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**TRIP REPORT
GUATEMALA
February 13 - March 4, 1990**

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I. Executive Summary

HEALTHCOM outputs were matched to the 1989-90 plan of action; all activities were on schedule with the exception of payment for broadcast time and promotion at the community level. The former is due to Ministry of Health (MOH) decisions to postpone broadcasts; the latter is due to limited progress on the preparation of a national community participation plan which was to have been the basis for the design of HEALTHCOM activities. Community level educational activities were designed and one activity, the design of a manual to assist local artists to sketch materials, is currently being implemented. Other possible community level promotion activities include: train the trainer workshops for rural health technicians; and a project to design and implement local radio production.

A workshop to enable MOH staff to analyze ad agency materials according to creative and strategic criteria was held. Interpersonal communication skills for managing interactions with ad agency personnel in various departments were also taught and practiced during the workshop.

Plans were made by the Annenberg School of Communications (ASC) to implement a reference knowledge, attitudes and practices survey with 1200 mothers of children under 5 to update the baseline study conducted in 1987.

II. Scope of Work

- A. Finalize a workplan for 1990 by reviewing the PIOT and the 1989 Implementation Plan;

- B. Design promotional activities at the community level, in accordance with personnel from the MOH, Management Sciences for Health (MSH), and USAID.
- C. Train MOH personnel to interact more effectively in face-to-face communications;
- D. Facilitate coordination between the MOH and the ad agency during production of oral rehydration therapy (ORT) and expanded immunization program (EPI) materials.
- E. Plan for participation in two conferences, one at the International Monetary Fund and one at the Regional Meeting of the International Union for Health Education;
- F. Coordinate implementation of next phase of the KAP survey with ASC.

III. Activities

- A. Meetings were held with Liliana Ayalde, Lynn Gorton, Marco Tulio López and Baudillio López of USAID; Rene Salgado of Management Sciences for Health; James Gombar of Johnson and Johnson; UNICEF Child Survival coordinating committee; Apcu Thompson Advertising Agency President, Creative Director, members of creative team and account manager; MOH Human Resources Division staff- Director of Division, Director of Community Health Services, Director of Health Education Department,

Director of Promotion Unit; INCAP staff, Magda Fischer and Veronica de Palma of Documentation Center.

B. Documents reviewed

1. HEALTHCOM PIOT and 1989 Implementation Plan
2. Memo on formative research for Guatemala
3. Plan Global de Investigación para Diseño de la Bolsa Litro en Guatemala
4. Lorenzo Arbeit's workshop materials
5. Influencing with Integrity by Genie La Borde
6. Apcu Thompson scripts and storyboards on ORT and EPI
7. Memos on community participation
8. Plan de Trabajo Componente Educativo de Saneamiento Ambiental
9. Plan de Comunicación Social, Area de Salud Baja Verapaz
10. El alma de la emisora regional para el desarrollo; técnicas de comunicación participativa
11. Flow chart - MSH plan for community participation
12. Curriculum del promotor de salud
13. Four health promoter manuals on EPI, ORT, ARI and community health
14. Integrated module for child survival including manual, manual to evaluate health worker behavior, evaluation materials for administrative aspects, educational materials, post-tests, mini-KAP surveys
15. Oral Rehydration Therapy: A Social and Cultural Evaluation of the Successes and Failures of a Modern Medical Miracle

C. Local Travel - None

IV. Accomplishments/Recommendations

A. The workplan was updated and discussed with USAID. Activities will include: continued coordination with USAID donor and agencies in Guatemala, monitoring the acquisition and use of resources to implement ORT/EPI activities; providing support to the Health Education Department; launching communication components of ORT program; coordinating production and broadcasting of materials with advertising agencies; continuously training MOH personnel in health education and promotion skills so that they can carry on when the HEALTHCOM project terminates in September, 1990; liaison with the Washington office. (See Annex A)

B. Meetings were held with USAID to discuss progress on promotion activities at the community level. We reviewed the history of HEALTHCOM's involvement in local promotion activities as part of the national community participation (CP) plan. In 1989, Management Sciences for Health (MSH) incorporated CP into their annual work plan; they were to develop and operationalize a national plan, define CP terms and concepts, and help the Human Resources Division (HRD) to better define each department's role. HEALTHCOM met with directors of various departments in the HRD, noted confusion re: definitions, roles and priorities, and concurred with MSH's opinion that ground work was needed before HEALTHCOM could fit promotion activities into the overall CP program. USAID was in agreement with this opinion. We identified short-term consultant needs.

