



Project Support Communications **Newsletter** • Information Division, UNICEF, New York, N.Y. 10017

## LESSONS FROM A CATERPILLAR

*As reported by Wah Wong, UNICEF Representative-The Philippines*

Pilár the caterpillar, one of the stars of an imaginative new series of books for young children in the Philippines, is helping to teach some important nutrition lessons.

With UNICEF providing printing equipment and paper, the Nutrition Centre of the Philippines has published small, popular books in colour for about 13 cents each.

This summer I visited five villages in Nueva Ecija Province where "nutrition scholars" were reading these new story books to pre-school children. It was obvious that the children loved the stories and many had even memorized them.

In one village, school teachers asked whether the story books could be made available to schools. They have found the new books more useful and entertaining than some of the elementary school texts.

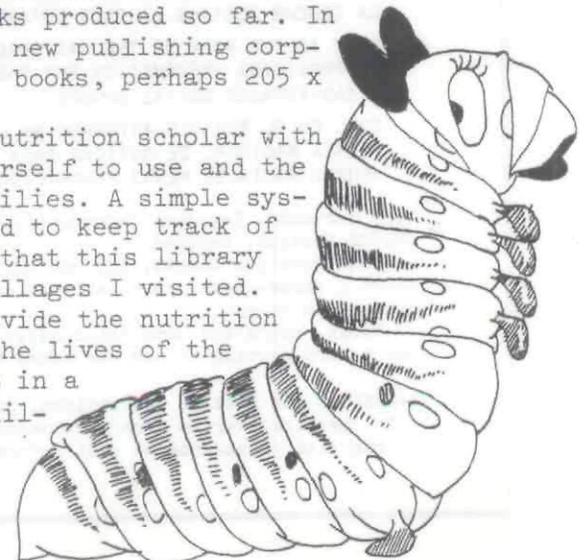
The story books use a "soft sell" approach to nutrition and environmental education. At the end of each book, only one or two pages contain specific suggestions to parents about reading and nutrition.

The most popular story seemed to be "Si Pilár", the story of a caterpillar named Pilár who eats her way through ten different fruits and eventually turns into a beautiful butterfly. The children learn counting as well as the names of fruits.

An interesting discovery: pre-school children prefer books which are larger than the eight little (112 x 180 mm) books produced so far. In the future, the Nutrition Centre and its new publishing corporation, Adarna, will print larger story books, perhaps 205 x 255 mm (8" x 10").

Meanwhile, UNICEF will provide each nutrition scholar with two sets of story books-- one set for herself to use and the other set to be circulated among the families. A simple system of lending cards has been established to keep track of who has borrowed which books, and I saw that this library card system in fact works well in the villages I visited.

Story books in the local language provide the nutrition scholar with an additional entrée into the lives of the needy family. Moreover, the stories help in a very real way to open up the minds of children in rural communities where books, other than comic books, are almost completely unknown.



## FILL IN THE BLANK · I THINK THIS NEWSLETTER IS \_\_\_\_\_?

We distributed a questionnaire with the last issue of this newsletter and now, as odd slips of paper wander back through the pouch, we are beginning to get an indication of (1) how useful the newsletter is to you, (2) how useful it is to your government colleagues, and (3) how many copies you need.

So far, 24 responses have yielded the following information: 11 officers specifically mentioned that the newsletter is useful and informative; 5 said it is useful and

inspiring to government colleagues; 3 officers will let us know about its usefulness to government agencies after they have made further inquiries. In Nigeria, for example, the Representative has sent out his own local questionnaire on the PSC Newsletter to education and social development officers.

Nine UNICEF officers asked for more copies of the newsletter so they can widen its circulation. Two new officers anticipate a need for additional copies as they make



### WHAT ARE YOUR VIEWS ? THE NATIONAL PRESS

The following question was posed by Programme Officer Franklin Rakotoarivony, as an open invitation for programme officers and information officers to exchange views on subjects of mutual interest:

QUELLE EST LA PLACE DANS LA PRESSE  
NATIONALE DE L'INFORMATION DESTINEE A  
LA COUCHE SOCIALE LA PLUS DEFAVORISEE?

