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HIGHLIGHTS OF PSC ACTIVITIES IN 1979

by R.R.N. Tuluhungwa, Chief, PSC Service, UNICEF - New York

During 1979 PSC assistance trends continued to focus on upgrading social communications skills of Government field workers and their trainers through workshops and seminars. In collaboration with UNESCO and the International Planned Parenthood Federation, UNICEF sponsored a four-week inter-ministerial trainers' course in communications for social development in Malawi for six southern African countries. In Thailand PSC training manuals and modules for trainers and Government extension workers were produced. Workshops and seminars were held in Burundi, Comores, Rwanda and Burma. In Korea, UNICEF assisted in a seminar on PSC strategies for basic services and social development in the 1980s in the Saemaul Undong (new Community Movement).

Efforts have continued to be directed at the building up and improvement of national PSC facilities and capabilities to enable Governments to integrate communications into programmes benefitting children and mothers. It is noteworthy that in Nepal UNICEF assisted the Ministries of Health and Education to establish materials production units and distribution systems. The Government of Jordan has set up a Development Information Unit to undertake PSC programmes. The Government of Mozambique received UNICEF assistance to enable the Ministry of Information to find out the most effective way of motivating members of communal villages for basic services. In Ethiopia, a UNICEF consultant assisted the Ethiopian Mass Media Centre to produce messages and materials in support of the primary education reform programme.

Assistance has also been directed to the production and pretesting of prototype materials. In Thailand and the Caribbean countries, materials for the promotion of breastfeeding and infant nutrition were developed and pretested. In Sri Lanka a manual and instructional films for day-care centre attendants in the plantation sectors were produced. In India, Nepal, and Indonesia, materials for the health, water and sanitation, and nutrition projects were produced.

It is anticipated that future PSC assistance will continue to focus on improving the communications linkages between the communities and field workers through training programmes, applied social communications research, development of appropriate grass roots communications technology, such as the use of solar energy for powering community and school radio receivers and other educational equipment.

18 STEPS TO MAXIMISE THE EFFECTS OF DEVELOPMENT COMMUNICATIONS

by Dr. Bella Mody, Professor of Communications, Stanford University

STEP 1	Study your subject, e.g. agriculture, health, nutrition. • Talk to experts • Cross-check everything by observing the real situation yourself.
STEP 2	Define precisely the target transceivers. (The term "receiver" as used in a one-way communication process has been criticized to imply passivity. The term "transceiver" as used in a two-way communication process implies that a "receiver" can also send messages back.) • Learn everything about them through reading, observation or surveys, e.g. language, religion, education, family and community structure, housing, clothing, eating habits, leisure activities, etc. • Live with them, and talk to them.
STEP 3	Define precisely the goals of development planners. e.g.: Knowledge: 90% of 10-year olds should be able to read the national language. Attitudes: All agricultural laborers should refuse a daily wage below the legal minimum. Behaviour: All lactating mothers should breastfeed.
STEP 4	Gather baseline or entry-level information on the knowledge/attitude/behaviour of your target transceivers before exposure to your message. e.g.: Knowledge: 10% of 10-year olds can read. Attitudes: No laborer would dare refuse a below-minimum wage. Behaviour: Only the poorest lactating mothers breastfeed.
STEP 5	Find out the gap between the planners' goals and the present knowledge/attitude/behaviour levels of your target transceivers. e.g.: Goal: 90% of 10-year olds should be able to read. Entry-level: 10% of 10-year olds can read. Gap: 80% of 10-year olds need to learn. (Who are these 80% Where are they? Why can't they read?)
STEP 6	Rank development gaps in order of their importance to national planning.
STEP 7	Select only those gaps/needs that are, in some way, amenable to solution via communication inputs (interpersonal and mass media).
STEP 8	Spell out communication implications of development gaps in terms of measurable goals. e.g.: Gap: 90% of small farmers are not using locally-available fertilizer. Communication goals must specify: • terminal behaviour (what the transceiver can do as a result of exposure) • conditions under which terminal behaviour is to be achieved or performed • acceptable level of performance
STEP 9	Before implementing the project: • limit yourself to selected goals that can be achieved with your resources • select a media mix for your communication goals, e.g. print-radio-discussions • design a campaign strategy--what message appeals: rational/emotional?
STEP 10	Prepare "specifications" for each message in clear, simple, unambiguous terms so that different artists and writers who may work on a series of messages will have a common understanding (scriptwriters' hand-book).
STEP 11	Produce sample messages and materials in low-cost draft form.

