PN ABX-510

BASICS
TRIP REPORT

Haiti: Message, Media, and Materials Development Workshop

BASICS is a USAID-Financed Project Administered by
The Partnership for Child Health Care, Inc.

Academy for Educational Development (AED)
John Snow, Inc. (JSI)
Management Sciences for Health (MSH)
1600 Wilson Boulevard, Suite 300; Arlington, VA, 22209; USA

Haiti: Message, Media and Materials Development Workshop

June 29 - July 13, 1995

Peter Gottert

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ACRONYMS

AED	Academy for Educational Development
BASICS	Basic Support for Institutionalizing Child Survival
COLVOLs	Community Health Workers
IEC	Information, Education, and Communication
INHSAC	Haitian Institute of Community Health
JHU	Johns Hopkins University
KAP	Knowledge, Attitudes, and Practices
NGO	Non-governmental Organization
PCS	Population Communication Services
PVO	Private Voluntary Organization
USAID	United States Agency for International Development

I. EXECUTIVE SUMMARY

At the request of BASICS and the Johns Hopkins University/Population Communication Services (JHU/PCS), Peter Gottert, Senior Program Officer at the Academy for Educational Development (AED is a subcontractor to the PCS project) traveled to Port-au-Prince, Haiti, from June 29 to July 13, 1995 to facilitate a message, media, and materials development workshop. Gottert initiated preparations for the workshop during a preliminary one week technical assistance visit to Haiti at the end of May.

The workshop was part of the USAID-funded Happy and Healthy Child Project which is being carried out by the Haitian Institute of Community Health (INHSAC) with technical assistance provided primarily by JHU/PCS with support from BASICS. The project is organized to work through a network of private voluntary organization (PVO) and non-governmental organization (NGO) health organizations that are implementing field activities in the capital and rural areas. The project goal is to strengthen the Information, Education, and Communication (IEC) component of these organization's field programs.

The five-day workshop was held at a training center one hour north of Port-au-Prince. Twenty-three participants (including facilitators) from 15 organizations attended. The overall goal was to develop a series of 12 to15 priority health messages that would serve as the foundation for all project activities. The workshop was also designed to initiate the development of a radio drama, interactive radio programs, and print materials. The workshop module was written by Gottert in consultation with the PCS/INHSAC team, between the two trips to Haiti. The workshop program was highly participatory and emphasized skill-building through a series of practical exercises.

The level of participation during the workshop was extremely high. Despite a very heavy schedule, all workshop objectives were met, principally because participants continued group work each day for one or two hours after the official end of the daily program.

Following the workshop, Gottert organized a series of planning meetings with INHSAC and PubliGestion, a local advertising firm working with INHSAC, to review the next steps to be taken.

II. PURPOSE OF VISIT

In Haiti, the principal task of Peter Gottert, AED Senior Program Officer, was to facilitate a message, media, and materials development workshop for INHSAC and PVO partners collaborating on the USAID-funded Promotion of the Happy and Healthy Child project. Following the workshop, Gottert organized a series of meetings with INHSAC, PubliGestion, PCS, and BASICS to insure that all workshop activities had been completed and plan the next steps for material and media development

III. BACKGROUND

The Johns Hopkins University/Population Communication Services (JHU/PCS), is providing technical assistance to INHSAC, a non-profit Haitian organization responsible for carrying out the USAID-funded Happy and Healthy Child project, in collaboration with a PVO/NGO health network. Additional technical support for the project is being furnished through the BASICS project.

The project work plan calls for the development of an interpersonal communication curriculum, print materials, and mass media to strengthen the IEC component of collaborating organizations. To date, INHSAC has conducted a start-up workshop, carried out qualitative field research, and organized a two-week workshop to develop an interpersonal communications curriculum. A baseline KAP survey is planned for August 1995. PubliGestion, a local advertising firm was hired to assist INHSAC with the development of print materials, a radio drama, and interactive radio programs.

Gottert made a five-day trip to Haiti in late May 1995, as an initial step in organizing the workshop. During that visit, Gottert had a series of meetings will key members of the project team. As a result, it was decided to limit the workshop to five instead of ten days as originally planned and minimize the theoretical content of the workshop. The team agreed that messages currently in use by the health network members would form the basis for developing approximately 12 to 15 priority messages during the workshop.

The production of print materials was also reviewed during Gottert's first trip to Haiti. The project team chose to replace printed plastic sacks for mothers with the development of a sticker book and a diploma, based on successful implementation of this procedure in West Africa.

Preparation of the Workshop Module

Following his first trip to Haiti in late May 1995, Gottert prepared a draft workshop module which was sent to Port-au-Prince in early June Feedback on the draft was received shortly afterwards and incorporated into the final module before Gottert left for Haiti.

The workshop program was divided into three parts

• Part I	Message development	Day 1, 2 and the third morning
• Part II	Materials and media development Group work by three technical teams, radio, materials and pretest	Day 3, 4

• Part III	Synthesis, presentation of group work, next steps	Day 5

IV. TRIP ACTIVITIES

A. Workshop Preparations

Gottert met informally with Lee Ann Smith of BASICS and Danielle Baron of PCS on Thursday June 29, shortly after his arrival. On Friday morning, all workshop facilitators attended a final organizational meeting at INHSAC. During the meeting, the module was reviewed in detail and responsibility assigned for each session. Additional materials that had to be photocopied were identified and workshop logistics were discussed. A PCS team completed assembling the modules on Friday afternoon.

On Saturday July 1, three workshop facilitators visited the Xaragua training center, one hour north of Port-au-Prince to insure the facility was prepared to receive the participants and that the center had electricity around the clock.

With one exception, all workshop participants and facilitators arrived at the Xaragua Hotel on Sunday July 2. This early arrival helped to insure that the workshop officially opened as planned by Ms. Christine Bertrand, the Associate Director of INHSAC, promptly at 8:00 a.m. on Monday, July 3.

B. Workshop accomplishments

Universal participation

The level of participation during the workshop was as high as this consultant has ever experienced. All participants contributed actively to each session. Group work continued each evening until 6:00 p.m. or 7:00 p.m. - one or two hours after the official end of the daily program. Another indication of the participants involvement in all workshop activities was the attendance at the two evening presentations on materials development and interactive radio. Although these evening sessions were voluntary, all workshop participants were present.

