



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

VOLUME 2 NO.1

WHAT'S SO GREAT ABOUT SUPER-8 ?

Super-8 film is great for economy, easy shooting and vivid colours. As a matter of fact, almost everything is great about Super-8 except editing.

Faced with hundreds of feet of unedited film twisted like spaghetti over a worktable, even the Super-8 enthusiast can find himself wrapped in frustration. However, the editing can be cut down to manageable proportions by even a novice filmmaker who plans and edits in the camera while shooting.

Keith Warren, a UNICEF Educational Consultant, only recently tried working with Super-8 film for the first time and was pleased with the experience. He and a Nepali curriculum officer, Bimal Lal Shrestha, conducted a workshop for teachers in a remote village by themselves and filmed it at the same time.

To demonstrate the use of village resources for practical elementary science education, Warren and Shrestha brought children and teachers out of the classroom to visit familiar people and scenes -- craftsmen, farmers, teashops and village homes.

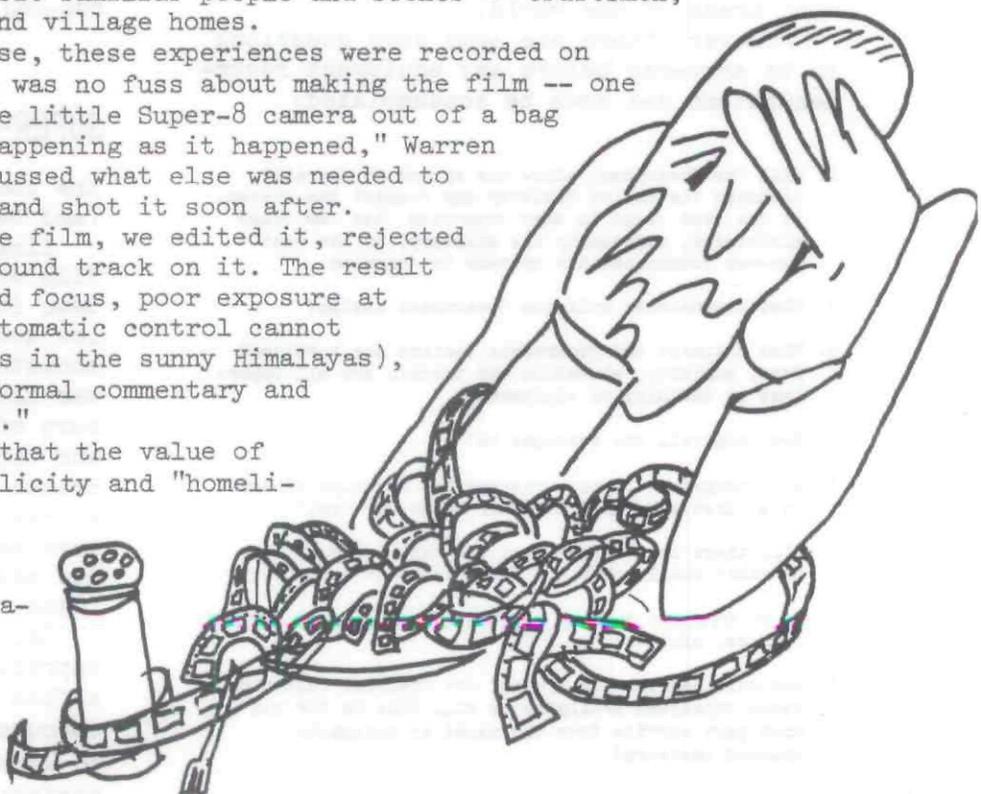
"During the course, these experiences were recorded on Super-8 film. There was no fuss about making the film -- one of us simply got the little Super-8 camera out of a bag and shot what was happening as it happened," Warren explained. "We discussed what else was needed to make up a sequence and shot it soon after.

After developing the film, we edited it, rejected half, and spoke a sound track on it. The result is a mixture of good focus, poor exposure at times (since the automatic control cannot handle the contrasts in the sunny Himalayas), camera jerk, an informal commentary and fascinating content."

Warren believes that the value of Super-8 is its simplicity and "homeliness".

"Because there was no fuss of having a special cameraman, professional editing deck and sound studio,

(Continued on page 2)



THE TWO-WAY RADIO QUESTION

Research by Alan Silverman, former UNICEF Programme Officer



Matthews Ridge in Guyana is a jungle bound outpost with a single druggist. In his 20 years at the station, the druggist says he has never been visited by a physician nor has he ever learned what became of any of the patients he sent to the capital, Georgetown, for treatment.

Can two-way radio bridge the gap in places like Matthews Ridge? Even the experts don't know.

