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Notes

**Each guideline is accompanied by a hypothetical case, illustrating its applicability in a practical situation. The guidelines address inter alia assessing government's perception of situation, setting priorities among aspects of UNICEF's package, gathering background info, preliminary planning, community level research, detailed planning, etc. and finally in-depth evaluation after 6 months and consequent reformulation of programme for the future.**

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**DRAFT**

**January 1985**

**SOCIAL COMMUNICATION AND MARKETING**

**FOR**

**A CHILD SURVIVAL AND DEVELOPMENT REVOLUTION**

**OPERATIONAL GUIDELINES**

**by**

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## PREFACE

This paper was commissioned by UNICEF as a background document for its February, 1985 workshop in Nairobi on Programme Support Communications with special reference to the Child Survival and Development Revolution (CSDR). The paper is put forward as a framework for discussing operational issues of Social Communication and Marketing (SCM), and not necessarily as a definitive paper in itself. Indeed, it is hoped that the UNICEF staff at the Nairobi Workshop will contribute to its refinement.

Documented experience of SCM for growth monitoring, oral rehydration therapy, breast feeding and immunization (the four elements of the so-called GOBI package) have been drawn on heavily. This paper attempts to draw some principles from these experiences, as well as from other knowledge and experience in the area of SCM, and put them into some logical operational order. Thus, this paper will hopefully be a step towards a set of guidelines of the considerations and actions required in planning and implementing SCM for CSDR, a sort of check list for UNICEF staff who have had little or no experience in the SCM field. Such guidelines cannot be expected to make them instant SCM specialists, but the aim is to help UNICEF staff towards the broad background knowledge required to discuss the matter with government cadres and to work effectively with SCM specialists brought in by UNICEF to help a country on its way to a CSDR.

It must always be remembered that the best imaginable guidelines will never exactly fit a particular situation and will therefore need to be interpreted according to local conditions. This paper is presented as it is - with guidelines and principles on the left portion of the page and a hypothetical example of their application on the right - in order to illustrate the adaptation process and also to provide some additional information and ideas to fuel the discussions in Nairobi. It should, however, be noted that, in the interests of brevity, the hypothetical case does not pretend to be exhaustive but rather points up the salient features that could characterize a typical SCM operation.

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OPERATIONAL GUIDELINES  
FOR SCM FOR CSDR

A HYPOTHETICAL CASE

INTRODUCTION

ASSUMING THAT A GOVERNMENT HAS DECIDED TO ATTEMPT A CSDR WITH UNICEF ASSISTANCE, UNICEF STAFF SHOULD ASCERTAIN HOW THE AUTHORITIES PERCEIVE THE INFANT/CHILD MORTALITY PROBLEM, BASED ON THE STATISTICAL AND EMPIRICAL DATA AVAILABLE. SINCE IT WOULD BE UNREALISTIC TO ATTEMPT TO PROMOTE ALL THE ELEMENTS OF THE GOBI PACKAGE SIMULTANEOUSLY, UNICEF STAFF SHOULD ASSIST IN DETERMINING WHICH OF THE ELEMENTS SHOULD TAKE PRIORITY, BOTH IN TERMS OF LIKELY FEASIBILITY AND IN TERMS OF POTENTIAL AND RAPID IMPACT ON INFANT/CHILD MORTALITY.

ONCE THE PRIORITY ISSUE AND OBJECTIVE HAVE BEEN SET AND AGREED, THE PLANNING FOR SOCIAL COMMUNICATION AND MARKETING (SCM) CAN BE STARTED, BEGINNING WITH SOME GENERAL CONSIDERATIONS ABOUT THE COUNTRY AND ITS PEOPLE AND THE GATHERING OF BACKGROUND INFORMATION. MOST UNICEF FIELD STAFF WILL ALREADY BE AWARE OF THE MAIN CHARACTERISTICS OF THEIR COUNTRY OF ASSIGNMENT, BUT IT WILL DO NO HARM TO NOTE THEM BECAUSE THESE AND OTHER DATA ARE ESSENTIAL FOR DEVELOPING AN APPROPRIATE SCM STRATEGY AND OPERATION.

ALL EXISTING AND RELEVANT RESEARCH OR DESCRIPTIVE DOCUMENTATION SHOULD BE STUDIED BEFORE BEGINNING ANY NEW RESEARCH.

The Government of Ruristan, an LDC, has been impressed by UNICEF'S advocacy of CSDR and a decision has been taken to try, with UNICEF assistance, to make a real impact on the infant mortality rate in the country. At present the IMR is 170.

There has been almost no penetration by infant formula manufacturers; hence, breast feeding is the norm. Diarrhoeal infections are rampant, however, with an estimated average of almost 5 episodes per child under five per year, and with over 45% of all deaths among children in this age group being attributed to diarrhoea and its consequences. Growth monitoring and immunization will very important elements in CSDR, but the decision is taken to begin SCM in the are of diarrhoeal disease. For evidently, a drive on diarrhoeal disease and the dehydration it can cause would be a logical step in reducing the infant and child mortality rate. The Government therefore decides that oral rehydration therapy (ORT) should be the corner stone of its CSDR. It has not been decided whether to make Oral Rehydration Salts (ORS) or home-made solutions the priority. Nor has it been finally decided whether to begin with a pilot region or to attempt to go to scale, though there is a preference for the latter.

UNICEF'S assistance in mounting an ORT strategy and campaign through SCM is requested. The UNICEF Representative calls in an international consultant to help him and the Government plan the operation.

PHASE IA

GATHERING RELEVANT BACKGROUND  
INFORMATION AND DATA THROUGH DESK  
RESEARCH IN THE CAPITAL AND MAIN CITIES

I-AI NOTE THE CHARACTERISTICS OF THE  
COUNTRY UNDER THE FOLLOWING  
HEADINGS:

- a) TOTAL POPULATION
- b) POPULATION DENSITY
- c) PROPORTION OF POPULATION IN  
RURAL AREAS AND URBAN AREAS
- d) THE RURAL LIVING PATTERN i.e.  
IN VILLAGES OR ON INDIVIDUAL  
FARMS
- e) ETHNIC/TRIBAL GROUPINGS
- f) VERNACULAR LANGUAGES USED
- g) LEVELS OF LITERACY - MALE AND  
FEMALE
- h) RELIGIONS AND THEIR INFLUENCE  
ON SOCIAL/FAMILY LIFE
- i) PHYSICAL CHARACTERISTICS AND  
COMMUNICATION INFRASTRUCTURES
- j) PER CAPITA INCOME

Ruristan has a total population of 15.6 million people spread over an area of 580,000 sq. kms. The overall population density is 27 per sq. km., but an estimated 81% of the population lives in rural areas. The remainder are in some 12 cities and towns. In the rural areas, the people live in villages and go out to their plots of land daily. In the urban areas, most of the poorer families live in shanty towns that have grown up in the outskirts. There is only one ethnic group in Ruristan; but two languages are in current use. The major language is spoken by about 2/3 of the population. Literacy levels are low: male literacy is estimated at 32% and female at 11%. However, female literacy is now rising as a result of a government policy to enforce attendance of girls in schools.

