CF Item Barcode Sign	Page	6
	Date	11/7/2007
	Time	2:53:36 PM
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CF-RAI-USAA-PD-GEN-2007-000371

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000371**

External ID

Title

"ORT Communications Programs in Honduras and The Gambia" paper prepared by Mark Rasmuson for UNICEF's Social Communication and Marketing Workshop, Nairobi, 10-17 Feb 1985.

Date Created / From Date	*Date Registered*	*Date Closed / To Date*
2/10/1985	**8/10/2007 at 1:21 PM**	

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-10316 (In Container)**

Fl2: Status Certain? **No**

Itm Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-10316 (Upasana Young)' since 11/6/2007 at**

Date Published

Fl3: Record Copy? **No**

Record Type **A01 PD-GEN ITEM**

Contained Records

Container **CF/RA/BX/PD/CM/1985/T033: PSC. "Social Communication and Mar**

Fd3: Doc Type - Format	*Da1:Date First Published*	*Priority*

Document Details **Record has no document attached.**

Notes

11 pp
Discusses the experience in ORT communications of the Academy for Educational Development (AED), Washingtor DC, in Africa and Latin America. Little effective communication activity of national scope has been carried out, except in a handful of countries. There, a variety of creative communications components were developed, which increased awareness and understanding of the project, and resulted in extended use of ORT and reduced infant mortality rates.

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THE ORT COMMUNICATIONS PROGRAMS

IN HONDURAS AND THE GAMBIA

A Paper prepared for the UNICEF Social Communication
and Marketing Workshop

10-17 February, 1985
Nairobi, Kenya

By Mark Rasmuson, MA,MPH
Academy for Educational Development

The ORT Communications Programs in Honduras and the Gambia

I. COMMUNICATION SUPPORT FOR ORT: EXPERIENCE TO DATE

The experience of the Academy for Educational Development (AED) in oral rehydration therapy over the past 5 years exemplifies the growing awareness among international donor and host country officials of an important role for health communications and social marketing in the development and support of ORT programs. In addition to its long-term work in Honduras, The Gambia, Ecuador, Peru, and Swaziland under the A.I.D. Mass Media and Health Practices Project, AED has been requested to provide short-term ORT communications consultants to Bolivia, Guatemala, Mexico, Burma, Pakistan, the Philippines, Indonesia, Bangladesh, India, Egypt, Morocco, Jordan, Chad, Niger, Mali, Nigeria, and Djibouti.

This experience and the review of the communications experiences of a number of other countries with ORT programs has led us to propose some tentative generalizations about ORT communications to date.

1. With a few important exceptions, there has been little effective communication activity of national scope and impact carried out in support of ORT programs. Even where the planning and implementation of an ORT program have progressed to a significant degree, communication support has tended to be limited to the training of health personnel and the ad hoc development of a few posters or radio programs oriented towards literate, urban audiences.

2. The exceptions to the above include a small number of countries such as Egypt, Bangladesh, Nicaragua, Honduras, and The Gambia which have demonstrated that a well-conceived communications component can significantly enhance an ORT program. Diarrheal disease control projects in these countries over the past five years have developed a variety of creative communications components and shown that these components can not only facilitate increased awareness and understanding of a project, but help generate measurable gains in ORT utilization and reductions in infant mortality as well.

3. The experiences of these countries have shown that there are at least three roles for communications in support of an ORT program -- publicizing, motivating, and teaching. Publicizing or informing is perhaps the role most commonly associated with project communications support. Communications can inform an audience that a new project or service is underway and lend urgency or legitimacy to it. It can assist the rapid expansion of program coverage by informing people where they should seek a new service. But communications can also be designed to motivate people - to try ORT, for example - and teach new skills, such as how to mix and administer correctly a rehydration solution. Social marketing, community participation, instructional design, and behavioral medicine are among the fields which have made important contributions to the repertoire of communications tools in these areas.

Figure 1 illustrates some of the useful concepts which social marketing brings to bear on ORT programs, including its strong audience focus and the "four P's" of marketing.

4. While differing in many respects, these successful ORT communications projects shared some important characteristics:

a. Strong audience orientation -- each of the projects went to great lengths to understand and involve the audience, primarily rural mothers, in planning and implementation. Mothers' beliefs and practices were thoroughly researched and incorporated into the development of messages. Community participation was actively encouraged, such as the deployment of community volunteers to teach about ORT in village households.

