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International Nutrition Communication Service  
(INCS)

CONSULTANT REPORT

for

CAMEROON

(June 18 - 29, 1980)

(Recommendations to improve  
the nutrition education capabilities of the  
Nutrition Service in the Cameroon Ministry of Health)

BY

Frans Lenglet - Consultant

(Through subcontract to  
Manoff International  
1511 K St., NW, Washington, DC 20005)

Submitted by  
Education Development Center  
55 Chapel Street, Newton, MA 02160  
To United States Agency for International Development  
Washington, DC

*This project has been conducted under Contract A.I.D. ANJ 2004, Office of Nutrition,  
Development Support Bureau, Agency for International Development, Washington, DC.*

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TABLE OF CONTENTS

Introduction and Background . . . . .	1
The Media Situation . . . . .	3
Program Content . . . . .	4
Analysis . . . . .	5
Radio . . . . .	6
Message Development . . . . .	7
Recommendations . . . . .	9
Appendices	
A. Health Education and Communications . . . . .	10
B. Six Steps in Nutrition Message Design . . . . .	20
C. Differentiating among Nutrition Intervention Objec- tives . . . . .	22
D. Proposal for a Development Support Communication Workshop . . . . .	23
E. Short List of Some Useful Literature . . . . .	26
F. List of Persons Met . . . . .	27

## CONSULTANT REPORT FOR CAMEROON

### Preface

In the following report, Frans Lenglet, Development Communication Specialist, analyzes Cameroon efforts to develop a mass media nutrition education program over the Chaine Nationale, the national radio network.

Lenglet suggests that the campaign could strengthen its impact through more systematic use of development communication techniques. His major recommendation is a "Development Support Communication Workshop" for health education and communication specialists in Cameroon. The workshop would provide "hands-on" training in message development and pre-testing, formative evaluation, materials design and other development communication processes. Lenglet sees the workshop as a device that will strengthen Cameroon's abilities to use educational interventions to solve national health and nutrition problems.

Ron Israel  
Project Manager  
International Nutrition  
Communication Service

August, 1980

## CONSULTANT REPORT FOR CAMEROON

### INTRODUCTION AND BACKGROUND

The work reported in this document follows a number of activities in the field of nutrition and nutrition education, undertaken during the last five years in Cameroon.

The present Nutrition Service in the Ministry of Public Health was established in 1975. It consists of two units--the Office of Individual and Community Dietetic Surveys and the Office of Nutrition Teaching and Research. This information is contained in a report by Heather WARRACK-GOLDMAN, Nutrition/Health Advisor, USAID/Yaoundé. From this report, which was prepared for the Primary Health Care Services Project (MEDCAM), I also take the following:

- The duty of the Service is epidemiological nutrition and dietary research, nutrition surveillance, in-service nutrition training for all health personnel in the ministry, and supervision of existing nutrition education activities.
- The nutrition service is operating with an acute shortage of trained technicians, especially outside of Yaoundé.
- The lack of trained personnel, adequate financing and logistical means limits what the Service can do in the rural areas.
- Since 1974 the Service has expressed continuing interest in having technical assistance for developing mass-media approaches to nutrition education.
- Up to now the Service has focused on developing a radio program for nutrition education messages.
- Because of the slim budget, there are no national surveillance or research activities.

During 1977-78, the Cameroonian Government conducted a National Nutrition Survey with outside assistance. The survey showed, among other

things, that 22 percent of Cameroonian children under five years of age were chronically malnourished or "stunted."

In April, 1979 the First National Nutrition Seminar was held. One of its purposes was to discuss the results of the National Nutrition Survey and to make recommendations for Government policies. These recommendations have not yet been formally issued, but one of them was that an Interministerial Food and Nutrition Committee be created to develop a national nutrition strategy. It is one of the duties of the USAID-financed Nutrition Advisor/Planner in the Ministry of Economy and Planning to assist this interministerial committee in the development of this strategy.

In June, 1979 the Ministry of Public Health and USAID organized a Regional Conference on the Use of Mass Media in Nutrition Education. The objective of the conference was to provide an overview of (nutrition) education approaches using mass media and to study some particular cases (Tunisia, Guatemala, Nicaragua, Tanzania). (It appears that this conference did not entirely respond to the wishes of the Nutrition Service, which would have liked to see a much more practical seminar with concrete results.)

Against this background must be placed the request of the Chief of the Nutrition Service, Dr. Jean-Claude LOWE, for a mass media and nutrition consultant. It was expected that the consultant, in close collaboration with the Nutrition Service, would pursue three objectives:

1. To determine the "value" of the radio messages currently used for nutrition education and to improve their content and format.
2. To suggest nutrition education methods which may reinforce radio messages and can be used for reaching audiences not exposed to radio programs.
3. To make suggestions for a general nutrition education and training strategy.

In initial discussions with Dr. Lowe, the first and the third objective were stressed. The hope was expressed that the consultant would assist in elaborating nutrition education messages, that would be better understood by the population, and that he would advise the Service about the conditions and requirements for establishing an operational nutrition unit.

In the following sections I will report on my work as far as the first and third objectives are concerned. No particular work was undertaken with respect to the second objective.

#### THE MEDIA SITUATION

Appendix A provides a rather complete picture of the existing media situation in Cameroon. It shows that the Ministry of Health has two 15-minute radio programs during the week. The French program is broadcast on Tuesdays at 21:30 hours and the English program on Thursdays at 18:30 hours. The programs deal with health and nutrition issues. The health programs are prepared by the Health Education Service of the Ministry of Public Health, while those on nutrition are prepared by the Nutrition Service of the same Ministry. Occasionally, health and nutrition information is also broadcast in the weekly women's program and the weekly program for the farming community. (No contacts were made with the producers of these programs.)

The radio programs gave the format of lectures or causeries. During the last year some format changes have been introduced. The nutrition programs have shifted to a dialogue or trilogy format, in which two or more experts answer questions read by a radio journalist. The programs dealing with health and sanitation have experimented with 16 short (2 minute)

radio plays (in English) and 1-2 minute messages (in French).

