BEHAVIOR CHANGE COMMUNICATION STRATEGY - BCC-

PROGRAMA COMUNITARIO MATERNO INFANTIL DE DIVERSIFICACIÓN ALIMENTARIA -PROCOMIDA-

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" I hear and I forget. I see and I remember. I do and I understand."

Confucius

PROGRAMA COMUNITARIO MATERNO INFANTIL DE DIVERSIFICACIÓN ALIMENTARIA -PROCOMIDA-

BEHAVIOR CHANGE COMMUNICATION STRATEGY

Rafael Carranza
Behavior Change Communication Specialist
PROCOMIDA

Jay Jackson
Chief of Party
PROCOMIDA

Marcel Janssen
Manager, Technical Support Unit
PROCOMIDA

Raquel Camey
BCC Curriculum Development Officer
PROCOMIDA
Spanish to English Translator

Marcia Lang
Editor

Juan Moncada
Diagramming and Design
PROCOMIDA

EXECUTIVE SUMMARY

LOCAL SETTING

PROCOMIDA operates in a setting where 79% of the target population lives in rural areas and 93% is indigenous. It is also estimated that 84% of this population is poor while 41% is extremely poor; the illiteracy rate is 65%[1].

Almost 60% of all children under the age of five suffer chronic malnutrition and stunting, conditions that are more severe in rural areas and among the indigenous population[2]. From 2000 to 2009, maternal mortality was steady between 271 and 191 per 100,000 live births which was the highest mortality rate in the Republic of Guatemala during the last decade.[3]

Even though there have been multiple efforts by various institutions to modify behavior and practices related to health, food and nutrition in the population of Alta Verapaz, effects have not met expectations, possibly due to the lack of mutual understanding between the agents of change and the target population.

After collecting and revising the existing training, informational and promotional material from different sources, we found that a considerable amount of the messages could not be read or understood by the local population since they were presented with text in Spanish to illiterate and Q'eqchi' monolingual audiences. Most also included generic technical information that did not respond to the local setting, nor the needs of specific audiences, such as pregnant and nursing mothers, mothers of infants from 6 – 24 months, mothers with sick children or other adult women and men.

An example of lack of understanding can be found within breastfeeding practices in this community. Multiple efforts have repeatedly been made for mothers to understand the negative effect that the early introduction of liquids has in infants. The introduction of liquids can reduce caloric intake, which favors malnutrition. This becomes a source of infection that causes diarrhea and pneumonia, the main causes of infant mortality in Alta Verapaz.

Nevertheless, when investigating the motivations that mothers have to continue with the practice of early introduction of water, coffee or other liquids to infants, the common answers were: the baby was thirsty, had colic or because the bottle calmed the baby down.

This means that the promotional message given by the health agents that relates to the benefits of breastfeeding is not understood by the mother or it does not satisfy an informational need. Therefore, it has been ignored and has not generated a behavior change.

This fact made us readjust *PROCOMIDA's* Behavior Change Communication Strategy. Consequently, **we investigated key messages related to beneficiaries' specific informational needs.**

Country road that program beneficiaries use

1. Ref: Sala Situacional Area de Salud Alta Verapaz (MOH Situational Analysis Board for Alta Verapaz, 2009)
2. Mother-Infant Health National Survey, 2005
3. Public Health Office Situation Room, Alta Verapaz, 2009

EXECUTIVE SUMMARY

Q'eqchi' monolingual women of different ages with their regional ethnic dresses.

We identified that this informational need is related to their gender, physiological condition for being a pregnant or nursing mother; these groups of people share the same concerns which could positively influence their learning motivation on specific topics.

Therefore, in each community and for educational purposes, groups have been formed for pregnant women, nursing mothers with infants up to 6 months old, mothers of infants 6 - 24 months old, mothers with sick children and other interested groups, for example grandmothers, caretakers and groups of men.

They all work as discussion groups where the beneficiary mothers, based on their life experience, knowledge and expertise, provide local solutions and alternatives that are reinforced by the program educators or trainers through established key messages.

IDENTIFICATION OF INFORMATION NEEDS

Having recognized that each group of the target population has different informational needs, guided us in developing topics of interest for each specific group. Key messages have evolved. In the case of breastfeeding, the message will address the mother´s various concerns that: *"breastfeeding quenches the baby´s thirst", "breastfeeding suppresses the baby´s colic" or "breastfeeding calms the baby down".*

Messages were elaborated that are short, direct and address a specific concern depending on whether it is for a pregnant mother, a mother with a child under 6 months, a mother with infants from 6 to 24 months or a mother with a sick or malnourished child. Beneficiaries could also include grandmothers, men, the fathers and very young women.

Image used in food bags which key message is: "breastfeeding quenches the baby's thirst".

EXECUTIVE SUMMARY

EDUCATIONAL METHODOLOGY

In order to directly respond to detected needs, we will work with key messages as the basis to design an educational poster. **The message will have no text, be self-explanatory and will focus on a recreated image in a local setting.**

Discussion groups in the field will center on the target population and consist of dialogues about a specific topic based on experiences developed by participant mothers. The talks can also include practices they have heard from their mothers, grandmothers, in-laws, family members, or neighbors.

The educator assumes the role of a mediator. We seek the beneficiaries' general opinion on an issue, without judging, evaluating or commenting on any given opinion or answer. This methodology generates the highest degree of discussion and encourages generalized participation from the mothers.

When one of the mother's comments resembles an opinion related to a previously identified key message, the educator will positively reinforce it. In all educational sessions, we emphasize helping beneficiaries generate opinions, comments, discussions and analysis around the given topic. This guides them to arrive on their own to the key message previously identified and prepared, and to recognize its importance.

SELECTION OF EDUCATORS

The selection of appropriate field personnel reduces barriers that could arise. It has been determined that **all local field personnel must speak and educate in the Q'eqchi' language.**

Female educators work with women and male educators work with men; hence, besides reducing gender, cultural and geographical barriers, we believe that by using local staff, all the activities are developed within a framework of shared culture and traditions. This increases our chances of incorporating new knowledge and can achieve changes in behavior, attitude, life and daily practices.

In order to achieve behavioral change, it is important to formulate different approaches and messages.

Identifying the impact that barriers have on limiting the target population´s access to health services and relevant information is crucial. This establishes adequate communication channels to promote positive behavior related to health, food and nutrition in our beneficiaries and their families.

ADULT EDUCATION TRAINING

All our educators have been trained to apply the principles of adult and/or popular education like, using extensive flexible, horizontal and participatory techniques. Consequently, through its application, they have been able to change the dynamics of a traditional educational session into one that is active, dynamic and participative, in which beneficiaries are able to make the connection with their previous, firsthand knowledge. Simultaneously, this creates new knowledge through the sharing of anecdotes, stories and their own life experiences. Accordingly, the possibilities of achieving notable changes in a beneficiaries' lifestyle will increase.

This document is complemented by the Educator's Guide, which describes the implementation in the field of the theoretical concepts presented here.

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1. INTRODUCTION

Alta Verapaz has an estimated population of 1,046,180 inhabitants, 79% of which is rural and 93% of them are of the Q'eqchi' ethnic group. Population density is 173 inhabitants per square kilometer; the average number of people per home in the urban area is five and in the rural area is 6.8.[4]

Alta Verapaz is one of the poorest provinces in the Republic of Guatemala. It is estimated that 84% of its population is poor and 41.2%, extremely poor. Illiteracy rate is 65%; schooling percentage is 48% for women and 59% for men[5]. In 2007, there were 27,629 births, with a natality rate of 25.33X1,000 and a fertility rate of 83.41X1,000 with a vegetative growth of 2.24% and a life expectancy of 67 years[6].

From 2000 to 2009, maternal mortality was steady between 191 and 271 per 100,000 live births, which was the highest mortality rate in Guatemala during the last decade[7]. Besides, 31% of maternal deaths that took place in Alta Verapaz in 2009 were related to the **lack of early recognition on behalf of the mother and family members of danger signals** before, during or after delivery. The percentage of deaths associated to **the lack of decision making upon the transportation** of the mother to a health service center is 22%; **lack of access to a health center** is 14% and 32% is linked to **lack of timely and quality medical attention** upon their arrival to the health centers.

The number of deceased women that received attention from midwives, empirical personnel or by family members adds up to 51% and 43% received attention from health care personnel; 43% of deaths occurred at the mother´s home and 73% of deceased women did not have any schooling.

From 2003 to 2009, child mortality rate decreased from 26 to 18X1,000 live births, even though malnutrition (4.5%) and infectious diseases like pneumonia (54%) and diarrhea (11%), continue to be the most frequent causes of death. From the total of deaths in the province in 2009, 4% occurred in children under 28 days, 12% from 29 days to under a year and 13% from 1 year to under 10.

Almost 60% of children in Alta Verapaz under the age of five suffer from chronic malnutrition and stunting, conditions that are more severe in rural areas and within the indigenous population[9].

During 2009, health services reported that they assisted 2,192 cases of malnutrition, of which 1.5% were under a month old, 3% from 1 to under 2 months, 26% from 2 months to under a year and 69.5% from a year to less than 5. 53% of the cases were female.

An active search was made to detect malnutrition by health services in Alta Verapaz during the months of September to December 2009 and of the 1,089 cases that were detected, 59% were mild, 23.8% were moderate, and 17% suffered severe malnutrition. Of these severe cases, 12% were classified with Marasmus and 2% with Kwashiorkor. 15% were hospitalized and 4.8% died (lethality 4.8 per 100,000).

