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The communications components of programmes in Haiti fell into 8 major categories: advocacy; orientation/training; community education; production of communication materials; audience diagnostic studies; dissemination of experiences; strengthening government. Outlines main communications methods for the various UNICEF projects, ORT, Breastfeeding, immunization and urban basic services.

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COMMUNICATION IN SUPPORT OF
PROGRAMMES FOR CHILDREN IN HAITI
1984 - 1986

A Report by: REVI TULJHUNGA
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October 1984

INTRODUCTION

In principle, the communication components of programmes in Haiti will fall into 8 major categories, viz:

- 1.1 Identification and mobilization of available communication technologies, resources and services.
- 1.2 Advocacy for programme support communication, amongst programme planners/managers from government, NGOs and private sector involved in social services for children, on the role of communications in basic services for children with an emphasis on CSDR.
- 1.3 Orientation and Training of field/extension workers in communication processes and techniques with emphasis on interpersonal, group dynamics, role of social organisation (s) in community education, because motivation and acquisition of new knowledge and skills in places where literacy is low can efficiently be achieved through interpersonal contacts and participatory demonstrations with the assistance of unsophisticated visuals. This training is essential as most field workers (from the public private workers and NGO sectors) are not well trained in communication or community health education processes and techniques.
- 1.4 Community education which aims at facilitating the mastery of new ideas, skills and knowledge; providing information on available resources and generating demand. The content and format of messages must depend on local or traditional communication patterns, social aspects of the community and people's knowledge, attitude and practices relating to the subject matter. Under this category, activities and materials for children in the form of comic books, games such as scrabbles and ladders on hygiene, diarrhoea control, disease prevention, nutrition, etc; and puppet-based TV programmes have a large role to play in positive character and behaviour formation amongst children.

1.5 Production of communication materials to support the above activities where materials fall into three distinct categories:

a) For advocacy Orientation and Training:

e.g. slide sets, pamphlets, a media version of the state the haitian child report (s), field PSC manuals.

b) For Community Education:

- to be used by field workers, school teachers, NGO, community and church leaders. e.g. slide sets, flip charts, cassettes, annotated pocket booklets.

- to be given to mothers, fathers, school children, church goers, etc; e.g. bills, posters, "how to" booklets, samples of CRS, vitamin A capsules, etc.

c) For and through mass media:

e.g. regular educational radio/TV spots and programmes, in-depth process-focussed articles for newspapers, magazines etc; comic pamphlets and TV puppet shows for children; radio and TV drama/Soap opera based on folklore by popular artistes.

1.6 Resources and Audience or diagnostic studies to be carried out before designing messages and materials to support them. These studies are aimed at:

a) Assessing the prevailing knowledge, attitude, practices, beliefs, motives, values, etc; about such subjects as breastfeeding, immunization, excreta disposal, diarrhoea, child nutrition and associated diseases, intestinal worms, food habits/entitlement at the family level. This study will identify gaps in knowledge and practice; and factors that influence acceptance or rejection of messages and will serve as a basis for the PSC strategy and message content.

- b) Identifying the most effective channels and infrastructure of mass and interpersonal communication; determining the media habits and preferences of the various strata of the audience. This information will serve as a basis for logistic decisions regarding the diffusion of information.
 - c) Identifying and assessing current PSC resources, materials and services. In order to avoid duplication, cultivate and mobilize strategic PSC-related allies, this study needs to be undertaken immediately.
- 1.7 Dissemination of Experiences. As part of a general advocacy activities, there is need to have strategic and sustained dissemination of information designed to familiarize both decision makers (public and private, non-governmental and religious organisations) and the public at large with the situation of Haiti's child and with the potential of UNICEF, NGO, private sector, media, communities, etc; to contribute to the government's efforts to meeting these needs.
- 1.8 Strengthening of Government (and NGO) PSC capacities by assisting in the development of capacities of ministries dealing with social development to train community workers in communication health education techniques, to produce education materials, etc.
- N.B. Materials produced for community education and or use by the field workers should not merely be produced and dispatched to intended users, but introduced during the various training and orientation events at which their content and use can be discussed.

SPECIFIC ACTIVITIES PER COUNTRY PROGRAMME

2. PRIMARY HEALTH CARE

2.1 JNSP

2.1.1 Oral Rehydration Therapy

- a) The impact of mass media messages through TV and radio spots, handouts (to mother) and posters need to be established before the campaign moves in its second year and changes made wherever necessary.
- b) There is a need to prepare a training or reference manual on diarrhoea control with emphasis on "how to" in the area of community and family education activities for field workers. This publication is in addition to the technical manual (s) already available in the Ministry from WHO.