STEP 12   Pre-test draft messages and materials on small groups of your target population for:
• attention-getting and holding power
• comprehension.

STEP 13   Check content of sample messages and materials with content expert.

STEP 14   Modify message strategy based on the pre-testing findings from the target population and the experts.

STEP 15   Only now:
Go ahead with final mass production of materials.

STEP 16   Check all the details of message distribution:
• printing, transportation, storage and display of print materials, e.g., posters, fliers, work books
• broadcast transmitters, interference, reception quality, broadcast receivers, maintenance and repair of receivers
• audio cassette circulation to discussion groups.

STEP 17   Arrange for message utilization at the point of reception:
• group discussion
• availability of infrastructure, inputs, and opportunities for action.

STEP 18   Plan feedback on message effects and utilization to message designers and communication planners:
• from discussion leaders
• from letters
• from interviews
• from behaviour changes.
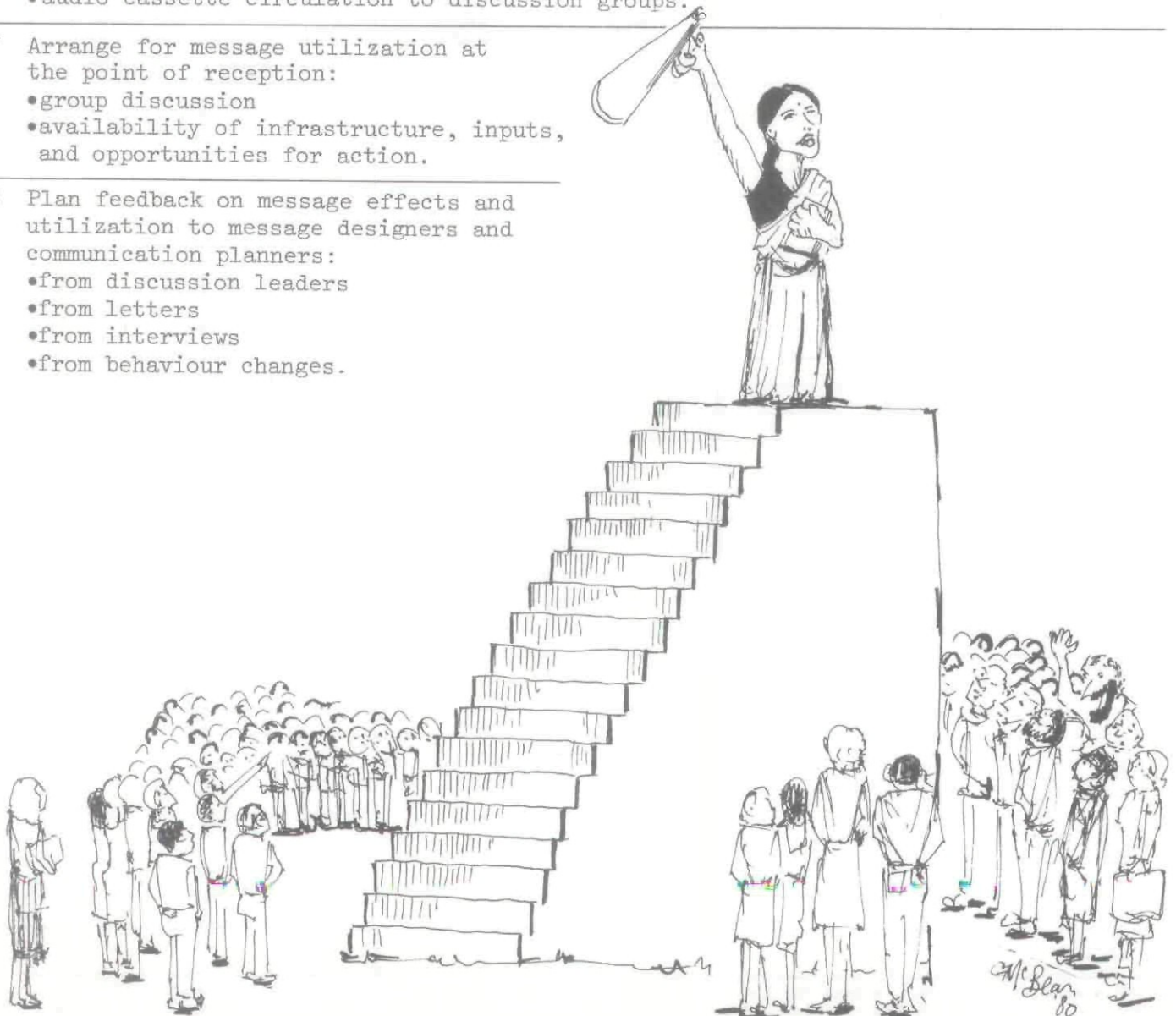
PRIMARY HEALTH CARE - BENIN

