



Communication for Child Survival

is a program of the

**Bureau for Science and Technology, Office of Health and Office of Education
Agency for International Development**

through a contract with the

Academy for Educational Development

and subcontracts with the

University of Pennsylvania, Applied Communication Technology, Needham Porter Novelli and PATH

Contract #DPE-1018-C-00-5063-00

HEALTHCOM TRAINING SEMINAR

SUMMARY REPORT

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August 20, 1986

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ACKNOWLEDGEMENTS

The HEALTHCOM Project would like to thank the Honduras AID Mission and the Ministry of Health for their support and cooperation of this training seminar. The participants as well as the Academy for Educational Development wish to relay to them their sincere appreciation for the opportunity to participate in a truly unique and special experience.

I. BACKGROUND

In September 1985 the Academy for Educational Development (AED) was contracted by the Agency for International Development (AID) to implement the Communication for Child Survival (HEALTHCOM) project. HEALTHCOM is a continuation of the Mass Media and Health Practices (MMHP) project which the Academy conducted from 1978-1985. The objective of this project is two-fold:

1. To continue to develop the health communication methodology begun under MMHP and apply it to change knowledge and behaviors concerning child survival and thus lower infant mortality, and
2. To institutionalize that methodology within the host country so that the work of health communication will continue.

The HEALTHCOM project is continuing to work in those countries initially supported during the MMHP project and will initiate work in at least another 10 countries. The HEALTHCOM project provides technical assistance through resident advisors and short-term consultants. As new project sites began opening in various countries around the world, it became obvious that the project needed to conduct a training seminar on HEALTHCOM methodology planning and implementation for potential resident advisors. This training would provide a core of key people who share the same goals and experiences and would significantly facilitate project start-up in the new countries.

Four major themes were addressed during the seminar: 1) the history of HEALTHCOM to date, 2) the HEALTHCOM methodology, 3) behavior analysis, and 4) formative research. The seminar was not expected to make the participants experts in each area. Rather the seminar was designed to provide an introduction to the key issues within each of these themes and an understanding of where, when, and how to seek assistance in their project country. However, after the seminar each participant was expected to be able to:

- o Describe three major technical issues related to ORT and EPI.
- o Describe the HEALTHCOM methodology and how it relates to a HEALTHCOM Communication Plan.
- o Give at least two specific examples of how social marketing, anthropology, ethnography, and behavioral psychology have contributed to the HEALTHCOM project.
- o Describe the rationale for including behavioral studies as a separate component in a HEALTHCOM project.
- o Design and conduct an institutional analysis of potential HEALTHCOM collaborating institutions.
- o Use behavior analysis in health communication through a) applying a behavior checklist for a child survival technology and b) designing, conducting, and analyzing behavior research.

- o Design a formative research plan using a mixture of research methods including focus groups, in-depth interviews, observation, surveys, etc.
- o Write a communication plan for a HEALTHCOM project based on existing research.
- o Describe the structure of AID at the central and mission levels and their role in HEALTHCOM.
- o Describe the contractual processes for implementing an AID project including the PID, PP, PIO/T, RFP, etc.
- o Describe the relationship of HEALTHCOM to other AID health projects including REACH, PRITECH, SUPPORT, Dietary Management, SOMARC, etc.
- o Describe the processes for funding HEALTHCOM in different countries.
- o List the names and titles of key AED personnel and know how resident advisors would interact with them.

The seminar was divided into two parts--four days in Washington, D.C. and eight days in Honduras. The objective in Washington was to introduce the four themes and the key people involved in the project. The objective in Honduras was to give participants direct experience with each of the four themes through a series of field activities. Honduras was selected as the site for the field work because 1) it was the sentinel site of the project, 2) the project had maintained excellent relations with AID, the Ministry of Health, and other organizations in both the public and private sectors who agreed to collaborate with us in the field visits and other activities, and 3) its relative closeness to the United States made it more cost-effective than other countries.

The training plan which details the course objectives and agenda is included as Appendix A.

Although Bette Booth was the overall seminar director, the entire HEALTHCOM team was involved in the initial design. Once the basic plan was designed, Elayne Clift was responsible for the Washington segment of the training including the invitations and administrative support for participants. Bette Booth was responsible for the Honduras portion. She spent several weeks in Honduras in February and July planning and organizing that segment of the training. Bill Smith, Reynaldo Pareja, and Mark Rasmuson were key presenters and coordinators during the Washington portion; Bill Smith and Reynaldo Pareja had major roles in the Honduras portion. Mary Debus designed and implemented the formative research training in both Washington and Honduras. John Elder, Paul Touchette, Scott Geller, and Douglas Porter conducted the behavior analysis training in Washington, and John Elder and Jim Holland conducted it in Honduras. Marjorie Pollack, Rob Northrup, and Dennis Foote also assisted during the Washington section of the training. Outstanding administrative support which made the seminar flow almost without a logistical hitch was provided by Ximena Sheehy-Downey, Rashad Jaeger, Roxana Melloni, Patricia Cosgrove, and Gwen Clark in Washington and Ms. Downey, Lilitiana Moncada, and Freddy Lopez in Honduras.