The Ministry of Public Health and Social Services, in all its health services (hospitals, health centers and community centers), in 2009 provided around 1,344,501 medical consultations or referrals, which is an equivalent of 1.28 medical consultations per inhabitant per year.

In Alta Verapaz 68% of births take place at home.[8]

4. National Survey of Maternal and Child Health, 2005
5. UNDP Annual Human Development Report, 2005
6. Situation Room of the Public Health Office of Alta Verapaz, 2009
7. According to the Situation Room of the Public Health Office of Alta Verapaz in 2009, 72 maternal deaths were verified in the province
8. Situation Room of the Public Health Office of Alta Verapaz, 2009
9. Study of the Secretary of Nutritional Food Security

2. PROGRAMA COMUNITARIO MATERNO INFANTIL DE DIVERSIFICACIÓN ALIMENTARIA -PROCOMIDA-

In search of contributions and solutions to food and nutrition issues in Alta Verapaz, MercyCorps, with the support of the United States Agency for International Development (USAID), is initiating the Programa Comunitario Materno Infantil de Diversificación Alimentaria, *PROCOMIDA*, (Food Diversification Community Program for Mother - Child).

The program has 2 main objectives in the areas where it has been implemented:

1) By the year 2014, pregnant women, nursing mothers and children under 2 years old, have improved their general health status and have been able to remain steady.

2) By the year 2014, the attention quality of health service providers in the communities the program works with, has improved.

PROCOMIDA is a preventive program designed to improve the general health and nutritional status of pregnant women, nursing mothers and children under the age of 2 that are vulnerable to food and nutrition security issues in approximately 270 communities with a convergence center and more than 415 satellite communities in the different villages of the counties of Cobán, Carchá, Cahabón, Senahú and Lanquín, in Alta Verapaz, Guatemala.

Because *PROCOMIDA* is a malnutrition preventive program, all pregnant women, nursing mothers and children under 24 months, independently of their nutritional status, are eligible to participate in the program unless they are not willing to do so. The program is developed in accordance with the following lines of work:

2.1. Operational research and investigation

- 2.1.1. Formative investigation
- 2.1.2. Lengthwise and cross-sectional research
- 2.1.3. Anthropological investigation

2.2. Institutional strengthening
2.3. Distribution of food rations
2.4. Behavior Change and Communication Strategy (BCC)

Group of lactating mothers with children 0-6 months old, participating in their educational session.

2.1 OPERATIONAL RESEARCH AND INVESTIGATION

For the program, the terms research and investigation are understood as a quest at the community level to acquire a better understanding of the knowledge, attitudes and common practices of mothers, caregivers and husbands that influence aspects related with health and family food and nutrition. The importance of these aspects should be considered so the **Behavior Change Communication Strategy** can be contextualized, culturally adequate, accessible and comprehensible for the Q'eqchi' population. It has also been significant in the search for opportunities, capabilities, local resources and important elements that should be considered during the implementation and development of the program and BCC activities.

2.1.1 FORMATIVE INVESTIGATION[10]

PROCOMIDA´s formative investigation has three main objectives:

1) Identify existing potential in giving mother-infant attention at a community level in the convergence centers where the program has been implemented.

2) Study the potential contribution and the impact of special products that have been fortified like a lipid based nutritional supplement (LNS) and micronutrient powdered supplements or sprinkles (MNP), by measuring nutritional results in the context of preventing malnutrition.

3) Compile information about beliefs, knowledge, perceptions, attitudes and practices related to health, food and nutrition that support the development of a **Behavior Change Communication Strategy (BCC).**

The formative investigation took place in the municipalities of Cobán, Carchá, Cahabón, Senahú and Panzós, where *information was collected through structured, semi-structured interviews and focus groups* that took place with pregnant mothers, mothers of children under two years, community leaders, men and health care personnel that look after the sick at the convergence centers.

Information was gathered through these interviews about several aspects related to the target population's knowledge, beliefs, attitudes and practices associated with health, food and nutrition. A study was also conducted about the availability of food and products in stores, markets, at home and at a local level for mothers to prepare traditional recipes with local ingredients. We also explored the preparation of non-traditional recipes or uncommon ones.

Women of different ages participate in different program activities

10. Formative investigation is developed in coordination with International Food Policy Research Institute (IFPRI) and Food and Nutrition Technical Assistance -FANTA-.

2.1.2 LENGTHWISE AND CROSS-SECTIONAL RESEARCH[11]

With the lengthwise and cross-sectional research, we target the strengthening and evaluation of the "Preventing Malnutrition in Children Under 2 Approach" (PM2A) in Guatemala. We have the reference of a related study that was made between 2002 and 2006 in Haiti which showed that preventing malnutrition in children under 24 months (PM2A) through a program that has food distribution, behavior change (BCC) and preventive health and nutrition services, is more efficient in reducing prevalence of growth faltering, emaciation and low weight, in contrast with the traditional approach based on nutritional recovery.

Haiti´s design was adapted taking advantage of the fact that *PROCOMIDA* presents an excellent opportunity to investigate and have a better understanding of the following aspects:

a) Impact and cost effectiveness of an intervention to prevent malnutrition (PM2A) in children under 2 years of age.

b) Have a better knowledge of the optimal composition and size of family rations and to know the differential and absolute impact of sizes and types of food that are incorporated in the family ration.

Specifically, investigate the differential effect on sizes of family rations and the effect of substituting the individual ration with fortified products with micronutrients such as the lipid based supplement (LNS) and the powdered mineral micronutrients (Micronutrients in Powder, MNP).

c) Identify obstacles and potential solutions to improve program operations.

d) Document the usage and consumption of food by the direct beneficiaries and the rest of the family.

e) Learn more about the impact of the different interventions at a domestic level.

Program educator using graphic material to transmit key messages.

2.1.3 ANTHROPOLOGICAL INVESTIGATION[12]

Great importance was placed on the **cultural adaptation and contextualization of the Behavior Change Communication Strategy.** An analysis was made of the different barriers that have affected or prevented access to information and services for the Q'eqchi' population. A review was also conducted of the variables related to beliefs, customs, attitudes and practices of the population where the program is being implemented.

Likewise, we gave great importance to investigating the elements to be included in the design, elaboration, presentation and dissemination of informational, promotional and training materials. Also, identification of preferred communication channels, more in accordance with the characteristics of the target population, the local setting and context of the different working areas were also spelled out.

11. Crosswise and lengthwise investigations are developed in coordination with Food Policy Research Institute (IFPRI) and Food and Nutrition Technical Assistance (FANTA).
12. 3-month consultancy with the support of two anthropologists

2.2 INSTITUTIONAL STRENGTHENING

As a principle, we recognize that food and nutritional problems have a multicausal origin. In order to achieve a greater effect, integral and multisectorial interventions are required. Consequently, *PROCOMIDA* activities will be maximized as long as close coordination and complementarity can be achieved with the different actions carried out by the different actors of the Ministry of Public Health, Secretary of Food and Nutritional Security, other government institutions, NGOs that are the health service providers, leaders or professionals from the community.

Correspondingly, we contemplate reinforcement of actions that are already in progress, related to the following aspects:

2.2.1. Strengthening of community participation and organization, especially:

a) Operation of the Health Commissions.

b) Integration and usage of the local health fund.

c) Education and training through discussion groups, practical demonstrations of food preparation to mothers, caregivers and groups of men.

2.2.2. Expand coverage with the basic health services, because prior to receiving food, the mothers must have gone to their health services for prenatal and postpartum checkups and taken the children for their growth and development control and vaccinations.

2.2.3. Improve knowledge and practices of the staff that works with the organizations that are basic health service providers in:

a) Application of adult education as well as popular education principles.

b) Technical aspects related with the AIEPI/AINM-C strategy (emphasis on the early identification of danger signals during pregnancy, delivery, puerperium, in the newborn, in the child under two years of age, in the surveillance and monitoring of growth and development of the children and aspects related with food and nutrition during pregnancy and nursing in children under two years).

2.2.4. Through analysis in the discussion groups and cooking demonstrations, foster:

a) Diversification of the traditional family diet (incorporation of foods that are not consumed but are available locally).

b) Consumption of food mixtures (introduction of improved recipes with a variety of local foods).

2.2.5. Provide support to the 270 convergence centers, so they can count with:

a) Educators to implement the BCC strategy.

b) Material for information, promotion, education and training of *PROCOMIDA* beneficiaries and other groups within the community.

c) The necessary equipment to monitor growth and development of children under two years of age.

d) Scales to weigh pregnant mothers.

2.3 DISTRIBUTION OF FOOD RATIONS

As previously mentioned, *PROCOMIDA* is a preventive program that targets the improvement of health and nutritional status of mothers and children less than 2 years old, under the risk of food insecurity. It is estimated that during the development of the program, the nutritional status of 227,000 vulnerable people in almost 680 communities in the municipalities of Cobán, San Pedro Carchá, Cahabón and Lanquín in the province of Alta Verapaz, will improve.