Several UN agencies and governments are interested in two-way

radio's potential contribution to patient care, administration, supervision and data collection. In some isolated communities, two-way radio might provide health workers with a feeling of being part of the team and also speed delivery of health services to women and children in the least developed areas of the world.

However, there are some hard questions to be answered before any equipment recommendations can even be contemplated:

1. Will the Government allow the system to operate? Although the Health Ministry may request the system, it has been found in many countries that the other ministries, especially the military, do not want two-way communications systems to function.
2. What frequencies will the Government assign?
3. What climatic and geographic factors are involved? Heat, humidity, elevation and terrain are all important in deciding on equipment.
4. How long will the messages be?
5. How frequent will the messages be? Any time of day? On a fixed schedule? How many times per week?
6. Will there be power sources available or must they be additionally provided (generators or batteries)?
7. Is it possible to link up with other existing systems (police, military, or PTT)?
8. Who will service the system? Are trained, full-time radio repairmen available or will this be for the most part service from untrained or minimally trained amateurs?

If proved to be appropriate to the country, "CB" (Citizens' Band) radios commonly used by truck and taxi drivers in the U.S. are the most inexpensive solution -- only \$100-300 per unit. However, the range of CB's is limited to 15 miles (24 kilometers) and, in some situations, a relay of messages might be required. Also, the sets are not built to operate 24 hours a day, and fixed times would have to be arranged for relaying messages.

CB radios do have one decided advantage over more sophisticated equipment -- they were designed for amateur use and, as such, are relatively rugged and maintenance free.

More powerful two-way radio equipment is also more expensive, ranging in cost from approximately \$700-\$5000 per field station. A base station may cost as much as \$10,000 including installation, antenna and operating costs. However, these figures are expected to drop significantly during the next few years and it is possible that, with proper research, low-cost radios may be designed specifically for rural health and development use in the Third World.

For more information on WHO, UNDP, Red Cross, and US-AID experience and interest in conducting small, pilot studies in the area of two-way radio, write to Bjorn Berndtson, PSC-NY.

SUPER-8 (CONT. FROM P.1)

the local officer can do the film himself (and better next time)," Warren writes.

Lingering shots and cut-aways in Warren's film were not edited out, as they would have been in a professional film, because they allow accommodation time to those who are not accustomed to interpreting images. The film was also provided with several breaks: "Now turn off this projector awhile and turn on the tape recorder and slide projector". These breaks gave discussion time over slides and a breather to those rural teachers who may have seen an occasional Hindi movie but who had never before been asked to ponder new ideas by a film.

According to Warren, the rural teachers appreciated seeing people like themselves in a film which was clearly not staged, and were encouraged to try teaching techniques shown to work in a village like their own. The imperfections of the film were accepted, per-

A STAR IS BORN: THE COMMUNITY HEALTH WORKER OF SUDAN

Fifteen mobile vans will soon be criss-crossing the governates of Sudan showing two new films produced by UNICEF PSC Officer, Mohammed Islam, in co-operation with Sudan's Ministry of Health.

One film features the Community Health Worker who is, according to Islam, the axis of the whole primary health care programme.

"The purpose of the film," Islam said, "is basically motivational -- to enhance the image of the Community Health Care Worker, a man who is selected from his village for special training." (Less than 1% of the community health workers are women.)

A second film describes the structure of the country's Primary Health Care Programme, explains the new referral system, and demonstrates how specially trained people can deal with certain health problems at the village level.

Village leaders will receive posters and guides to use when they discuss the primary health care scheme with their village councils.

The Sudan films are narrated in colloquial Arabic, but because of their general interest, English versions are also planned.

THE SOCIAL PULSE

From small subsistence farms in Kenya comes the statistical information the Government needs to strengthen its economic planning.

UNICEF has documented this process in a film, "The Social Pulse", produced in co-operation with the Kenyan government.

The film describes the training of surveyors under the UNICEF-assisted Rural Household Survey Programme, the design and the practical realities of conducting the survey, and the usefulness of the survey data to planners.

haps not even seen, by the teachers.

And the price is right -- this 30 minute film, tape and slides, cost \$100.

THE REPRESENTATIVE'S POINT OF VIEW

Hal Kuloy, UNICEF Representative in Nepal, sees several advantages of Super-8 over 16mm film.

