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**COMMUNICATION STRATEGY
AND MATERIAL
DEVELOPMENT COURSE**

Asmara, Eritrea

June 9-19, 1997

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ADDENDUM TO TRIP REPORT

- Formative research analysis
- 1997/98 draft communication plans
- Material development plans

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	antenatal clinic
ARI	Acute respiratory infections
BASICS	Basic Support for Institutionalizing Child Survival
CDC	communicable disease control
CDD	Control of Diarrhoeal Diseases
CSW	commercial sex worker
EPI	Expanded Programme on Immunization
FGD	focus group discussion
FGM	female genital mutilation
HIV	Human Immunodeficiency Virus
IEC	information, education, communication
IPC	interpersonal communication
MOH	Ministry of Health
NRS	Northern Red Sea Zone
OMNI	Opportunities for Micronutrient Intervention
ORS	oral rehydration solution
PHC	primary health care
SRS	Southern Red Sea Zone
STD	sexually transmitted diseases
TB	tuberculosis
TBA	traditional birth attendant
VIPP	visualization in participatory programmes
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
ZHMT	zonal health management team

EXECUTIVE SUMMARY

The Communication Strategy and Material Development course was held in Asmara, Eritrea, between June 9 and 19, 1997. It was attended by 25 members of zonal management teams of Gash Barka, Anseba, Makel, and Debub, as well as a team from the MOH headquarters. For the purposes of the on-going IEC capacity building courses, the four teams are in Group One, while the remaining zones are in Group Two. This was the second course for Group One zones, in a series of three planned courses.

All but two of the participants who attended the first course (Basic Orientation and Formative Research) attended this course. However, both absentees had valid reasons to be away: one was overseas for treatment and the other was facilitating a course in her own department.

The high attendance rate indicates the growing popularity of the ongoing IEC courses, not only among staff of MOH, but in other departments carrying out IEC in Eritrea as well. The MOH administration continues to give warm support to the courses as participants become increasingly aware of the wide application to which IEC skills can be put (see 5.4 below).

Each zonal team, as well as the MOH team, brought with them formative research data, which formed the basis for all plans developed during the course. The data was analysed using participatory methods and the result of the analysis was used to (1) identify materials to be developed by the different zones, and (2) develop 1997/98 zonal IEC plans.

The plans developed will be revised and finalised in the zones during the month of July and be implemented as soon as funds are released by MOH.

The year 1997 will be spent developing, pretesting and finalising educational materials to be used in 1998. It is expected that the teams will bring to the next course near completed materials for critique and use during interpersonal communication and material use training. The materials will be revised and finalised after the course, before the end of the year.

Plans developed during the course are the first comprehensive zonal IEC plans to be developed in independent Eritrea, and their implementation is expected to stimulate the process of integrating IEC with other MOH activities and the institutionalization of this programme area in the ministry. To carry the process forward, participants made a number of key recommendations which include establishing IEC budget lines at the MOH headquarters and in the zones and designating IEC focal persons and trainers in the zones.

These and other participant recommendations were well received by the director general for Health Services, who promised to look into the possibility of implementing the recommendations in the near future.

1 BACKGROUND

The Communication Strategy and Material Development course was held in Asmara, June 9-19, 1997. It was attended by 25 members of zonal management teams of Gash Barka, Anseba, Makel, and Debub, as well as a team from the MOH headquarters. This was the second in a series of three courses.

- **Course one** Basic IEC Orientation and Formative Research

Application Zonal teams plan and carry out formative research on priority topics identified and bring results to the next course.

- **Course two** Communication and Strategy Development. Participants use formative research data generated above to develop communication strategies and messages to be included in the IEC materials. During the course, participants determine the IEC materials to be produced.

Application Zonal teams develop and pretest educational materials. They bring nearly completed IEC materials to the next course.

- **Course Three** Material Use, Interpersonal Communication, and Outreach. During this course, the virtually completed IEC materials are critiqued. Field pretest reports are discussed and the materials are used during interpersonal communication and material use training. In addition, zonal teams develop interpersonal communication training plans for their zones.

Application Zonal teams finalise IEC materials and provide interpersonal communication training in their zones.

2 COURSE OBJECTIVES

By the end of the course, participants were expected to—

- Identify key problem behaviours in selected priority areas of health
- Identify target audiences in whom the behaviours occur
- Identify factors which promote the behaviours
- Identify contrary factors which can be applied to help bring about change of identified problem behaviours

- Name the behaviours that need to be promoted
- Name target groups that can provide support for the needed behaviour change
- State the key messages that need to be disseminated in order to bring about and/or reinforce the desired behaviours
- List the educational materials to be produced
- Describe the processes of—
 - Developing and pretesting educational materials
 - Developing communication strategies
 - Mobilizing and maintaining support of other agencies
- Pretest educational materials
- Develop communication strategies
- Discuss the essential elements of—
 - Zonal communication strategies
 - Zonal material development plans

3 CONSULTANT'S ACTIVITIES

The consultant held a series of planning meetings with the officers of collaborating agencies (Ministry of Health, BASICS, UNICEF, and OMNI) between June 3 and 7, 1997. Planning activities included a review of progress made in conducting formative research, a review of IEC materials used in Eritrea, and the development of course content.

June 9-19 was spent facilitating the course.

4 COURSE CONTENT AND ACHIEVEMENTS

The course was divided in four distinct parts:

- Formative research analysis
- Development of zonal IEC plans
- Message and material development
- Working with the community and other development partners

4 1 Formative Research Analysis

Participants had attended the Basic Orientation and Formative Research course in March and conducted formative research on identified priority health content areas between the latter and present courses. Jointly, the four zones and the MOH/IEC team conducted research in six content areas: CDD, malaria, ARI, ANC/PNC, HIV/AIDS/STDs, and female genital mutilation (FGM). The studies' emphasis was on the following problem priority behaviours:

SUBJECT	PRIORITY HEALTH BEHAVIOUR PROBLEM
CDD	People do not wash their hands after using the toilet, before eating, before preparing food, or after cleaning children's faeces
Malaria	The community does not participate in draining water from mosquito breeding places. The community does not use mosquito nets for protection against mosquito bites. People do not go to the health facility for malaria treatment early.
ARI	Mothers keep children with ARI at home instead of taking them to a health facility for treatment.
ANC/PNC	Mothers do not attend antenatal clinics.
HIV/AIDS/STDs	People do not use condoms to protect themselves against HIV/AIDS/STDs.
FGM	Mothers take their daughters for circumcision.

No work was carried out on immunization, TB, or nutrition, and it was hoped that the Northern and Southern Red Sea zones, scheduled to start the Basic IEC Orientation and Formative Research course on June 30, would be encouraged to work in these areas. (The hope was fulfilled when the four teams attending the Basic Orientation and Formative Research course with the Red Sea zones jointly chose to work in the following areas: malaria, HIV/AIDS, vaccine-preventable diseases, nutrition, diarrhoea, TB, and pregnancy and child bearing diseases.)

Formative research data brought to the course by the four teams were analysed to—

- Identify factors which promote and work against the problem behaviours under study
- Refine key behaviours for IEC concentration
- Identify—
 - Attitudes associated with the behaviour
 - Practices associated with the behaviours
 - Factors that could provide motivation for behaviour change
 - Hindrances that may need to be addressed in order to facilitate behaviour change
 - Recommendations for action

The course used the highly participatory VIPP training methods, giving participants an opportunity to reflect on their experiences, and identify lessons learned and shortcomings that need attention. During the process of carrying out formative research and analysing research data, participants became aware of the following important points:

- The methods used to carry out research were very useful and applicable to a wide range of situations
- The small group activities, such as focus group discussions, could be very effective settings for dissemination of IEC messages
- The data the various teams collected contained important information gaps that need to be closed in future studies. This could be done by asking more follow-up questions that probe themes in order to obtain more information and seek greater clarity.

Acknowledgement of these points had a substantial impact on the IEC plans developed during the course. More research and small group activities were included in the plans, a development that should not only promote use of these useful tools, but should also improve their qualitative application through usage.

4.2 Development of IEC Plans

Recommendations made during analysis formed the basis for communication strategies to be implemented in the July 1997-December 1998 planning period. The plans include strategies, activities, key target groups, channels to be used, resources needed, the implementation time frames, and individuals expected to take action on the various activities (see Addendum to trip report).

Based on the analysis above, participants, working in their zonal groups, developed IEC plans to be implemented in the 1997/8 period (see Addendum to this trip report). These are the first zonal IEC plans to be developed in the country, and will be finalised in the zones before implementation. According to the plans, the remaining part of 1997 will be devoted to material development. Field activities will be launched early in 1998.

4.3 Development of Messages and Materials

Message Development

The table outlines the maximum educational materials to be developed by each zone. During the workshop, it was not possible to generate actual messages in the different programme areas, however, the analysis was detailed and should logically lead to generation of focussed messages, text, and illustrations. Key messages will be generated during finalisation of IEC plans in July. The activity will be carried out with the help of Asmara-based resource persons.

Material Development Plans

Course participants gave first priority to developing health worker and community health worker teaching materials. In view of the low literacy levels in Eritrea, it was resolved to give priority to materials that rely more on illustrations than text. It was also felt that materials to draw attention to content areas (such as posters) and memory aids to leave with clients would also need to be developed. After extensive discussions, it was agreed to develop the following maximum package of materials:

ZONE	CDD	MALARIA	ARI	ANC/PNC	HIV/AIDS/STD	FGM
DEBUB		Curative flipchart Curative poster	Recognition and health seeking poster Leaflets			
MAKEL	Flipchart Poster		Home management poster		Flipchart for CSWs Diff. leaflets for youth CSWs & truck drivers One poster	
ANSEBA		Counselling cards	Flipchart			
GASH BARKA		Leaflets Preventive poster				
MOH/IEC				Flipchart Leaflets Counselling cards One poster		Counselling cards Leaflets One poster

It is expected that zonal teams will bring to the next course (Material use, Interpersonal Communication, and Community Outreach course to be held in November) nearly completed IEC materials. The materials will be critiqued and used as teaching aids during training. These processes should lead to the identification of shortcomings that need to be corrected in order to improve the quality and effectiveness of materials.

4.4 Working with Communities and Development Partners

In addition to the above, the course discussed constraints to health promotion, solutions to identified constraints, the role of partners in health promotion, and categories of partners (the community, NGOs, other ministries, and international development partners). Working with communities and other NGOs was then discussed in detail. Discussions included factors which promote and hinder effective partnerships and how to initiate and sustain such partnerships.

4.5 Material Testing in the Field

In preparation for the present course, an assortment of IEC materials in use in Eritrea were collected, and participants were asked to select those they wished to test in the field. The purpose was to give participants pretest field experience. In all, 12 posters were tested.

The results of the pretests proved to be a great learning experience. The exercise led participants to discover how difficult it was to develop materials that would be understood by target audiences, especially in an environment of low literacy levels, and the care that needs to be taken to prepare good materials.

A summary field report of the field exercise is in appendix C.

5 OBSERVATIONS

5.1 Interest and Support for IEC

It is clear that interest in IEC is increasing as knowledge and skills are gained through class work and reinforced during field application. After experience in both settings, many participants came to the conclusion that "IEC is the foundation of all MOH programmes" and urged that more MOH staff be exposed to the courses that are currently being offered. They said that courses should be offered, not only to lower level staff, but also to decisionmakers at the MOH (see course recommendations in section 6, below).

All participants who attended the formative research course in March turned up for the present course, except for two, who had good reasons to be absent: one was overseas for treatment while the other was facilitating at a course in her own department.

The MOH's support for the courses remains high. As a mark of that support, the course was opened by Dr Goitom Mebrahtu, director of Communicable Diseases Control, on behalf of new Director General Mr Birhane Ghebretinsae, and closed by the director general himself. The director general's remarks were very supportive of ongoing capacity building efforts, and he was receptive to most of the course recommendations. He endorsed proposals to establish IEC budget lines at the central MOH and in the zones and the recommendation to hold a proposed briefing meeting for MOH decisionmakers as soon as feasible.

The capacity building efforts have proved to be an attractive meeting point for a number of international agencies working with the MOH. UNICEF provided funding for the just-concluded formative research and has agreed to provide funds for the Basic IEC Orientation and Formative Research course for the Northern and Southern Red Sea zones, which is scheduled for June 30, 1997. The agency has also set aside a further 75,000 Birr to support material development activities in three of the six zones, to the tune of 25,000 Birr per zone, and has indicated willingness to put in more money against a government-developed comprehensive IEC plan.

The MOH recognises the IEC need and may request BASICS to assist with development of the needed plan in the near future.

5 2 Field Work

All zones, as well as the Central MOH team, carried out formative research enthusiastically and said they found the experience most rewarding. Practical field application of knowledge and skills learned in a classroom setting did not only enhance those skills, but also led participants to come to a number of conclusions with important implications for the development of IEC in the country. As a result of field experience, (1) participants were humbled to discover that they had so little information about the practices their people engage in, although they thought that they knew so much about them. (2) Some were surprised just how much useful information they could collect using seemingly simple methods such as focus group discussion (FGD). (3) After application, many came to the conclusion that FGDs were not only useful for research, but in a modified form, they could make a powerful tool for behaviour change communication.

