensive mini-campaign planned for October-December 1984. The flyer will carry instruction on how to mix the tonic and then be tied to radio programs which teach how to use the flyer. Other print materials will be produced for health workers and traditional healers to remind them of their key roles in the program. The focus of the mini-campaign is yet to be designed, but should focus attention for a short period of time on the mixing formula.

How these elements interact is illustrated in the following diagram:



The major activities under each of the five Project phases are described below:

#### A. POLICY DEFINITION

A national CDD policy will be drafted by the CDD Coordinator's office and reviewed and approved by the Ministry of Health.

While the major outlines of the Ministry of Health's diarrhoeal disease control (CDD) policy have been widely discussed and are generally understood within the Ministry, a written statement of this policy to guide all CDD activities has yet to be produced. This should be the first and immediate priority of the CDD Coordinator's office. This statement should clearly outline national norms for the treatment and prevention of diarrhoeal disease. Guidelines for oral rehydration therapy (ORT) should be provided for each level of the health system, and prevention behaviors sought by the program prioritized.

#### B. PLANNING AND FORMATIVE EVALUATION

Formative evaluation including the following key components will be conducted to guide the Project's implementation plan:

- A clinical study of potassium depletion in dehydrated infants
- An economic analysis of the proposed CDD program
- A radio audience listenership survey
- A study of the distribution system for ORS packets and of current ORT practice among health workers
- An investigation of local energy-rich and/or potassium-rich foods for recommendation for feeding during diarrhoea.

An extensive developmental investigation preceded campaign implementation in the original MMHP Project sites, Honduras and The Gambia, which closely examined the health and communication systems, probed existing beliefs and practices about diarrhoea among rural people through observation and interviews, and conducted ORT feasibility studies in the form of ORS mixing trials. Both the more limited time frame of the Project in Swaziland and the wealth of relevant research that has already been conducted by the Rural Water-Borne Disease Control Project (RWBDPC)

obviate the need for such a lengthy investigation here. However, the research activities proposed above, several of which may bear importantly on the national CDD policy, are considered vital formative components of the implementation plan.

Dr. Paul Wardlow has already expressed interest in conducting the potassium depletion study at the Raleigh Fitkin Memorial Hospital. A finding of significant potassium depletion among dehydrated infants, due to traditional purging practices, would suggest a review of the MOH's stated policy of advocating the role of the simple sugar-and-salt solution at the home level and consideration of a potassium additive.

1. The economic analysis of the CDD program should examine the recurrent costs of the program, particularly in terms of ORS packet costs against savings on IV fluid and drug expenditures, to ensure that the financial implications of the program for the MOH are fully understood and by range plans are affordable

2. The radio audience listenership survey would provide a detailed look at radio listening habits in rural Swaziland and continues to assess the impact of the diarrhoea-related programming the Interministerial committee has produced and broadcast with SBS during the past year.

3. The ORS packet distribution study would describe the packet distribution system, determine the number of packets presently available in the system, identify distribution problems, and examine current levels of ORT knowledge and practice among health workers.

4. The local foods investigation would attempt to identify energy and potassium-rich local foods which could be recommended as appropriate for feeding during diarrhoea, as well as any beneficial "home remedies" used by mothers or traditional healers which could be supported by the campaign. This information may be extrapolated from the recently completed Nutrition Survey, but will not be fully available until June 1984.

5. A Comprehensive Project implementation plan will be written by the MMHP advisor and the CDD Coordinator and approved by the Ministry of Health.

The implementation plan will outline in detail the development, dissemination, and monitoring of all elements of the educational campaign. It will include a procurement and distribution plan for ORS packets, schedules and curricula for all health worker training activities, and design, pre-testing, and production plans for all educational materials. The implementation plan will reflect careful review of existing research documents, particularly the anthropological and epidemiological studies conducted by the RWBDC Project, and close coordination with the programs of activity of those units and projects discussed under the Project's collaborative structure.

A wide range of prevention behaviors has been promoted during the past year through the health education components of the Rural Water-Borne Disease Control Project. These have included:

- Protection of springs
- Boiling or disinfecting with bleach unsafe water
- Construction, use, and maintenance of latrines
- Homestead clean-up
- Washing hands with soap after using the latrine and before touching food
- Washing dishes and utensils with soap and water
- Storing food and water in clean, covered containers
- Breastfeeding
- Using a cup and spoon for supplementary feeding

The Project Implementation Plan should designate an order of priority for the promotion of these behaviors, especially via radio. A behavioral analysis of the costs and consequences of various possible prevention behaviors proved especially valuable in the Honduras and Gambia projects in selecting a manageable number of behaviors to address during the life of the projects. (See P. Touchette, "Behavior Analysis in the Selection of Health Messages".)

