PD-ABC-601

HEALTHCOM II
YEAR I WORK PLAN

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December 1989

HEALTHCOM II

YEAR I WORK PLAN

I. INTRODUCTION

HEALTHCOM II, a five-year project with a $32 million ceiling, represents the third phase of A.I.D.'s support for health communication and marketing. It builds upon two previous phases.

From 1978 to 1985, the Agency conducted the Mass Media and Health Practices Project (MMHP) in Honduras, Ecuador, Peru, The Gambia, and Swaziland. MMHP, a **research and development project** which focused on teaching oral rehydration therapy, demonstrated definitively that an intensive health communication program could produce dramatic positive changes in the health behavior of large population groups.

Beginning in 1985, the HEALTHCOM Project expanded efforts into 15 countries and promoted additional technologies, such as immunizations, malaria control, growth monitoring, and breastfeeding. HEALTHCOM I has been a **demonstration and dissemination phase,** providing donors, nongovernmental organizations, and private sector groups with additional evidence that communication is effective in bringing about changes in health practices.

Goals and objectives: HEALTHCOM II (FY 1989-1994) will continue to pursue the goal of bringing about key changes in health practices at the community, family, and individual levels by applying innovative, systematic communication knowledge and technology. Interventions may include ORT, EPI, acute respiratory infection, nutrition education (including breastfeeding and vitamin A), maternal health and birth spacing, and others. Increasingly, this third phase of the Agency's health communication program will focus on **sustainability of behavior changes** and **institutionalization of effective health communication capacities.** New attention will be given to the following areas:

- strengthening the face-to-face and community participation component of communication activities in order to encourage sustained behavior at the community level;
- refining the communication methodology to make it more easily adaptable by host country groups;
- developing a health communication curriculum for health professionals and community health workers which can be adapted and institutionalized in various developing countries;
- targeting decision makers with convincing evidence that health communication is both effective and cost efficient;
- encouraging appropriate collaborative partnerships among government agencies, NGOs, PVOs, community networks, and the private commercial sector.

- continuing emphasis upon formative research, providing essential data for the development of communication messages.

Project Components and Services

Long-term Assistance: Approximately six core countries will receive intensified assistance of up to five years, consisting of multiple long-term advisors, support staff, and short-term technical specialists. These sites will focus on: a) applying integrated interpersonal and mass media programs to three-to-four child survival interventions; b) institutionalizing the methodology in the public and private sectors; and c) developing a training curriculum to build a cadre of experienced communication experts. Approximately nine countries will receive less-intensive assistance through one resident advisor, limited support staff, and short-term technical specialists. Countries selected for less-intensive assistance may include those that already have a strong infrastructure, a relatively small population base, or those just beginning communication activities.

Short-term Technical Assistance: Technical assistance for discrete activities in health communication will be provided to ministries, PVOs, and other organizations. Technical assistance will be provided in such areas as communication planning and strategy development, ethnographic research, staff training, materials development, evaluation planning, and implementation.

Research and Dissemination Program: Three types of research and dissemination activities will be conducted under HEALTHCOM II.

- Applied research will address issues across sites in order to guide the refinement of the communication methodology. Questions will focus on the process of behavior change in various audiences and for different health interventions, and the optimum institutional structure for implementing and institutionalizing the health communication methodology.

- A formal health communication curriculum, will be developed and training programs will be conducted, including a series of international, regional, and in-country workshops for health and communication professionals.

- An array of publications will be disseminated, including journal articles and issue reports on such subjects as sustaining behavior changes, rapid data collection for message development, the use of the private sector in communication, cost effectiveness, and others.

The Project Team: The Academy for Educational Development will work with six subcontractors to conduct HEALTHCOM II: the Annenberg School for Communication at the University of Pennsylvania (applied research); Applied Communication Technology (applied research); Birch & Davis International, Inc. (cost studies); The Futures Group (policy maker and private sector support); The Johns Hopkins University (curriculum development); and Porter/Novelli (social marketing).

II. COUNTRY ACTIVITIES

A. Contract Requirement

The HEALTHCOM II contract calls for work in up to 15 countries on a long-term basis. Six countries will be sites for intensive long-term technical assistance, consisting of multiple long-term advisors and special efforts towards institutionalization of the methodology in the public and private sectors. It is assumed that the countries selected for intensive assistance will be those that have already received assistance under HEALTHCOM I. In approximately nine countries, less-intensive long-term assistance will be provided through one resident advisor. The contract also calls for the project to supply short-term technical assistance to an unspecified number of countries.

B. Year 1 Objectives

1. Host governments and USAID missions in at least five HEALTHCOM I countries, including three of the six emphasis countries (Guatemala, Honduras, Indonesia, Nigeria, Philippines, Zaire), will request extensions into HEALTHCOM II and share funding at at least a 50 percent level.

2. The project will conduct assessment visits to five-ten new countries to explore interest in becoming long-term HEALTHCOM II sites.

3. The project will begin working in at least two new countries on a long-term basis--i.e. posting resident advisors.

4. The project will provide short-term technical assistance to countries as requested but in accordance with funds available and giving priority to those countries where long-term involvement is a possibility.

C. Year 1 Activities

1. HEALTHCOM I Country Transition

At the start of the new contract, the HEALTHCOM Project had ongoing activities in 11 countries: Indonesia (advisors in both West and Central Java), the Philippines, Papua New Guinea, Yemen, Jordan, Zaire, Nigeria, Lesotho, Guatemala, Paraguay, and Honduras. Among these countries, six--two in each region--had been designated as emphasis countries by the project's management and Technical Advisory Group: Zaire, Nigeria, Honduras, Guatemala, Indonesia, and the Philippines. These countries were so designated by virtue of the size of their populations, their child survival needs, commitment of the host country government, and support from the USAID mission, including financial support.

During Year 1 of HEALTHCOM II, the project will make special efforts to gain the support of host country counterparts and USAID colleagues for extending HEALTHCOM's work in the project's emphasis countries under the new contract. Prospects for doing so in three of the six countries--Zaire, Honduras, and Guatemala--appear excellent. In Zaire, discussions have been ongoing for the past year with the Ministry of Health and USAID about not only extending HEALTHCOM's advisor in Shaba Region for another one to two years but in placing an additional resident advisor in Kinshasa to focus on national-level communication planning. In Honduras, HEALTHCOM's longest-running site, USAID has expressed strong interest in extending HEALTHCOM to assist the new government to conduct a national ARI communication

effort, expand health communication to new interventions, including growth monitoring and child spacing, and decentralize health communication expertise throughout the country's health regions. In Guatemala USAID has expressed interest in HEALTHCOM continuing to support the national CDD and EPI programs through the completion of the Mission's child survival project in September 1991 and perhaps under its successor as well.

In Nigeria, HEALTHCOM received a new mandate from the USAID Mission at the start of FY 1990. The project has been asked to shift its strategy from health communication capacity building at the national and zonal levels to supporting primary health care programs in two local government areas (LGAs) in Niger State. The Mission has stated that its willingness to have HEALTHCOM continue after FY 1990 is contingent upon the project's ability to demonstrate community-level behavior change in these LGA primary health care programs during the next year. HEALTHCOM is therefore guarded in its expectations about Nigeria becoming a HEALTHCOM II site, although the need is great and there is strong support from both the federal and the Niger State ministries of health.

In HEALTHCOM's two other emphasis countries--Indonesia and the Philippines--the USAID Missions are developing new bilateral child survival projects, each of which contains a health communication component and resident advisor. HEALTHCOM does not, therefore, expect that either mission will require HEALTHCOM II's assistance at current levels. In Indonesia there appears to be a strong possibility that Helen Keller International, with whom HEALTHCOM has been collaborating in Central Java, will request the project's continued assistance under an extension of the ROVITA Project that is being requested of A.I.D./Washington; we expect HEALTHCOM's involvement elsewhere in the Mission's child survival program to end, however. In the Philippines, it is unlikely that HEALTHCOM will be asked to contribute more than discrete pieces of short-term assistance once the Mission's new bilateral project is awarded.

Among HEALTHCOM I's other current countries, only Yemen is expected to continue as a HEALTHCOM II country.

2. New Country Project Development

a. Kick-off Meeting

On October 13, 1989, HEALTHCOM organized a kickoff meeting for the new project, bringing together officers from A.I.D. (S&T, PPC, and the regional bureaus), HEALTHCOM's core staff and subcontractors, and staff from other A.I.D. child survival projects. The meeting reviewed A.I.D.'s ten-year history of support for health communication, the HEALTHCOM II scope of work, and the staffing pattern for the new program.

A discussion on future challenges for health communicators identified the need to give more attention to market segmentation, especially to the non-adopters, and to private sector participation. The importance of coordinating service delivery with demand creation and post-launch pulsing to sustain compliance at a lower cost was also noted. Also needed is a standardized and affordable set of minimal research protocols with modules for each major child survival intervention. This would enhance the sustainability of the critical research component with limited MOH resources. Interpersonal channels need to be rejuvenated by more participatory training techniques, increased use of traditional media, creative incentive systems for health volunteers, and more community-controlled service delivery activities.

The discussion also touched on strategies for integrating A.I.D.'s health communication efforts with other child survival projects and linking community efforts with mass media interventions. In addition to providing long- and short-term technical assistance in health communication, HEALTHCOM II will also focus on increased training of counterparts, communication cost studies, refinement of formative research procedures, and cross-national data analysis on global issues in communication.

b. Regional Bureau Meetings

In November, project staff held a series of meetings with representatives from the HPN staff of each of A.I.D.'s three regional bureaus to identify particular needs and opportunities within each region. The following section summarizes the discussions from these meetings.

HPN staff in the Africa Bureau (AFR/TR/HPN) expressed strong support for health communication, concern that it has been an underemphasized component in many of Africa's health projects in the recent past, and commitment to strengthening it in Bureau initiatives in the future. They cited two new health A.I.D.-funded health projects that had just been signed and which represented potential opportunities for HEALTHCOM: the PHICS (Promoting Health Interventions in Child Survival) Project in Malawi, and a child survival project in Chad with CDD, high-risk births, and health education components.

HPN projects scheduled for FY 1990 and FY 1991 in the Africa region include the following:

1990

Burkina Faso	Family Health and Health Financing
Ghana	Family Planning and Health
Liberia	Primary Health Care II
Liberia	Private Sector FP Expansion
Sudan	Child Survival Project (on hold)
Uganda	Expanded Family Health Services

1991

Regional	Africa Child Survival Initiative II
Benin	Water/Sanitation for CS
Mozambique	Mozambique Child Survival
Senegal	Child Survival
Tanzania	Family Planning Support Project
Togo	Togo Child Survival

In discussion about opportunities to explore collaboration with the private sector, Africa Bureau staff cited several existing models: the work conducted in Ghana and Uganda by the American College of Nurse Midwives with private sector midwives and traditional birth attendants; and AIDSCOM's work, also in Uganda, with an employer association, the Federation of Ugandan Employers. Also of particular interest was a discussion of the establishment of a new public health school in Senegal, with technical assistance from Tulane University.

In the discussion with the Latin America/Caribbean Bureau (LAC), Peru was identified as the country most in need of health communication technical assistance; the

political instability in Peru at the present time, however, makes it a difficult and unpredictable place to work. Bolivia was cited as a country with a great deal of USAID-supported child survival funding and activity, a need for coordination across project efforts, and a good potential opportunity for HEALTHCOM. Other countries in the region which were mentioned as possible candidates for short-term assistance from HEALTHCOM II were Ecuador, Belize, Chile, and Haiti. In the latter country, where HEALTHCOM I worked for a period of six months, the Bureau pointed out that while A.I.D. support to the public sector continues to be suspended, private sector activities can be and are being supported with A.I.D. funds, as in the case of the Haitian Child Health Institute. Bureau staff expressed interest in several research topics that HEALTHCOM II's global research component might address: the feasibility of the measles eradication effort in the region which PAHO is planning, and the effectiveness of private sector marketing of ORS packets compared to other delivery systems.

At the Asia/Near East Bureau (ANEE), few specific country opportunities for HEALTHCOM II were identified by Bureau staff. Egypt's new child survival project, which has a large ARI component as well as ORT, immunization, and weaning foods components, was cited as one possibility for collaboration. Morocco and Tunisia may also afford some opportunities, but the ANEE backstop for these countries was not present at the meeting. ANEE staff suggested HEALTHCOM should explore opportunities for working within private sector delivery systems, such as the Medicare program in the Philippines. Another suggestion was to explore collaboration with the ICDDR/B in Dhaka. While the Bureau acknowledged that large bilateral child survival projects in the region were cutting into the demand for HEALTHCOM's services, they recommended that HEALTHCOM query missions about the availability of PD&S funds for potential smaller-scale buy-ins.

Additional meetings will be scheduled with the Bureaus after the first six months of the project to explore any new developments in possible sites for HEALTHCOM activities and to report to the Bureaus on HEALTHCOM's progress and plans for the future.

c. Promotional Materials

Under the direction of the Project Director and the Senior Technical Director for Diffusion, the Project Editor will develop new promotional materials for HEALTHCOM II including a new logo and report covers, and HEALTHCOM II project descriptions and institutional capability statements in English, French, and Spanish. The French and English translations of the HEALTHCOM manual will be distributed to those who did not receive them under the HEALTHCOM I contract.

The project will develop a slide presentation on the goals of HEALTHCOM II, lessons learned from HEALTHCOM I and the Mass Media and Health Practices Project (MMHP), and the HEALTHCOM methodology. Multiple copies of this presentation will be prepared and used for meetings with missions, potential counterpart organizations, and U.S.-based audiences. The videotape "Partnerships for Child Survival" developed under HEALTHCOM I will form an optional part of this presentation. The videotape has two versions: a full-length 30-minute version and a shortened ten-minute version that focuses on the five main steps of the HEALTHCOM methodology.

d. Country Requests

In response to the worldwide cable sent out by S&T/Health in October, incoming cables were received from 17 USAID Missions. The table below identifies those

Missions and the nature of their interest in HEALTHCOM. HEALTHCOM staff have responded to all cables and will arrange for follow-up meetings in Washington or in the countries if warranted.

AFRICA REGION

MALI	Resident advisor desired to support four interventions in bilateral health project.
SENEGAL	Assistance needed in development of national IEC plan. Long-term advisor a possibility.
ZAIRE	Resident advisors needed for national level planning as well as continuation of activities in Shaba Region.

ASIA/NEAR EAST REGION

INDONESIA	No buy-in anticipated; USAID planning own bilateral child survival project.
NEPAL	Four person-months of short-term T.A. anticipated.
PHILIPPINES	No buy-in anticipated; USAID planning own bilateral child survival project.
YEMEN	Resident advisor being recruited under HEALTHCOM I to be extended under HEALTHCOM II.

LATIN AMERICA/CARIBBEAN REGION

BELIZE	Interest in short-term T.A., focused on breastfeeding.
BARBADOS	No buy-in anticipated.
BOLIVIA	USAID interested in short-term T.A.
CHILE	No USAID health programs foreseen until after 3/90 elections.
ECUADOR	Short-term T.A. requested for planning purposes, focused on child spacing activities with private sector groups.

EL SALVADOR	Short-term T.A. requested for training purposes.
GUATEMALA	Extension of HEALTHCOM I resident advisor anticipated.
HONDURAS	Extension of HEALTHCOM I resident advisor anticipated.
JAMAICA	No buy-in anticipated.
PERU	Short-term T.A. needed; buy-in possible for long-term advisor.

III. APPLIED RESEARCH

A. Contract Requirement

This component will be a centrally funded activity undertaken by the project to address the more global, methodological issues across countries, and to guide: the refinement of the communication methodology for application and adaptation; the institutionalization of communication methods within the public and private sectors; and the sustainability of behavior changes over time. The bulk of these activities will be undertaken in the long-term sites and be fully integrated into the host country's policies and ongoing activities in child survival.