Part I: Message development

Following a presentation of the research results, and an introduction to the message development methodology, five working groups were organized to evaluate and synthesize existing messages and construct new messages based on the research results. The five groups were set up according to specific health interventions: vaccination, control of diarrheal disease and acute respiratory infections; breastfeeding and nutrition, hygiene and family planning; and AIDS/STDs. By

Tuesday evening, each group presented a short list of four to seven messages that it had developed.

Each message developed at the workshop is composed of the following three parts:

a. The core of the message is a "small doable action." "Doable" means that the action should not cost much money, if any, should not take an unacceptable amount of time and is reasonably compatible the traditional attitudes. Teams were encouraged to make the actions as specific as possible.

b. Audience: The principle person responsible for carrying out the action is identified at the beginning of the message.

c. Benefit: the benefit of the action is expressed in terms that best motivates the population to carry it out.

Evaluation forms, prepared in advance, allowed teams to compare messages by determining which actions had the greatest health benefit to the family and be easiest for a family to undertake. In all, 34 draft messages were developed for the seven primary health care interventions plus family planning, and AIDS/STDs.

Selection of Priority Messages: Next, workshop participants identified 15 priority messages according to the following procedure

Step 1: Review and recommendations - On Wednesday morning, during the first session, the 34 messages were posted and individual participants were invited to note recommendations for consolidating and strengthening them. The recommendations were then collected and set aside. Later, once the priority messages had been identified, a small technical team referred to the recommendations when revising the messages.

Step 2: The following criteria was established for selecting priority messages:

a. the public health benefit to the family;

b. the facility with which the message can be carried out; and

c. the need to identify at least one message for each intervention.

Step 3: Each workshop participant and facilitator was then given 12 ballots (self-adhering stickers) to vote for the most important messages. There were two categories of ballots; four blue ballots worth three points each and eight green ballots worth one point each. The participants were given 30 minutes to select 12 priority messages. During this time,

there was a dynamic exchange of opinions and ideas as small groups of participants discussed the value of each message.

Step 4: Finally, the top 20 messages were collected, starting with those that received the highest number of points. In a general session, the messages were then proposed one by one to the participants for inclusion in the priority group. The first ten messages were approved unanimously. From that point on, additional consideration was given to insuring the overall selection included messages for each intervention. Following 45 minutes of energetic debate, the participants agreed on 15 messages.

Part II: Materials and media development

Once the priority messages were identified, three technical teams - radio, materials, and pretest - were formed. These teams worked together for a day and a half through Thursday evening.

Radio: The radio team established the overall setting for radio drama, developed the principle characters, set out the primary and secondary messages for each episode, developed a synopsis for the first five episodes, and initiated in-depth work on episode one.

Materials: This group had two assignments. On Wednesday afternoon, it developed initial guidelines for using the sticker book. On Thursday morning, the team returned to Port-au-Prince to take a series of photos which are intended to serve as a resource for all visual aids developed by the project. The goal of this activity is to visually capture the actions promoted by the priority messages.

Pretest: This group split into three smaller teams which were each given five messages to pretest. On Wednesday afternoon, each group translated the messages into Creole and reviewed the pretest questionnaire. On Thursday morning, each team pretested its messages with a group of five to seven pregnant women in a village one mile north of the workshop site.

Part III: Synthesis

On Friday, each technical group made a presentation of the work it had accomplished.

Of the 15 messages tested, two confused the mothers (exclusive breastfeeding and promoting five feedings per day). These messages were later revised and will be pretested a second time. A few other messages required minor corrections to clarify expressions in Creole. A summary of the results of the pretest is presented in Appendix B

The radio group presented the proposed setting of the 14-episode drama, a description of the principal characters, and read the first pages of draft script for the first episode which had been

developed by Sidney Louis, (the writer who is working with PubliGestion on the development of the drama). Feedback from the participants was helpful in bringing the overall approach of the radio team closer to the reality of rural life. Detailed results of the radio group are presented in Appendix E.

Jasmine Narcisse, Creative Director of PubliGestion, presented the photos corresponding to the actions promoted by the messages. While many of the photos were excellent, participants gained an appreciation of how difficult it is to capture health actions on film that are both technically and emotionally accurate. In general, the setting and the people selected to pose for the images did not completely reflect typical village life. Some additional photos will be shot. Afterwards, a designer at PubliGestion will use the photos as a resource when developing images that correspond to the priority messages. These images will then be pretested, revised, and finalized.

PubliGestion also presented two prototypes of flannelograph and seven draft project logos. Participants discussed the merits of each flannelograph and were given forms to help them select two to three logos that will be pretested with the rural population.

C. Major challenge

At the close of the workshop, participants expressed their appreciation of the benefits of collaborative effort especially where materials and media development are concerned. To further strengthen the health network that the Happy and Healthy Child Project has created, it is of paramount importance that INHSAC continue to consult with all partners as final decisions are made on messages, materials, the radio drama, and interactive programs. INHSAC demonstrated its appreciation of this approach by scheduling a follow-up IEC task force meeting before the workshop participants dispersed By the time that meeting is held on July 19, the messages will be finalized and the synopsis of all 14 radio episodes will be available for review.

V. POST-WORKSHOP ACTIVITIES

A. Meetings at PubliGestion

Two planning meetings were held at PubliGestion on Tuesday July 11, 1995. The first covered message and materials development and the second focused on the radio programs. The most important decisions to come out of these meetings are noted below:

1. *Images corresponding to the 15 priority messages* Twenty proposed images were reviewed and recommendations noted PubliGestion will continue to develop the images which correspond to priority messages up to the pretest stage. Each image will capture a key action in a setting that is typical of a rural family in a clean, orderly compound. The images will portray a family in a social context that the rural population can reasonably aspire to.

2. *Flannelograph:* A final decision will be made on the format and content of images following further consultation between INHSAC and JHU and a review of the budget.

3. *Album*: The album will contain the same images as the flannelogragh. The plan to print the album in black and white and the flannelograph images in four colors was reviewed. PubliGestion will look into savings that can be incurred if the flannelograph and the album are printed during the same run.

4. *Game:* A "Memory" or "Concentration™" card game will be developed. The game will consist of a series of postcard-size images which will be identical as those used in the flannelogragh -only of smaller size. Thirty-two images can be printed on one A1 size sheet; this means that 16 messages should be selected since the game requires two cards of each message.

