<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Project proposal: American Samoa, Northern Marianas, Cook Islands, Federated States Of Micronesia (Truk State), Fiji, Kiribati, Republic Of The Marshalls, Republic Of Palau, Solomon Islands, Territory Of Guam, Tonga, Tuvalu, Vanuatu, Western Samoa.</th>
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<tbody>
<tr>
<td><strong>Author(s)</strong></td>
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<td><strong>Date</strong></td>
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Project Proposal - American Samoa, Northern Marianas, Cook Islands, Federated States Of Micronesia (Truk State), Fiji, Kiribati, Republic Of The Marshalls, Republic Of Palau, Solomon Islands, Territory Of Guam, Tonga, Tuvalu, Vanuatu, Western Samoa
PROJECT PROPOSAL - AMERICAN SAMOA

PROBLEM

The health and nutritional status of infants and young children is being jeopardized because of the community's inadequate knowledge concerning their needs.

This has arisen out of the public's numerous misconceptions concerning:

- the desirability of breastmilk over other breastmilk substitutes;
- how to maintain an adequate supply of breastmilk;
- the proper weaning foods and the appropriate ages to introduce those foods;
- the nutritional needs of children for growth and health maintenance;
- the need for children to consume adequate fresh milk or some other calcium-rich food throughout childhood.

It is hoped that this project will favourably affect the lifelong eating habits of the families involved. This, in turn, can help reduce the prevalence of nutrition-related health problems in American Samoa.

OBJECTIVES

Long-term objective:
- To optimize the nutritional health status of American Samoa's infants and young children, thereby helping to assure a long healthy life.

Short-term objectives:
By the end of the two-year pilot period:
- the number of mothers breastfeeding their infants at birth will increase 60%;
- the number of mothers breastfeeding their infants for six months or longer will increase 50%;
- the number of infants receiving inappropriate weaning foods (including inappropriate breastmilk substitutes) will decrease 60%;
- the number of parents or caretakers delaying the introduction of solids until four to six months of age will increase 40%; and
- the number of young children receiving the appropriate amount, variety and frequency of nutritious foods will increase 30%.

METHODOLOGY

A logo will be created along with three or four different bilingual statements concerning nutrition. Multi-media approach will be utilized via TV and radio spots of 60 seconds or less and newspapers advertisements and occasional articles. In conjunction with this, a series of handouts, posters, T-shirts, balloons and coffee mugs will be printed and distributed as well as je solosolo, placemats and infant receiving blankets. These items will carry a picture of the logo and one of the bilingual nutrition messages.

Methods of distribution include:
1. community lectures
2. the three annual health and career fairs
3. OB-GYN clinic
4. maternity ward
5. Well-baby clinics

The role of the media will be to disseminate the information.

INSTITUTIONAL ARRANGEMENTS

There is need to involve the hospital and Public Health divisions of DOH, KVZKTV, Radio Samoa WVUV and the newspapers - Samoa News and Samoa Journal.
a. Hospital and Public Health - support activities of the nutrition staff and help distribute the promotional materials.
b. TV & Radio - airing the TV & Radio spots.
c. Newspapers - printing the ads and occasional articles.

MANPOWER NEEDS

Assistance in the production of radio spots and videotaped TV spots. The services of a graphic artist in the design of the logo and the layout of other printed materials.

RESOURCE REQUIREMENTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cost of materials</td>
<td>$30,000</td>
</tr>
<tr>
<td>b. Training/Ass't cost</td>
<td>$27,000</td>
</tr>
<tr>
<td>c. Production cost</td>
<td>$13,000</td>
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</tbody>
</table>

**TOTAL:** $70,000

PROJECT DURATION

**Completion time:**

2 years

**Starting time:**

As soon as funds are available.

**Institutionalization:**

Approval of the Director of Health and cooperation of TV and radio stations and the newspapers.
EVALUATION

Since April 1986, statistics are being collected during counselling sessions in well-baby clinics on:

- the incidence and duration of breastfeeding among infants and young children;
- the age at which solids were introduced;
- the type of breastmilk substitutes used;
- the frequency that children eat food high in protein, calcium, iron, Vitamins A and C, fat and sugar;
- the daily quantity of fresh milk consumed by children.

These statistics will serve as the pre-project statistics and will continue to be collected throughout the project period.

PROPOSAL ENDORSEMENT

Endorsement from the Director of Health to be immediate.
PROJECT PROPOSAL
COMMONWEALTH OF THE NORTHERN MARIANAS

MULTI-MEDIA ANTI-DIABETES CAMPAIGN

PROBLEM

Diabetes patients are continuously consuming food which are not fostering better health or controlling the disease.

Why the problem:

1. People's normal diet contains items which are not helpful to combating the disease.
2. Ignorance of effect in continuing to eat food which will not assist in combating the disease.
3. Ignorance of the nutritional values of food.
4. People's attitude toward food likes and dislikes.
5. Readily available food sources and cost.
6. Over consumption of food (over-eating).
7. New lifestyles/urbanization.

Target group: Age 30 and over.

OBJECTIVES

Long-term objectives:

1. To motivate target group to change their eating habits.
2. To reduce incidence of death due to diabetes.
3. To foster more economically and socially productive life.

Short-term objectives:

1. To inform and educate target group regarding danger of eating certain food.
2. To motivate them to have frequent check-ups.
3. To motivate them to reduce their intake of food (over-eating).
4. To educate and encourage them in eating the right food.
METHODOLOGY

1. Television spots depicting people who have diabetes and results of unchecked diabetes, showing amputation - scare tactic, saying this can happen to you; also emphasizing how to prevent and control the disease - showing various degenerative symptoms of the disease.