B. Year 1 Objectives

Building upon the experience of the MMHP and HEALTHCOM I projects, HEALTHCOM II has among its **objectives for 1995** achieving:

- Sustainable impacts on:
  - -- Mothers' and other care givers' knowledge, attitudes, and behavior;
  - -- Health workers' knowledge, attitudes, and behavior;
  - -- Policy makers' attitudes and behavior.
- Institutionalization of behavior change programs:
  - -- Government "ownership" of programs;
  - -- Trained in-country communicators, researchers, and marketers;
  - -- Trained health workers;
  - -- Standardized strategies;
  - -- Ongoing tracking research;
  - -- Archives of established research;
  - -- Involvement of other implementers (e.g. private sector).

Both formative and global research are to be carried out to meet these objectives. **Formative research** is intended to be **site-specific** and **applied. Global research** is intended to be **cross-site** and one of three types:

- **Applied:** i.e., designed to improve decisions made about marketing and/or communication strategies in two or more countries;
- **Basic:** i.e., designed to increase understanding of fundamental processes that **may** have ultimate value in developing marketing and/or communication strategies;
- **Methodological:** i.e., designed to improve our abilities to carry out future research and analysis.

The project's objectives for Year 1 include:

1. The project will focus its first Task Force Meeting on the discussion of research questions and priorities and the development of a specific long-term research agenda. Representatives from A.I.D.'s regional bureaus, as well as S&T and PPC, and from cooperating projects, will be invited to this meeting to provide input into the establishment of the agenda.

2. The project will develop a plan for the global research component, outlining which research questions will be targeted and how they will be answered through the analysis of existing HEALTHCOM I data and new data collected under HEALTHCOM I.

3. The project will also develop a plan for refining its approach to formative research in new country programs.

4. The project will develop a structure for managing its research activities as follows. The global research component will be guided by the Senior Technical Director for Research working closely with the Project Director and with the Director of the Annenberg subcontract group. Within the project, a Research Group will be established, headed by the staff Formative Research Coordinator, to serve as a technical review/support unit to the Senior Technical Director and to ensure coordination and communication between the project's global research program and ongoing and new research initiatives in the country programs.

C. Year 1 Activities

1. Task Force meeting

HEALTHCOM held a task force meeting on research on December 18-19, 1990, at the Academy for Educational Development. The main purpose of the meeting was to set an agenda for HEALTHCOM II's Global Research Component. Participants in the meeting included representatives from collaborating A.I.D. bureaus and projects, who presented their particular research interests and activities. Some of the findings and issues identified by HEALTHCOM I research were briefly discussed. This research has shown, for example, that communication programs in combination with improvements in health delivery can clearly produce substantial increases in timely vaccination coverage and that access to good service and stimulation of timely consumer demand matter more than detailed knowledge about immunopreventable diseases. Major problems with immunization programs appear to be missed opportunities when children come to clinics for other reasons, access to facilities, lack of knowledge about where and when to go for immunizations, and maintenance of the desired behavior for succeeding cohorts of children.

Communication programs for diarrheal disease control have also been very successful, but in some cases the new practices were short-lived in the absence of continued reinforcement. The quality of ORS use also remains a problem in some countries. Mothers may mix the ORS correctly but not administer it in the desired volume. Formative research has demonstrated that an understanding of mothers' perceptions of diarrhea and the language they use to describe it can be crucial to the formulation of effective health messages. HEALTHCOM I research work has also identified several methodological approaches which improve data collection and reliability.

The Task Force then moved on to discuss a number of research issues, including cost-effectiveness, measuring campaign effects, evaluating health worker training, and institutionalizing a research capacity. The results of these discussions (available in a separate report) will guide the formulation of HEALTHCOM's Global Research Plan, as indicated below.

2. Development of Global Research Plan

The following outlines the preliminary set of issues identified by the Global Research Task Force as appropriate foci for the global research program. HEALTHCOM's Director, Senior Technical Directors, and the Director of the Annenberg subcontract group will refine these issues into an operational research plan during Year I of the project.

The global research program will focus on the decision needs of the following target audiences:

- In-country ministry of health decision makers
- Other in-country program strategists and planners
- HEALTHCOM II planners
- USAID: S&T, regional bureaus, USAID missions
- Researchers and implementers of other health programs
- The international health community.

As noted above, to meet these audiences' decision needs, HEALTHCOM needs to carry out cross-site research that is **applied, basic,** and **methodological.**

a. Applied Research

Applied global research will benefit two broad groups who are charged with carrying out the two major objectives of HEALTHCOM II's basic mission: (a) those responsible for ultimately achieving sustained changes in the behavior of mothers, care givers, health care workers, and other intermediaries; and (b) those responsible for institutionalizing HEALTHCOM II projects. Their information needs can be grouped around several broad classes of decisions to be made. Each set of decisions implies a number of global research questions.

- **Program Decision Makers** are typically faced with the following decisions:

  -- Decisions about the overall level of program marketing and communication activity. Global research questions include:

    -- What impact can be achieved for each of several magnitudes of program investment and annual budgeting?

-- Does this impact vary by:

- Stage of the project (e.g., start-up, growth, maturity);
- Type of intervention (e.g., CDD, EPI, growth monitoring, etc.);
- Country and/or region?

-- Decisions about the allocation of budgets across elements of program marketing mixes. Global research questions include:

-- What are the different "elasticities" of program resources (paid and unpaid) spent on advertising, health worker training, packaging, and so forth?

-- Do these elasticities vary by country, stage of project, and/or intervention?

-- Decisions about the content of the overall marketing strategy and individual elements of the marketing mix. Global research questions include:

-- What advertising messages, package designs, posters, radio programs, cinema films, etc., lead to what changes in knowledge, attitudes, and/or behavior of mothers, caretakers, and other relevant family or community members?

-- What training programs, incentives, messages, etc., lead to what changes in the knowledge, attitudes, and/or behavior of health workers, retailers, and other key intermediaries?

-- Decisions about allocating different levels of resources and using different program content to different market segments. Global research questions include:

-- Are there identifiable subsegments of the target populations (e.g., mothers and care givers, opinion leaders, health workers, retailers, and others) that respond differently to different levels and types of programs?

-- What are the most useful bases for segmenting target markets?

- **Those concerned with institutionalization** are typically faced with the following decisions about strategies to use to induce local MOHs and/or private sector organizations to undertake more responsibility for child survival intervention programs. Global research questions include:

-- What information and/or incentives will lead to what changes in the knowledge, attitudes, and behavior of key MOH administrators and private sector investors/managers?

-- What synergies can be achieved by linking multiple intervention programs?

b. Basic Research

In order to be able to make better decisions in many of the above cases, we need to understand:

- About mothers and other care givers:

  -- How do mothers and caretakers make decisions about adopting desirable child survival behaviors?
  -- What causes these decisions to be implemented?
  -- What causes these behaviors to be continued or discontinued?
  -- Does the process of decision making and implementation have identifiable stages?
  -- What causes behaviors applied to one child to be transferred to other children in the same household?
  -- How often do mothers take inappropriate action either by misreading signals for action or by misunderstanding correct action?
  -- What causes adopted behaviors to be correct or incorrect?
  -- What is the relative role of (a) cognitions (i.e., beliefs, attitudes, perceptions); (b) social pressure; and/or (c) behavioral learning (and feelings of self-efficacy) on either decision making or behavior?
  -- In what ways do structural limits in the household (e.g., lack of income, excessive time pressures, etc.) inhibit behavior?
  -- In what ways do structural limits in the community (e.g., absence of clinics, poor transportation, and so forth) inhibit behavior?
  -- Does the adoption of one set of health practices lead spontaneously to the adoption of others (e.g., as mothers change self perceptions) or to make mothers more vulnerable to future interventions? Is the "ripple effect" greater for some interventions (e.g., immunization) than others?
  -- Does adoption of advocated behaviors (sometimes incorrectly) lead to the elimination of other desirable practices?

- About health care workers and other intermediaries:

  -- How do health care workers and other intermediaries make decisions about participating in child survival programs?
  -- What causes these decisions to be implemented?
  -- What is the relative role of (a) cognitions (i.e., beliefs, attitudes, perceptions); (b) social pressure; and/or (c) behavioral learning (and feelings of self-efficacy) on either decision making or actual participation?
  -- What is the relative role of (a) cognitions (i.e., beliefs, attitudes, perceptions); (b) social pressure; and/or (c) behavioral learning (and feelings of self-efficacy) on carrying out preferred actions (e.g., carrying out proper instruction of mothers)?
  -- Will "push" (training and incentivizing) or "pull" (encouraging consumers to demand services) strategies have more impact on health worker participation and correct behavior?

- About programs in general:

  -- To what extent can programs be regionalized either in total or in particular aspects (e.g., training, advertising, marketing research)?
  -- What cost savings and/or synergies can be achieved by joining various health intervention programs?
  -- How well are present research outputs used by those for whom they are designed? What is needed to increase their impact?
  -- What are reasonable expectations that program sponsors should hold with respect to total health interventions (e.g., fully immunized children) or with respect to specific program components (e.g., a launch, an advertising campaign)? How can we assure that these expectations are not inflated?

c. Methodological Research

In order to conduct both basic and formative research, answers are needed to the following methodological issues:

- How can/should we measure program impacts?
- How can we measure program costs?
- What are the optimal ways to present cost and effectiveness information? Does this vary by purpose, audience, and/or data quality?
- What is the minimum set of core questions that should always be asked in any field survey?
- Under what conditions should the focus of study in consumer research be nuclear families, extended families, households, or communities instead of individuals?
- How should we measure intensity of exposure to program elements?
- How can the confusion of community and individual effects be disentangled?
- What kinds of experimental designs are feasible in HEALTHCOM II programs?
- Can pictorial instruments improve our formative research capability?

3. Formative Research Component

HEALTHCOM II will have two overriding objectives in the area of formative research: to streamline methods and to institutionalize the research process. We wish to ensure that when HEALTHCOM leaves a project site, in-country staff will be armed with the techniques, knowledge, and access to resources to conduct the research that will drive future programs in child survival.

There are five strategies that will move HEALTHCOM II in the direction of streamlining and institutionalizing formative research. These include efforts to:

- Train
- Modularize
- Computerize
- Rely on in-country resources
- Refine and revise

Each of the five strategies is described in more detail below.

a. Train

Developing countries need the skills to use research in a constructive way to develop child survival communication programs. Several audiences could benefit from training in formative research methods: counterparts in the ministry of health; local public health workers; staff at PVOs; employees at research supplier companies; academicians; and university students in social science or health programs. We do **not** plan to convert public health workers into twentieth century social marketers overnight; however, they can readily learn the value of the research function, learn to recognize good research, incorporate research into their decision making, hire suppliers, interpret the results, then make the research actionable.

The centerpiece of the training is a workshop in formative research. The seminar consists of 12 modules with a heavy focus on exercises and audience participation. The modules include:

1. Overview
2. Secondary research
3. One-on-one interviews
4. Focus groups
5. Other qualitative techniques
6. Observations
7. Surveys
8. How to design a questionnaire
9. The target audience
10. Analysis of survey data
11. How to work with a research supplier
12. How to design a research plan

Each module is independent. The workshop can be adapted to run for as few as three days to as many as ten days. The overview module has been drafted and will be pilot tested among HEALTHCOM staff in April 1990. To aid in long-term institutionalization, we plan to invite in-country academicians and survey suppliers to present their capabilities during Module 11. This should encourage future exchange between them and the participants.

Two other training options are under consideration:

- The development of a curriculum in social marketing research at the university level. This would be handled under The Johns Hopkins University subcontract.

- An internship program that would sponsor promising ministry of health employees at an advertising agency or marketing research firm for six months.

b. Modularize

HEALTHCOM is a research-driven project. It is also extremely well documented. We plan to develop a mechanism for making past research available to serve as a guideline or prototype for new research ventures in other countries.

A basic library will be developed that archives focus group outlines, questionnaires, cross-tab plans, executive summaries, case histories, observational check lists, and other tangible "products" of research studies. This library will be stored in one of two possible formats:

- In a manual, updated every six months, kept by the resident advisors and country program managers;

- In a database similar to the one developed for surveys for a population project. Discussions are underway with a consultant regarding cost and logistics.

c. Computerize

Laptops and notebook computers hold great promise for developing countries since they are portable and can operate in areas of failing electricity. They are a good vehicle for institutionalization since they place less dependence on the host country.

Three applications are under consideration:

- Data entry and basic statistics: Especially for small-scale, quantitative surveys, it would be efficient for in-country staff to produce basic crosstabs for analysis. Software packages like ACROSS and SURVEY could be taught during the formative research workshop.

- Database of past research studies: As mentioned under Strategy 2, an archival database of past HEALTHCOM research could be stored on a diskette. It could prove indispensable as a source of secondary data while planning research projects.

- Expert systems, like HUGO, could be adapted to guide in-country staff in selecting and designing appropriate formative research methods. Discussions are underway on the feasibility and costs of such a system.

d. Rely on in-country resources

In-country resources, like survey suppliers, advertising agencies, academics, employers, PVOs, consultants, and university programs in health, business, and the social sciences, provide an excellent conduit for institutionalization.

Initial steps to create linkages between the ministry of health staff and non-government groups should begin during the assessment trip to a new HEALTHCOM country. Means for encouraging collaboration include:

- Invite promising individuals to speak on their capabilities at the formative research workshop.

- Involve in-country resources in our research. Inexpensive efforts, like forwarding a topline report or asking for their critique of a questionnaire, can go a long way towards familiarizing them with the HEALTHCOM Project.

- Identify reputable and interested organizations and individuals and maintain a mailing list.

- As part of the privatization initiative, look for in-country employers who might benefit from HEALTHCOM's expertise in health communication (cf. TIPPS project).

- Offer to conduct guest lectures at universities to spread word and knowledge of HEALTHCOM's message.

e. Refine and revise

HEALTHCOM II will continue to recommend and design formative research that drives the development of interventions.

Some modifications in methods that we expect under HEALTHCOM II are:

- Greater use of small-scale quantitative surveys as we come to rely less on the large-scale KAP surveys of HEALTHCOM I.

- More extensive and improved use of monitoring to track progress in the field.

- Improvements in focus group methods through: better moderator training; adherence to guidelines on probing, group composition, and privacy; and more creative use of "techniques."

- Use of other qualitative methods, like third person, cartoon tests, laddering, GAP analysis, and synectics.

- Faster turnaround through use of topline reports and onsite data entry to help demonstrate the immediacy and usefulness of formative research.

- Improved use of segmentation analysis and positioning as our understanding of the target audiences and our "products" matures.

IV. DISSEMINATION

A. Contract Requirement

The project will disseminate contract findings through workshops, seminars, training, and publication.

B. Year 1 Objectives

1. To produce at least one scientific article on a subject pertinent to the global research agenda and submit it to a professional journal in the field of public health, communication, or health education/ promotion.

2. To submit a list of preliminary issue report topics and proposed authors and schedules to A.I.D. and to produce one issue report on the subject of formative research.

3. To conduct research and preliminary planning in support of a second edition of the HEALTHCOM manual, additional issue reports, and professional articles pertaining to the global research agenda.

4. To plan the first of three regional workshops for the purpose of sharing the project's collective experience to date on sustainability and institutionalization issues, and with an emphasis on training partnerships.

5. To present two seminars to A.I.D. that illuminate specific aspects of the project's developmental goals.

6. To hold 2 to 3 country level workshops or courses germane to the project methodology.

7. To host one training session for U.S. and LDC university faculty.

8. To develop a primary set of training modules that represent project methodology.

9. To establish linkages with approximately six universities and/or other viable partners in the U.S. and in LDCs for the further development of appropriate training and course offerings.

C. Year 1 Activities

1. HEALTHCOM manual—second edition

The major publication of the project will be a second edition of the HEALTHCOM manual, Communication for Child Survival. The Senior Technical Director for Dissemination, the Project Director, and the Senior Editor, will distill lessons from cross-site experiences and analyses conducted under the applied global research program and present issues relating to sustaining behavior change and institutionalizing communication capacities. During this first year of the contract, background work for the manual will be conducted. This will include continued monitoring of the first edition of the manual and planning for research activities which will provide additional lessons on the two major themes of the second edition.

