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Notes

59 pp
This was a pilot project, started in Baroda, Gujarat, to demonstrate a comprehensive approach to communication. Ideally, communications materials should be produced at the district level or lower. The objectives of the project were to produce communication materials that would provide parents with information and create awareness of the improrrtance of proper nutrition, child care, personal hygiene and environmental sanitation. See also article in PSC Newsletter, Vol 1, No 3, which describes the Baroda Project (CF-RAI-USAA-PD-GEN-2007-000154).

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PSC News Letter, Vol 1, No. 3

WHY DO THE CHILDREN PLAY?

Based on a report by June Mehra, UNICEF-New Delhi

> *"Before children can understand a thing, they need experience: seeing, touching, hearing, tasting, smelling; choosing, arranging, putting things together, taking things apart. Experimenting with real things."**

The "real things" available to children in the Baroda District of India are stones, sticks, leaves, wood and clay. Making the most of natural objects like these, UNICEF and several Indian government programmes have put together an illustrated booklet, "Preparation for Understanding" which describes simple experiments or games young children can play to learn about the order in their lives and in their world.

UNICEF-New Delhi has also assisted in the production of an entire media package for nursery school and primary school teachers. Besides "Preparation for Understanding", the media package includes:

1. 12 filmstrips, scripts and guides
2. A folder on how to make wall charts to accompany the filmstrips
3. "Let's Play", an illustrated booklet on how to teach simple nutrition and health messages to young children. The illustrations are detachable so they can be used as flash cards.

The materials have been field tested with teachers in rural areas, in training institutes and with nursery school children in different regions of India. The media package has been distributed to every teacher training institute in India, and some of the materials have been sent to countries outside India for evaluation.

June Mehra, a PSC Officer in New Delhi, has written a manual describing the "Baroda Project", the District project which spawned the media package and nurtured cooperation between government departments on the state, district and village levels. Mehra hopes that her manual will spread the methodology which worked in Baroda to other Indian states and to other countries.

** From the introduction to "Preparation for Understanding". Text by Keith Warren.*

PUPPETS WITH A PURPOSE

(See illustration on page six)

Everyone knows that children love puppets, but not everyone realizes how easy it is to make a puppet. Tuck your thumb under your index finger and move your thumb up and down as you talk. After a few minutes of practice, even your hand becomes a puppet.

Jeffrey Peyton and Barbara Koenig, authors of a 100-page guide, "Puppetry: A Tool for Teaching", specialize in creating workshops on low-cost puppetry for teachers who want to become better communicators.

"The key to the effectiveness of puppets is motivation," Koenig said on a recent visit to UNICEF headquarters. "Puppets break through the barrier of communication and encourage children to listen, talk, question and feel."

Peyton and Koenig believe that designing your own puppets is a valuable experience for teachers and for professionals involved in the promotion of educational programmes. For more information, write to "Bojabi Treehouse" c/o Cynthia Reader, PSC-NY.

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Localised Production of Communication Materials
- The Baroda Project -

Summary of the project's activities

Based on a survey of food habits and nutrition status in Baroda district undertaken by the district and PHC health staff, a three-tier approach has been initiated in Gujarat for producing communication materials at the village level guided by block staff, at the district and state levels. These materials on nutrition, health and child care are specially related to the needs and conditions of the villagers of the tribal ICDS/ANP block, Chota Udaipur, with particular reference to their food habits and taboos.

The project involves Health, ANP and ICDS state, district and block level officials, village level workers and villagers themselves in the production of relevant nutrition and health education materials. Prototypes have been field-tested by village workers. The state government finds the materials so useful that it will distribute them to all field workers, irrespective of location. 50,000 copies each of 9 posters and 1 wall chart and 10,000 copies each of 3 flip-books are being printed in Ahmedabad with funds from the State Public Health Directorate.

PSC at the request of the ANP section has been involved with this project since its inception and is currently supervising the printing due for completion at the end of August. At the time of distribution the block staff and village level workers are to be trained in the most effective use of the materials. A simple evaluation of the materials is to be conducted with help from UNICEF.

It is then proposed to publish an illustrated manual describing the project, stressing the co-operation achieved between different government departments at all levels and their involvement at all stages of the project. It is hoped that such a manual would provide a workable methodology for replication of the project by other states and in other countries. (Attached is the preliminary draft text of the manual.)

UNICEF has already received requests for assistance in initiating similar projects in other states.

Ms. June Mehra
PSC Section
UNICEF, New Delhi

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PROJECT
FOR
LOCALISED PRODUCTION
OF
COMMUNICATION MATERIALS

By

June Mehra
PSC
UNICEF, New Delhi

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PROJECT FOR LOCALISED PRODUCTION OF COMMUNICATION MATERIALS

CHAPTER I

DESCRIPTION OF THE PROJECT

Background

Repeated pleas from state governments for communication materials on nutrition and child-care, for training as well as for use in the field, point out the need for such material in practically every state. As it was not feasible to work in every state at the same time it was decided to select one specific area to demonstrate a comprehensive approach to communication.

It is a generally accepted principle that communication materials which are produced close to the people and communities where they will be used are more likely to be understood, accepted and acted upon, than materials which are centrally produced. The ideal situation for such materials to be produced is at district level or lower.

Government officials involved in the delivery of health services, and the ICDS and ANP programmes in the state of Gujarat, particularly in Baroda district, have shown interest and enthusiasm for providing their field staff with better communication materials. UNICEF, in order to encourage and assist this endeavor, started with state, district and taluka officials a demonstration project in Baroda district which can serve as a model for similar programmes in other districts and states.

Objectives

The objectives of the project are:

1. To produce in a planned and systematic manner, communication materials which will provide the parents with useful information so as to create an awareness of the importance of proper nutrition, child care, personal hygiene and environmental sanitation.

2. To provide field staff with effective communication materials to enhance their capability of conveying messages in a way understood and accepted by the community.

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3. To accomplish this by using to the optimum, resources already available in the district - staff, equipment, funds and local channels of communication, with periodic back-up from state level staff, funds, and facilities.

4. To do this in a manner that the project itself can serve as a replicable model for similar programmes in other districts and states.

5. To demonstrate the use of local nutrition and health status surveys to develop effective communication materials.

Plan of Action

The strategy to achieve the above objectives is a continuous progression of the phases described briefly below, and in detail in Chapter 2 . The success of each phase is dependent on the fulfillment of the preceding phase. Thus logically one phase leads into the other. It has been found very important to convey this to all levels of government officials for the success of the programme.

1. Survey of food habits and nutritional status. It is essential to begin such a project with a survey to determine the local food habits and taboos, as well as to provide a health assessment of target groups in the area. A survey already conducted in Chota Udaipur block of Baroda district highlighted the nutritional deficiencies prevalent in the area. This was used as the basis for further investigative work to link the specific message content of the communication materials to the needs and conditions of the people.

2. Content resource pool. After determining the needs, a collection of materials - stories, slogans, photographs, illustrations, symbols and messages on the necessary subjects is made of the area and culture. This collection is called the 'content resource pool'. This pool of information is used for the production of all communication materials in the project.

3. Field-test materials. Both during and after the production stage of the materials, the content of the resource pool is field tested with the audience for whom it is intended. The materials finally selected are on the basis of the field-test results.

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4. The Communication Materials*

A core set of materials is developed from the information in the content resource pool. This core set is to be used for training of field workers as well as field work itself. This set is produced as close as possible to the area of its use i.e. District level where there are facilities and personnel available to produce these materials.

Supporting materials

a) At village level - local leadersand artists together plan and prepare hand painted materials to support the core set.

b) At state level - better facilities of production are used for mass production of materials, such as posters, in support of the core set.

5. Training. Field workers are to be given orientation training in the use of these materials before they are distributed.

6. Evaluation Phase. During the ttaining, each field worker is to receive one core set of materials. The supporting media is to be distributed through government channels to the specified locations. An evaluation of the effectiveness of the materials is to be carried out in the area and a report submitted.

7. Expansion. When it is clear that the strategy adopted has met the test and proven its effectiveness in one district, appropriate steps should be taken to publicise it by various means such as workshops, illustrated reports and evaluations, organised visits by officials of all levels etc. Such steps would encourage extension of the new approach to other parts of the country.

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*Various terms are commonly used to express the same concept, for example: visual aids, communication aids, education aids, communication materials, etc. Here we have chosen to use the term 'communication materials.' As regards content, the term communication materials here includes nutrition, health, child care, food production, personal and environmental cleanliness.

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Selection of Media

It is essential to carefully select the most appropriate medium for the message keeping in mind its function and available resources for production. Out of the content resource pool evolved a few subjects and a number of messages that needed to be included in the media.

Often the subject matter determined the choice of media. Here is one example. The exploratory phase focussed on the need for material on the preparation of weaning food. This had to be presented in a sequential order.

It was decided the flipbook format would be the best medium for this subject matter. In other cases the selection of media was decided by discussion between different levels of Government officials. This was the case when materials for a general awareness on subjects at village level were needed. State officials decided to produce a series of posters (mass produced). These would pave the way for the field worker with her flipbooks.

After this, ways of fulfilling the need of village level communication materials were discussed. From the content resource pool it was already known that artists painted on the interior of hut walls in a symbolic style.