Participants were selected after a comprehensive review of curricula vitae was conducted by all of the HEALTHCOM Washington staff. Twenty-three participants attended the Washington segment, and, of these, 17 attended the Honduras segment. The number in Honduras was limited due to cost and administrative manageability. However, the Washington portion provided an introduction to the four themes for other people who might be involved in the project. In support of regional institutionalization of health communication, Alexandra Praun was invited to represent INCAP in both the Honduras and Washington sections. A representative from the Honduras Ministry of Health Division of Education also attended. The list of participants is included in Appendix B.

These participants represented potentially the best resident advisors after an intensive six-month review of curricula vitae and personnel interviews. However, even with this rigorous selection process we did not expect the tremendous enthusiasm, dedication, professionalism, and hard work demonstrated in the face of a very tight, high pressure schedule which was frequently altered as activities were implemented. The seminar was truly a learning experience for the coordinators as well as for the participants as we shared experiences and struggled with new ideas and applications in Honduras.

It's also important to note that one-third of the participants were Latin Americans, some of whom spoke no English. Many of the English-speaking participants spoke no Spanish which meant that all documents had to be translated into both languages. Working sessions with the large group needed simultaneous translation. This was provided by professional translators in Washington and by Bill Smith, Bette Booth, Reynaldo Pareja and Patricio Barriga in Honduras using equipment provided by the United States Information Service. Bi-lingual participants assisted their colleagues when the translation became a problem and by the end of the seminar everyone was speaking a little bit of both languages! However, the need for translation slowed the sessions at times and contributed to the need to change the agenda to fit the needs of the group.

For many of the activities the participants were broken into three smaller groups of six to eight people each. Reynaldo Pareja coordinated Group A, the Spanish-speaking group, with the assistance of Patricio Barriga. Bill Smith coordinated Group B and Bette Booth coordinated Group C. Mark Rasmuson provided assistance to Groups B and C during the Washington session. Participants in Groups B and C were assigned based on their experience with the project, language capability, and professional background so that each group had two AED staff to assist in the group coordination, a second Spanish speaker to assist in translation as necessary, and three to four "new" people with varying backgrounds and experience.

Participants were sent several documents to read before they came to the training including: "Lessons from Five Countries" (the summary of the MMHP work), the health technologies section of the HEALTHCOM proposal, and the WHO Acute Respiratory Infections booklet. Many other documents, including the HEALTHCOM methodology and research documents from Honduras, were distributed and used during the training.

II. IMPLEMENTATION

A. Washington, D.C.

1. Tuesday, The HEALTHCOM "Gestalt"

After a brief introduction and orientation to the training course by Mark Rasmuson and Bette Booth, participants were given a pre-training assessment exercise. These exercises were reviewed and discussed with the participants after the training in Honduras. The rest of the morning was spent discussing HEALTHCOM and AID and how the HEALTHCOM project relates to and coordinates its activities with other AID health projects. This portion was led by Anthony Meyer of the Office of Education and Robert Clay, Office of Health, Bureau for Science and Technology, Agency for International Development.

The afternoon activities were designed to give the participants an opportunity to experience three of the key areas which were important to the project's development--radio, training, and creativity. A series of radio materials from Honduras, Swaziland, Ecuador, and The Gambia was played for the participants, and the strengths and weaknesses of each was pointed out. Ten guidelines were presented for judging a creative product with examples of print and video materials which demonstrated those points. In the evening participants, Academy staff, and key AID people attended a reception.

2. Wednesday, The HEALTHCOM Methodology

Three of the major health technologies were presented and the HEALTHCOM methodology. The participants broke up into small groups of nine or ten. Each group was to design an interview guide for a ministry of health program manager. Group A designed the guide for diarrheal disease control, Group B the guide for acute respiratory infections, and Group C the guide for immunization programs. Participants then reconvened in the large group and a representative from each small group presented their questions to three public health specialists, Dr. Marjorie Pollack for immunizations, Dr. Rob Northrup for diarrheal control, and Dr. Sally Stansfield for acute respiratory infections. These experts then gave their comments to the group on the order and content of their interview guides and how they might improve them. This was followed by a short question and answer period focusing particularly on the key issues of oral rehydration therapy.

