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

# Current Communication Trends

by R.R.N. Tuluhungwa and Wan-Fai Yung, UNICEF—New York

The Child Survival and Development Revolution has called for intensified international, national and community mobilisation and education through the use of mass media and interpersonal communications in support of advocacy and programme implementation.

## MEDIA CAMPAIGNS

In 1984 field offices seized opportunities to work with media and community social organisations to educate mothers in simple technologies and techniques aimed at reducing infant mortality and morbidity. For instance, in **Nigeria,** traditional leaders, radio and megaphone announcements, and information leaflets were used to enhance community participation in immunization in the Owo Local Government Area, Ondo State. The impact was an increase in fully immunised children from 9.4% in August 1983 to 83.3% in August 1984. The written materials were produced by the development support communications unit established in 1981 with UNICEF assistance.

In the **Maldives,** an immunization campaign was launched in August1984 in Male which contains one fifth of the country's total population.

In **Colombia** during the summer of 1984, some 120,000 vaccinators immunized an estimated 1 million children under the age of five with three stage immunizations against the four childhood diseases. The campaign was led by 'Pitín,' a giant doll used as a symbol to popularize the programme. Groups of dancers, actors, mimes, and clowns flooded Colombia's city streets and parks, singing the benefits of vaccination to the tune of well-known folk songs. The campaign was publicised by the radio and TV networks, the Bogota newspaper El Tiempo, and supported by the Catholic church, military and police forces, municipal authorities, and volunteer groups. Seed money was provided by UNICEF, WHO, and PAHO.

A media campaign to promote breastfeeding and proper weaning practices, using TV, radio, print materials, popular songs, and health education workshops, was carried out in the **Ivory Coast.** Similar campaigns are underway in **Haiti** and the **Philippines.**

In **Bangladesh,** UNICEF collaborated with governmental and non-governmental agencies in launching an ORT campaign covering 42 out of 64 districts. A multi-agency, multi-media marketing plan was adopted to disseminate knowledge on home preparation of ORS among

(continued on page 2)

Volume 9, Number 1 February 1985

## Current Communication Trends

(continued from page 1)

villagers. ORT promotion campaigns are also being carried out in **Haiti,** the **Ivory Coast, Nigeria,** the **Maldives,** and the **Philippines.**

In **Sri Lanka,** mass media is used to create awareness of CSD strategy and activities. This is reinforced at the community level through the use of key communicator/facilitator groups. In **Turkey,** a postal campaign to promote CSD was jointly developed by the Turkish Postal Administration, UNICEF National Committee and the UNICEF office. Media institutions and personnel were sensitized towards CSD issues in **Indonesia** and **Afghanistan.**

**PRODUCTION**

In **Brazil,** a complete package of materials was produced by the CSDR-inspired Integrated Health Actions Project. This package includes promotional and motivational materials ranging from printed materials such as posters and booklets to TV programmes and spots. These materials were produced at surprisingly low cost, through the co-operation and utilization of external resources.

In **Indonesia,** co-operation with the State Film Production Company of the Department of Information continued for research and development of the popular children's puppet series, *SI UNYIL,* shown twice a week on national TV to advocate CSD. In **Burma,** a standard set of priority child-care messages for nationwide broadcast was produced after a two-day consultative meeting. A national growth monitoring chart was designed, pretested, and finalized in **Bangladesh.**

Reports from the field clearly show that many other field offices were engaged in the production of a wide range of communication materials, e.g., TV and radio programmes, videotapes, slide-sound presentations, audio-cassettes, manuals, leaflets, posters, in support of CSD programmes. The PSC Service at Headquarters has produced three slide-sound presentations, two on breastfeeding and one on ORT.

***LAUNCHING OF EPI IN IMO STATE, NIGERIA***

*Imo State Military Governor Brig. Ike Nwachukwu dropping oral-polio vaccine into a baby's mouth to mark the state launching on 4 December 1984.*

## CAPACITY BUILDING

In **Zambia,** a communication planning process for the development of appropriate educational aids was developed with the Ministry of Health and other agencies. Based on the findings of the 1984 PHC evaluation, better methods for the identification of essential messages, audiences, and selection of the best media were instituted.

In **Oman,** a communication survey was conducted by UNICEF in co-operation with the Ministry of Information and other ministries. An advocacy and communication/mobilization strategy for the next five years has been developed.

In **Sri Lanka,** intensive field work incorporates needs assessment surveys and identification of credible village communication channels. A KAP survey is being undertaken which will provide the basis for message development and dialogue with front-line workers and community leaders.

