



# **PRITECH**

Technologies for Primary Health Care

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KENYA CDD PROGRAMME  
FINAL REPORT OF  
THE COMMUNICATION RESOURCE PERSON

A Report Prepared By PRITECH Consultant:  
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During The Period:  
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KENYA CDD PROGRAMME

FINAL REPORT OF THE COMMUNICATION RESOURCE PERSON

COVERING THE PERIOD NOVEMBER 1987 - DECEMBER 1989

SUMMARY

The consultancy started under difficult conditions arising mainly from:

- inadequate appreciation for the role of communication in general and in the CDD programme in particular;
- vague administrative and funding arrangements and unclear arrangements/demarcation of responsibilities between the participating agencies PRITECH, UNICEF and the Ministry of Health;
- lack of a clear definition of the tasks of the different individuals and departments, sometimes leading to neglect of important aspects of the project;
- lack of collaborating agencies and individuals' appreciation of, and inexperience with the communication process used, especially in regard to the processes, time and team work required from all departments to accomplish material development and testing tasks;
- funds flow problems.

In spite of these difficulties, the objectives of the consultancy were largely achieved, and at the end of the

consultancy communication was firmly integrated into the CDD programme, the necessary focus group research had been undertaken, basic communication materials pre-tested and produced, key members of the District Health Management teams trained in material use and communication and plans for implementing communication activities generated at the periphery. In addition, the foundation for research-based communication had been laid and the mechanisms for processing communication agendas and materials established.

## 1. INTRODUCTION

### 1.1 SCOPE OF WORK

The consultant came into the CDD Kenya programme after it had been running in an organised form at least a year with two components: case management and training. The consultant's SOW was:

- (i) To provide long term technical assistance in health communications to the Ministry of Health CDD Programme.
- (ii) To co-ordinate CDD health communications activities in Government and NGOs.
- (iii) To develop and execute plans for design, testing, production and dissemination of training materials and public education materials, both print and broadcast.
- (iv) To serve as a point of co-ordination between Government, USAID and UNICEF, especially in relation to project disbursements and reports.
- (v) To assist the CDD Management Unit in planning, co-ordinating, implementing and supervising CDD activities.

## 1.2 OBJECTIVES

Out of the above scope of work, the objectives for the consultancy were to:

- 1.2.1 Generate a plan for integrating communication into the ongoing CDD programme.
- 1.2.2 Integrate communication into the ongoing CDD programme and transfer to the districts responsibility for implementation.
- 1.2.3 Produce basic communication materials to support the CDD communications.

## 2. INTEGRATION OF COMMUNICATION INTO CDD OPERATIONS

The Kenya CDD programme started in 1986 with two components: Case Management and training. Efforts to incorporate communication started late in 1987. To date, the contributions of the communication section of the programme has included:

- conducting focus group discussion in the phase one programme areas (in Western Kenya) - 1987/88 to gather data necessary in the production of appropriate educational materials;
- spearheading the initial CDD planning process which led to the Naivasha planning workshop in April 1988. This was the first CDD planning forum to include communication. The planning meeting also took major decisions on other CDD strategies. This included revising and finalising the CDD policy. As a follow-up to the Naivasha meeting, the 1988/92 CDD programme projections were developed. Among other things, the

document detailed the CDD process of communication, social mobilisation and programme delivery;

- integrating communication into the proposed CDD manual and the proposed curriculum for health training institutions and
- bringing about a better appreciation for the role of communication in the CDD programme.

### 3. PREPARATION AND DISTRIBUTION OF CDD MATERIALS

#### Print

Preparation of the following print materials was completed and the materials produced and distributed.

- CDD theme poster
- Rules of diarrhoea treatment (poster + flyer)
- $\frac{1}{2}$  litre ORS mixing instructions (poster + flyer).  
Use of this aid is withheld pending the change-over process early in 1990.
- A CDD booklet for leaders and extension workers.
- Bumper stickers
- T-shirts
- CDD Logo produced and included on all print materials.

UNICEF has ordered from overseas CDD Balloons which are yet to arrive.

## Radio

Thirteen 15-minute CDD programmes were prepared in English, Kiswahili and five languages spoken in the Phase One CDD communication area (Western Kenya), namely, Luhya, Luo, Kigusii, Teso and Kuria. The programmes were aired on the Voice of Kenya on a weekly basis effective July 24, 1989. Embedded in each of the programmes were four spots emphasising key CDD messages. Before the airing of the series of 15-minute ended towards the last half of October, broadcasts - two per day - commenced and are expected to continue for at least a year under UNICEF sponsorship.

## 4. MATERIAL USE WORKSHOPS

In order to improve distribution, utilisation and tracking of CDD communication materials, a communication and material use workshop took place August 1 - 18, 1989. Participants were Health Education officers (incharge of CDD activities in the districts) and the nursing officer incharge of ORT centres. The objectives of the workshop were to:

- review CDD communication and social mobilisation strategies in the districts;
- review educational material available for CDD communication;
- discuss effective CDD material distribution, use and monitoring strategies;
- discuss monitoring of communication activities.

## 5. PLANNING AND CAPACITY BUILDING

A series of briefings and planning seminars were held with Provincial and District Health Management Teams (PHMTs and PHMTs) and Health Education Officers, co-ordinators of the programme at the periphery. At these meetings, the teams were briefed on the objectives, plans, and the delivery process of the CDD projects. The role of each cadre and level were discussed during these meetings and the communication planning, implementation and monitoring process agreed.

