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**MATERIAL DEVELOPMENT
AND PLANNING SUPPORT**

Zambia

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ACRONYMS

ARI	Acute respiratory infections
BASICS	Basic Support for Institutionalizing Child Survival Project
CBoH	Central Board of Health
FP	Family planning
GRZ	Government of the Republic of Zambia
HIV/AIDS	Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome
JHU/PCS	The Johns Hopkins University Population Communication Services
IEC	Information, education, and communication
MOH	Ministry of Health
NCD	National Commission for Development
NGOs	Nongovernmental Organisations
ORS	Oral rehydration salts
STD	Sexually transmitted diseases
TB	Tuberculosis
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
USAID	United States Agency for International Development
WHO	World Health Organisation

EXECUTIVE SUMMARY

The author visited Zambia May 5-24, 1997, to work with the BASICS mobilization health advisors, Dr. Elizabeth Burleigh, and other members of the Materials Development Subgroup of Zambia's Central Board of Health (CBoH) in developing teaching aids for community health workers. Additional tasks were to assist with other information, education and communication (IEC) planning tasks and identify additional products that may need to be developed to enhance the educational performance of health workers and community volunteers. The full terms of reference are in Appendix A.

The consultant received briefings from a number of key people, attended relevant meetings and reviewed documents (see Appendixes E and F).

From the activities above, it became clear that the on-going health reforms in Zambia have been the dominant event in the sector for some time, and are likely to occupy centre stage for the next few years. Key themes include decentralization of health services and increased community, nongovernmental organization (NGO), and private sector participation in the delivery of health services. The reforms affect all programme areas, including communication.

Efforts to address issues relating to communication within the on-going reforms are only just beginning, and an IEC policy and strategy development workshop is scheduled for June 16-17, 1997. The aims of the efforts underway are to establish a communication infrastructure that is in line with the overall direction of the reforms and strengthen this component, which has been considered weak in the past. Child health-related communication, which has lagged behind communication in technical areas such as family planning (FP) and HIV/AIDS, will need particular attention in this process.

In addition to strengthening health communication as a whole, there is an urgent need to provide appropriate materials and teaching aids to enhance IEC efforts.

During this trip, the consultant helped draft two flipcharts based on information cards developed in Ghana. Content areas covered included pregnancy, breastfeeding, weaning, nutrition, growth promotion, immunization, ARI, water, sanitation, diarrhoeal diseases, and malaria. Mr. Ben Tisa, whose work overlapped with that of the consultant's, was scheduled to generate additional materials on FP, tuberculosis (TB), and HIV/AIDS.

Tisa was also scheduled to assist with the development of illustrations for all the materials. The materials will then be reviewed, pretested, and finalised using local Zambian expertise.

At a later date, there may be a need to develop counselling cards in areas which need more detailed explanations, such as ORS mixing instructions, breastfeeding during difficult times, and other areas that may be identified during the field testing of the materials.

The consultant strongly recommends that BASICS increases its level of support to on-going efforts to strengthen IEC in the health sector. Sending an IEC expert to the proposed policy/strategy development workshop on June 16-17, as well as making reference materials available to the workshop, would be the next logical step in supporting the process.

There is need to speed up the proposed recruitment of a Zambian communication officer at BASICS to enhance BASICS' IEC support to the Central Board of Health, the 13 districts in which BASICS is working, and in processing the IEC materials under development.

PURPOSE OF THE VISIT

The author visited Zambia May 5-24, 1997, to work with the BASICS mobilization health advisors, Dr. Elizabeth Burleigh, and other members of the Materials Development Subgroup of Zambia's Central Board of Health (CBoH) in developing teaching aids for community health workers. Additional tasks were to assist with other IEC planning tasks and identify additional products that may need to be developed to enhance the educational performance of health workers and community volunteers. The full terms of reference are at Appendix A.

TRIP ACTIVITIES

Activities carried out by the consultant included the following—

Briefings and Interviews

Upon arrival, the consultant had a short briefing with Burleigh, who was in the middle of a two-day workshop of NGOs working in health. The purpose of the workshop, coordinated by Burleigh, was to brief NGOs about ongoing health sector reforms, to discuss their role(s) in the provision of health services, and to provide information on the health grants that NGOs could get from CBoH on application. More than 120 NGOs attended the workshop.

The consultant attended the opening session of the workshop and afterwards had a briefing with Dr. Paul S Zeitz, the USAID provided senior policy and technical advisor at the CBoH, and a key figure in the reform process. Other key people contacted during this visit included BASICS Chief of Party, Dr. Remi Sogunro; JHU/PCS Senior Programme Officer Ms. Elizabeth Serlemitsos, facilitating communication on behalf of that agency; Head of Health Education at the Ministry of Health Mr. Sikwanda Makono; and Mr. Benedict J. Tisa, senior programme officer at the Academy for Educational Development, whose efforts overlapped with the consultant's to continue the adaptation process, with emphasis on family planning. The full list of persons contacted in an effort to gain a better understanding of the tasks and the general IEC context are in Appendix E.

Meetings

The consultant attended the following meetings with direct or indirect relevance to his work:

- A meeting of USAID Cooperating Agencies.
- A meeting of the IEC Sub-Committee of the Technical Committee of the National Commission for Development (NCD) and planning at the Ministry of Planning and Economic Development. (NCD is responsible for the family planning programme and the subcommittee oversees the implementation of population and family planning IEC.)

- A meeting of the Strategy Writing Subgroup of the IEC working group at the CBoH.

The main thrust of the consultant's scope of work was to support the activities of the Material Development Subgroup. However, the consultant did not have an opportunity attend any of the meetings of the subgroup. The subgroup meeting planned for the time the consultant was in-country did not materialise. He, however, met individually with some members of the group (see Appendix E).

Document Review

The consultant reviewed an assortment of documents to gain an improved understanding of on-going activities, with emphasis on issues pertinent to material development tasks. These materials included project/planning documents, research materials, and IEC materials. For obvious reasons, the last category of materials does not appear in the listing of documents reviewed (see Appendix F). Burleigh provided a stack of materials, used in Zambia at one time or other, for review.

PERTINENT OBSERVATIONS

From the discussions held and the review conducted, the following observations of relevance to communication were made—

- The on-going reform of the health sector has remained the dominant event in the sector for some time, and is likely to occupy centre stage for the next few years. Key themes include decentralization of health services, and increased community, NGO, and private sector participation in the delivery of health services.
- While reform processes have progressed in most other areas, reform of the communication component is only beginning to be addressed.
- The Health Education Unit, which is currently responsible for IEC activities, is considered weak and in need of strengthening. The new IEC structure, to be implemented, provides for five health promotion specialist positions: one at the national level and one each in the country's four regions. A working group has been established at the CBoH to look into IEC issues. The group is currently working through two subgroups: one on strategy writing and another one material development.
- There is a general concern that at the moment there is little planned or sustained health communication going on at most levels; that concerted health communication tends to take place only during campaigns or when there is a crisis (such as an epidemic); and that there is a critical shortage of **appropriate** materials to use in IEC activities.

- Shortage of educational appropriate IEC materials is a major concern at the highest MOH and CBoH levels, and both the Ministry and CBoH would like to see the situation corrected as soon as possible. This desire has led to the formation of the Material Development Subgroup of the IEC working group.
- While there is a consensus that IEC for health needs to be strengthened, it is clear that some technical areas have made more progress in IEC than others. While FP and HIV/AIDS have maintained high visibility in the media and have developed some materials, child health-related communication has lagged behind, suggesting the need for more funded IEC support.
- On the whole, IEC activities taking place in the country continue on the lines of the old system, which is the subject of reform. Models attempting to conform to the new integrated model are being tried out by a number of groups. BASICS is working in 13 districts to help communities establish structures and processes calculated to maximise community participation and empowerment in health. JHU/PCS will soon be using a computer package called SCOPE to improve IEC planning in another 12 districts.
- Central mechanisms for coordinating the IEC efforts of individual agencies are yet to be developed. Ongoing efforts to develop the IEC policy/strategy are expected to stimulate development of the needed mechanisms into which agency efforts, currently underway, can feed.

TRIP RESULTS

Prior to the consultant's arrival, a number of decisions impacting material development had been taken—

- The country had opted for integrated health services, which meant developing integrated materials.
- The Zambia's essential health package had been determined. This included child health, reproductive health, malaria, HIV/AIDS, TB, water, and sanitation.
- A decision had been taken to develop a minimum package of materials to support educational activities of community health workers, volunteer health promoters, and frontline health workers.