2. Issue reports

The dissemination team will propose to A.I.D. a list of 10 to 15 issue report topics for the life of the contract. These topics will be relevant to a range of audiences, including communication planners, developing country policy makers, health education trainers, and other project implementors. The focus will be on what has been learned in the field and what in turn will be useful to those in the field, as well as to policy makers. One issue report on the subject of formative research will be written during the first year of the contract and authors and schedules will be agreed upon for the remainder. The Senior Technical Director for Research will provide technical direction and major input to the identification and writing of the issue reports.

3. Professional journal articles

During the life of the contract, a minimum of five major articles will be submitted to scientific journals by the Senior Technical Director for Research, members of the research team, in-country collaborators, and others. Subjects will emphasize those addressed by the global research program. During FY 1990, several articles will be published under HEALTHCOM I. These include "Dietary Management of Diarrhea: The Gambian Experience," by Mark Rasmuson, Renata Seidel, and Haddy Gabbidon (in the Journal of Nutrition Education), and one or more articles focusing on health practice studies. In addition, the Senior Technical Director for Research will write one article on a subject pertaining to the global research plan. Assistance will be provided by the research team as appropriate.

4. Regional workshops

Following a successful and beneficial set of regional workshops held under HEALTHCOM I, the project will undertake a repeat series of similar workshops. The first of these, most likely to be held in Latin America, will be planned during this year. The focus of this set of workshops will be sustainability and institutionalization with particular emphasis on training as a mechanism aimed at mastery and diffusion of the methodology. As in the past, these workshops will provide a forum for the mutual exchange of ideas, experiences, challenges, and strategies for success in a collegial and non-threatening environment.

5. International workshop

This activity, which will take place later in the project, will provide an international context for the collective experiences shared during the regional workshops.

6. A.I.D. seminars

Key communication issues confront the project and its working team as it continues to refine the methodology. These issues concern policy, collaboration, institution building, cost, and other areas. The project will propose a set of topics to A.I.D. and will present on two of these topics. These might include research methods, cost issues, or a review of the behavior studies.

7. Country-level workshops/courses

Within the context of its training objectives and mandate, HEALTHCOM will carry out two to three country-level workshops or courses, primarily for host country counterparts and others who work with, or who will collaborate with, the project. These workshops will use in-country resources and will be an opportunity to expand a program's skill base and collaborative opportunities. Central staff, field staff, and other experts will design and conduct the workshops which will focus on skill-building, process, and current issues. These workshops will also provide a monitoring opportunity for the project. These courses and workshops are planned to occur in Nigeria, Zaire, and the Philippines.

- In Nigeria, HEALTHCOM will assist in designing and teaching a course in Media and Health Education in collaboration with ARHEC, University of Ibadan.

- In Zaire, the project will conduct a series of training workshops in IEC planning and implementation for nursing school faculty in the Shaba Region.

- In the Philippines, HEALTHCOM will conduct a series of workshops for national and regional health education staff in integrated marketing communication.

8. Training sessions for U.S. and LDC university faculty

Again building on its prior experience, HEALTHCOM will conduct a faculty workshop during Year 1. This workshop will be held in conjunction with a three-week training course sponsored by The Johns Hopkins University/PCS Project, in which some 35 participants from developing countries are socialized to health communication theory and methods. HEALTHCOM will sponsor three participants to that workshop (from the Africa Regional Health Center in Nigeria, The University of the Philippines, and INCAP in Guatemala). Following the three weeks at JHU/PCS, HEALTHCOM participants, core and JHU subcontractor staff, selected participants from the HEALTHCOM I faculty workshop, and a few invited others from the U.S. and LDCs will spend one week together focusing on operational aspects of collaborating with HEALTHCOM in the further development of training programs and offerings. The project views this as a significant "launch" point as it begins to work with regional partners in the development and delivery of training in health communication.

In addition to follow-up with the U.S. universities that participated in the project's first faculty workshop, HEALTHCOM will explore collaboration with other interested U.S. institutions, including Yale University, the University of Connecticut, the Center for International Education at the University of Massachusetts, and the private Institute for Training and Development in Amherst, Massachusetts.

9. Training sessions for communication advisors

This activity will not occur in year one of the project.

10. Alternative dissemination

Alternative formats for representing HEALTHCOM's methodology and its results will be developed by The Futures Group under subcontract to the project. See Section VI.B.2.

V. TECHNICAL MEETINGS

A. Contract Requirement

Three categories of technical meetings will be held throughout the life of the contract. These include: Technical Advisory Group (TAG); Task Force; and monthly technical meetings.

B. Year 1 Objectives and Activities

1. Task Force Meeting

The contract calls for an annual meeting of a small group of experts in various disciplines to precede the annual Technical Advisory Group (TAG) Meeting. Membership will vary from year to year. The group will discuss salient theoretical and programmatic issues and will develop an agenda of key issues to be discussed during the TAG. This meeting took place in Washington, DC, on December 18-19, 1989. The main purpose of the first meeting was to set an agenda for HEALTHCOM II's Global Research Component.

2. Technical Advisory Group Meeting

The contract calls for an annual one-day Technical Advisory Group meeting to review initial work plans, identify target countries for long-term intensive and less intensive technical assistance, define research topics, and develop criteria against which achievements will be measured. TAG members will include representatives of international organizations, the academic community, PVOs, and persons representing the view of developing country academic institutions and Ministries of Health. A.I.D. Regional Bureau staff and others will participate as observers. The first HEALTHCOM II Technical Advisory Group Meeting is scheduled to take place in Washington, DC, on January 26, 1990.

3. Monthly Technical Meeting

The contract calls for a monthly technical meeting with the S&T/Health Technical Officer to discuss key substantive issues and future directions of contract activity. HEALTHCOM will hold this meeting the third Wednesday of each month, immediately following the weekly staff meeting. Discussion at these meetings will serve two major purposes:

a. Maintaining an ongoing review of new directions and findings on **child survival interventions** as they affect our program. Staff have begun an initial review and updating of project technical materials, and will present major issues in each potential project intervention early in the first project year. Specified members of the technical staff have assumed responsibility for each intervention, and for providing updates as needed, acting as liaison between specialists in the field, and providing consultation to project managers who plan to focus on given interventions. Updates and analysis will be disseminated to the field on a regular basis.

b. Providing a forum for discussion of other technical issues which arise in project implementation, including communication concepts, institutionalization, and public health policy, as well as specific interventions and application of international protocols.

   Resident advisors and technical staff will submit emerging problems and technical questions from the field for discussion. Reports on these discussions will be disseminated to the field on a regular basis.

   Some specific issues to be addressed in the initial technical meetings will be:

- Techniques and designs to improve community participation in HEALTHCOM projects. Included will be discussion of experience and potential in applying use of local radio and TV to facilitate community discussion and problem solving around health care issues and project design; use of volunteers and local PVOs for motivation/interaction.

- Strategies for training local colleagues to analyze and use collected data to create strategies or messages, or to evaluate impact. A consistent problem is the ability of local researchers to collect and enter data effectively, but an inability to analyze or utilize the data effectively to meet project purposes. Analysis of concepts and skills involved, and approaches that provide a more structured analytical process for these professionals, either through formal training or other mechanisms, will be explored.

VI. NEW DIRECTIONS

A. Contract Requirement

The following activities are not formally required by the HEALTHCOM II contract. Each, however, represents an opportunity for HEALTHCOM to take an initiative which we feel will serve the project's development in the long run and keep the HEALTHCOM approach and methodology at the cutting edge of health communication and marketing.

B. Year 1 Objectives and Activities

1. Training modules

During Year 1 of the project, HEALTHCOM will focus on the development of a series of training modules that reflect the methodological process involved in mounting a comprehensive health communication strategy. These modules will both support HEALTHCOM II's institutionalization mandate and potentially serve as an important marketing device for the project. The modules will be designed to provide a framework for further training initiatives and will lend themselves to adaptation, modification and expansion as needed. The same basic module on communication management, for example, could be adapted to the needs of a regional-level MOH health educator, or to the particular needs of PVO staff working at various levels. An internal Training Work Group will take responsibility for designing these modules against a protocol which examines behavioral objectives and minimum competencies.

2. Cost studies

During discussions of HEALTHCOM's global research agenda, the following questions regarding cost of health communication programs were identified as being of potential special interest to the international health community.

- How much did it cost per child/family/region?

- How much did the various components of the effort cost?

- Did it cost more or less than alternative communication approaches?
- Did it cost more or less than alternative strategies for bringing about behavior change?
- To what extent were in-kind contributions included?
- What would the true cost of these contributions have been?
- How much money was saved as a result of undertaking the activity?
- Are costs short-term because of a start-up year? How might the costs change once the program is established?
- How much communication can you buy for $ xxx?

In Year 1 of HEALTHCOM II the project, through its subcontract with Birch & Davis, will conduct two activities:

a. Prepare a monograph outlining the specific cost issues to be addressed and the methodology for addressing them.

b. Conduct one cost study in an existing HEALTHCOM site (West Java, Indonesia, is the proposed site.)

3. Computer modeling of cost-effectiveness

Through its subcontract with The Futures Group, HEALTHCOM will develop a concept paper addressing two possible modeling activities:

a. Global model/presentation of the cost and cost-effectiveness of health communication using existing data. This global model/presentation will be useful as a preliminary presentation to introduce the concepts of health communication, and to suggest how they could be applied in a country. This is important to win cooperation from country counterparts, and to secure buy-ins from USAID missions for HEALTHCOM activities. It can also be used to show how an application of the RAPID-type model would work to stimulate interest in a country application. Moreover, this presentation can be used by HEALTHCOM and A.I.D. to show other donors or cooperating agencies the benefits of health communication investments.

b. A RAPID-type model of the cost-effectiveness of health communication for a specific country. In one version only existing data is used; in the other version a cost study is performed. This model, which is developed with country specific data, is intended to show officials in ministries and institutions that health communication is a cost-effective expenditure. This supports institutionalization of HEALTHCOM activities by encouraging ongoing financial allocations from country sources. An application of this model would logically occur after extensive presentation of the Global Model, when officials are familiar with health communication concepts, but are not yet persuaded to allocate resources. Similarly, application of the model would be most useful in countries where there have been HEALTHCOM activities, and where it is timely for national institutions to assume financial responsibility for continued activities.

This model also allows planners to evaluate the relative costs and effectiveness of different programs to choose an optimal strategy.

4. Private sector initiatives

A trend in many developing countries is an increase in the interest of private and public sector organizations in providing health services to their employees. Forward-looking executives in these organizations are beginning to realize that the provision of such services to their employees and their family members can be a good investment in productivity as well as a humanitarian effort. Health services provided at or through the work place can lessen the time loss due to sickness. This loss can occur either as a result of the illness of the employee or of the employee's dependents. The employee may be forced to stay at home to take care of a sick child or to take the child to a health facility. Studies have shown that employer-sponsored health services can significantly reduce the amount of work time and thus, in effect, pay for themselves by preventing such loss.

HEALTHCOM may wish to explore this trend in health service delivery and determine if there is a role it can play in encouraging employers to provide child survival health services and to support effective health communication programs in the work place. HEALTHCOM may find that it may be able to enhance child survival by: (a) helping employers determine the cost-benefit involved in providing such services; (b) assist existing programs in becoming more effective through improved health communication for preventive as well as curative purposes; and (c) identifying the child survival interventions that should form the nucleus of the health services best offered by employers.

VII. MANAGEMENT/FINANCE

A. Project structure

The management system for the program will follow standard Academy design with a Director and Deputy Director overseeing overall program activities and Senior Communication Advisors managing specific country programs and special activities. Support staff will carry out the main clerical, secretarial, logistical, and financial tracking tasks. The Academy's contracts and finance offices will also play an important role in monitoring the overall financial and administrative status of the program. The staffing pattern for the home office staff is set forth in the organizational chart located in the appendices. Because the Academy is also the prime contractor for the HEALTHCOM I Project, it will seek to exploit this unusual circumstance by utilizing many of the same staff members for both projects. This will enable the Academy to maximize its use of personnel and minimize the drain upon A.I.D. funds that would occur if two separate staffs were maintained.

The management of the project will be conducted by different units with specific responsibilities as follows:

PROJECT MANAGEMENT UNIT: consisting of a Program Director, Deputy Director, and Program Associate. The Senior Technical Director for Research will oversee the Applied Research Agenda while the second Senior Technical Director will focus on diffusion activities.

ADMINISTRATIVE SUPPORT UNIT: consisting of a Financial Coordinator, Logistics Coordinator, and Administrative Assistant tracking travel, expenditures, budgets, and overseas staff support under the supervision of the Deputy Director.

EDITORIAL/TRAINING UNIT: consisting of a Senior Editor, Training Coordinator, and Editorial/Training Assistant who track project deliverables and documents and oversee the development of training modules, materials, and activities.

REGIONAL IMPLEMENTATION UNITS (LAC, ANEE, and Africa): consisting of teams of Senior Communication Advisors specializing in a region and an executive secretary for each of the regions. These units will meet on a weekly or semiweekly basis to discuss workload and issues. When one S.C.A. is traveling, the other S.C.A. and the executive secretary will be responsible for providing backup support to all of the country programs in that region.

In addition to these units, most staff members will also participate in one or more of three special technical groups that will have certain project-wide responsibilities. These groups and their roles are as follows:

RESEARCH GROUP: will be chaired by the Formative Research Coordinator and provide advice to field projects in the area of research, keep field and home office staff informed of state-of-the-art research and evaluation techniques, review field research plans, and serve as a core group for the support and monitoring of all project research activity. The group will meet at least once a month and hold quarterly research review meetings with all research subcontractors and the Senior Technical Director for Research.

TECHNICAL REVIEW GROUP: will help keep the project informed of developments in child survival technologies and strategies and serve as a forum for the discussion of communication program planning. Although only a few members of the professional staff will officially serve on this group, each senior staff member will be assigned responsibility for maintaining particular expertise in at least one child survival intervention.

TRAINING GROUP: will provide support to field projects in the area of training and develop training modules on various aspects of health communication as well as presentations on key elements of the HEALTHCOM methodology and experience.

The overlapping memberships of all of these groups will serve to keep all staff informed of their activities. Periodically each group will hold special meetings for all staff members to inform them of new developments related to research, training, or child survival interventions.

One of the main mechanisms for keeping all staff well-informed of project business is a weekly staff meeting for exchange of information on project activities, administrative issues, travel plans, and any other topic of importance. The support staff will hold a semimonthly meeting to discuss work flow and ways to improve project administration.

B. Subcontractors

The HEALTHCOM II Project has enlisted the support of six subcontracting organizations to provide additional technical expertise.

1. Applied Communication Technology (ACT) will carry out tracking research in Honduras as mandated in the main contract. Under HEALTHCOM I and the MMHP Project, ACT played the same role. It is expected that ACT will carry out follow-up research in Honduras in FY 1991 and FY 1993.

2. The Annenberg School for Communication at the University of Pennsylvania will play a major role in the Applied Research component of the project. Under HEALTHCOM I Annenberg has conducted large-scale, baseline, and follow-up knowledge, attitude, and practices (KAP) surveys. Under HEALTHCOM II, Annenberg will review this large database and reanalyze it on a cross-national basis with the goal of providing greater insight into the role of health communication in causing behavior change. The Senior Technical Director for Research will work closely with Annenberg on designing a research plan that will identify the major questions to be addressed and the best manner of analysis. Annenberg may also be called upon to provide research expertise to field sites on a consultant basis and to conduct special research activities if needed for the Applied Research program.

   Annenberg will be almost fully engaged in conducting final impact KAP surveys in HEALTHCOM I countries in FY 1990 and will not undertake significant HEALTHCOM II activities until FY 1991.

3. Birch and Davis International, Inc., will carry out straight cost, cost-effectiveness, and/or cost-efficiency studies with the aim of identifying the costs of health communication programs and the impact of difference levels of investment. One of two studies may be carried out in FY 1990.

4. The Futures Group will take the lead in developing a computer model demonstrating the potential impact of health communication interventions upon child survival and the cost-effectiveness of communication programs. This work will be undertaken following the completion of some of the cost studies to be carried out by Birch and Davis. Only initial planning activities will be undertaken during FY 1990.