WHAT IS THE ROLE OF THE NATIONAL PRESS  
IN PROVIDING INFORMATION FOR THE MOST  
DISADVANTAGED SOCIAL GROUPS?

CUAL ES EL ESPACIO ASIGNADO EN LA  
PRENSA NACIONAL DE NOTICIAS PARA LOS  
GRUPOS SOCIALES MENOS FAVORICIDOS?

Tony Carvalho, Regional Information Officer,  
UNICEF-Abidjan, replies:

Good question indeed, and one which deserves at least a three-month consultancy in each region for a complete study!

First, there are some basic questions to consider before getting to the one asked by Franklin:

--What is the role of the national press in general?  
It certainly varies from one country to another, from flat propaganda to real information.

--What are the characteristics of the "most disadvantaged social groups" and what are their needs in terms of information? This is the key question, for it is not until you have identified these groups that you will be able to "design" the type of information required.

In Africa, we all know that the MDSG is the rural population representing 80-85% of the total population. These people live far from the capital city, outside the circuits of modern communication exchange. Above all, most of these people are uneducated in the formal sense.

For these reasons, the press designed to reach this audience is very specific. It is known as the "rural press". Its content is mostly educational and deals with the daily life and problems of the peasants. "How to improve your harvests", "What are the best ways to feed your children", "How to protect the soil" are some of the most common topics.

It is very important that a functional literacy campaign be launched before a rural newspaper is founded. If this is not done, the newspaper will probably sound didactic at first, and it may not stimulate the people's interest and involvement.

Certainly one of the most successful rural newspapers is "Kibaru" (The News), published in Mali. Adult literacy has always been one of the Government's priorities, and with UNESCO already supporting a literacy campaign, "Kibaru" was created some years ago to educate and inform the rural population.

The paper is published in Bambara, the most widely spoken language in Mali. Besides educational information, "Kibaru" includes news from all regions of the country so that a very real communication takes place between the various population groups. People are eager to read each new issue because they are themselves contributing to what they consider to be their own newspaper.

In Bamako, the capital city of Mali, there is a place called "Kibaru Village". It's a compound of huts and small houses where, every year, villagers celebrate their newspaper with traditional songs, dances, and with exhibits of handicrafts from all over the country.

"Kibaru" has many "brothers" in West Africa: "Gamsu" in Benin; "Gangaa" in Niger; "Dawuro" in Ghana; "Seme Lokoi" in Sierra Leone.

READERS ARE INVITED TO SUBMIT ADDITIONAL RESPONSES TO THIS QUESTION AND TO POSE NEW QUESTIONS. WRITE DOWN YOUR IDEAS AND SEND THEM TO THE PSC NEWSLETTER, ROOM A-6233, UNICEF-NY.

more contacts within the government. Twelve officers are satisfied with the number of copies they now receive (in most cases, 10), and no one asked for fewer copies.

Here are some of the comments and suggestions we received:

*One idea might be to have issues on special problems (e.g., pre-testing, radio or visual perception) and ask all PSC/PI officers to contribute.*

*I use it a great deal. How about one on participation as a communication strategy?*

*How about an issue for UNICEF programme officers (not just communications specialists) or a regular column on PSC explaining what it is and how programme officers should think about it?*

--Thank you for pointing out this road block. Although actually every issue of this newsletter is meant for programme officers, this intention has not been very clearly communicated. Many programme officers have probably never even seen the newsletter, perhaps because many of us (including some PSC officers) see the newsletter as an "Information Division Only" publication.

Some articles in the newsletter are based on interviews with programme officers and on programme officers' reports. However, it's true that PSC and information officers tend to contribute more stories and photos.

Your point is well taken.