- The priority materials to be developed had been identified as the adaptation of the information cards developed by JHU/PCS for Ghana. The Zambian version was to—
 - Cover the essential health package.
 - Incorporate emphasis behaviours from Zambia’s perspective.
 - Develop a laminated flipchart (or flipcharts) for group education as the first priority.
 - “Possibly” develop a set of counselling cards for individual education.
- Members of the Material Development Subgroup had been divided into three teams—each team with topic areas to cover. The consultant was to support the team covering nutrition and growth monitoring, immunization, diarrhoeal diseases, ARI, water, sanitation, and malaria. Pregnancy and breastfeeding were added to the list after discussions.

Situation Analysis

Interpretive research materials needed to guide development of focussed IEC materials in Zambia is lacking in most of the topic areas. In the absence of the right data, a situation analysis was done on the basis of the only data that could be found (see Appendix B for the analysis and Appendix F for documents reviewed).

Materials Developed

On the basis of the analysis and in line with CBoH decisions, two general information flipcharts for the use of community health workers, volunteers, and frontline health workers were developed to draft text stage. Consideration was to develop flipcharts of a small enough size to conveniently carry around. The text for both flipcharts includes questions to stimulate discussion and a more intimate interaction with the materials (see Appendix C).

Flipchart one

Title: **Healthy mothers and healthy children**

Pages: 22

A general information flipchart covering routine preventive aspects of health with emphasis on pregnancy, breastfeeding, weaning, nutrition, growth promotion, and immunization (see Appendix C).

Flipchart two

Title: **Protecting the family from diseases**

Pages: 18

This flipchart covers preventive, but less routine aspects, such as ARI, water, sanitation, diarrhoeal diseases, and malaria (see Appendix D).

Both drafts are currently under review in Zambia and Washington. Tisa is expected to provide computer generated illustrations for the drafts over the next two to three weeks. The illustrated drafts, together with the materials Tisa will develop on TB, HIV/AIDS and FP, will then be left with Burleigh to arrange pretesting revision, finalization, and printing.

BASICS SUPPORT

BASICS' support to the Government of the Republic of Zambia (GRZ) can be divided into two broad areas: 1.)support to the CBoH, and 2.)implementation of projects on the ground. At the request of BASICS and the CBoH, some time was spent looking at the two areas to identify a package of IEC activities that BASICS could support.

Support to the Central Board of Health

There are two areas of support to consider: 1.)support for strengthening IEC at the central level, and 2.) material development support.

Strengthening IEC at the Central Level

The ongoing health sector reforms provide an excellent environment for reviewing and strengthening all aspects of the sector. This includes the IEC subsector, which is currently considered weak. CBoH documentation makes prominent mention of IEC as the means through which increased demand for health services will be realised. Defined more broadly, IEC can also make an invaluable contribution in advocacy and social mobilization.

The CBoH is aware of the need to strengthen the IEC component, and plans are underway to do so. Work on the development of an IEC strategy started sometime ago, and at the May 16 meeting of the Strategy Writing Subgroup, it was decided to develop an IEC policy, an IEC strategy, and "probably," IEC guidelines.

The Strategy Writing Subgroup proposes to develop these key documents through participatory processes in which national and international partners will be invited to give their input from the very beginning. The next step in the process will be a two day workshop, scheduled for June 16

and 17, 1997. The workshop will bring together 25 or so IEC practitioners from health implementing agencies to clarify unclear areas, to identify issues, and to reach a consensus on steps needed to complete the task of developing these important documents. Workshop agenda items will include the following—

- Definition and scope of IEC
- Definition of terms (such as strategy, policy, etc.)
- Structure of IEC policy and strategy
- Issues to consider
- Capacity and skills need for effective IEC performance
- Generation of draft IEC policy and strategy
- Follow-up steps

The processes underway are expected to raise many questions (especially in relation to what has hampered the development of an effective IEC service in the past) and generate many ideas and activities calculated to build a new and stronger IEC service. The activities will conceivably include identification of staff and volunteers expected to play a role in IEC, assessment of IEC skills and needs of identified cadres, development of targeted training curricula and materials, implementation of training activities, and implementation of other activities identified in the strategy.

BASICS support to the process may include the following—

- Continuation of Burleigh's participation in IEC activities of the CBoH.
- Provision of reference materials for use during activities such as policy and strategy development.
- Recruitment of a Zambian IEC person at BASICS to strengthen the child health IEC component at the CBoH and in the field.
- Provision of facilitators and resource persons to carry out specific activities that may be needed from time to time.

Through Burleigh's continued participation, BASICS/Lusaka will monitor developments and, in consultation with the CBoH, identify specific IEC technical activities that BASICS can support. For a start, we strongly recommend that BASICS provide an IEC technical resource person to participate in the proposed IEC policy/strategy development workshop on June 16 and 17, 1997.

Material Development

The second area of support to the CBoH is in material development.

Development of a minimum package of materials to support the activities of community health workers, volunteers, and frontline health workers is seen as a top priority at the CBoH. To meet this need, the author drafted two flipcharts which await illustration pretesting and processing to printing stage (see item 2 above). Tisa will be developing more materials which will also be left partially completed. To finalise these materials, support will be needed to—

- Follow through the processes of materials review, pretesting, layout, preparation of artwork, and liaison with printers. (The materials will initially be processed and produced in English.)
- Translate the materials in the needed languages and process the translations to the printing stage.
- Provide material use training.

Burleigh has indicated willingness to facilitate these processes. But as her hands are full, we recommend accelerated recruitment of a Zambian IEC officer at BASICS to manage the processes. The officer should additionally support work in the districts as well as at the CBoH.

Because of the urgency of the matter, some IEC materials have been generated without the necessary formative research. It is strongly recommended that future processes to be used in material development be discussed exhaustively during policy/strategy development activities.

Support to Districts

BASICS is currently working in 13 districts in Lusaka, and Copperbelt and Eastern provinces. The focus of the work is in supporting communities and health facilities to establish structures and processes that will maximise community participation and empowerment in the planning and implementing of health services. Activities on the ground include—

- Formation and training of neighbourhood health committees.
- Identification and training of community health workers.
- Community education in primary and secondary preventive health, with emphasis on areas specified in the essential health package.
- Promotion of community-based distribution of supplies, such as bed nets.
- Promotion of community-based provision of services, such as growth monitoring.
- Support for communities' identification and solution of their own problems.

- Training of health facility workers in prevention and case management of childhood illness.

Materials drafted during this consultancy, and those to be developed by Tisa, will help meet not only materials need at the national level, but also that in the districts in which BASICS is working. The materials will be intensively pretested and field tested through their use in some of the 13 districts in which BASICS is working.

It is expected that pretest and field test results will be documented to provide guidance in future material development activities. Pretest and field-test activities should also identify other materials that may need to be developed.

BASICS will support material use training activities at least in the districts in which the agency is working.

OTHER RECOMMENDATIONS

The proposed IEC strategy should consider making provisions for generating an inventory of the IEC materials available in Zambia, evaluating the materials, and making recommendations for new materials that need to be developed to fill gaps.

The two developed flipcharts are general information flipcharts which give important details in the areas covered. The aids are intended for use mainly with small groups. There are, however, sections which may need to be expanded into counselling cards for the benefit of couples or individuals who need more detailed information. Areas that may need expanding include the following—

- Mixing and giving of ORS.
- Breastfeeding during difficulties, such as the sickness of a mother or a child.

Counselling cards may also be developed from flipchart pages if needed.

APPENDIXES

APPENDIX A
SCOPE OF WORK

**SCOPE OF WORK
NICHOLAS DONDI
ZAMBIA
MAY 1-21**

REF: Minutes of the Central Board of Health IEC Materials Subgroup, 4/24/97.

After considerable discussion over the past several months about the development of appropriate educational materials for use by community health workers, several important decisions have been made in the past few days. As noted in the minutes referenced above, the Central Board of Health IEC Materials Development Subgroup has decided to move ahead with the development of an integrated set of materials which cover all of Zambia's six major health thrusts. The materials will be based on a kit developed by the Population Communication Services (PCS) Project in Ghana and Nigeria. Elements of this kit will be adapted for use in Zambia jointly by PCS and BASICS. Mr Dondi will travel to Zambia for the primary purpose of working with the BASICS Mobilization Health Advisor, Dr. Elizabeth Burleigh, and other members of the Material Development Subgroup on adapting the child health portions of the kit. PCS plans to send an IEC consultant, Benedict Tisa, to Zambia during this same time frame to work on the family planning aspects of the adaptation process. This will provide an opportunity for the two projects to work closely together on developing an integrated set of materials for Zambia in the most cost-effective manner, using the particular technical expertise of each project.