Ruristan is a strict Muslim country with the mullahs holding considerable power over social and family life. It is a male-dominated society and women play no part in public life, at least in the rural areas. Physical communication infrastructures in the country are poor. There are no railways and the hardtop road network only links the major urban centres. A few buses and many trucks are the primary means of travel and transport for the population, though an internal airline serving small airstrips functions well and is used by government cadres and the richer members of society. Much of the country is mountainous and of difficult access.

Per capita income is \$240,000.

I-A2 ASCERTAIN THE STATUS OF HEALTH AND OTHER GOVERNMENT SERVICES IN THE COUNTRY UNDER THE FOLLOWING HEADINGS:

- a) AVAILABILITY OF DOCTORS AND HEALTH SERVICES IN URBAN AND IN RURAL AREAS
- b) AVAILABILITY OF HEALTH WORKERS IN URBAN AND IN RURAL AREAS
- c) OTHER GOVERNMENT PRESENCE IN URBAN AND RURAL AREAS
  - e.g. SCHOOLTEACHERS
  - AGRICULTURAL EXTENSIONISTS
  - LOCAL ADMINISTRATORS
  - PARTY CADRES

Ruristan's health services are weak. Less than a third of the population has access to them. Those in urban centres are better served than those in rural areas. There is one doctor per 16,000 of the population. There is a scattering of primary health care workers in the country. They are based in the larger villages. There is one per 7,500 of the population.

Schoolteachers are present in almost every village of any size and school enrollment for boys is estimated at close to 100%, but it is still below 50% for girls.

The agricultural extension system has an extensionist in the field for every 4,800 farmers.

Local administrators are present in each district, which typically covers about 30 villages.

I-A3 ASCERTAIN THE AVAILABILITY OF NON-GOVERNMENTAL ORGANIZATIONS AND PEOPLE WHO HAVE INFLUENTIAL, OR POTENTIALLY INFLUENTIAL, CONTACTS AT COMMUNITY LEVEL UNDER THE FOLLOWING HEADINGS:

- a) TRADITIONAL MIDWIVES
- b) LOCAL HEALERS
- c) WORKER/FARMER ORGANIZATIONS
- d) TRADE UNIONS
- e) RELIGIOUS LEADERS
- f) YOUTH CLUBS/GROUPS
- g) BANKING/CREDIT OPERATORS
- h) VOLUNTARY DEVELOPMENT GROUPS
- i) OTHER

The remoteness of much of Ruristan has meant that its people have always had to rely on their own resources to a great extent. For this reason, traditional midwives are relatively plentiful: there is one for every 720 of the population.

In the best agricultural area of the country, farmers' associations and co-operatives exist, but they are weak. In the urban areas, there is no trade union movement worthy of the name, but the truck owners have an organization.

Religious leaders are present in every community, and Koranic schools are attended by all boys as part of their religious education.

There are no youth clubs or groups such as the Scouts. Nor are there any banking/credit operations except in one small area where an internationally - assisted credit project is working. There is an important, albeit small, NGO group concerned with women's development in Ruristan. Called the Society for Women's Promotion, it is made up of predominantly middle and upper class women from the capital city. It has been active in a number of villages, and it has a handful of dedicated volunteers who work closely with village women building up a relationship of confidence and trust and helping them patiently to resolve their problems in matters such as birth control, health, nutrition, savings, family matters, women's group activities, etc.

- I-A4 MAKE AN INVENTORY OF MEDIA RESOURCES AND CAPACITIES UNDER THE FOLLOWING HEADINGS:
- a) THE PRESENT STATE OF MEDIA COVERAGE IN TERMS OF BROADCAST PATTERNS FOR T.V. AND RADIO, DISTRIBUTION OF T.V. AND RADIO RECEIVERS IN THE COUNTRY AND LANGUAGE SERVICES
  - b) THE TYPE OF BROADCASTING STRUCTURE i.e. PRIVATE/COMMERCIAL OR STATE. IN PRIVATE/COMMERCIAL, DO LAWS EXIST CALLING ON STATIONS TO GIVE A CERTAIN AMOUNT OF AIR TIME FREE TO THE STATE EACH DAY OR WEEK?
  - c) THE LOCAL PRODUCTION CAPACITY AND TALENT TO MAKE EFFECTIVE PROGRAMMES FOR RADIO AND T.V. BOTH IN "SHORT SPOT" FORMAT AND IN LONGER EDUCATIONAL FORMAT.
  - d) PRESS AND ITS COVERAGE
  - e) COMMUNICATION UNITS OF MINISTRIES CONCERNED WITH HEALTH, SOCIAL AFFAIRS AND RURAL DEVELOPMENT MATTERS. IF THEY ARE UNITS OF

Radio coverage in Ruristan is 100% of the national territory, but reception is poor in some remote areas. Radio ownership is officially estimated at 1 per 14 of the population, though this could be higher because of radios smuggled in tax-free from a neighbouring country.. T.V. broadcasting was begun 12 years ago but does not reach much beyond urban areas, both because of limited broadcast patterns and because of lack of electrification in most villages. Nevertheless, of the 2.9 million people residing in urban areas, about 50% have access to a T.V. receiver, and T.V. certainly reaches all the decision-making levels in the country.

Both radio and T.V. broadcasting are in both of the national languages, but with more services in the predominant language

Radio and T.V. broadcasting is state-owned and operated.

MINISTRIES NOT DIRECTLY CONCERNED WITH HEALTH, WHAT IS THE LIKELIHOOD OF OBTAINING THEIR SUPPORT FOR CSDR?

- f) LOCAL ADVERTISING AGENCIES, NOTING THEIR SUCCESS RECORD, THEIR MEDIA PRODUCTION CAPABILITY, THEIR KNOWLEDGE OF CONDITIONS AND ATTITUDES AMONG URBAN AND RURAL POOR, AND THEIR CAPACITY FOR, AND EXPERIENCE OF, AUDIENCE RESEARCH.
- g) TRADITIONAL CHANNELS BASED ON FOLKLORE, THEATRE, STORY TELLERS ETC.