In **Afghanistan,** mass media personnel were trained in effective ways of producing and monitoring mass media-based CSDR messages.

In **Kenya,** a nutrition education baseline survey was carried out as part of the Family Life Training Programme in Nyanza Province. The report emphasized the need for community education through dialogue as a way of identifying and dealing with nutritional problems.

KAP studies on diarrhoea and water and sanitation were carried out in **Pakistan** to facilitate the development of communication strategies and activities.

As a part of global efforts to institutionalize programme communications in CSD, seminars and workshops were conducted for both UNICEF Staff and government counterparts in the **Philippines, Bangladesh, Ethiopia, Turkey, Mexico** and **Chile.**

In **Mozambique,** the social communications project started in three villages with UNICEF assistance in 1977, using a multi-media approach, was extended to 83 villages in six out of ten provinces. The main activities are training of cadres, production and dissemination of information and education materials, and studies on perception, retention, and communication channels. After seven years there are now 70 persons and five professional Training Centres linked to the project. In its future activities the project intends to put more emphasis on linking its activities with specific programmes executed at the village level, and to establish mechanisms for a more effective participation of those directly involved in the process of information production, testing, dissemination, and evaluation.

Some offices, for example, **Colombo, Brasilia, La Paz, Maputo,** have embarked on the adoption of Social Marketing techniques to create and meet demands for social services. The approach is two-pronged. At the national level it aims at mobilizing support for CSD through the mass media, and at the local level it focusses on new knowledge and skills acquisition through interpersonal communication using key community communicators.

## CO-OPERATION WITH OTHER AGENCIES

The PSC service at Headquarters was instrumental in the co-production with WHO of an MCH calendar, an ORS promotion poster, and Nutrition Learning Packages for the training of community workers in communication skills. UNICEF and Worldview International Foundation undertook a communication capacity survey of community-based communication groups, networks and institutions in **Haiti, Colombia, Peru, Chile, Brazil, Bolivia,** and the **Dominican Republic.** A meeting to identify ways by which these institutions could be mobilized to support CSDR is planned for 1985.

UNICEF is co-operating with *Institute National de L'Audio-Visuel,* a Paris-based audio-visual and social communications training centre, in assisting the Government of Burundi to establish a small centre to produce materials to support CSDR activities at the village level and train community workers in communication techniques.

***HEALTH EDUCATION***

Photo: Datta T. Roy, UNICEF

*In Nepal, besides the construction of water systems, health education lessons are given by the school teachers, supported by the water supply and sanitation technicians.*

# Mobilizing Communities for Mass Immunization

by Orlando Lugo and R.K. Rath, UNICEF—New Delhi

Even though immunization is one of the safest, most widespread and accepted methods to reduce infant mortality, there are still millions of children who die because they are not immunized. This is due to poor health administrative systems and low participation of parents. How to overcome these obstacles was the main goal to be accomplished in **Bidar,*** where intensive immunization was undertaken to vaccinate 100 per cent of the children living in the rural areas. As a result, more than 95 per cent of the children were immunized against BCG, DPT, and Polio.

An initial assessment of the Bidar health infrastructure demonstrated that the basic personnel and equipment were there, but the managerial, communication and community education skills to mobilize the population were lacking. Before the intensive immunization activities were undertaken, hardly 25 per cent of the children were being immunized every year.

People were not participating because of:

- lack of knowledge about vaccines;
- inconvenience in bringing the child to the health centre;
- inconvenient vaccination schedules;
- poverty and illiteracy;
- some side effects of immunization, such as fever or abscess;
- distorted knowledge about the real effects of immunization; and
- wrong location of vaccination sites.

Generally speaking, mothers have the responsibility of looking after the children. While fathers and relatives can influence a mother's decision to vaccinate her child, it is her perception of the benefit of vaccination which moves her into action. So mothers were our main target in this immunization activity.

*The district of Bidar is located at the southern tip of the State of Karnataka, India, with a total population of one million. Almost nine hundred thousand live in the rural areas.

*The Deputy Commisioner discussing immunization with community people.*

Some experts may attribute the limited participation of communities to the complex technology and logistics involved in immunization which is beyond their control. The main limitation is the maintenance of the cold chain, such as refrigerators and cold boxes for vaccine storage. Vaccines have to be properly refrigerated to maintain their capacity to immunize, and have to be used before the expiry date. This problem is difficult to overcome in areas where there is no electricity, or where electricity is provided erratically.