The afternoon focused on the HEALTHCOM methodology. This began with a presentation by Dennis Foote on the results of the Stanford/ACT data from Honduras and The Gambia. Because of the number of questions raised on the first day and a half, the participants broke into their small groups for a discussion of these questions and an introduction of the methodology. The group came back together for a review of the questions which were addressed by HEALTHCOM senior staff.

3. Thursday, Behavior Analysis

The basic concepts of behavior analysis were introduced which would be used in Honduras. Scott Geller gave an overview to behavior analysis

including a discussion of antecedent-behavior-consequence and the definition of basic terms of behavior analysis such as positive reinforcement, positive punishment, negative reinforcement, and negative punishment. John Elder introduced the area of operational definitions of behavior. The participants then broke into their small groups to do an exercise on operationalizing health problems. Each group were given four statements typical of the problems found in developing countries, for example "Health workers are not teaching mothers correctly." The group had to deal with these problems as though they were in the field and justify the way they addressed it to the large group.

In the afternoon, Paul Touchette discussed how behavior analysis had been applied in previous HEALTHCOM work. John Elder wrapped up the session and discussed how behavior analysis could be applied at the individual, group, organization, and community levels in future HEALTHCOM work.

4. Friday, Formative Research

Key issues of formative research were introduced which would be further applied in Honduras. Mary Debus began with an overview of formative research, then focussed on the application and uses of in-depth interviews and focus groups. The small groups then met to design a formative research study for the introduction of a prenatal vitamin supplement. The participants were given the background of the product and four alternative positioning choices which the company wanted to explore as potential marketing strategies. Each group then had to determine the audience segments and research tools they would use for this formative research and justify it to the large group. Mary Debus provided feedback on each group's research plan.

In the afternoon, a video tape was shown of segments of a focus group and the strengths, weaknesses, and alternative strategies for its implementation were discussed. The afternoon was concluded with a presentation of a TV serial murder mystery, demonstrating the similarities between the formative researcher and the detective who must find out "who done it" without asking the murderer directly!

B. Honduras

1. Sunday, Seminar Summary and Field Trip

In the morning a brief summary was given of the key points of the training thus far and the HEALTHCOM project in general. Each group then had the opportunity to visit small villages close to Tegucigalpa in order to familiarize themselves with the country and the people before the institutional visits on Monday. In the evening participants designed their institutional interview guides for the visits on Monday and Tuesday. Each participant was responsible for developing a list of key questions and leading the interview with one institution. Their colleagues in the small group then gave the participant feedback on the questions and the interview style and dynamics.

2. Monday and Tuesday, Institutional Visits

The objective of the institutional visits was to provide the coordinators an opportunity to observe participants interacting with host country institutions and the participants the opportunity to use their interview guides to assess institutional capacity to support a HEALTHCOM project.

Monday morning the entire group met with Ministry of Health officials. The session was opened and the group welcomed by Moises Sanchez on behalf of the Director General. Presentations and group discussion then followed with a representative from the Diarrheal Disease Control program, the head of the Acute Respiratory Infection program, the head of the Division of Epidemiology, the head of the EPI program, and the head of the Division of Human Resources. Scott Taylor, AID Health Office, then discussed the AID health portfolio and how a HEALTHCOM project should be coordinated with and support the overall AID health strategy.

In the afternoon, the group met with the staff of the Ministry of Health Division of Education. This included a tour of the offices and presentations on past work and future plans.

The participants then divided into small groups for visits to the other institutions. On Monday each group visited a mass media station: Group A a commercial radio station, Group B a government radio station, and Group C a commercial television station. On Tuesday each group visited a PVO, a donor agency, another AID-funded project related to HEALTHCOM work, and a private sector media agency such as an advertising agency or printing company. One group also visited the Oral Rehydration Ward at the Honduras teaching hospital.

Tuesday evening, John Elder and Jim Holland reviewed the handout "Direct Observation for Behavioral Assessment." Following this review, each group was responsible for developing an observation protocol for four tasks which were to be observed during the field trip the next day:

1. Task Analysis for Health worker Behavior: What is the variety and frequency of health worker activities during the period of our visit?
2. Task Analysis of Health Worker Teaching ORT to Mother: What is the sequence and accuracy of the health worker teaching ORT to mothers? Need to 1) define correct performance and 2) define observation instrument.
3. Task Analysis of Mother Mixing ORS Salts: What is the sequence and accuracy of mothers mixing ORS salts? Need to 1) define correct performance and 2) define observation protocol.
4. Task Analysis of ORS use and Availability at the Health Center: What ORT products and information are available at the health centers? Need to 1) define "product" and 2) define observation protocol.