It was decided to involve these artists and village leaders in providing hand made materials to act as a continual reminder and reinforcement of the field workers message.

This put into practice the concept of sharing of responsibility. By involving villagers we hope to leave them with a deeper understanding of the subject.

Although attention will be focussed first on printed materials the communication support is being viewed in its totality. Other communication media and methods— traditional as well as modern— are being explored. These include radio, Bavai folk drama, puppets, exhibits, songs and stories. The final media mix that is chosen will be determined by the available means of communication in the district. The project will also demonstrate how a content resource pool at district level can be used for producing a wide range of coordinated, mutually supporting communication materials.

A detailed account of content and messages, is presented in Chapter 6.

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Location

The location for this project is Chota Udaipur block, a tribal area in Baroda district, Gujarat. This location has been approved by the Gujarat State Government, Baroda district officials and UNICEF.

Government personnel involved in the project, directly or indirectly, are:

Gujarat state level	-	Development Commissioner's staff
	-	Directorate of Health
	-	Government Printing Press
Baroda district level	-	Panchayat, Health & Family Planning staff
Chota Udaipur block	-	PHC staff (MOs, ANMs, and Paramedical staff)
	-	ICDS and ANP staff (at block and village level)
	-	Taluka development staff
	-	Panchayat members
	-	Project Administrator of tribal sub-plan.

The main cause for the continuous progress to date of the project has been the successful involvement of government personnel at all levels i.e. state, district, block and village. There is already a District Health Education Unit functioning in Baroda district, under the Family Planning Wing consisting of a District Mass Education Communication Media Officer, a Deputy Education and Information Officer, and an Artist-cum-photographer. This unit is the one most intimately involved in carrying out the project.

Basis for Selection

Selection of this particular state, district and block was made with the following considerations in mind:

1. There is already convergence of several UNICEF-assisted programmes in Baroda district. PHC and paramedical staff, ANP and ICDS are active in Chota Udaipur block.

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2. The regional training centre for ICDS supervisors and instructors is located at Samiala, Baroda. Also, the Jhalod training centre for tribals, which is responsible for the training of ICDS and ANP anganwadi workers and balsevikas, is close by.

3. State and district staff have been actively involved in carrying out a food habits and nutritional status survey, which constitutes an essential element in the strategy for the production of materials.

4. Chota Udaipur has been selected as a pilot block by M.S. University, Baroda, for the NCERT/UNICEF project for revising the primary school curriculum on nutrition, health and environmental sanitation. This offers an opportunity for fruitful collaboration between the two projects. The possibility of involving M.S. University students in evaluating and field-testing communication materials is being explored.

5. The tribal sub-plan for Gujarat is presently und under review. This provides an opportunity for incorporating the project into the revised sub-plan.

6. Gujarat state plans to hold a workshop this year on how to plan the nutrition education content of ANP and how to use nutritional status surveys. Experience gained in this project will serve as useful demonstration material for the workshop.

UNICEF Participation

UNICEF's role in this project is one of assisting in the preparation of a plan of action and production of materials by providing technical assistance, as appropriate, to supplement the Government's activities. Any expenses connected with the preparation of prototype materials, field-testing, evaluation, etc. that cannot be financed from the Government's own resources will be met by UNICEF. UNICEF is also prepared to share expenses relating to the expansion phase of the project.

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CHAPTER 2

THE APPROACH

Introduction

All human activity evolves through a continuous process - trial and error. So does change. It is important from the start of any project in communication to work on measurable goals which help to plan in a logical sequence all our efforts. It is necessary to graph the consequences and fruits of the efforts in a manner that offers the optimum from the limited resources of time, money and personnel.

Keeping this in mind the project was planned in a phased manner, allowing each phase to flow and lead into the next in a natural progression.

Breakdown of Phases*

Listed below are the phases of the approach:

1. Exploratory Phase

It is essential in a project like this to have as a base, a collection of data on the local area. Information, for example, on the local food habits, crop production, nutritional status, social and religions customs, to name but a few. A survey, backed by intensive field observation and interviews should identify the following:

a) community
b) income groups
c) occupations
d) population
e) food habits, practices per group
f) weaning foods, and special foods
g) taboo food of target groups
h) health status according to the nutritional deficiences of groups.
i) common childhod ailments
j) social, religious and cultural customs
k) food consumption and cropping pattern per season
l) food preferences

*Details of stages on phases 2-7 still to be provided.

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m) cultivated and natural pattern of crop production
n) nutritional value of foods growing in the areas and their acceptability or non-acceptability.

o) nutritious foods acceptable to the community but not grown in the area.

p) channels and resources to tap for planting of new crops and education in their acceptance

q) alternative nutritious foods to propogate in place of nutritious but taboo foods.

r) development and extension projects in the area, specially in the area of nutrition, agriculture, health and child care.

s) acceptability or resistance to health services and to the balwadi activities

t) key persons, literates, elders of villages who can act as motivators and change agents.

u) local folk artists, dramatists, story tellers etc.

v) local folk art, symbols and stories

w) local festivities, celebrations, meetings

x) local meeting places, daily or weekly events.

Channels and resources

a) existing channels by which information is disseminated to the village communities

b) resources available for planning, production, training and evaluation, including funds, personnel, facilities, equipment at state, district, block and village level

c) resource needs according to the above

d) other source which may have a bearing on the project

2. <u>Planning Phase</u>

Planning content and visuals through the development of a "content resource pool".

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3. Trial Phase

   Field-test content of the resource pool and prototype communication materials.

4. Production Phase

   Prepare and produce the communication media based on tested and selected material.

5. Training Phase

   The users of the materials to be trained to use the materials most effectively.

6. Evaluation Phase

   Distribute materials to the specified localities and evaluate their effectiveness in the field.

7. Expansion

   If successful, take steps to extend the project to other areas in the country.

Status of Phases

Phases 1 & 2 have been completed, although additional information relevant to the project is being continuously added.

Phase 3 has been completed to the extent of testing all materials so far in the content resource pool.

Phase 4 Some field-tested materials are in the production stage.

Phase 5 During development of materials field workers are receiving on-the-spot training. Training to use the final materials is to be done after the production stage.

Phase 6 and 7 Still to be initiated.

CHAPTER 3

EXPLORATORY PHASE

Introduction

Because of regional and cultural variations and differences in food habits it is essential to begin such a project with sufficient localised information.

The data collected includes information on food habits and taboos and nutritional status of the community to name but a few. The analysis of this data highlights the subjects that need most attention.

The first section of this chapter presents a summary of the results of a food habits and nutritional status survey. This survey was conducted by the paramedical staff of the PHC in Chota Udaipur and the results tabulated by the Baroda District Health staff.

The second part of the chapter gives more detail on food habits and social customs.

Sample of Population

59,000 is the total population of the community coming under the ICDS programme. For the purpose of the survey a 10% random sample of the population was taken. The family is the unit for the food habits section of the survey and the individual is the unit for the nutritional assessment section of the survey.

The family is counted as five people, so a total of 1100 families is a 10% sample. (Out of 1100, only 919 families were interviewed as the balance had been interviewed during the pre-testing of the questionnaire.)

Summary of survey results

Community

Out of a total number of 919 families, 539 are of the Koli tribe. In Gujarat they are often referred to as Ratwas.

Income

602 of the families have a total annual earnings of less than Rs.2000.

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Occupation

549 families (60%) are small farmers and 143 are landless labourers. 227 are artisans.

Children below 6

Children below the age of six years form 17% of the total population.

Food consumption

The staple food is maize and is consumed daily. Maize is harvested in the area twice a year. Only one third of the families has a daily intake of pulses and green leafy vegetables. They are consumed by the majority a few times in a month only. Two-thirds of the population consume the meat of goat, chicken and fish on rare occasions.

Special foods i.e. weaning foods

300 out of the sample group of children are below the age of one year. 235 of these children, that is 79%, are breast fed only, with no supplementary food given for weaning. There are 513 nursing mothers and only 65 mothers start weaning foods at the age of 6 months, and 213 after one year.

Taboo food per group (Number of families interviewed = 919)

Group	Taboo food	Percentage of those interviewed
Pregnant mothers	Groundnut	19%
	Ghee	19.0%
	Potatoes	0.9 %
	Tuver (yellow dal)	0.9 %
	Milk	19.0%
	Papaya	
Nursing mothers	Brinjal (egg plant)	27.0%
	Black gram	7.3%
	Chawala beans (cowpeas)	7.3%
	Methi (green leafy vegetables)	7.3%

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Clinical signs of Nutritional Deficiencies	Percentage of population
Protein Calorie Malnutrition	17.0
Iron Deficiency (Anaemia)	24.5
Vitamin A deficiency	8.0
Vitamin B	9.3
Vitamin C	6.6
Vitamin D	15.6

Common Childhood Ailments

Diarrhoea is common during the summer months at the beginning of the monsoon. The majority of children have hookworm. (This wasn't apparent by the survey because the interviewers asked the mothers if they'd seen worms in the faeces of the children. There is only one sort of worm visible to the eye, so the most common form - hookworm - was not identified by the survey, but by the experience of the medical officers.)

