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REPUBLIC OF DJIBOUTI
PRITECH TECHNICAL ASSISTANCE TO UNICEF

A Report Prepared By PRITECH Consultant:
BENEDICT TISA

During The Period:
FEBRUARY 17 - MARCH 2, 1986

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
AID/DPE-5927-C-00-3083-00

AUTHORIZATION:
AID/S&T/HEA: 9/16/86
ASSGN. NO: DC 153

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PURPOSE OF THE TRIP

From February 17th to 2nd March 1986 I consulted to UNICEF as a technical assistant from PRITECH. As a specialist in audio-visuals and communication, I assisted in the preparation and development of materials with the Cellule de l'Education pour la Sante (C.E.S.) in the Republic of Djibouti.

The CES is the educational component of the Ministry of Health. Located at the Dispensary Pierre Pascal, its primary function is to develop, design, and produce educational materials for primary health education. In this effort, CES is to have the cooperation of educational, religious and cultural organizations, as well as the mass media of radio and print. UNICEF has been providing both technical and financial assistance to the CES in order for the KAP study to be performed.

On my arrival at UNICEF my tasks and objectives were defined as follows:

1. To assist in the preparation of audio visuals for use in the KAP study to be performed by the C.E.S.
2. To discuss with personnel from the media, the Ministry of Education, the Union Nationale des Femmes Djiboutiennes (UNFD), and cultural organizations the nature of their future collaboration in health programs.
3. To investigate and appraise the capabilities of local organizations and printing facilities for producing various educational materials such as posters and charts.
4. To assist in the designation of needs for materials in the production of educational materials by the C.E.S.
5. To produce a preliminary plan for the development of educational materials to be used in health education, including the areas of diarrhea control, ORT, vaccination, and nutrition education involving fish.

SUMMARY OF RESULTS

By the time of my departure from Djibouti on March 2, 1986, the following had been accomplished:

1. WORK WITH THE CELLULE DE L'EDUCATION POUR LA SANTE

At the very outset of the consultancy the members of the CES and UNICEF decided that the limited time available in the consultancy would most effectively be put to use if we concentrated on developing methods and practices for the CES to employ in organizing the KAP study. This process would involve several aspects, including field work and discussion designed to clarify the needs and requirements for effective communication, media concepts, and initial strategies that could be used in health education. Choosing one of the three areas that UNICEF and CES will be working on, immunization, we planned all of our exercises around this subject. This seemed a logical decision in view of the impending PEV program to begin sometime in April 1986.

It was decided that the most flexible method of getting information about the audiences--their knowledge, attitudes, and practices regarding immunization-- should be through informal discussion, rather than a strict questionnaire. The discussion should focus on the problems of immunization follow-up, or lack of it, and the audience's use of various media (such as radio/television, and traditional forms such as song and poetry). The most effective way to stimulate expression and obtain information would be to introduce various audio visuals into group discussions.

A list of the information the CES felt would be needed in order to develop effective media support for the immunization programs was drawn up in draft form.

In using the group discussion method, several techniques were discussed and tested in the field:

- a. An open discussion with the questions serving as a guideline.
- b. Use of visual materials to stimulate group discussion.
- c. Use of a story to stimulate discussion among the audience.

We quickly found the strengths and weaknesses in each of the above approaches, as well as the problems that had to be solved in developing the audio visuals to be incorporated into the group discussions.

Having found that there needed to be some focal point in the meeting with the women, we decided that a taped story would best serve to stimulate informative discussion.

A story dealing with immunization was tape recorded. A day at the CES was spent training the members to use the taped story effectively. We used role-plays to give the members practice in stimulating discussion and working with group dynamics. The tape was field-tested, mainly as a training exercise to enable the CES members to become comfortable with its use.

Three field tests were done, one in a clinic setting and two others in residential Djibouti. The purpose of these tests was not so much to evaluate materials but to give CES personnel training and opportunities to practice methods of pretesting. After each field trip time was spent in reviewing the experience, discussing the information obtained, and revising the methods used.

Another program of discussions was conducted at the CES involving various aspects of communication and education. Some of the topics discussed included:

- a. Different channels of communication which could be used with health education, including mass media, printed materials, and traditional media such as songs, poetry and proverbs.
- b. Use of the education system-- religious, public and private-- to promote health education (nutrition, ORT and immunization).
- c. The integration of different health materials into existing programs such as functional literacy and national educational systems.

