



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

## HIGHLIGHTS OF PSC ACTIVITIES IN 1980

*by R.R.N. Tuluhungwa, UNICEF - New York*

During 1980 PSC was an important component of collaborative programmes in many countries. The field PSC staff located in UNICEF or government ministries were actively involved in assisting governments develop communication plans and community-based communication programmes. In Thailand a Communication Strategy Manual for Rural Water Supply Project was designed. In the Republic of Korea a Health Communication Advisory Group was formed to design a health education strategy and plan for primary health care. In Nigeria a PSC plan for the establishment of a Development Support Communication Unit was developed by the Federal Ministry of Social Development, Sports, Youth and Culture. In Rwanda the Ministry of Information retrained radio producers and increased community-based radio programmes which support basic services. In Zambia an interministerial communication committee for facilitating inter-sectoral communication co-operation at community level was established.

During the past year more support was directed to strengthening government capacity for communications training and for producing community-based educational and motivational materials. In Indonesia provincial communication units were established. In the Republic of Korea a PSC clearing-house is being established for basic services through the Saemaul Undong (New Village Movement). In Syria a Development Communication Unit was established in the Ministry of Information to organize courses in communication for extension workers. An Audio-visual Production Centre was established to produce and distribute materials to schools and health facilities in Vietnam. A production and distribution system was developed with the Extension Service Unit of the Ministry of Agriculture in Malawi.

Training of UNICEF staff and government counterparts in the theories and practices of PSC was intensified during the year. A workshop organized by the Bangkok Regional Office for PSC and programme officers designed and drafted a PSC programming guide. Mini-workshops were held for UNICEF staff in the Kathmandu, Khartoum and Kingston offices. The categories of government

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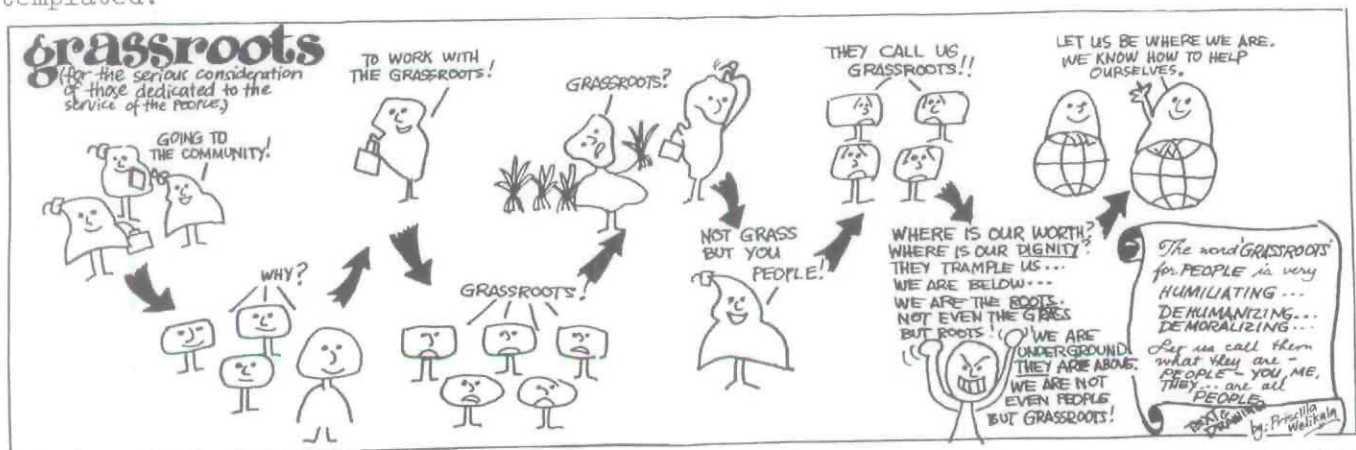
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staff who have been oriented in communication techniques and basic services include: village health volunteers (Thailand), sanitarians (Swaziland and Indonesia), medical and health workers (Jordan, Zambia, Kenya and Burma), nutrition workers (Korea, Nepal, Lesotho, Lebanon and the Philippines), radio and audio-visual producers (Nepal, Rwanda, Zambia and Peru), primary school textbook writers (Nepal), one-room school teachers (Syria), hand-pump caretakers (India and Kenya), sectoral information and education officers (Nepal), government planners and administrators (Tanzania).