As part of the program activities, 16,500 rations with 14.85 Kg. of food to the same amount of families will be distributed **monthly** during 2 ½ years. During the program (4 ½ years), more than 33,000 families will **receive rations of corn and soy blend (CSB) enriched flour with vitamins and minerals, rice, red beans, and vegetable oil**[13] **.**

2.4 BEHAVIOR CHANGE AND COMMUNICATION STRATEGY (BCC)

Behavior Change and Communication (BCC), is identified as an integral, interactive, multilevel process done with beneficiaries aimed at formulating different approaches and specific messages. This implies the perception of the needs of the population serviced by *PROCOMIDA* and the identification of barriers that have kept them from gaining access to information and health services. As a result, we establish communication channels which promote, foster and maintain a mainstream of individual, community and social behavior changes that relate positively to health, food and nutrition.

As pointed out before, the BCC approach takes into consideration every activity that is carried out in relation to aspects in the local culture, their beliefs as well as the traditions of the population where the program is being implemented.

The design and development of informational, promotional and educational material, is part of a process that entails:

a) Investigation of topics or areas of paramount interest.

b) Identification of key messages that can positively influence the change in knowledge, attitudes and practices in the program beneficiaries, their families and their community.

c) Formulation of specific messages and approaches.

d) Establishment of adequate communication channels to promote and encourage individual, community and social behavior change in an adult target population that does not speak Spanish nor can they read or write in the same language.

Program educator showing key message.

13. As part of the investigation process, it has been contemplated to substitute the CSB for highly caloric energetic nutritional supplements (LNS and MNP) for pregnant and lactating mothers and children 6 months old to 2 years old, that are program beneficiaries and that correspond to a sphere of influence of 40 convergence centers.

It is admitted that *motivation for learning specific topics* may be influenced by the *physiological condition of the mothers.*

This is compounded by the fact that they are pregnant or nursing and is influenced by because of their gender, the age of their children and also because they are part of a group that shares common concerns.

Therefore, within each community and for educational purposes, several groups have been formed:

Pregnant mothers, lactating women with children 0 to 6 months old, mothers with children 6 to 24 months old, mothers with sick children, grandmothers, caregivers, groups of men, and others.

They work as **discussion groups** where the beneficiary mothers, based on their life experience, knowledge and common practices, **provide alternatives and local solutions** that are positively reinforced by the program educator based on key messages previously researched and defined.

Beneficiary mothers that after participating in their educational session, wait in line for their food ration.

3. ASPECTS THAT INFLUENCE THE ESTABLISHMENT OF COMMUNICATION CHANNELS IN THE POPULATION OF ALTA VERAPAZ

3.1 ACCESS TO INFORMATION AND HEALTH SERVICES

We should recognize that the provision of information and health services alone has not motivated the population of Alta Verapaz towards its effective communication channels. It is possible that in some cases the application of concepts developed elsewhere and with different characteristics than those of the Q'eqchi' population, has not favored a mutual understanding between the agents of the different organizations and the target population. Therefore, we frequently find a low degree of acceptance towards proposed initiatives that results in poor participation in its development which has made it difficult to positively influence the modification of some of the common practices and preferences related to health, food, and nutrition in the target population.

The development of the Behavior Change Communication Strategy recognizes important factors in the carrying out these activities. They include elements like ethnicity, gender, religion, social level, economics, traditions, beliefs and customs, because they largely determine the attitudes, practices and preferences of the population in Alta Verapaz.

Consequently, it has been important to think about the traditionally used communication model which places emphasis on lecturing about curative, biological aspects of western medicine as opposed to the traditional model that is practiced in the communities of Alta Verapaz, where the population highly regards subjective and holistic aspects, customs and traditions. We recognize that all of these situations together with cultural, geographical, economical and motivational barriers will be factors that could favor or have a negative influence in the reception of key messages and the expectations related to behavior change.

With the purpose of acquiring a better understanding of some factors that could facilitate or hinder the making of informed decisions and the use of health services, we have been guided by the following thoughts:

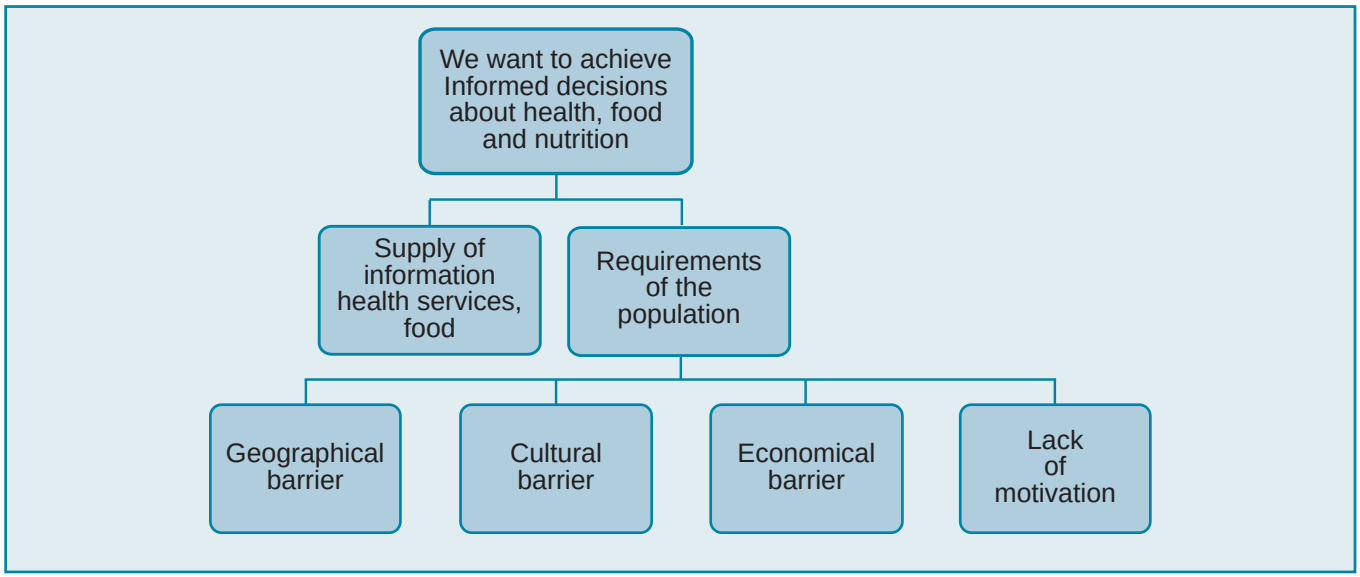


Diagram 1: Information accessibility, health, food and nutrition

Taking the benefits of the program closer to the beneficiaries' home, reduces geographical barriers.

3.1.1 CONDITIONING FACTORS RELATED WITH GEOGRAPHICAL ACCESSIBILITY

The topography of Alta Verapaz is varied (rocky, mountainous, arid) and many communities are dispersed, isolated and remote. This situation together with bad road and weather conditions, lack of transportation, rising river levels and the need to travel to other communities to find work, are factors that we believe have made it difficult for the target population to have access to information and health services. It is presumable that the population with less access is the one that lives in the most remote and isolated areas away from the main highway and that are only accessible by foot.

In this setting, *minimizing geographical barriers means mobilizing and bringing PROCOMIDA resources and benefits closer to their homes and communities.*

This entails getting closer to the people and their environment in order to try to establish a relationship that will make it easier for us to have a better understanding of the community reality. Hopefully, the beneficiaries could more appropriately acknowledge the benefits of the program.

It will be important then, that all activities be carried out taking into consideration the following criteria:

a) Convergence centers are the operation centers where activities can be carried out as close as possible to the beneficiaries' home. We prioritize attention, food distribution, educational sessions and other benefits of the program for mothers that live in the more remote areas. Beneficiaries who need more time to get back home because of the topography and individuals who have to walk because there is no transportation are those who can be more affected by the weather conditions like rain and rising river levels. They may also have small children. As a result, it has been necessary to identify the point of origin of the beneficiaries, develop phased programming of schedules and integrate groups of women to join together with others to receive their training session and food in a place near their home.

b) In developing educational sessions and implementing food delivery, we considered the difficulties that their physiological condition represents for the mothers. Even though all beneficiaries must receive the best attention and priority, in a typical working day, the first educational session and subsequently the first food delivery, should be given to pregnant mothers, who presumably have the most obstacles in traveling to the convergence center and returning back to their homes. The second group to be served will be mothers with children less than 6 months old; a third group will be mothers with children 6 months to less than 2 years old and then, last but not least, mothers with sick or malnourished children. It is important to consider the fact that mothers with sick or malnourished children will be less but they will need personalized individual counseling to address their specific issues.

c) Promote practical and participative activities to be done at home, such as demonstrations or preparation of recipes with the program's food and/or using local foods, decreasing the need of moving elsewhere for training or to buy food.

d) Encourage the fact that these demonstrative activities take place with beneficiaries of the same community in one of the beneficiaries' home. This will result in reducing the need to travel, leaving their children and home unattended, a fact that could diminish their motivation to participate.

e) Foster a closer relationship between program personnel and the beneficiary's family, so during our educational sessions or delivery of food rations, high risk or special needs cases can be detected and thereby provide follow-up, coaching activities and monitoring at a home level.

