HEALTHCOM
Communication for Child Survival

is a program of the
Bureau for Science and Technology, Office of Health and Office of Education
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through a contract with the
Academy for Educational Development

and subcontracts with the
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HEALTHCOM TRIP REPORT

Haiti

September 7-18, 1986

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HEALTHCOM PROJECT
HAITI TRIP REPORT
September 7-18, 1986
Bob de Wolfe, Joan Haffey

Scope of Work

1. Plan, organize, coordinate a national ORT communications workshop .
2. Develop, with INHSAC, a job description and selection criteria for the counterpart to the HEALTHCOM resident advisor.
3. Identify and inventory local training resources.

Background

In July 1986 a HEALTHCOM team visited Haiti (Haffey, Cohen, Smith). Out of that visit came a draft document proposing HEALTHCOM's intervention in HAITI, as well as the request for a follow-up visit to respond to the above scope of work.

USAID/HAITI has agreed to buy into the HEALTHCOM project using funds from its Rural Health Delivery Services Project and the Mobilizing Mothers for Child Survival Project.

Activities

1. Meetings with officials from the MSPP, USAID and some private health sector institutions to discuss topics relevant to the above scope of work and the proposed HEALTHCOM intervention.
2. Revision of the document entitled "Proposed HEALTHCOM Assistance in Haiti" and solicitation of approval thereof.

Outcomes/Recommendations

While not a part of the predetermined scope of work, it became apparent soon after arrival in Haiti, that priority needed to be given to the clarification ,and achievement of a consensus among all involved with respect to the nature of HEALTHCOM's upcoming assistance and the wording of the proposal. Based on inputs from the MSPP (DESE and ORT/EPI directors), INHSAC and USAID, revisions, deletions, additions to the proposal were made. All changes were approved by the same three institutions. The culmination of this process was a meeting of the ORT/EPI coordinating committee which consists of representatives from appropriate MSPP departments, PVOs, international donors and USAID. The proposed HEALTHCOM assistance was presented by Drs. Andre, and Grandpierre (chiefs national ORT/EPI program) and discussed by the entire committee. All present were apparently in agreement with the proposal's final form (see attached proposal).

Plans for a national ORT Communications Workshop were discussed with INHSAC and MSPP staff. The Department of Health Education and Training (DESE) within the MSPP will co-sponsor the Workshop with INHSAC. Dr. Eustache, the director of the DESE, and Marie Christine Bertrand, representing INHSAC, have both agreed to play key roles in the planning and organization of the Workshop. It was agreed that the participation of the HEALTHCOM Resident Advisor in the Workshop will be indispensable. Dates for the Workshop are tentatively set for mid-December 1986; but these are dependent on the Resident Advisor's availability. Alternative budgets for in-

country costs for two different locations, a list of participants to be invited and a draft outline of the workshop's program are attached. The DESE, and INHSAC should be advised of the Resident Advisor's date of arrival as soon as possible so that final arrangements can be made.

A job description and selection criteria for the counterpart to the HEALTHCOM Resident Advisor were elaborated with INHSAC staff. INHSAC will begin the recruitment and selection process as soon as possible. (See attached job description, selection criteria, and interviewing checklist.)

Next Steps

1. Dr. Mike White (PHO-USAID/Haiti) and Drs. Andre and Eustache will submit the HEALTHCOM proposal with a jointly signed cover letter to the Minister of Public Health and Population for official approval. Dr. Andre feels that his own approval will greatly expedite the Minister's acceptance.

2. HEALTHCOM/Washington will inform USAID/Haiti, INHSAC and the MSPP as to the date of arrival of the Resident Advisor.

3. HEALTHCOM/Washington will make all stateside arrangements for the ORT Communications Workshop, (outside speakers, etc.), and will maintain contact with INHSAC who has agreed to make local arrangements.