Specifically, Mr Dondi, working with Dr. Burleigh, PCS staff and consultant, appropriate staff at UNICEF and Zambian counterparts, will:

- 1 Review the Ghana and Nigeria materials that have been developed by PCS, as well as materials that have been developed in Zambia.
- 2 Plan and help manage the local adaptation of the Information Cards contained in the kits in 6 areas: immunization, diarrhoeal diseases, respiratory infections, water and sanitation, malaria, nutrition and growth monitoring.
- 3 Modify the cards appropriately, stressing the identification of messages related to the key emphasis behaviours in each technical area. BASICS technical staff in Washington will help in this task.
- 4 Plan and help manage pretesting of the adapted materials, within the time constraints.
- 5 Identify alternatives for producing and funding the materials locally.
- 6 Identify and begin planning for the development of other products in addition to the Information Cards that may be needed to enhance the educational performance of community health workers and community volunteers.

- 7 To the extent time allows, assist Dr Burleigh and her Zambia counterparts with other IEC planning tasks that have been identified in the recent past. These include helping the Central Board of Health develop a long-term strategic IEC plan, integrating / strengthening the child health components of the national IEC strategy drafted for USAID by PCS and planning national communication support for Zambia's IMCI programme.

APPENDIX B
SITUATION ANALYSIS

Situation analysis

1 GENERAL

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>People feel happy to be fathers/mothers. They feel "great", "honoured", to be called Shi-John or Bapa-Precious. They feel proud.</p> <p>Parents feel happy to see children grow up</p> <p>They are happy when their children are healthy, educated, have a good job.</p> <p>They are also happy because their children will look after them in old age.</p> <p>Most parents worry:</p> <ul style="list-style-type: none"> - that their children may not grow up to be healthy - When they do not have enough to provide for their children <p>They believe that there are more sick children in the neighbourhood (in rural areas) than healthy ones.</p> <p>They see many children die at home without being taken to the hospital and worry that their own children may meet the same fate if they got sick because they (the parents) have no money to take them for treatment.</p> <p>They complain that health facilities are too far, so they cannot get their children there when they are sick.</p> <p>Reasons for children getting sick (according to parents interviewed): children do not get good food to eat, they are dirty; they do not get immunizations; their mothers give birth too often; their mothers are drunkards, their mothers are lazy and do not look after them properly.</p> <p>Commonly identified diseases include malnutrition, diarrhoea and body hotness (fever)</p> <p>Commonly identified signs of illness are: thinness, body hotness (fever) and diarrhoea.</p>		

2 PREGNANCY, ANTENATAL AND POSTNATAL CARE

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Nearly all mothers attend ANC at least once during pregnancy</p> <p>But many make a first visit late (median 5.6 mo.)</p> <p>More than half do not make regular monthly visits</p> <p>Malnutrition and anaemia are common among pregnant women.</p> <p>In some areas pregnant mothers are not supposed to eat the following foods: eggs (the child will not have hair), sugarcane (baby's skin will have cracks), oranges (baby will have yellow fever), lemons (baby will have cracks all over), bachihila (baby will die), Lunga (mother will tremble when giving birth), Kafoko meat (baby will have convulsions), Chibila (baby will be ugly like chibila).</p> <p>Most foods respondents recommend for pregnant women are starchy foods or "what she has appetite for".</p> <p>Many pregnant mothers do not eat the foods they think they think they should be eating because "it is not available" (poverty)</p> <p>Up to 73% of mothers deliver at home. About half all women are assisted by relatives during delivery. TBAs deliver only 10% Reasons: See maternal deaths below + perceived poor quality of care, unsympathetic treatment at clinic, reluctance to have a male H/worker assist</p> <p>Maternal mortality is high (200/100,000 average, up to 800/100,000 in places). Reasons: Early pregnancies, frequent pregnancies, lack of knowledge of risk factors, distance from health facility, harmful traditions during pregnancy and labour, Lack of money for fees at health facilities and transport.</p> <p>Only 7.3% attend postnatal care. Reason: belief that all will be well. Do not know benefits, Feeling that services given are shallow and not worth the effort.</p>	<p>Early antenatal attendance</p> <p>Regular antenatal attendance</p> <p>Eating nutritious diet during pregnancy</p> <p>Delivery assisted by health professional</p> <p>Production of nutritious foods in the household</p> <p>Planned births</p> <p>Post natal attendance</p>	<p>Attend ANC at least five times during a pregnancy</p> <p>Seek TT vaccination at every opportunity</p> <p>Seek postnatal care after delivery (at least two visits)</p> <p>Take iron tablets in the second half of pregnancy to prevent anaemia.</p>

3 NUTRITION, BREAST FEEDING AND WEANING

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Breast feeding is almost universal in Zambia. Most women start breast feeding within 2 hrs of delivery.</p> <p>However, in some areas there have been identified traditions which require women to delay breast feeding "until dirty milk" gives way to clean milk</p> <p>Average breast feeding duration 19 mo. rural and 17 mo. urban.</p> <p>By 4 months, only 26% of the women breast feed exclusively. By 6 mo only 12%. Nearly 70% of mothers give water (and other liquids) to babies in addition to breast milk. Babies are given water as early as the day of birth. Reasons: nobody can live without water, no milk in the breasts</p> <p>In addition to water, bigger children are given thin maize porridge on which they are also weaned</p> <p>The main ingredients in weaning diets are maize porridge, nshima (thick maize porridge and green vegetables. Sometimes beans, soya beans and beans are added to the diet.</p> <p>Bottle feeding is rare, only 3% among under two months</p> <p>90% of Zambians use iodised salt</p> <p>30-50% of children up to the age of 4 years suffer from vitamin A deficiency. Reasons: Infrequent feeding, food contamination.</p> <p>Nearly all Zambian children (94% under 2 mo.) received vitamin A tablets.</p>	<p>Put the child on the breast immediately after delivery</p> <p>Breast feed exclusively for the first six months</p> <p>Continue breast feeding up to 24 months</p> <p>Begin weaning after 6 months</p> <p>Give children under six years vitamin A capsule</p> <p>Grow nutritious foods for the family</p> <p>Take child for monthly growth for the first 2 years</p>	<p>Put the baby on the breast immediately after delivery. The first milk (colostrum) is very good for the baby.</p> <p>Breast feed exclusively for the first 6 months. During this time, give no supplement, not even water.</p> <p>Breast milk is an adequate food for the baby for the first six months of life. It has all the nutrients and water the baby needs. It contains antibodies to protect the baby from diseases.</p> <p>Breast feed on demand</p> <p>Giving water to a baby during the first six months of life exposes the child to infections.</p> <p>Breast feed on demand</p> <p>Breast feed frequently, at least 8 time a day.</p> <p>Breast feed for a longer duration each time.</p> <p>Breast feed from both breasts</p> <p>Breast feed until all milk is finished in the breast. This will stimulate more milk production</p> <p>Start supplementary feeding at six months</p> <p>Give the child thick porridge.</p> <p>Enrich the child's porridge with groundnuts, oil, soya beans, etc</p> <p>Feed a child with poor appetite more frequently with favourite foods</p> <p>Give children over 6 years one vitamin one vitamin A capsule every 6 months</p> <p>Feed a sick child with small, frequent feeds</p> <p>Proper feeding of a child after illness</p>

4 IMMUNIZATION

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Only 44% of women aged 15-49 years received at least 2 doses of TT during pregnancy in 1995, and increase from 39 % in 1992</p> <p>Childhood immunization rates are high. 85% fully immunized in 1995 (12-23% age group) compared to 67% in 1992.</p> <p>But at 20% from BCG to measles, the dropout rates significant.</p>	<p>Take children for all immunizations</p> <p>Women in the reproductive age group to get all the needed TT immunizations</p>	<p>Take children for immunization even if they are sick</p> <p>Allow infants to be immunized during a visit for curative care</p> <p>Let the baby have the first immunization immediately after birth</p> <p>Ensure that your child has received all the needed immunizations at the age of one year and three months.</p>