The quality of data gathered differed from zone to zone. While some zones assembled fairly detailed information, others brought in relatively superficial data. These shortcomings were to be expected, as participants were working with the data collection methods for the first time. On the whole, however, the quality of data was of high enough quality to guide development of focussed IEC materials.

The strengths and weaknesses of data were pointed out during analysis. This, coupled with practice, should improve future performance.

5 3 Support During Field Work

During the formative research field work, it was clear that some zones needed more technical assistance than others to maximise learning and improve the quality of data collected. The needed assistance was given by a team, comprising MOH, UNICEF, and OMNI staff. However, the team could not spare the time needed to provide adequate support without having other duties suffer.

5 4 Participant Comments

In the final evaluation, all participants indicated that the course was useful and that they would attend the next and final course in the series. Other comments made in this connection included the following:

Value of the Course

- I think IEC is the foundation of all programmes of the MOH. A good course like this one promotes our knowledge in every aspect of our work.
- I was considering that communication is a narrow field. But after these two courses, I now know that you can use communication in any work situation.

- The deeper we go in communication, the better I like the subject
- I now understand the importance of IEC in health promotion
- The course is very useful for my work
- I have improved my knowledge in IEC and will use it in my work
- I now know that pretesting materials is vital
- I gained a lot from the course
- I believe the objectives of the course were met and the facilitator was excellent
- I have enriched my knowledge in communication
- The course and teaching methods are very good and should be continued in the next course
- The course is useful because it has equipped us to develop health messages appropriate to the culture and surroundings in which we work. This is useful in behaviour change

Reasons for Attending the Next Course

- The course was very useful. I look forward to seeing the outcome of the plans we have made in the next course
- I want to complete and have more knowledge and skills in IEC
- I found this workshop very useful
- I want to see the materials developed by the different zones
- If I do not attend the last course, I will not feel that I have finished my training
- I have to complete the course since the previous courses have been very interesting
- I will attend the next course to get more knowledge and to correct the mistakes I will have made during implementation of the plan of action
- It is important to go to the end, so I am eagerly expecting to attend the last course
- I want to finish the whole course to be equipped with good IEC skills

- To gain more knowledge and skills so that I can implement IEC activities well

Recommendations

- Pretesting and material development is difficult. We need to spend more time on this area in the coming years
- An advocacy course in IEC for high-level MOH staff should be organised
- Zonal health managers should attend the formative research course with Group Two zones
- The training we have had should be given to other MOH staff

6 RECOMMENDATIONS

6.1 Course Recommendations

Participants noted that IEC was an important strategy that could greatly enhance implementation of primary health care (PHC) activities and urged that its development should receive high MOH priority. They were of the opinion that ongoing efforts to build IEC capacity were very useful and recommended the following measures to strengthen and institutionalize IEC within MOH operations:

- 1) Strengthen overall IEC capacity by—
 - Establishing staff positions at the IEC Unit, recruiting staff to fill positions and providing capacity building opportunities to enable unit staff to support zonal activities effectively
 - Identifying IEC focal persons (one per zone) and IEC trainers (at least two) in each zone
 - Looking into the possibility of establishing at least one IEC staff position in each zone to enhance sustainable IEC development in the medium and long term
- ii) Establish budget lines, at the MOH, and in the zones to support communication activities, especially now that zonal and central MOH teams have been trained and are carrying out activities in this area
- iii) Hold a one to three day session with MOH decisionmakers to brief them on ongoing IEC capacity building activities and to discuss issues that need to be addressed to enhance IEC

development in the Ministry It was further recommended that the session be held before the commencement of the 1998 planning process

- iv) Develop and implement a comprehensive IEC capacity building programme which will expose more health workers to the content being covered in the ongoing series of courses
- v) Invite zonal heads of the two Red Sea zones to attend the formative research course scheduled for June 30 and the remaining courses in the series, in view of the enormous benefits of the courses
- vi) Make available IEC manuals and reference materials to promote continuous education in this area
- vii) Release funds on time to support material development activities expected to take place between July and November 1997
- viii) Ensure that in the future, courses which take a large number of staff out of their zones at the same time do not last more than six days
- ix) Hold the interpersonal communication course, scheduled for November, outside Asmara, to give participants an opportunity to familiarise themselves with problems in other areas of the country
- x) Select more appropriate course venues for future courses

6 2 Recommendations Relating to Operations

Support for Zones During Field Work

As the experience of conducting formative research has shown, it is essential to make technical assistance available to zones during field application in order to maximise skills development and upgrade the quality of output Even more intensive technical assistance will be needed during the forthcoming material development efforts, material development being a very specialised area During the same period, the two Red Sea zones, scheduled to receive formative research training starting June 30, will need support to carry out field work The tables below present the minimum technical assistance the six zones will need in the near future

Formative research (2 Red Sea zones)

ACTIVITIES	APPR TIME FRAME	TA DAYS
Finalise plans	July	2 x 2 = 4
Mobilize research assistants	July/August	Nil
Train research assistants	August	3 x 2 = 6
Carry out field work	August	2 x 2 = 4
Report preparation	Early September	2 x 2 = 4
		<hr/> 14

Material development (4 zones)

ACTIVITIES	APPR TIME FRAME	TA DAYS
Finalise plans and identify messages	July	2x4 = 8
Identify and mobilize resources	July	Nil
Develop and test basic concepts	July/August	Nil
Develop text	August	Nil
Work with artist to illustrate materials	August	Nil
Review drafts		
Revise drafts	September	1x4 = 4
First round of pretesting	September	2x4 = 8
Revision	October	2x4 = 8
Second round of pretesting	Oct	2x4 = 8
Revision and preparation of copies for use during the material use and interpersonal communication	Oct	2x4 = 8
	Oct	Nil
		44

In view of the time constraints (see 6.2 above), the following division of labour in providing technical assistance (TA) is recommended

- The MOH/UNICEF/OMNI team to support formative activities of the two Red Sea zones (14 days)
- The MOH/UNICEF/OMNI team to support four zones during the finalization of communication plans and generation of messages (8 days)

- The principal trainer to support other material development activities in the months of September and October, starting with revision of the first drafts (approximately 36 days)

Material Use, Interpersonal Communication, and Outreach Course

The original paper on the ongoing courses stipulates that the third and last course in the series will be a 10-day course for zonal communication trainers. However, current course participants (zonal management team members [ZHMTs]) feel strongly that having developed IEC materials, they should be part of the course designed to discuss how those materials will be managed and used. Furthermore, it is the ZHMTs who will be the key supervisors expected to ensure that interpersonal communication improves and materials are used effectively. Their attendance is additionally important considering that the partially completed materials that will be critiqued during the course will have been developed by ZHMTs and it is they who will be expected to incorporate suggestions for improvement that may be made.

In view of the above, it is proposed to run two Separate Material Use, Interpersonal Communication and Community Outreach courses, one, (a 6-day course) for ZHMTs (during the first week of November) and a 10-day course (in December) for zonal communication trainers, to be identified.

The latter team will be expected to carry forward the communication training process to lower, operational levels at the end of the current series of courses.

Schedule of Immediate Courses and Related Activities

Zonal teams are currently receiving training in two batches. **Group one** Gash Barka, Anseba, Makel, Debub, and the Central MOH (27), and **Group two** Northern Red Sea, Southern Red Sea, and MOH headquarter staff (15). It is recommended that the two separate groups are retained, as combining them would make it nearly impossible to use the participatory training methods that have proved so popular and effective.

The next table presents the consolidated time frame for courses and related field activities planned over the next few months.

ACTIVITY	J	A	S	O	N	D	J
Formative research course for Group Two zones	30 to 5						
Material development field work for Group One zones	X	X	X	X			
Formative research field work for Group Two zones	X	X	X				
Communication strategy and material development course for Group Two zones			22-27				
IEC orientation/briefing for MOH decisionmakers							
Material development field work for Group Two zones				X			
Material use and interpersonal communication course for Group One zones				X	X	X	X
Material use and interpersonal communication course for trainers (TOT)					3-9		
Material use and interpersonal communication course for Group Two zones (February)						1-12	

Future IEC Activities

Anticipated future communication activities may be discussed under four headings guidelines, notes, and curriculum development activities, interpersonal communication training, 1998 IEC plans, and integration and institutionalization of IEC in MOH activities

Guidelines, Notes, and Curriculum Development Activities

During the current workshop, a number of important needs for materials were identified. While the ongoing activities will concentrate on developing materials for primary consumers of health messages, materials for secondary audiences, tertiary audiences and simple communication manuals to support activities addressed for draft 1997/98 IEC plans remain outstanding.

Specific participant requests in this area include materials on—

- Mobilizing and working with partner agencies
- Mobilizing and working with communities
- Working with in-school and out-of-school youth
- Working with community leaders
- Working with volunteers
- Working with rural drug vendors
- Working with traditional birth attendants (TBAs)
- Working with STD/HIV/AIDS peer education groups
- Key communication content to be disseminated during training of the following different categories of health workers, community leaders, community volunteer educators, TBAs, rural drug vendors, teachers, in-school youth, out-of-school youth, and STD/HIV/AIDS peer groups
- Content to integrate in various ongoing programmes such as the school system, the Adult Education Programme, and activities of various groups, such as women and youth associations

These requests should be studied, and strategies for meeting them developed in the near future. Development of appropriate guides and materials in identified and related areas should help the continuation of the learning process initiated in class during courses.

Interpersonal Communication Training

During the Material Development, Interpersonal Communication, and Outreach course, it is expected that ZHMT members will develop plans to continue communication capacity building in their areas. Plans will include MOH staff and staff of collaborating agencies. Categories to be

trained in this programme and the resources needed to implement activities will also be discussed

The plans developed by ZHMT members will be revised by zonal communication trainers when they convene for their course later in December. The trainers will then (1) provide leadership during implementation of the IEC capacity building plans, and (2) become key participants during the process of developing the needed notes and guides on working in various areas as requested above.

1998 IEC Plans

During the present workshop, the first comprehensive zonal IEC plans were developed for implementation this year and in 1998. In the zones, the plans will be revised in line with other health needs. Later in the year, the interpersonal communication plans to be developed will be incorporated, and the detailed plans integrated in the regular 1998 MOH planning process. In this way, comprehensive IEC plans will be institutionalized as regular MOH programmes to ensure sustainability.

Integration and Institutionalization of IEC at MOH

The present course made a number of important recommendations, among them identification of IEC focal persons in the zones and establishment of IEC budget lines, both at the MOH headquarters and in the zones. The director general of Health Services found both recommendations feasible and promised to look into the possibility of having them implemented.

Implementation of these recommendations should firmly establish IEC at the MOH and make it well integrated with other health programmes.

6.3 Future Role of IEC Partners

This report describes a number of activities that need to take place in order to advance the process of (1) IEC capacity building, (2) IEC integration with other MOH programmes, and (3) IEC institutionalization within the MOH. These processes are key to IEC development and future of IEC at the MOH and should form the basis of future support by the relevant MOH development partners.

