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11/8/2007

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8:21:41 AM

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CF-RAI-USAA-PD-GEN-2007-000380

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000380**

External ID

Title

"Red Cross Radio Prize to Promote PHC in Africa 1983" Jury Report by WHO, LRCS, UNICEF and URTNA relating to the 1983 award of the prize for 1983. Also the 1st prize winning radio play by Tsenna Mengistu (Ethiopia).

Date Created / From Date

4/1/1980

Date Registered

8/10/2007 at 1:21 PM

Date Closed / To Date

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-10400 (In Container)**

F12: Status Certain? **No**

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

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

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-10400 (Upasana Young)' since 11/9/2007 at**

Date Published

F13: Record Copy? **No**

Record Type **A01 PD-GEN ITEM**

Contained Records

Container **CF/RA/BX/PD/CM/1985/T037: Programme Support Communications**

Fd3: Doc Type - Format

Da1:Date First Published

Priority

High

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

Notes

40 pp

This document contains; the jury deliberations 1983; members of the jury; list of contestants; criteria for awarding the prize; observations of the jury; regulations surrounding participation in the contest and award of the prize; script of the play winning 1st prize; broadcasting schedule and duration of broadcast; programme notes outlining the general health situation in Ethiopia, targeted audience, and evaluation of the programme; animators' guide; questionnaires for listeners to find out what they learned and how they evaluate the programme.

Print Name of Person Submit Image

SAROJA DOUGLAS

Signature of Person Submit

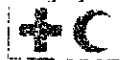
Saroja Douglas

Number of images without cover

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WORLD HEALTH ORGANIZATION - ORGANISATION MONDIALE DE LA SANTE
LEAGUE OF RED CROSS SOCIETIES - LIGUE DES SOCIETES DE LA CROIX-ROUGE
UNICEF - URTNA



RED CROSS RADIO PRIZE TO PROMOTE PHC IN AFRICA 1983

2nd Award of Prizes

JURY REPORT

Radio Télévision Algérienne (R.T.A.), Algiers, 26 January 1983

1. The Jury of the RED CROSS RADIO PRIZE TO PROMOTE PHC IN AFRICA, met for the second Awards at the R.T.A. in Algiers following URTNA's 23rd General Assembly.

Members:

League of Red Cross Societies	Mrs Ingrid Flaks	Jury President
URTNA	Mr. Kassaye Demena Director	Programme Exchange Centre Nairobi
WHO	Mr. Silvanus Bright Press Service	Regional Office for Africa Brazzaville
	Mr. Jean-Paul Darmsteter Radio Service	Headquarters Geneva
UNICEF	Mr. Norbert Engel Information and Communication	Western Africa Dakar
Secretary	Miss Annette Glaser	League of Red Cross Societies

The quorum representing the four organizations of the Jury was obtained.

2. The Jury President recalled the origins of the Prize launched in 1980 to promote community participation in Primary Health Care in Africa through the mass media. She stressed that the Prize Regulations required that special emphasis be placed on promoting active community participation (village animation) and stimulating the integrated approach needed to implement PHC. (see attached Regulations).
3. The Jury agreed with the criteria for selection which aimed at defining:
 - the quality of programmes for health education radio campaigns and PHC national priorities;
 - integrated approach;
 - choice of target audience;
 - use of traditional communication methods;
 - obstacles and difficulties to be overcome;
 - collective and individual audience participation.
4. The Jury received 15 entries from English, French and Arabic-speaking countries. Nine contributions were retained for consideration as they met all requirements, ie.
 - 1 programme in national language;
 - 1 recorded sample for Jury assessment;
 - 1 script;
 - 1 programme note covering in particular details on the audiences reached;
 - an assessment of the campaign and expected follow-up.

The programmes included:

<u>ETHIOPIA</u>	<i>"Primary Health Care and the Process of Cutting the Umbilical Cord".</i>
<u>GAMBIA</u>	<i>Magazine. "The Happy Baby Lottery".</i>
<u>LIBERIA</u>	<i>Health Education Drama. "Medicine for Open Mole".</i>
<u>MALI</u>	<i>"Santé pour tous" .</i>
<u>NIGERIA</u>	<i>Doctor's Case Book.</i>
<u>RWANDA</u>	<i>"L'emploi de l'eau saine, c'est la source d'une bonne santé".</i>
<u>SENEGAL</u>	<i>Participation des populations aux soins de santé primaires.</i>
<u>TUNISIA</u>	<i>"L'eau et la santé"</i>
<u>ZAMBIA</u>	<i>Health 2000 - Theater Project. "The Epidemic".</i>

5. Deadlines for entry and receipt of contributions had to be extended as contributions were sent incomplete or through lack of coordination.
6. The programmes were auditioned and commented on objectively, with due weight given to the programme notes and selection criteria. The programmes produced in national languages were also heard so that the Jury could get the feel of the general atmosphere.
7. The Jury deliberated, classified contributions and announced the final results:

1st prize: Awarded to Mrs. Tsenna Mengistu
ETHIOPIAN EDUCATION BROADCASTING SERVICE
for her programme:

"Primary Health Care - Cutting the Umbilical Cord"

A radio play based on traditional practices, aimed at making traditional midwives and mothers aware of practising hygiene at birth.

The programme was prepared in co-operation with the Ethiopian Red Cross Society and was part of a national health education campaign.

It was broadcast in 4 national languages by 11 broadcasting stations and included visual support, an animator's guide and an evaluation questionnaire.

2nd prize: Awarded to Wondly Pays, Trow-Trow Artist Workshop
RADIO ELWA, Monrovia, Liberia.
for his programme:

"Medicine for Open Mole"

A radio play aimed at detecting and caring for infant diarrhoea, one symptom of which is the open mole, traditionally cared for by applying herbs and leaves.

15' messages on how to use oral rehydration solutions, nutrition and breastfeeding along with radio plays and promotion spots punctuated daily broadcasts and were transmitted in "Liberian English" and three national languages.

3rd prize: Awarded to Mrs. Amie Joof-Cole

RADIO GAMBIA
for her programme:

"The Happy Baby Lottery"

A programme-magazine which was part of a promotional multi-media campaign aimed at eliminating malnutrition and acute infant diarrhoea by preparing and correctly administering oral rehydration solutions. The programme also includes a health spot and visual support.

Rural and suburban audiences aimed at are:

- mothers, grandmothers and children under 5;
- local leaders, fathers of children under 5.

8. Jury appreciations and observations

a) Community participation

As radio is the most popular medium for information, education and communication among the rural public, (80 % of the African population), the Jury noted that community participation towards their own development and implementation of primary health care is, except in rare cases, clearly insufficient.

b) Target-group

The majority of the programmes were produced in radio studios far from grass-root level realities. Radio campaigns should aim primarily at provoking socio-dynamic behaviour in starting to define the target audience and its socio-cultural traditions to facilitate assimilation of the message and to promote fully participation of the desired objectives.

c) Development communication support

Thus efforts by rural radios, radio-clubs and educational broadcasting services which fully associate their audiences, and complement broadcasting by audio-visual animation techniques, fully encourage community participation in rural development.

