

PD-AB11-335

25493

**FINAL REPORT
HEALTHCOM PROJECT
PARAGUAY**

by
Diane Urban

I. GENERAL PROJECT DESCRIPTION

- A. Date of Letter of Agreement October 21, 1986
- B. Date of Project Start-up April 15, 1987
- C. Date of Project Close-down
- D. Child Survival Activities Focus ORT, breastfeeding
- E. Collaborating A.I.D. Projects PATH/PIACT; Annenberg School of Communications
- PATH provided consultation in materials development for ORT and breastfeeding campaigns at national and local levels.
- Project Support is funding local production of ORS messages on packaging and point-of-purchase materials coordinated with HEALTHCOM and Ministry of Health norms.
- Annenberg School of Communications through ACT is evaluating the project.
- F. Collaborating Donor Agencies PAHO, UNICEF, PRITECH
- PAHO conducted a regional health survey to provide baseline data in 1987; UNICEF reprinted ORT materials and flipcharts; PRITECH sponsored participation in a regional ORT workshop in Mexico City.
- G. Primary Institutions Ministry of Health and Social Welfare. Project collaborated with both the Departments of Health and Education and Maternal Child Health at the national and regional levels.

H. Collaborating Institutions

1. Biederman Publicity Agency

Produced mass media campaign materials (radio, TV, and print) in Spanish and Guarani; bought space and air time and monitored use; produced ORT program documentary and first international contract between Paraguay and the United States.

2. Instituto de Comunicación y Arte

Conducted focus group research for ORT message design; conducted survey of physicians' ORT knowledge and practices.

3. National School of Medicine

Participated as lecturers in workshops; helped develop norms for breast-feeding and ORT; trained medical students and nurses in oral rehydration unit; faculty appeared in TV spots; and included ORT in medical school curriculum.

4. Liga Paraguaya de la Mujer

Attended seminars and included ORT and breastfeeding in follow-up seminars.

5. Local Radio Stations

Donated free air time for local health messages.

6. Coca Cola

Printed ORT materials.

I. Resident Advisor

José María Espínola
April 15, 1987 to December
30, 1989

On consultant basis January
through September 30, 1990.

J. Consultants

Judy Brace

June 1986
Identified potential child
survival communication
activities.

Diane Urban/Mario Bravo

October 5-24, 1986
Made presentations about
HEALTHCOM at three
conferences in conjunction
with an internationally
renowned physician and
nurse; developed a phased
plan, budget and time frame
for implementing child
survival activities sponsored
by HEALTHCOM and
PRITECH in FY 1987.

Diane Urban

May 26 - June 13, 1987

Formed a task force to review ad agency presentations and selected Biederman ad agency. Began to negotiate contract. Spoke at a conference. Reviewed ORS package design. Visited research agency, addressed progress on physician study, and contracted with them to analyze results. Held press conferences.

José Romero

November 1-15, 1987

Signed contract with ad agency; collaborated in writing the communication plan; assisted MOH personnel in educational publicity project.

Diane Urban/Eduardo Contreras

February 18 - March 1, 1988

Redesigned communication plan already being executed; decided on basis for which to elaborate the final evaluation plan of the program; elaborated action to April 1989; monitored local production of ORS; prepared programs for future seminars.

Barbara Cook

April 1988

Set up campaign for marketing locally-produced ORS.

Diane Urban

November 1988

Spoke at two regional seminars. Discussed MOH breastfeeding campaign. Debriefed with USAID representative in Uruguay.

Dennis Foote

March 6-16, 1989

Assessed HEALTHCOM ORT project activities as part of the HEALTHCOM evaluation.

4

Linda Bruce

April 19-23, 1989

Held creative workshop for development of educational and promotional materials for Ministry of Health staff.

Dr. José Francisco Zambroni

May 26 - June 9, 1990

Researched breastfeeding practices in six maternity hospitals; lead a multi-sectoral workshop to define national norms and plan; drafted training manual.

Dr. Lisa Weld

June 24 - June 30, 1989

Presented workshop on monitoring and supervision as applied to communication component of the national breastfeeding plan for MOH staff.

Linda Bruce

July 2-6, 1990

Conducted a materials development workshop to assist regional MOH staff to develop breastfeeding materials.