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The plan should also designate which of the selected behaviors are to be promoted through which campaign medium--i.e., which through health workers, which through radio, and which through print.

### C. MATERIALS DEVELOPMENT

1. Five main print/graphic materials will be designed, pre-tested, and produced by the Project as follows:

- . An instructional poster for clinics and health workers
- . A poster/certificate for traditional healers
- . An instructional flyer for rural families
- . A pamphlet or comic book for school children
- . A colorful flag

While the final identification of campaign audiences and messages will be made in the Project implementation plan following the research and analysis outlined above, these five graphic products are proposed here based upon the experience of the Honduras and Gambia campaigns and, more importantly, on the advice and current activities of local Ministry and Project staff. (The Health Education Unit is already producing several diarrhoea-related print materials, primarily pertaining to prevention, including a series of flyers for health workers and mothers and an instructional module for use in the SEBENTA literacy program.)

The health worker poster (perhaps 2,000 in number) will illustrate key points in the diagnosis and treatment of diarrhoea, be distributed and used at health worker training sessions as teaching aids, and then posted at clinics and other health stations as an aide de memoire for local health staff.

The poster/certificate for traditional healers (5,000) will be distributed at the traditional healer workshops (discussed in the section on Training below) and serve the dual purpose of recognizing and rewarding their participation in a MOH program and of graphically illustrating the key campaign messages the Project wishes them to help disseminate.

The flyer for rural homesteads (200,000) is intended for mass distribution as part of the diarrhoea season intensive Mini-Campaign. It will illustrate a single message or set of messages, such as the formula for sugar-salt solution. It will be designed to be as attractive as possible, so that rural mothers will want to obtain and keep one.

The pamphlet or comic book for school children will be designed as a product that children can read and learn in school with the direction of their teachers and then take home and share with their parents and siblings. It will be developed for distribution at the start of the 1985 school year.

A colorful flag, possibly yellow to avoid confusion with existing flags associated with religious and marketing groups, would be developed. This flag would be a key symbol, identifying all those individuals in rural areas who had received training in ORS. The placement of the flags will depend in large measure on the final decision of treatment regimen. This flag could also be used to distinguish traditional healers who had been trained vs. those who had not.

## 2. Community Education

Existing community education activities would be continued and linked conceptually with the overall campaign strategy. In conjunction with the training activities, designed to improve not only the technical knowledge, but the educational skills of health workers at every level, these activities will form an essential part of the program's overall impact.

3. A workshop on radio programming and production techniques will be conducted for staff of SBS, the Health Education Unit, and members of the existing interministerial communications committee.

This workshop, to be conducted by an expert consultant, will focus on intermediate-level planning and production skills. It will build upon the very solid foundation laid in two previous communication workshops sponsored by AED in Swaziland with participation by most of the current members of the interministerial committee. This committee, coordinated by the CDD Coordinator, produced a substantial number of

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high quality diarrhoea-related radio programs which were broadcast in 1983. (See Rasmuson-Joof Consultancy Report, November 1983). The workshop will review the content and quality of these existing programs, and appropriate ones will be re-broadcast as part of the 1984 campaign.

The workshop will also provide an opportunity to train SBS staff in the use of portable and studio cassette recording equipment the Project will provide (as in-kind compensation for campaign air time) to upgrade and increase the flexibility of SBS's field production capability.

4. A series of new radio programs on the prevention and treatment of diarrhoea will be produced by the MMHP Project.

This production will take place in conjunction with the workshop described above and under the guidance of the expert consultant who will run the workshop. Determination of the precise number of new programs needed and the most appropriate formats will be made by the inter-ministerial communications committee in consultation with the expert consultant, MMHP technical advisor, and SBS director of programs.

#### D. TRAINING AND MATERIALS DISTRIBUTION

The MMHP Project has identified six cadres of health workers as priority targets for training in diarrhoeal disease prevention and treatment:

- . Physicians
- . Nurses
- . Health Inspectors
- . Health Assistants
- . Rural Health Motivators (RHMs)
- . Traditional Healers

The Project will provide training to these cadres as follows:

1. A two-day National Medical Seminar on Infant Mortality will be conducted for the entire physician community in Swaziland

Training of physicians is considered a priority as the support of this influential community is essential to acceptance of ORT and other CDD activities within the health system and as there appears still to be substantial resistance to ORT among some Swazi physicians today. The training will be conducted by a group of health workers from the project area.

lity and the physician participants will be provided with a set of professional education materials outlining the most up-to-date research findings on ORT, epidemiology, and malaria

2. At least 50% of the country's key primary health care workers-- nurses, health inspectors, rural health motivators, and health assistants -- will receive one-two days of training in diarrhoeal disease control.

