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Mass Media and Health Practices

IMPLEMENTATION

SEMIANNUAL REPORT #12

ACADEMY FOR EDUCATIONAL DEVELOPMENT, INC.

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SEMIANNUAL REPORT NO. 12

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April 1 - September 30, 1984

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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>
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Percentages or Perspective: A Comparison of Quantitative and Qualitative Research

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Radio: The Daily Reminder

SECTION I

BACKGROUND

On September 30, 1978, the Academy for Educational Development, Inc., was contracted by the Offices of Health and Education of the Bureau for Science and Technology (ST/H, S&T/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 1979 with the Government of Honduras and in December 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 included 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 included resources for materials production, developmental research, and three person-years of long-term technical assistance.

In both countries, project personnel assisted 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 (MMHP) project.

In July 1982, the Health Office of the USAID Mission/Honduras amended the MMHP contract a second time to provide assistance to the Ministry of Health's expanded national program of immunization, tuberculosis, 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 MMHP 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 MMHP Amendment #12. This Letter of Understanding was later amended for an additional six months, for a total of 24 person-months of technical assistance. Immunization was added as a priority health education theme.

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 MMHP 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 person-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 ORIGINALLY 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 Audiovisual Center and the Water-Sanitation Education team.
- B. WATER AND SANITATION COMPONENT-HONDURAS**
1. Continued production of media materials.
 2. Implementation of second stage of training of promoters.
 3. Integration of the MOH Division of Education with MOH Audiovisual Center and the Water-Sanitation Education team.
- C. ECUADOR**
1. Ongoing 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 Minicampaign.
 3. Close Academy office, including formal transfer of equipment, etc. to Gambia MOH.
 4. Rasmuson to return to Washington, D.C.
- E. PERU**
1. Analysis of audience research.
 2. Selection of messages and design, and pretest of materials for campaign.
 3. Implementation of family planning component of campaign.

F. SWAZILAND

1. Establishment of office.
2. Implementation of developmental investigation.
3. Write final draft of the implementation plan.
4. Begin training of health workers and 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 III

ACTIVITIES UNDERTAKEN

A. PRIMARY HEALTH CARE COMPONENT - HONDURAS

1. Summary

During this period, the project conducted the preprogram investigation on knowledge, attitudes, and practices of the population regarding family planning and contraceptive methods in order to prepare the national campaign plan on this theme. The campaign on diarrhea was reactivated to coincide with the beginning of the rainy season, the peak diarrhea season. A national emergency caused by an outbreak of polio in the country obliged full support of the Ministry of Health's activities to vaccinate all children less than five-years-old, until the beginning of October. The Division of Education was reorganized and the MMHP methodology and personnel were formally integrated into the Division of Education. After four years, project personnel have become permanent government employees assigned to the MOH Educational Division.

2. Formal Integration of the Project with the Division of Education

In May 1984, with the support of the USAID/Honduras Mission and efforts of the Coordinating Office of AID Project 522-0153, all of the personnel assigned to PROCOSI were incorporated as permanent personnel of the MOH, assigned specifically to the MOH Division of Education. This incorporation required a series of legal steps and efforts in which the MMHP Field Director actively participated. During the same month, the Ministry appointed the new head of the Division of Education, Dr. Wilfredo Alvarado.

These two circumstances offered the opportunity to reorganize the Division of Education and assure that the MMHP methodology would be used to respond to the educational needs in the different MOH programs. The MOH accepted an offer from PAHO to send a consultant, Gabriel Mejia from Costa Rica, to assist with the reorganization.

This organization (see Exhibit 1) provides for the formation of Regional Health Committees, building on the experience of the national polio emergency. Regional committees will serve in the future to undertake the activities of community participation planned in the communication model designed for PROCOSI PHASE II. The organization also includes the incorporation of audiovisual materials production.

One of the first activities of the new head of the Division of Education was to request the incorporation of the Educational Materials Production Unit (UPME), a faction of the Human Resources Division, with the Division of Education. The formal incorporation was completed in August and the Division of Education was transferred to the offices of UPME where broadcast recording and audiovisual production equipment are available. The three persons assigned to UPME were also incorporated into the Division of Education, as well as secretarial and cleaning personnel.

The incorporation of the project and its methodology can be considered to be totally institutionalized; all plans and activities will be undertaken jointly and there will be no separate project activities.

The MMHP Field Director and the new head of the Division took part in a three-day programming workshop to plan 1985 Division of Education activities. These activities will be submitted to MOH authorities, regional and program heads, and international organizations in the first National Health Education Seminar which will formally establish the new organization and functioning of the Division of Education.

3. Campaign for the Control of Diarrheal Disease Sicknesses

The campaign for the control of diarrheal disease this year focused on diarrhea prevention. It was begun during the month of April and should have continued through October. The polio outbreak, however, interrupted the campaign at the beginning of the month of June.

Five radio spots were designed in coordination with the MOH Department of Control of Diarrheal Diseases:

- Use of water for family consumption
- Personal hygiene steps (washing of the hands)
- Signs of dehydration
- Litrosol should be used for all diarrhea episodes
- Litrosol is available in all health care centers

These messages were transmitted alternately on 18 radio stations throughout the country, according to the established radio plan. Once again, some of the radio programs produced during the first stage of the project also were aired.

Parallel to this activity, two posters on diarrhea prevention methods were designed, and a new design was given to the poster on the signs of dehydration. Because validation of these materials was suspended because of the national polio emergency, printing has been included in the workplan for 1985.

4. National Emergency Against Poliomyelitis

During the month of June, the outbreak of several polio cases forced the Ministry to declare a national emergency in order to vaccinate all children under five years of age.

All departments ceased their activities and the entire Ministry personnel was dedicated to activities related to polio vaccination. The emergency lasted until October. Project personnel and the Division of Education both took part in these vaccination activities by being assigned two important responsibilities:

- Organization of Regional Education Committees in each of the eight MOH regions to support the promotional activities for vaccination at a regional level.

- Design and production of radio and graphic materials in support of the national vaccination campaign.

During the organization of the Education Committees, MOH Division of Education staff identified persons in the regional offices who could be included in the educational activities, assisted in the preparation of the strategy plans, and provided training in the use of radio to support the campaign.

At the regional level, live programs on vaccination were produced by the regional personnel. In order to support the campaign on a national level, a plan was designed in several phases throughout the four months of the emergency. To cover this plan, 22 radio spots were produced including motivation aspects, information on the number of doses, ages of the children to be vaccinated, and identification of the places where vaccination services were being held. The production of nine new programs on vaccination themes were added to the already existing radio programs.

Posters were designed to educate the population on the importance of vaccinating their children against polio; they were printed on the Ministry of Health's press. An informative supplement on polio was designed and printed in one of the most widely circulated newspapers, and a flipchart on vaccinations was designed.

As the National Vaccination Campaign activities were being carried out, the information gathered during the family planning preprogram investigation were also being tabulated.

5. Family Planning

Building on the enabling/motivational campaign of Responsible Parenthood launched in late 1983, a poster was designed containing a message on spacing births for the mother's health. This design was pretested by means of a sample survey of 270 persons (162 women and 108 men) in nine different communities (three municipalities, three easy access villages, and three difficult access villages). The results indicated that the population understood the message: "having children too close together is bad for the woman's health", as a call to limit the number of children born, not to space the number of pregnancies. Based on these results, it was decided to redesign the poster.

Between May 21 and May 25, the MMHP Field Director and the Sub-Chief of the Division of Education travelled to Mexico City and Juarez at the invitation of USAID/Mexico. During this trip, different programs and public and private institutions dedicated to the promotion of family planning in Mexico were visited, including: Mexican Institute for Social Security, FEMAP, MEXFAM, Project CORA, National Council on Population, Directorate General on Family Planning of the Ministry of Health, PIATA, and PROFAM. Meetings were held with technicians from these institutions and the results have assisted the MOH to plan Honduras family planning activities.

The next phase of the family planning campaign calls for promotion of specific contraceptive methods. In order to assess the knowledge and attitudes of the population

on family planning and contraceptive methods, the MOH Division of Education undertook a preprogram investigation in Sanitary Regions Nos. 1 (Danli), 5 (Copan), and 7 (Olancho). Regional personnel also participated in the investigation. A total of 18 MOH personnel participated in this investigation from May 21 to June 16.

The following specific objectives for the investigation were formulated:

- Assess the knowledge and attitudes of the reproductively active population (PRA) regarding the most acceptable ages for reproduction, both in men and women.
- Assess the attitudes of the PRA about postpartum care.
- Investigate the attitudes of the PRA regarding the ideal number of children.
- Investigate the attitudes of the PRA regarding the acceptable period of time between each successive conception.
- Assess the knowledge and attitudes of the PRA regarding the relation between the number of births, time between each, and the health of mother and children.
- Investigate the opinion of the PRA regarding the existing relationship between the number of children and the different aspects of family welfare.
- Determine the influence of religious beliefs on the attitudes and practices of the PRA regarding family planning.
- Determine the social and moral conditionings of the PRA in their attitudes and practices on family planning.
- Determine the knowledge, attitudes, and practices of the PRA on the different methods of contraception and the popular beliefs and practices on the same.
- Determine the communication channels of the PRA for information and interchange of knowledge and experience on family planning and its methods.

The selected sample survey included a total of 864 persons (432 men and 432 women) between the ages of 18 and 45, and 24 focal groups (12 with men and 12 with women) in a total of 21 different communities.

6. International Dissemination

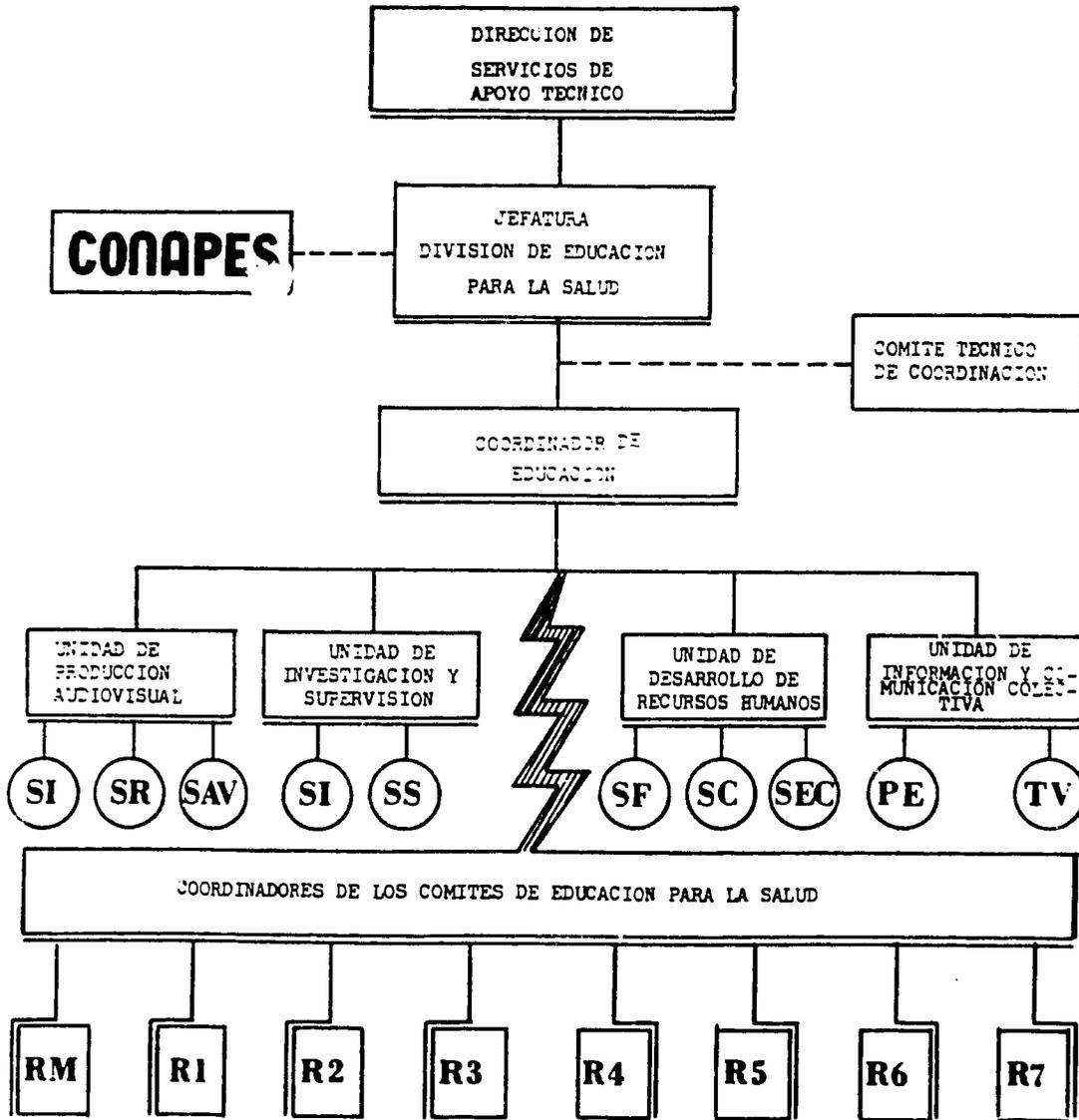
Between June 18 and June 22 a mission from the National Board of Nonformal Education from Guatemala visited the project to learn about the MMHP methodology and educational materials produced.

In September, Lic. Elena Hurtado of the Institute of Nutrition for Central America and Panama (INCAP), visited the project to learn about the CDD work and, specifically, investigation methodology. Lic. Hurtado is responsible for coordinating field investigations for the new Regional ORT Project.

Ignacio Mata travelled to Bolivia in August to participate in the XXIII National Pediatric Meeting and to form part of an interdisciplinary team to design a Mothers Clubs for ORT. During the first week of August he participated in the pediatric seminar in Trinidad and spoke on the themes: "Education in Oral Rehydration Programs" and "A Methodology for Educational Communication in Health". These themes were further developed during the following week in Santa Cruz for the Pediatric Association of that department and in Cochabamba for the medical personnel of the Albina R. Patino Foundation and the University of Cochabamba. In the weeks following he participated in the design of the Mothers Clubs for ORT program. He also travelled to Lima, Peru, to observe the MMHP project with Dr. Reynaldo Pareja.

EXHIBIT I

DISEÑO DE ESTRUCTURA Y MODELO
DE FUNCIONAMIENTO PARA LA
DIVISION DE EDUCACION PARA LA SALUD



B. WATER AND SANITATION COMPONENT - HONDURAS

1. The Problem

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

2. Educational Goals

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

3. Audience Definition

Primary Audience

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

Secondary Audience

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

4. 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:

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

5. Communication Strategies

a. Philosophy and Overall Message Delivery Strategy

PRASAR's educational strategy is based on the belief that the only way an adult will change attitudes and begin to act on better water and sanitation practices is through his own conviction. Often, the campesino neither sees nor understands the problem or its causes. When confronted with the problems and their causes, however, he is capable of understanding, proposing possible solutions, and reacting to implement them. The best way for an adult to reach this understanding is through self-analysis of 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:

Primary Audience

- 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, cassette recording.

- Mass Media

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

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

Secondary Audience

- Approach

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

- 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.