2. Radio spots - information about the disease - prevention - where to go to get check-up and/or help.

3. Newspapers - same as above and other information regarding the diabetic diets and how to prepare them.

4. School health programme.

5. Community service agencies.

6. Dial-a-med - information regarding the disease and how or where to get assistance.

7. Home visits - through the public health nurses.

8. World Health Day - demonstration, screening and other information regarding diabetes.

INSTITUTIONAL ARRANGEMENTS

Establish a committee to arrange anti-diabetes campaign, with the following as members:

1. Local Department of Health
2. Department of Education
3. Department of Agriculture
4. Department of Community and Cultural Affairs
5. South Pacific Commission Representative
6. World Health Organisation Representative
MANPOWER NEEDS

The campaign on cause and effect as well as preventive and curative methods would draw on the following local people: health educator, nutritionist, physician, illustrator, media representative; public health nurse, public relations, marketing representative, consumers (patients affected by disease), community leaders, and educators.

Although we can draw on local manpower resources, we still require a trained resource (multi-media) person to coordinate the campaign.

RESOURCE REQUIREMENTS

1. Posters - showing food, symptoms, treatment
2. Leaflets - same as above
3. Radio time - spots, interviews (news) RE: disease
4. Television - spots, interviews (news) RE: disease
5. Guest speakers
6. Coordination
7. Evaluator (consultant/1 month)

Production costs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio spots</td>
<td>100 x 10</td>
<td>$1,000</td>
</tr>
<tr>
<td>Television</td>
<td>30 x 65</td>
<td>$1,950</td>
</tr>
<tr>
<td>Posters</td>
<td>3 x 500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Leaflets</td>
<td>2 x 5000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Coordinator</td>
<td>12 months</td>
<td>$35,000</td>
</tr>
<tr>
<td>Evaluator</td>
<td>1 month</td>
<td>$8,000</td>
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TOTAL: $57,450
PROJECT DURATION

- 1 year
- Beginning of fiscal year (October)
- To continue after the first year as part of day-to-day clinic activity
- To be incorporated in school curriculum

EVALUATION

- Talking to people (patient) if successful
- Buying habits (observation)
- Eating habits (observation)
- Sales in stores (observation)
- Clinic visits (observation)
- Hospital admission (observation)

The above may be done by personal interviews, observation and record checking. Questionnaires can also be used for evaluation. Indicators such as morbidity/mortality reports and medical records. Follow-up surveys will be done as a post-project activity.

ENDORSEMENT

Six (6) months.
PROJECT PROPOSAL - COOK ISLANDS

EVALUATIVE RESEARCH ON
THE IMPACT OF RADIO HEALTH PROGRAMMES
PRODUCED BY THE HEALTH EDUCATION UNIT

PROBLEM

The Health Education Unit has been producing and airing health programmes over the radio for many years. There has been an intensification of these radio health education efforts during the past two years. However, no attempts have so far been made to measure their effectiveness; not for lack of interest in undertaking such an evaluation, but more because of lack of locally available expertise to do one.

OBJECTIVES

Long-term objective:

To develop local capability in health-oriented evaluation research.

Short-term objective:

To determine the effectiveness of existing health programmes broadcast over the radio.

METHODOLOGY

Training

The Health Education Unit will avail of the services of a research consultant to train health educators, radio programme producers and related professionals on designing and implementing evaluative research projects. Training outputs will include the design and methodology for an evaluation of existing health education programmes broadcast over Cook Islands radio. The training programme will approximately be for ten (10) days.
Research

The Health Education Unit will undertake implementation of the evaluative research study designed during the training programme. The research will look into the impact and related effectiveness of the radio broadcasted health programmes vis-a-vis other health education activities undertaken by the health educator, public health nurse, school teachers, and the newspapers. Impact/effectiveness of the health programmes will be measured in terms of awareness - knowledge - attitude - and practice levels.

INSTITUTIONAL ARRANGEMENTS

The Health Education Unit will coordinate implementation of this project. Assistance of the Cook Islands Broadcasting and Newspaper Corporation will be sought in terms of the following:

1. provision of copies of sample tapes for use in analysing certain formats and programmes on health education.

2. inputs toward the formulation of the design of the evaluative research study.

Assistance of a regional research institution will also be sought for the assignment of a research consultant to provide training to ten (10) health and broadcast media personnel.

MANPOWER NEEDS

One (1) Training Consultant
Ten (10) Training Participants
Researchers-Interviewers
### Resource Requirements

<table>
<thead>
<tr>
<th>Phase</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Phase (10 days)</td>
<td>US$ 8,000</td>
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<tr>
<td>Research Phase</td>
<td>US$10,000</td>
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**Total:** US$18,000

### Project Duration

<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Phase: pre-training activities, actual training</td>
<td>One (1) month</td>
</tr>
<tr>
<td>Research Implementation Phase: preparation, actual research, report production</td>
<td>Six (6) months</td>
</tr>
</tbody>
</table>

**Total:** Seven (7) months
PROJECT PROPOSAL
FEDERATED STATES OF MICRONESIA
(TRUK STATE)

PROBLEM

Diarrheal Disease. This is a common disease affecting the general population including infants and adults. The disease occurs during the dry season when most of the communities are lacking water and have limited drinking sources. Infants who are under/ malnourished, are most often affected by this disease. During periods of diarrheal epidemics, our hospital Pediatric Ward is crowded.

In 1985, 13.6% of the total population of Truk sought treatment for diarrhea and 28.6% of the childhood population sought treatment for the disease.

OBJECTIVES

Long-term objective:
- increase the public awareness and knowledge on the danger of the disease in order to establish preventive measures.

Short-term objective:
- to reduce the incidence of diarrheal disease to an acceptable level by concentrating on immediate treatment clinic in the affected communities and at hospital.