The production process of the health/nutrition programs consists of (1) writing the script; (2) a brief rehearsal plus some corrections, together with the radio journalist (announcer and interviewer), just before recording; and (3) the actual recording. After broadcasting the tapes are re-used for other radio programs. No pre-testing of program messages is done.

The programs are broadcast over the Chaine Nationale and relayed by (not all) provincial stations. The latter can tape the broadcast, and re-work and translate it for future broadcasting in a local language. Provincial stations do not receive the scripts of the health/nutrition programs.

Neither the radio people nor the people of the Health Education and the Nutrition Services have any but impressionistic ideas about the reach, appeal, understanding or effects of the radio programs. No audience surveys have been carried out. The two services concerned do not have the funds for it. The National Radio is in the process of creating an audience survey unit. The latest, though unavailable, audience data are from 1965.

#### PROGRAM CONTENT

The following observations were made about the content of the nutrition programs. In general, their content is rather academic or theoretical, more so in the French than in the English programs. The themes of the programs are indeed dealing with the major nutrition problems of the country, but no specific educational objectives are formulated. There is no system in the sequence of the various program subjects; there does not seem any priority. Usually, one program tries to cover the entire theme

or problem, in a manner which is difficult to follow during 15 minutes, even for experts. The program makers have no or just a limited idea about the audience they want to reach, or are effectively reaching. They are, however, aware of the fact that the programs are too long, contain too much information, and probably do not reach the goal of educating the population at large about nutritional matters.

#### ANALYSIS

What are the major reasons for this state of affairs? The first and foremost reason is that the Nutrition Service does not have an elaborated nutrition program and a corresponding nutrition education strategy. Very closely related to this is the absence of a sense of purpose as well as a lack of guidance and encouragement to formulate such a program and strategy, and to carry them out. A third reason is that none of the people involved in nutrition education or radio message preparation have had training in educational or communication methodologies and skills. Despite this apparent deficiency some program makers have developed proposals, radio programs and radio spot announcements that, if carried out, would have gone a certain way in shaping the Nutrition Service's policies and education programs. These proposals have met, however, with little or no action.

A fourth factor that contributes to the situation sketched above is the lack of logistical and financial means. This may not pose insurmountable obstacles for the current production of the nutrition radio programs, but an insufficient budget certainly does make it very difficult to carry out the necessary pretesting and audience research, and all other possible Nutrition Service activities. Although the Nutrition Service itself may not have the necessary means, other services in the same ministry do have some. For

example, the Health Education Service (situated at less than 50 meters from the Nutrition Service) has some funds for audio-visual and radio production, has some communication and education expertise and experience, and has some personnel in the field. Moreover, this service would welcome any opportunity to work more closely with the Nutrition Service, and to assist in developing its educational and communication approaches.

### RADIO

Despite the absence of a nutrition education strategy, the Nutrition Service has opted for using radio as the main and almost only channel. Why? Because the use of radio is cheap, and because the radio has a potentially large audience.

Radio is cheap because at present there are almost no costs or other resources involved in producing a radio program. The scriptwriting does not cost anything. The recording and broadcasting is done by the Ministry of Information and Culture.

Radio has a potentially large audience because of the many stations that cover the country, and the fact that there are broadcasts in the major local languages. It is, however, likely that the actual audience of the health/nutrition programs is very limited: programs are mostly in French or English, broadcasting is not done at peak listening times; radio ownership in the rural areas, though unknown, is probably not very extensive; radio receivers are relatively expensive for the bulk of the rural population; so are the necessary batteries.

The observations and the analysis of the current situation point to the necessity to explore the potential of other channels and to the development and implementation of a nutrition education strategy.

As far as the other channels are concerned, in discussions with the Deputy Director of Radio Programming I have explored the possibility of having some limited time slots (e.g., around the newscasts) for short shot announcements, and of making better use of the provincial radio stations. It seems that, if the Ministry of Public Health (i.e., the Health Education and Nutrition Services) would come with spot announcements or very brief programs, there would be possibilities to incorporate them into existing schedules. Of course, it would require some continuous attention from the responsible officers. Changes in program scheduling are usually not too easily accepted. The same is true for making use of the provincial stations. If the Nutrition Service would develop messages and programs for specific (regional) target groups, it should try to come to an agreement with the respective provincial radio stations, for having these programs broadcast in the local language.

There are ample indications that the development and recording of the programs or messages themselves would not pose any serious difficulties. The most difficult task would be to convince the Ministry of Information and culture to put them on the air.

In other words, the lack of appropriate programs is not so much a technical problem but rather an administrative/political problem.

#### MESSAGE DEVELOPMENT

During the first days of the assignment it was hoped that time would allow us to go through all the steps of the message development/design process, by taking a specific and concrete example (e.g. weaning). It soon appeared that time was too short. Moreover, the absence of a clear nutrition (education) policy and the absence of priority action areas

made it very difficult to carry out the exercise to its ultimate end.

(Here it must also be remarked that some of the Nutrition Service staff with whom I worked had not seen nor studied the results and conclusions of the National Nutrition Survey.)

With the Nutrition Service staff (i.e., the Deputy Chief, the two Office Chiefs, and three nutritionists) I went through the process of defining nutrition problem areas, determining target groups, formulating educational objectives, deciding on messages, channels and sources of information. (Appendix B is the handout I left behind.) I also discussed in rather great detail, and using different examples, the different types of objectives and audiences that may influence the approach or methodology of the nutrition (education) intervention (see Appendix C).

I also left behind translations of some of the messages developed by Manoff International for use in the Philippines, Nicaragua and Ecuador, and I asked the Nutrition Service staff to study the Tunisian Dr. Hakim programs (which were presented during the 1979 Mass Media and Nutrition Conferences).