In spite of these limitations, the community members in Bidar participated actively. The role of community change agents, such as promoters, *dais*, village family workers, health workers, and members of the local women's associations, was to:

- create awareness among mothers of the importance of immunization;
- identify and report to the health centre eligible children for immunization;
- dispel misconceptions of the effects of the vaccines;
- minimize the impact of side effects such as fever, explaining to parents that this is only transitory and does not endanger the life of the child;
- report to the health centre any case of abscess and provide aspirin to control the fever; and
- remind mothers to return for the second and third doses and keep household vaccination records.

In order to secure a high level of community participation, it was necessary to mobilize first the Bidar official machinery to ascertain the political support for immunization and community mobilization.

The local machinery was mobilized through a series of meetings and the establishment of a Steering Committee at the district level composed of the Deputy Commissioner (the highest authority in the district), the District Health Officer, the State Officer for the Expanded programme on Immunization, Deputy Director of Education, the Assistant Director of Social Welfare, the Bidar Project officer, local members of the State Assembly, local members of the Legislative Assembly, UNICEF Project Officer, and representatives from voluntary organizations.

At the primary health centre level, a sub-committee was created under the leadership of the local doctor. The Committee included the Block Development Officer (highest civilian authority in the Block), the revenue officer, the chairman of the local village council, members of local women's associations, school teachers, and child development project officer.

Members of both committees were involved in brain-storming sessions to discuss the immunization programme and to plan the strategy to conduct it. The Deputy Commissioner as well as other members were so enthusiastic that they visited the communities and discussed with them their concerns regarding immunization.

This mobilization was necessary to avoid the frequent situation in which the community is motivated to participate, but the government services do not respond on time, leading to frustration and distrust on the part of the beneficiaries. The mobilization of the bureaucratic machinery was crucial to ensure that vaccines would be available and that appropriate measures would be taken to control the side effects which might appear after the vaccination. This also helped to create an environment in which mothers were permanently reminded to immunize the children.

In Bidar, the second most important goal was to reach mothers. The total number of children under two years of age, living in the rural areas of the district, was unknown. Hence, to ensure maximum coverage, a survey was conducted to identify the eligible children. Since the survey included a house-to-house visit, advantage was taken to start making mothers aware of the need for immunization.

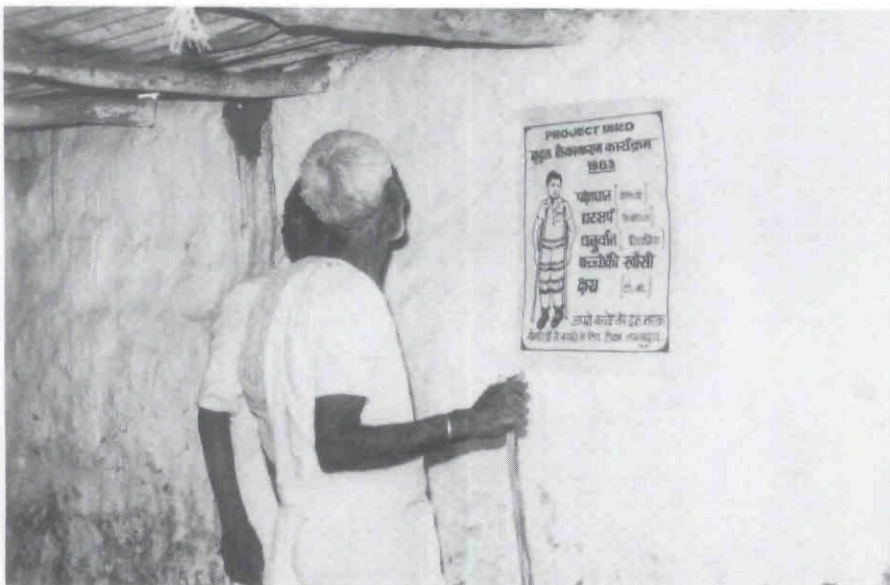
At the end of the visit, the mother was advised to bring her child to the immunization site along with an immunization card bearing the child's name. This action was reinforced by a combination of interpersonal communication and mass media. The objective was to create an atmosphere of involvement with the immunization and also saturate the environment with information supportive of this activity.

All India Radio broadcast information about immunization through a regular and established programme called "Family Welfare" every day from 7:00 to 8:00 p.m. All India Radio is a national radio network owned and controlled by the Government. It covers almost 100 per cent of the country. Regional programmes are broadcast in different local languages.

