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Office of Health • Bureau for Research and Development • United States Agency for International Development

Country Strategy Plan: Peru



HealthCom

Conducted by the Academy for Educational Development
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November 1991

HEALTHCOM, or Communication and Marketing for Child Survival, is a project of the Office of Health, Bureau for Research and Development, of the United States Agency for International Development (A.I.D.) HEALTHCOM is conducted by the Academy for Educational Development (contract no. DPE-5984-Z-00-9018-00) and its subcontractors: the CIHDC of the Annenberg School for Communication at the University of Pennsylvania, Applied Communication Technology, Birch & Davis International, The Futures Group, The Johns Hopkins University, and Porter/Novelli. This document was prepared by Jose Ignacio Mata, Jose Romero, and Sandy Del Prado in collaboration with the Ministry of Health of Peru.

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I. HEALTHCOM Project Background

MASS MEDIA AND HEALTH PRACTICES PROJECT

In 1978 the United States Agency for International Development (A.I.D.) initiated a project (#931-1018) to apply state-of-the-art knowledge about communication and social marketing to selected child survival practices. The Academy for Educational Development was contracted by A.I.D. to implement the project under the name Mass Media and Health Practices (MMHP).

From 1978 to 1985 MMHP developed a methodology for conducting public health education in developing countries to effectively reach large numbers of people and applied it in seven project sites--Honduras, The Gambia, Ecuador, Peru, Swaziland, Lesotho, and Indonesia. The methodology integrates communication (radio, graphic print materials, and interpersonal communication) and social marketing with traditional channels of health education, training, and product distribution. It relies on the systematic development, testing, and monitoring of communication strategies, messages, and products to bring about positive changes in health-related practices. The original country programs all focused on the promotion of oral rehydration therapy (ORT) and other key objectives of national diarrheal disease control efforts.

HEALTHCOM I

In August 1985 A.I.D. extended the project under a new name--Communication for Child Survival (or HEALTHCOM I). The Academy was contracted to administer HEALTHCOM for an additional five-year period, and the project's mandate was broadened to include additional countries (up to 17) and a range of child survival technologies, in addition to ORT. The project continued to be jointly managed by the Office of Health and the Office of Education in A.I.D.'s Bureau for Science and Technology.

HEALTHCOM's primary purpose was to increase our understanding of how best to use modern communication, social marketing, and behavior analysis to modify existing child care practices. HEALTHCOM's experience, as well as that of health communication programs in other countries such as Egypt and Bangladesh, showed clearly that communication strategies can improve child care practices. HEALTHCOM pursued a significant research and development agenda which included a series of country-specific studies. Each HEALTHCOM intervention was designed to provide some significant

insight into one or another of several key issues. Work was divided into three components: Institutional Studies, Health Practices Studies, and Diffusion Activities.

HEALTHCOM II

On August 31, 1989, the Academy was awarded a five-year contract representing the third phase of A.I.D.'s support for health communication and marketing. Fiscal year 1990 constituted an overlap year for the two contracts. The project is managed by the Office of Health in A.I.D.'s Bureau for Research and Development. HEALTHCOM II focuses increasingly on sustainability of behavior changes and institutionalization of the methodology. The project continues efforts to assist public and private sector agencies in developing comprehensive communication strategies. Formative research remains an essential component of the project, providing essential data for the development of communication messages. In addition, the project continues the use of multiple communication channels (face-to-face, print, and broadcast), while strengthening the face-to-face component. HEALTHCOM II will further the development of the communication methodology and seek to refine it to make the approach more sustainable by host country governments and other institutions.

This phase of the HEALTHCOM Project has several components: Technical Assistance, Applied Research Activities, and Dissemination activities including extensive training.

The Technical Assistance component of the project will include:

- **Intensive Long-term Assistance:** to approximately six core countries, consisting of multiple long-term advisors, support staff, and short-term technical specialists. Assistance will allow for additional activities, such as development of a training curriculum. In each intensive site which received assistance under HEALTHCOM I, communication programs will be developed for at least two additional child survival interventions.
- **Less Intensive Long-term Assistance:** to approximately nine countries through one resident advisor, limited support staff, and short-term technical specialists. Assistance will allow for up to three child survival interventions. Research and evaluation will focus mainly on immediate program priorities. Technical assistance will be phased.

- **Short-term Technical Assistance:** up to three months for discrete activities to missions, ministries of health, PVOs, and other organizations. These TA activities should be part of a longer-term plan in the country.