5. The Center for Communication Programs at The John Hopkins University will assist HEALTHCOM in institutionalizing health communication training capability within developing nation institutions, particularly within schools of public health. Activities will begin during FY 1990 with HEALTHCOM bringing two to three participants to the U.S. for participation in a three-week course on health communication run by JHU. This course will be followed by a one-week seminar at AED during which plans will be made for the development of health communication training within the institutions represented by the participants. JHU will also assign a senior staff person to conduct this curriculum development work.

6. Porter/Novelli, Inc., will provide HEALTHCOM with the full-time services of a market research specialist to serve as Formative Research Coordinator. The Coordinator's responsibility will be to oversee the streamlining of HEALTHCOM's formative research strategies and to devise a minimum set of formative research activities that can be the basis for health communication program planning. This work will begin in FY 1990.

C. Retreat

HEALTHCOM will carry out a full staff retreat during the month of January with the goals of:

1. reviewing the HEALTHCOM I experience.
2. identifying ways of better managing the HEALTHCOM II contract.
3. building a better team through individual feedback sessions and group work sessions.
4. incorporating new staff members into the team and bringing all up to a mutual understanding of the goals of the project and the management of the contract.

D. In-service training

Although HEALTHCOM II is beginning with a well-experienced staff, many of whom have worked under the HEALTHCOM I contract, the team feels a strong need for spending some time on improving their own skills and knowledge about certain aspects of the job--particularly the child survival interventions. During the first six months of the contract, therefore, the Training Unit will organize a series on in-service technical meetings that will bring in a variety of outside experts for a series of two-hour seminars on topics such as:

Immunizations
Breastfeeding
Acute Respiratory Infections
Malaria
Maternal/Child Health
Waterborne Diseases
Diarrhea
Formative Research Methods
Impact Evaluation Methods
HEALTHCOM II Administrative Requirements

In addition to the above, the Social Development Division of the Academy is sponsoring a two-day seminar on Formative Research Methods and Approaches to take place January 11-12, 1990. HEALTHCOM II will also support training programs in NBI and WordPerfect word processing for support staff.

E. Track level of effort

The HEALTHCOM II budget is based on minimal requirements of level of effort. The Financial Coordinator will maintain accurate and up-to-date records of the projects level of effort as measured by person months of activity. All subcontractors will be notified of the necessity of including level of effort totals and names of people in all invoices.

F. Consultant bank/roster

Under the terms of the contract the Academy is responsible for maintaining a roster of appropriate consultants in relevant project areas and updating it at the rate of 25 people per year. A core list of consultants was prepared at the time of the proposal, and it will be increased at the rate of a minimum of 25 people per year. The current list will be maintained on hard copy with a matrix of consultant skills and language ability serving as a quick method of access. Following the installation of the IBM-compatible LAN system, the entire roster will be transferred to a database and computerized.

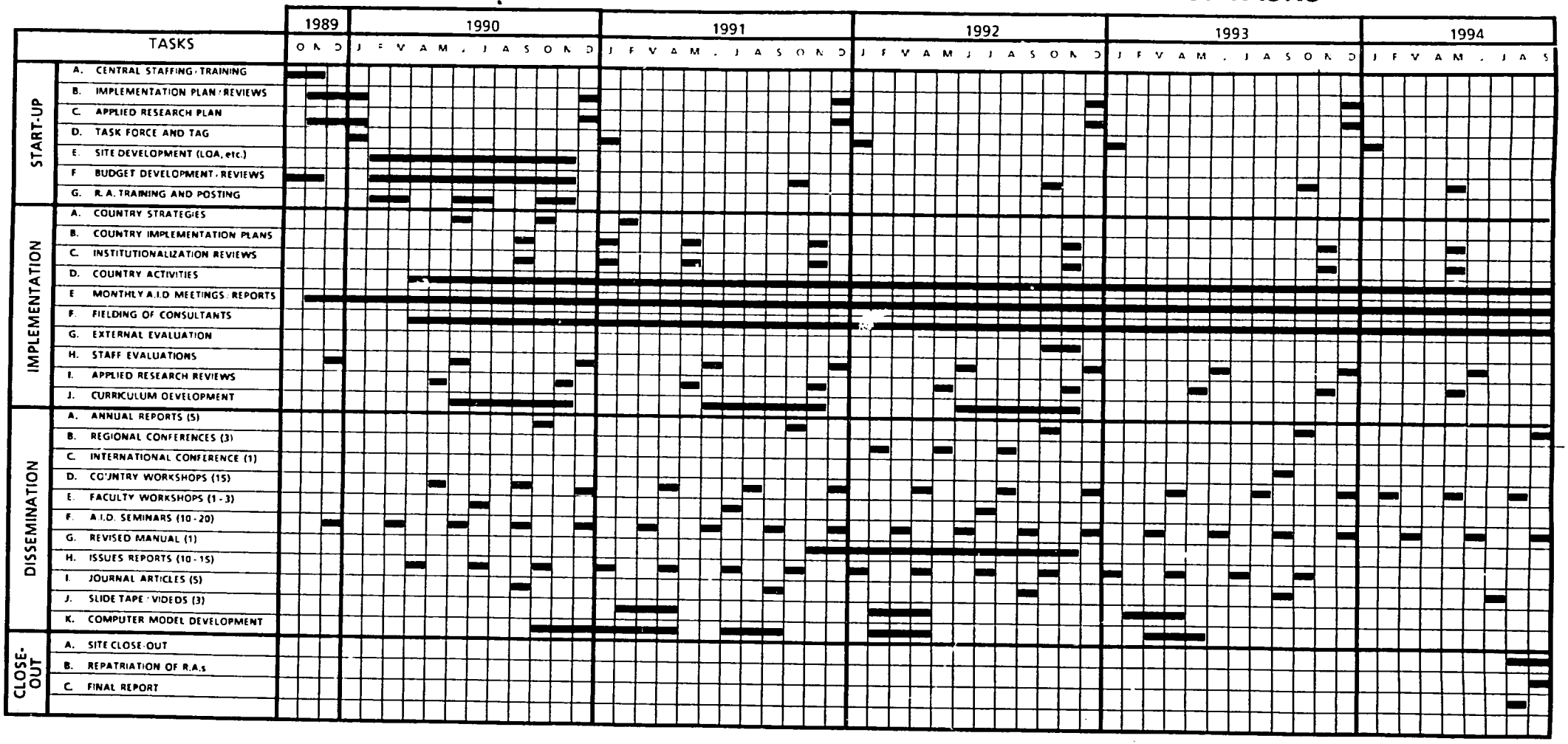
G. LAN Computer System

To enhance project productivity and meet contractual requirements for IBM-compatible data banks, the project will prepare a plan for switching from the Academy standard NBI word processing system to an IBM compatible network. The project will seek to institute a complete local area network (LAN) that will provide IBM-compatible word processing, data base, and electronic mail facilities to all staff members. A plan will be prepared in early 1990 with the changeover taking place in spring/summer of 1990 pending approval of the Project C.T.O. and A.I.D. Contracts Office.

APPENDIX A

IMPLEMENTATION SCHEDULE

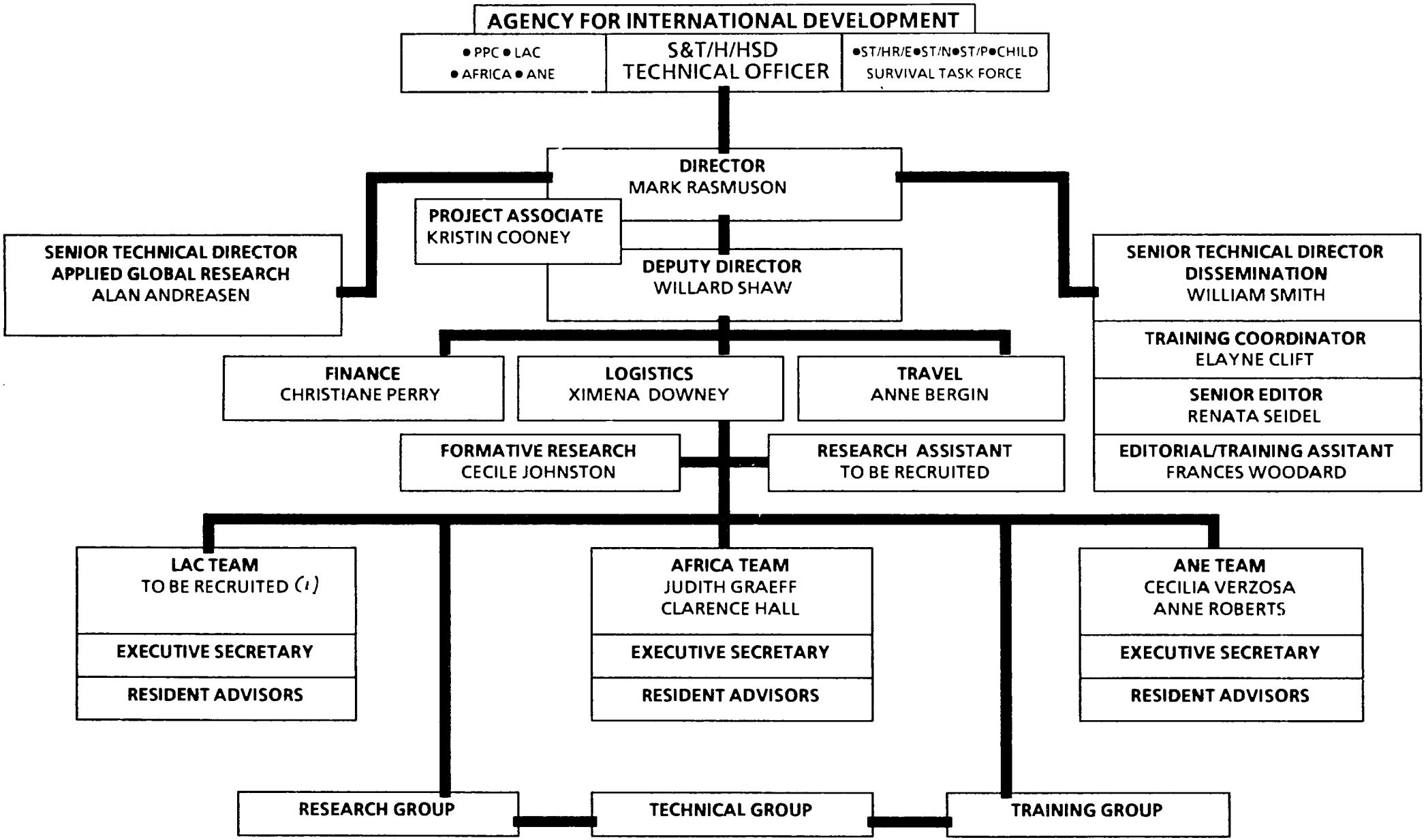
IMPLEMENTATION PLAN: SCHEDULE OF CONTRACT TASKS



APPENDIX B

STAFFING CHART

HEALTHCOM II STAFFING CHART



APPENDIX C

BUDGET

	CATEGORY	PROJECT YEAR I S&T/H
I.	SALARIES & WAGES	$616,162
II.	FRINGE BENEFITS	160,202
III.	CONSULTANTS	42,432
IV.	TRAVEL & TRANSPORTATION	80,607
V.	ALLOWANCES	0
VI.	OTHER DIRECT COSTS	33,794
VII.	OVERHEAD	261,295
VIII.	SUBCONTRACTS	
	Porter Novelli	185,570
	ACT Communications	241,142
	Birch & Davis	0
	Johns Hopkins University	67,692
	The Futures Group	23,007
	Annenberg School	166,652
	Field Operational Research	0
	TOTAL SUBCONTRACTS (VIII.)	684,063
IX.	PARTICIPANT TRAINING	50,256
X.	G & A on SUBCONTRACTS & PARTICIPANT TRAINING	14,686
XI.	EQUIPMENT	0
XII.	FEE	0
GRAND	TOTAL (I.-XII.)	$1,943,497

APPENDIX D

HEALTHCOM I COUNTRY PLANS

HEALTHCOM I

ACTIVE COUNTRY PROGRAMS

COUNTRY	RESIDENT ADVISOR	WASHINGTON BACKSTOP	COMPLETION DATE
AFRICA REGION			
Lesotho	Edward Douglass	Clarence Hall	October 29, 1990
Nigeria	Anthony Olu Agboola	Clarence Hall	September 30, 1990
Zaïre	Joan Schubert	Judith Graeff	July 17, 1990
ASIA/NEAR EAST REGION			
Indonesia	Terry Louis West Java	Willard Shaw	August 14, 1990
	Thomas Reis Central Java	Willard Shaw	September 30, 1990
Papua New Guinea	Andrew Piller	Cecilia Verzosa	June 12, 1990
Philippines	José Rafael Hernández	Cecilia Verzosa	December 31, 1989
Yemen	Pending	Anne Roberts	July 30, 1990
LATIN AMERICA/CARIBBEAN REGION			
Guatemala	José Romero	Diane Urban	September 30, 1990
Honduras	Patricio Barriga	Julia Rosenbaum	March 31, 1990
Paraguay	José María Espínola	Diane Urban	October 31, 1989

HEALTHCOM I

INACTIVE OR COMPLETED COUNTRY PROGRAMS

COUNTRY	RESIDENT ADVISOR	WASHINGTON BACKSTOP	COMPLETION DATE
AFRICA REGION			
Malawi	Deborah Helitzer-Allen	Elayne Clift	June 30, 1988 (completed)
ASIA/NEAR EAST REGION			
Indonesia	John Davies Jakarta	Willard Shaw	September 30, 1989
Jordan	Anne Roberts	Elayne Clift	July 22, 1989 (completed)
LATIN AMERICA/CARIBBEAN REGION			
Mexico	Martha Lopez de Montero Jorge Ferrer	William Smith/ Michael Ramah	January 31, 1989 (project status pending)
Ecuador	Reynaldo Pareja	William Smith	June 30, 1988 (completed)
	Eduardo Contreras-Budge	Annenberg School of Communications	September 15, 1989 (completed)

GUATEMALA

Planning/Management

- HEALTHCOM
  - -- Full-time resident advisor
  - -- backstopping in Washington, DC, for technical, financial, logistic matters by mail, phone, fax, and visits
- Design plans and budget for 1990 activities
- Write monthly programmatic and financial reports
- Conduct work with ad agencies
  - -- Help select ad agency for media broadcasts
  - -- Write work orders for broadcast and production activities for EPI, ORT, tetanus toxoid, and Christmas campaigns
  - -- Manage ad agency activities
  - -- Liquidate accounts
- Develop and revise local communication plans for EPI and ORT
- Coordinate with PAHO/UNICEF/Rotary International to strengthen joint EPI/ORT efforts
- Design and implement second national conference on ORT
- Design plans and budget for 1991 activities
- Close HEALTHCOM I office

Research/Monitoring

- Design and conduct second KAP survey to evaluate impact of HEALTHCOM activities
- Send team to Annenberg School for Communication to analyze results
- Present results to MOH and A.I.D.
- Conduct behavioral analysis studies of health worker/mother interaction in clinics
- Pretest instructions for use of plastic liter bag, as well as other local materials
- Monitor implementation of local communication plans
- Monitor local radio broadcasts and the distribution of materials

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Media Programming

- Continue tetanus toxoid campaign for pregnant women
- Hold national vaccination day campaigns in April/May/June 1990
- Work with ad agency to produce the communication plan and materials to support the normal EPI program
- Develop media plans for all campaigns
- Conduct ORT campaign--April-August 1990

Face-to-face Programming

- Develop local communication plans and activities for national vaccination days, routine vaccination programs, and ORT efforts
- Teach techniques to improve face-to-face communication in individual and group settings
- Retrain ECOs, local communication extension agents/volunteers

Training/Institutionalization

- On-the-job training and workshops in:

  -- behavioral analysis
  -- effective interpersonal communication techniques
  -- research sampling techniques
  -- local production of materials
  -- creation of media plans
  -- management of ad agency activities
  -- monitoring of local activities
  -- teaching skills
  -- photography
  -- local video production

- Presentation at international health education conference for Latin America in July
- Trip to Honduras to study monitoring techniques and traditional use of media
- Retraining of ECOs in a convention and in local settings

INDONESIA

Central and West Java Provinces

Planning/Management

A. Central Java

1. Vitamin A campaigns will be planned for the months of February and August in 1990 using many of the same materials and strategies used in the 1989 campaigns.