APPENDIXES

APPENDIX A

DRAFT TIMETABLE

**COMMUNICATION STRATEGY
AND MATERIAL DEVELOPMENT COURSE**

Eritrea Ministry Of Health

Draft Timetable

Communication Strategy And Material Development Course

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE
PART ONE STRATEGY DEVELOPMENT				PART TWO MESSAGE AND MATERIAL DEVELOPMENT
FC MC	FC MC	FC MC	FC MC	FC MC
Registration	(Participants work in zonal groups day 2-4)	Step by step strategy development in zonal groups	Questions & clarifications	
Welcome	Group work Recommendations	Group work Identification of emphasis behaviours	Group work Strategies & activities cont	Group work Analysis to determine attitudes motives and obstacles to address
Announcements	Plenary	Plenary	Plenary	
Opening	Generic comm planning process	Plenary	Channels & materials	
Introductions	Steps in Behaviour change comm planning an overview	Group work Target identification	Plenary	Plenary reporting & critique
VIPP rules		Plenary	Operational plan	Creative dimension
Expectations & fears	Scope of current workshop	Group work Comm objectives	Presentation of plans	Steps in developing IEC materials
Objectives		Plenary	MM	
Schedule	MM	Group work Strategies & activities		MM
Formative Research experience sharing				
Research reports		MM		
Key behavioural findings				
Factors supporting/hindering behaviours				
MM				

DAY SIX	DAY SEVEN	DAY EIGHT	DAY NINE	DAY TEN
<p>FC MC</p> <p>The material development team</p> <p>Role of ZHMT members in material development</p> <p>Managing the material development process</p> <p>Seven C's of effective communication</p> <p>Qualities of a good message</p> <p>Qualities of good print materials</p> <p>MM</p>	<p>FC MC</p> <p>Group work critique of IEC materials</p> <p>Plenary discussions</p> <p>Overview Material pretesting</p> <p>Pretest questions and process</p> <p>Pretesting via individual interviews</p> <p>- Discussion</p> <p>- Role play</p> <p>MM</p>	<p>FC MC</p> <p>Pretesting via FGD</p> <p>- Discussion</p> <p>- Role play</p> <p>Group work Select IEC materials, prepare a pretest guide, pretest material with 1-3 people</p> <p>Present pretest results at plenary</p> <p>MM</p>	<p>FC MC</p> <p>Zonal teams develop material development plans</p> <p>PART THREE PARTNERSHIP BUILDING</p> <p>Constraints to health promotion</p> <p>Solutions</p> <p>Need for partnership building</p> <p>Selecting partners</p> <p>MM</p>	<p>FC MC</p> <p>Working with partners</p> <p>Working with communities</p> <p>Factors hindering community participation</p> <p>Factors promoting community participation</p> <p>Final Evaluation</p> <p>Closure</p> <p>MM</p>

APPENDIX B
COURSE PARTICIPANTS

Course Participants

1	Fikremariam Ghillamichael	Public Health Officer	Makel
2	Eyob Tesfayohannes	CDD Coordinator	Makel
3	Tekle Towolde	Sanitation	Makel
4	Michael Tafla	PHC Coordinator	Makel
5	Haddish Tesfamariam	Head, Pharm Services	Makel
6	Beyene Weldemariam	Malaria Coordinator	Makel
7	Berhane Debru	Zonal Medical Officer	Debub
8	Mohamed M/Saleh	Sanitation	Debub
9	Solomon Negusse	Malaria Expert	Debub
10	Maeza Keleta	PHC Coordinator	Debub
11	Gebreab T/mariam	CDC Coordinator	Debub
12	Tesfamariam G/medhine	Pharmacist	Debub
13	Goitom Hagos	Medical Director	Anseba
14	Kiros Sekere	CDC Coordinator	Anseba
15	Mekonnen Tesfagiorghis	Head, Pharm Services	Anseba
16	Berhane Abraha	PHC Coordinator	Anseba
17	Zeratsion Teclai	Medical Director	G/Barka
18	Leul Tesfu	Sanitation	G/Barka
19	Afeworki Araya	Malaria Control	G/Barka
20	Mehari Hidad	Administrator	G/Barka
21	Tesfai Habtai	Head, Pharm Services	G/Barka
22	Azenegash Ghebreselassie	Research & H/Resources	MOH Hq
23	Dawit Sium	Head, IEC Unit	MOH Hq
24	Saba Fessehaie		MOH Hq
25	G/Hiwet Habte		MOH Hq
26	Rebecca Kohler	Asst Facilitator	OMNI
27	Kerry Anne	Asst Facilitator	UNICEF
28	Nicholas Dondi	Facilitator	BASICS

APPENDIX C
POSTER PRETESTING FIELD EXERCISE

POSTER PRETESTING FIELD EXERCISE

A quarter of a day was spent in the field testing posters already developed, and in use in the country. The posters were tested in the low income areas of the city of Asmara, and each participant got an opportunity to be both a facilitator and a note taker.

The pretesting exercise proved to be a great eye opener for participants. To their surprise, participants found that out of the 12 posters tested, none was well understood on the basis of illustrations alone. With words added, only three became well understood. The comments and suggestions for improvement made by people on whom the materials were tested were even more humbling (see comments on individual posters below).

The exercise helped put material development in a proper perspective and underlined the importance of pretesting all IEC materials.

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster A HIV AIDS Illustration alone	Not understood	Unrecognisable Monkey Not human being No message I would not put it in my house
Words alone "Beware of the trap of AIDS"	Understood	Understandable Acceptable message I would put the message in my house Good teaching for children
Words + Illustration	Partially understood	Picture gives warning not to be like the two people in the skull
Suggestions		Poster increases awareness Prostitution should be controlled

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster B STD Illustration alone	Partially understood	Man partially naked to be examined by a doctor or to be given an injection Doctor has a gown an examining instrument The patients is showing the doctor something Doctor appears embarrassed Doctor and patient discussing
Words only "TO be cured from STDs, consult a doctor early"	Partially understood	Prevention is better than cure See a medical doctor when you are sick
Illustration & words	Partially understood	Picture goes well with the words Not clear why the patients is there for prevention or cure The man is seeking prevention advice Most talked about prevention few about cure
Suggestions		Better to have the patient lying down to show he is sick Better to expose genitals to show it is STD The words used in Tigrinya suggest prevention, not cure

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster C HIV/AIDS Illustrations alone	Not understood	Condom dropping out of mouth of a skeleton Female legs attached with a chain as if paralysed Skeleton looks like an AIDS picture, but legs are not in proportion Only one related the pix to AIDS
Words only "Sticking to one partner is the medicine"	Partially understood	You can prevent AIDS if you are strict with one partner as that chain on the male and female The blood flowing on the legs is transmitting AIDS Words used are vague and difficult to understand
Words and illustration	Partial	Words and picture do not go together Words are talking about prevention and the picture has an AIDS patient - why speak of prevention?
Suggestions		Poster not easy to understand and Should draw a complete person I don't like seeing a skeleton Make pictures clear

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster D Early marriage Illustration only	Partially understood	Pregnant woman She lives in a bad situation She looks skinny She is underage She is poor
Words only "Why don't you give her a chance to reach adolescence"	Well understood	This is the time for her education She should be playing with other children of her age
Words and pictures	Well understood	I would put the picture in my house to teach about bad conditions of girls
Suggestions		She does not look much like a pregnant woman I was confused initially She looks as if is deformed on the right leg She is tilted to one side She should have better proportions She should have a bigger stomach to look pregnant

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster E Use of condoms Picture only	Not understood	Some saw a child, husband and wife Others saw a boy and a girl only The message is spacing is good Give a child a chance to grow (Nobody saw the condom in which the two people are)
Picture and words "Using condoms protects our health"	Partially understood	Condoms are good in prevention of diseases Picture does not resemble a condom
Picture and words	Partially understood	To use a condom is to be healthy But words and picture do not go together
Suggestions		None

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster F Having too many children is harmful Picture only	Partially understood	Father mother and children Too many children All seem sick Sick old father and mother carrying unhealthy children
Words only "Less children need less expenses"	Well understood	It is not good to have many children at a time It is not good to have a big family
Words and picture	Partially understood	Pictures do not relate to words - mother sand father cannot carry children that way I do not want to see sick children I understand that child spacing is good
Suggestions		The picture is not easy to understand Change colours as all pictures seem the same

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster G STD/HIV Picture only	Not understood	This is a picture of a military person He is s fighter
Words only "HIV/AIDS is a killer disease like a land mine blast"	Well understood	The picture is likening AIDS to a land mine Do not rely only on the condom Condoms promote prostitution Our village would not accept condoms
Picture and words	Well understood	By itself, the picture is not understood Words give meaning to the picture Illiterates cannot understand this
Suggestions		Picture alone cannot be understood

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster H HIV/AIDS Picture only	Partially understood	Man and woman marrying to prevent AIDS In our society red is a warning A car is running over a skeleton I dislike skeletons It is against the law to run over the skeleton
Words only "One to one is the reliable way to protect yourself from AIDS "	Partially understood	The words are not clear They mean several different things and should be rephrased
Words and picture	-	
Suggestions		Condoms are used by men Draw a skinny person to portray AIDS

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster I HIV/AIDS	Not understood	A man and woman The woman is sick her right leg looks paralysed or injured The man's right leg is amputated Food is on the lamp The lamp stand is attached to the man I have no idea about the message in the picture This is a naturally disabled couple The man is supporting the woman as she is sick
Words only "A person with AIDS cannot be identified by the face"	Partially understood	The words are clear When someone has AIDS the symptoms of the disease should be shown clearly A person with AIDS is thin
Words with picture	Not understood	There is no relationship between the people with AIDS or condoms
Suggestions		To show AIDS, the man and woman should be shown clearly They should make love openly in the picture

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster J Unsterilised instruments and AIDS Pictures only	Partially understood	All were able to identify the blade and syringe Drops of blood were identified as germs or disease The blade handle was identified as an organ The horn was identified as a cup
Words only "Unsterilized instruments can cause AIDS"	Well understood	All read the words without difficulty
Picture and words	Well understood	Comment Picture on its own cannot be understood
Suggestions		Blood in the picture is not realistic Some items in the picture are not familiar Items in the picture should not overlap Blood should be coming from a person Saying that AIDS is spread by contaminated cups may be misleading

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster K FGM Picture only	Not understood	A sick child with polio or a child of an AIDS sufferer The child is frightened and in distress The poster is about the atrocities committed against children The child in the picture is a boy of 2-3 years
Words and picture	Well understood	The picture alone cannot be understood by illiterates
Suggestions		The child should be a girl infant She should not be sitting alone When a child is circumcised, she is always held by the mother with legs apart The grandmother and other women are always around It is performed with a razor blade, not a knife

ITEM TESTED	UNDERSTANDING	COMMENTS
Poster L HIV/AIDS/STD Picture only	Not understood	A girl and a boy hand in hand Drops of colours and triangles
Words only "The young is the wealth of tomorrow" "To prevent the devastation of HIV/AIDS, true love should be implemented" "Avoid premarital sex If not, use a condom"	Well understood	We need only one message "To prevent AIDS, one to-one or use a condom"
Words and pictures	Partially understood	The picture does not show a condom The picture is not related to the words
Suggestion		Add a condom

APPENDIX D

FINAL EVALUATION
COMMUNICATION STRATEGY AND MATERIAL DEVELOPMENT
COURSE
(ASMARA, JUNE 9 - 19, 1997)

Final evaluation

	Good/achieved			Poor/not achieved	
	5	4	3	2	1
Objective 1	15	9	-	-	-
Objective 2	14	11	-	-	-
Objective 3	12	10	2	-	-
Objective 4	13	11	-	-	-
Objective 5	10	11	3	-	-
Objective 6	13	10	-	-	-
Objective 7	10	12	2	-	-
Objective 8	11	11	1	-	-
Objective 9	9	12	3	-	-
Objective 10	11	10	2	-	-
Objective 12	6	13	5	-	-
FGD analysis	7	12	3	-	-
Field work (pretesting)	14	7	2	-	-
Expectations met?	8	14	2	-	-
Fears eliminated?	7	15	2	-	-
Facilitation	17	7	-	-	-
Participation	15	9	-	-	-
VIPP method	9	10	5	-	-
Handouts	9	8	5	-	-
Course duration	10	11	1	1	-
Venue	-	4	14	4	4
Time keeping	14	9	1	-	-
Refreshments (tea)	16	8	-	-	-

All participants said they found the course useful
 All said they were well equipped to embark on material development
 All said they would attend the third course in the series

APPENDIX E
MEMO FROM DONDI

FROM THE DESK OF

P O Box 74070
NAIROBI, Kenya

Nicholas N Dondi

Tel 254-0303-23045
Fax 254-2-330540

July 7, 1997

Dr Nosa Orabaton
Chief of Party
BASICS
Eritrea

This is to let you know that I have now finished with UNICEF and I will be returning to Nairobi on Wednesday early in the morning. Before I leave, however, I thought I would highlight a number of items that may need your attention. Nearly all of them are in my debriefing report and the only reason for repeating them is to bring them up for the early action that they deserve.

- 1 Item 7.2 (iii)* of the debriefing paper contains a number of proposed activities which need to be discussed with MOH to obtain approval and time allocation. I will appreciate receiving the list of approved activities and dates as the information becomes available.
- 2 Item 7.2 (i) of the debriefing paper deals with support to zones during field work. As discussed, the proposal, if accepted, will mean my returning to Eritrea early September and staying on till mid November to
 - Provide support to zonal teams during material development activities
 - Facilitate some of the activities listed at 7.2(iii)
 - Work with MOH to develop a strategy/funding document that brings together on-going and future IEC activities. The need to develop such a document has been expressed by Dr Goitom during our informal chats, and it is possible the Ministry will be raising the matter with you. Time is definitely ripe for development of such a paper.
- 3 The question of funding for on-going activities is now urgent and needs to be addressed as soon as possible.