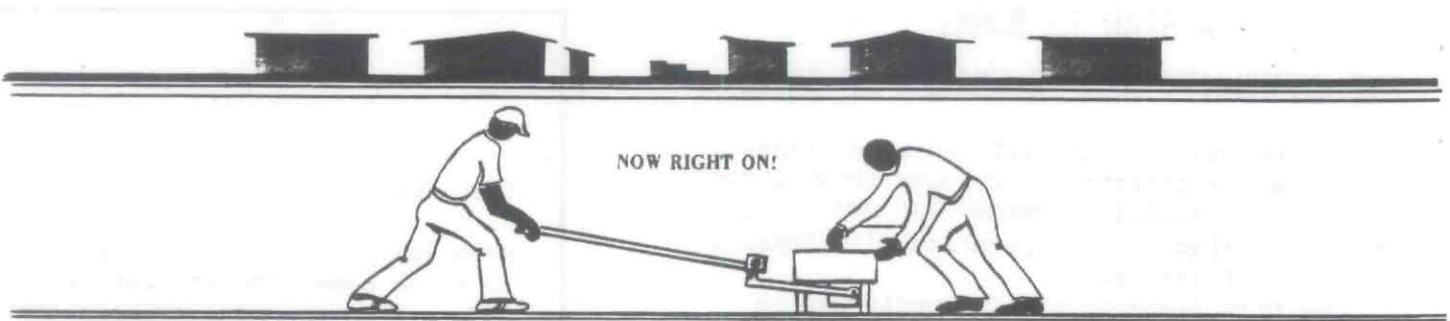
"Because we are addressing scattered audiences and because there are often no roads or electricity," Kuloy said, "we know that in a country such as Nepal the contribution of the film medium is limited, but may have some small merit. With just a bed sheet on the wall, I've seen tremendous excitement caused by Super-8. The picture is sharp and, for many reasons, it's just common sense to use Super-8 rather than 16mm in this country."

Speaking about projection, Kuloy cited these advantages of Super-8: "The projector is light and for power we use a 200w Honda gen-

erator which can run for four hours on a small can of petrol. It's quiet and very portable. Two porters and one extension worker can handle any showing. And with Super-8 you can put your own language track on the film by plugging a microphone right into the projector. That adaptability means we can do it ourselves in Nepal. Without this flexibility, which 16mm does not have, we would not use film in Nepal."

Although a few schools in Nepal have 16mm equipment, Kuloy believes that Super-8 is more practical for Nepal with its rugged terrain and many languages. However, Super-8 isn't the answer for every developing country, especially where 16mm projectors are available. Also, in most cases, Super-8 is not the ideal distribution medium since prints of Super-8 films cost as much as the originals.

A handbook on Super-8 film production is available to UNICEF personnel by writing to PSC Services, N.Y.



THE DREAM HOUSE

"Let's build this way," says the man, preparing to lay down another brick.

"No, this way is nicer," says his wife, ready to set her brick in another direction.

"I like it this way," says the oldest son, with another idea.

Brick by brick, room by room, squatter families in Lusaka, Zambia are building and improving their own homes -- "dream homes" which, though not uniform and neat, nevertheless express the individuality of each of the 500,000 new home owners taking part in the Government's Housing Project.

These squatters are not "unemployed drifters" as they were called by national

newspapers. The Housing Project's Communications unit dispelled this idea by socio-economic research showing a close match between Lusaka's population growth and employment. The importance of communicating the facts was recognized at a very early stage in the Housing Project and in 1971 UNICEF helped to finance a Project Evaluation Team which conducts sample household surveys.

Better relations with the press is only one job of the communications unit built into the Lusaka squatters settlement and home improvement project. Communications technicians also support the project with videotape, slides, audio tape, photographs, film and printed materials designed to facilitate the flow of accurate information to and from home builders and project managers, as well as the press.

Street theatre and popular music to uplift the community spirit have had mixed results. Some people resent the propaganda nature of educational songs sung by children. However, the street theatre has received good publicity.

One recent product of the PSC Unit of the Housing Project is the publication, "It Will Be Better Tomorrow". This 30-page booklet contains a progress report on the Lusaka Housing scheme and devotes ten well illustrated pages to step by step, easy to follow instructions on "how you can build your own strong bricks". The instructions are given in three languages -- Nyanja, Bemba and English -- so that as many people as possible may learn how to make soil-cement bricks, the sturdiest and cheapest housing construction material available.

"The Housing Project combines two approaches," said Saidi Shomari, UNICEF Representative to Zambia. "One is 'Site and Service', a plan under which people are taken out of overpopulated areas and given a plot of land and assistance in building a home."

OPEN YOUR EYES

Almost 100,000 children a year go blind from Xerophthalmia, a Vitamin A deficiency. Some children even go blind in hospitals while being treated only for calorie deficiency.

The tragic part of this statistic is that Xerophthalmia is preventable. Susan Leone of Helen Keller International explains, "The long term solution to Xerophthalmia is a balanced diet, but in the short term, we are promoting Vitamin A capsules and helping surveyors and physicians recognize the problem and diagnose the disease. We are trying to close the gap between physicians and nutrition educators."