Among the aspects that could represent a barrier and that we should consider, we can find the following:

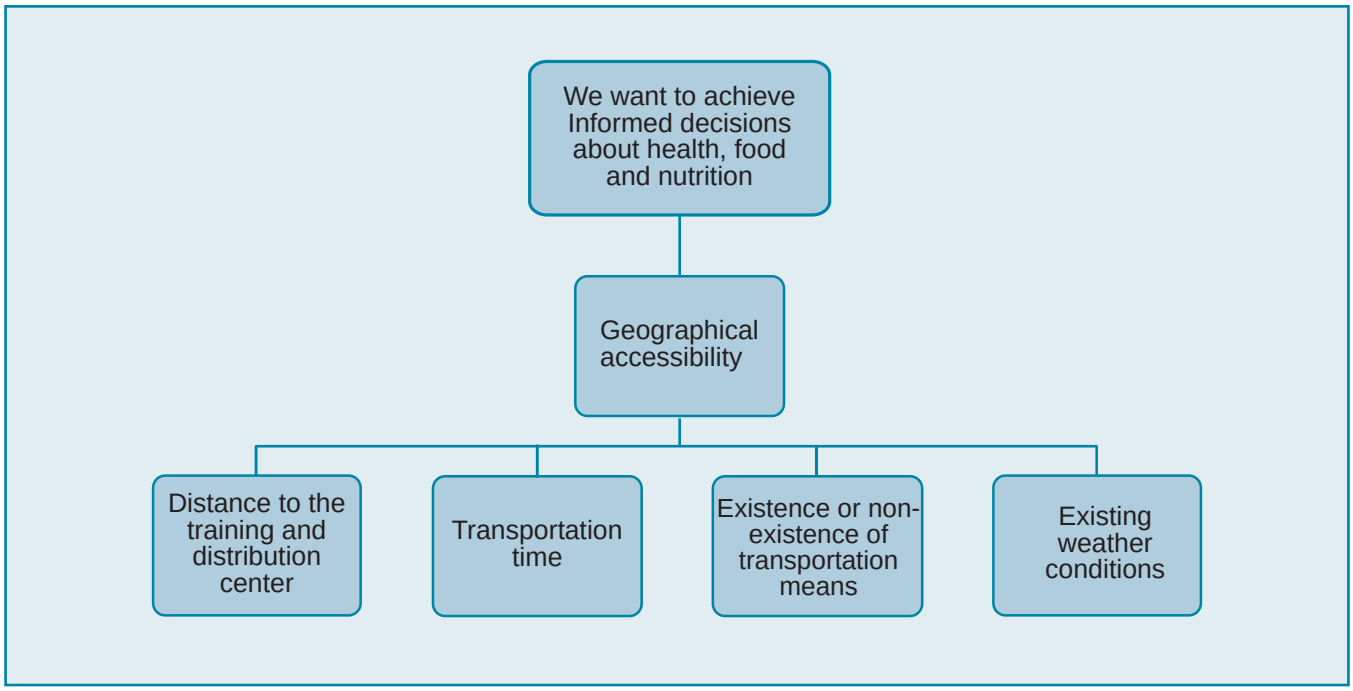


Diagram 2: Geographical accessibility

In rural communities since birth, females are discriminated and grow under more disadvantageous conditions compared to males.

3.1.2 CONDITIONING FACTORS RELATED TO CULTURAL ACCESSIBILITY

By cultural accessibility we refer to **the group of attributes or characteristics that PROCOMIDA has, that agree with the beneficiaries' culture and cosmovision.** *In the extent in which the program has these attributes, its activities will be more acceptable or recognizable by the beneficiaries as something of their own which will generate trust so they feel motivated to be a part of the program.*

It is important to remember that in the rural areas where the program is being carried out, there is a dominance of the male figure and chauvinism prevails, resulting that from a very early age, women are discriminated against in the distribution of family resources and food[14]. Since early childhood, girls are prepared and oriented to undertake household chores, procure water for family consumption and prepare for marriage; thus they frequently marry very young which highly diminishes their possibilities of generating income on their own.

In most of the families the father is the guide, the maximum authority and it is he who dictates the rules and codes of behavior for the rest of the family. At a community level, authority of the elders is highly respected and so is the authority of the Community Development Council or Cocode (Consejo Comunitario de Desarrollo).

To minimize cultural barriers, we have guided ourselves by the following analysis:

a) During the evolution of the program, it has been very important to take into consideration that a high percentage of women are monolingual and do not speak Spanish, they have a very low schooling level and most cannot read nor write; that at the community level, figures, symbols, colors, rituals, customs, traditions and family experiences are highly regarded, play an important role in the passing on of knowledge and have a direct correlation with certain attitudes and practices.

b) To minimize cultural barriers, special care has been placed in the fact that our field personnel must be local, which facilitates a "holistic" approach, where the beneficiary and her community realities, are recognized in a global and integral concept. Being part of the same culture, our field personnel will be able to count with more elements in the establishment of communication channels, taking into consideration habits, traditions, religion, cosmovision and other aspects of each community.

14. Anthropological field investigations made, identified that very frequently male children are favorited and privileged over female children. Consequently, through the Behavior Change Communication Strategy, the language that will be used and the messages that will be transmitted, will favor female children.

This is a very important point, because as mentioned, a large number of women in the rural communities do not know how to read or write.

As a result, written communication will not be the preferred means of communication. The preferred means of communication established between technical field personnel and beneficiaries (target population), is the usage of a methodology that is participative, demonstrative, graphic, symbolic and designed for the illiterate adult, rural population serviced by *PROCOMIDA.*

c) On the other hand, because most of the activities will be done with adult women (mothers and grandmothers) the program will carry out practical, hands on activities like sociodramas, demonstrations for the preparation of recipes with local foods and proper breastfeeding techniques. Consequently, field personnel must enter the beneficiary's home and communication channels have been rearranged so that female educators work with female beneficiaries; that is why 50% of our field personnel are women. The role of the male educators is to work mainly in community organization, training of the health commission and community leaders, training of school teachers and husbands. This also includes the organization of food distribution and also the preparation of logistics.

It is essential to remember that in this case we are not only talking about the fulfillment of goals, delivery of services and food distribution, but also giving educational sessions.

In *PROCOMIDA,* we relate to quality in the extent in which we recognize the value that cultural adaptation has in all our activities, as part of satisfying an educational need that our beneficiaries have or as satisfaction of a need culturally accepted by them.

We use the following diagram as a basis for deliberation and analysis:

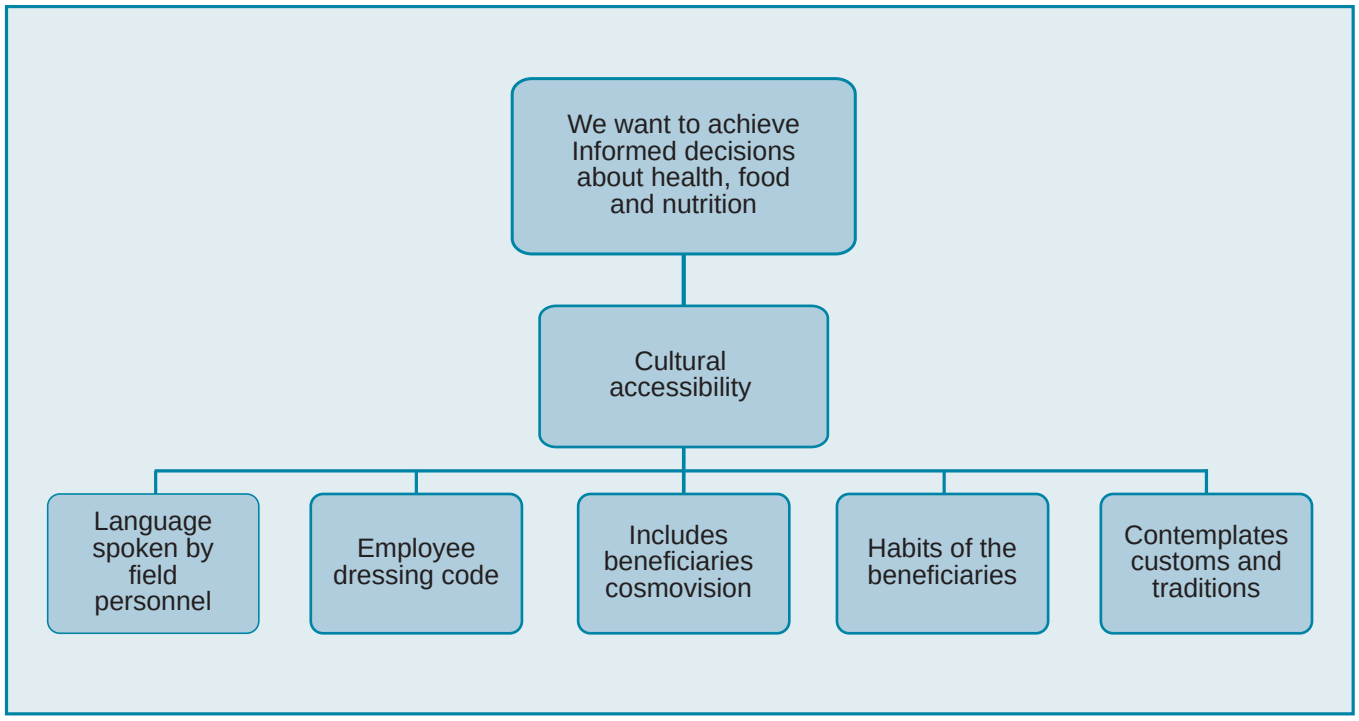


Diagram 3: Cutural accessibility

The population's food security and quality of life is negatively affected by economical difficulties.

