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20 pp

Discusses ORT campaign in Honduras and the Gambia, and analyses failed and successful approaches.

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UNICEF WORKSHOP ON PROGRAMME COMMUNICATION
Nairobi, February 10-17, 1985

Outline of Rasmuson Presentation
on ORT Communications

I. INTRODUCTION

A. Brief background of Mass Media and Health Practices Project (MMHP) in Honduras and The Gambia.

B. These were fundamentally ORT communication projects, planned, implemented, and evaluated by communication professionals and researchers.

C. For the participants at this workshop (on Programme Communication) they were further noteworthy for representing communication as programming.

D. Compared to previous presentations (e.g. Reed and Gleason's on communication as program advocacy and organizational motivation), this presentation will focus on communication at a more micro level; on what Gleason described as "community communication." The focus will be particularly on the target audience.

II. SOME MISTAKES WE MADE

A. The Gambia (slide of "Diet for Diarrhea" poster): Our first evaluation showed that while more than half of rural Gambian mothers had learned and begun to practice our ORT message, many fewer had taken our feeding advice ("give solid foods during diarrhea"). The mistake we discovered was that this message was too crudely formulated; that it was counterintuitive to mothers' experience with sick infants who had lost their appetites during diarrhea and would eat nothing, let alone solid foods.

Our response: we reformulated the message to the following: "Try to make your child's food more palatable and encourage him to try to eat something when he is sick, but be sure to give extra solid foods when your child is recovering from diarrhea."

B. Honduras (slide of ORS mixing trial): During this important part of our pre-program research, we had a behavioral psychologist working with us. As is often the case in such clinic or village-level research, a group of village mothers was summarily summoned by the health staff to participate in the trials. While most of them did very well in the mixing (much better, in fact than the clinic nurses), they were practically ignored when the trials were over. Our psychologist suddenly said "Wait a minute! Those women did very well, and no one praised them, let alone say a word of thanks for their cooperation!"

His observation stimulated our recognition of the need for building into the educational program as much praise and positive reinforcement to mothers and to the role of loving child care as possible. This is reflected in these project posters and other materials. The red heart logo you see on all of them is the subject of another interesting anecdote.

In designing the breastfeeding poster, we began with a simple drawing of a woman breastfeeding with the red heart logo in the background. Then we added a halo to the woman's head. We took it out and tested it: the red heart was fine, but the halo had to go--all the protestants thought this was a catholic program! Back at the drawing board we took the halo out, added a laurel wreath and the touch of excellence, a long-stem red rose.

Now needless to say, we have yet to see a rural woman breastfeeding with laurel wreath and red rose in place, but this poster was wildly successful. In testing and later in the monitoring research it was the single most popular poster we created. It associated a loving image with breastfeeding and women would make up stories of how their husband or boyfriend had given this women a rose because she was such a wonderful woman to breastfeed.

C. What are the lessons I would like to draw from these anecdotes? What characteristics of the MMHP Project approach do they illustrate?

1. First, the importance of understanding the audience through careful pre-program and formative research.

2. Second, the importance of the role communication should play in an ORT program of consumer advocacy. Richard Reed and Gary Gleason spoke in their presentation of the importance of communication as program advocacy to senior officials, of enlisting the support of such officials through "advocacy-by-praise." I wish to underline here that consumer advocacy is the role we see as most important for communication; of understanding the problems and needs of target audiences and then addressing them, also through strategies of praise and reinforcement.

III. OVERVIEW OF HONDURAS AND GAMBIA INTERVENTIONS

AID has supported two explicit health communication programs aimed at ORT for five years now. (Numbers below refer to slide changes).

1. The first in Honduras to promote widespread home use of a local packet...

2. ...called LITROSOL.

3. The second in The Gambia to standardize a single, simple solution for the home.

IN THE GAMBIA...

4. ...radio was used to teach the simple solution to mothers which was depicted on...

5. ...this flyer and distributed to 150,000 women, or some 90% of the target population...

6. ...as part of an intensive campaign called the Happy Baby Lottery.

7. During the lottery any woman who felt she had learned the 8-1-3 formula...

8. ...could participate in mixing contests held in 72 villages across the country.

9. If she could accurately mix the solution she won a simple prize...

10. ...like this cup and was eligible to win a big prize in a national drawing by the President's wife.

11. 11,000 women participated during 5 weeks in October 1982 and then became peer counselors for friends and neighbors through the rest of the campaign.

12. Information on breastfeeding and soft foods was also given through radio, health workers, and posters.

IN HONDURAS...

13. ...radio was used to teach mothers to understand and use...

14. ...this simple flyer, distributed as a sort of envelope for the Litrosol packets.

15. Health workers were trained to use the flyer and along with village volunteers were given a ...

16. ...red heart flag (the campaign logo). The flag identified the trained volunteer as a source of information on diarrhea and as sources of packets.

17. The red heart became the campaign symbol placed on posters, flyers, and tee shirts.

18. A saturation campaign, keyed to the diarrhea season, was run on radio. Some 29,000 spots reminding mothers how to mix Litrosol, how much solution to give, and answering their questions about Litrosol were broadcast the first year.

19. Results were very encouraging in both countries. Exposure, knowledge, and behavior changes were significant.

20. In Honduras, Stanford University, which did the evaluation under a separate contract to AID, reported a 40% drop in infant mortality due to diarrhea after the first year.

21. In The Gambia, mothers who used the 8-1-3 formula rose from 20% to 89% while teas and antibiotics dropped to almost nothing.