2. The media effort for CDD will be launched in 1989 with basic series of messages on seriousness of diarrhea and then will become more complex as they deal with diagnosis and treatment.

3. Assistance will be provided to HKI and the mission on the expansion of the ROVITA program to the entire province.

4. Data from the October KAP survey will be used to make changes in both the vitamin A and CDD work if warranted.

B. West Java

1. The full media campaign for the CDD intensification program will go into its second phase in October 1989 pending funding.

2. The results of the KAP survey scheduled for March 1990 will be used for further refining the social marketing plan for West Java.

3. The AED Country Program Manager will visit Indonesia in March of April to review the status of the projects and future plans and strategies.

Research/Monitoring

A. Central Java

1. The monitoring of radio spots for vitamin A and CDD will continue.

2. A behavioral study on the motivation of kader and possible strategies to increase and maintain motivation will be carried out in several stages.

3. The last KAP to be conducted by Annenberg will take place in October 1989.

B. West Java

1. The last Annenberg KAP will be conducted in March 1990.

2. Completion of two reports.

   a. A study on handwashing practices
   b. A cultural analysis of feeding practices for children under five

3. Five additional studies are planned for this period:

   a. A behavioral study assessing the ability of kader to use the new counseling cards and the quality of information passed on to mothers.

   b. A small-scale survey of 200 adults on the impact of the communication program.

   c. A behavioral observation of communication between health providers and mothers.

   d. A study of the health communication network surrounding mothers.

   e. Research with doctors on the information needed for a detailed brochure for them on ORT.

   f. Marketing research on the design of ORT packets.

Mass Media Programming

A. Central Java

1. Radio spots on vitamin A will be played on seven radio stations during the months of January-February and July-August.

2. Radio spots on various aspects of CDD and ORT will appear throughout the year.

3. Large cloth banners with vitamin A and CDD messages are to be placed in villages throughout the target area.

4. Print materials for use by kader have been developed on CDD and vitamin A.

B. West Java

1. Radio spots on CDD will be played on 47 private radio stations

2. Billboards and advertisements with ORT messages will be placed in strategic locations.

3. A film on ORT will be shown in villages by a private mobile film company along with the feature film and commercials it usually shows.

Face-to-face Programming

A. Central Java

1. Experiments with a range of behavioral interventions will be tried (radio spots, uniforms, etc.) to increase the motivation of kader.

2. Project will continue to work with 2000 kader earlier trained under the project and with World Bank project seeking to increase the effectiveness of kader system.

B. **West Java**

1. Project will continue to work with the 20,000 kader trained in the use of the counseling card system for ORT.

2. Research studies will continue to assess effectiveness of counseling cards as tool for kader and mass media will continue to encourage people to seek the help of kader for ORT.

Training/Institutionalization

A. **Central Java**

1. Over 2,000 kader were trained in administration of vitamin A and ORT.

2. AED resident advisor will continue to work closely with counterparts in Community Health Education and Provincial Office of Education and with research staff at University of Diponegoro and Survey Research Indonesia, Inc.

3. Social marketing workshops will be held for representatives from various PVOs (sponsored by Helen Keller International) and doctors from the Indonesian Epidemiology Network (sponsored by Ford Foundation).

4. A visit to the HEALTHCOM Philippines site will be arranged for the chief project counterpart.

5. Plans are being made to increase the level of health communication training in the training system for health staff in the province.

6. AED will assist HKI and provincial officials in planning the province-wide expansion of the ROVITA program.

B. **West Java**

1. Over 20,000 kader and trainers have been trained in the use of a counseling card system for ORT. The training system for kader has also been substantially revised.

2. Counterpart staff will continue to undergo extensive on-the-job training with the resident advisor and staff of private marketing and research groups involved in the project.

3. Several counterpart staff will visit the HEALTHCOM program in the Philippines to gain insights in to Philippine activities.

LESOTHO

Training/Institutionalization

- Continue to train Health Education Division staff of the MOH, health and health-related workers in a social marketing approach to health education through training workshops, on-the-job training, and regional exchanges for HED staff and other health-related workers. Specific areas of training include: Social marketing, research techniques, graphic design, radio production, and instructional materials development.

- By participating in district and area as well as central training activities, assist the Continuing Education and Community Health Worker programs of the Ministry to develop and effectively use training materials for vaccinators.

- Purchase and install recording studio equipment and train staff in its use.

Mass Media Programming/Graphics

- Revise the ORT pamphlet based on further field experience and research. Print and distribute 100,000 pamphlets.

- Review and revise longer format radio programs and schedule their use throughout the next diarrheal season.

- Work with radio producers in the private sector to create a series of radio spots supporting the essential elements of the control of diarrheal disease.

- Purchase prime radio time for the spots to supplement the time contributed by the government.

- Design, produce, and distribute appropriate posters and pamphlets on immunization.

- Produce a series of radio spots supporting the major aspects of EPI.

Face-to-face Programming

- By participating in district, area, as well as central training workshops, teach and motivate health workers to use the ORT pamphlets and teaching flip charts effectively in all instruction opportunities.

- Conduct regular field visits to observe health workers' teaching techniques for mothers.

- Identify areas of the country where vaccination coverage is the lowest and implement intensive health education and motivation activities in those areas.

Planning/Management

- Assist the Health Education Division to be prepared in advance to respond to disease outbreaks, providing especially information which will assist in arresting the spread of the disease.

- Encourage continued strengthening of HED's capacity to take leadership in health education through improved management and planning skills.

Research/Monitoring

- Coordinate the planning and implementation of an observational study to investigate the amount of ORS mothers give their children in the 24 hour period after having received mixing and administration instructions at the clinic.

- Support as needed, Annenberg School for Communication's final evaluation survey of 1200 mothers to assess changes in KAP on immunization and diarrheal disease control. Evaluation will also include KAP of village health workers and measurement of changes made within the MOH affecting its IEC capacity.

NIGERIA

Research/Monitoring

LGA Primary Health Care Intervention

- Conduct focus group discussions in Suleja and Rafi local government areas as a preliminary step in identifying priorities for PHC interventions in both LGAs.
- Conduct PHC baseline surveys in Suleja and Rafi LGAs based on results of above FGDs.
- Design summative evaluation for LGA interventions.

Niger State Child Survival

- Monitor progress of health education management and supervision component.
- Monitor the impact of intensified EPI radio and outdoor advertising (billboards) campaign.
- Design and conduct summative evaluation of state wide HEALTHCOM activities.
- Continue data collection and monitoring behavioral study at Agaie, Bida, and Lapai Clinics.

Zone B

- Complete formative research in five states in Zone B.
- Provide technical support and monitor materials development in each of five states.

CCCD/ARHEC Health Education Management Project

- Participate in the in-country monitoring of the CCCD/ARHEC Health Education Management Projects.

Planning/Management

LGA Primary Health Care Intervention

- Design PHC intervention and communication strategy for Suleja and Rafi LGAs in Niger State.
- Implement PHC health communication intervention in Suleja and Rafi in collaboration with MOH, LGAs, UNICEF, and appropriate NGOs.

- Identify resource needs and reallocate/deploy manpower appropriately to support LGA/PHC intervention.

Niger State Child Survival

- Identify appropriate locations and erect and post EPI billboards in Niger State in support of the MOH Mass Immunization Days Program.

Mass Media Programming

- Design and implement mass media campaign for Suleja and Rafi LGAs PHC intervention.

- Provide technical support to Zone B States as they plan and implement their child survival mass media campaigns.

Face-to-face Programming

LGA Primary Health Care Intervention

- Develop appropriate educational materials for PHC interventions in Suleja and Rafi LGAs.

Zone B

- Adapt EPI flipchart and pamphlet for Ogun, Ondo, and Oyo States.

- Develop ORT educational materials for Bendel and Lagos States.

Training/Institutionalization

- Conduct PHC/health communication training of TBAs, clinic staff, school teachers, and community leaders required to support the intervention in Suleja and Rafi LGAs.

- Conduct the follow-up Health Communication Planning and Production Workshop for Zone B multidisciplinary teams HEALTHCOM trained in formative research.

- Participate in the CCCD-sponsored Health Education Seminar on malaria for Zone C MOH health education and EPI management personnel.

- Provide technical assistance to ARHEC to strengthen their health communication curriculum for the health education advanced diploma and masters degree programs.

- Participate in the annual ARHEC/CCCD Health Education Management Workshop. This year it will be devoted to malaria control.

PHILIPPINES

Planning/Management

- Prepare an end-of-project report by September 1990.
- Visit the Philippines in October 1989 together with Bill Smith to review the results of the Metro Manila Measles Vaccination Campaign and the plans for the CDD test markets scheduled for launch in 1990.
- Visit the Philippines before September 1990 to review the status of project deliverables.
- Prepare a plan for the phasing in of activities under the new bilateral Child Survival Project.

Research/Monitoring

- EPI Program
  - -- Conduct the baseline study for the nationwide measles vaccination campaign.
  - -- Undertake the following pre-campaign research and monitoring activities: logistics review, health center studies, pretesting of campaign materials.
- CDD Program
  - -- Conduct the second-wave tracking study by January 1990.
  - -- Pretest the campaign materials for the three test markets.
  - -- Undertake the nationwide baseline survey among mothers in October-December 1989.
- ARI Program
  - -- Complete the analysis and prepare the report on the ARI Behavioral Study.

Mass Media Programming (Broadcast and Print)

- Launch the nationwide measles vaccination campaign and the CDD test markets Module B (product selling phase.)
- Produce all print and broadcast materials for the campaigns, conduct sales conferences, press conferences.

Face-to-face Programming

- Conduct sales conferences with all participating health centers; nationwide urban for the EPI program and Regions VI, VII, and X for the CDD program.

Training/Institutionalization

- Conduct the social marketing seminar for DOH health educators in collaboration with Mary Debus.

- Produce the EPI case study Managing a Communication Program on Immunization to serve as reference material for health educators as they develop social marketing programs for the DOH. Produce a case study on the CDD communication program. Design a training plan that will identify a mechanism to encourage the use of these two case studies by health educators nationwide.

PAPUA NEW GUINEA

Planning/Management

- Provide technical inputs for the revisions needed on the video "Making Things Clear." Consult with PRITECH and WHO on the necessary revisions.
- Prepare an end-of-project report and submit to USAID and the PNG DOH.
- Undertake a final project visit before June 1990 and reach closure on project administrative matters with USAID and PNG DOH.

Research/Monitoring

- Conduct final testing and print the "mother's cards" about treating and preventing diarrhea in the home.
- Further develop a simplified diarrhea diagnosis and treatment chart for pilot use in Rigo District, Central Province and Six Mile Clinic in National Capital Region.
- Develop ORS Packet Usage Study with the University of PNG Medical College. Also develop a comparative study among mothers given instructions on home-available fluids.
- Develop one-liter plastic container design and packet label designs and submit to DOH for approval and use in the CDD program.

Mass Media Programming (Broadcast and Print)

- Develop a plan for the use of 30- and 60-second spots on diarrhea. Assist the TV station in the production of TV spots, by providing technical assistance on the technical content of such TV spots.
- Assist the commercial company providing video rentals in Port Moresby to insert health messages in the videos rented out. Provide technical assistance in the development of appropriate messages, in the use of other HEALTHCOM spots after pretesting in PNG.

Face-to-face Programming

- Continued monitoring and evaluation of Madang province Nutrition project. Submit interim report by April 1990.

Training/Institutionalization

- Resident advisor to serve as facilitator for WHO sponsored CDD training course for Provincial Health Officers scheduled March 1990.
- Assist DOH and the SOMARC project in the use of health communication and social marketing for the family planning program of DOH.

Assist the DOH, Department of Education, Prime Minister's Unit, the National Broadcast Corporation, the Australian High Commission and the Census Bureau in the development of a study to determine rural ownership and access to radio and TV. This effort is part of the attempt to have DOH play a coordinating role in the promotion of social marketing in PNG.

PARAGUAY

Breastfeeding activities will be highlighted.

Planning/Management

- A plan and budget have been written, based on interviews and research conducted in October 1989.

- Project management will be provided by: (1) hiring Jose Maria Espinola on a consultant basis to assist with logistics when training activities are held; (2) backstopping from the Washington, DC, staff for technical, financial, and logistical matters; and (3) one trip to monitor and provide technical assistance.

- March--Development of national breastfeeding norms; printing of norms

- April-June--Development of model breastfeeding center

  -- designation of staff
  -- equipment purchase

Research/Monitoring

- March--Behavioral analysis study of health worker/mother interaction in maternity hospitals

- April--Workshop to design monitoring norms for national breastfeeding program; field work to oversee monitoring activities

- July--Follow-up behavioral analysis study in model breastfeeding center to gauge impact of training on health worker/mother interaction

Media Programming

- May--Production of local materials

  -- audience research
  -- research analysis
  -- message design
  -- pretesting materials
  -- revision
  -- production

Face-to-face Programming

- June--Techniques to communicate effectively with mothers in individual and group settings

Training

- All of the consultancies will provide on-the-job training by enabling MOH staff to participate in small groups or workshops to accomplish specific tasks. Topics include: behavioral analysis, development of national norms, monitoring, production of local materials, and effective interpersonal communication.

- Training will be conducted by the MOH to enable staff to understand and implement the national breastfeeding norms.

Timeline

- March — John Elder--Behavioral analysis study in maternity hospitals.
  Dr. Zambroni--Development of national breastfeeding norms; printing of norms.

- April — HIID--Training in including the monitoring component in national norms; field work to oversee monitoring activities.
  MOH--Creation of model training center for breastfeeding activities.

  -- designation of staff
  -- equipment purchase
  -- training staff in new breastfeeding norms and activities

- May — Linda Bruce/PATH/PIACT--Production of local materials; audience research; design messages based on research; conduct focus groups to pretest materials; revise and produce materials.

- June — Diane Urban--Effective interpersonal communication techniques for individual and group sessions.

- July — John Elder--Follow-up behavioral analysis study in maternity hospitals to monitor impact of training on health worker/mother interactions.

YEMEN ARAB REPUBLIC

Given the high infant mortality rates and low literacy rates prevalent in the Yemen Arab Republic, the Ministry of Health and A.I.D./Yemen launched a new project in 1987 designed to improve the public health care facilities and services in the six least-served of Yemen's twelve governorates. The Accelerated Cooperation for Child Survival Project (ACCS) seeks to improve the health situation in Yemen by:

- supporting expansion of immunization services;
- expanding and improving primary health care;
- developing the capacity of central and regional health education units to use communication to increase community knowledge, understanding, and adoption of improved health practices; and
- carrying out special studies/projects designed to improve the management and delivery of basic health services.

Administrative/Management

- HEALTHCOM proposed two highly qualified alternatives as resident advisor to replace the original choice, who was forced by family problems to withdraw. When our counterpart returned from his extended stay in the Soviet Union early in the reporting period his first choice had already negotiated another assignment. We therefore have submitted another three candidates. It is hoped that a satisfactory choice will be made and that the project can begin full operation. The recent signing of the Accelerated Cooperation for Child Survival appendix work plan by the Minister of Health increases the potential for an active six months.

- In order to provide needed infrastructure we also proposed short-term assistance to deliver and set up the new computer system, arrange training for the HEALTHCOM and HED staff; complete ordering of video equipment to provide a field-ready component to HED's system, and train available staff in its use. The MOH did not accept this offer.

- USAID has requested that HEALTHCOM agree to a no-cost extension until October, 1991. While the mechanics of this are unclear--given the change from funding for HEALTHCOM I to HEALTHCOM II--and a final decision has not been made, we are in principle in agreement with this request.