Six subcontractors have agreed to work with the Academy in carrying out the HEALTHCOM II Project. They are: the Annenberg School for Communication, University of Pennsylvania (for applied research); Applied Communication Technology (to continue the longitudinal study in Honduras); Birch and Davis International (to conduct cost studies); The Futures Group (for policy maker and private sector support); The Johns Hopkins University (for curriculum development); and Porter/Novelli (for social marketing).

HEALTHCOM METHODOLOGY

The HEALTHCOM methodology combines innovative social marketing techniques with appropriate communication channels (mass media, participatory, alternative, etc.) to change health related practices. This methodology includes research of the knowledge, attitudes and practices of target audiences to identify characteristics which facilitate or complicate the introduction of improved health practices. Based on research results, areas of knowledge and behavior on which communication activities will focus are identified.

A fundamental element of HEALTHCOM's methodology is to design communication strategies that integrate channels through which messages reach the target audience. Strategies are based on research and adapted to the specific characteristics of the areas where they will be carried out and the institutions that will put them into practice.

Communication materials designed for carrying out the strategies are pre-tested with the target audience prior to final production to ensure effective transmission of the messages. Dissemination, distribution, and impact are monitored to guarantee they reach the target audience. Adjustments are made to the messages, media channels, communication materials, and other aspects of a campaign based on the results of the monitoring. A final evaluation measures the impact obtained in the change or adoption of behaviors.

One of the most important advantages of the HEALTHCOM methodology is its flexibility in formulating strategies in accordance with the characteristics of the target audience and the capacity of the national institutions which carry them out. The methodology is carried out by local teams which apply the process directly to child

survival themes. This combined effort of doctors, communicators and educators strengthens institutional capacity to carry out future communication activities.

II. The Role of HEALTHCOM in Peru

In September 1987 USAID/Lima signed an agreement with the Peruvian Government to implement the Child Survival Action Project. The Project objective is to expand and decentralize child survival services to the level of the Departmental Health Units (DHUs).

Project activities include technical assistance to the Ministry of Health (MOH) and to the Peruvian Social Security Institute (PSSI) in: control of diarrheal diseases, nutrition, immunization, family planning, and acute respiratory infections as well as training, monitoring, health communication, financial and personnel management, management information systems, and logistics.

In October 1990 A.I.D./Washington requested the HEALTHCOM Project to provide short- and long-term technical assistance in health communication to health education/communication personnel in both the public and private sectors involved in child survival activities. This assistance will be provided without the hiring of a long-term resident advisor.

HEALTHCOM activities include: audience research; design of strategies and communication plans; selection and appropriate integration of messages; design of print materials, radio, television, and popular media messages; selection of local advertising companies; training in health communication, strategic planning, and production of communication materials, coordination of resources in the public and private sectors; monitoring, supervision, and evaluation of communication plans, among others.

In March 1991, the MOH developed a Preliminary Communication Plan, complying with a Condition Precedent of the Action For Child Survival Project. USAID approved the Preliminary Plan and, with MOH approval, drafted PIO/T 257-0285-3-90147. In June 1991 USAID requested that HEALTHCOM assist the Communication Division of the MOH to develop and implement a Communication Plan for Child Survival activities, to be carried out over thirteen months (November 1991 - December 1992).

DEVELOPMENT OF THE IMPLEMENTATION PLAN

A scope of work was developed which included the following steps: review of the Preliminary Plan and existing documents; identification of training and basic resource requirements; development of an implementation plan for communication activities in

child survival; planning and conducting training activities; and monitoring and supervision.

ASSESSMENT

■ Decentralization

In 1989, Peru modified its geographic-political structure (Departments) and adopted a system of regionalization, dividing the country into 12 regions: Grau, Marañón, Lima, Arequipa, José Carlos Mariátegui, Andrés Bello, Ucayali, Libertadores Wari, Chavín, San Martín, La Libertad y Amazonas. In 1991, the MOH adopted this new geographic configuration and restructured as follows:

- Central Level (Ministry)
- Regions (Departments)
- Sub-regions (Departments)
- DHUs (Departmental Health Units)
- THUs (Territorial Health Units)

Basically, the Central Office of the MOH maintains the same structure as before. The Communication Division directs all public relations, information, publications, health communication, and health education activities. It also supports community participation programs and is linked to various other health programs. Regionalization has decentralized MOH human resources, equipment, and finances. The decentralization process is supported financially by resources generated by each individual region. At present, the public sector is still adapting to the decentralization, and strategies and plans are formulated with this national objective in mind.