This training will focus primarily on oral rehydration therapy (ORT). While the training could be provided either at a centrally-sited workshop or through on-site training in the field, experience in Honduras, The Gambia and elsewhere strongly suggests that a minimum of 1-2 full days of actual or simulated experience with ORT is necessary for the retention of essential knowledge and skills.

The training curriculum for nurses will include:

- . Assessment of hydration status
- . Differentiation among different types of diarrhoea (e.g., watery diarrhoea, dysentery, chronic diarrhoea, diarrhoea associated with other illnesses such as otitis media and measles) and guidelines for referral
- . Proper mixture of ORS
- . Calculation of correct volumes of ORS to administer
- . How to teach ORT to rural mothers
- . Key diarrhoea prevention behaviors

Appropriate components from this curriculum will comprise more limited curricula for health inspectors, health assistants and RHMs.

3. A significant percent of the country's traditional healers will receive one day of training in diarrhoeal disease control.

A very promising process of communication has begun between the Ministry of Health and the country's traditional healers, a large and influential source of medical care. The Health Education Unit has already held several workshops for traditional healers, in which ORT was discussed as a practice the MOH wished the traditional healers to encourage. The MMHP project will support this solid beginning through a series of one-day workshops focusing on three priority topics: proper mixture and administration of the sugar-salt rehydration solution, discouragement of the traditional practice of purging infants who have diarrhoea, and feeding during diarrhoea.

The training activities proposed here will also serve as a primary vehicle for educational materials distribution. All nurses, RHMs, and health assistants will receive copies of the health worker poster to return to their posts and use as teaching aids with fellow health staff. Traditional healers will receive the poster/training certificate already described at their training sessions. The distribution of the other key graphic product, the flyer, will be discussed in the section which follows.

#### E. INTENSIVE ORS MINI-CAMPAIGN

An intensive mini-campaign integrating radio, print, and interpersonal communication channels will be conducted during the 1984-85 diarrhoea season (October-February) to sharply focus national attention on the importance of ORT and the proper mixture and administration of ORS

Evaluation data from the MMHP project in The Gambia show a sharp rise in ORS knowledge and practice following the project's Happy Baby Lottery, a highly publicized national contest in which thousands of rural mothers participated in village ORS mixing demonstrations. (See MMHP Field Note No.7: Report on the Happy Baby Lottery.) A similar type of highly visible event will be conducted in Swaziland during the 1984-85 diarrhoea season. One possible precedent and model for such an event is the "Baby Shows" that the Ministry of Health has run on a limited basis in the past at the time of the annual National Trade Fair. The flyer on ORS for rural homesteads will be produced for distribution at this time through as many distribution points as possible, and the Project will seek maximum air time from SBS for its ORS radio programs. The organizing concept and design of the mini-campaign, as well as the details of its implementation, however, will need the creative brainstorming and meticulous planning of all the MMHP campaign actors.

#### IV. PROJECT IMPLEMENTATION

##### A. IMPLEMENTATION SCHEDULE

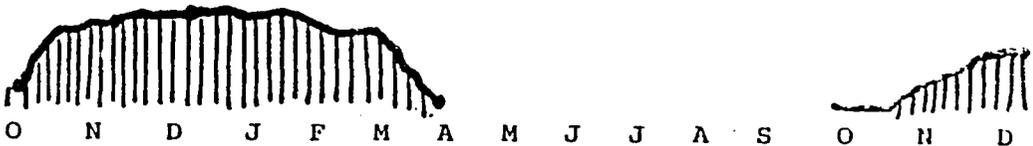
The following schedule, outlined in Diagram C, provides a tentative implementation schedule showing how different components of the program, particularly those essential to the completion of the first year pilot will be scheduled. Finalization of this implementation schedule is planned now for May 1, 1984.

##### B. IMPLEMENTATION RESPONSIBILITIES

The Fourth National Development Plan of Swaziland (1983-1987) outlines two major objectives for the Health Sector:

- a) To decrease infant and child morbidity and mortality, especially by immunization, diarrhoeal disease control, and prevention of malnutrition.
- b) To provide services that promote child spacing and decrease population growth.

The Ministry of Health is to be the primary focus for three separate, but coordinated programs of technical assistance in pursuit of these objectives: the Rural Water-Borne Disease Control Project (RWEDC), the CCCD program and the MMHP program. RWEDC is providing a full time advisor to the Health Education Unit of the MOH, in addition to a public health engineer, a sanitarian, and an epidemiologist. CCCD will provide a quarter-time advisor, based in Lesotho, but travelling approximately one week a month to Swaziland. The MMHP program will provide one resident advisor for up to 12 p/m in Swaziland and some 3 p/m of short term assistance as needed. After discussion with the Director of Medical Services for the Ministry of Health, the following organizational structure was proposed as one way to ensure a clear and explicit coordination within the Ministry for all this assistance. (See Diagram A).