A list of items needed in order for the CES to develop materials in the immediate future was drawn up.

A general plan for the production of AV materials to support the KAP was established. The need and timing of additional PRITECH consultancies was determined, especially for the Creative Workshop/Message Identification and the production of audio-visuals.

2. DISCUSSIONS WITH RESPONSIBLE ORGANIZATIONS AND PERSONNEL

The possibility of cooperation with various local organizations potentially involved with educational programs seemed to be very favorable and rewarding, the only exceptions being UNFD, with whom I was not able to meet formally, and WHO, with whom there seems to be some tension which is now in the process of being resolved.

All of the members of the Radio, TV, Ministry of Education and cultural institutions were more than ready to assist and collaborate in the development and implementation of materials for health education.

RADIO and TV

Representatives assured us that there would be no problem in getting air time to broadcast messages and that they would be willing to send one or two of their production personnel to participate in the Message Design Workshop.

MAISON DU PEUPLE

Mr. Rifki was a wealth of information regarding the use of various traditional media to promote health education. The Maison du Peuple would be available, as they have been in the past, to assist in the organization of music and theatre groups which could create songs and drama productions and perform them as needed.

MINISTRY OF EDUCATION

The Ministry was very interested in promoting health education in the public school curriculum. There is an estimated enrollment of 21-22,000 primary school students and another 6,000 secondary students, an audience which could prove to be crucial in establishing sound health concepts and practices for future generations of mothers and fathers. The national policy of supplying notebooks and materials to the students could be advantageous since it would not be difficult to print appropriate health messages on the front and back covers. Discussions with the Ministry were held concerning the possibility of introducing basic health concepts in the appropriate curricula.

SERVICE DU PECHE

Discussions with the Service du Peche dealt with how fish could be promoted to supplement the nutritional needs of the population. It was agreed that the Service du Peche should continue its demonstration methods and consider the possibility of developing materials for the education systems.

OTHER ORGANIZATIONS

Other organizations were considered as possible resources but were not contacted during this consultancy. However these organizations (including the Boy Scouts, sports clubs, and religious and private educational organizations) will be investigated by the CES and UNICEF.

In summary, it appears that UNICEF and CES have good working relationships with many different organizations.

3. LOCAL PRINTING/ PRODUCTION FACILITIES AVAILABLE IN DJIBOUTI

Two local printing presses in Djibouti were visited:

Imprimerie Nationale
Imprimerie de la Mer Rouge

Of the two, the Mer Rouge is the more reliable and capable. It is the most active press in the country, producing materials not only for the private sector but for the government as well. Mer Rouge offers complete printing and graphic services. They are able to produce materials in offset or from line drawings or letterset materials. They maintain a very large and complete stock of materials and papers. They cut, staple and bind materials on site. They state that their in-house working time to produce most offset printed material in one to three colors is approximately 2 weeks but that this varies with their work load. Their well maintained presses are able to produce multi-color materials up to 64"x 46" or 54"x 72". These sizes are more than adequate for the materials that will be produced by the CES in the future.

Discussions were also begun on the possibility of Mer Rouge assisting in the technical training of the CES artist who will prepare visual materials for printing. This would save time in the production of materials and increase the resource of skills within CES.

4. LIST OF MATERIALS NEEDED AT THE CES

Photographic supplies

1. Developing tank w/ 35mm reels	\$25.00
2. Dark changing bag	15.00
3. Developer B&W D-76 5, 1 liter packets	20.00
4. Fix. 5 l- liter packets	20.00
5. Photographic Thermometer	5.00
6. Basic darkroom instruction book	5.00
7. Negative files	5.00
8. Darkroom timer	20.00

Graphic Arts Supplies

9. Black drawing ink	5.00
10. Transparent colors, various	30.00
11. Transparent drawing paper	15.00
12. Rotring Rapidograph drawing pens, set of 6	35.00
13. Rubber cement, 1 pt	5.00

Silkscreen Supplies

14. 40 x7 Nylon cloth 5 yds	25.00
15. Silkscreen hinges, 4	5.00
16. Block out, 1 qt	20.00
17. Rubber squeegee	5.00
18. Silkscreen drawing fluid, 1 pt	10.00
19. Stencil material, plastic	25.00
20. Gil base paints	100.00
21. Staple gun w/ staples	25.00
22. Silkscreen instruction materials	10.00
23. Swivel knife w/ blades	15.00
24. Masking tape	15.00

Estimated total cost in US dollars **\$455.00**

These materials should be purchased by UNICEF in the United States and brought over during the next consultancy of 20 April-20 May 1986.