The programmes and contributions from the winning radios increase awareness by field animation before and after broadcasting. They include listeners' reports and complementary media support.

However health education radio campaigns geared to rural areas are still rare, sometimes poorly structured or not always part of the rural radio programmes.

d) Health Education Radio Campaigns

If radio campaign are to be completely effective, they should be built up in various steps; defining the objective, based on audience needs and centres of interest; defining the target audience; producing messages; preparing the audience; gathering feed back and assessment of the campaign.

These various steps are still insufficiently applied and deserve all planners' full attention.

e) The concept of primary health care

Compared with the 1981 Prize, some participants had a better approach to primary health care, its eight components, its specific approach and its integration in rural development (which is based on the village community as the keystone). The Jury noted with satisfaction the progress made by various participants and the winning radios, but realized that a considerable efforts is still needed in the field of information, sensitisation and motivation.

9. The official Awards Ceremony of THE RED CROSS RADIO PRIZE to promote Primary Health Care in Africa 1983 will be organized in Dakar (Senegal) on 28 May 1983 with the first prize winner present. The ceremony will be organized during the "Sub-regional field communications in PHC training workshop" held jointly by CESTI and the League.

The 2nd and 3rd Prizes will be given in their respective countries.

10. In the light of past experience and in response to the wishes of African radio broadcasting networks, the RED CROSS RADIO PRIZE 1985 will be launched in June 1984. Contributions from participating radios will be asked for by 31 December 1984.

The Jury thanks the radio stations for their participation and looks forward to their future cooperation.

The President of the Jury

Ingrid Flaks

Encls. - 1 regulations

- contribution of the 1st prize winner . "Primary Health Care and the process of cutting the ombilical cord"

- 1 PHC brochure

LEAGUE OF RED CROSS SOCIETIES

GENEVA

SPECIAL PRIZE AWARDED TO A NATIONAL RED CROSS OR RED CRESCENT SOCIETY

- A. The League of Red Cross Societies has decided to award a Special Prize to the National Society having given tangible support in rural animation to the
- NATIONAL RADIO SERVICE
- in the context of the Red Cross Radio Prize 1983 for the promotion of community participation in primary health care.
- B. Special attention will be paid to the following criteria:
1. Co-ordination for the Red Cross Radio Prize between the National Society and the Radio Service and the national bodies involved in implementing primary health care or any other health activity with community participation.
 2. Preparation of rural communities for radio health education campaigns (radio, press, National Society, etc.)
 - (a) at national level
 - (b) at regional and local branch levels
 3. Sensitization and animation of the public:
 - (a) before the broadcasts
 - (b) after the broadcasts
 - (c) compilation of listener feedback (by the radio, field agents, Red Cross animators, etc.)
 - (d) have supplementary media (posters, magic lanterns, flannelgraphs, etc.) been used?
- C. This data should reach us by 30 November 1982 at the latest.
- D. The winning National Society will be associated with the official ceremony for the award of the Red Cross Radio Prize 1983 in May 1983.



LEAGUE OF RED CROSS SOCIETIES

International Federation of National Red Cross
and Red Crescent Societies

RED CROSS RADIO PRIZE 1983

PRIMARY HEALTH CARE

A F R I C A

R E G U L A T I O N S

1. The League of Red Cross Societies has decided to award for the second time, three prizes of SFr 2,500.-, 1,500.-, and 1,000.- to producers of the best radio programme in the framework of a health education broadcasting campaign in Africa, to promote COMMUNITY PARTICIPATION IN IMPLEMENTING PRIMARY HEALTH CARE.
2. URTNA, WHO and UNICEF in Africa have associated themselves with the LEAGUE OF RED CROSS SOCIETIES and will do their utmost to create favourable conditions for publicizing, organizing and promoting the contest and the follow-up activities.
3. The Jury is composed of one representative each of URTNA, WHO, UNICEF and the League.

The prizes will be awarded by majority vote, each member of the Jury having one vote. In the event of a tied vote, the Chairman of the Jury (representing the League of Red Cross Societies) shall have the casting vote, enabling him to decide on the prizewinners.
4. The radio programme must fulfil the specifications given below:
 - a) They shall be produced within the context of a health education radio campaign dealing with a priority subject related to PRIMARY HEALTH CARE.
 - b) They shall be produced in a national language with duration of 15 to 30'.
 - c) They shall be aimed at stimulating self-help and community participation.
 - d) The form and content of the programmes should be intelligible to illiterate or semi-literate audiences in rural or suburban areas.
 - e) In order that the Jury may fully appreciate the programme, the producers are requested to provide a recorded sample in one of the following languages: French, English, Arabic or Portuguese, for possible broadcasting.

- f) The programme and the recorded sample shall be accompanied by a synopsis and a detailed programme note containing a presentation text, information on broadcast date, hour and audiences reached, an assessment and expected follow-up to the global radio campaign. This programme note will play an important role in the Jury's evaluation.
- g) Your entry should comprise:
1. A programme in national language
 2. A recorded sample for assessment by the Jury
 3. A script
 4. A programme note covering:
 - a. a presentation text
 - b. the date and hour of programming
 - c. audiences reached
 - d. an assessment of the radio programme and expected follow-up under the national programme of action on Primary Health Care.
5. The final date for application is 15 October 1982.
6. Your entry comprising the items of paragraph g. should reach the League of Red Cross Societies by 30 November 1982 at the latest.
7. The first prizewinning should be able to attend the presentation of the Red Cross Prize, which will take place during a ceremony organized jointly by the members of the Jury during May 1983.
8. The prizewinning programmes and/or the sample recording will be available for broadcasting, copyright free, by the African media concerned, and the media suggested by the institutions represented on the Jury.
9. The Jury's decision is final.