The local capacity for radio production is quite satisfactory. Several producers have been well trained and there are adequate studio time and facilities available. However, the broadcasting system has never put out commercial and publicity announcements, and there is a shortage of experience in producing short and effective "spots."

The press in Ruristan is very limited and hardly circulates beyond the educated elite.

The Ministry of Health has an Information Unit which is short of staff and resources but has, and can, produce simple pamphlets and posters. The Ministry of Agriculture has a similar unit which is better off for staff and resources. However, the government structures are very compartmentalized and there is almost no likelihood of using this Ministry of Agriculture facility for CSDR.

There is one small advertising agency in the capital city. It does local work for a large multinational agency, mainly promoting a soft drink and detergents. An assessment of its capacity reveals that its owner has worked in advertising for many years, and in a variety of contexts, and does have a sound knowledge of marketing. He also knows the characteristics of low-income consumers in Ruristan, and if he had more staff with his knowledge and experience, his agency could be a vital resource for SCM.

Unfortunately, he does not have qualified staff and cannot himself spare much time for SCM for CSDR because he has contractual obligations to meet.



- I-A5 ASCERTAIN THE QUALITY AND IMPACT OF ANY HEALTH EDUCATION MATERIALS ALREADY PRODUCED AND USED IN THE COUNTRY. IF APPARENTLY SUCCESSFUL, NOTE WHO MADE THEM AND HOLD DISCUSSIONS WITH THE PRODUCER(S). IF UNSUCCESSFUL, NOTE WHY, WHAT ERRORS WERE MADE, ETC.
- I-A6 IDENTIFY INDIVIDUALS, GROUPS OR INSTITUTIONS WHO CAN CARRY OUT FORMATIVE EVALUATIONS AMONG THE COMMUNITIES TO BE INVOLVED IN SCM FOR CSDR. POSSIBILITIES WILL NORMALLY BE:
- a) ADVERTISING AGENCIES
  - b) FACULTIES OF SOCIAL SCIENCES IN THE UNIVERSITIES
  - c) SOCIAL RESEARCH INSTITUTES
  - d) NGO GROUPS WITH REAL FIELD EXPERIENCE IN PARTICIPATORY COMMUNITY DEVELOPMENT.
- I-A7 DETERMINE WHAT, IF ANY, SPECIAL TRAINING-CUM-BRIEFING WILL BE REQUIRED FOR THOSE SELECTED FOR RESEARCH AND EVALUATION FOR SCM FOR CSDR.
- I-8 ON THE BASIS OF THE NUMEROUS GOVERNMENTAL AND NON-GOVERNMENTAL CONTACTS MADE SO FAR, DETERMINE THE DEGREE OF SUPPORT THERE IS AMONG DECISION-MAKERS, OPINION-LEADERS, AND THE MEDICAL PROFESSION FOR SCM/CSDR AND THE LIKELY LEVEL OF INVOLVEMENT AND INPUT THAT CAN BE EXPECTED ONCE THE PROGRAMME GOES OPERATIONAL. DETERMINE ALSO THE MEDICAL PROFESSION'S OPINIONS IN RESPECT OF THE GOBI ELEMENT TO BE PROMOTED.

The Information Unit of the Ministry of Health produced some materials, with UNFPA - assistance, on family planning. The leaflets appear well designed and the language used is simple, but no evaluation of their impact was ever carried out.

Clearly, it will never be possible for foreign specialists to carry out the community-level research necessary for detailed planning of SCM. Their mere presence during the research could warp the findings.

In Ruristan, there is a Faculty of Sociology in the main university. Contacts with the staff and graduate students lead to an arrangement for a junior professor and 15 of his graduate students (8 women and 7 men) to spend up to 4 months in total over 18 months working on the research and evaluation aspects of SCM.

However, these researchers/evaluators are short of experience in the sort of directive research into knowledge, attitudes and aspirations, which is the daily fare of advertising agencies through such techniques as focus group interviews.

UNICEF's advocacy efforts for CSDR in Ruristan have been mainly at the level of the Minister of Health and Social Welfare.

The UNICEF Representative has excellent personal contacts with him and it is the Minister who was the prime mover in having the Government adopt the idea of trying to achieve a CSDR.

Although the President has approved the decision, he has not been involved in discussions with UNICEF staff, and his decision was more passive than active. Among the medical profession, there are numerous people who are sceptical about ORT and who consider that it is second-class medicine. They are non-committal about SCM.

The Governmental and non-governmental contacts made during this period of gathering background information and data relevant to SCM for CSDR have revealed a mainly sympathetic attitude, but a largely un-informed one. The broadcasting authorities seemed to think that they would have difficulty in devoting air time to the matter without an explicit order from the Minister of Information.

Non-governmental contacts have actually appeared more enthusiastic than those in government; the Society for Women's Promotion has been particularly positive in its reaction.

PHASE IB

PRELIMINARY PLANNING AND GATHERING  
BACKGROUND INFORMATION AND DATA AT THE  
COMMUNITY LEVEL.

II-B1 INTRODUCTION

THE INFORMATION GATHERED SO FAR  
IN THE CAPITAL (AND POSSIBLY  
OTHER MAIN CITIES) SHOULD BEGIN  
TO LEAD TOWARDS SOME TENTATIVE  
PLANNING OF THE OVERALL CSM  
STRATEGY. HOWEVER, NOTHING  
SHOULD BE FINALIZED UNTIL  
THOROUGH RESEARCH HAS BEEN  
CARRIED OUT AT COMMUNITY LEVEL.  
THE RESULTS OF THIS RESEARCH AT  
COMMUNITY LEVEL SHOULD DETERMINE  
THE FINAL STRATEGY AND ACTION  
PLAN; IN OTHER WORDS, ISSUES AND  
ATTITUDES AT COMMUNITY LEVEL  
REVEALED BY THE RESEARCH SHOULD  
BE GIVEN MORE IMPORTANCE THAN  
PRECONCEIVED NOTIONS AND PLANS  
CONCEIVED IN THE IVORY TOWER OF  
THE CAPITAL CITY.

Clearly some further advocacy at very high levels is going to be necessary in Ruristan. Perhaps the Executive Director should visit the President. Certainly, CSDR, and SCM for it, will need to be brought to the attention of the decision-making and opinion-leading elite. Much of the medical profession staff are going to need orientation and convincing about ORT.