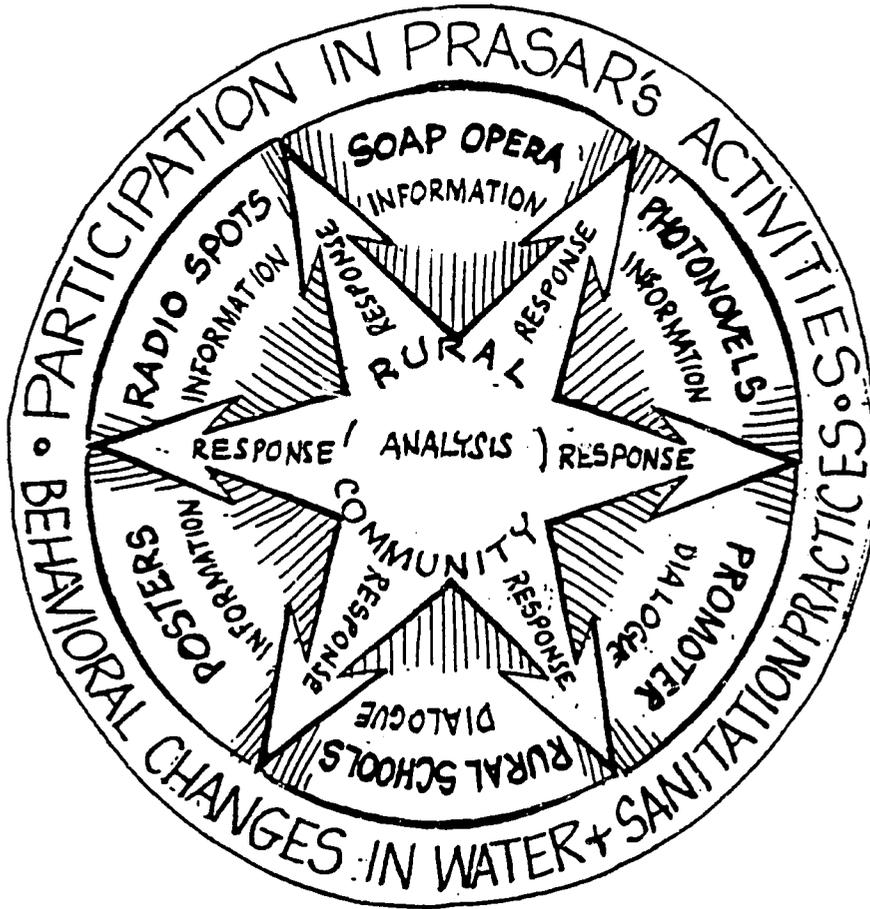
- b. Message Tone

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.

EXHIBIT 2

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

EXHIBIT 3



c. **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.

d. **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:

● **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.

● **Graphics**

Adult and Rural School Wallcharts: Wallcharts explain, through a sequence of three to four frames, the problems of putting 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.

● **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**

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

2) **Purpose**

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

3) **Cost**

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

4) **Field Applicability**

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

5) **Effectiveness**

- Is it the best channel to relay the educational message?
- 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.

e. **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.

6. **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 in September 1982.

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

EXHIBIT 4
EDUCATIONAL STRATEGY BY PHASE

-
- | | |
|-----------------------|---|
| PHASE I:
PROMOTION | <ul style="list-style-type: none">o Analysis of water and sanitation realityo Solution proposalo Organization |
|-----------------------|---|
-

- | | |
|------------------------|--|
| PHASE II:
EDUCATION | <ul style="list-style-type: none">o Analysis of water and sanitation realityo Changes in attitudeso Changes of practices |
|------------------------|--|
-

Promoters were heavily involved in the first phase as interpersonal communication was the primary message delivery channel. In the second phase, 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.

7. Status of Project Implementation

a. Materials

- o Materials Designed and Field-tested as of April 1984:
 - 3 Promotional Radio Spots
 - 3 Promotional Posters
 - 60 Episodes of "Frijol El Terrible"
 - 1 Flipchart for Promotion and Community Organization
 - 1 User's Manual for Promotion and Community Organization
 - 3 School Wallcharts on Personal Hygiene and Latrines
 - 2 Adult Wallcharts on Latrines
 - 4 Rural School Teaching Modules for Water and Sanitation Classes
 - 1 Photonovel on Promotion and Community Organization
 - 4 Comic Books "Juanita y La Gotita"
 - 1 Technical Flipchart for Latrine Construction
 - 41 Educational Radio Spots
 - 1 Flipchart for Aqueduct Maintenance

- Materials Designed and in First Production Stages:
 - 79 Educational Radio Spots
 - 20 Episodes of "Frijol El Terrible"
 - 10,000 Copies of Posters for Promotion of Water Pumps

- Materials Produced and Distributed:
 - 3 Promotional Radio Spots
 - 8,000 Copies of Three Promotional Posters
 - 60 Episodes of "Frijol El Terrible"
 - 200 Copies of the Flipchart on Promotion and Community Organization
 - 200 Copies of the User's Manual for the Flipchart on Promotion and Community Organization
 - 100 Copies of a Flipchart on Aqueduct Maintenance
 - 3,000 Copies of the Rural School Wallchart on Personal Hygiene
 - 3,000 Copies of the Rural School Wallchart on Latrines
 - 250 Copies of Teaching Module No. 1 for Rural Schools' Water and Sanitation Classes
 - 5,000 Copies of the Comic Book "Juanita y La Gotita No. 1"
 - 100 Copies of the Flipchart on Latrine Construction
 - 41 Educational Radio Spots
 - 16,000 Calendars on the Use of a Ladle
 - 16,000 Reprints of the Poster on Latrines
 - 16,000 Wallcharts on the Use of a Ladle and Care of Drinking Water
 - 5,000 Copies of "Juanita y La Gotita and Module #2"
 - 10,000 Copies of the Photonovel "Por el Bienestar de Todos"

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

b. **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 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 Ulua and Santa Barbara, 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 Ulua.

The owners of Ondas del Ulua, 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.

c. **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:

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

d. **Rural Schools**

Rural schools are receiving 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.

e. **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.

f. **Graphic Materials Production**

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

g. **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.

h. **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.

i. **Project Evaluation**

Although there is no provision in the project to evaluate the health education effort, questionnaires have been developed to assess the effect 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 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.

C. ECUADOR

The Project Field Director spent most of his time in Peru during this period. (Five trips in those six months with over 115 working days.) In his absence, his national counterpart undertook the implementation of the following activities scheduled for this phase.

1. Training

In the Chimborazo province (the DRI Quimiag-Penipe site), over 50 community distributors were trained in the preparation and use of oral rehydration salts. The "Literacy Workers" of the Ministry of Education participated in this training and made up more than half of those trained. Because Literacy Workers maintain literacy community programs throughout the school year, they are in constant contact with the community and, therefore, able to give mothers timely advise in home oral rehydration.

In the coastal Jipijapa DRI site, all the health educators of the province (which include those outside the DRI project area) were trained as trainers of oral rehydration salts management. With their help, the national counterpart managed to put together a six months activities plan which was to be carried out in the last semester of the year. An additional 25 community leaders also were trained in the preparation and administration of oral rehydration salts.

2. Production of Materials

- **Coast flipchart:** the final flipchart artwork (which has the same content as the Sierra flipchart but uses appropriate images which adequately represent the Coast reality) was completed and the printing process initiated. Delays in the legal steps to contract the firm which had printed the previous flipchart are foreseeable.
- **Radio spots and programs for the Coast:** Broadcast of materials on the two stations selected by the mothers -- Voz de Portoviejo and Voz de Jipijapa--was begun during April and aired throughout the six months.

3. Formative Evaluation

The Project Field Director assisted in selecting the critical questions to be answered by the formative evaluation. The national counterpart designed the questionnaire, organized and trained the interviewers, and carried out the evaluation in the Sierra provinces. The results are being tabulated and their analysis hopefully will be concluded by late February 1985.

The merit of this accomplishment lies in the fact that it was carried out through the effort and initiative of the Division of Education of the Ministry in spite of the forced absence of the Project Field Director. The effort backs up the decision of the Educational Division to incorporate the MMHP methodology as part of the normal working procedure.

D. THE GAMBIA

1. Minicampaign Implementation and Evaluation

Staff members of The Gambia's Health Education Unit and Radio Gambia completed the implementation of a minicampaign focusing on the protection of community wells and personal hygiene. This final activity of the Mass Media and Health Practices project was planned with two goals in mind following a four-week developmental investigation in December:

- To promote several key personal and community health behaviors, especially well protection and washing hands with soap, and to publicize the educational role of the Primary Health Care Program's Village Development Committees (VDCs).
- To provide an intensive in-service training experience in the MMHP methodology for members of the Health Education Unit (HEU) to ensure that the methodology is well institutionalized.

As with the Mass Media project's overall methodology, the minicampaign used broadcast, print, and interpersonal communication channels. Three series of radio programs, one each on well protection, hand washing, and VDC responsibilities, were produced and broadcast by Radio Gambia beginning February 11. Three two-day training workshops for a total of 40 Community Health Nurses (CHNs) were held during the month of March for the purpose of discussing the campaign's objectives and messages and providing the CHN's guidance and practice in effectively teaching the messages to the other community health workers they supervise. One thousand copies of a poster/teaching aid, illustrating the four essential times for washing hands with soap, were distributed by health workers to community clinics and VDC members throughout the country.

During the period April 1-30, the main campaign activity was the broadcast and monitoring of the series of five 10-15 minute radio programs on hand washing and germ theory. These programs included a talk by a health worker explaining germs as "seeds of disease," a short drama illustrating the importance of cleaning up infant feces promptly and disposing of them in a latrine, and a song by a well-known Gambian groit/musician on the four essential times for washing hands with soap and water.

During the first two weeks of May, staff members from the Health Education Unit conducted an evaluation of the minicampaign. The evaluation consisted of a survey of 120 community health workers and VDC members focusing on exposure to and awareness of the campaign's messages. HEU staff were tabulating and beginning to analyze the results of the evaluation during the Project Field Director's final week in The Gambia (May 8-15).

2. Discussion of Project Extension

The last four months of the Mass Media and Health Practices project in The Gambia generated a great deal of discussion about needs and options for extending

aspects of project implementation beyond its April 30, 1984, termination date. Several major reasons for possible extension of the project were identified in these discussions:

- Strengthening the Health Education Unit's capability to apply the project's educational methodology to other health problems, and the interdepartmental relationships, especially with Radio Gambia, that constitute a key element of this methodology.
- Strengthening the Medical and Health Department's Diarrheal Disease Control program, particularly in terms of reinforcing ORT programming to date and establishing a simple clinic-based diarrhea surveillance system.
- Sharing the experiences and results of The Gambia's program with other interested developing countries, possibly through its use as a regional demonstration and training site, at a time of rapidly growing worldwide interest in oral rehydration programs.

Initial discussion of project extension with The Gambian government and the USAID Mission took place in early February upon receipt of a proposal from the project monitor's office in AID's Office of Education/Bureau for Science and Technology suggesting an extension of approximately four months of technical assistance over the next 18 months. Further discussions took place in March during a visit to The Gambia by Dr. Clifford Block from the Office of Education and Mr. Robert Clay from the Office of Health, the project's other funding office.

Following a strong endorsement of extension from officials at the Medical and Health Department and the Department of Information and Broadcasting, Dr. Block and Mr. Clay recommended an extension of approximately eight person-months of technical assistance. The USAID Office in Banjul was encouraged to seek funding for this from AID/Washington funds earmarked for ORT projects in the Sahel region, and the Project Field Director, Mark Rasmuson, was asked to develop a rationale and a program of concrete activities for the extension.

At the request of the Director and Assistant Director of the Medical and Health Department, Mr. Rasmuson's proposal outlined an extension activity that would apply the project's methodology to a limited nutrition education campaign during the period October 1984 to October 1985, requiring a total of five to eight person-months of technical assistance. The AID Mission responded that this proposal represented too great a departure from the project's original mandate and requested that it be revised to reflect an emphasis solely on the reinforcement of the ORT program. Before a revised proposal could be submitted, however, the Mission advised Mr. Rasmuson, The Gambian government, and AID/Washington that it had decided not to seek any additional funding for extension of the project. In a cable to AID/Washington, the Mission summarized its reasons for this decision as follows:

- The technical ORT institutional capacity is firmly established in the field, at medical headquarters, and at Radio Gambia.

- The Gambian government's plans for using mass media techniques or for the ORT program are not clearly defined.
- The proposed extension activities by AID/Washington and AED expand mass media to health objectives other than ORT and therefore change the project's original purpose.
- The expansion exceeds Mission mandate and The Gambian government's absorptive capacity.

The Mission's cable continued:

With technical assistance from MMHP, the Health Education Unit (HEU) and Radio Gambia have already designed, implemented, and evaluated their first mass media minicampaign. Haddy Gabbidon/Nutrition Unit, Saihou Dibba/Health Education Unit, Dr. Abdoulie Jack/Control of Diarrheal Disease Committee (CDDC) Coordinator, and Amie Joof/Radio Gambia have repeatedly demonstrated their technical expertise in ORT and mass media techniques by conducting workshops for Gambians and seminars for visiting delegations from other African countries, by producing innovative radio scripts, and by designing seminars for health workers on the management of diarrhea, etc.

The transfer of ORT and mass media technology is a success. The project has already received a one-year extension to ensure this. Now is the time, therefore, to transfer also the responsibility of determining the levels of ORT activity in the Gambia and the use to which mass media techniques are put from the project to the CDDC. Without MMHP commodities and technical assistance, CDDC will be obliged to design implementation plans which reflect the current absorptive capacities of the HEU, Nutrition Unit, Pediatrics Unit at Royal Victoria Hospital, etc.

3. Close of Project Office and Activities

During the week of May 8-15, the Project Field Director formally terminated project activities in The Gambia and vacated the office in the Medical and Health Department.

An inventory of project equipment and supplies was given to the Medical and Health Department and to the AID Mission. The AID Mission instructed the Project Field Director that it would formally transfer the equipment and supplies to The Gambian government in accordance with the project agreement upon receipt of approval from the project's AID/Washington monitor (Office of Education, Bureau for Science and Technology).

The Project Field Director also delivered a modest shipment of equipment to Radio Gambia, constituting a second and final in-kind compensation for radio time which Radio Gambia provided in 1983-84 for project program broadcast. The shipment included the following pieces of equipment:

- 2 cassette tape recorders
- 2 turntables
- 2 cassette decks
- 8 stopwatches
- 2 microphones
- 2 cartridges
- 6 stylus
- 3 desk microphone stands
- 3 headphone sets
- 2 transformers

An AED project implementation report, "After Twelve Months of Broadcasting: A Status Report on the Project in Honduras and The Gambia," was distributed to the USAID Mission, the Medical and Health Department, and Radio Gambia. Final reports on project impact will be provided by the Stanford Institute for Communication Research, the project's evaluator, upon the completion of its data collection and analysis. Stanford closed its field office in The Gambia on June 30, 1984.

The Project Field Director left The Gambia to return to the United States on May 15, 1984.

4. Post-Project Institutionalization Activities

Since formal completion of the project in The Gambia, several events have occurred which are worth noting here as positive evidence of project institutionalization and AED's continuing commitment to the process of institutionalization.

During the month of June 1984, The Gambian Medical and Health Department's Diarrheal Disease Control Committee conducted the first of a series of training workshops on clinical management of diarrhea. The series is a follow-up to the training sessions conducted by the MMHP project in 1982 and 1983, and was planned with the participation of the Project Field Director in late 1983. Funded by the local WHO Office and involving 29 senior field nursing personnel as participants, the workshop focused on improvements of clinical skills in recognizing signs of dehydration and case management. The workshop was planned and carried out with full participation from those individuals in the Health Education and Nutrition Units who had been the MMHP project's main counterparts and using educational materials developed by the project. An "important lesson" of this workshop, according to a report produced upon its completion, was "that it is indeed possible, using locally available resource persons, to successfully run training programs (in diarrhea disease management) in this country".

Following the recent departure of the physician coordinator of the Diarrheal Disease Control Committee for a long-term training course in England, coordination of this workshop series has been assigned to Mrs. Haddy Gabbidon, the MMHP project's first and longest term counterpart, presently head of the Nutrition Unit.

More recently, two of the project's Gambian counterparts have been requested by AED to represent the project under separate project funding at several African health conferences. Responding to a request from AID's regional office in the Ivory Coast, AED, through the PRITECH Project, is sponsoring Haddy Gabbidon to make a

presentation on The Gambia Project at an AID conference in Abidjan in late October on the integration of nutrition and ORT in primary health care programs.

