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YEAR 2 WORKPLAN

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HEALTHCOM II

YEAR 2 WORK PLAN

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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 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.

HEALTHCOM II (FY 1989-1994) is continuing 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. In addition, this third phase of the Agency's health communication program is focusing on **sustainability of behavior changes and institutionalization of effective health communication capacities**. New attention is being 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.

FY 90, HEALTHCOM II's first year, was a complex transitional year for the Project, as it was also the final year of the HEALTHCOM I contract and program. At the same time that the HEALTHCOM team was launching the new Project, it was closing down HEALTHCOM I programs in six countries--Philippines, Guatemala, Paraguay, Papua New Guinea, Lesotho, and West Java--and completing a number of HEALTHCOM I deliverables. As several major contract tasks remained to be completed, principally the analysis and reporting of Annenberg evaluations of the major country sites, HEALTHCOM I received a no-cost extension from AID in September, 1990, for six months--to March 31, 1991. This work plan thus includes references to remaining HEALTHCOM I tasks as well as to HEALTHCOM II plans.

Year 1 was also an important year for the appearance of several major trends affecting the Project's program and financial profile. In the first place, buy-ins from countries have not been occurring at the level projected in the HEALTHCOM II contract and those the Project is receiving are not covering full field costs, which is requiring HEALTHCOM to match the buy-ins with core funds; this has diverted funds away from important planned central initiatives, such as curriculum development and research. At the same time, a number of important new opportunities for project activity have arisen, such as requests for collaboration from WHO/EPI and PAHO, but these too are highly dependent on core funding.

Acknowledging this change in the "buy-in market" and the need for HEALTHCOM to continue extending the state of the art in health

communication and behavior change, HEALTHCOM has requested a higher level of core funding from S&T/Health and is, in this work plan, proposing a number of new centrally funded initiatives. While these activities fall under the HEALTHCOM contract's Short-term TA and Dissemination components, they are described in a separate section of the work plan, Section VI: New Initiatives.

II. COUNTRY ACTIVITIES

A. Year 2 Objectives

1. HEALTHCOM will continue working effectively in the five countries where activities and long-term advisors are carrying over from HEALTHCOM I--Indonesia (Central Java), Yemen, Zaire, Nigeria, and Honduras.

2. HEALTHCOM will initiate work in the two new long-term TA sites negotiated during year I--Senegal and Mali.

3. HEALTHCOM will develop new program activities involving either long-term or short-term technical assistance in at least two countries in each region.

B. Current Country Program Plans

1. Long-Term Assistance

INDONESIA

Planning/Management

During FY91, HEALTHCOM work in Indonesia will follow two main tracks: (1) continuation of social marketing support to the SOMAVITA Project (Social Marketing of Vitamin A) in Central Java for the semi-annual distribution of vitamin A capsules; and (2) assistance to the Nutrition Directorate in Jakarta on the development of a national social marketing program for vitamin A based on the Central Java model of February and August distribution months. The SOMAVITA project work will primarily be carried out by MOH staff members with support from HEALTHCOM Resident Advisor Tom Reis. Tom will focus more on examining strategies for addressing such project issues such as increasing capsule distribution through the cooperation of village leaders and the expansion of the pilot project to all of Central Java.

The major challenge for this year will be to help the Nutrition Directorate launch a nationwide communication program for vitamin A capsule distribution in February and August 1991. The

MOH has requested assistance from HEALTHCOM and HKI in planning, implementing, and monitoring this program. This will include the development, testing, and production of radio and television spots to be played nationally.

Research/Monitoring

The SOMAVITA Project will collect a third round of KAP data in October 1990 through another subcontract with Survey Research Indonesia but without Annenberg assistance. This survey will assess whether the increases in capsule consumption recorded in 1989 have continued at the same pace and if the posyandu system is being successful in reaching more people. Monitoring of radio spots and the distribution of capsules will also continue.

Media Programming

For the most part, Central Java will continue to use the same media (radio spots in Javanese and Bahasa Indonesia and cloth banners placed in every village) with perhaps some revisions in one or more of the radio spots. The spots will continue to be played on seven local radio stations. The Central Java Office of Health will use the same radio spots for their provincewide communications program.

Pending funding from the Nutrition Directorate, HEALTHCOM will assist in the development of radio and television spots for the nationwide communications program.

Face-To-Face Programming

In Central Java, no new training activities are planned for the 10,000 community health volunteers (kader) previously trained under the project. The project will continue to broadcast radio spots designed to increase the motivation of kader by encouraging them to carry out their vitamin A work in February and August and other spots that encourage village leaders and other community members to "thank their kader." These spots were developed based on an earlier study of kader motivation which showed that community support and positive feedback was important to them. The Central Java pilot will also continue to explore ways in which the village leadership structure can be utilized to support the vitamin A program and reach the "hard-to-reach."

The communications plan for the nationwide program will incorporate the lessons learned from Central Java on the training and support of kader and the use of village leaders.

Training/Institutionalization

No formal training activities are planned for Central Java, and institutionalization is at an advanced state. MOH officials carry out most of the work of the SOMAVITA project and are leading the expansion to the entire province utilizing their own funds. At the national level, HEALTHCOM will be working with old friends at the Center for Community Health Education (PPKM) who have worked closely with previous HEALTHCOM Resident Advisors as well as with new officials at the Nutrition Directorate and media branches of the government.

HEALTHCOM will also follow up on the strong interest shown by Indonesian universities in curriculum development for health communications. The Resident Advisor and his counterpart will continue to give occasional lectures at Diponegoro University on social marketing. Tom will also explore the requests of other institutions for a greater HEALTHCOM commitment to curriculum development.

Depending upon developments in HEALTHCOM's funding level and A.I.D. support for a nationwide vitamin A program, HEALTHCOM may sponsor short-term training for one or more Indonesian participants at a combined Johns Hopkins University--HEALTHCOM one month training program in the U.S. in June-July 1991.

YEMEN ARAB REPUBLIC

Given the high infant mortality and low literacy rates prevalent in the Yemen Arab Republic, the Ministry of Health and USAID/Sana'a launched an ambitious 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 (ACCS) seeks to improve the health situation in Yemen by:

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

Planning/ Management

HEALTHCOM's new Resident Advisor Dr. Syed Haider, will work

closely with the counterpart agency the General Directorate of Health Education, the Primary Health Care Directorate and the Minister of Health to reach agreement on the project work plan, an enterprise that has required two years for successful completion.

A Health Education Advisory Group will be formed, including the Directors of H.Ed, PHC, CDD, the Deputy of Health Planning, representatives of UNICEF, REACH, SEATS, the governorate level health care structure, and USAID. This group will set coordinated policy goals and strategies, and support the implementation of project activities.

Appropriate channels will be identified (eg. mosques, schools, agricultural extension agents, community leaders, etc.) who are seen as credible sources of information by target groups, and training provided to these groups in message delivery and support.