In an evaluation session at the end of the assignment the staff expressed satisfaction about the explanations I had provided, and expressed hope that some of these would help them in improving their radio programs. It was recognized that a ten-day assignment was much too short to arrive at very concrete results. The holding of a Development Support Communication Workshop, which is recommended in the last section of this report, would be welcomed on the condition that it should be very practical (not a repeat of the 1979 Conference on Media and Nutrition).

## RECOMMENDATIONS

The recommendations that follow have been discussed with the entire staff of the Nutrition Service, and with a number of USAID/Yaoundé personnel.

1. The leadership of the Nutrition Service should provide more direction, guidance and encouragement to the staff.
2. The Nutrition Service should formulate and implement a program of action, based on a study of the results, conclusions and recommendations of the National Nutrition Survey. This means that it should determine and analyze the nutrition problems, define priority areas and priority target groups, formulate objectives and plan and carry out activities.
3. In order to support this overall nutrition program the Nutrition Service should develop an educational strategy by determining educational objectives, audiences, messages and channels, and should undertake all actions for implementing such a strategy.
4. The Nutrition Service should explore the various opportunities (increased financial, logistical and manpower resources) that may become available with the launching of the new Five-Year plan.
5. For an immediate improvement of the content and format of the nutrition radio programs the Nutrition Service should establish close collaboration and coordination with the Health Education Service.
6. With the assistance of USAID, a Development Support Communication Workshop should be organized with the objective to teach educational/communication practitioners in the rural development field (health/nutrition, agriculture, community development, education) a number of skills to make their approaches more appropriate and their products more attractive and effective. (See Appendix D.)
7. USAID/Yaoundé should explore the possibility of providing a limited logistical support to the Nutrition Service in order at least to facilitate the execution of some minimal activities.
8. USAID/Yaoundé should provide some basic literature (see Appendix E) to the Nutrition Service.

## APPENDIX A\*

### Health Education and Communications

Cameroon has chosen to emphasize education for health as a leading principle in realizing full health coverage of the population. Minister of Public Health Paul FOKAM KAMGA, in a speech delivered in April, 1978, spoke of the necessity of "mobilizing the population so that they can participate actively in the effort to improve health undertaken by public and private organizations." The expense of curative and hospital care and its narrow focus on the sick person, the growing population of Cameroon and the unavailability of adequate funds and personnel for health care were all cited as reasons for giving priority to preventive health measures. The mobilization of an intelligent and spirited population, active in its own health care, is the cornerstone in the development of an effective preventive health program.

I would like to discuss the measures taken in Cameroon toward this end, to consider their effectiveness, and make recommendations for the systematization on a national scale of education for health.

### Media

There is a potential for more effective use of radio than is made at present to disseminate health information in Cameroon. In almost all parts of the country, at least one or two stations can be heard. There are seven government-owned stations. The six provincial stations (the seventh provincial station will be operating soon in NWP) develop programs in local languages and pidgin, as well as carrying the national broadcasts for about four hours a day. It is estimated that there are about three million radio listeners in Cameroon out of a population of over eight million, and the number of listeners increases steadily. According to Chief of Production Services, Mr. ANGOU Sammy, at least three or four homes in every village have transistors, purchased at a cost of CFA 6,000-7,000 (\$5-6).

The Ministry of Public Health is only one of several ministries and government offices that at present produce programs for the radio. The Health Education Service of the MOH records short discussion programs on specific topics of health and "flashes" or brief announcements related to the on-going National Campaign for Hygiene and Cleanliness. They will soon begin recording a series of sixteen humorous playlets, featuring a husband and wife, on preventive health measures related to the campaign. The Health Education Service is understaffed and has little equipment of its own. It must rely entirely on the radio station for use of recording studio, tapes, and

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\* This appendix was prepared for the MEDCAM Project by M. Morgan, Health Manpower Development Staff, University of Hawaii, November, 1979.

technical services, all at a high price. As there is intense competition for time, space, and equipment at the station, recording is delayed or done without rehearsal, broadcasts are not made when scheduled, and tapes are often erased after one broadcast. The Health Education Service has not carried out any audience survey or evaluation of its own productions. It does encourage letters from listeners and adds or drops subjects in response to the letters; if questions on health are raised, the Health Education Office responds to them in a letter or over the air.

More effective use of the radio to disseminate health and health system information could be made if the Health Education Service had the funds and personnel to carry out a listener survey in order to direct programs more carefully in format, content and scheduling time to a target audience. There is a lively interest in story-telling traditionally and drama currently in Cameroon, and playwrights at the Ministry of Information and Culture already cooperate with several ministries in writing for radio. Poet and playwright Pascal BEKOLO BEKOLO, Assistant Director of Cultural Affairs in the Ministry of Information and Culture, expressed interest in developing a continuing radio drama; it might be possible also to ask for the assistance of Daniel NDO, an extremely popular humorist who comments sagely on social issues in the persona of a canny old man, Uncle Otsama, in plays produced for the radio and for the stage. The U.N.F.P.A. has expressed interest in supporting the radio production activities of the various ministries, and their assistance might be sought for a continuing radio series on health.

Because of diverse cultural practices and limited comprehension of French and English among rural populations, any dramatic series produced at the national level would be more effective if it were translated into predominant local languages and pidgin for broadcast by provincial stations, and if cultural adaptations were made as well to appeal to local audiences.

There is at present one national newspaper in Cameroon,\* the Cameroun Tribune, which appears daily (except Sundays) in French. A weekly edition in English appears on Wednesdays. The Tribune has been published regularly since 1974, which is something of a distinction, as many journals and newspapers last less than a year. The Tribune is, in fact, a government paper, and it exists to inform and educate the public to "prepare them for development." It prints 25,000 copies daily,\*\* and 80-90% of these are sold. Assistant editor-in-chief NGANDJEU Jean multiplies the communications figures by at least ten, because copies are shared, for a readership of up to 270,000. Editions of the Cameroun Tribune do not reach many parts of the country. They are transported by truck or train to provincial centers and large towns, or by plane, for example, to Douala and Garoua. With such a low circulation (in a population of over eight million) the Tribune is only reaching a very small elite.