*based on a report by Mr. Michel Iskander, Chief, Africa Section, New York, and
an interview with Mr. Gilbert Grunitsky, Programme Officer, UNICEF - Abidjan*

On my recent field trip to the People's Republic of Benin I visited with my UNICEF colleagues a rural area some 70 Kms. north of the capital, Cotonou. The district of Tori-Bossito was the first to implement a primary health care system to which the Government is now firmly committed.

The capital of the district, known by the same name, has a health centre with eight beds. Eleven nearby satellite villages were to be served by primary health care. The furthest village is about 10 Kms. away. Each village elected two young men to be trained as "agents de santé" (health agents) at the district centre. The villages also sent their traditional midwives to the centre for training. The whole health team in the district is called "Brigade de Santé de District" (District Health Brigade).

One interesting aspect of this highly

FICHE DE TRAITEMENT
(Diagnosis Form)

BRIGADE DE (Brigade) .... MO:

DATES ☀ (Dates)	PALUDISME a/ (Malaria)	MALADIES DES YEUX (Eye Diseases)	MALADIES DU NEZ (Nose Diseases)	MALADIES DE LA BOUCHE b/ (Mouth Diseases)	MALADIES DES OREILLES (Ear Diseases)	DIARRHEE c/ (Diarrhea)	PLAIES d/ (Wounds)
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31							
TOTAUX							

a/ "N" stands for Nivaquine, a drug for the treatment of Malaria
b/ Solution in a flask for the treatment of mouth diseases
c/ Tablet for the treatment of diarrhea
d/ Ointment in a flask for relieving pain of wounds

ef, Africa Section, New York, and
ramme Officer, UNICEF - Abidjan

to be served by primary health care. The furthest village is about 10 Kms. away. Each village elected two young men to be trained as "agents de santé" (health agents) at the district centre. The villages also sent their traditional midwives to the centre for training. The whole health team in the district is called "Brigade de Santé de District" (District Health Brigade).

One interesting aspect of this highly

successful effort is the simple but effective system of record-keeping now regularly undertaken by the health agents and the midwives. We must keep in mind that these primary healt care workers have a very low level of education, from complete illiteracy to 1-3 years of primary schooling. They are all volunteers.

The "Diagnosis Form" is used by the health agent, and the "Mother and Child Care Sur-

FICHE DE TRAITEMENT
(Diagnosis Form)

. . . .　　　　　　MOIS DE (Month) . . . .

MALADIES DE LA BOUCHE b/ (Mouth Diseases)	MALADIES DES OREILLES (Ear Diseases)	DIARRHEE c/ (Diarrhea)	PLAIES d/ (Wounds)	MAUX DE TETE e/ (Headaches)	EVACUATIONS (Referrals)

FICHE DE SUR
(Mother
BRIGADE DE (Brigade

DATES (Dates)	FEMME ENCEINTE (Pregnant womer
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31	
TOTAUX	

a　　c/ Tablet for the treatment of diarrhea　　　　e/ aspirin
　　d/ Ointment in a flask for relieving pain of wounds

successful effort is the simple but effective system of record-keeping now regularly undertaken by the health agents and the midwives. We must keep in mind that these primary health care workers have a very low level of education, from complete illiteracy to 1-3 years of primary schooling. They are all volunteers.

The "Diagnosis Form" is used by the health agent, and the "Mother and Child Care Sur-veillance Form" used by the midwife. The counting of "cases" is done by bars in the well-known units of 5:~~1111~~.

