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ORS HEALTH EDUCATION AND PROMOTION
IN ZAMBIA

A Report Prepared By PRITECH Consultant:
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During The Period:
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I. BACKGROUND

Assistance in refining and expanding ORS educational and promotional efforts was undertaken at an opportune time. Zambia's rains were subsiding, lessening the contamination of water supplies and decreasing the incidence of acute diarrheal episodes. The ORS supply situation was becoming meager. The two local manufacturers of ORS packets were unable to produce enough packets to meet demands imposed by need.

General Pharmaceutical Labs (GPL), a parastatal company, was anticipating receipt of ORS ingredients from Mombasa. Delays of months were expected due to lack of a transport vehicle which could accommodate the cargo container shipment.

International Chemicals, Lusaka (Interchem) has also ceased production. Months of delay were attributed to damage of one machine part. A replacement part is being sought.

Meanwhile, imported packets are being distributed and incorporated into a local essential drug kit (for sale by medical stores).

It is hoped that the resurgence of local supply will coincide with implementation of educational and promotional plans included in this report.

II. INTERCHEM: EDUCATION/PROMOTION

Interchem is a private pharmaceutical company which launched "Medix ORS" in August 1986. Its ORS product now utilizes the international citrate formula for ORS and is now packaged to provide one liter of ORS solution.

Interchem has decided to focus new attention on its Medix line of over-the-counter (OTC) drugs, including "Medix ORS." As requested by Interchem, promotional support was lent Interchem through this consultancy. Along with promotional and marketing support, emphasis was placed on the need for education. Special emphasis was placed on the consumer's need to know that ORS is not a cure for diarrhea and that the solution must be mixed properly.

A. ORS Target Markets/Suggestions for Appropriate Educational/Promotional Materials

On the basis of discussions with the Interchem marketing staff and the nurse educator, PRITECH's Zambia representative and the MOH's health education division staff target markets for ORS were determined. These markets follow, along with suggestions for appropriate materials for reaching them.

Urban Population (58% of total population):

Point of Contact. Promotion could be accomplished in shops and clinics using posters, display ads, and informed sales people.

Radio. According to Myttoon (1974), radio provides 100% coverage of the population. Radio drama continues to be important, as do spots with messages. Primarily, broadcasts in Bemba and Nyanja language are heard. Second to these, English, Tonga, Lozi, and Kaonde are important. Sponsorship of radio drama series, dealing with day-to-day health and well-being issues, seems feasible given MOH assurances.

Television. According to figures from 1981, there are 60,000 television sets throughout Zambia. A video documentary on ORT, approximately 30 minutes in length, will be produced by Interchem. Spots will be derived from this documentary. Sponsorship of programs is possible using new spots derived from the documentary.

Live Drama (popular theater). Theater is planned for public sector promotion of ORS.

The Press. Newspapers could be an effective measure of ORT promotion, as all available newspapers seem well read. The

National Mirror, Times of Zambia, Sundays Times Daily Mail, and Mining Mirror could carry articles on ORT and advertising of ORS products.

Rural Population:

Point of Contact. Promotion could be accomplished in shops and clinics, using posters, display advertising, and informed sales people.

Radio. According to Myttoon (1974), radio provides 80% coverage of the population. Radio drama continues to be important, especially in local dialects. Spots and messages on ORS are also recommended.

The Press. Especially in local dialects, newspapers could be utilized for ORT promotion. Use of articles on ORS and advertisements on ORS products is recommended.

Health Workers, Doctors, Nurses:

ORT promotion could be included in the following venues:

Clinic Committee Meetings (held monthly) conducted by pharmaceutical representatives.

Nurses Seminars (held annually).

Hospital In-Service Trainings (held every three months in urban hospitals).

Medical Journal. National physicians' professional journal meetings provide the opportunity to present talks, workshops, displays, or slide presentations.

In addition, Interchem's nurse educator can provide direct outreach for education to clinics, shops, and professionals.