In some countries where government production facilities are limited, UNICEF supported the production of communication materials for collaborative programmes. The audio-visual and printed educational materials produced included materials for health education in primary schools (Indonesia), salt iodation programme (Pakistan), oral rehydration (Sudan), promotion of nutrition, particularly breastfeeding (Brazil, Chile, Jamaica, Thailand and Indonesia), primary health care (Rwanda), orientation and training of drivers (India and Somalia), and water and sanitation (India, Vietnam, Thailand, Swaziland and Nepal).

UNICEF's PSC approach and experiences have attracted the interest of NGOs, other UN and bilateral agencies. This interest has facilitated collaboration in several areas. For instance, UNFPA, UNESCO, IPPF and UNICEF sponsored two PSC training programmes in Eastern African countries. UNDP's Development Training and Communication Planning (DTCP) Unit in Bangkok is collaborating with UNICEF in the development of plans and programmes for health education service in the Ministry of Health in Nepal. SIDA has supported radio health education drama series started by UNICEF in Kenya five years ago. It is also funding a communications post in the Ministry of Health in Kenya through UNICEF. The World Bank and UNICEF-Khartoum jointly recruited a consultant to survey health education opportunities for water and sanitation and other programmes in North Kordofan Province, Sudan. UNICEF and WHO are developing a communication, information and education programme to promote breastfeeding. USAID, NASA and UNICEF are exploring opportunities of using solar energy for powering communication equipment in developing countries.

Future assistance will focus on strengthening of government capacity for training field workers in community education methods, development of low-cost and community-based media systems and technologies. For instance, in the Eastern Africa Regional Office a 3½-year training programme has been prepared with three basic objectives: to train trainers from selected schools for extension workers in six countries, to produce field communication manuals, and to assist the University of Nairobi to establish a communications training unit in its Institute of Adult Studies. More attention will be paid to specific educational and promotional campaigns in the field of nutrition, especially breastfeeding; and water and sanitation, especially personal and environmental hygiene. Development of indigenous PSC manuals for extension workers and their trainers need to be extended to more countries. The production of a PSC planning and programming manual and a PSC orientation kit are contemplated.



Reprinted from UNICEF Staff News, October-December 1980. Text and drawing by Priscilla Welikala, a student of communications and social development at the University of the Philippines.



# FROM PRINTING PRESS TO PSC - NIGERIA

by Wan-fai Yung,  
UNICEF - New York

people were frustrated because these were needed items they could not create for themselves. Therefore the need for a printing press was justified, not only to produce posters, but also reading and instructional materials on a regular basis to maintain literacy and increase knowledge. Producing these materials could be done by the Ministry. However, establishing a printing unit as opposed to simply installing a press requires a much bigger commitment than originally anticipated. The press is the smallest part of a much larger whole. Professionals would have to be hired to produce materials, physical facilities and training needs would also have to be explored. This is how a request for a printing press has developed into a recommendation for the establishment of a Development Support Communications (DSC) Unit. We've talked to the University of Lagos about training and found that most of the Unit's new personnel could be trained locally. However, to begin training quickly, the Ministry is considering sending the future head of the DSC Unit to the United States for 12 months of specialized training in development communications.

At the request of Mr. Richard Reid, UNICEF Representative, Dr. Joe Ascroft of the University of Iowa visited Nigeria in June, 1980 and developed a plan for a Development Support Communications (DSC) Unit for the Federal Ministry of Social Development, Sports, Youth and Culture. The proposed DSC Unit has an initial emphasis on printed materials with eventual expansion into production of other forms of media and training.