METHODOLOGY - SHORT TERM

Field Health Team Members shall be selected to treat cases in the field to cut down the load at the Hospital and complication cases. The Field Health Team shall consist of:
- Doctor
- Nurses
- Sanitarians
- Health Educators and
- Field Health Assistants
The complicated cases, if any, shall be evacuated to the hospital for advanced treatments and further referral services. The Sanitarians and the Health Educators shall investigate the drinking water resources, toilet and sewage systems, community and home sanitary facilities. Public health education shall be implemented through the coordination of the community leaders and other influential people in the community after the general inspection of services is completed.

Strategies

1. Coordinate services with community leaders and plan with them for the treatment of cases, community sanitary inspection and health education.
2. Secure community resources assistance and support throughout the implementation of clinics and other health services.
3. Utilize the media services to increase public awareness and understanding of the disease.
4. Distribute publications on the disease.
5. Contact community schools for patient education.

METHODOLOGY - LONG TERM

To increase the general public's background, awareness, knowledge and skills through health education, emphasizing the primary health care (PHC) concepts, approaches and methods through the community, school and health clinic centres.

Strategies

1. Broadcast a variety of radio programmes with health announcements on the particular disease covering the following:
   a. the disease' mode of transmission;
   b. prevention and control measures for the disease;
   c. care of sick people while transporting to the hospitals, etc.
2. Set up a publication centre for the hospital where all the health printed materials could be available for school, clinic and other agencies' use.

3. Propose funds to support awards for successful home and community sanitation and clean environment.

4. Make available equipment for educational purposes, such as TV sets, movie projector, films, printing materials and supplies, books, pamphlets, etc.

MANPOWER NEEDS

The current Health Services Department staff could be utilized to implement the treatment of diarrheal disease, inspection and investigation of water resources and the education of the people regarding the disease. However, the recruitment and training of new proposed employees to administrate the proposed Health Publication Centre and health library is essential to gain the skills and experience that are needed for the operation of this publication centre. The publication centre needs two employees to operate it under the supervision of the Chief of the Health Education Division of the Health Services Department.

We would like to set up this centre to encourage the adoption and development of similar centres in the other states of the Federated States of Micronesia.

EVALUATION GUIDELINES

A team for evaluation of this programme shall consist of six people, including the following:

- one Education Department representative
- one Health Services Department representative
- one community-at-large representative
- one Truk Organization Community Agency representative
- one Religious Group representative
- one Public Affairs Department representative
The following will be used as evaluation indicators:

1. The extent to which the objective is achieved.
2. The degree to which the manpower adequately implements the objectives.
3. The degree to which the proposed budget is adequate to fulfill the objectives.
4. Was the programme accepted by the community?

**DURATION**


**RESOURCES - BUDGET**

Supporting materials and supplies: $85,000

1. 1 set VCR and accessories
2. Cassettes, tape recorders
3. Typewriter, Xerox machine
4. Still camera and films
5. PA system
6. Posters, newspaper, charts, markers
7. Video and audio cassettes
8. Transportation costs (rental - ocean and land)

**Training Cost:**

1. Short Training
   4 persons x 3 times x 1 year $40,000
2. Consultant services 2/2/1 year $40,000

**Production Cost:**

$10,000

**Miscellaneous:**

$10,000

**TOTAL:** $350,000
SUMMARY

This is a proposal based on the Truk State problem but which the other Federated States of Micronesia are sharing every year. We propose implementing diarrhea prevention/education programmes in the additional 3 FSM states similar to that proposed for Truk. If the Truk State pilot programme is effective, the cost of carrying on the programme in the other FSM states would be substantially less per state. The total cost for the three additional states would be about $900,000.
PROJECT PROPOSAL - FIJI

PROBLEMS

A. Nutrition
   - anaemia in pregnant and lactating mothers
   - low birth weight in babies
   - malnutrition in children

B. Environmental health
   - incidence of water borne diseases
   - incidence of diarrhoea among children under 5 years of age
   - incidence of faecal borne diseases
   - pollution of communal water supplies, lakes, rivers and coastal waters

C. Immunization
   - low immunization coverage
   - incidence of measles

D. Communicable diseases
   - high incidence of STD
   - filariasis
   - dengue fever

E. Non-communicable diseases
   - incidence of diabetes and hypertension
   - increase in alcohol-related accidents
   - increase in alcohol consumption
   - increase in smoking among population below 20 years of age

F. Family planning
   - decrease in family planning protection rate
Why these problems?

- Lack of health education

Target Groups:

- General Public
- Health Personnel

OBJECTIVES

Short-term objectives:

- To train selected officers of the Ministry of Health in Suva Sub-division and Lautoka on radio production and presentation/programming
- To appoint a liaison officer with the Health Education Unit

Long-term objectives:

- To establish a studio
- To develop local capacity

Target Achievement at end of Project:

- 100% coverage of health education information through the media
- Reduction in the incidence of anaemia
- Reduction in malnutrition, etc., as per problem list.

METHODOLOGY

- Community-based health project via the media

Role of the media:

- Availing standard air-time to the Ministry
- Help in programme production
INSTITUTIONAL ARRANGEMENTS

- Friedrich-Ebert-Stiftung and PACBROAD for media training
- UNESCO for funding support to project

RESOURCE REQUIREMENTS

Equipments

<table>
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<tr>
<th>Item</th>
<th>Cost</th>
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<tr>
<td>Console Panel Mixer</td>
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<tr>
<td>Tape recorder (portable) x 2</td>
<td>$11,500</td>
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<tr>
<td>Record player x 2</td>
<td>$6,000</td>
</tr>
<tr>
<td>Speaker x 2</td>
<td>$2,000</td>
</tr>
<tr>
<td>Electric typewriter with daisy wheels</td>
<td>$1,500</td>
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**TOTAL:** $32,000