Chemists, Pharmacists, Shopkeepers:

Education on ORT could be conducted by pharmaceutical representatives. A leaflet on ORS, under revision, could be distributed from these shops.

B. Key Message Identification/Clarification

Mothers and care-givers in Zambia are presented with a choice of ORS packets. All of the packets are now mixed to make one liter of solution and all are relatively similar in packaging. The striking differences are in presentation through marketing. Given the message that one packet is superior to another, consumers can become misled and confused.

The overall desirable ORS promotional message to leave with mothers and care-givers is one that shows consistency between the public and private sectors. In discussions during the consultant's visit, it was agreed by both sectors that a common slogan should emerge as a unifying element, designed to lessen confusion and align "Medix ORS" with the public sector program and product, "Madzi-a-Moyo." The slogan, "ORS is Best," was coined during the consultation, tying in the message that ORS is the therapy of choice.

Other messages can reinforce the "ORS is Best" theme and encourage appropriate management behaviors. These messages include: diagnosis of diarrhea; diagnosis of dehydration; proper mixing of ORS; continued feeding and fluids throughout episodes of diarrhea; continued breastfeeding throughout episodes of diarrhea; misuse of antidiarrheal and other forms of "treatment" (traditional and modern); why ORS is not an antidiarrheal; and the benefits that ORS does provide, including ORS reduction of nausea and vomiting, restoration of the child's appetite and alertness, prevention of malnutrition, prevention of "drought" of the body, assurance to the mother that she can manage diarrheal episodes, and management of diarrhea at a low-cost to the family.

Recommendations:

1. Continue to plan promotional and educational materials with the unifying theme "ORS is Best."
 2. Keep ORS messages consistent with those recommended by WHO and used in public health education in Zambia. The aforementioned messages have been discussed in detail with Mabel Luo, Interchem Advertising and Customer Relations, and Rita Lungu, Interchem nurse educator. Messages will be explained and clarified for other key staff through a recommended in-service training on ORT.
- C. Review of Existing Materials/Recommendations for New Materials

To date, Interchem has developed a number of promotional materials, including a slide presentation, an ORS packet design, a pharmacist/chemist fact sheet, and an ORS poster. A brief description of each with recommended revisions follows:

Slide Presentation. The intended target audience is comprised of doctors and regional clinic officers. Altogether, it is informative and professional. Among other selling points for using ORS, the presentation lists that ORS "is a significant foreign exchange saver." The presentation contains a few erroneous messages; these have been discussed with Mabel Luo and

appear in the review below. It is also suggested that WHO be contacted for supplemental slides to add further information and interest.

Slide 1:

Oral Rehydration Salts

For oral treatment of dehydration associated with diarrhea.

Slide 2:

International Chemicals Limited

Now manufactures Oral Rehydration Salts in Zambia.

Slide 3:

If the child is thirsty and needs some liquid, then more ORS solution should be given.

Slide 4:

Continue feeding, especially breastfeeding, once rehydration is complete.

AMEND TO READ

Continue feeding, especially breastfeeding, during diarrhea and after. Increase home-available fluids as well.

Slide 5:

Oral Rehydration Salts Packet

Each packet contains 27.9 grams which is enough to make one liter of solution.

Slide 6:

Dehydration

It is the leading cause of diarrheal morbidity and mortality which results from the loss of fluid and electrolytes in diarrheal stool.

Slide 7:

Promotion of ORS

The implementation of a successful ORS therapy program through primary health care activities:

- family planning
- nutrition
- MCH centres

Slide 8:

The cornerstone of this therapeutic plan is the use of oral rehydration solution which is:

- inexpensive
- easily administered
- universally available

Slide 9:

ORS Formulation

	<u>Gram/Liter of Water</u>
Glucose Anhydrous BP	20.0
Sodium Chloride BP	3.5
Sodium Bicarbonate BP	2.5
Potassium Chloride BP	1.5

AMEND TO READ

(Instead of Sodium Bicarbonate)

Trisodium Citrate BP	2.9
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Slide 10:

The Interchem oral rehydration salt formulation uses a single solution containing the WHO-recommended composition to treat all age groups with all types of diarrhea.

