

PD-WAB563

UNCLASSIFIED
CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) - PART I

FILE

Report Number U-447

1. PROJECT TITLE MASS MEDIA AND HEALTH PRACTICES			2. PROJECT NUMBER 931-1018	3. MISSION/AID/W OFFICE S&T/ED
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)	
A. First PRO-AG or Equivalent FY <u>78</u>	B. Final Obligation Expected FY <u>83</u>	C. Final Input Delivery FY <u>83</u>	<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION 6. ESTIMATED PROJECT FUNDING (in thousands) A. Total \$ <u>3,264</u> B. U.S. \$ <u>3,264</u>	
			7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>10/78</u> To (month/yr.) <u>10/80</u> Date of Evaluation Review <u>December 5, 1980</u>	
8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR				

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<p>1. The implementation and evaluation plans for the project site in Honduras were studied and approved with high praise.</p> <p>2. As a result of this review, an invitation was extended by S&T/HEA to present methods and findings to date at the Feb. 3, 1981 meeting of CASH (Current Activities and Strategies in Health). The presentation was made to about 50 AID/W health sector personnel and was deemed among the best CASH presentations ever. This led to a similar presentation at Pan American Health Organization (PAHO) on May 20, 1981 and, in turn, to an AID-PAHO regional conference in Tegucigalpa, Honduras, October 25-November 1, 1981, which focused on the role of communication methodology in national diarrhea control programs. All Central American countries and Mexico, Ecuador, and the Dominican Republic were represented.</p>	<p>A. Meyer, S&T/ED; D. Ferguson, S&T/HEA; W. Smith, AED</p>	<p>Feb. 3, 1981</p>

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <input type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input checked="" type="checkbox"/> Other (Specify), <u>NONE</u> <input type="checkbox"/> Financial Plan <input type="checkbox"/> PIO/T <input type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
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11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) A. Meyer, S&T/ED, Project Officer C. Block, S&T/ED, Chief, S&T/ED Development Communications Division D. Ferguson, S&T/HEA I. Taylor, S&T/HEA	12. Mission/AID/W Office Director Approval Signature <u>David Sprague</u> Typed Name <u>S&T/ED, David Sprague</u> Date <u>11/30/81</u>
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BLOCK 11 (Continued)

T. Sanghvi, S&T/N
J. Oliver, S&T/ED
D. Foster Gross, S&T/ED
F. O'Quinn, S&T/PO
J. Klement, LAC/DR/HN
R. Martin, LAC/DR/EHR, (sent written report attached)
M. Shaw, AFR/DR/EHR
J. Anderson, AFR/DR/HN
M. Vincent, AFR/DR/HN
D. Liberi, AFR/DR/HN
R. Romano, NIH
W. Smith, Academy for Educational Development
D. Foote, Stanford University

13. SUMMARY

The Mass Media and Health Practices project is applying mediated communications strategies to improve practices related to the treatment and prevention of acute infant diarrhea. The project is underway in Honduras and The Gambia. The Academy for Educational Development (AED) is the contractor implementing the interventions in conjunction with each Ministry of Health; the Institute for Communication Research at Stanford University is the contractor evaluating the interventions.

The contractors' field teams in Honduras prepared detailed implementation and evaluation plans based on limited data collection activities. These were reviewed and approved by those attending the evaluation meeting.

14. EVALUATION METHODOLOGY

This evaluation was performed in accordance with S&T/ED's Annual Evaluation Schedule and was the first major review of the Project. The evaluation was timed to coincide with the completion of detailed implementation and evaluation plans for the Project's first major site, Honduras. The plans were submitted in written form and distributed to relevant AID/W health, education, and program personnel. The contractors made verbal presentations at the December 5, 1980 evaluation meeting. The plans were then discussed by the meeting participants. There was a consensus at the meeting that the contractors had done remarkable work to date and that the plans were excellent. The contractors were urged to maintain their focus on the process of institutionalizing the project methodology within the Ministry of Health. S&T/ED and S&T/HEA formally approved the plans as submitted. This approval was required by the contracts before the plans could be implemented. It should be noted that the plans were the product not only of a data collection effort in the field but also of repeated discussions with consultants hired by the project and with AID technical staff.

15. EXTERNAL FACTORS

The high rate of inflation is expected to cause the presently authorized funds for the project to be insufficient for the entire life of project. This will be monitored by S&T/ED and the contractors. If this appears to be the case, additional funds will be sought and/or the scope of the project amended.

16. INPUTS

AID inputs include a total of five persons and four vehicles at two project sites. The ministries of health involved provide counterparts and supporting services.

17. OUTPUTS

An intervention using graphics and radio in conjunction with the existing health system infrastructure, aimed at the treatment and prevention of infant diarrhea is being conducted in Honduras and The Gambia. A capacity to use the project methodologies will be left in the involved ministries of health through the in-service training of counterparts during the life of project. A number of diffusion activities will also be conducted under the project. To date, the major outputs of the project are the plans for implementing the diarrhea control program and its evaluation in Honduras.

18-19. PURPOSE AND GOAL

The project goal is to develop the potential of educational and communications technology for increasing access to relevant, cost-effective learning systems in less developed countries. The project purpose is to develop and demonstrate more effective means for using mass media in education efforts to support desired changes in health practices in rural areas of LDCs. The plans evolved and approved at the evaluation meeting conform to the parameters of the project goal and purpose.