It seems that the main media channels for reaching into the rural communities will be radio; and possible some printed materials could also be useful. They could be produced by the Information Unit of the Ministry of Health. The schools and Koranic schools could perhaps provide channels for information flow via siblings. In addition to the medical community, the traditional midwives may have a role to play. The influence of religious leaders will certainly be important. T.V. could be useful in reaching the urban poor.

The Faculty of Sociology of the University and some of the members of the Society for Women's promotion seem to offer the best potential for community-level research, but the researchers will need special briefing/training before going into the villages. Special training in production of radio "spots" will also be required.

II-B2 CARRY OUT RESEARCH AT COMMUNITY LEVEL USING FOCUS GROUP AND INDIVIDUAL INTERVIEWS AND OBSERVATIONS IN HOMES. MAKE CONTACT WITH LOCAL ADMINISTRATION/LEADERS BEFORE BEGINNING. AMONG THE ASSUMED PRINCIPAL AUDIENCE (MOTHERS), ATTEMPT TO DETERMINE THE FOLLOWING:

- a) AWARENESS AND KNOWLEDGE OF THE HEALTH PROBLEMS WHICH THE PRESCRIBED GOBI ELEMENT SEEKS TO REDUCE
- b) ACTUAL PRACTICE IN RESPECT OF THE HEALTH PROBLEM
- c) ATTITUDES TOWARDS THE HEALTH PROBLEM AND THE GOBI ELEMENT TO REDUCE IT
- d) POSSIBLE ATTITUDINAL AND/OR PHYSICAL IMPEDIMENTS TO ADOPTION OF THE PRESCRIBED GOBI ELEMENT
- e) WAYS AND MEANS OF MAKING ADOPTION OF THE PRESCRIBED GOBI ELEMENT AS SIMPLE AND PRACTICAL AS POSSIBLE IN THE EYES OF MOTHERS
- f) THE REGULARITY AND EASE OF ACCESS TO HEALTH SERVICES/WORKERS, TRADITIONAL MIDWIVES AND LOCAL HEALERS
- g) WHAT MEDIA CHANNELS ARE AVAILABLE TO THEM?
- h) WHAT ARE THEIR VIEWING/LISTENING/READING HABITS?
- i) WHO ARE THE OPINION LEADERS IN THE COMMUNITY?
- j) WHAT INFORMAL INFORMATION CHANNELS EXIST AND TO WHAT EXTENT ARE THEY HEEDED AND RESPECTED?
- k) ARE FAMILY LITERACY LEVELS HIGH ENOUGH TO PERMIT DECIPHERING OF SIMPLE PRINT MATERIALS?

The fifteen graduate students and the junior professor from the University's Faculty of Sociology, plus 4 volunteers from the Society for Women's Promotion are grouped together for a 2 week orientation and training workshop in the methodology of non-directive audience research. The workshop is run by an international consultant, but after some cajoling, the proprietor of the local advertising agency has agreed to help for one week and provides some very pertinent input based on his experience in rural areas of the country.

Well armed with techniques of posing questions in such a way that people do not feel threatened, are encouraged to talk, and are given no leads as to what the interviewer might be hoping to hear, the researchers set out for representative villages in 6 different districts of the country. After making contact with the local authorities, village elders, etc. to obtain their blessing for the work to be carried out, and to persuade them to introduce them to villagers, the researchers begin. Their stringent schedule specifically allows considerable time for confidence building before the actual focus group and individual interviews are begun.

The main findings are as follows:

- a) Diarrhoeal disease among children is considered to be a very common occurrence.
- b) Mothers usually withhold food to reduce diarrhoea.
- c) Mothers know that diarrhoea is often a prelude to death in small children; they have noticed the symptoms of dehydration, but they have no understanding of the physiological phenomenon of dehydration.

1) DO PEOPLE CONSIDER THAT THE HEALTH PROBLEM BEING TACKLED IS MORE VIRULENT DURING CERTAIN SEASONS AND IF SO, WHAT ARE THESE SEASONS?

- d) The approval of the men of the family will be necessary in most cases before a mother adopts ORT.
- e) Salt and sugar are quite freely available in the homes, so homemade rehydration fluids - including fruit juice for potassium since fruit is widely grown - should be a feasible solution to the prevention of dehydration. A system for measuring quantities using readily available utensils will need to be worked out.
- f) Access to health services and workers is poor: the health centres are usually too distant and the health workers lack transport to be able to make frequent visits to the villages. The traditional midwives are the most frequently cited source of advice on day-to-day health matters concerning children. However, where doctors/health workers are available, they are held in high esteem.
- g) Almost 90% of households have a functioning radio in rural areas. In urban areas and villages with electricity, the men frequently watch T.V. at their local teashop.
- h) Radio listening is mainly early in the morning and during the noon break from work.
- i) The main opinion leaders are the mullahs, the school teachers and the village elders.
- j) Children returning from school and from Koranic schools often talk about what they have heard. The shopkeepers, too, often spread news

that they have heard from customers; a very important channel of information turns out to be truck drivers who bring news from neighbouring villages and from the towns, often passing this information on in shops and teashops. The mullahs and school teachers especially command considerable credibility.

- k) There is usually at least one person in a family who can read.
- l) The people consider that diarrhoeal disease is particularly common during the summer months of May to September.

II-83 THE RESULTS OF THE ABOVE INQUIRY WILL AUTOMATICALLY LEAD TO OTHER GROUPS/INDIVIDUALS IN THE COMMUNITY. FOR EXAMPLE, THE CITED OPINION LEADERS WILL NEED TO BE INTERVIEWED TO ASSESS THEIR ATTITUDES AND WILLINGNESS TO BECOME INVOLVED IN CSM FOR CSDR. IN A MALE DOMINATED SOCIETY THE MEN IN A FAMILY MAY ALSO NEED TO BE INTERVIEWED, ESPECIALLY IF IB2 HAS REVEALED THAT WOMEN WOULD GENERALLY BE RELUCTANT TO CHANGE BEHAVIOURAL PATTERNS WITHOUT THEIR MENFOLK'S APPROVAL.

Following the focus group interviews and observations leading to the above findings, the researchers turn their attention to the men-folk, the mullahs, the school teachers, shopkeepers, doctors, health workers, truck drivers and traditional midwives.

The following are the main findings:

- a) In general, the men-folk agree that something should be done about diarrhoeal disease and dehydration and they will not be an impediment to promoting ORT.