Immediate funding needs

There is an urgent need to identify funds to

- **Support formative research activities of the Southern Red Sea Zone, the Northern Red Sea Zone, MOH/training institutions and the health services of the Department**

of Defence The four teams attended the formative research course that ended on July 5 and developed plans, which they are expected to implement before they return for the next course in September or October

While the prospects of UNICEF funding the activities of the two Red Sea zones is high, it is not clear where the other two teams will obtain funding. Discussions which include the institutions involved could help locate funding from within or outside the institutions concerned

- **Support for on-going material development activities in the zones** Four zones (Anseba, Gash Barka, Debub, Makel and IEC Unit/MOH) have already received training and are finalising material development plans to be implemented as soon as they are ready sometime this month. In September/October, the Red Sea zones, MOH/training institutions and the health services of the Department of Defence will be embarking on the same process

UNICEF has indicated it will make available 75,000 Birr (25,000 per zone) for three zones. Funding for the other three zones, IEC Unit/MOH, MOH/training institutions and the Department of Defence has not been identified

- **Funds to support other activities scheduled for this year**, such as (1) the decision makers' briefing/planning workshop (2) Training of trainers in interpersonal communication (one session additional to the two interpersonal communication training sessions scheduled for zonal team members)

Medium term and longer term IEC funding needs

The need to identify funds for IEC activities will continue to increase as capacity building activities advance and the process of institutionalizing this programme component gets under way. Activities that will need funding soon include

- Implementation of the 1998 IEC plans developed during the Strategy and Material Development course last month
- Interpersonal communication training activities expected in the zones after the training of zonal IEC trainers

Future sources of funds are likely to include

- **MOH** The ministry has indicated willingness to establish IEC budget lines at MOH and in the zones
- **Current MOH funding agencies**, such as BASICS and UNICEF. UNICEF has indicated willingness to commit more funds for IEC support against a comprehensive MOH IEC plan

- **New funding agencies** that may be attracted by a well thought out strategy

The proposed strategy/funding document would then appear to be an excellent instrument for raising funds and bringing more partners on board

Regards

Nicholas N Dondi

* This reference is the right reference in the debriefing report left in-country In the present report, the correct reference is 6 2

ADDENDUM TO REPORT

ADDENDUM TO TRIP REPORT

- Formative Research Analysis
- 1997/98 Draft Communication Plans
- Material Development Plans

ASMARA, ERITREA
JUNE, 1997

Annex Two

- Formative Research Analysis
- 1997/98 Draft Communication Plans
- Material Development Plans

Debus

1 FORMATIVE RESEARCH ANALYSIS

ACUTE RESPIRATORY INFECTIONS (ARI)

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	RECOMMENDATIONS	CONCLUSIONS
<p>KNOWLEDGE</p> <p>Mothers recognize a follow up as a sign of a cough and a fever omitting continuous cough and seal weakness as a sign. They do not see a difference between mild and severe cough as a serious seal.</p>	Most	They observe that children who have cough and fever experience		Relieve the fever and cough. Try to recognize the signs.	Emphasize the three main symptoms. Mothers should be able to recognize a cough and fever as a serious seal.
<p>Mothers say a child with a seal as a sign of a cough and fever and is restless.</p>	Most	As above. They see children playing, eating and sleeping well.	-	Promote the use of seal as a sign of a cough and fever.	As above.
<p>Mothers say a child with a serious seal has fever, soreness in the mouth, poor appetite.</p>	Most	Parents worry when children do not eat well, have hot bodies, have difficulty breathing, stop playing, look weak.	-	Promote the use of seal as a sign of a cough and fever.	As above.
<p>ATTITUDES</p> <p>Mothers believe the cough can be prevented by keeping children clean, giving food in addition to breast milk, breast feeding for 6 months, discouraging bottle feeding, and spacing vaccination.</p>	Most	They say they were taught at the health facility.	Belief that God's will is to have diseases.	Reinforce the message through the use of seal as a sign of a cough and fever.	Keep a child clean. Children need a balanced diet. B/F can prevent ARI. B/F is good for child's health. Vaccination can prevent ARI.

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
ARI Attitudes cont					
Some mothers believe that ARI is caused by bad air	Many	Common talk in the community Some people take children to traditional healers	Most believe information disseminated by health workers Children get cured when they take medicine from health facilities	Provide the facts to correct the misconceptions	State causes of ARI
Mothers believe that ARI can be transmitted from one child to another	Few	Believe that ARI is transmitted from one child to another	Most mothers do not believe that such transmission is possible	State the true facts	Mothers believe that children with ARI can continue looking after their children
PRACTICE					
Mothers use traditional remedies like porridge, leaves, and fluids to treat children with ARI	Most	Believe that these drugs remove secretions from the chest and make coughing easier	Few mothers consider eucalyptus treatment and giving garlic as inconvenient	Promote good home treatment and train health committees to do the same	Hot fluids & eucalyptus can relieve ARI. Garlic is not recommended for children
Mothers do not take children to health facilities	Most	They have observed children get better without treatment and believe the condition does not need treatment Financial problems Inconvenient clinic hours Bad treatment by health workers at the clinic	Some mothers (few) are taking children with mild ARI to health facilities or treatment	Take children to health facilities when they show the basic signs	Disseminate key signs that should prompt parents to take children to health facilities

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MALARIA

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
People know that malaria is caused by mosquitoes	Most	The have been old health workers	A few do not believe this (see below)	Reinforce knowledge	Reinforce knowledge
People know that mosquito nets can prevent malaria	US	They know that mosquitoes cannot pass through the small holes in the net and so they cannot reach the person inside the net	Few had no idea that nets prevent malaria	Reinforce knowledge Encourage nets in the area	Mosquito nets keep off mosquitoes prevent malaria Give good sleep
People know that spraying their houses can prevent mosquito breeding and prevent malaria	All	They have seen people spraying their houses for the last 10-40 years	-	Reinforce knowledge Encourage those who can afford to spray	Give info on preventive measures
ATTITUDES					
People believe that malaria is caused by starvation	Most	They observe poor people (who do not eat well) suffering malaria more often	They observe some well off do people getting malaria sometimes	Discuss the link between malaria and malnutrition	Good diet prevents diseases including malaria
People believe that malaria is caused by drinking the water hyenas and dogs have drunk	Few	They believe dogs and hyenas have the bug that causes malaria	Most people do not believe this	Correct misconception	Malaria is caused by mosquitoes
People believe that infants and children are more exposed to malaria than adults	All	Infants and children uncover themselves when asleep	-	Yes Exposed and vulnerable to malaria	Info on how to protect children from mosquito bites
People believe that a sick mother can transmit diseases to her baby through breast milk	Few	-	Most believe that breast milk cannot transmit malaria	Give acts of correct misconception	B/milk cannot transmit Continue b/feeding
People believe that a child who is in contact with the sweat of a febrile mother can get malaria	Few	-	-	Give act to correct misconception	Give relevant facts

MALARIA Cont

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	ACTION BY
<p>Attitudes cont</p> <p>People believe that traditional malaria treatment is good and effective</p>	Few	People have ways used additional treatment	Most believe that breast milk cannot transmit malaria	Discuss dangers of traditional treatment of malaria Make malaria treatment readily available in the community	Explain dangers of traditional treatment
<p>PRACTICE</p> <p>People bury used cans</p>	Few	Health workers advise that used cans should be buried after rain	-	Encourage the practice	Encourage this practice and other preventive measures
People drain small water ponds in the village	Few	They know mosquitos come from such ponds	-	Develop strategies to reinforce the practice	Reinforce that mosquitos breed in stagnant water
People do not drain big masses of stagnant water	Most	Beyond their capability, need the water for other uses Few do not believe that mosquitos breed in stagnant water	Some do not know that mosquitos breed in stagnant water	Advice on how to deal with big ponds Demonstrate 'regular'	Info on dealing with large ponds
People use traditional medicine to treat malaria Treatment includes mezeguf leaves wiba bark juice butter and honey mixture	Few	Belief that such treatment is good and effective	Most believe that treatment at the health facility is more effective	Discuss why it is dangerous Make malaria medication readily available	Why traditional treatment is dangerous

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2 MATERIAL DEVELOPMENT LEVEL OF ANALYSIS

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3 BEHAVIOURS TO ADDRESS

KEY BEHAVIOURS	OTHER BEHAVIOURS
<p>Acute respiratory infections</p> <p>Mothers keep sick children at home till they are critical</p> <p>Mothers give children harmful traditional remedies when children are sick</p> <p>Malaria</p> <p>People do not take the initiative to drain stagnant water</p> <p>People treat malaria with traditional medicine of unproven value and holy water</p>	<p>People do not use bed nets</p> <p>Attitude</p> <p>Mothers do not consider ARI to be a serious disease requiring treatment</p>

44

4 PLANS OF ACTION

4.1 COMMUNICATION PLAN OF ACTION

OBJECTIVE ONE To increase the number of mothers bringing their children with ARI to health facilities for treatment

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
Strengthen health education in the community					
- Give health education during monthly outreach activities	Mothers Health workers Community	TBD Counselling	EC Materials Workers Microphone	Jan-Dec 98	EC/ZMTA Facilities
- Give daily health education to mothers who come to health facilities	Mothers	Counselling Group Discussion	Materials Microphones Workers	June 1997- Dec 1998	EC Facilities ZMTA
- Give health education during public gatherings such as seminars and other meetings organised by other organisations	Community	Drama Songs Role plays Group Discussions	EC Materials Workers Microphone Drama Materials	Jan-Dec 98	- As above -
- Conduct health seminars in local administrative areas towns schools and markets once a year	Community	Drama Songs Group Discussions Role plays	EC Materials Workers Microphone Drama mat	Jan-Dec 98	- As above -
- Tape record messages and play them to mothers waiting for services at health facilities	Mothers	Listening and group discussion	Recorders cassettes batteries	Jan-Dec 98	- As above -
- Collaborate with associations (such as youth and women organisations) and influential people to conduct health education meetings once a year	Community Influential people Leaders	Group discussion role play public meetings	EC mat Microphones Drama mat	Jan-Dec 98	Zonal EC Unit H/workers ASS Officials
Increase attendance of under fives at well baby clinics					
- Develop communication training materials on FP ARI and harmful traditional practices	Health workers	Training	Training materials Stationery	Dec 1997	Zonal H/office
- Provide communication training to health workers	Health workers	Training	- As above -	May 1998	- As above -
- Study the viability of continued utilization of TBAs and CHAs and provide the cadres with refresher training in integrated health services	TBAs & CHAs	Training	Training mat Trainers Stationery	March 1998	- As above -

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
Objective one Cont					
Develop IEC materials in the zone					
- Develop IEC materials for use in health facilities and in the community	Others /workers & opinion leaders	Discussions	Stationer/Print MOI	July-Dec	HMT
Pretest and distribute IEC materials	- As above	FGDs interviews	HMT	Feb 98	HMT
Identify IEC coordinator in zone	EC coordinator	Exec Decision	UI Officer	Oct 97	HMT
- Monitor distribution and use of IEC materials	Field target groups	Audit FGDs interviews	Transport Sub checklist H/workers	Jan-Dec 98	2HMT
- Evaluate IEC materials	Field target groups	- As above -	- As above -	Nov-Dec 98	2HMT
					HMT

OBJECTIVE TWO To increase the number of people participating in draining stagnant water

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
Malaria control mobilization in the zone					
- Encourage the zonal health committee to motivate people to drain ponds every year during the rainy season	Health Committee	Discussion w/ committee meetings	IEC material Transport fuel	July 97 - Dec 98	Malaria Unit H/facility staff
- Provide refresher training on treatment of malaria to malaria agents in all malaria areas Provide the agents with	Malaria health agents	Workshop	IF material stationery transport	- As above	- As above
- Introduce impregnated bed nets in the zone	Community	Community meeting	Samples Transport H/workers	Jan-Dec 98	As above + Malaria agents CHW
Provide enough anti-malaria drugs to malaria agents	Malaria health agents	-	Drugs Transport	Aug-Dec 97 Aug-Dec 98	- As above
- Mobilize the community to drain or oil stagnant water during the rain season	Community	Community meetings Discussions w/ leaders	Community leaders Influential people Malaria agents H/workers	Jan-Dec 98	Malaria Unit Malaria agents Community leaders

OBJECTIVE THREE To reduce the number of mothers giving harmful traditional remedies to children with ARI by 10% by the end of 1998

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	MOI	DATE	COST
Discourage harmful traditional treatment of ARI in the community	Community	Mass media	MOI Local media teams	Dec 1997	Unit 40
- Broadcast messages to discourage use of harmful traditional ARI treatment	Community	Group discussion counseling	EC Mat H/workers Transport	Jan-Feb 1998	Unit 4/ facility staff
Disseminate messages during outreach once a month	Community	Lecture/ discussion	As above	Jan-Feb 1998	Unit 4/ facilities
Disseminate messages during public gatherings and seminars organised by other agencies	Others and other child caretakers	Discussions/ Counseling	H/workers EC Mat	Jan-Feb 1998	As above
Disseminate messages to mothers coming to health facilities daily	Community	Discussion Drama Songs Role plays	EC Mat H/workers Drama materials Role plays	Jan-Dec 1998	EC Jni H/workers n all H/facilities
Conduct seminars in local administrative areas towns schools markets once a year					

4.2 MATERIAL DEVELOPMENT PLAN

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
1 Finalise communication strategy & generate messages	X					
2 Draft materials	X	X				
- ID team to work with						
- Develop & test basic concepts						
- Develop text & illustrations						
- Review by interested parties						
- Revise						
3 Pretest and revise			X			
- Round one pretesting and revision						
- Round two pretest and revision						
4 Prepare copies/report for course 3						
5 Attend course					X	
6 Finalise materials					X	
7 Print						X
8 Provide IPC/material use training for staff (Jan 1998)						