Participants were provided with the behavior analysis for correct ORT use developed as a basis for the early HEALTHCOM work in Honduras to assist them in defining "correct use" in tasks two and three.

Two individuals from each group were assigned to develop and apply the protocol for each task using frequency, duration, narrative, interval recording, and/or momentary time sampling as discussed in "Direct Observation for Behavioral Assessment."

3. Wednesday, Application of the Task Analysis in the Field

Each group visited a different type of health center. Group A, accompanied by Jim Holland, visited an urban cesamo (health center with a doctor) in a marginal urban area. Group B visited a rural cesamo about 45 minutes from Tegucigalpa. Group C accompanied by John Elder and Mary Debus visited a rural cesar (a health center without a doctor). They also had the opportunity to visit a smaller rural village and a primary health care worker's house. Each group had an opportunity to apply at least three of the four task analysis instruments they had designed and to refine them from that experience.

4. Thursday, Review of the Behavior Analysis Field Work

In the morning each group discussed the previous day's activities focusing on answering four questions:

1. What were the behavioral assets, deficits, and excesses that were observed for each of the four tasks?
2. What are five question areas for further research which have emerged from this initial observation?
3. How did each group observe each task? What were our instruments and how well did they function?
4. What problems did we have in the process of applying behavior observation?

The large group reconvened to share the group results of points number two and four. This discussion lasted well past the lunch hour.

5. Friday, Formative Research

The objective of this day was to apply in the field what we had learned about formative research in Washington. The previous week each participant had been provided seven documents:

- o The Norms of the Honduras CDD Program
- o The section on diarrhea beliefs and practices from a 1985 MOH/Management Science for Health "Maternal and Child Health study" in Honduras.
- o The 1984 "Evaluation of the distribution System of Oral Rehydration Salts in Honduras" published by the Ministry of Health and UNICEF.
- o The 1985 "Oral Rehydration Therapy Evaluation of the Experience in Honduras" prepared by the Ministry of Health for ICORT.

- o The 1985 "Results of the Formative Evaluation of the Educational Component of the Diarrheal Disease Control Program" conducted by the MOH Division of Education.
- o The November 1984 "Study of the Knowledge, Attitudes, and Practices of Health Personnel with Regard to the Norms for Oral Rehydration Therapy" conducted by the Ministry of Health and Management Sciences for Health.
- o The 1986 "Prefeasibility Study for Social Marketing of Oral Rehydration Salts" conducted by AED.

In the morning the small groups reviewed these documents in detail. One participant in each group was responsible for reading one of the documents and taking notes of the key information, especially those concerning the behavioral clusters used in the task analysis. The reader then shared the protocol and results of the research with his/her small group. As they reviewed the documents, each group developed a list of research questions they felt had not been answered that they would want to address in future formative research.

In the afternoon Mary Debus reviewed the strengths and weaknesses of various research methodologies including behavior observation, depth interviews, focus groups, intercept interviews, and surveys. She then discussed how examples of the group questions might be researched. The small groups then met to continue to discuss what research methodologies might be used to answer their formative research questions. The groups also discussed ideas and strategies for the next day.

6. Saturday, Writing the Communication Plans

The objective of the next two days was to provide each participant an opportunity to write and present a draft communication plan. The participants were given the following scenario:

You have been in country about one month. During that time you have begun to know something about the country. You have visited with your counterparts and other key officials in the Ministry of Health. You have also visited several of the other institutions which might help support the health communication activities. You have made a visit to the field during which you observed various types of tasks using a draft observation guide. You have read several MOH and research documents. On Friday the Minister calls you into his office and tells you that he has been given \$100,000 for health education about diarrheal disease control and he needs a one-year plan by Sunday morning. You are to use the documents you have to write the plan, while at the same time thinking about the type of research and strategy you will need in the following year.

The participants were provided an outline to follow for the communication plan and a list of sample costs of various elements which might be included in the budget such as radio production costs and per diem rates. They were told

that the review criteria for their communication plan would be: 1) Are decisions in the plan based on the available research? 2) Does the plan meet the Minister's needs? 3) Is the plan practical within the time period? 4) Is the plan complete? Have you addressed all of the sections in the HEALTHCOM communication plan outline? 5) Is the plan coherent? That is, does the media mix strategy match the target audience or the budget match the activities? And 6) does it use integrated channels?

The participants were then given all day and evening on Saturday to write their plans. Presentations began at 10:00 Sunday morning. HEALTHCOM staff played the role of Minister and Vice-Minister. After each presentation the Minister and Vice-Minister would ask two or three key questions and then open it up to group discussion. The presentations were finished about 9:30 p.m. In general the presentations were of extremely high quality, especially considering the short time period allotted for their development.