However, to what extent they could be an active channel of information to their wives varies greatly from individual to individual, and there is conflicting evidence on this point. Some fathers look upon child rearing as being exclusively in the women's domain.

- b) The mullahs are generally positive about assisting the SCM for diarrhoeal disease control and ORT and many of the younger ones agree to talk about the matter during their Koranic classes and to hand out leaflets.
- c) School teachers display a mixed reaction. Some are more than willing to assist by talking about diarrhoeal disease and ORT and would hand out leaflets, put posters up in the schoolroom, etc; others seem reluctant to take on what they see as extra work.
- d) The shopkeepers are mainly positive and would be prepared to display posters and distribute ORS. However they are divided about whether they would do so gratis or would require some compensation.
- e) Doctors and health workers in rural areas are not well informed about ORT, but when it is explained to them, they are much more enthusiastic than are their urban-based counterparts; for they realize that the relative simplicity of ORT makes it ideal for use in the communities in which they work.
- f) Fourteen truck drivers interviewed are somewhat surprised that any interest is being taken in them until it is explained that they have been cited as bearers of news and information as they travel the country. Eight interviewees see no reason why they should not help in connection with ORT, four are non-committal, while the remaining two are distinctly negative on the basis that "such matters don't concern us."

- g) Traditional midwives prove very interested when ORT is explained to them and seem prepared to help in the campaign.



PHASE II

DETAILED PLANNING ON THE BASIS OF DATA  
AND INFORMATION GATHERED DURING PHASES  
IA AND IB.

II 1 MAKE A CAREFUL REVIEW OF ALL THE DATA AND INFORMATION GATHERED. SOME OF IT MAY WELL BE CONTRADICTORY. THIS IS NORMAL WHEN SOCIAL RESEARCH IS INVOLVED. IN RESPECT OF IMPORTANT CONTRADICTORY EVIDENCE, HOLD DISCUSSIONS WITH THE INTERVIEWING TEAMS TO SEE IF THEY CAN ADD ANY INFORMATION OR INTERPRETATION FROM THE IMPRESSIONS THEY GATHERED WHILE IN THE FIELD.

The research at community level was inconclusive about whether the men would be a useful channel of information to their wives. There is much discussion on this point and it is decided that, in any case, there is no option but to assume that they will be, in view of the main dominance in Ruristan society. This has implications for the use of non-media channels such as religious leaders, truck drivers etc. whose social contacts are almost exclusively with men.

II 2 PLAN THE WHOLE CSM STRATEGY IN DETAIL ON THE BASIS OF THE ABOVE REVIEW UNDER THE FOLLOWING HEADINGS:

- i) CLARIFICATION AND REDEFINITION OF OBJECTIVES, GOALS AND PROPOSED MODE OF OPERATION.  
IT IS QUITE PROBABLE THAT THE GOVERNMENT'S OBJECTIVES, GOALS AND PROPOSED MODE OF OPERATION AS ASCERTAINED EARLY ON WILL NEED CONSIDERABLE MODIFICATION IN THE LIGHT OF THE COMMUNITY-LEVEL RESEARCH AND OTHER FINDINGS.
- ii) ASSIGNATION OF OVERALL RESPONSIBILITY FOR THE OPERATION. SINCE SO MANY INSTITUTIONS AND GROUPS WILL HAVE TO MAKE COORDINATED INPUTS INTO CSM FOR GOBI, IT IS VITAL TO HELP THE AUTHORITIES CHOOSE A DIRECTOR

While the overall objective of reducing IMR and CMR through ORT remains valid, research among mothers has revealed that withholding of feeding during episodes of diarrhoea is so widespread as to be a serious factor; firstly it accelerates dehydration, and secondly, it is so entrenched as a habit that it could cause resistance to ORT. Another finding was that, although salt, sugar and fruit juices were easily available, the problems of measuring ingredients for "homemade" rehydration fluids could not be easily resolved. It is therefore decided to place priority on continued breast feeding and use of household fluids (usually rice water or weak tea) for prevention of dehydration, and use of Oral Rehydration Salts (ORS), initially purchased through UNICEF, if dehydration sets in. Heavy reliance will be placed on traditional midwives for instruction in ORT and distribution of ORS, though shopkeepers will also be asked to distribute ORS.

WITH MANAGERIAL CAPACITY, INCLUDING THE ABILITY TO MOTIVATE OTHERS AND ELICIT THEIR FULLEST CO-OPERATION. THE DIRECTOR MAY CREATE A STEERING COMMITTEE OF REPRESENTATIVES FROM VARIOUS MINISTRIES, INSTITUTIONS AND NGO'S.

- iii) DISTINGUISH THE DIFFERENT AUDIENCES TO BE REACHED, THE ACTION REQUIRED OF EACH, THE MOST APPROPRIATE MAIN AND SECONDARY CHANNELS FOR REACHING THEM, AND THE BASIC MESSAGE CONTENT FOR EACH AUDIENCE. BEAR IN MIND THAT IT IS WELL PROVEN THAT MESSAGES REACHING PEOPLE THROUGH A VARIETY OF CHANNELS AND IN SLIGHTLY DIFFERENT FORMS REINFORCE EACH OTHER IN BRINGING ABOUT BEHAVIOURAL CHANGE, SO THE MORE CHANNELS AND FORMS USED, THE GREATER THE EFFECT.

Discussions about whether to begin the operation in a pilot area, or to attempt to go to scale immediately, lead to a decision to go to scale; the state nature of the broadcasting structure and the pervasiveness of radio in the country determined this choice.

The Minister of Health has a young assistant who is formally qualified in public health administration and who is very personable and persuasive. He speaks both of the languages of the country. He is nominated as Director of the programme and he creates a Steering Committee composed of representatives from the Ministry of Education, Ministry of Information, Faculty of Sociology at the University, the Muslim hierarchy, and the Society for Women's Promotion. The UNICEF Representative and his staff as well as UNICEF consultants in the country will be co-opted as necessary.

The data and information gathering in Ruristan has revealed that the following audiences need to be reached.

1. Decision-makers and opinion-leaders, beginning with the President himself, in order to advocate the CSDR generally, and ORT in particular, and to ensure the "orders from on high" will be issued as a means of mobilizing appropriate government cadres. The President will be reached by a visit from UNICEF's Executive Director who will appeal for his strong personal support for CSDR, pointing out the humanitarian values of CSDR, and the need for tomorrow's adults to be strong in mind and body to develop the nation. Even if a CSDR may pose a few short term problems in the form of more children and young people to feed, educate, and employ, the long-term benefits will far

outweigh the problems. Birth rates will decline in the wake of a CSDR. And what about the prestige that will accrue to any government, party, or politician, that achieves a CSDR?