A second office will be rented and furnished. The spaces at the GDHE is both limited and locked each day after MOH hours (1-2:30 pm). HEALTHCOM staff are required to work a 40-hour week.

Computer training for GDHE and HEALTHCOM staff will be organized in the first quarter of the year. Training will include data processing for survey management and reporting, as well as work processing.

Research/Monitoring

HEALTHCOM will form a research group, linking researchers from the Health Manpower Institute (HMI), the national training center for health care workers, with academic and Ministerial staff, to receive training in formative research techniques, and to implement the research agenda of the project. It is hoped that this research group will continue to service as a resource not only to HEALTHCOM but also other developmental projects with a strong research base.

Research will focus on the practices, beliefs and behaviors of the target groups around the intervention chosen by the project team. The governorates of Hadja, Saada and the capital will be study sites. A task and training analysis of health workers will be an important component of the research.

Research team and project members will be trained in monitoring system design and skills and have the opportunity to practice these skills.

Media Programming

HEALTHCOM will assist the GDHE to conduct formative research, design messages for integrated television, radio and print materials for health workers. Technical assistance will be provided to GDHE staff to write scripts, produce spots, and pretest

materials.

In-house videos for hospital and clinic waiting rooms and community centers is being discussed as an option for rural and peri-urban outreach and communication.

Face-To-Face Programming

Field visits will be carried out to representative governorate level MOH and PVO clinics to analyze training needs of PHC workers, as well as their need for support materials, including "reminder sheets" for the workers, and communication materials for interactions with clients. Training of health workers, and members of other organizations who influence the families in health choices will be an important facet of the project.

Training/Institutionalization

GDHE staff will be trained and given field experience in each of the steps of effective health communication. Governorate level health directors and staff will also participate in this training.

The GDHE deputy, research coordinator and a field operative will be sponsored for training in "Increasing Community Participation in Health Care," a two-week seminar to be given in Egypt in November.

A research group will be created and provided with training to act as on-going resource to GDHE and other communication projects in the future.

A formal structure for communication between the health education directorate and the technical and service directorates (MCH, PHC, CDD) will be established to provide ongoing technical coordination and consistency.

GDHE and research group staff will be given training in computer management of survey data, and word processing, to increase their ability to handle data quickly and effectively in-house. HEALTHCOM has provided a computer and printer for GDHE use.

ZAIRE

In 1989 -90 HEALTHCOM began building an infrastructure of IEC capacity in the Shaba region, particularly in the health zones of Ruashi (including Lubumbashi), and Kabongo. Health workers and nursing instructors were trained in effective health communication practices, and volunteer Mamans Tengeneza were trained in social mobilization and child survival outreach techniques. A vigorous effort to "market" the newly trained health worker and the new atmosphere of the health centers included smocks and certificates

for the workers, tee shirts for the Mamans, murals and banners for the clinics, and radio messages reinforcing the project priorities and lauding the workers for their efforts. In response to requests from the GOZ and USAID, HEALTHCOM will, under a new contract for 1991-2, focus on expanding these successful activities to five new regions, with the goal of eventual expansion to the entire country.

Administrative/Management

HEALTHCOM will field a new team consisting of a training systems and management specialist as COP, and a materials production expert, both based in Kinshasa; and Joan Schubert, who will continue to manage the project in Lubumbashi as an ongoing model for the expanded project. In the summer of 1991 Joan will be replaced by a Zairian as resident in Shaba, which will continue to be one of the project regions.

HEALTHCOM will open an office in Kinshasa, probably within the FONAMES site, as they are the project counterparts. Two new all-terrain vehicles will be purchased for the two team members based in the capitol, and an office staff hired. Supplies and renovations for the office will be completed in the early months of the project.

Research/Monitoring

A major project activity will be two operations research and one implementation research projects in each of the target regions. Researchers will receive training as needed to design, implement and analyze these studies in ways that will directly enrich project design and impact. These studies will have particular value in analyzing successful (and otherwise) components of the project to help in the eventual nationwide expansion.

Health workers, nurse trainers and supervisors will be trained in ways of collecting and using data about audiences, and on health worker and clinic performance. The use of formative and behavioral research techniques is expected to contribute to project success.

Teams will be organized to produce radio messages in those regions where equipment, facilities, listenership and intervention justify radio use. These teams will be expected to conduct formative research themselves, or know how to contract with others for this service.

Media Programming

Plans include the production of radio spots and longer shows; posters, banners and smocks to market the health services and health workers; print and pictorial materials to assist health workers talk to mothers: tee shirts and certificates to identify

and motivate village outreach volunteers, and use of traditional theatre, music, etc. to support messages.

A media specialist will perform a six-week national feasibility study of materials needs for health education, and the production capabilities of public and private sector organizations, including capacity to use formative research, pretests, etc. This activity will be carried out with a Zairian counterpart who will provide local knowledge and remain in country as a resource about the findings. It is hoped that the Kinshasa materials specialist can also take part in this study. This information will be provided to the GOZ and USAID, with recommendations on available resources, and needed assistance to the selected organizations.

Face-to-Face Programming

Because of the scarcity of radio and television facilities, and the importance of interpersonal contact, much of the project will focus on training health workers in client-centered communication skills, and in developing systems to support the use of these new skills by their supervisors and managers. The "Marketing" of the health centers and their newly trained staff are also designed to motivate health workers to apply and sustain their new skills.

Female village volunteers will be organized to identify high risk families and children, to refer them to services, and to help their mothers provide appropriate home care and prevention of illness, using the model of the Maman Tengeneza.

Training/Institutionalization

Training of health workers, nurse trainers, and the modernization of the curriculum in communication will be project priorities.

Radio production teams, operations research teams, and village volunteers will also receive training in the skills they will need for their tasks.

Modules for training of health workers in IEC were field tested during the HEALTHCOM I Lubumbashi project, and will be revised for further training under HEALTHCOM II. It is expected that these modules will become part of the FONAMES training system.

Curricula will be developed to modernize the communication components of the public health training colleges, and for FONAMES staff. These curricula will be based on the experience gained in carrying out and evaluating the in-service IEC training.

A central team of trainers will be trained in training skills as well as health communication concepts and techniques. These

trainers will work with HEALTHCOM supervision throughout the project, and will be provided with manuals and support materials to use with their new skills after project completion.

During the second project year, management seminars and training will be provided to strengthen the decentralized training system. Roles for the central, mid- and peripheral level will be worked out and technical assistance provided where needed. Collection of information needed for these determinations will begin in this fiscal year.

SENEGAL

Planning & Management

The project PIO/T was signed by USAID/Washington in September 1990, and the resident advisor, Nora de Guzman of Manila, Philippines arrived in-country early December, 1990. She has been working on a health communication strategy with counterparts in the Service d'Education pour la Sante (SEPS), the health education unit of the Ministry of Health.

Training

One of the first activities was an assessment of the strengths and weaknesses of the SEPS staff and the activities of the SEPS. This has led to an initial training workshop of SEPS and regional IEC representatives planned for the week of February 25. The focus will be on health communication skills and regional IEC planning.