3.1.3 CONDITIONING FACTORS RELATED WITH ECONOMICAL ACCESSIBILITY

Even though over the past few years there has been a slight economic growth, the benefits of this growth have not been equally distributed nor have they reached neither the general nor the indigenous and rural area population, who is the poorest. Around 62% of our gross national income is concentrated in the 20% of the population with the most income, while 20% of the poorest people, only have access to 2.4% of gross national income.

In the case of Alta Verapaz, it has been one of the populations that has presented the lowest development indicators in access to health services, education and productive means in the Republic of Guatemala[15]. **The economy of most of the target population still relies on subsistence agriculture** with products such as corn, beans, chili and a monotonous non-diversified diet, insufficient in amount and quality to guarantee proper feeding and nutrition.

As mentioned previously, since birth, females are raised with disadvantages over males, due to the fact that they are indigenous women and live in rural and poor areas, which has excluded them even more and this fact has resulted in limited opportunities for social, economic advancement and access to getting a job. It is expected that an intervention that improves their knowledge, attitude and practices related to health, food and nutrition, will be an important element so our female beneficiaries, can have **more capabilities** to find local alternatives, and we hope, solutions to some of their problems.

15. Human Development National Report, 2005. United Nations Development Program

Besides what has already been said, during the development of ***PROCOMIDA***, it will be important to overcome economic barriers and generate initiatives that minimize expenses through the use of local non-traditional foods and resources. Again, the importance of taking the benefits of the program closer to the communities is recognized.

In reality, this has meant:

a) Promotion of recipes with foods that are available locally or foods that are available locally but because of ignorance or custom, they are not included in the traditional diet.

b) Introduction of a Housing and Lot Management Plan, through which we will encourage home improvement and the establishment and handling of family vegetable gardens, fruit trees, breeding of small species like chickens and other animals.

We must keep in mind that we are working with a target population that is economically disadvantaged. Due to their lack of financial resources or if their communication strategy does not achieve behavior change, there could be cases where they might try to alleviate their situation by selling the food or giving it to the pigs, chickens or any other animal that has an economical value for them.

Hence, *follow-up provided by our field technicians, monitoring and assistance given to the beneficiaries at home* are of paramount importance.

We present the following diagram for analysis:

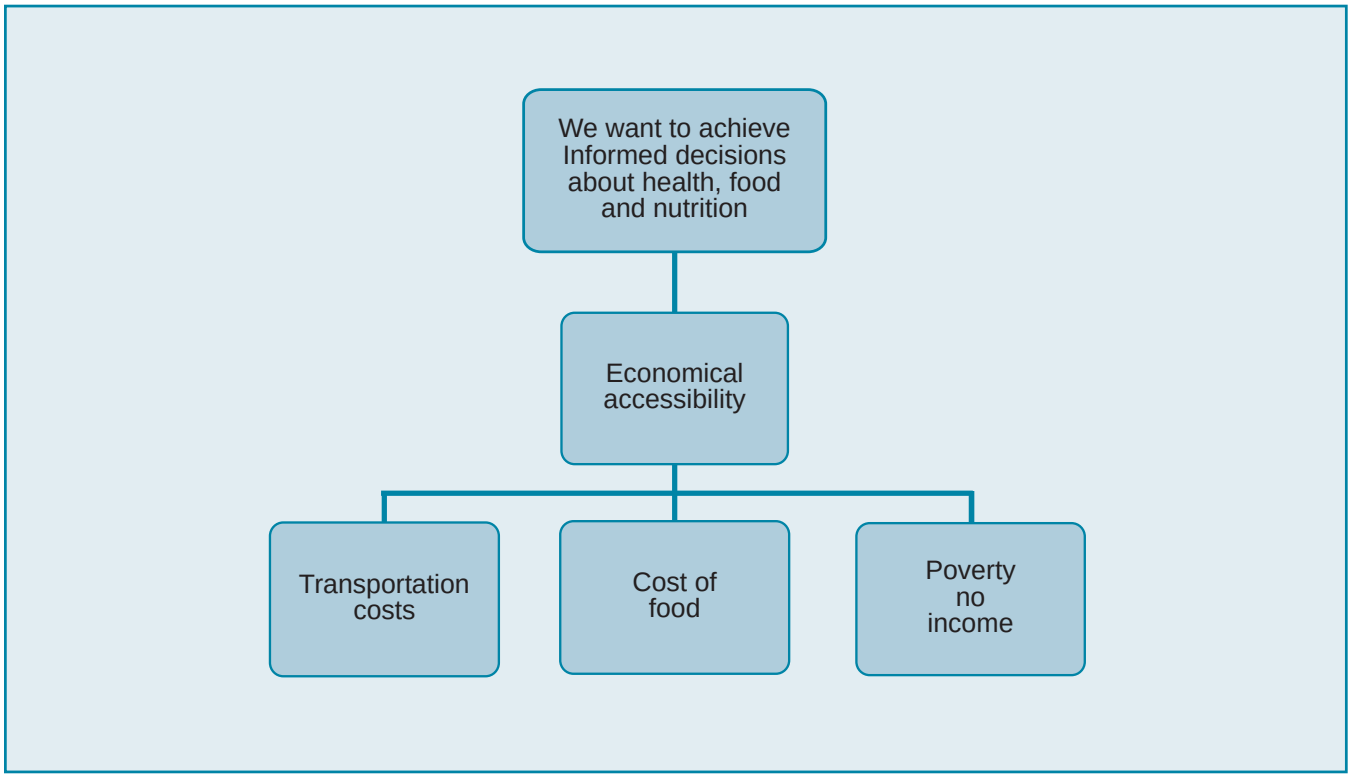


Diagram 4: Economical accessibility

Establishing adequate communication channels between the program and beneficiaries, results in more motivation and participation.

3.1.4 CONDITIONING FACTORS RELATED TO MOTIVATION

Motivation is understood as the interest or force that beneficiaries have, to make a decision and to reach or do something related with their health, food and nutrition practices. On one hand, this is accomplished because there is a desire or a need that is felt and on the other, it is because of the incentive that our actions can provide so they do something about their problems. The value that beneficiaries grant to our interventions, will depend in part on minimizing negative effects like geographical, cultural, economic and medical barriers. From another point of view, it will depend on how they perceive or don't perceive the benefits of ***PROCOMIDA***.

Correspondingly, the **Behavior Change Communication Strategy** constitutes a motivational tool to *encourage and favor the participation of mothers, their families and the community in a positive way.*

As a result, it will be helpful to consider the following:

a) Ensure that beneficiaries, leaders and the target population are informed and familiar with the benefits of the Program.

b) Make sure that the promotion of the program and its activities, are done through communication channels that are culturally acceptable.

c) Guarantee that institutional rules and regulations will not create barriers or limit the use of services, access, reception of food or participation.

d) Recognize that a negative attitude from us as staff, could suppress a woman's motivation when in order to receive health services or receive the food ration, she has:

- Gotten up very early to walk several kilometers
- Left her children alone at home
- Stood in line for several hours

Therefore, it will be necessary beforehand, to publicize and socialize our delivery schedule with dates, times, places and above all else, insure its compliance.

e) Enforce no discriminatory practices related to race, religion, social or economic status or gender, and insure planning is done according to priorities based on the needs of our beneficiaries.

f) Acknowledge the fact that problems and solutions must be identified and resolved as soon as they are detected in each community, with each group and with each person. The only pending solutions incorporate situations that are not our concern, are beyond our reach or that require decisions from our superiors.

Consider the following diagram for analysis and discussion:

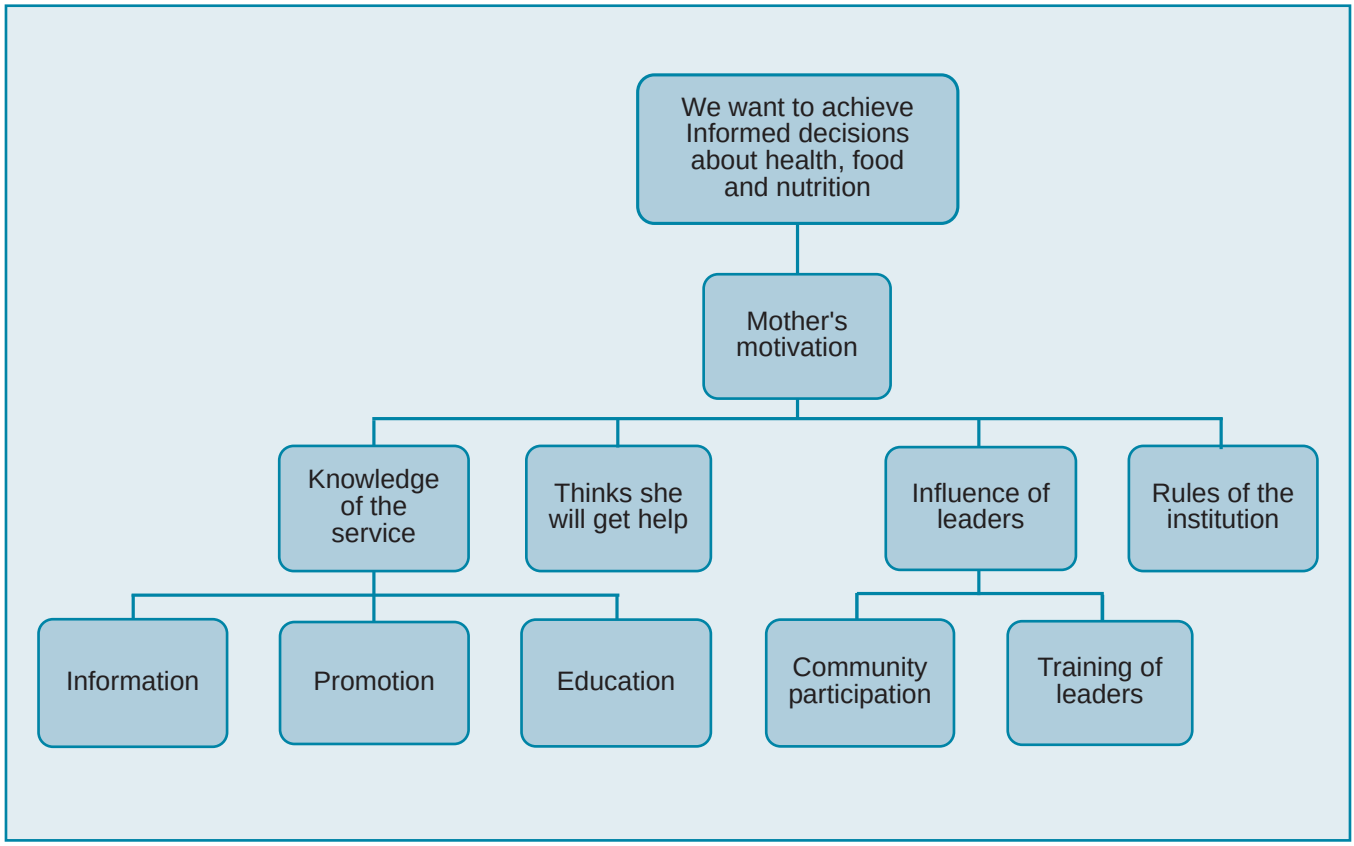


Diagram 5: Conditioning factors related to motivation

4. ORGANIZATIONAL CULTURE[16]

Organizational culture has been defined as "the sum of values and rules that are shared by people or groups within an organization which control the way they interact with one another and how individuals interact with the organizational setting." Consequently, Mercy Corps' values are shared by ***PROCOMIDA*** personnel. They are beliefs and ideas about the type of objectives we have as an organization and the correct way to achieve them.

Organizational values, rules, guidelines and expectations guide us in achieving appropriate behavior in particular situations, with one another and each other, and it transcends from our job to our personal and family life[17].

This concept can be achieved as long as the mission, vision and values of Mercy Corps are applied and are congruent with the realities of the community. The job will not consist only in the accomplishment of activities, because human values that foster personal fulfillment have been incorporated in our program.

Thus, within ***PROCOMIDA***, **BCC Strategy becomes** *the key element for the creation and strengthening of a model based on values, commitment to service and ability to grasp the complexity and reality of the communities.* The strategy perceives the population's needs and while taking into consideration their culture, traditions, customs and educational levels we can consider ourselves an element of change.

As part of our job performance, we analyze and recognize the causes of a problem, understand the situation in a community setting and find opportunities so beneficiaries, on their own, can satisfy community needs. To accomplish this, we will possibly have to break paradigms and make changes which will imply an on-going commitment in their daily routine, roles and the established relationships.

We understand the limitations of not knowing how to read or write.

Our main means of communication is the local language.

16. "The new status of an executive is a person who can provide a future for the organization and that inspires colleagues to build that future together" Fortune Magazine
17. Hill and Jones, 2001

Our efforts are worthwhile as long as they are focused on reaching corporate objectives. In addition, resources are well used if the benefits reach our final users.

In reality, we must assure that the staff at all levels, work towards the same goals and practice the same organizational technique. Besides being technically prepared and knowing what we have to do, we operate as a key element for change. In order to encompass ***PROCOMIDA's*** human, technical, financial resources and infrastructure, we required the cooperation, support and effort of many people and institutions. Now, it depends on us to ensure that all the benefits reach the people that need them the most.

As ***PROCOMIDA*** staff, we possess a series of qualities and potential, that when in action, will be used to attain the program goals. As a result, we will accomplish satisfaction and personal fulfillment. This is possible by maintaining a positive attitude, creativity and innovative ideas; we make simple things relevant because we understand the community and **we adapt to them**, we do not expect the community to understand and adapt themselves to us.

As part of our job, and because of the type of population we serve, we realize the importance of understanding how adults learn, what conditions are necessary or different to guarantee a learning process and for a behavior change to take place.

We know that adults have had many experiences; they have incorporated customs, beliefs and attitudes that have allowed them to survive through the years. We must value and perceive their influences in a positive way, since we will succeed when we are able to link these past experiences with the new knowledge and new behavior. As they learn from us, we learn from them.

Child that accompanied her mother and that also received key messages.

Mother carrying her bag of food in the traditional way.

Integration activity to organize a community assembly.

5. ADULT EDUCATION METHODOLOGY

5.1 EDUCATIONAL MATERIAL

After the recollection and revision of informational, promotional and existing training material used in Alta Verapaz, we noticed several factors that can influence the effectiveness of the transmission and reception of information. Among these factors are the following:

a) A considerable amount of the material was written, so it could not be read by the audience population, since most of it them are illiterate.

b) Likewise, a large number of this material was presented in Spanish, hence not being understood by a large number of the target population that does not speak Spanish, especially the women who are mostly monolingual Q'eqchi'.

c) The issues that were addressed in the educational material were based on technical information, presented in a generic way, trying to reach as much audience as possible; consequently, the messages did not respond to specific needs of specific audiences that due to their gender, culture and physiological conditions, did not share the same informational needs.

Frequently, information was delivered equally to pregnant mothers, lactating women, mothers with sick children, adult women and men -- audiences that have different learning and informational needs, which limits the incorporation of said messages to their daily lives.

5.2 IDENTIFICATION OF INFORMATIONAL NEEDS

Recognition of the fact that **each group of the target population has different informational needs**, has guided us to develop areas or topics for each specific group around which, key messages were developed to respond directly to the areas of interest that were detected per group.

In the case of breastfeeding, for example, the message will not be to promote the advantages of nursing or the qualities of breastfeeding, but the message will address the mother´s concern that *"breastfeeding quenches the baby´s thirst", "breastfeeding alleviates the baby´s colic", "breastfeeding suppresses the baby´s hunger".*

The type of key messages that were elaborated are short and direct, addressing a specific concern depending on whether it is a pregnant mother, a mother with a child under 6 months, or from 6 to 24 months, a mother with a sick or malnourished child, a grandmother, man or a community leader.

As part of the BCC strategy, these messages, previously detected and prepared, were used as a basis for the design of different posters or educational figures presented in a flipchart and in the food bags. We designed these figures in a local setting, with scenes that represent the community´s daily life and that are self-explanatory without the need for text.

5.3 TRAINING AND EDUCATIONAL METHODOLOGY

Actually, educational sessions or discussion groups with beneficiaries consist of establishing a dialogue about a specific topic based on previous life experiences and practices of participating mothers or from what they have seen or heard from their mother, grandmother, in-laws, other family members or neighbors.

The program educator assumes a role of a moderator and facilitator to motivate and generate dialogue and participation through discussion or analytic questions. The educator is not the person who speaks the most, or knows more, but lectures or teaches. As mentioned before, her role is to facilitate and promote participation, as well as emphasize, based on the participants own opinions, key messages that have been previously identified and investigated.

When one of the attending mother´s comments is related to a key message, the educator praises it and positively reinforces it, highlighting the positive practice that was expressed. When they wrap up the activity, the educator stresses their good habits. She relates them to the two or three key messages previously selected and that were involved with the issues addressed in that particular educational session.

The main educational method is based on creating a dialogue, which is considered oral resources. This dialogue is adapted to each setting and group, where everybody actively participates, following these principles:

a) Horizontality:
There is no lecturing in the session so the teacher figure is changed to one of a facilitator or moderator who, through dialogue and discussion, obtains the opinions of the participants and through those opinions, they become familiar with predefined key messages. There is a sense of equality.

b) Participation:
Attendees are stimulated and motivated into providing their opinion on the addressed issue or topic. Accordingly, the educator's role is to obtain through discussion questions, all or most of the participant's point of view based on their own life experience or what they have heard or learned from their mothers, in-laws, neighbors or others.

c) Dynamism:
Many of the adults in the community have not had access to formal education and are not used to being attentive in long educational sessions. Besides, it is a well-known fact that mothers are in a hurry to get back to their homes as soon as possible, because they have left their other children alone at home and they must get back to their house chores. Consequently, educational sessions are designed to be dynamic, participative and experiential, with a maximum of a 40 - 45 minute duration from beginning to end. Actually, to reduce long waiting periods of time, they first receive their educational session and then the distribution is carried out in gradual schedules, so mothers and other target groups are summoned in compatible groups at a different hour of the day.

d) Metacognition[18]:
An important part of our training dynamics, is taking advantage of previous knowledge, experiences and practices of attending mothers, through which they provide positive elements or past errors, that are the basis to get to the key messages that have been previously defined and investigated.

e) Flexibility:
At all times, educators accept all opinions without classifying, evaluating or judging them as negative or positive. When an opinion is not related to the key message that we want to enforce, the educator takes advantage of it to generate discussion, so the participants on their own, can arrive at the message that we want to transmit through the poster or drawing on the flipchart.