5 WATER AND SANITATION

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Only half of the population has access to safe drinking water. This ranges from 85% (in some urban areas) to 27% (in parts of the rural area)</p> <p>The proportion of mothers with two year olds who use narrow necked covered water containers to store water is low (28%)</p> <p>Only half of the rural areas have access to acceptable standards of sanitation.</p> <p>Availability of latrines in homes is low, 0% in places.</p> <p>The proportion of mothers with soap available at hand washing spots is very low (5%).</p>	<p>Protection of water points</p> <p>Chlorination of water sources</p> <p>Hygienic transportation and storage of water</p> <p>Latrine construction</p> <p>Correct use latrines</p> <p>Keeping latrines clean</p> <p>Washing hands with soap and water at appropriate times</p>	<p>Contaminated water can cause diseases</p> <p>Make water safe for drinking by boiling or adding chlorine</p> <p>Dispose of human waste in a safe place</p> <p>Keep your latrine clean</p> <p>Clean surroundings and bury rubbish in a pit. Throwing rubbish indiscriminately attracts flies.</p> <p>Use a toilet and wash hands after use</p> <p>Wash hands before preparing or eating food</p> <p>Boil water and store it in a covered pot</p> <p>Wash foods eaten uncooked before you eat</p> <p>Eat food when it is still hot</p>

6 ACUTE RESPIRATORY INFECTIONS

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Most parents (70%) with children with a cough or rapid breathing area taken to a health facility or provider.</p> <p>Most caretakers (81%) know at least two danger signs that should make them seek help when their children are sick.</p> <p>Caretakers recognise that when a child has the following signs, it is sick: thin, body hotness (fever)</p>	<p>Timely recognition of childhood illness</p> <p>Timely seeking of help from a health professional</p>	<p>Seek help from a health professional when the child:</p> <ul style="list-style-type: none"> - Looks unwell - Is not eating - Is not drinking - Is lethargic - Changes in alertness - Is vomiting everything - Has high fever - Has rapid or difficult breathing

7 **DIARRHOEAL DISEASES**

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>94% of mothers with children under five years have heard of ORS</p> <p>53.9% of children with diarrhoea are given ORS</p> <p>Fluids during diarrhoea</p> <p>57.6% of mothers increase fluids</p> <p>25% do not increase fluid intake</p> <p>21% decrease fluid intake</p> <p>Food during diarrhoea</p> <p>31.6% increase</p> <p>25.2% give as usual</p> <p>42.9% decrease</p> <p>The proportion of households with soap available at hand washing spots is low (only 5%)</p>	<p>Wash hands with water and soap at appropriate times</p> <p>Increase fluids during diarrhoea</p> <p>Give ORS during diarrhoea</p> <p>Continue feeding during diarrhoea</p> <p>Increase feeding after diarrhoea</p> <p>Recognise danger signs and take child to health worker</p>	<p>When to wash hands</p> <p>When and how to mix and give ORS</p> <p>Suitable home fluids</p> <p>Danger signs:</p> <ul style="list-style-type: none"> - Many watery stools - Not getting better - Fever - Not eating or drinking well - Repeated vomiting - Bloody stools - Marked thirst

RESEARCH DATA	BEHAVIOURS TO PROMOTE	MESSAGES
<p>Ownership and use of mosquito nets is very low (0% in many places)</p> <p>14% of maternal deaths are a result of malaria</p>	<p>Use of bed nets</p> <p>Destruction of mosquito breeding places</p> <p>Recognition of danger signs</p> <p>Seeking medical help in good time</p> <p>Appropriate use of malaria medication</p>	<p>Protect yourself from mosquito bites (Sleep under a mosquito net; screen the house with wire gauze; use mosquito repellents at night)</p> <p>Kill adult mosquitos by prying your house. Health workers will advise on a good spry.</p> <p>Destroy mosquito breeding places (Fill all holes that hold water; Pour oil on ponds which cannot be buried; destroy tins and cans which can hold water after rain.</p> <p>Seek medical help when you have a fever, you are sweating your joint are aching, you have a headache or diarrhoea</p> <p>Use medication as instructed. Finish the full course of medicine</p>

APPENDIX C
FLIPCHART 1

Appendix C

(One)

FLIPCHART # ONE

FIRST DRAFT

COVER

Healthy mothers

and

● TT

Healthy children

● IMM

● FEEDING

● WEIGHING

ILLUSTRATION: Dominant picture of a breast feeding mother. In the background much smaller illustrations of a mother receiving TT, a child being immunized, feeding a child and weighing a child. See page 19 of the ICMI book for possible sizes of the smaller illustrations.

(One)

TEXT	ILLUSTRATIONS
<p>INTRODUCTION</p> <p>Parents feel happy and proud to have children. They like their children to grow well. But they see unhealthy children around them and wonder what will happen to their own children.</p> <hr/> <p style="text-align: center;">Box: Discussion questions</p> <p>Do you sometimes think about the health of your children?</p> <p>Do your children get sick sometimes?</p> <p>What makes children sick?</p> <hr/> <p>Children are new comers into the world. Their bodies are small, and not strong enough to resist diseases as well as the bodies of adults do. They need good care to grow well.</p> <hr/> <p style="text-align: center;">Box: Discussion questions</p> <p>What special care do children need?</p> <p>When does a mother begin to care for her child?</p> <hr/>	<p>3-4 healthy children about 2 years plying with a ball</p>

(One)

Care

During pregnancy

(One)

TEXT	ILLUSTRATIONS
<p data-bbox="269 380 596 406">CARE DURING PREGNANCY</p> <hr data-bbox="269 457 855 461"/> <p data-bbox="269 491 642 517">Box: Discussion question</p> <p data-bbox="269 549 596 574">What do you see here?</p> <hr data-bbox="269 604 855 608"/> <p data-bbox="269 636 1105 746">This woman is pregnant. She has a baby growing inside her body. She will soon be a mother. The life of the baby in her womb depends on her. She must now care not only for herself, but also for the baby in her womb.</p> <hr data-bbox="269 798 855 802"/> <p data-bbox="269 832 657 857">Box: Discussion questions</p> <p data-bbox="269 887 1088 938">How can a mother care for a baby in her womb when she cannot see or touch him/her?</p> <hr data-bbox="269 968 855 972"/> <p data-bbox="269 998 1105 1129">What a mother does when she is pregnant often affects the baby growing in her womb. A pregnant mother should look after the baby in her womb by doing only those things which will benefit and not hurt the baby. This way, she helps the baby in the womb to grow healthy.</p> <p data-bbox="269 1159 1058 1210">As soon as a mother knows that she is pregnant, she should visit the clinic for a check up and advice.</p> <hr data-bbox="269 1261 855 1266"/> <p data-bbox="269 1295 645 1321">Box: Discussion question</p> <p data-bbox="269 1351 1105 1376">What kind of advice do pregnant women get at a clinic?</p> <hr data-bbox="269 1427 855 1432"/>	<p data-bbox="1158 478 1352 546">A pregnant woman</p>

(One)

TEXT	ILLUSTRATIONS
<p>Antenatal care</p> <hr/> <p>Box: Discussion question</p> <p>What do you see on this page?</p> <p>Where is the action taking place?</p> <hr/> <p>At the clinic a pregnant woman is advised on how to look after herself and the baby growing inside her womb. To help herself and the baby inside her to grow healthy, a pregnant woman should:</p> <ul style="list-style-type: none">● Visit the clinic every month, at least five times during one pregnancy.● Get immunization against tetanus to protect her and her unborn baby.● Avoid smoking and drinking alcohol, as these can harm the unborn baby.● Take only medicines given to her by a trained health worker who knows that she is pregnant.● Take iron tablets as instructed by a health worker. Iron tablets provide protection against anaemia.● Go to the clinic for immediate help when one of the following danger signs occur: bleeding, severe waist pain, severe headache, swollen feet (oedema) or dizziness. <hr/> <p>Box: Discussion questions</p> <p>What else should a pregnant woman do to maintain her health and the health of the baby in her womb?</p>	<p>Pregnant woman at a clinic being checked by a health worker (see illustration in Ghana materials)</p>

(One)