In September, and December, 1989, meetings were held with USAID and MSH to discuss progress on CP. Although the national plan was not developed,

much progress had been made on the production of four excellent manuals to train rural promoters, as well as materials to enable supervisors to give them feedback on their job performance.

In February, 1990, meetings were held with MSH who informed us that the consultant who was working on the CP project would no longer be working on it; USAID asked HEALTHCOM to present alternatives that could be implemented in the remaining months of the HEALTHCOM contract. Many individuals in the MOH at the central and regional level, USAID, and UNICEF (See Annex B) were interviewed to harmonize ideas with on-going CP activities. A task force was formed with the Director of the Human Resources Division, and the directors of health education, promotion, community health, and consultants from MSH and HEALTHCOM. A plan was outlined which would include: 1) the production of a manual to guide the local production of materials and local workshops to produce materials; 2) provision of health education and promotion expertise to participate in "train the trainer" workshops and to review relevant sections of MSH manuals; 3) training in local radio production and supervised development of programming. Three regions of the country would be selected for intensive involvement on the basis of their interest in local promotion activities as evidenced by the fact that their local promotion plans and budgets were written and approved by the MOH, or that the health personnel there were especially receptive to this work. (See Annex C)

C. A two-day workshop was held with Lorenzo Arbeit, Creative Director, AC and R Advertising Agency, Diane Urban, and José Romero to help members of the MOH to understand and practice effective communication techniques and to apply them in face-to-face communications and the creative development of

materials.

The workshop was experiential; participants practiced new skills in small groups, reacted to draft advertising materials, etc. Topics included: listening skills, creating clear verbal and written messages, handling tough interpersonal work situations; and learning how to read people and establish rapport. These techniques were applied to the creative process, which includes reaching professional goals as well as designing materials. Additional skills included how to analyze communication materials according to the communications strategy and creative criteria. (See Lorenzo Arbeit's Trip Report, Feb. 18 - March 5, 1990.)

D. The ad agency was in the process of producing draft ORT and EPI materials based on communication objectives which had been approved by an MOH task force. Issues discussed included lack of: understanding of the target audience and ideas for forceful, memorable symbols to reach them, emotional appeal, content consistent with MOH norms, a positive approach, and use of non-abstract symbols. (See Arbeit, IDEM)

The combined MOH/ad agency work team had difficulty producing materials in an easy and efficient manner. Recommendations for future work include: 1) ascertaining whether or not the ad agency has experience with the target audience and is truly committed to increasing knowledge by field visits, reading, etc.; 2) carefully defining the roles of each member of the creative team - who initiates work, suggests changes, approves drafts; 3) implementing training sessions to fully discuss: a) Child Survival content, positioning, and campaign line, b) MOH and ad agency administrative procedures, and c) promotion terminology; 4) developing a time table which identifies tasks, due dates, and responsible individuals; 5) listing

criteria by which to judge materials from creative and strategic viewpoints.

E. An abstract for a paper entitled "The Institutionalization of a communication methodology in Guatemala" was prepared for submission to the III Interamerican Symposium on Health Education. A slide-tape presentation was also prepared for a talk at the IMF Visitors' Center in Washington, D.C. on Guatemalan women's heroic role in Child Survival programs (See Annex D)

F. Dr. Robert Hornik, Professor, Annenberg School of Communications was in-country to train MOH staff in sampling techniques and the design of questionnaires to respond to the information stipulated in the communications objectives. A decision was made by USAID and HEALTHCOM to conduct a small national KAP survey of 1200 mothers of children under 5 to update the baseline study conducted in 1987.

V. Constraints

On March 16, 1990 USAID and the Ministry of Health temporarily suspended Child Survival Project activities pending an analysis of financial records. Activities were curtailed and no new activities will be programmed until further notice. The action affects the ability to implement the 1990 workplan, including community participation activities which may be limited to the production of a manual to enable local artists to produce materials. Participation in the international health education conference will probably not occur. The KAP survey was halted, pending approval of the draft questionnaire and permission to conduct field research. Pre-testing of ad agency materials and instructions on the

liter bag were also postponed.