*The PSC Newsletter is valuable because it fulfills the need at UNICEF to convey 'communication for development' ideas in a concise and efficient way. The newsletter*

*should keep its own identity. I consider marriages with other publications undesirable.*

*The PSC Newsletter combined with Waterfront was very popular with European national committees for UNICEF.*

*There are only five officers here who fully appreciate receiving the PSC Newsletter. If sent to some other officers, the newsletter ends up on the same five desks.*

--Thank you for your frankness. One solution might be to call an uninterested officer's attention to a particular article in the newsletter, one which has some bearing on his current assignment.

*When you have a Spanish version, please send us a good supply.*

--With enough contributions, perhaps a special edition in Spanish could be produced.

*Two government officials have ideas for articles and said they would send them directly to you.*

*Hints on simple production techniques and inexpensive, sturdy equipment are especially appreciated. Also reports on PSC work in different countries.*

--Have you seen the equipment list for the 'Communications Kit for Basic Services' now carried by UNIPAC?

*The Newsletter keeps me up-to-date on PSC activities in other countries. A number of government agencies have also found it useful.*

*Its contents have been very useful to this nutrition project (in Chile). We are interested in future issues.*



#### COMMUNICATION WORKSHOPS IN KOREA

*Fifty experts and field workers in the Republic of Korea pooled their knowledge of health and nutrition education recently during a 3-day communications workshop sponsored by UNICEF and the Presbyterian Medical Centre. Building on this experience, a longer workshop with fewer participants is planned for October 1978.*

## PRE-TESTING POSTERS

by Ane Haaland, UNICEF-Kathmandu

The best and most useful cultural learning experience of my three years as a PSC officer in Nepal-- this is how I would describe the personal and professional value of research I've completed and am now documenting for other communicators.

During 1977, together with Nepal's Ministry of Health, I developed a series of nine health posters. We tested them with several user groups-- trainers, health workers and villagers-- significantly changing the posters through a process which was time consuming and laborious but certainly worth the trouble. Why?

- We demonstrated the obvious need for pre-testing educational materials.
- We applied and further verified the results of our earlier "Communicating with Pictures" study.
- We established closer relations and co-operation with health workers

- and health trainers
- We excited more interest in government ministries and producing the posters
- We produced an excellent series of training courses

### An Illustrated Example

The four stages of some of the most common mistakes. These mistakes in the last stage, the simple industries are concerned with quality-- yet.

### STAGE ONE: THE CITY APPROACH



**COMMENTS BY HEALTH WORKERS AND TRAINERS:** This is not useful in the village. Villagers don't see nurses in uniform. The mother's caste is too high. She wears city clothes (a sari) and so does the child. No village children wear shoes, and they don't have chairs like that in the village. Besides, it is difficult to see the nurse in white uniform against a white background. **COMMENTS BY VILLAGERS:** The mother does not look like one of us. We don't get chairs to sit on when we go to the health post, and the nurse or health worker giving the injection doesn't look like anyone we've seen. **CONCLUSION:** A village scene is needed with a more typical health worker, preferably male, and village mother.

### STAGE TWO: THE VILLAGE APPROACH



Since Newars are the predominate ethnic group in Kathmandu Valley and are widely accepted by most ethnic groups in the country, a japuni (wife of a Newar farmer) stands with her child in her arms. A male health worker is shown and he does not wear a uniform. **COMMENTS BY HEALTH WORKERS AND TRAINERS:** The mother does not look comfortable. She should sit down and put the child on her lap. There is nothing to identify the health worker. **COMMENTS BY VILLAGERS:** The mother looks like a woman from our village, but who is that man? **CONCLUSION:** Sit the mother down. To identify the health worker, place a stool with bag and syringes in the picture.

### STAGE THREE: MORE



A village mother. A stool has been added but it was difficult. It appears to be a health worker's health. **HEALTH WORKERS AND TRAINERS:** This is the way it should be. We don't have time to do this during a vaccination. It looks too awkward. **COMMENTS BY VILLAGERS:** What is that health worker's face? Is there a health worker's face clearly. Is there a health worker's face clearly. **CONCLUSION:** Omit the stool which most people use (the "real" situation) to identify the health worker.