■ The Implementation Plan for Health Communication Activities

In March 1991, the MOH presented an Action Plan for Health Communication Activities to USAID/Lima. Submission of this plan fulfilled the Condition Precedent for the use of funds for communication activities of the Child Survival Action Project, and the MOH signed Implementation Letter No. 35 with USAID/Lima for financing the Plan. The Plan's objectives include:

- The formulation of health communication policies;
- The training of human resources at the central and regional levels;
- Providing the MOH with basic communication equipment; and

- Developing health communication activities using research methodologies that serve as models to the MOH.

This Implementation Plan proposes that activities be developed at the regional level and that health communication plans be developed by the personnel receiving training from each region.

Developing a Health Communication Plan at the national level would contradict the present policy of regionalization. Thus, the Implementation Plan for Communication Activities in Child Survival permits each region to develop its own communication plan according to regional priorities and to implement activities according to regional characteristics and capabilities. PSSI and PVO communication health education personnel will be included in the communication activities outlined in the Plan.

At the central level, the MOH will establish policy guidelines and monitor their application, proposing methods and procedures. Regions will plan and carry out activities in accordance with their needs and characteristics.

■ Human Resources and Health Communication Materials

Changes in public sector salary policies are generating a series of resignations by employees who move to the private or informal sectors, or who opt for early retirement, leaving many key positions in the Ministry of Health vacant. The Communication Division is not unaffected by this problem.

Added to the scarcity of human resources is the lack of training and experienced personnel. This is apparent in the lack of a model or unified work methodology for carrying out communication activities and producing materials. Existing human resources work principally on promoting the institutional image, which negatively affects the number of educational communication actions directed at the public. The MOH routinely disseminates institutional information that reports on program accomplishments, rather than on health behaviors that the public should adopt.

A brief review of the materials produced by regions with reported cholera cases shows a certain production capability but limited capacity for presenting motivational messages. The production capacity for radio materials is very limited, and the inclination is to develop materials for television, given the opportunity for access to this important medium for dissemination.

The purpose for defining existing human resources (with whom integrated communication activities can be planned), is to ascertain their level of preparation in order to offer the most appropriate technical assistance.

With these objectives in mind, a questionnaire (Appendix A) was designed and distributed to the Central Level, Grau, Marañón, Arequipa and Mariátequi Regions, and selected parts of Lima-Callao. Two regions and one DHU of Lima completed and returned the forms for consolidation. The remainder will be returned and the national counterpart (the MOH Communication Director) will complete the list of required basic equipment and materials for submission to A.I.D.

In order to plan the next steps, information was obtained from:

- Marañón Region (Chiclayo): Sub-region Chachapoyas, Sub-region Jaén, Sub-region Chota;
- Arequipa Region;
- Northern Cone DHU's (Lima): Puente Piedra THUs, San Juan Lurigancho THU's and Comas THU's.

STRATEGY

The Ministry of Health has selected the Grau, Marañón, Arequipa, and José Carlos Mariátequi Regions, and three areas in Lima-Callao for carrying out the Implementation Plan. The proposed strategy has two integrated activities. The first consists of a training plan which teaches the HEALTHCOM communication methodology. Participants will include communicators and health educators from the Ministry, PSSI, and PVOs working in the selected regions. The training will be carried out in four workshops that combine theory and practice.

The second activity consists of planning, implementation, and evaluation of communication activities in selected priority areas of child survival, as part of the practical application of the methodology. These activities, which evolve from the training, follow a sequence and will be carried out in an integrated manner by the participating institutions. Through these combined efforts, practical inter-institutional coordination mechanisms will develop, which can be applied to other health communication activities in the future.

The Regional Communication Offices will also receive basic equipment for the production of education/communication materials and funds to carry out the activities programmed in their respective communication plans.

Based on the experience and results obtained in the four regions, the Ministry will adapt the communication methodology and extend it to other regions of the country. The personnel trained in the methodology under this Implementation Plan will train others as the program expands.

The strategies and plans based on the research of each region and area will result in communication activities that are directly related to the needs and realities of these areas. The integrated planning and implementation of the Plan by the MOH, PSSI, and PVOs will establish practical mechanisms of inter-institutional coordination in the areas of health communication.