Gash Barka

1 FORMATIVE RESEARCH ANALYSIS

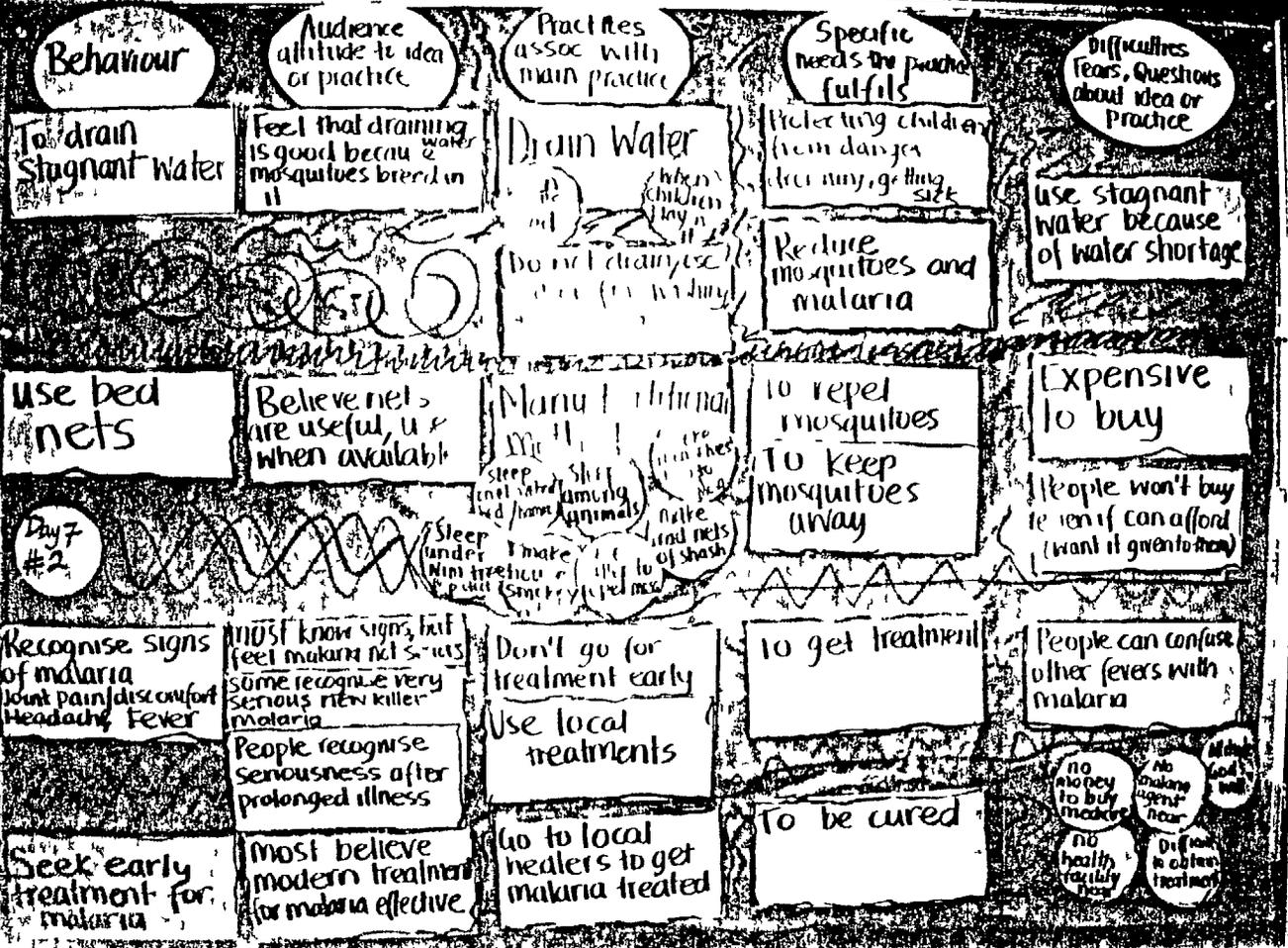
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MALARIA

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
KNOWLEDGE					
People know that malaria increases during the rain season	Most	Heard from health workers Have noticed through experience	Few say there is malaria throughout the year. They see people sick in dry season	Reinforce health workers to reinforce knowledge	There is always malaria. It increases during rains. Take preventive measures all year.
People know that mosquitoes breed in stagnant water. Most say, mosquitoes breed in dirty stagnant water.	Most	Told by health workers. Have observed that here are more mosquitoes where there is stagnant water.	Few said mosquitoes breed in green grass.	AS ABOVE	Drain stagnant water to prevent malaria. Cover water containers at home.
People know that malaria comes from a mosquito bite.	Most	Told by health workers.	-	Reinforce	Protect self from bites. Destroy breeding sites. Seek early treatment.
People know the following to be the signs and symptoms of malaria: fever, head ache, shivering, chills, vomiting.	Most	Experience	-	Reinforce When signs appear seek medical help	AS ABOVE
People know that using bed nets can prevent malaria.	Most	Informed by local administrators.	-	Reinforce Encourage use	Nets. Keep off mosquitoes. prevent malaria. ensure undisturbed sleep.
ATTITUDES					
People think that there is more malaria if the rain is little.	Most	Since water is not washed away repeatedly it can breed mosquito.	Few say there is more malaria when there is more stagnant water.	Inform that there is more malaria when there is more water.	More water - more breeding places - more mosquitoes - more malaria.
People believe that malaria comes from drinking unboiled milk, bathing in dirty water and sleeping in green grass.	Few	Malaria season coincides with season for more grass, milk and dirty water which people use. They say bathing in dirty water also causes diarrhoea, coughing and a rash.	-	EC to change the belief	Show malaria breeding and transmission.

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
<p>People take steps to prevent malaria by catting n smoke from certain trees before going to bed smoking the whole house using bed nets or sleeping in elevated places</p>	C	<p>People are sick are of malaria experience</p>	-	<p>Reinforce prevention</p>	<p>Discuss prevention methods</p>
<p>People in semi-rural areas make channels to help stagnant water to drain away</p>	OS	<p>Local health education have the sources of water leaders & elders urge them</p>	<p>Few do not drain water use to make bricks & mud for houses</p>	<p>Reinforce practice</p>	<p>Drain water and promote community participation</p>
<p>People living in rural areas do not drain stagnant water</p>	- Consensus	<p>They use water for drinking animals washing Gif from God for prevention knowledge</p>	-	<p>Emphasise the need to drain water Promote community solution to water problem</p>	<p>Need to drain How to drain Community involvement in draining</p>
<p>People living in rural areas go to traditional healers when they have malaria traditional treatment given include sonno sesame oil etc</p>	Far	<p>Healers are nearby health facilities are expensive</p>	<p>Few use modern medicine which is more effective</p>	<p>Improve access to services Train malaria agents to provide treatment at home</p>	<p>Dangers of traditional treatment Advantages of modern treatment where to find treatment more readily</p>

Behavior Analysis Malaria



3 BEHAVIOURS TO ADDRESS

KEY BEHAVIOURS	ATTITUDES TO ADDRESS
<p>people who live in rural areas do not use modern malaria drugs</p> <p>people who live in rural areas do not use modern malaria drugs when they have a fever</p>	<p>people who live in rural areas do not use modern malaria drugs</p> <p>people who live in rural areas do not use modern malaria drugs when they have a fever</p>

4 PLANS OF ACTION

4.1 COMMUNICATION PLAN OF ACTION

OBJECTIVE ONE 50% of the rural population will use modern malaria drugs for treatment of malaria in place of traditional drugs

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Identify and train leaders and agents who will promote treatment of malaria using modern drugs</p> <p>- Hold a seminar for 14 Sub-district administrators on the need to recruit and train malaria agents</p> <p>- Train 100 malaria agents</p>	<p>Sub-district administrators</p> <p>Malaria agents</p>	<p>Seminar/group discussions</p> <p>As above</p>	<p>Stationery/transport/per diem</p> <p>As above</p>	<p>May 1998</p> <p>May 1998</p>	<p>Zonal Malaria Control Unit</p> <p>Heads of health facilities</p>
<p>Sensitize the community on the advantages of going to health facilities for malaria treatment</p> <p>- Hold public meetings in the community in 150 villages</p> <p>- Intensify home treatment of malaria</p>	<p>Adult population</p> <p>village population</p>	<p>Mass/group discussion</p> <p>Home visits</p>	<p>Transport</p> <p>Anti malaria drugs</p>	<p>Once a year for 1a</p> <p>May-Dec 98</p>	<p>Zonal Malaria Control Unit Health Centres</p> <p>Malaria agents</p>
<p>- Train all drug vendors on how to diagnose and treat malaria and provide counsel and provide information to people coming for malaria treatment</p>	<p>Rural Drug vendors</p>	<p>Three one week workshops</p>	<p>Stationery transport/per diem</p>	<p>Once a year in May</p>	<p>Zonal Malaria Control Unit H/centres</p>
<p>- Conduct a qualitative study to evaluate RDT malaria treatment habits and develop strategies for strengthening their role</p>	<p>Rural Drug vendors</p> <p>Adult population</p>	<p>FGDs In-depth interviews</p>	<p>Stationery Transport Per diem</p>	<p>Oct-Dec 98</p>	<p>Zonal IEC team</p>

OBJECTIVE TWO Increase the distribution and utilization of bed nets by 10% by December 1998

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Involve administrators and Baigos in impregnation and distribution of bed nets</p> <p>Conduct a seminar on impregnation and distribution of bed nets for administrators and Baigos</p>	Administrators Baigos Baigo members	Seminar	Stationery	Apr - June 98	Zonal Malaria Unit
<p>Sensitize the community about the advantages of bed nets and encourage them to use nets</p> <p>- Hold meetings with the adult population of 20 villages</p>	Adult population of 20 villages	Group discussions	EC material Bed nets	April 98	Zonal Malaria Unit and health facilities
<p>- Impregnate and distribute 6 000 bed nets in 20 villages</p>	As above	20 villages	Bed nets Chemicals	June-August 98	As above
<p>- Supervise bed net distribution in the 20 villages</p>	As above	Discussions with distributors and recipients	Transport Perdiem 4/ staff	June-August 98	Zonal Malaria Unit
<p>- Conduct an assessment of people's perception of the bed net distribution exercise and how they are using bed nets during distribution and five months later</p>	As above	FGDs and in-depth interview	As above	July '98 & Nov 98	Zonal Malaria Unit

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OBJECTIVE THREE All adult residents of 3 major towns (Tessey, Barentu, Agurdet) and 6 smaller towns (Omhajer, Geluge, Hiakota, Tukombia, Shamoko and Mulkr) will regularly participate in eliminating stagnant water ponds by the end of December, 1998

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Work with the administration of the named urban centres to mobilize communities to participate in draining stagnant water</p> <p>- Do advocacy work with leaders and administrators (how?)</p>	Leaders administrators	one-on-one leaders meetings	4/workers GOs & partner	July 1998	Head of health facilities & Heads of health facilities in concerned towns
<p>- Map all stagnant water areas in the towns</p> <p>- Sensitize the adult population (how?)</p>	Adult population	Field work village meetings	Leaders GOs 4/ workers partners -s above	rainy season -s above	Municipal Head of health facilities
<p>- Mount stagnant water draining campaigns</p> <p>- Disseminate information on the need to fill depressions immediately after use</p>	Community	mass movement village individuals who use depressions	-s above malaria agents	-s above -s above	Facilities
<p>Evaluate performance and plan future activities</p> <p>- Check if all identified pond areas are filled and conduct FGDs to gather people's attitudes perceptions and suggestions</p> <p>- On the basis of findings develop a new focused programme</p>	Community 4/workers Leader Community	Field work FGDs planning meetings	4/workers Stationer,	Oct 98 Nov 98	Zonal IEC team Heads of Health Centres

4 2 MATERIAL DEVELOPMENT PLAN

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
Finalise content & illustrations & generate materials	X					
Draft materials						
- Develop work with	X					
- Develop test basic concepts	X					
- Develop illustrations		X				
- Review interested parties		X				
- Revise			X			
3 Pretest and evaluate						
- Round 1 pretesting and discuss			X			
Round 2 pre test and revision			X			
Prepare copies/recording for course				X		
Attend course					X	
6 Finalise materials					X	X
Print						X
8 Provide PC/material use training for staff (1998)						

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Anseba

1 FORMATIVE RESEARCH ANALYSIS

MALARIA

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
<p>KNOWLEDGE</p> <p>People do not know that mosquitos breed in stagnant water</p>	most	Believe stagnant water is only part of worms which cause diarrhoea citing common cold TB & UT	Recognise that they are worms in stagnant water	Give advice through DTT Demonstrate mosquito breeding	Inform that mosquitos breed in stagnant water
<p>People do not know that malaria is transmitted by mosquitos</p>	some	Believe that malaria is caused by bad smell sleeping in humid places & drinking raw milk	A few believe that mosquito bites cause malaria	Give correct information to H/ workers malaria agents youth schools	Inform that malaria is transmitted by mosquitoes
<p>People know the symptoms of malaria They list unpleasant taste in the mouth head ache bile vomiting joint pain loss of appetite fever shivering enlarged spleen</p>	all	Experience	-	Reinforce knowledge	Reinforce knowledge of symptoms
<p>Some people know that using bed nets provides protection from mosquito bites and can prevent malaria</p>	few	Small holes cannot let in mosquitoes	Most do not believe that mosquitoes cause malaria	Disseminate message that mosquitoes provide protection from malaria	Emphasise that net provide protection Give other advantages of nets Promote use of nets

