

English Summary Report On
Workshop For Development Of
Project Support Communications Component
Of the Primary Health Care Programme
In the Yemen Arab Republic
Sana'a, 16 - 24 March 1983

I. Background :

1. During the UNICEF Workshop on PSC held in Istanbul in June, 1982, it was a foregone conclusion that greater emphasis needs to be given in UNICEF - assisted programmes to the social communications aspects.
- 2- Among the conclusions reached at this workshop was that if PSC and advocacy are to be effective, they must be strategically planned and implemented as integral parts of a country programme or project. As the approach is fairly new to UNICEF, programme staff need further orientation in systemic PSC planning/programming, in order to enable them to incorporate this component into their country programming exercise.
- 3- Given UNICEF's emphasis on PHC, and that the YAR country programme includes a grass roots PHC programme where the social communications component needs to be developed, it was agreed to call for a workshop aimed at developing the social communications component of the PHC programme in YAR, using available resource persons at HQ and within the region. This report covers the said workshop which was held in Sana'a from 16-24 March, 1983.

II. Objectives :

- 4- The general objectives of the workshop were :
 - (a) To increase and strengthen the understanding and capacity of programme and project staff and their national counterparts, and PSC staff as to the role of social communications in developing basic services for children, focusing on the PHC programme in YAR.

- (b) To exchange country/area social communications programming experiences.
- 5- Its specific objectives were :
 - (a) To develop a communications strategy that will benefit the current programme of basic health services in YAR.
 - (b) The theory and practice of social communications planning and programming in basic services to the PHC programme in Yemen.
- 6- The ultimate aim of the workshop would thus be the development of a communications component for the PHC programme in YAR which would be pragmatic, realistic and flexible enough to allow application.

III. Participants :

- 7- A special effort was made to include a broad spectrum of parties involved in communication and PHC in order to benefit from their backgrounds and experiences on the one hand and allow them to participate in the preparation of the recommendations, the effective implementation of which, would involve them in one way or another. These included :
 - (a) Ministry of Health represented by the PHC Project, Health Education, Health Manpower Institute and Trainer/Supervisors involved in training and follow-up of PHC workers.
 - (b) Confederation of Yemeni Development Associations (CYDA).
 - (c) Central Planning Organization.
 - (d) General Corporation of Radio and Television.
- 8- On the UNICEF side, and in addition to the professional staff of the UNICEF - Sana'a Office, senior PSC/PI staff from UNICEF HQ and ORDEM participated as well as delegates from the UNICEF office in PDRY, Syria and Turkey.

IV. Programme of the Workshop :

- 9- The programme of the workshop was organized in such a way as to include the following activities :
 - (a) prior preparation of the participants through readings of selected references related to Yemen, UNICEF's cooperation with the various sectoral ministries in it with particular emphasis on the Ministry of Health and its PHC programme, and the Ministry of Health's future plans.

- (b) further orientation of the participants with regard to PHC in Yemen through a day of short presentations followed by open discussion.
- (c) actual visits in small heterogeneous groups to health centers and PHC units with a specific questionnaire aimed at identifying existing PSC activities and the needs in this domain as felt by the future beneficiaries of such a programme.
- (d) open discussions of the findings of the various groups aimed at a clearer identification of the problem and felt needs
- (e) Orientation of the participants as to how to go about designing a PSC programme, with specific references to the PHC programme in Yemen.
- (f) working in heterogeneous groups to prepare proposed PSC programmes in one of the following domains :
 - i- advocacy for PHC at the national level
 - ii- advocacy for PHC at the level of training and supervision of PHC workers
 - iii- advocacy for PHC through the mass media
 - iv- advocacy for PHC at village level
- (g) discussion of the proposals of the various groups by the plenary
- (h) working in newly constituted still heterogenous groups to prepare a proposed programme for PSC in PHC
- (i) discussion of the proposals and agreement on a unified programme.

V. Implementation :

- 10- The first day proceeded as planned. Inagural speeches were followed by open discussion of the PHC programme in YAR and the potential of Health Education and the media for greater involmnet in PSC activities.
- 11- The main trends that emerged from the first day's discussions were summed as follows :
 - (a) Yemen with its wise political leadership adopted the PHC approach and availed to the programme all possible assistance; this facilitates development of the social communications aspects related to PHC.