At the end of each month, the health agents and the midwives forward the completed records to the District Health Officer who in turn forwards the records to the Provincial Health Officer. The records are then used for statistical purposes, as well as for identifying health problems and possible solutions.

	(Month)	
MAUX DE TETE _e/_	EVACUATIONS	
(Headaches)	(Referrals)	

FICHE DE SURVEILLANCE DE LA MERE ET DE L'ENFANT
(Mother and Child Care Surveillance Form)

BRIGADE DE (Brigade) .... MOIS DE (Month) ....

| DATES (Dates)	FEMME ENCEINTES (Pregnant women)	F. ACCOUCHEES (Deliveries)	CONS. DES ENFANTS (Child Care)	EVACUATIONS (Referrals)
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TOTAUX				

/ aspirin

MEDIA SELECTION WHEEL

by C. Burian and Guy B. Scandlen, Regional PSC Officer, UNICEF - Bangkok

The information on the wheel has been selected and adopted from three main sources: the Agro-Nutri Wheel (1979) designed by Paul Sommers, S.T.A.R.T. (Systematic Training Aid Resource Tool) (1978) by Bonnye L. Matthews and Virginia Sweet Lincoln, and Effectiveness of Instructional Media Chart by the Bureau of Training of the U.S. Civil Service Commission.

The Media Selection Wheel is designed to help project planners to choose the most suitable combinations of interpersonal communication
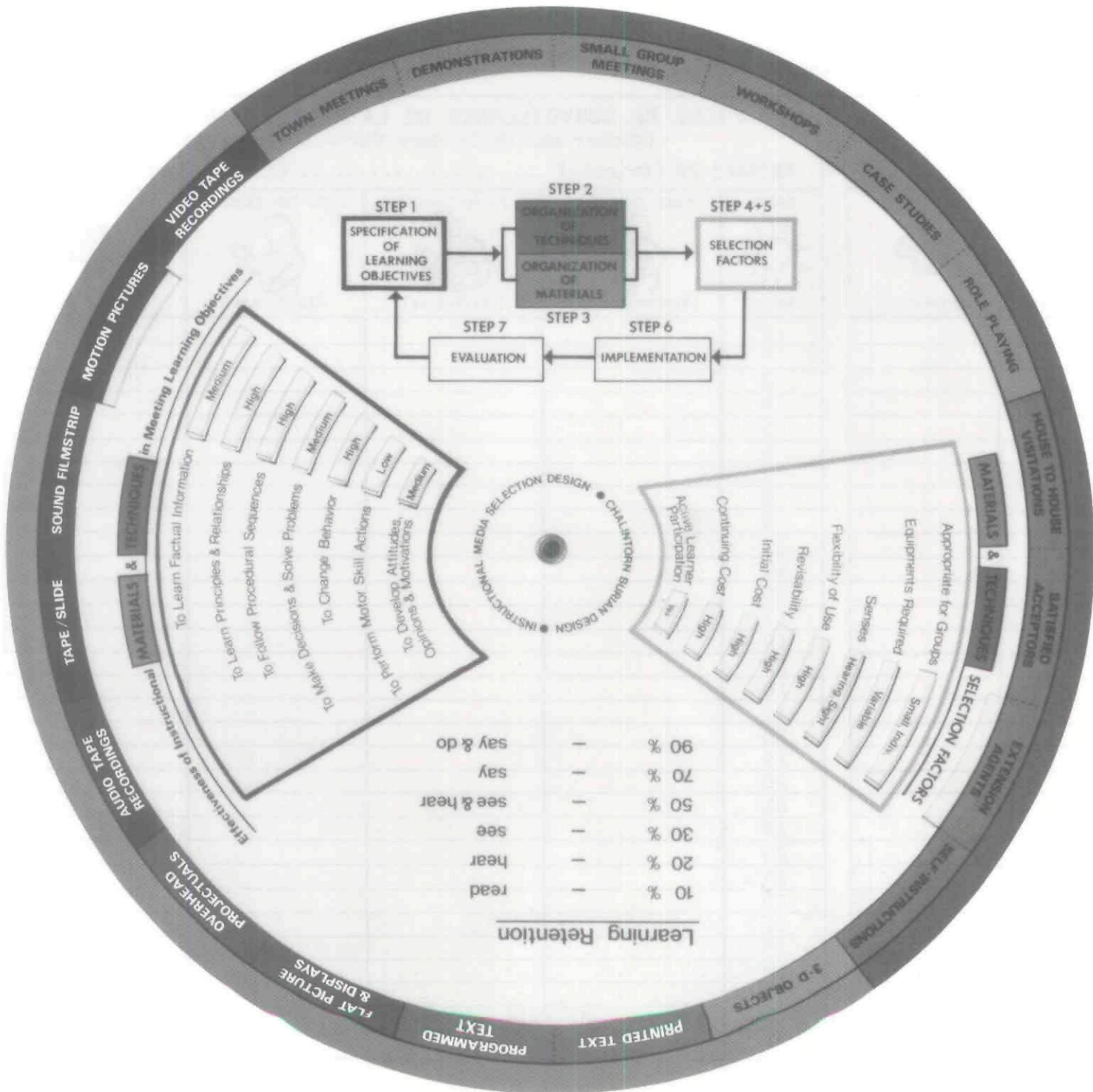
activities and supporting media materials for meeting specific learning objectives.