For the Red Cross PHC Prize



Ingrid Flaks
Development Support Communication Adviser
League of Red Cross Societies



WORLD HEALTH ORGANIZATION - ORGANISATION MONDIALE DE LA SANTE
LEAGUE OF RED CROSS SOCIETIES - LIGUE DES SOCIETES DE LA CROIX-ROUGE
UNICEF - URUNA



RED CROSS RADIO PRIZE - PROMOTION OF PRIMARY HEALTH CARE

A F R I C A 1983

First Prize (*) awarded to:

Mr. TSENNA MENGISTU

ETHIOPIAN EDUCATIONAL BROADCASTING SERVICE

for the programme:

Primary Health Care - the process of cutting the umbilical cord

1. Script
2. Programme note
3. Animators' Guide
4. Evaluation questionnaire
5. Red Cross animation activities before and after broadcasting

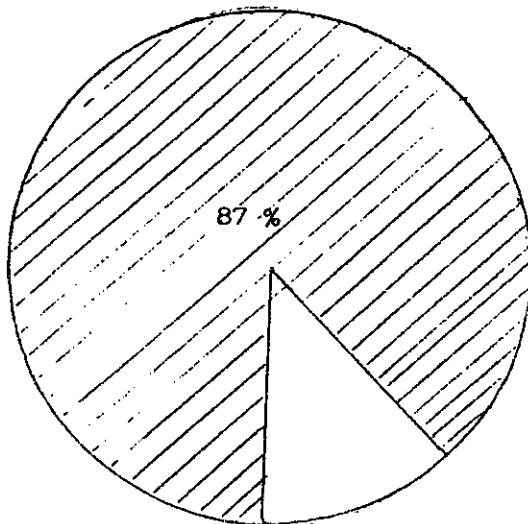
*THE ETHIOPIAN EDUCATIONAL BROADCASTING SERVICE
is an autonomous broadcasting centre which gives
supportive services to primary schools by means
of radio and television instructions. In addition,
the centre broadcasts special adult programs to
the rural communities focusing on general health
education, agriculture and politization in the
context of the on-going literacy campaign.*

(*) Second Prize: RADIO ELWA, Monrovia, Liberia
"The medicine for open mole"

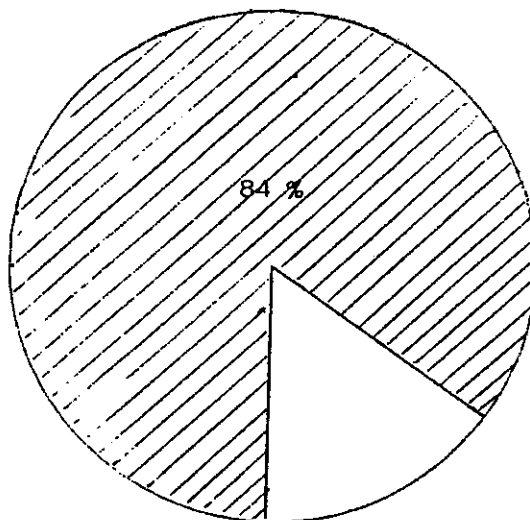
Third Prize: RADIO GAMBIA
"The happy Baby Lottery"

MOYENNE OBTENUE DES CONTRIBUTIONS PRIMEES - AVERAGE VOTE OF WINNING CONTRIBUTIONS

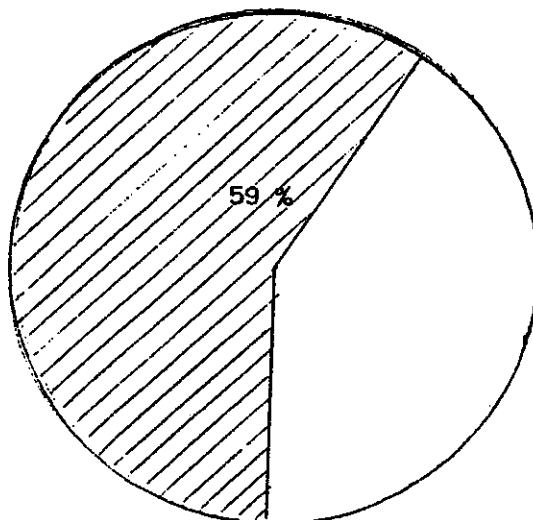
I ETHIOPIE



II LIBERIA



III GAMBIE





SERIES: Health & Society

PROGRAMME TITLE: Primary Health Care and the process of cutting the umbilical-cord.

WEEK: 3rd week of October, 1982

DURATION:

	<u>Amharic</u>	<u>English</u>
	29 min. 30 sec.	26 min. 30 sec.

PRODUCER: Tsenna Mengistu

PRESENTERS

	<u>Amharic</u>	<u>English</u>
1. Announcer	Dilnessahu	Dilnessahu
2. Narrator	Asres	Rahel
3. Mid-wife	Tsigie	Adey
4. Father	Damtew	Tsenna
5. Health agent	W/Mariam	Asrat
6. Mother	Rosa	Rosa
7. Villager-crier	Aberra	Aberra

SOUND EFFECTS

1. Baby crying	4. Cows mooing
2. Wood being chopped	5. Cock crowing
3. Dog barbing	6. Bird chirping



MUSIC

Theme music

TRANSMISSION TIME-TABLE

The first broadcast of this programme was scheduled for the morning transmission of Tuesday, October 26, 1982 (from 7.15 - 7.45), and the repeat for the afternoon transmission of Friday, October 29, 1982 (from 5.00 - 5.30).

Those marked with a Red Cross are the programmes produced by the Ethiopian Red Cross.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<u>M O R N I N G</u>						
7.10-7.15/7.15-7.45/7.45-7.55	Agriculture (Tigrigna)	Health (Amharic) 	Pol. Edu. (Tigrigna)	Health (Tigrigna)	Agriculture (Amharic)	Pol. Ed. (Amharic)
<u>A F T E R N O O N</u>						
4.55-5.00/5.00-5.30/5.30-5.40	Agriculture (Amharic)	Pol. Ed. (Tigrigna)	Health (Tigrigna)	Pol. Ed. (Amharic)	Health (Amharic) 	Agriculture (Tigrigna)

1. Each regional transmitter has its own transmission time-table and this one shows that of the "Makale" regional transmitter.
2. The times indicated before and after the actual transmission period are those reserved for the pre-broadcast & post-broadcast activities.

1. Theme music played *low under voice.*
2. Announcer Health and Society
3. *Up with theme music and then fade under voice.*
4. Announcer Health and Society
5. *Up with theme music and then fade under voice.*
6. Announcer The Ethiopian Education Broadcasting Service presents this programme to you in cooperation with the Ethiopian Red Cross Society.
7. *Up with theme music and then fade under voice.*
8. Announcer Produced by Tsenna Mengistu
9. *Up with theme music and then fade under voice and out.*
10. *Shrilling voice of a new born.*
11. *"Ellilta"(mix with 10)*
12. Narrator

Hallo, listeners! .
 I'm sure most of you are familiar with what you just heard. That is how the new-born ones are received and welcomed in many parts of Ethiopia. And that is not without reason. It's often said that reproduction is the only string that ties the past with the present and the present with the future generation. Don't you agree? I hope you do. It is no wonder then that merry-making is common in almost every family when a new baby is born.
 But! Alas!
13. Village-crier

(Shouting loudly) Wo...O...Oy! Wo...O...
 O...y! Wo...O...y!

Tora-Meda! Tora-Meda! Listen here! Listen here! Ato Deneba has lost his child. The funeral is at St. George church in a little while. You, all are asked to attend! and help in the funeral!

./..