7. Monday, Course Closing

Monday morning was free for people to fill out the personal evaluations and the course evaluation and meet with course coordinators and other HEALTHCOM staff. Since much of the work of a resident advisor and HEALTHCOM staff involves impressions which frequently are made in short or pressured situations, the personal evaluation exercise provided the opportunity for participants to learn how they "appeared" to people in a work situation. Each participant could fill out a form on any person they wanted which assessed what they considered to be that person's assets, deficits, and excesses in both the personal and technical areas. Each participant was to review his/her colleague's comments and then fill out the same form for the AED staff on what he/she believed were his/her own assets, deficits, and excesses. Their colleagues' comments were confidential. That is, they were only read by the participant and not by AED staff. Participation in this activity was voluntary.

The seminar was officially closed at noon on Monday since several of the participants were leaving that afternoon. Each participant who had completed both the Washington and Honduras portions of the seminar received a diploma. Speeches were made by coordinators and participants. The participants also gave appropriate gifts to each of the two remaining coordinators.

III. SEMINAR EVALUATION

Twelve of the 17 participants completed the course evaluation. Of those, most had extensive experience in communications, about a third had extensive experience in international health, and a third in health communications. This diversity of experience and backgrounds both enriched the course interaction and learning and slowed the process of the course as participants had to be brought up to speed on different subjects.

Participants were then asked how much they had learned and how much additional information/support they needed to learn in the following areas:

1. Diarrheal disease control.
2. Expanded program of immunizations.
3. Acute respiratory infections.
4. The HEALTHCOM methodology
5. Social marketing applied to child survival technologies.
6. Institutional analysis.
7. Designing and applying a behavioral checklist.
8. Designing, conducting, and analyzing behavior research.
9. Designing a formative research plan using a mixture of methodologies.
10. Writing a communication plan.
11. The structure of AID at the central and mission levels and their role in HEALTHCOM.
12. The names and titles of key AED personnel and how HEALTHCOM resident advisors would interact with them.
13. The relationship of HEALTHCOM to other AID projects.
14. Other (please list)

Unfortunately, the evaluation didn't ask how much they already knew, so that in some areas a participant might say s/he didn't learn much about a subject and didn't need to learn more because s/he was already expert in the area (Sally Stansfield in the area of AID or ARI, for example). However, the evaluation did provide some interesting insights into both the training and additional consultant needs to support resident advisors.

Most people felt that they had learned a lot about each of the subjects. The areas where they felt the need to learn a lot more were acute respiratory infections, designing and applying a behavior checklist,

designing, conducting and analyzing behavior research, and designing a formative research plan using a mixture of methodologies. In general, participants were extremely pleased with the course. Most people particularly liked writing the communication plan and the work in the field in Honduras. They felt that it had been a rewarding experience during which they had learned a great deal. The areas of behavior analysis was generally felt to be that which needed the most strengthening. At the same time many participants felt that there was too much in too short a time and that an afternoon off would have helped to alleviate the pressure.

IV. IMPLICATIONS FOR FUTURE WORK

The materials used for this training can and should be used to implement courses in the HEALTHCOM project countries. There is already discussion of conducting a similar training course in Guatemala combining INCAP staff and the Ministry of Health Division of Education and applying the course materials to the development of the diarrheal disease control communication plan. There is discussion of a similar course in Honduras to standardize training of new and old Division of Education staff. It is recommended that:

1. The training summary booklet be provided to all existing HEALTHCOM staff and all new staff as they are contracted. The HEALTHCOM Washington staff should discuss each of the four themes, the course methodology, and how the materials can be used in each country with the resident advisor.
2. A methodology handbook on behavior analysis be developed to fill an urgent need. The work on this theme whetted the appetite of the participants, but there is a need for a succinct handbook on practical applications for future HEALTHCOM work. This handbook could be field tested in a training course in one of the HEALTHCOM sites. Honduras has expressed some interest in being the site for this field test.

The HEALTHCOM manual which is being written at present will reflect the lessons learned from this seminar and attempt to consolidate the information in a format applicable for host-country counterparts.



APPENDIX A

Communication for Child Survival **HEALTHCOM**

HEALTHCOM TRAINING PLAN

I. PURPOSE

Provide orientation and training for HEALTHCOM project planning and implementation for home office staff and potential field staff.

II. PARTICIPANTS

18 participants including present staff and potential field directors of the project. See attached list of candidates.

III. TRAINING LEADERS

Washington: Bill Smith, Mark Rasmuson, Bette Booth, Tony Meyer, Robert Clay, Mary Debus, John Elder, Paul Touchette, Douglas Porter, Scott Geller, Marjorie Pollack, Robert Northrup, and Dennis Foote.