5. *Logo and slogan*: The project team will pretest three logos with the population. Slight modifications will be made to the proposed logos before the pretest. PubliGestion proposed a number of slogans for the project. Participants at the July 19 meeting will be requested to contribute their ideas.

6. *Radio drama*: On Friday July 14, a briefing meeting will be held at PubliGestion for members of the creative team responsible for the development of the radio drama. It is expected that the nine remaining synopsis will be ready for review at the July 19 child survival meeting at INHSAC. Meanwhile, dramatist Sidney Louis will continue writing draft scripts for the first two episodes of the drama. A mechanism for insuring timely technical review will be worked out between PubliGestion and INHSAC.

7. *Interactive radio*: Oscar Joseph, who is providing technical assistance to PubliGestion on the development of the interactive radio, will propose themes for the programs following the meeting July 14. Interactive programs will be linked to the radio drama and the materials, such as the flannelograph, card game, and album.

B. Final Revision of the Messages

A team composed of Project Director Dr. Eveillard, PubliGestion Creative Director Jasmine Narcisse, BASICS Technical Advisor Lee Ann Smith, and PCS Program Coordinator Jacques Jasmin met on Wednesday July 12, to review and revise the priority messages based on the pretest results. In preparation for this meeting, Ms. Smith developed proposals for information that will support each message. Smith's proposals include many of the concepts and actions contained in the messages which were not selected as part of the priority group.

C. Debriefing

On Wednesday July 12, Gottert debriefed with Shelagh O'Rourke, from USAID, Dr. Eveillard, Luca Spinelli, Danielle Baron, and Lee Ann Smith. O'Rourke expressed her appreciation of the accomplishments of the project to date, especially its role in creating a viable Haitian health network. Gottert reiterated his opinion that the project has great potential to create educational materials and radio programs that can become models for national programs and make a noteworthy contributions to the field activities of each participating organization.

VI. RESULTS AND CONCLUSIONS

A. Messages

By the end of the consultancy, 15 priority messages had been identified, translated into Creole, pretested, and revised by a technical team. Supporting information for each message was also proposed.

B. Materials

The characteristics were defined for the principal village-level materials being developed by the project; flannelograph, sticker book, game, and album. Of principle importance to the success o these materials is that they all focus on priority messages or actions, and that they will all be base on the same set of visual images.

C. Radio

Initial steps were taken at the workshop and during subsequent meetings to determine the overal setting of the drama, the principle characters, and the primary and secondary messages for each episode. A synopsis of the first five episodes was developed and script writing of episode one was initiated. PubliGestion has primary responsibility for coordinating the next steps in both the materials and media development.

VII. RECOMMENDATIONS

A. Integrate IEC Materials and the Interpersonal Communication Curriculum

The goal of the IEC print materials is to increase the frequency and enhance the quality of key messages communicated by Community Health Workers (COLVOLs) to the population. For the materials to effectively facilitate and clarify the communication process, they must be fully integrated into the Interpersonal Communication Curriculum, which is still in draft form. Given the limited time remaining in the project, all training activites should focus on building COLVOL

skills so they are equipped to seize each individual and group educational opportunity to promote a priority message.

B. Set up flexible guidelines for using the Sticker Book

Based on the first, steps were taken to identify guidelines for using the sticker books, a complete set of instructions should be drawn up to insure the integration of this material into diverse field situations. Special care should be taken to encourage experimentation with the sticker book to learn which approach is best suited for the level of the communities where they have activities.

C. Flannelograph

During Gottert's two visits to Haiti, there was considerable discussion about how this material should be designed to best facilitate the transfer of priority messages to the population. The traditional flannelograph involves numerous figurines which are developed into a story that encourages the discovery of key health principles by the population. This consultant feels strongly that there are many advantages in using the same images for the flannelograph that PubliGestion is presently developing, instead of the more traditional flannelograph images. The reasons for this orientation are noted below

- **Educational principles are maintained**: The educational principle of discovery is maintained. Properly phrased questions about health action images can still explore with the population the why and how of the health actions portrayed and lead to a sense of discovery.

- **Illustrate linkages** Most health communication programs never get to the stage where they successfully demonstrate the linkages between several health interventions. By using several action cards together, numerous stories can be developed which will promote a better understanding of the interrelated nature of all health actions. For example, in a story about a baby with diarrhea, images showing mixing the SRO solution, continued feeding, continued breastfeeding, recuperative feeding, and finally, improved hygiene, could be woven together in an interesting and provocative manner.

- **Flexibility**: The action images have multiple uses, but in each case project leaders know they are on safe ground because the COLVOLs will always be focused on promoting priority actions

D. Logo

A logo with a realistic portrayal of a mother, (father?) and child should also be pretested. In the author's experience, rural populations to not favor abstract designs.

APPENDICES

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APPENDIX A

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APPENDIX A
WORKSHOP PARTICIPANTS

1. Roberte Eveillard	Institut Haïtien de Santé Communautaire (INHSAC)
2. Jacques-Antoine Jasmin	Johns Hopkins University/Population Communication Services (JHU/PCS)
3. Danielle Baron	JHU/PCS
4. Elerie D. Jean François	SADA
5. Mona Maitre	Hôpital Saînte Croïx Léogane
6. Maud Cornely	International Child Care/Grace Children's Hospital
7. Rita Jean Joseph	Save the Children Federation (SCF)
8. Lee Ann Smith	BASICS
9. Augustin Noël Marianne	Comité Bienfaisance Pignon (CBP)
10. Bastian Agnès	INHSAC
11. Marie Theseé	Centre Dévèloppement pour la Santé
12. Bernadette G. Christian	Ministère de la Santé Publique et la Population
13. Laforce Elsie	INHSAC
14. Andrinette G. Cadet	Foundation Haïtien pour la Santé et l'Education/Hôpital Communautaire Haïtien
15. Jocelyne Laurin	INHSAC/URE
16. Harry Rene	Association des Oeuvres Privées de Santé
17. Gdevert Brillant	CBP
18. Casimir Alfred	Haitian Health Foundation
19. Peter Gottert	BASICS/AED
20. Oscar Joseph	Producteur de Scripts/PubliGestion
21. Jasmine Claude Narcisse	PubliGestion
22. Gracia Gesforges	SCF
23. Sidney Louis	Scenariste/PubliGestion

APPENDIX B

BRIEF SUMMARY OF PRETEST

A. EXCLUSIVE BREASTFEEDING (MESSAGE 3)

Problem:

Most of the participants understood the message to convey that after six months of age you *don't* have to breastfeed the child. This was mostly due to the placement of the word "Only".