18. Metacognition: "An appreciation of what one already knows, together with a correct apprehension of the learning task and what knowledge and skills it requires, combined with the agility to make correct inferences about how to apply one's strategic knowledge to a particular situation, and to do so efficiently and reliably." Taylor, 1999

5.4 THE EDUCATORS

To be able to minimize geographical, cultural and gender barriers and to improve our possibilities of establishing adequate communication channels, since the beginnings of the program, special care was given to the selection of our field personnel. As selection criteria, the following factors were considered:

a) All our field personnel are local.

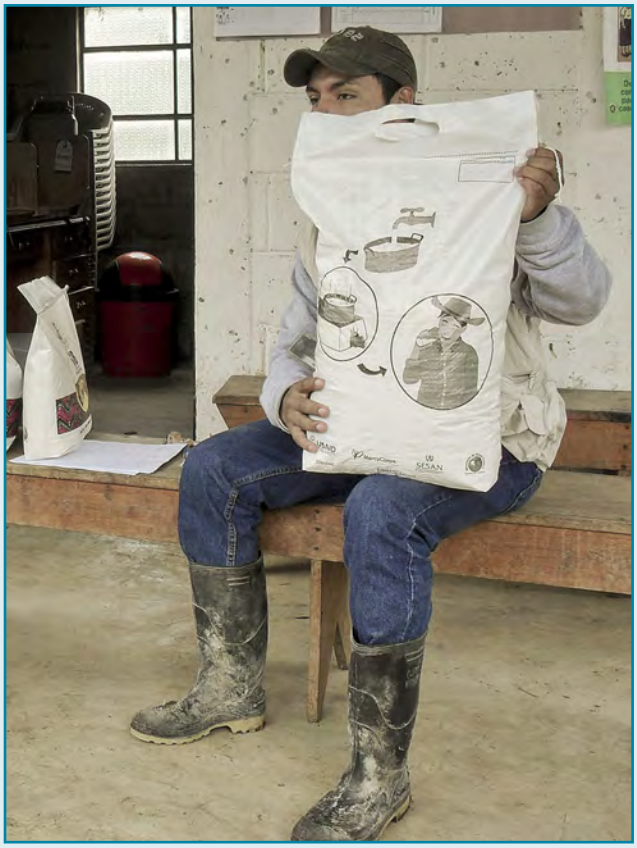
b) Everyone speaks the local language (Q'eqchi') and Spanish.

c) Half of educators are female and half are male. Preferably, female educators work with women and male educators work with men, health commissions, community leaders and others, whenever possible.

d) During the entire development of activities, the local language is used.

In case there is a mother or attendee who does not speak the local language, the educator translates for this person. If there are several attendees that do not speak the local language, they form a different group so the others can have their educational session in Spanish.

e) All our field personnel have been trained in the use of andragogic and popular education methodologies.



To reduce gender barriers, female educators work with women and male educators work with men.

5.5 EXAMPLE OF EDUCATIONAL MATERIAL

Flipcharts with contextualized educational posters

CONTEXTUALIZED EDUCATIONAL POSTER

Illustration and design of educational posters:
Juan Carlos Barrios Benini y Paola González Cariñés

Pregnant mother adequately using the product and/or a PROCOMIDA supplement

Mother and child 6 to 24 months old, adequately using the product and/or a PROCOMIDA supplement.

Product and/or supplement in real proportions, for a precise identification and socialization of use and/or procedure

All educational posters reflect the key messages

TEXT FOR EDUCATORS

Flipchart Title

Poster topic

Educational poster objective or objectives

Key message or messages, to transmit with this poster

Procedure to develop the educational sessions

Ending of educational session reinforcing the day's key messages

Rotafolio de Alimentos

2 CSB,Comida, Salud y Bienestar

Objetivo

Platicar que el CSB es una harina de maíz,soya y vitaminas.
Dialogar que el CSB es un alimento especial para mujeres embarazadas y madres que dan de mamar a niños menores de 6 meses.
Clarificar que el CSB es complemento de la alimentación que se da a las niñas y niños de 6 a 24 meses de edad.

Mensaje Clave

El CSB es una harina de maíz,soya y vitaminas.
El CSB quiere decir comida, salud y bienestar.
El CSB es para mujeres embarazadas y madres que dan de mamar a niños menores de 6 meses.
El CSB es complemento de la alimentación que se da a las niñas y niños de 6 a 24 meses de edad.

Genere un Dialogo

Dé a las madres las bolsas con las muestras de CSB para que las observen, toquen y huelan

Pregunte a las madres:
¿Qué creen que es lo que hay en este paquete o a qué se parece? ¿A qué huele?

Permita que las madres expresen lo que observan, sienten y huelen al tocar las muestras. Recuerde no manifestar estar de acuerdo o en desacuerdo con lo que dicen las señoras, sólo escúchelas atentamente. Posteriormente, refuerce las opiniones de las madres que digan que:

Salud y Bienestar
parecida a la
conozcan la soya, composición o

•Se llama CSB que significa Comida,
•Es una harina de maíz con soya, muy Incaparina
•Es harina de maíz (es posible que no pero en este momento no amplíe la cualidades del CSB)
•Es harina de maíz tostado

En este caso en particular, será necesario que se dé una explicación indicando que:

•Es una harina especial con vitaminas

Pregunte a las madres:
Si el CSB es una harina especial que tiene vitaminas, ¿Quiénes la deben consumir?

Genere la participación de las madres. Fortalezca las siguientes opiniones que indiquen que debe ser consumida por:

•Las madres embarazadas
•Las madres que dan de mamar
•Las niñas y niños de 6 a 24 meses
•El CSB no es para el resto de la familia

Para Concluir enfatice:

El CSB es una harina de maíz,soya y vitaminas.
El CSB quiere decir comida, salud y bienestar.
El CSB es para mujeres embarazadas y madres que dan de mamar a niños menores de 6 meses.
El CSB es complemento de la alimentación que se da a las niñas y niños de 6 a 24 meses de edad.

Educational session plan

Objetivo

Dialogar sobre la importancia que tiene el consumo de suplementos nutricionales en mujeres embarazadas y madres que dan de mamar a niñas y niños menores de 6 meses de edad
Conversar sobre los beneficios que tiene para las niñas y los niños, que la mujer que está embarazada y dando de mamar, consuma suplementos nutricionales

Inicio

Actividad de inicio: Aplauso, Chasquido
Demuestre usted la secuencia: indique a las madres que primero deben aplaudir y luego chasquear los dedos de la mano derecha y luego chasquear los dedos de la mano izquierda al tiempo que dicen su nombre, nombran a la vecina, dicen una palabra relacionada a la sesión anterior, etc. Quien se equivoque, debe responder la pregunta que le formule la educadora o educador.

Trate de terminar una vuelta completa de la actividad, pero si le está consumiendo mucho tiempo, interrúmpala hasta donde llegue Trate de terminar una vuelta completa de la actividad, pero si le está consumiendo mucho tiempo, interrúmpala hasta donde llegue

Mensajes Clave	Preguntas Generadoras/ Reflexiones	Desarrollo de la sesión /actividades	Comentarios
	¿Qué piensan de las vitaminas para las mujeres embarazadas y madres que dan de mamar? ¿Qué han escuchado de estas vitaminas?	Trate que las madres opinen sobre lo que piensan o han oído acerca de las vitaminas. Recuerde no emitir ningún juicio afirmativo o negativo en rleación con la opinión de las señoras. Al final asegure que quede claro que: • Las vitaminas en las madres embarazadas ayudan a que las niñas y niños se desarrollen bien • El consumo de suplementos nutricionales por la mujer, evita que nazcan niños con defectos en la columna vertebral o en la cabeza • Los suplementos nutricionales ayudan a la madre y al niño que está mamando	Nutri Fuerza es un suplemento nutricional para mujeres embarazadas y madres que están dando de mamar a niñas y niños menores de 6 meses; está hecho en forma de pasta a base de crema de maní por lo que tiene grasa y es de mayor densidad calórica
		Refuerce las opiniones de las madres en relación a lo siguiente: La mayoría de alimentos tienen vitaminas Las frutas y verduras tienen vitaminas Los suplementos nutricionales y las vitaminas pueden encontrar en jarabe, en pastillas o en polvo	
Nutri Fuerza es un suplemento nutricional sólo para el consumo de mujeres embarazadas y madres que están dando de mamar a bebés menores de 6 meses	Muestre a las madres un sobre de Nutri Fuerza y pregúnteles que piensan que es este sobre.	Pídales que lo vean, lo toquen y lo huelan. Con base en la discusión que se efectuó anteriormente, es probable que algunas de ellas digan que son suplementos nutricionales o vitaminas. Luego de haber tomado varias opiniones, mostrando el sobre de Nutri Fuerza, explique: • Este sobre se llama Nutri Fuerza, porque ayuda a que las madres estén sanas y fuertes • Nutri Fuerza es un suplemento nutricional con vitaminas, especial sólo para las mujeres embarazadas y las madres que están dando de mamar a bebés menores de 6 meses • Debe ser usado sólo por las madres embarazadas y lactantes y no ser compartido con otros miembros de la familia. Cada quien con lo suyo • Explique que en la próxima reunión se les proporcionará Nutri Fuerza para que lo prueben y lo consuman	
Se debe consumir un sobre de Nutri Fuerza al día		Nutri Fuerza es un suplemento nutricional sólo para el consumo de mujeres embarazadas y madres que están dando de mamar a bebés menores de 6 meses.	