More about food-habits and social customs

The following data is based on the results of discussions with villagers, ANP extension workers, health staff of district and PHCs and ICDS staff.

Pattern of food consumption

In the morning the villagers eat maize 'rotlas' (large chapati) and 'rab' (a soup of rice husk and maize). The 'rotla' is often made of inferior cereal.

In the afternoon rotla and a liquid ~~and~~ dal of black, red or green gram is normally consumed.

During the monsoon and winter seasons, they don't purchase food from outside if they own their own farmland. They grow crops for their own consumption like maize, rice, tuver (dal); and as cash crops - castor oil, cotton and tobacco.

Vegetables and Sweet Dishes

Out of all the green vegetables grown locally the majority prefer palak (spinach), zaraklu and bhindi ki bhaji (green leafy vegetables).

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They rarely consume sweet dishes, even at festivals.

Cultivated vegetables and pulses/and fruit grown by season

Kharif (monsoon) season

1. Brinjal (egg plant)
2. Beans
3. Karela (bitter gourd)
4. Tindora (green vegetable)
5. Tandalgy (amaranthus)
6. Bhindi ki bhaji (green leafy)
7. Chibru (papaya like fruit, high in vitamin A)

Rabi (winter) season.

1. Gajar (carrot)
2. Muli (radish)
3. Dongri (green onion)
4. Choli
5. Brinjal
6. Cabbage
7. Bhindi ki bhaji
8. Methi
9. Tomatoes

Summer - Not many vegetables are grown.

Fruits

1. Bor
2. Maura (fruit made into a fermented drink)
3. Mango
4. Amla (gooseberry)
5. Sitaphal (jack fruit)
6. Jambuda berry

Hectares under cultivation

Brinjal	-	11
Onion	-	44
Chillies	-	32
Tuver	-	2342
Black gram	-	4939
Methi	-	1820
Val	-	69
Chawlai	-	44
Bengal gram	-	471
Green gram	-	13

Non-cultivated, natural growing crops

Green Leafy vegetables

Zaraklu (Agathi)
Baraf ki bhaji (Chaulai - Amaranthus)
Colocasia
Chil Bathua
Fenugreek.

Cereals

Bajra

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CHAPTER 4

PLANNING PHASE

Introduction

The survey conducted in the exploratory phase was the starting point for understanding the characteristics of the intended audience. It surfaced the problem areas and determined the priorities as far as content matter is concerned.

In order to consolidate these priorities with ICDS and ANP programme objectives, with the needs of the people, field workers of all cadres as well as with locally available resources, a foundation for the development of materials was required. This foundation would help to coordinate all efforts that would build up into a set of communication materials. This foundation was found in the 'content resource pool,' which became the parent fund of knowledge of not only the community but also its resources.

Coordination

To establish a pool of this kind it was necessary to have effective coordination of all government departments at all levels from state to village. In this way every problem and its solution was reviewed from all possible perspectives i.e. health, nutrition, agriculture etc. An example may illustrate this more clearly.

Example:

The nutrition survey showed the need for emphasising a greater daily intake of iron to reduce the high proportion of anaemic cases, especially amongst pregnant and nursing women. The nutritionists might say that palak (spinach) which has a high iron content is best but the survey points out that some green leafy vegetables are taboo during the first 4 months of lactation and it might therefore be counter productive to propogate this food. The extension worker pointed out this taboo did not apply for green leafy vegetables prepared with dal. (A point which a revision of the diet survey questionnaire might take into account.) The agriculture extension worker gave additional information on seasons and cropping patterns and pointed out the lack of green leafy vegetables during the summer months before the monsoon. The mukhya sevika then informed us of the preservation process for green leafy vegetables practised in some homes. This process should be popularised in the whole area to supplement the diet during the dry summer months.

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This is just one example, but all such matters were discussed along similar lines and formed part of the content resource pool.

Content resource pool

A paragraph or two more about the content resource pool may help clarify its purpose.

The pool has a natural progression

1. Data collection

Data collected from the survey results established the subject matter relating to each problem

i) Iron Deficiency (Anaemia)
ii) Protein Calorie Malnutrition
iii) Vitamin A deficiency
iv) Vitamin B deficiency
v) Vitamin D etc.

2. Message

A workshop was then held where all levels of government workers were present.

The objectives of the workshop were to identify messages based on the nutritional deficiences. The messages finally selected in each problem area are given below:

Problem area	Message
1. Anaemia	Pregnant lady must eat twice as much as usual with lots of green leafy vegetables.
2. Anaemia	Nursing mother must eat one and half time her normal amount plus lots of green leafy vegetables.
3. Anaemia	If your child looks pale give iron tablets everyday plus lots of green leafy vegetables
4. Anaemia	These green leafy vegetables (name them) Should be taken daily, they are also easy to grow yourself.

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5.	Vitamin A	Every one, especially a child needs green leafy vegetables and papaya for good eye sight.
6.	Vitamin A	For good eye-sight also give a dose of Vitamin A once every six months.
7.	Anaemia/PCM/General Health	Food Preservative methods
8.	PCM	The importance of weaning foods and its preparation
9.	PCM/Diarrhoea	Oral rehydration methods.

3. The Visual

To meet the objective of the ICDS and the ANP programme the following visual representations were identified:

1. Healthy mother and child
2. Comparison of unhealthy and healthy child
3. Child having health check-up
4. Pregnant woman check-up
5. Balwadi activities
6. Kitchen garden
7. Cleanliness - personal/food
8. Importance of immunisation.

4. Planning the Materials

Once the content was to some extent finalised a workshop was held for all levels of workers. The objective of the workshop was to get personnel to present ideas, stories, drawings based on local culture and social patterns, on programme objectives, and including one or more of the identified content areas. This formed the next important part of the content resource pool. From this some stories were finalised i.e. Divaso, and selected to be represented visually in an illustrated flipbook. On top of this, posters, other flipbooks, wall charts were mapped out.

Photographs were taken on the basis of these identified messages, sometimes, different subjects were used i.e. 4 pregnant women were photographed separately. The idea was to have a choice of photographs for field-testing, and thus select the most acceptable one.

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5. Study of village art:

Next we visited village homes which had Pithora deva painting on the walls. Questions were asked on the meaning of the symbols and figures. Symbols represented such ideas as a good harvest, proper grain storage, a happy family, the god, and animals found in the area. The following lists the common symbols and gives their meaning:

1. 5 horses:- symbol used when crops are good and the family has more than enough. After the painting has been made, the family celebrates by inviting relatives to a good meal.

2. 9 horses and other animals i.e. birds:- Painted on the same wall five years later, they draw more animals. This too is a symbol of good crops and the whole community is invited to food, drinks and dances.

3. 'Jowara' or some branch of a tree:- a symbol used to pray to God to give more rains. A Jowara branch used in the puja.

4. 'Goured deeps':- offered to Verai Mata as a symbol of their happiness when everything is going well. (candle of oil and cloth in a hollow container)

5. Mitti horses, coconut, mitti cap and hen:- they offer Mitti horses and mitti cap, with a hen and coconut to the God Bana Bhenhoto as a prayer or symbol of prayer for the welfare of their animals.

6. Walk on fire at Holi:- they walk on fire at Holi festival as a symbol of sacrifice to their God. Also done when some loved one is sick, so that their act will make the person well.

CHAPTER 5

TRIAL PHASE

Field-testing of visuals

In order to produce effective communication materials it is necessary to assess the peoples' visual perception and preferences.

A series of tests were carried out to determine the level of acceptability and comprehension of the visuals in the content resource pool intended to be used for the communication materials.

Visuals

Two sets of materials were field-tested - the rough illustrations of the Divaso flipbook and a number of photographs for use in posters, flipbooks and wall charts.

It had already been decided to produce Divaso in an illustrative form and other material using photographs. Some photographs were to be in colour, but for the field-testing black and white versions were used instead.

Location and Respondents

The tests were carried out in two areas in which the materials are to be distributed and used. The two areas consisted of a number of villages in Chota Udaipur block and in Jhalod. The majority of respondents were adivasi females plus several groups of adivasi males.

Methodology

The methods of field-testing differed slightly, according to the purpose of the test and are described under each separate test.

Interviewers

The interviewers consisted of the paramedical staff of the Tejgadh PHCs, ICDS supervisors and anganwadi workers in Chota Udaipur block and staff of Jhalod balsevika training centre. Training and supervision of the interviewers was conducted by the State Development Commissioner's staff, District health staff, PHC Medical Officer and the UNICEF PSC [redacted] staff.

Results

Results were tabulated, analysed and visuals selected, modified or rejected accordingly. Details of each field test together with samples of the visuals are given below:

/...

Field-testing Divaso flipbook

Purpose

To determine whether adivasi male and females can easily comprehend the content of the visuals.

Method

The rough black and white line sketches of the Divaso story were shown to a group of adivasi males and females. For every visual they were asked

Q: What do you see in this picture?

Total number of respondents = 50

Results

The descriptions given by respondents showed that :

a) they could tell the drawings were intended to show people of their own community

b) they recognised the activities illustrated

c) they could identify an "educated" figure

d) they could identify the doctor

e) they could pick out details like naming vegetables carved in a basket

f) they mistook objects when the visual itself was misleading and suggested changes to be made for improvement.