Recommendations:

1. Rephrase message in order to better convey exclusive breastfeeding for first six months, then introduce other foods and liquids in additional to continuing to breastfeed.

2. Support information to stress that the infant does not need anything to eat or drink for the first six months of life.

B. FREQUENCY OF FEEDINGS/USE OF SNACKS (MESSAGE 6)

Problems:

Most of the participants understood the message to convey that you should feed your child five main meals a day. This was due to the wording of message "give various foods such as vegetables, beans, meat at least five times day".

The concept of "snacks" did not come through in the message.

Recommendations:

1. Rephrase the message to convey feed the child two to three main meals a day plus two to three snacks per day; Change Creole so that "snacks" is clearly understood.

2. Message to include specific types of snack foods that can be given.

3. Support information to emphasize providing *balanced meals* and *nutritious snack foods*.

C. SOURCES OF VITAMIN A (MESSAGE 7)

Problem:

- The participants focused on giving their child meat, vegetables, fruits to protect against illness, however the link that these foods have with Vitamin A was not perceived at all

Recommendation:

- emphasize the word Vitamin A

D. PROGRESSIVE WEANING (MESSAGE 13)

Problem:

- None of the participants understood the word "firamezi" (slowly/step by step)

Recommendation:

- replace the word "firamezi" with a word that is more easily recognized

E. USE OF FAMILY PLANNING (MESSAGE 14)

Problem:

- Some of the participants did not understand the word "kore" (encourage)

Recommendation:

- replace the word "kore" with a word that is more easily recognized

APPENDIX C

ATELIER DE DEVELOPPEMENT DE MESSAGES ET DE MATERIELS
MESSAGES PRIORITAIRES

Message 1	Femmes enceintes, vous avez besoin de protection, l'enfant que vous portez a besoin de protection. Vous devez aller au Centre de Santé 3 fois au moins durant la grossesse.
Message 2	Mamans, la nature vous a donné le pouvoir de protéger votre enfant contre la maladie. Aussi, dès sa naissance, mettez-le au sein pour extraire le premier lait, ensuite continuez pendant les six premiers mois de sa vie à lui donner le sein seulement.
Message 3	Mamans, aidez votre enfant à bien se développer. Même si vous êtes absentes pour plusieurs jours, même quand vous avez été contrariées, même quand vous êtes malades, continuez à allaiter. Le lait maternel ne se gâte jamais.
Message 4	Parents, plusieurs maladies graves peuvent atteindre votre enfant. Dès sa naissance, faites-le vacciner. Revenez avec lui au Centre de Santé 5 fois au moins pour recevoir tous les vaccins avant 1 an.
Message 5	Parents, à 6 mois, en plus du lait maternel, donnez à votre enfant plusieurs petits repas: légumes, pois, viande au moins 5 fois par jour. Ainsi, les enfants seront forts et protégés contre les maladies.
Message 6	Parents, pour que votre enfant trouve suffisamment de Vitamine A, donnez-lui beaucoup de légumes, beaucoup de feuilles vertes, beaucoup de fruits jaunes. Ainsi, ils seront protégés contre les maladies des yeux, les maladies de la peau et beaucoup d'autres maladies.
Message 7	Mes amis, la diarrhée est un grand ennemi de vos enfants. Aussitôt que la diarrhée se manifeste, n'attendez pas, donnez-leur le sérum oral, beaucoup de liquide comme du jus, des rafraichissements, de l'eau de coco. Ainsi, vos enfants ne mourront pas de déshydratation diarrhéique.
Message 8	Parents, attention! "C'est le propriétaire d'un jardin qui en fait bonne garde". Si vous remarquez que votre enfant se sent fatigué, a la fièvre, ne peut pas manger, ne peut rien boire, a de la difficulté à respirer, a du sang dans ses selles liquides, le cas est grave. Allez vite dans un Centre de Santé ou un Hôpital, c'est la seule façon de sauver votre enfant.
Message 9	Responsables d'enfants, prenez toujours soin de recouvrir les repas des enfants et de veiller sur la propreté de l'eau et des aliments qui leur sont ingérés. Ainsi, vous eviterez qu'ils soient malades.

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Message 10	Responsables d'enfants, protégez vos enfants contre les maladies. Toujours, coupez leurs ongles pour éviter que des crasses entrent par leur bouche, lavez bien leurs mains avec de l'eau et du savon avant les repas et en sortant des latrines.
Message 11	Mamans, au moment du sevrage, c'est progressivement que vous retirez votre enfant du sein, en plus, entourez-le d'affection et donnez-lui beaucoup plus d'aliments pour empêcher qu'il soit atteint de malnutrition.
Message 12	Messieurs, supportez votre femme dans la planification familiale. Ainsi, votre femme restera en santé et votre enfant sera bien développé.
Message 13	Mesdames, messieurs, la meilleure façon d'éviter le Sida et toutes autres maladies sexuellement transmissibles consiste à utiliser la capote chaque fois que vous avez des relations sexuelles.
Message 14	Toute femme en âge de procréer, enceinte ou pas, doit aller au Centre de Santé pour recevoir 2 doses de vaccin antitétanique pour se protéger, et aussi son enfant, contre le tétanos.
Message 15	Mamans et responsables d'enfants, pour faciliter la récupération des enfants après une maladie, donnez-leur beaucoup plus d'aliments et beaucoup plus de liquide.