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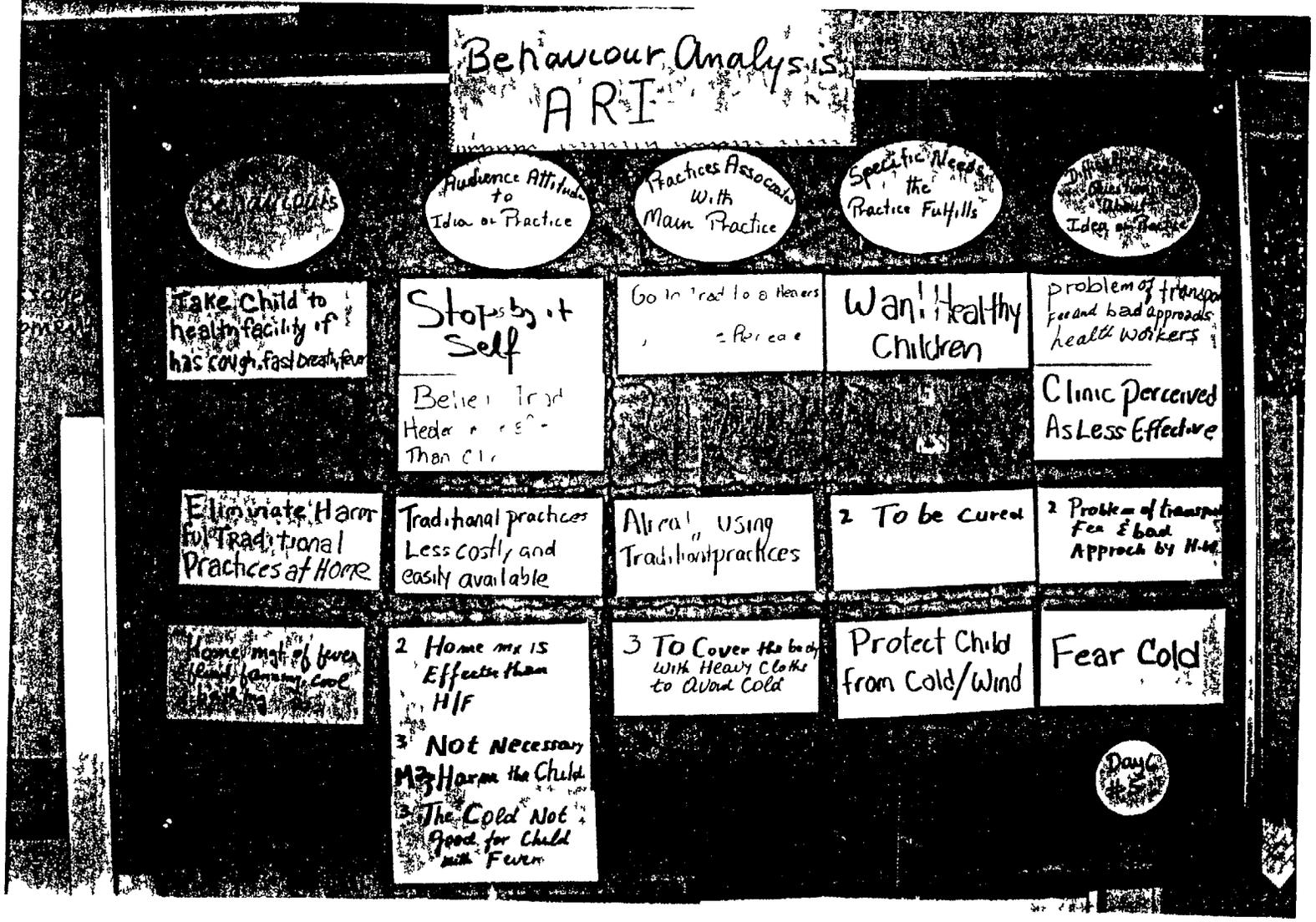
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FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
ATTITUDES					
People believe that the following cause malaria a dirty environment or taking raw milk Safaration sleeping humid places sleeping on bedding with sweat of a malaria patient using cutler, used by a malaria patient smell of grass during the rain season	Most	Observation that most people who suffer from malaria are also poor and do not eat well they see mosquitoes coming from dirty places Beliefs passed on from generation to generation	Some people do not believe some of these	Intensive dissemination of acts about transmission by h/workers malaria agents teachers students	Malaria is transmitted only through a mosquito bite
People believe that the following can cure malaria blood letting from a malaria patient burning a patient's sole and toe nails drinking a camel's blood	Most	Blood letting to remove dirty blood Camel blood to induce bile vomiting in order to cure Beliefs handed down through the generations	Some people do not suppose these beliefs	Intensive dissemination of information on appropriateness and benefits of modern scientific treatment of malaria	Go to the following places for malaria treatment a Rural Drug Vendor or health facility
People believe that taking bath after a mosquito bite removes malaria poison	Most	Belief that water can wash away poison	-	Explain the falsehood in this belief	Water cannot germs deposited in the body via a mosquito bite
PRACTICE					
People do not drain stagnant water	Most	Because of shortage of water they use stagnant water for their needs Use near water to avoid fetching far water They say the water will soon dry up anyway	Some few people drain water Knowledge that stagnant water sometimes has worms in it	Raise awareness about the need to drain water through malaria agents community leaders etc	Messages on the need to drain ponds how to drain and the need for community involvement in draining ponds
People protect themselves from mosquito bites by applying oil and naphtha on the body smoking their bodies and the house sleeping in between sheep and/or goats which provide a buffer	Most	Oil used seems to repel mosquitos Goats and sheep are believed to attract mosquitos and smoke is believed to repel mosquitos	Most of these practices have an unattractive or inconvenient angle to them Smoke irritates the nose and eyes it is inconvenient sleeping among animals etc	Select and train community members to introduce bed nets and mobilize the community for environmental sanitation	Information on recommended methods of protection giving advantages

ACUTE RESPIRATORY INFECTION (ARI)

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
KNOWLEDGE					
People recognise the following as signs of a sick child cough runny nose fever change in breathing pattern omitting	US	Experience	-	Rel. grade knowledge via TBAs in health centres people TBAs	Give the health workers signs danger signs
ATTITUDES					
People believe that ARI are no serious health conditions	OST	Believe that ARI sicknesses are seasonal they come and go on their own	-	Through groups explain the seriousness of ARI	Stress danger signs
People believe that health facilities are not providing good care to the community	MS	Bad services and treatment by health staff bad opening hours Tar Registration fees waiting time	any people continue to use the same services as the same	improve services staff attitudes patient relations communication kills via insurance (tr)	Strong points of health services Value of using health services Community/h service relations
People believe that ARI conditions are better treated by witch doctors and holy water	Most	Traditional healers are always available have a good approach have community confidence	Some people take ARI cases to health facilities	DEC on why modern medicines better Explain harm home remedies can do no	Dangers of treating ARI outside the health system
PRACTICE					
People use inappropriate traditional forms of treatment for ARI conditions Forms of treatment include massaging the chest with oil kerosene or alcohol to give warmth applying hot bricks on the chest putting the patient in the sun giving boiled lentils mixed with butter and berbere to treat tonsils using hot iron to treat tonsils	Most	Most treatments aim to give the child warmth Lentils and butter are swallowed to rupture swollen tonsils and remove pus and blood Most are practised because they have been handed down from generation to generation	-	As above	As above
People remove uvula	Most	Belief that uvula blocks the throat It is not an important part of the body	-	Educate on why uvula should not be removed	Disadvantages of removing the uvula

2 MATERIAL DEVELOPMENT LEVEL OF ANALYSIS



3 BEHAVIOURS TO ADDRESS

KEY BEHAVIOURS	OTHER MAJOR CONCERNS
<p>People use herbal medicines to treat malaria</p> <p>Most people do not take children with ARI to health facilities. Instead, they use traditional remedies from within the community.</p>	<p>People do not know that malaria is transmitted by mosquitoes</p> <p>People do not know that mosquitoes breed in stagnant water</p> <p>People do not know about appropriate methods of protecting themselves from malaria</p> <p>People believe that ARI is not a serious disease</p> <p>People believe that ARI is partly created by witch-doctors and holy water</p> <p>People believe that health facilities are not providing good services</p> <p>People do not know what home remedies to give children with ARI</p>

4 PLANS OF ACTION

4.1 COMMUNICATION PLAN OF ACTION

OBJECTIVE ONE By the end of 1998, 30% of mothers and fathers in Anseba Zone with children under the age of five will (1) know that ARI conditions are serious and can kill, (2) recognise at least three symptoms of ARI in children and (3) properly manage children with ARI at home

STRATEGIES AND ACTIVITIES	TARGET GROUPS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Provide adequate information on ARI</p> <p>- Give health education at all health facilities once a week</p> <p>- Give health education during monthly outreach activities</p> <p>- Disseminate information on ARI during gatherings in the community once a week</p> <p>community</p>	<p>Mothers and fathers</p> <p>As above</p> <p>As above</p>	<p>Group discussions & counselling</p> <p>As above</p> <p>As above</p>	<p>Nurses /Assistants</p> <p>As above</p> <p>As above</p>	<p>To be determined in the zone</p>	<p>ZMT Hfs Nurses H/Asst</p> <p>As above</p> <p>As above</p>

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OBJECTIVE TWO To incorporate ARI education programmes in the adult literacy campaign in Anseba Zone

STRATEGY AND ACTIVITIES	TARGET GROUPS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Incorporate ARI education in the Adult Literacy Curriculum</p> <p>- Discuss with officers of local MOE the importance of incorporating ARI in the adult literacy programme</p> <p>Develop appropriate content to be incorporated</p> <p>Select and train teachers on ARI for one week</p>	<p>Local Education Office</p> <p>-</p> <p>Adult literacy teachers</p>	<p>interpersonal</p> <p>MT curriculum dev group meetings</p> <p>Workshop</p>	<p>-</p> <p>Trainers stationery</p> <p>Trainers stationery/perdiem</p>	<p>To be determined on the spot</p>	<p>Local Medical Officer</p>

OBJECTIVE THREE By the end of 1998

- 25% of the adult population living in rural areas will know that mosquitos breed in stagnant water and 10% will participate in draining stagnant water

- 30% will know the harmful effects of unstandardised local treatment of malaria and 20% will seek appropriate treatment at the health facility when they have malaria

STRATEGIES AND ACTIVITIES	TARGET GROUPS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Increase information available to the community about the malaria breeding places and appropriate treatment of malaria</p> <p>- Give health education at health facilities once a week</p> <p>- Give education at community gatherings at least once a month</p> <p>- Give mosquito breeding demonstrations in the community just before the rains</p>	<p>Mother s and father s</p> <p>Commun /</p> <p>Commun /</p>	<p>Field discussions</p> <p>Lectures discussions</p> <p>Demonstrations at ponds or in tins</p>	<p>H/ fac staff IC materials</p> <p>H/ fac staff IC materials malaria agents</p> <p>As above Cans with mosquito larvae Ponds with larvae</p>	<p>LMO nurses malaria workers</p> <p>As above Malaria agents</p> <p>As above</p>	
<p>Select and train more malaria agents to intensify dissemination of information as above</p> <p>- Select 247 malaria agents</p> <p>- Develop appropriate training materials</p> <p>- Conduct training</p>	<p>Malaria agents</p>	<p>Workshops</p> <p>Group work</p> <p>Workshops</p>	<p>LMT</p> <p>LMT</p> <p>ZMT Teaching materials</p>	<p>LMO nurses Malaria Coordinators</p> <p>As above</p>	
<p>Disseminate information to women and youth associations on malaria and other issues in environmental sanitation</p> <p>- Conduct discussions with leaders of youth and women s associations</p> <p>- Prepare training materials</p> <p>- Select and train 50 women and 50 youth in several different workshops</p>	<p>Youth/ women</p> <p>Youth/ women</p> <p>Youth/ women</p>	<p>Interpersonal</p> <p>Group work</p> <p>Seminars/ workshops</p>	<p>ZMT</p> <p>ZMT</p> <p>ZMT Training materials</p>	<p>As above</p>	

OBJECTIVE FOUR To incorporate education on malaria in the Adult Literacy curriculum by the end of 1998

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
Incorporate in the Adult Literacy curriculum information on prevention and treatment of malaria					
- Hold discussion with MOE reps in Anseba Zone	Teachers and 4/ teachers	interpersonal	-	Time frame to be determined in the zone	
Prepare teaching materials		Training group meetings	Statutory/ ZHMT		MO Malaria Coordinator
Select and train 10 teachers for training		Workshop	Training team		Training team
Select and train 10 head teachers from the zone		Workshop			Training team
					Training team