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\* Other press products, which are more or less regularly distributed in Yaoundé, Douala and some bigger towns are: Objectif - 7,000 copies; Le Pari - 5,000 copies; Le Perroquet - 10,000 copies; Les Clochettes - 10,000 copies. See ESIJY-FORUM, No. 56, May, 1980:6. Frans Lenglet.)

\*\* This figure is taken from the Experimental Magazine of Journalism students on the media in Yaoundé: ESIJY-FORUM, No. 56, May, 1980:6. Frans Lenglet).

Articles on health have high priority in the Cameroun Tribune. Every day there is a one-page section focusing in succession on arts and letters (Monday), sciences (Tuesday), the economy (Wednesday), youth (Thursday), the family (Friday), and history and tradition (Saturday). On Tuesday, Thursday, and Friday, articles on health topics are frequent. Occasionally, a series of articles on a health topic of particular interest will appear throughout the week. Considering the limited circulation of the paper, the best use of it to disseminate health information would be to publish materials that can be used by school teachers, UNC leaders and others in a position to pass on information in regular contacts with a larger audience. Mr. Ngandjeu stated that it would be feasible for the Tribune to publish a series of lessons. The Health Education Service has been waiting a year for funds to publish a collection of stories and health lessons for use in elementary school classes. Some of these stories and lessons with suggestions for teaching could be printed in the Tribune as a series.

The third medium for dissemination of health information is film. The Ministries of Agriculture and Youth and Sports both have mobile cinebuses, which they take to rural areas near Yaoundé for projection and discussion of films relevant to their missions. The Health Education Service is occasionally able to borrow one of these cinebuses for projection of one of its own small stock of fifty films. These are presented with discussions of the subject before and following projection. The program is of limited usefulness in rural areas as long as the Ministry of Public Health lacks a cinebus of its own and staff to keep it operating. Even if the MOH had the resources, difficult roads would continue to curtail the circulation of a cinebus.

#### National Networks

The national systems that might best be used to disseminate health information in support of the mid-level and community health worker are the school system; the national party, Union Nationale Camerounaise (UNC) and its women's branch, OFUNC; and the health care system and government structures themselves.

Approximately 65% (over one million) Cameroonian children between the ages of six and fourteen attend primary school (1973-1977 figures). This percentage is one of the highest in Africa. Slightly more than half of these children attend public schools, and the rest attend private schools. However, there is a sharp difference between provinces. School attendance in the age group ranges from 90.6% in the South-Central province to only 28.6% in the North. In addition, the dropout rate is very high. Fewer than 20% of the children who begin school earn a primary school certificate. At the secondary school level, approximately forty percent of the 100,000 children enrolled attend public schools, and sixty percent attend private schools. Fewer than 40,000 of these children obtain a degree.

Despite the attrition rate and the low attendance rates in sections of the country, communicating health information through the school system is a

potential way of reaching young minds receptive to change, teachers, and, through both, their communities. In fact, the potential of communicating through the school system has not been realized at all. Although teacher-training programs include some sections on disease, hygiene, and other preventive health measures, according to Dr. TANGYIE Gerard (head of the school health service in the Ministry of Education), "students and teachers are equally innocent of health matters." To remedy this, a seminar in January, 1980, initiating a ten-year project, will bring together school administrators, teacher trainers, and MOH and MOE officials from around the country to determine basic health information and develop methods for incorporating it into school programs. It is hoped that the administrators will then organize provincial level conferences on the same subjects. Once mid-level and community health workers are in place their visits to schools not only can supplement health education courses but also can help establish their roles as new providers of health information and health care.

Cameroon is a one-party state. The political party Union Nationale Camerounaise (UNC) is linked to the government at all levels, from the village and quartier (neighborhood) party cells to the provincial party organizations headed by the governor and security chief of each province, and the National Political Bureau chaired by President Ahidjo. Health information supporting the acceptance of new mid-level and community health workers could be widely disseminated through this hierarchical structure. It would be particularly useful to reach different sectors of the community through the UNC auxiliary groups for youth, students, professional groups, and most important, OFUNC, the UNC's women's organization. OFUNC takes an active role in community development. It has given valuable support to the Ministry of Social Affairs' successful animatrices rurales (rural animators) program, and to the development of village health committees.

Information in support of the mid-level health worker and the community health worker can of course also be disseminated through the existing health system and government structure themselves. After information to be communicated has been decided upon at the national level, local health workers can speak to members of local networks (merchants associations, restaurant and hotel owners, food vendors, market and church groups) as has been done in DASP zones (Demonstration Zones for Public Health Action). The Ministry of Public Health can ask for the cooperation of all levels of government in disseminating information as was done for the National Campaign for Hygiene and Cleanliness, which was launched September 1977 and is still continuing. In that campaign, communes, municipal councils, the UNC, eleven ministries, prefects and other units and members of the government joined forces to inform the public and encourage the promotion of hygiene and cleanliness. A similar mobilization could be planned in support of the new health workers.

### Health Education Projects

Four health education projects now under way in Cameroon are (1) the National Campaign for Hygiene and Cleanliness, under the aegis of the Health Education Service; the health education components of (2), the DASP Zones project (Demonstration Zones for Public Health Action); (3) the Ministry of Social Affairs' animatrices rurales (rural animators) program; and (4) the PTHE (Practical Training in Health Education) project.

The National Campaign for Hygiene and Cleanliness (NCHC) was launched on September 11, 1978, after a year of planning and preparation, by the Health Education Service of the Ministry of Public Health. The specific objectives of the project were and are to teach people the relationship between cleanliness and sickness, and the possibility of resolving problems of hygiene and cleanliness; to obtain the participation of the community in planning and realizing activities designed to improve cleanliness; to provide educational experience that will encourage changes in habits, attitudes, beliefs, and customs that oppose hygienic practices; and to help the people discover and use their own resources in improving personal hygiene and environmental sanitation. Representatives of eleven ministries, the national party, UNC, and its women's organization OFUNC, traditional healers, CUSS, and other governmental units and members took part in planning the campaign. Committees at province, department, and district levels, headed, respectively, by the governor, prefect, and sub-prefect were formed to establish plans of action using local resources to solve local problems. Work committees were set up to research methods of motivation in rural and urban areas, to develop slogans and announcements for the media, and to write a speech to be delivered by the Minister of Public Health Fokam Kamga launching the campaign. Questionnaires for schools, health training centers, and municipal councils were developed to sensitize target groups toward problems of hygiene and cleanliness. Posters and documents were prepared on the program's objectives, and on practical organization of the campaign in schools and province, department, district, and village levels.