Field testing photographs

The following pages outline 11 field tests carried out on sets of photographs. In some tests, one photograph out of the set had to be selected for use in the communication materials. The field-test helped in this selection. In

/...

other cases, the purpose of the test was to find out if some visuals were offensive to the community, or if some were misleading. In others, it was simply to identify how much of the visual was understood or their preferences. In all cases, the specific purpose is given at the beginning of each field test.

/...

TEST 1

VISUAL PERCEPTION

Objectives

To determine whether the content of each of the 10 visuals is understood.

Method

Responses were categorised under three broad headings i.e. positive, semi-positive and negative, according to a pre-determined classified code of responses. (This code is given after the conclusion of this test). Responses were coded under semi-positive if the answers made it clear the visuals would successfully convey the message in the context of their proper use, that is, with verbal accompanying explanation.

For every visual the respondents were asked:

Q: What do you see in this picture ?

Total number of responses = 100 (10x10)

Results

Visual No.	Pos.	Semi-pos.	Negative responses and remarks
1	5	4	1 looking black
2	5	4	1 putting fingers in mouth
3	2	6	2 holding stick; child in cradle
4	7	-	3 looking like a well; sitting in cradle
5	6	4	-
6	3	1	6 child holding bucket; heating; standing near bucket; couldn't make out
7	2	5	3 getting medicine; sitting in lap; don't know.
8	6	3	1 mother is weak
9	10	-	-
10	7	-	-

Conclusion

Half the visuals were clearly understood. All, except visual 6, would probably be successful when used along with accompanying verbal explanation. Visual 6, which tries to depict a child suffering from night blindness (Vitamin A deficiency), was not understood and will therefore not be used.

TEST 1

CODE OF RESPONDES

Pic.No.	Positive	Semi-positive
1.	Nurse/ANM/Dr. examining pregnant woman	Woman being examined.
2.	Nurse giving vitamin A liquid to 4/5 year old child.	Nurse giving medicine to child.
3.	Nurse noting the weight of the child.	Nurse and child being weighed
4.	Child in basket being weighed.	Child being weighed.
5.	One healthy pre-school/ 4 year old child and one unhealthy pre-school/ 3 year or 4 year old child standing in muddy, wet ground.	Two young children.
6.	A young boy in the dark unable to see because he's suffering from night blindness. He is about to trip over a bucket.	Boy and bucket in the darkness
7.	Mother feeding child with payaya	Mother feeding child something.
8.	Pregnant lady eating rotla, kitchery and green leafy vegetables.	Pregnant lady eating.
9.	Dr. Examining child	Dr, mother and child.
10.	Pregnant lady eating rotla, kitchery and green leafy vegetables.	Pregnant lady eating.

TEST 2

PREFERENCE IN BACKGROUNDS

Objectives

To determine whether a natural background or a white (bleached or blocked out) background is preferred in a visual.

Method

Respondents were shown 12 pairs of pictures (one pair at a time). In each pair the two photos were identical, excepting the background in one out of each pair had been bleached out. They were asked:

Q: Which one out of each pair do you like best?

Total number of respondents = 16

Results

Visual No.	Photo	Block out	Don't know
1	14	1	1
2	15	-	1
3	15	-	1
4	12	4	-
5	12	4	-
6	10	6	-
7	9	7	-
8	14	2	-
9	12	4	-
10	12	4	-
11	14	2	-
12	10	6	-

Conclusion

Visuals with an uncluttered natural background, were preferred by an overwhelming majority. Respondents felt that they couldnt relate to the photographs with the white background because the figure seemed to be floating in the clouds and was unsightly. Only when the original photograph had a cluttered background, was the block-out sometimes better understood. Therefore, if care is taken while planning the visual to keep the background as uncluttered and as simple as possible, it will prove to be a more acceptable aid than one in which the background has been blocked out.

TEST 3

PREGNANT WOMEN

PART A

Objectives

To determine the most effective way of illustrating the difference between a healthy and a weak pregnant woman.

Method

Individual women were shown a group of photos of pregnant women - some healthy and some unhealthy - and asked the following questions:

Q: What do you see in these pictures ?
Which ones show a healthy woman? Which show an unhealthy woman.

Total number of respondents = 12

Results

Visuals	No. of responses coded		
	Healthy	Unhealthy	Dont know
Pic.1 Unhealthy	10	2	
Pic.2 Unhealthy	1	11	
Pic.3 Healthy	11	1	
Pic.4 Unhealthy	9	3	
Pic.5 Healthy	1	10	1

Conclusion

The majority of respondents were able to perceive a pregnant woman in the visuals. The determining factor in portraying the differences between a healthy pregnant woman and an unhealthy pregnant woman, seems to depend to a large extent on the size of the image; the bigger the image (three forths of figure was shown) the healthier the woman; whereas the smaller image in a photograph of the same size was perceived as being unhealthy.

(As the size of the print was the same, to show the whole figure naturally the actual image will be smaller.)

TEST 3

PREGNANT WOMEN

PART B

Objectives

To determine which presentation of a pregnant woman is most acceptable to audience.

Method

Respondents were shown the same series of photographs as in part A and asked the following question:

Q: Here are 5 photos of pregnant ladies. Which photograph of a pregnant lady do you like best and why ?

Total number of respondents = 18

Results

Pic. No.	Preference	Because....
(as part A)		
1	5	healthy; clothes are good
2	3	good clothes
3	6	face is clean; sari is good
4	4	pregnancy is of lesser duration; dressed nicely; stomach covered
5	-	-

Conclusion

The dress of the figure seems to play an important role in determining preferences. In one tribal community only, some of the remarks given for <u>not</u> selecting a certain visual highlighted the fact that a proportion of that community prefers the stomach to be covered in a visual. However, it also transpired that the visual of a woman with covered stomach sometimes did not clearly emphasise the woman's pregnancy adequately.

TEST 4

NURSING MOTHER AND CHILD

Objectives

To determine which angle, type of mother and child, and expressions, etc. are most acceptable to females in the community when portraying a healthy nursing mother and baby. For example, is it offensive to portray a bare breast, when the face of the mother is recognisable.

Method

A series of 7 photographs, each one of a mother breast-feeding her baby, were shown to individual women. All 7 photos were shown at the same time and the following questions asked:

Q: What do you see in each of these pictures?
Which one do you like best and why?

Total number of respondents = 55

Results

Visual No.	Preference	Reason
1	1	No particular reason
2	30	Clothing good; healthy mother; fatty boy strong boy.
3	7	Handsome looking mother; ornaments on their bodies are attractive.
4	10	Clothes good; child good; fat boy; boy looking good; handsome mother
5	3	Clothes good; child is good; no reason
6	3	Clothes good.
7	1	Child is good

/...

TEST 4 (contd..)

Conclusion

The majority of respondents were able to understand the content of all the visuals. From the overwhelming preference for visual 2 in which the figure of the mother has been photographed from front, clearly showing her face and breast, it appears that there is no taboo amongst these tribals in portraying an identifiable mother nursing her baby. Once again the clothes seem an important factor in the selection of preference.

TEST 5

HEALTHY MOTHER AND CHILD

Objectives

To determine which visual of a healthy mother and child is preferred.

Method

Respondents were shown the three photos and asked:

Q: What do you see in these pictures?
Which of these pictures do you like best and why?

Total number of respondents = 29

Results

Visual No.	Preference	Because
1	3	Mother is feeding baby nicely; Picture is good; Mother is taking care of the baby
2	5	Baby is dressed well; Baby is beautiful; Baby is healthy; Baby is handsome; Baby is being pampered in a nice manner; Mother is healthy
3	21	Baby is healthy; Mother and baby are both healthy; Picture is beautiful; Baby is handsome; Rearing of baby is good; Baby is active Photo is clear; Nice ornaments; Baby is clever; Colour is nice.

Conclusion

The overwhelming majority of responses in favour of Visual 3, clearly determine that this visual most effectively depicts a healthy mother and child.

TEST 6

HEALTHY BABY

Objectives

To determine what position, expressionn and angle of a baby should be photographed in order to best convey the idea of a healthy baby.

Method

A series of 6 visuals were shown to female respondents, one at a time. The visuals consisted of 6 photographs, each of a healthy baby. The following question was asked:

Q: Is this baby healthy or sick and why?

Total number of respondents = 24

Results

Visual No.	Healthy	Unhealthy	Don't know
1	14	8	2
2	14	8	2
3	18	6	-
4	18	6	-
5	18	5	1
6	17	6	1

The respondents reasons for their statement

Visual No.	Healthy	Because	Unhealthy	Because	Don't know
1	14	Good food; Can tell from body structure; Drinks milk; Good hygiene	8	Swelling; Cracks; Rickets	1
2	14	Gets good food; Parents care; Drinks milk	8	Large body; Large belly and thick legs.	2
3	18	Gets good food; Good physique; Parents care; Given milk	6	Large belly; Large legs; Lame	-
4	18	Good food; Parents care	6	Large belly	-

/...

TEST 6 (contd..)