The Press was given a limited role due to the high level of illiteracy. It was basically used to highlight and provide additional social support to the immunization.

More than 125,000 posters were displayed in schools, health centres, pharmacies, local retail stores, and buses. Over 10,000 handouts were distributed and 100 banners were put up on main roads and busy thoroughfares. Posters, handouts and banners all contained simple messages in Kannada, the local language. They also contained different pictures in bright colours, depicting handicapped children suffering from poliomyelitis and healthy children protected through immunization.

Loudspeakers attached to jeeps and motorcycles were used to address villagers and people living by the road, reminding them of the need to vaccinate the children. Slide sets were used mainly in the schools and women's associations.



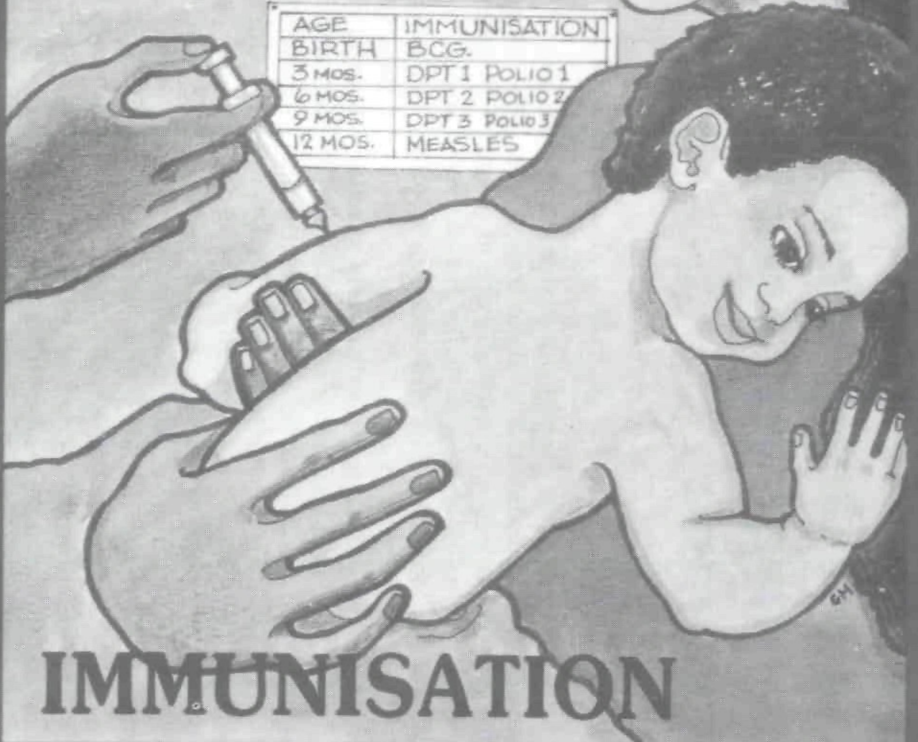

*Posters in local language helped to motivate and educate people.*



*(continued on page 8 )*

# PROTECT OUR CHILDREN

Mother's milk is the best food for baby for the first 4 months. It is perfectly suited in every way and contains anti-infective agents to protect the baby. At about the age of 4 months, good fresh local foods must be given in addition to mother's milk. Bottlefeeding can be dangerous. It is very expensive and involves difficult preparation. Breastfed babies are healthier and happier.
BREASTFEEDING


Six serious diseases of childhood can be prevented by proper, complete immunisation. These are: tuberculosis, polio, diphtheria, pertussis (whooping cough), tetanus and measles. It is very important to complete the entire course of immunisation for protection against these diseases.
AGE | IMMUNISATION
BIRTH | BCG.
3 MOS. | DPT 1 POLIO 1
6 MOS. | DPT 2 POLIO 2
9 MOS. | DPT 3 POLIO 3
12 MOS. | MEASLES
IMMUNISATION

THESE FOUR EASY WAYS
Produced by UNICEF for the Pacific — 1984
With the assistance of the National Food and Nutrition Committee — Fiji
Design Illustration by Gloria McConnaghy
PRINTED BY FIJI TIMES

# Communication Components of the Baluchistan Integrated Area Development (BIAD) Programme

**by Razia Zafar, UNICEF—Quetta**

**INTRODUCTION**

The Baluchistan Integrated Area Development (BIAD) programme is a multifaceted programme which focuses upon implementation of community development schemes through community participation in rural areas of Baluchistan, Pakistan. It is sponsored by government and assisted by UNICEF. Mothers and children comprise BIAD's primary target population, and they are the major beneficiaries of the programme's integrated package of basic services.

