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REPORT OF A TECHNICAL ASSISTANCE MISSION TO THE  
DIRECTORATE OF HEALTH EDUCATION, HAITI

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## Executive Summary

The principal goals of the technical assistance mission to Haiti were to review past and planned communication activities for health/family planning with officials from the newly created Directorate of Health Education (DES) in the Department of Health and Population (DSPP) and to identify ways of strengthening the education program.

Until recently, communication support for the maternal-child health/family planning (MCH/FP) program was provided by the education unit of the Division of Family Hygiene. Its staff formed the nucleus for the new DES and is now responsible for all education activities in the DSPP. The new structure gives increased importance to health education, should help to consolidate educational expertise and financial resources from the many technical divisions, and should permit a more highly focused and coordinated health education effort. At the same time, the larger number of health topics that must be addressed means that each one--including family planning--will receive less attention than under the previous separate, more narrowly-focused communication programs.

IEC activities in support of the MCH/FP program have been funded by USAID's Family Outreach Project since 1981; \$100,000 has been budgeted for communication activities for the 1981-85 period. The education program has concentrated on radio with a daily program, "Radio Docteur," broadcast over 14 stations. There has not been a well-organized program of clinic-level education nor a focused program of community education. In the past few years few print materials have been produced, with the exception of posters and leaflets produced this year for a new oral rehydration program.

DES's communication strategy is to decentralize activities. Overall objectives and priority topics to be addressed are to be decided at the central level while each region/district is expected to develop its own education plan for mass media and interpersonal communication activities. Ten priority topics have been identified for treatment in the education program; family planning is one of them. The plan is to place increasing emphasis on face-to-face communication. To this end, a new cadre of health personnel has been created to organize education activities in the clinics and communities and to produce local radio programs.

The following basic needs were identified to strengthen the IEC program:

1. Train newly-appointed education personnel.

For the first time in its history, the DSPP will have health educators at the district level. These individuals are mostly nurses with no training in education. DES would like to train them in radio production, basic principles of communication management, and supervision of the local health education program in order to give them the skills to orient health and extension personnel to carry out educational activities. The development of good, local radio production capacity is considered key, because despite efforts to improve interpersonal communication, radio can be expected to remain the only channel of communication reaching most people.

2. Develop message guidelines.

DES does not presently have a section/individual to review audience and market research, conduct focus group sessions, and study the socio-cultural context in which each of the priority message topics is to be developed. At present, radio, television and print materials are developed without adequate background research and analysis. It is recommended that technical assistance be provided to develop specific message guidelines for family planning and other priority health topics. Establishment of a research unit within DES, while remaining a long-range goal, does not appear feasible at present.

3. Provide IEC support to the community-based contraceptive distribution programs.

The community-based programs presently provide over 60 percent of new female acceptors and 100 percent of male acceptors. Attention, therefore, should be focused on providing specialized IEC support to this component of the family planning program. Such support might include point of distribution publicity, distribution of simple print materials at contraceptive supply points, and development of specialized print materials for members of the Armed Forces, volunteer youth groups, and other specialized groups now being reached in large numbers.

4. Conduct an evaluation of "Radio Docteur."

Radio Docteur has been on the air for 16 years and has never been thoroughly evaluated. Although the program is popular, it would be useful to determine if it reaches the prime target group and if there are ways the program might improve its educational impact. It is proposed that such an evaluation be carried out as part of the KAP-like studies being conducted in conjunction with the family planning operations research projects.

5. Provide technical assistance to develop family planning print materials.

Family planning posters, patient education and other materials would benefit from the kind of technical assistance and private-sector involvement being made available to the UNICEF-funded oral rehydration campaign.

6. Develop a two-tiered IEC strategy which would allow both a systematic treatment of each of the ten priority message areas and a more intensive campaign treatment of two priority areas each year.

To compensate for the larger number of topics that must be treated by DSPP's unified education program, it is suggested that two message areas be selected for special attention each year. This might include intensive poster distribution, use of radio and T.V. spots, and greater press coverage. Precedent for this already exists. This year ORT has been the focus of an intensive educational effort.

## Abbreviations

AFH.....	Action Familiale d'Haiti
APHA.....	American Public Health Association
CHREPROF...	Haitian Research Center for the Promotion of Women
CRESHS.....	Center for Research and Evaluation in the Social Sciences
DARDN.....	Ministry of Agriculture, Natural Resources and Rural Development
DES.....	Directorate of Health Education
DHF.....	Division of Family Hygiene
DN.....	Division of Nutrition
DSPP.....	Department of Public Health and Population
FP.....	Family planning
IEC.....	Information, education and communication
IPPF/WHR...	International Planned Parenthood Federation/Western Hemisphere Region
IUD.....	Intrauterine device
JHU.....	Johns Hopkins University
MCH.....	Maternal and child health
ONAAC.....	National Office of Literacy and Community Action
OR.....	Operations research
ORT.....	Oral rehydration therapy
PIACT.....	Program for the Introduction and Adaptation of Contraceptive Technology
SNEM.....	National Society for the Eradication of Malaria
UNFPA.....	United Nations Fund for Population Activities
UNICEF.....	United Nations Children's Fund
USAID.....	United States Agency for International Development

REPORT OF A TECHNICAL ASSISTANCE MISSION TO THE  
DIRECTORATE OF HEALTH EDUCATION, HAITI

Introduction

Technical assistance was provided to the Directorate of Health Education (DES)<sup>1</sup> of the Department of Public Health and Population (DSPP)<sup>2</sup> during the period August 29-September 9, 1983. The goals of this assistance were to:

- Discuss future education strategies and plans with officials of the newly formed DES.
- Identify needs for technical and financial assistance and recommend how best to provide it.
- Assess the role of family planning in the newly integrated health education effort.
- Identify areas for further investigation by the team scheduled to evaluate the AID Family Planning Outreach Project in October 1983.

Discussions were also held with l'Action Familiale d'Haiti, a non-sectarian organization promoting the sympto-thermal method of fertility control, regarding their request to Johns Hopkins University for funds to print three educational booklets.

The first part of this report presents general background information about Haiti and the national family planning program (pp 1-10). The second section provides information about the new Directorate of Health Education and current IEC activities (pp 11-25). The third section discusses basic needs for strengthening the communication program and outlines a plan for Johns Hopkins University assistance to the family planning education aspect of the Haiti program (pp 25-32).

I. BACKGROUND

A. Economic and Demographic Factors

Haiti, with a per capita income of \$297 in 1981, is the poorest country in the Western Hemisphere and one of the 30 poorest in

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<sup>1</sup>Direction d'Education Sanitaire

<sup>2</sup>Département de Santé Publique et de la Population

the world. A population density approaching 700 persons per square kilometer of arable land creates serious pressures on the land. Haiti remains a rural country with about 80 percent of the population dependent upon agriculture for their income. Overexploitation of land and growing population pressure have resulted in deforestation, and severe erosion and depletion of the soil.

The last census, conducted in 1971, showed a population of 4.3 million, representing a yearly rate of growth of 1.6 percent since the 1950 census. In 1983 the population was an estimated 5.7 million. This relatively low rate of growth reflects considerable outmigration. An estimated 14 percent of all Haitians live abroad, mostly in the United States and the Dominican Republic.<sup>3</sup> Official estimates by the Haitian Institute of Statistics show a birthrate of 37 and a death rate of 14 during the 1975-1980 period, representing a 2.3 percent rate of natural increase. The United Nations, however, has estimated that the birthrate was 42 to 43 during this period (1970-80) and the death rate slightly higher, giving a rate of natural increase of 2.8 percent per year. World Fertility Survey data showed a total fertility rate of 5.5 in 1977.

The infant mortality rate in 1971-75 was 124 per thousand for the entire country, according to the World Fertility Survey. Other estimates range up to 150 and for Port-au-Prince up to 200 per 1,000--among the highest in the Americas. Maternal mortality, estimated at 32 per 10,000 by the Division of Hygiene (1978), is also one of the highest in the region. The National Nutrition Survey (1978) found 60 percent of Haitian children under five suffering from some degree of malnutrition, and an estimated 40 percent with second to third degree protein-calorie malnutrition.

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<sup>3</sup>Allman, James. "Haitian Migration: 30 Years Assessed." Migration Today, Vol. X, No. 1. 1982.