VI. Next Steps

Watch developments so that realistic plans can be made; maintain contact with AID so that decisions are mutually agreed upon and support local policies; extend dates and examine terms of contracts so that they are consistent with the new Guatemalan context.

APPENDIX A

APPENDIX B

A G E N D A

FECHA: Miércoles, 28 febrero 1990

HORA: 8:00 a.m.

ASUNTOS A TRATAR:

- slide rule*
Cuestionario
1. Presentación del Programa de Comunicación Social TRO del Ministerio de Salud Pública apoyado por AID.
 2. Incorporación de COMED (Proyecto de Comunicación Educativa para la Salud con Poblaciones Nativas Tradicionales) a COMOSS.
 3. Validación LITRO BOLSA.
 4. Componente monitoreo y evaluación en el Plan de Acción del Programa Movilización Social para la Supervivencia Infantil, en cada uno de los proyectos.

6. Eval uso de medios

M E M O R A N D U M

TO: José A. Romero, HealthCom/Guatemala DATE: 1.3.90
FROM: Diane Urban, HealthCom/Washington
RE: Coordinating meeting at UNICEF to discuss ORT and
social mobilization

The meeting began with Orlando's report about the ORT materials that APCU Thompson is producing. Jim Gombar announces that another production company had prepared a campaign which would reach local communities by involving theatre, radio socio-dramas, puppets, etc. Their themes would be prevention (hygiene); dehydration; ORS, a new product). On March 13, there will be an interagency meeting to discuss how all materials can be coordinated. Before the meeting, please contact Jim to review their proposal since Jim will be out of the country and we must ensure that Apcu Thompson finishes their materials on time, and that they are coordinated with Johnson & Johnson. Please send Jim copies of the texts presented on March 6 and 7.

I. Litrobolsa:

Changes were made.

- 1) Instructions will be tested before they are printed on the bags. On Friday, the MOH will meet to finalize the content so that pretests can begin on Monday, March 5. Sheny should ask whether rural women store or throw away plastic bags. If mothers use the bag more than once, add a message to use it only for ORS to prevent contamination.
- 2) The MOH is reviewing the decision about the thickness of the bags and may decide that the thinner one is more cost-effective.
- 3) Supersuero doesn't exist and should not be advertised.

The campaign should use "suero oral" and show UNICEF bags (this is what we did in Paraguay)

II. COMED

(Proyecto de Comunicación y Educación para la Salud con Poblaciones Nativas)

In May, 1989, a pilot project was begun by UNICEF in San Andrés Chapul, an indigenous community of 16,000 people. They interviewed inhabitants, found that: a) the environment, b) diarrhea and c) ARI, are the chief problems.

Health committees were formed with local residents and MOH employees.

III. Lessons learned:

- a) Go to where the people are to give messages (church, school, market, bus)
- b) Use recreation as a community channel (children made puppets and gave health shows)
- c) learn by doing
- d) Use children to attract and educate parents
- e) Adapt school curricula
- f) Use unified messages and use the words of the people to communicate with them
- g) Have 4 leaders who are trained to legitimize the changes

Escuintla is starting to use these techniques. Talks are being given to nursing schools and indigenous organizations, such as CEDRO.

Meetings of the group will be held the first Friday of every month. The next one will be in April.

IV. Follow-up:

Send Jim two articles by Robert Hornik, a copy of Hugo Tipiani's monitoring report, and copies of texts, check numbers in the "Plan Global de Investigación para Diseño de la Bolsa Litro en Guatemala".

APPENDIX C

M E M O R A N D U M

TO: Task Force on Promotion and Health Education for
community participation activities related to health

FROM: Diane Urban, HealthCom/Washington

DATE: March 5, 1990

Since our meeting on Thursday, I have revised the community level promotion and health education plan (CLPHE) based on meetings with Orlando, Olga, AID health personnel and Baudilio López.

In general, it seems that at this stage in the PAI/TRO Project, further research is not a high priority and might duplicate on-going research activities. Also, a national plan might best be written after the elections. We can re-examine these topics at a later date if the PAI/TRO project and HealthCom are extended.

Therefore, we suggest that between March and September 1990, we focus on CLPHE activities in the 2 regions with local promotion plans, Peten and Baja Verapaz. In addition, we suggest working in Totonicapán if they are agreeable, because: 1) they have one of the highest rates of infant morbidity and mortality; 2) the health personnel are generally receptive and well-organized; 3) other AID projects working there would like to collaborate, according to Baudilio López; 4) they have a local promotion plan nearing completion (the annual plan for region 6 is being written in the next 2 weeks. Totonicapán should be contacted and incorporate these ideas in their plan if they want to participate).