III. Major Elements of the Communication Plan

GENERAL OBJECTIVE

The overall objective of the HEALTHCOM Project in Peru is to assist the Ministry of Health to design, carry out, and evaluate--in coordination with the PSSI and PVOs--selected priority child survival communication activities in four regions and three areas of Lima/Callao.

SPECIFIC OBJECTIVES AND INDICATORS

■ Formulation of Health Communication Policy

Objective. HEALTHCOM will assist the Ministry of Health to formulate a health communication policy

Indicator. The Ministry of Health will draft a health communication policy, which will include:

- The adoption of a unified health communication methodology that guides the Ministry's actions in this field;
- The publication and dissemination of norms and procedures for application of the methodology by the Communication Offices at the central and regional levels;
- The establishment of coordination mechanisms with the PSSI, and PVOs in an effort to carry out integrated health communication activities.

The policy will be defined at the highest level of the Ministry of Health (Minister, Vice Minister, Director General, and Program Directors at the central level), with the participation of representatives from PSSI and major donors (UNICEF, PAHO, WHO) who are directly involved with health communication issues. This activity will take place at a seminar in Lima.

The policy will include specific norms to guide the focus of communication and health education activities of the Ministry of Health.

■ Training in Health Communication Methodology

Objective. The project will provide training in the HEALTHCOM communication methodology to communication/health education and community participation staff from the Ministry, PSSI, and PVOs from four regions and three areas of Lima-Callao.

Indicator. Sixteen training workshops will be held for communication, health education, and community participation staff from the Ministry, the PSSI, and PVOs working in health communication. Participants will come from three areas of Lima-Callao and from the Grau, Marañón, José Carlos Mariátequí, and Arequipa Regions. The workshops will cover the following:

- Formative research for developing and evaluating health communication strategies;
- Theory and practice of materials design and formulation of regional plans for health communication activities;
- Pretesting results and revision of communication materials;
- Impact evaluation.

A workshop will be held on each subject in northern Peru (for the Grau and Marañón Regions); two in Lima (for the communication, education and community participation staff from the central level and three areas of Lima-Callao); and another in southern Peru (for the Arequipa and José Carlos Mariátequí Regions).

■ Communication Activities

Objective. The project will help plan, carry out, and evaluate integrated health communication activities on priority child survival issues in the four regions and selected areas of Lima-Callao.

Indicator. The teams from the Ministry, PSSI, and PVOs in the regions and selected areas of Lima will plan, implement, and evaluate seven communication strategies. Each strategy will involve one priority child survival issue communication activity.

The child survival issues for these campaigns will be prioritized by the central level program managers and the regional health directors.

■ Institutionalization

Objective. The project will help to institutionalize a health communication methodology as well as coordination mechanisms for integrating efforts of the Ministry of Health, PSSI, and PVOs, at the central and regional levels, in the implementation of health communication activities.

Indicator. The combined efforts of the Ministry, PSSI, and PVOs in the planning, implementation, and evaluation of health communication activities will lead to the establishment of concrete mechanisms for effective coordination. This coordination can serve as a model for other regions and for other health issues.

■ Equipment

Objective. The project will provide the Communication Office at the central level of the Ministry, the regions, and selected areas of Lima, with basic equipment for the production of health communication materials.

Indicator. In order to carry out the health communication plans and activities that the Ministry, the PSSI, and the PVO's formulate, HEALTHCOM will select basic equipment for production of radio materials, graphics, and audiovisuals that will be apportioned to the central level, regional, and UDE communication offices.

PRINCIPAL ACTIVITIES

■ Policy Formulation Seminar

A seminar will be held to help establish policy guidelines to govern health communication activities of the MOH, PSSI, major donors, and PVOs. This one-day seminar will be held in Lima for high-level MOH and PSSI officials and representatives from PAHO, UNICEF, and WHO.

■ Formative Research Workshop

The project will conduct a workshop focused on the development and evaluation of communication strategies. The objective of this workshop is to assist personnel from the Ministry of Health, the PSSI, and the participating PVOs in formulating research on the knowledge, attitudes, and practices of the population regarding child survival priority issues in each region.

The participants will learn the most practical methods and techniques for conducting this type of research and will design and pretest the necessary instruments for applying the techniques in gathering information. They will develop a plan for conducting the research in their regions with the population segments chosen to benefit from their communication activities. They will also learn how to apply these techniques in the impact evaluation of the communication activities.

