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Trip Report

Peru Breastfeeding Project

November 4-14,1988

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PERU BREASTFEEDING PROJECT
TRIP REPORT

I. BACKGROUND

Peggy Koniz-Booher, consultant for the Academy for Educational Development's (AED) Nutrition Communication Project (NCP), visited Peru November 4 - 14, 1988 to provide technical assistance to the Peru Breastfeeding Project.

The Peru Breastfeeding Project is a two year controlled trial to extend the duration of exclusive breastfeeding among low-income women in Lima, Peru. The long-term objective of the study is to reduce the incidence of diarrheal disease and improve infant growth through the promotion of exclusive breastfeeding and training of hospital personnel in lactation management. The study will develop and evaluate a set of public hospital-based interventions designed to increase the proportion of mothers who exclusively breastfeed their infants up to four months of age. The study encompasses three stages:

1) identification of baseline institutional constraints to promotion of exclusive breastfeeding and knowledge, attitudes, practices, and constraints of mothers regarding infant feeding.

   This is being done through an ethnographic study of 80 women and two baseline studies: one with new mothers and one with new healthcare providers in the two Lima hospitals.

2) development and application of a set of hospital-based educational interventions that will address the issues identified in the first stage.

3) evaluation of changes in maternal infant-feeding practices and subsequent child health status.

The intervention hospitals in Lima, Peru are the Cayetano Heredia Hospital (which is a major teaching and research hospital connected to the Universidad Peruana Cayetano Heredia Faculty of Medicine, School of Nursing and School of Public Health), and the public hospital Dos de Mayo. The training of a core multidisciplinary team in lactation management and development of appropriate training programs and educational materials for health personnel and mothers will provide the basis for expansion to other hospitals upon completion of the study.

The Office of Nutrition, USAID, through AED's Nutrition Communication Project, is providing technical assistance and funds to develop educational materials for health workers, and for counseling new mothers, a significant aspect of the hospital

based interventions. The Population Council is covering the costs of duplicating the materials. Funding for the research component and the lactation management training of the multidisciplinary team at Wellstart, San Diego in January 1989, has been provided by the Office of Population, USAID, through the Population Council. The study is being managed by Dr. Laura Altobelli of Johns Hopkins University.

II. TRIP OBJECTIVES

A. Identify and assess the technical capabilities of two or three leading health education-related production groups in Lima, Peru, with experience in developing print materials.

B. Obtain estimates from each of the production groups of the time and costs involved in: 1.) adapting an existing pamplet for healthcare providers on breastfeeeding, 2.) developing a set of counseling cards or flipchart for counseling mothers in the hospital prior to discharge, and 3.) developing a poster/calendar for distribution to mothers upon discharge.

C. Select a production group.

D. Prepare a contract, including a detailed scope of work, communication workplan and budget. Negotiate a fixed-price contract.

E. Review the project's ethnographic research data and assist in selecting the breastfeeding messages to be communicated through the print materials.

F. Provide guidance to Dr. Laura Altobelli (Director of the Peru Breastfeeding Research Project) and to the production group regarding the development of appropriate messages and corresponding choice of images. Assist in choosing the initial format for materials.

III. RESULTS

A. Selection of a Peruvian Production Group

The following were the major considerations for the initial selection and interview of production group candidates for the development of educational materials for use in the Peru Breastfeeding Project:

- Experience in the development of health education print materials (ability to produce original artwork and technical abilty in the design and lay-out of print

materials).

- Experience in message and product testing using focus group and indepth interviews.

- Ability to mect a tight production schedule.

- Level of interest in the goals of the Peru Breastfeeding Project.

- Willingness to collaborate with the Academy for Educational Development in the design and production of materials.

- Projected cost of the production of materials.

Based on the consultant's discussions with the Peru Breastfeeding Project Director, Dr. Laura Altobelli and her technical advisory board; the USAID Advisor in Health, Nutrition and Population, Rita Fairbanks; and representatives of AED and the Population Council in Lima, two groups were selected as the only viable candidates for consideration: the Instituto de Investigacion Nutricional (IIN) and the Asociacion Peru Mujer (A-PM).

After presenting the goals of the Peru Breastfeeding Project and an outline of the proposed scope of work to both candidates, we were advised by the IIN that, despite tremendous interest in collaborating with the Academy, they did not have the ability to put together the required communication team and consequently declined to prepare a proposal.

The A-PM, however, informed us of their interest in the Project, and of their ability to meet the production deadlines. Their projected cost of production (five thousand dollars US) was also within the Project's budgetary limitation. Consequently, the A-PM was selected and a fixed-priced contract was negotiated.

B. **Prepartion of a Contract**

The consultant developed a detailed scope of work for the contract which specified the personnel capabilities required (project administrator, artist/illustrator and communication coordinator) and their individual responsibilities, as well as additional services (photographic and translation). (See attachment 1). A description of the three educational materials to be prepared (health workers' breastfeeding guide, breastfeeding counseling cards or flipchart, and breastfeeding poster/calendar) was also developed to serve as an initial guide for the production group (attachment 2). Lastly a communication workplan was prepared, specifying the various steps involved in the production of materials and submission/review deadlines

(attachment 3).

The production group's personnel proposal and break-down of fixed price products were submitted, approved, and incorporated into the contract.

C. Review of Ethnographic Research

One of the initial steps in the Peru Breastfeeding Research Project was an ethnographic study among 80 low-income women with one or more children under the age of five. These women are of a similar socio-economic background as the women delivering in the study hospitals and also reside in neighborhoods similar to those served by the study hospitals. Although the data were not completely compiled or analized upon the consultant's arrival in Peru, the available information was valuable in the identification of common breastfeeding problems and consequently the initial design of appropriate messages in response to those problems. Final messages will be developed once the research analysis is completed.