**B. Contraceptive Practice**

Demand for contraceptive services in Haiti is strong and suggests a favorable context for the national family planning program. The Haiti fertility survey conducted in 1977, only four years after the national program began providing services in urban areas, found high rates of awareness about modern contraceptive methods (82 percent of women know of at least one modern method).

Over 40 percent of women ever in union and of childbearing age said they wanted no more children. Another striking result from the survey is that 25 percent of these women are current users of fertility regulation methods. The majority use traditional methods such as withdrawal and abstinence; only 7 percent were using an effective method at the time of the survey. Approximately 37 percent of women ever in union had used a method of contraception at one time or another.

More current information will be provided by the Contraceptive Prevalence Study conducted in 1982 by Westinghouse Health Systems. Preliminary results are expected by December of this year.

Available statistics from the Family Hygiene Division (DHF)<sup>4</sup> indicate that condoms and pills are the most widely used methods. Only a few private hospitals have high usage rates for IUDs. The Schweitzer Hospital, for example, inserts about 75 percent of IUDs in the country.

**C. Communication Factors**

Reaching the population through the mass media or through personal contact at the community level is difficult.

- ° Radio ownership is estimated by the Haitian Ministry of Information and Public Affairs to extend to only about 10 percent of households, although many more families are believed to listen to the radio on shared sets. For example, winners of the Borlette (lottery) throughout the

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<sup>4</sup>Division d'Hygiène Familiale

country generally know the results immediately, and local radio stations are used extensively by the rural population to get personal messages about arrival of relatives, and information about where to pick up packages or recover a lost animal. Firm data do not exist, however, to document the extent of listenership.

- Illiteracy is widespread. According to the 1971 Census, only 17 percent of the population over 15 years of age is literate. This figure showed little change since the last census.
- Only 25 percent of primary school age children are enrolled in school; in rural areas the figure is 15 percent.
- The official language is French, yet only about 15 percent of the population speak it. Most of the population speaks Creole. The medium of instruction in the schools remains French, and many government publications are printed in French.
- The generally mountainous topography of Haiti and the poorly developed road system make many villages accessible only by horse and donkey--the most common mode of transportation in rural areas.
- Extension and other educational programs dependent upon establishing contact at the community level are consequently difficult to implement because field personnel are limited and few vehicles are at their disposal.

#### D. Family Planning Policy

The government of Haiti has no official population policy, although successive development plans have referred to the relationship between the country's population growth and the availability of cultivable land. Family planning services were incorporated in the government MCH program in 1971. Annual targets are set for new users of contraceptives.

On April 7, 1979, President-for-Life Jean Claude Duvalier made a statement on family planning calling attention to "the benefits of birth control and the value of the concept of the small family in

the context of balanced socio-economic growth." His statement is considered by DSPP and DHF officials as constituting overall Presidential approval and support of these programs.<sup>5</sup>

Despite this greater recognition of the importance of FP at the highest levels of government, many professionals working in the health field have expressed concern that this positive attitude has not been effectively conveyed to DSPP clinic and field-level personnel and that family planning services are not accorded the same priority as other health services. Health workers, nurses, and auxiliaries, as well as doctors, are still not convinced that family planning is necessary or that appropriate FP counseling and service provision are a basic part of their jobs. There is a manque de fois. This lack of commitment has not been helped by the fact that health workers initially received extra compensation for delivering FP services, and then sometime around 1980 the practice was discontinued.

E. Family Planning Services

In 1971 the government of Haiti began incorporating family planning as part of MCH services. The DHF was established within the DSPP and given responsibility for coordinating and supervising all maternal and child health and family planning services in the country. The DHF has been funded almost wholly by USAID and UNFPA, with USAID taking the lead role since 1980. (Foreign assistance accounts for an estimated 80 percent of the DSPP's budget.)

The DHF has no facilities of its own and depends upon the existing health delivery system and personnel to provide family planning services. This infrastructure is weak and limited in its ability to provide effective and accessible health care in rural areas. Another factor inhibiting provision of family planning services is that an estimated 60 percent of health care contacts are made in private health facilities (largely supported

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<sup>5</sup>USAID Project Paper. Family Planning Outreach. 1981.

by foreign religious and social service groups) whose operations are not directly regulated by the DSPP.

Steady progress has, nevertheless, been made in extending FP services throughout the country. A pilot project was carried out in two public maternity hospitals in Port-au-Prince during the period 1972-74. Services were extended to smaller urban areas outside the capital in 1974-75. Beginning in 1976, services were expanded to rural areas utilizing community outreach agents and mobile clinics as well as fixed facilities. The latest data from the DSPP indicate that FP services were available in 58 percent of the country's health facilities (there were a total of 327 health establishments) in 1982.<sup>6</sup>

Official data estimate that 13.4 percent of women at risk of pregnancy are using a modern method of contraception (mostly pills). In 1982, 47,700 new female acceptors were registered; 65,000 men participated in the program.

The DHF initially operated almost exclusively from fixed health facilities. Starting in the late 1970s the DHF realized the limitations of this approach and adopted a strategy of outreach and community distribution. The DSPP has begun integrating MCH and family planning into its expanding rural primary health care program. Numerous programs have been developed to explore non-clinical approaches to contraceptive delivery, including condom vending machines, a commercial marketing program, and a household distribution program. Extensive use has been made of community organizations and private-sector enterprises to provide services. Distribution networks have been established using community councils, coffee plantations, women's organizations, factories, cock-fighting arenas, and other local groups. Use is also made of extension and service networks of other government organizations. A successful program is being run through army dispensaries, malaria workers are being trained as promoters/suppliers, and

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<sup>6</sup>Département de Santé Publique et de la Population. Rapport Annuel: Année 1982, Protection Materno-Infantile, Planification Familiale. Section d'Evaluation et de Recherches. Juillet 1983.

numerous other channels are in the experimental stage.

The more important programs include:

-- Commercial Distribution Program

A commercial distribution program was launched in Port-au-Prince in 1980 with assistance from IPPF/WHR. Three products are provided: Noriday oral contraceptives, Neo-sampoon vaginal tablets, and Tahiti condoms. The USAID Mission is interested in expanding commercial activities, but there have been many delays in getting such a program started.

Discussions regarding the appropriateness of selling contraceptives in Haiti and the possible effect on the free clinic-distribution program continue. In 1981, the DHF and CRESHS (Centre de Recherche en Sciences Humaine et Sociale), with technical assistance from Porter, Novelli and Associates (through the International Contraceptive Social Marketing Project of the Futures Group), carried out a series of marketing and social science surveys. A further feasibility study has recently been completed by Manoff International. To date there has been no mass media support and only the most minimum and sporadic point of sales publicity for the contraceptive sales program. The DHF has been opposed to the use of social marketing techniques for product promotion.

A poster depicting a strip of condoms with a cock (cockfights are popular in Haiti) with the word "Kapote" was used in 1980. A poster was also used in the promotion of Neo-sampoon but was generally considered "a disaster." The poster depicted a woman doing the dishes with a small child standing beside her and an open roll of Life-Saver-like tablets with the words "La Tablette" printed on the bottom. The graphics failed to convey any sense that it was a contraceptive being promoted. There was also fear that the food/candy-like nature of the poster would encourage children to eat the tablet.

-- Primary Health Care

Since 1981 USAID and other donors have been supporting development of a primary health care system which includes FP and MCH services. To date some 500 community health workers have been trained and a network of 1,500 agents is scheduled to be in place by 1985. This cadre adds a new tier of health care personnel who will operate at the village level and serve as a link between the community and the rural dispensaries.

Although health agents are not now reported to have contraceptives or adequate supplies of other basic drugs, the plan is to provide them.

- Condom Vending Machines

With the help of the International Planned Parenthood Federation, the DHF initiated contraceptive retail sales programs using condom machines in 1978. Results, however, were disappointing largely because of maintenance problems and lack of point-of-sale publicity. The program is being phased out.

- Armed Forces of Haiti

The Armed Forces provides family planning counseling and services in the 90 dispensaries it operates throughout the country. Services are provided to military and paramilitary personnel as well as to their wives. FP orientation courses are provided to military staff and officers during their training. This has been a most successful program, with rates of persons served being far greater than in DSPP facilities. Estimates are that the military distributes about two-thirds of the condoms used in the country.