5	18	Getting good food; Good parental care; Given milk	5	Weak; Lame legs	1
6	17	Good food; Parents care; Happy; Given milk	6	Large belly	1

Conclusion

Care should be taken to use a camera angle which least distorts the figure, but presents as realistic a view as possible of the child.

TEST 7

IMMUNISATION

Objectives

To determine which of the 4 visuals, each showing a baby being immunised, was preferred.

Method

Respondents were shown 4 visuals and asked:

Q: What do you see in these pictures ?
Which of the 4 do you like best and why?

Total number of respondents = 15

Results

Visual No.	Preference	Negative and Positive comments
1	1	Being vaccinated, being given an injection, there are 3 persons, can't understand, standing in nice manner.
2	1	Being vaccinated, such a small child, can't understand, vaccinator is standing near the baby.
3	13	Being vaccinated, giving injection, don't know, can't understand, she's vaccinating in nice manner, like the child
4	-	Being vaccinated, being given injection, don't know, can't understand.

Conclusion

There was an overwhelming majority in favour of visual 3. This was probably because the visual is simple, and uncluttered, has a plain but identifiable background of a mud hut wall, the mother is smiling, the baby is healthy and bright and the nurse is clearly identifiable.

TEST 8

WEIGHING OF CHILD

Objectives

To determine which visual is most easily understood as a photograph of a child being weighed.

Method

A series of 4 different photographs of children being weighed were shown, and the following questions asked:

Q: What do you see in these pictures?
Which one do you like best and why?

Total number of respondents = 30

Results

Visual No.	Preference	Remarks
1	9	Seat for a child Child looks good Child playing in cradle Health of the child is good Child is seated properly Child is quiet Lovely baby Child is sitting and grinning Healthy child.
2	3	Child is sitting properly Child is being weighed Something is being weighed
3	16	Child is sitting nicely Nurse is taking care of a child while weighing Someone weighing Nothing is done Child is healthy Nurse is standing Child is sitting properly Photo is very good Nurse is noting and weighing Nurse is weighing Clear photograph Child is a smart Picture is light Colour is good Weighing nicely Noting of child by nurse.

/...

TEST 8 (contd..)

4	2	Healthy child.

Conclusion

There was a majority vote in favour of visual 3 in which the nurse is seen taking note of the weight of the child. In the photos of the children alone without the nurse, it was very difficult for the figure to be perceived as a child being weighed. The majority of respondents thought the background of visual No.1 was an open well.

TEST 9

NURSING MOTHER'S DIET

Objectives

To determine whether the food on the thali in the visual is recognisable.

Method

Respondents were shown a series of three visuals and asked:

Q: What do you see in these pictures ?

What is the woman eating ? The responses were categorised under three broad headings: positive, semi-positive and negative remarks, according to a pre-determined classified code of responses.

Total number of respondents = 15

Results

Visual No.	Positive	Semi-Positive	Negative
1A	11	4	-
2A	8	7	-
3A	8	7	-

Conclusion

The majority of respondents recognised that the photograph was of a woman eating something. On the whole, the individual foods were recognisable.

TEST 10

NURSING MOTHER EATING

Objectives

To determine whether village audiences comprehend the lateral inversion i.e. they read the picture as right for right or for left.

Method

Respondents were shown a series of three photos of a lady eating, some in which she is using her left hand and some her right, and then asked to do the following:

Q: For each picture, please hold up your left hand if you think the lady is eating with her left hand, or your right if she is eating with her right hand.

Total number of respondents = 23

Results

Visuals	Coded responses		Don't know
	Left Hand	Right Hand	
1 (Left)	16	4	3
2 (Right)	4	17	2
3 (Left)	15	5	3

Conclusion

A significant percentage of village women can distinguish correctly between the left and right hand side of the body when portrayed in a visual.

TEST 11

PREPARATION OF WEANING FOOD

Objectives

To determine whether the content of each of the visuals in this series of 15 photographs is understood.

Method

Responses were categorised under 3 broad headings: positive, semi-positive and negative remarks, according to pre-determined classified code of responses. (This code is given after the conclusion of this test).

For every visual the respondents were asked:

Q: What do you see in this picture?

Total number of responses = 150 (10X15)

Results

Visual No.	Positive	Semi-positive	Negative responses and remarks	
1.	8	1	1	
2.	8	-	2	
3.	5	2	1	Sitting cleaning glass
4.	-	5	3	Washing rice; money in cup; pan
5.	2	5	3	Seeing something in cup; washing something in cup
6.	3	3	4	Washing rice
7.	4	3	3	Preparing food; washing something with soap
8.	5	3	2	Doing some work
9.	5	2	3	Doing some work; washing cloth
10.	2	6	2	Doing some work; preparing tea
11.	5	5	1	
12.	5	3	2	
13.	9	-	1	
14.	6	2	4	
15.	10	-	-	

Conclusion

One third of the photographs were understood clearly and the majority were understood fairly well, making it clear that in the context of their use, that is, with verbal explanation, they would serve their purpose satisfactorily.

TEST 11 (contd..)

CODE OF RESPONSES

No.	Positive	Semi-positive
1.	Mother breast feeding child.	Mother and child.
2.	Mother washing cooking utensils.	Mother doing something with hands.
3.	Mother washing hands.	Mother doing something with hands
4.	Mother holding containers - one of rice and one of dal with pan full of water for cooking.	Mother with food in plates and pan of water.
5.	Mother pouring dal into pan of water.	Mother holding container of dal
6.	Mother pouring rice into pan of water.	Mother holding plate of rice.
7.	Mother washing rice and dal with water.	Mother washing something in the pan.
8.	Mother pouring out the water from the pan of rice and dal.	Mother pouring water from pan.
9.	Mother pouring clean water into pan for cooking rice and dal.	Mother pouring water into pan.
10.	Adding salt to the rice and dal cooking.	Adding something to something being cooked.
11.	Rice and dal covered and cooking on fire	Pan of food being cooked.
12.	Stirring the food cooking	Cooking something.
13.	Dishing out mixture of rice and dal into katori	Dishing out food.
14.	Washing hands	Washing
15.	Feeding child with the food in the katori which has just been cooked.	Feeding child something.

CHAPTER 6

DESCRIPTION OF COMMUNICATION MATERIALS

The following list describes the materials presently under production. It must be appreciated that it is not possible to translate the precise language used in the original colloquial Gujarati; the nearest possible meanings have been employed.

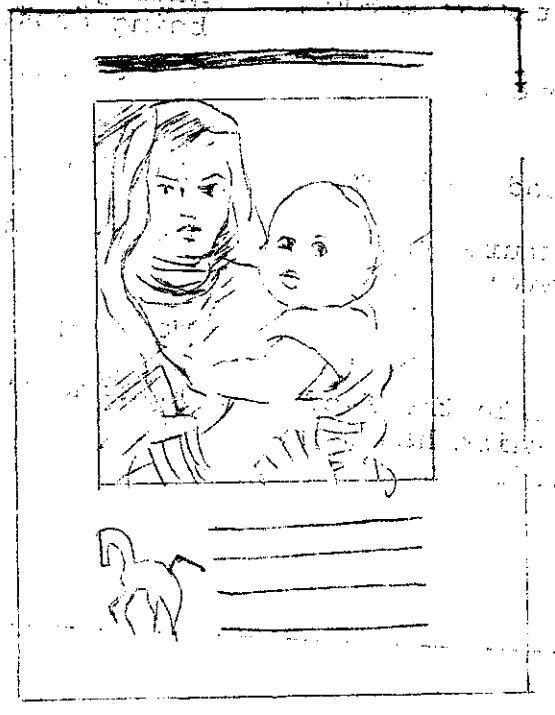
The visuals are either photographs of the people from the local adivasi community or colour illustrations of the adivasis recognisably depicted in their natural environment.

A description of the materials

1. **Posters**

Size 20" x 30"

As there is only a small percentage of literates in the community, the posters convey to the extent possible, the message visually. The field workers will also use the posters as teaching aids along with the sets of flash cards and flip books, and thus, along with the literates in the village will help reinforce the messages.



/...

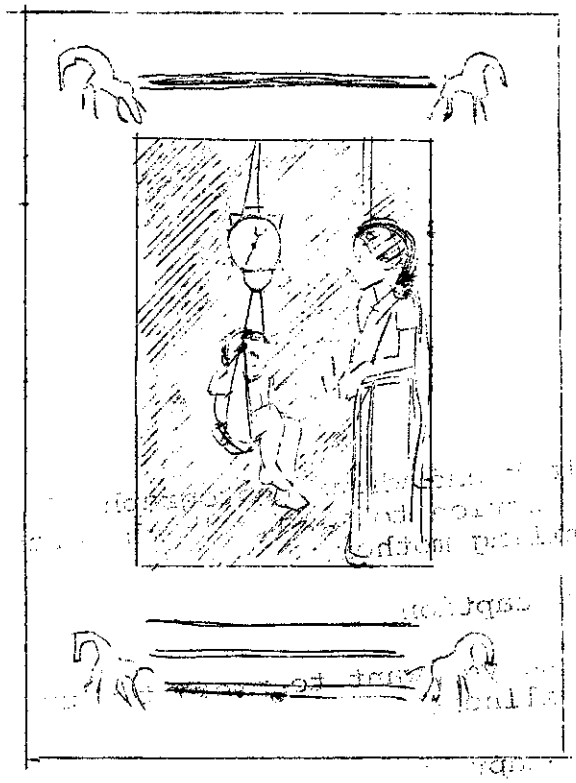
i) Visual: Black and white close-up photograph of healthy adivasi mother and child.