Slide 11:

Guide for quantities that should be administered is as follows:

<u>Age</u>	<u>Volume in 24 hrs.</u>
below 6 months	1/4 to 1/2 liter
6 months to 2 years	1/2 to 1 liter
2 years to 5 years	3/4 to 1 1/2 liters
over 5 years	as desired

Slide 12:

To prepare ORS solution, the following single steps should be followed:

- Boil enough water in a clean pot until it bubbles and steam comes out.
- Let the water cool until you are able to comfortably touch the container with the water.
- Pour about one liter of the cooled water into a clean and dry container.
- Add all the contents of the packet into the container and stir until the powder is completely dissolved.

AMEND TO READ

To prepare ORS solution, the following simple steps should be followed:

- Measure one liter of clean water into container.
- Add all of the contents of ORS packet into the container. Stir until the powder is completely dissolved.
- Cover the container.
- Discard solution after 24 hours.
- Make a new solution.

Slide 13:

- The product is cheap.

- The product is available from all chemists, supermarkets, hospital pharmacists, family planning centers, community health centers, etc.
- ORS solutions are safe to use in all forms of diarrhea.
- It can be used safely even when there is vomiting, without the vomiting acting as an obstacle to its successful use.
- It can be used safely and efficiently in the treatment of diarrhea in any age group.
- It acts as an aid in preventing malnutrition.
- It is a significant foreign exchange saver.

AMEND TO READ

- It can be used safely and efficiently in the management of diarrhea in any age group...

Slide 14:

Reproduction of "Medix ORS" package front (see Attachment I).

ORS Packet Design

There is still a large supply of packets at Interchem awaiting filling. As soon as possible, it is advised that the following changes be made to the packet design.

Recommendations:

1. Correct the visual mixing message to reflect that two banana cups of clean water (not necessarily boiled and cooled water) plus one packet equals one liter of ORS solution.

2. Correct the packet message on breastfeeding to read:

"Continue feeding and giving fluids, especially continue breastfeeding."

Delete "once dehydration is complete."

3. Modify the illustration on the front of the packet to depict a mother giving ORS by spoon and cup.

4. Modify packet to read (front and back):

"For treatment of dehydration caused by diarrhea."

Pharmacist/Chemist Fact Sheet

Attached is a fact sheet which accompanies supplies of "Medix ORS" to pharmacies and chemist shops. It is intended to educate sellers of the product so that they, in turn, can promote "Medix ORS" with a base of knowledge (see Attachment II).

Erroneously, and dangerously, the fact sheet advocates withholding of feeding the child who has diarrhea.

Recommendation:

1. Immediately amend the Oral Rehydration Salts fact sheet to read:

"Feed babies and children during diarrhea and after.
Increase fluids as well."

ORS Poster

The black and white ORS poster (see Attachment III) has been used since "Medix ORS" was launched in 1986. While it still stands as an acceptable poster, there exists the possibility that newly designed posters will offer more information about the use and merits of ORS.

Recommendations:

1. Follow closely the lead of PRITECH in poster design.
Consumers will be less confused if ORS posters, whether they advocate "Medix ORS" or "Madzi-a-Moyo," are similar.

2. Incorporate as a central figure a mother administering ORS by spoon to her child (who should be approximately two years of age or younger). Include the messages to a) continue feeding, b) continue breastfeeding, and c) mix ORS properly, using visual instructions.