5. RECOMMENDATIONS AND SUGGESTIONS

Additional technical support on the part of PRITECH

a. A follow-up consultancy should be planned to take place before and during the Message Development Workshop. This consultancy should run from the suggested dates of 20 April- 20 May 1986. In addition to assisting in the development of health messages, the consultant would also help in the selection of media and the development of an intergrated approach to support media. This consultancy would also provide assistance in pretesting materials and provide technical support in various aspects of media development and production.

b. An additional technical consultancy should be planned for the first two weeks of August 1986 to assist in the production of the initial printed and audio materials for the CES.

c. Basic graphic and photographic supplies should be acquired for the CES so that they can begin work on developing visual materials needed for the KAP, the Message Workshop, and pretesting of messages and materials. (See enclosed list.) It is suggested that these supplies be purchased in the US and brought over during the proposed consultancy of 20 April-20 May.

d. Because of the lack of understanding in the clinics as to the proper use of AVs in health education, it will be important that their use be demonstrated. This instruction should take place during the Formation of Health Workers that is already planned. It must be stressed that AVs only support educational activities and if not used properly can actually detract from the goal for which they are designed. Animators should have a period of hands-on practice in manipulating audio-visuals so as to make their use enhance the basic message. The CES will have to be well trained in these methods so as to be able to provide technical assistance to the various clinics.

e. Follow-up support on the part of UNICEF to the CES in the production of material needed for the KAP is now important. The CES now has most of the skills necessary to develop the materials but they will need the support and movitation that UNICEF can provide.

f. It might be useful to develop a logo for the immunization, ORT and nutritional program. This would make it easier for the audiences to identify the programs. This logo could be used in the mass media as well as with the educational materials to be produced.

g. A musical theme song would also be a good idea to be identified with the introduction of health messages on the mass media and other audio materials to be produced.

PROGRAM OF ACTIVITIES

17 Feb 86

Arrival in Djibouti

Meeting with UNICEF, discussions of tasks and objectives of consultancy.

18 Feb 86

Meetings w/ Ministry of Health
Ministry of Education
Maison du Peuple

19 Feb 86

Meetings w/ Radio and TV

Visit to Dispensaire. SMI II

Meeting W/ CES and Service du Peche

20 Feb 86

Meetings w/ CES. Planning for KAP, development of appropriate visuals, questionnaire.

22 Feb 86

Visits to Dispensaire de Farah-hjad, l'Enguilla and SMI II

23 Feb 86

Meetings w/ Imprimerie Nationale
Imprimerie Mer Rouge
CES, Development of questions to be tested in
dispensaries

24 Feb 86

Meetings w/ CES. Field testing of KAP materials and visuals. Discussion and evaluation of field work. Problem solving.

25 Feb 86

Meetings w/ CES. Discussion of different media to be used in health education. Development of discussion methods. Development of story to be used in group discussions.

26 Feb 86

Meetings w/ CES. Role- playing using group dynamics.

Meeting with SMI II. Observation of health education lesson.

27 Feb 86

Meeting w/ CES. Production of audio material. Field testing in residential sections of Djibouti.

1 Mar 86

Meeting w/ CES Planning future KAP work with UNICEF.

Debriefing w/ UNICEF

2 Mar 86

Meeting w/ CES and Service du Peche.

Departure from Djibouti

3 Mar 86

Arrival in US.

4 Mar 86

Report preparation.

ORGANIZATIONS AND PEOPLE CONTACTED AND CONSULTED

UNICEF

Mr. Akaderi, Chief of Mission
Ms. Agma Prins
Ms. Leila Abrar

PRITECH

Dr. Olivier Fontaine

CELLULE d'EDUCATION POUR LA SANTE (CES)

Mr. Hassan Daoud Amed, Responsable
Ms. Saada Idris, Nurse
Ms. Jacqueline Prini-Anis, Member of CES
Mr. Abraham Negatu Akalu, Artist