- A major focus during the previous six months was the development and official approval for the project work plan. This has now been developed and the first nine pages have been initiated by the Director of Health Education. Further discussion and agreement will be the first responsibility of the new Resident Advisor.

- It is expected that the Center for Development Communication in Cairo will provide technical assistance in Yemen as they have to the HEALTHCOM project in Jordan.

- Management responsibility for Yemen has been transferred to new Washington-based Senior Communication Advisor.

Research/Monitoring

- MOH has agreed in principle to a research-based health education campaign. These activities will be assisted by technical advisors from within Yemen where possible, and from abroad where local resources do not exist.

Mass Media Programming

- A number of options are being discussed, including mass media (TV, radio) and video used for in-house education classes in regional hospitals or clinics.

Activities Planned

- Hire, train, and post resident advisor to Sana'a.
- Complete agreement on work plan.
- Prepare 6-12 month activity plan for HEALTHCOM activities.
- Launch initial communication activities.
- Field short term consultants as needed.

ZAIRE

In FY 1990, the major focus of HEALTHCOM activities will be to continue building an infrastructure of IEC capacity in the region of Shaba and in particular, in the health zones of Ruashi (including the city of Lubumbashi) and Kabongo. Thus, the focus of activities will be continued.

Training/Institutionalization

- Train Ruashi Maman Bongisa team in social mobilization and child survival technologies.
- Train village health workers in health education skills in Kabongo.
- Continue training health workers in Ruashi and Kabongo in interpersonal communication and health education skills (two in Kabongo and one in Ruashi).
- Conduct one two-week workshop in IEC strategy design for 16 medical leaders from Shaba, Kassai Orientale, and Kassai Occidentale.
- Conduct two two-week workshops in communication skills and curriculum development for nursing school instructors from the 16 schools throughout the Shaba region.
- Organize condom distribution program. Train team of supervisors and orient barmen and hotel owners to promote condom sales to clients.
- With AIDSCOM assistance, conduct a workshop for 12 nurses in counseling skills for work with HIV positive individuals.

Another major area of activity is in **Mass Media Programming and Materials Development** to support the face-to-face communication training of HEALTHCOM.

Print/Graphic Design

The resident advisor anticipates the development of several types of print and graphic materials in collaboration with PATH:

- A theme logo for well baby centers (Centre de Sante where people can get information on diarrheal disease management, vaccinations, and other pertinent child health care information.
- Basic messages with illustrations on immunization and oral rehydration to be used in various promotional activities throughout the region.
- A series of aides memoires for Mamans Bongisas featuring key messages on child survival technologies.

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Other Graphic Materials To Be Developed

- Certificates of merit for mothers of children who are completely vaccinated.
- A commemorative cloth (pagne) for mothers and health workers to wear, and health banners in Swahili and French for main boulevards.
- Posters, coasters, and point-of-purchase promotional items in support of condom distribution for AIDS prevention.
- Certificates of participation for participants and trainers of the training-of trainers workshop on interpersonal communication and IEC.
- Produce interpersonal communication and IEC training manual to support training activities in Shaba.
- Develop a comic book on AIDS for secondary school students.

Media Development

HEALTHCOM is also helping PEV/UNICEF/Rotary International carry out an immunizations campaign for the cities of Lukasi and Lubumbashi. Specifically, HEALTHCOM will help develop broadcast media and graphic support for the campaign.

In addition, **research** activities contribute to strengthening IEC in Shaba:

- Present in Lubumbashi results of the baseline KAP survey conducted by Annenberg School of Communication to the medical community, and PEV, UNICEF, Rotary International, and University of Lubumbashi representatives. A similar presentation to be made in Kinshasa for USAID, SANRU, UNICEF, PEV, and University of Kinshasa representatives.
- In order to plan and measure effectiveness of health worker training, conduct observation studies of health education talks in the Ruashi and Kabongo health zones including exit interviews with mothers attending health talks.

APPENDIX E

HEALTHCOM I DELIVERABLES STATUS REPORT

HEALTHCOM PROJECT DELIVERABLES*

MASTER LIST--Required, Approved, and Drafted

IMPLEMENTATION PLANS (required for each country site)

Ecuador Implementation Plan

Guatemala Implementation Plan

Honduras Implementation Plan

Indonesia Implementation Plan (West Java)

Jordan Implementation Plan

Lesotho Implementation Plan

Malawi Implementation Plan

Mexico Implementation Plan

Nigeria Implementation Plan

Papua New Guinea Implementation Plan

Paraguay Implementation Plan

Zaire Implementation Plan

In draft form:

Philippines Implementation Plan

SEMIANNUAL REPORTS (8 required, plus annual report for FY 1990)

HEALTHCOM Semiannual Report I; September 1985 - March 1986

HEALTHCOM Semiannual Report II; April 1, 1986 - September 30, 1986

HEALTHCOM Semiannual Report III; October 1, 1986 - March 31, 1987

HEALTHCOM Semiannual Report IV; April 1 - September 30, 1987

HEALTHCOM Semiannual Report V; October 1, 1987 - March 31, 1988

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*current as of January 1, 1990.

HEALTHCOM Semiannual Report VI; April 1, 1988 - September 30, 1988

HEALTHCOM Semiannual Report VII; October 1, 1988 - March 31, 1989

HEALTHCOM Semiannual Report VIII; April 1 - September 30, 1989

EVALUATION PLANS (required for each country site)

Research Plan: Plan for Further Analysis of the Data Sets from Honduras and The Gambia. Applied Communication Technology. June 30, 1986.

Evaluation Plan: Ecuador. Annenberg School of Communications, University of Pennsylvania. February 1986.

Evaluation Plan: Guatemala. Annenberg School of Communications, University of Pennsylvania. January 1987.

Evaluation Plan: Central Java, Indonesia. Annenberg School of Communications, University of Pennsylvania. August 1988.

Evaluation Plan: West Java, Indonesia. Annenberg School of Communications, University of Pennsylvania. March 1988.

Evaluation Plan: Jordan. Annenberg School of Communications, University of Pennsylvania. August 1988.

Evaluation Plan: Lesotho. Annenberg School of Communications, University of Pennsylvania. April 1987.

Evaluation Plan: Nigeria. Annenberg School of Communications, University of Pennsylvania. November 1987.

Evaluation Plan: Paraguay, October 1988. Annenberg School of Communications, University of Pennsylvania.

Evaluation Plan: Philippines, 1988-1989. Annenberg School of Communications, University of Pennsylvania.

RESURVEYS (required in Honduras and The Gambia)

Preliminary Report on the Results from the 1987 Resurvey in The Gambia. Applied Communication Technology. February 1988.

Preliminary Report on the Results from the 1987 Resurvey in Honduras. Applied Communication Technology. February 1988.

In draft form:

The HEALTHCOM Resurvey of Oral Rehydration Therapy Practices in Honduras. Applied Communication Technology. July 1989.

TECHNICAL ADVISORY GROUP MEETINGS (required annually)

HEALTHCOM Technical Advisory Group Meeting Summary Report I: January 28-29, 1987.

HEALTHCOM Technical Advisory Group Meeting Summary Report II: February 9, 1988.

HEALTHCOM Technical Advisory Group Meeting Summary Report III: February 23, 1989.

EVALUATION REPORTS AND FINAL REPORTS (required for each country site)

Communication and Health Literacy--Evaluation of the Peru Program, 1984-1985. Annenberg School of Communications, University of Pennsylvania. June 1987.

Final Report: Clinical Training Project for Administration of Oral Rehydration Therapy, Program of Prevention and Control of Diarrheal Diseases (PRECED) Mexico. Dr. Martha Lopez de Montero. April 1987.

Communication for Diarrheal Disease Control: Evaluation of the Swaziland Program 1984-1985. Annenberg School of Communications, University of Pennsylvania. 1986.

In draft form:

Final Report: HEALTHCOM Project in Malawi, May 3, 1986 - July 31, 1988. Deborah Helitzer-Allen. (awaiting evaluation addendum)

HEALTH PRACTICE STUDIES (10 required)

"Immunization Education in Nigeria: Evaluation and Improvement of a Clinic Program." E. Scott Geller, Galen R. Lehman, Judith A. Graeff, Mark R. Rasmuson. (Submitted for publication.)

"A Behavioral Approach to Acute Respiratory Infection (ARI) in Honduras." John Elder, Peter Boddy, Patricio Barriga, Ana Lucila Aguilar, Hector Espinal. (Submitted for publication.)

"A Behavior Analysis Approach to Studying the Promotion of Oral Rehydration Therapy in Guatemala." John Elder, Maria Eugenia Pratdesaba, Olga Polanco Pineda, Leonel Ayala Aguilar, Esvin Rolando Lemus, Osmín Reina Enriquez, Orlando Marroquín, Kjell I. Enge, Judith A. Graeff, Diane Urban, José Romero. International Quarterly of Community Health Education. Vol. 9(2), 139-150. 1988-89.

"How Much ORS Solution is Actually Administered During Home Based Therapy?" Paul E. Touchette, John Elder, Moises Nagiel, Peter Spain. (Accepted for publication by the Journal of Tropical Medicine and Hygiene, London.)

SPECIAL REPORTS (8 required)

Communication for Child Survival. Mark R. Rasmuson, Renata E. Seidel, William A. Smith, and Elizabeth Mills Booth. June 1988.

Communication Pour la Survie de L'Enfant. (French translation of the above.)

Comunicación para la Salud del Niño. (Spanish translation of the above.)

A Handbook for Excellence in Focus Group Research. Mary Debus. Porter/Novelli. 1988.

Un Seminaire sur la Recherche Qualitative. (French translation of the above.)

Manual para Excelencia en la Investigación Mediante Grupos Focales. (Spanish translation of the above.)

Social Marketing: Its Potential Contribution in the Public Sector. Alan Andreasen. September 1988.

Patterns and Persistence of ORT Use During Intensive Campaigns in Honduras and The Gambia. Applied Communication Technology. September 1988.

Institutionalizing a Methodology for Public Health Communication: A Midproject Report. September 1988.

Measuring Use of Oral Rehydration: Conceptual Issues and Evidence from HEALTHCOM Surveys. Annenberg School of Communications, University of Pennsylvania. 1988.

FIELD NOTES (40 required)

"Developing a Questionnaire to Examine Acute Respiratory Infection Among Honduran Children." Carol Baume. October 1987.

"Expanded Program of Immunization, Swaziland--School Broadcasts to Grades Five and Six." Esta de Fossard. July 1986.

"Pretesting Health Education Materials." Edward F. Douglass.

"Comparison of Key Variables Before and After ORT Intensification in Garut Kabupaten, Indonesia." Jeffrey McDowell and Zhong Zheng.

"Art Serves Health Education: Training the Communication Team Artists." Ann B. Jimerson.

"Reporting Research Results as Information Exchange: A View from Niger State, Nigeria." P. Stanley Yoder.

"Training Ecuadoran Health Communication Professionals in the Use of Qualitative Research Techniques." Robert J. Gould.

"Pretesting Materials in Malawi: An Example of Improvement in Communications." Deborah Helitzer-Allen, Lawrence Kapachika, Stacey Lisset, Julia King, and Trisha Droney.

"Collecting Information in the Field: An Experience in Designing Record Forms for Traditional Birth Attendants in Malawi." Deborah Helitzer-Allen.

"Intricacies of Planning a Workshop on Uses of Communication and Community Participation for Oral Rehydration Therapy Programs in Paraguay." Diane Urban and Jose Maria Esp nola.

"Institutionalization of the HEALTHCOM Methodology in Lesotho." Edward J. Douglass.

"Understanding the Diarrhea Problem in the Philippines: Recommendations for Health Communication." Susan Zimicki.

"Diarrhea Case Management in Rural Indonesia: Effective Training for Community Health Workers." I.B. Mantra, John Davies, Omaj M. Sutisna Putra, T.D.J. Louis.

In draft form:

"Guatemala Baseline Survey: Basic Tables and Implications for Strategy." Robert Hornik, Orlando Marroquín, Nancy Morris, José Romero, Karin Wilkins, Susan Zimicki.

"Ethnomedical Research for Formative Purposes: An Example from Nigeria." P. Stanley Yoder.

"One Step at a Time: A Strategy for Public Health Education in Nigeria." Galen Lehman and Scott E. Geller.

"Immunization Coverage in Niger State." Judith A. McDivitt, P. Stanley Yoder, and Christopher P. Koepke.

"Social Marketing of Oral Rehydration Salts in Rural Indonesia: The Mothers' Perspective." I.B. Mantra and John Davies.

"Strategy in Focus: Development of a New ORS Product Identity for Mexico." Mary Debus.

"Guidelines for Carrying out In-depth Interviews about Health in Ecuador." Nina Ferencic.

" 'For Healthy Children We Work': Long Distance Education Technology." Reynaldo Pareja.

"Production of a Community Flip Chart: Its Structure and Dynamics." Reynaldo Pareja.

"A Live Logo is More than Just a Logo." Reynaldo Pareja.

"Graphic Design and Health Education." Maria Claudia De Valdenebro.

"Honduras Private Sector Social Marketing for ORS." Susan Saunders, et al.

"The 'Learning Community': A Tool for Institutionalizing HEALTHCOM." Patricio Barriga.

"The Medium and the Message: Culturally Appropriate Channels for Health Communication." Elayne Clift.

"From Idea to Mass Media: Teaching Mothers the Idea of Dehydration." José Hernandez, Cecilia Verzosa, et al.

"Launching a Social Marketing Project for Immunization in Metro Manila." Cecilia Verzosa, José Hernandez, et al.

"The Development of Counseling Cards for Community Health Workers as an Aid to Teaching Mothers Proper Diarrheal Case Management in West Java Province, Indonesia." Terry Louis, Renata Seidel, et al.

"One Organizational Model for Collaborative Technical Assistance." Thomas A. Reis, Renata Seidel, et al.

"The Use of Integrated Media for Vitamin A Capsule Social Marketing Activities in Central Java, Indonesia." Thomas A. Reis, Renata Seidel, et al.

"Building Management Systems on Cultural Traditions in Developing Countries: An African Example." Donald P. Mullally, et al.

"Adapting the Tools to the Field: Training in Use of Focus Groups." Jeanne Moulton and Anne H. Roberts.

"Breastfeeding Practices in Jordan: Dealing with the Future." Anne H. Roberts.

"Lesotho Baseline Survey Report: Knowledge and Practices Concerning Diarrhea and Vaccinations." P. Stanley Yoder, Karin Wilkins, et al.

"Lessons in Creating a Communications Training Video for Health Workers." Andrew Piller.

"Consensus-Building as the Basis for Designing Communication Strategies in Zaire." Joan Schubert, et al.

"Models for Monitoring and Supervising a Public Health Communication Program." Joseph J. Valadez.

LDC WORKSHOPS (3 required, 1-3 weeks each)

HEALTHCOM conducted a workshop in July, 1986, in order to provide training for 18 potential HEALTHCOM resident advisors and core consultants on the application of the HEALTHCOM educational methodology to comprehensive health communication planning. Training in social marketing, behavior analysis, and instructional design was provided during four days in Washington and ten days in Honduras.

HEALTHCOM staff in Indonesia collaborated with the Center for Community Health Education in conducting a workshop to outline a detailed marketing communication strategy for CDD. The week-long conference began on June 21, 1988, and brought together 30 Indonesian health officers from the central and provincial levels as well as foreign consultants and A.I.D. officials. The participants reviewed the lessons learned from CDD programs in West Java, Central Java, and other HEALTHCOM countries, as well as information gathered by UNICEF and the Directorate of Nutrition. In the two weeks following the meetings, a working group completed a draft strategy plan, which includes details of case management, audience segmentation, message development, and media, as as an elucidation of the four Ps of marketing (product, price, place, and promotion) in the Indonesian context. The resulting strategy will serve as a guide for national and provincial health planners.