Recommendations for new materials:

1. The Interchem ORS budget for 1988 is K170,000 (approximately US\$21,250). Of that amount, K75,000 (US\$9,375) has been allocated for the production of a 30-minute documentary on ORS.
2. The film company, Central Studios, has already been selected because of its production quality. It is felt, however, that Central Studios needs direction in storyboarding productions on the subject of ORS. During this consultancy Mabel Luo, Rita Lungu, and I drafted a storyboard which will convert readily into a film. The draft is attached (see Attachment IV).

Recommendations:

1. Pretest the storyboard on target audience (mothers and general public).
2. Seek technical medical advice on content at this point of development.
3. Use sections of video documentary as radio and television spots.
4. Develop a popular song about ORS for the video documentary. Popularize the song on the radio and television as much as possible. The use of a popular singing group such as the Mwale sisters sounds like an excellent idea.
5. On posters, leaflets, and ads for the press emphasize these points:
 - "ORS is Best."
 - ORS is not an antidiarrheal but will restore strength and needed fluids to children with diarrhea.
 - Continue feeding and giving fluid throughout episodes of diarrhea.
 - Continue breastfeeding throughout episodes of diarrhea.
 - Mix ORS properly.

- Discourage the use of other medicines and treatments but not the use of other types of ORS, however.

6. Remember to always pretest materials on target audiences prior to publishing or airing. Seek medical and technical advice for accuracy of content.

D. Investigation of Local Advertising Agencies

Interchem has in the past worked with Central Studios. One 30-second television spot was written and produced by Central Studios. Unfortunately, technical medical advice was lacking.

The spot which was available for viewing had undergone revision by the television station. Its edits were technical film edits having to do with sound quality and lengths of footage. The spot was visually catchy and well shot. The ORS message was vague, however, and it gave little information on the product. Other Medix products, such as hair conditioner and cough syrup need little introduction. These are well-accepted OTC items. ORS, however, is a concept that warrants more information if acceptance is to catch and endure. Mothers who try ORS on their child's next episode of diarrhea are likely to be greatly disappointed and angry if they expect ORS to rid children of diarrhea. The product should be clearly positioned as a restorer

of energy and fluids when diarrhea occurs. It does not act as an antidiarrheal drug.

Interchem is interested in producing another 30-second spot for television, as well as a documentary on diarrheal disease. Money has already been allocated and Central Studios has been selected as the producer.

Given assistance with technical and medical aspects of ORS and a conceptualized storyboard, Central Studios should be capable of producing a quality, culturally appropriate documentary.

Recommendations:

1. The length should be scaled down to hold public interest and still incorporate important messages. Thirty minutes, the proposed length for the documentary, seems too ambitious for public consumption. Television spots could then be lifted from sections of the documentary. In discussions with staff at Central Studios, it is evident that enthusiasm is high.
2. Ensure that all direction is lent the staff.
3. Ensure that all materials are pretested at three separate stages:

- Review for the medical and technical accuracy of the content using Dr. Chintu and/or Dr. Mbonena as medical technical advisors.
- Test for target audience perceptions at the storyboard stage.
- Test for target audience perceptions after production but prior to airing or publishing.

E. Staff Training

Recommendations:

1. It is recommended that Interchem administrators arrange for key sales staff to attend a two-hour workshop on basic ORT concepts and issues.

Participants should include Mabel Luo, Rita Lungu, a pharmaceutical sales manager, sales representatives (4), consumer representatives (2), and invoicing representatives (3).

Appropriate trainers identified are:

Mr. Peter Mphande (MOH) - CDD Trainer

Mr. Lwandu (MOH) - Essential Drug Program

Mr. Nicolas Phiri (MOH) - Health Educator

Training should occur soon, while there is a lull in the production of "Medix ORS." In that way, the sales staff will be knowledgeable about all aspects of the product when it is again available for market.

F. Exploration of Mixing Containers

The standard packet now used in Zambia produces one liter of ORS solution. Those imported from other countries to supplement GPL or private sector supplies in times of internal shortages are one-liter packets as well.