The overall goal of the BIAD programme is to extend basic health and social welfare services to selected under-served rural communities in each of the 17 districts of Baluchistan. For this purpose, 8 clusters of approximately 5 villages each are selected in each district in close co-operation with the district administration and locally elected representatives.

Once the participating villages have been selected, a BIAD district mobile team along with officers from line departments and the locally elected representatives discuss the objectives of the programme in detail with village leaders and elders. If the local leaders and community members agree with the proposed programme, a contract outlining what the government is prepared to provide and what inputs the community will contribute is signed.

Implementation of services at the cluster level is accomplished by a district mobile team consisting of a lady health visitor, a medical technician, a sanitarian, a lady social worker, and a lady teacher. It is the responsibility of the mobile district team to train community volunteers for carrying out specified tasks and to provide the required technical support and supervision, while local village committees are responsible for non-technical management.

The training of the mobile teams themselves is the responsibility of a group of Master Trainers consisting of senior-level personnel from each discipline who have been trained on the job in experimental village clusters near Quetta, the capital of Baluchistan.

## Mobilizing for Mass Immunization

(continued from page 5 )

Street dramas were performed in the villages by a group from All India Radio. The arrival of a group of actors broke the calm and peaceful routine of these villages. Almost all the villagers attended the performances out of curiosity. Each presentation touched upon the subject of child health and immunization.

All the mass and folk media messages were reinforced by visits of village family workers, workers from the Integrated Child Development Services programme, handpump caretakers, health workers, members of women's associations, as well as officers from the agriculture and the internal revenue departments. These visits were very important to clarify misconceptions, dispel doubts and reservations, and to answer questions.

Special care was taken to avoid locating the immunization site in places restricted to some parts of the population. The school or the local council was more commonly used to avoid the inhibition created by some places, like the yard or farm of a rich man or an individual of a higher caste.

The level of motivation among people was so high that they managed to come to the immunization site even in heavy rains. This was mainly due to the fact that all means available in the communities were used to answer questions and clarify apprehensions.

In an immunization activity, a crucial factor is to control negative rumours. To do this, it is necessary to adequately train active members of the community. In one community, for example, a private doctor spread the rumour that immunization produced sterilization. This community had a negative experience with a previous family planning programme. It took almost four hours of discussion in the night to clarify the doubts among community members, before they allowed their children to be vaccinated.

The Bidar experience proved that knowledge alone was not a condition for participation. The knowledge can be there, but it may be negative. Additionally, communities cannot be mobilized in isolation. The mobilization of the administrative machinery is a pre-condition to achieving a high level of community participation.

(continued from page 8 )

## BIAD'S COMMUNICATION ACTIVITIES

In all of BIAD's undertakings, effective communication is a must. Cloth Posters, manuals, flip charts, and cassettes are some of the media used to support interpersonal communication and group discussions.

## CLOTH POSTERS

A system of communications based on the age-old tradition of printing cloth through silk screens has been applied to reach the largely illiterate women of rural areas. A set of seven cloth posters concerning the BIAD programme's major areas of activity has been produced to date.

**1. Silk Screen Printing Method**

Silk screen printing is a process whereby designs are printed on cloth through a stencil cut on fine mesh screen fabric stretched over a wooden frame. The printing is done by passing printing ink or paint over the screen. The ink or paint soaks through the open areas and transfers an image on to the cloth. It is possible to print as many colours as required for various designs. A separate screen is prepared for each colour.

### 2. Description of the Cloth Posters

The cloth posters deal with the following topics:

**a.** Breastfeeding
**b.** Cup and Spoon Feeding
**c.** Handwashing
**d.** Immunizations
**e.** ORS (Oral Rehydration Solution)
**f.** Thinness Chart/Growth Chart
**g.** Urdu Alphabet Chart

The colorful illustrations by themselves communicate a poster's central message to villagers, regardless of their literacy levels. Careful explanation by mobile team members enhances the impact of posters. Community Health Workers (CHWs) and traditional midwives (*dais*) in turn use them to illustrate their discussions with villagers. The durability of these visual aids is a quality which enables them to be used again and again.