Honduras: Bill Smith, Bette Booth, Reynaldo Pareja, John Elder, Jim Holland, and Mary Debus.

IV. HEALTHCOM TECHNICAL OBJECTIVES:

Describe three major technical issues related to ORT and EPI.

Describe the HEALTHCOM methodology and how it relates to a HEALTHCOM Communications Plan.

Give at least two specific examples of how social marketing, anthropology, ethnography, and behavioral psychology have contributed to the HEALTHCOM project.

Describe the rationale for including Behavior Studies as a separate component in a HEALTHCOM project.

Design and conduct an institutional analysis of potential HEALTHCOM collaborating institutions.

Use behavior analysis in health communications through a) applying a behavior checklist for a child survival technology, and b) designing, conducting and analyzing behavior research.

Design a formative research plan using a mixture of research methods including focus groups, in-depth interviews, observation, surveys, etc.

Write a Communications Plan for a HEALTHCOM project based on existing research.

ADMINISTRATIVE OBJECTIVES

Describe the structure of AID at the central and mission levels and their role in HEALTHCOM.

Describe the contractual processes for implementing an AID project including the PID, PP, PIO/T, RFP, etc.

Describe the relationship of HEALTHCOM to other AID health projects including REACH, PRITECH,SUPPORT, Dietary Management, SOMARC, etc.

Describe the processes for funding HEALTHCOM in different countries.

List the names and titles of key AED personnel and know how they would interact with them.

V. SCHEDULE

WASHINGTON	Four days	July 15-18
TRAVEL		July 19
HONDURAS	Eight days	July 20-28
TRAVEL		July 29

VI. AGENDA

Washington, DC

Tuesday, July 15
The Gestalt

	Topics	
9:00 - 9:30 a.m.	Welcome and Introductions Orientation to Training	Mark Rasmuson/ Bette Booth
9:30-10:00 a.m.	Assessment Exercise	Mark Rasmuson

10:00-noon	HEALTHCOM and ITS GOALS	Tony Meyer Robert Clay
	Overview: History, Structure, Gestalt Objectives and Methodology Institutional Studies I & II Behavior Studies	
	AID and HEALTHCOM	
	AID Structure: Central and Mission What does AID Health Office expect of HEALTHCOM? Contractual Process HEALTHCOM's Relationship to other AID Health Projects Funding Mechanisms	
1:00-2:00 p.m.	The Role of Radio	Bette Booth
2:00-3:00 p.m.	The Role of Training	Mark Rasmuson
3:00-4:00 p.m.	Print Materials and Creative Guidelines	Bill Smith
4:00-5:00 p.m.	The Context: A Worldwide Movement	Tony Meyer
6:00 pm	Reception	
Wednesday, July 16		
9:00 - 10:00 a.m.	Small Groups: Key Questions for CDD and EPI Program Managers	
10:00 - 10:45 a.m.	Review/Discussion of Key Questions	Marjorie Pollack Robert Northrup
10:45 - 11:00 a.m.	Break	
11:00 - noon	Key Technical Issues: ORT/EPI	Panel/Group
1:00 - 5:00 p.m.	THE HEALTHCOM METHODOLOGY	Bette Booth Mark Rasmuson
	Overview of Methodology The Role of Evaluation in HEALTHCOM Country Status Review	Dennis Foote

Thursday, July 17

9:00 - 5:00

Formative Research

Mary Debus
Bill Smith

**Focus Groups
Intercepts
Observations
Surveys**

Friday, July 18

9:00 - 5:00

**Behavior Analysis Applied
to HEALTHCOM**

Bill Smith/
John Elder/
Paul Touchette
Scott Geller
Robert Northrup

Saturday, July 19

Travel to Honduras

HONDURAS

The principal activities in Honduras will be to:

1. Design and conduct an institutional analysis of institutions with the potential of collaborating with a HEALTHCOM project.
2. Apply the basics of behavior analysis through a) applying a behavior checklist to Acute Respiratory Infection and b) designing, applying in the field, and analyzing observational research.
3. Design a formative research plan.
4. Write a communications plan for diarrheal disease control based on existing research

SUNDAY JULY 20

MORNING: Field visit to Santa Lucia and Valle de Angeles. The objective of this activity is to familiarize participants with the rural environment in Honduras.

AFTERNOON: Development of interview guides for the institutional analysis. The objective of this activity is to provide experience in designing interview guides for assessing institutional experience and capacity in public health communications. Each group will prepare the list of questions for its series of interviews for July 21-22.

MONDAY JULY 21 AND TUESDAY JULY 22

INSTITUTIONAL VISITS -- The objective of these visits is to provide the participants experience in interviewing host country personnel and evaluating the capacity of various institutions involved in health care and communications, one of the first activities they would conduct as field directors.