In order to promote successful mixing of ORS, it is important to make the process of mixing as simple to complete and as culturally appropriate as possible. Often the only cue to mixing will be depicted on the packet itself.

Mixing instructions for ORS remain complicated because no single measuring container is available throughout the country. The problem will remain compounded unless "Madzi-a-Moyo" and "Medix ORS" agree on common instructions for mixing.

GPL is prepared to illustrate and recommend that its product, "Madzi-a-Moyo," be mixed using a plastic cup (see Attachment V). The cup, called a "banana cup," contains 500 ml of liquid. It

should be twice-filled and emptied into a basin together with packet contents.

Interchem wants to illustrate and recommend that "Medix ORS" be mixed using a 750-ml size Mazo bottle. Twice-filled to "where the bottle begins to curve" is the rough equivalent of a liter. The formerly available 750-ml packets of ORS were mixed using this bottle, filled just once; hence, confusion is possible.

Agreement has been a problem since each ORS packet manufacturer senses that its measuring containers are more readily available to consumers.

Based on a national study of available containers, the Zambian CDD Commission has determined official policy:

- Use of the banana cup produced by Checko's. It holds 500 ml, is made of plastic, and is obtainable by most Zambians. Two such cupfuls will satisfy the one-liter volume of water necessary for mixing ORS properly.

Recommendation:

1. Interchem should adopt the Zambian CDD Commission's official policy for illustrating the mixing of ORS.

III. MINISTRY OF HEALTH/PRITECH

A. Review of Educational/Promotional Materials Produced by the MOH

Materials reviewed and critiqued included:

The Community Health Workers' Handbook, 1984

Me and My Baby, 1983

Know about Diarrhea, 1985

1988 UNICEF, WHO, Zambian MOH photographic calendar

Know about Diarrhea, 1988

How to Control Diarrhea in Children, 1988

Recommendations:

1. Emphasize ORS as therapy of choice. Sugar-salt solutions (SSS) still seem to be the predominate method of therapy as depicted in the above.
2. Promote a more generic ORS product. The use of "Madzi-a-Moyo," to the exclusion of other ORS products, narrows public perception of that which is available or acceptable.

3. Simplify written materials for general public, mothers, and fathers. Attempt to use concise statements of information with photographs or illustrations, if possible.
4. Use more visuals. The use of more culturally specific photographs, minus background detail, would do much to clarify ORS messages, such as breastfeeding, continued feeding and giving of fluids, and mixing ORS and SSS.
5. Combine How to Control Diarrhea in Children with PRITECH's leaflet on ORS to obtain a comprehensive educational tool and translate into major languages.
6. Avoid use of messages which say "diarrhea kills." ORS does not rid children of diarrhea. Instead, ORT should be promoted as a means of putting energy and vital fluids back into children who have diarrhea.
7. Pretest and encourage pretesting of all health education materials. Use individuals from the actual target population to pretest materials prior to airing or production.

- B. Summary of Educational/Promotional Materials Produced on Behalf of the Ministry of Health and Approved by the CDD Subcommittee for Health Education.

UNICEF

UNICEF is employing live, popular theatre using "Maloza" to promote ORS. A 35-mm film production is being developed with financial support from UNICEF/Lusaka and technical assistance from Nairobi, Kenya. Two separate message-plays are being used: Universal Childhood Immunization (UCI) and diarrheal disease control.

A social mobilization workshop for provincial health personnel, political leaders, and the Women's League was organized and sponsored by UNICEF. The social mobilization effort is primarily directed at immunization but will include ORS as well.

UNICEF/WHO

UNICEF and WHO intend to promote World Health Day on April 7. The event will include displays and demonstrations on CDD. Nurses will give demonstrations of the proper mixing of ORS.

PRITECH

PRITECH is developing and producing three posters on ORS. Two local artists will be used; one artist will use a color photograph. The logo for the public sector ORS packet will be revised to depict spoon-feeding of ORS solution.