Pertinent information revealed through the ethnographic study included the following:

1. The relative value of breastmilk is not an issue. Mothers recognize that breastmilk is superior to any alternative. Thus, a decision was made not to focus on developing messages to promote breastfeeding as the optimum infant feeding method.

2. The issue of insignificant milk was of tremendous concern to mothers, a factor often leading to the early introduction of breastmilk substitutes because of anxiety over the question of whether or not the baby was receiving enough nourishment from the breast. Potential messages related to this issue include: the encouragement of the early initiation of breastfeeding; breastfeeding on demand (day and night); correct positioning of the baby to prevent sore or cracked nipples; avoidance of breastmilk substitutes including milks, teas, water and juices; and ensuring the basic energy requirements of the lactating woman.

3. Cracked or infected nipples was another obstacle to successful breastfeeding identified throught the research. Potential messages dealing with this problem include early initiation and breastfeeding on demand; correct positioning of the baby; appropriate washing and drying of the nipples; and breast massage if breasts become engorged because of infrequent nursing.

4. Giving water or "aguitas" (especially anis tea) to infants, within the first week after birth, is an extremely

common occurance among the women surveyed. The reasons identified by mothers included the belief that the baby was thirsty or hot; or that the baby had "colic"; or because herbal teas are thought to be "good for the stomach". Mothers do not associate giving water with decreased milk production or the introduction of contaminants with the resulting effect of diarrhea.

Because the major focus of the Peru Breastfeeding Project is promotion of exclusive breastfeeding and prevention of diarrhea, a decision was made to develop several messages related to the use of water. Potential messages include: breastfeed when the baby is thirsty or hot instead of giving water; water fills the baby's stomach and doesn't leave room for breastmilk which the baby really needs; bottles are a primary cause of gas; and, when the baby has "colic", try positioning the baby to help eliminate the gas.

5. As with the early introduction of water, the early introduction of supplementary foods, usually low caloric density foods such as soup, occurs frequently by two or three months of age. Reasons for doing so include: to fill the child; to "accustom the child's stomach"; or, is based on the recommendation of a physician or other healthcare provider. A possible messages related to this issue is: breastmilk contains all the nutrients necessary for a child to grow strong and healthy up to six months of age. Because of the strong influence of the healthcare providers on mothers' infant feeding practices, the appropriate age for the introduction of supplementarty or complementary foods will be a focus of training and an element of the health providers' breastfeeding guide.

6. Mother's work was mentioned by a few women in relationship to their ability to breastfeed. This is an issue to be studied in the quantitative research, but the data were not available at the time of the consultancy. The extent of the problem in terms of its impact on children under six months of age is, therefore, still to be determined. Consequently, a decision was made not to focus messages on the working mother. (This decision may need to be revised when the quantitative data is in).

Before leaving Peru, a first set of breastfeeding messages was developed by the consultant in collaboration with the Peru Breastfeeding Project director and her co-principal investigator (attachment 4). These messages were based on the ethnographic data discussed above and general medical rules for successful lactation management.

Following a meeting of the project's advisory board and the

first set of focus group and indepth interviews conducted by the production group, several of the initial messages were eliminated, and others were modified, resulting in twelve key messages (attachment 5). These messages will be further tested for comprehension and acceptability by the target audience.

D. Guidance in the Development of Messages and Materials

Although the production group has had previous experience in the development and pretesting of materials, with some degree of training and technical assistance from PATH/PIACT, a general summary of steps involved in materials testing (attachment 6), based on the Academy's HEALTHCOM communication methodology, was reviewed with Peru Mujer's communication coordinator and artist/illustrator. In addition, a brief set of general introductory guidelines for conducting focus groups was developed by the consultant and discussed in detail with the production group (attachment 7). These same materials and guidelines were reviewed with the Peru Breastfeeding Project director and her co-principal investigator who plan to participate in the various phases of message and materials testing.

As discussed, the consultant also provided the production group with initial guideline for the development of the counselling cards/flipchart and poster/calendar. In addition, the consultant took on the responsibility of adapting the original health providers' breastfeeding guide to the Peruvian situation. This guide was initially developed by PATH in collaboration with the Population Council for a breastfeeding project in New York City, and thus needed substantial adaptation.

IV. FOLLOW-UP

A minimum of one additional technical assistance consultancy is planned for early January, 1989 to assist the production group in the pretesting of message concepts and mock-ups of materials. Periodic review of draft materials sent to the Academy for commentary is also required of both the consultant and the NCP director. If funds permit, a third technical assistance trip is planned for late February or early March, 1989 to train the multidisciplinary team in the use of the educational materials that have been developed through the project.

LIST OF ATTACHMENTS

1. Scope of Work for Peru Mujer
2. Description of Materials to be Produced
3. Communication Workplan
4. First Draft of Potential Breastfeeding Messages
5. Second Draft of Breastfeeding Messages
6. General Summary of Materials Testing Methodology
7. Introductory Guidelines for Conducting Focus Groups
8. List of Contacts

ATTACHMENT 1

SCOPE OF WORK: PERU MUJER

I. The subcontractor shall perform the research and development activities described below and summarized in Attachment 1 (Description of Materials) and Attachment 2 (Communication Workplan). The subcontractor will also provide the personnel services of the following: project administrator, artist/illustrator (also responsible for the lay-out of materials), communication coordinator, photographer and translator.

It is understood that the research and development activities will be carried out using proven communication methodologies including focus groups and indepth interviews with mothers and health care providers, for testing messages/concepts and pretesting drawings and pilot materials. Ethnographic research data and preliminary baseline data will be provided to the subcontractor by the Breastfeeding Project Director and principal investigator, Dr. Laura Altobelli, for use during the development of educational materials.

