PAKISTAN: TOWARDS A MANAGEABLE PSC APPROACH

Report and Recommendations by R.R.N. Tuluhungwa, Chief, PSC Service, New York

1. Current Trends and Perspectives

- 1.1 Broadly the country PSC Service falls into five operationally interrelated categories, viz.:
 - (a) Advisory and programming services to Federal and Provincial programmes
 - (b) <u>Training</u> aimed at strengthening national PSC capacities for field workers in communication skills
 - (c) <u>Technical and production support</u>, especially in graphic and design services for publications, audio-visual aids
 - (d) <u>Applied research</u> through knowledge, attitude and practice surveys to establish a base for PSC programme components
 - (e) <u>Liaison</u> with other agencies-- bilateral, U.N. and non-governmental organisations
- 1.2 Up to the time of the undersigned's visit, the 31st October to the 18th November, 1981, the PSC plans and activities had focussed on:
 - (a) Baseline surveys for EPI, diarrhoeal control and ORS programmes
 - (b) Redesigning of promotional and advertising campaign for the goitre control through iodized salt in the NWFP using radio broadcasts, handbills and printed materials for schools
 - (c) Supplementation of the Basic Health Services manual on the training of community health workers with educational materials attuned to the duties of community development volunteers at the village level
 - (d) Preparation of plans for assisting WFP2237 in the design of KAP surveys and nutrition education materials including the "translation" of Weaning Foods Recipe manual into a usable form
 - (e) Assisting the water and sanitation programme staff in producing training materials for the sanitation promoters' courses.

2. Future Perspectives and Recommendations

Based on the discussions with Programme staff both in Islamabad and Karachi, ABAD management and field visits, the CIS staff in the Islamabad office and and the undersigned agreed that PSC Service should focus on:

- 1 -

2.1 PSC for PSC

-There is justification for a small brochure explaining the human behavioural aspects of community-based projects and programmes in Pakistan and introducing the concept of PSC vis-a-vis traditional information activities

-Orientation of programme, including project staff, on the role of PSC in basic services and thus clarify how PSC can be integrated into programming planning, advocacy and implementation processes in federal and provincial programmes. A day on PSC in the next programme review meeting is recommended

2.2 Pakistani PSC Capabilities Inventory

This is essential because:

-Most past socio-economic surveys in Pakistan have given inadequate attention to human communication factors. There have been some efforts in Baluchistan Province to fill in this gap especially within the water and sanitation programmes. Existing skills and resources have to be identified so that these PSC capabilities within provinces and sectors can be utilised or developed

-UNICEF cannot undertake all the PSC materials production or KAP studies itself, therefore national facilities must be developed or utilised

The survey will define the people, services, existing materials and production resources currently available for both as a service to programme staff and as a basis for systematic PSC planning and institution-building. Secondly, a data base and a clearing-house will be established. The survey will also encompass institutions, sectoral departments, NGO's and people capable of undertaking training, materials production, social investigation, etc. mainly at provincial level, but also within districts where applicable; and to establish gaps for which there is an immediate need to fill. The work should be done through a national body such as Allama Iqbal Open University, Institute of Education, Institute of Education Technology which can organise information gathering through their regional network with minimum operational expense by probably basing the survey on questionnaires, and in collaboration with relevant bodies.

Outcome and Utilisation

This survey will result in a Pakistani communication technology, resources and services directory for PSC, health education, in-service training, etc., planning for the social sectors. The data will also be useful for non-formal educational institutions having catalytic value in gap-filling. The cost should not exceed \$10,000 drawn from programme funds. The resident UNFPA Country Programme Co-ordinator, Mr. S. Raheem Sheikh, agreed to provide technical support and some funding. Both inputs have been confirmed ever since, in a personal communication to me.

2.3 Punjab Area Development Programmes

There is an urgent need for orienting the decision-makers, bureaucrats and technocrats in the Barani areas in the basic services strategy and approach based on the district-planning process; educating them in the central human elements in the strategy and framework which has led to the plans and into which the various committees, workshops, etc. are supposed to fit. Immediately a district programme-specific booklet or brochure should be prepared for each Barani District.