This ten-day formative research workshop will be presented in Lima, Chiclayo, and Arequipa.

■ Research Activities

As follow up to the workshop, the integrated teams from the Ministry, PSSI, and PVOs will carry out research activities in their regions and will analyze the results obtained. The teams will take one and one-half months to conduct the research and will be provided with the necessary resources, as stipulated in the research plans developed by each region.

In applying the information gathering techniques in the field, the teams will seek community participation and train leaders and key people within the communities to conduct research in the future.

The research results will be codified, tabulated, and analyzed by the participants from the Ministry, PSSI and PVOs, and will serve as the basis for formulating the strategies and communication plans for the child survival priority issues in the following workshop.

■ Workshop on Strategy Development

This workshop is designed to assist participants in using the information gathered in their research to design communication strategies for priority child survival issues and to develop regional plans. The participants will identify their target audience and formulate the objectives they want to achieve concerning the knowledge and behavior of the segmented audience. They will also determine the content and messages to be disseminated on each priority child survival issue, while selecting the media most appropriate for achieving their objectives.

This second ten-day workshop will be held in Lima, Piura, and Tacna. Based on the results of the workshop, the participants will design their communication strategies. These will include definition of target audiences, formulation of objectives, selection of

messages, a strategy for integrating communication media and channels, and the mechanisms for institutional coordination.

In order to implement the strategies, plans will be developed which include activity timelines and budgets. Each plan will take into consideration the priorities and characteristics of each region. The consolidated regional and selected area plans will form the national communication plan. All plans will include supervision, monitoring, and evaluation.

■ Materials Design

As a task of the second workshop, participants will design the primary materials they have chosen for carrying out the strategies. These materials will be developed before the third workshop, in accordance with the experience and capability of each region.

■ Workshop on Materials Pretesting and Production

In this third workshop, participants will analyze the materials designed in the second workshop and will employ pretesting techniques with the target audience. They will pretest, redesign (as necessary), and produce print, radio, and audio-visual materials, according to the media channels to be used in each region.

This five-day workshop will be given in Lima, Chachapoyas, and Puno.

■ Implementation of Communication Strategies

Personnel from the MOH, PSSI, and PVOs will carry out the communication plans for each of the priority child survival issues in their areas. In order to do so, each region will receive funds for producing and disseminating materials through the media they select.

■ Workshop on Evaluation Design and Plan

Several months after implementation of the strategy, an impact evaluation will be designed and carried out. In this workshop, participants will formulate objectives for the evaluation, as well as the techniques and instruments necessary for their execution. They will conduct the evaluation in their respective regions upon completion of the workshop.

This workshop will be held in Lima, Chiclayo, and Arequipa.

■ Conducting Regional Evaluations and Redesigning Strategies

The regional evaluations will measure the impact of the communication strategies on the target populations. Using the results of the evaluation, the regions will prepare communication plans for the preceding years.

TIMELINE

The following chart provides month-by-month details of the planned activities.

Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Develop Training Modules 2 pers/10 days (HC)	XX									
Logistics Lima/Regions (MOH/Regions)	XX									
Policy Workshop 2 pers/days (HC/MOH)		X								
Research Workshop 10 days x 4 areas 40 pers/days 2 pers x 2 areas each (HC/MOH/Regions)		XXXX								
KAP Data Collection (MOH/Regions)			XXXX							
Data Analysis (MOH/Regions)				XX						
Plan 92 and Materials Design Workshop 10 days x 4 areas 40 pers/days 2 pers x 2 areas each (HC/MOH/Regions)					XX					

Country Strategy Plan: Peru

Activities	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Materials Production (MOH/Regions)			XXX						
Pretesting/Results/Revision of Materials Workshop 5 days x 4 areas 20 pers/days 2 pers x 2 areas each (HC/MOH/Regions)				XX					
Final Production of Materials (MOH/Regions)				XXX					
Materials Dissemination (MOH/Regions)					XXXXXXXXXXXX				
Evaluation Workshop and Evaluation 5 days x 4 areas 20 pers/days 2 pers x 2 areas each							XXX		
Presentation of Results								XXX	

NEXT STEPS

■ USAID/Lima

Next Steps to be taken by USAID/Lima include approving the Implementation Plan and briefing the Ministry of Health on USAID administrative procedures.