Mr. Gary Gleason, also from the University of Iowa, developed detailed specifications for equipment and supplies, and assisted the Ministry in programming essential steps for the creation of the Unit.

*The following are excerpts from interviews with Dr. Ascroft, Mr. Gleason, and Mr. Reid.*

## DR. ASCROFT

Q: Could you tell us how you got involved in the development of PSC in Nigeria?

A: UNICEF received a request from the Federal Ministry of Social Development, Youth, Sports and Culture for a printing press. I was appointed as a consultant to see if such a need was justified. I surveyed the needs for communication and information materials throughout the development assistance system. I found that there was a need for improved communication between the federal and the state levels, and between the state level and the rural people. At the village level, I found a tremendous amount of self-help. Several villages had made major contributions to building their own schools, clinics, townhouses. But in these villages there were almost no books, manuals or other printed materials to assist with education and extension. The

Q: How practical is it to send a person overseas for training? Doesn't this tend to bring in the so-called "western approach"?

A: I think this question is well justified. However, in this case, the person selected has a lot of relevant background experience in the social development field. He knows Nigeria's problems and constraints. Coming to the United States he'll see the western world through intelligent eyes. We don't expect this man to return to Nigeria and try to impose what he has learned on the Ministry, but rather to adapt his knowledge to the situation. Also we have been able to design his training programme so that it is specifically tailored to his needs.

## MR. GLEASON

Q: Could you tell us a little more about this specialized and individualized training programme?

A: We're in the process of developing a model for a Master's degree in Development Communications at the University of Iowa. This man's training programme is a test case. It includes seminars run by faculty from different departments concerned with development,

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practicums in print and media, and other individually designed courses. At the end of the year, he will be required to do a project relevant to what he'll do when he returns to Nigeria. He will assist in the design of a training curriculum for the other officers recruited for the DSC Unit.

Q: In addition to recommendations for training, I understand that you developed specifications for equipment and supplies for the DSC Unit. As you know, there is a common criticism of development workers getting sophisticated equipment which is left unused or broken. Do the local people have the capacity to use and maintain the equipment you specified?

A: I don't believe that developing countries should be two or three steps behind in terms of equipment. Sometimes what's technically more sophisticated is more rugged, appropriate, and simpler to use. The problem is more one of service and training rather than lack of ability. When sophisticated equipment is ordered, people have to be trained to use and maintain the equipment. Also, agencies should only order equipment for which spare parts and back-up facilities are available locally. For example, we've recommended that the DSC Unit buy its printing press from a local distributor which provides training programmes and repair service.

#### DR. ASCROFT

Q: Could you describe in a step-by-step manner the methodology that one could follow for similar projects?

- A: 1. Survey the need and opportunities for communication.  
 2. Develop detailed specifications for software and hardware.  
 3. Develop detailed specifications for posts and personnel. The quality of staff should be commensurate with the equipment, and the quality of the equipment should be commensurate with the needs.  
 4. Work out a detailed budget. The Government should be made aware of what it's getting into financially.  
 5. Train the personnel. The trainers should be top quality, with the correct DSC philosophy.  
 6. Get the momentum going.

Q: Any monitoring?

A: Monitoring is something you do all the time. It's like steering to keep a car going straight. It's common sense and flexibility.

Q: What about evaluation?

A: In my opinion, the best way to evaluate a project is as follows. Right now there are no printed materials in the villages in Nigeria. Four years later, you find printed materials all over the villages. Another four years later, you find changes in knowledge, attitude and practice of the villagers. You have a successful project. However, I believe in monitoring more than evaluation, as it is no use telling people what they should have done when it's too late, and evaluation reports are seldom looked at.

#### MR. REID

Q: How would you define PSC in the UNICEF context?

A: I think it covers all the aspects of development that have to do with awareness-raising, persuasion, training and education. If you're not able to convince people of the importance of a project you're offering, if you can't help them make it work, you've failed. I see PSC as providing all the nerve synapses-- all the links between concept and implementation, a sense of team-work and synchronised purpose.