IV. CONCEPTS AND MODELS IN THE MMHP PROJECT

A. In the first place, the project was conceptually eclectic, drawing from the fields of behavioral psychology, social marketing, medical anthropology, among others.

B. We term the approach we have taken a public communication or a health communication approach. It belongs to the tradition of the Stanford Heart Disease Prevention Project and other health communication projects which have sought behavior change, rather than mere learning, as the main target objective.

C. Behavior change is seen as a process illustrated in Figure A (attached at end of presentation outline): people are exposed to a new idea or behavior, must understand and then try it, and then continue to use it before behavior change can be considered accepted or complete.

D. The overall planning and implementation model used in the MMHP Project is illustrated by the simple diagram in Figure B. An initial period of research precedes and informs project planning and implementation, and iterative rounds of formative evaluation feed back into the redesign of project implementation activities as necessary.

E. Some of the most important characteristics of effective communication are listed in Figure C--e.g. uses multiple channels, selects a small number of actionable messages, is part of a comprehensive strategy and plan, etc.

F. Some of the important things that effective communication is not are listed in Figure D. Perhaps most importantly, effective communication is not the use of mass media alone. A dramatic illustration of this axiom is provided by a survey of viewers of the 1985 Superbowl. More than 60% of those polled could not remember a single product that had been advertised during the Superbowl! Experience has demonstrated and we firmly believe that an effective communication strategy requires extensive use of face-to-face channels in addition to the mass media.

G. Figure E illustrates how we integrated three communication channels--radio, face-to-face, and print-- in the MMHP campaigns targeting behavior change, the trial and adoption of oral rehydration therapy by rural mothers in Honduras and The Gambia.

H. Figure F illustrates the three types of resources necessary for effective communication planning and implementation--research, production, and planning/management. Because audience research was such an essential part of the project's planning and implementation process, I would like to share with you several other anecdotes about the types of research we did and found useful and how we used its findings.

1. We found focus groups, a research technique borrowed from commercial marketing, to be a very useful means of exploring mothers beliefs, attitudes, and practices about diarrhea.

2. Empacho--the importance of local beliefs and local vocabulary.

Early focus groups turned up the concept of empacho. It

seemed to be a kind of diarrhea accompanied by cramps and a hardening of the stomach. Most women considered it an important type of diarrhea and quite distinct from other forms. The medical professionals recognized no such distinction and wrote empacho off as a fallacious local belief. In designing the first radio spots we tried to incorporate the term empacho so that mothers would know Litrosol was good for it too, but the medical professionals refused to allow the Ministry to be associated with promoting these false beliefs. Empacho was not used.

At the end of the first phase of broadcasts, monitoring showed that women in fact were not using Litrosol for cases they diagnosed as empacho--a good third of all cases were going untreated. When asked why, mothers responded simply "because you never said it was good for empacho too." The ethnography completed by Stanford's evaluation anthropologist showed that while considered diarrhea, empacho had such importance that it would not be treated unless women knew that Litrosol was good for it, as well as more common diarrheas. The compromise was to develop a series of spots which said "Litrosol is good for all diarrheas"--a simple addition which made all the difference.

3. Worms: During the early research it became apparent that La Bolsa, the bag, was a widely held belief. La Bolsa is believed to be acquired at birth. This bag rests in the lower middle abdomen and contains worms. When these worms leave their bag they cause diarrhea. They leave because of greasy foods or spoiled foods which have been ingested. Again while there was no medical foundation for this belief, it was widely held by rural people throughout the country. The Ministry refused to have any spots talking about the bolsa because it would propagate these "false" beliefs.

Our solution was to create a comic radio spot--being comic the government would feel more at ease. The spot included two worms--Lombricio and Lombrolfo--talking to each other about their life in the bag. During the spot they describe the things they most hate--the things which keep them in their bag--clean food, boiled water, etc. Precisely the prevention measures we felt were important. Even though humorous, rural people were impressed that someone seemed to understand and know their beliefs and care was taken that the spot not be done in a ridiculing way--indeed Lombricio and Lombrolfo were real charmers.

I. Figure G illustrates a final set of concepts upon which we drew in executing the MMHP Project--those of social marketing--which I will explore now in brief detail.

V. SOCIAL MARKETING CONCEPTS USED IN MMHP

A. The concept of segmentation calls our attention to the fact that there may be a number of different audiences for a program. In this slide, for example, it is evident that not every little old lady needs or wants a Walkman stereo! In the Gambia and Honduras, the primary audience was rural mothers and other caretakers of children. An important secondary audience was medical professionals.

B. Social marketing product considerations (product development, packaging, positioning) guided us in a number of ways. We conducted

simple product preference trials (of different presentations of medicines) to ascertain attitudes among women. We considered the importance of colorful, attractive, professional-looking ORS packets and instructional materials. We were alerted to the need to position Litrosol in Honduras as a tonic for restoring appetite and activity to a child rather than a treatment for dehydration, since we found that rural Honduran mothers did not have an existing concept of dehydration. In the Gambia, a concept for dehydration was found to exist, so ORS could be positioned as a treatment for preventing dehydration with its harmful consequences.

C. The concept of place draws our attention to the need to consider the distribution system for oral rehydration salts and educational materials. In Honduras, maintaining and supervising the distribution system for Litrosol packets was probably the single most problematic aspect of the ORT program.

D. Even though ORS was not sold in either Honduras or the Gambia, there were very real considerations of cost that went into the planning of the projects. It costs a rural mother time and effort to take her child to a clinic for treatment; it also may cost her a great deal of the same to treat her child with ORT. It is a treatment which requires time and patience.