Diane Urban

July 23 - August 3, 1990

Conducted a three-day workshop on interpersonal communication to assist MOH staff in training clinic staff to talk more effectively with mothers about breastfeeding; made end of project visits to Minister, MOH department heads, and USAID representatives; helped close office.

José María Espínola

May 26 - August 3, 1990

Supported HEALTHCOM consultants by coordinating workshop logistics and contact with Washington and USAID.

July 5-17, 1989

Travelled to Guatemala to observe another HEALTHCOM program and to Washington, D.C. to review Implementation Plan.

January 1989

Traveled to the Dominican Republic to attend HEALTHCOM Regional Workshop. Accompanied by Directors of MCH and HED Departments.

II. PROJECT SUMMARY

The objective of Paraguay's national health policy is to reach the goal of "Health For All by the Year 2000." Since diarrhea currently represents the principal health problem of children under five years of age, HEALTHCOM began its work there with the intention of introducing a systematic communication program to assist the Ministry of Health in reaching health workers and the public with well-designed messages. Breast-feeding, identified as a key preventative measure that wasn't being adequately promoted by the medical establishment or practiced by urban mothers, became the focus for a subsequent campaign. National multidisciplinary task forces were created to guide program implementation for both interventions. During the 3½ year program, HEALTHCOM assisted the Ministry of Health in the planning, development, monitoring and evaluation of the interpersonal and mass media components of these two national campaigns. Research included focus groups and a physicians' KAP survey for communication plan and message design. Community leaders, as well as health workers, were trained in content and communications skills. Nine oral rehydration units (URO's) were created and equipped in large regional health centers as well as at the National Medical School Hospital. Six TV spots, ten radio spots, and numerous posters, pamphlets, calendars, decals and t-shirts, were prepared for the two campaigns.

Training played an important role in the insitutionalization process. Besides receiving training workshops in communication methodology, materials development, developing national plans and norms, monitoring, and interpersonal communication, Ministry of Health staff spoke at three international health education congresses, and applied the HEALTHCOM methodology to national EPI and AIDS programs.

The Health Education Department was reorganized after the new government was formed in 1989; new units reflected emphasis on research and evaluation, training and supervision, community outreach and production of materials. Staff increased threefold, as did space.

The Minister of Health and the Directors of the Health Education and MCH Departments have expressed interest in HEALTHCOM II to the U.S. Ambassador and USAID. Future activity depends on Paraguay's classification and mission priorities.

III. PRINCIPAL ACTIVITIES CONDUCTED

A. Administration/Management

Prepared an ORT program implementation plan for 1987-1989, as well as a national breastfeeding plan and norms. Task forces were formed for the National ORT and breastfeeding initiatives to coordinate the numerous tasks and various levels of interaction required. Local advisor ensured collaboration between MCH and Health Education Departments. Central level Health Education staff trained local staff and community leaders and supervised their use of new skills.

B. Formative Research

ORT - In 1987, five focus groups were conducted with mothers of children under five in Jopara, a mixture of Spanish and Guarani. Researchers learned the colloquial terminology for diarrheal diseases and which dialect to use for messages. All mothers recognized similar symptoms of diarrhea; five causes were identified. Rural mothers treated early diarrhea with teas and sought advice from their mothers or herbalists. Distance from clinics and fear of physicians kept them from seeking medical help even when symptoms persisted. There is a tendency to withhold food and offer teas and soups. Dehydration wasn't a familiar concept, nor was ORS.

Fifty physicians were interviewed about their ORT knowledge, attitudes, and practices. Seventy-five percent thought that ORS should be recommended as a way of reinforcing preventative care. They believed that mothers should continue to breastfeed during a diarrheal episode; children don't reject the taste of ORS; it is permissible to give teas, soups, and other liquids; and that mothers can be taught to mix ORS.

Breastfeeding - Twelve focus groups were held with urban and periurban women to develop messages for breastfeeding materials. Several differences were noted in practices.

Urban women were more likely to work and therefore introduce breast milk substitutes and other supplementary foods within two weeks after birth. These women claimed that they did not have enough milk to satisfy their infants and, upon seeking advice from their pediatricians, were encouraged to give formula. Some mothers had breast infections and were advised to discontinue breastfeeding because of the antibiotics they were given. By two months, the majority of urban women had weaned their infants. These women had not received prenatal information on breastfeeding and appeared eager to learn more about the topic. These mothers also equated the quantity of breast milk with the kinds of foods eaten during lactation. When interviewed about infant diarrhea, all of the mothers knew the importance of breastfeeding and oral rehydration therapy.