■ HEALTHCOM Project

Next steps to be taken by the HEALTHCOM Project are to:

- Design program/agenda for each of the workshops;
- Design training materials for the first workshop;
- Organize (with the Ministry) the first workshop;
- Identify and program technical assistance for the training activities.

MINISTRY OF HEALTH

Next steps to be taken by the Ministry of Health are to:

- Approve the Implementation Plan;
- Provide AID with a list of necessary equipment, supplies and materials prior to Nov. 30, 1991;
- Name an operational level person in each region and area to be responsible for implementation of the Plan;
- Define administrative procedures with A.I.D.;
- Organize (with technical assistance from HEALTHCOM) the first workshop;
- Request that A.I.D. purchase equipment and materials.

IV. Monitoring and Evaluation

EVALUATION OF THE PLANNED AND IMPLEMENTED COMMUNICATION ACTIVITIES

The work of the teams in the regions and areas will be evaluated according to the quality of the materials produced and the measure of success of the communication activities.

EVALUATION OF THE STRATEGIES AND IMPACT OF THE COMMUNICATION ACTIVITIES

The regional teams will plan and carry out at least one evaluation of the communication strategies they design. Based on the results, changes will be made in the messages, media, or communication instruments.

Each team will conduct a final evaluation of the impact of their communication activities on the priority child survival issues. The strategies for each team will include mechanisms for monitoring the dissemination of the messages and dissemination of the communication materials.

V. Administration of the Plan

The Director of the Communication Department of the Ministry of Health will be responsible for the plan at the national level and act as the counterpart for external technical assistance (HEALTHCOM).

The Communication Division will be responsible for convening the participants, for budget negotiations, and all logistical aspects of the training workshops. HEALTHCOM will be responsible for the technical content, consultants, and preparation of materials for the workshops.

Regional Health Directors will be responsible for the plans in their regions. The execution of the plans will be the responsibility of the Communication, Health Education, and Community Participation Offices. The Unit Director will be responsible at the DHU level.

Based on the regional and DHU plans, the Communication Division of the MOH will prepare a supervision plan for monitoring the communication activities.

The Director of the Communication Department of the MOH will establish with an official of the Child Survival Project of USAID/Lima the mechanisms for requesting, negotiating, and obtaining in an opportune manner the funds necessary for carrying out the plans. Subsequently, mechanisms for disbursing and accounting for funds will be established with the regions.

VI. Institutionalization

MINISTRY OF HEALTH

The objective is to develop the capacity within the MOH (at both the central and regional levels) to efficiently employ a methodology for health communication in coordination with the PSSI and PVOs. In order to achieve this objective, technical assistance will be provided at the central and regional levels in the formulation of a series of norms and procedures for systematically carrying out the proposed methodology. The practical application of these norms should result in a basic organized structure for health communication activities.

The institutionalization strategy has two phases. The first is to implement the plan. It focuses on the application of the methodology in four regions and three areas of Lima-Callao. Applying the methodology in regions with different characteristics will give the MOH experience in working with different realities.

The second phase is the extension of the methodology to additional regions. This extension will follow the same strategy, planning, and implementation of communication activities as developed in the first phase. The participants from the first phase will be responsible for training personnel in other regions, thereby extending the application of the methodology.

PSSI AND PVOS

The objective for institutionalization in PSSI and PVOs will be the adoption of those aspects of the methodology that permit working in a unified manner with the Ministry of Health in health communication activities.

Institutionalization at this level will focus on unifying criteria in the assessment of knowledge, attitudes, and practices of the target audience and to establish mechanisms for the participating institutions to carry out the communication plans.

POPULAR AND COMMUNITY ORGANIZATIONS

The teams will seek the participation of community organizations for carrying out the communication activities. Schools will also be included in implementing the

communication plans. The schools will serve as effective channels for the distribution of communication materials to students, who can then transmit the materials to their families and the community at large.