E. We used promotional activities not only to inform audiences about ORT, but to motivate them to try it and keep using it. The Happy Baby Lottery in The Gambia was perhaps the most vivid example of providing incentives to mothers--the chance of winning small prizes as well as recognition in a highly publicized national contest--to learn how to perform ORT correctly.

VI. OTHER SUCCESSFUL ORT COMMUNICATIONS PROGRAMS

A. The MMHP Project used one approach to ORT communications planning and we think it was quite successful. But it is not the only approach. There have been several other very successful ORT programs, such as those in Egypt, Bangladesh, Nicaragua, and I would like to quickly review the communications strategies of several of these.

B. Figure H illustrates the approach in the Egypt program, very similar to that employed by MMHP (multiple, integrated channels) and including an important marketing and educational effort among private sector pharmacists as well.

C. Figure I illustrates the BRAC approach in Bangladesh. This was an intensive face-to-face teaching effort with a clever incentive payment system for the teachers--they are paid on the basis of how well mothers correctly recall their teaching.

VII. SOME ADVICE

A. Be eclectic. Draw upon multiple models and concepts in planning an ORT communication program, but don't let the ultimate design become overly complicated. Keep it simple.

B. In keeping with the above advice to be eclectic, consider the

several types of change strategies listed in Figure J and try to incorporate elements of several.

C. Figure K illustrates the elements of a management plan that we consider essential to the successful execution of an ORT communication program.

D. Figure L identifies the major specific communication components that we felt contributed to our success in Honduras and The Gambia and offer for your consideration.

E. Finally, Figure M returns our attention to the ultimate goal of a communications component in an ORT program--getting more people to use, use correctly, and continue to use oral rehydration therapy.