Key caption:

This mother and child are healthy

Sub-caption:

Because they make use of a package of health services given through the PHC.



ii) Visual: Black and white photograph of nurse weighing a child in a hanging bag prepared by the paramedical staff.

Key caption:

Weight shows the growth of the child.

Sub-caption:

At the balwadi you can get your child weighed regularly.

/...

iii) **Visual: Black and white photograph of nurse giving injection to a baby in the arms of his smiling mother.**

Key caption:

Do you want to protect your child from illness?

Sub-caption:

Get him immunised as early as possible.

/....

iv) **Visual:** Black and white photograph of nurse giving an iron tablet to pre-schooler in thelap of her mother.

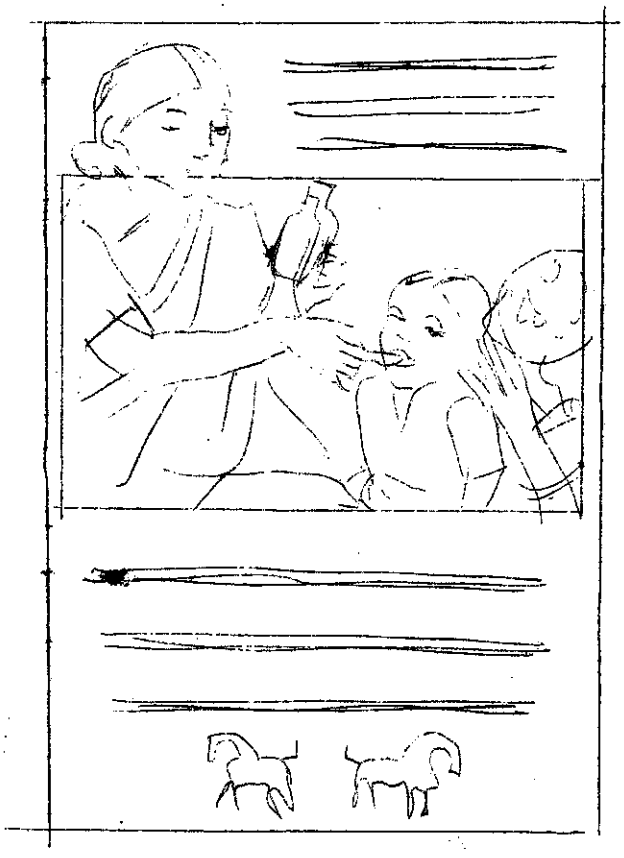
Key caption:

Does your child look pale?

Sub-caption:

Give him iron tablets regularly for 90 days. Also give green leafy vegetables daily.

/...



v) Visual: Black and white photograph of nurse administering vitamin A drops to pre-schooler in the lap of her mother.

Key caption:

Do you want to keep your child's eyesight good?

Sub-caption:

Give a dose of vitamin A once in every 6 months. Also give green leafy vegetables daily and, as often as possible, papaya.

/...

vi) Visual: Colour photograph of child, in lap of mother, eating papaya and green leafy vegetables.

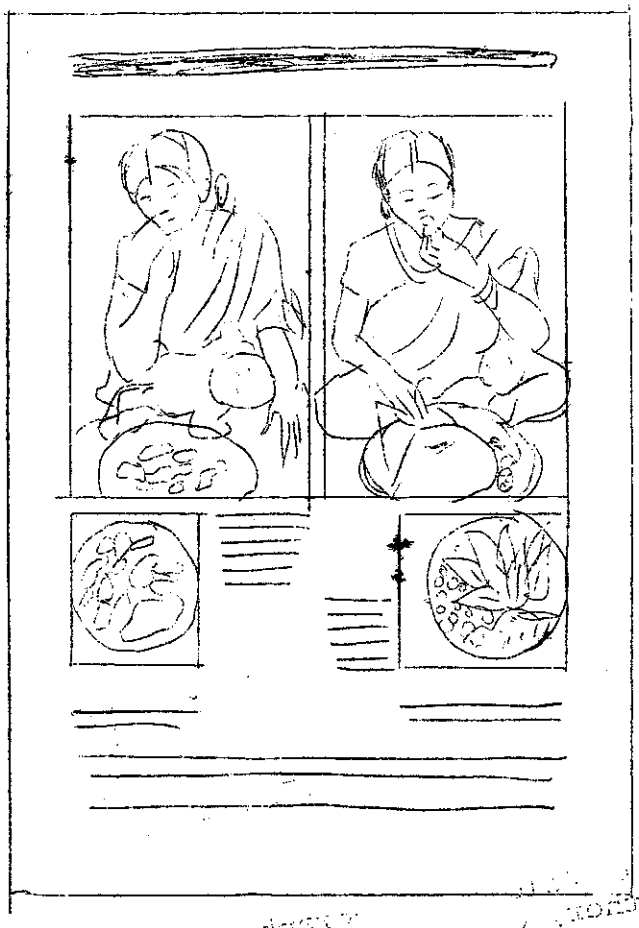
Key caption:

For good eyesight and health.

Sub-caption:

Everyone, especially youngsters, needs papaya and green leafy vegetables.

/...



vii) Visual: 2 colour photographs of mother, with baby on lap, one showing her eating rotla, green leafy vegetables cooked with yellow dal, another showing groundnuts and jaggery. Another colour close-up photograph shows the amount of food per meal (uncooked form) she needs to eat.

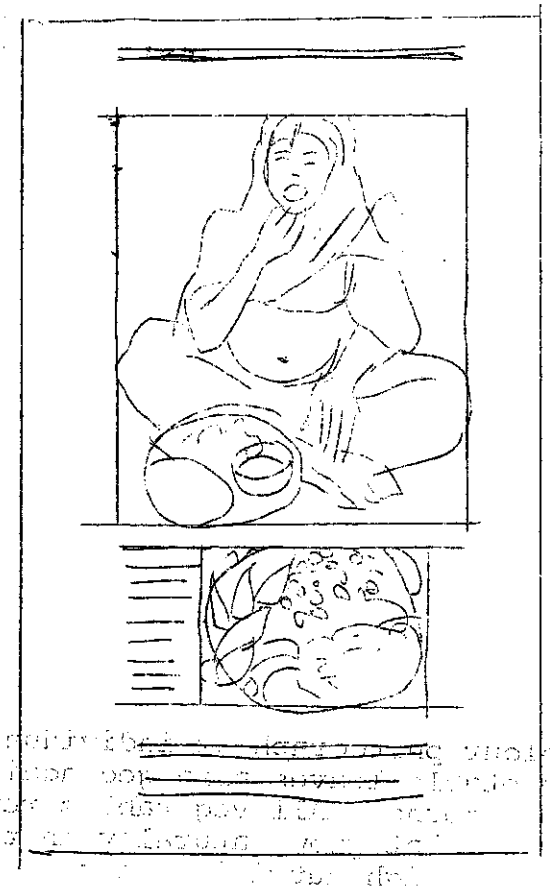
Key caption:

A nursing mother must eat 1½ times her normal intake of food.

Sub-caption:

Green leafy vegetables and groundnuts are good for nursing mothers.

/...



viii) Visual: One colour photograph of pregnant lady eating rotla, brown rice and a mixture of yellow dal and green leafy vegetable broth. Another close-up colour photo shows amount of food she must eat per meal (in uncooked state).

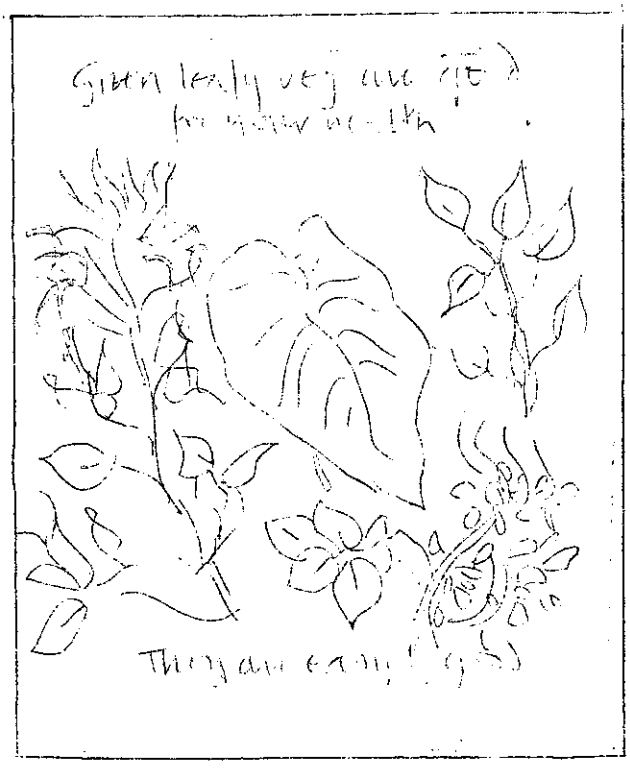
Key caption:

A pregnant lady must eat for two with lots of green leafy vegetables.