Under the Population Communication Services Project, AED is sponsoring Amie Joof, head of Rural Broadcasting at Radio Gambia and the MMHP project's main producer and counterpart there, to present the lead-off case study on the project at a conference of broadcasters and health officials on integration of health and family planning messages in broadcasting in Nairobi in November.

5. Dissemination Activities

The Project Field Director, Mr. Rasmuson, represented the project and discussed its methodology and results during short consultancies in two other African countries arranged by AID's PRITECH project.

During the period April 9-15, Mr. Rasmuson was in Nigeria where he presented a case study on The Gambia project at a conference of Chief Nursing Officers and Senior Nurse Administrators sponsored by USAID in Abeokuta, Ogun State. He also joined PRITECH consultants, Dr. Robert Parker and Dr. Marjorie Pollack, in discussing possible USAID assistance to Nigeria's national diarrheal disease control and immunization programs with senior officials in the Federal Ministry of Health and at UNICEF.

In early May (7-9), Mr. Rasmuson spent three days in Dakar, Senegal, consulting with staff from the USAID health office and several Ministry of Health officials. USAID in Senegal has added an oral rehydration therapy component to its primary health care project in the Sine Saloum region based on the approach taken in The Gambia project, and is also planning to assist the Government of Senegal to mount a national diarrheal disease control program.

At the request of USAID/Senegal, project staff in The Gambia also organized a third two-day briefing session on the project for visiting Senegalese health officials. The Senegalese delegation, a nutritionist, a nurse, and a health educator working in USAID's health project in the Casamance region, visited Banjul on May 14-15. A total of 26 other Senegalese health workers had visited The Gambia in two groups for similar briefings and field visits in March and early April.

E. PERU

1. Baseline Investigation

The baseline investigation for all three themes--family planning, immunization, oral rehydration--was contracted to a marketing research firm, Michelsen Asociados, who won the open bid made by USAID/Peru. The firm produced a five-volume report on the data collected; family planning alone represented three volumes.

The investigation took three months to complete (March-May) and followed an interesting sequence. The first volume was produced by the Delphi technique whereby focus groups were held with professionals and recognized authorities on each of the topics. These people were first interviewed individually, answering a rather lengthy in-depth questionnaire in which they evaluated the state-of-the-art of each of the topics. Focus groups were then convened to confirm these interviews and to probe new areas.

This allowed Michelsen to understand the technical complexity of each of the fields and the pertinent questions to be asked at the community level.

To avoid duplication of efforts in family planning research, Michelson took advantage of the Westinghouse national Contraceptive Prevalence Study. The original tapes were reprocessed and valuable data was obtained from a sample of over 4,000 women in fertile age. This data would have been too costly to obtain otherwise, and provided a complex and detailed profile of the women. The results of this analysis represented two volumes.

The fourth volume was the product of another survey made of a subsample of these mothers. The new questions, however, were oriented to answering those family planning questions which were not included in the prevalence study and which were important for campaign purposes. The questionnaire also included questions about immunization and oral rehydration.

The Project Field Director assisted Michelsen Asociados to design both questionnaires. These questionnaires were reviewed, corrected, and approved by the Consejo Nacional de Poblacion (CNP) which determines the population policy of the country, and by MOH technical staff. The survey was conducted during April and May. Once data was compiled, the Project Field Director stayed on with the Michelsen firm for three weeks, helping them to write the analysis of the results.

a. Family Planning

The overall results demonstrated the complexity of this theme. Six types of audiences were defined, several in contradiction with the others in terms of how they behave, what they believe, and how they manage their family sizes. The results also indicated that the delivery of MOH family planning services is deficient.

Some of the more salient results include the following:

- Couples are normally using the rhythm method for contraception, but they are following it in reverse; that is, they count fertile days as the nonfertile days because they believe menstruation marks the end of the ovulation cycle.
- The machismo structure is more prevalent than apparent from the individual interviews. Men definitely refuse to use condoms, and forbid their wives to use any modern contraceptive method. The reasons are:
 - They fear their wives will become promiscuous if they are confident of not getting pregnant and will thus deceive them with other men.
 - Their virility image will be damaged because they will appear to be incapable of reproduction or of being impotent.

Focus groups indicate that men frequently beat their women if they find they are using any modern contraceptive method.

- There is a very clear-cut relationship between quality of family planning service and the desire of mothers to seek it from the health center. If they are not treated well during family planning in this particular consultation, they simply refuse to return or ask for the service again. (Quite different from vaccination)
- It was clearly articulated that the best source of information in the media for family planning services would be a mature woman doctor (around 40 years), preferably a mother.
- A rich folklore vocabulary exists about family planning activities, such as cuidarse, el cuidado seguro, controlarse una. This vocabulary was used in the draft television spots.

b. Immunization

The investigation results indicated that mothers' main reason for not vaccinating their children was the lack of vaccine at the Health Center when they asked for the service. Other reasons included forgetting when to go for the vaccine and depending on the MOH to remind them, fear of the child's reaction to the vaccine, and the distance from the Health Center or inconvenience in obtaining the immunization.

One vaccine, la Triple (DPT), was clearly remembered as the one to be given three times. This vaccine, therefore, was selected as the focus and the message of three doses was built on its name.

The investigation also showed that few mothers believe that immunizable diseases are fatal; mothers believe that it is normal for a child to contract measles or whooping cough. A message to alter this belief was therefore selected.

c. Oral Rehydration

The results indicated that a large percentage of mothers know the word and understand the meaning of "dehydration" as well as the name of the oral rehydration salts, Salva-Oral. There is still a marked conceptual gap regarding the need to restore liquids lost from diarrhea. It is around this conceptual gap that the main thrust of the dehydration message will be directed.

Other results include :

- o There is no standard measure for the ORT salts.
- o Mothers do not know the correct measures for the suero casero.
- o Mothers believe a child with diarrhea should not drink milk or large amounts of any liquid. Herbal teas are given in small quantities, however.
- o Soft foods are normally given, but all solid food is withheld.

Besides using Salva-Oral ORS, mothers treat infant diarrhea with purges (small percentage), antibiotics, antidiarrhetics, pills, and traditional healer's massages.

2. The Umbrella Campaign

Since the methodological process was so time-consuming and the campaign was not starting as soon as the MOH wanted, an "umbrella campaign" was designed for December 1983 to March 1984. The content was obtained from previous MOH material on oral rehydration and immunization. A TV spot for family planning was obtained from APROFAME of Guatemala and the package was accompanied by magazine ads and articles published in the four major national newspapers.

The umbrella campaign was suspended in March for financial reasons, but an overall theme resulted which can be used by the MOH for all health programs: "Nino Sano Hoy, Peru Sano Manana" (Healthy child today, healthy Peru tomorrow). This theme was presented in a TV spot whose text made allusion to the "new power, the power of the child which is beyond all political or party powers, because it is a compromise forever with the one that will not pass--the unprotected child".

To remind the audience of the umbrella campaign, the same spot text was changed to include the presentation of the Literacy Campaign and the two prime causes of child mortality--immunizable diseases and dehydration.

The Consejo Nacional de Poblacion imposed on the family planning spots the concept of paternidad responsable (responsible parenthood) because it did not want the campaign to be identified with straightforward family planning. The concept of

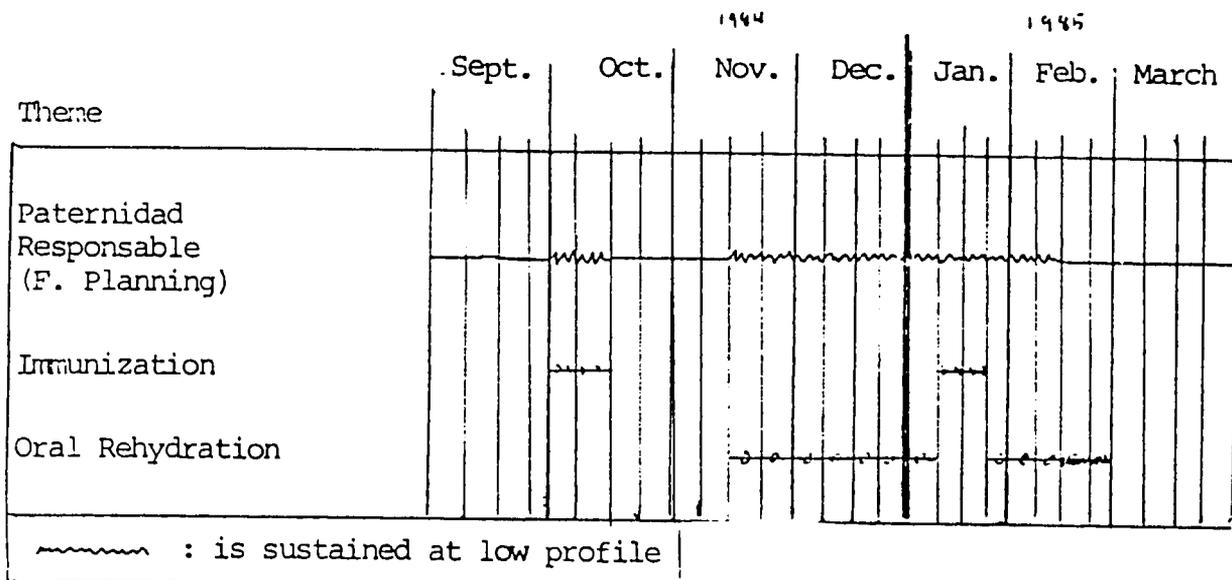
paternidad responsable served the campaign very well. It gave the campaign a wider frame of reference as well as institutional protection from the CNP which depends directly on the President. Furthermore, the church is a firm advocate of this same concept, thus giving the campaign wider opinion leader support.

Therefore, a reference to paternidad responsable is made in all family planning spots, as well as immunization and oral rehydration. Thus: "Responsible parents care for their children and have just the number they can love and sustain, they protect them with vaccinations and prevent their children from dehydrating when they have diarrhea." This theme also fits well with the macro slogan, "Nino sano hoy, Peru sano manana."

3. The Health Literacy Campaign

a. Overall Plan

The campaign topics were planned to coincide with the diarrheal season in December and the availability of vaccines in October.



Immunization week for Lima-Callao is planned for the second week of October. The campaign spots will begin about the 6th of October to allow for a week of airing before the 13th. This cycle should then be repeated every three months, in January and April, to promote the three necessary doses.

Due to vaccine distribution shortages, however, Vaccination Week will only be promoted in Lima-Callao. The rest of the country will continue to receive the family planning spots. The immunization spots will be used locally whenever each city organizes its vaccination campaign. For example, Arequipa is scheduled to begin the end of October.

Oral rehydration spots begin around the end of November--the date depends on the outset of the dry season. Since the peak diarrhea season lasts approximately three months, these spots should be aired December through February.

Family planning does not have a particular season, so it fills in between the other two campaigns. It maintains a low profile during the other two interventions, with one or two spots broadcast to remind the audience of the concepts introduced at the beginning of the campaign. (The campaign was started on September 22 with the Minister's speech, the spot linking the umbrella campaign, and the spot of Paternidad Responsable.)

Each theme has a package of materials using radio, television, and simple graphics, to reach the target audience.

In radio and television the ad agency director managed to enthruse the director of Channel 4, a leading national TV and radio station, to sponsor part of the campaign. The manager has offered a one-minute TV miniprogram and a 90-second radio miniprogram free of production cost and at a nominal broadcasting fee. The campaign will therefore be reinforced by these ongoing TV and radio miniprograms called the "Consultorio Medico Familiar." A mature woman doctor (identified in the focus groups research as the most appropriate source of information for broadcast materials) appears in a Health Center dispensary and talks with mothers about one of the three topic areas. Eight programs are dedicated to family planning, three to immunization, and four to oral rehydration. These programs amplify the same messages treated in the 30-second TV and 40-second radio spots.

The Project Field Director participated in writing the television and radio scripts in order to prevent any technical mistakes or imprecisions which would make the microprograms subject to unnecessary criticism. They are to be taped in the first week of October and aired as soon as possible.

The principal graphic, which will tie the three themes together, is the Bolsa de la Salud (Health Bag). The Bolsa de la Salud consists of an 11" x 9.5" plastic bag which has a pocket with a calendar printed on it. Inside the pocket are a one-liter plastic bag with two oral rehydration packets, the vaccination control card, and the family planning technical booklet. The immunization and oral rehydration booklets will be included if pretesting show they are suitable. This bag will be distributed to the mothers at the Health Center.

The 1985 calendar printed on the Health Bag will serve to mark the child's next vaccination date, the dehydration diarrhea season (December-February), and the dates a mother should return for a family planning check-up. The nurse is to mark those dates with a code given on the Health Bag. Since the bag is a calendar (the most cherished of all print materials by mothers), it is hoped that mothers will hang it on the wall by the three holes punctured in the upper portion of the bag. The Bag then can also serve as a storage place for all medical literature, as well as the children's health control cards.

b. Materials Pretesting

When the first spot of Paternidad Responsable was almost finished in its final draft form, it was found that there were no funds for pretesting. The initial campaign proposal mentioned pretesting as part of the methodological steps to be taken, but the budget did not have a specific line item for it. It was thus necessary to amend the initial contract to include pretesting.

An open bid was summoned and seven firms presented their pretest proposals. They were asked to include a detailed methodological description, budget, and implementation schedule. Two firms tied and were asked to submit another proposal based on pretesting each channel--radio, television, and graphics. The tie was resolved by giving the television spot pretesting to one firm, Latinoamericana de Investigaciones (who performed the focus group for the baseline investigation), and the radio and graphics pretesting to a second firm, ESAN.

This proved to be an excellent decision, and the work has been completed on time, a crucial element which would not have been possible if one firm had pretested all the materials.

Since there was so much material to be pretested, the work was distributed in such a way that it could be done on time and simultaneously. The first material to be pretested was the Paternidad Responsable spot in two versions--one spot using the rabbit as a symbol of uncontrolled child bearing, and the other spot presenting the same content in a more didactic interview format. These spots were pretested simultaneously for both radio and television. The results were crucial because if the Paternidad Responsable theme using the rabbit did not pass the pretest, some other symbol would be needed. The rabbit symbol was well received by the television audience--it was understood and did not provoke a negative reaction. The rabbit symbol was strongly rejected, however, by the radio audience. They felt it was not proper to be compared to animals, it provoked ambiguous fertility images. Thus, the rabbit image will be used only on the television spots. Pretesting identified a clear differentiation of channels in terms of target audience reactions and prevented possible negative reactions to the campaign.

While the family planning spots were being pretested, the creative team of the ad agency produced the immunization radio and television spots. These scripts were revised by the technical staff of MOH and UNICEF and the telematics and radio scripts were produced for pretesting. When these radio and graphic materials went out for pretesting, the ad agency drafted the oral rehydration spots and graphics and sent them to the MOH's technical staff for corrections. These materials were to be pretested the final week of September.

c. Campaign Launch

A pretaped and edited five-minute speech was suggested by Dr. Reynaldo Pareja to the MOH Minister to launch the Health Literacy campaign. This speech was reviewed by the ad agency and a few changes suggested to make it include and support specific campaign images and messages.

The speech was aired on September 22 and was followed immediately by the first television spot of the campaign, Paternidad Responsable.

Pretesting each them in sequence has allowed time for final professional production of the Paternidad Responsable radio and television spots.

4. Media Package Descriptions

a. Family Planning Media Package

The target audience was finally segmented into two subgroups--those couples who did not want any more children and were using traditional contraceptive methods, and those who were not using any contraceptive methods although they did not wish any more children. These groups represent 28 percent of the fertile women, approximately one and a half million potential users of modern contraceptive methods.

The basic messages selected for these audiences were:

- Congratulations for consciously and responsibly deciding the number of children to have.
- To carry out this decision efficiently, one must choose a safe, accurate contraceptive method.
- This information and services are provided free at the Health Center. Ask for it.