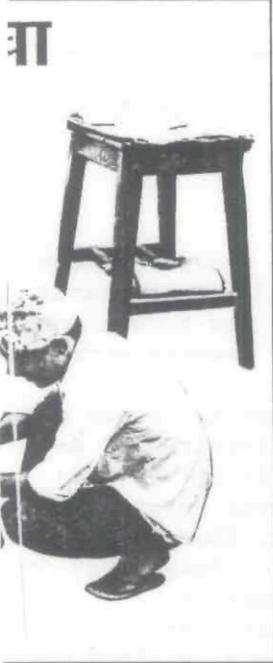
rest in nutrition among policy and decision makers  
ries by involving them in the process of testing  
sters.

lent set of materials which we can now use in  
demonstrate pre-testing techniques.

#### : Immunization

our immunization poster illustrate how to overcome  
n mistakes in the design of posters for rural audi-  
appear far too often in training materials and the  
reality, is usually missing. Most government min-  
about meeting quantity targets, but few ask about

#### DIFFICULTIES



ts on the grass.  
ided to the picture,  
t to place the stool.  
owing out of the  
d. COMMENTS BY  
TRAINERS: Well, this  
d be ideally. But we  
sit everybody down  
n campaign. This  
COMMENTS BY VILLA-  
(the stool) The  
e is not shown  
nything wrong with  
back to Stage Two,  
identified and liked  
n) and add a stool  
lth worker.

#### STAGE FOUR: THE SIMPLE REALITY



This picture was recognized by both  
health workers and villagers. However,  
it's still not perfect! After using  
this poster in the field, some health  
workers said that the child should  
have been younger to stress the idea  
that babies should be immunized  
against diseases when they are very  
young.

## ADAPTING POSTERS FOR A WIDER AUDIENCE

These teaching posters were ori-  
ginally designed for use in training  
institutes only. However, when we  
pre-tested the posters with teachers  
and trainees, they told us that there  
is also a great need for visual aids  
which can be used in the villages.

We decided to simplify the script  
at the bottom of each poster and, in  
this way, the script (a simple list  
of basic messages) became the health  
worker's check-list for discussion.

## CONTENTS OF THE POSTER SERIES

Immunization  
Breastfeeding  
Supplementary Weaning Food  
Malnutrition (Marasmus)  
Healthy Baby  
Preparation of Weaning Food from  
Local Grains and Pulses  
Preparation of Rehydration Solution  
Extra Food for Pregnant Women and  
Lactating Mothers  
Three Stages of Malnutrition  
These posters, with English trans-  
lations, are available from UNICEF,  
Box 1187, Kathmandu, Nepal. The  
packet of nine posters comes with a  
handbook containing practical tips  
on how to use the posters.

## HANDBOOK IN PROGRESS COMMENTS PLEASE!

We are now working on a handbook  
which describes the method we used in  
our research. With each pre-test, new  
thoughts and arguments helped shape  
the next version of the poster. We  
believe our colleagues in other coun-  
tries might benefit from sharing some  
of these thoughts.

In turn, if anyone is working on  
a similar project, we would be de-  
lighted to hear about it.

## TALKING WITH PARENTS IN PANAMA

Based on an article by Aina Bergvall, UNICEF-Panama

Outside a treatment room of Panama City's Children's Hospital, nurses' aides are talking with parents of children who have diarrhoea.

"What do you know about diarrhoea?" one nurse asks. A young Indian father who is willing to answer the nurse's question leads other parents to forget their shyness. Soon, a simple but important discussion is underway.

Dr. Esquivál, head of the Children's Hospital, also involves parents in the treatment of their sick children by asking them to change diapers, read stories and relieve nurses of other non-medical work.