Periurban women were inclined to breastfeed their infants for six to nine months, although they also introduced supplementary foods at two to three months of age. The main reasons for weaning the babies were insufficient milk supply and the belief that the baby no longer needed breast milk. Periurban mothers felt that eating certain foods would increase milk supply as well. All of the mothers interviewed desired more information on breastfeeding and preferred informative talks (personal communication) to print materials. When asked what kinds of materials they would like, the mothers said brochures or booklets that were manageable and

easy to read. Most of the women had at least a sixth-grade education and mentioned that they would also like to see articles on breastfeeding in the women's section of the daily newspapers.

In 1990, five more focus group discussions held with 46 periurban women had similar findings with regard to the lack of importance of colostrum, supplementation of breast milk with other foods and liquids, early discontinuance of breastfeeding, beliefs about antibiotics and the role of food such as coconut and corn, rather than suckling to increase milk supply. Based on the focus group discussions, messages were developed for a skit, audio cassette and four illustrations to stress the importance of breastfeeding frequently to increase milk supply.

Materials for ORT and breastfeeding were pretested routinely as part of the development process.

C. Intervention Activities

ORT materials were produced for the primary audience - caretakers of children under five; and the secondary audience - health care workers and community leaders. Four types of educational strategies were designed with consistent messages, themes and activities.

1. UROs and Health Institution Strategy:

Trained in face-to-face communication skills, technical education personnel at UROs provided information and education to caretakers of sick children. Educational activities included an introduction to the UROs; mixing demonstrations; hands-on practice sessions; instruction regarding the concept of dehydration; recognition of the signs of dehydration; and ways of promoting control and prevention. Certificates were given to mothers who brought their children to centers for ORS.

2. Community-level Strategy:

Community-level participants included herbalists, pharmacists, school teachers and supervisors, students, priests, community decision makers, and social club members. These individuals were trained by health workers and community leaders using group presentations and demonstrations. Visual aids such as brochures and stickers to identify houses of trained distributors who had supplies of ORS supported these community sessions.

3. Mass Media Strategy:

Using research findings, HED, HEALTHCOM, advertising agencies, and technical health personnel cooperated in preparing mass media messages for radio and television audiences. Four TV spots and eight radio spots were created in Spanish and Guarani. Print materials in the form of news releases, flyers, brochures, posters, comic books, and decals were designed and distributed. Other local mass media techniques included the use of megaphones and loudspeakers - traditional means of communicating with local communities.

4. Ongoing Training of Health Workers:

The Maternal/Child Health Department of HED prepared educational sessions for ongoing training of public health workers. Recipients of this training included URO health care workers, other health institution workers, and community leaders. The project began with a four-day regional training seminar for representatives from the nine initial health care center sites, the MCH and HED Departments, the Chairman of Pediatrics of the School of Medicine, and representatives of the private sector - research and advertising agencies and a local pharmaceutical company. The seminar covered public health policies in Paraguay, the social communication process, development of a communication plan, and administration of the plan.

Seminar attendees were instructed to return to their respective communities and continue the training process among health workers, community leaders, and other community members. A supervisory function was inserted into this "trickle-down" technique, ensuring adequate oversight from the central office of the HED, including frequent visits as part of the program. Institutionalization thus has been encouraged.

A special training effort was conducted to instruct community leaders about the qualities of ORS and to train leaders how to pass on ORS mixing skills to mothers and to instruct other community leaders.

The following ORT training activities occurred:

- Eight, four-day seminars for community leaders in October, 1987;
- A one-day seminar for high school teachers and students in November, 1987;
- Three, one-day seminars for physicians in interior Paraguayan cities from August to October, 1988;
- Three seminars for nurses of the Hospital de Clínicas in October, 1987 and June, 1988;
- 16, one-day seminars/workshops for healthcare personnel and community leaders, two in each city, June through October;
- One-day training seminars to teach community leaders in towns with health centers how to train others in ORT, June, 1988, including seven, one-day follow-up seminars to reach new community leaders;
- Regional meetings in November and December, 1988, to develop plans and distribute supplies for 1988-1989 diarrhea season and two institutionalization seminars for representatives from 9 UROs and surrounding health districts where community leaders were trained.