Final

Zapatón, Aplauso, Chasquido
Demuestre usted la secuencia: indique a las madres que primero deben somatar ambos pies en el suelo, luego aplaudir; después chasquear los dedos de la mano derecha y luego chasquear los dedos de la mano izquierda al tiempo que dicen su nombre, nombran a la vecina, dicen una palabra relacionada con la sesión del día. Quien se equivoque, debe responder la pregunta que le formule la educadora o educador.

No olvide

Asegúrese de tener suficiente Nutri fuerza para que circule entre las madres.

Objective or objectives, general purpose of the poster

Warm-up activity that reinforces key messages of the previous educational session

Key message or messages to be reinforced per poster

Discussion questions that are made to the groups

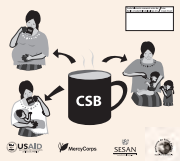
Development of educational session that contemplates possible answers that are to be positively reinforced

Comments, suggestions, additional information that reinforce the topic

Do not forget, mentions necessary resources and materials

Final, participatory wrap-up activity that reinforces the day's topic.

Drawings that represent messages for ration bags

PROBLEM TO ADDRESS	MESSAGE IN SPANISH For the use of the educator	Q'EQCHÍ' TRASLATION For the use of the educator	BAG	FIGURE OR DRAWING THAT EXPLAINS IT	IMAGE PRESENTED IN BAG
Promote CSB consumption per target group	CSB is an enriched flour especially designed for pregnant and lactating women and for their 6 to 24 month-old children	Li uq'un -CSB- a'an jun li k'aj jwal kawresimb'il chi us cho'q reheb' li na'b'ej wankeb' sa' yu'am, yookeb' chi tu'resink jo'ajwi' eb' li xkok'aleb' aj waqib' po ut aj wiib' chihab'	CSB	A pregnant mother drinking a cup of CSB; a lactating mother drinking a cup of CSB; another mother giving her daughter a cup of CSB	
Promote the washing of hands	Diseases spread through dirty hands. Wash them before eating.	Eb' li yajel nake'ok sa' qatib'el xb'aan li xtz'ajnil li uq'ej. Ch'aj laawuq' naq ok aawe chi tzekank.	BEANS	Open water faucet, adult hands washing a child's hands. Below, a mother preparing food and mother eating	
Consumption of safe water	Boil the water you will give your family to prevent diseases	Tento xwoqxinkil li ja' truk' laajunkab'al re xkolb'aleb' chi ru li yajel.	RICE	A faucet filling a container with tap water. The same container is placed on the stove and it is evident that it is boiling - with vapor-. Below, a man drinking a glass of water.	

5.6 CHARACTERISTICS OF THE BEHAVIOR CHANGE COMMUNICATION MODEL

TRADITIONAL MODEL	MODEL USED BY PROCOMIDA	CHARACTERISTICS OF THE TARGET POPULATION
Text based messages	Figure based messages	65% of Alta Verapaz' population is illiterate, women's schooling percentage is 48%
Oral Spanish message	Oral Q'eqchi' message	More than 65% of women in rural communities are Q'eqchi' monolingual
Figures and setting are generic	Figures and setting are culturally adapted	93% is indigenous Q'eqchi' population. 79% lives in rural communities; 84% is poor and 41% extremely poor.
The same generic messages for different audiences	Key messages previously investigated and designed for specific audiences	Audience only takes the message that satisfies an informational need
Different types of audiences are together, with different informational needs, receiving the same message	Groups are divided according to informational interests -pregnant mothers, lactating women with children under 6 months and from 6 to 24 months, with sick or malnourished children.-	Informational needs are related to the mother's physiological condition: pregnant, lactating a child under 6 months old; lactating women with a child 6 to 24 months; mother with a sick or malnourished child, young or adult men or women
Pedagogical learning-teaching method (teacher-student), information provider	Andragogical adult learning process, popular education-discussion groups, analytical question. -	Target population with no previous formal education experience; hence, it has difficulty adapting to rigid lecture type of environments
Topics based on academic, bibliographic, formal education background	Topics based on previous knowledge and life experience of the participants, their relatives or neighbors	Population with no previous formal education experience but with much empirical knowledge. They need a dynamic, participative training that considers their life experience important
A teacher	An educator that facilitates and conducts the group through a process of analysis and discussion	Context and environment are the main reference to form their new knowledge
Traditional gender aspects are not considered	Female educators work with women and male educators work with men	Regard for culture and tradition acquires special relevance and gender roles are well delineated
Based on technical competences	Based on knowledge of local context + basic technical competences	Transmission of key messages has a better reception if local traditions and culture are taken into consideration
Training in technical aspects	Training in adult, participative and popular education methodology	Target audience requires special treatment because they are adults, illiterate, monolingual, without previous formal education experience
Normally takes place in health centers and/or requires minimal infrastructure -board, chairs, tables.-	Takes place in small community areas with minimal infrastructure	Rural health services only count with minimal infrastructure due to geographical barriers
Classroom	Small place with benches, chairs or stools	Rural communities do not have any formal infrastructure or it is not available when required

6. LESSONS LEARNED[19]

Some lessons learned during the first year of implementation of the Behavior Change Communication Strategy are:

Base of strategy / Key words

- Investigation of local context and existing barriers
- Identification of informational needs stratified per group for adult, indigenous, rural, monolingual, illiterate population
- Identification of thematic areas and key messages
- Adult education methodology
- Selection of educators

It is possible that previously in Alta Verapaz, the different interventions have not achieved a reasonable degree of adaptation to the cultural setting which has resulted in little or no positive incidence in the modification of practices related to health, food and nutrition and it has not favored a mutual understanding between the population and the different institutional agents involved. *Therefore, we have learned to appreciate the relevance that formative and anthropological investigations have played in the identification of existing barriers* that negatively influence the establishment of communication channels which, at the same time, affect the use or non-use of the existing health services.

Because of the high number of monolingual illiterate population, especially women, we identified the need to *prioritize oral language more than written language* and the use of the local language (Q'eqchi') instead of Spanish. Besides, the material is graphic and contextualized so beneficiaries identify themselves with the posters.

We have also found it relevant that *thematic areas address specific informational needs, for each group*, thus being an incentive because they satisfy that particular need.

As a result of the formative and anthropological *investigations, we identified the main areas of interest for our beneficiaries* along with those more related to community issues or that fit the existing epidemiological profile. *On this basis, key messages were developed and presented* in a direct and short manner that address specific issues, which were graphically represented in a contextualized poster that is used for analysis and discussion of such issue.

Consequently, the *establishment of communication channels is strengthened* through the development of educational sessions that are carried out as discussion groups based on questions that generate a dialogue using the images that were recreated in the posters.

19. PROCOMIDA's operational implementation of the Behavior Change Communication Strategy began in June 2010

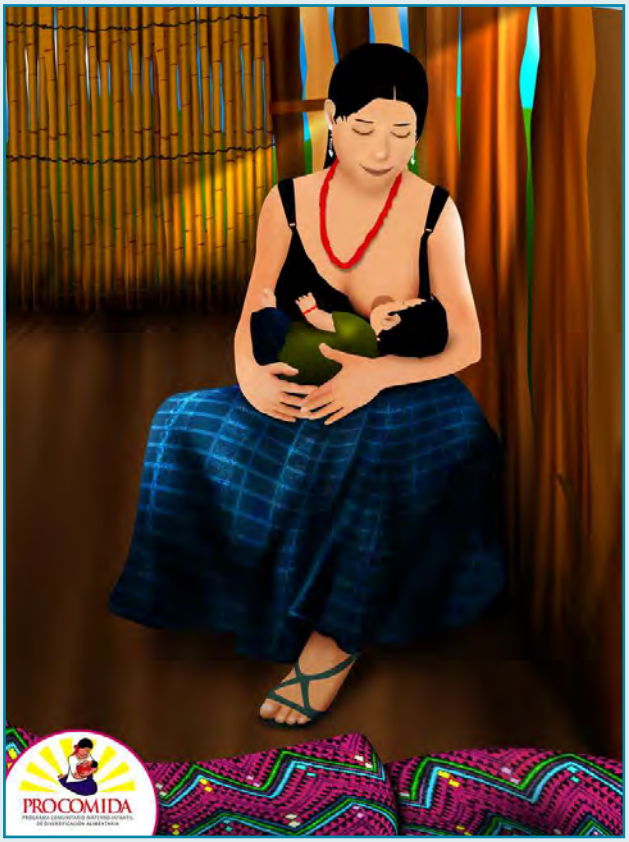
Throughout the application of adult education methodology or popular education, we *foster our beneficiaries' participation* as they share their life experience or what they know or have heard from their relatives, neighbors or other acquaintances. Educators are facilitators or mediators in the analysis process, so new knowledge can be produced based on these experiences.

Recruitment of local male and female Q'eqchi' spoken educators has been a factor that has allowed us to minimize geographical, cultural, gender, motivational and other kinds of barriers and has increased our possibilities of success as we try to establish bidirectional channels of communication.

After working for these last few months, we have realized that in the future, the immediate challenge that we have to face to *establish proper communication channels* and cause a behavior change, will be to achieve a reasonable capability to formulate culturally adapted messages and approaches for the population that we work with.

"If you cannot read your own heart, you are not truly literate"

Simón Bolívar



Example of how flipchart images were contextualized.

Photograph: Claudia Sánchez

Illustration and design of educational posters:
Juan Carlos Barrios Benini y Paola González Cariñés

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