Nora de Guzman will also travel to the Academy in Washington, D.C. to participate in the resident advisor training schedule for March 11 - 22.

MALI

Planning/Management

The project PIO/T was signed by USAID/Washington on January 23, 1991. The resident advisor, Soulimane Baro, living in Ouagadougou, Burkina Faso will arrive incountry mid-February.

His initial activities will be planning, with his counterparts a, health communication strategy for child survival and arriving at a plan for how HEALTHCOM will support the implementation of the strategy. Training for three Africa-based resident advisors is planned for March 11 - 22, at AED in Washington D.C. This training will focus on child survival, communication, project management and personnel issues. The training will also give the new resident advisors a chance to work together on respective country strategy

papers.

NIGERIA

HEALTHCOM will resume technical support to Niger State and initiate project development activities in the remaining five states assigned to USAID by the federal government: Anambra, Lagos, Oyo, Plateau and Sokoto States.

Planning/Management

Niger State

- * Launch the PHC intervention (Measles and Malaria campaigns) in Rafi and Suleja Local Government Areas (LGA).
- * Continue to provide technical support to the State and Zonal Health Education Units in planning their health education programs.
- * Activate the school health component of the LGA PHC intervention in Rafi and Suleja LGAs.

Other States

- * Develop a master plan for providing technical support to the five new USAID/HEALTHCOM states.
- * Design and begin implementing a health communication component for a primary health care intervention in two LGAs in at least one of the expansion states.

Research and Monitoring

- * Assess HEALTHCOM I project activities carried out during the period between May 1987 and September 1990.
- * Identify resources and assess health communication needs in each of the five remaining USAID assigned states.
- * Monitor the progress of the Rafi and Suleja LGA measles and malaria campaigns
- * Develop baseline and monitoring protocols and data collection instruments for HEALTHCOM projects in the expansion state.
- * Conduct formative research for message development and collect baseline data in two expansion states.

- * Monitor media inputs for the Rafi and Suleja LGA PHC intervention.

Media Programming

- * Conduct workshop for media personnel in Niger State to standardize messages and develop a media broadcast/publication schedule for the LGA PHC intervention.
- * Develop a communication strategy for the LGA PHC intervention in the expansion state selected for technical assistance in 1991.
- * Conduct the postponed Zone B media/health education workshop and when possible provide technical support in materials development and production to state health education units.

Face-to-Face Programming

- * Produce and distribute educational materials developed for health staff and school children to be used during the measles and malaria campaigns.
- * Design, develop, pretest and produce educational materials for the expansion state.
- * Increase the effectiveness of ORT units at the clinic level in Lagos State and improve the existing knowledge and practices of the providers and users.

Training/Institutionalization

- * Provide technical support to ARHEC to revise and update the health communication curriculum for advanced diploma and graduate students in health education.
- * Conduct a health communication regional workshop for health education and media personnel from the five new USAID assigned states.

HONDURAS

The operational objectives of HealthCom II are as follows: (1) institutional development of health communication activities, (2) expand ORT coverage through use of both public and private sector channels, and (3) develop a health communication strategy for the selected interventions. Year One will concentrate on continued support of child survival interventions. Year Two will concentrate

on infrastructure development.

Program Activities

The specific activities will support Ministry of Health program objectives as follows:

CONTROL OF ACUTE RESPIRATORY INFECTIONS: Assist the Divisions of Health Education (DHE) and Maternal-Child Health (MCH) to expand the ARI education strategy from a pilot program of eight health centers to a national program including 720 health centers nationwide. Includes the development and use of both mass media and interpersonal educational media.

CONTROL OF DIARRHEAL DISEASES: Assist the DHE and MCH in the consolidation of the ORT marketing strategy which includes the development of a central monitoring system, and continuation of guided self-instruction of 15,000 medical and community personnel.

To facilitate private sector distribution of ORS, HealthCom II will assist in the training of private sector distributors. In addition, HealthCom II will provide consultation on and monitoring of private sector marketing strategies.

REORIENTATION OF IMMUNIZATION COMMUNICATION STRATEGY: Assist the MOH (DHE and MCH) in the implementation of an EPI communications plan with emphasis on regular and continuous "horizontal" demand through developing decentralized training and promotional activities in the health regions and areas. In addition, HealthCom II will assist the MOH in developing strategies for targeting mass campaigns to areas underserved by the horizontal services.

EXPANDED USE OF HEALTHCOM METHODOLOGY: Through consultation and quality control, HCII will provide communications and training support for MOH priority areas as needed. Anticipated areas include: child spacing and family planning, AIDS, malaria and dengue.

STRENGTHENING REGIONAL CAPABILITIES: Decentralize technical advisory assistance to the eight Health Regions, up-grading the communication/education skills (particularly in relation to planning, implementation and evaluation) of at least 25 regional health educators (now in place), administrators, and eight central level members of the Division of Health Education (DHE).

SUPPORT OF NUTRITION COMMUNICATION ACTIVITIES: Integrate HealthCom II areas of intervention (EPI, ORT, ARI) and other child survival communications/ education efforts of the MOH with those of the Nutrition Communication Project (NCP), which will include infant feeding, breastfeeding, weaning and growth monitoring.

DEVELOP REPRODUCTIVE RISK/FAMILY PLANNING COMMUNICATION STRATEGY. Design and implementation of qualitative research components for a reproductive risk and family planning education interventions. Preparation of the reproductive risk communication plan and pilot testing of graphic and radio materials.

Institutionalization

Institutionalization and Integration: HEALTHCOM II in Honduras has two main purposes: 1) to consolidate and institutionalize a systematic communication/education model that has proven to be effective and efficient in producing self-sustaining behavioral changes; and, 2) to integrate the various maternal and child health interventions which have been, and some of which remain, in developmental stages, such as the control of acute respiratory infections and infant feeding.

Management Process

As part of the institutionalization process, HEALTHCOM II will provide opportunities for officials at the decision-making level to develop skills for communication project planning and management. HEALTHCOM II assistance to the MOH will parallel the activities of the "Proceso de Conduccion y Gerencia" (Management Processes), which works to optimize the functional operations of the MOH through the organized participation of personnel from all levels of the health care system. HEALTHCOM II will develop management mechanisms and procedures required to ensure appropriate MOH funding, logistic support and decision-making processes. The latter will be compiled in a procedures manual providing both central and regional administrative units with concise and applicable information for planning, implementing and monitoring communication/education activities.

Training

HEALTHCOM II will provide systematic training to regional health teams for a one-year period. Part of this effort will be to train regional educators to be trainers of trainers. This will provide the MOH with a cadre of professional capable of designing and conducting "tailor-made" communication plans compatible with the epidemiological and cultural characteristics of each area. It will also facilitate the development of more decentralized communications approaches to regional health problems.