One of the nine visual aids available through Helen Keller International is a colour slide presentation with guide called "Prevention of Xerophthalmia and Nutritional Blindness" designed for extension workers, nurses and health auxiliaries.

To date, 20 of these slide sets have been ordered from UNIPAC (Stock No. 17 900 00) at \$10.00 each.

"The second approach is upgrading of existing dwellings," Shomari continued. "As with 'Site and Service', the initiative rests with the people themselves."

Scraping together what little money they have, mixing cement and soil to make bricks, men and women are motivated by the thought, "My children are waiting". The children are also working. They carry buckets of water to mix with soil and cement and cut grass to cover the slow drying bricks.

In contrast to conventionally constructed mass housing complexes where 500,000 people may live in identical cubicles, the houses built by families have personality.

According to Maurice Bryan, UNICEF PSC Officer in Lusaka, "To unenlightened eyes, self-reliant areas appear unplanned and crowded, with irregularly spaced and constructed dwellings intercut with networks of winding, uneven dirty roads and alleys. On close examination they represent a series of adjacent villages.

"With roughly 70% of the houses occu-

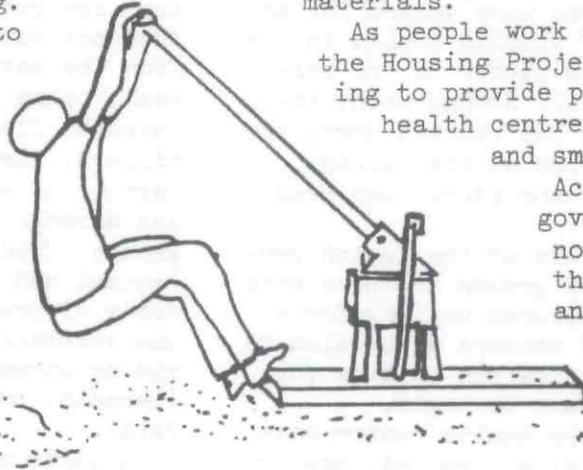
pied by owners," he writes, "great care is taken to maintain the premises. Holes dug for the production of mud bricks become composting pits for gardens. With people free to design and decorate their dwellings as much as they wish, there is a gradual but continuous improvement of homes: plastering of walls, adding rooms or replacing roofing materials."

As people work on their individual homes, the Housing Project staff of 200 are working to provide primary schools, urban health centres, community halls, markets and small industrial sites.

According to Shomari, the government infrastructure is now sufficiently built up for the Housing Project to enter an interesting new phase. The focus will be on encouraging people to use services such as health, pre-school and community centres.

The Project will be linked to other activities such as generating incomes for women and training more pre-school teachers. He anticipates that more expenditures will be required, though, in order to compensate extension workers.

With copper prices down and many of their resources drained by war with Rhodesia, Zambians appear to be looking for the silver lining in the economic cloud which hangs over the country.



COMMUNICATIONS
FOR
SOCIAL
DEVELOPMENT
IN
AFRICA

This is a recently published report on the UNICEF-sponsored International Workshop held in Arusha, Tanzania in 1976. It's actually a manual on communications planning for African development programmes.

The Communications and Information Service of UNICEF-Nairobi is co-ordinating another training experience 6 February - 7 April 1978. African government officials participating in the nine-week seminar will receive graduate credit from the University of Chicago.

MARKET DAY

It is market day in Company, a Cameroon town of 15,000 people which was once the headquarters for a "company" of the French and Cameroon armies.

Women and children who have walked for as long as four hours over winding trails in the surrounding forests, now gather in the market place to buy and sell. Around noon, after the loud bargaining has quieted down, the mothers pack up their food stuffs, sling their babies over their shoulders, and head for the health centre.

Looking around the yard of the health centre you see two distinct groups: mothers with very sick or injured children waiting for a nurse's attention and mothers with malnourished, round-bellied youngsters waiting for health and nutrition class to begin.

When the nurses of the health centre have finished their regular clinic duties, one or