Sub-caption:

This amount she must eat at every meal.

/...



ix) **Visual:** **Colour photograph of individual green leafy vegetable leaves arranged against a white background. All vegetables represented are those that grow naturally in the area and have a high nutritive value.**

Key caption:

These green leafy vegetables are good for you.

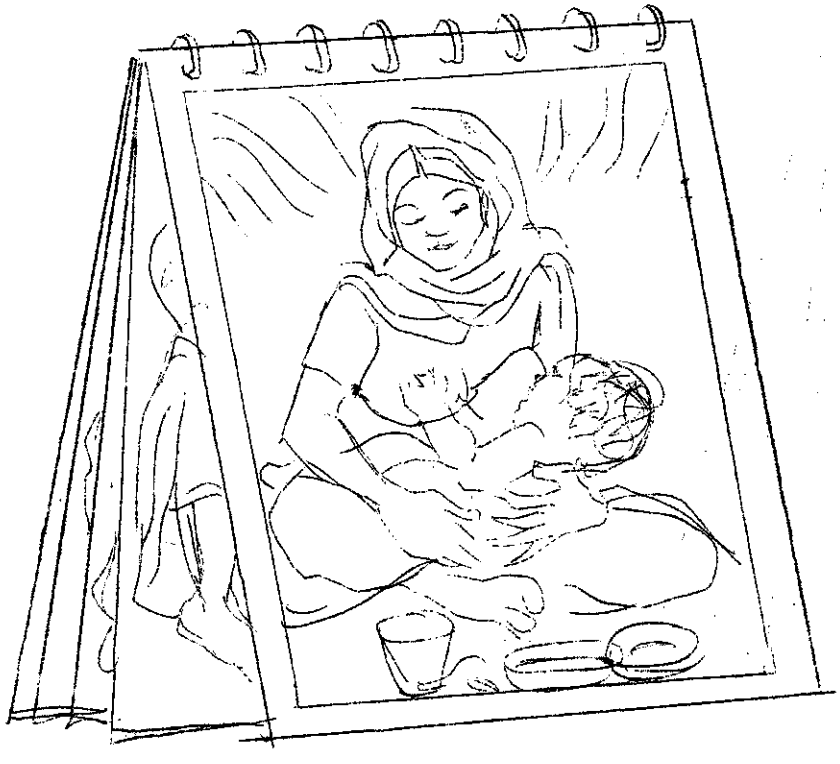
Sub-caption:

They are also easy to grow yourself.

/...

2. **Flipbooks**

Size: 11" x 14"



i) Preparation of Weaning Foods.

A series of 14 photographic visuals illustrating each step in the preparation of baby's additional food - kitchery.

/...

ii) Healthy, Happy Baby

A series of 12 photographic visuals illustrating what the mother must do in order to have a healthy, happy baby.

/...

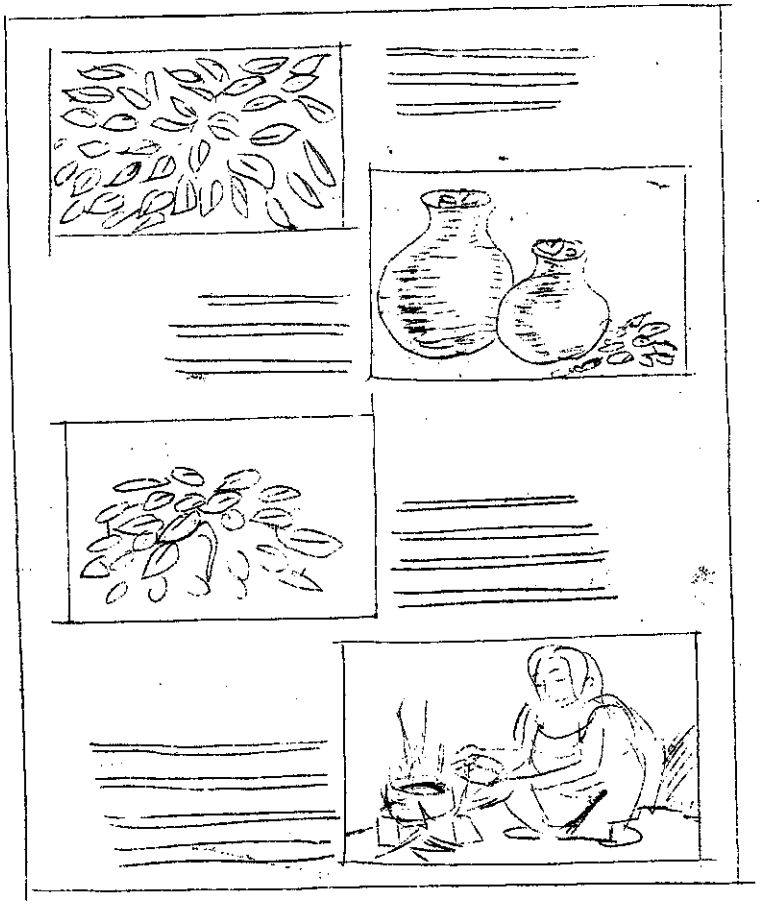
iii) Divaso

Size: 12' x 9" approximately

A full-colour illustrated series of 35 visuals, to be used consecutively during a series of talks with the same audience. The script, with a description of the corresponding visuals, is as follows:

..... (Attach Divaso script)

/....



3. Wall charts

Size 20 x 30"

i) Preservation of leafy vegetables

A colour wall chart depicting the stages in the preservations of green leafy vegetables. The leaves are dried in the sun, placed in a clay mutka and left during the winter months until required in the scarce season. The leaves are then used in dals and broths etc.

4. Hand-painted Visuals

A number of village artists have been orientated in simple concepts of child care, health and nutrition. The illustrations under preparation for this project will represent, in the traditional symbolic Pithora Deva style, such concepts as a kitchen garden, a child being immunised, certain vegetables, and fruits and a healthy nursing mother and pregnant woman.

*DIVASO

NARRATION	VISUAL
1. It is **"haat" day in Chotta Udaipur and as usual there is much buying and selling going on. It is also a meeting place for friends.	General scene of the bazaar. People buying and selling chickens. Girls getting new silver-metal anklets put on their ankles. Vegetables being sold. Cloth being sold etc. Man having a tattoo put on his arm.
2. Here are two friends meeting through the crowds. The one on the left is called Zanio and the one on the right Koyalo. They are very pleased to see each other as they haven't met for sometime.	Two men, one about 27 years old, called Koyalo, the other about 35 years old (Zanio) (The older one is the wiser one of the two). They are greeting each other heartily, by a vegetable stall, where Zanio has just purchased some vegetables (green leafy), which are to be seen in his basket.
3. Wise one Zanio says how fortunate it is that he should meet his friend after so many months, because tomorrow in his village they are to celebrate "Divaso", because not a single person in their village is sick, and he invites his friend to the celebrations. His friend, Koyalo answers, "You are fortunate that your village can celebrate Divaso. We are not able to celebrate in our village as my brother's son is sick". He must rush back to his village. Zanio says he'll come back with him and take a look at the young boy.	Close-up of the two men with arms around one another talking.

*In non-tribal Gujarat, DIVASO is the festival celebrated in the 9th month, just before Dussehra. However, in this area "DIVASO" is the name of a village festival celebrated in the tribal areas of Chotta Udaipur in Baroda District of Gujarat and is celebrated when all the village community is healthy and there is no sickness in the entire village.

**"Haat" is the local weekly bazaar.

/...

4. Zanio asks what is the name of the sick boy, and his friend replies "Somalo".	Show the two men approaching the village. (Should be a typical approach to a fairly interior village).
5. The two friends greet the young couple, Koyalo's brother and wife and ask how Somalo is. They reply that he is not feeling any better. They say he has had bad diarrhoea for several days and is growing weaker and thinner every day.	Show the two men about to enter the hut of the brother. (Typical hut). The brother and his wife, Ratudi, greet the two friends warmly although they have a look of anxiety on their faces.
6. Zanio asks what they have done about the child's illness. The father replies that, at first they didn't worry too much because the boy had always been a sickly child and they thought it wasn't too serious. But then he started getting worse, so they called in the *"Bhuva" to take a look at him.	Inside the hut. The sick boy of 2 years lies on a charpoi looking very thin and sick. In one corner of the room lie the cooking utensils and a plate of food lies already prepared by the side of the fire made of sticks. The three male adults are looking anxiously at the child while the mother is trying to comfort her crying 6 month old baby girl.
7. He came several days back and performed 'mantras' over the sick child, and told them not to give Somalo any food, so that the fever and sickness would be starved and the boy would recover after one day.	Show Bhuva performing 'mantras' over the sick boy. The Bhuva is waving a peacock feather over the boy, while the parents look on anxiously.
8. "Then we gave the Bhuva a chicken in payment of his services. But that was three days back and still the 'mantras' had not worked", says the father. Zanio tells him, "It would have been better if you'd given the chicken to the child to eat instead of giving it to the Bhuva".	Show father presenting the Bhuva with a chicken.