Regional training will be conducted simultaneously with the implementation of the communication plans for ARI, EPI, and ORT. Edited versions of each one of these plans will serve as reference and training materials. Case study and hands-on participatory methods will be utilized for this in-service training. MOH personnel will acquire the necessary skills to design, implement and monitor educational materials and activities.

By the end of HEALTHCOM II, there will be a group of trained personnel at both the central and regional levels capable of designing, conducting, and evaluating health communications and education programs which will respond to national and local needs. These persons will also be capable of training other personnel to do the same, thus providing skills and resources for sustainability and decentralization.

2. Short-Term Assistance

MEXICO

HEALTHCOM spent the last 2 months of 1990 working with PRITECH and The Ciclope Consulting Group in Mexico developing a proposal to promote ORT in the rural states of Hidalgo and Vera Cruz. Presently, PRITECH is awaiting approval of its contract with Ciclope to implement this program, at which time both Projects will visit both states to supervise Ciclope's training of health workers and mothers. HEALTHCOM is also partially funding two projects previously planned with the Director General of Health Education, Rafael Camacho Solis. These include production of a poster for doctors on administering ORT to children and the taping of a rural theatre company production on ORT. HEALTHCOM plans a trip to the Mexico to meet with mission and MOH counterparts for future planning early in 1991. The Project expects a request from the Mission to assist a major national immunization campaign.

GUATEMALA

HEALTHCOM received a PIO/T from the USAID Mission at the end of October. The objective of this delivery order is to provide the Guatemalan Family Life Education Association (AGES) with TA to improve the quality of their educational material targeted to Spanish and Mayan speaking adults with low reading levels in the area of MCH.

HEALTHCOM plans to send an experienced materials development consultant, Maria Elena Casanova, for six visits to be completed by Sept. 10, 1991. Ms. Casanova has already established a credible working relationship with AGES on previous trips to Guatemala.

C. Potential New Countries

1. A/PRE Region

Nepal is the only country in addition to Indonesia in this region in which HEALTHCOM currently expects to work. The USAID Mission in Nepal last year expressed its interest in up to 6 months off short-term technical assistance from HEALTHCOM in its new child survival project. HEALTHCOM will follow up this interest this year by contacting the Mission and proposing a visit to program the Project's activities.

2. E/NE Region

HEALTHCOM will contact USAID/Egypt to follow up on discussions there about possible HEALTHCOM involvement with their child survival projects. HEALTHCOM feels there is an important role for assisting MOH and private groups in developing comprehensive communication plans, setting up work plans to implement them, and in carrying out the projects. Egypt has many sophisticated marketing agencies, but as yet there has been little sign of the coordination in communication planning found so valuable elsewhere. Two specific areas of potential HEALTHCOM assistance were discussed with the Mission by Robert Clay and Mark Rasmuson in October 1990: communication planning assistance to the government's ARI program, and assistance in communicating health financing policy changes to the public.

3. Africa Region

The HEALTHCOM Project Director and Africa Region staff will meet with the Africa Bureau to be briefed on Africa Bureau priorities for 1991 and to identify countries where health communication support may be needed. Namibia is one country of potential opportunity, as AID is expanding its program there and HEALTHCOM has had a previous expression of interest from the Ministry of Health. HEALTHCOM will also continue to liaise closely and offer to expand its collaboration with the CCD Project. In one country where CCD has been working, Guinea, the Health Education Division in the Ministry of Health, which has been receiving some IEC assistance from the World Bank, has expressed interest in receiving assistance from HEALTHCOM.

3. LAC Region

Four countries in this region pose very real opportunities for HEALTHCOM activity--Peru, Haiti, Jamaica, and the Dominican Republic. HEALTHCOM made two visits to Peru in 1990, one an assessment and planning mission by William Smith, Susan Suanders, and Eduardo Contreras, and a follow-up visit by Contreras as part of the mid-term term evaluation of the Mission's Child Survival Action Program. There has been concurrence among Mission staff, the CSAP evaluation team, and HEALTHCOM's team about the need for further TA in developing a health communication strategy and initiating a regional pilot project in Cusco. HEALTHCOM is currently awaiting a decision from the MOH and mission about when to proceed.

HEALTHCOM has committed approximately \$100,000 of central funds to the USAID Mission in Haiti, where the Project worked for

a six-month period during HEALTHCOM I. HEALTHCOM will contact the Mission early in the fiscal year about its needs from HEALTHCOM. One possibility to be explored is HEALTHCOM's follow-up of some exciting initiatives in providing health services in the private sector which the Mission originally began under the TIPPS Project. A similar vein of activity will be pursued in Jamaica, where HEALTHCOM has been requested by the USAID Mission to work with the Jamaica Family Planning Association on a plan to market child survival and family planning services in the private work place.

In the Dominican Republic, the Mission has written a buy-in to HEALTHCOM into its re-designed Child Survival Project. The buy-in would have HEALTHCOM working with the new Child Survival Project contractor and its PVO partners to develop mass media strategies and materials on ORT, breastfeeding, and birth spacing.

Two other countries in the region where USAID staff have expressed interest in potential HEALTHCOM involvement are Nicaragua and El Salvador.

III. APPLIED RESEARCH

A. Global Research

The Center for International, Health, and Development Communication at the Annenberg School for Communication will carry out in-depth analyses of current data sets and prepare five to six 25-50 page reports or articles related to the HEALTHCOM II Applied Research agenda. The topics of these documents will be selected in consultation with AED. During this year, the research questions with highest priority will be drawn from the following:

1. What is the nature of ORT behavior after communication interventions? ORT programs advocate a range of specific behaviors -- home fluids, feeding, ORS use -- each of which has sometimes been studied as a "yes" or "no" behavior. Yet clearly each is a complex behavior if it is to be performed adequately, including such elements as the nature of preparation and administration as well as quantities of ORS given, which home fluids are added and which reduced or eliminated, the details of eating behavior, and others. If new behaviors are adopted some other behaviors may be replaced (for good or bad)? Some new behavior may persist for individuals and spread to others in a community. Other behavior may be given a single trial, or be used only sporadically. Many of our studies incorporate measures of the details of DDC behaviors. This report would ask how successful are programs in achieving not just increased tendency to do a new behavior, but increasing the probability of doing it productively, across the sites?

2. Who responds to diarrheal disease control communication

programs? Before the launch of communication programs, appropriate behavior is not equally likely among all segments of the population. There may be different rates of use related to socioeconomic circumstance, distance from health facilities, family structure, educational background, perception of child's illness and other characteristics of individuals and their communities. To what extent is there a consistent pattern of reduction or exacerbation of such differences as a function of communication programs, across sites. Does the approach of the communication program produce different gap opening or closing effects?

3. Who responds to EPI programs? Before the launch of communication programs appropriate behavior is not equally likely among all segments of the population. There may be inequalities related to socioeconomic circumstance, distance from health facilities, family structure, educational background and other characteristics of individuals and their communities. To what extent is there a consistent pattern of reduction or exacerbation of such inequalities as a function of communication programs, across sites. Does the approach of the communication program produce different gap opening or closing effects?