MONDAY JULY 21

8:00 - 12:00 a.m.: The entire group will meet with the Ministry of Health at the MOH Conference Room. The heads of the CDD, EPI, and ARI programs will make presentations on their past activities and plans for 1986-1987. The meeting will then be opened up for discussion. Barry Smith, AID Health Officer, will make a presentation about AID health activities and plans. The group will then be open for discussion. If time remains, a round table discussion about consultant roles and expectations will be held.

1:00 - 3:00 p.m.: **DIVISION OF EDUCATION.** The entire group will meet with and tour the Division of Education. Staff will make presentations of past and future activities. If time remains, a round table discussion about consultant roles and expectations will be held.

3:30 - 5:00 p.m.: **BROADCAST STATION VISITS**

GROUP A: Emisoras Unidas (Private Radio Station) - Nahum Valladares (Manager) and Staff.

GROUP B: Radio Honduras (Government Radio Station) -- Tomas Vuindel, Director and Staff.

GROUP C: Television Stations -- Channels Three, Five, and Seven. Contact: Josue Alvarado.

5:00 - 7:00 p.m.: **DINNER**

7:00 - 8:00 p.m.: Each group will meet to answer the questions on their interview guide.

8:00 - 9:00 p.m.: The rapporteur chosen by each group will present the summary of their visits to the rest of the participants.

TUESDAY JULY 22

INSTITUTIONAL VISITS (cont.)

8:00 - 10:00 p.m.:

- A. Hospital Materno-Infantil (Honduras Teaching Hospital) ORS Ward: Dr. Francis Cleaves, Head, Pediatrics Ward.
- B. PAHO: Guillermo Gosset (Program Manager) and Yolanda Rivera (Health Educator). PAHO Office.

- C. UNICEF: Office of Coordination for AID Project 50022. Dr. Reynaldo Gomez Urtecho

10:30 - 12:00 p.m.:

- A. Ashonplafa-Alejandro Flores, Lenin Flores, and the Contraceptive Social Marketing Project Staff. Ashonplafa.
- B. Management Sciences for Health - Peter Cross and staff. MSH Offices.
- C. Central and Region I Warehouse: Dona Melida de Duron.

12:30 - 1:30 p.m.: LUNCH

1:30 - 3:00 p.m.: PVOs

- A. PROJECT HOPE — Jean MacGregor
- B. CARE — George Menegay, Joe Kessler
- C. Plan en Honduras — Terry Grumley, Assistant Director

3:30 - 5:30 p.m.: PRIVATE SECTOR MEDIA AGENCIES

- A. Multi-media: Marco Cuello and Staff.
- B. APCU (Agencia Publicitaria Centro Americano Unidas de Honduras -- Walter Thompson Representative. Jose Carrilla, Manager and Staff.
- C. LITOPRES (Honduran Printing Press) - Antonio Torres Cerella.

5:30 - 7:00 p.m.: DINNER

7:00 - 8:00 p.m.: Each group will meet to answer the questions on their interview guide.

8:00 - 9:00 p.m.: The rapporteur chosen by each group will present the summary of their visits to the rest of the participants.

WEDNESDAY JULY 23

APPLICATION OF THE OBSERVATION CHECKLISTS: The objective of this activity is to provide experience in applying behavioral observations in a rural field setting. Each group will visit a different village to apply the observation checklists. **EVENING:** The group will meet to share experiences and summarize lessons learned from the field.

THURSDAY JULY 24

BEHAVIOR ANALYSIS PRESENTATION

APPLYING THE BEHAVIOR CHECKLIST: The objective of this activity is to provide experience by designing a behavior checklist for Acute Respiratory Infections. The director of the Honduran ARI program will participate in the exercise to provide technical guidance.

FRIDAY JULY 25

WRITING A RESEARCH PLAN: The objective of this activity is to provide each participant with experience in defining a research plan. Each group will review the research presently available on ARI. They will then design a research plan. In the afternoon, the entire group will meet together to present their plans for discussion by Mary Debus and the other participants.

SATURDAY JULY 26

WRITING A COMMUNICATIONS PLAN: The objective of this activity will be to provide participants with experience in writing a communications plan for diarrheal disease control based on existing research. In the morning the group will review the key issues to be included in a communications plan. Computers will be available for those who need them.

SUNDAY JULY 27

MORNING: Participants will continue writing their communications plan.

AFTERNOON: Each group will review their communications plans. Each participant will present their plan for their group's review and assessment.

MONDAY JULY 28

WRAP UP AND EVALUATION OF TRAINING

MORNING: Groups will complete the presentation of their plans.