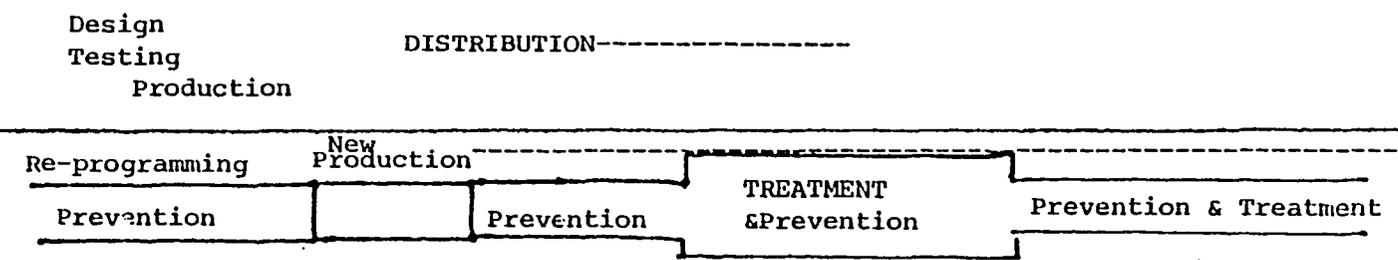


	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
DEVELOP NATIONAL NORMS Implementation Plan Potassium Study NATIONAL MANUAL																								
PROCUREMENT & DIST. SY. Distribution Study Economic Analysis Dist. Plan Availability																								
I. TRAINING & DIST. SY. Physicians (22) Nurses (300-500) H. Assistents (42) RHM (500-600) Trad. Healers (5000)																								
J. HEALTH COMMUNICATIONS Print Materials Home Flyer (200,000) Clininc Poster (2000) School Phamplet (5000) Trad. H. Poster (5000)																								
Radio Listenship Survey Spots Pro-rams																								
Community Education																								

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On-going continuation of Existing Program  
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As illustrated on Diagram A, the MOH will name the Public Health Unit as the operational focus of all infant mortality related assistance. A Public Health Nurse, Mrs. Gladys Matsebula, will act as the coordinator for all technical assistance under the three referenced projects, as well as the substantive director of the diarrhoeal program. The Health Inspectorate will be responsible for the Rural Water-Borne Disease Control activities. The Health Education Unit will be responsible for the development and testing of all non-broadcast educational materials required by the four programs. And the Inter-ministerial Communications Committee will act as substantive director for the broadcast materials.

Diagram B provides further detail on the individual responsibilities of each party in relation to the diarrhoeal disease component of the program. The diagram is divided into five broad areas. In each area, specific MOH and Swaziland Broadcasting Service (SBS) units have been given authority, and principal advisor assigned. It is essential that all staff and advisors cooperate through the coordinator to contribute towards a single, coherent activity.

It is anticipated that the MMHP advisor will join the existing AED field team on the Rural Water-Borne Disease Control Project. Dr. William Hoadley will continue to act as Chief-of-Party for the entire AED team, including the MMHP advisor, Mr. Dale Huntington. The MMHP advisor be financed through the Mass Media and Health Practices Project, and will report to Dr. Hoadley in Swaziland and Dr. William Smith in Washington.

#### COORDINATION OF THE CCCD AND MMHP PROJECT ASSISTANCE IN SWAZILAND

It is agreed that the direction of the technical assistance to the MOH on the use of mass media and health communications strategies, will be the responsibility of the MMHP advisor. It is understood that the MMHP project activities will focus on the basic objectives of the CCCD program, as agreed to by the Ministry of Health; diarrhoeal disease, epidemiology, and malaria. However, the MMHP advisor will give special emphasis to the diarrhoeal disease component, particularly during the early months of the MMHP assistance.

A

OTHER  
MINISTRIES

MINISTRY OF  
HEALTH

DIRECTOR  
MEDICAL  
SERVICES

DEPUTY DIRECTOR

HEALTH  
DIRECTORATE

P.H.  
LABORATORY

PUBLIC  
HEALTH UNIT

HEALTH  
EDUCATION

MATRON

MCH/FP

INFANT MORTALITY  
PROGRAM COORDIN.