FIGURE A

1

2

3

4

5

MANY PEOPLE

TO UNDERSTAND

AND USE

- GROWTH MONITORING**
- ORT**
- BREASTFEEDING PRACTICES**
- IMMUNIZATIONS**
- FAMILY PLANNING**
- FOOD SUPPLEMENTATION**

PROPERLY

FIGURE B

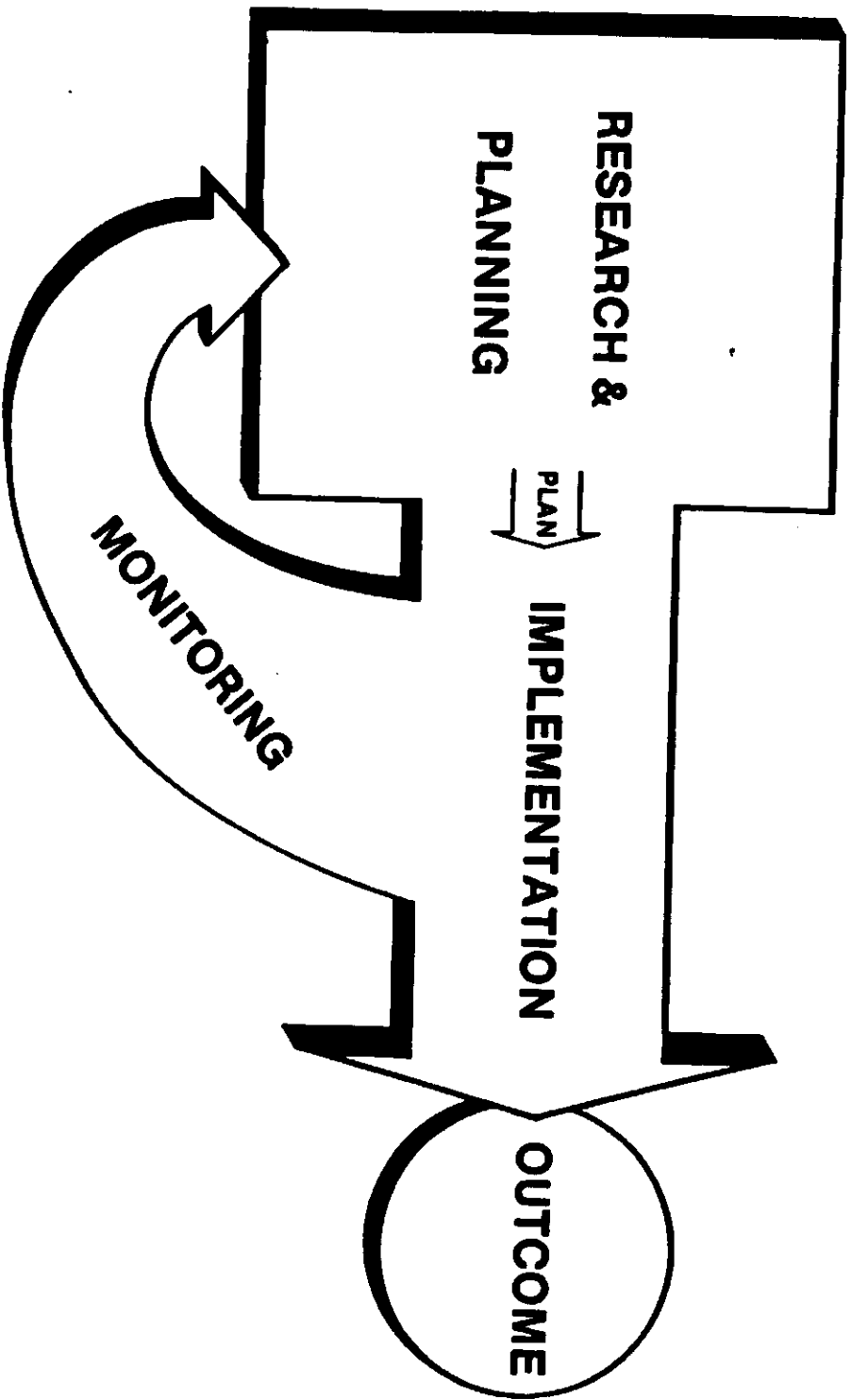


FIGURE C

EFFECTIVE COMMUNICATION IS

- AUDIENCE-ORIENTED
- MULTI-CHANNELS
- FEW ACTIONABLE MESSAGES
- CONSISTENT OVER TIME
- ADAPTABLE TO CHANGE

FIGURE D

COMMUNICATION ISN'T

- MASS MEDIA ALONE
- SELF-SUFFICIENT
- QUICK FIX
- NECESSARILY CHEAP

FIGURE E

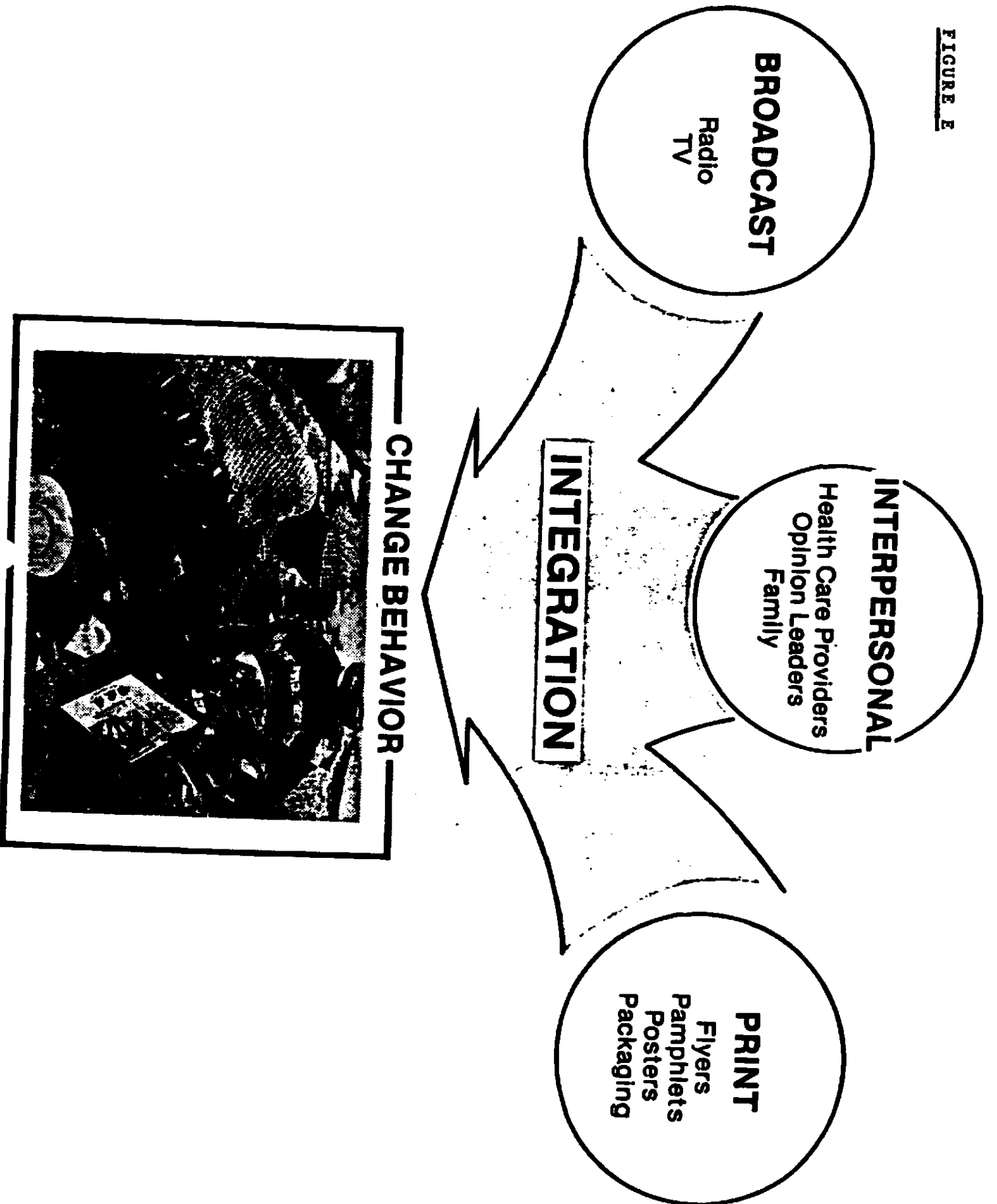


FIGURE F