- Community Action Council Program

The community action councils, formed by the National Office for Literacy and Community Action (ONAAC), have selected community volunteers to be trained to serve as MCH/FP motivators and distributors of contraceptives. In 1980, 194 councils were participating in the program. Plans are to directly involve 1,000, or one-fourth of the total number of councils by 1985.

-- Outreach Through Rural Organizations

The DHF's Community Development Section has set up service distribution programs with coffee cooperatives, women's groups (CHREPROF), cockfight arenas (gaguerres), intensive agriculture development districts, and others.

-- Household Distribution Program

A community-based distribution program was set up in three areas with assistance from Columbia University. During the period 1978-82, various distribution schemes were studied and found to raise contraceptive use from about 3 to 33 percent. An operations research project is now underway to explore the parameters under which community-based services can be expanded.

One of the activities planned as part of the FP/Nutrition Surveillance Rally Point operations research study to be conducted by Columbia University is the review and modification of existing training and educational support materials used by health agents and volunteers (for family planning education and contraceptive distribution). This should help to strengthen the quality of print materials used to promote family planning.

Other IEC topics might be investigated through the operations research project.

-- Natural Family Planning Program

L'Action Familiale d'Haiti, a non-sectarian Haitian organization has received UNFPA and USAID funding to promote the "sympto-thermal" method by training cadres of couples to motivate and educate others in their community (see p. 32).

-- Voluntary Sterilization

Based on a steadily growing demand for services, USAID has provided support to expand to 30 the number of health establishments equipped and staffed to handle minilap and vasectomy procedures. By 1984 training in vasectomy techniques will be routinely provided to surgeons as part of their basic training in fertility management.

There is presently no communication support or other publicity

for this FP service. Demand, however, is strong. Over 1,000 sterilizations were reported for the first six months of 1983.

-- Urban Outreach

A cadre of 120 community agents have been trained to educate people in smaller cities and towns about MCH/FP services.

-- Factory Distribution

Since 1978 a dozen factories have established contraceptive distribution programs for interested employees.

-- CARE Nutrition/MCH/FP Program

CARE, a U.S. voluntary organization, has established 96 centers attached to government schools to provide a dry distribution delivery system for food supplements for 0- to 5-year-olds and a "head start" type program. Teachers who run the program receive two weeks of training to enable them to provide basic nutrition/MCH/FP education. Plans have been developed to extend the CINEC program (Community Institute Nutrition and Education Centers) by adding 25 centers over each of the next five years. Distribution of contraceptives through the centers is also under consideration.

According to current service data, the community-based programs are now providing the bulk of contraceptive supplies in Haiti and have been doing so for the last five years. In the second half of 1982 only 43.1 percent of new female acceptors were recruited by health institutions. The majority of new condom and foam acceptors and almost half of the women who began use of oral contraceptives were supplied through the community-based programs (Army, youth volunteers and community groups). No new male condom users were recruited or resupplied by the DSPP health institutions. The community program similarly plays an important role in the resupply of contraceptive users; over 50 percent of these women are resupplied outside the health facility infrastructure.<sup>7</sup>

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<sup>7</sup>Allman, James. Operations Research to Support Family Planning and Primary Health Care in Haiti. Port-au-Prince. May 1983. (Draft)

## II. EDUCATION AND COMMUNICATION

### A. New Infrastructure

In recent months the Department of Public Health and Population (DSPP) has undergone extensive reorganization. As part of this reorganization, a Health Education Directorate (DES) was established in February 1983 to take the place of separate health education units that had existed in each of the technical bureaus. Previously, the Division of Family Hygiene (DHF), the Division of Nutrition (DN), the malaria eradication service (SNEM) as well as the Tuberculosis and Public Hygiene divisions had their own education staff and operated quite independently. As a result there was substantial duplication of effort, especially between the DHF and the DN, both of which focused on many of the same MCH issues (nutrition of the child and mother, breastfeeding, diarrhea, etc.), and reached essentially the same target groups -- children ages 0-5 and women of childbearing age. Health Education has now been raised to a technical division with the same organizational status as the DHF and the DN. This new structure gives increased importance to health education and should help to consolidate education expertise scattered in the DSPP, consolidate financial resources, and permit a more highly focused and coordinated health education effort.

### B. Functions of DES

The Health Education Directorate (DES) is responsible for developing and implementing the overall health education strategy of the DSPP; establishing norms, training clinic and field personnel to plan and carry out education activities; coordinating health education activities in the public and private sectors; promoting health education in the schools; and developing strategies for eliciting community participation in health education.

DES will be responsible for all health education--including MCH/FP, nutrition and other topics designated as high priority by the DSPP. The other technical divisions will work closely with DES in establishing message areas for treatment through the mass media, and in making budget allocations for the educational activities.

### C. Organization and Staff

The staff of the Health Education Directorate consists of the health education personnel formerly responsible for the MCH/FP education program of the DHF. The new director, Dr. Laurent Eustache, was previously chief of DHF's education section. Educational staff from the DN and the other technical divisions of the DSPP have not been reassigned to DES, and it is as yet uncertain whether or not they will be. Because of extensive shifts in personnel in recent months--including promotion to purely administrative positions and transfer to the regional level--it is unclear which education personnel remain potentially available.

#### 1. Central Level

At the central level, DES has been organized into five sections, each staffed with one person:

- Directorate, responsible for overall strategy, planning and program activities, and for helping the regions and districts prepare health education programs.
- Radio and Television Section, responsible for the production of radio and television programs at the national level, and training and support of persons responsible for regional radio programming. Under the new program of regionalization, 10 districts will produce radio programs.
- Public Relations Section, responsible for press releases and articles.
- Educational Materials Section, responsible for conception, production, and distribution of all print and audio-visual material.
- Coordination Section, responsible for maintaining contact with the technical divisions of the DSPP and obtaining their technical and financial support.

A Community Extension Section may also be added to take charge of developing and testing new strategies to reach rural communities with important health information and educational materials. There is, however, no section or individual responsible for research, develop-

ment of specific messages for each of the priority topics, monitoring and pretesting of mass media programs and educational materials.

## 2. Peripheral Level

A health education structure is being created at the peripheral level by the new DES. Previously none existed. Each of the 4 regions, 12 districts, and 6 sub-districts (Port-au-Prince is divided into sub-districts) in the country has recruited a nurse (infirmière-hygiéniste) or named an existing staff member to take on responsibility for health education activities in its jurisdiction. This health educator is charged with organizing and coordinating all education and specifically to work with the following persons in a team effort:

- sanitary officer
- malaria educator
- nutrition auxiliary
- supervisor of community and health agents

The educator is also expected to work closely with personnel from other sectors who are active in the district, e.g. agricultural extension workers, literacy workers, clergy, school teachers, etc.

## D. Budget.

The Director of DES estimates that the yearly budget for the 1983/84 fiscal year will amount to \$327,000. These funds have been allocated to other technical divisions for specified educational activities and will be made available to DES so that it can execute the agreed-upon work. USAID's Family Outreach Project, for example, has budgeted approximately \$25,000 per year (1981-85) for IEC activities to support the MCH/FP program of the DHF (see Tables 1 and 2). These funds will now be programmed through DES.

Table 1

Budget - Direction d'Education Sanitaire  
1983-1984

Personnel	--
Matériel de bureau (classeurs, bureaux, etc.)	U.S. \$ 11,468
Fonctionnement (electricité, etc.)	14,600
Equipement (niveau central)	48,275
Equipement (niveau périphérique)	25,546
Préparation de normes	11,750
Informations scientifiques	16,000
Dépliants	35,750
Livrets	40,000
Affiches	45,000
Radio	28,000
Diapositives	7,600
Cinéma	3,200
Puériculture	10,500
Journaux	3,000
Entraînement	(18,828)*
Orientation personnel périphérique	( 4,200)*
Encadrement	<u>11,760</u>
Total	\$ 335,477

\*Funds have not been allocated for these activities.