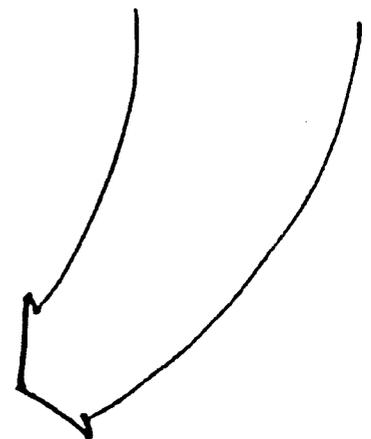
CCCD  
ADVISOR

MMHS  
ADVISOR

MALARIA

DIARRHEA

EPI



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Financing of the local health communication costs, up to \$40,000, for broadcast programs, print materials, and field research, will be administered by the CCCD representative in the following manner.

Meet quarterly with MMHP, AID and MOH representatives to:

1. Discuss MMHP project activities and expenditures during the previous quarter (if applicable).
2. Discuss the workplan for the upcoming quarter in order to coordinate CCCD and MMHP assistance.
3. Establish the financial obligations required to accomplish the upcoming quarter's workplan. Actual disbursements will be made by the MMHP advisor with MOH approval through the established AID system for CCCD administration. A local imprest fund, not to exceed \$500 will be established and monitored by CCCD advisor, but operated locally by the MMHP advisor. This imprest fund is established to cover small, cash disbursements necessary to the timely implementation of the agreed upon quarterly workplan.

If the MMHP personnel agree on revisions in the established quarterly financial obligations during the said quarter which are in excess of US \$1,000, the CCCD technical officer will be contacted for approval. If reasonable attempts to contact the CCCD technical officer prove unsuccessful, the MMHP advisor, with the concurrence of the appropriate Ministry of Health personnel and after notifying AID/Swaziland, will have the authority to make the required revisions in the quarterly financial plan.

4. Establish time and place for the next quarterly meeting.

PROJECTED EXPENDITURES  
HEALTH COMMUNICATION PROGRAM  
SWAZILAND

	<u>Quarter 1</u> <u>(Mar.-May)</u>	<u>Quarter 2</u> <u>June-Aug.)</u>	<u>Quarter 3</u> <u>(Sept-Nov)</u>	<u>Quarter 4</u> <u>(Dec-Feb.)</u>	<u>TOTAL</u>
<u>I. PRINT MATERIALS</u>					
A. Diarrhoea treatment poster/clinics (2000 X \$1.50)	\$ 3500				\$3500
B. Poster/Certificate/trad. healers (2000 X \$1.50)	3500				3500
C. Flyers					
1. Diarrhoea-ORS (200,000 X \$.033)		\$ 6667			6667
2. Malaria (100,000 X \$.033)			\$ 3333		3333
D. School Pamphlets					
1. Diarrhoea (3)-ORS, Water, Latrines (3 X 10,000 X \$.10)		3000			3000
2. Immunizations (10,000 X \$.10)			1000		1000
3. Malaria (10,000 X \$.10)			1000		1000
E. Flag for traditional healers (3000 X \$1.00)	3000				3000
F. T-Shirts (500 X \$5.00)		2500			2500
G. EPI Poster (1000 X \$1.80)			1800		1800
<u>II. TRAINING</u>					
<u>(FOOD AND LODGING COSTS FROM CCCD BUDGET)</u>					
A. Health Worker Manual (500 X \$1.00)	500				500
B. Physician Packet (200 X \$3.00)	600				600
C. Flip Charts (150 X \$20.00)			3000		3000
D. Training Doll (1 x \$600)			600		600
<u>III. RADIO</u>					
A. Equipment(cassette mini-studio)	3000				3000
B. Tapes and other materials		1000			1000
C. Workshops		1000			1000
<u>IV. RESEARCH AND MONITORING</u>	<u>500</u>			<u>500</u>	<u>1000</u>
TOTAL	\$14600	\$17,600	\$7,300	\$ 500	\$40,000

## V. SPECIAL ISSUES

In preparing this draft plan, a number of issues surfaced which merit special consideration. In some cases, these issues constitute problems to be solved, while in others they represent aspects requiring special attention and monitoring as the program progresses.

A. TIMING: The proposed advisors under this program will be arriving and leaving Swaziland at different times. The MMHP advisor is available for only one year, for example while the CCCD and Rural Water-Borne Disease Control advisors will remain for two or more years. Advisors are also arriving at different times. It is now anticipated that the MMHP advisor will arrive in early March, while the CCCD advisor may not arrive until a month or so later.

The most immediate concern is the 1984-85 diarrhoeal season, and the need to have a coherent program in place in time to make a significant impact on diarrhoeal disease. This means that all the required in-puts, training, print materials, community education, and broadcast materials will have to be ready by October 1984. It should be noted that one result of incorporating mass media at a national program is that the scheduled initiation of broadcast program, creates an imperative that the service components be in place. The worst outcome is to have a highly effective promotion of a service which does not exist. This suggests that if a '84-85 campaign is to happen, decisions will have to be made rapidly, and often without the full empirical confidence we would all like to see. These realities argue for considering the '84 activity as a full-scale pilot, to be studied and improved upon in subsequent years.