The HEALTHCOM Project collaborated with the Federal Ministry of Health, the Federal Radio Corporation of Nigeria, UNICEF, and CCCD in organizing two major training workshops to improve health education. The first took place from June 28 to July 1 in Minna, and focused on Health Education Management and Supervision. Sixteen zonal health educators and EPI managers from Niger State participated, and the Permanent Secretary of Niger State Ministry of Health attended as guest of honor. Participants formulated zonal health education work plans for CDD and EPI, developed a health education supervision checklist, and laid the basis for coordination among the zones at the supervisory level. The second workshop took place in Minna (July 4-8) and Kaduna (July 11-22) and focused on Mass Media and Communication Planning and Production. Radio station managers from five states and the Federal capital and 13 members of the Niger State Committee for Community Health Mobilization participated in the Minna portion of the training. An additional 23 state health educators and program managers from each state participated in the entire workshop. Attendees produced four broadcast quality radio programs on EPI, one on diarrhea control and one on nurse-patient relationships according to a systematic methodology based on audience research.

HEALTHCOM and its counterpart organization in Jordan, the Noor Al-Hussein Foundation, conducted a workshop on "Creative Media Message Development for Health" on June 24-28, 1989, in Amman. Twenty-five Jordanian specialists in the fields of information and public health participated. The prime presenter was Dr. Farag Elkamel, Director of the Center for Development Communication in Egypt. The two primary goals of the workshop were to create a team of local experts who will assist the Foundation in launching a number of public health communication programs, and to introduce HEALTHCOM's purpose and methodology with special emphasis on research-based message development. Participants from a variety of institutions including Jordan Radio and Television Corporation, UNICEF, United Nations Relief and Works Agency (UNWRA), Yarmouk University, the Ministry of Health, and private sector information agencies, worked together to develop and pretest messages in the participatory workshop.

A National Seminar on Breastfeeding in Jordan, held October 17-18, 1988, under the patronage of Her Majesty Queen Noor Al-Hussein, brought together 130 influential representatives of health care, communication, education, community, and religious groups that can play a role in breastfeeding policy, promotion, and practices.

From October 20-November 2, 1988, Stanley Yoder of the Annenberg School of Communications and HEALTHCOM Zaire Resident Advisor Joan Schubert conducted a training workshop on how to prepare, conduct, and analyze focus group discussions. Fifteen health and mass media technicians from the Lubumbashi social mobilization team attended the two-week session.

HEALTHCOM conducted a project implementation workshop in Zaire from January 16-20, 1989. Twenty-three representatives from the national, regional, and zonal levels participated in the five-day workshop held in Lubumbashi (Shaba Region) where HEALTHCOM's resident advisor is based and where the project will focus its initial activities.

HEALTHCOM assisted the Promotion Unit of the Ministry of Health in Guatemala in organizing and carrying out the LITROCOM/Guatemala 1989 Conference which took place over three days in April. This was the first response worldwide to the recommendation of ICORT III that countries hold national conferences to define goals, policies, and programs for ORT. The Minister of Health attended and signed three conference documents to signify the government's commitment to a five-year ORT program. The documents, which cover maternal/child health, health education, and promotional aspects of ORT, were produced by 85 participants from Guatemala's public and private sector, and from international agencies including A.I.D., PAHO, and UNICEF.

In April of 1989 HEALTHCOM consultant Linda Bruce (PATH) conducted a three-day workshop in Paraguay for the development of educational and promotional materials for the breastfeeding program. Participants in the workshop included MOH staff members, advertising agency staff representatives, and social marketing research agency representatives. The director of the MOH Health Delivery Services gave the keynote address. The week following the workshop participants jointly developed a draft brochure and poster based on their experience in focus groups with urban mothers.

In order to strengthen the infrastructure for health education in the focus region of Shaba, Zaire, HEALTHCOM conducted a three-week training-of-trainers (TOT) workshop in May-June, 1989, for 14 local health educators and related health professionals. These participants learned basic interpersonal communication skills to be used in training clinic-based health educators in two Shaba health zones. They learned how to use focus groups to understand the community; to use visual aids; to create and use communication channels effectively, including folk media; and to prepare simple self-evaluation tools. The workshop also addressed larger issues such as planning and management, team building, adult learning skills, and counseling. Workshop trainers included local chief medical officers and training consultants from Zaire and the CCCD Project.

In June 1989, HEALTHCOM assisted in conducting a one-week workshop entitled "Scriptwriting for Health Communication" in Amman, Jordan, to establish a practical methodology for improving the quality and efficiency of message production. The workshop, attended by 21 scriptwriters and producers from radio and television, MOH health educators, and other HEALTHCOM collaborators, stressed team planning and integrated development communication concepts with practical writing and message production skills. The workshop provided participants with opportunities to write, defend their decisions, and learn the techniques of systematic and supportive analysis of their work. The workshop was facilitated by AED consultants Esta de Fossard and Tahir El Amouri.

In September 1989, HEALTHCOM Indonesia resident advisors planned and conducted a one-week workshop for NGOs entitled Social Marketing for Child Survival at the request of Helen Keller International and USAID and with funding from those organizations. The workshop introduced social marketing principles to representatives of 41 Indonesian NGOs. Presenters described social marketing concepts, then helped participants to learn and to begin using opportunity analysis, product research, anthropological research, survey research, interpersonal communication, mass media promotion, pretesting, monitoring, and evaluation. HEALTHCOM resident advisors assisted presenters to prepare and give presentations. Participants worked in small groups to write marketing strategies for five child survival activities.

In September 1989, Dr. Joseph Valadez, Harvard Institute for International Development monitoring expert, conducted a four-day workshop on Monitoring, Supervision, and Evaluation for more than 35 individuals representing five departments and nine regions of the Ministry of Health. Monitoring techniques were applied to areas as diverse as the development and implementation of norms, communication with mothers during home visits, and production of radio spots. Dr. Valadez also returned to Guatemala in October to help health area medical directors add a monitoring component to their plans.

FACULTY WORKSHOPS (1 required, 2-5 days)

From July 11-15, HEALTHCOM conducted a workshop at the Academy for Educational Development for senior faculty in schools of public health both here and abroad to introduce them to the HEALTHCOM methodology and to encourage linkages between U.S. and LDC-based institutions. The participatory seminar brought together experts from a variety of disciplines related to public health. It is anticipated that the attendees will incorporate the HEALTHCOM methodology into existing curricula and develop models for linkages. The seven participants included representatives from UCLA, The Johns Hopkins University, Harvard University, Tulane University, University of North Carolina, the Asian Institute of Management, and the University of Kinshasa (Zaire).

REGIONAL WORKSHOPS (3 required, 2-5 days each)

HEALTHCOM conducted a Latin America Regional Workshop in Santo Domingo, Dominican Republic, from January 9-12, 1989. Resident advisors and their counterparts from Ecuador, Guatemala, Honduras, Mexico, and Paraguay attended the workshop together with several members of the Washington staff, as well as other invited guests. The purpose of the workshop was to monitor, modify, and update the health education methodology being used in national child survival programs. Participants discussed issues such as institutionalization, community participation, and program administration in the region. The workshop also included a two-day management seminar conducted by Academy staff member Randy Adams. (Workshop report approved--English and Spanish.)

HEALTHCOM conducted an Africa Regional Workshop in Nairobi, Kenya, from April 16-18, 1989. Participants included resident advisors and their counterparts from Lesotho, Nigeria, and Zaire. The meeting focused on three topics: project management and implementation; refining the methodology for greater sustainability; and development of academic and training programs through linkages with indigenous institutions. The meeting resulted in a set of recommendations aimed at future research, evaluation techniques, information dissemination, training, and institutional collaboration. Community participation was also a major agenda item. (Workshop report approved.)

HEALTHCOM conducted an Asia Regional Workshop in Puncak, West Java, Indonesia, from May 29-June 2, 1989. Participants included resident advisors and their counterparts from Indonesia (three sites), Papua New Guinea, and the Philippines. The agenda included country status reports and discussions on methodology development, research and evaluation, sustainability and institutionalization, and training. Special topics of interest included the process of engaging decision-maker support for programs, the importance of long-term communication planning, and the need to assist ministries in a wide range of PHC efforts, as opposed to isolated vertical programs. (Workshop Report drafted.)

VIDEOTAPES (3 required)

Miriam: El uso Exitoso de la Terapia de Rehidratac on Oral. (A 23-minute training video regarding ORT, for medical students.) Pan American Health Organization and the Academy for Educational Development, 1987.

A Promise in the Keeping. (A 12-minute video narrated by Nick Clark. Available in English, French, and Spanish.) HEALTHCOM and Media Ventures International.

Health Communication: Partnerships for Survival. (A 30-minute videotape.) HEALTHCOM and Hr Productions. Produced in English; Spanish and French versions in process. Brochure also in process.

PUBLICATIONS, PAPERS, PRESENTATIONS (30 required)

Articles and Papers

Integrating Health Education Themes: The Honduras Experience, produced by the Honduran Ministry of Public Health and HEALTHCOM.

Leçons Tirées de Cinq Pays and Lecciones Sacadas de Cinco Paises, French and Spanish translations, respectively, of Lessons from Five Countries, a review of MMHP.

Participacion Comunitaria en el Control de Enfermediades Diarreicas Ecuador. Quito: 1984.

Communications and Community Participation in the Control of Diarrheal Diseases in Ecuador. (Translation of the above.)

Elizabeth Booth. "HEALTHCOM Training Seminar Summary Report." (Report of the training for resident advisors held in Washington, DC, and Honduras.)

Communication, Community, and Health: Final Report of the Honduras Water and Sanitation Communication Project.

Edward Green. "Diarrhea and the Social Marketing of Oral Rehydration Salts in Bangladesh." Social Science and Medicine. Vol. 23, No. 4.

Edward Green. "Anthropology in the Context of a Water-Borne Disease Control Project." Chapter 7 of Practicing Development Anthropology. Boulder, London: Westview Press, 1986.

Ray Martorell, Dennis Foote, and Carl Kendall. "Health Education as a Strategy for Improving the Management of Diarrhoea." Proceedings of the XIII International Congress of Nutrition. T.G. Taylor and N.K. Jenkins (Eds.), London, Paris: John Libbey, 1986, pp. 119-123.

William Smith and Barbara Furst. "Partners for Survival: The Role of Communications in Reducing Infant Mortality." Revista Internacional de Pediatrica.

William A. Smith. "Communication and Social Marketing for Health," AED Occasional Paper No. 15.

"Integrated Marketing Communications and Promotion Programs." Chapter 23 in Shimp and DeLozier, Promotion Management and Marketing Communications.

Bonilla, Mata, and Booth. "Bridging the Communications Gap: How Mothers in Honduras Perceive Immunization" in Assignment Children.

"The Health Technologies." HEALTHCOM, Washington, DC 1986.

"Marketing for Public Health: A Consumer Strategy That Works," presented by William Smith at the A.I.D. HPN Officers' meeting, June 23, 1986.

Elizabeth Booth. "Social Marketing Case Study: Honduras Breastfeeding Program," in Breastfeeding: Can Social Marketing Make a Difference. Social Marketing International Association. September 1987. Queretaro, Mexico.

Elayne Clift. "The Communications Impact: Ways to Increase Child Survival." Journal of American Medical Writers Association. July 1987.

John Elder, T. Schmid, M. Hovell, Craig Molgaard, Judith Graeff. "The Global Relevance of Behavioral Medicine: Health and Child Survival in the Developing World." Annals of Behavioral Medicine. Accepted for publication.

Robert Hornik. "The Knowledge-Behavior Gap in Public Information Campaigns: A Development Communication View." Chapter in Information Campaigns: Managing the Process of Social Change. Newbury Park CA: Sage Publications. Accepted for publication.

Mark Rasmuson and Haddy Gabbidon. "Nutrition Education and ORT: The Gambian Experience." Prepared for the Nineteenth Annual Meeting of the Society for Nutrition Education, July 6-11, 1986.

Mark Rasmuson, Renata Seidel, and Haddy Gabbidon. "Dietary Management of Diarrhea: The Gambian Experience." Journal of Nutrition Education. Accepted for publication.

Renata Seidel. "Mercadeo Social de Salud, Por Que es Necesario y Como Se Hace." ("Marketing Health--Why It's Necessary and How It's Done"). CHASQUI no. 27. (February 1989).

Peter Spain and Judith McDivitt. "Continuous and Non-continuous Use of WSS Solution for Oral Rehydration Therapy Among Rural Gambian Women." Journal of Tropical Pediatrics 34 (April 1988) 88-90.

Peter Spain. "Sodium Content and Osmolality of Home-mixed Oral Rehydration Solution." Journal of Diarrhoeal Diseases Research. Accepted for publication.

Elayne Clift. "Social Marketing and Communication: Changing Health Behavior in the Third World." American Journal of Health Promotion 3:4 (Spring 1989).

Elayne Clift. "Diffusion and Development: Challenges to Institutionalization from a Women-in-Development Perspective." Michigan State University WID Program Working Paper No. 186 (May 1989).

William A. Smith. "Consumer Demand and Satisfaction: The Hidden Key to Successful Privatization." HEALTHCOM Project. June 1989.

Elayne Clift. "HEALTHCOM: A Communication Methodology for Health in the Third World." Health Education Research: Theory and Practice. Accepted for Publication.

Robert Hornik. "Channel Effectiveness in Development Communication Programs." In R. Rice and C. Atkins (eds.) Public Communication Campaigns. Newbury Park, CA: Sage Publications, 1989.

Conferences and Presentations

May 11, 1986--Stephanie B. Stolz--Japanese Association for Behavior Analysis conference, Tokyo--presentation--"Behavior Analysis and Real World Problems"

June 12-13, 1986--Anthony Meyer, A.I.D. Office of Education, and Robert Clay, A.I.D. Office of Health--National Council for International Health annual conference, Washington, DC--panel discussion--uses of behavior analysis in health communication and specifically in the promotion of child survival technologies. Discussants: Drs. Paul Touchette, Scott Geller, and James Holland.

June 12-13, 1986--HEALTHCOM--NCIH Conference--exhibit booth.

July 11, 1986--Mark Rasmuson, Anthony Meyer, and Haddy Gabbidon--Society for Nutrition Education meeting, Washington, DC--panel--social marketing for ORT in The Gambia, Honduras, and Swaziland.

August 8, 1986--Elayne Clift--Georgetown University School of Nurse Midwifery--presentation--social marketing for nurse midwives.

August 15, 1986--William Smith--Ministry of Natural Resources, Honduras--presentation--HEALTHCOM role in Honduras.

August 23, 1986--William Smith, Paul Touchette, John Elder, James Holland, Douglas Porter, and Anthony Meyer--American Psychology Association annual meeting, Washington, DC--panel--uses of behavior analysis in the promotion of child survival technologies.

Sept. 28-Oct. 1, 1986--Mark Rasmuson--American Public Health Association annual meeting, Las Vegas--paper presentation, panel, poster session--role of health communication in child survival programs.

Sept. 28-Oct. 1, 1986--Judith McDivitt--American Public Health Association annual meeting, Las Vegas--presentation--HEALTHCOM and its methodology.

October 3, 1986--William Smith--Costa Rican Pediatrics Society meeting, San Jose--three speeches--HEALTHCOM Project and health worker training.

October 8-10, 1986--Diane Urban and Mario Bravo--National Medical University conference and Ministry of Health National Conference for Physicians and Nurses, Paraguay--presentations--role of communication in child survival programs.

October 21, 1986--William Smith--Miami Children's Hospital--teleconference--communication for oral rehydration therapy.

November 18, 1986--Mark Rasmuson--LAC Bureau health officer's conference--Annapolis, MD--presentation--HEALTHCOM Project.

October 1-3, 1985--William A. Smith--WHO, Geneva--presentation--HEALTHCOM methodology.

October 15, 1985--William A. Smith--The Johns Hopkins University, Baltimore--presentation--HEALTHCOM Project.

December 5, 1985--William A. Smith, Norbert Hirschhorn (John Snow Health Group), Kenneth Bart (A.I.D. Office of Health)--USIS, Washington, DC--press conference--child health.

January 13, 1986--William A. Smith--NCIH conference, Washington, DC--presentation--communication and child survival.

January 22, 1986--Mark Rasmuson and Deborah Helitzer-Allen--Centers for Disease Control, Atlanta, GA--presentation--international health and malaria.