4. What is the power of social context and individual explanations for DDC behavior before and after communication program? How can we best explain diarrheal disease control behaviors? There are many typical models which theorists (and implicitly, practitioners) use to try and influence behavior. While data available is stronger for some explanatory models than others, the report will contrast models as possible across sites and, in particular, compare their predictive power before and after communication interventions. Extra attention will be given to models which argue that behavior is largely a function of social expectations versus those that focus on individual cognitions. The report seeks to describe what assumptions about how behavior change occurs can be best used to construct communication programs?

5. How does one institutionalize health communication? This reporting area will make use of the narrative histories created for each project. Under what conditions does serious health communication become part of what the MOH does? How has it been organized; what organizational model promises to serve the short and long term needs of doing communication as part of a public health program? What skills are most essential to initiating a program and to maintaining it: communication design, management, research? How much research is feasible and where should it be directed? What is the cost of doing it and who pays for it?

Two subject areas that are not on the list, but which are also of high priority are breastfeeding and Vitamin A.

As work is initiated on a particular question, the CIHDC will develop a specific paper outline, detailing the research questions

that will be answered, the possible policy implications, the data sets and the schedule for completion. This outline will be reviewed with the Senior Technical Director for Research and others at AED.

C. Formative Research

HEALTHCOM II no longer has a mandate nor resources committed to do large-sample survey evaluations of individual country programs, as it did under HEALTHCOM I through the Annenberg subcontract. The Project will continue to need to be able to provide credible data-based reports of results from its country programs, however, and HEALTHCOM also must continue to develop the state-of-the-art in formative research methods. Thus, the main thrust of HEALTHCOM's effort in this area this year will be to develop a model and/or guidelines for formative research (including monitoring), which are consistent with its mandate to streamline and institutionalize. This will be the subject of HEALTHCOM's 1991 Task Force meeting.

IV. DISSEMINATION

A. Publications

During Fiscal Year 1991, publications efforts will concentrate on finalizing documents required under the HEALTHCOM I contract, initiating deliverables under the HEALTHCOM II contract, and creating materials to help market capabilities and services of the new project.

1. Field Note Collection

HEALTHCOM I called for completion of 40 field notes. Field notes currently in draft form will be completed and submitted for approval. In addition, a volume of approximately 30 of the best examples will be printed this year in an illustrated volume. The field notes focus on lessons learned during project activities and are geared towards a Third World audience. This publication will be distributed overseas and in the U.S.

2. Other HEALTHCOM I Deliverables

The Annenberg School for Communication will complete the last "special report" under HEALTHCOM I, entitled "Issues in the Evaluation of Public Health Communication."

A number of Health Practice Studies will be completed during the year, and publications will be written on the following topics: "Immunization Education in Nigeria: Evaluation and Improvement of a Clinic-based Program"; "Impact of Radio Messages on Volunteer Health Worker Performance in Indonesia"; "An Analysis of the Quantity of ORS Given During Home-based Oral Rehydration Therapy in

Lesotho"; "Mothers' Observations of Clinical Signs of Pneumonia and Relationship to Seeking Treatment: An Observation Study in the Philippines"; "Monitoring the Effects of Training on Health Worker Communication Skills: An Observational Study in Zaire"; and Factors Affecting Completion of Childhood Immunizations in Rural Ecuador: An Observational Study." (See also section on Applied Research.) The entire collection of Health Practice reports will also be reproduced in a single volume, together with an introduction and chapter of synthesis.

By the end of the contract period, the "Final Report on the HEALTHCOM I Project" will be completed and submitted for approval.

3. Behavioral Manual

"A Guide to the Use of Behavioral Analysis in Health Communication Programs" will be printed during the reporting period and made available to Third World and U.S. audiences. The manual will describe the uses of behavioral analysis within the health promotion context, and provide user-oriented guidelines for carrying out different kinds of investigations.

4. Other HEALTHCOM II Documents

During FY 1991 the global research team will draft several of the 10 to 15 issue reports described in the new contract. (See Applied Research.) The Senior Technical Director for Dissemination will initiate work on the second edition of the HEALTHCOM manual, Communication for Child Survival, concentrating on the themes of institutionalization and sustaining behavior change. In addition, several journal articles are expected to be published during the period, including articles on the Health Practice Studies and on issues identified under the global research plan.

Reports to be completed during the fiscal year include summaries of the Task Force and Technical Advisory Group Meetings (up-coming), a summary of the Faculty Strategy Session (held June, 1990), the first Annual Report, and other regular project reports.

5. Promotion of HEALTHCOM II Activities/Services

Promotional materials to be printed during the year will include a new logo and related print pieces and a new project brochure. In addition, the project will distribute major new publications (e.g., the field note volume and the behavioral manual) to an updated list of current and potential clients and collaborators. The project will make a systematic effort to share lessons learned from A.I.D. communication efforts in the field of child survival and to inform Ministries and international as well as domestic organizations about services available through the new

contract. Dissemination efforts will include extensive news releases through other A.I.D. project newsletters, journals, and other information organs.

B. Training and Curriculum Development

1. Resident Advisor Training

HEALTHCOM will conduct a two-week training session for its new Resident Advisors in Mali, Senegal, and Zaire.

2. Regional Workshops

The Second African Regional Workshop will be held during the fourth quarter at a venue to be decided. The workshop will provide a forum for HEALTHCOM field staff and counterparts to share accomplishments, experiences and problems related to project management and implementation.

3. Country-level Workshops/Courses

HEALTHCOM will carry out two to three country-level workshops/courses for host counterparts and others who work with, or who will collaborate with, the project. This training activity will provide an opportunity to expand the country program's skill base and collaborative opportunities. The focus will be on skill and team-building, process and current issues. In-country resources will be used as much as possible.

4. Johns Hopkins University Family Health Communication Course

HEALTHCOM will sponsor three individuals from project countries to attend the JHU Family Health Communication Course scheduled to be held in Baltimore in June 1991. Feedback from HEALTHCOM sponsored participants last year was very positive.

5. Workshop for U.S. and LDC University Faculty

This workshop will be held in conjunction with the above three-week JHU/PCS training course. The focus of this workshop will be to continue the development of training programs in health communication and further collaboration between the institutions represented. Participants will include selected participants from the HEALTHCOM I faculty workshop and a few others from the U.S. and LDCs.

6. Curriculum Development Follow-Up

JHU, sub-contractor for training and curriculum development, will provide technical assistance to follow-up on progress made in this area during Year one. The nature of this TA (short-term or long-term) will depend on the needs of the institution involved.

ARHEC

The ARHEC representative who attended the Year one JHU/PCS communication course and the subsequent HEALTHCOM faculty workshop is now teaching health communication at ARHEC. A determination will be made of the nature and length of technical support ARHEC needs to further strengthen the health communication curricula for advanced diploma, masters and doctoral level students.