Even a pilot, however, requires that all the advisors begin work as soon as possible, and that resources for local costs are made available as rapidly and as conveniently as possible. Special attention should be given to opening the local CDC disbursement system for local campaign costs as soon as the CCCD advisor arrives in the country. By this time, communications planning should be well on its way and resources for training, materials production, and field testing may be needed quickly.

## B. RESPONSIBILITIES OF THE MOH COORDINATOR

The MOH coordinator, Gladys Matsebula is presently burdened by important administrative and technical responsibilities outside of those contemplated in this agreement. These new responsibilities will constitute a significant new burden and it is recommended that the Ministry regularly review her role and determine, if necessary, how she can be freed from regular duties to fulfill the critical role she has been assigned in this program.

## C. DEVELOPMENT OF A MESSAGE STRATEGY

Perhaps the most important element of the entire communication campaign will be the determination of exactly what advice to promote and how to maximize the influence of traditional beliefs towards the adoption of the new attitudes and behaviors being promoted. The excellent work already done by Ted Green and Ruth Tshabalala in studying traditional diarrhoea beliefs produced a series of thought-provoking options. This work, coupled with the analysis of the existing radio program impact will have to be carefully studied to determine how modern and traditional ideas can best be integrated. This is equally true for treatment as for prevention behaviors. Indeed, the prevention area may present an even greater challenge because of the need to set priorities and form on a rather narrow band of key behaviors.

What is eminently clear from The Gambia experience is the inability of radio to carry an ever changing array of disparate messages successfully. Radio is best when it focuses on a few key ideas, and then repeats those same ideas over and over in slightly different iterations. The challenge here is to reduce the number of possible radio messages to a core package of highly salient, but at the same time, eminently practiced, messages and then to ensure that all other elements of the communications mix are giving the same advice to the primary audience.

D. IMMEDIATE ACTIONS REQUIRED

The MOH must begin now to complete several pre-requisites for overall program planning. Perhaps the most important is a written statement of the Ministry's strategy for prevention and treatment of infant diarrhoea. The strategy should identify each level of the health care system--hospital, clinic, RHM, home, and traditional healer--and assign a clear but simple treatment regimen to each. (By whom, how, and when will packets be used?; by whom, how, and when will simple sugar-and-salt mixtures be used?)

Other important questions include an emergency procurement plan for approximately 500,000 packets needed in-country by April or May of 1984.

## APPENDIX A

### SOME IDEAS ON A STRATEGY FOR THE DIARRHOEAL DISEASE CAMPAIGN

#### A ANTICIPATED OBSTACLES

The following list of obstacles is drawn directly from the MMP experience in Honduras and The Gambia. While some of these may not be relevant to the Swaziland Program, they are offered here for early consideration.

1. Inadequate Training/Orientation of Health Care Personnel  
in how to use ORT themselves  
in how to teach mothers to use ORT in the home  
in what childcare advice to give-feeding, signs of dehydration  
in what vocabulary to use with mothers.

Physicians often comment:

ORT doesn't really work with severely dehydrated children

ORT is too labor intensive-my nurses doesn't have time to rehydrate orally

Children should not be fed while in rehydration treatment

Mothers clutter up my rehydration ward - I don't want lay people administering medical care

ORT doesn't seem as professional, as serious a treatment, as IV

2. Inadequate Supply/Distribution Systems for Packets and other supplies

3. Inadequate Education of Users

told too little-no explanation of dehydration or exact mixing

given wrong advice-told to stop breastfeeding, stop feeding during bouts, give antibiotic, use purges

user constraints are often ignored-boiling water, how to measure a litre-how to read instructions, time needed to administer ORS properly

existing beliefs are ignored-purgings, fasting, desire to stop diarrhoea rather dehydration

reaches too few people directly-too great a dependence on health workers alone

messages are often contradictory-several different S/S formulas promoted at the same time

messages are often unclear to use-wrong vocabulary is used

Mothers often ask:

Can I give my local remedies along with ORS?

Can I use ORS for adults as well?

Do I really have to give a whole litre?

Can I add other ingredients to the ORS?

What do I do if my baby vomits?

Is ORS good for all kinds of diarrhoea?

Does ORS cure my babies diarrhoea?