The subcontractor shall:

A. Identify and retain the services of a project administrator who will oversee the research and development activities described below and the disbursement of funds and who will assure that all research, production and submission deadlines outlined in Attachment 2 are adhered to.

B. Identify and retain the services of an artist/illustrator who will be responsible for the development of drawings to complement and enhance specific breastfeeding messages and text developed by the AED representative and provided to the subcontractor for the three educational materials described in Attachment 1. The artist will be responsible for typesetting the text and for the lay-out of text, drawings, technical illustrations (provided to the subcontractor by the AED representative), and photograph(s) for all draft materials. The artist will also prepare the camera-ready copy.

Examples of the artist's work must be submitted to the AED representative and the Breastfeeding Project Director for review. AED and the Breastfeeding Project Director must be completely satisfied with the quality and style of drawing and technical ability. If for any reason, the artist initially identified and approved cannot continue to work with the project, the subcontractor must submit examples of the work of the proposed replacement artist(s) for review and approval by AED before retaining his/her services.

C. Identify and retain the services of a communication coordinator who will take primary responsibility for the activities described below. The qualifications of proposed candidates must be presented to the AED representative for review. If for any reason, the communication coordinator initially identified and approved cannot continue to work with the project, the subcontractor must submit the qualifications of proposed replacement(s) for review and approval by AED before retaining his/her services.

The responsibilities of the communication coordinator include:

1. Review ethnographic research data and preliminary baseline data, by November 18, 1988 with the Breastfeeding Project Director, Dr. Laura Altobelli and her co-investigator, Dr. Nelly Bariocchi, in order to incorporate any new findings into the breastfeeding messages and the text of the health workers' guide developed and provided to the subcontractor by the AED representative. Text must be translated from English to Spanish by the subcontractor by December 13, 1988.

2. Conduct a minimum of two focus groups of approximately six new mothers in each of two study hospitals (Hospital Cayetano Heredia and Hospital Dos de Mayo), a minimum of four total, to test: a) breastfeeding messages/concepts for understanding; b) general ideas for the selection of appropriate drawing style and photographs; and c) materials format for the counselling cards/flipchart and poster/calendar described in Attachment 1. Conduct a minimum of three indepth interviews with mothers in each of the two study hospitals, a minimum of six total, to further test a, b, and c.

These focus groups and indepth interviews will be conducted by November 23, 1988 and will follow (as will future communication research activities) the methodological guidelines provided to the subcontractor by the AED representative. The Breastfeeding Project Director and her co-investigator (if possible) and the artist shall be involved during these and future communication research activities to broaden their understanding of the knowledge, attitudes, practices and socio-economic background of the audience for whom the materials are being developed.

3. Conduct a minimum of two focus groups of approximately six health care providers in each of the two study hospitals, minimum of four total, to test: a) specific breastfeeding messages/concepts; b) general ideas for drawings and technical illustrations; and c) the format for all three of the materials described in Attachment 1. Conduct a minimum of three indepth interviews with different levels of health care providers in each of the two study hospitals, a minimum of six total, to futher test a, b, and c. These focus groups and indepth interviews will be conducted by November 23, 1988 following the methodological guidelines outlined in #2 (above).

4. Send the analysis of the focus groups and indepth interviews (including a copy of the focus group discussion guide) to AED (by Fax) for review and commentary by November 28, 1988.

5. Upon receipt of verbal or written AED recommendations, work with the artist to assist in translating the ethnographic research data, and focus group and indepth interview findings into appropriate drawings to complement and enhance the breastfeeding messages for mothers.

6. Oversee translation of the health workers' guide text provided to the subcontractor by the AED representative from English into Spanish by December 13, 1988.

7. Send a xerox copy by December 13, 1988 of the first draft of artwork and the translation of the health workers' guide to AED (by air courier). Upon receipt of written or verbal recommendations or approval by AED, present original artwork, translation of text and any AED commentary to the Breastfeeding Project Director and her co-investigator by December 15, 1988 for their review. Any suggested changes must be discussed with and approved by AED.

8. Oversee revisions in the artwork of text (if any) requested or approved by AED. Work with the artist to develop the lay-out (mock-ups)of drawings and text according to the lay-out and format of the two educational materials for mothers: counselling cards/flipchart and poster/calendar described in Attachment 1.

9. Pretest the mock-ups of the two educational materials (artwork plus text) for mothers with a minimum of two focus groups of approximately six new mothers in each of the two study hospitals a minimum of four total, by December 19, 1988. The Breastfeeding Project Director, and her co-investigator (if possible), and the artist shall be involved in this and future phases of materials pretesting to facilitate their understanding of the necessary changes in the messages, illustrations, format or other aspects of the materials.

10. Send copies of the mock-ups of the two educational materials for mothers, the analysis of the focus group findings including a copy of the focus group discussion guide, and suggestions for changes in the materials, to AED (by air courier) for review and commentary by December 22, 1988.

11. Upon receipt of verbal or written AED recommendations, work with the artist to assist in translating the focus group findings into appropriate changes in the pilot materials. Work with the artist in the lay-out of the text of the health workers' guide with drawings (which correspond with the drawings for the two educational materials for mothers) and technical illustrations provided to the subcontractor by the AED representative.

12. Select a photographer (described below) and explain the type of image(s) required. Oversee technical production. Any photographs that are considered for final use in the materials must be submitted to AED or its representative for approval. Incorporate a photograph of a breastfeeding mother and child into the pilot/poster calendar.

13. Send a xerox copy of the revised pilot materials for the mothers, proposed photograph(s) and the schematic lay-out of the text of the health workers' guide with corresponding drawings and technical illustrations to AED (by air courier) by January 6, 1989, for review and commentary.