Before working in each area, it would be necessary to coordinate with the administration of the PAI/TRO project and the acting MSH chief-of-party to handle administrative and financial issues, and enlist the support and participation of the area chief. It will not be possible to implement these activities if funding is not available.

ACTIVITY #1: Local Production of Materials

Consultant Maria Claudia de Valdenebro will be in Guatemala from March 5 - 23, 1990 to work with Promotion Unit and EPS staff to design a manual that can be used to train local MOH staff to produce materials consistent with CPI and ORT norms. The manual will be coordinated with the manuals MSH is preparing for health promoters.

She will conduct a workshop in one of the 3 priority regions to pretest the manual with TSR's and auxiliary nurses.

Maria Claudia will work with the Human Resources Division to name participants from the 3 priority regions and handle local logistics and protocol with the PAI/TRO project coordinator and area chiefs.

During the workshop, educational needs at the local level will be discussed and data gathering forms will be designed to obtain relevant information for the next stage of training activities. Data will be gathered with as much participation as possible by the community.

The manual will be revised, and readied for printing. Budgets for printing will be obtained and production decisions will be based upon costs.

Maria Claudia will return to conduct one-week workshops in each of the three regions. The training schedule will include a review and analysis of local knowledge, attitude, and practice surveys and an assessment of local communication priorities. Messages will be designed based on research results, and local materials will be produced. Many formats might be considered, such as murals or pamphlets. Participants will receive support based on their perceived needs.

ACTIVITY #2: Collaboration with Promoter Training

HealthCom will provide 2 local consultants to meet with MSH and MOH staff to design a 2-day training on community level promotion and health education techniques as part of the 5 day "train the trainer" workshop being planned by MSH. The consultants would review relevant sections of the promoter manuals and suggest revisions. (See attached list of topics). Suggested consultants are: 1) Victor Ortiz, Educación Extraescolar, for an overview of health education and promotion.

The Promotion Unit should coordinate with the health education consultant and provide input before and preferably during the workshop to avoid confusion with local level training previously presented in 10 health regions.

Another consultant, preferably with experience in San Andrés Chejul, would be an expert in local theatre and puppet shows.

ACTIVITY #3: Radio as a community participation device

A consultant from Radio Netherlands in Costa Rica would come to train selected TSR, auxiliary nurses, and promoters from the 3 health regions in ways to involve the community in local level programming. The aim is to give a voice to the people who have no voice. By discussing health topics with trained personnel in communities, residents share their views and organize for action. Tapes are played for community leaders and their reactions are recorded.

Programs are then edited and broadcast on local stations.

The project would involve a 2 week workshop to launch the project, a) one day for key decision makers in the Dirección General and in the 3 areas involved, to describe the project and discuss ways in which they could support the program; b) 1-day for trained Educación Extra-escolar radio experts from Quetzaltenango and Salamá to share ideas and select assistants for the 7 day radio workshop to train local MOH personnel (TRS, auxiliary nurses and promoters) in radio techniques such as making socio-dramas, and 1 day for radio owners.

The radio owners will discuss the cost-benefits of giving free airtime to community generated programs. Prizes could be awarded to the best radio station and announcers who met certain criteria, such as broadcasting a certain number of programs per day. Prizes might include diplomas awarded during a national press conference or a trip to Honduras to observe local radio programming activities.

These Educación Extra-escolar experts who form regional teams would supply technical advice to the workshop participants for 2 months after the workshop while local productions were being made. A Guatemalan project director, probably from the Promotion Unit or Health Education Department will be named to manage the follow-up activities.

A small budget for local broadcasts will be developed as a back-up in case local radio owners are not willing to donate time. Equipment or technical services might be offered instead of payment for airtime. Monitoring of broadcasts, letters and community visits to the station would be important. The Health Education Department might also supply a radio broadcasters kit with health messages that could be broadcast during "extra" time with no programming.

In september, a week-long workshop to evaluate the project would be held for participants at all levels. This training could be continued if HealthCom were to be extended.