AFTERNOON: Group discussion, summary of the training, and written evaluation of the training.

TUESDAY JULY 29

TRAVEL TO WASHINGTON

TRAINING DESIGN MATRIX

Objective Topic	Gestalt History, Methodology, Institutionalization, and surveys		Formative Research Focus Groups Intercept Studies,	Behavioral Analysis Theory Behavioral checklist	Communications Planning Integration of Themes Comprehensive Strategy Institutionalization
Washington	Tony Bill M. Pollack R. Northrup	Robert Mark Bette	Mary Debus	Bill Scott Geller Paul Touchette John Elder James Holland	Mark R. Bette
Honduras	Bill Bette Reynaldo		Bill- Bette Reynaldo Mary Debus	Bill James Holland John Elder	Bill Bette Reynaldo

OVERVIEW OF TRAINING PLAN

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY																																			
	15 • THE GESTALT	16 • THE PROCESS	17 • FORMATIVE RESEARCH	18 ■ BEHAVIORAL ANALYSIS	19 TRAVEL	20																																			
21	22	23	24	25	26	27																																			
* INSTITUTIONAL ANALYSIS		■ BEHAVIORAL ANALYSIS		• RESEARCH PLANS		* COMMUNICATION PLAN																																			
<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">-21-</div> <div style="margin-bottom: 5px;">3 GROUPS MOH, COD, EPI, ARI, AID</div> <div style="margin-bottom: 5px;">3 GROUPS MOH DIVISION OF EDUCATION</div> <div style="margin-bottom: 5px;">BROADCAST</div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="margin-bottom: 5px;">7-8 ANALYSIS</div> </div>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">A PAHO</td> <td style="width: 33%;">B UNICEF</td> <td style="width: 33%;">C ORS WARD</td> </tr> <tr> <td>MSH</td> <td>ASHDN-PLAFA</td> <td>PANI</td> </tr> <tr> <td>CARE</td> <td>HOPE</td> <td>C&S</td> </tr> <tr> <td>AD</td> <td>AD</td> <td>PRINT</td> </tr> <tr> <td colspan="3">ANALYSIS</td> </tr> <tr> <td colspan="3">SHARE</td> </tr> </table>	A PAHO	B UNICEF	C ORS WARD	MSH	ASHDN-PLAFA	PANI	CARE	HOPE	C&S	AD	AD	PRINT	ANALYSIS			SHARE			FIELD TRIP - 3 VILLAGES		DESIGNING THE BEHAVIORAL CHECKLIST		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">A</td> <td style="width: 33%;">B</td> <td style="width: 33%;">C</td> </tr> <tr> <td colspan="3">RESEARCH PLAN ARI</td> </tr> <tr> <td colspan="3">GROUP PRESENTATION & DISCUSSION</td> </tr> </table>	A	B	C	RESEARCH PLAN ARI			GROUP PRESENTATION & DISCUSSION			ORIENTATION INDIVIDUALS WRITE PLANS	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">A</td> <td style="width: 33%;">B</td> <td style="width: 33%;">C</td> </tr> <tr> <td colspan="3">PRESENTATION IN GROUPS</td> </tr> </table>	A	B	C	PRESENTATION IN GROUPS		
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28 FINISH PRESENTATIONS * ■ ● SUMMARY OF TRAINING EVALUATION	29 TRAVEL	30		"																																					

- The Gestalt, History, Methodology
- Behavioral Analysis
- Formative Research

APPENDIX B

LIST OF PARTICIPANTS

<u>Trainers</u>	<u>Washington</u>	<u>Honduras</u>
William Smith	x	x
Elizabeth Booth	x	x
Mary Debus	x	x
John Elder	x	x
Mark Rasmuson	x	
Marjorie Pollack	x	
Dennis Foote	x	
Robert Northrup	x	
Paul Touchette	x	
Doug Porter	x	
Scott Geller	x	
Jim Holland		x
Reynaldo Pareja		x

<u>Participants</u>	<u>Washington</u>	<u>Honduras</u>
Edward Douglass	1	1
Sally Stansfield	2	2
Kim Winnard	3	3
Mounah Geha	4	4
Christine Myers	5	5
Thomas Reis	6	6
Patricio Barriga	7	7
Hector Espinal	8	8
Bob DeWolfe	9	9
Marta Lopez de Montero	10	10
Luis Lopez	11	11
Roderick Sanatan	12	12
Jose Romero	13	13
Enrique Benitez	14	14
Alexandra Praun	15	15
Elayne Clift	16	16
Caby Verzosa	17	17
Diane Urban	18	18
Sylvie Cohen	19	
Heather Royes	20	
Judy Graeff	21	
Jim Terry	22	
Louise Bourgault	23	

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