- (a) Various line ministries' staff role is changing. They are becoming more of advisers to elected bodies and "their" schemes. Therefore they need orientation for their new role as "communicators". Workshops on communications skills/techniques are a necessity.
- (b) Theyneed instruments to do this job, such as PSC materials and protocols for community consultations and motivation. The protocol is an urgent need for the community level consultations if the leaders are to perceive the process as a finalisation of activities based on their own felt needs (but within the available resources as defined in the district programme plans) and not as a fait accompli from the top

The basis for needs (a) and (b) could be laid in a workshop framework which would be part of the learning process. In view of the time constraint, and the opportunities already lost, the workshop could be confined to one district (probably Jhelum, in view of the completion of the planning process there) for which a village-level council/committee protocol should be prepared. The same material could be tested and immediately adopted in the other five 1982 districts. The workshop would also evolve a format for an additional communication element to be appended to the 1982 district-planning workshops. The communications training in the remaining districts would be covered later on.

2.4 ABAD

There is a definite need to develop PSC capability in ABAD in view of the heavy programme focus on community development and education. Although all PSC skills would not necessarily be needed, full-time co-ordination is a necessity. It is not advisable to try to divert the existing two ABAD information staff as long as other alternatives are available. They should rather be supplemented so as:

- (a) To co-ordinate PSC-related activities on UNICEF-assisted programmes in ABAD
- (b) To liaise with sectoral departments on design and production of community level extension materials
- (c) To undertake KAP surveys to establish the base for communication and family life education inputs and their monitoring
- (d) To organise orientation programmes for policy and decision-makers

for basic services for children in ABAD area

(e) To train sectoral departmental staff and elected representatives in basic communication skills and approaches

More immediately, the CMCD programme needs to be integrated into the other elements of the Punjab programme. The baby-weighing and nutrition followup needs to be part of the overall dialogue with union councils, etc. Since this planning process is being tackled on a district basis, it makes sense for the nutrition team to be attached to Dr. Nasreen, the nutritionist and the anthropologist. However, this team will lack full-time PSC capability, and if this is to be provided it follows that it should be part of the district-level approach and consequently not, in the immediate future, part of the institution-building in ABAD headquarters. The strengthening of ABAD with PSC should not in any case be linked to the existing Information (publicity) cell, although this should be utilised as a complementary facility. Dr. Nasreen, together with a PSC person, should provide a mix of skills which are needed to be able to undertake the dialogue/ training/research/monitoring/feedback required for proper communication and community education processes. If the PSC resource cannot be identified locally, it would have to be provided from outside the country.

2.5 <u>Health-Education Infrastructure:</u>

The lack of established health education staff in all provinces (with the exception of possibly Baluchistan) is a severe constraint in that there is no network of counterparts to anybody working in PSC from the UNICEF side. This not only precludes institution-building, but severely limits UNICEF'S PSC capabilities. (UNICEF Pakistan CIS will have to continue its programmatic approach to support existing government health education facilities or create such facilities to complement the recently approved PCI's). There may therefore be a need for UNICEF-funded PSC capacity at programme/project level as it has already been done in BIAD.

2.6 <u>Visual Documentation of Training and other Programme-Based Activities</u>

Innovative programmes and approaches should be documented in an audiovisual form for replication for training processes, orientation and awareness raising amongst similar officials in other districts.

2.7 External Materials for:

(a) Skills development, (b) community workers' educational aids and
(c) materials for LHV's should be considered separately but treated
to be complementary. Materials available and under preparation are
reaching the various village volunteers for different purposes, usually
sectorally; there might be a need at a later stage to consider the roles
of such workers as they become more common. Mostly there would be little
need for written materials directed to the villages because of the low
literacy rate and enormous cost.

- 4 -

2.8 Water and Sanitation Programmes

The sanitation promoters training programme is innovative and impressive both in content and methodology. Nevertheless, its impact could be enhanced more if there were more stress on applied health and community education methodology. This will definitely equip the trainees with amunition to motivate and educate families in improved sanitation. There is a need to develop a training materials package to be used by the sanitation promoters after graduation.