TEXT	ILLUSTRATIONS
<p>Keeping healthy during pregnancy</p> <p>To keep healthy, a pregnant woman needs to:</p> <ul style="list-style-type: none">• Get more rest than usual. She needs to rest at least one hour during the day and 6-8 hours during the night.• Continue doing normal daily activities. But avoid hard work, such as carrying heavy loads.• Keep clean. Take a bath every day. Washing will help a pregnant woman to avoid infections, feel fresh and healthy.• Wear loose clothes and flat shoes. These are comfortable for the growing body. <hr/> <p>Box: Discussion questions</p> <p>What should a pregnant woman eat?</p> <hr/>	<p>Pregnant woman taking a rest - lying down, reclining in a chair or whatever form of "resting" that is socially acceptable.</p>

(One)

TEXT	ILLUSTRATIONS
<p>Box: Discussion question</p> <p>What do you see on this page?</p> <hr/> <p>This picture shows a pregnant woman eating. A pregnant woman needs to eat enough food of the right type because she is eating for herself and for the baby inside her womb. She needs to eat a mixed diet with food from the three food groups.</p> <hr/> <p>Box: Discussion questions</p> <p>What are these three food groups?</p> <hr/> <p>Food groups</p> <p>The three food groups are:</p> <p>Energy giving foods: Such as nshima and other dishes made from maize or maize flour, potatoes, cassava, millet, cooking oils, rice and potatoes.</p> <p>Body building foods: Such as eggs, meat, fish, beans, melon seeds and groundnuts.</p> <p>Protective foods: Such as oranges, mangoes, pawpaw, bananas, dark green leafy vegetables.</p> <p>A pregnant woman also needs to drink plenty of clean water.</p> <hr/> <p>Box: Discussion question</p> <p>Do all pregnant women in this area eat these foods?</p> <p>What stops others eating the right foods?</p> <p>What can be done to make sure that more women eat the right foods when they are pregnant?</p> <hr/> <p>Box: Discussion questions</p> <p>What other important things should a pregnant woman discuss with her husband in addition to diet?</p>	<p>A pregnant woman eating</p>

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see in this drawing?</p> <p>Where is the woman going?</p> <p>What do you think she is going to do there?</p> <hr/> <p>As soon as a woman knows that she is pregnant, she should think about these important things and discuss them with her husband:</p> <ul style="list-style-type: none">• Where she will deliver the baby and• When to have the next baby. <p>These are very important issues to the health of the mother and child. Discuss them with your husband and other family members.</p> <hr/>	<p>A woman carrying her layette going to the clinic to deliver escorted by her husband and another woman</p>
<hr/> <p>Where do Zambian women deliver their babies?</p> <p>Why?</p> <hr/> <p>Some deliveries are normal and go on smoothly. Others can be difficult and complicated. One time a woman may have an easy delivery. Next time the same woman may have a difficult delivery. You cannot tell. Difficult deliveries are dangerous and can kill the mother, the child or the two of them.</p> <p>Deliver under the care of a trained health worker</p> <ul style="list-style-type: none">• Health workers are trained to assist women during delivery.• Health workers help mothers to deliver under clean conditions. Cleanliness reduces infection to the mother and to the child.• Health workers are trained to help mothers with difficult deliveries as well. <p>It does not matter whether the health worker is male or female. Both are well trained. Health workers save the lives of many Zambia women every year.</p>	

(One)

TEXT	ILLUSTRATIONS
<p>Postnatal care</p> <p>This mother has just had a baby. She is happy and she wants her baby to grow up healthy and strong.</p> <hr/> <p>Box: Discussion questions</p> <p>What should she do to help her baby to grow healthy and strong?</p> <hr/> <p>After delivery, a new mother needs to do the following:</p> <ul style="list-style-type: none">● Visit the clinic at the end of the first month. At the clinic, health workers will check and advise on what to do to keep healthy.● Continue visiting the clinic for check up and advise. A mother should visit the clinic at least two more times within four months of delivery.● Delay the next pregnancy to give the new baby a chance to grow. Spacing pregnancies:<ul style="list-style-type: none">- Gives each child enough time to grow.- Gives the mother a chance to rest and regain strength before the next pregnancy.- Gives the family time to bring up one baby at a time.	<p>A tired but smiling mother who has just had a baby. She is lying in bed. The nurse is placing the newly born baby to lie beside her.</p>

(One)

Caring

for

the baby

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>Box: Discussion questions</p> <p>What do you see here?</p> <p>Do all women in this area breast-feed their babies?</p> <p>For how long?</p> <hr/> <p>Feeding the baby soon after birth</p> <p>This mother has just given birth and is breast feeding her baby. The baby should be put on the breast within four hours of birth. The first thick, yellowish milk is very good for the baby. It is rich in food and substances which protect the baby from diseases.</p> <p>Breast milk is the best food a baby can have. It is food made especially for the baby. Breast feeding gives the baby all the food a baby needs for the first 6 months.</p> <ul style="list-style-type: none">● It has all the food a baby needs from birth to 6 months.● It has all the water the baby needs for the first 6 months of life.● It has substances which protect the baby from diseases. <p>Give the baby breast milk ONLY for the first 6 months. Giving the baby water, porridge or other foods during this time only exposes the child to dangers of infection.</p> <hr/> <p>Box: Discussion questions</p> <p>What are the other advantages of breast feeding?</p> <hr/> <ul style="list-style-type: none">● Breast milk is always available.● Breast milk costs nothing.● Breast milk is clean.● Breast feeding brings the mother and the baby closer.	<p>A mother breast feeding a bay only a few hours old.</p>

(One)

These questions go at the bottom of page 11

Box: Discussion questions

How should a mother breast feed her baby?

When should she breast feed?

(One)

TEXT	ILLUSTRATION
<hr/> <p>Box: Discussion questions</p> <p>What do you see here?</p> <p>Where is the action taking place?</p> <p>What does the drawing tell you?</p> <hr/> <p>How to breast feed a baby</p> <p>This mother is breast feeding her baby in a moving bus because the baby wants to breast feed.</p> <ul style="list-style-type: none">● Breast feed the baby whenever he/she wants to breast feed, anytime, anywhere.● Breast feed the baby at least 8 times a day.● Breast feed while sitting or lying down in a comfortable position.● Breast feed for a long duration each time.● Breast feed from both breasts.● Breast feed until the breasts have no more milk. This will stimulate production of more milk.● Breast feed even if the baby is sick. <hr/>	<p>Mother breast feeding a baby in an unusual posing/place, in response to prevailing circumstances, e.g. in a moving bus, in-between duties at home or other</p>
<hr/> <p>Box: Discussion questions</p> <p>How long should a mother breast feed her baby?</p> <p>How should she give the baby additional foods when the baby gets to six months?</p>	

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>Box: Discussion questions</p> <p>What do you see here?</p> <p>What utensils is she using? Why?</p> <hr/> <p>This mother is using a cup and a spoon to feed her baby. This is the right way to feed a baby. The mother is giving her six month old baby food in addition to breast milk.</p> <p>At six months the baby has grown bigger and needs other foods in addition to breast milk.</p> <ul style="list-style-type: none"> • Give the baby soft foods in addition to breast milk. • Continue breast feeding for two full years. Breast milk will help the baby to grow well. It will also protect the baby from diseases. • Continue breast feeding even if the breasts have a problem. Seek advice from a health worker as you continue breast feeding. • A breast feeding mother should eat well, and drink plenty of water. Food and water help the mother to make more milk for the baby. A breast feeding mother should eat a mixed diet with foods from the three food groups: <p>Energy giving foods: Such as nshima and other dishes made from maize or maize flour, potatoes, cassava, millet, cooking oils, rice and potatoes.</p> <p>Body building foods: Such as eggs, meat, fish, beans, melon seeds and groundnuts.</p> <p>Protective foods: Such as oranges, mangoes, pawpaw, bananas, dark green leafy vegetables.</p> <hr/> <p>What kind of food should be given to a child after 6 months?</p>	<p>Mother feeding a child using a spoon and cup</p>

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What does the picture tell you?</p> <hr/> <p>Child feeding schedule</p> <p>This drawing give information on how to feed a child from birth until the child is more than two years.</p> <p>Birth to 6 months</p> <p>Give the child breast milk ONLY. Breast milk is an adequate diet for a baby of this age.</p> <ul style="list-style-type: none">• Breast feed the baby day and night - at least 8 times in 24 hours.• Do not give any other foods, not even water, porridge or glucose.• If the baby is not gaining weight after 4 months, discuss the matter with a health worker, and feed the baby as the health worker advises. <p>6-12 months</p> <ul style="list-style-type: none">• Breast feed day and night, at least 8 times in 24 hours.• In addition to breast feeding, feed the baby at least 3 times a day. If the baby is not breast feeding, give food at least 5 times a day.• Give the baby:<ul style="list-style-type: none">- either thick porridge enriched with sugar, oil, groundnuts, milk, sour milk or beansor- Nshima (or rice or potatoes) with mashed relish cooked in groundnuts. Soup on its own is not enough.• Between main meals, give milk, bread or mashed foods, such as fruit, avocado, beans or mponda. <p>1-2 years</p> <ul style="list-style-type: none">• Breast feed as often as the child wants.• Give a mixed family diet at least three times a day.• Give snacks in between meals.• Serve the child separate from adults <p>2 years and older</p> <ul style="list-style-type: none">• Give family foods such as nshima with relish at least 3 times a day• Give fruits, sump, fried potatoes, bread, rice with sugar or oil, an egg or beans at 2 times in between meals.	<p>See the next page</p>

BEST AVAILABLE COPY

(One)

Illustration for page 15 above. The illustration is based on information at page 19 of the ICMI book.