2.1.2 Breastfeeding

- a) A slide/sound set for advocacy amongst policy and decision matters (in government, private sector and NGOs). It should focus on the issue in the Haitian context. The two slide sets, "WHY Breastfeed? and Breastfeeding in Brazil" are good samples. These sets should not be more than 15 minutes.
- b) A technical slide set for para-medical personnel and other social workers. This should focus on how to educate and assist mothers to breastfeed and sustain it. This visual should also cover proper weaning practices.

- c) Illustrated brochure for mothers and school pupils focussing on the state of the (techniques) and how to deal with major problems; and proper weaning practices. Since literacy is low, long written texts and small prints should be kept to a minimum. The current one does not meet this criteria. Check Nelte's booklet for format.

- d) Action Posters and bill boards to promote and remind mothers (and fathers) the impact of breast milk (as food) to the health and growth of children. Such material should carry messages which promote exclusive prolonged breastfeeding and proper weaning.

- e) Radio/TV Spots to reinforce (c) and (d)

There is a need to maintain a library/inventory of visual materials on the various activities under this project for making periodic 'visual reporting' to the donor country and 'packaging' a visual summary of the experiences gained under the project.

2.2 IMMUNIZATION

Plans are being elaborated for a massive national immunization campaign in the Columbia-style and this will involve considerable PSC support.

- 2.2.1 Mass Media Materials will be produced to explain to the population the necessity of a massive immunization campaign, how the campaign will be carried out, and the role the population needs to play in such a drive. This will be done before and during the campaign.
- 2.2.2 A small illustrated brochure will be printed explaining communicable diseases, the need for immunizing children, when to vaccinate them and how to take advantage of the services offered by the vaccinators.
- 2.2.3 A small illustrated brochure for health and other community workers to explain the logistics of immunization e.g. cold chain, transport of vaccines, when to give types of vaccination.
- 2.2.4 Flyers will be produced to explain the logistics of the campaign, e.g. who will be the vaccinators, where to go for vaccinations, transport services.
- 2.2.5 Posters and other Support Materials will be elaborated for use before and during the campaign.

3. URBAN BASIC SERVICES

- 3.1 A slide/sound set up to 15 minutes and/or a video documentary with the objective of increasing the understanding by government officials, NGOs, professionals, church and private sector of the issues and opportunities for actions relating to basic services for urban poor.

This should explain the consequences of bad conditions of life such as: poor hygiene, health, illiteracy, nutrition, housing, how they converge as well as their impact on the women and the children. This should be looked at now and later, e.g. with graphs, on population growth from within and outside and how we can no longer wait to do something. The inadequacy of the conventional approach should be pointed out versus the alternative of approach which focuses on active community participation. These should be illustrated.

It should also focus on what is required to meet the current and future needs for the urban poor - e.g. programme considerations.

Personal testimonies and interviews - e.g. Daniel Supplice (Minister in charge of the program), community leaders, doctors, should be included.

- 3.2 A small illustrated brochure amplifying some of those issues in more details should be done. This would support the slide set and also be available in the project areas for community leaders and workers in an appropriate version.

- 3.3 A slide/sound set should be produced illustrating the dynamics of community participation in the urban basic services project. The community needs to know what the project is, and what is expected from them as well as what is coming from outside. It also needs to know what knowledge and skills it should have to participate in the programme as well as how and where it should go to get that knowledge and those skills.

This slide set would be used by community development workers in sensibilizing and orientating communities and their leaders on the project and their role. This would be an educational and discussion tool.

- 3.4 Mass Media and other Materials for Community Education particularly in the area of breastfeeding, infant nutrition and weaning and diarrhoea management, are available for use under the JNSP program. This will assure a consistency of messages as well as be economical. Other materials will be produced as and when required.

4. WATER SUPPLY AND SANITATION

- 4.1 An illustrated manual identifying the problems with inadequate hygiene, unsanitary conditions close to sources of water as well as the simple solutions that can be enacted to rectify some of these problems. The illustrations should be graphic and simple enough to be understood by "visual illiterates".

The objective will be to increase understanding of the relationship between water and health, and incite the population to take simple actions that can better their health.

This will be used by health agents, school teachers, health education and other community workers in project areas to educate and train the communities.