Table 2

SOURCES DE FINANCEMENT IDENTIFIABLES  
PAR ACTIVITES ET RUBRIQUES

RUBRIQUES ET ACTIVITE	Référence	PREVISION Budgétaire
Education Sanitaire	Budget DSPP 1982/1983	\$ 140.000.00
Education Sanitaire	Budget SNFM 1982- 1983	\$ 22.000.00
Matériel Éducatif	Budget Div. de Nut. 1982- 83	\$ 20.000.00
Mat. Educatif ( Agents de Santé	Projet de Santé Rural Budget 1982- 1983	\$ 15.000.00
Brochure Santé Pour tous	Projet Santé Rurale Budg. 82-83	\$ 10.000.00
Matériel Educatif Ecoles Auxili-	" " " " 82- 83	\$ 15.000.00
Fourniture Direction Educ Sanit-	" " " " 82- 83	\$ 10.000.00
Matériel Educatif (CAGAPCO)	" " " " 82- 83	\$ 4.000.00
Equipement Direct. Ed. Sanitaire	" " " " 82- 83	\$ 11.000.00
Matériel Educ. Region Sud	Budget Div. de Nut. 82- 83	\$ 6.000.00
Fourniture de Bureau SES	Budget Div. de Nut. 82- 83	\$ 3.000.00
TEC Contract	Budget DHF (AID) 82- 83	\$ 24.000.00
MASS Media	" " " 82- 83	\$ 10.350.00
Presse et Publicité	" " 82- 83. ( UNFPA)	\$ 9.000.00
Radio TV	" " "	\$ 18.000.00
Matériel Educatif	" " "	5.000,00
TOTAL		\$ 322.000.00

Source: Laurent Eustache. De l'Organisation de l'Education Pour la Santé en Haiti. 20-12-8

#### E. Communication Strategy

The IEC strategy adopted by the DES has the following salient features:

1. Decentralized. In keeping with the DSPP's gradual plan to decentralize administration and control over health services, district and regional level health education teams are now being formed and local health education plans are being developed. While overall strategy and priority topics to be addressed will be decided at the central level, each region and district is expected to examine needs and resources within its jurisdiction and develop an appropriate plan. Radio will now be programmed regionally as will clinic and community-level educational activities (centrally prepared broadcasts will continue over Radio Lumière and Radio Nationale).

Creation of a health education position at the regional and district level will significantly strengthen the potential to carry out IEC activities in health facilities and in the communities--activities which to date have been carried out on an ad hoc basis.

Decentralization of radio production is also expected to strengthen health education efforts. Giving the new health education personnel responsibility for radio programming will provide an excellent opportunity to train them in communication strategies and to provide them with an understanding of health and family planning issues and an appreciation of community and individual resistances to proposed behavioral change, and of the difficulties of obtaining services and contraceptives. Regionalization of radio production can also be expected to upgrade the overall radio programming capability of the local radio stations. Lastly, utilization of local radio personalities can be expected to help develop a faithful listenership and introduce feedback and discussions from communities in the area. Local-level radio then can be a vehicle for getting the education person out into the community and for helping him/her to deal with

the health realities there. It is felt that whatever loss of programming quality occurs in the first months will be more than compensated for by these other positive factors.

2. Sizeable Number of Health Issues to Address. The second noteworthy feature about the education plan is that priority health topics have been developed. This is a major advance. Nevertheless the new DES must deal not only with priority MCH/FP topics but also cover the other priority health subjects. There are 10 major clusters of priorities outlined in the plan: (1) control of diarrhea through promotion of latrines and (2) education about potable water; (3) oral rehydration; (4) vaccinations; (5) tuberculosis control; (6) nutritional deficiencies; (7) malaria; (8) maternal morbidity and mortality; (9) child morbidity and mortality; and (10) family planning. This priority list considerably broadens the focus of the education staff and the number of complex topics they must deal with. Each of these priority areas includes a whole series of individual messages that need to be communicated. Narrowing these down to a few salient messages will be a difficult task.

Specific guidelines and message areas have been prepared for diarrhea/oral rehydration therapy (ORT) and will be developed for each of the other priority topics. Each region/district will, therefore, be responsible for taking the designated themes and adapting them to local conditions so that messages are more relevant and are presented in a culturally-specific fashion.

This strategy will require strong guidance and supervision from the central staff to assure that all themes--including family planning--continue to receive adequate attention. Strong guidance will also be needed to see that specific messages for dissemination by radio are developed with the same care as the broader priority topics. New strategies will also be required to assure that each topic can, in turn, receive some sort of special attention.

3. Increased Emphasis on Interpersonal Communication. DES plans to focus more attention on development of direct, face-to-face communication. Until now there has been no health education plan for district-level health personnel to implement nor personnel at the regional/district level specifically responsible for education. The new plan and staffing are expected to change this. Mass media, it is felt, should play a supporting but secondary role. Efforts will be intensified in: 1) clinic-level educational activities; 2) community-level contact; and 3) collaboration with field-level personnel from other sectors, e.g. literacy workers (ONAAC), agricultural extension workers (DARDN), as well as other divisions of the DSPP, e.g. malaria volunteers (SNEM).

F. Review of IEC Activities

Until the DSPP was reorganized in February 1983, and a new Health Education Directorate (DES) created, family planning education was carried out by the Division of Family Hygiene (DHF). The DHF conducted a broad-based MCH/FP education program with 20 priority message areas covering child health, prenatal care, childbirth, postpartum care and family planning. The IEC program, which DES is continuing, has concentrated on the use of radio; there has not been a well-organized program of clinic-level health education nor a focused program of community education through local organizations and extension personnel.

The IEC program of the DHF has been funded largely by USAID's Family Outreach Project since 1981; \$100,000 has been budgeted for IEC activities for the 1981-85 period plus \$50,000 for publicity for the contraceptive retail sales program (none has been spent to date). The IEC budget for the fiscal year 1981-82 was approximately \$60,000 (\$35,000 from USAID and \$25,000 from UNFPA). IEC activities can be summarized as follows:

1. Radio. The DHF began producing "Radio Docteur" in 1966.

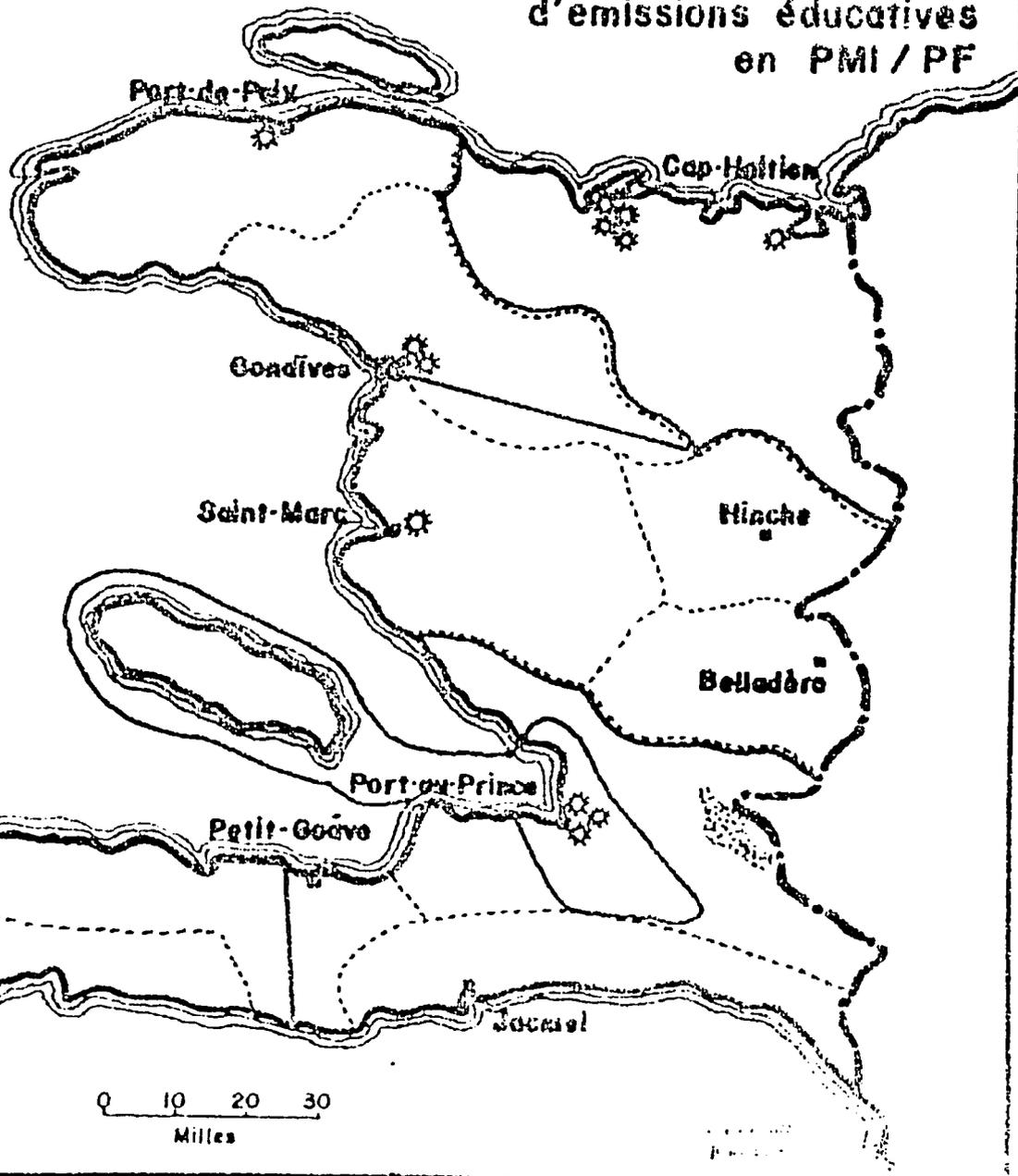
Since 1971 the DHF has been producing 60 new 15-minute radio programs each year. The programs are recorded in Creole and follow a dialogue format. Opening remarks are made, then there is a dialogue between "Fanny" and "Ti Dio"; a series of recommendations concludes the program. "Radio Docteur" is broadcast twice a day (5:30 a.m. with a repeat at 5:15 p.m.), six days a week over two national radio stations (Radio Nationale and Radio Lumière, the popular evangelical station). Copies of the tapes are distributed to 12 regional stations (see Diagram A) and the programs are broadcast twice a day. Radio time is paid for.