This technical assistance will be extended to assist ARHEC in developing a core health communication inservice training curriculum that can be used to train existing health education and media personnel. This will be done in collaboration with the Federal Ministry of Health with the expectation that all state Ministries of Health will adapt and use the core curriculum when planning staff inservice training programs.

University of the Philippines

Organize a 10 day workshop for participants from the Colleges of Public Health, Mass Communication and Education to introduce the HEALTHCOM methodology and formulate a strategy paper and work plan for strengthening and/or integrating modern health communication into existing curricula. The final product of this collaboration will be health communication teaching kits that will be used by instructors in the participating colleges which may be adaptable to other regions.

Develop EPI and CDD case studies based on existing research data collected under HEALTHCOM I. The case studies will be used to train health education and public health personnel in managerial positions. These case studies will help the trainees to answer these and other questions: How to select a target audience?, How to position a product/service against the competition?, and How to use research to make management decisions?

Develop research modules to train communication managers in the following techniques: interpreting research results, tracking communication inputs, determining project impact, and mapping perspectives on the ideal product.

INCAP

Develop health communication training modules for decision makers and technical staff in and outside INCAP. The latter group (ministers, heads of departments, etc.) will be trained

to be advocates of health communication within their respective institutions. After the training of key staff, INCAP will be positioned to integrate health communication into on-going training programs e.g., the distance training course for 1600 physicians in Guatemala and organize additional communication courses as needed.

Organize and conduct regional health communication workshops for INCAP's basic technical and division coordination staff from each of the five INCAP countries. The purpose of the workshops will be to prepare INCAP staff to integrate health communication in their country specific programs. The aim is to ultimately improve health communication at the community level.

Produce a case study of health communication in Central America in the form of a written document or video tape.

7. New Curriculum Development Initiatives

HEALTHCOM has indication that the following countries are interested in technical assistance in curriculum development:

Indonesia

In collaboration with the National Epidemiological Network (JEN), conduct a two-week workshop on health communication for the communication staff from 5 schools of public health. The purpose of the workshop will be to begin the process of health communication curriculum development in participating institutions. The second week of the workshop would be devoted to the development health communication training materials for pretesting.

A follow up workshop will be held to review the training materials developed above and train faculty members to use them. This will be done after a period of three to six months.

Zaire

Collaboration in curriculum development with the School of Public Health in Kinshasa is part of the HEALTHCOM II in Zaire. HEALTHCOM will work with the school on continuing the annual regional health education training course it has begun with support from the CCCD Project, as well as in augmenting its own regular course offerings in health communication. HEALTHCOM will also cooperate with the School on carrying out a series of field research projects in Zaire, another component of the HEALTHCOM II scope of work.

8. Collaboration With U.S. Universities

Harvard School of Public Health

HEALTHCOM will continue its annual participation in the

course, "Health Promotion Through Mass Media", at the Center for Health Communication, Harvard School of Public Health. HEALTHCOM provides the students with an international perspective on the topic. This will be the fourth year of participation.

to Florida

Cornell University

A Cornell University representative is expected to attend the faculty workshop described above. HEALTHCOM will sponsor a field staff member to attend the 8 week health communication course at Cornell. Other ways of collaborating will be explored during Year Two, including the possibility of working together on a workshop designed to educate senior Ministry of Health policymakers about the role, impact, and cost-effectiveness of health communication.

V. TECHNICAL MEETINGS

A. Task Force Meeting

HEALTHCOM will hold its second Task Force meeting early in the new fiscal year, and again the subject will be research and evaluation. (The new Project's first Task Force focused on the development of an agenda for the Global Research component.) This year's Task Force will discuss alternate methods for monitoring or tracking communication program elements and evaluating program impact within specific country HEALTHCOM programs. The Task Force will be asked to help formulate formative research (including monitoring) guidelines appropriate to HEALTHCOM's mandate to streamline and transfer its methodology.

B. TAG Meeting

HEALTHCOM will hold its annual TAG meeting during the third quarter of the fiscal year.

VI. NEW INITIATIVES

Over the next few years, HEALTHCOM will undertake a number of exciting new initiatives. The objectives of the new initiatives are to keep HEALTHCOM at the cutting edge of health communication and social marketing methodology, particularly in areas where new AID health program initiatives are being taken; to broaden the international base of support for social marketing programs on child survival; to respond to needs for the Project's assistance from clients not only in individual countries (Ministries of Health and USAID Missions) but among regional and international collaborators as well; and to focus HEALTHCOM's marketing efforts. Most of the initiatives have both a technical or R&D thrust and an element of collaboration with a new partner or partners. These will include partner projects within AID's child survival program;

other donor and technical agencies working in maternal and child health; and the private sector, both PVOs who are currently implementing child survival projects and relevant partners in the private commercial sector.

In the following section, each of HEALTHCOM's proposed new initiatives is described in broad stroke, followed by an outline of specific activities planned for FY 91.

A. PLANNING, MANAGEMENT, AND THE PRIVATE SECTOR: MARKETING TA TO MINISTRIES OF HEALTH

HEALTHCOM will develop and offer to Ministries of Health 3 new short-term technical assistance modules, one each in communication planning, communication management, and working with the private sector as follows:

Assessment and
1. Communication Planning

The communication planning module will offer a planning workshop to the Ministry of Health to help it do the following:

- * evaluate the current status of communication projects in the MOH, with special attention to the child survival interventions;
- * meet with all current and potential new partners for the MOH in the communication program;
- * review of local and international research data on the impact of communication programs;
- * discuss the role that communication programs can play in the development of national EPI/CDD/ARI plans.

2. Communication Management

(TO BE DEVELOPED)

3. Working with the Private Sector

This module will provide the MOH with a package of short-term assistance to help:

- * develop scopes of work and contracting procedures to engage the private sector (both for-profit and non-profit groups) in communication program work;
- * conduct a workshop on working with the private sector--e.g. how can the private sector assist the MOH in carrying out the 5 steps in the HEALTHCOM methodology;

* co-manage with the MOH their current and future work with private sector suppliers for a 1-2 year period, during which on-the-job management training for the MOH would be provided;

* conduct workshops for MOH, private sector agencies, and academic institutions on topics of mutual interest such as social marketing methodology, market research techniques, integrated marketing communications, etc.

All three of these modules will be developed during FY 91.

B. MAINTAINING HEALTH WORKER PERFORMANCE: COLLABORATION WITH PRITECH AND PRICOR

During the coming year, HEALTHCOM will collaborate with PRITECH and the Quality Assurance Project in addressing some of the behavioral aspects of case management and supervisory skills training. Over the past several years all three of these projects have been involved in various aspects of diarrheal disease case management. HEALTHCOM has applied behavioral analysis techniques to training; PRICOR II has developed health worker performance evaluation tools; PRITECH has established close ties with many national CDD programs through technical assistance inputs.