This ambitious mass education program was thoroughly and carefully planned, and involved Cameroonians from village to ministry levels from the start. Mr. JOE Elias, head of the Health Education Service, is generally pleased with the campaign's results. Inadequate funding has slowed production of a radio series and primary school text related to the campaign. However, despite these disappointments, there has been much direct involvement of the masses through local committee meetings and work groups, and widespread diffusion of information over the radio and in posters, which have reached remote health posts. Local officials have written to the Health Education Service expressing the people's requests for help and materials, and have reported activities undertaken in support of the campaign. It is impossible to determine accurately behavioral change accomplished through the campaign, but grass-roots involvement in planning and reports of local projects give the impression of effectiveness.

The DASP Zones project, with WHO, UNICEF, and bilateral assistance, was launched in the first of four large natural zones in Cameroon in 1967. The objective was to carry basic health services to the reach of all people

in a zone, through the "adaptation and integration of community medicine." The Zone IV Bamenda project got under way in May, 1970, and is spoken of as the most successful of the DASP zones. The health education component of the project has been influential in bringing about behavioral change. During the ten years of the project's existence, health education methods have been tested and evaluated and refined, and Mr. M. N. CHUBA, Senior Health Superintendent, is confident in his conclusions. Before DASP, health education was a function only of the itinerant worker. Now it is a duty of all health professionals. It has become routine. Different categories of workers are brought in to Bamenda for refresher courses in health education periodically. They are trained first to study the attitudes and traditions of their community and the background of those views and practices. They then are to present reasons for change in a dialogue with the community, working through Village Health or Development Committees to bypass traditional opposition. Appropriate tested materials are used. Mr. Chuba says that flip charts, if simple, are "effective." Models of village schools, latrines, and houses that can be simply made and moved about are effective, too. He showed me an example--a roughly made collection of village buildings that health workers are taught to make of cardboard, styrofoam, or whatever is available. Flannelgraphs are "too sophisticated." Posters are tested for effectiveness in surveys made in hospitals, schools, parks, and markets. ("Is the color natural? What is it about? Does the poster reflect local hairstyles, dress, housing?") The emphasis is on locally made materials depicting local realities that villagers can identify with. But outside resources are tapped, too. The names and addresses of all teachers in the zone have been sent to WHO, so that they can receive WHO Magazine and other free materials useful in teaching about health. The appropriate settings for health education have been researched as well, with maternal and infant welfare clinics, communicable disease clinics, and inpatient wards recommended, and outpatient clinics ruled out, for example. Most striking in the DASP health education program is the attitude of respect toward villagers and concern for their "conscientization" (although the word was not used). This extends to traditional birth attendants and healers, who are met as colleagues for dialogue on common interests. The Bamenda project workers have learned through experience that in a very poor village, health talks are likely to fail as a preliminary step in improving health. Health education may best follow efforts to make the village aware of its own resources through building a school or a road together--or may be used to stimulate development projects that in turn lead to improved health. In the community of Njen, within two years of the building of a health post, villagers opened a school and established a women's cooperative that bought up crops and sold them 17 kilometers away at market. The villagers learned what they could do themselves and where they could go--to the local Education, Public Works, and Health Departments--for assistance. An incident that followed health talks on penning domestic animals dramatically illustrates the potential power of an aware and determined community. In Njen, freely browsing goats and pigs were destroying kitchen gardens of tomatoes, lettuce, cabbage, sugar cane, and other delicacies. The Njen women declared war on their menfolk--in a tactic reminiscent of Aristophanes' "Lysistrata"--and refused to cook for them until they agreed to confine the animals.

A delegation of the offended menfolk came in to protest to the health department which had, they felt, created the problem. The health department backed up the women, however, and argued that their demand was only reasonable. The men returned home, met in traditional council, and at last gave in.

With the support of UNICEF, UNESCO, and the Union Internationale de Protection de l'Enfance, the Ministry of Social Affairs initiated in 1977 a program to recycle and make uniform the training of female rural community development agents (animatrices rurales). Health education forms part of the work of these agents. The Ministry of Social Affairs wrote to public and private organizations and various ministries asking them to select for recycling women working in rural development. These women--one hundred twenty so far--have undergone four-month training programs that teach them community organization skills as well as some technical skills in nutrition and ensuring safe water, for example. They are each given a mobilette, a portable petrol stove, a sewing machine with a small amount of cloth and thread, and agricultural tools, all for demonstrations. In addition, they are given a small fund for emergency aid for their villages. Each woman is assigned to approximately ten villages, which she visits in turn three or four times a month. One of these is her home village. Evaluation and supervision are now carried out by visiting Ministry of Social Affairs personnel. One community agent from each province will be trained to supervise the others in her province in the future. In each village, the agent seeks to form community leaders who will eventually take over and continue her own work. As in the DASP Zone project and National Hygiene campaign mentioned above, the community is respected and is the main resource for success. Mme. MVONDO, Chef de la Service de Règlements et Synthèse in the Ministry of Social Affairs, is confident that the program has been beneficial for rural communities, and will continue to be even after outside support and supplies are no longer furnished, because of the formation of community leaders.