MINISTRY OF HEALTH

Mr. Adado Kako, Minister of Health

MINISTRY OF EDUCATION

Mr. Ibrahim Ahmed Moussa

MAISON DU PEUPLE

Mr. Rifki

DISPENSAIRE DE FARAH-HAD

Dr. Bae

DISPENSAIRE De PMI II

Dr. Ooms
Dr. Urbanica
Dr. Osmas

WHO

Dr. Tomic, Country Representative

IMPRIMERIE DE LA MER ROUGE

Mr. Md. Kahen

RADIO AND TV

Mr. Mohamed Djama Aden, Director

DESCRIPTION DES TACHES : BENEVOLE TISA

DATES : 17/2 - 20/2

TACHES : AVEC DES REPRESENTANTS DE LA CELLE
DE L'EDUCATION POUR LA SANTE

- ① FAIRE UNE PLANIFICATION PRELIMINAIRE DU PROGRAMME DE DEVELOPPEMENT DES AIDES AUDIO-VISUELLES POUR L'EDUCATION POUR LA SANTE AUX SUJETS DE LA DIARRHEE ENFANTILE, VACCINATIONS ET NUTRITION
- ② ASSISTER A LA PREPARATION PRELIMINAIRE DES AIDES VISUELLES POUR L'ETUDE DES CONNAISSANCES, ATTITUDES ET PRATIQUES DE LA POPULATION DITIBOUTIENNE CONCERNANT LA DIARRHEE, LE P.E.V. ET LA NUTRITION, CONSOMMATION DU POISSON
- ③ DISCUTER AVEC LES RESPONSABLES DES DIVERS SERVICES LEUR COLLABORATION EVENTUELLE DANS LE PROGRAMME DE L'EDUCATION POUR LA SANTE: LES MEDIAS, LE MINISTERE DE L'EDUCATION, U.N.F.D., ORGANISATIONS CULTURELLES
- ④ VERIFIER LES BESOINS EN MATERIELS POUR LA PRODUCTION DES AIDES AUDIO-VISUELLES POUR L'EDUCATION / COMMUNICATION POUR LA SANTE
- ⑤ (VERIFIER LES CAPACITES LOCALES POUR LA PRODUCTION (IMPRIMERIE) LOCALE DES AIDES VISUELLES (P. EX: POSTERS AVEC PHOTO ETC.)

- 3/. Parmi ces facteurs, lesquels peuvent être influencés d'une façon positive par les communications ?
- 4/. Quelles voies de communications seront les plus appropriées à faire passer les messages nécessaires (en tenant compte de l'auditoire et du contenu des divers messages) ?
- 5/. Comment pourrait-on réaliser ici à DJIBOUTI avec les moyens disponibles un programme de communication concernant le Programme Elargi de Vaccination?
- 6/. L'histoire d'AMINA et ISMAIL a-t-elle fourni une contribution positive à votre discussion ? Pourquoi ? Comment ? et Pourquoi non ?

Results of 2nd Meeting MR. TISA
with the Cellule de l'éducation
Pour la Santé 9/2/86

WHAT UNICEF EXPECTS OF C.E.S.

- le travail de l'artiste
- bureau de travail (office space for meeting etc)
- Collaboration du choix, l'analyse et les matériaux de l'éducation pour la santé
- participation à l'essai des matériels aux annexes et aux dispensaires
- participation à la planification et aux dessins pour la campagne d'immunisation et les activités de nutrition
- 2 à 3 personnes pour participer au stage de formation à plein temps ou formation à temps que stagiaire ou formateur
- 2 à 3 personnes pour assister à l'étude (K.A.P)
- participation de l'équipe de l'E.P.S pour les réunions de travail
- ouverture d'esprit, contribution des idées et des critiques constructives
- acceptation et promotion du matériel éducationnels en collaboration avec les mass - média et l'UNFD
- disponibilité pour travailler avec les experts
- contact avec les autres services de santé
- collaboration dans la surveillance, la suivi et l'évaluation des activités
- collaborer à la formation des annexes de l'UNFD etc
- décentralisation des activités de la Cellule de l'Education pour la Santé
- Contribution de matériel de travail

WHAT C.E.S. EXPECTS OF UNICEF

- Assist in the planification (programmation) + defination du Programme
- Material de formation (matériel pour développer les matériaux de l'éducation pour la Santé)
- Sensibilisation au niveau du Ministère de la Santé et autres services
- Coordination avec les autres services
- Formation du personnel de la C.E.S et les techniques :
 - matériels
 - communication
- Apport de matériel
- Transport pour les activités surtout hors de DJIBOUTI
- Assistance financière pour production des livres, posters etc + artist
- Apport en personnel pour l'enquête de la situation (K.A.P + Service Santé) et pour Communications + Diarrhée + Immunizations
- Soutien moral + Politique
- Idées
- Assistance à la suivi, à la surveillance et à l'évaluation

— Les vaccinations sont-elles administrées à un endroit et à une heure convenables ?