14. Upon receipt of verbal or written recommendations or approval by AED, present pilot materials and any AED commentary to the Breastfeeding Project Director, her co-investigator and their technical advisory board by January 10, 1988 for their review. Any recommended changes must be discussed with and approved by AED.

15. Oversee revisions (if any) requested or approved by AED in preparation for the second round of pretesting with new mothers.

16. Pretest the revised version of pilot materials for mothers by January 13, 1989 in the two study hospitals using the same methodology described in # 9 (above). Since the Breastfeeding Director and her co-investigator will be attending the Wellstart Lactation Management Course in San Diego during the second half of January, this pretest must be conducted by January 13, 1989. If the AED representative is present in Peru at the time, she will also participate in these focus groups and the analysis of findings.

17. Send analysis of the focus group findings (including a copy of the focus group discussion guide) to AED (by fax) for review and commentary by January 18, 1989. Alternatively, present the analysis to the AED representative if she is present in Peru.

18. Upon receipt of verbal or written AED recommendations, work with the artist to assist in translating the focus group findings into necessary and appropriate revisions in the pilot materials.

19. Oversee the preparation of final draft artwork, text, and lay-out of the three educational materials including the text, drawings, technical illustrations, and photograph(s) by January 25, 1989.

20. Send a xerox copy of the three revised educational materials to AED (by air courier) for review and commentary and/or approval by January 25, 1989.

21. Upon receipt of verbal or written AED recommendations or approval, work with the artist to translate recommendations (if any) into appropriate revisions in the materials or text.

22. Meet with the Breastfeeding Project Director, her co-investigator, and other Wellstart trainees upon their return to Peru during the first week in February to review the a) draft text for the health workers' guide, b) corrresponding drawings and technical illustrations, and c) the revised counselling cards/flipchart and poster/calendar for mothers, for their recommendations based on the Wellstart training. Any suggested changes must be discussed with and approved by AED.

23. Coordinate final revisions (if any) requested or approved by AED, with the artist, translator, and photographer. Have the approved text typeset. Submit a copy of text to the Breastfeeding Project Director to proof read. Oversee any corrections by the typesetter. Oversee the final lay-out by the artist of text, drawings, technical illustrations and photograph(s).

24. Present the camera-ready copy to the Breastfeeding Project Director and her co-investigator for their review and simultaneously send a xerox copy of the materials to AED (by air courier) for their final approval by February 28, 1988.

The Subcontractor shall also perform the following:

D. Identify and retain the services of a translator to translate by December 13, 1988 the text for the health workers'guide developed by the AED representative and provided to the subcontractor.

E. Identify and retain the services of a photographer to photograph by January 6, 1989 a breastfeeding mother and child for use as the central image on the poster/calendar and also on the health workers' guide cover.

F. Identify a minimum of two (preferably three) printing companies in Peru and obtain comparative bids by January 6, 1989 for printing a minimum of 500 health workers' guides and a minimum of 7000 poster/calendars. The bids should include a breakdown of relative costs of using between one and four colors for both the poster/calendar and the cover of the health workers' guide. The text, drawings and technical illustrations in the health workers' guide can be printed in black and white.

In addition to these materials, a total of 8-10 sets of 8-10 laminated counselling cards or flipcharts are required. The least expensive method of reproducing this small quantity of

material should be identified. The cost of hand reproducing each set should be compared to the cost of having these materials photographically reproduced. Counselling cards must be laminated and flipcharts must be executed using a durable cardboard.

II. AED will provide technical assistance to the subcontractor through an AED representative in Peru or staff in Washington. The AED representative shall prepare and provide to the subcontractor the first draft of key breastfeeding messages (in Spanish) for the mother's educational materials, and text (in English) for the health workers' guide. The AED representative will also provide guidelines to the subcontractor for conducting focus groups for testing messages/concepts and pretesting materials. AED shall review and make recommendations concerning the analysis of focus group findings and all drafts of materials.

III. The subcontractor will submit the following information to AED regarding personnel, research, and materials for review and approval according to the communication workplan outlined in Attachment 2:

- Name of proposed artist(s) and examples of drawing style and technical abilities.
- Name of proposed communication coordinator and qualifications.
- Analysis of focus group and indepth interview findings and copies of all focus group discussions guides.
- Xerox copies of all drafts of drawings and mock-ups for the three educational materials.
- Copies of proposed photograph(s).
- Xerox copies of final revisions of graphic material and text (must also be approved by Population Council).
- Xerox copies of the camera-ready copy to review prior to printing.
- Bids obtained for reproducing material in Peru.

IV. AED will provide subcontractor with the appropriate list and format for recognition of the contributions of all collaborating institutions by February 1, 1989.

V. Period of Performance:

The effective date of this subcontract shall be date of execution, (approximately Novmeber 14, 1988). The termination date of this subcontract is March 1, 1989.

ATTACHMENT 2

DESCRIPTION OF MATERIALS TO BE PRODUCED

1. Health Workers' Breatfeeding Guide (approx. 4 by 6 inches)

This guide will be a pocket-sized quick reference booklet concerning key breastfeeding issues for health care providers involved in the hospital care of postpartum women and their infants: obstetricians, pediatricians, nurses, auxiliary nurses and midwives. It will include a text prepared by the AED representative in collaboration with the Breastfeeding Project Director, her co-investigator, the technical advisory team and Wellstart trainees. It will draw heavily on the existing test of the PATH/Population Council breastfeeding material "A Nurses' Guide", but will include additional information relevant to the situation in Peru. It may also include a check-list of key messages for mothers concerning breastfeeding, and drawings that correspond to the two educational materials described below: counselling cards/flipchart and poster/calendar.