4. INHSAC will initiate the recruitment and selection process for the counterpart to the HEALTHCOM Resident Advisor.

Contacts

Ministry of Public Helath and Population (MSPP)

Dr. Jean Andre, Director, ORT/EPI Programs
Dr. Jules Grandpierre, Assistant Director, ORT/EPI Programs
Dr. Lauren Eustache, Director, Department of Health Education and Training (DESE)

USAID

Dr. Mike White, Chief Public Health Officer
Debra Kreutzer, Assistant Public Health Officer
Adrienne Sims, Manager, Mobilizing Mothers for Child Survival Project
Chris McDermott, Manager, Rural Health Services Delivery Project

Haitian Arab Center - Haitian Public Health Institute (INHSAC)

Dr. Carlo Boulas, Director, Haitian-Arab Center
Dr. Reginald Boulas, Director, Mobilizing Mothers for Child Survival Project
Dr. Joseph, Director, INHSAC
Mme. Marie-Christine Bertrand, INHSAC Staff Nutritionist

PAHO

Dr. Robert Fischer, Country Officer

UNICEF

Mr. Luca Spinelli, Communications Specialist
Mme. Monique Kleska, Communications Specialist

International Child Care

Dr. Michel Caymite, Program Director
Mme. Vivian Caymite, Health Education Specialist

Care

Shelagh O'Rourke, Coordinator Project CINECO
Kim Puterbaugh, Assistant Coordinator Project CINECO

Foster Parents Plan

Joy Greenidge, Director

Annex I

Proposed HEALTHCOM Assistance to Haiti

A Distributor Promotion and Training Program for Child Survival

Distributor Promotion and Training Program for Child Survival

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LIST OF ABBREVIATIONS

AGAPCO	Agence d'Approvisionnement de Pharmacies Communautaires Agency for the Supply of Community Pharmacies
AOPS	Association des Oeuvres Privées de Santé Association of Voluntary Health Institutions
CHI	Institut Haitien de l'Enfance Child Health Institute
DESE	Direction de l'Education Sanitaire et de l'Entrainement Health Education and Training Department
DHFN	Division d'Hygiene Familiale et Nutrition Division of Family Health and Nutrition
HAC	Centre Haitiano-Arabe Haitian-Arab Center
HAVA	Association Haitienne des Agences Bénévolés Haitian Association of Voluntary Agencies
INHSAC	Institut Haitien de Santé Communautaire Haitian Public Health Institute
MSPP	Ministère de la Santé Publique et de la Population Ministry of Public Health and Population
RHDS	Projet Santé Rurale Rural Health Delivery System Project
SNEM	Service National des Endemies Majeures National Service Against Major Endemic Diseases

PROPOSED HEALTHCOM ASSISTANCE TO HAITI

A Distributor Promotion and Training Program

It is proposed that HEALTHCOM work with the Ministry of Public Health and Population in Haiti to improve the interpersonal delivery and support system for selected child survival interventions, with special emphasis on oral rehydration therapy (ORT) and the expanded programme on immunization (EPI). It is anticipated that other child survival strategies such as birth spacing may be added as appropriate. HEALTHCOM assistance is planned for a two-year period and is designed to achieve two broad goals:

1. Improved interpersonal support from distributors for mothers seeking ORT and EPI services

2. Strengthened capacity in both the public- and private- sector in Haiti to use, with increased effectiveness, communication strategies in support of large-scale public health programs.

A. Rationale

Haiti presently has extensive experience with ORT and EPI promotion. Since 1983, when a locally produced and packaged ORS, Serum Oral, was first introduced, Haiti has developed an ambitious public outreach strategy combining the social marketing and sale of ORS with the use of mass media to publicize and popularize Serum Oral. Significant achievements appear to have been made in product awareness (85 percent of mothers). However, the product use is presently lower than anticipated or desired. Qualitative

research suggests that the distributors, i.e., pharmacists, health professionals, and primary health care workers, are not adequately trained or motivated to support the program through the use of effective interpersonal communication.