Baluchistan comprises a number of different ethnic groups, each with its own costumes, ornamental colours, utensils, etc. In the posters featuring human figures, the depiction of ethnicity of the subject is given importance so that the respondent feels at home with the poster and can better identify with its message.

Since these posters are used in an Islamic society, messages are enhanced by the inclusion of Quaranic phrases on two of the posters.

**3. Field Testing and Monitoring**

Field testing of the cloth posters was conducted in villages of the Loralai District in late 1983 by Pamela Hunte and Farhat Sultana of UNICEF—Quetta. Respondents who examined the posters included 23 women, 6 men, and numerous children; only three individuals in this group were literate. Some major findings are:

**a.** Visual perception of the respondents was much better than anticipated by the researchers. In fact, most respondents were able to easily speak about the illustrated posters without any assistance.

**b.** The cloth was comfortable for the people to handle and was very durable. It was repeatedly passed from hand to hand for close examination.

**c.** Visual perception improved as the respondents were exposed to more posters and they got used to the activity.

## BIAD Programme

(continued from page 9)

**d.** The posters generated much discussion between family members.

**e.** Respondents seemed to enjoy this novel activity.

**f.** The few literate ones wanted to immediately read the captions in order to better understand the illustration and purpose of the poster.

**g.** Their colour perception was very vivid and accurate.

**h.** The inclusion of Quaranic phrases on two of the posters did not seem to cause any drastic problems. It is interesting to note that both men and women in this conservative society had no objection to the illustration of breastfeeding.

**i.** Half-figures (Cup and Spoon Feeding poster) and hands with no bodies (ORS posters) presented no difficulties in understanding, especially with some explanation.

The villagers were asked what they would do with these posters if they were given to them. Responses varied, the most popular being the following:

**a.** Put the poster on the wall

**b.** Make a pillow cover

Indeed, on subsequent visits it was found that most of the posters distributed were being displayed on the walls of village homes.

### 4. BIAD/UNICEF's Silk Screen Cloth Printing Project in Baluchistan

The initial series of posters has been printed in Lahore, but now it is planned to establish silk screen cloth printing units in Baluchistan itself as part of BIAD's income generating activities for women. Initial research shows:

**a.** A demand from BIAD and other line departments in Baluchistan for a variety of educational materials of durable quality.

**b.** Low price and high durability of cloth posters as compared to paper posters.

**c.** A ready market for printed clothing material and printed cloth outline designs for embroidery.

**d.** The existence of locally available cotton cloth and other raw materials for printing.

**e.** Light labor involvement and flexibility in printing process.

Under the supervision of Razia Zafar, Consultant, UNICEF—Quetta, the project plans to set up the first printing unit in one of the BIAD clusters near Quetta. Land has been donated for this unit by the community, a women's committee has been formed and, following construction, it will start production sometime in the Spring of 1985.

### MANUALS AND FLIP CHARTS

To date a series of special CHW training manuals and flip charts has been developed on the following topics:

MANUALS:

- Diarrhoea
- Nutrition
- First Aid
- Immunization
- Common Clinical Problems

FLIP CHARTS:

- Diarrhoea
- Nutrition

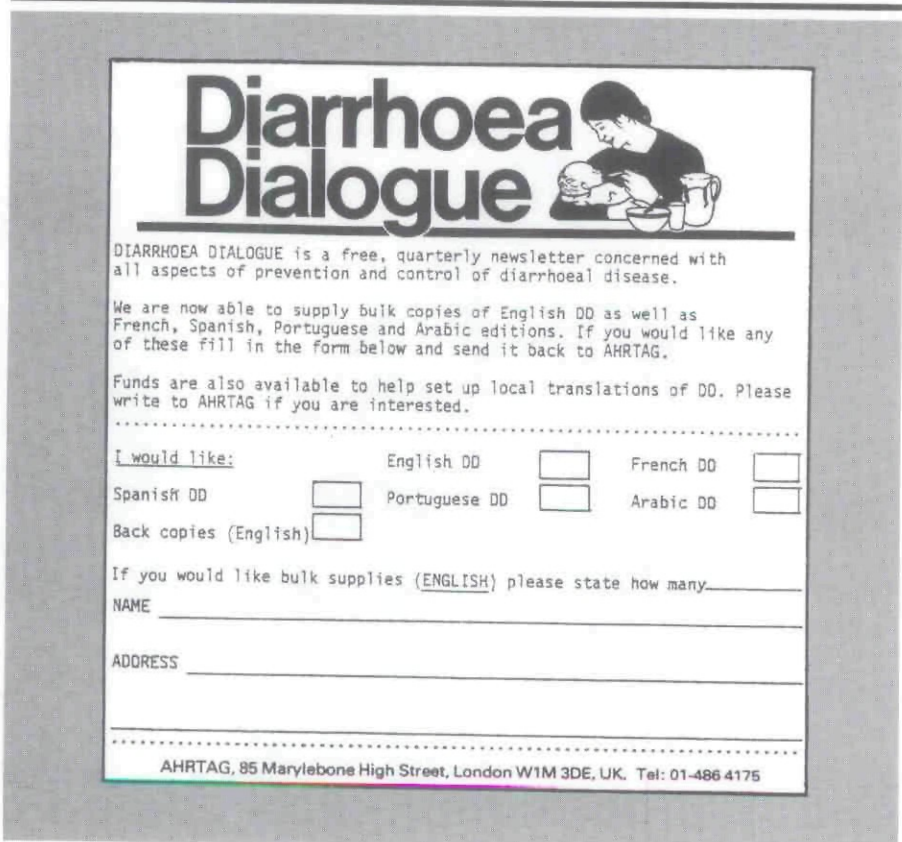
There will be nine manuals in the series. Other topics to be covered are: family planning, environmental sanitation, safe normal delivery, and high-risk pregnancy. All of these include illustrations and texts especially suited for Baluchistan.