2. Breastfeeding Counselling Cards/Flipchart (approx. 20 by 30 inches).

This material will be based on the development of 8-10 key messages to be delivered to new mothers prior to hospital discharge. A decision will be made about the relative merit of using laminated counselling cards (approx. 20 inches by 30 inches maximum) versus a flipchart of a similar dimension. The corresponding drawings for the messages will be developed and executed by an artist in close collaboration with a communication coordinator. Both messages and drawings will be tested using focus groups and indepth interviews. The initial proposed messages will be developed by the AED representative in collaboration with the Project Director and her co-investigator. The drawings will be in either black and white or one to four colors depending on both research findings and relative cost. The same illustrations (in black and white) will be used in the Health Workers' Breatfeeding Guide and in the poster/calendar. The counselling cards/flipchart will be used by health care providers on both a one-to-one basis and in small group discussions.

3. Breastfeeding Poster/Calendar (approx. 20 by 30 inches)

The poster/calendar will incorporate the key messages and drawings used in the counselling cards/flipchart and also a centrally figured breastfeeding mother and child photograph. One proposed lay-out to be considered is a colored image of a breastfeeding couple surrounded by 8-10 black and white drawings

with corresonding short messages. A two year calendar (corresponding with the life of the project) will be included at the bottom of the poster. Health workers will be asked to circle the date (month) during which the child should begin to receive supplemental foods and beverages. The poster/calendar will be printed in one to four colors depending on the relative cost. It is proposed that the breastfeeding couple photograph be used on the cover of the Health Workers' Guide, as well, to visually tie together all of the materials.

ATTACHMENT 3

COMMUNICATION WORKPLAN

	Activity	Time Table
1.	Identify artist and submit examples of drawing style and technical ability for review by AED representative.	by Nov. 14, 1988
2.	Identify communication coordinator and submit qualifications to the AED representative.	by Nov. 14, 1988
3.	Review ethnographic research data and preliminary baseline data with the Breastfeeding Project Director and her co-investigator.	by Nov. 18, 1988
4.	Conduct message/concept focus groups and indepth interviews with mothers and healthcare providers.	by Nov. 23, 1988
5.	Send analysis of focus groups and indepth interviews to AED (by Fax) for review.	by Nov. 28, 1988
6.	Upon receipt of written or verbal commentary by AED, prepare first draft of drawings and prepare translation of the health workers' guide text. Send copy of drawings and text (by air courier) to AED for review.	by Dec. 13, 1989
7.	Upon receipt of written or verbal approval by AED, present original artwork and any AED commentary to the Breastfeeding Project Director and her co-investigator.	by Dec. 15, 1988
8.	Revise drawings and develop lay-out (mock-ups) of drawings and text for the counselling cards/fipchart and poster/calendar.	by Dec. 19, 1988
9.	Pretest the mock-ups of counselling cards/flipchart and poster/calendar using focus groups with mothers.	by Dec. 19, 1988
10.	Send copies of the mock-ups of the counselling cards/flipchart and poster calendar; analysis of the focus group findings; and suggestions for changes in the material to AED (by air courier).	by Dec. 22, 1988

Activity	Time Table
11. Upon written or verbal approval by AED, revise pilot materials and develop schematic lay-out of the text of the health workers' guide with drawings and technical illustrations	by Jan. 06, 198
12. Select a photographer and oversee technical production of a breastfeeding mother and child (photograph(s)).	by Jan. 06, 1989
13. Obtain comparative bids for printing materials in Peru.	by Jan. 06, 1989
14. Send copy of the revised pilot materials for the mothers (including proposed photographs); the schematic lay-out of the text of the health workers' guide with corresponding drawings and technical illustrations; and compartive bids for printing materials in Peru to AED (by air courier).	by Jan. 06, 1989
15. Upon receipt of written or verbal commentary by AED present pilot materials and any AED recommendations to the Breastfeeding Project Director, her co-investigator and their technical advisory board.	by Jan. 10, 1989
16. Revise pilot materials as requested by AED.	
17. Pretest the revised pilot materials for mothers using focus groups.	by Jan. 13, 1989
18. Send analysis of the focus group findings to AED (by Fax) for review, or present to AED representative if she is present in Peru.	by Jan. 13, 1989 by Jan. 18, 1989
19. Upon receipt of written or verbal commentary by AED, make necessary and appropriate revisions in the pilot materials, and prepare final draft artwork, text and lay-out of the three educational materials.	by Jan. 25, 1989
20. Send copy of the three revised materials to AED by air courier for review.	by Jan. 25, 1989

Activity	Time Table
21. Upon receipt of written or verbal commentary by AED, make necessary and appropriate revisions.	by Feb. 08, 1989
22. Review with the Breastfeeding Project Director, her co-investigator and other Wellstart trainees the a) draft text for the health workers guide, b) corresponding drawings and technical illustrations, and c) the revised councelling cards/flipchart and poster/calendar for mothers.	by Feb. 08, 1989
23. Prepare final artwork and any necessary revisions of the three educational materials and have the approved text typeset and proof-read by the Breastfeeding Project Director.	by Feb. 17, 1989
24. Prepare final lay-out (camera-ready copy) of the text, drawings, technical illustrations and photograph(s).	by Feb. 28, 1989
25. Present the camera-ready copy to the Breastfeeding Project Director and her co-investigator for review and simultaneously send a copy to AED (by air courier) for final approval.	by Feb. 28, 1989

FIRST DRAFT BREASTFEEDING MESSAGES

Hay muchas razones para dar el pecho. Bebes que son alimentados con leche materna crecen más sanos y fuertes y no se enferman tanto.

Dar el pecho ayuda fomentar una relación de cariño y afecto entre madre y niño. Tambien es más economico, más seguro y siempre está lista.

Además, amamantar significa el bienestar para la madre. Unos de los ventajas son:

- normalización del útero
- elíminación de la grasa del cuerpo acumulada durante el embarazo
- menos posibilidades de embarazo despues del parto.