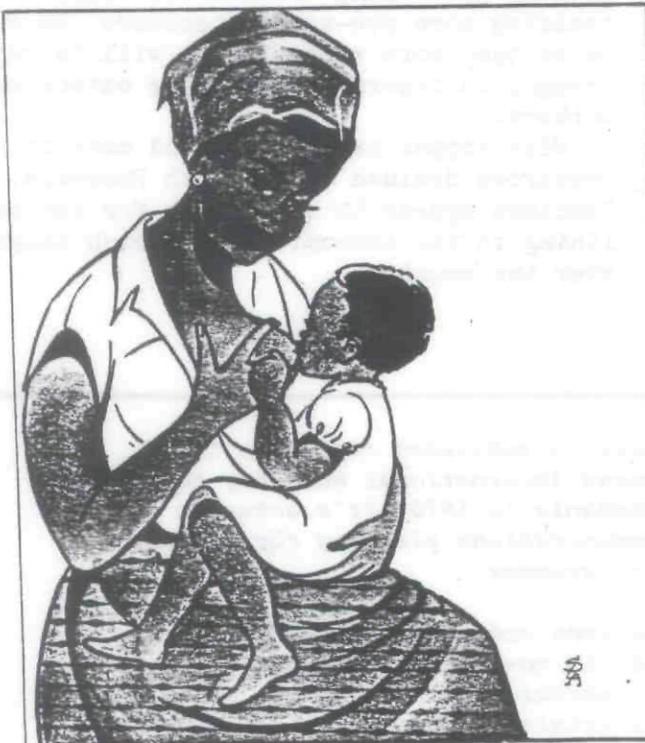
two of them prepare a table outside with foods for a well balanced diet. Alongside milk provided by UNICEF and FAO, they lay out some of the produce the women have brought from the market: rice, corn meal, beans, mangoes, palm oil, cassava, fish -- even caterpillars. They explain the properties of each of the foods and arrange them in three groups: foods of construction (animal and vegetable protein), foods of protection (fruits and vegetables) and foods providing strength and energy (cereals, tubers, sugars and fats).

A nurse may ask the mothers to help her prepare a meal for the children. She supervises the cooking, suggests recipes, and while the pot is on the fire, she shows the mothers a set of colourful posters or flash cards clearly illustrating the three food groups and what the mother should feed her child and herself from pregnancy through the child's second year.

At one time, in towns like Company, health care was thought to be a military operation with doctors, like soldiers, conquering enemy epidemics. With no warning, no explanation, the military would encircle a community and inoculate everyone in sight.

Today, in market towns throughout central Africa, more thought is being given to training community health workers or "animators". Young men are trained to teach other men improved agricultural techniques, water purification and road construction. Nurses are taught how to encourage mothers to learn more about sanitation and nutrition.

Beauty, clarity and simplicity are the main virtues of the nutrition education kit the nurses use in Company. The rugged poster sets and the more portable illustration kits each contain 56 pictures, coloured by hand in ink or pastels by students, with explanations in French and English. Produced by the Centre for Health Promotion in Zaire, the eye-catching posters and kits are distributed



**Maman donne le sein le plus
longtemps possible.**

Mother breast feed the baby as long as possible



Quand le bébé a quatre mois,
maman lui donne chaque jour un repas
spécialement préparé pour lui.

When baby is four months old,
mother gives him specially
prepared food once a day.

to fifteen African countries.

Franklin Rokotoarivony, a UNICEF Programme Officer who has been working in central Africa for the past ten years, feels that the Zaire Centre is a valuable resource for all the Bantu countries -- Angola, Rwanda, Burundi, Zaire, Congo, Cameroon, Zambia, Mozambique and the Central African Empire. While the illustrations are not appropriate for nomadic groups in the Sudan, Senegal, Volta, Niger and Chad, Rakotoarivony believes that various ministries of these governments, too, might profit from a visit to the Zaire Centre to see how its researchers, technicians and artists work together to produce effective, pre-tested visual aids and how they train young people to use the materials in villages.

For a catalogue of the Zaire Centre materials or for more information on the Centre's two-year training course for "sanitation education auxiliaries", write to: Dr. Jacques Courtejoie, Bureau d'Etudes et de Recherches pour la Promotion de la Santé, B.P. 1977, Kangu-Mayombe, Republique du Zaire.

WHAT DID YOUR CHILD EAT TODAY?

The field interview -- real people with real problems speaking their minds on radio -- will be the main attraction in a new radio series on health reaching five million Arabic-speaking people around Cairo.

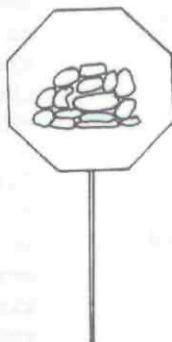
The most important listener, according to Mohammed Islam, PSC Officer-Cairo, is the village mother. A test group of 200 mothers living in a community 80 miles south of Cairo will be observed during the first year to evaluate the effectiveness of the series in stimulating awareness of pre-natal and child health care, sanitation, nutrition, immunization and family planning. The test group will be interviewed before the programme begins and then every two months. Of particular interest are the mothers' changing attitudes and beliefs.

The new radio series on health will be built into an already existing, popular radio programme broadcast twice a week. The first educational segment to be incorporated into the programme will be one in which a well-known comedian or film star asks questions, village mothers reply, and a doctor or some other qualified person comments. After they have been pre-tested, new elements such as songs and dramatic episodes will gradually give the radio programme a new and independent character.