Recurrent Budget

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<td>Tapes</td>
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<tr>
<td>Maintenance</td>
<td>$1,000</td>
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<tr>
<td></td>
<td>$1,100</td>
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</table>

**TOTAL:** $2,200

Training Programme Expenses:

**Trainer:** with background on Health Broadcasting

**Accommodation:** Duration of 2 weeks - (Hotel rate) @ $40/night = $480

**Incidental Exp:** $700 (Tea, etc.,)

**Transportation:** Provided by Ministry

**Training Facilities:** Provided by FBC and, or, SPC

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Studio</td>
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<tr>
<td>Training</td>
<td>$1,180</td>
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<tr>
<td>Recurrent Budget</td>
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**GRAND TOTAL:** $35,380
PROJECT DURATION

- 12 months
- to start immediately

EVALUATION

- USP students - questionnaire

PROPOSED ENDORSEMENT

The Ministry of Health is still considering the proposal right now, due to the workshop recommendations done in August this year. They might find the need to endorse it immediately.
PROJECT PROPOSAL - KIRIBATI

EDUCATIONAL HEALTH FILMS

PROBLEM

Lack of educational films (16 mm) on family planning and other health-related films.

OBJECTIVE

To obtain health education films (approximately 25).

METHODS

- To obtain more health education films (produced in other countries) from donor agencies.
- To produce health films locally in close cooperation with external film crews.

INSTITUTIONAL ARRANGEMENTS

- List the agencies which could provide health education films and send requests.
- Discuss with AMIC the possibilities of obtaining the services of film crews who could come to Kiribati for film production.

MANPOWER NEEDS

Film crews from external agencies who would work with and train local personnel, e.g., health educators.
RESOURCE REQUIREMENTS

- Funds for obtaining health education films from external agencies.
- Funds to cover expenses of film crew and film production including: international/internal travel, accommodation and living expenses, editing/cutting/processing films, etc.

DURATION

- Obtaining health education films from external agencies - six months.
- Producing local health education films - 3 months (shooting time) - three local health films.

EVALUATION

- How many films actually obtained from external sources in relation to the requests made; number of films locally made.
- Demand for the film after it has been released.
- Observed changes in behaviour and improvement in health statistics.

ENDORSEMENT

Project must be approved by the Ministry of Health and Family Planning and the Ministry of Foreign Affairs.

A memorandum of understanding between the participating agencies must be drawn up which conforms to terms of reference laid down by the Ministry of Foreign Affairs.
PROJECT PROPOSAL
REPUBLIC OF THE MARSHALLS

PROBLEM

Diabetes is a significant health problem in the Republic of the Marshall Islands. It is believed that perhaps more than half of the population is suffering from diabetes. Diabetes has a prevalence rate of 150 per 10,000 or 15 patients per 1,000 population. Many young people aged 30 are beginning to suffer from diabetes. Between the period 1976-1980, diabetes has accounted for an average of 19% total visits to the Majuro outpatient department. The target group is all Marshallese between the ages 30-60.

As far as our medical findings are concerned, diabetes is caused by improper nutrition, eating habits, lack of exercise, and lifestyles.

OBJECTIVES

"To reduce the proportion of the Marshallese population who are diabetic by 1990".

The target achievement is to assure that all Marshallese should have the opportunity to live healthful lives free of diabetes.

METHODOLOGY

Strategies

1. To develop a diabetes screening programme to identify all Marshallese between the ages of 30-60 with diabetes and to implement appropriate treatment.
2. To develop health education programmes which stress the need for exercise, weight reduction and relaxation.
3. To develop health education programmes aimed at proper nutrition and eating habits.
4. To develop a community-oriented nutrition programme.
   a) The health project will be a community based effort. Nevertheless, it may solely be managed by the Public Health Department of which Health Education is a component.
   b) The similar health education/nutrition programme may be integrated with other developing programmes such as:
      - family planning
      - old age programmes
      - youth programmes
      - school health programmes
   c) Role of media in solving the problem
      - dissemination of health and nutrition education using radio spots
      - education campaign by utilizing movie, video cassettes
      - health/nutrition announcements to be transmitted through newspaper or by starting a "health newsletter"

INSTITUTIONAL ARRANGEMENTS

Lead Agencies:

- Ministry of Health - (Public Health, Health Education). However, the Ministry of Health shall, if possible, incorporate efforts from the Ministry of Social Services: aging component, youth component, nutrition component and health component.

- Public Health Department and Health Education Division shall, if possible, incorporate efforts from Education Department in terms of promoting health and nutrition education in school.

- Broadcasting service/newspaper may be utilized. At present funds will be needed for newspaper and radio announcements.
MANPOWER NEEDS

1. Need for Technical Assistants to develop media materials such as:-
   - How to make posters and present them effectively
   - How to make effective radio spots and programmes
   - How to plan and develop effective health education
     and nutrition education campaigns
   - One (1) special consultant is needed

2. Need for Technical Assistants to run training programme in the use of alternative media for health education:-
   - community media
   - folk media

Two (2) Special Consultants will be needed to fulfill the task.
Training programme may be arranged at a different time.

RESOURCE REQUIREMENTS (BUDGET)

Cost of materials/equipments: US$5,000
- papers
- cardboards
- colour pencils
- colour papers
- markers
- posters
- typewriter (IBM) x 2
- printing machine (Xerox) x 2
- writing pads
- movie projectors
- slide projectors
- overhead projectors
- TV/video players/cassettes
- movie camera
- others

Training costs:
- Transportation cost for three consultants/technical assistants
  - stipends
  - airfares
  - each consultant will spend 2 months US$10,000
- Teaching materials US$ 3,000
- Rental 1 car is needed for transporting material or other official uses US$ 5,000

Production Costs: US$ 3,000

TOTAL COST: US$26,000

PROJECT DURATION

The project will be completed in six months to a year. The reasonable and best time to start will be September 1987. Reason for that is in Micronesia, all schools start in September.