The UNICEF field kits, which are well-equipped with supplies and medicines, are also used in CHW and *dai* training, and distributed to the trainees.

### CASSETTES

The BIAD programme's messages will be recorded on cassettes in local languages for use in households and community centres for training the community participants as well as the BIAD mobile teams.

The above are the main types of media used in the BIAD programme's communication efforts. Additional evaluations of their impact will be conducted in the future.



Diarrhoea Dialogue

DIARRHOEA DIALOGUE is a free, quarterly newsletter concerned with all aspects of prevention and control of diarrhoeal disease.

We are now able to supply bulk copies of English DD as well as French, Spanish, Portuguese and Arabic editions. If you would like any of these fill in the form below and send it back to AHRTAG.

Funds are also available to help set up local translations of DD. Please write to AHRTAG if you are interested.

I would like: English DD [ ] French DD [ ]
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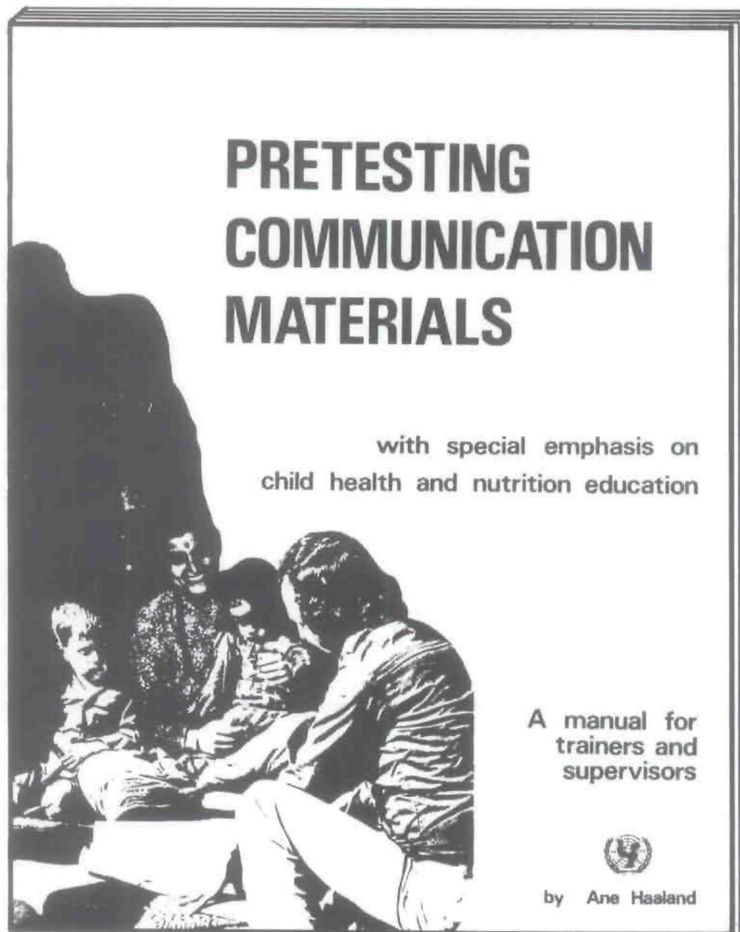


This manual is produced by UNICEF, Rangoon. It is available free of cost. Please write to: The PSC Section, UNICEF, P.O. Box 1435, Rangoon, Burma.