Other donor support, particularly from UNICEF and PAHO, has focused on the social marketing of ORS, especially the promotion of Serum Oral directly to mothers. Work will continue to overcome obstacles ranging from mothers' apparent dislike of the product's taste to resistance to remedies that do not "cure" diarrhea.

USAID/Haiti assistance, through amendments to the Rural Health Delivery System (RHDS) and Mobilizing Mothers Projects, is designed to complement other donor activities and avoid needless duplication of effort. It will focus on program activities that strengthen the training of health workers and other health care delivery personnel in the public and private sectors. HEALTHCOM assistance will augment this training by focusing on innovative ways to use communications and social marketing to strengthen this interpersonal network.

B. Strategy

The project will use some fundamental elements that have been successful in other countries: audience research, multiple channels integrated around targeted messages, behavior analysis, and regular monitoring and evaluation to develop a Distributor Promotion and Training Program (DPTP). It is

anticipated that the program will use face-to-face, mass media and print channels in an innovative and exciting way to increase distributor effectiveness in the national ORT/EPI programs.

C. Primary Target Audience

The primary target audience for the national ORT/EPI communication program's, and therefore HEALTHCOM's, strategy will be distributors of ORT/EPI services.

The present distribution network consists of approximately 50,000 individuals including physicians, nurses, auxiliary nurses, agents de santé, and pharmacy and boutique owners. It is anticipated that different communication strategies may be needed to meet the special needs of each of these groups. The strategies will be developed using careful field research and a test market approach.

D. Implementation Strategy

At the national level, the Ministry of Public Health and Population coordinates both its ORT and EPI programs through the National Coordination Bureau (ORT/EPI). Relevant training activities for health workers and other distributors of services as well as the direct execution of the ORT and EPI programs are developed according to norms established by the Maternal-Child Health program of the DHFN and by the DESE.

To aid in the coordination of the ORT and EPI programs, the Coordination Bureau is assisted by a National Coordination Committee composed of representatives from all sectors concerned with the promotion and execution of the programs. It is the task of this committee, with the assistance of an Education and Communication Sub-committee, to develop the national plan for promotion and training within the framework of the PRONACODIAM. The director of the DESE serves as the chairman of the Education and Communication Sub-committee. The resident advisor for HEALTHCOM will provide priority assistance to the Education and Communication Sub-committee, of which he/she will be a member, in the development of a Distributor Promotion and Training Program (DPTP). This program will emphasize training health workers, ORT sales agents, and others who promote ORT/EPI services in interpersonal communication and motivational skills. The program will become part of the national plan for promotion and training related to ORT.

Once the global plan for promotion and training has been developed, the ORT/EPI Coordination Bureau and the DESE will assign the preparation of certain materials or the execution of certain activities to specific agencies or specialized institutes, according to their qualifications.

HEALTHCOM's resident advisor will be based at INHSAC where he or she will assist in the development of their institutional capacity with respect to communications and in the implementation of tasks that will be assigned to them within the framework of the national ORT/EPI campaigns.

It is understood that the DESE and the Coordination Bureau will use the assistance of the resident advisor as needed in support of the national ORT/EPI programs in much the same way that UNICEF's technical consultants in education and communication assist the programs.

The ORT/EPI Coordination Bureau will assign specific tasks to agencies and institutes according to terms of reference which have been discussed and accepted by the entire Coordination Committee. It is understood that specific communication and training tasks may be assigned to specialists affiliated with the DESE.

Monitoring of the national communication program will be done regularly by means of progress reports from the field to the ORT/EPI Coordination Bureau and the Coordination Committee. The National Coordination Committee will also have a Research and Evaluation Sub-committee. The director of the Child Health Institute, or his designated replacement, will be a member of this committee.