EVALUATION

- Formation of a 4-member group to evaluate the programme.
- Guidelines/questionnaires will be developed.

1. Whether the objectives of the proposed programme was met? Whether the project served the purpose intended?
2. Was the target group benefitted from the project? How many people within the target group benefitted from the project?
3. Was the budget sufficient?
4. Was the project in line with the objectives in the Marshalls Five Year Comprehensive Health Plan?
5. Was it accepted by the people?
6. Was it relevant and well presented?
PROJECT PROPOSAL - REPUBLIC OF PALAU

PROBLEM

Substance abuse (alcohol and drugs).

Why this problem:

Excessive use of alcohol and perhaps other drugs have been established as the main cause of injury which is the second leading hospital morbidity and also the second leading cause of death in Palau.

Target group: 15 to 30 years of age.

Why this target group:

Study conducted showed that this age group had the highest admission rate to injury associated with alcohol consumption.

OBJECTIVES

Long-term objective:
- Reduce alcohol consumption associated injuries by 10% in three years' time.

Short-term objective:
- Improve collection and analysis of data to be used for producing provocative health education materials for distribution.

TARGET ACHIEVEMENT

By the end of three years, most persons in the target group will have learned that excessive consumption of alcohol can lead to serious injuries and even death; that overall consumption of alcohol will be reduced; and reduction of injury and death from the target group will be achieved.
METHODOLOGY

This will be a government and community project, the activities of which are:

1. to improve data collection of alcohol and drug abuse and related problems in the target group which is about 25% of the population.
2. to organize a working group composed of health education personnel, media representatives, education representatives and public safety officers that will be responsible for production of health education materials for dissemination via radio, TV, and the government newspaper and during one-to-one meetings between health worker and patient and/or teachers and students.

As a member of this working group, the mass media will take the lead in editing, and scheduling of health education programme for broadcasting as well as spot announcements.

INSTITUTIONAL ARRANGEMENTS

In order for this project to succeed, other agencies namely, Public Safety, Bureau of Education, National Communication Corporation and representatives from state government need to cooperate in this project.

The leading agencies are:
- Bureau of Health Services
- Bureau of Public Safety
- Bureau of Education
- Palau National Communication Corporation
- State Officials

Bureau of Health Services will provide:
1. Health data regarding the problem
2. Furnish expertise in delivering radio or TV talk show
3. Initial production of health education materials
4. One-to-one counselling
Bureau of Public Safety:
1. Enforcement of laws and regulations concerning alcohol and drug abuse
2. Collection and sharing with the working group data regarding drug and alcohol abuse police cases

Bureau of Education:
1. Develop high school level health education curriculum pertaining to alcohol and drug problems
2. Assist in production of appropriate materials for mass media dissemination
3. Take a leading role in PTA meetings in discussion and formulation of plan of activities that parents may be able to participate in, in conjunction with this project

Palau National Telecommunications Corporation:
1. Dissemination of health education materials at the most appropriate time of the day via radio
2. Organizing of radio talk show
3. Delivering spot announcements at the most appropriate time

MANPOWER NEEDS - HEALTH SECTOR

Off-island training on development of health education materials, including posters, radio spots and programme and campaign materials.

In-country training workshop on the alcohol and drug abuse problem and their prevention.
RESOURCE REQUIREMENTS

<table>
<thead>
<tr>
<th>Resource</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Cost of materials</td>
<td>US$ 2,500</td>
</tr>
<tr>
<td>Two off-island training costs</td>
<td>US$ 8,000</td>
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<tr>
<td>Intra-country training</td>
<td></td>
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<tr>
<td>consultant</td>
<td>US$ 6,000</td>
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<tr>
<td>local rentals</td>
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<tr>
<td>transportation</td>
<td>US$ 300</td>
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<tr>
<td>allowance</td>
<td>US$ 600</td>
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<tr>
<td>Production cost</td>
<td>US$ 5,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$22,600</strong></td>
</tr>
</tbody>
</table>

PROJECT DURATION

Three-year duration starting May 1987. It will be part of Health Services function after the end of the project.

EVALUATION

Indicators:

1. hospital morbidity and mortality data
2. monthly report by various agencies regarding this problem which include:
   a. number of mass media programmes
   b. health services regarding reports and
   c. public safety police cases
3. annual report on health status regarding this project.

Existing data will be the baseline.

Post-project comparison of data at the end of the project with the baseline data.

ENDORSEMENT

Within one month after the workshop by the Ministry of Social Services.
PROBLEM

Infants and young children are suffering from nutrition deficiencies caused by bottle-feeding, improper weaning, and poor feeding practices.

OBJECTIVES

Long-term objectives:
A. Encourage breastfeeding instead of bottle-feeding
B. Improve nutritional status of children from birth through early years.

Short-term objectives:
A. Develop and implement breastfeeding promotion campaign for urban and rural settings in 1987.
B. Develop and implement educational programmes on proper feeding of infants, including weaning, proper diet and feeding practices for mothers and others who care for small children (1987).

Target achievement at end of project:
A. Decrease in the use of bottle-feeding by urban mothers; decrease (or no increase) in use of bottle-feeding by rural mothers.
B. Improvement in nutritional status of infants.

METHODOLOGY

A. Health educators working with community through National Council of Women, with supporting media materials and programmes.
B. Video cassette programmes at village level, backed up with radio, posters, leaflets, news articles and tee-shirts.
INSTITUTIONAL ARRANGEMENTS

A. Lead Agency: Ministry of Health; Health Education Division

B. Supporting Agencies: Radio Happy Isles (Government-supported)
   National Council of Women
   Government Printing Office

MANPOWER NEEDS

A. Project will use existing staff of health educators to implement the programme. The project will focus on upgrading skills and capabilities of staff, especially their abilities to produce effective media materials themselves.