Broad T.V. and press coverage of the visit of the Executive Director and the purpose of his talks with the President will begin the advocacy process among the influential elite. Further T.V. and press coverage over a period of 3 months will inform the public about CSDR, ORT and the plans being developed for them in Ruristan. All possible efforts will be made to get important well-known and respected people in front of the T.V. cameras to talk about CSDR and ORT. A televised statement by the President himself would help to launch this process.

2. The medical profession, especially in the urban areas, need to be convinced that ORT is "first class" medicine. A half-day seminar will be called at the Faculty of Medicine of the University, and senior members of the profession will be invited to attend. An international authority on ORT will make a presentation on the state of the art of ORT and its success in other countries. UNICEF/WHO materials will be distributed to those present. T.V. and press coverage will be assured. The proceedings of the seminar and the UNICEF/WHO materials on ORT will be mailed to doctors who were not in attendance.

Any radio coverage of these advocacy activities would have a useful spin-off among the rural and urban poor. It would alert them to

something called ORT and to the fact that there were plans to try to reduce infant and child deaths. Thus, when the communication activities addressed to community level begin, they would be facilitated by some existing awareness of the topic.

3. Health workers and traditional midwives in rural and urban areas need orientation and training in diarrhoeal disease control and the prevention and cure of dehydration through continued feeding and use of "household fluids" and ORS. It is decided to train a core of staff from the Ministry of Health who will then organize regional 3-day workshops for outposted health workers. These health workers will then be expected to make systematic contact with traditional midwives to pass on the message, as well as ORS. Where possible, the health workers will also contact mothers directly to explain the prevention of dehydration through continued feeding the the use of "household fluids" and demonstrate the use of ORS using a 1 litre soft drink bottle that is commonly available.

Simple printed materials will be given to this audience, to describe symptoms and to give precise instructions re continued feeding, use of different types of "household fluids" for prevention, ORS for cure, and when to take a child to a health centre.

4. School teachers may, in many cases, be a useful information channel to siblings. The representative from the Ministry of Education on the Steering Committee agrees to send simple printed leaflets and a poster to all schools with the request that the teacher distribute the leaflets, display the poster and talk about ORT. The message will be couched in terms of "Help mother to save your little brothers and sisters" and will explain diarrhoeal-induced dehydration and ORT.
5. The religious leaders and the Koranic schools need the same basic information as the school teachers, to pass on to siblings.

It is decided to approach the religious hierarchy and ask if they will co-operate in sending materials to the mullahs at community level. It will also be proposed to the religious hierarchy that they provide a special text relating religion to health and children, and thence to diarrhoeal disease and ORT. The Information Unit of the Ministry of Health will print this leaflet for distribution by the religious hierarchy. The leaflet will also ask the mullahs to discuss diarrhoeal disease and ORT with the men of their village.

6. The truck drivers, identified as important carriers of information, are to be approached through their union. There is an area in the capital and most other towns where many trucks congregate to load and unload and where they park while the drivers rest.

The union, which has offices there, will be asked to display an ORT poster and to give leaflets to their members. A special flyer with the leaflet will tell the truck drivers that they are important carriers of information, as well of goods and people, and appeal to them to help save the children of the nation. An official from the Ministry of Health will go to the union office and truck area on a regular basis to talk to the drivers. The main purpose will be to stimulate interest in ORT and motivate drivers to talk about it as they travel. It is hoped that they will hear of individual ORT successes in some communities and talk about them in others, thus fostering horizontal communication between communities.

7. Mothers of Children up to age 5.  
This audience is of course the fundamental one in which the principal behavioural change is sought. The other audiences so far identified are intermediate channels to reach mothers. In Ruristan, the direct media channel to mothers will be mainly radio, using spots supplemented by a few longer educational-type programmes. Maximum use possible will be made of real mothers' voices.

In addition, T.V. will be used to reach urban families. A well known woman singer will be used for a series of 6 brief, commercial-type programmes.

II 3 ESTABLISH A LIST OF MATERIALS REQUIRED FOR USE WITH THE VARIOUS AUDIENCES IDENTIFIED UNDER THE FOLLOWING CATEGORIES:

- a) PRINTED MATERIALS
- b) RADIO
- c) T.V.
- d) OTHER AUDIO-VISUAL
- e) FILM/VIDEO

The first audience in Ruristan for which materials need to be specially produced - as opposed to one-off T.V. and press coverage items - is number 3 on our list, the health workers and traditional midwives. For them, a leaflet (Leaflet 1) on diarrhoeal disease and dehydration prevention and cure will be prepared. It will be fairly detailed and will cover the background knowledge this audience needs. It will be handed out to health workers at their 3-day orientation and training workshop, and they in turn will leave a copy with traditional midwives who, even if illiterate, will usually be able to find someone to read it to them to remind them of points they may forget after their orientation and briefing by health workers.

A second leaflet (Leaflet 2) will be prepared for school teachers, mullahs, truck drivers and mothers. It will be simpler than Leaflet 1 and its tone will be motivational towards continued feeding and ORT using "household fluids" for prevention and ORS for cure. Its explanations will be in the simplest possible language, using analogies from every day matters to help comprehension.

Flyers will be attached to Leaflet 2 according to the audience being addressed.

Flyer 1 will be addressed to school teachers asking to their help and support.

Flyer 2 will be addressed to mullahs and will consist mainly of the text prepared by the religious hierarchy.

Flyer 3 will be addressed to truck drivers.

A poster will be prepared for widespread distribution. It will be attention-catching and motivational in tone.

A series of 10 radio spots will be prepared, 5 of 30-second duration and 5 of 60-second duration. The former will be mainly motivational and attention-catching; the latter will have an educational content describing "household fluids," symptoms of dehydration, mixing ORS, etc.

3 ten-minute radio programmes will be produced about diarrhoeal disease, dehydration, ORT, etc. These will echo the content of Leaflet 2. These programmes may well be copied onto cassette tapes for use by health workers, in schools, etc. if it appears necessary as the campaign proceeds and if cassette recorders are already available or could be made available in sufficient numbers.

A T.V. documentary of about 20-30 minutes will be made to describe diarrhoeal disease and the infant/child mortality it causes both worldwide and in Ruristan, the gravity of withholding feeding during diarrhoeal episodes (the usual practice as revealed by the community level research) ORT, ORS and the efforts now being made to achieve CSDR in Ruristan, beginning with diarrhoea-linked deaths.