At PRITECH's request, the three projects will now undertake a coordinated effort to improve case management both at the household and health facility levels. The objectives of this collaboration are as follows:

1. To improve the effectiveness of case management and supervisory skills training in CDD programs by:

- a. increasing trainee participation in the course
- b. increasing emphasis on nutritional management of diarrheal disease
- c. linking case management and supervisory skills into a "package" which includes:

- * a practicum in communications and supervisory skills as well as didactic lectures on the clinical subjects
- * situational analysis methods of identifying areas for improvement in the delivery of care to diarrheal patients
- * problem-solving exercises which address both "skills" and "performance" aspects of effective diarrheal case management.

2. To upgrade the emphasis on nutrition in case management by incorporating messages on household management, breast-feeding, and appropriate weaning foods.

Possible locations for field work are Zambia, Uganda, and

Cameroon, where PRITECH has been working to develop new approaches to training in diarrhea training units.

List of possible activities to be implemented:

- * participate in and assist an initial Training of Trainers (TOT) workshop [3-5 days]
- * undertake scheduled evaluation studies to:
 - 1) evaluate TOT training
 - 2) evaluate health worker performance by sampling three groups:
 - a) untrained workers
 - b) post "old" trained workers
 - c) post "new" workers - this group may be followed for 6-12 months and re-evaluated at a later date.

Possible products from collaborative project:

- * manual for incorporating participatory and communication skills into CDD case management and supervisory skills courses
- * evaluation tool to measure TOT training effectiveness
- * evaluation tool to measure competency of health workers

In FY 91, HEALTHCOM expects this collaboration with PRITECH to call for two visits each to two of the above countries for a total of 6 person-weeks of technical assistance.

HEALTHCOM will also explore collaboration with PRITECH in the area of **physician detailing**. This area was specifically mentioned by the LAC Bureau as one of need and interest to which HEALTHCOM could usefully contribute.

C. REACHING THE URBAN POOR

An emerging priority in S&T/Health is the health and social service needs of the urban family in rapidly urbanizing developing countries. Appropriate communication strategies for urban families need to be researched and developed. Mass media have a potentially important role to play in health communication programs targeting urban families in the media-rich environments that cities generally provide; the poorest segments of urban populations, however, are often outside the reach of even mass mediated-messages, requiring different communication strategies.

HEALTHCOM proposes to set aside central funding equivalent to 4-person weeks of technical assistance in 1991 and identify a USAID

Mission or Missions interested in assessment work in this area. One logical starting point, convergent with HEALTHCOM's EPI communication work in the Philippines and with WHO/EPI, is to focus on the development of EPI communication strategies for the urban poor, who are one of the chronic hard-to-reach groups for immunization programs. This work could be undertaken in collaboration with the REACH Project.

**D. ASSISTING CDD RESEARCH AND MEDIA PLANNING:
COLLABORATION WITH WHO/CDD**

The WHO/CDD Program in Geneva has requested HEALTHCOM's assistance in two areas in 1991:

1. 16 person-weeks of research assistance from Annenberg. This assistance will help WHO/CDD develop more implementation research projects related to the promotion of breastfeeding and the promotion of correct case management in the home, and to support another community-based study, in Brazil, to further examine the impact of promoting rice-based ORS for use at household level.

2. Collaboration in developing guidelines for national CDD programs for selecting appropriate communication media to use for their messages. The specific product of this collaboration might be a paper similar to WHO/CDD's guidelines for determining which home-available ORT solution to promote. WHO/CDD feels this is an area of importance as national CDD programs are often limited in their ability to carry out comprehensive communication strategies and thus require guidelines to help them determine which one or two channels offer the greatest potential reach. An adjunct product to this effort might be a manual specifically on the use of radio for countries where radio appears to be an especially critical medium.

**E. SUSTAINING IMMUNIZATION COVERAGE: COLLABORATION WITH
WHO/EPI**

HEALTHCOM has been requested by the WHO/EPI Program for assistance during FY 91 in the following areas:

Training modules

HEALTHCOM will write, pretest and assist the WHO-EPI program in the production/printing and introduction into developing countries of a printed manual entitled, "Helping Health Workers Communicate Effectively About Immunization." This training module aims to help peripheral health workers to communicate effectively with mothers about immunization. Health workers learn techniques of communicating effectively on a one-to-one basis. Communications skills to be emphasized include: a) how to communicate priority information to mothers during the immunization session; b) how to seize opportunities for providing additional information such as

the value of completing the series; and c) how to correct misinformation and counteract rumors.

The first draft of the manual will be submitted for WHO review by the end of February, 1991. A second version will be available for field-testing in June. The final manual will be produced by the third quarter of 1991.

In addition a list of five other manuals on various communication skills have been submitted to WHO and will be subject to further discussion and negotiations on funding after the first manual has been submitted for production and printing. The five other titles are: 1) Techniques of Community Mobilization 2) Communicating with Groups 3) Learning from the People 4) Developing Simple Visual Aids and 5) Preparing Audio-visual Materials.

EPI Update

WHO/EPI has requested HEALTHCOM technical assistance in preparing a report on the use of communication in EPI programs for publication in the EPI UPDATE, a WHO publication printed in French and English and distributed globally. The report, entitled "Communication - a Vital Link to EPI Sustainability", will be an adaptation of a paper presented by HEALTHCOM at the 1990 Global Advisory Group meeting in Cairo. The same text will be adapted and published as an EPI program document for use by WHO in the course of program implementation.

Other areas where HEALTHCOM could provide useful technical assistance to the WHO/EPI in the future include the following:

- * review of EPI country program plans and development of communication strategies at regional planning workshops;
- * materials development, pretesting, placement, and monitoring of utilization at the country level. Materials can include: mass media materials; training materials for healthworkers and program managers; policy papers for EPI and Ministry officials, donor agencies etc; and EPI informational materials for use in various media (radio-TV-film);
- * research, both formative and summative;
- * conduct of training programs on social marketing for EPI for national, regional or international audiences;
- * developing a network of communication and social marketing consultants based in developing countries and available to work with the MOH and WHO-EPI programs.

F. DEVELOPING REGIONAL MEDIA STRATEGIES: COLLABORATION WITH PAHO ON MEASLES ELIMINATION IN THE CARIBBEAN

HEALTHCOM has begun working with PAHO on an exciting initiative to eliminate measles in the Caribbean region.

Following initial discussions with Robert Clay and Mark Rasmuson at WHO/EPI's annual Global Advisory Group in Cairo in October, PAHO invited HEALTHCOM to attend a regional EPI managers meeting in Antigua in November to discuss communication strategy for the measles elimination effort. Will Shaw, Deputy Project Director, represented HEALTHCOM at this meeting, where the groundwork for the communication effort and HEALTHCOM's collaboration was laid. In December, Lynda Bardfield, on assignment in Barbados, met with PAHO's Communication Specialist Marilyn Jones for initial consultation on a social mobilization plan. This meeting was followed up in January, 1991, when Marilyn Jones visited D.C. and met with PAHO and HEALTHCOM to re-work a communications plan. The plan outlined a communications objective and strategy as well as a target audience and recommended focus group research as the next step.