Still, the main emphasis of the radio series will always be the recorded interview.

"This method helps in creating a strong sense of identification between the listeners," explained Islam. "We hope to create a 'national forum' where health problems are openly discussed and aired."

The production, broadcast and evaluation of this series is a co-operative effort of Egypt's Ministry of Health, Cairo Radio and UNICEF, with UNICEF contributing the equivalent of \$26,000 of which \$13,250 are recurrent annual costs.



A SIGN OF DANGER

UNICEF field research into symbolism used by Nepali villagers came to an unexpected impasse one day. When they asked one of the villagers what he would put up to keep people "away from a dangerous place -- a polluted well or some other harmful thing", the villager replied, "A big stone wall".

BURIED TREASURE

Based on the illustrated booklet, "Working with the 'Bench Schools' in the slums of Cartagena", and an interview with Boris Blanco, UNICEF-NY.

Children are discovering treasure chests in the backyard schools of the slums in Cartagena, Colombia.

No, the treasure chests are not filled with pirate booty stolen from ancient Spanish galleons, but are brimming with educational toys and games specially designed to excite a young child's imagination.

An enriched vocabulary and newly discovered math concepts -- these are the jewels and bright gold coins of the future in these treasure chests supplied by UNICEF and designed by LIDE (Laboratorio Internacional de Educacion). A versatile and practical tool, the chests have shelves which are actually individual blackboards. On the reverse side, the shelves are decorated with the ABC's and geometric shapes.

The "bench schools" where the treasure chests are used were created out of sheer necessity, according to Boris Blanco, a UNICEF Programme Officer who recently visited Cartagena. The government educational system could not deal with the influx of new children, so private schools sprung up charging parents a small fee per month. Children from four to ten years old carry their own benches to school so they will be able to sit in their teacher's yard or living room to learn.

"It was felt that even if these young teachers don't belong to the government system," said Blanco, "they should still be taught to do their job better."

Supplying treasure chests to "bench schools" is an experiment, starting in 10 schools and monitored by a team of consultants in Cartagena who are responsible for taking action to remedy some of the ills of the Cartagena slums: 50% unemployment, 35% school attendance, teachers with an average of six years formal education. Some 300 children have already benefitted from the experiment. Within three weeks after the programme started in January 1977, enrollment in the ten schools increased by 15%. During 1978 an additional ten schools will be included in the programme.

"We do not know if we will be expanding the 'bench schools' beyond Cartagena,"

Blanco commented. "This approach is relatively expensive in terms of the professional backing needed. It is only a remedial activity until the Ministry of Education copes with the situation."

One important characteristic of the experimental day-care centres or "bench schools" is the significant increase in community involvement they have caused. Parents have begun to notice a positive change in their children's behaviour and skills and some parents have learned how to use the treasure chest games in the home.

For a brochure describing the new educational "treasure chest" games, write to UNICEF, Apartado Aereo 7555, Bogota, Colombia or Laboratorio Internacional de Educacion (LIDE), Apartado Aereo 50252, Medellin, Colombia.

SOAP OPERA CLINIC

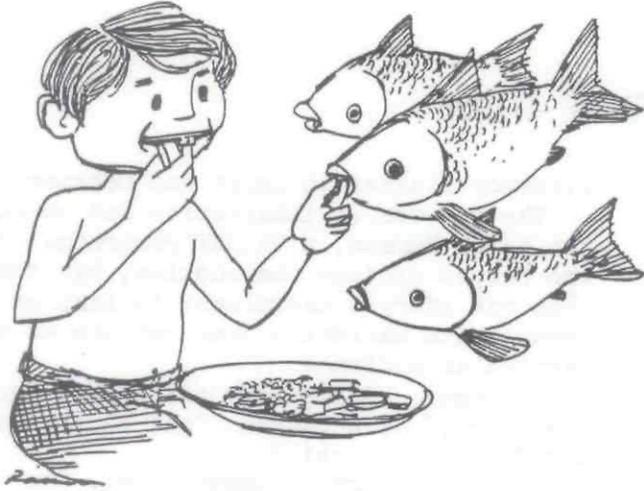
The new "Rural Doctor" radio series in Assam, India advertises health messages instead of washing detergents, but it is still a soap opera.

In true soap opera tradition, the twenty-minute radio dramas appeal to deep, personal experiences and evoke tears, laughter and anger.

Broadcast by All India Radio and produced with UNICEF assistance, the series reaches listeners throughout the state of Assam where there is a large, illiterate population and 250,000 registered radio sets.