A leaflet on ORS will be translated into major languages and is targeted for mass distribution throughout country, as well as inclusion in an essential drugs kit.

PRITECH is using a popular, live theatre group, "Maloza," to reach urban and periurban areas with CDD messages.

A radio show—The Child and Health Programme—has been broadcast since October 1986.

A training video on ORS has been developed for the ORT Training Centre and Chainama College for paramedical professionals.

PRITECH has identified and employed local artists for ORT promotional materials. It maintains a collection of materials for use by other agencies.

UNICEF and SIDA

These two agencies have developed integrated nutrition/diarrheal materials to be incorporated into a child survival package for mothers and health workers. Materials include National Nutrition Surveillance Programme-generated materials: a card entitled "How to Have a Healthy Baby" and briefing papers on maternal and child health for health professionals.

UNICEF/WHO/National Food and Nutrition Commission

Radio programs scripted by Mickey Mum are sponsored by these agencies.

WHO/PRITECH/UNICEF/Canadian High Commission

These groups have been responsible for opening an ORT training center at the University Teaching Hospital which will serve as a subregional facility for training physicians, nurses, and other professionals. The center is under construction and is due to open in May 1988.

Recommendations for further promotion and education:

1. Consider collaboration among the above agencies to develop concepts and scripts for a long-term radio drama. Health messages could be incorporated into the lives of a family of characters. Concepts for programs could include the death of an under-five child due to dehydration, the expense of marrying off a daughter in urban style, etc.

Interchem will consider sponsorship of the drama series, provided assurances are made that there is no conflict of interest involved.

2. Consider production of a booklet on diarrheal disease for schools. Similar in format to the MOH booklet, AIDS Information for Secondary Schools, it would provide instructors with materials and information to be readily incorporated into science and home-craft curricula.

The Ministry of Education should be contacted to assess their interest in such a scheme.

ATTACHMENT I

MEDIX

ORS

FOR ORAL TREATMENT OF DEHYDRATION
ASSOCIATED WITH DIARRHOEA



Do not boil water after adding powder.

FOR ORAL TREATMENT OF DEHYDRATION
ASSOCIATED WITH DIARRHOEA

PREPARATION OF SOLUTION:

Dissolve ENTIRE contents of packet in 1 litre of boiled, cooled water.

DIRECTIONS FOR USE:

Unless otherwise instructed by a physician drink a volume of ORS solution equal to a volume of stool passed or as much as thirst demands.

THE NORMAL RANGE FOR AMOUNTS CONSUMED IS:

Age	Volume in 24 hours
Below 6 months	¼ to ½ litre
6 months to 2 years	½ to 1 litre
2 years to 5 years	¾ to 1½ litres
Over 5 years	As desired.

Continue feeding, ESPECIALLY BREAST FEEDING, once rehydration is complete.

INGREDIENTS: Each litre of solution contains:

Glucose Anhydrous, BP	20.0 g
Sodium Chloride BP	3.5 g
Trisodium Citrate BP	2.9 g
Potassium Chloride BP	1.5 g
Net weight 28.0 g	Excipient
	0.02% W/W Aerosil

STORAGE:

Keep in a dry place out of direct sunlight.

Manufactured by International Chemicals, Lusaka.

29'

ATTACHMENT II

AP

INTERNATIONAL CHEMICALS LIMITED

ORAL REHYDRATION SALTS

SUMMARY:

Rehydration in cases of acute diarrhoea of any kind or etiology and in all age groups can be treated orally with a simple glucose - electrolyte solution. This is what O.R.S basically is. Its' major function is to replace or put back the liquids lost when diarrhoea attacks you.

RECOMMENDED USES:

For oral treatment of dehydration associated with diarrhoea.

DOSAGE AND ADMINISTRATION:

Normal range for amounts consumed is to drink a volume of O.R.S equal to a volume of stool passed.