14. Narrator
(Sorrowfully)
 What a pity! That is the village-crier that announces the death of many, many unfortunate young ones who are taken away every day, every hour and every minute. This is the case in almost all developing countries, and Ethiopia is no exception. A research, conducted recently, shows that out of every 1,000 born about 200 lose their lives before the age of one. Why such a disaster? Why is this common especially in the developing countries? And what should be done to control this situation?
15. Mother
(Painfully in a low voice) Oh! Oh!
 I'm dying - please help me - Oh!
 When is it going to end?
16. Mid-wife
 Very soon Woizero Genet! You're almost through! Be strong! It's coming dear! Be brave.
17. Mother
(Screaming) Oh! No! I'm dying
 Mrs Tangut.
18.
Wood being chopped from a distance
(fades in and under voice)
19. Mother
(Screaming) Oh! Go! Please call some one!... Do something! I'm dying.
20. Mid-wife
 Don't worry my dear. I'm here to help you. Everybody's is gone to work. But your husband is outside. He's chopping some wood.
21. Mother
(Screaming) Oh! Please Mrs Tangut Hold me! Hold me tight! I'm going to die.
22. Mid-wife
 Okay! It's a'most over. Just one strong push! Hold your breath and push!
23. Mother
(Strongly breathing) Oh! Lord!
24. Mid-wife
(Excited) Yes! Yes! that's good!
 That's my good girl!

./..

25. Shrilling voice of a new born baby
(fades in and under voice)
26. Mid-wife (Shouts happily) "Ellil!" "Ellil!"
There you see! It's over - you've done
it. (Shouts) "Ellil!"
"Ellil!". You've just delivered the
most beautiful baby. (Shouting)
Ellil! Ellil!!
Now, let me cut the umbilical-cord.
27. Mother (With a weak voice) Ah! Ah! please
don't Mrs Tangut. Don't cut it with
that!
28. Mid-wife (Surprised) What do you mean don't cut
it with that!
29. Mother (With a weak voice) We've prepared
another one.
30. Mid-wife (Sarcastically) So! Now you're the
expert-hugh!
31. Father (Coming close and excitedly)
How is she? Mrs Tangut? How is she?
has she delivered?
32. Mid-wife (Relaxed) Yes! my friend! She is fine!
She's just delivered a beautiful baby.
33. Father Oh! Thank God. How is the baby?
34. Mid-wife Baby's fine too. But she's telling me
not use this blade of mine.. This is
what I always use.
35. Father (In a hurry) No! No! Mrs Tangut
Don't use that!
36. Mid-wife (Surprised) No? What then?
37. Father We've prepared the pieces of string
and the blade. We've boiled them al-
ready... Yes, here, they are.
They're clean and ready. Use them.
38. Mid-wife (Surprised) Why? Why are you refusing
mine? I just can't understand.

./...

39. Father *(Rather angrily)* Oh! please Mrs. Tangut! We've had an unforgettable experience with our first child. So we don't want to repeat the same mistake. Please use these!.....Here! We want to be on the safe side.
40. Mid-wife *(Sarcastically)* Ah! you modern youngsters! So you think you know better than me, hugh! Let me tell you something. It's risky to use anything tha has been exposed to fire.
41. Father *(Surprised)* Oh!
42. Mid-wife Yes! It makes the mother and child dislike each other. *(pause)* Yes! What do you, young ones know! You know our times are so wicked that children don't care for their parents as it is - let alone with this added to it.
43. Father *(Father angrily)* Oh! forget all that Mrs. Tangut. I want you to use this blade and these pieces of string. I told you we want to be on the safe side.
44. Mid-wife *(With a tone of resignation)*
Okay! Give me. Why should I care. After all it's your concern not mine.
45. Father That's alright. Here it is. Tie the strings well. Do tie them real tight or else it could bleed. I've heard that could be dangerous.
46. Mid-wide *(Very angrily)* Oh! shut up! will you! What do you think I am an amateur? I've been a mid-wife almost all my life you know or else come and do it yourself.
47. Father Oh! I'm sorry. It's just that I'm worried.
48. Mid-wife I said don't worry. I know what I'm doing.
49. *Baby crying - (fades in and under voice)*

./...

50. Father That is good. So everything is over now.
Are you tired Genet?
51. Mother (Breathing hard and in a weak voice)
Yes I'm.
52. Mid-wife I know the labour has exhausted you.
You can sleep for a while and rest.
53. Mother (With a weak voice) Alright, thank you
very much, Mrs. Tangut.
54. Dog barking from a distance (fades in
and under voice)
55. Mother (In a weak voice) I wonder who's here.
The dog is barking.
56. Mid-wife It must be a visitor, Ato Deribe.
You better go out and see - that dog is
dangerous you know!
57. Father Yes I know. Most probably it may be the
health agent from our Farmers' Association.
I met him this morning and having mentioned
my wife's condition he had promised to come
by and see her.
(Off mike) Any way I'll go and see who
it is.
58. Mid-wife (Sarcastically) So, why did you call
me if you've the so-called health-agent
to help you.
59. Mother (With a weak voice) Please Mrs. Tangut
Don't you get offended. The so called
health agent hasn't been here so long.
It's amazing he's here today. It's
you who took all the trouble with me.
I wanted you to help me. You arrived
on time and now it's all safely finished.
Please don't bother about him. He might
only give us some advice. That's all.
(Sighs) Oh! I think I'm too tired even
to speak.
60. Mid-wife Forget it Genet. I know you're tired.
You just rest now. A new mother needs
all the rest she can get.
61. Mother Alright - What about the baby Mrs. Tangut.

./...

62. Mid-wife *(Laughing)* So now you've forgotten over your pains and worry about your baby -- hugh? I know mothers are all the same. Don't worry about the baby, you just rest.
63. *Baby crying - (fades in and under voice)*
64. Father *(Talking to the health agent and approaching)*
Yes, yes everything is over.
65. Health agent *(Approaching)* Oh! good... good... sorry I didn't come on time.
66. Mid-wife *(Loudly)* Oh! You're here. I see!
67. Father *(Approaching)* Yes it's the health agent I told you about. He's here to check on the health condition of our village.
So Mrs. Tangut meet Ato Tibebe - our health agent.
68. Mid-wife *(Sarcastically)* Oh! I see! Welcome Sir! But it's unfortunate - You arrived a little too late. We've just finished everything.
69. Health agent ... Oh! good! How is she? - the mother?
70. Mid-wife She's fine. She's now resting. She had a rough labour period. She's rather exhausted and I told her to get some rest - And she's now sleeping I guess. Otherwise, She's fine.
71. Health agent And the baby?
72. Mid-wife Baby is fine too. I had thought of putting some dung on his sore belly but I couldn't find anyone to bring me some from outside.
Would you please me Ate Derbe?
73. Health agent *(Interrupting)* No! No! I don't think you should do that madame.
74. Mid-wife Oh! No - why? Just tell me why not?
75. Health agent Well, It's just not good.