La alimentación a pecho va a permitir que tu niño se enferme menos porque contiene defensas que lo protegen de muchas enfermedades.

La leche materna se tolera bien durante los períodos de enfermedad, especialmente durante la diarréa. Siempre se debe dar de lactar aunque el bebe este enfermo.

Es mejor dejar que el bebé decida cuando quiere dejar el pecho. Si tú estás de acuerdo, tranquilízate y disfruta amamantando a tu bebé tanto tiempo como el lo necesite sin temor de que a su debido tiempo él "se graduara." Muchas de las madres del mundo siguen dando la lactancia hasta los 18 meses o más.

Antes de que venga la leche propiamente dicha, el bebé recibe el calostro, un líquido amarillento, rico en factores inmunizantes y facíl de digerir. El calostro se llama la primera vacuna.

La leche humana es la mejor vacuna disponible en los primeros seis meses de vida.

La primera leche contiene algún calostro mezclado, lo que la hace paracer rica y cremosa. Posteriormente, a medida que desaparace el calostro, la leche paracerá descremada, con un color azulado. Así debe ser. Esto es perfectamente natural porque esta nueva leche está adaptada al aparato digestivo y a las necesidades nutritivas de su bebé.

De la misma manera que el diá sigue a la noche, su leche vendrá y amamantará a su bebé.

No debe llenar el estómago de su bebé con aguitas que no son alimentos o porque no tendrá espacio para la leche materna.

La aguita no es la solución para el "cólico." Es más importante hacerlo eliminar sus gases colocándolo en posición boca abajo.

Los biberones son la primera causa de gases en los niños.

Si a pesar de toto esto, el niño continúa presentando "colicos," debe chequear a su dieta. Algunas alimentos como coliflor, cebolla, menestras, ajo o otros condimentos pueden caer mal al niño y sería mejor evitarlos para ver si el niño se siente mejor.

Toda mamá que está dando de lactar necesita comer un poco más. El plato "principal" de la comida debe ser para la mamá!

Si Ud. tiene que separarse de su bebé por unas horas puede dejar la leche materna en una taza y darsela con cucharita.

Debe dar el pecho a su bebé inmediatemente después del parto. Dando el pecho lo mas pronto posible ayuda aumentar la producción de su leche. Antes de que le salga la leche materna, el pecho va a dar un líquido claro y amarillo, llamado colostro. Este líquido contiene todos los nutrientes y sustancias protectivas que su recién nacido necesita.

Debe dar el pecho cuando su bebé tiene hambre y no a un horario específico. Dar el pecho muy a menudo permite que su producción de leche aumente según las necesidades de su niño en crecimiento. Al comenzar dar el pecho, se alimenta alrededor de 10 a 12 veces en 24 horas.

Coloque a su bebé en la posición correcta donde cual su pezón y el alrededor esten completamente en la boca del bebé. Esto ayudará a evitar que sus pezones se vuelven cortados y adoloridos.

Antes de quitar el niño del pecho, ponga su dedo en la boca del bebé para abrirla y romper la presión. Esto evitará que su bebé lastime el pezón.

Dar el pecho durante la noche ayuda aumentar la producción de leche materna y es más conveniente ya que no hay que calentar o limpiar biberones en altas horas de la madrugada.

Es mejor dar el pecho unicamente y no usar biberones durante los primeros seis meses. Los recién nacidos pueden confudirse entre el pecho y el biberón.

La leche del pecho es suficiente durante los primeros seis meses. Después, los bebés todavía necesitan la leche materna, y también otras comidas.

Si usted o su bebé se enferma, continúe a darle el pecho a su niño. Aunque esté enferma, su leche es buena, no la contagia. Por el contrario, su leche proteje al bebé contra las enfermedades aunque siga teniendo contacto con usted.

Si Ud. tiene los pechos inflamados, con fiebre, debe seguié dando pecho porque no dañará al bebé y se curará Ud. mas rapido. Si necesita antibióticos, no le hacen daño al bebé.

Si tu bebé tiene diarrea, su leche le ayudará a alimentarse y a mejorarse rapidamente.

Para pezones cortados o adoloridos, Ud. puede:

- Dar el pecho antes de que el bebé tenga mucha hambre, para que no mame tan fuerte.
- Dar el pecho más amenudo, alternando de 7 a 10 minutos en cada seno.
- Cambiar de posición cada vez que le vaya a dar el pecho a su niño. Por exemplo, puedes amamantar en cierta ocasión estando acostada y en la próxima ocasión estando sentada. Si el bebé está siempre en la misma posición, puede hacerle daño a los pezones.
- Asegurar que su bebé tenga el pezón y el alrededor completamente en la boca.
- Dejar que el pezón se seque totalmente antes de vestirse.
- Ud. puede poner un poquito de su leche en el pezón. La leche materna proteje la piel del pezón, y es gratis.

Si sus senos se sienten endurecidos o demasiados llenos, use una toalla mojada con agua tibia, y dése masaje. Sáquese un poco de la leche materna antes de dar el pecho y recuerde dar el pecho a su niño mas a menudo.

ATTACHMENT 5

SECOND DRAFT OF BREASTFEEDING MESSAGES

1. Los primeros dias aunque usted tenga poca leche esta es la mejor y es suficiente para las necesidades alimenticias de su bebe. El calostro y la leche materna lo protegen de las enfermedades.

2. La forma de producir la leche que el bebe necesita es dandole el pecho cada vez que lo pida.

3. Al dar de mamar a su bebe coloque toda la aureola (parte oscura) dentro de su boquita. Al terminar de dar de mamar coloque su dedo en la boca del bebe para que la abra mejor. Esta es la forma correcta de alimentarlo y evitar problemas en el pezon.