The 60 programs have been divided as follows: 15 family planning, 15 child health, 15 postpartum and childbirth, and 15 prenatal care. Each 60-program unit is then repeated six times during the year to facilitate learning and ensure that the audience has heard each message several times. The family planning themes covered in 1981 included: advantages of FP for the mother, for the child, for the family; advantages and disadvantages of the pill and of the IUD; and the procedure followed for a FP consultation.

"Radio Docteur" has the reputation of being a well-executed, lively and entertaining program. Unfortunately, in its 16 years on the air it has had only one limited evaluation. In 1980, the Centre d'Hygiène Familiale, a private organization active in the realm of MCH/FP, conducted 205 interviews in the Ravine Pintale Section of Port-au-Prince. Of the respondents, 52 percent reported having put into practice some of the health advice they had heard on the program. No feedback, however, was obtained on what or how much listeners had learned, the perceived relevance of the program, the interest generated by the issues discussed, or on the popularity of the dialogue format employed.

Review of the programming process and discussions with the producer indicate the following major shortcomings:

# HAITI - Antennes de Diffusion d'émissions éducatives en PMI / PF

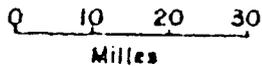


- Fort-Liberté : La Voix du Nord-Est
- Cap-Haïtien : Radio 4VEH  
Radio Citadelle  
La Voix du Nord  
Radio Créole
- Port-de-Paix : 4VTS, La Voix du Nord-Ouest
- Gonaïves : Radio Indépendance  
Radio Trans-Artibonite
- Saint-Marc : La Voix de Saint-Marc
- Port-au-Prince : Radio Lumière  
La Voix du Peuple  
Radio Nationale
- Jérémie : Radio Grande-Anse
- Cayes : Radio Lumière  
Radio Diffusion Cayenne



## LEGENDES

- Limites de District Sanitaire
- Limites de Région Sanitaire
- Chef-lieu de District Sanitaire
- ★ Antenne de Diffusion



- a. The sub-themes and topics addressed by radio (and television) are based largely on the personal judgment of the radio producer. There is no systematic study of social, anthropological and health surveys to guide the issues touched on by the radio programs, and to help orient the context in which information is presented. It is felt, therefore, that careful study of existing data and material could contribute to better programming. For example, the focus groups organized by CRESHS with technical assistance from Porter, Novelli and Associates to discuss family planning and contraceptive practice, provide insight into why men and women practice family planning and the problems they encounter with the different methods. This information could be systematically exploited to produce highly relevant radio programs.
  - b. Radio programs are not presently pretested. It is uncertain, therefore, if the language and messages are always understood and if programs deal with issues of concern to the audience.
2. Television. Since 1979, the DHF has sponsored a 20-minute weekly television family comedy dialogue entitled "Télé-Docteur" similar in format to the popular "Radio Docteur." The DHF gives the themes to Télévision Nationale, which develops and produces the program. The program is shown at 8:30 p.m. on Mondays. The messages are similar to those developed for radio, and include family planning. Television programs, like radio, are produced with minimal attention to message content. Although the DSPP has devoted considerable attention to selecting priority message areas, exactly what is said about each topic has not received the careful study it deserves.
3. Press. For the past several years the DHF has produced an average of one press article per week. The 20 priority topics selected for treatment in the IEC programs are covered by these articles. Six newspapers in Port-au-Prince print them. Some space is paid for.

4. Print Material. In the past two years the DHF has produced few materials. An illustrated flip chart (Guide Educatif) was developed in 1982 for health workers to use in giving education talks in clinics and to community groups. The guide is in Creole and for each priority topic provides questions to ask mothers, and a series of facts that need to be communicated. (The booklet was funded by the USAID Rural Health Delivery Project and the FP Outreach Project.) Recently DES produced two posters on ORT with assistance from a Haitian advertising firm. An illustrated, Creole-language booklet on ORT was prepared in 1982 for health workers and metal signs were produced to designate locations where "Serum Oral" is sold and distributed. The DHF printed an illustrated calender in 1983 with 12 different health messages in Creole and French, including one saying "Men, like women, should practice family planning." Five thousand copies were printed, primarily for distribution in health facilities of the DSPP and the Haitian Army. No new family planning materials have been produced since 1980. There is a clear need for:

- Patient education materials on each contraceptive method which outlines the advantages and disadvantages of each method.
- Manuals for medical personnel which address common rumors about the pill, IUD, condoms, etc.; recommend strategies to counteract each one; provide correct medical facts; list possible complications and side effects; and list known protective effects of the different methods, especially the pill.
- Metal sign posts/flags or other symbols to identify contraceptive distribution points.

Ways of distributing print materials through community distribution channels need to be found because over 60 percent of family planning users obtain their contraceptives outside health facilities.

Leaflets are planned for each of the 10 priority themes.

The Guide to Contraception prepared by the University of Chicago is being reprinted (5,000 copies) for distribution to physicians, nurses, and auxiliaries. A 1984 calendar is planned. A comic book for children is also in the planning stage; it is to be prepared by one of the comic strip artists who produce for the Haitian press.

The print materials prepared on ORT represent a new approach to development of educational materials for the DHF. In the first place, the posters and accompanying booklet were developed based on a careful synthesis of anthropological studies on nutrition and traditional practices of managing child diarrhea. Focus group discussions were used for the first time to guide message formulation. Also, for the first time the services of a commercial advertising firm in Port-au-Prince were used to prepare and test a full-color photograph, Creole-text poster. The results are attractive. The content is substantive.

It is not felt, however, that these new methods of conceptualizing, developing, testing, and producing educational materials are well entrenched in the material development-production routine of DES. The new posters being designed for family planning, for example, were developed without adequate attention to the message being communicated. The resulting messages are not well-focused to present the specific benefits of the contraceptive methods being promoted, nor do the messages address concerns the audience has about the methods.

The mock-ups of family planning posters include:

- "Planning Pour Tous d'Ici l'An 2000" showing pills, IUD and a condom in the zeros.
- A drawing of a man holding a condom. The caption reads "Garçon éclairer fait planning."
- A drawing of two women with a big IUD between them. The caption reads "I use the IUD."

5. Billboards. Several billboards with family planning messages in Creole are visible in Port-au-Prince and were placed on the national highways. They were put in place several years ago. They are hand-painted drawings which lack the slickness and high quality of surrounding billboards advertising beer and other consumer products.
6. Films. The DHF's mobile van periodically shows films in rural communities. Several years ago three, 16 mm Creole language color films were produced by the Centre d'Hygiène Familiale. These are shown along with French-language films on MCH/FP topics by the mobile film van operator, and at times by health personnel.