The Practical Training in Health Education (PTHE) project was formally begun in September, 1978, with the aim of developing a model program (in two departments) incorporating health education activities into regular health services, to be extended ultimately to the entire population of Cameroon. In addition to developing model programs in the departments of Méfou (South Central Province) and Kadey (East Province), PTHE was to design curricula for training programs at university level, for field programs, and for teacher training programs, and to be available for consultation generally in health education. They also were to provide assistance to the Health Education Service's Audio-Visual Production Center. The University of North Carolina, under contract with AID, provided three field technicians. Additional manpower for work came from Peace Corps volunteers, most of whom were teamed up with itinerant agents. These two-person teams were to try to establish or revive village health committees in Méfou and Kadey, and through the committees mobilize the population.

The PTHE project has tried to provide versatile consultant and organizational services at many different levels of government in the health

education field. They have been hampered by transportation, budget, and staffing problems (chief of party leaving within the first year, different levels of ability of PCVs). They have, however, been able to bring together members of different ministries to learn methods of health education in active, practical workshop sessions, and to stimulate and jointly formulate plans for health education training of teachers, of field workers, and health care personnel in training. It is difficult to determine the degree of behavioral change at village level, however, or in the rural health posts. Dr. Darryl Candy, acting Chief of Party of PTHE, mentioned that success has depended on the quality of the field workers, which varies, and on MOH support in directives to field workers and department-level personnel. Some objectives (training 160 rural itinerant health workers) have had to be revised downward because the MOH is unable to provide funding. PTHE has probably heightened awareness of the importance and feasibility of incorporating health education into all levels of health work.

#### Advertising

Commercial health-related advertising has not been formally monitored and is not regulated as yet in Cameroon. Health workers with whom I spoke are concerned about the potentially deleterious effect of advertising, but they have as yet only an impressionistic idea of its effects. Mr. JOE Elias, head of the Health Education Service in the Ministry of Public Health, has recommended to his Ministry that health-related advertising at least be monitored. Recommendations of the First National Seminar on Nutrition (Yaoundé, 9-12 April 1979) included the advocacy of breast feeding and careful supervision of bottle feeding when it occurred, the development of local weaning foods, and the "control by health services of advertising concerning food and drink." These recommendations have not yet been acted upon. Dry milk and instant formula are widely available even in tiny street stalls, at a cost of about CFA 350 or \$1.75 for 400 grams. However, no health worker or government health official with whom I spoke feels there is any significant impact on the widespread custom of breast feeding up to the age of at least 18 months, coupled with abstinence from sexual relations for the duration. During antenatal clinics, the value of breast feeding is stressed. In addition, the Catholic Relief Service, which distributes soybean oil, bulgur, and nonfat dry milk to mothers of children under five, also stresses breast feeding and teaches mixing the milk powder with porridge.

The health workers whom I questioned about health-related commercial propaganda were chiefly concerned about beer and cigarette advertising. Consumption of both is increasing. Advertising for both products over radio, in the press, and on signboards even along rural roads, is widespread and aggressive. Beer is promoted as a restorative for tired athletes ("33") and as a beverage which is "good for you" (Guinness); cigarettes promise eternal youth (Bastos). Dr. Tangyie of the school health service stated that the diversion of income for beer has deprived children of needed food, and he feels that the problem is growing though he has no figures. Beer is available even in remote villages.

Both the radio and the Cameroun Tribune accept advertisements. (Revenue from radio ads goes directly into the national treasury, and that from newspaper

ads helps to make up the difference between the purchase price [CFA 40] and real cost [CFA 150] per copy.) Both have a policy of not accepting advertisements "contrary to the nation's interest." Examples of advertisements that have been refused were racist employment ads ("European secretary wanted") in the newspaper and radio commercials for French projects that implied Cameroonian products were inferior. A directive from the highest government authorities would be necessary to extend the policy of rejecting advertisements "contrary to the nation's interest" to those for products judged harmful to health.

One million children between the ages of six and fourteen attend primary school in Cameroon. This figure represents sixty-five percent of the age group, one of the highest primary school attendance rates in Africa. There is a tremendous potential for helping children develop good health habits at an early age, and influencing their parents as well. This potential is as yet unrealized. Teacher training programs include minimal information on disease, hygiene, and preventive health measures but, as mentioned previously, their knowledge and training is thoroughly inadequate and generally teachers and children are "equally innocent of health matters." There are exceptions to this, in areas where the health education programs of particular projects (PTHE in Kadey, DASP zones, for example) have begun to assist teachers to develop lessons and appropriate teaching methods.

In 1974, a School, University, and Sports Health Service was set up by the Ministries of Education and Health. The roles of the two ministries were ill-defined and the program has become a neglected and poorly funded step-child, despite the efforts of an energetic and devoted director, Dr. Tangyie Gerard. What was conceived of as a preventive program turned into a curative program severely limited by lack of personnel, equipment, and transportation.

A November, 1978 national conference on health education organized by PTHE established goals and principles for a national school health education program, and a second conference in January, 1980 will launch a ten-year effort to integrate such a program into the school system. The objectives established at the 1978 conference were:

- 1) to help children develop good health habits at an early age through basic knowledge of hygiene and preventive health;
- 2) to modify teacher training programs and to create recycling programs for current teachers to provide them with the knowledge and methodology for health education in the schools; and
- 3) to involve and educate parents through school health committees so that lessons learned at school will not be contradicted by the home environment.

Establishing school gardens, keeping grounds and classrooms clean, building and maintaining latrines and a safe water supply at school were practical lessons in preventive health for school children advocated at the conference. Local paramedical workers were to assist teachers in developing lessons focusing on regional health problems.

Appendix A, continued

The January, 1980 conference will bring together teacher trainers, teachers, and the highest provincial-level school administrators. It is hoped that participants will gain awareness of the importance of school health education and will develop plans for regional implementation of a school health education program. Provincial-level seminars will follow.

The emphasis in establishing a national school health education program is on local efforts and local resources, with health workers, parents, and teachers cooperating as best they can to create an effective and consistent educational experience at home and at school.