APPENDIX D

SOUJESYON POU ENFOMASYON SOUPO POU MESAJ PWIORITE YO

MESAJ 1

Fanm ansent ou bezwen pwoteksyon, timoun ki nan vant ou an bezwen pwoteksyon tou. Ou dwe ale nan Sant Sante 3 fwa pou pi piti pandan gwosès la.

enfòmasyon soupò:

* ki sevis ou ka jwenn pandan visit yo; vaksen tetanòs la, swivi pwa, swivi devlopman pitit nan vant la, swivi sinn danje yo, edukasyon/konsey sou nitrisyon, preparasyon akouchman, ekzetera

MESAJ 2

Depi yon fanm gen laj fè pitit, menm si li ansent, menm si li pa ansent li dwe al nan Sant Sante pou pran 2 doz vaksen tetanòs pou pwoteje tèt li ak timoun ki nan vant li an kont maladi kò rèd.

enfòmasyon soupò:

* fanm ki ansent ki pat ko vaksenen bezwen pran 2 doz tetanòs yo avan li gen set mwa
* fanm ki pa ansent bezwen pran 2 doz tetanòs avan premye pitit la fèt epi yon lòt doz ak chak gwoses (avan li gen set mwa)

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MESAJ 3

Ou menm manman, lanati ba w pouvwa pwoteje pitit ou kont maladi, pou sa depi l fèk fèt mete l nan tete pou l ka rale premye lèt la, epi kontinye pandan 6 premye mwa lavi li ba li tete sèlman.

enfòmasyon soupò:

premye lèt la se pi bon lok
yon ti bebe ki poko gen 6 mwa bezwen selman lèt manman pou-l bwè et pou-l manje

MESAJ 4

Ou menm manman, ede pitit ou byen devlope. Menm si ou pase plizyè jou deyò, menm si ou fè move san, menm si ou malad, toujou kontinye ba l tete. Lèt manman pa janm gate.

enfòmasyon soupò:

fanm ki nouris ki malad oswa ki pa mange byen kapab bay tete

MESAJ 5

Manman ak papa timoun yo, gen anpil maladi grav ki ka antre sou yo. Depi yon timoun fèk fèt, menmen l vaksinen. Retounen avè l nan Sant Sante, 5 fwa pou pi piti, pou l ka gen tan pran tout vaksen li anvan li gen 1 an.

enfòmasyon soupò:

menmsi timoun ou malad, pa ekzanmp li grippe, li gen fyèv, li gen dyare, ou met mennen-l nan dispansè oubyen pòs la pou pran

vaksen lan; sa pa gen danje ladan-l

toujou pote kat vasksen lan ave-w lè-w al nan dispanse oswa nan pòs la

toujou mande ajan sante oswa mis la kilè pou tounen avek timoun nan pou pran lòt doz yo

efe sekonde....

MESAJ 6

Manman ak papa timoun yo, depi sou 6 mwa, anplis lèt manman, ba yo plizyè ti manje: legim, pwa, vyann, 5 fwa pa jou pou pi piti. Konsa n ap manbre timoun yo e n ap pwoteje yo kont anpil maladi.

enfòmasyon soupò:

chak jou bay timoun nan 2 oubyen 3 pla avek plizye kalite manje tankou vyann, legim, banan epi anplis 2 oubyen 3 fwa pase yon ti manje nan bouch li tankou fwidoydoy, mango, zaboka ak pan, eksetera....

kontinye bay tete

sevi ak gode epi kiye

MESAJ 7

Manman ak papa pitit, pou timoun yo ka jwenn kont vitamin A toujou kore sa y ap manje ak anpil legim, anpil fèy vèt, anpil fwi jòn, konsa n a pwoteje yo kont maladi je, maladi po, ak anpil lòt maladi.

enfòmasyon soupò:

* kreson se yon fey vèt ki gen anpil Vitamin A ladan-l
* joumou, kawòt, patat jòn, mango, papay se legim ak fwi ki jòn ki gen anpil Vitamin A ladan-l
* si-w kwè timoun nan pap manje ase mange ki gen anpil Vitamin A ladan-l, ou kapab ale nan dispansè ou pòs la chak 4 mwa epi mande ajan sante oswa mis la pou bay pitit ou yon kapsil Vitamin A

* Vitamin A bay plis pwoteksyon kont dyare, lawoujol, malnitrisyon, bwonch

MESAJ 8

Mezanmi, dyare se yon gwo lènmi pou timoun. Depi dyare a deklare pa ret gade bay timoun nan sewòm oral, anpil likid tankou ji, rafrechi, dlo kokoye. Konsa pitit nou p ap mouri seche anba dyare.

enfòmasyon soupò:

* bay timoun nan bwè yon ti gode tanzantan pandan jounen an, konsa nou ranplase dlo li pedi nan dyare a

* si dyare sou timoun nan pou plis ke 3 jou, mennen-l nan sant sante san pedi tan

MESAJ 9

Nou menm manman ak reskonsab timoun, pou nou ede timoun ki te malad yo refè pi vit e pi byen, bayo plis manje ak plis likid

enfòmasyon soupò:

* bay yon pla anplis chak jou pandan yon semen
* mete plis lwil ak sik nan manje timoun nan pou bay-l plis fos
* bay li manje ke li pi renmen

MESAJ 10

Manman ak papa pitit, atansyon! se mèt jaden ki veye jaden. Si nou ta wè pitit nou gen kò kraze, lafyèv, li pa ka manje, li pa ka bwè ditou ditou, souf li anlè, li gen dyare ak san ladan n. Ka a grav. Kouri sou tèt nan Sant Sante oswa lopital, se sèl jan nou ka sove timoun nan

MESAJ 11

Nou menm ki reskonsab timoun, toujou kouvri manje timoun yo, epi tou veye sou pwòpte dlo ak manje kap antre nan vant yo konsa nou va anpeche yo trape vye maladi

MESAJ 12

Nou menm ki reskonsab timoun yo, pwoteje yo pou yo pa trape vye maladi. Toujou koupe ti zong yo pou kras pa al nan bouch yo, lave men yo byen ak dlo ak savon chak fwa yo pwal manje ak lè yo fin n watè

<u>enfòmasyon soupò:</u>

* si-w pa gen savon, lave men timoun nan ak san fè a
* ou pa bezwen sevi ak anpil dlo
* vide dlo a sou men timoun nan, pa twompe men timoun nan dlo a
* granmoun tou bezwen lave men yo tou; sitou avan yo pwal fè mange, lè yo sòt nan watè, epi avan yo pwal manje

MESAJ 13

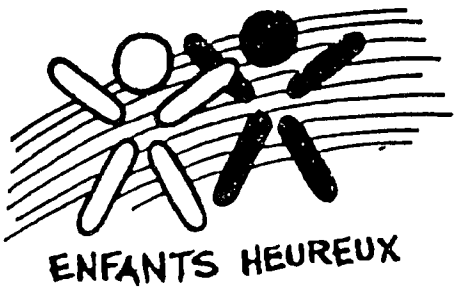
Ou menm manman, lè w ap sevre pitit ou se firamezi pou retire l nan tete a epi ba l plis karès ak plis manje pou anpeche malnitrisyon antre sou li.