Since many of the generalities presented on the wheel are culture specific, it is important to note that the wheel is not the ultimate answer to your questions on communication planning strategy. It should be treated as a guide which suggests the advantages and disadvantages of a range of interpersonal communication activities and media materials. You will need to test its effectiveness within your own cultural setting. Of course, your creativity and contact with target groups will always be the most important basis for planning Project Support Communications.

The bottom wheel identifies ten INSTRUCTIONAL TECHNIQUES (interpersonal activities) in green which you can use to meet learning objectives. It also identifies ten INSTRUCTIONAL MATERIALS (media) in yellow which you can use to present content. The movable top wheel identifies seven broad LEARNING OBJECTIVES and eight other FACTORS affecting the selection of specific interpersonal activities or techniques and instructional materials or media.

How do you use the wheel? Follow the five steps detailed below:

STEP 1: Select the specific learning objective of your project.

Example: If people have to learn how to plant and care for vegetables, your objective might be: "to follow procedural sequences".

STEP 2: Turn the wheel through the ten INSTRUCTIONAL TECHNIQUES. Look through the window to see which techniques have the highest level of effectiveness for meeting your specific learning objective.

Example: The use of extension agents and self-instructions seem to be two activities or techniques rated "high" in meeting this particular learning objective.

STEP 3: Turn the wheel through the ten INSTRUCTIONAL MATERIALS. Look through the window to see which materials have the high-est level of effectiveness in meeting your specific learning objective.

Example: Programmed texts, tape/slide presentations, sound filmstrips, motion pictures and video tape recordings are materials and media which are rated "high" in helping people to follow procedural sequences.

STEP 4: Turn the SELECTION FACTORS below the two INSTRUCTIONAL TECHNIQUES identified in STEP 2 to make the final selection of the most appropriate INSTRUCTIONAL TECHNIQUE(S) for meeting the given learning objective.

Example: You will note the factors for both extension agents and self-instructions which will help you determine whether you wish to use these techniques. Cost may be one determining factor; revisability may be another; the equipment required is still another consideration. Each of these eight factors will have an influence on which instructional technique(s) you choose.

STEP 5: Turn the selection factors below the five INSTRUCTIONAL MATERIALS identified in STEP 3 to make the final selection of the most appropriate INSTRUCTIONAL MATERIAL(S) for meeting the given learning objective.

Example: The same eight factors noted above will have to be considered in the selection of your media and other supporting materials.

As we have said, this wheel is helpful in narrowing your range of choices of interpersonal activities and supporting media. But the most important part of your work is to discuss the choices with your target groups and to test the selected activities and media.

The UNICEF East Asia and Pakistan Regional Office has produced a limited number of the Media Selection Wheel as we would like to test and revise it according to the comments and experience of those who use it in the field. We will produce it in larger quantities when we feel that it is responding to the needs of those who use it most.

For further information please contact Guy B. Scandlen, Regional PSC Officer, UNICEF EAPRO, P.O. Box 2-154, Bangkok, Thailand.

N.B. An actual Media Selection Wheel is provided with this newsletter to those who may be able to use it in their work. Those who do not receive the wheel and are interested in getting one should contact the PSC Service, Information Division, UNICEF, New York, N.Y. 10017.