4. Inadequate Information on Program Performance, particularly on the:

distribution system

health care providers attitudes and practices, and

user-attitudes toward ORT

— difficulties in applying ORT

— confusions or mistakes in applying ORT

5. Inadequate Planning

user education/promotion begins before supplies and training are completed

training is done before supplies are ready

supplies run out after first four months—resupply delayed

program proceeds without full cooperation of medical community

program proceeds without overall policy

program responsibility is shifted from one office to another

resources for monitoring (travel and per diem costs) are unavailable

Based on the team's limited experience in Swaziland, the most important of these obstacles here are likely to revolve around the following issues:

**MEDICAL RESISTANCE:** Probably not resistance, but something between apathy and distrust. It will probably be difficult to get health professionals to turn around years of training overnight. The process will take time, and continued exposure success to the ORT approach. There are certain events, like the seminar proposed, which may help, but our experience has shown that these are no panacea for ensuring active medical support. In Swaziland the medical professionals are quite rightly concerned with the role of traditional healers. And the negotiation of an acceptable compromise between influence and efficacy will have to be reached, with both sides of the argument compromising.

TRADITIONAL BELIEFS: Swaziland is unique in the apparent strength and influence of traditional healers. While on the one hand this presents an obstacle, on the other it appears a great opportunity. The difficulty will be determining how to incorporate traditional beliefs into media campaign with sensitivity to both traditional and modern practices. The early approach in the radio programs was basically to say "modern is good, traditional isn't bad". I think we may have to go further than that, and use traditional ways of understanding disease—concepts like "there are new diseases" and using this reasoning structure to explain the "new" advice being given.

This entire issue is compounded by the apparently widespread and quiet explicit difference which people make between modern and traditional advice. The dilemma is to find ways of determining that people are not telling you what you hear—rather than what they are actually doing. I would argue that here, more than most places, behavioral observation should replace reported behavior, as the primary monitoring and evaluation instrument for at least a few critical ORT mixing and administration behaviors.

PURGING: Perhaps the most harmful traditional belief is the heavy reliance on purges. If the purges used here are as common and as strong as we now believe, potassium lost may be a problem and the importance of locally available packets may increase. This issue strikes us as very difficult one to attack. The best way may be through traditional healers themselves trying to influence this key behavior directly with them. This could be coupled with large scale anti-purging messages for the "new diarrhoea".

It is recommended that a study of traditional healers, focused specially on purging, be conducted as early as possible. This study needs to look at ways to influence purging behavior: a) either stopping it altogether, b) focusing on reducing purging in small children, or c) using weaker purges for small children

PACKETS: The biggest problem will probably be distribution. There must be enough packets to avoid hoarding but most important we cannot assume that because health workers have been trained to use packets, that they will in fact use them. Huge stocks of unused packets were found in some health centers in Honduras. Medical resistance to them continued to be strong in many areas. This was largely true because anti-diarrhoeal kaolin was never stopped as a national drug. The decision to pull anti diarrhoeals here may make a big difference and improve packets acceptability and use. But, adequate regular resupply will ultimately determine how the health workers decide to use them. If supplies are thin, except hoarding.

IN THE HOME: Mixing is tough to teach, but once taught, mothers tend to remember and do it correctly. Mixing may be best taught through a single, mass event which focus national attention on the formula, like the Lottery in Gambia. Then media can remind people of what they learned during this intensive period.

Administration-giving an entire litre slowly over a 24 hour period has been far more difficult to instill. There is a strong belief that no one takes a "litre" of medicine. It is just considered too much for small children. Mothers tend to give less than is needed, and often much less. One approach has been to see the home mix as a tonic, not a medicine. Tonics in Swaziland tend to be strong and bitter, but children are usually not given these tonics. This may be an approach worth exploring.

EDUCATIONAL MATERIALS: Two characteristics seemed important in both Honduras and The Gambia, and we suspect will be important here as well. Print materials must be novel and plentiful. Materials should be exciting, rising above the everyday clutter. The arguments for simple materials often are interpreted to mean "just like everything else". Our experience argues for being bold-use bright colors, large sizes, formats that people have not seen. At the same time, materials have to be acceptable and understandable. But this doesn't mean they can't be new and exciting. It's a challenge to create such materials, but the pay-offs are dramatic. The mixing flyer in Gambia is a good example. Although simply to us, it was a real innovation for rural people. The colors made a big difference.

The second important consideration is to be generous in numbers. If you need to distribute 10,000, print 15,000. Anything that is fun and novel tends to get hoarded. One real way to avoid hoarding is to make something so plenty there is no pay-off for it. In many respects the more there is of something the easier it is to get distributed. Again the Gambia flyer is an excellent example. 200,000 were printed and the result is that a huge number of compounds have them and are keeping them.

## II. POTENTIAL AUDIENCES

Early discussion seems to suggest that four audiences are going to be particularly important.