## APPENDIX B

### Six Steps in Nutrition Message Design

#### Step 1

What is the (mal)nutrition situation in the country? What are the main problem areas? Describe the main problems as precisely as possible. What are the population groups which are the most affected by these problems? Be as specific as possible. For instance: There is a problem of protein/calorie deficiency. Who are the most affected by it? Infants, babies, younger children, pregnant women, lactating mothers, others? Why is there a problem? Ignorance, traditional customs, lack of foodstuffs (always or seasonally)? Does the problem affect these various population groups irrespective of socioeconomic status, of geographical region?

Many of the answers to these questions can be found in the National Nutrition Survey. There you also find information on: breast feeding, bottle feeding, unvaried meals, diarrhea/dehydration, goiter, etc.

#### Step 2

What are the priority problem areas? And why? Is breast feeding, for example, more or less important than anemia? And is the absence of supplementary feeding for three-to-six-month-olds more or less serious than the unbalanced diet of twelve-to-eighteen-month-olds? In other words, which areas need to be attacked first? The "solution" of which problem would have the greatest impact on the level of malnutrition in the country/province/certain age group? Make decisions on these priorities by consulting the Nutrition Survey and by asking the opinions of various experts.

#### Step 3

Take the priority listing of problem areas and their corresponding population groups/target groups. Now, analyze the target groups. Describe them as fully as possible. What are their socioeconomic and cultural characteristics? What are the precise causes and reasons for their "problem"? What is their actual "nutrition behavior"? What are their "nutrition needs"? Of course, it will be clear that when talking about the lack of caloric intake in the three-to-six-month-old groups, you need to analyze the characteristics of the mothers (or the persons who care for the children), and the reasons why they do not give enough calories to the children. Answers to these questions will not always be found in the Nutrition Survey. Some specific research ("étude du milieu") needs to take place if you want to have all the necessary information.

Step 4

Define the nutrition education objectives. What are the outcomes of your nutrition education for each of the target groups? What do you want the target groups to be aware of or to know or to be able to do once the nutrition education intervention is over? Be as specific as possible. The more specific you are the better your education strategy (messages, channels, and sources) will be tuned to achieve the objective or goal you are after.

Step 5

Formulate your nutrition education strategy. This means that you have to decide on the specific messages (or recommendations) that you want to pass to the target group(s). You also need to decide on the channels you are going to use for passing these messages. (There are many different kinds of channels; radio is only one of them.) The channel you finally choose depends on a number of factors: availability, cost, is the target group reached through this channel, or is it exposed to it? If you think about using radio, for example, ask yourself the following questions: Does the radio signal reach the target group? Does the target group have (functioning) radio receivers? Do they listen (at the right time)? Do they understand (language)? If you chose as the main channel, for example, the village health worker, you may have to decide on an intermediate education strategy, namely, to inform the health workers about the aim of your main intervention and about the specific knowledge and skills you want to impart. If you decide on a mass medium as major channel, then you also need to determine what kind of person or persons will be the major source of information (e.g., a doctor, a nurse, an older woman, a young man, the President, etc.). Remember, usually an educational intervention relies on more than one channel, each channel supporting and reinforcing the other.

Step 6

Write and edit your messages. This might be a long and tedious activity. Do not despair. Ask the comments and suggestions of others. Do, if at all possible, some pretesting so that you are a little bit more certain that the message(s) will be understood and/or liked.

## APPENDIX C\*

### Differentiating among Nutrition Intervention Objectives

There is no single appropriate communication strategy in nutrition. There could not be, since nutrition interventions themselves vary greatly in the outcomes they seek. Here we ask seven questions about nutrition intervention objectives, and three questions about audiences who are to be reached. The appropriate communication strategy will vary with the answers to these questions.

1. Does the intervention seek to achieve its outcome without provision of new resources?
2. Are the behaviors (or the outcomes) sought through nutrition intervention tightly or loosely linked to the cultural milieu of the audience?
3. Will the behavior or other outcomes sought demand a reallocation of available resources or the expenditure of resources not available?
4. Are the rewards for adopting the behaviors required by the intervention obvious or obscure in terms of their immediacy, visibility, or saliency?
5. Is the goal of the intervention the change of attitude, knowledge, or behavior?
6. Does the intervention require the understanding and use of a single message, or does it depend on the accumulation of knowledge resulting from exposure to a series of messages?
7. Is the behavior sought by the intervention to take place one time or is it to be repeated?
8. Who is the audience for the proposed intervention?
  - a) Will the change be made by individuals or by some larger aggregation of individuals like the family or the community as a whole?
  - b) Is the audience to be addressed relatively homogeneous or heterogeneous with regard to cultural characteristics, language, present level of behavior, and so on?
  - c) Is the audience physically dispersed, or physically concentrated?

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\* Excerpted from Hornik, P. and D. Solomon. The Role of Communication in Nutrition. Stanford, Ca.: Institute for Communication Research, 1978.

## APPENDIX D

### Proposal for a Development Support Communication Workshop

#### Objective

To teach methodologies and skills for planning, implementing, and managing development support communication/education activities.

At the end of the workshop the participants should be able to determine how educational and communication approaches and messages may support development policies in the areas of health, agriculture, education/literacy, and community development.

By focusing on a limited number of problem/policy areas, the participants will formulate a concrete education/communication strategy (objectives, target groups, messages, channels, sources of information) and will prepare and produce concrete educational/communication products (radio programs or messages, posters, handbooks, photographs, flip-charts, cassettes, etc.).

#### Participants

Participants will be recruited from among practitioners in the fields of health/nutrition, agriculture, education, community development (animation rurale), and radio who could profit from such a workshop. For the workshop to be effective, the daily work of the participants must deal with development support communication/education in one form or another. Administrators should not participate. The number of participants should not exceed 15. If there are more than 15 candidates, the holding of a second workshop should be considered.

#### Activities

Workshop activities will be organized around a limited set of problem areas, which the participants will identify at the start of the workshop. Participants will undertake an étude du milieu about these problem areas by interviewing and observing relevant population groups. Educational/communication objectives for the various target groups will be formulated, and a strategy to reach these objectives will be determined. Depending on the strategy, the participants will prepare and produce the necessary materials.