Q: What, in your opinion, is the role of the PSC officer versus that of the programme officer?

A: Ideally, the dream programme officer is also a PSC agent. However, this utopian person doesn't often exist. A programme officer is preoccupied with logistics and other technical details, usually has no time to attend to PSC, and generally lacks training in communications. A PSC officer has communications skills, talks persuasively, knows the theory of programming, the latest development trends, but not necessarily the hindrances and handicaps that are faced in getting





Mr. Richard Reid,  
UNICEF Representative - Lagos

things done. They're two different breeds, unless you're lucky enough to get someone who has lived in both worlds. The programme officer and the PSC officer can and need to work together well.

Q:How do you think the proposed DSC Unit is going to help the other Ministries?

A:There are four ministries that we hope to assist: Water Resources, Education (Primary) Social Development, and Health. More may come to the fore in the future. How can we work in partnership with each of them to help increase the impact of their frontline workers? In the case of Water Resources, the Unit can help in the production of printed materials as tools to better explain and graphically describe what clean water can do to better people's lives and to improve environmental hygiene. In the case of primary education, the Unit can provide teachers with reading materials, materials on body hygiene, nutrition, garden horticulture, etc. The Unit can help the Ministry of Social Development and affiliated ministries in the states to make women's tasks less onerous, and to organize income-generating activities for women. As for the Ministry of Health, the Unit can provide health assistants and people in the dispensaries with materials on MCH, better nutrition, and better weaning foods.

Q:Other than the provision of materials, do you also plan to go into the training of frontline workers in communication skills?

A:This is a good idea. However, we don't want to get entangled in the traces of other training programmes that we're doing through normal, non-PSC assistance programmes in each of those ministries. Training is the main thing we're stressing in our work with each of those ministries. We can also see our PSC people taking some time to bring groups together for seminars and workshops, but the DSC Unit's primary aim at this point will be the production of materials, which are extremely lacking, and not the setting up of training programmes per se. We don't want to have too many parallel objectives going, as that means we won't do justice to any of them. Eventually, the training of frontline workers is bound to happen. Who could be more natural and better trainers than the eight people we're going to recruit for the DSC Unit and put through this course in development journalism and communications at the University of Lagos?

Q:What kind of support would you like to get from PSC Service, New York?

A:Well, more of the good support we've gotten so far-- ideas, innovations, materials, exchanges of visits, and examples of successful projects that we can learn from.

# TRAINING OF INJECTION TEAM SUPERVISORS AND VACCINATORS IN NEPAL

*based on a case study on PSC for Iodised Oil Injection campaign and a report on the Iodised Oil Injection Training Programme in Jumla District*

Endemic goitre is widespread throughout the mountainous regions of Nepal due to a lack of iodine in the food and water.