REGIONAL PSC WORKSHOP - BANGKOK

In response to a need expressed at the Bangkok Regional Staff Meeting, September 1979, a PSC workshop was held from 18 to 26 February 1980 at the Regional Office in Bangkok. The 14 participants included PSC and Programme Officers from the East Asia and Pakistan Region, the Assistant PSC Officer from the Kathmandu Office and the Chief of PSC Service from New York Headquarters.

The chief objectives of the workshop were:
• To exchange country experiences
• To discuss appropriate, low cost, "community-oriented" media
• To discuss the use of commercial resources
• To discuss the co-ordination of support communications within the UNICEF country programming process
• To discuss communications training needs of both UNICEF staff and their Government counterparts
• To discuss community participation

A comprehensive report on the workshop, including a draft PSC Programming Guide and PSC Training Materials will be available later this year from Mr. Guy Scandlen, Regional PSC Officer, Bangkok.

Dr. José Manduley, PSC Officer, Seoul, has made the following comments about the workshop:

"I believe that one of the great accomplishments of the recent Regional PSC workshop in Bangkok was the opportunity to meet and exchange information with UNICEF staff members either working directly with PSC programmes or in programme planning.

This certainly was very important for me and I have to admit that I learned much from this worthwhile activity. Also, I deeply appreciate the hard work and assistance provided by Mr. Guy Scandlen before and during the workshop. Without his dedicated efforts, this workshop would not have been possible.

Lastly, we all may agree that this kind of regional activity should become an annual gathering for sharing with others from the region PSC achievements and problems. We have to soon consider the possibility of holding a global PSC meeting in which staff from all regions can participate and share experiences.

In the meantime, let us keep the regional PSC knowledge network open and alive. Kindly keep us informed of any PSC-related materials developed in your country or area office. I will certainly do the same from this end."

ANNOUNCEMENT
COURSE ON COMMUNICATION PLANNING AND STRATEGY

The Department of Communication Arts at Cornell University will conduct a three-week course for 30 participants on "Communication Planning and Strategy" from 20 July to 8 August 1980. The course, for policy level officials and decision makers in agriculture, health, nutrition, education, family planning and other development-related sectors, is designed to assist participants in systematically incorporating communication components into their programmes.

The course will use case studies, the participants' own experiences, and materials presented by the faculty to deal with such problems as: how to develop appropriate communication strategies for different groups of beneficiaries based on programme policies and objectives; how to mobilize the human and material resources to carry out communication programmes; how to deal with such communication-related problems as decentralization, back-up, support of paraprofessionals and community participation; and how to measure costs and results of communication activities.

Tuition and fees for the full three-week course are US$650. Housing costs for single dormitory-style rooms are US$220. Transportation, meals and personal expenses should be added to these costs.

For further information or application forms write to Dr. Royal D. Colle, CPS Coordinator, Department of Communication Arts, Cornell University, 640 Stewart Avenue, Ithaca, N.Y. 14850, U.S.A.

Newsletter psc

CF-RAI-USAA-PD-GEN-2007-000165

Expanded Number   **CF-RAI-USAA-PD-GEN-2007-000165**

External ID

Title

PSC Newsletter. Vol 4, No.1, April 1980. Produced by PSC Service, UNICEF Hq, New York

Date Created / From Date	Date Registered	Date Closed / To Date
4/1/1980	**8/10/2007 at 2:21 PM**	

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Home Location   **CF-RAF-USAA-DB01-2007-09470 (In Container)**

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Container   **CF/RA/BX/PD/CM/1985/T001: PSC Newsletter. 1977 - 1985. Prepared**

Date Published	Fd3: Doc Type - Format	Da1:Date First Published	Priority

Record Type   **A01 PD-GEN ITEM**

Notes

**Lead article: Highlights of PSC Activities in 1979, by RRN Tuluhungwa, Chief, PSC Service, UNICEF Hq
Other contents: 18 steps to maximize the effects of development communications; Primary Health Care, Benin (with 2 forms illustrated with pictures for diagnosis of various diseases, and for mother/child care); Media selection whee (adapted from different sources by C. Burian and Guy Scandlen, Regional PSC Officer, Bangkok); Regional workshop, Bangkok to be held 18-26 February 1980. Cornell Univ to hold course in communication planning and strategy, July-August 1980.**

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