Parents may view educational films or study new posters about sanitation which appear on the waiting room walls. All this is done so that when a child returns home, his mother and father will be better prepared to diagnose and treat another attack of intestinal disease.

Health education is carried out in vil-

lages, too, under the Children's Hospital programme. However, according to Dr. Esquivál, "We cannot just go out to the villages with ordinary information material. The language of the books we have is not the language of the plain farmer. We cannot tell a housewife that she needs to 'prepare protein-rich food.' We say clearly she should feed her family the eggs that her hens produce."

When discussing nutrition in a poor village, the Children's Hospital health workers keep to the basic facts. They do not speak in terms of "tons of cereals", but they may, for instance, say that for a village of 20 families, the people will need to cultivate corn in a one-hectare field, reaping two crops a year.

UNICEF recently equipped thirty new rural health posts to support the Panamanian government's decision to decentralise its medical services.

## "WE ARE THE EYES AND EARS OF UNICEF"

Amran Hassan represents UNICEF in the Mymensingh District of Bangladesh. He speaks the local dialects. He is conscious of local do's and don'ts. He is trusted by the villagers.

"Sometimes I am an adviser, sometimes a field man working with a mechanic carrying pipes," Hassan said recently on a visit to New York. "Sometimes you will find me training paramedics or asking doctors in a rural health centre about the effectiveness of a UNICEF project. In my quarterly report I may also suggest remedies and modifications to a programme so that it will meet local needs."

As one of twenty District Representatives for UNICEF in Bangladesh, Hassan's responsibilities are many but his purpose is simple: to create an awareness of what is locally available to improve the quality of life in the village.

"This is the job which UNICEF has outlined for us," Hassan said. "We are the eyes and ears of UNICEF. Once people in Bangladesh see the usefulness of something, they are eager to adopt it. And a demonstration is really the most practical way of getting people to experience and to understand."

Hassan points to the success of the Nilotica fish programme. With amazing speed the fish multiply in man-made fresh water

ponds around the country, providing both work and protein. Hundreds of thousands of children in Bangladesh now have a more balanced diet while their parents earn more for the whole family.

Hassan is currently working in his district on a pilot project inspired by another UNICEF-assisted initiative, the Village Resource Centre near Dacca and by the leadership of Dr. M.R. Khan, former Adviser to the President of Bangladesh on Fisheries, Forest and Livestock.

"Through the Rural Social Service," said Hassan, "we hope to construct village resource centres throughout the country so people can see what they can do with local resources."

"I have seen windmills made from bamboo which can irrigate 2 1/2 acres of land and which cost nothing. I have seen bamboo rickshaws built for half the usual price. These are some of the things we hope to introduce into the pilot village in my district as part of the delivery of basic services to children," Hassan explained.

"To do this we are gearing up for a mass training programme, pinpointing target groups and seeking to involve village youths and religious leaders in the use of local resources."

"Training means knowledge," Hassan concluded, "and knowledge means the development of society."

## PRIMARY HEALTH CARE IN NORTHEAST THAILAND

by Supachai Na Pombejr, UNICEF-Dacca (formerly UNICEF-Bangkok)



(above) In Northeast Thailand today, 80-90% of the babies are still brought into the world by traditional midwives.



(above) The ratio of doctors to Thailand's rural population is about 1 to 84,000. With one million new births each year, Thailand's 45 million population is increasing rapidly, and the country's four medical colleges can produce only 350-400 new doctors annually.



(above) Health volunteers and communicators are selected by villagers to receive a short training course. Volunteers-- retired teachers, housewives, herbalists and traditional midwives-- are taught by a mobile training team from the provincial capital. With UNICEF and WHO assistance, the Government aims to train some 22,000 village health communicators by the end of 1981.

(left) Miss Samniang Thong-uthoom is a trained midwife in the Khon Khaen province of Thailand. She explains, "Sick people in remote areas will normally not come to the health centre until they are gravely ill. Now we have health volunteers and health communicators to advise villagers to come for treatment as early as possible. The village volunteers also teach and encourage preventive health care and sanitation."