— Les mères sont-elles prévenues de la nécessité des visites ultérieures ?

— Les mères, sont-elles averties du lieu, de l'heure et du jour des visites ultérieures ?

— peut-on compter sur les services promis ?

— les mères sont-elles averties des réactions vaccinales possibles ?

— est-ce que pour les mères les vaccins administrés font être effacés pour leur enfant ?

— Pourquoi les mères ne reviennent pas au 2^e et 3^e dose ?

— Pourquoi les femmes enceintes n'acceptent pas le V.A.P. ? ou peu important ?

— est-ce que les mères se déplacent hors de leur lieu de résidence habituelle au cours de l'année ? quand, pendant combien de mois, où ?

— est-ce que les mères écoutent la radio ? Si oui qu'est-ce qu'elles aiment écouter comme émission ? à quelle heure ?

- par quels moyens les mères veulent être informées
(voisines, chef de quartier, A.T., école, UNFD, religieux,
radio, journal, imprimé, brochure...)

- quels sont les mots ou expressions traditionnels
utilisés pour désigner "la vaccination", "la diarrhée",
"le malnutrition", "la déshydratation"...

- combien d'enfants de la famille vont à
l'école? et dans quelle école? (coranique,
"école publique" --
"école privée" --)

- les mères ont-elles entendu parler ou
assisté-elles à une alphabétisation? (UNFD,
cours privés le soir...)

- quels récipients (mesures) peut-on trouver
facilement à la maison pour diluer les sels
de réhydratation?

- qu'est-ce que la mère donne à l'enfant lors
qu'il a la diarrhée? à boire?
à manger?

- quand l'enfant a la diarrhée, fait-il lui
donner à boire ou en non? pourquoi?
autres pratiques traditionnelles?

RESUME DU PROGRAMME UNICEF DE CONTROL DES MALADIES
DIARRHEIQUES, D'ACCELERATION DES IMMUNISATIONS ET
DE LA NUTRITION

I. RECHERCHE DE BASE

- 1) Connaissances, attitudes, pratiques dans les ménages (et par les mères) en ce qui concerne :
 - la diarrhée infantile
 - la nutrition / consommation du poisson
 - Les immunisations

Par a) Composante nutrition de l'Etude Budget/Consommation à réaliser par la DINAS (surtout lors du premier passage de cette étude du 1er Mars à la fin du mois de Mai 1986)

b) Etude "K.A.P" à réaliser en collaboration avec PRITECH du 05 Avril 1986 au 15 Avril 1986

- 2) Etude sur les pratiques actuelles dans les centres de santé en ce qui concerne le traitement de la diarrhée infantile (en collaboration avec PRITECH) du 17 Février 1986 au 28 Février 1986.

II. DEVELOPPEMENT DES MATERIELS DE L'EDUCATION POUR LA SANTE

- 1) Préparation des aides visuelles de différents types (photos, images, figurines, etc) pour utiliser lors de l'étude K.A.P afin de pouvoir pré-tester des différents genres de matériels éducatifs (Février, Mars 1986)
- 2) A partir de recherches de base et lors d'un séminaire intensif regroupant des représentants de la Cellule de l'Education pour la Santé (CES), de l'URFD, de la RUD et de la NATION, etc DEFINITION DES MESSAGES (sur la Diarrhée/TRO, les immunisations, la nutrition/ Consommation de poisson)

Ceci sera combiner avec une "formation de Créativité" (vers le 26 Mars au 8 Mai 1986) pour stimuler les participants à chercher des approches appropriée et innovatives au développement des matériels de communication et d'éducation pour la santé.

.../...