./...

76. Mid-wife *(Angrily)* That's what you think -
hugh! Let me tell you - Unless some
dung or butter is put on the area
where the umbilical-cord was cut the
poor baby will suffer from nightmares
and frightful dreams all his life!
77. Health agent No! No! Madame. This is a custom
we've to get rid of. It's harmful
to the baby.
78. Father That is true. I think we've to stop
that Mrs. Tangut. I'm afraid the dung
will cause problems agan - I've has
enough of that.
79. Mid-wife *(Angrily)* Oh! you talk so much about
what has happened to you before -
Tell me what is that really happened.
80. Father Let Genet sleep peacefully. Let's us
not shout here please - I think we will
have to go to the next room and chat
there.
81. Mid-wife I think that is better. You two can go
and sit there. I'll stay here a little
and help the baby to sleep.
82. Father *(Off mike)* OK! Come Tibetu. let's go.
83. *Baby crying (gradually fades out)*
84. Health agent *(Whispering)* Is that the mid-wife in this
village?
85. Father *(Loudly)* Yes, she is called Mrs. Tangut,
she is the mid-wife of this village.
86. Health agent *(Whispering)* Ah! Ah! don't speak so loud
please. I see that the rooms are so
close. She might overhear us
87. Father No problem. She is partially deaf.
She can't hear clearly from a distance.
88. Health agent Aha! But tell me how is she as a mid-
wife. Is she careful?
89. Father *(Hesitating)* Well... they say she used
to be very efficient before. But now,
I guess it's with her age, she's not as

good any more - And as you might have heard the new-born ones are dying like flies these days, and some people blame her for all that.
Well!..... I don't know.

90. Health agent Oh! Oh! I think she heard what we said. The old lady is shouting and coming.
91. Mid-wife *(Interrupting and shouting)*
I heard you! I heard you! You back-biters! hh! That's all nonsense!
92. *Cows mooing - from a distance*
(fades in and under voice)
93. Health agent *(Whispering to Derebe)* You see, I told you she could overhear what we say. We should've been careful.
94. Mid-wife *(Still angry)* I heard you! I helped your wife when she was in pain and you call me all these names! I should have known.
95. Father *(Puzzled)* No Mrs Tangut. You must excuse us. We weren't actually insulting you.
96. Mid-wife *(Angrily)* Oh yes ? That's what you think - I heard you calling careless and saying that I caused the deaths of all the children dying these days. God forbid! I've never been so insulted like this before - I've always been helping women in labour and delivery - Oh no! never! never!
(Angrily) Well - You might as well take me to court if you consider me a criminal - Oh! never!
97. Father *(Puzzled)* Mrs Tangut, I've said it so many times. I keep interrupting you saying this and that because of my first experience. Another mid-wife, in the village we lived in before cut our baby's umbilical cord with a dirty blade and he died of infections.
98. Mid-wife Oh!
99. Father Yes, that's what the doctors told us.

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100. Health agent So, you see Mrs Tangut. We weren't talking about you. We were discussing another person. Wasn't it so Ato Derbe?
101. Father Yes, that's what I'm saying.
102. Health agent So, do excuse us Mrs. Tangut - It's because, Ato Derbe was very upset about the first child he lost. And it was all due to lack of care on the part of the mid-wife.
103. Mid-wife *(Regretfully)* Oh! how sad! I got upset and angry because I thought you were saying all that about me. My ears are surely getting weak. I never used to have problems with my ears. But now - Oh! I'm getting old.
104. Father *(Laughing)* Yes. I believe so Mrs Tangut.
105. Health agent Anyway - Do sit down here with us - You see we were talking about how and why Ato Derbe lost his first child.
106. Mid-wife OK! I'll stay here with you. Genet and the baby are still asleep.
107. Health agent Good. So what was the problem with your first child, Ato Derbe?
108. Father *(Sadly)* Oh! that was very very tragic. You see the baby had very high fever, his whole body became stiff, he could not even open his mouth. He just became like a dry piece of wood.
109. Mid-wife *(Sorrowfully)* My goodness!
110. Father We took him to the traditional medicine men. They couldn't help him at all. Finally we took him to the town - to the clinic. But the doctors told us it was too late and there was nothing they could do.
111. Mid-wife Poor thing! - I knew it! Evil spirits! They took him away!
112. Health agent No, I don't believe it was evil spirits Mrs. Tangut.

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113. Mid-wife
 What then? I know - It's evil spirits that stiffens the body and sticks the jaws together. I know.
114.
Cock crowing from a distance
(fades in and under voice)
115. Father
 No. It's something else Mrs. Tangut. The doctors had told us its nameUm! Um!.... I seem to have forgotten (hesitating) - I think they called it "tita" "ti tu mas" or something like that any way.
116. Health agent
(Laughing) Yes - It's called Tetanus.
117. Mid-wife
(Surprised) My! - How you modern doctors like to give new names. We've known such sicknesses since way back when? --- and it's all due to evil spirits. Nothing else!!
118. Health agent
 Well, whatever it may be we need to know what causes it.
119. Father
 When we took our first child to the clinic the doctors told us that it was due to some infection. They said that if a baby's umbilical-cord is cut with a dirty and rusty blade or if it is tied with dirty pieces of string that causes infection which is tetanus. And they advised us to be careful in the future.
120. Mid-wife
(Sarcastically) So that's why?
121. Father
 Yes, that's why I kept on getting in your way this morning.
122. Mid-wife
 I don't actually believe a word of what you, you doctors say. I've been a mid-wife all my life and all I've always use whatever is this old blade of mine, I use whatever strings I find near by and I've never lost a child.
123. Health-agent
 Well, you see, Mrs. Tangut some children might have escaped, but believe me a lot of them might have died.

. / ...

124. Mid-wife
May be with others, but not with me.
Tangut! None of the children I delivered
have died.
125. Health agent
You see Mrs. Tangut, besides using dirty
blades and strings the tradition of
putting butter, and dung is just as
dangerous. Also if the personal hygiene
of the mid-wife that of the mother is
not satisfactory, if the delivery takes
place in unhygienic surroundings, you
know... dirty floor mats, grass leaves
and so on, and if the new born baby
is covered with dirty pieces of cloth...
all these are just as bad. They all can
cause infection. So, you have to beware
of all these as a mid-wife.
126.
Bird chirping - from a distance -
(fades in and under voice).
127. Father
That is true. And may be that is why
babies are dying like flies these
days - Oh! God forbid!
128. Mid-wife
So, from what you're saying we mid-wives
are causing all these deaths - you know
our dirty and rusty blades and dirty
strings - we we're not needed anymore -
hugh?
129. Health agent
No! Not at all. Traditional mid-wives
like you are very badly needed. What
we're saying is that some of the harm-
ful traditional practices that you
follow must be avoided. And in order
to help the traditional mid-wives avoid
their traditional harmful practices a
training programme will start soon.
130. Village crier
Shouting from a distance
Coming nearer, then fading away!
Woo-O-O-y! Woo-O-O-y! Woo-O-O-y!
Tora-Meda! Tora-Meda! Listen here!
Listen here! Ato Sebhat Geremew has
lost his child. The funeral is at
St. George's Church. You all are asked
to come out at once.
131. Father
(Shocked) Oh! dear! Did you hear that?