APPENDIX D

PRESENTATION

GUATEMALAN WOMEN: HEROINES IN THE CHILD SURVIVAL PROGRAM

SLIDE:

1. Woman and children in clinic
1. These are the heroines in the Guatemalan Child Survival Program. They are giving their children a head start in life by having them vaccinated.
2. Woman and doctor examining belly
2. Another heroine is taking care of her child before it's born with prenatal check-ups, including tetanus toxoide shots.
3. Mother breast-feeding
3. Another continues to breast feed her child who has diarrhea.
4. Mother mixing ORS
4. While another is part of the revolution in child care where mothers prepare special solutions to prevent dehydration caused by diarrhea.
5. Group of indigenous women
5. Mothers promote child health by talking to each other about new child survival techniques in informal settings.
6. Ladino woman making TV spot
6. and by making TV messages to urge other mothers to vaccinate their children.
7. Guatemalan indigenous woman
7. Young and old, rural and urban, educated and not, we believe that WOMEN are the key to the success of the Guatemalan Child Survival Program.
8. Promotion Unit making plans
8. Since 1986, HealthCom has been working with the Promotion Unit in the Ministry of Health to develop communication plans, materials, and training workshops to enable them to teach mothers new ways to care for their children.

- | | |
|--|--|
| 9. Minister of Health at press conference during jornada | 9. This is part of the government's 6-year child survival program which aims to reduce sickness and death by immunizing children under 5, |
| 10. Indigenous woman being vaccinated | 10. Avoid tetanus in the newborn by vaccinating pregnant women, |
| 11. Mother giving ORS to child in URO | 11. And promote oral rehydration therapy. |
| 12. Lake Atitla'n | 12. The mothers who live in this beautiful Central American country and need health care information the most are not easy to reach through modern communication channels. |
| 13. Periurban slum | 13. Only 40% of the target population lives in urban or periurban areas with access to television; 86% have access to radio. |
| 14. Indigenous woman and child | 14. Forty-two % of the population is indigenous, and prefers to speak about health in one of 22 Mayan languages. Yet for many reasons, we have only been able to produce radio spots in the four major Mayan languages. |
| 14A. Indigenous woman and child | 14A. Producing in "lengua" is not merely a question of translating scripts from Spanish to Quiche, Kekchi, Kachiquel or Mam, but recasting the concepts in ways familiar to these audiences. |
| 14B. Promotion Unit validating radio spots | 14B. Special pretesting of spots with dispersed populations is needed. Also, the languages are rarely written and it is difficult for narrators to read scripts and get the proper accent and intonation. It can take hours to produce a 30-second spot. |
| 15. School children marching for jornadas | 15. We must rely on local messages delivered by health workers, community leaders and |

- children to reach those who can't be reached by radio and TV.
16. Tetanus toxoid poster
16. Because the ladino and indigenous women in our target audience have little education, graphic materials must have few words, clear drawings, and appeal to both groups. Health workers use these materials to remind mothers of key ideas.
 17. Woman being interviewed for KAP Survey
17. Women with children under 5 are at the center of all decisions taken by the Promotion Unit. Beginning with research, step # 1, in communication methodology, in 1987, women were interviewed to learn about their knowledge, attitudes, and practices with regard to immunizations and Oral rehydration therapy.
 18. Woman pretesting radio
18. The results were analyzed and formed the basis for messages in radio and TV spots, as well as print materials. Individually or in small groups,
 19. Group of women pretesting poster
19. Mothers responded to drafts of materials, identifying words and pictures that needed to be changed so that other mothers would better understand and remember messages.
 20. Mother using plastic bag to measure 1 liter of water
20. Mothers also tested four versions of plastic bags that can be used to measure a liter of water for mixing Oral Rehydration Salts. The bags are being produced because previous studies revealed that no standard liter sized container exists in Guatemala and the UNICEF packets in use there require 1 liter of water for mixing Oral Rehydration Salts. This is important because too much water produces ineffective, overly diluted solutions; too little water produces overly concentrated solutions which can be lethal.