#### Location

The workshop should be held away from the major towns. It is important that the participants are kept together for the duration of the workshop, and that they are not distracted by daily problems of transport, shopping,

## Appendix D, continued

social contacts, etc. A training institution such as the Community Development Training Centers in Kumba or Santa might be appropriate. The rural setting would allow easy contact with the population, which is a necessary condition for the success of the workshop. (It may be advisable to discuss this issue with the Institut Panafricain pour le Développement in Douala/Buea, which has considerable experience in running this kind of workshop.)

### Time

Any time is good, although there might be a preference for one season or another. Enough time should be allowed for preparing the workshop and for following up its results among the participants. It is thought that the maximum duration of the workshop should be two to three weeks. The possibility should be explored to hold two workshops, one for Francophone and one for Anglophone participants, although this might be politically undesirable and practically difficult to organize. The workshop trainers, if coming from abroad, should arrive at least one month before the start of the workshop to assist in planning and organizing, and should stay at least one month afterwards for following up the participants in their actual work.

### Collaborating Institutions

The following are some of the organizations that should or might be consulted for organizing or running the workshop:

- Institut Panafricain pour le Développement, Douala/Buea;
- UNICEF/Project Support Communication, Nairobi;
- UNESCO, Communication Advisor, Nairobi;
- Friedrich Ebert Foundation, Bonn;
- Friedrich Naumann Foundation, Bonn;
- International Nutrition Communication Service (INCS),  
Education Development Center, 55 Chapel Street, Newton, MA 02160, USA  
Tel. (617) 969-7100; cable: EDC NEW; telex: 922476;
- Ecole Supérieure Internationale de Journalisme de Yaoundé,  
B.P. 1328, Yaoundé, Tel. 22-38-27.

### Resources and Equipment

The workshop participants will need a minimum of equipment. The following items are suggested:

- Four Sony portable cassette tape recorders, with microphones, cables, tapes;
- Four 35mm SLR cameras with 50mm lenses, and films;
- Two Polaroid cameras, plus films;
- Art paper (large size for posters);

## Appendix D, continued

- Other art and graphic design supplies, such as ink, pens, paint, felt pens, pencils, letter stencils, lettrasetts, etc.;
- One duplicator, plus necessary supplies (ink, paper, stencils).

The precise quantities of this equipment will depend on the total number of participants, and the number of participating ministries and other organizations. After the workshop the equipment could be donated to one or more of the participating ministries.

Other resources: funds for food and lodging, transport, and sufficient vehicles at the site of the workshop. Also funds for film processing, printing, etc.

### Trainers

Some of the organizations mentioned above may be able to provide trainers for the workshop. A maximum of three trainers seems to be sufficient. The trainers should have considerable experience in Africa and in the field of development support communication. It would be highly preferable if they had done similar workshops. One of the trainers should have a radio background, another should have a graphic design background. There should also be expertise in planning skills.

It is absolutely necessary that the trainers have a very good working knowledge of English and French.

## APPENDIX E

### Short List of Some Useful Literature

#### On Nutrition Education:

- Ritchie, Jean A. Learning Better Nutrition: A Second Study of Approaches and Techniques. Rome: FAO, 1973.
- Shack, Kathryn W. (ed.). Teaching Nutrition in Developing Countries or The Joys of Eating Dark Green Leaves. Santa Monica, Ca.: Meals for Millions Foundation, 1977.

#### On the use of media (especially radio):

- Peigh, Terry D. et al. The Use of Radio in Social Development. Chicago: Communication Laboratory, Community and Family Study Center, University of Chicago, 1979 (Media Monograph 5).
- Bertrand, Jane T. Communications Pretesting. Chicago: Communication Laboratory, Community and Family Study Center, University of Chicago, 1978 (Media Monograph 6).
- Crowley, David et al. Mass Media Manual. How to Run a Radio Learning Campaign. Bonn: Fr. Ebert Stiftung (Mass Media Dept., Godesberger Allee 149, 5300 Bonn 2), 1975.

#### On "étude du milieu":

- Ravignan, F. de et L. Barbedette. Découvrir une Agriculture Vivrière. Paris: G.P. Maisonneuve & Larosse, 1977. (Also available from Institut Panafricain pour le Développement, Douala.)

## APPENDIX F

### List of persons met

T. Bethune	Project Manager, MEDCAM Project, USAID/Yaoundé.
R. Brown	Chief Health/Nutrition Officer, USAID/Yaoundé.
I. Ekani	Chef Adjoint, Service de Nutrition, Ministère de la Santé Publique, Yaoundé.
T. Epale	Chef du Bureau, Service de Nutrition.
K. Gridley	Health Education, Practical Training in Health Education, Ministry of Health/USAID Project.
R. Goldman	Deputy Officer, Agriculture and Rural Develop- ment Office, USAID/Yaoundé.
S. Handleman	Chief, Human Resources Division Office, USAID/ Yaoundé.
J. Jackson	Agricultural Officer, USAID/Yaoundé.
B. Jalloh	Nutritionist, Service de Nutrition.
E. Joe	Chef du Service d'Education Sanitaire, Ministère de la Santé Publique, Yaoundé.
E. Kerst	Health Officer, USAID/Yaoundé.
J.-C. Lowe	Chef du Service de Nutrition.
E. Ndjikue	Chef Adjoint du Service d'Education Sanitaire.
D. Palmer	Health Officer, USAID/Yaoundé.
C. Schuftan	Nutrition Planner, Ministère de l'Economie et de la Planification, Yaoundé.
E. Seumo	Nutritionist, Service de Nutrition.
G. Taka	Directeur Adjoint de la Programmation/Maison de la Radio, Yaoundé.

Appendix F, continued

G. Tedjou	Chef du Bureau, Service de Nutrition.
F. Wete	Directeur de l'Information et de la Presse, Ministère de l'Information et de la Culture, Yaoundé.
H. Warrack-Goldman	Health/Nutrition Advisor, USAID/Yaoundé.
J. Williams	Director, USAID/Yaoundé.