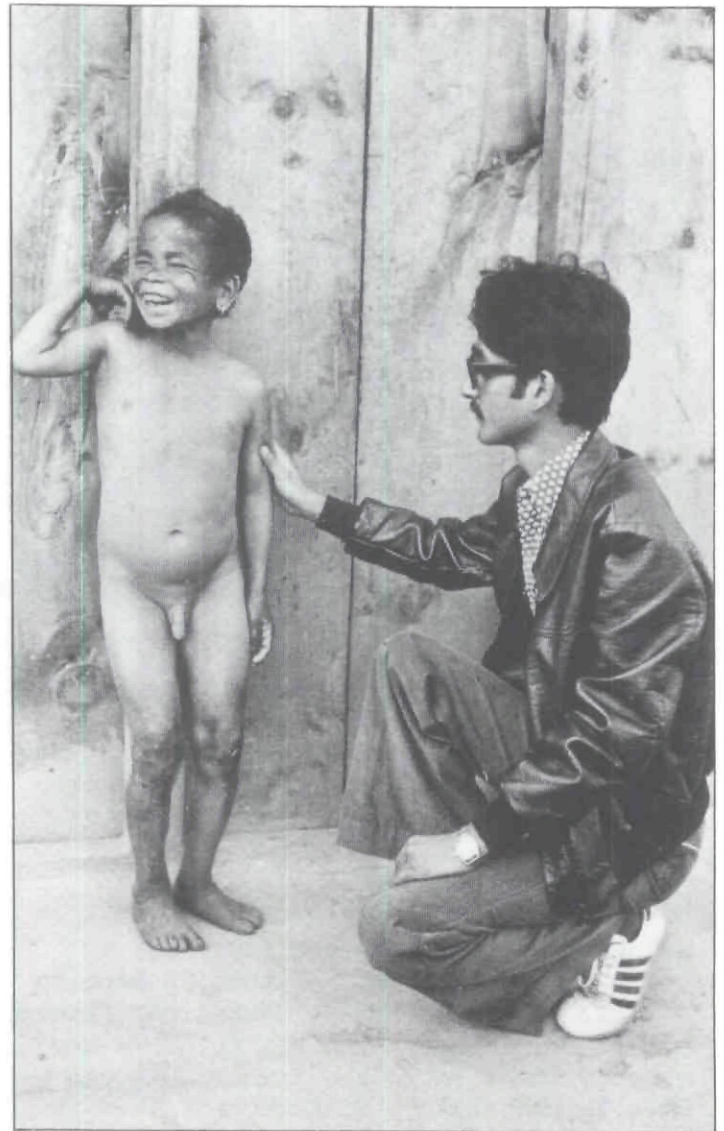
The most obvious manifestation of goitre appears as large swellings of the neck, but a more serious consequence of the disease occurs in the children of some parents who have goitre. These children may be born deaf and/or mute, or may suffer later on from dwarfism. In the most serious cases, the children are mentally retarded.

In some areas of Nepal, goitre may be prevalent in up to 90 percent of the population, while up to 10 percent may suffer from cretinism. There is also increasing evidence of a higher infant mortality rate among the offspring of goitrous parents.

In 1979, UNICEF and the Ministry of Health in Nepal undertook an iodised oil injection programme in a few districts. The basic objective of the programme is to run an iodised oil injection campaign aiming at the eradication of goitre and cretinism until an effective and controlled system of salt iodisation and distribution can be instituted in the country.

Since surveys revealed that villagers knew very little about the origins of goitre and cretinism, it was agreed that the injection team supervisors and the vaccinators would have to be trained to communicate more effectively with villagers and to persuade them to accept the injection. Special attention was given to the development of an appropriate training curriculum which was designed to enable the trainees:

1. to educate villagers on goitre, and to explain to them the two kinds of goitre: **visible and invisible.**
2. to explain to villagers the effects of goitre, i.e.,
  - a) although goitre does not usually hurt them, their health is still at risk if they have goitre.



*A doctor examining a case of cretinism. This child-like man works in a tea shop. His parents cannot be traced. The following is a description of his physical and mental characteristics:*