This attention to the attitudes, needs, and desires of the audience is perhaps the single most important perspective that communication planning brings to an ORT program.

b. Focused on a few, actionable messages -- in order to achieve maximum salience in the minds of the audience and maximum impact in terms of learning, the projects focused on a carefully limited set of objectives and messages, such as the proper mixture and administration of an ORS solution. Prior research ensured that the audience had the means to act on the messages -- e.g. that they had sugar and salt available to mix a promoted sugar-salt solution.

c. Employed intensive promotion -- the projects made intensive use of promotional activities to motivate participation and adoption of new behaviors. These activities, using mass media, face-to-face communication, or both, ranged from house-to-house visits by large cadres of extension workers, as in the BRAC program in Bangladesh, to the execution in The Gambia of a national contest offering prizes to rural women who learned how to correctly make a rehydration solution.

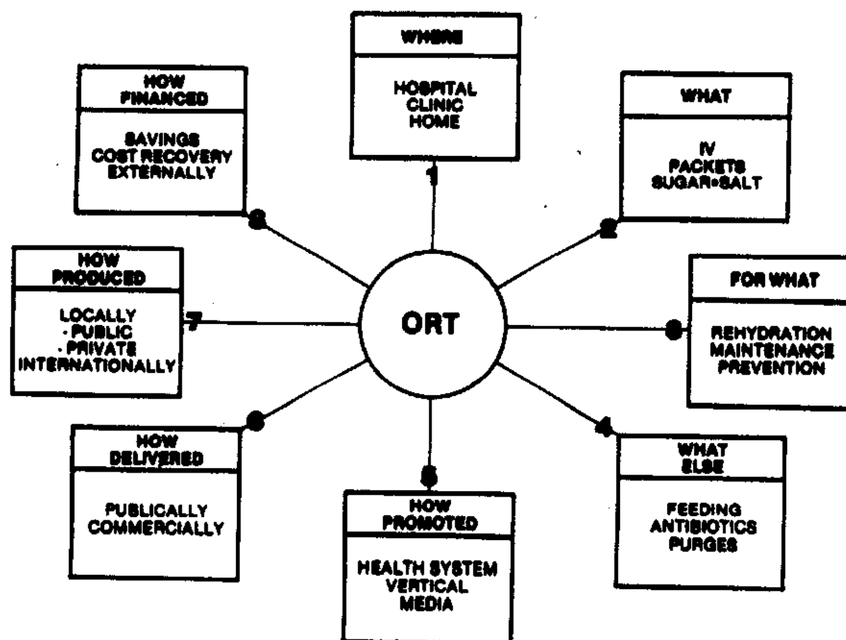
d. Part of a comprehensive program -- the communications component of each of these projects was precisely that, one component of a larger program that also encompassed extensive training of health personnel, an adequate ORS supply, a well-managed distribution system, etc., all supported by a plan and an adequate budget.

5. <u>There are several prerequisites or "conditions precedent" to an ORT communications program, most importantly a clearly articulated national ORT policy, adequately trained medical staff, and reliable ORS supply and distribution systems.</u>

Some of the recent enthusiasm for health communications and social marketing represents rather naive views of communications as a "quick fix" for a faltering program or as a complete program in and of itself. These views, if acted upon, can have serious negative consequences for a country. For example, in at least one South American country where AED conducted an assessment in 1984, we found the Ministry of Health poised to launch an ORT mass media campaign that would have generated a demand for services far in excess of the Ministry's capacity to provide them. To avoid this crisis, the team recommended that the Ministry limit the campaign to those urban areas whose health services were fully staffed and supplied.

There <u>are</u> proper roles for both public and professional communication about ORT even before a national program is launched, such as the raising of awareness of the public about the seriousness of diarrhea as a disease or among medical workers of the legitimacy of oral rehydration therapy. But experience has shown that <u>it is essential before undertaking any promotional activity designed to increase consumer demand to ensure that the other critical elements of a comprehensive ORT program named above be firmly in place</u>.

Figure 2 illustrates the range of key issues which must be addressed in an ORT policy and program plan.



II. THE GAMBIA AND HONDURAS PROGRAMS

In 1984 the Mass Media and Health Practices Project completed its fifth year with a record of achievement in the two original project sites, Honduras and The Gambia, and promising starts in three additional "diffusion sites"—Peru, Ecuador, and Swaziland.

Supported by the Offices of Health and Education of AID's Science and Technology Bureau, The MMHP Project has been implemented by the Academy for Educational Development and evaluated by the Institute for Communication Research at Stanford University.

The major goals of the Project have been:

(1) To strengthen the health education capacity of the cooperating countries through the systematic application of mass communication.

(2) To contribute significantly to the prevention and treatment of acute infant diarrhea, particularly through the promotion of oral rehydration therapy (ORT).

Public Communication Approach

MMHP has been an ambitious attempt to apply a public communication approach to the problem of diarrheal disease control. This approach attempts to change a particular set of behaviors affecting a specific problem in a large-scale target audience. Thus differing fundamentally from strategies which seek only to disseminate information or increase awareness, the public communication strategy has been applied in campaigns on topics as diverse as smoking, breastfeeding, energy conservation, seat belts, and population control.