HEALTHCOM will continue to provide technical assistance to PAHO for this project through the launch of the major project activity--a campaign in May 1991 to re-immunize all children under 15 years of age in the region against measles. Focus group research with parents, teens, teachers, and health workers is planned for February in Barbados in order to pinpoint resistances to the elimination effort and test concepts for the communication program. From there, HEALTHCOM will assist in the development of concepts and scripts for radio and TV materials as well as a brochure for health workers, all based on focus group findings.

G. STRENGTHENING PVO COMMUNICATION MANAGEMENT CAPACITY

Health communication and social marketing (HC/SM) are increasingly part of the development paradigm following a variety of successful applications in numerous countries and with multiple interventions. Interest in this approach is particularly high in the PVO community for several reasons: HC/SM is consistent with PVO philosophy of community participation; it permits flexible application to a variety of situations and projects; includes reliable and tested methods of achieving goals that PVOs recognize as important but which are often elusive; and is predicated on systematic monitoring and evaluation that aid in ongoing revision and program modification.

Social marketing is now widely accepted by USAID Missions, local Ministries of Health, and PVO's as a valuable adjunct to many project activities and program initiatives. Many PVOs have attempted to use portions of this approach with limited results. Few, however, have access to the systematic application in its entirety that leads to success.

Based on its proven methodology and worldwide experience, HEALTHCOM therefore proposes a set of training options or models for PVO's. These models allow for hands-on field experience and an opportunity to apply the methodology to interventions chosen by the PVO participants-- (1) A one-week module for project managers which covers the basic concepts of health communication and social marketing. The focus is on the **management** of HC/SM; (2) The two-week module will expose project staff to the methodology and the essential elements of its theoretical base. Needs assessment, program planning, basic formative research, materials design and pretesting, face-to-face communication, management, supervision, and collaboration are each covered. A participatory approach and a brief practicum will allow participants to apply the methodology in their own context; and (3) A 2-3 day module for policy makers which will expose them to HC/SM theory and concepts and will be a possible forerunner to more individualized subsequent training for project staff. The emphasis will be on needs assessment and feasible program objectives.

These training sessions could be local or regional. For example, regional training in a common language might be provided for representative teams from area PVOs (at least two people from each agency). Agencies may want to determine their program priority during the sessions, or work with one that has already been identified. The methodology lends itself to a variety of interventions. The variety of applications would be part of the learning experience for all participants.

A PVO may also choose to invite HEALTHCOM to train local staff in one country or one site. In this instance, a more in-depth analysis of current priorities is possible and even with limited time, actual communication planning can begin. As collaboration becomes more central to development objectives and strained resources, diffusion of this proven methodology can enhance efforts towards sustainability and enrich PVO programs and management.

H. COMMUNICATING CHANGES IN HEALTH FINANCING POLICY: COLLABORATION WITH THE HFS PROJECT

HEALTHCOM will attempt to develop collaborative activities with the HFS Project in two countries: Senegal and Egypt. In both of these countries, HFS is assisting the Ministry of Health to plan for changes in their health financing policies, such as implementation of cost-recovery programs. HEALTHCOM's assistance would be in market research--e.g. to learn what consumers want and are willing to pay for from new health services--and then in strategy development for communicating changes to various target groups.

I. MARKETING CHILD SURVIVAL IN THE PRIVATE SECTOR

HEALTHCOM will continue its efforts to identify and assist

marketing and communication for child survival in the private sector. Possibilities for important Project involvement in this area include:

- * Assisting in persuading large private employers to provide CS/MCH/FP services to their employees;

- * Assisting private service providers to more effectively market their services to large employers; this is what HEALTHCOM is being requested to do in Jamaica with the Jamaican Family Planning Association.

- * Assisting the actual implementation of child survival IEC services within private sector companies.

J. DEMONSTRATING COST-EFFECTIVENESS TO POLICYMAKERS

HEALTHCOM will plan and begin implementation of a cost study in at least one of its country programs during 1991. The purpose of these studies, postponed in FY 90 because of a shortfall in core contract funding, is to document the actual costs of communication interventions and, from examining intervention results as well, to determine their cost-effectiveness. While we believe that experience worldwide strongly supports the cost-effectiveness of health communication interventions, there is little hard data available to support this and it is not uncommon to find quite contrary opinions among Ministry of Health policymakers. Thus, HEALTHCOM's cost studies will provide an important tool for persuading policymakers of the value of investing long-term resources in health communication.

VII. MANAGEMENT/FINANCE

A. Project Management

The stringent cost-control and reduction strategies put into place during FY90 will continue until FY91 funds become available--which may not be until early 1991. This will mean limited travel for project development and the continued "lending" of senior staff to other Academy projects. The monthly financial reviews of country programs will switch to a quarterly schedule now that all possible savings have been realized.

The role of the various subcontractors will be re-examined and subcontracts completed based on project funding level and an assessment of the need for new directions for the project. The unavoidable use of project core funds for matching Mission buy-ins means that the project will have to reduce the number of activities covered by core funds. Given reductions already made in the AED staffing pattern, other savings can only be realized through changes in commitments to subcontractors or an increase in the

overall core funding level.

B. Staffing Structure

The AED home office staffing pattern will remain at below optimal levels until the arrival of FY91 funding after which a vacant support staff position will be filled. Senior staff will gradually return to full-time status with HEALTHCOM as they complete their commitments to other Academy projects, and HEALTHCOM returns to financial health. The vacant research positions will not be filled until the completion of a review of possible new directions for HEALTHCOM and a re-examination of central office research responsibilities. The training position will be filled by a current senior staff member.

C. Management Information System

The project will maintain its combination of monthly resident advisor reports, monthly project reports, and weekly home office staff meetings to keep project personnel informed of activities. The financial coordinator will continue to complete monthly financial reports of each major activity and buy-in but will shift from monthly to quarterly budget review meetings with senior staff. He will also compile monthly level-of-effort charts for each home office staff member and a quarterly summary of the entire project's overall LOE. The logistics coordinator will continue to compile summaries of all scheduled travel and will begin to computerize the consultant data file.

D. LAN System

To increase productivity, the project will seek to switch from its limited NBI word processing system to an MS DOS system that provides a terminal for each staff member. The new system will provide enhanced capabilities (WordPerfect, data analysis, desktop publishing, electronic mail, data base management) and compatibility with MS DOS systems used by resident advisors in the field, subcontractors and senior staff who do overtime work at home on personal computers. Cost-savings will be realized by joining the Academy's existing Local Area Network (LAN) and connecting into the centralized file server. A plan for the installation of a LAN was approved by the HEALTHCOM CTO in 1990 but was delayed by the project because of a lack of funds.

E. Finance

The implementation of the FY91 work plan will greatly depend upon the timely availability of the FY91 budget. Cost-reduction efforts will allow the project to continue into October/November 1990 using FY90 savings. The project would avoid future disruptions if it were moved to a March to March funding cycle that matched the actual availability of A.I.D. fiscal year

funds.