Actual execution of the program in the field is generally done by means of a regionalized system of which all health institutions are part. However, mixed or private institutions which receive financial assistance from AOPS benefit from the technical training of that institution as well as the training resources of the MSPP at the regional and district levels. Under this program, training of trainers will be accomplished at the regional and district levels of the MSPP for auxiliaries and health agents attached to public sector institutions. Training of personnel from

collaborating institutions such as the Scouts and the community volunteers from the SNEM will also be accomplished through these channels.

The training of trainers of collaborating mixed institutions, private institutions affiliated with AOPS, and other private health agencies will be achieved through AOPS or through INHSAC. Training in all sectors will be based on a joint training plan to be developed and accepted by the Central Coordination Committee..

E. Financing

HEALTHCOM/Haiti activities will be jointly financed by USAID/Haiti and USAID/S&T/Health and S&T/Education. A final budget will be developed based on a detailed cost analysis of the above-referenced implementation plan to be completed within 90 days. It is estimated that Mission assistance will include a $200,000 buy-in to HEALTHCOM and an additional $150,000 available for local costs. HEALTHCOM is expected to contribute at least an equal amount.

F. Projected Timeline

See appended timeline for HEALTHCOM activities.

G. Outcomes

Within 24 months of the project's initiation, it is anticipated that:

* sales of Serum Oral/Pharval will increase by 100 percent in rural areas.

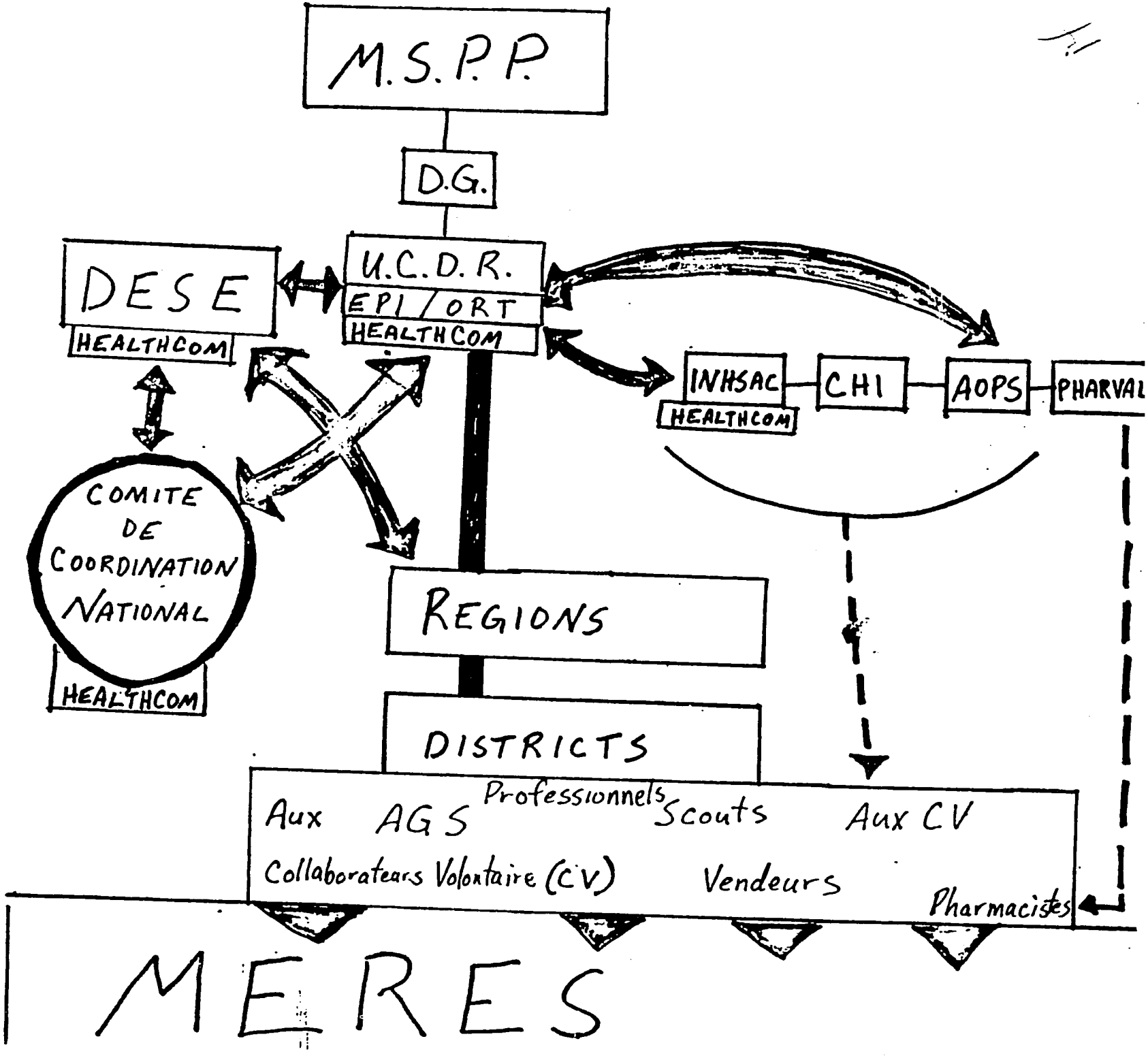
* 30 percent of all episodes of diarrhea will have been treated effectively with ORS.