1. Mothers of Children under 5
2. Mothers-in-law who are influential, particularly in childcare
3. Traditional healers
4. Health practitioners-physicians, nurses, RHMs

Special consideration <sup>ought</sup> to be given to older siblings as a source in information to mothers. School programs can be relatively easily put together, if siblings turn out to be considered reliable sources of information on health. However, if their advice is really not taken, or if the school is not seen as a source of health information, these investments may not merit the investment.

## III POSSIBLE MESSAGE STRATEGY

A message strategy is nothing more than a description of what advice will be given to each of the audience segments. For the purpose of this initial draft, we want simply to suggest an approach. Again, this will need careful analysis before any decisions are made.

The ingredients of the problem include:

Traditional healers are highly influential

They use purges which are strong and an important obstacle to effective rehydration

People generally go to the traditional healer before going to the clinic, so children often come in already purged.

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Traditional healers feel that modern medicine treats the symptoms, not the real cause of a disease.

They question the modern system is "proof" that modern medicines work.

They also believe that "new diseases" occur—diseases which modern medicine may be better at curing than traditional.

Costs of traditional medicine is high, but so are the rewards-visible consequences which are consistent with local ways of understanding disease - and social prestige for having taken a mother-in-law's advice and following the old way - and convenience, traditional healers are near by end rarely out of medicine.

A message structure that responds to these issues might be:

"We know that there are new diseases that come up  
And now there is a new diarrhoea, that the old remedies do not always cure.

This new diarrhoea looks like the old diarrhoea, but only the doctor can tell for sure. Be sure to go to the clinic first if your baby has diarrhoea.

As soon as your baby gets diarrhoea these days, he needs a tonic to strengthen him.

The best tonic for the new diarrhoea is a solution you can make at home—sugar, salt and water. This solution gives back the fluids the diarrhoea takes away.

It is important not to give any purges. The new diarrhoea gets worst if you give purges—it takes more of the fluids and the baby gets weaker and cannot fight back against the diarrhoea.

REMEMBER THE NEW DIARRHOEA NEEDS:

- A TONIC to strengthen the baby
- NO PURGES, and go to the clinic if the baby has diarrhoea more than two days, to see if the medicine for the new diarrhoea is needed.

This hooks us into a traditional belief system, gives the traditional healer an out, discourages purges and builds up tonics or sugar and salt. Including traditional healers as distributors of the tonic will give them a positive role. They need to feel involved and this role, along with diminished use of purges—or weaken purges for small children would be an important contribution.

PARTICIPANTS IN THE PLANNING MISSION

The following individuals were interviewed during the two week planning mission which led to the attached Project Agreement and Work Plan.

MINISTRY OF HEALTH

Mr. Malaza, Acting Permanent Secretary  
Dr. Michael Dlamini, Director of Medical Services  
Gladys Matsebula, Public Health Nurse  
Dr. Paul Mathews, Director, Malaria Control  
Bongani Magongo, Health Educator  
Alfred Dlamini, Health Educator  
Matron Ntiwane, Head of Nursing  
Dr. Dlamini, MCH/Family Planning  
Dumie Nxumalo, Head of Planning

SWAZILAND BROADCASTING SERVICE

Sabelo Ndzinisa, Acting Director, Educational Schools Broadcasting

RURAL WATER-BORNE DISEASE CONTROL PROJECT

Dr. William Hoadley, Public Health Engineer (Chief of Party)  
Dr. Wilbur Hoff, Health Educator

Raleigh Fitkin Memorial Hospital

Dr. Paul Wardlow

Center for Disease Control

Dr. John Nelson

U.S. AID/Mission/Swaziland

Mr. Robert Huesmann, Director  
Ms. Carol Steele, Program Officer  
William Hammink, Program Officer  
Linda Lankenau, Health Officer  
Controller

COST PROPOSAL

12 person-months of Resident Technical Assistance  
Swaziland

Salary

Huntington	\$25,000
Home Office	21,636

Benefits (26%) 12,125

Consultants

De Fossard \$185/day (2 mos.)	11,100
Other \$190/day (1 mo.)	5,700

Travel & Transportation

5 Roundtrips WDC/Swaziland (\$2,512 ea.)	12,560
Perdiem De Fossard & Other (90 days @ \$72/day)	6,480
Smith (15 days @ \$72/day)	1,080
Shipment of Household goods & personal effects Repatriation	50,000

Other Direct Costs 12,000

Indirect Costs (27%) 42,574

Equipment 2,500

TOTAL \$ 202,755

APPENDIX E

# MASS MEDIA & HEALTH PRACTICES

Academy for Educational Development  
Implementation Contractor

Stanford University  
Institute for Communications Research  
Evaluation Contractor

Sponsored by the Offices of Education and Health  
of the Bureau for Science and Technology  
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

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