- (b) Those responsible for PHC and Health Education, and the media have been working with the PHC workers to spread this approach; however the limited knowledge of certain elements working in PHC and the media as to what is PHC has resulted in their spreading contradicting ideas and practices.
- (c) The PHC worker, in addition to his training in health aspects, needs training in health education with special emphasis on interpersonal relations and group dynamics.
- (d) Review of the social communications component of PHC requires review of the human and material resources available to health education to enable it to meet requirements.
- (e) An integrated plan for PHC related social communications activities should be developed such that these activities will reinforce one another, deal with all major aspects, and be targeted towards the various groups involved. Thus the main objective of this workshop is a basic concern of all participants.
- (f) PHC related communications efforts via the media should be monitored to evaluate their impact at the popular level, thus allowing for their development if need be.
- (g) The need is there to develop media other than those prepared for use via radio and television such as video tapes, cassettes etc. which can be distributed at cost for villages where videos and recorders exists. These tapes could deal with topics such as breast feeding, diarrhoeal disease control, acute respiratory infections among children etc.
- (h) Greater coordination through better communication is required between the organizations, departments and persons concerned with regard to what exists and what is planned for implementation in order to avoid duplication of efforts.

12- The next three days were spent on field visits to health centers and PHC units in different parts of the country, and preparation and discussion of group reports as the final stage of orienting participants towards the situation with regard to health at rural level, the existing services, the IAR programme in PHC and the felt needs of local communities and health

workers with regard to the social communications aspects of their work. The main points which emerged from these discussions could be summarized as follows :

12.1. With regard to identification of health problems at village level :

- (a) it would be useful to have an intersectoral committee formed from representatives of health, information, agriculture, education, social affairs and CYDA to specify the general problems and specify the role of primary health care in their solution; this would ensure cooperation of all parties concerned when field implementation is attempted
- (b) establishment of a health council at village level through which health problems are addressed and discussed among the community leaders
- (c) reinforcement of the role of the health center to which the village refers in the identification of the health problems in these villages

12.2. With regard to communication media and tools at village level :

- (a) the need for posters produced locally, reflecting the local environment, and addressed primarily at illiterate women, these posters would primarily address preventive health aspects, be based on graphic presentation and are tried out prior to putting them in public use.
- (b) provision of PHC workers with hand carried, battery-operated loudspeakers to assist them in their presentations at village gatherings.

12.3. With regard to use of the mass media :

- (a) preparation of a Yemeni film to explain the role of PHC starting with the recruitment of the PHC worker, his training and ending with showing the role he plays in his village upon his return; such a film would be useful for advocacy at the various levels and in the orientation and training of new PHC workers
- (b) preparation of short health messages for transmission between programmes on the radio and TV.

- (c) prohibiting the use of the mass media for advertisements with messages contrary to what PHC is advocating (particularly with regard to breastmilk substitutes).
- (d) using simplified language devoid of complicated scientific terms in all health programmes transmitted through the media.

12.4. With regard to the training needs of PHC workers :

- (a) developing the PHC workers training guide so as to give greater emphasis to the development of the PHC workers skills in advocacy and interpersonal relations.
- (b) organization of refresher seminars for PHC workers to exchange experiences and discuss the problems they face in the health education of their village communities
- (c) arranging for a programme of exchange visits between various PHC workers so as to benefit from each others experiences, and develop a spirit of camaraderie between them.

13- Next, each of the four groups was assigned the task of preparing proposals/recommendations for a plan to improve PSC in PHC related to one of the following groups :

- (a) group 1 was assigned the task of advocacy of PHC at the national level,
- (b) group 2 was assigned the task of improving aspects of PSC for PHC related to training of PHC workers and the enhancing the role of the Trainer/Supervisor,
- (c) group 3 was assigned the task of improving aspects of PSC for PHC through the use of the mass media,
- (d) group 4 was assigned the task of improving aspects of PSC for PHC through the PHC worker, and to address directly the needs of the local communities which these PHC workers serve.

14- Given the specific and limited task assigned to each group, it was able to focus on the task assigned. Each group prepared a report which was circulated and discussed by the plenary. The major points that arose from these discussions were :

- (a) There is a need to explain the concept of PHC as applied in YAR to the various categories of workers in the Ministry of Health, other sectoral ministries, and local development associations; these efforts should emphasize the role of the local communities in provision of PHC.
- (b) The need to emphasize health education aspects in the training programmes of not only health workers, but also workers in the other sectoral ministries whose functions are related to development; special emphasis should be given to the role of the workers in the service ministries and local development associations in the health education of the communities which they serve.
- (c) The need to concentrate through the radio and T.V. health programmes upon the role of local communities in the development of PHC for themselves; these programmes should emphasize preventive aspects and highlight the successes achieved in the application of PHC in YAR, call for practices that can be implemented at local level taking the reality of the existing situation into consideration, and be presented in the simplest language that is common among the various sectors of society. An important point of focus for all such programmes should be the importance of training of rural women to play their role in society.
- (d) The need to reinforce contacts with local community leaders (religious leaders, village heads, teachers, cooperations representatives) and to seek their assistance and support for the efforts of the PHC workers.
- (e) The necessity for continuous provision of PHC workers with health education materials in order to assist them in the transmission of their ideas, and for display to remind the community of the concepts that PHC is trying to advocate; it is essential that all such materials be tried out at field level prior to putting it in final form.