AGE	FEEDING
Birth to 6 months	ILL: A breast feeding mother
6-12 months	ILL: Mother feeding a child using spoon and cup. Next to her are food ingredients as at page 19 of the ICMI book
1-2 years	ILL: A little girl eating on her own sitting on the floor. Next to her are food ingredients as at page 19 of the ICMI book.
2 years and older	ILL: A bigger girl eating on her own. Next to her are food ingredients (see page 19 of ICMI book).

FOR AVAILABILITY ONLY

(One)

TEXT	ILLUSTRATIONS
<p>Box: Discussion questions</p> <p>What do you see here?</p> <p>What do you think about the health of these children?</p> <hr/> <p>Tips on feeding children</p> <p>These children have received good care from their parents. They are healthy and cheerful. The following tips will help you feed your child better:</p> <ul style="list-style-type: none">• Children have small stomachs which cannot hold much food. Feed them often.• Do not force the child to eat. Instead, give his/her favourite food or feed him/her later.• Feed the child with fresh food.• Cover the child's food to protect it from dirt, dust and flies.• If the child cannot breast feed or eat, take him/her to the health worker for help.• If the child has no appetite, give frequent small feeds of favourite foods. <p>Feeding a sick child</p> <p>When a child is sick:</p> <ul style="list-style-type: none">• Breast feed more frequently and, if possible, for longer periods.• Offer frequent small feeds.• Give soft, varied, appetizing foods that the child likes.• Clear the child's nose, if blocked and interfering with feeding.• Increase the amount of food for a week after the child recovers. <hr/> <p>How do you know whether your child is growing well or not?</p>	<p>3-4 children aged 1-2 years playing happily</p>

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>Box: Discussion questions</p> <p>What is happening here?</p> <p>How often are children weighed in Zambia?</p> <p>Up to what age should children be taken for weighing?</p> <hr/> <p>Growth promotion</p> <p>Parents use different ways to find out how their children are growing. But the most reliable way is taking children every month to the clinic for weighing. These mothers have brought their children for weighing.</p> <p>Weighing a child and marking the weight on the child's card tells the family how well the child is growing. The weights also warn the family when the child is not growing well.</p> <p>Children should be taken for weighing every month for five years.</p> <hr/> <p>Do you know how to read the growth chart of your child?</p> <hr/>	<p>Children being weighed (see the Ghana illustration)</p>

(One)

TEXT	ILLUSTRATIONS
<p>Box: Discussion questions</p> <p>What is this?</p> <hr/>	
<p>How to read a child's growth chart</p> <hr/>	
<p>Box: Discussion questions</p> <p>What do these two lines mean? (growth bands)</p> <hr/>	Growth card with weights of four different children in different colours
<p>This is a child's growth card. It has the weights of four children marked in different colours.</p> <p>Child A marked in Black</p> <p>Child B marked in blue</p> <p>Child C marked in green</p> <p>Child D marked in pink</p> <hr/>	
<p>Box: Discussion questions</p> <p>Which of the child is growing well?</p> <p>Why do you say so?</p> <hr/>	
<p>Now let us discuss the weight of each child</p> <p>Child A is overweight. The child's weight is above the recommended growth path.</p> <p>Child B is growing well. The weight is within the two bands</p> <p>Child C was growing well, but now is underweight.</p> <p>Child D is underweight.</p> <p>Discuss the weight of your child with the health worker. The health worker will help you find out how best to care for your child.</p> <hr/>	
<p>Apart from feeding, what else do children need to grow healthy?</p>	

(One)

TEXT	ILLUSTRATIONS
<p>What do you see here?</p> <hr/> <p>Babies need more than breast milk and food to grow healthy. They also need</p> <ul style="list-style-type: none">• Vitamin A tablets for healthy eyes and good growth, and• Immunization to protect them from common diseases. <p>Vitamin A capsules are given at the clinic. One tablet every 6 months for children aged 6 months to 2 years and one tablet a year for children 2-6 years.</p> <hr/> <p>Box: Discussion questions</p> <p>How many diseases are children protected against through immunization in Zambia? Name them.</p> <hr/> <p>In Zambia, children are protected against the following six diseases through immunization:</p> <p>Tuberculosis (TB). Signs: a cough that does not go away. A child looks very thin and weak. (Local name.....)</p> <p>Polio. A dangerous disease that makes muscles weak. Polio may cripple a child. (Local name.....)</p> <p>Diphtheria. Signs: fever. Swelling in the throat and difficulty in swallowing. (Local name.....)</p> <p>Whooping cough. Signs: a violent, repetitive cough, causing a characteristic whoop in the child's upper back. The whoop makes breathing difficult. (Local name.....)</p> <p>Neonatal tetanus. Signs: stiffness, spasm and jerking of the neck and jaw. Neonatal tetanus often causes death. (Local name.....)</p> <p>Measles. Signs: high fever, body rash, white spots in the mouth, a cough, a runny nose and red eyes. (Local name.....)</p> <hr/> <p>At what age do children receive the different immunizations in Zambia?</p>	<p>A two month old receiving immunization</p>

44

(One)

TEXT	ILLUSTRATIONS
<hr/> <p>Box: Discussion questions</p> <p>What do you see here?</p> <p>What do the different columns show?</p> <hr/> <p>This page shows Zambia's immunization callendar. Let us try to read it raw by raw. For each immunization, let us answer two questions:</p> <ul style="list-style-type: none">• At what age is the immunization given?• How many times is the immunization given? <p>(The chart on page 22 will be reproduced here. It will also be the illustration for this page.)</p> <p>NOTE</p> <ul style="list-style-type: none">• Immunization cannot harm a child. Some children may get mild fever or a swelling after immunization. This is normal. It shows that immunization is working well and the child's body is building defences against the disease.• Take the child for immunization, even if he/she is sick.• Allow your child to be immunized during a visit for curative care.• Ensure that your child has received all the needed immunizations by one year and three months.	<p>See page 22</p>

(One)

Illustration instructions for page 21

IMMUNIZATION AGAINST...	AGE	NUMBER OF TIMES
TB	<p>ILL: A newborn baby receiving a BCG immunization</p> <p>CAPTION: At birth</p>	ILL: a human hand/finger showing one
POLIO	<p>ILL: A two month old receiving Polio I</p> <p>CAPTION: At 2 months, 3 months, 4 months & 1 year three months</p>	ILL: a human hand/fingers showing four
DPT	<p>ILL: A two month old receiving a DPT immunization</p> <p>CAPTION: At 2 months, 3 months, 4 months & 1 year three months</p>	ILL: a human hand/finger showing four
MEASLES	<p>ILL: A nine month old receiving a measles immunization</p> <p>CAPTION: At nine months</p>	ILL: a human hand/ginger showing one

(One)

TEXT	ILLUSTRATIONS
<p><u>Box: Discussion questions</u></p> <p>What do you see here?</p> <p>What does it tell you?</p> <hr/> <p>This child is one year and three months old. He is health and happy. He has received all the immunizations he needs. He is protected against the six killer diseases: TB, polio, diphtheria, whooping cough, neonatal tetanus and measles.</p> <p>Ensure that your child receives all the immunization he/she needs.</p>	<p>A child one and a half years old with an "immunization protects" symbol.</p> <p>Develop one for Zambia like Kenya and Swaziland have done.</p> <p>Both countries used a shield as a basis.</p>