Breastfeeding materials were produced for the primary audience - caretakers of children under five, targeted at working mothers; and the secondary audience - health care workers and community leaders. Four program strategies reinforced one another.

1. Health Institution Strategy:

Six maternity hospitals were visited to assess hospital breastfeeding policies and practices. Information was used to develop national norms and a national breastfeeding plan that was written by representatives of six departments in the Ministry of Health, the Medical School, the Pediatric Society, and the Red Cross. A task force meets regularly to coordinate activities. An illustrated manual of the norms was created. A flipchart and posters were designed for use in the clinic talks.

2. Community-level Strategy:

Seminars were held in factories, department stores, and other places where women work to discuss breastfeeding information and practices.

3. Mass Media Strategy:

Based on focus group research to diagnose breastfeeding knowledge and practices, the HED, HEALTHCOM, advertising agencies, and technical health personnel cooperated in preparing mass media messages for two TV spots which were broadcast over two channels and ten radio stations. In addition, a poster, a pamphlet, decal and flipchart were prepared for the breastfeeding campaign.

4. On-going Training of Health Workers:

- PATH consultant conducted a three-day workshop in April, 1989 to develop educational and promotional materials for the breastfeeding program. Participants included 20 Ministry of Health staff members, three advertising agency staff members, and one social marketing research agency staff member. Focus groups with mothers at urban clinics pre-tested all materials developed at the workshop.
- Ministry of Health staff conducted three one-day seminars for 90 physicians and nurses and one for 70 health personnel and community leaders in four different cities in August and September, 1989.
- PATH consultant directed multi-sectoral workshop for 50 participants to define national breastfeeding norms and design a plan; training manual drafted in May - June, 1990.
- Harvard Institute for International Development consultant conducted a workshop on supervision and monitoring skills as applied to the communication component of the national breastfeeding plan in June, 1990.
- PATH consultant conducted a materials development workshop to assist regional Ministry of Health staff in developing breastfeeding materials in July, 1990.

- HEALTHCOM central staff and HEALTHCOM counterparts conducted a three-day workshop on interpersonal communication to train the trainers of regional workers to talk more effectively with mothers about breastfeeding, in July, 1990.

D. Monitoring and Evaluation Activities

An implementation plan was drafted at the outset of the ORT project and regional visits monitored progress toward goals. Monthly programmatic and financial reports documented project activities.

For breastfeeding activities, Harvard Institute for International Development staff held a workshop to apply monitoring, evaluation and supervision principles to the breastfeeding project. The seminar included professionals from many different departments, evidencing interest and a desire to implement the principles learned in the workshop. Sample project plans, flow charts and checklists were developed. Further training is indicated to help the Ministry of Health integrate the planning, monitoring, and evaluation processes.

SUMMATIVE EVALUATION

In February 1988, the HEALTHCOM evaluation consultant advised that qualitative end-of-project interviews be conducted to evaluate the impact of the HEALTHCOM Project. He suggested that data be gathered from oral rehydration units. A local research company also prepared a list of topics for investigation and proposed various ways to obtain the data. This information was shared with the Annenberg School of Communications, which designed the final research plan for personnel involved in ORT programs in Asunción and in four other cities. The final report will be available in 1990.

E. Diffusion Activities

- Biederman Publicidad, an advertising agency, along with Ministry of Health staff and Diane Urban, coordinated the production of a 12-minute video in Spanish to present at the XIII World Conference on Health Education, in 1988. Two health educators expanded upon the program and answered questions.
- HEALTHCOM made a presentation on ORT to 50 mothers for the Wives of Rotarians in Concepción.
- For World Health Day (April 7), health educators organized socio-dramas in high schools in Asunción for 1,200 students and teachers. Health educators identified characteristics of dehydration and the treatment available for children with dehydration.
- Two Ministry of Health personnel traveled to Mexico to attend an ORT conference in June, 1988.
- Two health educators went to Puerto Rico and spoke at the School of Public Health about Paraguay's use of communication in its ORT program in August, 1988.