This documentary will subsequently be made available as a video-type for use at decision-making levels, during briefing of visitors, etc.

For this latter purpose, an English sound track will be added.



6 T.V. spots of 60 second duration will be made, using the famous singer, for repeated transmission.

All the materials will be in the two languages of Ruristan. A logo will be designed to appear on all materials and to provide an identity for the campaign, and a name will be developed for the ORS.

II 4 ESTABLISH A TIMETABLE FOR LAUNCHING AND PHASING SCM ACTIVITIES ON THE BASIS OF ANY SEASONAL CONSIDERATIONS IN RESPECT OF THE CHILD HEALTH PROBLEM BEING TACKLED AND THE TIME REQUIRED TO DRAFT, PRE-TEST, PRODUCE AND DISTRIBUTE MATERIALS.

It has been established that May to September are the main months for diarrhoea episodes. While the SCM activities related to advocacy need not be linked to this fact and should begin as soon as possible, the audiences directly linked to changing behavioural patterns in mothers will need to be reached with maximum intensity during the months May to September.

II 5 DRAW UP PLAN FOR DISTRIBUTION OF ORS IN BOTH RURAL AND URBAN AREAS/

It is decided that health workers and traditional midwives will be the main channel for distribution in rural areas, backed up by village shops when the owner is in agreement. In the urban areas and larger villages where there are pharmacies, they will also be asked to act as ORS distribution points. It is hoped to involve village leaders too as the campaign gets under way.

II 6 DETERMINE WHAT EXTERNAL UNICEF ASSISTANCE IS REQUIRED IN TERMS OF:

In respect of print media, the Information Unit in the Ministry of Health can meet the needs.

a) EXPERTISE

ANY MEDIA PRODUCTION SPECIALISTS BROUGHT IN SHOULD PROVIDE SOME BASIC TRAINING TO NATIONAL STAFF IF NECESSARY, BUT ABOVE ALL THEY SHOULD HELP THE NATIONALS TO PRODUCE MATERIALS SO THAT THEY LEARN BY DOING.

On the electronic media side, there is a need to help in the production of "spots." A skilled "spot" producer will be brought in under UNICEF auspices for an initial 6-week training/production consultancy. The consultant will work with both radio and T.V. staff, grouping them for conceptional/theoretical training and for the writing of "spots" but, of course, working with them in separate groups for actual production.

b) FINANCIAL/MATERIAL

At the end of this first "spot" production consultancy, the international consultant who ran the two week training course in formative evaluation at the community level will return for two weeks to help pre-test materials and to provide training in pre-testing techniques to the best 6 interviewers from the earlier community-level research phase (I-B2).

The consultant in "spot" production techniques will return for a second period - 2 to 3 weeks - about 2 months later to provide further advice and to help rectify any faults in the work done by the nationals while working alone.

It is also planned to bring in the international consultant in community-level research techniques for a further visit of 3 weeks to help plan an evaluation of impact after the first May-September campaign.

In terms of external assistance for financial/material inputs, it is agreed that UNICEF will provide the ORS and a number of hard-currency items such as the paper for the printing programme. The broadcasting authority raises the question of payment for radio and T.V. air time, but the UNICEF Representative points out that radio and T.V. are state-owned, that infant mortality is of national importance, and consequently air time should be provided as a matter of course by the broadcasting services.

II 7 ARRANGE FOR SYSTEMATIC MONITORING AND FORMATIVE EVALUATIONS ON A REGULAR BASIS AS THE PROGRAMME PROCEEDS. THE RESEARCHERS WHO HAVE ALREADY BEEN INVOLVED IN THE COMMUNITY-LEVEL WORK WILL BE BEST PLACED TO DO THESE FORMATIVE EVALUATIONS AND TO FEED BACK INFORMATION REGARDING PROBLEMS THAT MAY BE ARISING.

By now, 6 of the original researchers recruited from the Faculty of Sociology and from the Society from Women's Promotion have been recognized as being superior to the rest in terms of their enthusiasm for the work, their understanding and sympathetic attitude towards the rural and urban poor, and their professional integrity in painstakingly discovering the truth as seen by the people rather than imposing their own views. These 6 researchers will work full time with the programme.

II 8 CALCULATE BUDGET FOR UNICEF INPUTS AND ESTIMATE GOVERNMENT INPUTS IN KIND TO REACH THE OVERALL COST OF THE OPERATION FOR THE FIRST PERIOD PLANNED.

UNICEF's input into the Ruristan operation is costed at \$44,000 to cover consultant time and hard-currency items. The Government contribution, which covers the time of national staff devoted to the programme, inducements paid to traditional midwives and evaluators, transportation, radio and T.V. time etc. come to \$410,000 for an initial 18 month period.

PHASE III

III 1 IMPLEMENTATION OF THE PROGRAMME  
AS PLANNED.

PARTICULAR ATTENTION SHOULD BE PAID TO PRE-TESTING OF ALL MATERIALS AND TO MODIFYING ANY ELEMENTS WHICH ARE REVEALED BY THE MONITORING AND BY THE FORMATIVE EVALUATIONS TO BE GOING ASTRAY. IT MAY BE NECESSARY TO REPLAN CERTAIN ELEMENTS COMPLETELY AND THEREFORE FLEXIBILITY OF THINKING IS ESSENTIAL.

The operation in Ruristan goes reasonably according to plan. The pre-testing of materials reveals some mistakes, but these are put right in the draft stage so little time is lost. An example is the wording used in Leaflet 1, which it had been hoped to use with health workers and traditional midwives. In the event, it proves too complex for traditional midwives and it is decided to give them Leaflet 2 instead with a special flyer which provides extra background information in very simple terms.

The first poster designs need to be redrawn to portray a comprehensible and convincing scene of a happy family with healthy infants and children.

The radio spots with voices of actual mothers seem to be proving particularly convincing, judging from the feedback.

The longer radio programmes are put onto cassettes and 100 recorders for playback and distributed to health centres for use by health workers in their contacts with traditional midwives. This is done to compensate for the deficiencies found in Leaflet 1 for the traditional midwife sector. Health workers are encouraged to leave recorders with midwives for a few days at a time for them to play to other midwives and mothers. The recorders, worth some \$7,500 are a gift from Japan, and more are promised if the results warrant an expanded use of cassettes.

At the advocacy level, the President's charming wife unexpectedly offers to become the patron of the campaign and appears frequently on T.V.