2.9 Mass Media Programmes

There is a need to develop basic and well-targeted messages for transmission through the radio, national and local newspapers, etc. Focus should be on themes which may not necessarily need the acquisition of new skills which need concentrated tutoring, supported by demonstrations and practical exercises. Programmes such as the promotion of breastfeeding fall under this category. Nutrition programmes should be a priority.

3. Karachi: Slum Improvement Programme

On the advice of Resident Programme Officer, Mr. John Peacock, a day was spent with Professor M.Y. Adhami, Consultant-in-Charge, and Mrs. Quratud Ain, Community Organiser, Baldia Soakpit Project. The Orangi Pilot Project which has not yet received UNICEF funding was visited, too.

<u>Baldia Township Soakpit Project</u> concentrates through community efforts on the provision of composite soakage pits comprising enamel shallow seal latrine pars which are imbedded in a concrete stance with a soakage pit underneath. The project is supported by a consortium comprising:

(a)_UNICEF:

-full-time community organiser -half of the monitoring and evaluation costs

(b) Jaycees:

-technical/production supervisor(s)
 -half of technical consultancy
 -research and development
 -1/3 of publicity materials production
 -soakpit construction costs
 -¼ of monitoring and evaluation
 -storage facilities

(c) University of Karachi (Social Work Department):

-½of technical consultancy -2/3 of publicity material production -community organisation/motivation -¼ of monitoring and evaluation

The programme appears to have concentrated more on construction inputs than

on community sensitisation and education in environmental/personal hygiene, associated diseases and basic methods of controlling and erradicating them. Based on the short visit to the project area and discussion with Professor M.Y. Adhami and Mrs. Quratud Ain, it is evident that there is an urgent need to:

- (a) undertake KAP surveys on major health, nutritional and organisational problems amongst the Baldia community to establish a base for community health education stragegy, plans and activities through existing social/administrative institutions
- (b) develop materials and framework for community life education inputs; the few materials available including the calendar, were mostly for project publicity focus as distinct from educational materials
- (c) design a strategy for "selling" the project concept and approach to the Government policy and decision-makers, relevant professionals and technocrats whose commitment and support are needed if the programme is to find its way and place in the Karachi Metropolitan Corporation development and service plans
- (d) develop a simple and participatory mechanism for monitoring changes in behaviour amongst the Baldia residents so that the surveys suggested in (a) above become continuous input/output components as the programme activities proceed

To be able to undertake these activities, endeavours need to be made to institute or to have an access to PSC capacity within the project infrastructure. The PSC staff in Islamabad should assist Mr. Peacock in developing PSC strategy, plans and activities along the lines described herein.

Similarly, the community-based construction efforts could be enhanced both educationally and qualitatively by the presence of technical capacity within the community. Most construction takes place outside official working hours whereas the current part-time engineer is available during these official hours. Hence there is a need to establish a full-time and functional office within the project area. The staffing and servicing of such an office needs to be looked into.

It is believed that soil conditions particularly the seepage quality is ascertained before construction starts. This is essential for determining soakage pit sizes vis-a-vis the longevity of the soakage pit itself. If the pits fill up quickly, the possibility of constructing another one within the same compound is not possible as open spaces are limited. Such a situation will undermine the communities' moral, trust and commitment to the detriment of the project. Secondly, if the communities become well-motivated, they may ask for <u>services</u> to complement the health education requirements. This needs to be looked into, too.

On the whole the project may benefit a lot by a complete review with a possibility of being reprogrammed to meet these dimensions.

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Current trends and perspectives of UNICEF's PSC work in Pakistan included advisory and programming services to federal and provincial programmes; trainnig; technical and production support; applied research; and liaison with other intergovernmental agencies. The reports recommendations included: a small brochure should be produced explaining human behavioural aspect of community-based projects; orientation/training on the role of PSC; a surver should be made of Pakistani national capabilities for PSC materials production; there was a need for sensitizing and orienting decision-makers and bureaucrats on PSC.

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