January 22, 1986--William A. Smith--Miami Children's Hospital, Miami, Florida--presentation--HEALTHCOM Project.

January 29, 1986--William A. Smith--Puentes de Salud (voluntary organization), Peru--presentation--integrated treatment of infant diarrhea.

February 3-4, 1986--Elizabeth Booth--U.S. Fish and Wildlife Service and Puerto Rican Ministry of Natural Resources conference, San Juan, Puerto Rico--paper presentation--planning and administering public communication programs for environmental protection.

February 26, 1986--William A. Smith--physicians in Ecuador--presentation--application of behavior analysis to primary health care.

March 4, 1986--Judy Brace and Reynaldo Pareja--Doctors, nurses, medical, and nursing school staff seminar, Ecuador--presentation and panel discussion--use of communication in promoting oral rehydration therapy around the world.

March 16-21, 1986--Mark Rasmuson--CCCD Project Annual Consultative Meeting, Brazzaville--presentation--Swaziland evaluation results and description of HEALTHCOM.

April 2-4, 1986--William A. Smith--International Conference on Oral Rehydration Therapy, Mexico City--two presentations--use of health communication for oral rehydration.

April 18, 1986--Dennis Foote and Judith McDivitt (ACT)--Department of Radio, Television, and Film, University of Texas, Austin--presentation--HEALTHCOM approach and results of project in Honduras and The Gambia.

April 22, 1986--Robert Hornik, Annenberg School of Communications--University of Pennsylvania School of Nursing, Philadelphia--presentation--Swaziland project and results of project evaluation.

May 2-3, 1986--Elayne Clift--Eastern Communication Association Meeting, Atlantic City, NJ--paper presentation, panel and poster session--Health communication (paper); Peru Health Literacy Campaign (panel and poster session).

May 8, 1986--Robert Hornik--University of Pennsylvania School of Medicine--Philadelphia--Swaziland project and results of project evaluation.

May 23, 1986--Judith McDivitt, Paul Touchette, Leslie Snyder--International Communication Association meeting, Chicago, IL--panel--"Learning and Forgetting from a Multi-media Health Campaign."

June 23-26, 1986--William A. Smith--A.I.D. health, population, and nutrition officers' Technical Training Course for Child Survival, George Mason University, Virginia--two presentations--marketing and health care; and immunizations and marketing.

June 24, 1986--Mark Rasmuson--A.I.D. Technical Training Course for Child Survival, George Mason University, Virginia--presentation and panel--HEALTHCOM.

June 30, 1986--Mark Rasmuson--Society for Public Health Education mid-year scientific conference, Chapel Hill, NC--presentation--social marketing in national ORT programs.

February 26, 1987--Elayne Clift--Annual Conference of the Society for International Development, Washington, DC--presentation--case study, "Peru Health Literacy Campaign."

March 22-27, 1987--William A. Smith--V Congress of the World Federation of Public Health Associations, Mexico City--presentation--"Demand Creation for Child Survival Services."

March 31, 1987--Mark Rasmuson--CCCD Project Annual Consultative Meeting, Helen, Georgia--presentation--communication in promoting oral rehydration therapy.

April 3, 1987--William A. Smith--Uniformed Services University of the Health Sciences, National Institute of Health, Washington, DC--presentation--"Why Behavior Matters in Public Health and the HEALTHCOM Methodology."

April 16, 1987--Cecilia Verzosa and William A. Smith--The Johns Hopkins University Conference on Nutrition Interaction Programs in Developing Countries for the MPH Program, Baltimore, MD--lecture--"Social Marketing/Nutrition Education."

April 16, 1987--Elayne Clift--Association of Women in Development (AWID) Annual Conference, Washington, DC--roundtable facilitator--"Women, Communication, and Development."

April 21-1987--Mark Rasmuson--The Johns Hopkins University Department of International Health, School of Public Health, Baltimore, MD--presentation--"Marketing ORT in Honduras and The Gambia."

May 24, 1987--Judith McDivitt (ACT), Vicky Freimuth, and Renata Seidel--International Communication Association Conference, Montreal, Canada--presentations--HEALTHCOM Project.

May 25, 1987--Elayne Clift--Fifth International Women and Health Conference, Costa Rica--presentation--"Communication for Health Education for Illiterate Women."

June 1, 1987--William A. Smith--International AIDS Conference, Washington, DC--presentation--HEALTHCOM, AIDS, and child survival.

June 15-June 17, 1987--HEALTHCOM--Annual NCIH Conference, Washington, DC--papers, presentations, panels, poster sessions--various topics:

Susan Saunders--paper presentation--"New Trends: Maximizing Public and Private Sector Resources Through Collaboration."

William A. Smith--presentation--health communication and social marketing.

Mark Rasmuson--panel moderator--research and development issues.

Diane Urban--panel moderator--social marketing contributions.

John Davies and I.B. Mantra--roundtable discussions--"Social Marketing of ORT in Indonesia" and "Choosing Between Mass Media and Interpersonal Communications."

Deborah Helitzer-Allen--paper presentation--"Community Level Interaction Studies for the Control of Malaria."

Judith A. McDivitt--paper presentation--"Radio, Print, and Interpersonal Communication in Health Education."

Dennis R. Foote--paper presentation--"What Kinds of Health Knowledge and Behavior can be Changed by a CEM Program?"

Reynaldo Martorell and J. Douglas Storey--presentation--"Determinants of Oral Rehydration Therapy Adoption by Rural Honduran Mothers."

June 18, 1987--Susan Saunders--Academy for Educational Development, Washington, DC--presentation--"Social Marketing and Public Health Communications."

June 22, 1987--William A. Smith--National Institutes of Health, Washington, DC--workshop--"Lessons from HEALTHCOM for Communication Education."

June 22-23, 1987--Elayne Clift--National Academy of Sciences/Institute of Medicine Conference on the Role of Women in Improving Health in the Third World, Washington, DC--presentation--HEALTHCOM Project

June 30-July 1, 1987--Mary Debus and Michael Ramah--Ministry of Health, Mexico--two-day seminar--"Mexico: ORS Package Development and Launch Activities."

August 7, 1987--Susan Saunders--A.I.D. Office of Health and Population, Washington, DC--presentation--social marketing and mass media.

September 7-8, 1987--Diane Urban--PAHO regional meeting, Colombia--discussion--social communication plans for Latin American countries engaged in immunization (EPI) programs.

September 23, 1987--Elayne Clift--Georgetown School of Nurse-Midwifery, Washington, DC--presentation--"Social Marketing for Nurse-Midwives."

September 24, 1987--William A. Smith--Academy for Educational Development, Washington, DC--presentation--HEALTHCOM in Ecuador.

October 20-21, 1987--Elayne Clift--Outreach for Natural Family Planning Meeting, Georgetown University Institute for International Studies in Natural Family Planning--presentation--HEALTHCOM Project.

October 21, 1987--Judith McDivitt and J. Douglas Storey--Annual American Public Health Association (APHA) Meeting, New Orleans, LA--paper, presentation--"Who Responds to a Health Campaign? Factors Associated with the Maintenance of New Practices for Child Survival in two Developing Countries."

October 21, 1987--Robert Hornik--APHA Meeting, New Orleans, Louisiana--paper presentation--"Evaluation of the Effects of Communication Programs in Knowledge and Use of Oral Rehydration Salts."

November 11, 1987--Judith Graeff--Association for the Advancement of Behavior Therapy conference, Boston, MA--paper presentation--"Child Survival and International Development: A Case for Behavioral Analysis."

November 13, 1987--John Elder and Paul Touchette--Association for the Advancement of Behavior Therapy conference, Boston, MA--paper presentation--"Behavioral Approaches to the Management of Diarrheal Diseases in Developing Countries: the HEALTHCOM Project."

November 16-19, 1987--Elayne Clift--PAHO-Caribbean Region conference, Barbados--workshop--"Health Communication as Art and Science."

January, 1988--Reynaldo Martorell and J. Douglas Storey--paper--"Characteristics of Adopters of ORT in Honduras."

January 16, 1988--Renata Seidel and Judy Brace--Annual Conference of the Association for Educational Communications and Technology (AECT), New Orleans, LA--panel--"Trends in Development Communication: Report from the Field."

February 1988--Dennis Foote--San Francisco State University development communication class--presentation--"Social Marketing and Development--the HEALTHCOM Project."

February 24-25, 1988--Elayne Clift--PAHO Technical Workgroup Discussion on Health Promotion and Education, Washington, DC--workgroup--shared experiences and lessons learned; health promotion and education roles for various sectors and groups; strategies for developing and implementing health promotion and education activities; indicators to assess impact of activities; and areas for future health promotion and education activities.

March 2, 1988--Haddy Jallow-Gabbidon--Boston University School of Public Health, Boston, MA--presentation--Gambian ORT Project.

March 9, 1988--Mark Rasmuson--The Johns Hopkins University School of Public Health, Baltimore, MD--presentation--"Public Health Communication and Alternative Delivery Systems for Primary Health Care."

March 19, 1988--Dennis Foote--NCIH Regional Conference, University of San Francisco Medical Center, CA--presentation and panel discussion--ORT and other child survival activities.

March 30, 1988--Haddy Jallow-Gabbidon--Boston University School of Health, Boston, MA--presentation--ORT Program in The Gambia.

August 14, 1988--Scott Geller--American Psychological Association Meeting, Atlanta, GA--presentation--"Public Health and Child Survival in Nigeria: A Case for Applied Behavior Analysis."

April 7, 1988--William A. Smith--"Health for All and All for Health" conference sponsored by The New York Committee of the American Association for World Health in cooperation with WHO, in celebration of World Health Day 1988, UN Headquarters Building, New York--presentation--"Innovative Health Communication Strategies."

May 1988--Dennis R. Foote--Annual NCIH Meeting, Washington, DC--presentation--"Health for All: How Can We Maintain the Gains We Make?"

May 1988--Carol Baume--Annual NCIH Meeting, Washington, DC--paper presentation--"Reaching Low SES Groups: The Honduran ORT Campaign."

May 9-13, 1988--Diane Urban, José Romero, Maria Claudia deValdenebro, Orlando Marroqu n, Mercedes Castillo, and Eugenia de Pratdesaba--Subregional Central American Workshop on Social Communication, sponsored by PAHO, UNICEF, A.I.D., and AED, Antigua, Guatemala--presentation--"Guatemala's Immunization Program."

May 12-15, 1988--Judith Graeff--1er Congreso Colombiano de Analysis y Terapia del Comportamiento (1st Colombian Congress on Behavior Analysis and Therapy), Bogotá, Colombia--paper presentation and workshop--"Applicaciones conductuales Para El Incremento de la Supervivencia Infantil: El Proyecto HEALTHCOM," (paper) and "Aproximaciones Conductuales en Education Para la Salud" (workshop).

May 29, 1988--Judith Graeff--Annual meeting of the Association for Behavioral Analysis, Philadelphia, PA--presentation--"Child Survival and International Development: A Case for Behavioral Analysis."

May 29, 1988--Scott Geller and Galen Lehman--Association for Behavioral Analysis, Philadelphia, PA--symposium--"International Public Health Education: Extending Behavioral Analysis to Third World Countries."

July 15, 1988--Elayne Clift--71st Annual Convention of the Association for Education in Journalism and Mass Communication, Portland, OR--paper presentation (in abstentia)--"Diffusion and Development: Women, Media, and Primary Health Care."

August 28-Sept. 2, 1988--HEALTHCOM staff members and national counterparts from five countries--XIII World Conference on Health Education, Houston, Texas.

Peter Boddy and Hector Espinal--paper presentation--"ARI: Behavioral Observation and Communication Intervention in Honduras."

Diane Urban, José Maria Espinola, Dr. Mario Aguayo, and Rosa Javaloyes de Rojas--paper presentation--"Training, Social Marketing, and Communication of ORT in Paraguay."

Diane Urban, José Romero, Mercedes Castillo, Eugenia de Pratdesaba, Orlando Marroqu n, and John Massey--paper presentation--"Promoting the Vaccination of Pregnant Women to Protect Themselves and Their Unborn Children from Tetanus."

Deborah Helitzer-Allen--paper presentation--"The Evaluation of Utilization of the Antenatal Chemoprophylaxis Programme, Malawi."

José Rafael Hernández--paper presentation--"The HEALTHCOM Measles Vaccination Intervention in Metro Manila."

November 1988--Diane Urban--gave two seminars on "How to Plan and Organize Community Outreach Activities" for the Ministry of Health/Paraguay.

November 10, 1988--Stanley Yoder, Annenberg School of Communications--presented a paper on "Ethnomedical Knowledge and Household Surveys: Implications for Instrument Design" to the International Union for the Scientific Study of Populations meeting held in Dakar, Sénégal.

November 14, 1988--Susan Zimicki, Annenberg--gave a roundtable presentation on "Cues for Recognition of Diarrhea Severity in the Philippines" to the Annual Meeting of the American Public Health Association (APHA) held in Boston, MA.

November 16, 1988--Stanley Yoder, Annenberg--presented a paper he wrote with Christopher Koepke entitled "The Choice of Treatment for Diarrhea in Niger State, Nigeria" to the Annual Meeting of the American Public Health Association (APHA) held in Boston, MA.

December 13-16, 1988--HEALTHCOM staff participated in the Third Annual Conference on Oral Rehydration Therapy (ICORT III) held December 13-16 in Washington, DC. The project organized the ICORT III Communication Fair which focused on innovative communication techniques being implemented around the world to educate mothers and health workers about oral rehydration therapy. HEALTHCOM resident advisors and counterparts from around the world gave demonstrations.

January 18, 1989--Mark Rasmuson--gave a presentation on "Strategy Development in Health Communication Planning" the HEALTHCOM Implementation Planning Workshop held in Lubumbashi, Zaire.

February 7-10, 1989--Renata Seidel co-conducted with Vincente G. Tirol of the Press Foundation for Asia a workshop on "Clear and Effective Writing" for the PIHES staff, Department of Health, Philippines.

April 6, 1989--Diane Urban--gave a presentation on "Report on Communication Panel Findings at ICORT III" at the LITROCOM/Guatemala 1989 conference held in Antigua, Guatemala.

April 6-8, 1989--William A. Smith--gave a presentation on "Communication for Child Survival" at the LITROCOM/Guatemala 1989 conference in Antigua, Guatemala.

May 1, 1989--Mark Rasmuson--gave a presentation on "Product Strategy in Health Communication Planning: A Philippine Example" at the Johns Hopkins School of Public Health's course on Management of Disease Control Programs in Baltimore, MD.

May 5, 1989--Judith A. Graeff--gave a presentation to a public health class at the Harvard School of Public Health on "Social Marketing/Health Communication in Developing Countries."

June 12, 1989--Mark Rasmuson--gave a presentation on the HEALTHCOM methodology to program managers from developing countries who were attending the Cornell University Communication Planning and Strategy Workshop in Washington, DC.

June 12-14, 1989--William A. Smith--conducted a workshop entitled "Education for Survival" at UNICEF's New York headquarters.

June 1989--Judith Graeff, Diane Urban, Cecilia Verzosa, and Willard Shaw--participated in a symposium organized by Robert Clay, Office of Health, A.I.D., on sustaining behavioral change and institutionalization.

July 11-12, 1989--William A. Smith--gave a presentation on communication and behavior change to colleagues at the Centers for Disease Control in Atlanta, GA.

July 14, 1989--William A. Smith--gave a presentation on "Communication for Child Survival" to USAID/HPN officers at the USAID/HPN Officer Meeting in Washington, DC.

August 2-3, 1989--Judith Graeff and Patricio Barriga--participated in a technical advisory group on acute respiratory infection (ARI) organized by A.I.D. to help set policy, research, and program support priorities on ARI.

September 12, 1989--Judith A. McDivitt--gave a presentation on "Results of Research Conducted the ORT Program In West Java" to the Department of Health and USAID/Jakarta in Indonesia.

September 28, 1989--Judith A. McDivitt--gave a presentation on "Evaluation of Health Programs" at the University of Diponegoro in Semarang, Indonesia.