- The Resident Advisor and his counterparts from the Health Education Department and the Maternal/Child Health Department presented the HEALTHCOM ORT campaign at the HEALTHCOM Latin America Regional Workshop in January, 1989.
- Most health centers continue conducting half-day meetings to inform newly-recruited community leaders about the ORT program and to distribute ORS and print materials.
- Eight representatives of the Health Education Department traveled to Rio and spoke about the breastfeeding program at the International Health Education Congress in July, 1990.
- Information about Paraguay's breastfeeding activities were included in Nutrition Communication's book and Social Communication's Handbook.
- Radio and TV spots have been shown to UNICEF and USAID staffs involved in breastfeeding programs.

IV. INSTITUTIONALIZATION ACTIVITIES

One of the goals of the institutionalization plan was to involve key Ministry of Health decision makers from the top levels in central offices to village-level health providers. In the planning stages of the project, the resident advisor included key leaders in decision making and throughout implementation of activities. Their approval was sought throughout the materials development process, ORT media materials were featured at special events for health workers, and decision makers participated in public relations events such as donation of cribs and other equipment to URO's. USAID officials were also included to encourage communication and give credit for their support.

When the government changed hands, the Health Education Department expanded, and its units, such as Research, Training, and Materials Production, reflect the steps in the HEALTHCOM methodology. Staff, space, and equipment greatly increased.

For the central-level health educators, the goal was to provide opportunities to incorporate new ideas into an already-existing firm foundation of health education principles and to apply skills learned in training or in on-the-job situations. Training workshops in writing national norms and plans, developing audio-visual and monitoring materials, as well as practicing interviewing skills, were output-oriented and participatory. By the end of the project, HEALTHCOM staff and counterparts were designing and teaching workshops together.

Tiered training activities involved central-level health educators who, upon receiving their initial training, introduced HEALTHCOM methodology to all Paraguayan health educators during a week-long in-service training program. Shortly thereafter, participants trained community leaders from the nine URO areas so they, in turn, could train their peers in other communities.

The ability to absorb ideas, transfer them to other health interventions (such as the Expanded Program on Immunization and AIDS) to train colleagues and community leaders, and to diffuse those ideas internationally, were all displayed by trained central-level health educators in the first months of HEALTHCOM activities.

Perhaps the most important way to ensure that ORT service would be provided continuously in the future was to have renowned medical school professors and leaders in the Paraguayan Pediatric Association train and supervise medical students and nurses who are serving as interns in teaching-hospital UROs. The prestige and acceptability of the program was enhanced by inviting internationally-prominent physicians, nurses, and HEALTHCOM staff to address faculty, students, and private sector physicians at a three-day conference in Asunción. Spin-offs included one-day conferences for student nurses and physicians. The Medical School curriculum has been expanded to include ORT.

HEALTHCOM engaged various private sector firms to teach aspects of the HEALTHCOM methodology. The staff members of the local advertising agency subcontractor to the project were particularly involved. They supported the program by contributing a speaker to training workshops; by frequently attending meetings at the Ministry of Health; and by organizing a workshop at the advertising agency to teach the Ministry staff how to conceptualize media campaigns and to produce materials. These activities have resulted in attractive materials with content which is consistent with MOH and WHO standards. The agency even produced a documentary about the ORT program which has been shown internationally. They participated in writing a model contract with AED - the first such contract ever signed in Paraguay by an advertising agency.

Other efforts to extend the methodology to the private sector have involved working with a Paraguayan pharmaceutical company that had a contract with Project SUPPORT to produce, package and promote ORS. The package design and drawings were pretested and the content was harmonized with Ministry norms. Arrangements were made to use the Ministry of Health logo for ORT, its pamphlets for point-of-purchase distribution literature, and its pricing suggestions to make it affordable for those most in need.

With regard to the public sector, links with secondary schools were begun - students were being taught to mix ORS and likewise teach their families.

Constraints have involved:

- (1) lack of hard survey data on which to base programs;
- (2) limited funding, which affected the scope and quantity of HEALTHCOM activities in Paraguay;
- (3) a change in government which meant time lost due to reorganization, staff changes, program planning and prioritizing, etc.;
- (4) the USAID "Advanced Developing Country" status which limits the amount of funding and activities possible in Paraguay.

Lessons Learned:

A low-budget project can have the most impact if it is conducted in a country with a firm foundation of health education expertise upon which to build. Paraguay had a strong foundation - health educators were open to new ideas about communication and adopted them, and applied them to many health interventions.

Much more could be done in the way of training of management skills, monitoring, evaluation, materials development and interpersonal communication if it were possible to continue.