In the first group a slight variation of perspective among women and men had to be taken into consideration, and specific messages were developed for males and females as well as one for the couple. The spots directed to the women are intended to support her as the decision-maker who takes the initiative to go to the Health Center because she wishes to obtain a sure method. The men are approached from the sexual angle; that is, they are told that a modern contraceptive method not only guarantees not having an unwanted child, but also can increase their sexual activity with their wives because it frees both of them from the fears of an undesired pregnancy. The spots for couples are designed from a slightly different angle; that is, the responsibility of choosing not to have another child is backed up by the use of a modern contraceptive method. In each case the Health Center is presented as the service provider.

The second target audience, those who do not want additional children but who use traditional contraceptive methods, is addressed through one television spot and an extra radio message. The objective is to motivate this target audience to use a modern contraceptive method rather than a traditional one. One of the spots shows the irrelevance of men's jealousy (fear that a wife using contraceptive devices will be unfaithful to him), and the decision process of using modern contraceptives is shown as a process that should be guided by love. In the other spot the woman asks her husband to accompany her to the Health Center to find out about a safer method. The objective is the same for both spots: to change the behavior of nonusers to users of modern contraceptive methods.

These aspects are treated more explicitly in miniprograms in which a doctor addresses each audience in a straightforward manner. The doctor also makes comparisons with common day examples, such as comparing those who wish to reduce weight but refuse to stop eating greasy meats and candy to those who do not wish to have more children but do not use any sure contraceptive method.

The family planning content will also be presented through five television spots (one dealing exclusively with Paternidad Responsable), nine radio spots, eight one-minute TV miniprograms, and eight 90-second radio miniprograms.

A poster also has been designed which will reproduce one of the television spot scenes and include the jingle "Paternidad Responsable, amar y mantener los hijos que decidan tener" (Responsible parenthood is to love and sustain the children the couple decides to have).

Sixty billboards also will be prepared, presenting the family planning symbol, the rabbit, with the slogan for family planning, "Ya lo sabes, acuerdate de los conejos..." and newspaper articles will explain the symbol. A movie slide will be made for projection in many of the movie houses in the major cities. The same design will appear in the major magazines.

A six to eight page technical booklet is being pretested to determine mothers' understanding of the presentation on each of the contraceptive methods (pill, IUD, jellies, condoms, injection, and rhythm). This booklet should be ready in November/December when the Health Bag is distributed.

The following table summarizes the different media elements for family planning.

<u>TV</u>	<u>Radio</u>	<u>Print Media</u>
5 Spots (30" each)	9 spots (40" each)	Poster - 5,000
8 Miniprograms (60" each)	8 Miniprograms (90" each)	Roadside billboards - 60
		Technical Booklet-200,000
		Film theater slides -80
		Magazine Ads -6
		Newspaper Articles

b. Immunization Media Package

The media package for immunization was designed to support the MOH Immunization Week which will occur every three months to try to insure the three doses required for DPT and polio. Accordingly, the content chosen for the messages was selected according to this overall strategy.

Based on the Baseline Investigation and focus group analysis, the immunization messages were the following:

- Immunizable diseases are fatal. The vaccines offer maximum protection against infant death.
- After-effects from vaccinations are a normal reaction, an effect not to be feared or surprised about. After-effects are a sign that the child needed the vaccine. They are a momentary nuisance that need a bit of patience and loving care.
- The vaccine recognized most by mothers was La Triple. La Triple is presented as the 3 x 3 because it protects against three mortal diseases if it is placed three times a year.
- Vaccines are offered free at the Health Centers. Ask for them.

The above messages were made into radio and television spots and graphic materials as follows.

<u>TV</u>	<u>Radio</u>	<u>Graphics</u>
2 spots (30" each)	4 spots (40" each)	Poster - 5,000
3 Miniprograms (1 hr. each)	Miniprograms (1-1/2 hr. each)	Vaccination card- 200,000
		Technical booklet
		Film Theater slides - 60

The television spot that demonstrates that immunizable diseases are fatal show a dramatic burial of a small child. It also shows the protection given by the triple vaccine. The radio spots offer the same content, amplified to include the reactions to immunizations of the diseases.

The poster presents the image of child receiving the DPT vaccine with the slogan, Vacuna tu hijito y lo tendras sanito (Vaccinate your child and he will be healthy). Underneath this phrase is the silhouette of a running child who also appears in the television spots.

As described earlier, a vaccination card has been designed and will be distributed in the Health Bag.

A booklet on immunizations refers to a UNICEF publication which uses the comic format. It is well illustrated and is translated into simple language. Because the booklet has not yet been pretested, and to avoid duplication of efforts, the booklet is being pretested along with the vaccination control card and the poster. The results will determine what changes must be made to make the material more comprehensible for rural and marginal urban audiences. If the booklet turns out to be too complicated for mothers' use, it will be used for health workers and a substitute will be designed for the mothers.

c. Oral Rehydration Media Package

The content to be treated in this theme was much too extensive for one phase alone. It was therefore divided so that different aspects could be treated in each phase. The main ideas to be treated in the first phase include the following:

- A child loses water and salts when he has diarrhea and is in danger of dehydrating. Mothers need to restore the loss of water and salts as soon as possible.
- The best method for restoring the water and salts is by giving the child Salva-Oral, the oral rehydration solution.
- Salva-Oral must be prepared in one liter of cool boiled water. A liter of water is obtained by filling the plastic bag to the designated mark. One packet of Salva-Oral is then poured into the liter and mixed.
- Salva-Oral must be given to a child all day long. After each bowel movement, a cup of solution should be given with a spoon.
- Breastmilk should be given because it sustains and nourishes the child while he has diarrhea; it does not increase the diarrhea.
- Salva-Oral is effective when it returns a child's energy and appetite.

The above messages will be communicated through radio, television, and printed materials as follows.

<u>TV</u>	<u>Radio</u>	<u>Printed Material</u>
3 spots (30" each)	6 spots (40" each)	Poster - 5,000
4 Miniprograms (60" each)	4 Miniprograms (90" each)	Bolsa de la Salud- 200,000
		Bolsa litro - 200,000
		Technical booklet
		Movie theater slides- 60

The television spots concentrate on the concept of dehydration--the linkage of loss of liquids with diarrhea, and need to restore liquids with Salva-Oral. A second spot shows how to prepare the Salva-Oral and a third deals with the feeding regime, especially breastfeeding. The radio spots repeat these same concepts and expand on the feeding regime to include soft foods and long, slow administration.

The poster will show the signs of dehydration and include a slogan referring to the need to restore the lost salts and water by using Salva-Oral. The ORT technical booklet will adhere to the same criteria as the immunization technical booklet.

The liter plastic bag was modified from the Ecuadorian experience. It was designed after the preprogram investigation showed the absence of a standard liter measure and that more than one-half of the mothers having a liter measure were unable to measure the liter correctly. It also serves the purpose of unifying four different ORS packets under one name, Salva-Oral, and one container, the plastic bag. This was an excellent solution to the common problem of promoting several ORS products and packages in the same campaign. Presently in Peru there are four ORS products--Salva-Oral which is produced locally, the same packet without the name Salva-Oral written on it, the UNICEF packet, and the AID packet. To complicate things, the two locally produced packets have an orange color and slight orange flavor, whereas the ones produced by UNICEF and AID have no color and no flavor. It is hoped that the use of the liter bag will diminish the confusion about these different products.

5. **Summary Status**

a. **Family Planning**

The TV and radio spots have been pretested and are in final production. The first spot on Paternalidad Responsable was aired on September 22. The miniprogram scripts have been written; taping is scheduled for the first week of October. The roadside panels have been ordered, the poster is still in the design stage, and the technical booklet is in the pretest phase.

b. **Immunization**

The radio and TV spots have been pretested, corrected, and were scheduled for final production. The miniprogram scripts were written and taping was scheduled for the first week of October. The poster and vaccination card are being pretested and will be printed as soon as the results are obtained. A final decision about the booklet will be made based on the pretest results.

c. **Oral Rehydration**

The radio and television animatics were to be produced and pretested during the first week of October. Upon receiving the results, final production will take place. The miniprogram scripts were written and taping was scheduled for the first week of October.

The liter plastic bag and technical booklet are being pretested. Upon receiving results (probably the second week of October) final production will begin. The Health Bag will be printed during the first two weeks of October.

Television will be broadcast on the two national and four local TV stations. Radio spots will be broadcast on four national and two-to-three local radio stations.

F. SWAZILAND

1. Introduction

The MMHP project diffusion site in Swaziland realized a formal agreement in March 1984. The resident technical advisor arrived in Mbabane, Swaziland, on April 9, 1984, to assist in the implementation of the MMHP project for a period of 12 months.

A detailed workplan for the diffusion site had been developed prior to the technical advisor's arrival. The general nature of the MMHP project activities as they could be implemented in Swaziland were developed in this workplan. Various institutional arrangements were foreseen in the workplan as well, most notably: (a) the MMHP project will direct linkages with the Health Education Unit and Swaziland Broadcasting Services; (b) two full-time MOH Health Education Unit personnel are assigned to the project as well as the designation of a Diarrheal Disease Control Coordinator; (c) all local costs of implementing the MMHP campaign (printing of graphic materials, training expenses) are supported by a sister project, Combatting Childhood Communicable Diseases of USAID and the Center for Disease Control.

The mandate for the first year's activity was to mount an integrated campaign to encourage appropriate home-based ORS behaviors which would coincide with the 1984-85 rainy season.

2. Developmental Research

Prior to MMHP's particular research efforts, a substantial amount of social research had already been conducted which related directly to the issues of practices and beliefs regarding childhood diarrhea. These studies were produced as part of either USAID-supported projects (e.g., Rural Water-Borne Disease Control Project), the University of Swaziland's Social Science Research Unit, or other anthropological studies of Swazi and Zulu customs and beliefs.

In addition, several individuals in Swaziland have substantial experience with rural health-related behaviors and beliefs. A review of these sources revealed certain key perceptions of diarrhea-related issues, and identified problematic areas of traditional behaviors. For example, a general underlying notion of the body's health as being in a state of equilibrium indicated that messages couched in terms of restoring or maintaining the balance of liquids during episodes of diarrhea would strike a responsive chord in the rural mothers' frame of references about disease behaviors. A detrimental practice for restoring the balance of health was examined in detail—that of using purges and enemas to flush out a child's system. It became evident to the MMHP team that certain messages would have to address this issue in order to discourage these practices during bouts of diarrhea.

Five years of needed information were soon identified to complement the existing social research, including:

- Radio listenership patterns
- ORS distribution system/clinical ORS practices

- o Local foods and home-based treatments
- o Potassium depletion from cases of diarrhea from purging treatments
- o Chemical analysis of current knowledge of sugar and salt formula.

A survey method was developed for examining the first three areas of concern and appropriate investigatory instruments were developed and pretested. The survey was performed in 80 homesteads following a stratified cluster sampling technique. A complete report of this field research was written upon completion of the survey in which the specific results and general conclusions are presented in detail. The results of these formative evaluation surveys will be further discussed in the section concerning MMHP message development and treatment strategy.

An analysis of the occurrence of potassium depletion among cases of childhood diarrhea was performed at Raleigh Fitkin Memorial Hospital by Dr. Paul Wardlow. The study of out-patient diarrhea cases during one month produced results indicating that states of potassium depletion did exist. The MMHP team was therefore advised to encourage mothers to bring their children to the clinics for treatment with ORS packets sooner than the third day of a diarrheal episode. Specific foods rich in potassium were also to be included in infant-feeding nutritional messages.

A chemical analysis of the sodium and sucrose concentration in one liter of water using the current MOH sugar and salt mixing formula was performed to verify the home-based treatment recommendation. Tests performed by the University of Maryland and the University of Swaziland indicated that the resulting sodium concentration was approximately twice that of the WHO guidelines. Due to a history of changes in the formula for the sugar and salt solution in recent years, it was decided to affect the presentation of the formula in the least way possible while still assuring the necessary reduction of the sodium content. The bottlecap for measuring the sugar and salt was not changed, but the quantity of the salt measured was reduced by 50 percent: 1/2 screw-on cap of salt, 8 level screw-on caps of sugar to one liter of water. One-half cap of salt yields 71 mEq of sodium in a one-liter concentration; WHO recommends 50 to 100 mEq as the permissible range. Any error of measurement plus or minus 1/4 cap will still fall within this range. Measuring and mixing capabilities were then pretested in three rural clinics with 32 women using tape-recorded instructions. Sixty-five percent of the solutions were within the range of acceptability after only two brief exposures to the recorded announcement.

3. Program Planning

a. Treatment Strategy

A treatment strategy was developed by the MMHP team to guide the Ministry of Health in its training program and ORS packet distribution scheme. In the formative surveys, ORS packet distribution throughout the rural clinics was found to be problematic. Problems in the flow of supplies from the Central Medical Stores to the Ministry's rural clinics were occurring, and private clinics often thought they had no access to the ORS packets in the Central Medical Stores. A comprehensive analysis and restructuring of the pharmaceutical supply system is planned by the Ministry of Health

for late 1984-1986; thus, any alterations on the distribution system by the MMHP project were discouraged. Instead, the project was authorized to encourage the ordering of ORS packets by clinic nurses, and to backstop the CMS distribution system during the life of the first campaign.

For these reasons it was therefore decided to develop a treatment strategy that relied upon ORS packets only in the secondary level of care and not to extend the use (and distribution) of ORS packets to the primary health care level. Thus, all of the campaign messages will focus on the use of the ORS sugar-salt solution as the primary treatment in the home, while packets will be used in the clinics.

b. **Diarrheal Disease Control Policy**

A comprehensive policy statement on the management of diarrhea was produced by the MMHP project team during this period. The policy statement was developed as a health workers' manual of infant diarrhea management. It was adopted by the Ministry of Health.

c. **Message Development**

The message content areas were identified in the original workplan: ORS treatment behaviors, appropriate feeding, and selected preventive behaviors. Six areas of treatment behaviors were identified by the MMHP team:

- o Diagnosis of dehydration/diarrhea
- o Acceptance of ORS packets and sugar-salt solution as treatment
- o Procurement of ORS packets and sugar-salt solution
- o Mixing capabilities
- o Administration of ORS packets and sugar-salt solution
- o Recovery Behaviors including nutritional information.

The ORS sugar-salt solution and packets appeared to be widely known by rural mothers in Swaziland, as evidenced by the formative evaluation surveys. Approximately 86 percent of the mothers interviewed reported some sort of clinic-based oral rehydration treatment for cases of strong, persistent diarrhea. Efforts made by the Ministry of Health in recent years to disseminate information on ORS were found to be successful to this measure. Home-based behaviors for ORS use were less frequent (46% of the respondents reported no such practices), and there are widespread indications of confusion over the correct formula to use when preparing the ORS sugar-salt solution. The latter point has been further exacerbated by the most recent change in the mixing formula. Self-reported use of traditional treatments in the care of childhood diarrhea is a problematic source of information, with most mothers preferring to respond to such question in a manner thought to be expected of them. A solid 25 percent of the mothers'

reported treatment behaviors included use of traditional treatments, the most common of which (enemas and purges) are contraindicated as diarrhea treatment.

Campaign messages were designed to build upon the development research which preceded their definition. Reinforcing existing behaviors which relate to the maintenance of the hydration status are a central theme to the messages. Encouraging early use of home-based treatments in maintaining the hydration status also was identified as a key issue. Coupled with this concern of the timing of the ORS sugar-salt solution was the evident need for clarifying the exact composition of the mixing formula. Messages relating to the maintenance of the hydration status are couched in terms relevant to traditional beliefs--that of restoring the balance of fluids and health. The traditional treatment practice of washing out a child's system with a purge or enema, however, was deemed so contrary to rehydration efforts and so widespread, that certain messages were developed explicitly to discourage this practice.

The use of the ORS sugar-salt solution at the first sign of the diarrhea was identified as a central theme. Due to the indications of potassium depletion in children with diarrhea, these messages were further defined to encourage consultation at a clinic if the diarrhea continued into a second day. Such consultation would result in an ORS packet solution being given to the child.