DES plans to develop a series of slides with a taped message on each of the priority topics. UNICEF is funding a battery-powered projector and cassette recorder for each district. These will be used for community-level showings. The film van will continue to schedule showings at the special request of health officials working at the periphery. Each district will be responsible for establishing a schedule of slide/film projections.

7. Clinic-level Health Education. It is always difficult to assess the extent to which health education takes place in health facilities, and even more difficult to obtain an overall impression of the quality of group instruction and the sensitivity and relevance of the patient education that takes place. A review of ongoing health education activities in the Gonaives Region during the week of September 5-9 indicated that:<sup>8</sup>

- There is no fixed program of health education followed in health facilities. As a result, health education takes place irregularly in most facilities.
- Medical personnel (doctors and nurses) generally do not

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<sup>8</sup>Dr. Eustache conducted a series of planning sessions for the oral rehydration health education programs during the week of September 5-9, 1983. All the physicians and nurses from the region attended from Gonaives, Belladère,

- feel it is their responsibility to give health education sessions, or to provide individual patient counseling. As a result, only a few of the auxiliaries give health talks.
- No health education material is available. (Flannelgraphs that were distributed some time ago have disappeared; print material, other than the new ORT posters, are non-existent.)
  - The health education that does take place is often of poor quality. The level of knowledge is not adequate to deal with questions; little rapport is created with the women who attend the health facilities; and the information presented often has little relevance to the problems and life style of those receiving the education.
  - The basic training received by nurses and auxiliaries is almost entirely didactic with no practical training in patient education or methods of community outreach. The auxiliaries, in particular, would benefit from on-the-job training in IEC methods.

Each district health education specialist is responsible for developing a health education plan for the health personnel working in health facilities. Group education is to take place in the hospitals (outpatient, pediatric clinic, and the maternity ward), and in weekly sessions at health centers and dispensaries. Individual patient education is also to take place at each consultation.

8. Community-level Education. Community-level education involving leaders and community organizations has not been a well-developed part of the health education program primarily because of the limited numbers of personnel with clear outreach responsibilities. Both the UNFPA Needs Assessment Mission (March 1979) and the APHA team evaluating the MCH/FP Program (August 1979) noted the lack of attention given to community education. According to the director of DES

and the staff of the Gonaïves Region, the problems remain unchanged:

- 1) Lack of training on the part of personnel with extension duties, particularly in skills such as community organization, face-to-face education and initiation of programs conducted with community participation;
- 2) Little effort to identify and use traditional village groups in the health education process (as opposed to newly-created Community Councils);
- 3) Insufficient coordination with other sectors and use of their extension personnel;
- 4) Lack of supervision; and
- 5) Unavailability of transport.

Basically, the following categories of personnel have community education responsibilities:

- ° Agents Communautaires. There are approximately 160 community agents employed by the DHF. The agents function in urban or semi-urban neighborhoods; their responsibility is to recruit MCH/FP service users.
- ° Agents de Santé. To date 600 health agents have been trained to provide health education and primary health care in rural communities. This category of health worker has received basic training in community organization and educational methods and provides most of the health education (including MCH/FP) now taking place outside health facilities.
- ° Collaborateurs Volontaires. There are 770 volunteers working in the country who provide MCH/FP information during household visits and group meetings organized at the community level. Some of these volunteers provide orientation to the conseils communautaires (rural action councils), coffee cooperatives, pre-school centers operated by the Ministry of Education/CARE, and the Women's Centers run by CHREPROF. According to the Annual Report of the DHF, the collaborateurs volontaires saw 11,304 people in

1982 during the course of household visits and group meetings.

- Auxiliaire. The auxiliary nurses attached to clinics occasionally make household visits and conduct health education. This category of personnel, however, works primarily at the facility level.
- Matrone. Some of the traditional birth attendants trained by the DHF carry out health education in the communities. Again, their education work is not organized or supervised by personnel from the DSPP and it is difficult to estimate how much community education is taking place.

The new health education personnel at the regional/district level will be responsible for developing a plan for community-level education that will be based on a census of community organizations and an assessment of government extension programs and private development - educational programs presently operating in the zone. If these activities are to be carried out, the persons responsible for education will need strong supervision from the central staff (it is assumed this will not be provided by the physician who is Director of the Health Region or District); they will also need access to transportation and per diem funds to enable them to supervise clinic and community-level education.

### III. BASIC NEEDS

The following basic needs for improving the IEC program were identified during the technical assistance mission to Haiti and reflect the importance that needs to be given to strengthening radio programming and to initiating IEC support activities for the community-based contraceptive distribution programs:

#### A. Train new health education personnel.

For the first time in its history, the DSPP will have a person responsible for education at the district and regional level. These 25 individuals are mostly nurses who have no experience or training in education. DES would like to train the new personnel in three main areas: 1) radio production; 2) basic communication

principles; and 3) management and supervision of local health education programs.

Such a course offers an opportunity to train district-level personnel in family planning communication strategies, to develop good, regionally appropriate radio messages for family planning and to improve overall capability in the planning, execution and evaluation of health IEC programs. Experience has shown that health educators often flounder for lack of clear and specific directives and lack of funds and transportation to carry out educational activities. Training in radio production could serve to focus the work of the new education personnel, to give them a definite schedule of activities to carry out, and to familiarize them with the whole process of audience research, message design, pretesting and program monitoring. This will serve to develop an understanding of the communication process, give them exposure to the community and to existing attitudes, beliefs and practices related to the messages they must convey.

The development of good radio capability is considered key, because despite efforts to improve face-to-face education at the clinic and community level, radio can be expected to remain the prime channel of communication. First-hand experience and understanding of the communication process will also give the health educator the ability to provide ad hoc training of the auxiliaries in health education. In short, training in radio production is seen as an excellent vehicle for understanding the principles of communication and as preparation for planning IEC activities using both mass media and interpersonal channels. In particular, development of radio programs forces the producer to understand the audience, abstract key messages to be transmitted and be receptive to the perceptions of the target audience--key skills to master for all forms of communication.

It is recommended that Johns Hopkins University (JHU) provide partial support for the training of regional education staff, focusing on family planning, and that JHU work closely with another centrally-funded IEC project to cover the remainder of the

training costs. Full JHU funding is not being recommended because family planning would be only one of many topics covered in the training course. (See Appendix A for a tentative budget and schedule of activities.)

B. Provide orientation to health personnel in rural areas.

All of the health personnel working at the facility level would benefit from a brief (3-4 day) in-service training program in education methods for use in patient counseling and in group education services.

There are an estimated 460 persons requiring orientation (20 people in each of the 23 districts/sub-districts). It is recommended that the regional/district health educators be given the responsibility and the necessary training to provide this orientation.

C. Develop message guidelines.

DES does not presently have a section/individual to review audience and market research, conduct focus group sessions, and study the socio-cultural context in which each of the 10 priority topics is to be developed. At present radio, television, and print materials are developed without adequate background research. Preparation of message guidelines on each of the priority topics would be expected to raise the quality of all mass media programs and materials.

It is recommended that Johns Hopkins University, through the Population Communication Services project, provide technical assistance to develop specific message guidelines for family planning. This would ensure appropriate and well-focused family planning messages. The use of technical assistance appears to be a more immediate way of meeting research needs than establishing a new research section and hiring qualified personnel.

Considerable data on attitudes towards family planning and on contraceptive practices and beliefs are available but have not been studied for the purpose of message formulation. It is proposed, therefore, that JHU provide four to five weeks of technical assistance to:

- collect existing material (e.g. 1977 World Fertility Survey; baseline and follow-up research conducted as part of the Columbia University Household Distribution Program; Focus Group, Market Research and Pharmacy Studies conducted by CRESHS and Porter, Novelli and Associates; the Contraceptive Prevalence Study conducted by Westinghouse; as well as smaller anthropological and sociological studies conducted on the subject in recent years).
- formulate message guidelines outlining the major points and information that need to be transmitted.

Similar message design needs to be done for each of the other message priorities. Management Sciences for Health has done considerable work in assembling existing studies and research data on these health topics and would be able to offer excellent guidance in developing message guidelines.