APPENDIX D
SECOND FLIPCHART

(Two)

FIRST DRAFT

SECOND FLIPCHART

Protecting the family

From diseases

ILLUSTRATION: Mother washing child's hands before eating

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>Box: Discussion questions</p> <p>What do you see here?</p> <p>What is the condition of the child?</p> <p>What would you feel if this was your own child?</p> <hr/> <p>Parental aspirations</p> <p>Every parent would like to have healthy, happy children like this one. Parents are happy to see their children growing well.</p>	<p>A healthy, smiling child</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>How are the children?</p> <p>Are there many children like these in this area?</p> <hr/> <p>Protecting children from diseases</p> <p>All parents like to have healthy children. But there are many childhood diseases. And children's bodies are small and not strong enough to fight some of the diseases. So children get sick like these ones.</p> <p>Many children's diseases can be prevented or cured if they are found out and treated early.</p> <hr/> <p>What can a parent do to protect her child from diseases?</p> <hr/> <p>Parents can protect their children from diseases by:</p> <ul style="list-style-type: none">● Feeding children properly.● Taking children to receive all the immunizations they need.● Maintaining high standards of hygiene	<p>Three children: - Thin - With kwashiakor - With diarrhoea</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What is the woman doing?</p> <p>What is the man doing?</p> <p>Why are they doing these things?</p> <hr/> <p>Hygiene and environmental sanitation</p> <p>The man is cleaning the compound to keep it tidy and free of things which can spread diseases. Bathing protects the baby from infections. It makes the baby clean, fresh and healthy.</p> <p>To keep our children and our families healthy, we need to:</p> <ul style="list-style-type: none">● Keep our homes● Keep the water we drink clean● Keep our food clean● Keep our bodies clean	<p>Man cleaning the compound while his wife washes the baby.</p>

(Two)

TEXT	ILLUSTRATIONS
<p>What so you see here?</p> <p>Keeping the home clean</p> <p>This mother has removed the faeces of her child and is going to throw it in the latrine. This will keep the compound clean and free of diseases. Human faeces, animal faeces, rubbish, tins, broken pots and holes which can hold water after rain should be removed or destroyed to keep the compound clean and free of diseases.</p> <ul style="list-style-type: none">● Always deposit human and animal faeces in a latrine. Human and animal faeces (including children's faeces) pass on many diseases, such as diarrhoea.● Build and use a latrine regularly. Build a latrine away from the water source. Clean the latrine regularly and cover its mouth.● Collect rubbish lying in the compound and throw in a pit. Rubbish attracts flies which spread many diseases.● Destroy mosquito breeding places to reduce malaria. Mosquitos pass on malaria from a person sick with malaria to a healthy person. Mosquitoes lay and hatch eggs in stagnant water in tins, pools, broken pots, even leaves. Destroy mosquito breeding places. Fill up holes and ponds, destroy tins, broken pots and other places where mosquitoes can breed. <p>If the pond is too big to fill out, pour oil over it. Oil will cut off air and kill mosquitoes which are developing in the water.</p> <ul style="list-style-type: none">● Keep the house and the compound clean and tidy.	<p>Mother has just scooped faeces of a one year old which she is taking to a pit latrine. The toddler is still near where he defecated. Urine on the ground marks where the event took place.</p>

(Two)

TEXT	ILLUSTRATIONS
<p>_____</p> <p>What do you see here?</p> <p>Does this kind of thing happen in this area?</p> <p>What dangers does this kind of situation pose?</p> <p>_____</p> <p>Keeping water clean</p> <p>This water is unsafe for drinking. Water from such sources can pass on many diseases, such as cholera and diarrhoea. Use safe, piped water, if you can. Where there is no piped water:</p> <ul style="list-style-type: none">● Draw water from the safest source available.● Boil the water or add chlorine to kill germs. <p>_____</p> <p>What can we do to make water sources safer?</p> <p>_____</p>	<p>A river or pond. While some people are drawing water, others are engaged in activities which will pollute the water, e.g. urinating near by, defecating behind a nearby bush, animals watering in the water. Washing clothes near by</p>

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(Two)

TEXT	ILLUSTRATIONS
<p>_____</p> <p>What is happening here?</p> <p>Is this a good thing to do?</p> <p>Do people in this area protect water sources like this?</p> <p>If not, why?</p> <p>_____</p> <p>Protecting water sources</p> <p>These people are protecting their water source. This will make the water from the source cleaner and safer.</p> <p>Water points will be safer if we do the following:</p> <ul style="list-style-type: none">● Separate the animal drink from the area for drawing water.● Cover wells to keep away rubbish.● Construct latrines far from water points.● Always deposit human faeces in a latrine. Do not urinate or defecate at a water point or in bushes near a water point.	<p>A group of people protecting a water source</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What do you think is inside the container?</p> <p>Why is the container covered?</p> <hr/> <p>Water hygiene</p> <p>This pot stores water at home. The pot is covered to keep away dirt and dust. The pot is covered to keep the water clean and safe for drinking.</p> <p>To keep water clean and safe for use:</p> <ul style="list-style-type: none">• Draw water in a clean, covered container. This will ensure that dirt and dust do not get into the water on the way home.• Store water in a covered container.• If drawn from an unsafe source, boil drinking water or add chlorine to kill germs. Allow to cool and put in the storing container.• Do not drink directly from the storing container. Use clean container to draw water from the storing container.• Do not put hands in drinking water.	<p>Water stored at home in a covered pot with a narrow neck (or any other commonly used covered container)</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What do you think is in the containers?</p> <p>Why are the containers covered?</p> <hr/> <p>Food hygiene</p> <p>Eating dirty, contaminated food can make a you sick. Keep food clean and safe.</p> <ul style="list-style-type: none">• Wash hands with water and soap before preparing or eating food.• Cook food well to kill germs.• Cook and serve food on clean pots and plates.• Wash hands (including children's hands) before eating.• Eat fresh food.• Eat food while it is still hot.• Wash foods eaten raw before eating.• Cover left-over food to keep away dirt, dust and flies.• Warm left-over food before eating. <hr/> <p>What can we say about body hygiene?</p> <hr/>	<p>Food stored in one or two containers covered.</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What is the mother doing?</p> <p>Why?</p> <hr/> <p>Hand washing and personal hygiene</p> <p>This mother is washing the hands of her child before eating. Washing hands is one of the most important steps we can take to prevent diseases.</p> <p>We use our hands to do many things. As we do so, they get dirty and contaminated. Children's hands get dirty and contaminated too. Dirty hands are the major cause of diseases such as diarrhoea and cholera. All people need to wash hands with water and soap regularly to protect themselves and others from diseases.</p> <p>We need to wash hands with water and soap after using the latrine, before eating, after changing the baby's napkins, after cleaning up the baby's faeces and before preparing food.</p> <hr/> <p>What other hygiene measures do we need to take?</p> <hr/> <p>In addition to hand washing:</p> <ul style="list-style-type: none">● Take a bath everyday. A daily bath protects us from infections.● Keep our clothes clean. <hr/> <p>Cleanliness can help a lot to keep children (and the whole family) healthy. But even with the greatest care, children will get sick sometimes. But they are not able to tell us when they are sick. Yet if we cannot find out when our children are sick, we cannot help them.</p> <hr/> <p>How do you find out when your child is sick?</p>	<p>Mother washing the hands of a child before eating.</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What is happening here?</p> <p>Why do you think she is looking at the child like that?</p> <hr/> <p>Signs of childhood illness</p> <p>This mother is looking at her child to find out if the child is sick. Parents should take keen interest in what is happening to their children. This way, they will notice changes that may tell them when the child is sick.</p> <p>The most important sign that a child is sick is rapid or difficult breathing. Take your child to a health facility at once when he/she has fast or difficult breathing. Also seek medical help if the child:</p> <ul style="list-style-type: none">● Looks unwell.● Is not eating.● Is not drinking.● Is lethargic.● Is not alert and active.● Is vomiting everything he/she eats.● Has a hot body (fever). <hr/> <p>What are the common childhood diseases in this area?</p> <hr/>	<p>Mother examining a child who looks sick</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What is happening here?</p> <p>Is diarrhoea a common disease among children in this area?</p> <hr/> <p>Diarrhoea</p> <p>This child has diarrhoea. Diarrhoea is one of the most common diseases among children in Zambia. Diarrhoea is dangerous. It makes many children sick every year and kills some of them.</p> <hr/> <p>What makes diarrhoea so dangerous?</p> <hr/> <p>The human body needs food, water and salts to function properly. Through the loose stools, diarrhoea removes these important substances from the body, making the body to "dry up" or become dehydrated. Dehydration interferes with the working of the body and can kill.</p> <hr/> <p>What can be done to help a child with diarrhoea?</p> <hr/>	<p>Mother supporting a child who is having diarrhoea.</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What do the fingers mean?</p> <p>What do the drawings above the fingers show?</p> <p>What is the message?</p> <hr/> <p>Three rules of home treatment of diarrhoea</p> <p>This picture shows the three ways in which to help a child with diarrhoea at home.</p> <ol style="list-style-type: none">1 Give the child plenty of fluids. Diarrhoea removes fluids and salts from a child's body. So the most important thing to do during diarrhoea is to replace the fluids which are being lost. This is done by giving plenty of fluids.2 Continue giving food. Feeding the child during diarrhoea will replace food substances being lost and give strength to the body.3 Check the progress and take the child to the health facility for help if you see danger signs. <hr/> <p>Which are the good fluids to give during diarrhoea?</p> <hr/>	<p>A hand with fingers sticking out to show "Three". The three fingers represent the three rules of diarrhoea treatment at home. On or next to one finger is a mother giving a child fluids. On the next finger is a mother giving a child food and on the last finger is a mother looking at the child to check how the child is getting on.</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <p>What is the mother giving the child?</p> <p>Have you ever used ORS?</p> <p>What do you think about it?</p> <hr/> <p>Rule 1: Give plenty of fluids during diarrhoea</p> <p>This mother is giving oral rehydration salts (ORS) to a child with diarrhoea.</p> <p>ORS is the best fluid to give to a child during diarrhoea. ORS powder is dissolved in water to make a special fluid for replacing body fluids during diarrhoea. It comes in packets and is available at the clinic, in pharmacies and in some shops.</p> <p>If ORS is not available, give home fluids such as:</p> <ul style="list-style-type: none">● Soup● Rice water● Fresh fruit juice● Clean water <p>Mix ORS according to instructions on the packet. Give ORS or home fluids as often as the child will take. Give until diarrhoea stops.</p> <p>Throw away left-over ORS at the end of the day. Mix new ORS each day.</p> <hr/> <p>How should a child be fed during diarrhoea?</p> <hr/>	<p>Child being given ORS (Look at Ghana materials for inspiration). There is a small three rules diarrhoea treatment symbol in one corner.</p>