A. Appendix: Questionnaires

THE ACADEMY FOR EDUCATIONAL DEVELOPMENT

MOH _____ PVO _____ REGION _____ DATE _____

NAME _____ AGE _____

ORGANIZATION _____ POSITION _____

FUNCTIONS: _____

LENGTH OF SERVICE: _____

FORMAL EDUCATION: _____

COMMUNICATION COURSES: (TITLE, YEAR)

EXPERIENCE

RADIO: YES _____ NO _____

PRODUCTION _____ BROADCASTING _____ GUIDES _____

GRAPHICS: YES _____ NO _____

DESIGN _____ DRAWING _____ CONTENT _____ PRINTING _____

TRAINING: YES _____ NO _____

ORGANIZATION _____ CONSULTANTS _____ TOPICS _____

AUDIOVISUAL: YES _____ NO _____

GUIDES _____ PHOTOGRAPHY _____ EDITING _____

MINISTRY OF HEALTH
OFFICE OF HEALTH COMMUNICATION

PERSONNEL

REGION _____

DATE _____

NAME	POSITION	FUNCTION	EXPERIENCE AND LENGTH OF SERVICE
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MINISTRY OF HEALTH
OFFICE OF HEALTH COMMUNICATION

EQUIPMENT

REGION _____

DATE _____

INVENTORY OF PRINT AND
AUDIO VISUAL PRODUCTION
EQUIPMENT

TYPE, AGE AND LOCATION

25

MINISTRY OF HEALTH
OFFICE OF HEALTH COMMUNICATION

CAMPAIGNS OR COMMUNICATION ACTIVITIES IN THE LAST 2 YEARS

REGION _____

DATE _____

CAMPAIGN	DATES	COMMUNICATION MATERIALS	GOAL	OBSERVATION
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22

MINISTRY OF HEALTH
OFFICE OF HEALTH COMMUNICATION
NON-GOVERNMENTAL ORGANIZATIONS

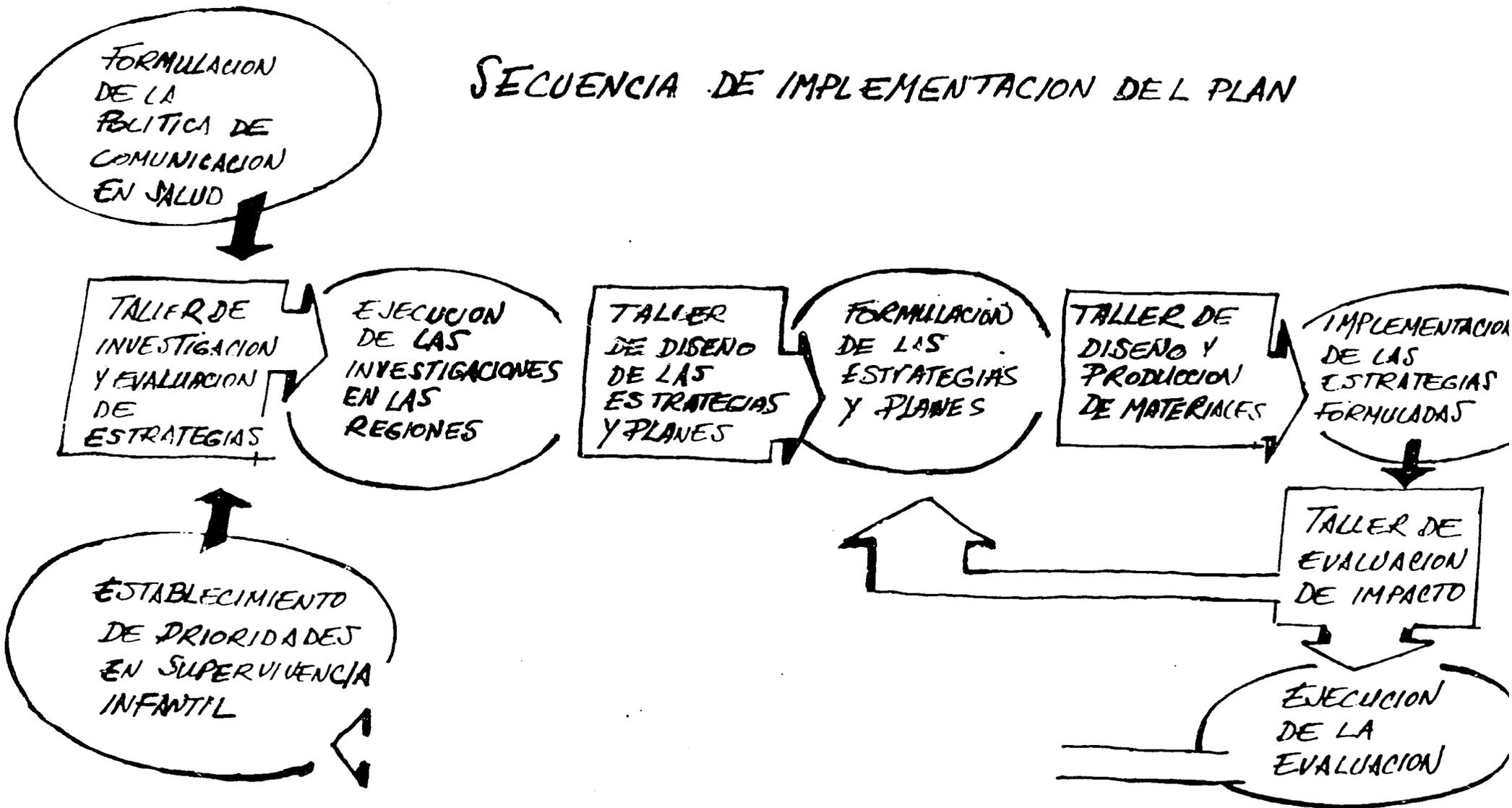
REGION _____

DATE _____

PVO NAME	ACTIVITY/ PROJECT	LOCATION OF INTERVENTION	TARGET AUDIENCE	COMMUNICATION ACTIVITY
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B. Appendix: Sequence of Implementation Plan

SECUENCIA DE IMPLEMENTACION DEL PLAN



C. Appendix: Provisional Assessment Instrument

CONSOLIDATED
PROVISIONAL ASSESSMENT FORM

1. MARAÑON REGION (Lambayeque, Jaen, Chota, Chachapoyas)*		
A.	Communication Personnel	17
B.	PVOs	12
C.	Equipment:	
	Electric Mimeograph	2
	CASERO Mimeograph	1
	Slide Projector	4
	16mm Film Projector	1
	Broadcasting Equipment	2
	Tape recorder	2