20. BENEFICIARIES

Infants and small children throughout the rural population of a major region of Honduras and The Gambia will benefit by the reduction of morbidity and mortality. The ministries of health involved will benefit through the in-service training provided by the project. Health professionals and other allied development professionals will benefit from the methodologies evolved and implemented under the project. The plans approved at the evaluation meeting seem appropriate to in fact realize these benefits.

21. UNPLANNED EFFECT

This evaluation has not disclosed any unplanned effects as a result of this project.

22. LESSONS LEARNED

None ready for formulation at this time.

13. SPECIAL COMMENTS

None.

Attachment:

MEMO to LAC/DR, Anthony J. Cauterucci
from LAC/DR/HR, Richard Martin

MEMORANDUM

TO : LAC/DR, Mr. Anthony J. Gaucherucci
THRU : LAC/DR/HR, Kenneth Martin
FROM : LAC/DR/HR, Richard Martin
SUBJECT: Progress report: DSB "Mass Media and Health Practices"
Project activities in Honduras

The "Mass Media and Health Practices" project is a joint initiative of the DSB Offices of Education and Health. The five year project will develop and evaluate low-cost social marketing strategies to promote the use of oral rehydration treatment of infant diarrhea by rural families. The first project test site, where activities are now under way, is Honduras. The second site it likely to be the Gambia. The Academy for Educational Development has been contracted to do project implementation; Stanford University is in charge of the evaluation.

In 1977, Honduras reported that 1030 infants died from diarrheal dehydration. This accounts for 24 percent of all infant deaths and represents the single greatest cause of infant mortality in the country. The most commonly available treatment for diarrheal dehydration in Honduras is intravenous therapy. However, intravenous therapy is expensive, it requires trained medical personnel and a relatively sterile environment, and is presently available only in fixed health facilities which service a small portion of the country's rural population.

The DSB project in Honduras hopes to achieve the following general objectives:

- A. Substantially reduce the number of deaths among children below the age of five from diarrheal dehydration.
- B. Extend rehydration therapy to isolated rural areas where it is not now available.
- C. Substantially reduce the per-patient cost of rehydration therapy in Honduras.
- D. Introduce several diarrhea-related prevention behaviors to a significant number of rural people living in isolated areas.

The primary audience for the project is rural mothers with children under the age of five, and primary health care workers called guardianes. Instructional messages will teach members of the primary audience to: (1) properly prepare and administer a pre-packaged World Health Organization formula of oral rehydration salts to infants and toddlers stricken by diarrhea, (2) engage in a cluster of behaviors associated with breast feeding, infant food preparation, and personal hygiene, and (3) to seek outside assistance if the child does not respond to home treatment.

T.V., radio, print materials, and health worker training will be used. Public service spots and mini-programs on radio will be stressed for rural mothers and health workers. These will be supported by news features on both radio and T.V. for medical practitioners. Support materials including posters, photonovels/pamphlets, and mailings will supplement the broadcast media. Health worker training, including physicians, nurses, auxiliary nurses, and guardianes will be the primary vehicle for introducing oral therapy to the medical establishment.

The tone of the campaign will be serious and straightforward. It will seek to promote a mother-craft concept which supports what mothers are already doing and adds several new components to "being a good mother." Oral Rehydration Therapy will be presented as the latest achievement of modern science: a remedy for lost appetite and an aid to recovery, but not as a remedy for diarrhea.

What differentiates the project from many other development projects that have tried to use the mass media is the meticulous planning and research that is being devoted to the preparation of the communication campaign. The "social marketing" approach has led the contractors to perform much more detailed background analyses than are usually undertaken in adult non-formal education projects or traditional mass media campaigns. Painstaking research into characteristics of the innovation itself -- oral rehydration salts -- involved study of dosage and chemical composition, preparation techniques, and packaging. Representatives of the target audience were interviewed and actually observed to determine health practices and conditions relevant to the project's objectives. Alternative distribution channels and pricing mechanisms were researched. Messages are being carefully tailored to seasonal changes in the diarrheal cycle and characteristics of the audience, and are based on principles of positive psychological reinforcement (as contrasted with the fear inducing messages used in many health campaigns).

The presumption is that this very carefully-researched and planned campaign will result in widespread new utilization of home oral rehydration therapy by rural families. This is an ambitious goal, since past campaigns promoting oral rehydration therapy (including AID-sponsored campaigns in Nicaragua and the Philippines) have had disappointing results. If successful, the high "up-front" costs of research and message design will ultimately be justified by a low cost-per-beneficiary as the media campaign begins to reach great numbers of rural families.

The "social marketing" approach seems to be worthy of our attention. Efforts by development agencies to use mass media in LDCs have sometimes been disappointing because project designers have been too anxious to get on-the-air quickly and at the lowest possible cost. Preliminary product research and audience research may be cursory, with a vague notion that "feedback" will somehow permit necessary corrections and improvements in mid-campaign. The "marketing" approach used by the advertising industry, in contrast, assumes that detailed and comprehensive pre-campaign research and commitment of substantial resources to initial production of effective

messages can reduce the probability of failure and is therefore the lowest-cost strategy in the long run.

The DSB project should be followed by our LAC technical divisions, and the results provided to the Missions as they become available. The general approach may have some important implications for future project development in all of our sectors.