A problem with distribution of ORS is revealed. The shopkeepers are unenthusiastic to become involved without gain to themselves. Greater efforts are therefore made through the traditional midwives, and local authorities and mullahs are also enlisted to help.

Another problem is that mothers, slowly becoming convinced not to withhold feeding from their infants, have little faith in "household fluids." They want "medicine" and so ORS are in increasing demand. A note is made to the effect that the strategy may need to be changed if this tendency continues, dropping the notion of "household fluids" and intensifying the distribution and use of ORS.

The "sibling" channel through schools and Koranic schools is proving important. The "truck drivers" channel seemed to be of little use in the early stages, but there is evidence that as certain villages adopt ORT on a considerable scale, the truck drivers do begin to talk about it in other villages.

At the end of the first May - September period, the campaign intensity is reduced somewhat. Over exposure of the first radio spots etc. could lead to irritation and saturation.

A full evaluation will now be necessary and plans for a new campaign and materials will need to be developed based on that evaluation.

PHASE IV

IV 1 IN-DEPTH EVALUATION.

AFTER A PERIOD OF AT LEAST 6 MONTHS A DETAILED EVALUATION WILL BE NECESSARY TO FACILITATE FUTURE PLANNING AND ACTION. MUCH OF THIS EVALUATION MAY CONFIRM THE TENDENCIES OF THE FORMATIVE EVALUATIONS THAT HAVE BEEN AN ONGOING FEATURE OF THE PROGRAMME. EXPANDING THE IN-DEPTH EVALUATION TO COMMUNITIES WHERE THE LEAST EVALUATION WORK HAS BEEN CARRIED OUT IN THE PAST IS A USEFUL TACTIC FOR PROVIDING CROSS CHECKS.

The evaluation carried out in October/ November after the first intense May to September campaign reveals that 58% of mothers know about the need to continue feeding during episodes of diarrhoea, but only 17% of mothers are actually doing so. 48% of mothers can remember having heard a radio spot on the subject in the week preceding the interview and clearly the radio has been a major channel for arousing awareness. Virtually all of the 17% of mothers who are actually continuing to feed infants during episodes of diarrhoea made their decision to do so following a conversation with a health worker or traditional midwife. The "sibling channel" has been working well with 37% of mothers saying that their children returning from school or Koranic school have talked about diarrhoea and the need to prevent dehydration.

The "truck driver" channel is also beginning to pay dividends. A particularly active health worker backed by a respected traditional midwife, has made a concentrated effort in the village where they live, and now over 36% of mothers continue to feed, provide rice-water as a "household fluid" and use ORS when preventative measures against dehydration have been too little or too late. So many children, recognized by their mothers as having started on the familiar downhill path to death, have actually survived that the matter has become a talking point in the village and other mothers are rapidly following the example of the early innovators.

Truck drivers are also hearing about the experience and talking about it elsewhere. 24% of men interviewed within a radius of 200 km. of this village cite conversations in tea shops, with truck drivers present, as their first convincing exposure to information about diarrhoea-connected infant and child deaths.

The "household fluid" approach is confirmed as being unacceptable to a majority of mothers.

Distribution of ORS is going quite well, even if the shopkeepers who help are few and far between. The traditional midwives remain the primary channel, backed up by the local authorities and by a few mullahs.

PHASE V

REFORMULATION OF PROGRAMME AND  
PLANNING FOR FUTURE ON BASIS OF  
EVALUATION FINDINGS

STUDY THE EVALUATION DATA WITH THE  
UTMOST CARE AND RE-FORMULATE ANY  
ELEMENTS OF THE PROGRAMME AS  
NECESSARY BEFORE GEARING UP FOR THE  
NEXT INTENSIVE CAMPAIGN PERIOD.

BEGIN ALSO TO THINK IN TERMS OF  
ADDING OTHER, BUT RELATED, MESSAGES  
TO THOSE THAT HAVE ALREADY BEEN  
DISSEMINATED e.g. DIARRHOEAL DISEASE  
CONTROL INFORMATION AS AN ADJUNCT TO  
THE FIRST SCM TOPIC OF CONTINUED  
FEEDING AND ORT.

AND ONCE THE FIRST GOBI ELEMENT BEING  
PROMOTED THROUGH CSM IS REACHING SUCH  
LEVELS OF ACCEPTANCE THAT PLANNING  
FOR PROMOTION OF THE NEXT CAN BEGIN,  
BE SURE TO DRAW ON ALL THE EXPERIENCE  
ALREADY GAINED.

AND TAKE HEART, BECAUSE THE PRESTIGE,  
CREDIBILITY AND GOODWILL THAT WILL  
BLOSSOM, ONCE RESULTS FROM SCM FOR  
THE FIRST GOBI ELEMENT ARE VISIBLE TO  
ALL, WILL MAKE SCM FOR THE REMAINING  
GOBI ELEMENTS INCREASINGLY EASY.

The evidence in Ruristan confirms  
experience elsewhere: media - in this  
case radio - can do little to bring  
about fundamental changes in behavioural  
patterns without interpersonal  
communication at some point. The next  
phase of the ORT campaign will therefore  
attempt to intensify the work of the  
health workers and traditional midwives  
at community level through better  
organization, logistic arrangements and  
a prize system for midwives and mothers  
in the village that achieve the best  
results in ORT and reduction of  
diarrhoea-lined deaths.

The "household fluid" approach will be  
soft-pedaled in favour of ORS. Local  
and village authorities will be enlisted  
to help with the distribution, since the  
shopkeepers have proven difficult.

New printed and radio material will be  
provided for the various audiences,  
reporting on the successes to date and  
providing witness reports. And new  
messages on home and personal hygiene  
will be added in order to combat  
diarrhoeal disease.

Finally, discussions begin with regard  
to the long-haul aspects of keeping up a  
steady increase in use of ORT and in  
maintaining that increase, while at the  
same time beginning on a second GOBI  
element. Ruristan decides that growth  
monitoring should come next. The  
experience with traditional midwives  
being mobilized by the limited number of  
health workers seems to hold promise for  
this element too.



The media producers have gained experience and insights into their role during the ORT work and are enthusiastic to begin on another subject matter. The community-level researchers selected from the original group have also gained invaluable experience. To ensure the continued involvement of 2 of the best of these researchers in the work, they are given posts as National Officers in the UNICEF office. In future, they will train and supervise others in the community-level formative evaluations which are the key to successful SCM.

At the advocacy level, the media reports on the progress of the ORT campaign have continued to arouse interest. There is little reason to doubt the support of the opinion-leaders and decision-makers in the continued drive for a CSDR in Ruristan.