./...

132. Mid-wife What! What did he say?
Whose child did he say?
133. Father He said Ato Sebhat Geremew's child has
died and we should go to the funeral.
134. Mid-wife (*Shocked*) Oh, my! God! She was only
two months old - Oh my - my!...
I'm starting to wonder - All you've
been saying seems to be coming true.
135. Health agent That's what we're trying to tell you!
136. Father (*Sadly*) Ah! Ah! It's getting too much
in our village - A happy day it should
have been for me - I just got a son.
But we've been talking so long that I
didn't even invite you to something
to drink - And now this news! - very
sad! Very unfortunate I must go and
help Sebhat. He's a good friend of mine.
137. Health agent Yes, I better leave as well.
138. Father Alright, Mrs. Tangut please stay here
till Genet wakes up and when others
return from work they will relieve you.
139. Mid-wife OK! I'll stay here. You two can go.
140. Health agent (*Off mike*) OK! Good bye! Mrs. Tangut.
Give my regards to W/ro Genet when she
wakes up.
141. Mid-wife Okay! I will. Good bye!
142. Father (*Off mike*) Good bye! Mrs. Tangut.
And thank you very much.
143. Mid-wife (*Pause*)
(*Absorbedly talking to herself*)
Oh! My Gracious! It's really unbelievable.
It's amazing. They tell me that I
shouldn't use this old blade of mine to
cut the umbilical cord with! I shouldn't
put butter or dung on the baby's sore
belly? It's incredible! They tell me
the thing that stiffens the body and
sticks the Jaws together is a disease
caused by lack of primary health care
on the mid-wife's part?

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In that case

Ato Santayehu's *(Pause)*

Ato Melake's *(Pause)*

Woizero Kekemua's - all those children must have died because of that? No!No! I don't believe it -

But it must be true! cause Ato Sebhat's child also just died. Oh! My Gracious God - forgive me! I didn't do any of it knowingly. But surely it was all a crime - forgive me Lord! *(Pause)*

I should've known. I should've known. I should've understood when Ato Tibebe and Ato Derbe talked about me this morning!

- They said I'm a criminal. How can it be?

Oh! I'm really confused.

Oh! Lord Please help me I'm a poor woman what can I do now?

And the health agent says they are going to train the mid-wives.

- Will they take me in with the others?

(Pause)

- What a day - It's really unbelievable.

144.

Baby crying - from a distance
(fades in and under voice)

145. Mother

(Surprisedly calling out from a distance)
 Mrs. Tangut! Mrs Tangut! Aren't you alright? It seems you're talking by yourself. Are you alone?

146. Mid-wife

(Waking-up) Oh! dear! - are you up ?
 I'm alright - I'm alright, don't worry.

147. Narrator

Now listeners,
 as we have just heard, the traditional mid-wife seems to have been convinced at last.

Why? - Well, I say it was partly due to the bitter experience of the parents of the new baby. They strongly advised the traditional mid-wife to avoid some of the unhealthy traditional practices. As it's often said, a burnt child dreads fire. And truly isn't prior care better than life-long suffering? What do you think? Discuss this question and the others mentioned in the animator guide after the broadcast.

148.

Closing Music (under voice)

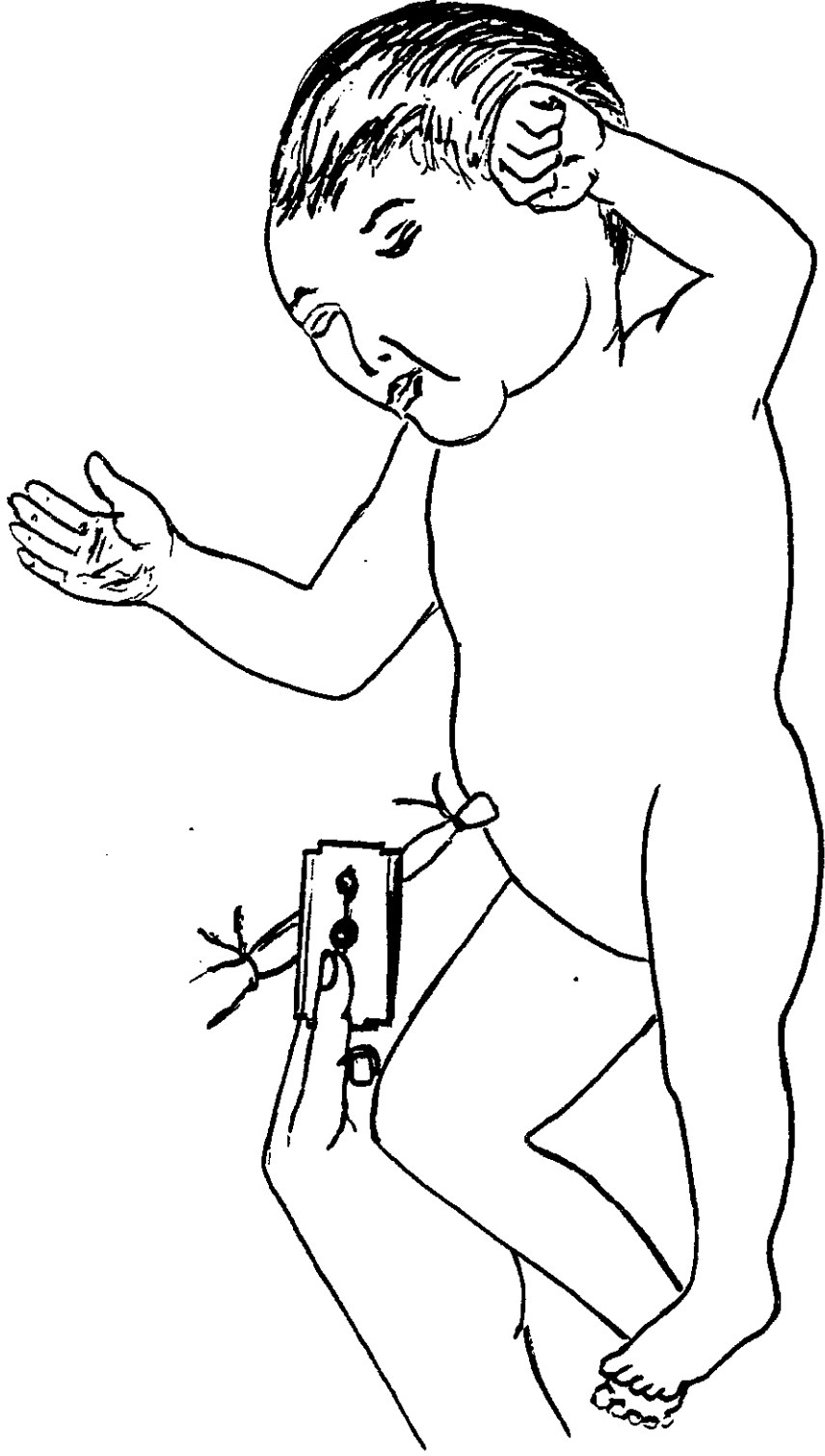
149. Announcer

Our programme for today ends here.
If you've any questions or suggestions
Please write to us.
We would also like to request all centre
animators to fill the evaluation
questionnaires as soon as the broadcast
is over and send them to us immediately.
Join us again next week and till then
goodbye everyone!

150.

Closing Music (Up and then fade out)

Primary Health care...



... & the process of cutting
the umbilical-cord.

PROGRAMME NOTE

The Ethiopian Educational Broadcasting Service, in cooperation with concerned institutions, broadcasts weekly health programmes mainly addressed to the captive audience of the rural vocational training and literacy centre participants. Originally produced in Amharic, the programme is also transmitted into 3 other national languages (Oromogna, Tigregna, Walaitigna) so as to adapt it to the needs of the different regions of diverse socio-cultural complexities.

This version, however, as it is produced in the official language (Amharic) is transmitted twice a week by all the 11 educational transmitters located in the different regions of the country. And this particular programme was one of those prepared by the Ethiopian Red Cross Society and transmitted in the 3rd week of October, 1982.

Synopsis of the programme

The various services rendered by traditional mid-wives are obviously indispensable in the countries like ours where modern medical treatment has not yet reached the majority of the rural population. Nevertheless, owing to different sets of traditional belief, some of their activities particularly those associated with the process of cutting the umbilical cord and the application of things like butter and dung in persistent adherence to tradition and custom, often turn out to be harmful to the new born ones eventually causing tetanus.

Consequently, it has been felt necessary to launch an all out national campaign with a view to introducing the traditional mid-wives to some aspects of modern medical treatment related to their activities when a new born baby is born. And this programme is designed to promote the process of sensitization of the general public towards that end.

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Presentation of the programme

- A. The programme opens with a shrilling voice of a new-born baby and "ELILITA" the traditional joyous out-cry usually chanted by women to welcome the new-born baby.
- B. The narration that follows underscores the fact that reproduction is so important since it is the only string that binds the past with the present and the present with the past generation, leading to the conclusion that the act of merry making when a new baby is born is proper and justifiable. Conversely, it points out to the fact that the rate of child mortality in the country is very high due, mainly, to the unhealthy traditional practices carried out by some traditional mid-wives and raises the question as to what should be done to combat this catastrophe.
- C. "Tora Meda" a very small village in the country is the setting and the main body of the programme is based on the dialogue (with a bit of dramatization) between the characters represented by the parents of the new-born baby, the health agent from the "Woreda" Farmers' Association and the traditional mid-wife. The issue is the high rate of child mortality in that particular village and the main concern is why so many children die and what should be done to alleviate the problem.

The conflict starts between the traditional mid-wife and the parents of the new-born baby upon the question of how the umbilical cord should be cut. The parents, whose earlier child had died of tetanus, insist that well-cleaned pieces of string and razor be applied while the traditional mid-wife tries to maintain her position arguing that if the umbilical cord of a new-born baby is cut with any thing exposed to fire the child will later hate his/her parents and doesn't take care of them during their old age. The health agent from the "Woreda" farmers' Association, taking the side of the parents, stresses the fact that in order to prevent tetanus all the necessary care should be taken when a baby is born. Supported by the father who recalls his bitter experience in this regard, he systematically tries to convince the traditional mid-wife to give some of the unhealthy practices that could be dangerous to the new-born ones.

Finally, although the traditional mid-wife did seem to maintain her position throughout the conversation, she was later to be regretting all what she did in the past. Apparently she was convinced.

- D. The closing narration appreciates the alertness of the parents of the new-born baby, who having learnt from their bitter past experience, saw to it that all the necessary care was taken for the new born baby, which in turn greatly contributed to the effort made to convince the traditional mid-wife. And in conclusion, it raises the question: Is prevention not better than cure ?, and invites the audience particularly the captive audience to discuss this and the other questions mentioned in the animators' guide after the broadcast.

AUDIENCES

This programme is basically designed to stress the importance of primary health care and is mainly addressed to the following 2 sets of captive audiences.

A) Adult Vocational Training Centre Participants

The training programme is carried out in the rural areas and is jointly run by the ministries of health, agriculture, educational and others. It is also supported by radio instructions of several dimensions, and in each case there are well-organized listening centres and centre animators.

The animators' guides are sent in advance to help them acquaint themselves with pre and post programme activities. At the moment there are about 300 listening centres of this type and a total number of about 15,000 participants. The number of centres and participants, is also increasing day by day as maximum effort is still being exerted towards that end.

B) Rural areas

The 2nd groups of our target audience are the 8th round literacy campaign participants about 90% of whom come from rural areas. This is a national-wide programme and high school graduates are sent out as campaigners every year. Adult participants at each centre are to listen to the radio instructions in accordance with the transmission time-table. The campaigners at each centre are supposed to play the role of animators, and at present there are about 1,375,000 participants in this group.

Finally although the programme is primarily geared towards the above mentioned 2 sets of target audiences, nevertheless it is hoped that the generality of the population does benefit from it as the transmission (by all the 11 regional transmitters) covers less than 85% of the country.

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ANIMATORS GUIDE

3

SERIES: Health and Society

WEEK: 3rd week of October, 1982

POINTS TO BE RAISED BEFORE THE BROADCAST

- A. Title of the Programme: Primary Health Care and the Process of cutting the umbilical-cord
- B. Aims of the Programme:
1. To show the necessity of taking due care when the umbilical-cord is cut in order to avoid the dangers involved.
 2. To raise the consciousness of the traditional mid-wives by making them aware of the dangers of some of the unhealthy practices that they carry out when a new baby is born.
- C. Synopsis of the Programme: The various services rendered by traditional mid-wives are obviously indispensable in countries like ours where modern medical treatment has not yet reached the majority of the rural population. Nevertheless owing to different sets of traditional belief, some of their activities particularly those associated with the process of cutting the umbilical-cord, and the application of things like dung or butter in persistent adherence to tradition, often turn out to be harmful eventually causing tetanus on the new-born ones.

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Consequently, it has been felt necessary to launch an all-out national campaign with a view to introducing the traditional mid-wives to some aspects of modern medical treatment related to their activities when a new baby is born. And this programme is designed to promote the process of sensitization of the general public towards that end.

BEFORE THE BROADCAST:

- Read out the synopsis to all the participants of the listening centre and explain the message to them more clearly.
- Carefully detach the pictorial aid which is attached at the end of the booklet. Hang it on the wall; show them for some time and fold it again before the broadcast begins.
- Put the radio set in the centre so that everybody can hear without difficulty. (If there are any members who find it difficult to hear from a distance, help them to come nearer and sit at the front).
- Warn all the members of the centre that they are not allowed to talk to one another during the broadcasts, and if they have any questions about the programme tell them that they can ask later i.e after the broadcast.

DURING THE BROADCAST

- Turn on the radio a little before the broadcast begins and check the volume so that all the members can hear without difficulty.
- Make sure that everybody is listening quietly and attentively.

AFTER THE BROADCAST

- Turn off the radio
- Use the pictorial aid again and show them clearly how:

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- a) the umbilical-cord is tightly fastened at two points with the help of well-cleaned pieces of string.
- b) the well-cleaned razor is used to cut the umbilical-cord at a point between two fastenings.

Briefly summarize the message of the programme and quickly mention that

- well cleaned razor and pieces of string must be used when the umbilical-cord is cut.
- things like butter or dung should not be applied after the umbilical-cord is cut.
- the personal hygiene of the mother and that of the mid-wife should be satisfactory.
- the surroundings in which delivery takes place should be as clean as possible.
- and also the pieces of cloth that the baby is covered with must be as clean as possible.

QUESTIONS TO BE ANSWERED IMMEDIATELY AFTER THE BROADCAST

A. "True" of "False" Questions and Answers

1. The application of things like butter and dung when the umbilical-cord is cut is dangerous for the new-born baby.

a. True

b. False

The answer is True.

2. Stiffness of the jaws and neck is one of the signs of tetanus.

a. True

b. False

The answer is True.

./..

3. Cutting the umbilical-cord with a well-cleaned razor (or with anything exposed to fire) will make the child hate his parents when he (she) grows up.

a. True

b. False

The answer is False.

4. Before the umbilical-cord is cut it must be tightly fastened at two points.

a. True

b. False

The answer is True.

B. Questions for further discussions

1. What are the major precautions that are necessary to prevent tetanus?
2. Is there any traditional means of preventing tetanus in your community?
3. What are the measures that should be taken in order to help the traditional mid-wives improve the service they give to the Society?

EVALUATION

This programme was transmitted only recently and evaluation results have not been finalized yet. Of course, from the evaluation questionnaires already filled by centre animators and sent back to us (see the sample evaluation questionnaire attached with the animators' guide) it is possible to see that the programme has generally been useful in that it has clearly demonstrated the importance of primary health care. Some government and non-government institutions in charge of the organization of the training programmes for traditional mid-wives have requested that the programme be repeated periodically.

But that is only an indication because of the fact that:

- a) the feedback in its totality is not yet processed by the evaluation office of the broadcasting service
- b) the overall effect of such a programme which is designed to bring about attitudinal change cannot be seen immediately.

EVALUATION QUESTIONNAIRE



Name of centre Asebot Adm. Region Hararghe
"Awraja" Asbe Teferi "Woreda" Asebot
Type of prog. Health Week 3rd week of October 1982
Language Amharic No. of listeners 47

Occupation of listeners:

1. Farmers 2. Weavers & tanners 3. House-wives

Date of transmission Tuesday, Oct. 26, 1982

Note the the Animators

- a) Fill this form of questionnaire immediately after the broadcast of the programme.
- b) Although each programme is broadcast twice a week you will fill the questionnaire only once - either after the first broadcast or after the repeat.
- c) Respond to all the items in the questionnaire by putting a tick mark (✓) against the alternatives that you think will answer the questions.
- d) Use the envelope attached herewith and send the questionnaire back to use as soon as it is completed.

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1. The aim of the programme was
 - a.) very clear.
 - b.) reasonably clear.
 - c.) not clear.

2. The presenters of the programme were speaking
 - a.) too fast.
 - b.) too slowly.
 - c.) at an average speed.

3. The words and the phrases used in the programme were
 - a.) difficult to understand.
 - b.) easy to understand.

4. Generally the programme was _____ the level of understanding of the rural adult listeners.
 - a.) below
 - b.) above
 - c.) exactly fitting

5. The message of the programme
 - a.) exactly reflects the needs of our community.
 - b.) slightly reflects the needs of our community.
 - c.) does not reflect the needs of our community.

6.
 - a.) There are favourable conditions.
 - b.) There aren't favourable conditions.

7. During the post-broadcast discussion of the questions raised in the animators' guide
 - a.) all members participated.
 - b.) some members participated.
 - c.) none of them participated.

8. Do you think that this programme has been successful in bringing about the desired attitudinal change among the rural areas listeners?

- ✓ a.) yes
 b.) no
 c.) I am not sure.

9. If you have any additional comments or suggestions regarding this particular programme please do write them in the space provide below.

This part of the country is very backward. There are no clinics or hospitals. All the babies are born with the help of traditional mid-wives. Your programme was very useful because it advises the traditional mid-wives to avoid the unhealthy practices and cut the umbilical-cord very carefully. Another harmful tradition in this area is the practice of keeping a delivering women in a quarantine of a forest for about 15 days. I think it would also be very useful if you can also prepare some other programmes that can help to avoid such harmful traditions.

Thanks for your cooperation

ETHIOPIAN RED CROSS SOCIETY

Some supplementary information regarding Red Cross activities before and after the radio broadcasts

In addition to the regular activities of the centre animators, the health programme produced by the Ethiopian Red Cross Society is expected to be reinforced by the activities of the Red Cross staff members from the ERCS branch offices located in the different regions of the country.

Priority needs

Evaluation of the radio programmes

Pre-broadcast activities

ERCS strengthen links with branch offices

First of all, the ERCS branch offices, on the basis of their day to day observation, point out priority needs regarding health problems in their respective regions. On the basis of this flow of information the radio programme is centrally produced and subsequently transmitted. Although this is informally done at the moment, studies are being conducted to strengthen this link in the future. The study also envisages the possibility of involving the ERCS branch offices in the evaluation of the radio programme that will be produced by the ERCS.

When the plan is fully implemented ERCS branch offices will be able to help the regular centre animators in their respective areas devising their own pre-broadcasting activities in addition to those indicated in the animators' guides. Some might use posters, illustrative leaflets, or even relevant films and cassette-recorded material as a means of animation and sensitization.

As regards the evaluation of the radio programme, the study indicates that the link that exists between ERCS and its branch offices will further be strengthened. In most cases, unlike the evaluation that is formally conducted by the regular centre animators, this one is expected to be done on an informal basis in order to avoid awareness on the part of the respondents and be able to solicit their natural response.

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