D. Provide IEC support to the Community-based Contraceptive Distribution Programs.

The community-based programs presently provide the bulk of contraceptive supplies in Haiti--an estimated 60 percent of new female acceptors and 100 percent of male acceptors. Attention should, therefore, be focused on providing specialized IEC support to this component of the family planning program.

Such support should include:

- Point-of-distribution publicity.  
The use of flags, or signs/placards with a recognizable symbol would identify depots and also serve to remind people of the availability of contraceptives.
- Supply of educational materials.  
Community-based centers could effectively utilize simple FP print materials for potential and new users. These centers presently have no materials.
- Develop specialized print material for members of the Armed Forces, volunteer youth groups, and other key audience groups.

E. Conduct an evaluation of "Radio Docteur."

This key radio program has not been thoroughly evaluated during its 17 years of operation. Although the program is obviously popular and it is often quoted as a source of information on health matters, there is undoubtedly room for improvement. Since the program is to be continued over the two important national radio stations and used by regional stations when they lack local programs, it would be worthwhile to schedule an evaluation.

It is recommended that the evaluation be carried out as part of the operations research (OR) Columbia University is funding to support family planning and primary health care in Haiti. The OR project has, for example, carried out several studies of women's attitudes towards family planning issues, diarrhea, oral rehydration therapy, etc., as well as baseline surveys of health, nutrition and family planning. Future studies could incorporate questions about "Radio Docteur." In particular, it would be useful to determine if the program reaches the intended audience, how regularly people listen, what they learned from one or two recent broadcasts, and to obtain feedback on the perceived utility and relevance of the program.

F. Provide TA to develop the FP print materials budgeted for 1983-84.

Family planning posters, patient education materials, etc. would benefit from the kind of technical assistance and private-sector involvement being made available for the ORT campaign.

It is proposed that Johns Hopkins University provide this technical assistance. PIACT, a JHU subcontractor with long experience in developing print materials for low-literacy audiences, could make an important contribution.

- G. Develop a two-tiered IEC strategy which would allow both a systematic treatment of each of the ten priority message areas and a more intensive campaign treatment of two priority areas each year.

DES is responsible for all educational activities and thus must develop a plan to accommodate a much larger number of message priorities than the old education section of DHF. In addition to MCH/FP, DES is now also responsible for nutrition, malaria, etc. This allows roughly 2 weeks for each topic during the year (presently each full cycle of messages is repeated 6 times). To compensate for the necessarily brief period available during which to treat each subject area, it is suggested that two message areas be selected for special attention each year. This might include intensive poster distribution, use of radio and TV spots and greater attention in the press.

Precedent for this already exists. An ORT campaign was launched this spring with special funding from UNICEF. The campaign represents a large mobilization of resources for posters, radio spots and point of sale publicity.

- H. Improve the control of radio programs.

There are a number of ways in which the radio component can be improved:

- establish a monitoring system to assure that spots/programs are aired as planned. None presently exists.
- establish a programming schedule for each station. Presently, each station receives a full set of radio tapes and decides independently what will be aired and how often. This does not ensure that all messages will be heard.
- coordinate broadcasts of regional and national stations so that messages from one source will reinforce those coming from other stations. (Listeners are presumed to listen to both national and regional stations.)

These are all activities that can be implemented by the existing staff and without additional financial resources.

I. Experiment with greater use of print materials.

Although the literacy rate in Haiti is low, educational materials might play a more important support role than they do now. Studies in other countries, for example, have found that material designed for low-literacy audiences serves to stimulate better education by the persons distributing the material. It assures that all important points are mentioned, that it is done in an appropriate manner and that information is of standard quality.

It is recommended that DES develop print materials for distribution in selected areas and monitor their impact on the quality and thoroughness of patient and group education and the amount of learning that takes place. This is another research question that the Columbia OR project might address.

J. Improve the distribution of print materials.

It is recommended that each region/district develop distribution plans for print materials. At present, materials--when they are available--reach primarily the DSPP health facilities. Private health establishments, which handle 60 percent of health care in the country, do not regularly receive educational materials printed by the DSPP. Many of the health regions hold periodic meetings with private-sector health providers. As part of these planning sessions a distribution program could be developed to include both sectors.

#### IV. L'ACTION FAMILIALE D'HAITI

L'Action Familiale d'Haiti (AFH) is an organization established to promote the sympto-thermal method of fertility regulation. AFH has tried to maintain a non-sectarian status. Although the organization is most closely associated with the episcopal conference of the Catholic Church, the Conseil Evangilique des Eglises d'Haiti (Baptists, etc.), the International Federation of Family Life and other organizations such as the Groupe Corps Oecuménique de Recherche also participate.

Established in 1971, AFH, has promoted a non-medical, non-clinical approach to fertility regulation, based on the theory that the method can only be taught on a couple-to-couple basis and that the instruction should take place in the evening, preferably in the home. At present, AFH has 200 couple-educators (paid a small stipend) and recruited 1,871 couples in 1982. An estimated 6,617 couples are using the method.

The head of AFH, Father Michel Welters, is a controversial figure. According to government officials and others who were asked about the organization, it no longer represents the different religious groups interested in promoting natural family planning in Haiti. There are many splinter groups all fighting for funds and support. One Haitian official described the situation as "le grand schisme," another as "la pagaille." The Division d'Hygiène Familiale seems unhappy that health facilities run by religious groups -- which provide 60 percent of health care in the country -- have done very little to provide acceptable family planning services to those who use their services. Some groups (e.g. Pastorale Familiale) are interested in associating themselves with the Catholic Church and do not want to be part of an ecumenical group. Other groups (sisters who run health clinics) are interested in providing counseling as part of clinic services to women. AFH insists on a non-clinical approach.

### Support requested from Johns Hopkins University

AFH has requested assistance from JHU for the following activities:

- Printing of 2,000 copies (each) of 3 leaflets: fertility awareness, mucus and temperature (\$2,900). The print material has already been developed in Creole and is meant to serve as reference material for the instructor-couples.

The materials would have to first be pretested to assure that the information was well understood and that the language poses no problems.

- Provision of slides, films and other audio-visual aids dealing with family life and sex education and human reproduction.

A list was developed of needed materials (see Appendix D).

### Recommendation

It is recommended that JHU provide the requested assistance.

Although the existing situation is unsettled, it is expected that AFH would--even if under different leadership--continue to play a major role in family planning in Haiti. The DHF, responsible for coordinating family planning activities in the country, is expected to call a meeting of the various organizations interested in promoting natural family planning methods to work out the future role of these organizations. Once there is agreement on which organizations will play the lead role, it is recommended that JHU also consider providing them assistance in developing their IEC programs.

APPENDIX

PROPOSALIEC WORKSHOPS FOR HEALTH EDUCATION AND RADIO PROGRAMMING PERSONNELGeneral Objectives

Provide training to 25 regional/district nurses (infirmière-hygiéniste) who have responsibility for health education activities. Specifically, training would include:

1. Orientation about the IEC process, strategies and approaches including mass media, clinic-level, and community outreach.
2. Message formulation. (The message guidelines developed by JHU will be used as the programming tool.)
3. Planning and conducting research to understand the audience and priority health problems (Focus group interviews and other methods).
4. Pretesting and monitoring.
5. Management and supervision of IEC programs.
6. Training of health personnel in IEC methods.

A second, shorter-training workshop would be held six months later to:

1. Provide basic radio program production techniques.
2. Develop a series of radio programs on FP and MCH topics such as breastfeeding, nutrition, and ORT.

In this course, 10 local radio station programmers would participate along with the 25 health educators. Each district health educator with a partner from the local radio station would be expected to come up with specific radio programs for their region. It is assumed that there are enough instructors to give adequate attention and direction to 35 trainees.

Funding

Because the workshops will encompass a range of health topics and will not be limited to IEC strategies for family planning, Johns Hopkins University (JHU) is exploring the possibility of co-funding the project with the Educational Development Center (EDC). EDC, through its International Nutrition Communication Services Project, conducts workshops and provides technical assistance in the area of nutrition education (e.g., breastfeeding, weaning, oral rehydration).

### Personnel to be Trained

1. 25 regional/district nurses responsible for local IEC programs.
2. 10 radio programmers from local stations.