The formative survey revealed that rural mothers do try to give some sort of special food to their children when the child has diarrhea. The exact foods, however, were not the most advantageous. In particular, they did not respond to the need for potassium supplements. Thus, dietary messages were developed as part of the campaign's central theme, providing information on local fruits and vegetables which are particularly rich in potassium, protein, and calories.

The prevention practices supported by the Ministry of Health fell into three general categories: environmental sanitation, hygiene, and water purification messages are based on the use of bleach for purifying contaminated water, employing a formula so closely resembling that of the preparation for the ORS sugar-salt solution that the MMHP team found it to be incompatible with other campaign messages. The range of the other preventive messages was subjected to a careful review process, including the use of a behavioral analysis exercise which highlighted each preventive behavior on the basis of its susceptibility to change, performance costs, and visible impact. This process led to the identification of three preventive messages, representing the three general areas of environmental sanitation, hygiene, and water:

- Washing of hands and kitchen utensils
- Homestead clean-up
- Protection of springs and wells.

Through this developmental process context, areas were identified for the campaign messages and terms of reference for their presentation were clarified. The final definition of the specific messages, however, was not realized at this time. Instead, the final wording of the campaign messages was performed by team members as a part of a radio program workshop.

d. Training Plan

A strategy for training the various cadres of personnel was developed as part of the Implementation Planning. The target audience of the campaign lives in the rural areas; consequently, the MMHP project training plan is highly oriented towards the personnel living and working in the rural areas.

An assessment of all the cadres of personnel working for the Ministry of Health or in mother-child health-related activities was made by the MMHP team. These differing cadres were then grouped according to two criteria:

- o The treatment plans they are expected to practice.
- o The grade or standing within the health care delivery system.

Three different groups were identified as requiring three types of training for the management of diarrhea. These clusters of personnel are identified as the three tracks of training programs represented in the following organizational chart. The fourth track is the secondary training wherein each participant in the primary training identifies and trains five to 10 "Yellow Flag" or Homestead Health Volunteers.

The overall training plan beyond the training objectives and identification of the personnel who would receive the in-service training was developed later. It was necessary, however, to begin the process of recruiting and scheduling the trainees participating three to four months prior to the first training program in order to assure that their supervisors had sufficient lead time to arrange their schedules. This was particularly true with the clinic nurses who form the mainstay of the training group. Further discussion about the extension activities and the monitoring of the training programs was carried out throughout the next period of the campaign development.

After a period of eight weeks (during which time the MMHP team was almost wholly devoted to the radio workshop described below), the training schedule was reviewed and specific training sessions which responded to the stated objectives were designed. Training lesson plans were developed which promoted a high degree of trainee participation, the first for the more comprehensive two-day training program for clinic-based personnel. These sessions were then modified to meet the special needs of the Track III group.

The use of the Yellow Flag was critically reviewed and the selection of the volunteers was clarified. Creating unreasonable expectations of becoming an "official" part of the Ministry's personnel, such as an RHM or Domestic Science Demonstrator, was to be discouraged. The long-term possibilities were not feasible for the immediate inclusion of almost 2,000 new people within the existing system, and the recruitment procedures which emphasize lengthy discussions and community selection were more involved than what was immediately required for identifying assistance with this campaign. The selection of approximately five enthusiastic and responsible people was felt to be a reasonable request to make of the people who participated in the training program. These individuals could either be colleagues, health committee members, or friends.

The training was therefore divided into four tracks:

- Track 1: Clinic-based Personnel - 7 sessions of 30 people each - 2-day training session
- Track 2: Supervisory District Supervisors (January/February)
- Track 3: Rural Health Motivators (Primary Health Care Workers), Traditional Healers/Red Cross First Aid Instructors - 12 sessions of 35 people, 1-day training
- Track 4: Both Track 1 and Track 3 personnel will train 5 to 10 community volunteers

The orientation of the Yellow Flag Volunteers also deserved critical appraisal. A set of guidelines for training the Track III participants was developed and pretested. These guidelines are highlighted in both Tracks I and III training sessions through demonstrations and role-playing exercises.

The monitoring and evaluation of the Track III trainees was problematic because of their wide distribution and loosely knit supervisory organization. Four overlapping systems of follow-up were developed for this group. The primary means of evaluating their training program is a simple form which each RHM, Traditional Healer, and Red Cross First Aid Instructor will receive at the close of the one-day workshop. The form, which includes the names of those individuals who were trained as Yellow Flag Volunteers, is to be completed and returned to the clinic nurse within four weeks of the training. The Health Assistants in the area will be requested to visit homesteads where Yellow Flag Volunteers live and verify their status and supplies. Each volunteer also will be requested to visit the Clinic Nurse after their training so that the nurse can verify skills and encourage the work. Lastly, the MMHP team will make spot checks during intermittent field visits throughout the campaign.

Concurrent with the intensive drive to launch the training programs is a concerted effort to distribute the mixing picture flyers to the rural clinics within the first two months of the campaign.

e. **Implementation Plan**

At the end of this initial implementation planning period (early June 1984), a comprehensive implementation plan was produced by the MMHP team in collaboration with the various governmental services involved with the campaign. This document is available on request from the Academy for Educational Development.

4. Materials Development

a. Radio Workshop

Esta de Fossard joined the MMHP team on June 19, 1984, for a period of eight weeks (through August 10, 1984) to assist with the development and production of the campaign's radio programs. Due to reasons of personal health, Ms. de Fossard was forced to leave on July 31; Ms. Wilma Lynn replaced Ms. de Fossard on July 17 and she remained as part of the MMHP team until August 10, 1984.

An initial task in the development of the MMHP radio component was the evaluation of available air time and the determination of a broadcast schedule. Prior to the MMHP campaign, the Ministry of Health had three programs on SBS: two 15-minute programs were produced by the Health Education Unit (one in SiSwati, one in English), and a third 15-minute program, which was broadcast twice a week in SiSwati, was produced by an interministerial committee. The topics for this third program were generated by the Rural Water-Borne Disease Control Project and centered on the treatment and prevention of diarrheal diseases. Thus, this third program was clearly to be associated with the 1984-85 MMHP campaign.

The MMHP team felt the need for a wider range of broadcast presentations for the campaign messages and ways were sought to increase the amount of air time. An insert strategy was developed whereby five-minute programs would be produced for insertion within longer, compatible programs. This strategy had the appeal of assisting overburdened producers with the production of fresh, new program material. Two programs were soon identified which were compatible to the MMHP campaign messages--the Ministry of Agriculture's Home Economics Program and the Swaziland Broadcasting Service's Women's Program.

The team identified four program slots per week for its messages: two five-minute inserts and one 15-minute program which was repeated. In addition, SBS agreed to the regular, daily broadcasting of one-minute spot announcements during the music programs.

A seven-week long workshop was organized for the production of the radio programs. Ten participants were invited from the Ministries of Health, Agriculture, and SBS. The workshop took place in a retreat setting, with accommodations provided for four of the participants who were from out of town. The CCCD project supported all the local costs of the workshop, including the supplies of recording tape.

The first task of the workshop was to define precisely what the campaign's core messages would be, standardizing key terminology in SiSwati. As described previously, the campaign's message content had already been determined and certain approaches had been taken in conceptualizing the presentation of the messages. The workshop refined these messages into succinct phrases, thus providing the common denominator from which the various programs could be extrapolated. A broadcast schedule was devised containing three phases:

- Phase One - a 10-week period presenting enabling messages--dehydration, mixing capabilities, acceptance, information.

- Phase Two - a 13-week period emphasizing proper management of diarrhea--administration of the ORS sugar-salt solution, more mixing capabilities, procurement (Yellow Flag), acceptance of the oral rehydration behaviors, and dietary/recovery information.
- Phase Three - a seven-week period providing a comprehensive reinforcement of previous messages while also presenting key prevention messages.

The broadcast schedule was planned to occur during the rainy season, from September 1984 to April 1985, a 30-week period in all.

Program topics were identified and specific program series were planned corresponding to each phase. Sixty-six programs were produced during the seven-week workshop. Scripting of the programs was performed in teams, interspersed with days of recording in the studio. Seventeen one-minute spot announcements also were produced.

A major promotional activity for the campaign was allowed for in the radio broadcast schedule. A lottery had been held in The Gambia and interest was high among Ministry of Health and MMHP team members for staging a similar event in the latter part of the campaign. Because the organizational complexity of such an activity requires thorough and comprehensive planning, as well as firm evaluation of the need for devoting MOH resources to such a promotion, the final decision and development of a lottery was not made during the radio workshop.

After the workshop, the MMHP team continued working in the SBS studios to create individual program tapes for broadcast. The workshop program tapes had been recorded with sound effects and intro/exit jingles were included, so in effect, editing was not necessary, thus minimizing the final wrap-up studio work.

b. **Print**

The following graphic materials were developed and produced by the MMHP team with the cooperation of the Health Education Unit's art department. All of the graphic materials' production costs were supported by the CCCD project.

- Health Worker's Manual for the Management of Diarrhea - 1,000 copies
- Yellow Flags with an image of a baby - 3,046
- "T" Shirts with the campaign slogan and logo - 500 in various sizes
- Mixing Picture - 200,000

Two materials are almost through the developmental stage of production and will be delivered to the printers in the near future:

- Diet For Diarrhea Poster - intended for use as a training aid and visual reminder for all levels of personnel.

- Photonovel on the use of ORS sugar-salt solution and the general issues in the management of diarrhea, intended for use in the public schools.

Another poster's development was launched during this period:

- Diarrhea Management Poster - illustrating three treatment plans for the management of acute diarrhea. To be used as a training aid during training sessions, and as a visual reminder for all clinic or hospital-based personnel.

Upon completion of the diarrheal management poster, three other graphic materials are scheduled to be developed:

- E.P.I. Poster, presenting vaccination schedules.
- Malaria Handbill for distribution by the spraying teams.
- Pilot Flipchart for instruction aid in future training programs.

5. Evaluation

Dr. Robert Hornik and Ms. Pamela Sankar of the Annenberg School of Communication joined the MMHP team on July 24 and 27 and stayed on until August 17 and 24, respectively. Their objective was to assist the Ministry of Health in the design of an appropriate evaluation for the MMHP campaign. With the campaign starting date set at September 14, the timeframe for a preprogram baseline evaluation measurement was limited. Nonetheless, three different and mutually supportive evaluative models were designed and set into place.

The first evaluation mode is a pretest study of self-reported behavior using 450 randomly selected interviews in 15 randomly selected enumeration areas throughout the country. The field research costs for this study were supported by the CCCD project. The interview instrument was designed to reveal mothers knowledge and behaviors relating to the management of childhood diarrhea. The survey will be repeated in a post-test study, yielding the possibility of measuring changes in the responses to identical questions, while also evaluating the exposure gained to outputs of the campaign (e.g., Yellow Flags, the Rehydration Kit, and radio spots).

Coupled with the pre- and post-test surveys is a self-reported behavior verification. Indications are that when interviewing 900 mothers about diarrhea during these studies, there is a reasonable likelihood that a small, albeit significant number of respondents' children will actually have diarrhea on the day of the interview and will be reporting the use of a home-based treatment. The interviewer will request to see the reported treatment, providing a critical verification to the self-reported behavior. If the verification is positive, it will lend further credence to other self-reported behavioral information gained through the interviews.

The third evaluation mode of the MMHP project is a clinic-based study relating to a measurement of health status. The MMHP campaign is propagating two types of messages which would affect clinic-based indicators. A primary message is for early use of a sugar-salt solution for the maintenance of a child's hydration status; a secondary message urges mothers to take the child who has diarrhea to the clinic if it persists into the second day. Thus one effect of the campaign's messages would be an increase in the number of diarrheal cases any given clinic receives each month. The quality of these diarrheal cases, however, will be affected by the campaign's messages: the hydration status should be markedly improved by the early use of an appropriate home-based ORS sugar and salt treatment. An instrument was designed for measuring changes in the hydration status in children who present symptoms of diarrhea in 21 clinics. The 21 clinics were identified by selecting those who had reported two thirds of the cases reported in 1983. A case registry form was developed for use in each clinic as part of the normal ongoing data collection system for the life of the campaign.

As stated, it is hoped that each of these evaluations will support one another and will present a consistent portrait of the effect of the MMHP campaign on rural mothers' knowledge and behaviors related to diarrheal disease.

6. Projected Activities

The initial three months of the campaign are set, with an intensive drive to train a fair distribution of differing types and levels of personnel who will be able to respond adequately to the demand and educational needs created by the radio programs. The latter part of this period will be spent designing, in detail, the activities of the last three months of the campaign based upon the experience gained in the preceding months. Three graphic materials will be produced, and possibly a second generation of selected radio programs. The longer term implications of the campaign will be addressed, and a plan of action for 1985-86's mass media campaign will be developed.

G. DISSEMINATION ACTIVITIES

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

1. Ecuador Extension

The Ecuador Letter of Agreement was amended to extend the Project Field Director's technical assistance for an additional six months to assist the Ministry of Health to develop a public communications program for immunizations as well as ORT.

2. Conferences

- **International Communications Association Conference:** The MMHP project was presented in a panel discussion, "Communications Approaches in Development: Integrating Cultural Knowledge and Systematic Design". Papers presented included:

- "Integrating Communication Approaches for Development." Anthony Meyer, Office of Education, USAID, Washington, D.C., and William Smith, Academy for Educational Development, Washington, D.C.

- "Traditional and Empirical Inputs in Program Design." Elizabeth Booth and Mark Rasmuson, Academy for Educational Development, Washington, D.C.

- "Evaluating the Cognitive, Behavioral, and Health Status Impacts." Dennis R. Foote and Peter Spain, Stanford U, CA.

- "Prospects for Institutionalization of the Project Methodology." Clifford Block, Office of Education, USAID, Washington, D.C.; Gustavo Corrales, Ministry of Public Health, Honduras; and William Smith, Academy for Educational Development, Washington, D.C.

- Respondent: Karen Fox, U of Santa Clara, CA.

Miss Booth also participated in the panel, "New and Alternative Approaches to the Study of Intercultural and Development Communication", presenting the paper, "The Future of Qualitative Research in the Design and Implementation of Educational Programs". This paper was co-authored by Dr. Chloe O'Gara.

- **National Council For International Health, Washington, D.C.:** The Mass Media project was presented in the panel discussion "Mass Media and Social Marketing" through the paper "Peru, The Marriage of a Ministry and an Ad Firm," by Dr. Anthony J. Meyer and Art Danart.

Dr. William Smith also made the following presentations:

- American Medical Student Association Workshop presentation for 50 international physicians- March 14
- Presentation to USAID Africa Health Offices meeting-June 1984 - in coordination with Mark Rasmuson
- World Bank Health & Population Office (briefly)-July 6
- Planning and review meeting for APHA booklet on health education-September 12

3. Published Articles

Field Notes 1-13 were rebound with a project overview and table of contents. These Field Notes are available on request from the Academy for Educational Development.

4. Other

As subcontractor under the Population Communications Services and Technology for Primary Health Care contracts, MMHP staff are providing diffusion of experiences, findings, and methodology developed under the MMHP project. Some of the consultancies during this period include:

- **Bolivia:** Jose Ignacio Mata, Honduras MMHP Project Field Director, participated in Pediatric Association seminars in Trinidad, Santa Cruz, and Cochabamba, Bolivia, making presentations on "Public Education in Oral Rehydration Programs", and "A Methodology for Educational Communication in Health".
- **Nigeria:** Mark Rasmuson, The Gambia Project Field Director, presented The Gambia project at the Chief Nursing Officers and Senior Nurse Administrators Seminar. He also assisted USAID/UNICEF/MOH in initial planning of national ORT and immunization programs.
- **Bolivia:** Bette Booth, MMHP Project Manager, assisted USAID and CARITAS to design a three-year program using radio schools to support and strengthen CARITAS Mothers' Clubs through the implementation of an ORT program.