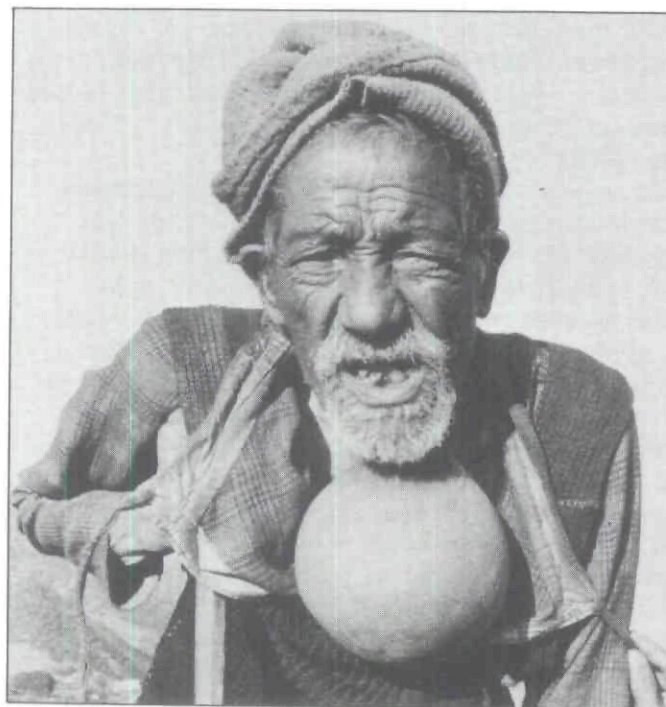
<i>Age:</i>	<i>35 years</i>
<i>Height:</i>	<i>3 ft. 6 in.</i>
<i>Nasal arch:</i>	<i>flat</i>
<i>Skin:</i>	<i>rough and coarse</i>
<i>Abdomen:</i>	<i>bulged</i>
<i>Chin:</i>	<i>protuberant</i>
<i>Gait:</i>	<i>waddling</i>
<i>Knees:</i>	<i>deformity in knee joints</i>
<i>Penis:</i>	<i>small and unproductive</i>
<i>Testes:</i>	<i>atrophied</i>
<i>Reflexes:</i>	<i>sluggish</i>
<i>Comprehension:</i>	<i>only understands simple signals</i>



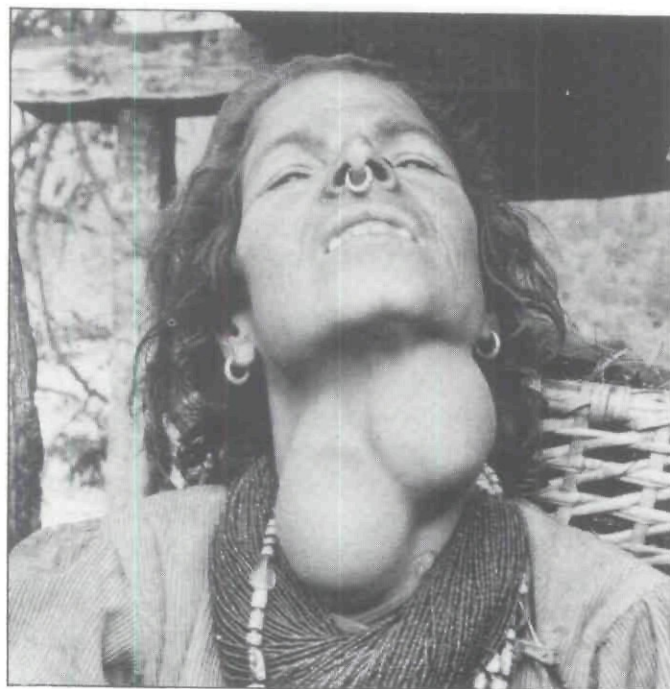
- b) goitre may cause swelling of the neck, difficulty in swallowing, sweating, slowness of speech, slowness in walking and working, and palpitation of the heart.
- c) even a small goitre in a parent may cause that person to have a cretinous child. This is the most serious effect of goitre.
3. to recognize and to describe a cretin to villagers.
4. to explain to villagers the benefits of iodised oil injections by stressing amongst other things that goitre will not grow further and their children will be protected from cretinism. The vaccinator should not say that the developed goitre will go away.
5. to compose and tell simple stories to dramatise the educational messages.
5. to verify, in a field situation, that villagers have understood the explanations and messages conveyed.

Examples of both typical and unusual situations encountered during the campaign were recorded. The following is one on how a middle-aged woman was persuaded to have an iodised oil injection.