RESOURCES NEEDED FOR EFFECTIVE COMMUNICATIONS

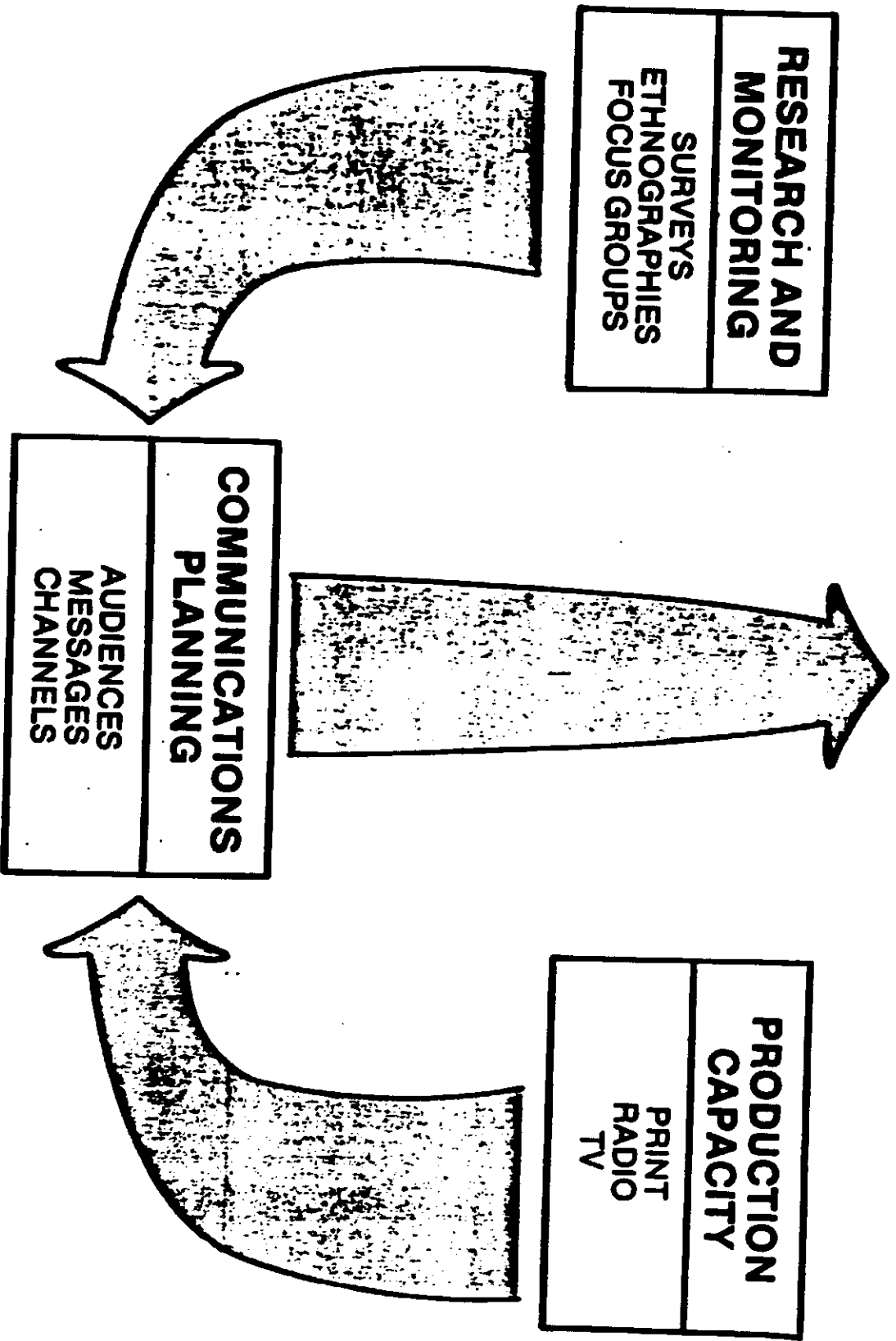


FIGURE G

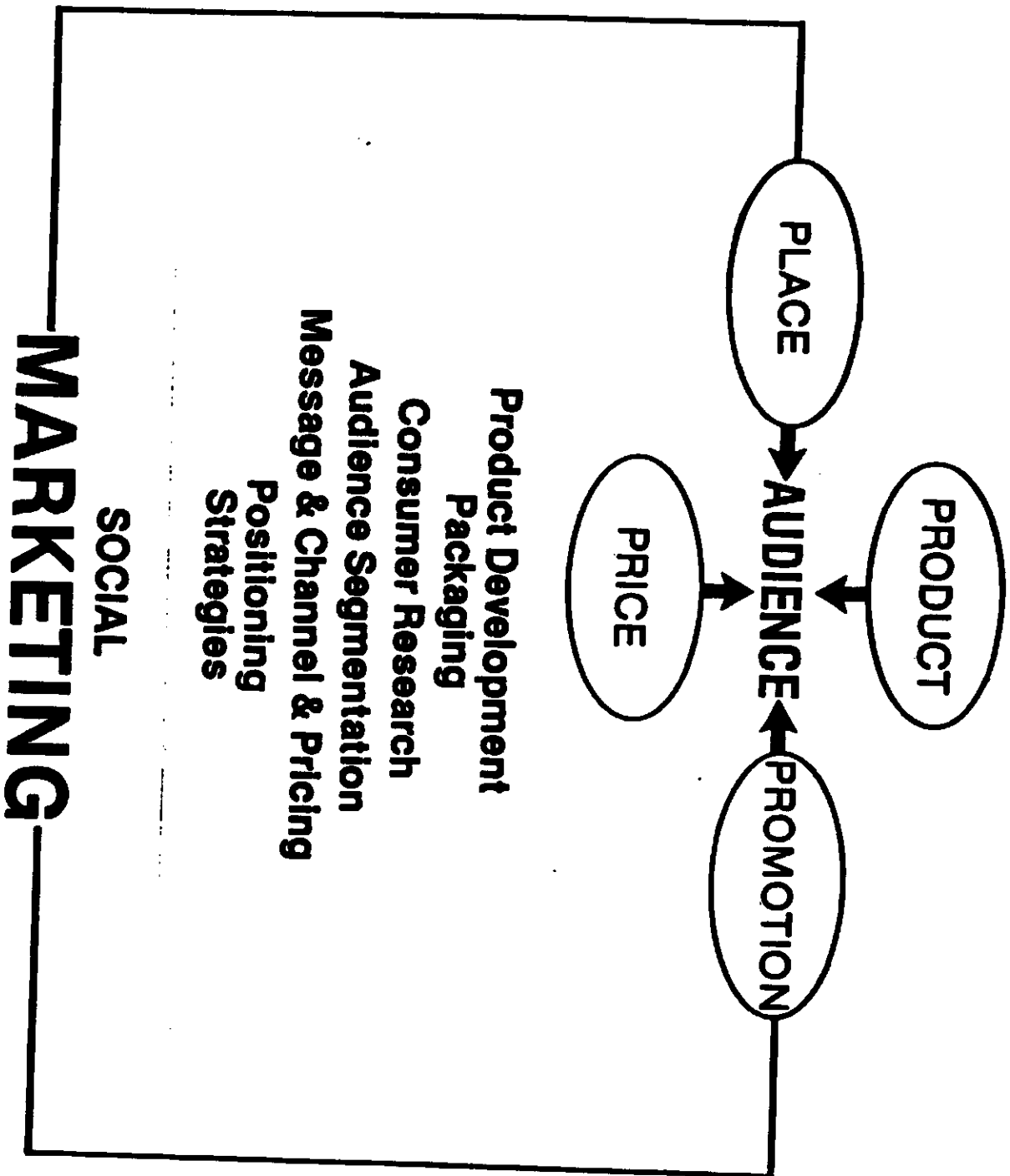


FIGURE H

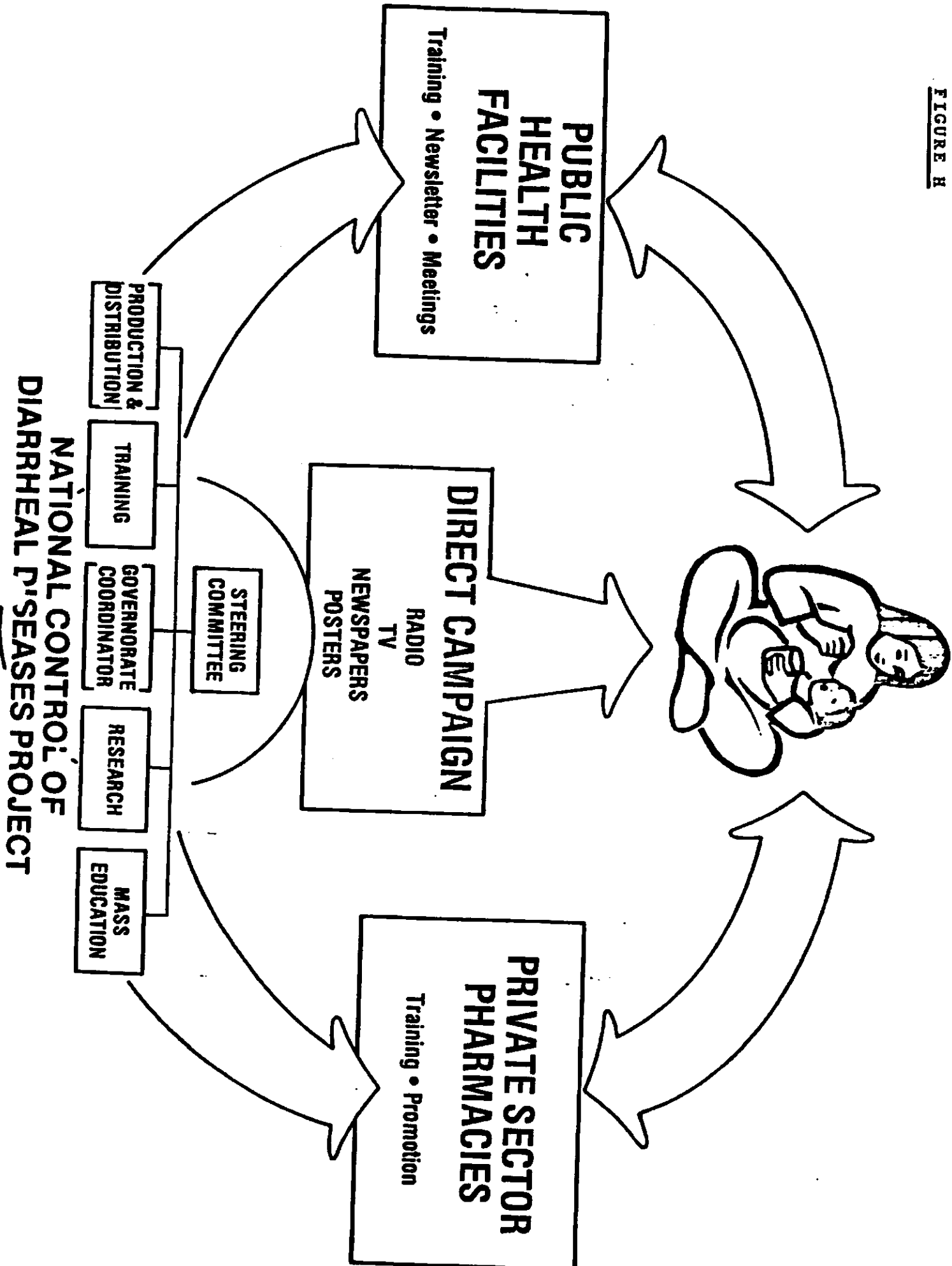


FIGURE 1

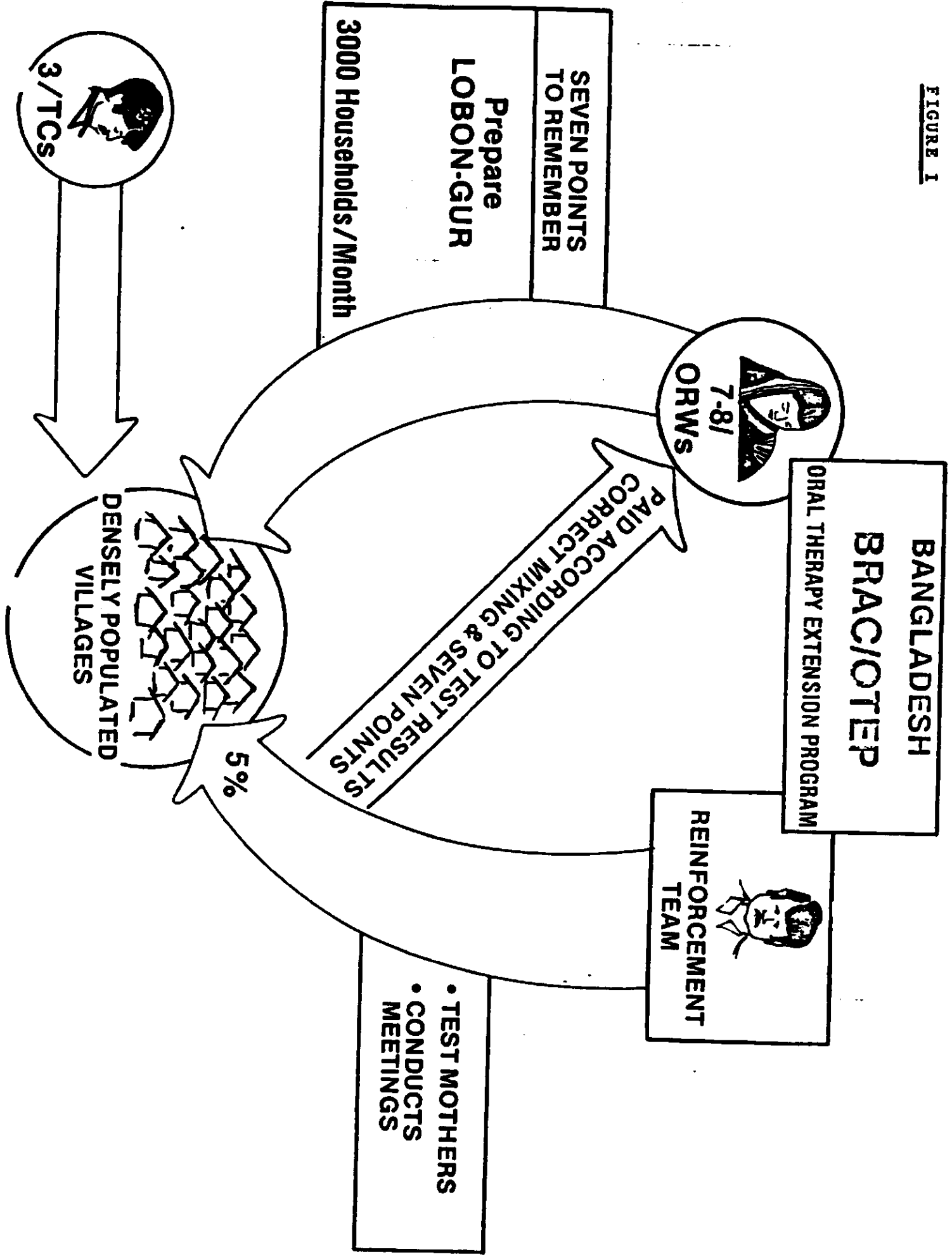


FIGURE J

CHANGE STRATEGIES

POWER	SANCTION/FORCE	BAN ANTI-DIARRHEALS
LOGIC	FACTS	Teach Dehydration Concept
APPEAL	EMOTION	Tonic to Restore Appetite of Sick Child
INCENTIVE	REWARD	Distribute Attractive Plastic Measuring Cup
FACILITATION	REMOVE OBSTACLES	Package Salts in Convenient Glass Size Packets