Assam was chosen for these educational broadcasts because, in addition to being one of the less developed states in India, it is largely homogeneous in population, language and religion. And since superstitions, such as exorcising devils and appeasing fairies, are a hindrance to health education in Assam, these are treated in a locally appropriate way through the radio dramas.

The hero of the Assam soap opera is Doctor Dutta. Actually personifying the many rural doctors who contributed their experiences and knowledge of local conditions for the scriptwriter, the doctor is persevering yet kind and, above all, human. The 20 episodes which have been written reveal his strong



4. Man has to eat and so must fish, let's feed them every time we eat.

৪) মানুষের মত মাছকেও খেয়ে বাঁচতে হয়। আমরা খববার খাই তাদেরও ওভবার খাওয়ানতে হবে।

will as well as his human frailties. Overcoming ignorance, superstition and even political opportunism, working hard to heal the sick and to remedy the conditions which foster disease and poverty, Dr. Dutta nevertheless has his weak moments.

In one episode entitled "The Shroud", Dr. Dutta expresses his growing frustration. It is the rainy season, the season for harvesting paddy and jute, and malaria is spreading. After a visit from a creditor, Dr. Dutta confides in another doctor, his friend:

* * * * *

I told him I'll pay off whatever I can in a day or two. But I don't know how I'll pay. And if I can't pay at least two to three hundred within a day or two, my prestige is at stake.

You know what, when I was in college studying medicine, I dreamed like many others that I was working in England. Snow all around my home and from the chimney wisps of smoke curling into the sky.

Sometimes I dreamed I would be a great professor and specialist, living in a lovely house made of concrete and glass, with a sleek new car parked in the porch. At other

SEVEN GOLDEN RULES

How often fish should be fed is answered in the fourth of "Seven Golden Rules" for cultivating pond fish, conceived by Damrong Silpachai, UNICEF Programme Officer in Dacca, who is a fisheries expert.

The golden rules, in cartoon form, appeared in the third issue of Shishu Diganta: A Child's Horizon published by UNICEF-Dacca. These cartoons, with instructions in Bangla, are also distributed to villagers as an attachment to a training manual.

The illustrated "Seven Golden Rules" are an example of how PSC is initiated by the Programme planners and supported by Information personnel who hire, for example, a free-lance artist to visualize the messages.

Developed by Programming and Communications officers, the seven messages can now be used in a number of forms -- a dramatic film, an article or an illustrated guide.

times I pictured myself as an important military officer in the medical corps, with a chain of medals hanging from my chest and everyone saluting with respect. And, sometimes I even thought of leading a medical expedition into the darkest heart of Africa or South America, to treat the sick natives.

Whatever else, at least I never thought that someday I would be working in this obscure, cowish, bastardly village in Assam, and that a stupid grocer would come and sit on my ten-rupee cane chair, demanding his dues for eaten rice and lentil. This was really beyond my imagination!

* * * * *

The rest of the episode concerns a man who buys his sick brother a shroud instead of medicine, and by the end of the programme we, too, feel the doctor's frustration and anger.

Most of the other scripts in the radio series contain more humour and optimism than "The Shroud", but all share a high level of creativity and sensitivity.

A complete set of the "Radio Doctor" scripts is available in English translation from the PSC unit in New Delhi.

THE STORY OF SALEM

A group of young Egyptian women, 10 to 19 years old, wrote the following letter to their village council after learning to read the poster, "The Story of Salem". Six months before they had been totally illiterate.

Dear Sir,

We the villagers of Sindion respectfully request that you urgently repair the bridge North of our village. The metal strip that is protruding has injured several donkeys and a child. Your urgent attention is requested. Thank you.

Yours faithfully,
Sindion Villagers Literacy Class

First published for UNICEF by the Amal Publishing house as a booklet, "The Story of Salem" was later reproduced less expensively as a poster and distributed by UNICEF to

literacy classes in Egypt and Lebanon.

The artwork is imaginative and colourful. Yet Habib Hammam, a UNICEF Programme Officer who helped produce the booklet, has found that the story's usefulness is limited because its narrative does not aim at a particular audience.

"Younger children may not understand the story," said Hammam, "and older children may find it too childish."

"In the future," Hammam added, "we would consider supporting the publication of children's books aimed at specific age groups."

Aside from this defect, the booklet and poster serve several social goals in Arab countries where there is a shortage of children's books in Arabic -- little more than "Little Lulu" and "Tarzan" comic books. "The Story of Salem" represents an attempt to fill this gap and to combat a high rate of illiteracy among large Arabic-speaking populations. Teachers have found the story helpful in both literacy and nutrition education.



Translation: "What is this hole? A terrible emptiness."

These two illustrations from an Arabic children's book depict the two holes in a little boy named Salem. One hole in his stomach must be filled with nutritious foods, the other, in his head, filled with facts and knowledge.