4.2 MATERIAL DEVELOPMENT PLAN

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
1 Finalise communication strategy generate messages	X					
- Draft materials						
- ID team to work with		X				
- Develop & test basic concepts		X				
- Develop text & illustrations		X				
- Review by interested parties			X			
- Revise			X			
3 Pretest and revise						
- Round one pretesting and revision			X			
- Round two pretest and revision			X			
4 Prepare copies/report for course 3				X		
5 Attend course 3					X	
6 Finalise materials					X	X
7 Print						X
8 Provide IPC/material use training for staff (Jan 98)						

Makel

1 FORMATIVE RESEARCH ANALYSIS

CONTROL OF DIARRHOEAL DISEASES (CDD)

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
KNOWLEDGE					
Most mothers know that dirty hands, air, utensils, bottle feeding, poor personal hygiene and a dirty environment can cause diarrhoea	Most	Health education from health facilities	A few believe the role of causes such as exposure to canine excreta, dev. unaccustomed food	Reinforce knowledge and encourage them to wash hands at appropriate times	Give info on where hands should be washed and how to wash hands
All mothers know the clinical symptoms of diarrhoea. Watery stools sometimes with blood, mucus or greenish foam	1	Experience, health education from health facilities	-	Reinforce knowledge and encourage timely health seeking action	Reinforce key clinical signs, three rules of treatment, Continue B/F, Name recommended h/ fluids
All mothers know that ORS from the health facility is treatment for diarrhoea	All	Health education from health facilities	Few mothers use local herbs (if only they take health facilities)	Explain the basis of ORS treatment and encourage use of ORS	Explain basis of ORS treatment, encourage use, Give info on how to mix and give ORS
ATTITUDES					
Some mothers believe that exposure to cold can cause diarrhoea	Few	Beliefs passed on in the community	Most know the correct causes of diarrhoea	Emphasise correct causes of diarrhoea	Emphasise correct causes of diarrhoea
PRACTICE					
Most mothers give home made SSS to children with diarrhoea	Most	Health education	Some mothers give herbal treatment (But if no improvement they take h/ facilities)	(Is it Govt policy to promote SSS?) Promote appropriate home fluids & ORS	Promote three rules of diarrhoeal management at home
Some mothers give herbal treatment to children with diarrhoea	Few	Told by grand mothers	Most give SSS and know that ORS is treatment for diarrhoea	Discourage herbal treatment	Discourage herbal treatment

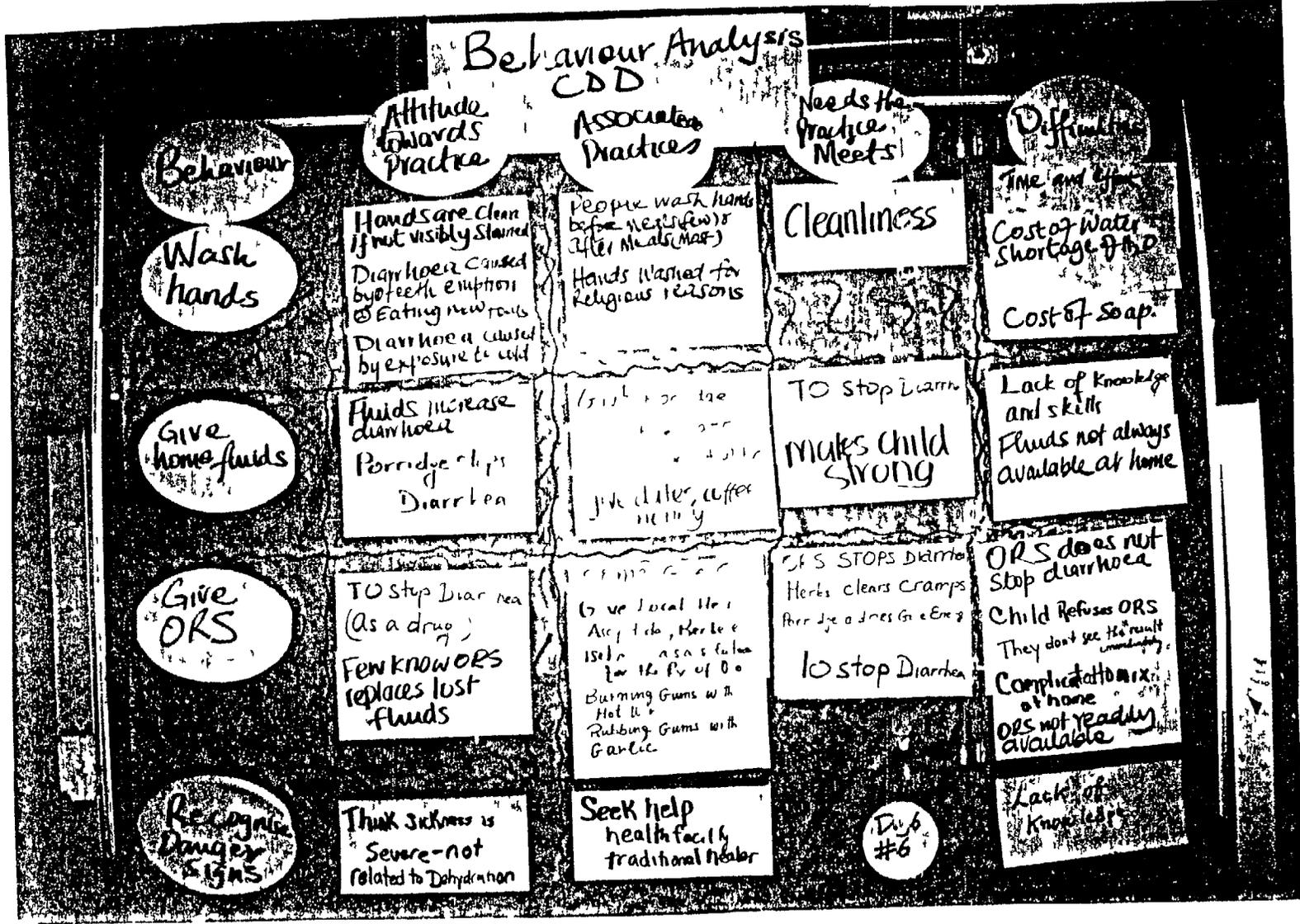
COMMERCIAL SEX WORKERS (CSW)

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
<p>KNOWLEDGE</p> <p>Most CSWs know a man can get HIV without using a condom. Can lead to contracting STDs of HIV/AIDS. They list other sources of AIDS transmission as unsterilized blades, sharp instruments contaminated blood and having many sexual partners.</p>	Most	Health education at health facilities Mass media	Few new CSWs believe that partners and teenagers do not know that condoms provide protection.	Reinforce knowledge of new CSWs teenagers and parents about condoms. Families of all children about dangers of extramarital sex. IEC on how to use condoms.	Explain dangers of unprotected sex. Emphasize one partner use condoms.
<p>CSWs can name the following STDs: gonorrhoea, syphilis, AIDS and LGV.</p>	Most	As above	Few new CSWs believe that the primary cause of infections is not sex but air as vagina is an open organ.	Explain the correct source of infections.	Many infections come from sex. Use condoms for one partner use condoms.
<p>ATTITUDES</p> <p>All CSWs believe they would stop their trade if alternative jobs were made available.</p>	All	Fear of STDs and AIDS	-	Discuss alternative informal sector income generating opportunities.	Discuss alternative opportunities.
<p>PRACTICE</p> <p>Most CSWs insist on partners wearing a condom before sex and check to ensure that the condom is put on properly and has no holes.</p>	Most	Fear of STDs/AIDS and unwanted pregnancies	Few do not check condom wearing or puncturing. Instead they wash the vagina immediately after intercourse. They visit the clinic if they feel anything unusual.	Reinforce insistence on condoms. Teach those who do not insist to insist.	Condoms can keep you healthy. Can save your life.

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2 MATERIAL DEVELOPMENT LEVEL OF ANALYSIS



Behaviour Analysis HIV/STDs

Behaviour

One partner

Audience attitude to idea or practice

Habit/Disease
Want variety
Adventure
Failure to get satisfaction from one partner
Ego-booster to have many partners

Practices assoc with main practice

Marriage suggests one partner

Specific needs the practice fulfils

Respect
Security

Difficulties
Fears, Questions about idea or practice

Means of income

Development of relationship
Prevention of HIV/STDs

Day 7 #3

Use condoms

Condoms do not give sexual satisfaction
Condoms increase prostitution

Condoms used as contraceptives

Condoms used to prevent HIV/STDs

one partner cheaper than multiple partners
Prevention of pregnancy

Fear that part of condom will remain in body

Difficulties in getting condoms

Fear that condom will burst

People fear being exposed

People fear being exposed
Stigmatised

People treat STDs with traditional herbs

People go to drug shops for treatment

To be treated

Fear of exposure

Fear losing respect

3 BEHAVIOURS TO ADDRESS

KEY BEHAVIOURS	OTHER BEHAVIOURS
1 Some mothers use herbs and other traditional practices to treat diarrhoea	-
2 New CSWs and some male partners (including teenagers) engage in sexual intercourse with multiple partners without condoms	-

4 PLANS OF ACTION

4 1 COMMUNICATION PLAN OF ACTION (July 1997 - Dec 1998)

OBJECTIVES

- 1 By the end of 1998, % more mothers living in the Central Zone will know how to use ORS, and % will have give their children with diarrhoea at least once
- 2 By the end of 1998, the number of mothers living in the Central Zone who know about the harmful effects of treating diarrhoea with traditional medicines will have increased by %
- 3 By the end of 1998, all new commercial sex workers in the Central Zone will know how to use a condom and how to negotiate about condom use with their sex partners
- 4 By December 31, 1998, % of all teenagers in the Central Zone will know how to use condoms for STD prevention
- 5 By December 31, 1998, % of sexually active truck drivers of the Central Zone will now how to use condoms and negotiate about condom use with their sex partners
- 6 By the end of 1998, condom distribution in the Central Zone will have increased by 30% over the current rate

6

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Enhance CDD education at health facilities and in the community</p> <p>- Demonstrate preparation and use of ORS as well as provide information about the proper treatment of childhood diarrhoea at all health facilities two times a week</p> <p>- Demonstrate preparation and use of ORS as well as provide information on the proper way of treating childhood diarrhoea at public gatherings once a month</p>	Acers	Information talks & group discussion	Budget EC materials existing and those developed	970 ec 98	Facility based health workers
	Parents	Lecture talks Discussion	As above		Facility based health workers ZHMT

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Increase awareness of condom use among new CSWs teenagers and truck drivers</p> <p>Intensify condom use counselling at STD clinics where all CSW are obliged to go at regular intervals</p> <p>Conduct health education in all high schools in the Central zone at least two times in each school every year.</p> <p>Provide condom use counselling to truck drivers coming to STD clinic for check up relating to renewal of their licences</p> <p>Provide STD/HIV/AIDS education at h/facilities twice a week</p> <p>Provide STD/HIV/AIDS education at public gatherings when opportunities arise</p> <p>Supply h/ facilities with condoms regularly according to the demand of each h/facility</p>	New CHWs	Counselling Discussion	H/ facility staff IEC materials /ideos Transport	Counsellors ZHMT	
	Young people	Lecture Discussion	As above	H/ staff ZHMT	
	Truck drivers	Counselling Discussion	As above	Counsellors ZHMT	
	Mothers High risk groups at STD clinics	Lecture Discussion Counselling	As above	Facility based H/ staff ZHMT Counsellors	
	General public	Lecture Discussion	As above	As above	
	General public	Supply system	Condoms Transport	Zonal Pharmacy Dep	

4 2 MATERIAL DEVELOPMENT PLAN

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
1 Finalise communication strategy & generate messages	X					
Draft materials						
- Develop team to work with	✓					
- Develop & test basic concepts		✓				
- Develop text & illustrations		X				
- Review by interested parties		✓				
- Revise		✓	✓			
3 Pretest and revise						
- Round one pretest and revision			<			
- Round two pretest and revision						
4 Prepare copies/report for course 3						
5 Attend course 3					X	
6 Finalise materials					X	X
7 Print						<
8 Provide IPC/material use training for staff (1998)						

MOH & IEC Unit

1 FORMATIVE RESEARCH ANALYSIS

ANTENATAL AND POSTNATAL CARE

(The study was conducted around Asmara, the capital city, where the population has had longest exposure and has the best access to health facilities)