- **Philippines:** Mark Rasmuson assisted USAID/MOH in initial planning of an ORT public communications program.
- **Central America:** Bette Booth assisted AID, ROCAP, and INCAP in the design of a project paper for a five-year Central America Oral Rehydration and Protein Malnutrition project.

SECTION IV

ACTIVITIES PROJECTED FOR PERIOD OCTOBER 1, 1984 - MARCH 31, 1985

- A. **PRIMARY HEALTH CARE COMPONENT - HONDURAS**
1. National Health Communications Seminar.
 2. Training of Regional Health Committees.
 3. Development of Family Planning Component.
- B. **WATER AND SANITATION COMPONENT - HONDURAS**
1. Continued production of media materials.
 2. Continued second-stage training of promoters.
 3. Integration of the Water and Sanitation Education Team with MOH Division of Education.
- C. **ECUADOR**
1. Ongoing monitoring of the Sierra and Coast ORT programs.
 2. Development of immunization communication strategy and plan.
 3. Assist in design of MMHP evaluation in coordination with the Annenberg School of Communication.
- D. **PERU**
1. Formal launch of Health Literacy Campaign--family planning, diarrheal disease, and immunizations.
 2. Monitoring of campaign outputs/impact.
 3. Assist in the design of evaluation component in coordination with Annenberg School of Communication.
- E. **SWAZILAND**
1. Campaign launch--radio, group graphics, and ongoing training.
 2. Monitoring of campaign outputs and impact.

3. Design of final three months of campaign.
4. Begin plan for 1985-86 mass media campaign.
5. Assist in MMHP evaluation in coordination with the Annenberg School of Communication.

SECTION V
ADMINISTRATIVE REPORT

A. EXPENDITURES TO SEPTEMBER 30, 1984

<u>Category</u>	<u>MM&HP</u>	<u>W & S</u>	<u>PHC</u>	<u>TOTAL</u>
Salaries & Wages	686,742	162,725	86,532	935,999
Employee Benefits	150,313	41,151	22,355	213,819
Consultant Fees	49,784	2,945	2,925	55,654
Travel & Transportation	249,105	27,169	30,920	307,194
Overseas Allowances	87,516	55,614	--	143,130
Other Direct Costs	368,030	42,522	59,005	469,557
Equipment	34,816	923	1,270	37,009
Overhead	388,651	71,682	52,510	512,843
TOTAL	<u>2,014,957</u>	<u>404,731</u>	<u>255,517</u>	<u>2,675,205</u>

B. 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.

#14 and 15 - overhead amendments.

#16 dated 9/11/84 - added \$1,328,450 to the MMHP contract increasing the total contract amount to \$4,111,031.

C. INTERNATIONAL TRAVEL

William Smith

May 4-25, 1984 - India, Pakistan, Singapore
September 18-22, 1984 - San Francisco, California

Elizabeth Booth

No trips under MMHP during this period.

Reynaldo Pareja

April 3-18, 1984 - Peru
June 14-July 7, 1984 - Peru
July 23-August 11, 1984 - Peru
August 20-September 22, 1984 - Peru

Jose Ignacio Mata

No trips under MMHP during this period.

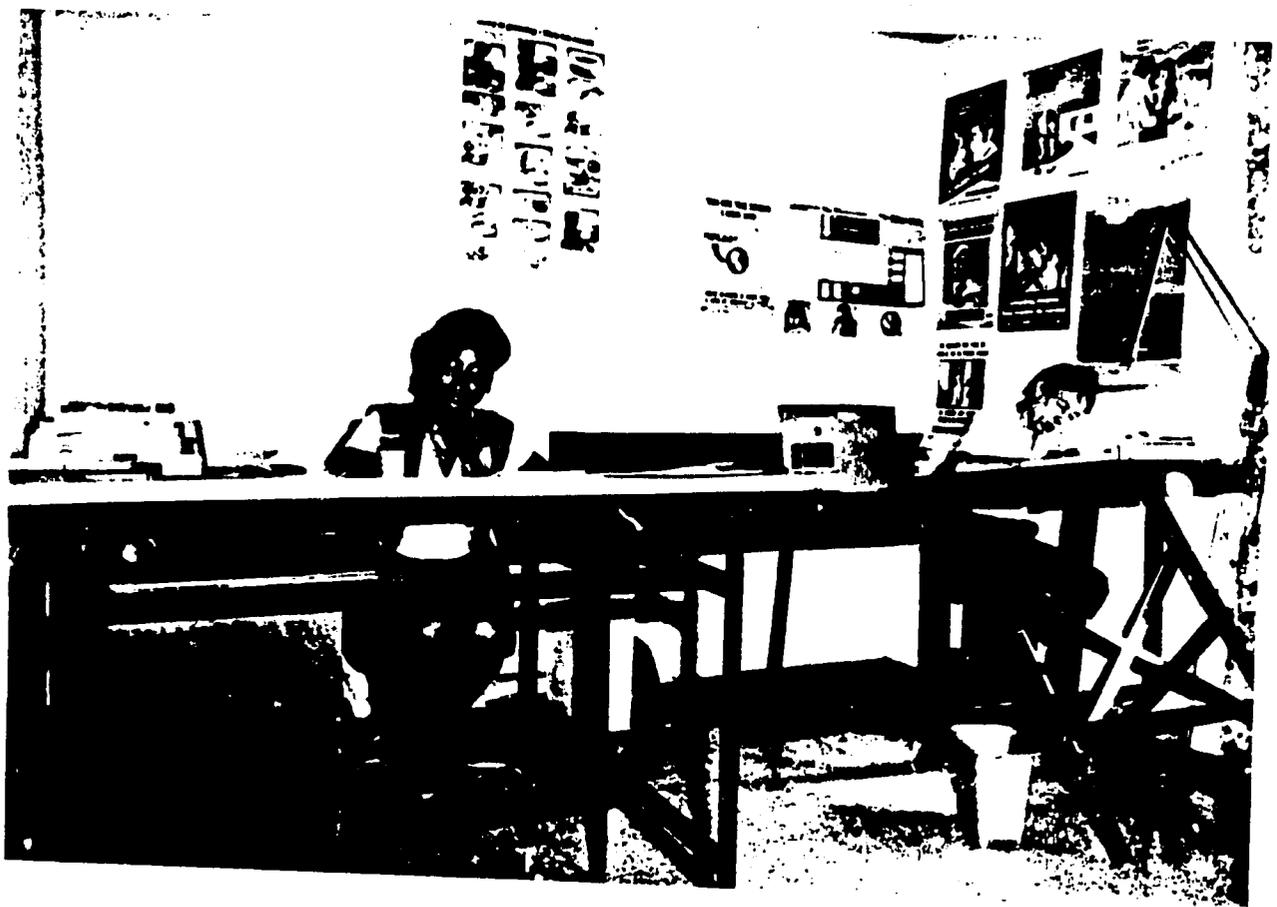
Mark Rasmuson

May 15, 1984, - Back to the U.S.
May 25-27, 1984 - ICA Conference, San Francisco, CA

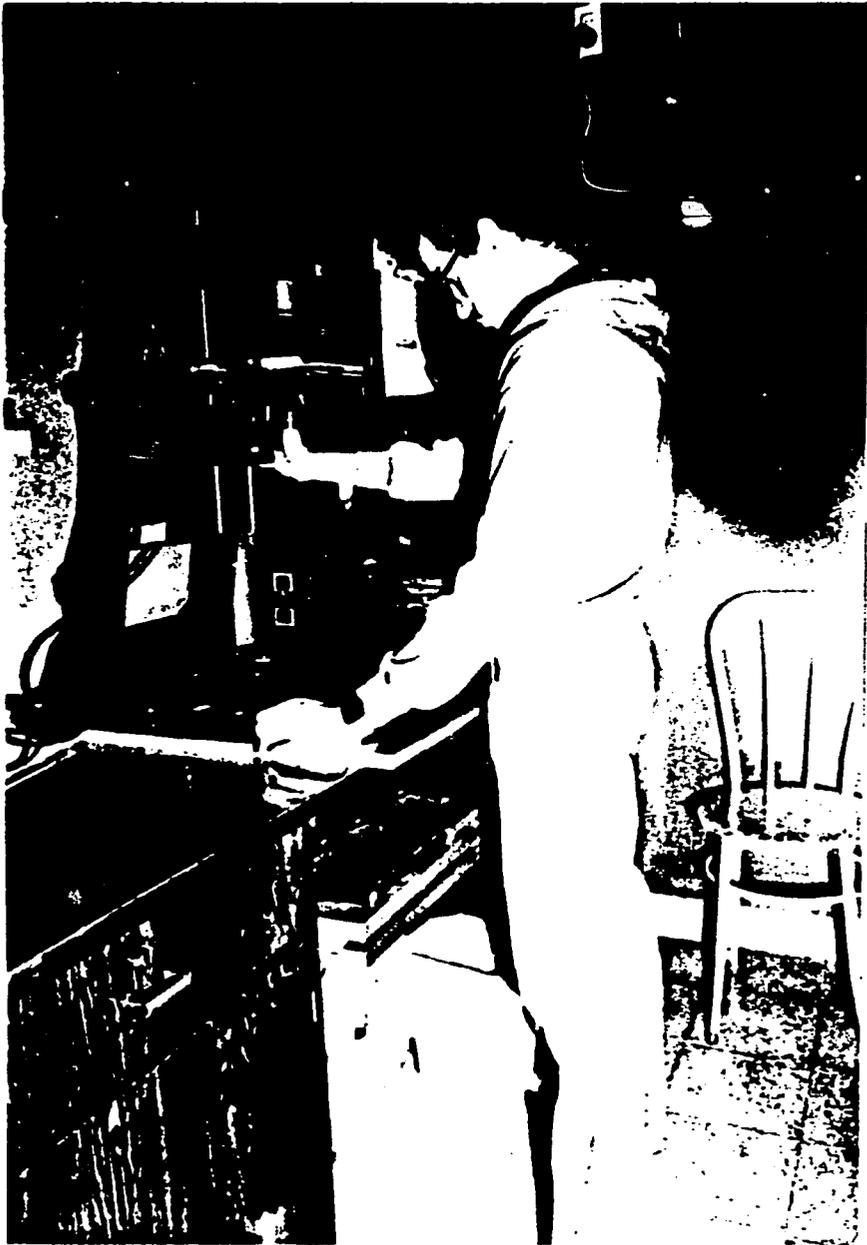
Dale Huntington

No trips under MMHP during this period.

APPENDIX A
Photographs
Primary Health Care Project Activities







APPENDIX B
Project Completion Materials
The Gambia

THE GAMBIA NEWS BULLETIN

Established 1943

No. 15 Wednesday 11th April 1984

Health personnel discuss infant health mass media project

FIFTEEN representatives from the health Ministries of Senegal, Niger, Botswana and Swaziland were in The Gambia last week to study the operation of the mass media for infant health project.

During their three-day stay, the visitors consulted with the Medical and Health Department and Radio Gambia, the two departments that have collaborated most closely in the implementation of the project.

The mass media project, has been conducting an educational campaign about the prevention and treatment of infant diarrhoea, one of the country's leading causes of infant mortality. The project, sponsored by USAID and implemented by the US Academy for Educational Development, completed its third year of operation this month, but according to Mr. Mark Rasmusson, the project's field director, there are plans to extend the project for another 12 or 18 months. This will allow part-time implementation of parts of the project on a consultancy basis.

The evaluation of the project is being done

by a team from Stanford University led by Dr. Peter Spain and will continue up to June.

Speaking about the project, Mr. Rasmusson, who will be leaving The Gambia next month, said, "the project has demon-

strated the effectiveness of the multi-media approach to health education. More importantly it has shown the effectiveness of close inter-departmental co-operation".

Mass media Director ends assignment

THE Mass Media for Infant Health Project, M.M.I.H., which was concerned with the prevention and treatment of infant diarrhoea

in The Gambia has come to an end.

The Director of the M.M.I.H. project, Mr. Mark Rasmuson left The Gambia for the United States on Tuesday at the end of his assignment here.

Before his departure the Medical and Health Department staff held a farewell ceremony for him on Tuesday 15th May, at the office of the Director.

The project was sponsored by the United States Agency for International Development, USAID, and lasted for three years, from May 1981 to May 1984.

In those three years, a few Americans and their Gambian associates promoted the prevention and treatment of infant diarrhoea which is responsible for between 20 percent to 40 percent of infant deaths in The Gambia.

The project used the radio, graphic materials, and health workers in a mass campaign of health education to promote oral rehydration, and teach mothers hygiene and nutrition in infant care against diarrhoea.

According to the April 1984 issue of the health worker's newspaper "Jaata Kendeya" the implementation section of the project has now ceased to function, but the evaluation section will continue until June - July.

The paper notes that the work started by the M.M.I.H. project will be continued by the health education unit of the Medical and Health Department.

Health workers are expected to play a prominent role in continuing the struggle against diarrhoea.

Reports from UNICEF say the disease kills five million children annually in the world.

Dr. Fred Oldfield, Director of the Medical and Health Department, speaking at the ceremony, said that over the last few years, Mark Rasmuson and Peter Spain, a member of the project who left earlier for the United States, have "worked extremely hard", travelling all over the country,

gathering data on infant diarrhoea and on their dietary habits. "They promoted home-based oral rehydration," he added.

As a result, Dr. Oldfield said, the programme was successful, and attracted international attention with visitors coming from Africa and the United States. This success was due to the efforts of the two, who were a driving force in the M.M.I.H. project, he said.

Dr. Oldfield noted that Mark and Peter have left knowledge which would be put into use by their Gambian associates.

He pointed out that Radio Gambia played an active and prominent part in the M.M.I.H. project.

(Continued on page 2)

Mass media

(Continued from page 2)

A spokesman for the staff Mr. Saihou Dibba said Mark Rasmuson was a resourceful person who had a good working relationship with his colleagues.

Speaking on the occasion, Mark Rasmuson said he enjoyed his three-year stay in The Gambia, and his colleagues were wonderful people with whom he was lucky to have been associated.

The project went well, he said, and they have worked to produce a strong unit.

He noted that the project showed the concrete value of health education, which he described as a "worthwhile investment."

Presents were given to the two Americans by the Director and his staff during the farewell ceremony.

Academy for Educational Development

AED
International Division

May 1, 1984

Equipment list to Mark Rasmuson, The Gambia, via Ocean Air International.

- ✓ 2 cassette tape recorders Marantz PMD 220
- ✓ 2 turntables PIO PLS 50
- ✓ 2 cassette decks RSM 205
- ✓ 8 stopwatches (63-5008)
- ✓ 1 mike 33-1071
- ✓ 1 mike 33-1070
- ✓ 2 cartridges 42-2778
- ✓ 6 stylus 42-2781
- ✓ 3 desk mike stands
- ✓ 3 headphones 33-993
- ✓ 2 transformers (220-110) - from Project office

Total price of \$1,500.00. Equipment to be insured for this price.

ITEMS FOR OFFICE USE - NOT RESALE

Received.
J. W. Thomas
12/5/84.