15- In an effort to put the ideas developed so far in the workshop in a more coherent framework, new groups were formed and this time asked to tackle the problem in a wholistic fashion and try to arrive at a proposed PHC support communications strategy and plans for the period 1983 to 1986. Given that the previous exercise had taken longer than planned, thus restricting the period for this, and that the members of each group were new to one another and had not yet developed harmonious working relations, this exercise could only be undertaken partially, and decision was taken the last day that a drafting committee be formed from the various ministries/departments participating in the workshop, and that this committee be entrusted with preparation of the final recommendations based on what the various groups had arrived at. These recommendations would represent what the various national parties that took part in the workshop arrived at, and would form the basis for future related discussions between UNICEF and the Ministry of Health. Mr Kassis was entrusted with the preparation of a report on the workshop which would be then reviewed by the committee prior to its endorsement.

16- Despite difficulties in convening the committee, a list of recommendations were finally prepared by it. The key recommendations put forward were the following :

16.1 Recommendations related to orientation of health workers and other community agents with regard to PHC :

- (1) Given the conviction of the group that PHC covers a wide range of health services such as MCH, DDC, EPI, environmental health and other aspects of preventive medicine, efforts should be geared towards :
 - (a) Ensuring that PHC is the corner stone of basic health services; related health departments should integrate their work into PHC.
 - (b) Ensuring that the role of PHC and its relation to other service ministries is clear.

The above would require certain administrative actions to be taken such as the establishment of an intersectoral higher council for PHC to coordinate and encourage an inter-sectoral approach for its effective implementation, and the creation of a focal point within PHC for coordination of related social communications activities.

16.2 Recommendations related to training PHC workers, LBAs and other development agents in communication skills within the context of PHC :

(2) In addition to the knowledge, skills and attitudes related to health, PHC workers, LBAs and other development agents need to develop communications skills that will enable them to put forward these ideas to their local communities and stimulate them to implement these ideas.

(a) For PHC workers and LBAs already trained, it is proposed that refresher seminars be held focusing on developing their skills in the identification of health related problems within their local communities, in planning a programme to try and overcome these problems, and in developing the necessary communication skills to implement their plans.

(b) For PHC workers and LBAs to be trained, it is recommended that their respective training programmes be revised with a view to highlighting aspects related to health education of local communities and emphasizing communication skills.

(c) Trainer/Supervisors play a key and crucial role in the follow-up of PHC activities at the grass-roots level; thus it is essential that their communication skills be developed to enable them to take the leadership role in this regard.

The training of the above categories could not lead to major improvements unless it goes parallel with the preparation and production of health education materials that can be used effectively at village level .

16.3 Recommendations related to the use of mass media :

- (3) Given the extensive use of radios by all sections of the population and the wide-spread availability of T.V., substantial use of these media should be made to :
 - (a) Emphasize the importance of community involvement in the development of local communities.
 - (b) Emphasizing the importance of PHC as a means and tool for the delivery of health and social services suitable to the needs of local communities.
 - (c) Calling for rejection of habits that negatively effect community health and encouragment of habits that improve it.
- (4) While radio and T.V. programmes are addressed to the whole population, it should be remembered that 90 percent of Yemenis live in rural communities; thus messages should address the rural population and have as their specific focus women and children to the extent possible. Trained rural women should play a lead role in these programmes to serve as live examples and encourage greater involvement of women.
- (5) Planning radio and T.V. programmes should be such as to have a rational sequence and be done in coordination with other health education activities at field level. The messages should emphasize preventive aspects, highlight the role of the PHC worker and LBA, use simple understandable language, be based on successful examples from the field; care should be taken that what the message calls for can be implemented.

17- A draft final report in Arabic was prepared by the author of this report; following review by the report committee, it was finalized and circulated.

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VI. Recommendations for follow-up Action :

18. It was obvious from the discussions during the workshop that if a successful programme of support communications for PHC is to be implemented, this could only be done as a cooperative effort between 3 partners, namely, the PHC Project and the Department of Public Relations and Health Education, both at the Ministry of Health, and the General Corporation of Radio and Television of the Ministry of Information. It is therefore recommended that UNICEF pursue, through the Project Officer, the immediate setting up of such a body to be the focal point for all future efforts.
19. For a number of years now, UNICEF has been assisting the Department of Health Education at the Ministry of Health (now renamed as the Department of Public Relations and Health Education) with vehicles, equipment and supplies under a very general and broad mandate. It is recommended that a pre-requisite for any future assistance should be an agreed to programme with the PHC Project and geared mainly towards meeting the needs of this project for support communications materials and activities.
20. It was clear from the field visits undertaken and discussions during the workshop that the role and function of the PHC worker and LBA as promoters for community health through actions aimed at prevention of disease and promotion of good health has not been given adequate attention in their training programmes. It is recommended, therefore, that immediate action be undertaken by the project, and in cooperation with the Health Manpower Institute, to review the sections in the curricula for training of PHC workers, and LBAs related to the development of their communication skills. This should be done in time for implementation in the training of PHC workers and LBAs who will undergo training starting the fourth quarter of 1983. Based upon the results of this curricular review, a short refresher course should be developed for PHC workers and LBAs already trained to narrow this gap in their training programme.