### Length of Workshops

1. 3 weeks for the general IEC workshop.
2. 1-2 weeks for the radio program development workshop.

### Trainers

The workshops will be conducted by JHU, EDC, and the Direction d'Education Sanitaire (DES). Resource persons from other Divisions of the DSPP as well as Haitian experts in research and the social sciences will also participate.

The following staffing pattern is tentatively proposed:

- Coordinator from JHU
- 1 EDC radio trainer
- Dr. Laurent Eustache, director of DES, DSPP
- Mme. Monique Souvenir, Producer of "Radio Docteur," DSPP
- Mme. Marie Christine Bertrand, Division de Nutrition (specialist in communication)
- Institut National de Gestion et d' Etude Nationale (have specialists in focus group research)
- Centre de Linguistique Appliqué (specialists in KAP-type studies and message/audience research)

### Action Plan

The following activity plan is suggested:

1. Planning visit to Haiti to more precisely define training needs with DES and division of responsibility among JHU, EDC, and DES. The goal would also be to plan the workshop content, identify Haitian trainers and resource personnel, identify local radio station personnel to be trained, and discuss logistics for the workshop, including use of radio studio facilities.
2. Develop workshop materials.
3. Develop message guidelines (this activity could be undertaken as an activity independent of the workshop). This activity would be carried out almost entirely in Haiti. Documents and data need to be collected and local experts consulted.

4. Conduct workshops.
5. Arrange for follow-up (newsletter, regular field-supervisory group sessions etc. by DES).

Preliminary Budget

Staff and Consultant

1. JHU (planning, coordination, and workshop)	8 PW	--
2. EDC (3 preparation, 5 workshop)	8 PW	--
3. 3 DSPP personnel (3 preparation, 5 workshop)	18 PW	--
4. 3 Resource Persons	3 PW @ 250	\$ 750

Travel and Subsistence

1. 5 round trips Washington/Haiti	420x5	2,200
2. Subsistence 87 days @74*		6,438
7 days reconnaissance x 1 person = 7		
25 days Workshop I x 2 persons = 50		
15 days Workshop II x 2 persons = 30		

Participants and Local Trainers

1. Per diem participants		
\$24 x 32 days x 25 participants		19,200
\$24 x 12 days x 35 participants		10,080
2. Per diem instructors		
\$35 x 32 days x 3 DSPP		3,360
\$35 x 5 days x 3 non-DSPP staff		525
3. Transportation		
\$20 x 25 participants		500
\$20 x 35 participants		700
(none needed for DSPP and Port-au-Prince consultants)		

Material Costs\*\*

1. Translation in 60 pages @\$25	1,500
2. Duplication	750
3. Supplies	500
4. Shipment	500

SUB-TOTAL.....\$47,003

Development of Message Guidelines

(this item might be funded independently of the workshops)

Consultant 24 days \$175	\$4,200
Per diem 21 days x \$74	1,554
1 RT Washington/Port-au-Prince	420

SUB-TOTAL.....\$ 6,174

TOTAL.....\$53,177

\*If workshop were held outside of Port-au-Prince per diem decreases to \$48

\*\*These are AED estimates for running a 3-week radio workshop.

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Persons Contacted

Patricia S. Gibson	Chief, Health, Population and Nutrition Division, AID
Richard Metcalf	Population Officer, AID
Paul Hartenberger	Health and Nutrition Officer, AID
Rachel Edensword	Acting Public Affairs Officer, USIS
Laurent Eustache	Director, Direction d'Education Sanitaire (DES) Département de la Santé Publique et de la Population (DSPP)
Monique Souvenir	Responsable de la Section Radio/Télévision, DES
A. Jasmin	Responsable de la Section Matériel Imprimé, DES
Jacob Kercy	Chef, Section Commerciale Division D'Hygiène Familiale, DSPP
Eric Malgrash	Responsable du Project d'UNICEF Pour la Rehydratation Par Voie Orale
Dr. François and physicians and nurses from the region	Directeur Régionale (Gonaives) de la DSPP
Elsie Laudent	Responsable Régionale Pour l'Education Sanitaire (Gonaives)
Kathy Jesencky	CINEC Project Officer, CARE
Shelagh O'Rourke	Harvard Center for Population Activities
James Allman	Advisor to the Division d'Hygiène Familiale, Columbia University
Jon Rohde	Chief of Party, Management Sciences for Health
Suzanne Prysor-Jones	Training and Education Specialist Management Services for Health
Dorothy Blake	WHO
Edith Lataillarde	UNFPA
Père Michel Welters	L'Action Familiale d'Haiti
Fritz François	L'Action Familiale d'Haiti
Yvelyne Appolon	Responsable Adjoint du Service d'Education Familiale, Office National d'Alphabétisation et d'Action Communautaire (ONAAC).

Key Documents ReviewedGovernment Documents

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Eustache, Laurent, De l'organisation de l'Education Pour la Santé en Haiti. 20-12-82 (34 pages)

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Other Documents

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- UNFPA. Haiti, Report of Mission on Needs Assessment for Population  
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Communication p. 69-83 and Appendix B "Further Description of  
Out-of-School IEC Programmes" (p. 125-132).
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Haiti. May 28, 1981
- World Fertility Survey. The Haiti Fertility Survey 1977. A Summary of  
Findings. London. September 1981.



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LAVRS - IPPF Resource List  
 International audiovisual resource service (June 1975)

Films and Other Audio Visual Aids on Population

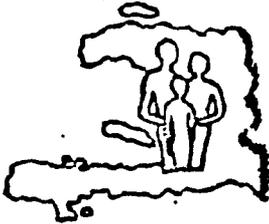
- p.8-9 Little Man-Big City 16mm (in FRENCH)
- p.19 Untitled Population Film (in FRENCH)
- p.64 Population (game)

Family Life and Sex Education Selected Audio-Visual Aids

- p.4 A Child is Born
- p.5 Development of the Embryo (in FRENCH)
- p.8 The first day of life (in FRENCH)
- p.21 Filmloop Embryology Series (' SB/J 1-2-3-4-5)
- p.32 Life before birth
- p.39-40 Understanding Human Reproduction
- p.51 Female Reproduction System Including Fertilisation
- p.51 Human Reproduction and Development
- p.51-52 Human Reproduction Series
- p.52 Male Reproductive System
- p.53 Sex and Human Reproduction Set
- p.63 Connaissance de la sexualité humaine (Plastigraphe No 1)
- p.63 Connaissance de la reproduction humaine : Conception, grossesse, accouchement (Plastigraph No.2)
- p.64 Human Reproduction (in French)
- p.65 Birth Atlas
- p.66 The Development of the individual
- p.69 Reproduction of Man Series (AE1-2-3-4-5)
- p.75 Gaumard Sima Transparent OB Phantom-13 with Foetal Doll 14 a
- p.76 Gaumard Sima 16a Male Pelvis on Plaque
- p.76 Gaumard Sima 16b Female Pelvis on Plaque
- p.76 Gaumard Sima 21a Human Menstrual Cycle
- p.84 Life before Birth
- p.84 The Moment Life Begins

Selected Audio Visual Aids for Family Planning Programmes

- p.1 About Conception and Contraception
- p.21 Happy Family Planning
- p.23 Insertion and Removal of IUDs
- p.28-29 Methods of Family Planning (in FRENCH)
- p.43 Vasectomy Techniques (in FRENCH)
- p.47 About Family Planning
- p.47 L'Amour et la contraception
- p.48 Barrier Methods of Contraception
- p.49-50 Contraception: A Matter of Choice
- p.51 How Many Children Do You Want?
- p.52 Infertility-Treatment
- p.53-54 Methods of Contraception



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(Selected Audio Visual Aids for Family Planning Programmes)

- p.54 Outpatient vasectomy
- p.57 Problems of fertility and sterilization
- p.57 The Rhythm Method ("Safe Period")
- p.67 The Infertile Couple
- p.68 Tubal Ligation by Culdoscopy (Weck)
- p.69 Vasectomy with Hemoclips (Weck)
- p.71 Family Planning Program for Training Home Economic Helpers
- p.86-.87 USAID Family Planning Flipcharts (in FRENCH)
- p.98 Gaumard Sima 35 Gyn/AID
- p.98 Gaumard Sima 36b GYN/AID