Recommended amounts are as follows:-

Below six months	- 1/4 to 1/2 litre
6 months to 2 years	- 1/2 to 1 litre
2 years to 5 years	- 3/4 to 1 1/2 litres
Over 5 years	- As desired.

▶ Do not feed the baby during this period, continue after rehydration is complete.

Keep product out of direct sunlight.

ACTIVE INGREDIENTS: Glucose Anhydrous BP-20.0g

Sodium Chloride BP 3.5g
Trisodium Citrate BP 2.9g
Potassium Chloride BP 1.5g

NET WEIGHT : 28.0g

SHELF LIFE : 2 years

DISTRIBUTION : General Sale

PACK : Packed in Sealed satchets

ATTACHMENT III

ORS

**ITS NEW! ITS EFFECTIVE!
JUST FOR YOUR CHILDREN**



**ORAL REHYDRATION SALTS
A PERFECT TREATMENT FOR
DEHYDRATION DUE TO DIARRHOEA AND
VOMITING**

*in **ORS** sachets*

ATTACHMENT IV

DRAFT DOCUMENTARY ON ORS

30 minutes

Setting: maize field

Camera focuses on one withered stalk of maize in dry, parched earth.

Pull away to whole field of maize in same condition.

Setting: childrens' ward in hospital

Camera focuses on one dehydrated, ill child of two years of age.

Pull away to ward of children in same condition.

[voice over] "These children, like the maize, have lost the water necessary for life."

"How did these children become dehydrated?"

Setting: doctor's clinic

[doctor's voice] "There's a simple explanation why these children are dehydrated. They need fluids put back into their bodies."

"It all began with diarrhea, many loose, watery stools."

"No matter who you are."

Camera shows a modern, urban mother.

"No matter where you are."

Camera shows a village setting with mother and children.

"No matter how you live."

Camera shows split screen image of different Zambian lifestyles.

"Your children can get diarrhea."

"When your child first gets diarrhea, precious water is lost. With each episode of diarrhea, more water is lost. Dehydration sets in."

[doctor showing signs] "The eyes become sunken. There is little urine and it is dark colored. The mouth is dry; the skin is dry. There are no tears. If you pinch skin, it stays upright. The soft spot on top

of the baby's head sinks down. Death can soon follow."

"Dehydration can be stopped and it can be stopped at home by you."

[Mwale sisters sing the oral rehydration song] -

"At the first sign of diarrhoea, mix a packet of ORS."

Camera uses an outside shot, outside stove/cooker, in compound, with mother mixing.

[appropriate visuals]

"Give small sips of ORS with a cup and spoon. Give as much as the child will take. Cover the container to keep out insects."

"With the new day, throw out the old solution. Mix a fresh packet with new, clean water. Continue to give as much as child will take."

"Remember to continue feeding the child to give strength."

"Breastfeeding also needs to be continued to add strength."

"Also give other fluids, like water, milk, and fruit juices."

[doctor says]

"Do not give other medications along with ORS. The child with diarrhea does not need tablets, injections, or kaolin. The best medicine is ORS."

Camera zooms to packet.

"If diarrhea lasts for more than two days, take the child to a health centre. Or, if there is blood in the stool, hurry the child to the health centre."

[appropriate visuals]

"Remember, we can help prevent diarrhea and dehydration."

"We can maintain healthy surroundings: boil water for drinking, use soap, dispose of waste materials in rubbish pits, keep a clean house, and cover food containers to avoid flies and insects contact."

[doctor says]

"And, if diarrhea occurs, always reach for a packet of ORS. ORS is best."

ATTACHMENT V



USAID/PRITECH Consultancy Report

ORS HEALTH EDUCATION AND PROMOTION IN ZAMBIA

Prepared by:
Diana Johnson-Castele
of PATH
The Program for Appropriate Technology in Health

for
PRITECH
The Primary Health Care Technologies Project

Zambia
February 26-March 9, 1988