B. Outside assistance will be sought for training in use of VCR equipment and production of VCR programmes at the village level with portable equipment. (Equipment has already been provided by WHO).

C. Training and assistance will be sought to upgrade graphic arts skills of staff artist.

D. Outside assistance will be sought for producing some high-quality graphics which cannot be produced on government equipment.

E. A short workshop will be required to train rural broadcasters on effective use of radio for health promotion, including brief education on high priority health problems in the Solomon Islands.

RESOURCE REQUIREMENTS

A. Cost of materials:

1. Blank VCR tapes (24) $ 240
2. Posters (including production costs) $3,700
3. Leaflets (60,000) $6,000
4. Posters printed out-of-country $2,000
5. Tee-shirts (3,000 sold at estimated cost of $5 ea) ($0 NET)
B. Training Costs:

1. VCR production training (12 people)
   Consultant fee plus travel $5,000
   Travel and lodging from provinces for trainees $3,000

2. Graphic Arts training in Fiji (8 weeks) $3,800

3. Health Educator training in script-writing, basics of broadcasting (being done in 1986).

C. Production Costs:

1. Radio campaigns (1200 purchased spots)
   (cost of air-time - production free) $8,400

2. VCR production - 6 campaigns $3,000

PROJECT DURATION

Overall: 24 months
Year One: Production and initial implementation
Year Two: Programme implementation, follow-up and evaluation
Best time to start: January 1987 (Budget cycle). Somewhat dependent on when funding is to start.
Plan for Institutionalization: Ministry of Health will maintain programme.

EVALUATION

A. Indicators: Percentage of women using bottle-feeding, urban/rural. Nutrition indicators from National Nutrition Survey. Sanitation indicators based on diarrhoea cases per 1,000 population.

PROJECT ENDORSEMENT

Project is consistent with stated mission of Health Ministry; endorsement could be obtained within one month.
PROJECT PROPOSAL - TERRITORY OF GUAM

David Rosario - Public Health Official
Carlotta A Leon-Guerrero - Media Representative

PROBLEMS

Heart or cardiovascular disease has been the leading cause of death on Guam for the past 10 years. In 1984, 31.8% of the total deaths on Guam were from heart and cardiovascular diseases.

Why this problem: Heart or cardiovascular disease is usually silent. As a result, there may be a large segment of the population who are afflicted with this condition and are unaware of it and so it goes undetected and untreated.

Target group: Those who are at high risk, over the age of 30, overweight, and smoke.

Why this target group: Heart disease is the leading cause of death for persons over the age of 30 and often occurs prematurely. It does not only produce fatal heart attacks, but it is also the greatest cause of permanent disability among people under the age of 65, and responsible for more days of hospitalization than any other single disorder.

OBJECTIVES

Long-term objective:
- To reduce the incidence and prevalence of hypertension and related cardiovascular disease among island residents.

Short-term objective:
- By 1990, at least 50% of the target population will be able to state the principal risk factors for cardiovascular heart disease; i.e., high blood pressure, cigarette smoking and elevated blood cholesterol. Other contributing risk factors are obesity, family history, alcohol, inactivity and possibly, stress.
METHODOLOGY

The Department of Public Health and Social Services, Health Education Office will make a master plan of health education programmes with the coordination of the mass media, the Guam High Blood Pressure Council and the Guam Heart Association addressing cardiovascular and heart diseases by May 1987 and will solicit help from other public and private health agencies in the implementation of those programmes. Topics of interest should be focused around cardiovascular and heart disease; i.e., what cardiovascular and heart disease is, and its complications, its treatment and prevention and risk factors; i.e., diet, exercise and lifestyle.

Role of Media:

- Media will assist in developing health education materials, i.e., flyers, pamphlets, posters, etc., and public service announcements, i.e., 60-, 30-, and 15-second announcements; use of printed media, i.e., free advertisement. Public health, radio and TV will help solicit sponsorship of prime time P.S.A.'s.

- Community Media - There are a number of bulletin boards available in every village, and community centre. Another way of reaching the community is through the posting of posters on store fronts.

INSTITUTIONAL ARRANGEMENTS

(See above)

MANPOWER NEEDS

Training is needed for health and media professionals for the development of flyers, posters, radio, TV spots and advertisement.
RESOURCE REQUIREMENTS

- Money resources will be solicited from Federal Grants (Preventive Block Grants), H.M.O.'s, Guam High Blood Pressure Council, etc.

- Training Costs - Training resources will be voluntary from both private and public sectors.

- Production Costs - At this point, costs are estimated to be $5,000 - for the printing of pamphlets and posters.

PROJECT DURATION

Project will commence by May 1987 in conjunction with the May High Blood Pressure Month Proclamation and every other month through May of 1990.

Plan for Institutionalization - Coordination and meetings conducted through the Guam High Blood Pressure Council Office.

Time Frame - Project will start May 1987:

- By January 15, 1987, identify community resources.
- By January 30, 1987, meeting with health, media, Guam Heart Association, Guam High Blood Pressure Council and other non-profit organizations and organize as a core group.
- By February 28, 1987, conduct training for health, non-profit organizations, and media personnel on the development of health materials.
- By March 30, 1987, identify financial resources.
- By April 15, 1987, all health materials information developed and ready for printing.
- By May 1987, implementation of high blood pressure month campaign and dissemination of materials.
EVALUATION

- March 1988, a random survey of Guam's population on the risk factors of heart and cardiovascular disease will be part of the University of Guam class written or telephone survey.

- By 1989, 25% of the target population will be able to state the principal risk factors for cardiovascular and heart diseases through the random survey.

- By 1990, to meet the 50% objectives of target population through the random survey.