MASS MEDIA FOR INFANT HEALTH PROJECT
ACADEMY FOR EDUCATIONAL DEVELOPMENT: PROJECT IMPLEMENTATION

Inventory of Equipment

<u>Item</u>	<u>Purchase Price</u>
1 Chevrolet 4-wheel drive Blazer	\$17,000
1 IBM Selectric II Typewriter, with following elements:	800
(a) Large elite	
(b) Prestige elite	
(c) Prestige elite tri-lingual	
(d) Letter gothic	
(e) Orator	
1 Casio FR-1212 printing calculator	150
1 Pentax MX 35 mm. camera with 50 mm. lens	300
1 General Electric portable cassette tape recorder (large)	125
1 Realistic Ommidirectional microphone	50
2 medium size General Electric radio/cassette players @\$25	50
5 small General Electric FM/AM radios @ \$10	50
9 Ampex audio reel tapes @ \$5	45
10 SA-C60 TDK cassette tapes @ \$5	50
1 voltage transformer (220-110)	35
1 executive desk	100
2 secretary desks @\$75	150
1 conference table	100
1 cupboard	75
1 bookcase	100
2 plain wooden chairs @ \$50	100
2 wooden chairs with padded seats @ \$60	120
1 Kelvinator air-conditioner	500
1 Roneo Vickers 4-drawer filing cabinet	250
1 200-liter petrol drum	15
1 20-liter jerry can	5
8 clipboards @ \$2	16
3 bulletin boards @ \$5	15
2 plastic in-boxes @ 7.50	15
1 metal file holder	10
1 swingline stapler	10
1 heavy duty Staplex stapler	25
1 Acco two-hole punch	10
1 Rolodex card file	10
1 three-hole punch	10
1 tape dispenser	10
18 Gestetner styli for electroscanner @ \$2	36
18 Nukote Correctable Film Ribbons @ \$3	54
2 tubes duplicator ink @ \$5	10
Assorted office supplies (files, clips, file labels, pens mailing envelopes, paper clips, rubber cement,, etc.)	75
Complete set of Project documents: reports, photographs, slides, posters, etc.	

ACTION
COPY

UNCLASSIFIED

Department of State

INCOMING
TELEGRAM

PAGE 01 EAJJUL 21562 221037Z

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ACTION AID-00

CAPABLE OF CONTINUING EXISTING ACTIVITIES, EVEN PHASE-DOWN
TECHNICAL ASSISTANCE OVER A SHORT PERIOD OF TIME NOW SEEMS
INAPPROPRIATE.

ACTION OFFICE ED-02

INFO AFFW-74 AFDR-06 PPCE-01 PFPE-02 STHE-01 EAST-01 HHS-09
RELO-01 MAST-01 /026 A1 X22

S. OAR/BANJUL SINCERELY REGRETS THE DISAPPOINTMENT THIS
POSITION MAY CAUSE. NEVERTHELESS, WE FEEL CONFIDENT THAT
FROM A MISSION PROGRAMMING PERSPECTIVE, CANCELLATION OF THE
PROPOSAL TO EXTEND SUBJECT PROJECT ACTIVITIES IS APPROPRIATE.
HALL

INFO OCT-00 COPY-01 AF-00 /B01 W

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R 191044Z MAY 84
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TO SECSTATE WASHDC 7712

UNCLAS EAJJUL 1582

AIDAC

SECSTATE FOR S&T/ED

E.O. 11652: N/A

SUBJECT: MASS MEDIA FOR INFANT HEALTH PROJECT (MMIH) (931-1018)

REF: RASMUSON DRAFT PROPOSAL 30 APRIL 1984

1. SUMMARY: OAR/BANJUL HAS DECIDED NOT TO APPLY FOR SAHEL ORT
FUNDS TO EXTEND MMIH PROJECT ACTIVITIES BEYOND THE 30 JUNE 1984
FOR THE FOLLOWING REASONS:

A) TECHNICAL ORT INSTITUTIONAL CAPACITY IS FIRMLY ESTABLISHED IN
THE FIELD, AT MEDICAL HEADQUARTERS AND AT RADIO GAMBIA; B) GOTG
PLANS FOR MASS MEDIA TECHNIQUE UTILIZATION OR ORT PROGRAM ARE
NOT CLEARLY DEFINED; C) PROPOSED EXTENSION ACTIVITIES BY AID/W
AND AED EXPAND MASS MEDIA TO HEALTH OBJECTIVES OTHER THAN ORT
AND, THEREFORE, CHANGE THE PROJECT'S ORIGINAL PURPOSE; AND D)
EXPANSION EXCEEDS MISSION MANDATE AND GOTG ABSORPTIVE CAPACITY.
END SUMMARY.

2. REPORTS FROM RASMUSON ET AL. CONFIRM THAT SUFFICIENT NUMBERS
OF GAMBIAN HEALTH WORKERS ARE TRAINED TO CONTINUE TEACHING OPT-
RELATED HEALTH EDUCATION LESSONS IN THE FIELD. WITH TECHNICAL
ASSISTANCE FROM MMIH, THE HEALTH EDUCATION UNIT (HEU) AND RADIO
GAMBIA HAVE ALREADY DESIGNED, IMPLEMENTED, AND EVALUATED THEIR
FIRST MASS MEDIA MIHI-CAMPAIGN. HADDY GABBISON/NUTRITION UNIT,
SAIKOU DIBBA/HEALTH EDUCATION UNIT, DR. ADOULIE JACK/CONTROL
OF DIARRHEAL DISEASES COMMITTEE (CDDC) COORDINATOR AND YAMAI
JACK, RADIO GAMBIA HAVE REPEATEDLY DEMONSTRATED THEIR
TECHNICAL EXPERTISE IN ORT AND MASS MEDIA TECHNIQUES BY
CONDUCTING WORKSHOPS FOR GAMBIAIS AND SEMINARS FOR VISITING
DELEGATIONS FROM OTHER AFRICAN COUNTRIES. BY
PRODUCING INNOVATIVE RADIO SCRIPTS, AND BY DESIGNING
SEMINARS FOR HEALTH WORKERS ON THE MANAGEMENT OF DIARRHEA,
ETC.

3. THE TRANSFER OF ORT AND MASS MEDIA TECHNOLOGY IS A SUCCESS. THE
PROJECT HAS ALREADY RECEIVED A ONE YEAR EXTENSION TO ENSURE THIS.
NOW IS THE TIME, THEREFORE, TO TRANSFER ALSO THE RESPONSIBILITY OF
DETERMINING THE LEVELS OF ORT ACTIVITY IN THE GAMBIA AND THE USE
TO WHICH MASS MEDIA TECHNIQUES ARE PUT FROM SUBJECT PROJECT TO THE
CDDC, WITHOUT MMIH COMMODITIES AND TECHNICAL ASSISTANCE, CDDC
WILL BE OBLIGED TO DESIGN IMPLEMENTATION PLANS WHICH REFLECT THE
CURRENT ABSORPTIVE CAPACITIES OF THE HEU, NUTRITION UNIT, PEDIA-
TRIC UNIT AT ROYAL VICTORIA HOSPITAL, ETC. THESE UNITS STRONGLY
ADVISED MISSION THAT RASMUSON'S DRAFT PROPOSAL IS BEYOND THEIR AB-
SORPTIVE CAPACITY. FURTHER, THE MEDICAL AND HEALTH DEPARTMENT (MHD)
HAS YET TO DETERMINE HOW AND WHEN MASS MEDIA METHODOLOGIES WILL BE
INCORPORATED INTO OTHER ASPECTS OF HEALTH EDUCATION PROGRAMMING.

4. OAR/BANJUL APPRECIATES THE TECHNICAL LOGIC OF THE PROPOSED
EXPANSION. HOWEVER, NEITHER WE NOR THE GOTG ARE IN A POSITION
TO SUPPORT IT. SEE CURRENT CDSX UPDATE AND STAFFING GUIDANCE
RECEIVED FOR ABS. SINCE OUR ASSESSMENT CONFIRMS THAT GOTG IS

Dist. to AM

UNCLASSIFIED

11

APPENDIX C
Ecuador Letter of Understanding
MMHP Extension

ENMIENDA No. 1

CARTA DE ENTENDIMIENTO PARA EL
PROYECTO DE COMUNICACION MASIVA
Y LA SALUD

1. Considerando que ha transcurrido un año de satisfactorio desarrollo de este program dentro de los términos de este Convenio, las partes, convienen en enmendar dicho convenio con el propósito de (1) ampliar la asistencia técnica provista por la "Academy for Educational Development", (2) extender la cobertura del área geográfico del proyecto y, (3) incluir similares metodologías en el Programa de Inmunización del MSP.
2. El texto de la Sección II, párrafo. 3, "Descripción del Proyecto" debe sustituirse para (1) extender el período de 18 meses de duración del Convenio a 24 meses, o sea 6 meses adicionales de asistencia técnica a tiempo completo para el Ecuador y, (2) proveer al Programa de Inmunización del MSP la asistencia técnica proporcionada dentro del proyecto.
3. El texto de la Sección IV, "Ejecución del Proyecto" debe modificarse añadiendo lo siguiente: (1) el personal del Programa de Inmunización del MSP (PAI) y de la PCED participarán activamente en la investigación de producciones radiales a nivel comunitario y material educativo relacionado, capacitación de personal de salud y evaluación, (2) el Ministerio proporcionará, aproximadamente US\$300,000 de fondos del préstamo del Proyecto AID 518-U-040, para la implementación del programa de PCED y actividades del PAI, por lo menos en tres provincias, Chimborazo, Manabí y Cotopaxi.

AMENDMENT No. 1

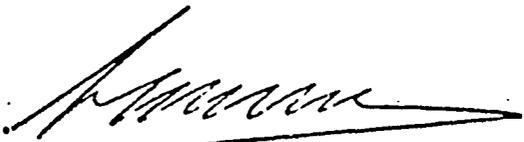
LETTER OF UNDERSTANDING
REGARDING THE MASS MEDIA AND HEALTH
PRACTICES PROJECT

1. In view of nearly one year of successful project development under the terms of this Agreement, the parties thereto, hereby agree to amend said Agreement with the purpose of (1) expanding the amount of technical assistance provided by the Academy for Educational Development, (2) expanding the geographical coverage of the project, and (3) incorporating similar methodologies to the Immunization Program of the MOH.
 2. Section II, paragraph 3, "Project Description" is hereby amended to (1) extend the period of Agreement from 18 to 24 months adding 6 months of full time technical assistance to Ecuador, and (2) provide for the application of technical assistance, as defined under the project, to the Immunization Program of the MOH.
 3. Section IV, "Project Execution" is hereby amended, to add the following: (1) the MOH's Immunization (PAI) Program staff along with the DDC will actively participate in community level research, production of radio and supporting educational materials, training of health personnel and evaluation, (2) the MOH will provide about US\$300,000, in counterpart loan funds from Project AID 518-U-040 for implementation of DDC and PAI actions in at least the three provinces of Chimborazo, Manabí and Cotopaxi.
- 17

4. Cualquier provisión en la Carta de Entendimiento que tenga discrepancia con las provisiones establecidas a través de esta enmienda, se sobreentiende serán sustituidas para concordar con los cambios citados en los párrafos 2 y 3 de esta enmienda.

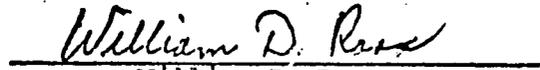
4. Any provision of the existing Letter of Understanding in conflict with provisions as amended herein will be understood to be changed to be in conformity with changes cited in paragraphs 2 and 3 of this Amendment.

MINISTERIO DE SALUD PUBLICA



Dr. Luis Sarrazín Dávila
Ministro de Salud Pública

AGENCIA PARA EL DESARROLLO
INTERNACIONAL



William D. Ross
Director Encargado

AGENCIA PARA EL DESARROLLO
INTERNACIONAL/WASHINGTON



Dr. Anthony Meyer
Oficina de Educación 7/10/54
Oficina de Ciencia y Tecnología

APPENDIX D
Peru Campaign Materials

INMUNIZACIONES

1RA. FASE

2DA. FASE

3RA. FASE

<ul style="list-style-type: none"> - La vacuna previene de enfermedades mortales como el tétanos, la tos-ferina y el sarampión. - Las enfermedades que protege, ta (la polio y el sarampión) son enfermedades que son fácilmente adquiribles; son muy contagiosas y pueden lisiar permanentemente al niño. - La reacción del niño a la vacuna es "normal". La vacuna está dando la protección que necesita. No es motivo de alarma, más vale molestia de la vacuna que el daño permanente de la enfermedad. - La vacuna Δ protege al niño de las tres enfermedades. - La Δ protege sólo si se pone las tres veces en el año. - La vacuna de la Δ se consigue en Centros de Salud y Postas. 	<ul style="list-style-type: none"> - Las enfermedades de polio, sarampión y las que protege la vacuna de la Δ, pueden todas matar o lisiar al niño de por vida. - Son transmitidas por microbios que no se ven, pero que están en los utensilios del enfermo, en el cuarto donde él está. Hay que aislarlo y proteger a los otros. - La vacuna Δ protege al niño del contagio de sarampión y polio. - La vacuna Δ sólo protege si es puesta tres veces, así el niño se protege contra tres enfermedades. Hay que volver tres veces al año. - La reacción de la vacuna es "normal" no es motivo de alarma, niño se recupera de la molestia y queda protegido. - Vacuna se consigue en Centros de Salud y Postas. 	<ul style="list-style-type: none"> - Las enfermedades más peligrosas para un niño son el sarampión, tos-ferina, difteria, tétanos, polio y la tuberculosis. - Estas enfermedades pueden matar o lisiar al niño. - Las vacunas lo protegen, evitan que caigan víctimas de ellas. - La Δ protege contra tres enfermedades (tos-ferina, tétanos y difteria). - Las vacunas sirven, sí se ponen tres veces. - Hay que volver tres veces en el año para que el niño reciba las tres dosis. - Vacuna se consigue en Centros de Salud y Postas.
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REHIDRATACION ORAL

PREMIAS

CONTENIDOS

1a. FASE

2a. FASE

- * Definir el nombre que van a llevar las bolsitas (Hay 4 presentaciones diferentes de empaque, 2 de contenido)
- * Definir el problema del envase. Bolsa de plástico (?)
- * Descartar el mencionar el suero-casero.

- La diarrea es peligrosa, incluso la de empacho, porque en toda diarrea el niño pierde agua y sales del cuerpo, necesarias para vivir. Esto se llama deshidratación.

- La bolsita de suero oral devuelve al niño el agua y las sales perdidas. La madre lo ve cuando el niño recupera el apetito y el ánimo.

- La bolsita de suero oral se prepara así:

* Un litro de agua hervida-fría medida con (?)

* Todo el contenido de 1 bolsita.

- El suero oral se da así:

* En taza y con cuchara.

* Durante todo el día, a cada rato, no menos de 4 ~~veces~~ veces en el día.

* Se bota lo que sobra y al día siguiente se prepara otro sobre.

- La leche materna sostiene al niño durante la diarrea, le devuelve el ánimo y no le aumenta la diarrea. Es lo moderno y mas científico.

- La bolsita se consigue gratis en los Centros de Salud.

- Todas las diarreas se pueden convertir en graves, como la de infección y disentería y susto, si el niño sigue perdiendo agua y sales del cuerpo.

- El niño que pierde agua y sales con cualquier diarrea puede agravarse. Se reconoce si está grave cuando llora y no tiene lágrimas, tiene mucha sed, tiene los ojos hundidos, se pone mas grave y orina muy poquito o no orina, se le arruga la piel del estómago y tarda en volver a ser normal. Tiene una deshidratación avanzada.

- Un niño con diarrea grave tiene que ser visto en un Centro de Salud. Los remedios caseros no funcionan con diarreas graves. El niño con diarrea grave se seca, se muere.

- La bolsita de Suero Oral no deja que un niño con diarrea se ponga grave con la deshidratación, devuelve al niño el agua y las sales perdidas.

- La preparación de la bolsita es importante: en 1 litro de agua hervida fría, 1 solo sobre, todo el sobre.

- La comida es importante mientras el niño tenga diarrea

* Darle comidas normales

* Leche diluída a 1/2

* Leche materna ya viene 'diluída' al natural

- Ofrecerle al niño suero oral con taza y cuchara durante todo el día, no menos de 4 veces.

- Bolsita se consigue gratis en los Centros de Salud.

3a FASE

- Las señales de deshidratación del niño con diarrea muestran que el niño está grave porque ha perdido demasiada agua y sales.
- La deshidratación es lo más peligroso de una diarrea. El suero oral es la mejor forma de combatir la deshidratación porque devuelve el agua y las sales perdidas.
- Pero, es efectivo si se prepara correctamente:
 - En un litro justo de agua hervida fría.
 - Todas las sales ~~de~~ en una bolsita.
- Y si se da correctamente:
 - Durante todo el día con taza y cuchara.
- Y si se ayuda al niño con la comida correcta:
 - Leche materna
 - Comida normal que el niño suele comer
- El suero oral es más efectivo para aliviar que cualquier purgante.
- La bolsita de suero oral se consigue gratis en los Centros de Salud.