Obviously, the MMPH project sites presented major differences of social and public health context which required situation-specific planning and implementation. For example:

- The rural target population in Honduras consisted of relatively homogeneous cultural groups living, however, in often isolated single homesteads. In The Gambia, by contrast, there were striking linguistic and cultural differences among more than five major ethnic groups, but rural people lived in villages of clustered compounds.

• The Gambian health system had severely limited central resources but, as a small country with a relatively extensive network of rural health workers and facilities, a significant potential for coverage of its rural population. Honduras had substantial central resources but a relatively limited rural outreach capability.

• In Honduras, the Project promoted a locally produced packet of oral rehydration salts (LITROSOL) for use at both home and clinic levels. In The Gambia, government policy determined that a simple sugar-salt solution be promoted for home use during diarrhea to prevent dehydration and UNICEF complete-formula packets be used in health centers for treatment of dehydration.

• In terms of the media environment, Gambia's single centralized government broadcast channel, which effectively reached only two-thirds of the country, contrasted with Honduras's multi-channel commercial broadcast system, which afforded excellent broadcast coverage. Rural Gambian women had a dramatically lower literacy rate than Honduran women--only about 3%--and print media were practically nonexistent at the village level.

The same communication planning methodology, however, was applied in each country to identify and implement effective, appropriate strategies. The key elements of this methodology are:

- The specification of clear, measurable behavioral objectives.

- A developmental investigation, using both quantitative and qualitative research methods, of existing knowledge, attitudes, and practices among target audiences to ensure that objectives and messages are appropriate.

- A campaign strategy which integrates mass media (radio, print/graphic materials) and face-to-face channels (such as health workers) to achieve maximum impact.

- A systematic process of campaign materials development and pre-testing to ensure they are accurate, comprehensible, attractive, and culturally appropriate.

- A system of monitoring and formative evaluation which indicates if and how the campaign elements are working and suggests necessary mid-course corrections.

Project Results

Stanford University is continuing its analysis of MMHP Project impact data from Honduras and The Gambia. Already, however, the following results have been reported:

In Honduras:

- After one year, 48% of women reported having used Litrosol (the local ORT packet) to treat diarrhea at least once.
- During the same period, recognition of Litrosol as a diarrheal remedy rose from 0% to 93% of the population.
- Of those reporting to use Litrosol:
  - Over 90% could mix it properly
  - 60% gave the correct recommended daily amount
- Diarrhea-related mortality in children under two dropped by 40% with 18 months.

In the Gambia:

- After eight months of the campaign, 66% of mothers knew the correct home mix oral rehydration formula being promoted.
- 47% of mothers reported having used the home formula to treat their child's diarrhea.
- During an intensive four week period in October 1982, 11,000 rural women attended 72 village sugar/salt mixing contests; 6,500 women actually mixed the solution during these contests.
- Following a 1983 mini-campaign on feeding during diarrhea, more than 50% of mothers reported giving solid foods to their child during diarrhea, a four-fold increase from the previous year.

Stanford's first evaluation reports concluded:

The overall picture that emerges of the project in Honduras is one of an intensive, well integrated campaign that is achieving impressive successes in teaching people health information and getting them to change specific behaviors related to infant diarrhea.

The overall portrait of the campaign at the end of the first year in The Gambia is one of intense level of activity that has become highly salient for rural Gambians. The campaign and the recognition it has received have produced impressively high levels of awareness and behavioral change in the population in a relatively short time.

III - LESSONS LEARNED

Lesson #1: Coverage, Timeliness, and Credibility - You Need All Three.
If the goal is to produce widespread use of ORT in unsupervised settings, then three factors are critical: coverage, timeliness, and credibility.

> Coverage is the ability to reach many people quickly, and it is best achieved through the media. In most countries, this means radio.
>
> Timeliness, or the availability of specific mixing and administration reminders at the moment they are needed is best accomplished by print and graphic material -- specifically a packet label and a one-page graphic flyer.
>
> Credibility, or the acceptance of ORT by patients, is best achieved through the full support and use of ORT by recognized health professionals in the country -- physicians, nurses, and health workers.