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What is happening in this picture?</p> <hr/> <p>Rule 2: Continue feeding during diarrhoea</p> <p>In this picture, a mother is feeding a child who has diarrhoea.</p> <p>Food is important during any sickness. It gives the body strength to fight diseases. During diarrhoea, food replaces what has been lost and gives strength to the body. During diarrhoea:</p> <ul style="list-style-type: none">• Continue to breast feed if the child is breast feeding.• Give fermented milk products, such as sour milk and yogurt.• Give thick porridge enriched with vegetable oil, mashed beans, mashed vegetables or finely ground chicken or fish.• Give a mixed diet from the three food groups: <p>Energy giving foods: Such as nshima and other dishes made from maize and maize flour, potatoes, cassava, millet, cooking oils, rice, potatoes.</p> <p>Body building foods: Such as eggs, meat, fish, beans, melon seeds and groundnuts.</p> <p>Protective foods: Such as oranges, mangoes, pawpaw, bananas, dark green leafy vegetables.</p> <hr/> <p>What else should be done to help a child with diarrhoea?</p> <hr/>	<p>A mother feeding a child with diarrhoea using a cup/plate and spoon. The three finger diarrhoea treatment rules in the background.</p>

(Two)

TEXT	ILLUSTRATIONS
<p>_____</p> <p>What is happening here?</p> <p>_____</p> <p>Rule 3: Look for danger signs and take the child for medical help if necessary</p> <p>This child has diarrhoea. The mother is examining her to find out how she is doing.</p> <p>Most times, plenty of fluids and feeding are all that a child with diarrhoea needs. As you give fluids and food, check to see how the child is getting on. Take the child for help at the clinic:</p> <ul style="list-style-type: none">• If diarrhoea does not stop in two days.• If the child has blood in the stool.• If the child's body is hot (has a fever).• If the child is vomiting repeatedly.• If the child is very thirsty.• If the child has many watery stools.• If the child is not eating or drinking well.	<p>Mother examining a child with diarrhoea for danger signs. The three finger sign or diarrhoea treatment rules is in the background.</p>

(Two)

Text	ILLUSTRATION

65

What do you see here?

What do you think the person is suffering from?

What makes you think so?

This person is sick. He has malaria. Malaria affects all people regardless of age.

Malaria is a common and dangerous disease in Zambia. It makes many people sick every year and kills some.

What causes malaria?

Malaria passes from a person sick with malaria to a healthy person through a mosquito bite.

What are the signs of malaria?

Malaria may cause any of the following:

- A hot body (fever) and shivering
- A headache
- Body pain
- Discomfort or pain in the joints
- Sweating
- Nausea or vomiting
- Sweating
- Loss of appetite

Children may also have diarrhoea.

Malaria can kill. Take a patient with malaria to a health facility quickly. It is dangerous to buy medicine from the kiosk and treat yourself.

Why is it dangerous to buy medicine and treat one self?

A sick adult wrapped in a blanket.

(Two)

TEXT	ILLUSTRATIONS
<hr/> <p>What do you see here?</p> <hr/> <p>This couple have brought a child to the clinic for malaria treatment.</p> <p>In Zambia there are many different types (strains) of malaria. The drug you buy in the shop may not be the right one for the type of malaria you have.</p> <ul style="list-style-type: none">• Go to the health facility for malaria treatment. Health workers will give you the right advice.• Use the medicine given at the health facility according to instructions.• Make sure that you complete the medicine or injections as advised by health staff. <hr/> <p>Can malaria be prevented?</p> <p>If can be done to prevent malaria?</p> <hr/>	<p>A couple in a clinic with a child they have brought for malaria treatment. A nurse is attending to them.</p>

(Two)

TEXT	ILLUSTRATIONS
<p>_____</p> <p>What do you see here?</p> <p>Why is the person inside a net?</p> <p>_____</p> <p>This person is sleeping inside a mosquito net. It is at night. Sleeping in a net is one important way of preventing malaria. Other ways of reducing malaria are to:</p> <ul style="list-style-type: none">• Destroy mosquito breeding places by<ul style="list-style-type: none">- Destroying tins, broken pots and other things which hold water after rain.- Filling up holes and holes and ponds which hold water. <p>If the pond is too big to fill, pour oil in it. Oil will kill mosquito larvae developing in the water.</p> <ul style="list-style-type: none">• Spry the house to kill adult mosquitoes.• Put a wire screen on windows and other openings on the house to keep out mosquitoes.	<p>A person sleeping in a mosquito net.</p>

APPENDIX E
PEOPLE CONTACTED

Appendix E

PEOPLE CONTACTED

1	Dr Remi Sogunro	Chief of Party, BASICS
2	Dr Paul S Seitz	Senior Policy and Technical Advisor, Central Board of Health
3	Dr Adwoa Steel	Manoff Group Inc.
4	Benedict Tisa	Senior Programme Officer, AED
5	P. Jabani	Director, Zambia Information Services
6	Duncan Mbazima	Director, Zambia National Broadcasting Corporation
7	Elizabeth Serlemitsos	Chief of Party/IEC component, JHU/PCS
8	Clare Blenkinsop	Info/Communication Officer, UNICEF
9	Dr Mubiana Macwan'gi	Institute of Economic and Social research, University of Zambia
10	Clement Mwale	Liaison Officer, National AIDS Programme
11	Justin Mukupa	Health Promotion, CBoH
12	A S Kappor	UNV/IEC Specialist
13	Hellen Chimbelu	Ag Head, Nutrition Education and Communications, National Food and Nutrition Commission, Ministry of Health
14	Sikwanda Makono	Health Education Specialist, Health Education Unit.
15	Dr Doreen Mulenga	Programme Officer, Health, UNICEF.

APPENDIX F
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