MESAJ 14

Mesye kore madanm nou nan zafè planin. Konsa madanm nou ap rete an sante e pitit nou ap devlope byen

MESAJ 15

Mesyedam, pi bon jan pou evite SIDA ak tout lòt maladi nou ka trape nan fè lanmou se sèvi ak kapòt chak fwa n ap fè bagay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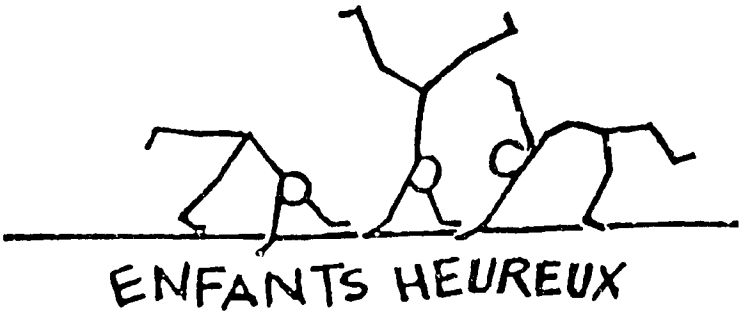
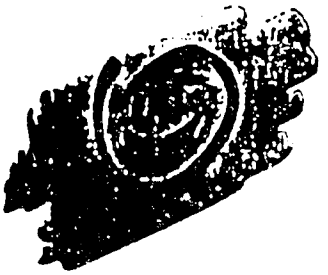
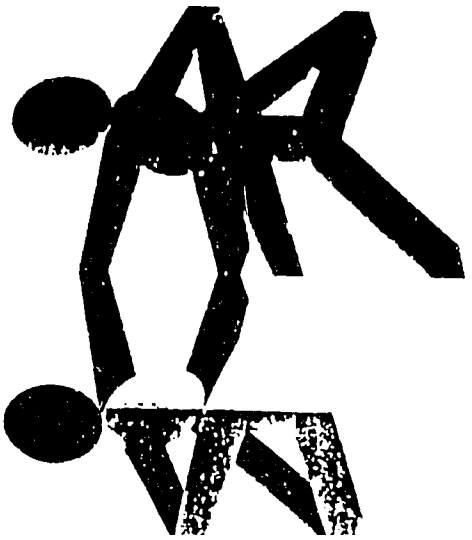
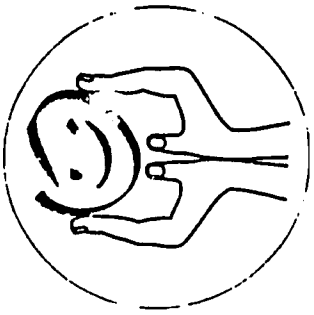

ENFANTS HEUREUX







6

APPENDIX E

ATELIER DE DEVELOPPEMENT DE MESSAGES ET DE MATERIELS IEC
3-7 Juillet 1995
Hôtel Le Xaragua

CADRE GENERAL DU FEUILLETON RADIOPHONIQUE

Non loin de la grand'route de Mariani se situe un coquet village dénommé "Nan Mapou". Ce nom lui avait été attribué en raison d'un arbre gigantesque, aux résonances mystiques, qui se trouvait près d'une source donnant à cette zone une proverbiale fertilité: de quoi prodiguer la subsistance d'une vie confortable à 1,500 villageois qui menaient une existence à l'abri du besoin et s'employaient nuit et jour à toutes sortes d'activités en ce qui concerne leurs cultes respectifs à la Chapelle ou au Péristyle. Egalement, les paris se donnaient libre cours dans les gaguères autour des coqs de combat.

Un notable Dofiren Dofis avait acquis un ascendant sur tous les villageois et se faisait remarquer par la sagesse qui émanait de ses 75 ans d'âge qui se portaient allègrement. Il faisait observer toutes les traditions et on lui vouait des égards de ce fait.

Il avait un fils Dolius Dofis qui, à son tour, n'y allait pas de main morte et, avec ses trente-cinq ans d'âge, il comptait une progéniture nombreuse glanée ça et là au hasard des épousailles qui n'étaient plus l'exception mais, la règle. C'était devenu l'habitude pour beaucoup de résidents de cette localité.

Au pipirit chantant, des groupes d'enfants munis de cruche en terre cuite ou de gallons en plastic allaient puiser l'eau à la rivière pour la boisson et les autres travaux domestiques. Au cours de la journée, ils étaient livrés à eux-mêmes et partageaient leur temps entre la surveillance des petits et les jeux de marelle ou sauter à la corde.

Le soir, malgré la présence des bigailles, ils se réunissaient pour se raconter des histoires.

Le village était un contraste saisissant alliant une beauté naturelle créée par les lauriers roses et les bourgainvilliers géants plantés devant les petites maisons et l'insouciance de ses habitants en ce qui a trait à la disposition des excréments. Il n'était pas rare de constater des formes accroupies dans un buisson ou derrière un arbre "faisant ses besoins". Les détritus jonchaient la grande route. A l'époque des pluies, des légumes de toutes sortes Kroupier, kalalou, épinard étaient emportés par paquets pour être vendus au marché. Ce jour-là, des marchands de médicaments ambulants en profitaient pour écouler leurs produits quelques fois avariés.