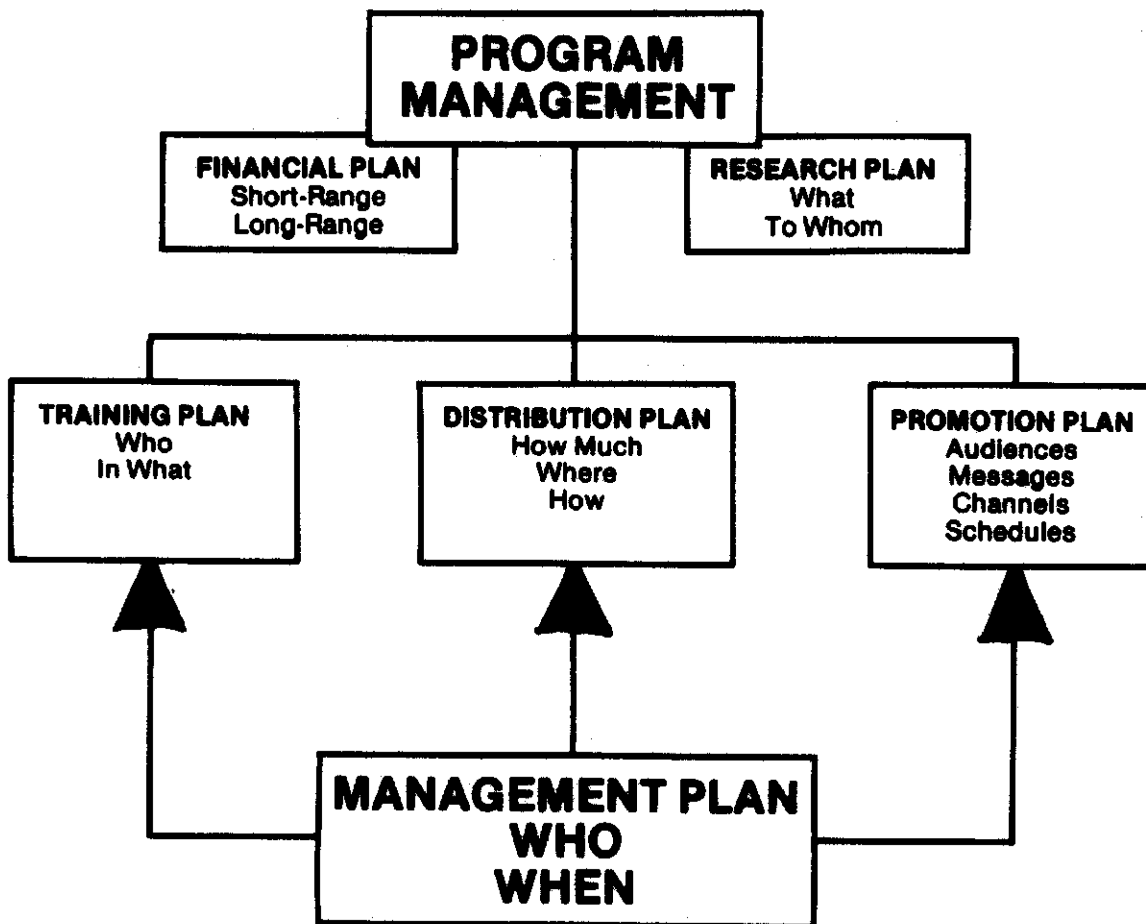
Lesson #2: Have a Plan Which Includes Everything You Can't Have a Piecemeal Program.
To bring these three elements together, a comprehensive plan is needed. It must include:

- An adequate supply and distribution system of OR salts.
- An explicit linkage between what health providers, radio, and print media tell the public -- a single set of simple, noncontradictory messages on:

  -- How to mix ORS.
  -- How to give ORS.
  -- How to know when ORS is not working.

- A training program for health providers which emphasizes how to teach ORT to mothers, as well as how to use ORT in the clinic.
- A radio broadcast schedule timed to reach specific audiences.
- A series of simple print reminders of key skills that accompany each packet.

Figure 3 illustrates the essential components of an ORT program management plan.



Lesson #3: Base the Plan on Field Research.

An effective plan must be based on field research of existing audience practices and beliefs. A few key questions that need to be answered in this research are:

- How will mothers mix the solution? What containers are available?
- Where can mothers obtain packets if they can't get to a health center?
- Whose advice do mothers take about diarrhea?
- What do mothers want a remedy for -- the loose stool, appetite loss, weakness; what do they most worry about when a child has diarrhea?
- What are mothers doing now -- purging, giving teas, withholding food, etc. -- and why do they feel these are appropriate methods?
- What type of print material would be most valued and used -- pictures, words?
- Why do mothers listen to radio; who do they trust as radio announcers?

There are many other questions which also need answers, but these key areas will trigger responses critical to developing a sound plan.

Lesson #4: Correct the Plan as Required-Keep it Flexible.

Monitoring the campaign is essential. Regular visits to villages, watching how ORT is being used or misused, systematic interviews with health workers and mothers will expose weaknesses impossible to predict otherwise. Once discovered, correct these mistakes, do not try to argue them away. Mistakes are normal, almost inevitable, and they can be corrected if they are admitted.

Lesson #5: Emphasize Simplicity.

Avoid the temptation to complicate matters. Make the advice to mothers simple -- use only a few print materials, do not ask health workers to do much more than they are already doing, and repeat a few good radio programs over and over rather than making dozens of new ones.