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
Most women attend antenatal clinics	Most	<ul style="list-style-type: none"> Women say the antenatal clinics do get the following benefits - Determine the position of the child - Get information on nutrition - Get vaccination and medicine - Get checked for anaemia - Find out how the pregnancy is progressing - Give birth to a healthy baby - To save the life of the pregnant mother and the baby inside her - Escape health workers' ridicule 	<ul style="list-style-type: none"> - History of problem free delivery - Lack of awareness - Some in-laws & husbands discourage - Busy at home - Long queues - At clinic shadow of woman who has taken traditional medicine may fall on one who has not causing miscarriage - Pregnancy out of wedlock shy to attend - Some fatalistic women attend only when in problems 	<ul style="list-style-type: none"> - Reinforce antenatal clinic attendance - Improve home management of pregnancies and delivery - Train TBAs so they can improve their skills and encourage mothers to attend clinics - Develop strategies to reach the few unreacted mothers to attend clinics 	<ul style="list-style-type: none"> For health mothers and children attend clinics It is women's right to choose the health and life of her children
Most of the women are supported by their husbands to attend clinics	Most	<ul style="list-style-type: none"> - Husbands know the benefits - Women do not have to seek permission from husbands to go to clinic - Husbands assist financially - Husbands mind other children while wives go to clinic - Husbands stand in clinic line for their wives 	-	Reinforce men's support	Give following support: moral, advice, finance, queuing, baby, mindings
Most women are supported by their mothers-in-law to attend clinics	Most	<ul style="list-style-type: none"> - In-laws know the benefits - Their role in supporting tradition is decreasing 	<ul style="list-style-type: none"> Some in-laws want to be in control of child birth in the home 	Encourage in-laws to continue support, ask the few not supporting to support	Enlightened grandmothers know the best place to go for medical health to the clinic

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
<p>Most mothers said that TBAs and ANC clinics are not regular</p>	Most	<p>Most go to clinic and attend monthly Come every two</p>	-	<p>enforce ever more regular attendance</p> <p>Train TBAs to reinforce benefits of attending ANC</p>	<p>Advise ICC position to focus more on danger signs & action for pregnancy/risks and attend ANC every last one was safe</p>
<p>Most women feel that home delivery is safer than hospital, all of them attend ANC clinics</p>	Most	<p>- Transport problem</p> <p>- Feel safe to deliver at home after 9mo of attending clinic</p> <p>- H/workers not available</p> <p>Fear of being rebuked by h/w or having used lab a helper is some delivery are kind & more empathetic</p> <p>ceremonies that can't be done at hospital</p>	-	<p>Increase awareness of dangers of home delivery</p> <p>Knowledge of danger signs</p> <p>Reinforce early health seeking</p>	<p>Dangers of home delivery</p> <p>Emphasise need for early health seeking</p>
<p>All women said NUJW has played a key role in educating them about health matters</p>	All	<p>All thanked NUJW for ANC education given</p>	-	<p>Utilize NUJW in future ICC activities</p>	<p>Refer mothers to NUJW's ICC and/or service delivery points</p>
<p>Most participants were happy with the services provided by health facilities</p>	Most	<p>TBAs and health workers have done a good job promoting health services</p>	<p>ANC infrequent hours short Staff drug shortage No emergency transport</p>	<p>Consider complaints and improve h/w services</p>	<p>Emphasise need to seek advice from h/w facilities</p>
<p>Most mothers feel that TBAs should be trained to improve their services</p>	Most	<p>Women fear the current TBAs are getting old Younger ones should be trained to replace them</p>	-	<p>Identify and train more younger TBAs to conduct deliveries and promote ANC attendance</p>	<p>TBA training content Adv of ANC need to refer pregnant mothers to clinics danger signs & what to do</p>

FEMALE GENITAL MUTILATION

Research was conducted in Anseba Zone at Billen

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
Two types of circumcisions are practiced the clitoris and labia	most	parent groups perform according to practices few people living practice			
People believe excision of the clitoris is good	almost all	keeps the girl clean, decreases sexual desire so the girl keeps her virginity until she gets married. An uncircumcised girl scratches her labia. A circumcised girl increases chances of marriage. A family of an uncircumcised girl is ostracised. Circumcised girls and doves are the same. Mother feels happy after FGM. Circumcision takes place when girls are too young to resist (7-15 days).	few thought the practice is outdated. Some said there were other ways of encouraging girls to remain virgins. Few said because practice is not because it is good because of tradition. Catholic priest said it was against religion to cut any normal part of the body.	Good upbringing can ensure virginity. Instead of FGM Use religious leaders to give religious reasons to condemn FGM.	Dangers of FGM are harm to girls, helplessness, children, FGM not needed by religion, cutting is harmful, FGM caused mothers deaths.
A razor blade is used to circumcise	-11	One performing FGM usually a TBW or an elderly woman first washes her hands. Some use alcohol. Grandmother and neighbours are invited. No payment but a goat or sheep is slaughtered to eat. Clitoris is cut both edges of the labia are cut sugar applied and brought together. (Sugar helps to keep the labia together).			

FINDING	CONSENSUS	FACTORS PROMOTING BEHAVIOUR	FACTORS AGAINST BEHAVIOUR	NEEDED ACTION	CONTENT
<p>After care</p> <p>While supporting excision of the clitoris most people believe that fusion of the labia is bad should stop and would be ready to stop the practice if a law was made to forbid it he should stop</p>	--	<p>Both legs are tied together to help fusion of the labia warm water is used to prevent infection Some use butter</p> <p>They say fusing the labia is harmful to the health of the mother I can cause death from bleeding during delivery It causes painful labour It causes painful intercourse after marriage Makes intercourse less enjoyable</p>	-	-	-
	o'		<p>People continue fusing labia in order to respect culture to reduce promiscuity</p>	<p>Reinforce understanding Info on FGM related health problems</p>	<p>Explain FGM related health problems especially the harm caused by FGM as no the labia together</p>

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2 MATERIAL DEVELOPMENT LEVEL OF ANALYSIS

KEY BEHAVIOUR	AUDIENCE ATTITUDE WITH MAIN PRACTICE	PRACTICES ASSOCIATED WITH MAIN PRACTICE	SPECIFIC NEEDS THE PRACTICE FULFILLS	DIFFICULTIES FEARS QUESTIONS ABOUT IDEA OR PRACTICE
Stop practising circumcision	<p>Circumcision keeps the girl clean</p> <p>Circumcision decrease sexual desire</p> <p>Circumcision ensure the girl remains a virgin until marriage</p> <p>If a girl is not circumcised she will continuously scratch her labia</p> <p>Greater satisfaction for men</p> <p>-Woman rewarded for being a virgin at marriage (a cow is given)</p>	<p>Put icing sugar on wound(for healing)</p> <p>Tie legs together for about 1 month</p> <p>Many use new razor blades or dip old one in alcohol</p> <p>Most wash hands</p> <p>Mothers holds infant</p> <p>Grand mothers and elderly neighbour usually present</p>	<p>To protect child from harm(Sexual)</p> <p>To protect family honour</p> <p>To decrease sexual desire</p> <p>To keep interest of husband</p> <p>Continue culture</p>	<p>Fear that girl will be promiscuous</p> <p>Fear of losing culture</p> <p>Girl will be subject to infection if not circumcised</p> <p>Fear that girl will be subject to rape</p>
Supporting Behaviour				
Don't be resutured after child birth	<p>A woman will remain faithful</p> <p>-Resuturing will satisfy husband</p>	<p>Painful intercourse</p> <p>-Painful labour</p> <p>TBAs attend home births</p> <p>Women do not give birth in health facilities</p>	<p>To respect culture</p> <p>To please husband</p>	<p>-Fear of husband's reaction</p> <p>Fear pressure</p>
Recognition of three health consequences of FGM(excessive bleeding prolonged labour infections)	<p>Infibulations is cause of problems during child birth</p> <p>-Clitoridectomy is harmless</p>	<p>Attend health facilities</p> <p>Consult TBAs</p> <p>Use traditional remedies such as fish massage pressure etc</p> <p>Prayer</p>	<p>Safe delivery</p> <p>be health</p>	<p>Belief that clitoridectomy is harmless</p> <p>Inaccessible health facilities</p>

3 BEHAVIOURS TO ADDRESS

KEY BEHAVIOURS	OTHER BEHAVIOURS
Most women do not attend ANC regularly	Some mothers do not attend ANC of those who attend some do not start early enough and others do not attend regularly.
	Most mothers take their children to school

4 PLANS OF ACTION

4.1 COMMUNICATION PLAN OF ACTION

OBJECTIVES

To increase the number of pregnant women attending ANC in Makel region by 30%

To increase pregnant women's knowledge about the risks of home delivery

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Increase information about the advantages of attending ANC clinics</p> <ul style="list-style-type: none"> - Convene a meeting of Baitos in the zone to discuss with them the proposed education on increased ANC attendance - Discuss the initiative with NUEW and together identify trainers - Develop training materials - Train trainers on the benefits of attending ANC and how to train volunteer motivators in this area 	<p>Baitos</p> <p>NUEW leadership</p> <p>NUEW trainers</p> <p>NUEW trainers</p>	<p>Meeting</p> <p>Meeting</p> <p>Discussion</p> <p>Workshop</p>	<p>Transport</p> <p>Transport</p> <p>Budget h/ resources</p> <p>Budget h/resources</p>	<p>June 97</p> <p>June 97</p> <p>July to Jan 98</p> <p>March 98</p>	<p>Dawit</p> <p>Saba</p> <p>IEC Team</p> <p>IEC Team</p>

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STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
- Trainers train IEC materials	E to ...	group discussions	IC materials	...	IC Team UEW member
Trained motivators disseminate information in what fora?	women	Group discussions	IC materials	...	EW to ...
Strengthen IEC and counselling at health facilities on the risks of delivering at home					
- Discuss the proposed initiative with the Makel zonal health manager	zonal health manager	One-on-one	Transport	January '98	IC Team
Identify h/workers to be trained disseminate information on risks of home delivery	H/workers	discussion	-	January '98	IC Team LHMT
Develop training materials	H/workers	discussion	IC Budget	Jan Feb '98	IC Team LHMT
Train identified h/workers	H/workers	workshop	IC materials Human Budget	Mid-late Feb '98	as above
- Trained h/staff counsel and disseminate information during ANC clinics	Mothers attending ANC	Counselling Group discussion	IC materials	Feb-Dec '98	H/workers

OBJECTIVES

- By the end of 1998, X% of people living will recognise that both forms of female circumcision are dangerous and needless practices

- By the end of 1998, X% of women will be able to state three major health consequences of FGM (excessive bleeding, prolonged labour and infections)

- 100% of religious leaders will know that no religion requires girls to have FGM and the practice should, therefore, be stopped

STRATEGIES & ACTIVITIES	TARGETS	CHANNELS	RESOURCES	TIME FRAME	ACTION BY
<p>Sensitize TBAs and religious leaders to the harmful effects of both forms of circumcision</p> <p>- Approach the Minister of Health to form a committee to work towards eradication of FGM</p> <p>- Convene the committee to formulate a strategy against FGM</p>	<p>Minister of Health</p> <p>Priority groups to be identified</p>	<p>Person to person</p> <p>Group discussion</p>		<p>July 98</p> <p>July - 14 98</p>	<p>Azenegasn Dawit Saba Kerry Anne</p> <p>Members UNICEF UNFPA WHO PPAE NUEW RADDABARNE NUEYS PENHA & others eg Dr Assefaw Tekeste & Dr Abrehet Gheprekidan</p>
<p>Use community based participatory learning to raise awareness among women about the health consequences of FGM</p> <p>Train local health workers and TBAs in participatory learning methods</p> <p>Conduct on-going PLA on the consequence of FGM</p>	<p>H/ workers and TBAs</p> <p>Community</p>	<p>seminars/ workshops</p> <p>small group discussions</p>	<p>Budget transport stationery, Teaching aids</p> <p>Transport Budget</p>	<p>Aug</p> <p>Sept</p>	<p>Dawit Saba Azenegasn</p> <p>Health workers</p>
<p>Raise awareness about the harmful effects of FGM among religious leaders of all faiths</p> <p>Convene seminars and invite key religious leaders to address participants on the religious view of FGM</p>	<p>Community, youth and women leaders</p>	<p>Small group discussions</p>	<p>Transport Budget Resource persons</p>	<p>Sept</p>	

4 2 MATERIAL DEVELOPMENT

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
1 Finalise communication strategy & generate message.	X					
2 Draft materials						
- TD team to work with						
- Develop & test basic concepts		X				
- Develop e & illustrations		X				
- Review by interested parties		X				
- Revise		X				
3 Pretest and re issue						
- Round one pretesting and revision			X			
- Round two pretest and revision			X			
4 Prepare copies/notes for course 3						
5 Attend course 3						
6 Finalise materials			X			
7 Print			X			
8 Provide IPC/material use training for staff (1998)			X			
				X		
					X	
					X	X

ACTIVITY	JLY	AUG	SEPT	OCT	NOV	DEC
- finalise content of strategy generate messages	X					
draft materials						
- Develop content						
- Develop content basic concepts		X				
- Develop content & illustrations		X				
- Review by interested parties		X				
- Release		X				
Pretest and revision						
- Round one pretesting and revision			X			
- Round two pretest and revision			X	X		
4 Prepare copies/report for course					X	
Attend course						
6 Finalise materials					X	X
7 Print					X	X
Provide IPR/material use training for staff (1998)						X

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