*The "Bhuva" is the person in the village who drives away the Evil Eye.

/...

9. "You wait here" says Zanio, "I'll go and fetch the doctor from the PHC. He'll be able to advise us as to what to do".

10. "Namaskar" greets the doctor and says he hopes he'll be able to make their son healthy very soon.

Show Zanio with the Doctor standing in hut doorway about to enter. The parents greet the doctor, but at the same time are a bit suspicious of him.

11. "What have you been giving the boy to eat?"

"Oh," Ratudi cries, "we did as the Bhuva told us and did not give him any food. We stopped feeding him his usual meals of "ghash."*

The doctor explains that as the boy is expelling more liquid from his body he must take in more liquid than usual in order to replace that which is being lost, otherwise his body will dry up.

The father asks the doctor, "Why don't you give him an injection to make him well?"

The doctor explains that it is not always necessary to give an injection to sick people. In this case, all that was needed immediately was some special powder added to a glass of water.

Show doctor examining the child. He has his stethoscope to boy's chest and is looking at the boy's parents and asking them questions.

12. "Quick, boil some water, let it cool for a while and bring it to me and I'll prepare the mixture and give the first dose to him myself."

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*"ghash" is the local food prepared from maize and liquid, like porridge. It is eaten when there is not enough maize from which to prepare roties.

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13. As well as giving him a little of this mixture as many times as possible during the day, while he is sick , you must also give him plenty of "ghash" or kitchery and water.	Show doctor giving the boy the prepared mixture.
14. The ghash should be prepared with dal and green vegetables in a liquid form and the water must be fresh, clean, boiled and cooled.	Close-up of liquid kitchery in container and glass of water with a covered 'mutka' and ghash mixture.
15. If you give him these things, then, you'll see, he'll get better in no time at all.	
16. I'll go now, but I'll come in the morning to see how he's getting on.	Doctor saying goodbye to family at their hut door.
17. The next day. 'Namaskar' greets the doctor. How is the patient today. Well, he looks a lot better today. You must have done as I said and given him lots of liquid, kitchery and water	Boy is sitting up on bed looking a little better. Parents are smiling at the doctor who is just entering the home.
18. "Yes, we did as you said doctor and thank goodness, he's looking so much better already." "What is your baby's name?" "Kavita" replies Ratudi, proud of her baby girl. "How old is she?" asks the doctor. "She's now a little older than 6 months," Ratudi replies.	Doctor examines child. Parents look on. Baby in mother's arms tries to reach out and grab the doctor's stethoscope.
19. "Do you give her anything else to eat other than your own milk".	

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"No, nothing special. Sometimes she grabs some of our food off our 'thali' but we don't prepare anything special for her".

The doctor explains that by the time the baby is 6 months old, mother's milk alone is not enough and she'll have to be fed*"outside-food" regularly if she is to grow up strong and healthy.

This must be the reason why Somalo is always so weak if you also did not start to give him "outside-food" regularly when he was 6 months old. That is why he is sickly all the time and catches every infection passing his way because his body did not receive all the foods it needed when he was younger to build up his resistance to infections. I expect you didn't get him immunised either".

"No, he cried so much when the vaccinator came round that we told him to go away".

Show vaccinator ready to give vaccination to Somalo when he was younger, but parents are putting up their hands and telling him to go away. They have an angry look on their faces and the baby is crying.

20. The doctor tells them that although all babies cry when they see the Vaccinator, it doesn't mean that he is going to harm the babies. On the contrary, he is helping to protect all the babies from getting sick. Now you must promise to get Kavita immunised tomorrow and when Somalo recovers he must also get immunised.

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*"Outside-food" is the literal translation of the local Gujarati term for weaning food. It means foods outside the mother's own body.

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Ratudi promises she will, but says what should she give her young baby to eat as an addition to her own milk.	
21. The doctor pointing to the thali of food, says, "You don't have to prepare anything special for the baby. You can give her a little of what you are eating. Here see this kitchery*, you can take this kitchery and make it more liquidy....	Mother sitting by the thali of food prepared earlier for her husband. The thali contains kitchery. Mother has questioning look on her face and is looking at the doctor. Her baby is still crying in her arms. Doctor is pointing to the thali of food.
22. Add some boiled cooled water to the kitchery and feed this to your child.	Show close-up of kitchery in container with water which has just come off fire, being added.
23. But first make sure your hands have been thoroughly washed, so that there is no risk of your passing on any germs to her.	Show mother washing her hands thoroughly.
24. Doctor says, "See how your baby is enjoying this food".	Mother feeding baby with the liquid 'kitchery' mix.
25. Well, I have to go now, but I'll call in to see you all tomorrow.	Family saying goodbye to the doctor.
26. The next day the doctor calls on them again. This time he sees that Ratudi herself is looking very tired. She says, "Oh, I'm feeling so tired these days, especially after my second born child's birth. I never seem to have any energy".	Baby is now sleeping peacefully on mother's lap after finishing all the additional food. Mother looks tired and weak and has eyes half closed, her mouth slightly open and her hand to her forehead. The doctor is looking anxiously at her.

*Kitchery is a mixture of the staple food and one other kind of food - in this case of rice and dal.

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27. No wonder you're feeling weak, you are very anaemic. That means that your body is not making enough strong red blood, it is very thin, pale blood with no energy in it. The reason why your body is not making good blood is because you are not eating enough food containing iron which is the thing which makes your blood and body healthy.

Shows doctor looking at mother's tongue which is very pale indeed.

28. "Your body can get all the iron it needs from certain sorts of foods. For example, iron is in green vegetables. You find lots of it in green leafy vegetables like, Bhindi, Fang, Cankoda, Gualia, and Chil and many others*.

Examples of green leafy vegetables such as Bhindi, Fang, Cankoda, Gualia, Chil etc.

29. I don't eat them very regularly because we grow them to sell. See what a good little garden I have here. Look how many vegetables are growing. There's Bhindi, Fang, and Cankoda, "says Ratudi proudly."

Standing outside in back of hut, in the kitchen garden with many green leafy vegetables growing in it. Bhindi, Fang, Cankoda, gualia etc. Ratudi is pointing proudly to the different varieties, while the doctor is looking on.

30. "You have a very fine collection of vegetables growing here, but what a shame you are selling them all instead of eating them yourself." Says the doctor.

"But we need the extra money it brings in," protests the mother. "But what do you end up buying with the money you get from selling them?" questions the doctor. "You must have to buy medicine to help you to get better from your illnesses. Look, if all family members eat some green

Close up of doctor holding up some green leafy vegetables from the garden and pointing to them. The mother is looking at them.

*All these vegetables grow naturally and plentifully (during the monsoon season) in the area.

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leafy vegetables regularly, health of all will improve and the working capacity of yourself and your husband will be greater, so you'll be able to grow more and therefore earn more in the end".

31. "Mmmmm, 'Yes, I see what you mean, "says Ratudi thoughtfully. Her husband, who has also been listening to this, says what a practical idea that is and that she must make sure that she includes green leafy vegetables in their meals from now on.

Show husband and wife in the field with a good harvest crop of maize, green gram, Bhindi, green leafy, Drum stick and Papaya trees.

They are holding some of their crops and smiling happily.

32. Doctor says to father "look, another thing I'd like to mention. You now have 2 children-one of 2 years and another of 6 months. If you have another baby too soon, your wife's health will deteriorate. Not only this, but your children's health will suffer too as their mother will be too unhealthy to look after them properly. Apart from this you will have to eat less per person so that you have something to feed everyone in your family."

"Yes, but it is God's will if I have more children. I cannot control the number of children I have."

"Ah, but that's where you're mistaken. You can. Listen, I won't go into all the possibilities now, because naturally you're worried about your son's health. So, in a few days I'll come round and have a talk with you. O.K.

Mother with baby in her arms, father and sick boy, doctor talking to father.

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33. "Thanks very much doctor for your advice. Please do come again soon. We'll be pleased to see you," say the parents, while the brother thanks his friend for taking the trouble to come to his village with him.

34. Some time later in the weekly bazaar, Zanio again meets his friend Koyalo and this time he's with his brother and his wife Ratudi and their two children. Everyone is smiling and looking very healthy.

Bazaar scene with Zanio greeting Koyalo, his brother and wife and two children. Everyone is smiling and healthy.

"Well, well, what a pleasant surprise to meet you once again, and how healthy and happy you're all looking. I guess you really did do all the things the doctor advised and look how it has helped you, each one of you."

"Yes, says the father, "all thanks to you. And now everyone is healthy in our village, because when they saw how healthy my son and wife were becoming they all wanted to know the secret and naturally enough, I had to tell them.

Now, tomorrow our village is celebrating 'Divaso' and you will be the 'guest of honour'.

They all laugh and agree to meet tomorrow in the friend's brother's home.

35. "How tasty these dishes are," says Zanio.

35. "Yes, aren't they and we have atleast one dish with green leafy vegetables every day now, "says his friend, Koyalo.

Group of people celebrating and looking happy. Ratudi has prepared vegetable dishes to be eaten alongwith the rotlas. There is a green leafy vegetable dish with dal and rice and other locally prepared dishes. Zanio and his friend are tasting the food.