APPENDIX E
Swaziland Radio Program Broadcast Schedule



**Ya lo saben...
acuérdense de
los conejos!**

Paternidad responsable:
amar y mantener
a los hijos que decidan tener.



PATERNIDAD RESPONSABLE



A Paz Rivista

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RADIO SPOT ANNOUNCEMENT BROADCAST SCHEDULE, 1984-1985

Mass Media For Health Practices Project

Combatting Childhood Communicable Disease Project

Spot and Week Number	Spot Content :	(1 minute 30 seconds)	Broadcast Week Date
Phase I: 1	SSS	1/3	16/9 /84
2	Dehydration	1/3	23/9
3	Kit	1/3	30/9
4	SSS	2/3	7/10
5	Dehydration	2/3	14/10
6	Kit	2/3	21/10
7	SSS	3/3	28/10
8	Dehydration	3/3	4/11
9	Kit	3/3	11/11
10	Repeat: SSS	1/3	18/11
Phase II: 1	Picture	1/3	25/11
2	Diet	1/3	2/12
3	Flag	1/3	9/12
4	Picture	2/3	16/12
5	Diet	2/3	23/12
6	Flag	2/3	30/12
7	Picture	3/3	6/1 /85
8	Diet	3/3	13/1
9	Flag	3/3	20/1
10	Repeat: Picture	1/3	27/1
11	Repeat: Flag	1/3	3/2
12	Repeat: Diet	1/3	10/2
13	Repeat: flag 2/3	2/3	17/2
Phase III: 1	Repeat: Phase I, SSS	3/3	24/2
2	Repeat: Phase I Kit	3/3	3/3
3	Repeat: Phase II, Diet	1/3	10/3
4	Prevention	1/3	17/3
5	Administration	1/1	24/3
6	Prevention	2/3	31/3
7	Prevention	3/3	7/4

NOTE: MMHP Spot Jingle will be broadcast throughout the entire Schedule

RADIO PROGRAM BROADCAST SCHEDULE, 1982-1985

Radio Centre For Health Practices Project

Combating Childhood Communicable Diseases Project

Phase	Ministry of Health: Broadcasting and Information Services		Broad-cast Date	Ministry of Agriculture: Domestic Science Demonstrator Program, 5 minute Inserts: Saturdays at 10.45 am or 8.1 pm		Broad-cast Date	Ministry of Health: Avihloze Program, 15 minutes		B c D	
	Week	Day		Time	Week		Day	Time		Day
Phase I	1	Dehydration	1/4	2/7/82	SSS	1/3	2/7/82	Dehydration	1/4	19
	2	Kit	1/3	2/9/82	Dehydration	1/4	2/9/82	Kit	1/3	26
	3	Dehydration	2/4	6/10	Kit	1/3	6/10	SSS	1/2	3
	4	Kit	1/3	13/10	Dehydration	2/4	13/10	SSS	2/3	10
	5	Dehydration	3/4	20/10	SSS	2/3	20/10	Kit	2/3	17
	6	Kit	2/3	27/10	Kit	2/3	27/10	Dehydration	3/4	24
	7	Kit	2/3	3/11	Dehydration	3/4	3/11	Dehydration	3/4	31
	8	Dehydration	4/4	10/11	Kit	3/3	10/11	SSS	3/3	7
	9	SSS	3/3	17/11	Dehydration	4/4	17/11	Kit	3/3	14
	10	Kit	3/3	24/11	SSS	3/3	24/11	Dehydration	3/4	21
Phase II	1	Picture	1/3	1/12	Diet	1/3	1/12	Diet	1/2	28
	2	Diet	1/2	8/12	Picture	1/3 (Impandze Music)	8/12	Picture	1/3	5
	3	Kit	1/1	15/12	Diet	2/3	15/12	Kit	1/1	12
	4	Diet	2/3	22/12	Flag	1/4 (Program)	22/12	Picture	2/3	14
	5	Flag	1/2	29/12	Kit	1/1	29/12	Diet	2/2	26
	6	Diet	3/2	5/1	Flag	2/4	5/1	Flag	1/2	3
	7	Picture	2/3	12/1	Picture	2/3	12/1	Picture	3/3	9
	8	Flag	2/2	19/1	Flag	3/4	19/1	Flag	2/2	16
	9	Repeat: Picture	1/3	26/1	Repeat: Phase II Picture	1/3	26/1	Repeat: Picture	1/3	23
	10	Repeat: Picture	2/3	2/2	Repeat: Phase II Flag	1/4	2/2	Repeat: Picture	3/3	30
	11	Repeat: Kit	1/2	9/2	Diet	3/3	9/2	Prevention	1/3	6
	12	Lottery Intro	1/2	16/2	Lottery Intro	1/2	16/2	Lottery Intro	1/2	13
	13	Lottery Intro	2/2	23/2	Lottery Intro	2/2	23/2	Lottery Intro	2/2	20
Phase III	1	Lottery Operation	1/3	2/3	Prevention	1/4	2/3	Lottery Operation	1/3	27
	2	Lottery Operation	2/3	9/3	Repeat: Phase I, SSS	1/3 (Prog. 1)	9/3	Lottery Operation	2/3	6
	3	Lottery Operation	3/3	16/3	Prevention	2/4	16/3	Lottery Operation	3/3	13
	4	Prevention	1/4	23/3	Repeat: Phase I, Dehydration	1/4 (Prog.2)	23/3	Lottery Lottery Results	1/2	20
	5	Prevention	2/4	30/3	Prevention	3/4	30/3	Lottery Results	2/2	27
	6	Prevention	3/4	6/4	Repeat: Phase I, Kit	1/3 (Prog.3)	6/4	Prevention	2/3	3
	7	Prevention	4/4	13/4	Prevention	4/4	13/4	Prevention	3/3	10

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APPENDIX F
Swaziland Evaluation Instruments

To the mother being interviewed:

Mothers in Swaziland worry about the health of their children. They choose ways of taking care of their children when they are sick that they believe will help their children most. We are talking to mothers all over Swaziland to find out how they think it is best to take care of their children. So we would like to talk to you about how you take care of your children when they are ill.

It is very important that we know what mothers really do. Some people, to be polite, try to guess what answers we might think are the best answers, and tell us those things. Please do not do that. Please tell us what you really think and what you really do. We promise that your answers will be completely private -- no one will know what you have said. All reports about results will be about what all mothers do and not about what any one mother does.

Can I ask you these questions?

1. Identification number _____

2. District

- _____ Hhohho
- _____ Manzini
- _____ Lubombo
- _____ Shiselweni

3. Enumeration area _____

4. Geographical region

- _____ Lowveld
- _____ Middleveld
- _____ Highveld

5. Land Tenure

- _____ S.N.L./No RDA
- _____ S.N.L./Min. RDA
- _____ S.N.L./Max. RDA

6. Chief's name _____

7. Head of Household name (English and local)

(Surname)	(English)	(Local)
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8. Respondent's name _____

(Surname)	(English or local)
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9. Location of homestead (directions for finding it again)

10. Interviewer's name _____

11. Date of interview _____

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12. Age of respondent _____ years

13. If not the mother of the under-five year old, specify the relationship to the five year old she cares for:

- grandmother
- sister of the child
- sister of the mother
- biological mother
- other, specify _____

14. Which number wife are you?

- only wife
- first wife
- junior wife
- daughter
- other, specify _____

15. How many people are staying in this homestead?

_____ people

16. How many females over fifteen are staying in this homestead?

_____ females

17. How many males over fifteen are staying in this homestead?

_____ males

18. Are there any other men or women who are part of this homestead who do not stay here?

_____ yes

_____ no (Go to Q.20)

19. Do any of these men or women send money to the homestead?

_____ yes

_____ no

20. Please tell me the names and ages of all the children under five whom you care for:

Name	Age in months	Sex

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21. Do any of these children have diarrhea right now?

_____ yes

_____ no

22. When was the last time any of these children had diarrhea?

_____ number of months ago

_____ never had diarrhea (Go to Q27)

23. Which child was that _____ (name of child)

24. Was it the sort of diarrhea that you thought needed to be treated, or did you think that it wasn't necessary to treat it?

_____ did treat

_____ did not treat (Go to Q.27)

25. What did you do to help your child? (Check all that are mentioned) Probe: Did you do anything else at home?

_____ clinic

(If checked, ask)

a. What treatment did the clinic give? (Check all that are mentioned).

medicine, pills

injection

ORS

other, specify _____

SSS

_____ health worker

(If checked, ask)

b. What treatment did the health worker give? (Check all that are mentioned)

ORS

refers to clinic

SSS

other, specify _____

_____ traditional healer

(If checked, ask)

c. What treatment did the traditional healer give?

(Check all that are mentioned).

ORS

imbita/enema to stop diarrhea

SSS

imbita/enema for purge

medicine

other, specify _____

unspecified imbita

_____ treated at home

(If checked, ask)

d. What home treatment did you give? (Check all that are mentioned)

- ORS
- imbita/enema to stop diarrhea
- medicine
- imbita/enema for purge
- unspecified imbita
- other, specify _____
- SSS

26. (If the respondent says child had diarrhea now, (Q.21) and that she is using ORS/SSS (Q.25, ask)

May I see the solution?

_____ shows

(Go. to Q.28)

_____ doesn't show

27. If any of these children had diarrhea now, what would you do to take care of that child? Probe: Would you do anything else at home?

_____ clinic

(If checked, ask)

a. What treatment does the clinic give? (Check all that are mentioned)

- medicine, pills
- injection
- ORS
- other, specify _____
- SSS

_____ health worker

(If checked, ask)

b. What treatment does the health worker give? (Check all that are mentioned)

- ORS
- refers to clinic
- SSS
- other, specify _____

_____ traditional healer

(If checked, ask)

c. What treatment does traditional healer give?

(Check all that are mentioned)

- ORS
- unspecified imbita
- SSS
- imbita/enema to stop diarrhea
- medicine
- imbita/enema for purge
- other, specify _____

34. Is there a traditional healer around here?

_____ yes

_____ no (Go to Q.40)

35. What kind of treatment does he give for children's diarrhea?

ORS

imbita/enema for purge

SSS

unspecified imbita

imbita/enema to stop diarrhea

doesn't know

other, specify _____

36. Do you think the treatment given by the traditional healer is a good treatment or not such a good treatment?

good

not good

not sure

37. Have any of your children ever been treated by the traditional healer for diarrhea?

_____ yes

_____ no

38. If your child has diarrhea again is this the method of treatment you will use?

_____ yes

_____ no

_____ sometimes

39. Have you ever used purges to treat children's diarrhea?

_____ yes

_____ no

40. Do you think that purges are a good treatment for diarrhoea or not such a good treatment?

_____ good

_____ not good

not sure

41. If your child has diarrhea again is this the method of treatment you will use?

_____ yes

_____ no

42. Where would you get a purge around here?

self or other in homestead

traditional healer or herbalist

other relative

other, specify _____

43. Have you ever heard of a medicine for diarrhea which is made of water, sugar and salt?
 _____ yes _____ no (Go to Q.48)
44. Have you ever used water-sugar-salt to treat your child's diarrhea?
 _____ yes _____ no
45. Do you think that 'water, sugar, salt' is a good treatment for diarrhea, or not such a good treatment?
 good not good not sure sometimes
46. If your child has diarrhea again is this the method of treatment you will use?
 _____ yes _____ no _____ sometimes
47. Have you ever taken your child to the clinic to treat diarrhea?
 _____ yes _____ no
48. What treatment for diarrhea do they give you at the clinic?
 ORS injection
 SSS other, specify _____
 pills or medicine
49. Do you think that the clinic is a good place to go if your child has diarrhea, or not such a good place?
 good not good not sure sometimes
50. If your child has diarrhea again, is this the method of treatment you will use?
 _____ yes _____ no
51. Has a rural health worker ever been involved in treating your child for diarrhea?
 _____ yes _____ no

52. How can a rural health worker help a child who has diarrhea?

ORS

refers to clinic

SSS

other, specify _____

doesn't know

53. Do you think that the health worker will help you if your child has diarrhea or will not help you?

_____ will help _____ sometimes _____ will not help

_____ not sure

54. If your child has diarrhea again, is this the method of treatment that you will use?

_____ yes

_____ no

82. Do you listen to the "Women's" programme?

_____ yes

_____ no (Go to Q.85)

83. Did you listen this past week to the "Women's" program?

_____ yes

_____ no

(Go to Q.85)

_____ doesn't remember

84. Do you remember what they talked about during the program?

_____ names some part

_____ doesn't remember

85. Do you listen to the "Ayihlome" program?

_____ yes

_____ no (Go to Q.88)

86. Did you listen this past week to the "Ayihlome" program?

_____ yes

_____ no

(Go to Q. 88)

_____ doesn't remember

87. Do you remember what they talked about during the program?

_____ names some part

_____ doesn't remember

88. How many cattle do you have?

_____ cattle

89. Do any members of this homestead have the following?

bed

yes

no

stove

working sewing machine

maize milling machine

latrine

car or other vehicle

90. Where do you usually get your water for drinking?

_____ piped at home

_____ public tap

_____ bore hole/well

_____ river/stream

_____ spring/pond

(If checked, ask)

Is it protected?

_____ yes

_____ no

101. What is the highest level of education the head of this homestead has completed? _____

102. Has the head of the homestead attended Sebenta classes?

_____ no

_____ yes

103. Is there a Zenzele committee in this chiefdom? (or sub-chiefdom)?

_____ no

_____ yes

(Go to end)

104. Are you a member of this Zenzele committee?

_____ no

_____ yes

Thank you for your help.

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MINISTRY OF HEALTH

PUBLIC HEALTH UNIT

ASSESSMENT OF DIARRHOEAL DISEASE

CASE REGISTRY

0 to 59 MONTHS

CLINIC NAME _____

	DATE	CHILD'S NAME	AGE (MONTHS)	STATUS OF DEHYDRATION	DAY OF DIARRHOEA	ORS/SSS BEFORE?	MEASLES ALSO?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							

CATEGORIES:

STATUS OF DEHYDRATION

N; NORMAL HYDRATION
M; MODERATE DEHYDRATION
S; SEVERE DEHYDRATION

SEE REVERSE FOR DEFINITION.

DAY OF DIARRHOEA

1; FIRST DAY
2; SECOND DAY
3; THIRD DAY, OR LONGER

ORS/SSS BEFORE?

DID THE MOTHER GIVE THE CHILD ORS PACKET OR SUGAR SALT SOLUTION BEFORE THEY CAME?
Y; YES
N; NO

MEASLES ALSO?

Y; YES
N; NO

CP

HOW TO ASSESS THE HYDRATION STATUS

NORMAL HYDRATION

- General appearance	well
- Skin elasticity (best to pinch-up skin on abdominal wall)	normal
- Eyes	normal
- Pulse	less than 120/minute
- Respiration	20-30/minute
- Urine output	normal
<u>Amount of dehydration is less than 5%</u>	

MODERATE DEHYDRATION

- General appearance	restless or floppy
- Skin elasticity (best to pinch-up skin on abdominal wall)	reduced
- Fontanelle	depressed
- Eyes	slightly sunken
- Tongue	dry
- Pulse	120-140/minute
- Respiration	30-40/minute
- Urine output	decreased
<u>Amount of dehydration is 6 - 9%</u>	

SEVERE DEHYDRATION

- General appearance	very limp, or unconscious
- Skin elasticity (best to pinch-up skin on abdominal wall)	severely reduced
- Eyes	severely sunken
- Pulse	very weak or absent more than 140/minute
<u>Amount of dehydration is 10% or greater.</u>	