Based on this process CDD District plans for 1989 were generated and updated during these workshops.

## 6. LAUNCHING OF CDD COMMUNICATIONS

CDD communication activities were launched by the Minister for Health, Honourable Mwai Kibaki, at Siaya District Hospital, Nyanza Province, on November 10, 1989.

The highlight of the launching was the Minister mixing a packet of ORS in a kimbo tin (one litre) and giving it to a child with diarrhoea. Launching proceedings were well attended and well covered by both the Press and the electronic media.

## 7. LITRE TO HALF LITRE CHANGE-OVER MATERIAL

The following materials were prepared to facilitate the sachet-size change-over:

- pictorial packet instruction in Kiswahili;

- English mixing instructions (non-pictorial);
- a leaflet to be inserted in ½ litre ORS packages to warn health workers of the new packet size;
- Radio spots (currently under preparation).

#### 8. CDD FLIPCHART

A CDD flipchart is currently under preparation to help health and other extension workers to communicate CDD messages more effectively. The text and proposed illustrations (mostly the pictures used on CDD material for the general public - see 2 above) have been reviewed at the CDD Unit and passed on to the UNICEF Graphic Artist who will prepare the artworks for review and pre-testing. After the pre-test and review process, the UNICEF Graphic Artist will make the necessary corrections and prepare final camera-ready artworks in direct consultation with the CDD Unit.

#### 9. COMMUNICATION RESOURCE MATERIALS

Based on communication planning activities which have taken place and the needs expressed at meetings and workshops held with Health Education Officers and other members of the District Health Management Teams (DHMT's), the communications section developed drafts comprising two pieces of resource materials to facilitate the work of DHMTs. The drafts are:

- Guidelines of topics to be covered during seminars and discussions with the various community groups;

- Communication reference resource material recording the major issues discussed during the workshops and interactions with DHMTs.

Field test drafts will be ready early in 1990. (These will be provided by the Communication Resource Person outside contract time).

10. COLLABORATION WITH OTHER UNITS OF THE DIVISION OF FAMILY HEALTH (DFH)

The CDD communication section personnel have worked closely with KEPI and MCH/FP units of the DFH. They have facilitated at courses organised by these units and participated in their planning activities, helping foster closer collaboration between units of the Division of Family Health.

The CDD communication section actively supports the proposal to establish one Communication Reference Group and one newsletter for the whole unit. Both proposals have been made by the Director of the Division of Family Health.

11. FUNDING ISSUES

The issue of a smooth and timely flow of funds to support district level activities remains the most worrying issue in Kenya CDD communications. Throughout 1989, for example, only Kshs100,000 was able to flow down to one district to support district level communication activities. The other eight districts went without communication money! This means that the plans developed by the districts went largely unimplemented. The bottle necks in the process of transfer of funds to the Districts needs to be addressed and ironed out urgently to permit smooth implementation of activities on the ground.

## 12. CDD PLANNING FOR 1990/91

The communication section participated fully in the CDD planning meeting of July 24 - 28 which generated the 1989/91 plan of action and budget. The main thrust of the programme in the plan period, with specific reference to communication will be:

- (i) To revitalise the planning process started in the pilot areas in 1989 and generate plans for 1990.
- (ii) To expand intensive communication activities from the phase one districts to:
  - Coast Province (All Districts) in the first half of 1990;
  - Eastern Province (All Districts) the last half of 1990;
  - Rift Valley (seven districts) the first half of 1991;
  - Rift Valley (remaining districts) in the second half of 1991.
- (iii) to evaluate the impact and benefits of 1989 CDD communications.
- (iv) Based on the above evaluation, generate and implement communication strategies and activities which will, among other things, will include ensuring that money to continue radio spots is available and re-print of educational materials, among others.

- (v) Train 50 DHMT members who will in turn train 1,300 extension health workers involved in CDD activities.
- (vi) Produce school comic material in liaison with Care/Kenya and distribute to schools throughout Kenya.
- (vii) Contribute regularly to the Division of Health newsletter to be established by the Director of the Division and participate in the activities of the Communication Reference Group to be established by the Division of Family Health.

### 13. FUNDS REQUEST FOR 1990 ACTIVITIES

The plan of action 1989/90 and 1990/91 page 20-22 details CDD Communication activities for this period. The budget is at page 42. Funding requirements for 1990 are as follows and should be negotiated by the DFH, requested and processed in good time.

ACTIVITY (1990 Needs)	1ST QUARTER	2ND QUARTER	3RD QUARTER	AGENCY
Radio jingles (air time)	1,400,000	1,200,000	1,200,000	UNICEF
Evaluation of CDD communicat- ion	300,000	-	-	PRITECH
Production and Distribution and comic books	100,000	2,955,800	-	UNICEF
Development and production of Flipchart	400,000	-	-	UNICEF
Reprint of existing materials (½)	1,296,000	-	-	UNICEF
3 Material use workshops for three provinces	40,000	40,000	-	UNICEF
DHMT organised communication workshops	150,000	200,000	250,000	GOK-CPF
Two monitoring and supervision visits conducted every three months				
- CDD Communication	34,000	40,000	34,000	PRITECH
- District level	60,000	80,000	100,000	USAID/GOK
	3,780,000	6,508,800	1,584,000	70%