FIGURE K

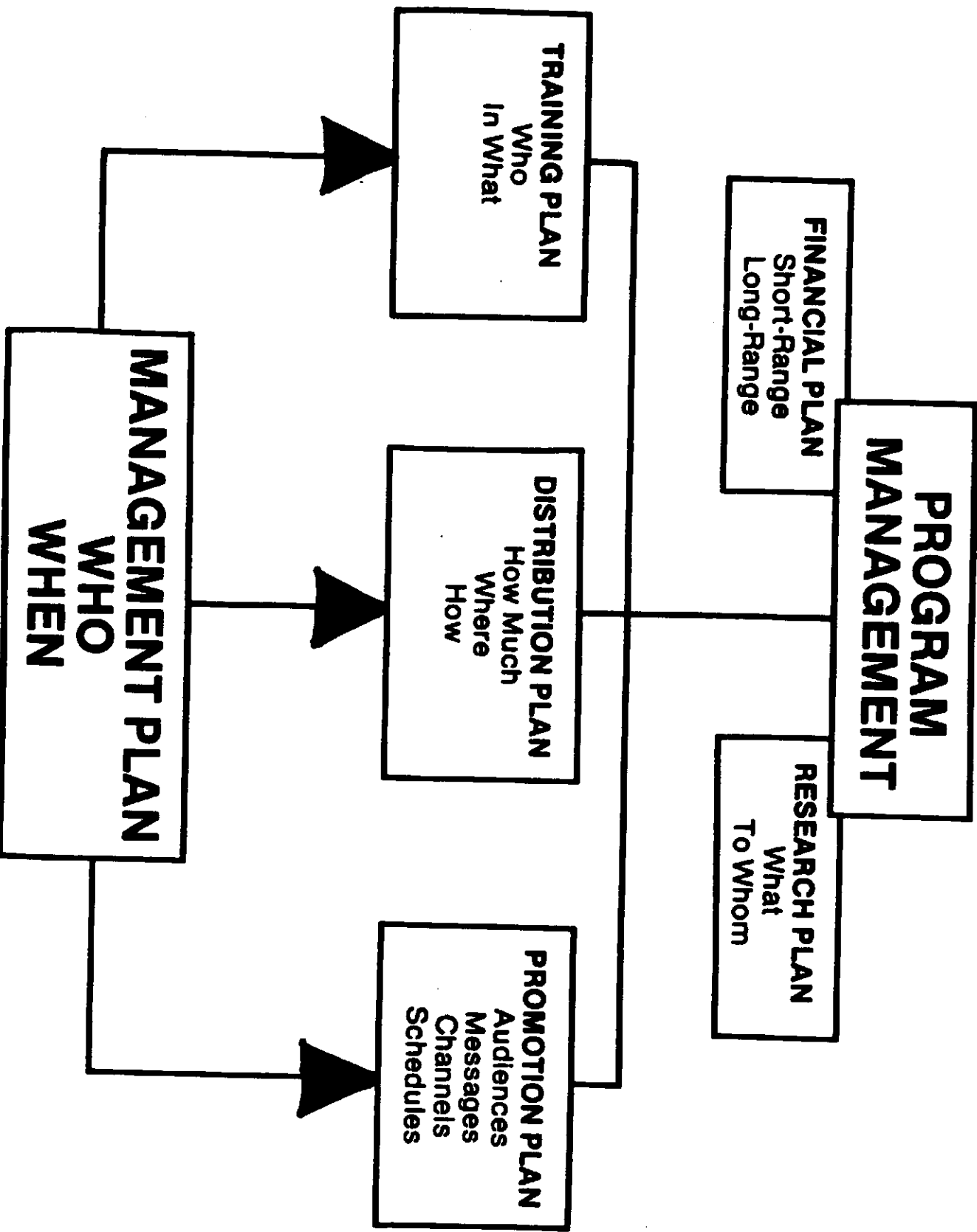
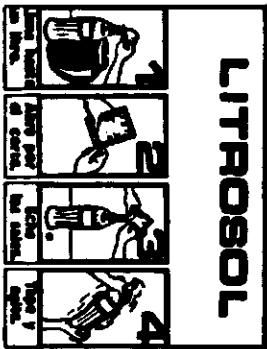
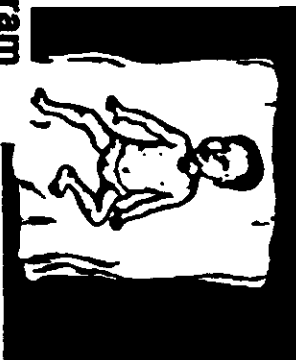


FIGURE 1

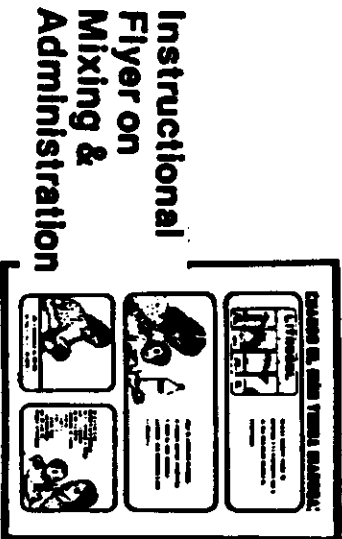
SPECIFIC ELEMENTS TO CONSIDER AN ORT CAMPAIGN



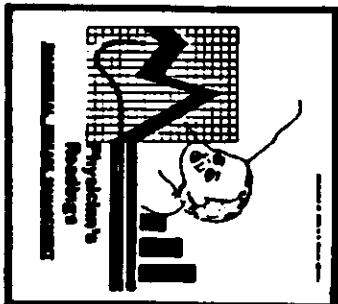
Instructional
Label for
Packet



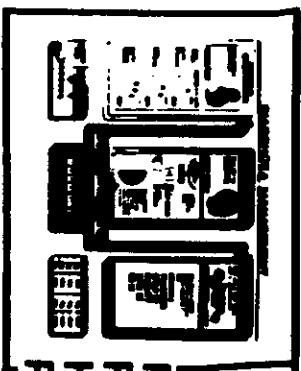
Program
Logo



Instructional
Flyer on
Mixing &
Administration



Radio
Broadcasts



Rehydration
Posters for
Health
Posts

FIGURE M

HOW DO I GET MORE PEOPLE TO

**USE,
USE CORRECTLY, and/or
CONTINUE TO USE**

PRODUCTS

**CONTRACEPTIVES
ORAL REHYDRATION SALTS
IMMUNIZATIONS
GROWTH CHARTS**

AND

ADVICE ON

**CHILD SPACING
BREASTFEEDING
INFANT & MATERNAL FEEDING
PERSONAL HYGIENE
WATER PROTECTION
LATRINE MAINTENANCE**