Tout ce petit monde dépensait à vue d'oeil ou était simplement fauché. La rumeur attribuait ces fléaux aux mauvais airs ou aux lougarous. Bòs Dodòf, le notable du village, s'employait à diffuser les consignes de la médecine traditionnelle où l'usage des plantes

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médicinales était recommandé alors que pour la commère Lavilia, le secret de la santé des enfants réside dans l'allaitement maternel qu'elle proposait en exemple à toute la communauté, de 12 à 18 mois. Le centre de santé, situe à quelques kilomètres du village était géré par un auxiliaire et un agent de santé. Ce dernier réalisait de temps à autre un poste de rassemblement à Nan Mapou

Sydney Louis
Scénariste

Distribution des messages par épisode

Episode	Message Prioritaire	Message Secondaire	
I	Visite prénatale	Vaccin antitétanique	1
		Nutrition	2
		Préparation accouchement	3
II	Allaitement maternel Exclusif/Colostrum Bénéfice pour bébé	Colostrum à la place du lock Nutrition Nourrice Vit. A Bénéfice PF/mère	1 2
III	Qualité du lait maternel	- Tabous La femme qui ne mange pas bien ne peut pas allaiter - Tete kraze	
IV	Vaccination Complète avant 1 an	- Vaccination des enfants de + 1 an - Cartes de Vaccination - Tabous et effets secondaires liés à la Vaccination (maladies)	
V	- Alimentation 6 mois à 5 ans	- Allaitement maternel continu - Utilisation cuiller/gobelet - Pesée régulière - Tabous liés à la nutrition - Certains aliments ne sont pas bons pour les enfants - Les oeufs gatent les dents	
VI	Importance et Sources naturelles de Vitamine A	- Visite au centre à partir de 6 mois - 1 capsule Vit chaque 4 mois - Encourager les jardins potagers - Relations entre la carence Vit A et Diarrhée Rougeole/Malnutrition	

VII	*Rehydratation pendant la diarrhée*	*- Alimentation pendant et après la diarrhée* *- Préparation Serum Oral* *- Quand amener l'enfant au centre (Persistance de la diarrhée au delà de jours)*
VIII	*Signes d'alarme*	*- Support - Sensibilisation du père*
IX	*Hygiène de l'environnement (eau, fatras, latrine)*	*- Participation communautaire*
X	*Hygiène corporelle alimentaire*	
XI	*Sevrage progressif*	• *Alimentation fragmentée - plusieurs petits repas/jour* • *Insister sur les liens affectifs entre mère et enfants*
XII	*PF support du mari*	*Protection double ???* *- Limitation et espacement des naissances* *- Tabous : on peut faire le nombre d'enfants qu'on veut*
XIII	*Prévention MST SIDA*	*Protection Double ???* *- Réduction du nombre de partenaire* *- Le drame du SIDA: pas de traitemen* *Tabou : Mò Sida*
XIV	*Thème Enfant Heureux*	*- Récapitulation des messages clés* *- Participation communautaire* *- Harmonie familiale*

Distribution des messages par épisode

Commentaires

- *Lier les messages 12 et 13 relatifs à la PF et à MST Sida*

- *Introduire le message 14 sur la nutrition de l'enfant malade*

- *Reviser les messages 9 et 10*
  Message 9 : Hygiène de l'environnement : eau, latrines et détritus
  Message 10: Hygiène corporelle et alimentaire

- *Ajouter les vraies contre indications à la Vaccination comme messages secondaires*

- *Classer le message sur les signes d'alarme avant la réhydratation*

- *Reformuler tous les messages dans le sens positif*

Feuilleton Radiophonique
Programme Survie Enfant

A. Aspect Général

1. Introduction

- *Musique*
- *Présentateur : Cadre de référence du feuilleton*
  fréquence des épisodes
  station de diffusion etc
- *Présentation du cadre général : village et personnage*
  (Pour le premier épisode seulement)

2. Episode

3. Fin épisode

- *musique*
- *Présentation des personnages dans leur rôle*
- *Annonce de l'épisode prochain*
- *Message prioritaire sous forme de Spot*

B. Style du feuilleton

Drame Social agrémenté de fantaisie

C. Les épisodes

EPISODE I

SCENE I	*Bruit de la rivière - Enfant jouant dans l'eau* *Mme Dolius enceinte de 5 mois assise dans la rivière se verse de l'eau sur la tête* *Père Dòdof arrive en chantant - courte dialogue avec sa belle fille, suggère à sa belle fille d'aller consulter au centre vu que pour sa dernière grossesse, elle avait eu des problèmes.* *Plaisanterie de Kontout*
SCENE II	*A la maison - Résistance du mari.* *Message prioritaire 1* *Lavilia essaie de convaincre Dolius*
EPISODE II	• *Introduction : narrateur résume les visites au centre* • *Cri du bébé*
humour Kontout	• *Rassemblement et commentaires acc. des voisines (Voix off)* • *Conseils négatifs (lock - jeter colostrum, biberon, eau bouillie sucrée)* *Correction = conseils positifs de Mme Dòdof* *La matrone = MP2* *Renforcement de Mme Dolius* *- ou acceptation de l'allaitement* *- résistance du mari relatif à l'allaitement exclusif pendant 6 mois*
2 semaines après	*Visite de Lavilia* *Résistance de Dolius relative aux visites précoces du bébé au centre (tabous)* *Mme Dolius raconte sa première visite du bébé au centre et les soins prodigués* *Renforcement message Vaccin BCG - Vitamine A par Lavilia - avantages de PF, allaitement exclusif pour la mère et bébé*
Episode 3	
SCENE I	*Scène de jalousie entre Dolius et sa femme :* *Dolius n'accepte pas l'allaitement exclusif. Sa femme lui reproche ses absences répétées. Intervention d'un grand frère réclamant de la nourriture à sa mère qui le renvoie à son père très énervé*
SCENE II	• *Visite de Père Dòdof trouvant la femme en train d'allaiter* • *Conseils de Père Dòdof pour discontinuer l'allaitement pour éviter l'empoisonnement par le lait*

SCENE III — *Conseils positifs de Mme Dòdof*
MP3

EPISODE 4
MP4

- *Visite de Lavilia au bébé*
- *Lavilia s'informe des soins prodigués au bébé car il parait en bonne santé*
- *La mère se plaint du centre trop éloigné - elle est allée au centre 1 fois pour recevoir 1 vaccin mais n'y est pas retourné*
- *Intervention de Kontout prenant l'exemple d'un enfant infirme dans le voisinage*
- *Elle insiste sur la vaccination des autres enfants et sur le fait de compléter la vacc du bébé MP4*
- *Cartes de Vaccination*
- *Dolius fait intervenir les tabous (enfant a eu la grippe - les effets secondaires et du fait que l'enfant n'a pas encore été baptisé*

EPISODE 5

SCENE I — *C'est Dimanche (il n'est pas allé au gageure)*

- *Dolius pensif dodine sous un arbre véritable - soupire*
- *Mme Dòdof rentre en dialogue*
- *lui demande les causes de son mécontentement*

SCENE II

- *Dolius explique - attention de sa femme centrée sur les enfants - s'habille et sort souvent avec eux - elle les gate leur donne à manger toute la journée*
- *Sa belle mère explique que seul lui et sa femme peuvent résoudre ce problème*
- *Elle croit en l'honnêteté de sa belle fille*

SCENE III — *Sa femme calmante lui explique qu'elle va au centre régulièrement pour peser les enfants et on lui conseille de donner à manger à ses enfants très souvent pour leur éviter de tomber en malnutrition. Le rassure de son affection*

Commentaires Généraux

Renforcer beaucoup plus les aspects sociaux du village, ex: habitudes de vie, loisirs, anecdote, dispute entre les villageois

Titre du feuilleton ?