- 20A. Mother transferring water from bag to bowl
- 20A. We found that 95% of the mothers were able to accurately measure 1 liter of water with the bags, and 90% could transfer water to another bowl without spilling it. Now mixing instructions are being pretested so that bags can be manufactured and distributed.
21. Promotion Unit and Health Education Unit planning
21. After research is conducted, Step #2 in the communication methodology, planning, is implemented with the Promotion Unit. Communication objectives and strategies, including mass media and face to face communication; training sessions; monitoring and evaluation; budgets; and timelines are developed.
22. Writing local health plans
22. Planning occurs at the local level as well. Representatives of districts, towns, and villages have been trained to deliver messages to mothers in communities.
- 22A. Administrator discussing budget
- 22.A HEALTHCOM lobbies with the administration Unit in charge of the Child Survival Program to get local communication budgets approved so that funds are available to implement plans and prevent frustration and disillusionment on the part of rural health workers. Training in the local production of graphic materials and the use of radio to give a voice to villagers who have had no voice is part of local communication plans.
23. Woman being vaccinated during filming of TV spot.
23. Step #3, production and training, now begins. Guatemalan women star in radio and TV productions.
- 23A. Fruit vendor producing spot
- 23A. For example, an extroverted fruit vendor was featured with her husband and child in a vaccination spot. She worked with us to improve the script and make the spot more natural and convincing to mothers. Her advice will motivate them to vaccinate their children.

24. Health workers with materials
24. Health workers are also featured in TV spots written to increase their prestige and sense of importance while showing their readiness to be of service to Guatemalan mothers.
25. Promoter in a market
25. Local health promoters are trained to go to wherever the mothers are to motivate them to take their children to health centers.
26. Local radio broadcast
26. After trainings have been conducted and materials have been produced, step #4, implementation, begins. This stage involves radio and TV broadcasts, distribution of materials and community events.
27. Women discussing radio spot
27. Mothers listen to local radio broadcasts and spread the word.
28. Mothers discussing posters
28. They read and discuss posters in health centers.
29. Clowns at health circus
29. School children are an important communication channel. Entertained by health workers who clown and present puppet shows, children then spread the word to their families.
30. Children marching with marks
30. Children also learn by doing; here they are marching to promote national vaccination days. They themselves will be vaccinated, as will their brothers and sisters, friends and neighbors.
31. Loudspeaker vans travelling
31. On these special days, vans go to where the mothers are, and encourage them to bring their children to vaccination centers.
32. Army marimba band at health centers
32. Pleasant marimba sounds played by the local army band attract and entertain mothers who await service.
33. Children play with piñata at health center
33. Fun is playing with a piñata at the health center at the end of the day.

34. Clowns with posters
34. Do these efforts work? In 1990 a national survey will be conducted to find out whether or not mothers have changed their child survival knowledge, attitudes and practices. This evaluation is step # 5 in the communication methodology.
35. Women lining up at health centers
35. The Ministry of Health has monitored the impact of their vaccination strategy which includes national vaccine days and routine immunization services. Statistics reveal that vaccination rates have improved 40-60%, depending on the vaccine, from 1986 to 1989.
36. Women lining up at clinic for prenatal care
36. Pregnant women have increased the rate by which they receive prenatal care, including TT vaccinations, by 22%. The ORT program is just starting, so statistics are not yet available.
37. Slide of crowd of Guatemalan children
37. The long range results on children's health have yet to be judged.
38. Group of indigenous women talking
38. Yes, we have learned to listen carefully to what mothers are saying.
39. Promotion Unit presenting results of liter bag study
39. And we make sure that their voice is heard by MOH decision-makers who attend debriefings on research results.
40. Minister signing LitroCom documents
40. And approve national communication plans based on social marketing strategy.
41. Health workers and clowns in clinic
41. Their voices are heard by healthworkers who learn to use social marketing techniques to implement local communication plans.
42. Resident advisor analyzing graphic in local clinic
42. and analyze materials so that they can work with mothers to make local versions.

43. Ad agency training
43. By the ad agency, which has been contracted to design mass media materials and needs to know what mothers are thinking, doing and saying and be willing to make changes based on pretests with the target audience, and
44. Press conference
44. By the press and media who will add health messages to the content of their regular programming.
45. US Ambassador, Thomas Struck
Chief, Baja Verapaz
45. Their voices are heard by US Ambassadors and area health chiefs who support the child survival effort.
46. Indigenous women breast-feeding
46. and by you, the distinguished members of this audience.
47. Ladino woman mixing Oral
Dehydration Salt
47. Let's let the Guatemalan women speak for themselves through these TV spots which we are about to show you. The spots were prepared to promote the national vaccination days in 1987.
48. Video spots
48. Thank you for your attention.

APPENDIX E

CONTACT LIST

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APPENDIX F

See Lorenzo Arbeit's report for
copies of presentations and handouts