21. In any plans developed for support communications activities at the grass roots level, it is essential that activities take the form of coordinated and integrated campaigns such that Trainer/Supervisors and, in turn, PHC workers and LBAs are briefed, provided with the necessary software to enable them to undertake these activities, and followed-up in their implementation of these activities; field feed back to the central level will assist in better planning and implementation of future campaigns.
22. Given that radio and T.V. coverage are exceptionally and extremely high in Yemen, and that the General Corporation for Radio and T.V. is extremely keen and eager to develop their programmes in health, it is recommended that UNICEF enter into direct negotiations with the Ministry of Information to sponsor T.V. and radio programmes aimed at accelerating child survival. If this is to await the expansion of coverage of the PHC programme to cover the majority of the population, decades would be lost. Naturally, such programmes would be coordinated with our partners in the Ministry of Health, but the lead in them would be for the Ministry of Information which has ample well equipped facilities and adequate number of technicians.
23. While the above recommendations, if approved, are put into practice, it is essential that we undertake certain activities whose tangible results can be felt quickly and which would be useful in a multiplicity of activities. For a start it is recommended that UNICEF, in coordination with the Ministry of Health provide the Ministry with the services of a short-term consultant to assist in the design of locally adapted posters for an illiterate rural audience. The posters presently used are not only inadequate, but also give reverse messages. Many of the messages to be conveyed are clear to all planners (encouraging breastfeeding, discouraging bottle feeding, use of clean drinking water, immunization of children, etc.) and health education has good artists and printing facilities. What they lack is the know-how for conceptualization of such messages for illiterate Yemenis and their field-testing prior to utilization. The outcome of such an undertaking would not only be useful in Yemen, but could serve as prototype for similar posters to be used in other Arab and non-Arab countries.

August 16, 1983

cxk/ea

George Kassis
Programme Officer



Abu Dhabi Trip

UNICEF

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INTEROFFICE MEMORANDUM

TO: Mr. R. Tuluhungwa
Chief, PSC, N.Y., Hqs.

FROM: George Kassis
Officer-in-charge, UNICEF Sana'a.

SUBJECT: English Summary Report on PSC for PHC
in Yemen Workshop.

DATE: 18 August 1983

FILE NO.: _____

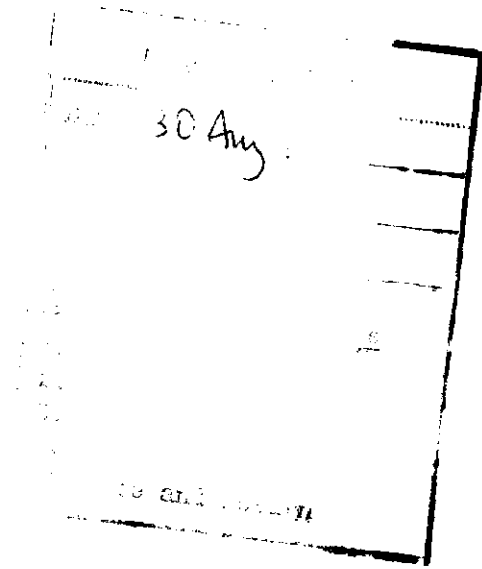
Felix/83/108

... Attached is a copy of said report.

Personal regards.

GK/ra.

... Encl.





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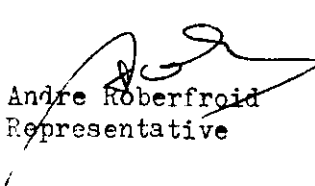
Dear Mr. Tuluhungwa,

Reference the workshop on developing the social communications aspects of the PHC programme in YAR, held last March, I am glad to enclose a copy of the final report in Arabic.

May I take this opportunity to thank you for your effective participation in this workshop, which reflected positively upon its outcomes.

With best regards.

Sincerely yours,


Andre Roberfroid
Representative

Mr. Revelians Tuluhungwa
Chief,
Project Support Communications Service
NYHQs.



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Notes

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It had been decided in 1982 to give more emphasis to the social communications aspect of UNICEF's work. The objectives of the workshop were: to increase the understanding of staff and national counterparts for the role of the social communications in developing basic services for children; to exchange experience in social communications and develop a strategy; to develop a social communications component for the PHC programme in Yemen Arab Republic.

Related correspondence.

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SAROJA DOUGLAS

Saroja Douglas

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