4. Para dar de lactar es suficiente lavarse los pezones con agua una vez al dia y mantenarlos secos siempre que sea posible. No es necesario limpiarlos con jabon o alcohol.

5. La leche materna contiene el alimento necesario para que su nino crezca sano y fuerte. A partir de los seis mses ademas de leche materna necesitara tambien otros alimentos.

6. Llenar el estomago de su bebe con aquitas no dejara espacio para la leche materna que necesita.

7. La mejor manera de calmar la sed y el calor del verano es dando al bebe mas leche materna. No es necesario darle aguitas.

8. Los biberones son la primera causa de gases en los ninos y las aguitas no ayudan a eliminarlos. Cuando su nino tenga "colico" ayudelo a eliminar los gases colocandolo boca abajo.

9. Su leche es buena aunque usted este enferma. No lo contagia. Por el contrario lo protege.

10. Cuando su nino esta enfermo es cuando mas necesita de su leche materna.

11. Para prevenir senos duros o inflamados, dele de mamar frecuentemente a su bebe. Si sus senos estan duros, coloquese una toalla mojada con agua tibia y hagase masajes.

12. La mama que da pecho necesita comer un poco mas.

ATTACHMENT 6

COMMUNICATION FOR CHILD SURVIVAL

PRUEBA DE MATERIALES Y ESTRATEGIAS

> Los planificadores de la comunicación deben ensayar en el terreno los nuevos productos, estrategias de entrega, comportamientos y materiales educativos antes de introducirlos en gran escala. Los ensayos demostrarán si los nuevos productos y materiales son atractivos y aceptables para los consumidores y si las nuevas estrategias son realmente eficaces. De esta forma pueden evitarse errores costosos.

Una nueva etapa de la formulación del programa comienza con el ensayo de las estrategias y materiales de un programa. «Puede aprenderse mucho realizando ensayos de campo de los productos nuevos (ensayo del producto), estrategias de entrega (ensayo del mercado) y comportamientos (ensayos del comportamiento). Los preensayos de los materiales son esenciales para artículos tales como los rótulos de los sobres o paquetes de SRO, tablas de crecimiento, cartillas de inmunización o materiales de promoción y educación, tales como las hojas volantes, rotafolios y programas de radio.

Puede parecer que estos "ensayos" frenan la intervención y que constituyen un costo no deseado en términos de tiempo, dinero y esfuerzo. Sin embargo, su omisión puede ocasionar posteriormente pérdidas mucho mayores de esfuerzo si un producto o estrategia no ensayado resulta ser un fracaso en gran escala. Para ser eficaz, un ensayo ha de ser sistemático: fundamentado en metas claras, vigilado cuidadosamente y analizado sistemáticamente. Los ensayos de campo deberían realizarse a través de la vida de un proyecto cada vez que se introducen nuevos productos o materiales educativos o se inician nuevos programas de capacitación.

ENSAYOS DE LOS PRODUCTOS

Los ensayos de los productos siempre ha desempeñado un papel primordial en el mercadeo comercial. Solo recientemente se han aplicado a las cuestiones de salud pública tales como el espaciamiento de los nacimientos

y la TRO. La aplicación de estas tecnologías a la inmunización, vigilancia del crecimiento y nutrición son aún más innovadoras.

Los ensayos de los productos proporcionan a la gerencia información sobre la probabilidad de que los nuevos productos sean aceptados en el mercado. Son especialmente importantes cuando:

- Los niveles ejecutivos tienen mucha incertidumbre acerca de un producto;
- La decisión incorrecta puede ser muy costosa;
- El desempeño del producto es vital para su aceptación a largo plazo por el consumidor;
- La competencia es fuerte y las mejoras del producto proporcionan una ventaja importante.

Los ensayos de los productos pueden realizarse en los hogares, tiendas, clínicas u otros lugares centrales. Significan observar a pequeños números de posibles clientes utilizando el producto y, luego, indagar sobre sus reacciones. A menudo, se pide a los consumidores que ensayen otros productos o envases y nombres para el mismo producto y que seleccionen el que prefieren. Otra estrategia consiste en dejar una muestra del producto con el consumidor y, luego, medir las tasas de uso a través de un período de tiempo para pronosticar los patrones a largo plazo. Este ensayo del uso extendido requiere, generalmente, poner a disposición de los clientes todas las marcas principales de un producto con el producto nuevo.

ENSAYOS DEL MERCADO

Los ensayos del mercado van más allá de las investigaciones de productos individuales. Son la prueba sistemática de estrategias y sistemas en situaciones reales de campo. El mercado se convierte esencialmente en un laboratorio para examinar los distintos elementos independientes de la comunicación y promoción del producto.

Un ensayo tradicional del mercado promueve un producto en una zona limitada para ver cómo responden los consumidores. De ordinario, las

empresas de mercadeo utilizan las ventas como medida del éxito de un ensayo. Sin embargo, los programas de comunicación en salud pública también consideran cuestiones tales como el control gerencial y la utilización correcta.

ENSAYOS DEL COMPORTAMIENTO

Un ensayo del comportamiento es una prueba de campo en pequeña escala de un comportamiento nuevo para ayudar a determinar su viabilidad como intervención a escala mayor. El ensayo del comportamiento ayuda a determinar las capacidades de los consumidores para utilizar los productos correctamente. Ensayos análogos también miden el éxito de programas piloto de capacitación. En ambos casos, el ensayo del comportamiento investiga la actuación correcta por el grupo objetivo de prácticas determinadas. Esta clase de estudio puede ayudar a:

- analizar aquellas porciones de un comportamiento deseado que son o no son fácilmente adoptadas;
- identificar barreras materiales o de comportamiento que se interponen a la adopción de las nuevas prácticas;
- identificar qué contribuye más a reforzar el aprendizaje del nuevo comportamiento;
- perfeccionar las estrategias de enseñanza y refuerzo para el comportamiento deseado.