DOORSTEP DELIVERY OF HEALTH SERVICES

The idea that small communities often function better than big communities, so successful in Israel and China, is the inspiration behind the Philippines' new plan for improving the delivery of health services.

"Project Compassion" has a strong backer in Mrs. Imelda Marcos, wife of the President, who is using her prestige and power to integrate government programmes in agriculture, nutrition, family planning and environment into a single organizational channel which reaches literally right up to the doorstep of each rural home.

Groups of twenty families in eleven pilot provinces and five cities have been established and each group has selected a representative for training that will enable him to meet the group's needs.

It is an especially impressive undertaking, considering that 30 million of the Philippines' 42 million people live in remote communities scattered throughout 7,100 islands. Erecting the organizational structure of Project Compassion and training 20,000 unit leaders during the first year was a logistical feat. Lasting three days, the training sessions drew unit leaders from remote villages, some as far as six hours' walking distance.

At one point, Project Compassion almost came to a halt because of a condition placed on its budget funds -- that none of the funds could be utilized for the purchase of equipment. UNICEF responded by providing vehicles for trainers destined for far-flung training sites and battery-operated loudspeakers to relieve the trainers from shouting during their continuous 12-hour sessions.

In the area of communications, Mrs. Marcos believes that the people, particularly the villagers, must be treated as participants and not as consumers. The communication strategy of Project Compassion therefore concentrates on the interpersonal work of a nationwide network of unit leaders, heavily supported by print, radio, TV and film.

As part of his training, each unit leader is asked to return to his 20-family group and conduct a house-to-house survey to get the facts about his community. These facts will constitute the base line for all future

measurements of progress.

The unit leader locates and identifies malnourished children and counts who among his neighbors have a clean source of drinking water, how they dispose of their garbage, and who among them have sanitary toilets. He discreetly asks who practises birth control and notes the methods they use.



Photo by Vajrathon

Rejoining his class with these facts, the unit leader prepares a simple plan with the guidance of the trainers. The activities they decide on may involve nutrition education, mothers' classes, first aid, child feeding, deworming of children, food preparation and home gardening, construction of sanitary toilets, developing sources of clean drinking water and proper spacing of children.

Children in rural areas are the direct beneficiaries of Project Compassion and, in light of the positive effects of this approach in the first eleven provinces, UNICEF is supporting the expansion of "Project Compassion" to 36 more provinces and increasing its overall commitment to the project to \$414,000. At the same time, local governments have come forth with substantial cash contributions amounting to 28% of the total project expense.



"CHILD CARE", a new flipbook by UNICEF-New Delhi, contains 12 carefully sequenced discussion plans designed to be used by village level workers in their talks with housewives.

Five colourful pictures with relevant questions and answers are provided for each discussion. The flipbook also has a companion workbook containing demonstrations which the village extension worker can do with the mothers after each discussion.

Ms. Asuri of the Directorate of Extension and Ms. Kirshnamurthy who prepared "Child Care" included a clear explanation of the proper use of pictures to enhance the question and answer teaching method. "Child Care" is available in English and Hindi from UNICEF-New Delhi.

RECENT WHO PUBLICATIONS

WHO publications may be obtained direct through WHO, Distribution and Sales Service, 1211 Geneva 27, Switzerland or through WHO sales agents.

Criteria for the Evaluation of Learning Objectives in the Education of Health Personnel, Report of a WHO Study Group, 1977

World Directory of Schools for Medical Assistants, 1976

Annotated Bibliography of Teaching-Learning Materials for Schools of Nursing and Midwifery, 1975

Educational Handbook for Health Personnel, J.-J. Gilbert, 1977

PUBLICATIONS REVIEW

The following publications have been selected from among those distributed to field personnel during the past few months. This material is available to UNICEF staff by writing to PSC, Room A-6233, UNICEF-NY.

- "Teacher Utilization of Instructional Radio," Educational Broadcasting, Nos. 2 and 3, 1976 by José Manduley.
- Cooperative Education Radio Programmes, A General Guide with Specimen Scripts by Same Mshiu, CEMAS
- Grass Roots Radio, A Manual for field-workers in family planning and other areas of social and economic development, by Rex Keating
- Producing Low-Cost AV's, A Workbook for Health Professionals and Others Developing Their Own Educational Materials, Regional Planning Center for Family Planning.



Photo by Nera

Village children in Thailand who participate in nutrition research by Dr. Aree Valyasevi receive a tee-shirt carrying the message: "I eat papaya, pumpkin and green leafy vegetables for better eyesight." The front of the tee-shirt reads, "Nutrition Centre of Ramathibodi Hospital."