	Video Recorder	1
	T.V. Monitor	1
	Overhead Projector	3
	Photographic Camera	4
	Radio Antenna	1
	ECRAN	1
D.	Campaign Experience:	
	Meetings with community organizations.	
	Activities with mothers clubs, farmers, education sector.	
	Sensibility Workshops	
	Radio Auditions	
	Production of Brochures	
	Educational Talks	
	Van 90/91 (Immunization Campaign)	
	AIDS	
	Family Planning	
	Cholera	
	Andean Immunization Campaign	
	Fumigation	
	Anti Rabies	
	Acute Respiratory Infection	
	Nutrition/Foods	

* (Information Pending CAJAMARCA)

2. AREQUIPA REGION
(Arequipa)

A.	Communication Personnel	5
B.	PVO's	S/I*
C.	Equipment:	
	Electric Mimeograph	3
	CASERO Mimeograph	1
	Slide Projector	2
	Tape Recorder	2
	Video Recorder	1
	T.V. Monitor	1
	Overhead Projector	3
	Camera	1
	ECRAN	1
	Photo Enlarger	1
	Photo Dryer	1
	Paper cutter	1
D.	Campaign Experience:	
	Uterine Cancer Prevention	
	Environment	
	Immunization	

3. LIMA/DHUs/NORTH
 (North Lima, Puente Piedra, Comas, San Juan de Lurigancho, Rimac, Canta)

A.	Communication Personnel	17
B.	PVOs	36
C.	Equipment:	
	Flip Charts	8
	Mimeograph	3
	Black board	1
	Slide Projector	3
	16mm Film Projector	1
	ECRAN	3
	Posters	2
	Mural Board	22
	T.V.	1
	VHS	1
	Stereographic Equipment	5
	Overhead Projector	1

D. Communication Experience:

Uterine Cancer
 Immunization
 Canine Vaccination
 Cholera
 Food Kitchen Supervision
 Nutrition/Foods
 Consultant Training
 Workshops in Health Planning
 Training of ARI Promoters
 Women's Health Plan
 Family Planning
 Door to Door Vaccination Campaign
 Growth and Development
 Population Census
 Fish Consumption
 Early Stimulation
 Educational Lectures

D. Appendix: Budget

HEALTHCOM / Peru
Delivery Order #7

CATEGORY	AMOUNT
1. Salaries and Benefits:	\$95,742
2. Consultants:	25,155
3. Travel & Transportation:	53,301
4. Direct and Indirect Costs:	116,112
5. Overseas Allowances:	
6. Equip. & Field Oper. Exp.:	
7. Participant Expenses	
8. Subcontracts and G&A:	15,965

TOTAL	\$306,275