(Véase el Capítulo 8, donde se proporciona un análisis más detallado de la capacitación y análisis del comportamiento).

PREENSAYOS DE MATERIALES

Los borradores de los materiales de información y educación deberían preensayarse con representantes del público objetivo. Los criterios deberían incluir los de atractivo, comprensión, aceptación, capacidad para inclinar a un grupo a identificarse con el tema y persuasión general de los mensajes. De ordinario, los planificadores presentan distintos materiales y se pide a los participantes que seleccionen el que se ajuste más a dichos criterios.

Entre los métodos para el preensayo y evaluación de los materiales figuran exámenes por porteros, pruebas de lectura/alfabetización visual, cuestionarios autoadministrados, entrevistas de intercepción en lugares centrales, entrevistas individuales en profundidad y entrevistas a grupos focales.

ADMINISTRACION DE LOS PREENSAYOS

Al igual que es vital el proceso de preensayo, también lo es la actitud de la gerencia hacia este proceso. Se trata, después de todo, de descubrir posibles debilidades en los productos o detectar el fracaso posible de un programa de capacitación. Dicha actividad, si no se administra bien, puede desanimar fácilmente a las personas que se han comprometido a crear estos productos y establecer estos programas.

La gerencia ha de hacer participar a los diseñadores de los materiales y programas, en la mayor medida posible, en el procedimiento de preensayo, a fin de que éste sea considerado como parte del proceso creativo. Por la misma razón, los preensayos deberían comenzar cuanto antes. La posibilidad de un "ensayo debería utilizarse como base para fomentar la innovación; esta es una etapa que permite a los cambios e, incluso, a "los errores" ser productivos. Debería utilizarse para ayudar a inspirar confianza en el personal técnico y los funcionarios gubernamentales, como posibilidad para mejorar los productos antes de contraer los gastos de la producción final o la distribución.

El preensayo proporciona otra oportunidad para reforzar la atmósfera de "grupo de aprendizaje". Se hace formar parte del proceso de toma de decisiones a los profesionales artísticos o técnicos que transforman los resultados de la investigación en materiales y programas, y actúan recíprocamente con sus colegas en la investigación y administración. El preensayo proporciona una oportunidad especial y un reto para mantener en primer plano las metas a largo plazo del programa.

ATTACHMENT 7

GUIA DE DISCUSION PARA LOS GRUPOS FOCALES CON NUEVAS MADRES

La razón principal por la cual nosotros queremos conducir en el hospital estos grupos focales con las nuevas madres que concierne a recomendaciones especificas sobre la alimentación materna a los bebés, son para identificar los puntos culturales de resistencia, dificultades en la práctica y solución de posibles problemas relacionados a nuestras recomendaciones. Es muy importante para nosotros saber como se sienten las madres al alimentar a sus bebés y cuan efectivas son nuestras recomendaciones teniendo en cuenta su situación personal y familiar.

Es muy importante para nosotros comprender el vocabulario o lenguaje que las madres usan para describir sus experiencias al alimentar a sus hijos y también su cariño y pensamientos que tienen para con ellos. Este vocabulario podría ser de mucha ayuda para nosotros en el diseño de mensajes que animen a las mujeres a amamantar a sus hijos.

Las reglas básicas de introducción para conducir un grupo focal son las siguientes:

A. El líder de la discusión de los grupos focales debe presentarse a sus compañeros-una persona para documentar las respuestas a preguntas especificas en la guía de preguntas, como también a otra información o ideas que se desarrollen durante el grupo focal (la grabadora) y una persona para manejar las cintas de la grabadora (si es posible) y tomar notas concernientes a actitudes percibidas y acciones de las madres durante la sesión (el observador). Si los dos co-directores están comprometidos con el grupo focal, uno podría grabar las respuestas y el otro podría observar y grabar cualquier otra información pertinente. El artista deberá estar comprometido como observador para poder familiarizarse mejor con los mensajes y el status socioeconómico de la población objetivo.

B. El líder de la discusión deberá explicar el propósito de desear hablar a este grupo de madres acerca de alimentar a sus bebés. Por ejemplo, "Tenemos interés en hablar con ustedes hoy por diez o quince minutos. Estamos tratando de desarrollar material educacional que esperamos será de mucha ayuda para enseñar a madres como ustedes a alimentar a sus bebés de la mejor manera posible. Desearíamos hablar con ustedes sobre algunas ideas en particular y que nos den sus reacciones a lo que estamos recomendando."

C. El líder de la discusión deberá explicar el propósito del uso de la grabadora, lo cual es opcional, pero se ha descubierto que es muy útil para documentar el vocabulario y lenguaje preciso de la población objetivo. Algunas participantes pueden parecer incómodas al principio, pero usualmente se olvidan

completamente acerca de la grabadora tan pronto como la discusión comienza. "Nos agradaría su consentimiento para usar la grabadora en nuestra discusión hoy, lo cual nos ayudará a recordar las cosas que hemos dicho hoy día".

D. El líder de la discusión deberá asegurar a las madres que no hay respuestas correctas o equivocadas a las preguntas que ellas van a hacer. Por ejemplo, "Nosotros estamos hoy aquí para hablar con ustedes acerca de sus experiencias como madres con bebés recién nacidos. Así como para aquellas de ustedes con bebés ya mayores, esperamos también aprender de sus experiencias previas. Deben tener en mente de que no hay respuestas correctas o equivocadas a estas preguntas, así que por favor no se sientan temerosas de compartir sus ideas. A nosotros nos agradaría escuchar a cada una de ustedes hoy día".

ATTACHMENT 8

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