*When the injectors began to give injections, a woman in her late forties refused to have an injection. She influenced other village women by saying "Why should I have such an injection? I am not going to have a baby. It is time for me to leave this world. These injectors have come to get their allowances. They do not give us the type of medicines that we need. They only bring the type of medicines that they like. They haven't come for our benefit". Gradually other women who had come to get the injection began disappearing. The trainers remedied the situation by asking the middle-aged woman's highly respected uncle to come and convince her to have the injection. After listening to her uncle, the woman received an injection, saying "Ouch!" but telling other women that it did not hurt. The rest of the women began receiving injections afterwards.*



*This 77-year old man has been suffering from goitre for 30 years. He believes that his goitre was caused by a witch.*



*A woman with 2 separate, very pronounced goitres.*

Apart from training in interpersonal communication, the campaign planners also emphasized the use of the mass media and audio-visual aids, and the need for community participation, monitoring and

evaluation.

For more information on the iodised oil injection campaign, write to the PSC Officer, UNICEF, P.O. Box 1187, Gairidhara Road, Kathmandu, Nepal.



# DEVELOPMENT OF EDUCATIONAL PUPPETRY IN BHUTAN

by Karuna Behl, UNICEF-New Delhi

At the request of the Government of Bhutan, we visited Bhutan for two weeks as resource persons to help conduct workshops for teachers on "Puppets and other Low-cost Teaching Aids".

We worked with primary school teachers from Southern Bhutan, first year teacher trainees at the Teacher Training College, Paro, and graduates prior to their six-month compulsory National Service. Before the graduates are placed in the villages, they receive a month-long orientation from the various government departments. Some of these graduates have to work in schools. Most of them do not have a background in child development or experience in working with children. We were asked to give them a brief orientation on child development and how to organize activities for children.

Three different workshops were held for these groups. The workshops covered the following subjects:

1. Puppetry as a medium in education.
2. Materials for making low-cost puppets and teaching aids.
3. How to make different kinds of puppets using locally available materials.
4. The use of puppets for teaching different subjects in school.
5. The use of other teaching aids such as flannelgraphs, kavad (folding storyboard), and adaptations of these aids for different lessons.
6. Possible use of puppets in health education, cultural themes and integration.
7. The use of the environment for teaching children.
8. Developing creativity in children.
9. Creative teaching methods, organising games for children, including educational games with special emphasis on games for language development.
10. Growth and development of children.
11. Identification of exceptional children in the classroom, e.g., slow learners, handicapped, and gifted children, and



*Primary school teachers making papier mâché puppet heads*

simple ways in which teachers can help these children.

As a follow-up, we are preparing a manual on educational puppetry for the pre-school and primary school teachers. When we first started on this project, we found that though the effectiveness of puppets as teaching aids was widely recognized, they still had not found a place in the ordinary classroom. This is due to the common belief that a puppet is something "special", and not something that can be made in a short time. The puppeteer is usually someone with experience and training. Thus the question is: how does the teacher with minimum resources and training use puppets as an everyday resource in the classroom?

The answer is that it can be done by simplifying both the puppet and the way of using it. Our approach is to provide the ordinary school teacher with the know-how for making puppets out of paper, cloth, old socks and other available materials, and the know-how for using the puppets. The basic principle is that the puppets should be simple to make, inexpensive, and easy to manipulate.

Our Bhutan experience proved that our concept of educational puppetry is sound.

## STAFF CORNER

Dr. Jose Manduley has been assigned to New York as Project Support Communications Officer.

Mr. Joseph Kariuki has joined the Khar-toum Office as Project Support Communications Officer.

## COMMUNICATION PLANNING AND STRATEGY COURSE-CORNELL UNIVERSITY

Please note that the dates for the above course have been changed to 26 July - 14 August, 1981





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Notes

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Other contents: From Printing Press to PSC, Nigeria, by Wan-fai Yung, PSC Service, UNICEF Hq, interview with Dr. Joe Ashcroft and Prof. Gary Gleason of the Univ of Iowa, Richard Reid, UNICEF, Lagos; Training of injection team supervisors and vaccinators in Nepal (campaign of iodized oil injections against goitre and cretinism in Jumla District, Nepal); Development of educational puppetry in Bhutan.

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