## Social Communication and Marketing Workshop, Nairobi, Kenya

A Social Communication and Marketing Workshop, organized by Mr. R.R.N. Tuluhungwa, Chief of PSC Service, New York, in collaboration with Mr. Bert Demmers, Chief, CIS Section, Eastern Africa Regional Office, and Mr. Juan Braun, Regional PSC Officer, Nairobi, will be held in Nairobi, Kenya, from 10 to 17 February 1985.

**WORKSHOP OBJECTIVES**

**(a)** Determine the best means and mechanisms for utilising communication as an integral part of advocacy and CSDR programme activities at national and community levels.

**(b)** Work out processes through which communication can be fully integrated into CSDR programme activities in order to initiate behavioural change, especially those aspects which have a direct bearing on improving child welfare and lowering IMR.

**(c)** Identify social marketing techniques which would enhance UNICEF's efforts to promote and communicate CSDR actions and other programme elements amenable to such techniques.

**EXPECTED OUTCOME**

**(a)** Draft framework for guidelines on how to "programme" communication as an integral part of going to scale in relation to CSDR at country and community levels.

**(b)** Techniques for "demand generation" and community mobilisation and education through the use, amongst others, of social marketing approaches.

**PARTICIPANTS**

The participants will include Programme, PSC, and Information Officers, and Representatives from those countries with high UNICEF and government potential to go to scale.

## Slide-Sound Presentation

The Division of Communication and Information of UNICEF—New York has produced a slide-sound presentation on Successful Breastfeeding designed for use by nurses, midwives and other community workers to:

**1)** provide essential information on breastfeeding techniques and weaning to mothers;
**2)** create a conducive environment for breastfeeding within the community;
**3)** stimulate discussion on the advantages and techniques of breastfeeding as part of infant nutrition; and
**4)** serve as a prototype for similar productions based on country-specific socio-cultural environment.

## Staff Changes

**APPOINTMENTS**

**Mr. Zeki Al-Jabir,** Regional Communications Officer, Amman
**Mr. Alan Brody,** ORT Promotion Officer, Lagos
**Ms. Sylvie Cohen,** PSC Officer, Ouagadougou
**Ms. Monique Goudreau,** Assistant PSC Officer, Niamey
**Ms. Cecelia Manyame,** PSC Officer, Harare
**Mr. Gulleth Mohamed,** PSC Officer, Dar-es-Salaam

**CHANGES IN DUTY STATION AND FUNCTIONAL TITLE**

**Mr. Robert Tyabji,** PSC Officer, Mogadiscio

**SEPARATIONS**

**Mr. Obediah Mazombwe,** PSC Officer, Harare
**Ms. Cynthia Reader,** PSC Assistant, New York

## Future Communications Exchange

Due to consolidation of resources and restructuring in the Division of Communication and Information (DCI) in New York, the PSC Newsletter will not be continued in its present format after this issue. It will be incorporated into another UNICEF publication, INTERCOM, which will feature a regular section on "Communication" dealing with PSC and related subjects. So, kindly send your letters, articles, anecdotes, photos, etc., to the Editor, INTERCOM, DCI, UNICEF, New York.

In addition, a new Information Exchange Unit will soon be established in DCI. One of the functions of this unit is to exchange information and experience on communications. You will receive more information on this development later.

I wish to take this opportunity to thank all of you for your contributions, encouragement, and support over the years and to wish you all the best in 1985 and the years ahead.

—Editor

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Notes

**Vol 9, No 1 was the last issue of the Newsletter in this format. Subsequent contributions relating to PSC were to be included in INTERCOM, prepared by DCI, UNICEF, under its regular feature, "Communications"**

**Lead article in Vol 9, No 1: Current Communication Trends, by RRN Tuluhungwa and Wan-fai Yung, UNCEF, New York**
**Other contents: Mobilizing communities for mass immunization, by Orlando Lugo and RK Rath, UNICEF New Delhi; Communication components of the Baluchistan Integrated Area Development (BIAD) Programme, by Razia Zafar, UNICEF, Quetta; Social communication and marketing workshop, to be held in Nairobi, 10-17 February 1985; Slide-sound presentation; UNICEF Staff changes.**

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