ENDORSEMENT

By May 1990, the Governor and media representatives will have a joint memorandum and news release in support of the efforts of the Department of Public Health and Social Services, mass media, Guam High Blood Pressure Council, Guam Heart Association, health care providers, and non-profit organizations in attaining their short-term goals and to continue the project achieving the WHO goal on "Health for All by the Year 200".
PROJECT PROPOSAL - TONGA

IMPROVEMENT OF HEALTH-ORIENTED
RADIO PROGRAMME PRESENTATIONS

PROBLEM

Health Educators lack skills in developing/presenting health programmes on radio. There is a lack of suitable equipment for broadcast production by health personnel. Health Educators lack skills in radio programme evaluation.

OBJECTIVES

A. To train all Health Education personnel in radio broadcasting skills.

B. To provide suitable equipment for radio production at a place convenient to people and health workers.

C. To develop local capability to assess the impact of different programming approaches used for specific audience groups.

METHODOLOGY

A. Increase community participation in radio health programmes through visits to Health Centres in the villages, etc.

B. Provide resources to conduct workshops on radio programming and presentation to health personnel (preferably practising media personnel).

C. Provide recording and studio facilities for training and regular health education radio programme production services.

D. Conduct an audience study before and after programme implementation.
INSTITUTIONAL ARRANGEMENTS

The Ministry of Health will provide facilities and personnel that are currently and routinely available.

In terms of Input (donor) Agencies, we expect contribution over and above that which is routinely available to the Ministry of Health.

MANPOWER NEEDS

One practising media consultant on Health.
One consultant on audience research.

RESOURCE REQUIREMENTS

A. Recording equipment and supplies e.g., Magra tape recorders.
B. Studio facilities, e.g., sound-proof room for recording.
C. Teaching aids/stationeries.
D. Funds for audience research.

PROJECT DURATION

One year

Phases
Baseline data collection and Analysis - two months
Training - one month
Installation of facilities - three months
Evaluation - two months
EVALUATION

A. Quality of performance of the health personnel
   (Need the consultant to identify the indicators
   and the method of measuring them.)

B. Audience Evaluation
   Measure knowledge, attitude and practise levels of
   audience in terms of health programme messages.
PROJECT PROPOSAL: TUVALU

PROBLEM

In Tuvalu, there is high incidence of worm infestations among the children due to the following:

1. Lack of water and proper sanitation facilities.
2. Individuals have limited knowledge on entry and effect of worms on the children's bodies.
3. Bad toilet practices.

This is compounded by a serious lack of effective visual teaching aids.

OBJECTIVES

1. To undertake a survey on screening of worm infestation among children and adults throughout the country in order to know the number of population affected.
2. To motivate the individuals to learn and practice proper personal hygiene and preventive measures through the use of media and visual aids such as posters, booklets, video, etc.
3. To improve water and sanitation facilities.
4. To train both health and mediapersonnel in methods of delivering of health education.

METHODOLOGY

1. The video set is suggested to be one of the effective teaching visual aids in imparting of health education.
2. Using mass media is also another useful means of imparting health education.
3. By using posters and pamphlets.

INSTITUTIONAL ARRANGEMENT

The lead agency will be the Medical Division, Ministry of Social Services.
MANPOWER RESOURCES

One consultant to give assistance in:

1. Training of four health personnel to operate, and maintain video equipment and produce video teaching materials.
2. Training of one media personnel to produce effective radio health programmes and spots in an effective way.

RESOURCE REQUIREMENT

1. One consultant to visit the country to train three members of Public Health Unit and one from the main hospital in the production of video tapes, use of camera, etc., and assist the staff of the media in producing, improving the health radio programmes.
2. The following teaching aids to be used in the main hospital and two other outer island dispensaries.
   a. video set
   b. generator
   c. video cassettes on - various types of worms and infestations
      - preventive measures like washing hands before eating, washing vegetables and fruits before eating, washing hands before and after using the toilet.
   d. posters and stationeries

It is important to set up an exchange programme of video cassettes with another country for a duration of four weeks.
PROJECT COST

- Video set: A$3,000
- Video cassettes: A$2,000
- Video camera: A$1,800
- Generator and fuel: A$1,800
- Cost of contracting one consultant: A$16,000
- Training of staff (4): A$4,000
- Travelling expenses (4 staff): A$4,000
- Custom duty: A$5,000
- Poster papers, 600 crayons and stationeries: A$800

TOTAL: A$38,400

DURATION

One year; to commence by February 1987 and to end February 1988.
Training to commence 1987 - February to March.
Pre-survey on problem of whole population - April to June.
Post-survey on problem - November to December.
(Pre and post survey includes school examination, number of water tanks and toilets in each community).

EVALUATION

1. Draw out a follow-up questionnaire form on what they have learned from the film and radio.

2. Collect data on worm infestation cases from monthly consolidated reports of both main hospital and outer island health centres.

ENDORSEMENT

The project plan should be presented for approval by the Minister, Ministry of Social Services within two to three months.
ANTE-NATAL & CHILD NUTRITION

PROBLEM

There is a pressing need to educate pregnant women and lactating mothers on the necessity for proper nutrition. Poor child nutrition is the result of entrenched nutrition practices, like giving solids too early or too late; children not being allowed to eat certain foods, e.g., eggs; ignorance; and limited availability and use of protein foods. Literacy levels are low in some areas.

There are seven (7) hospitals besides the Central Hospital in Vila which could help to disseminate information about nutrition. There are also 13 local government centres which are a potential source of support for a nutrition education programme. Currently, involvement is limited to showing slides and flims on health when requested.

There is only one qualified dietician and one trainee. So, presence at each hospital each week is impossible.

TARGET GROUPS

Parents of small children; mothers and fathers.