A travers les scénarios, montrer l'unité au sein de la famille - attention et affection aux enfants.

Ne pas donner l'impression que l'histoire prend fin à chaque épisode - Créer un suspens afin de tenir le public en haleine

1 ou 2 personnages peuvent être réfractaires ou réticents mais ne pas présenter toujours des situations complètement négatives

Commentaires spéficiques

Episode 1

- *Il ne faut pas assimiler la grossesse à un état pathologique. Phrase à reformuler : vu que pour sa dernière grossesse, elle avait des problèmes.*

Episode 2

- *Ex idée positive*
  Oh! n'est-ce pas que vous lui donnez le premier lait? Ma grand mère disait qu'il fallait le jeter ...

Episode 4

- *Mme Dolius n'est pas retournée au centre parce que son bébé avait eu la grippe.*

Les Personnages Principaux.

1). Dofiren Dofis dit Boss Dòdof

Age	*: 75 ans*
Statut	*: Marié - père de 3 enfants.*
Occcupation	*: Cultivateur plutôt passif. (controle)*
Caractère	*: Sage - très écouté*
	- aime l'église et en même temps attaché aux traditions ancestrales.
	- aime raconter les histoires

2). Mme Dòdof : Epouse de Boss Dòdof

Age	*: 60 ans*
Statut	*: Marié - Mère de 3 enfants*
Occupation	*: Commerçante*
Caractère	*: Soumise - Travailleuse*
	aime se plaindre

3). Dolius Dofis: Fils de M. et Mme Dofiren Dofis

Age	*: 35 ans*
Statut	*: en union avec 3 femmes*
Occupation	*: Cultivateur (actif)*
Caractère	*: Coureur - mystique*
	refractaire - Loisir: gaguère
	boit un coup de temps en temps

Mme Dolius Dòfis: Epouse de Dolius Dofis

Age	*: 35 ans*
Statut	*: En union - mere de 2 enfants - enceinte actuellement d'un troisieme*
Caractère	*: Jalouse mais resignee*
	Honnête
	Tient tête a son mari
	Pas très informée sur les questions de santé

5). ***Konn Tout*** *: Filleul de Boss Dòdof - Ami de la famille Dolius*

Statut *: Non marié*
Caractère *: Comique, Taquin, flanneur*

6). ***Lavilia***
Age *: 35 ans*
Statut *: Mariée - mère de 2 enfants*
originaire de Mapou mais habite en ville
a fait des études primaires
Caractère *: Bonne conseillère*
Très écoutée dans la communauté plutôt gaie - coquette

****

Commentaires sur les personnages

1) *Lavilia:*

Si elle est considérée comme l'un des personnages qui devra véhiculer les messages, il serait bon qu'elle habite mapon même si antérieurement elle a passé quelque temps en ville à Cité Soleil par exemple.

. Enlever le caractère gros Zouzoune à Lavilia.

2) *Mme Dodof - Matronne*

Réduire son age - 40 ans à peu près. Elle pourra véhiculer les messages de temps à autre.

3) *Personnages secondaires*

Enfants du couple et du voisinage
Vacanciers
Visiteurs

Tous ils peuvent agrémenter la situation à un moment donné ou à un autre.

. Ne pas faire de Dolius un personnage tout à fait négatif.

4) *Konn Tout*
. Pourrait habiter Cité Soleil dans le temps

5) *Les messages seront véhiculés à tour de rôle par Lavilia, Mme Dòdof et Mme Dolius*

LES EMISSIONS INTERACTIVE RADIOPHONIQUE
Project INHSAC "Promouvoir l'Enfant Heureux et en Santé"

1. OBJECTIF

L'objectif des émissions interactives radiophoniques est de renforcer les messages véhiculés dans les différentes épisodes du feuilleton radio.

2. EMISSIONS PREVUES

Un total de 7 émissions interactives radiophoniques de 10 minutes seront diffusées, au nombre d'une émission interactive pour deux épisodes du feuilleton.

Chaque émission interactive suivra le plan suivant:

1. Musique ou jingle du feuilleton (Thème Musical)

2. Introduction par un ou deux "radios animateurs" (hommes et femmes) se rapprochant du public cible visé par le projet de l'Enfant Heureux et en Santé.

3a. Possibilité de répondre aux questions des mamans dans les clubs de mères (feedback fourni par les institutions

ou

3b. Passage (rappel) de passages sélectionnés selon les messages véhiculées des feuilletons.

4. Clarification entre deux radios animateurs des messages proposés dans le feuilleton avec temps de pause pour questions pièges à l'auditoire dont femmes dans clubs de femmes facilité par l'assistant en la personne de l'agent de santé.

5. L'agent de santé se réfère aux matériel IEC (flannelographe, album ou jeux) pour obtenir les réponses aux questions pièges soulevées par le radio animateur.

6. Conseils ou explications de renforcement des messages présentés par les "radio animateurs".

7. Questions et temps de réponses ou discussion sur taboo.

8. Rappel pour être à l'écoute des prochains épisodes du feuilleton plus invitation à la prochaine rencontre de l'émission interactive

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3. EXECUTION

Un ou deux sites pilotes seront choisis parmi les institutions représentés dans le Comité IEC/Survie de l'Enfant pour exécuter l'émission intéractive radiophonique sur le terrain. Parmi ces sites pilotes, environ 3 à 5 clubs de méres seront sélectionnés basés sur des critères définis par le comités IEC Survie de l'enfant. L'agent de santé qui supervise le(s) clubs de mères sera responsable pour faciliter l'écoute et l'échange avec la radio. Il deviendra le collègue du "radio animateur". L'agent de santé sélectionné sera formé dans l'animation d'un group de club de mères autour de la radio interactive.