* 50 percent of all distributors of Serum Oral will have received at least one day face-to-face training and been exposed to additional print and radio support.

* complete immunization coverage for DPT/Polio in children under the age of one will have increased from 21 percent to 60 percent.

* 80 percent of all immunization workers will have participated in at least one training day and received additional print and radio support.

* a detailed plan for including child spacing promotion will have been developed and implementation begun.


M.S.P.P.
D.G.
DESE
HEALTHCOM
U.C.D.R.
EPI / ORT
HEALTHCOM
INHSAC
HEALTHCOM
CHI
AOPS
PHARVAL
COMITE DE COORDINATION NATIONAL
HEALTHCOM
REGIONS
DISTRICTS
Aux AGS Professionnels Scouts Aux CV
Collaborateurs Volontaire (CV) Vendeurs
Pharmacistes
MERES

PROJECTED TIMELINE

	1986			1987												1988										
	Oct	-	Dec	Ja	F	M	A	My	J	July	Au	S	O	N	D	Ja	F	M	A	My	J	Jly	Au	S	O	N
NHSAC: Staffing, Operations/Office																										
HEALTHCOM Resident Advisor																										
Communications Workshop			*																							
Detailed Comm Plan Submitted					*																					
Comm Plan Implemented																										
Evaluation, Monitoring							*				*				*				*				*			

Annex II

Tentative Agenda
Child Survival Communication Workshop
Haiti

DAY 1

Morning

Introduction to Workshop Objectives

Successful ORT/EPI Communication Programs in Other Countries
- Description of Programs
- Identification of Successful Elements
  - Emphasis on Integration, Coordination

Afternoon

Description of HEALTHCOM Methodology

Overview of ORT Communication Activities to date in Haiti

Presentation of National Strategy for ORT Communications
(Serum Oral "donne la force", "rafraichite")

DAY 2

Morning

Working Session to Establish National Coordination Sub-committee for ORT/EPI Communication Activities
- Strategy for Collaboration
- Outline of Integrated Activities

Suggested Participants
Child Survival Communications Workshop
Haiti

Staff from the DESE and INHSAC suggested the following organizations be represented at a HEALTHCOM-sponsored child survival communications workshop for central planners in Haiti. Acronyms are explained in the list of abbreviations included in the attached document, "Proposed HEALTHCOM Assistance to Haiti: A Distributor Promotion and Training Program for Child Survival."

