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6 pp

The excerpted pages talk about the communications techniques used during the injection campaign in Nepalese villages.

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B. Communications

Subsequent to the pilot injection programme, which stimulated increased interest at the central government level in the problem, UNICEF conducted a very simple "Knowledge, Attitude and Practice" survey among the population of Surkhet District in the middle hills. The purpose of the survey was to determine more precisely the needs for a communication support strategy on the local level.

The survey revealed that while traditional beliefs in the origins of goitre (sinful activities in a previous life, etc.) were still significant, approximately two-thirds of the population recognised goitre as a disease. Most of the people interviewed however, did not know its origins. Knowledge of the relationship of cretinism to goitre was virtually non-existent.

The principle concerns of the people surveyed concentrated on the visible signs of goitre and their resultant social stigma as well as the physical discomfort involved. Only 24 per cent of the villagers surveyed believed that goitre could be cured by a doctor and only 8 per cent had attempted iodine treatments.

In the course of this survey, an assessment of the effectiveness of the communications media utilised in the country-wide Expanded Programme of Immunisation (EPI) was also conducted. The assessment indicated clearly that while radio broadcasts had some minimal effect on the population's understanding and acceptance of health programmes, people preferred and were most affected by person to person communications from health extension workers and other community leaders supported by simple visual materials (photos, posters, flip charts, etc.) Both district health officials and vaccinators indicated that the lack of audio/visuals for use at the village level hampered communications and made the vaccinators efforts to motivate acceptance of the injections more difficult.

In addition to the local level survey, data covering communications resources, technology and services at the central government level was provided by a needs assessment analysis of Health Education Section (Dept. of Health) by the U.N. Development Training and Communications Planning (Bangkok) consultancy mission to Nepal in October 1980.

3. OBJECTIVES OF THE PROGRAMME

Based on the data collected, planners from UNICEF, and from the Health Education Section (HES) and the Expanded Programme of Immunisation (EPI) of the Ministry of Health established initial objectives of the iodised oil injection programme.

The basic objective of the programme is to establish a campaign of iodised oil injections aimed at the eradication of goitre and cretinism until an effective, efficient and controlled system of salt iodisation and distribution can be instituted in targeted areas and other areas of the country.

The programme is to be implemented over a five year period in the 20 most heavily affected districts which are located in northern Nepal. The total population of these districts is estimated at 2.75 million and the campaign is intended to inject 1.92 million of this number or 70 per cent.

Project communications support to this campaign will be to encourage a minimum of 70 per cent acceptance of the iodized oil injection by the target population.

4. METHODOLOGY

A. Programme

Following the establishment of the basic objectives, the planners of the campaign decided:

1. Administration would be handled by the Expanded Programme of Immunisation. The iodised oil injection would, however, be administered as a separate function of the EPI, not carried out in conjunction with inoculations for other diseases.
2. Health Education Section, assisted by UNICEF-Project Support Communications Service, would develop a training curriculum and communication plan, and implement this plan with EPI.

B. Project Support Communications

Attainment of the broad objectives of the Goitre and Cretinism Eradication Project involved both a long term effort to solve the problem of iodine deficiency in Nepal and the relatively short term support over a five year period to the iodised oil injection project. For this reason, project support communications was focused on:

1. A communication campaign for government planners and policy-makers which would stress the problem of goitre and cretinism and the importance of insuring a supply of iodised salt throughout Nepal as the proper solution over the long term.
2. A training curriculum with support materials which would insure acceptance of the injection by a significant portion of the targeted population. For the purposes of this exercise the planners established an initial target of 70 per cent of the villagers, with emphasis on men and women of child bearing age.

Planners/Policy Makers

The problem of bringing about a recognition of the significance of goitre and cretinism as a public health concern for government planners was attacked by assembling the data available from the surveys conducted in the initial stages of the programme and issuing a chart which graphically demonstrated the prevalence of the disease in various areas of the country. This effort was supplemented with a display of statistics, photographs and education materials at the National Exhibition Grounds. The display was visited by a large number of government officials during the celebration of the birthday of the Queen Mother.

Supervisors/Injectors

Since the pilot programme and behavioural survey revealed that villagers knew very little about the origins of goitre and cretinism, the development of an appropriate training curriculum required special attention. HES and UNICEF first identified in detail the messages that were essential to creating the proper attitudes among the target population.

It was agreed that the supervisors and injectors would have to be trained to communicate at the most basic level to villagers in order to influence the change in behaviour necessary to insure acceptance of the injection.

A list of specific training objectives was established. The curriculum was designed to give trainees:

- a. the ability to explain to villagers what goitre feels like and looks like, and particularly to explain that there are two kinds of goitre, both visible and invisible.
- b. the ability to explain to villagers that goitres sometimes do not grow in size for many years, then may suddenly increase in size.
- c. the ability to explain to villagers the effects of goitre, i.e.,
 - i. although goitre does not usually hurt them, their health is still at risk if they have goitre.
 - ii. Goitre may cause swelling of the neck, difficulty in swallowing, sweating, slowness of speech, slowness in walking and working, and palpitation in the heart.
 - iii. Even a small goitre in a parent may cause that person to have a cretin child. This is the most serious effect of goitre.
- d. the ability to recognise and point out to villagers and to describe a cretin.
- e. the ability to explain to villagers that if they take an iodised oil injection their goitre will not grow further and their children will be protected from cretinism. The injector should not say that the goitre will go away.
- f. the ability to construct and tell simple stories to dramatise all of the above messages.
- g. the ability, in a field situation, to be able to verify that villagers have understood the explanations and messages the injectors intended to convey.

C. Interventions

An initial iodised oil injection training programme was planned for Jumla District in northwestern Nepal in late May of 1980.

EPI, HES and UNICEF developed a training curriculum including methods of communication, use of visual aids, motivational factors, injection procedures and field work. The training course was designed to develop very specific communication abilities, especially motivational skills required in the field situation.

In support of the training programme, HES and UNICEF designed, tested and produced:

1. Flipcharts and posters for use by injection teams and local leaders to encourage acceptance of the injections;
2. a standardised procedure for soliciting the assistance of local leadership from both the public and private sector to promote the campaign among the villages.
3. A specific training component for injection team supervisors in techniques for surveying the prevalence of goitre and cretinism for use in monitoring/evaluation.

In selecting injector trainees, EPI gave preference to health personnel living in the district. Special efforts were also made to enlist the support and participation of other local officials and community leaders in the training course.

EPI, HES and the UNICEF conducted the training course. During the field work phase, over six thousand injections were given by the four groups of supervisors and vaccinators. Teams also conducted health education using the flip chart and poster developed by HES and solicited suggestions for revision. In addition, spot surveys were conducted to collect data for use in monitoring and evaluation. Trainers collected tape recordings of villagers comments for use in developing additional communications support materials.

On the basis of the above field activities, final revisions in the flip charts were made and a timetable for completion of coverage of Jumla district was established. (See annex for a complete description of the training programme).

5. COMMUNITY PARTICIPATION

Although participation by the target communities in the planning stage was virtually non-existent, the participation was active during the actual implementation. In addition to the fact that injectors and supervisors were drawn from health personnel from the Jumla area, community participation was encouraged by involving the local government officials in planning and conducting the training course. The Zonal Commissioner allocated a quota of government controlled rice for the injection teams and the Chief District Officer circulated an official letter encouraging participation in the campaign to the political representatives of every community.

Further support for the Jumla injection campaign was provided by spot announcements by Radio Nepal of the location and activities of the teams.

6. MONITORING/EVALUATION

EPI is monitoring the epidemiological aspects of the campaign. An agreement has been reached with the British funded KHARDEP to evaluate alternative communication methods.

In addition to the epidemiological data gathered during the pilot phase of the project, villages are selected in the targeted districts for prevalence surveys of goitre and cretinism at the time of the injections. The data from these surveys serves as a base for future evaluations of the effectiveness of the campaign.

Population statistics and health registry statistics at the local level serve as a base for establishing the degree of coverage of the campaign.

7. PROBLEMS/OPPORTUNITIES

The principal problem identified during ongoing evaluations of the pilot injection programme in Rasua and the training programmes in Jumla was the problem of dispersal of the population. Injection teams found it necessary to go from door to door in various villages and into the rice fields to find villagers (particularly women) who had not had the injection. Since the dispersal problem is seasonal, adjustments were made in the timing of injection programmes to avoid conflict with the planting cycle.

A special opportunity presented itself for improving the community participation aspect and population coverage of the programme in late 1980. The United Kingdom funded Koshi Hill Area Rural Development Programme (KHARDEP), which operates in Sankhuwasabha District in eastern Nepal, agreed to undertake the iodised oil injection project in the district and to conduct a detailed evaluation of different forms of communication intervention using the materials developed by HES. KHARDEP has a larger staff of field workers for community motivation than EPI.

To solve the dispersal problem, KHARDEP will experiment with different communications approaches. Using the HES flip charts and posters, KHARDEP injection teams will use the combined health education/injection team approach in selected villages and a second approach involving a three stage methodology: First a visit by the health education team, followed by intensive publicity, then use of a loudhailer to announce the arrival of the injection teams. The results of this experiment may lead to changes in communications methodology in the districts targeted under the UNICEF supported campaign.

Also with a view towards attacking the problem of adequate coverage of the population, EPI is attempting to recruit additional personnel in the targeted districts who have had previous experience in the smallpox eradication campaigns but are not presently employed in the health sector.

8. OVERVIEW

A number of elements of the iodised oil injection programme make an excellent case study for project support communications.

Among these are that programming activities and behavioural objectives are relatively simple.

Iodised oil is not temperature sensitive and does not require sophisticated logistics planning. Administratively the programme fits easily into an existing structure and the personnel resources appear to be available on the local level.

By the same token however, the relative simplicity of the programming aspects focuses attention on the crucial element of communications support. The training programme must substantially increase the ability of local level health personnel in the areas to be covered to motivate the population to participate in the campaign. Although radio may play some role in the campaign, the person-to-person communications using the most basic of support materials is the key to the success of this particular project.

Over the long term, the most difficult PSC aspect of the programme to eradicate goitre and cretinism is the need to influence policy makers. Data gathered during the short-term iodised oil injection campaign may serve to convince policy makers that long term solution is needed.

9. BUDGET

The financial support for the injection project is derived from participation by UNICEF WHO and the Government of Nepal as follows:

Five Year Budget

UNICEF	\$557,460	(Material, including iodised oil, syringes, needles, etc. and personnel costs)
His Majesty's Government of Nepal	\$117,900	(Salaries)
WHO	\$106,930	(Training Costs, consultants, laboratory costs)
Total	<u>\$782,290</u>	

In addition, the participation of the British funded Koshi Hill Area Rural Development Programme (KHARDEP), described in Section 7 below, is expected to amount to approximately \$10,000. This participation will cover one targeted district (Sankhuwasabha) during one year.