OBJECTIVES

Long-term objective:

1. Improve the nutritional status of the mothers and children.

Short-term objectives:

1. Provide educational video programmes on nutrition to pregnant and lactating mothers to get them to understand the importance of good nutrition.
2. Develop local capability to produce video health and nutrition programmes.
METHODOLOGY

Conduct a nine-month nutrition education campaign through video shows at Central Hospital, Vila, and two other outer islands' centres. Provide the dietician, trainee nutritionist and Vila MCH Clinic nurses and two other outer centres (which are equipped with VCR's) with eight (8) video tapes to graphically explain the need for proper nutrition during the campaign.

These video tapes should initially be in Bishlama and should be produced locally. The script will be provided by the dietician. Skills in scripting and production should be imparted to at least four (4) selected staff members to enable them to arrange future production in Vanuatu using locally available private production facilities.

Broadcasting facilities will also be used by using audio tapes of the educational video tapes with suitable modification for the twice-weekly 1/2 and hourly health education and women's programmes.

INSTITUTIONAL ARRANGEMENTS

The lead agency will be the Ministry of Health via Foreign Affairs Department.

MANPOWER NEEDS

The need is for training in video and audio production. The Ministry of Health will release four (4) health staff for training in video production. It will also try to provide facilities for the trainer, such as a work place.

The specific need is to develop production skills in video and audio production among local selected persons.
RESOURCE & COSTS

Trainers' local expenses @ $100/day for 30 days US$3,000*
Material costs US$ 500
Local travel US$ 300
Miscellaneous expenses US$ 400

TOTAL: US$4,200

* This excludes travel costs to Vanuatu.

PROJECT DURATION

Ten months from commencement of production to end of trial period of video screening.

The best time to start the project will be August 1987.

EVALUATION

The pre-test will study the nutrition consciousness of mothers and nutritional levels in the experiment areas. The post-test will study the birth weight of children - does it exceed 2.5 kgs, by at least 20 percent.

The trainers will also endeavour to produce a video on health, using local facilities.

The nutrition message will be seen practised by a larger number of potential and young mothers. During the experimental period, feedback will be obtained with regard to clarity and credibility of the video tapes or films. It is expected that the nutritional status of the target group in the experiment period will be improved.

ENDORSEMENT

Time required will be 1-3 months.
PROJECT PROPOSAL - WESTERN SAMOA

NUTRITION GARDEN PROJECT SUPPORT

PROBLEM

People are not eating much or not enough of the health food groups (vegetables and fruits). Why? Traditional vegetables are not as readily available as they used to be. Taro leaves are now eaten perhaps once a week on Sundays. Traditional or locally available vegetables also have low status, e.g., lau pele, pumpkin tops, etc. The people have a lack of knowledge on nutritional value of vegetables and fruits. Fruits are not seen as a food. They are eaten as they become available. They are often thought of as food only for children and birds.

TARGET GROUPS

Household/family unit.

OBJECTIVES

Long-term objectives:

- improve the overall nutritional status of the community.
- reduce the amount of national budget spent on health care for nutritionally related diseases, e.g., diabetes, hypertension, heart disease, and infant malnutrition.

Short-term objectives:

- increase the consumption of vegetables especially green, leafy vegetables.
- promote fruits as a good snack food for children.

Target achievements:

- number of households with vegetable gardens to reach 2,000.
- all school canteens to sell fruit.
- all schools, district hospitals, health centres and government departments to have nutrition education posters displayed in public areas.
METHODOLOGY

Approach:

The Nutrition Center already has in existence a Community-based vegetable garden project with six field workers, including two senior district nurses who are based at the Nutrition Center in Apia.

The team makes contact with the villagers through the women's health committees. They explain the project, why vegetables are important for good health, and how to participate in the project. They make follow-up visits once a month to assist individuals in growing their gardens.

During follow-up the gardeners are given health talks and/or food demonstration on use of vegetables grown in gardens.

We need assistance to:

1. expand this project;
2. evaluate and train personnel; and
3. promote the project through the media.

Role of the media:

For promotion of attitude change, educational motivation.

Types of media:

Radio, visual aids, and print.

INSTITUTIONAL ARRANGEMENTS

Agencies to be tapped for support:

- UNICEF - for Consultant/training/funds
- PACBROAD - for media training
- USP - for traditional media Consultant for community drama
MANPOWER NEEDS

Short-term (2 to 3 months):
- Resource person (consultant) to help with evaluation of the Garden Project, and for training of local staff in research and evaluation methods and techniques.
- Resource person to handle training in media production, i.e., poster, radio spots/programmes, printed pamphlets.
- Training/assistance - in use of alternative media (community drama).

RESOURCE REQUIREMENTS

Evaluation:
- production costs (questionnaire/analysis)
- consultant

Training costs:
- one person in media
- training of field team in alternative media (drama)

Production costs:
- Posters - comparison of nutritional values:
  a) Comparisons of leafy vegetables x 1000 ea
  b) Comparisons of fruits
  c) Taro vs Rice
  d) Coconut juice vs Soft Drink (Soda)
  e) Fruit vs Lollies
     Cost $5,000 (WS TALA)
- Radio spots - @ $15 each
  Continuing daily spots for three months school term then local evaluation.
  Cost $900 (WS TALA)
- Printed Pamphlets
  Different vegetables including food value, method of growing, preparation and recipes @ 12,000 ea.
  Cost $3,000 (WS TALA)
PROJECT DURATION

Six months
- start April/May 1987 after rainy season with evaluation by a consultant.
- after the completion of the project, all visual aids and other productions will be distributed via the Nutrition Center of the Health Department.
- trained staff will remain with the Nutrition Center for the continuation of the Garden Project and other nutrition activities.

EVALUATION

Audience research using survey questionnaire and participation observation.

PROPOSAL ENDORSEMENT

The Ministry of Health endorsement will take approximately three months.