## BAL KRISHNA

*This drawing of Bal Krishna (Lord Krishna as a young boy) is widely recognized by Hindu parents as a symbol of the healthy child. He is the "trademark" of UNICEF-Ministry of Health educational materials produced in Nepal. (See pages 4 and 5)*

## READY FOR CHANGE IN INDIA

Two simple binders are allowing easy editing and pre-testing of a new "Manual for Community Health Worker" and other publications produced by UNICEF-New Delhi with India's Ministry of Health.

The pre-test version of the health worker manual is easy to change-- its pages have been punched and bound by clips which are functional, yet attractive: According to Gopal Dutia, UNICEF-New Delhi, the PSC unit there is also using locally produced plastic binders with screws for pre-test editions of printed materials. These binders can be printed in two colours

for 80 cents apiece.

About four hundred health workers in the Jhansi and Meerut districts of India are answering questions and questionnaires about the clarity and tone of the "Manual for Community Health Worker". Researchers are also asking about the appropriateness of the manual's format and illustrations. The health workers' comments and suggestions will lead to shortening, rewriting and perhaps even eliminating some chapters.

A sample of the plastic binder used for pre-tests in India is available to UNICEF staff through PSC-New Delhi.

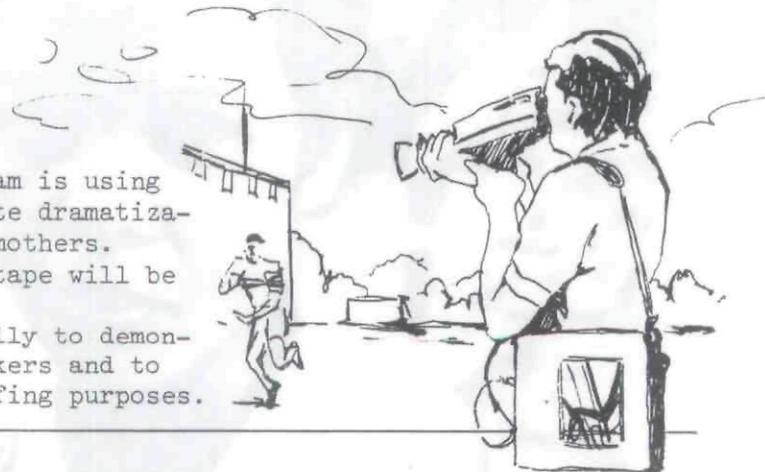
## VIDEOTAPE GOES TO WORK IN CAIRO

*As reported by Mohamed Islam, UNICEF-Cairo*

Together with WHO-Alexandria, Mohamed Islam is using 1/2" videotape equipment to record a 30-minute dramatization on how to convey nutrition messages to mothers.

"It's a big job," admits Islam, "but the tape will be useful in doctors' seminars."

Islam is also using videotape experimentally to demonstrate interviewing techniques to health workers and to document UNICEF programmes in Egypt for briefing purposes.



## CHILDREN'S THEATRE IN GHANA

*These Ghanaian boys are performing one of the plays produced by the Children's Drama Development Project which has been started in two villages 50 miles from Accra. According to the project's director, Mrs. Efua Sutherland, the plays intimately reflect the religious beliefs, environment, local history and social activities of the villages. Teachers and writers for the drama project attend seminars at the Institute of African Studies sponsored by the Valco Fund and assisted by UNICEF.*





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Notes

Lead article: Lessons from a caterpillar (report by Wah Wong, UNICEF Representative in the Philippines, about a new book series to teach children nutrition);  
Other contents: Responses to questionnaire about the Newsletter; Pretesting posters (developing a poster series in Nepal); Talking with parents in Panama; "We are the eyes and ears of UNICEF" (from Amran Hassan, representing UNICEF in Bangladesh); Ready for change in India; Videotape goes to work in Cairo; Children's theatre in Ghana.

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Signature of Person Submit

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