- 3) Développement préliminaire des matériels de communication/Education par les participants à la "formation de la créativité" (environ 12 personnes en total) du 10 Mai 1986 à mi-Juin 1986)
- 4) Séminaire pour * choisir les matériels à tester
* raffiner les matériels
* former les gens responsables de les tester
(fin Juin)
- 5) Essais des matériels (dans 3 -4 annexes UNFD, 3 - 4 Dispensaires, 3 - 4 écoles primaires). Les essais devraient se faire en tant que leçons sanitaires réelles lors de lesquelles on observe les réactions des participants et note les changements à faire.
(Juillet - Octobre 1986)
- 6) Réunion de synthèse, révision finale des matériels choisis (début Novembre 1986).
- 7) Production finale des matériels (Novembre 1986 - Février 1987)
- 8) Formation des formateurs pour ceux qui seront responsables de la formation des éducateurs pour la santé (Avril 1987).
- 9) Formations des éducateurs y compris
 - a) le personnel approprié des PMI
 - b) les responsables des annexes de l'UNFD
 - c) certain instituteurs des écoles (Mai 1987)
- 10) Mise en opération du programme de l'éducation pour la santé : à partir de Juin 1987 :-PMI
 - UNFD
 - ECOLES

NOTA BENE : Les matériels de communication/information pour les activités intensifiées d'immunisation prévues pour 1986 seront développer au début de cette année d'une façon ponctuelle.

III. PROGRAMME DE LUTTE CONTRE LA DIARRHEE

A. Phase formation technique du personnel :

1. Etude de base (17 Février - 28 Février 1986)
2. Etablissement d'un Centre de Démonstration de la TRO (Juin 1986)
3. Atelier pour les médecins (Septembre 1986)
4. Formation technique des personnels paramédicaux (Décembre 1986)
5. Séminaire national (Mars 1987)
6. Formation spéciale du personnel de l'éducation pour la santé (Septembre 1987)
(durant cette période de préparation, le système de distribution des sels et le système de collecte des données statistiques seront renforcés).
7. Campagne intensif de lutte contre les maladies diarrhéiques : à partir de Septembre 1987.

B. Phase de Développement des matériels de Communication/Education pour la Santé (déjà décrit).

IV. ACTIVITES DE NUTRITION

1. Développement des matériels de l'éducation
2. Equipement et formation d'une équipe mobile de démonstration (nutrition/poisson) - Janvier 1987.
3. Formation des vendeurs de poisson - Février 1987
4. Début d'activités à BALBALA (Mars 1987)
5. Expansion des activités de démonstration dans les dispensaires de DJIBOUTI-Ville - Septembre 1987)
6. Expansion à l'intérieur du pays (1988)

V. PROGRAMME D'IMMUNISATION

1. Campagne intensif en zone urbaine (et rurale) - 1986
2. Activité de suivi 1987 : - Education pour la Santé
- Equipes mobiles

VI. ACTIVITES DE SOINS PRE ET PERI-NATAUX

1. Développement des matériels de l'Education 1987

RESULTATS VISES DANS LA COLLABORATION ENTRE
LA CELLULE DE L'EDUCATION POUR LA SANTE ET
L'UNICEF EN 1986

- * Terminer l'étude et la définition du programme (claire et réaliste)
- * Entamer les connaissances de base (K.A.P et pratiques dans les dispensaires)
- * Démarrer la formation interne dont le développement des matériels
 - Perspectives de tout le pays
 - Intégration officielle de l'Education pour la Santé dans le Ministère de la Santé Publique (inclusion dans tous les programmes de l'Education pour la Santé)
- * Tout le programme de l'éducation pour la santé dans tous les domaines doivent être connus dans tout le pays (créer la demande pour l'éducation pour la santé)
- * Matériel de l'Education pour la Santé doivent atteindre les dispensaires et les écoles, l' UNFD surtout les :
 - matériels de campagne d'immunisation
 - matériels existant
- * Formation d'un Comité National pour la Santé
- * Matériels de l'Education pour la Santé, tester et produits pour média, PMI, Ecoles etc sur la diarrhée, la nutrition, l'immunisation (mais pas encore distribués)
- * Entamer la collaboration avec le corps médical et les autres services
- * Attribution claire des tâches et des responsabilités. Equipe de travail fonctionnant avec CES, UNFD, RMD/NATION
- * Etablissement d'une bibliothèque de matériels de référence SSP et Education pour la Santé.
- * Résultats de la deuxième séance de travail entre la CES et l'UNICEF, le 9 FÉVRIER

- résultats de la 2^{ème} réunion
de travail entre la CES et l'UNICEF

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