DESE (2)

ORT/EPI Coordination Bureau (2)

DHFN

UNICEF

PAHO

AID

CHI

INHSAC

HAVA

AOPS

Pharval

Child Survival Coordinating Committee (USAID)

Regional Medical Directors, MSPP (4)

Regional Health Education Directors, MSPP (4)

BUDGET SEMINAIRE HEALTHCOM

Proposition # 1: HOLIDAY INN

- Location de la salle: $150.00/jr x 2 jrs	=	$ 300.00
- Pause-cafe $1.50/jr/prn x 2 jrs x 30 prns	=	90.00
- Lunch $8.50/jr/prn x 2 jrs x 30 prns	=	510.00
- Materiel $5.00/prn x 30 prns	=	150.00
- Transport participants de province 3 regions x $50.00 gas./region	=	150.00
- Imprevu 10%	=	120.00
TOTAL		$1,320.00

BUDGET SEMINAIRE HEALTHCOM

Proposition # 2: KALIKO BEACH

- Logement des participants $30.00/prn/jr x 30 prns x 2 jrs	=	$1,800.00
- Materiel $ 5.00/prn x 30 prns	=	150.00
- Transport des participants De Port-au-Prince : $10.00/prn x 24	=	240.00
Des villes de province: $50.00/prn x 3	=	150.00
- Imprevu 10%	=	324.00
TOTAL		$2,664.00

Annex III

SPECIALISTE EN COMMUNICATION (HEALTHCOM)

1.- Donner un encadrement technique a la DESE et au Bureau National de Coordination du PEV/TRO (MSPP) dans la definition et le developpement d'une strategie nationale dans le cadre du programme national de communication pour la TRO/PEV.

2.- Participer aux deliberations du Comite National de Coordination du TRO/PEV.

3.- Participer a la conception, coordination et execution de la recherche qualitatique et quantitative necessaire au developpement du programme national de communication pour le TRO/PEV.

4.- Participer au choix des agences ou organismes susceptibles, en fonction de leur performance, de mener a bien ces recherches.

5.- Donner un encadrement technique aux organisations choisies, ONG ou autres, pour developper des activites specifiques dans le cadre de la recherche et la formation en Communication.

6.- Aider a developper et surveiller la production du materiel de communication: Imprimes - Affiches - Spots Radio et Televises - Video-cassettes, etc... Dans le cadre du programme national de communication de TRO/PEV.

7.- Aider dans le developpement et la mise au point des programmes d'entrainement et tous les niveaux dans le cadre du TRO/PEV.

ROLE DU CONSULTANT DE HEALTHCOM AU NIVEAU DE L'INHSAC

1.- Aider a organiser l'atelier de production de l'INHSAC.

2.- Aider a la production du materiel necessaire a l'INHSAC dans le cadre du projet HEALTHCOM.

3.- Aider a preparer des plans de formation en communication pour la sante et participer a leur execution.

4.- Aider a organiser des activites de recherche en communication.

FICHE D'EVALUATION DES CANDIDATS

Nom du Candidat:

Confirmer les qualifications minimums suivantes:

1.- Langues: Francais: ___; Creole ___; Anglais: ___.

2.- Niveau academique minimum: _____

3.- Connaissance/experience en recherche sociale et/ou formation:

Commentaire:

Evaluer le candidat vis-a-vis des caracteristiques suivantes:

	Excellent	Bien	Moyen	Faible	COMMENTAIRES
1.- Volonte de voyager aux zones rurales					
2.- Capacite de voyager aux zones rurales					
3.- Experience avec/en:					
- Populations rurales					
- Autorites gourvernementales					
- Projets de sante					
- Projets de developpement social					
- Communications					
- Commercialisation					
- Anthropologie					
- Sociologie					
- Autres domaines pertinents					
4.- Presentation personnelle (comportement)					
5.- Communication interpersonnelle					
6.- Caracteristiques de "leadership"					
7.- Capacite d'etablir une rapport avec les groupes cibles					
8.- Conviction personnelle					
9.- Enthousiasme					

Date de disponibilite:

Salaire demande:

References personnelles et professionelle:

1-

2-

3-

Commentaire General: