MATERNAL — CHILD HEALTH INFORMATION, EDUCATION AND COMMUNICATION (IEC) ASSESSMENT

Submitted to:

THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT/GUATEMALA — CENTRAL AMERICAN PROGRAMS (USAID/G-CAP)

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ABBREVIATIONS

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AGES	—	Asociación Guatemalteca de Educación Sexual
ARI	—	Acute respiratory infection
APROFAM	—	Asociación Pro-Bienestar de la Familia de Guatemala
AVSC	—	A USAID/Washington cooperating agency specializing in reproductive health
BASICS	—	Basic Support for Institutionalizing Child Survival
Capacitando Sin Letras	—	A manual for training illiterates. English title: "When Your Trainees Don't Read". APROFAM and Development Associates.
CHW	—	Community health worker
Comadrona	—	traditional midwife or birth attendant
DHS	—	Demographic and Health Surveys
EE	—	Espaciamiento de embarazos (pregnancy spacing)
EEC	—	European Economic Community
ENSMI	—	Encuesta de Salud Materno-Infantil (1995 Demographic and Health Survey)
IEC	—	Information, Education and Communication
IGSS	—	Guatemalan Social Security Institute
IPROFASA	—	Importadora de Productos Famaceúticos, S.A. (Social Marketing Firm)
JHPIEGO	—	Johns Hopkins Program for International Education in Gynecology and Obstetrices, a USAID/Washington cooperating agency
JOICEP	—	Japanese Organization for International Cooperation in Family Planning
FP	—	Family Planning
INCAP	—	Instituto de Nutrición de Centro América y Panama
lámina	—	Laminated illustrations for educational presentations
Merolico	—	Itinerant vendor of remedies and household supplies
MOH	—	Ministry of Health and Social Assistance
MSH	—	Management Sciences for Health
MSPAS	—	Ministerio de Salud Pública y Asistencia Social (Ministry of Health)
ORT	—	Oral rehydration therapy
PASCA	—	USAID's Central American AIDS project
PCI	—	Project Concern International
RH	—	Reproductive Health
SIAS	—	*Sistema Integral de Atención en Salud*/Integrated Health Services System
STIs	—	Sexually transmitted infections
UNICEF	—	United Nations' Infants and Children Emergency Fund
UNFPA	—	United Nations' Fund for Population Activities
USAID/G-CAP	—	United States Agency for International Development/Guatemala-Central American Programs

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Executive Summary

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INTRODUCTION

The United States Agency for International Development/Guatemala — Central American Programs (USAID/G-CAP) and its partners are in the third year of implementation of the Mission's third strategic objective (SO3), "Better Health for Rural Women and Children." Designed to influence health behavior within the household, at the community level and at health facilities, USAID's health sector strategy "sets out to address aggressively many of the constraints that cause poor access to services — especially among the disadvantaged groups such as the rural poor and indigenous." (USAID Results Framework Description)

Misinformation and a lack of information are two of the constraints being addressed by USAID/G-CAP partners through information, education and communication (IEC) activities. However as the program has grown, there has been a proliferation of IEC materials proposed or in development by different organizations. Concerned about the efficiency and effectiveness of the current approach, USAID/G-CAP issued TASC Order No. 800 for an IEC assessment.

A Development Associates team conducted the assessment in March, 1999, for the Mission and its SO3 partners working with rural, Mayan populations. The team collected and classified existing materials and research results, interviewed representatives of USAID and its key partners and visited project sites in the field. Preliminary findings were presented and discussed in a three hour workshop with key players.

Although the scope of work called for responses to the questions below, the team recommends that the materials production process be envisioned within the context of a global IEC strategy. Such a strategy should outline objectives, research needs, primary and secondary audiences, key messages, channels and products, as well as monitoring and evaluation plans. It would also help to clarify points of coordination and reduce duplication of effort.

USAID'S QUESTIONS — DEVELOPMENT ASSOCIATES' FINDINGS

1. TO WHAT EXTENT ARE THE IEC MATERIALS PROPOSED BY USAID/G-CAP'S PARTNERS BASED ON SOUND FORMATIVE SOCIAL SCIENCE RESEARCH AND SUBSEQUENT FIELD TESTING OF PRODUCTS? HAVE THEY BEEN PROPERLY TESTED FOR USE WITH THEIR INTENDED AUDIENCES?

A number of formative research studies, primarily in reproductive health, were carried out toward the end of the decade of the '80s. Since that time there has been more emphasis on operations research, although the Population Council, MotherCare and BASICS have all carried out diagnostic and baseline studies as part of their projects. There is also considerable informal

research carried out by local NGOs (focus groups, quick field surveys), that largely goes undocumented.

In general the problem appears to be not so much a lack of formative research as limited use of the findings for IEC activities. Suggestions include:

- Compilation of a research inventory organized by outreach strategy, technical theme, audience, etc. This inventory should include formative research findings from other health areas or other disciplines such as girl's education or gender studies.
- Training for IEC technicians in the use of research results to design IEC strategies, messages and materials.
- Updating of the findings of some earlier studies to further explore needs and concerns of specific groups.
- Encouraging agencies to document findings of selected informal research activities
- Bringing agencies together to discuss IEC research needs, preferably in the context of an IEC strategic planning process.

An additional area which merits attention is the evaluation of IEC outcomes.

With regards to the testing of materials, all agencies report that they pre-test. The major part of the materials produced are directed at the community health worker, and these are tested mainly through workshops or group reviews. Materials directed at the community are frequently reviewed by the community worker, rather than with the target audience. While review with gatekeepers is advisable, it should not be a substitute for testing with the target audience.

Other suggestions regarding field testing include the presentation of options rather than solely seeking changes to one presentation, reading of images only without explanation of texts, community response to the use of Mayan symbols and text, etc. A refresher course on field testing techniques appears to be required for agency IEC coordinators to assure proper and uniform application of the methodologies. In addition, agencies should be encouraged to assure at least minimum documentation of their field testing processes and results.

2. Have the literacy levels and primary languages of the intended audiences of the IEC materials or messages been given sufficient consideration? Are the IEC materials proposed dependent on a high degree of literacy in order to be effective? What languages should the IEC messages be delivered in and is there a need for greater materials or radio messages in Mayan languages?

A. LITERACY LEVELS

The vast majority of materials are intended for Spanish-speaking or bilingual staff and volunteers. However, not all materials intended for use by community workers are appropriate for low literacy

levels. In the absence of information on promoter and midwife reading skills, we feel it is safe to assume that many have reading skills at the completed primary level or less. Some are undoubtedly functional illiterates.

The few print materials that are available for distribution to community members vary widely in their suitability for an illiterate or semi-literate audience. We recommend that all materials (both for community workers and members) be reviewed according to accepted guidelines for the development of materials for low or non-literate audiences. Consideration should also be given to the expanded use of visual materials with minimal or no text.

B. LANGUAGES

There are a few visual aids (*láminas*) for use with non-readers which can be used in any language. In addition, the MOH, MotherCare and APROFAM have produced various radio spots in major Mayan languages. We found no print materials in Mayan languages. The main resource for communication in Mayan languages are the bilingual community health workers. They are reported to deliver messages in Mayan languages, even though their technical training and support materials are provided in Spanish. It would probably be useful to assess the degree to which bilingual personnel successfully translate messages into Mayan languages inasmuch as translation is a skill in itself.

The dominant language in any community should always be given preference. There should be an overall review of all appropriate channels for delivering messages in Mayan languages and an assessment as to which are most effective before decisions are made regarding use of any one. Increased use of radio, materials for illiterates, and popular education techniques should all be considered in the context of a strategy. (See recommendations related to an inventory of mass media and popular communication channels under Question 6.)

In addition, it may be worthwhile to test the presentation of titles in posters or in brochures in both languages. Although the audience may not read either text, the presence of the Mayan language may increase audience identification.

3. TO WHAT EXTENT ARE THE IEC MATERIALS PROPOSED DUPLICATIVE OF EACH OTHER OR OF EXISTING MATERIALS? HAVE EXISTING MATERIALS BEEN SUFFICIENTLY ANALYZED OR TESTED BEFORE PROPOSING THE DEVELOPMENT OF NEW MATERIALS?

Materials collected, and 1999 IEC work plans, indicate possible duplication of efforts. This is particularly evident among certain formats, including manuals for community health workers, flip charts and some brochures. A joint review of IEC work plans at the beginning of the year is suggested to identify opportunities for collaboration on materials development. Significant economies of scale could be achieved if agencies pooled resources. Collaboration would also produce more uniform and consistent messages, an issue of special importance with low-literacy audiences.

In terms of the review of existing materials, each agency reported complying with the step in the materials development process of collecting existing materials. However, there is little indication that content, presentation or outcomes are analyzed prior to adaptation or the decision to produce a new material. When adaptation is chosen, the materials are often just “modernized” by applying state of

the art graphics and color to previously black and white products, or by making improvements to illustrations. In some instances, even though considerable modifications are made and elements are added, the material is not re-tested. We recommend that all modified materials be re-tested, particularly when new elements are added, layout is changed or messages modified.

4. TO WHAT EXTENT ARE THE PARTNERS WORKING IN CONCERT WITH EACH OTHER AND WILLING TO SHARE RESEARCH OR MATERIALS WITH EACH OTHER? TO WHAT EXTENT HAS THE PUBLIC SECTOR PARTICIPATED IN THE IEC MATERIALS DEVELOPMENT EFFORT AND TO WHAT EXTENT ARE THEY LIKELY TO USE THE RESULTING PRODUCTS? SHOULD THERE BE SOME SORT OF INTER-AGENCY IEC OR MATERIALS DEVELOPMENT COMMITTEE FORMED TO COORDINATE EFFORTS AND ASSURE GREATER DISSEMINATION OF IEC MATERIALS?

All agencies expressed a willingness to share materials and research and every agency is collaborating with other agencies, though not necessarily with all USAID partners. What is lacking is a formal mechanism at the technical level for sharing. Currently coordination is ad hoc, and occurs at the wrong point in the materials development process, e.g., after completion.
Smaller agencies without funds for research or materials development suffer most from a lack of participation at an earlier stage in the process. They often feel obliged to use materials distributed to them, even though these do not necessarily meet their needs.

The public sector has participated in materials development through the BASICS and MotherCare projects. AVSC also solicited suggestions from IGSS and the MCH Department of the MOH on changes needed on AVSC publications prior to their distribution in Guatemala. Suggestions focused on vocabulary modifications needed for a Guatemalan audience. JHPIEGO was involved in development of the MOH's as yet unofficial reproductive health guidelines. NGOs stated that they adhere to MOH technical norms in the development of content, but did not report soliciting MOH involvement in the materials development process.

Given the very limited materials development and production capacity of the public sector institutions at the present time, they tend to rely on international donors for materials. It is highly likely that they would use materials from a local NGO if they were involved in the materials development process, especially in the technical review.

There would be multiple benefits to increasing coordination, at a minimum among USAID partners, and ideally among all key players. These include unified messages, more widespread distribution of messages and materials, greater impact in the population, more favorable unit costs for materials production and increased access for smaller agencies to quality materials. All agencies interviewed agreed on the benefits of increased coordination although the exact mechanism for achieving this needs to be further explored.

At a minimum increased coordination should occur at key points in the material development process, particularly in the sharing of IEC work plans, and the technical review of draft materials. Agencies could also benefit from shared field testing responsibilities, joint development of training guides on the use of materials, shared production costs and joint evaluation.

It is important to note that all agencies have reservations with regard to the functioning and productivity of an inter-agency IEC committee, particularly with respect to the demands of current

agreements with USAID. It is recommended that USAID discuss a variety of models of coordination with its partners.

Finally, any coordination model chosen should take into account the "umbrella agency" role assigned to PCI and the Population Council and the subcontracting activities of the public sector. The PVO networks of these institutions represent both an IEC resource and a potential source of duplication of efforts, mixed messages and unsystematic IEC efforts. Thus, any inter-agency coordination effort should focus on the PVO networks and the departmental level as well as the central level.

5. HOW HAVE OTHER DONORS BEEN CONSULTED, EITHER TO REVIEW MATERIALS THEY HAVE PRODUCED, OR TO INTEREST THEM IN UTILIZING THE MATERIALS BEING DEVELOPED?

In general, other donors have not been involved in the materials development process. Donors, like other organizations, tend to receive a final product, either a report with the research results or a finished IEC material. Nonetheless, in certain instances, donors have replicated partner materials (MotherCare). Although the Ministry convenes a monthly meeting of its international support agencies, interviews conducted with the representatives of different agencies and with the MOH (SIAS) indicate that coordination between international agencies, especially on a technical level, is minimal.

6. WHAT OTHER COMMUNICATIONS OR BEHAVIOR CHANGE STRATEGIES, ASIDE FROM THOSE CURRENTLY CONTEMPLATED BY THE SO3 PARTNERS, MIGHT SHOW PROMISE? SHOULD MORE ATTENTION BE GIVEN TO MASS MEDIA?

With the exception of the completed MotherCare project, no formal IEC strategies are currently in place although different agencies (APROFAM, Population Council, PCI) have carried out certain steps in the IEC strategic planning process. It is our view that in order to assure behavior change, a more systematic and coordinated approach to IEC needs to be considered by USAID/G-CAP and its partners. A global IEC strategy might assign specific roles to different institutions, spell out coordination procedures and take into account the activities of other donors and international organizations. It could also define audiences, channels and ways of using multiple channels to provide repeated and consistent messages, essential for a non-literate audience. Message definition would take into consideration not just the individual, but also the social network that contributes to the individual's behaviors. Given the decentralization process and the diversity of the Mayan culture, a global strategy should also be adapted at the departmental level to meet local needs.

The question relating to increased use of mass media can only be responded to within the context of a strategy which would include an analysis of messages, audiences and appropriate channels. We recommend that an updated inventory of mass and popular communication channels be prepared for different audiences such as women, men, leaders, different age groups, major linguistic groups, etc. At the same time, it is clear that strategies developed should contemplate increased use of radio, but in a more creative way than the current 30 second spot. A variety of radio formats might be useful such as panels, interviews, stories, songs or advice shows.
Improved collaboration with the MOH might increase the amount of free air time devoted to MCH messages and activities to sensitize media owners could result in package deals with free spots or show slots.

Other channels which should be considered in the development of strategies are those of popular communication. An APROFAM/Population Council operations research study showed positive outcomes related to the use of recreational activities and games, for example. Mayans also have a rich oral tradition which has not been well utilized. Other techniques often used by the agencies include exhibition stands at markets, videos, etc. Given educational levels, we concur with the current emphasis by the agencies on inter-personal communication. However, these efforts would be enhanced by the transmission of unified messages through multiple channels.

7. IS THERE A SUFFICIENT BODY OF RESEARCH INFORMATION AVAILABLE TO GUIDE USAID/G-CAP AND ITS SO3 PARTNERS IN IMMEDIATELY DEVELOPING COMMUNICATIONS AND BEHAVIOR CHANGE MATERIALS, OR IS THERE A PRESSING NEED FOR FURTHER RESEARCH FIRST?

As noted under Question 1, better use could be made of existing research to guide the efforts of USAID/G-CAP and its partners. In addition, there is a selective need for segmented and targeted research. Possible research topics include barriers to the use of services, service provider behaviors and attitudes, inter-personal communications of field staff and volunteers, youth, and preferences regarding images for IEC materials.

8. HOW CAN USAID/G-CAP BETTER COORDINATE AND FACILITATE THE EFFORTS OF ITS PARTNERS IN THE AREAS OF COMMUNICATIONS AND BEHAVIOR CHANGE?

There is a consensus as to the need for increased coordination, although the extent of this coordination and the mechanisms need to be further discussed with the partners. A major concern is how to operationalize and assure the productivity of coordination efforts. Possibilities include:

- A workshop with USAID/G-CAP and its partners, to present 1999 IEC work plans and discuss duplication and areas of coordination.

- A workshop with the IEC coordinators of each agency to discuss technical areas which need to be strengthened and mechanisms to unify criteria in the application of methodology. Follow-up training might be needed.

- Small inter-agency activities like a “pilot” project for the development of one material. A facilitator would be required.

- Periodic meetings to explore ways of coordinating the IEC activities of the NGO networks supported by PCI, the Population Council, MOH and possibly in the future, IGSS.

- Development of a global IEC strategy for the key health interventions conducted as an inter-agency effort.

- Activities to involve other USAID partners (PASCA, The POLICY Project, Education, Democratic Initiative, etc.) in sharing IEC strategies and lessons learned .

Overall, it is important to note that much progress has been made in Guatemala in recent years in the design of messages and materials for rural Mayans. Agencies are to be commended for their efforts to foster local participation, address gender concerns and meet community needs. It is hoped that

suggestions contained in this report will assist USAID/G-CAP and its partners in further strengthening their efforts.

Final Report

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BACKGROUND

USAID/G-CAP and its partners are in the third year of implementation of the Mission's third strategic objective (SO3), "Better Health for Rural Women and Children." Designed to influence health behavior within the household, at the community level and at health facilities, USAID's health sector strategy "sets out to address aggressively many of the constraints that cause poor access to services — especially among the disadvantaged groups such as the rural poor and indigenous." (USAID Results Framework Description)

A significant barrier to access in Guatemala is the limited contact between the formal health system and the rural, indigenous population. Mayan communities may have limited information on appropriate care for sick children, measures they can take to prevent common illnesses or ways of protecting maternal health. They may be reluctant to interact with the formal health care system out of concern about possible poor treatment or fears that they will not understand instructions in Spanish, the *lengua franca* of the formal system. Local mothers may be resistant to adopting practices recommended by community workers which conflict with traditional practices or which do not take into account the realities of rural life. Numerous other barriers exist related to communication between the service providers and their rural consumers.

USAID/G-CAP and its five key SO3 partners (the Ministry of Health, Guatemalan Social Security Institute, The Population Council, Project Concern International and the IPPF affiliate, APROFAM) are all keenly aware of the importance of IEC activities to reach the target population. However, as the program has grown, there has been a proliferation of IEC materials proposed or in development by different organizations. This raised Mission concerns as to the efficiency and effectiveness of the current approach. To review the current situation, the Mission issued a TASC work order for an assessment of three major areas of concern: research, materials and coordination. In March, 1999, a Development Associates team undertook the assessment for USAID/G-CAP and its SO3 partners.

METHODOLOGY

Over a three-week period, the team collected and reviewed research and materials, interviewed representatives of USAID and its key partners, visited project field sites and conducted a workshop on preliminary findings. Initial contact was made with USAID-G-CAP partners to solicit educational materials and research. Educational materials were classified and pertinent information such as audience, field testing procedure, language, etc., was noted. An inventory of materials and research collected is included in Appendices F and G of this report.

Representatives of USAID/G-CAP and key partners were interviewed, as were those of other agencies working in the field of reproductive and maternal-child health. A list of persons contacted is included in Appendix A. In addition, the team visited three NGOs supported by the Population Council in Quetzaltenango and two APROFAM clinics (in Panajachel and San Lucas Tolimán). In both sites, interviews were conducted with agency staff, including clinic personnel, educators,

comadronas and other representatives. Group discussions were also held with clients of an APROFAM clinic and the departmental educators. Notes from the field visits are included in Appendix E.

Prior to completion of the field work, preliminary findings were presented and discussed in a three-hour workshop held with key players. Feedback was received, and a preliminary executive summary was submitted to USAID for review. A draft report was subsequently submitted and revised per comments received from USAID/G-CAP and the Population Council.

USAID'S QUESTIONS — DEVELOPMENT ASSOCIATES' FINDINGS

1. To what extent are the IEC materials proposed by USAID/G-CAP's partners (mostly written materials for community-based volunteers, as well as some materials for clinical staff) based on sound formative social science research and subsequent field testing of products? Have they been properly tested for use with their intended audiences?

A. RESEARCH

A number of formative research studies, primarily in reproductive health, were carried out toward the end of the decade of the 80s. Since that time there has been more emphasis on operations research, although the Population Council, MotherCare and BASICS have all carried out diagnostic and baseline studies as part of their projects. There is also considerable informal research carried out, particularly by APROFAM, which goes undocumented. An inventory of recent documented research is included in Appendix F of this report.

There is some agreement (MOH/SIAS, MotherCare) that it is more important at this point to make use of findings from past formative research studies than to conduct new ones. The obstacles to Mayan demand for and use of available services are well studied. The weakness derives more from a failure to apply research findings to the design of programs, IEC strategies, messages and activities than from a lack of information regarding the target population per se.

In general, it appears that results and lessons learned are used solely by the agency participating in a particular research project. This is especially true of operations research conducted with APROFAM and PCI. What is lacking is the use of research results across agencies and the use of research results in IEC message and strategy design. Also lacking is the selective updating of some of the formative research that was conducted a decade ago and further exploration of the needs and concerns of specific audience segments such as youth.

A simple first step to improve the use of research findings would be to organize them in a way that is more accessible for program designers and IEC personnel. For example, the Population Council has an excellent compilation of the studies it has conducted, but each is reported as a project. It would be more user-friendly for IEC purposes if lessons learned were organized by topics such as: audience segments (sex, age, linguistic groups, status in the community), outreach strategies, services, technical area, etc. Further, it would be particularly helpful to include results from all available sources in any compilation of recent research related to the Mayan population — PASCA, INCAP, UNICEF, Tulane University, local universities and others. There may be relevant research from other

disciplines associated with USAID Strategic Objectives such as gender, bi-lingual education for Mayan students, girl's education and the Title II Food Aid program as well.

The application of IEC-related research findings to the development of IEC strategies, messages and materials could be the subject of a workshop for IEC program coordinators, including departmental counterparts. Technical assistance could also be offered to any organization needing assistance in incorporating research findings into its IEC plans and materials designs.

As mentioned above, several of the agencies indicated that they conduct informal formative research with field personnel or community members, without documentation of the findings. We would strongly encourage these agencies to document this process. While it is not necessary to prepare voluminous reports or in-depth analysis, at a minimum a file should include copies of the instruments used, a brief write-up of the methodology, and a summary of key findings. This information is important for both external and internal evaluations, and makes it easier to act on lessons learned in future program planning.

Finally, with regards to existing research, it is suggested that further analysis of the most recent DHS (ENSMI) be considered, particularly to assist departmental planning processes, identify audience segmentation needs, and to compile and compare profiles of users and non-users of proposed health practices (e.g., family planning method users vs. non-users, women who have used ORT vs. those who continue to decrease liquids and foods, etc.)

While the above suggestions are presented to assure maximum benefit of existing research, there are several topics that merit further exploration. USAID/G-CAP and its partners should meet to discuss research needs, particularly if a decision is made to formalize an IEC strategic planning process. (See Question No. 7 for suggested topics for additional research)

B. FIELD TESTING

All agencies reported that they pre-test materials and have adequate experience and resources to handle this task. At the same time, written field test reports were not always available. No field observations were possible in the short period of this assessment of actual field testing procedures. However several observations are pertinent.

The major part of the materials produced are directed at the community health worker, and these were mainly tested through workshops or group reviews with that audience. In a number of instances, agencies reported that materials intended for the community were only tested with the promoters that would be using the material, rather than with the target audience. For example, the MOH (MCH Dept.) tested promotional materials for its vaccination campaign with providers “familiar with the rural area”, PCI and APROFAM often test contents with promoters and educators.

While review with gatekeepers is advisable, it should not be a substitute for testing with the target audience. All agencies have a literacy requirement for their community health workers, although not all rural workers meet this requirement. However, the mere fact that they are trained in technical content sets them apart from their target audience. While bi-lingual health workers may be able to indicate certain cultural preferences and tastes, they cannot necessarily adequately identify barriers to comprehension. Nor do they represent an adequate substitute for the intended audience in their

acceptance of and identification with the message. Materials still need to be tested through a process that provides contact with groups or individuals who represent the audience's general characteristics, in this case, illiterate and nearly monolingual in a Mayan language.

It is recommended that an assessment be done of the field testing procedures used. A refresher course on field testing may be appropriate for agency IEC coordinators to assure proper and uniform application of field testing techniques and procedures.

Several general suggestions are provided below to enhance the field testing experience and assure increased feedback and guidance from the audience for the development of concepts and materials.

- It was evident in several instances that audiences in field tests are presented with a sample material and asked to suggest changes. It may be more useful to present several alternatives and ask them to express a preference. A final product might represent a choice among alternatives or a modified product developed from a combination of the alternatives presented. For example, to represent any one concept, several different images could be presented.

- Prior to receiving any explanation from the facilitator as to the objective of an image or the related text, participants in the field testing process should be asked to "read" the images in the sequence presented. An explanation should be provided by the participants regarding the images and concepts understood. It appears that in some instances audiences receive an explanation of an image and are asked to confirm if that is what they understand. More common appears to be the reading of the related text and asking if the image represents that text. The result is that the image is often only understandable if one can read the text, clearly not an appropriate requirement for an illiterate audience.

- The absence in some agencies of written field test records is a concern. Agencies should be encouraged to maintain at least minimum documentation of the field testing process. This need not be extensive or require a formal in-depth report. However, there should be a file with a brief write-up of the field testing methodology, copies of the instruments used, copies of the material submitted for field testing, a compilation of the changes suggested by the participants, a copy of the modifications that were actually made to the materials as a result of these suggestions, and a copy of the resulting product.

2. Have the literacy levels and primary languages of the intended audience of the IEC materials or messages been given sufficient consideration? Are the IEC materials proposed dependent on a high degree of literacy in order to be effective? What languages will the IEC messages be delivered in and is there a need for greater materials or radio messages in Mayan languages?

A. LITERACY LEVELS

The target audience for the great majority of print material is Spanish-speaking or bi-lingual program staff and volunteers, not community members. This is consistent with the agencies' focus on using inter-personal communications for reaching community members. Although intended for use by community health workers, it is important to note that not all of these materials are appropriate for low literacy levels. In the absence of information on the reading skills of agency promoters and

trained *comadronas*, we feel it is safe to assume that many have reading skills at or below a completed primary level. Even this estimate may be generous as the 1995 *DHS (ENSMI)* reports that rural men have a mean number of years of schooling of 2.1 and women 1.0. A representative of the Population Council (Burkhardt) observed that "not all CHWs are literate," and noted their creativity in overcoming this barrier. Nonetheless, even community workers with three or four years of schooling would undoubtedly have difficulty reading some of the materials intended for their use.

In addition to materials for staff and volunteers, the MOH, APROFAM, PCI and the Population Council all have developed some materials for distribution to rural Mayans. These Spanish-language materials vary widely in their suitability for an illiterate or semi-literate audience.

The format of these materials ranges from simple fliers, (*El Promotor Voluntario, Clinica APROFAM*, MOH fliers promoting vaccination campaigns) to multi-page booklets from the Population Council. Among these materials, the APROFAM pamphlet *La Tableta Vaginal* stands out as a model of simplicity and of material appropriate for low literacy audiences. There are ample, easily understood illustrations and a minimum of text. Phrases and sentences are very short. The vocabulary is basic.

Yet this standard of excellence is not uniformly maintained by APROFAM in all of the materials it distributes to community members. In the pamphlets *Piense* (on responsible parenthood) and *La Pastilla Oral* (combined oral contraceptives) sentences get a little longer. Type size is reduced in certain places to crowd in more text. This is not to say that these are not good materials. For a literate population, they are. However, they do show how very difficult it is for technical personnel and educators to resist the temptation to cram too much information into a short handout for public consumption. This tendency is more pronounced in the Population Council pamphlets on family planning methods. There is no space between bullets. Lots of text is crammed into a small space. Illustrations are small and relatively few are used.

One of the reasons that the Population Council pamphlets are so packed with text is that they contain a great deal of background information on what the method is, how it prevents pregnancy and who can use it. It appears that the pamphlets were designed as stand-alone pieces rather than as reminders and as supplements to counseling and patient education. A reminder or supplementary pamphlet would normally concentrate on all-important use instructions and side effects information for the user, omitting the background material. By contrast, the amount of information in the stand-alone model becomes overwhelming for the size of the pamphlet, leading to a design which would be difficult for a semi-literate reader to grasp.

The above observations are not intended as criticisms of the institutions cited. All of these organizations have put in a great deal of effort to produce materials appropriate for a rural Mayan audience. The design defects noted are very common and merely illustrate how very difficult it is for literate educators to design materials for a target audience with low literacy skills.

B. LANGUAGES

Most organizations require that their volunteer promoters or *comadronas* speak and read at least basic Spanish. This is the language that is used in communications with community-based workers.

Given that few Mayans are literate in their own language and that Mayan languages are generally not written, it is appropriate that written materials for health workers be provided in Spanish.

The only materials submitted to the team in Mayan languages were radio spots. However, both APROFAM and the Population Council have sets of visual materials which have images but no print. These materials are appropriate for illiterate and semi-literate Mayan populations and can be used with any language group. The visual materials are the *Capacitando Sin Letras* materials developed by APROFAM, a Ministry of Health flip chart on diarrhea (currently being adapted by APROFAM), JOICEP "*láminas*" and Population Council materials for self-diagnosis (adapted from MotherCare materials developed in Bolivia and modified in Peru).

In addition, all agencies use flip charts with little or no text on the side with images which faces the audience. Some of these have the intended messages written in Spanish on the back of each page for use by the promoter. The promoter or educator is supposed to translate the Spanish-language message and deliver it in the local Mayan language. The extent to which the bi-lingual community workers routinely do this, as opposed to delivering the message in Spanish, is not known. We believe this is an area which merits a field assessment.

Finally, both APROFAM and the MOH have produced radio spots in major Mayan languages. In both cases the primary purpose of the spots is to promote service utilization (APROFAM's expanded services, MOH immunization campaigns). APROFAM's thirty second spots in six Mayan languages announce the new services that are now available from this institution. MotherCare also produced radio spots in major Mayan languages on signs of pregnancy complications which have been used by the MOH.

C. ARE THE IEC MATERIALS PROPOSED DEPENDENT ON A HIGH DEGREE OF LITERACY IN ORDER TO BE EFFECTIVE?

As noted, the vast majority of available materials require at least a minimal degree of literacy in Spanish. Even materials expressly designed for low literacy levels tend to contain more text than is essential for communicating the message. We recommend that all materials, both for community workers and members, be reviewed according to accepted guidelines for the development of materials for low or non-literate audiences. Aspects requiring review include the following:

- Amount of general or background information included in the text vs. key messages
- The amount of text used
- Type size
- Font
- The number of words per phrase or sentence
- Direct versus indirect form of address
- Vocabulary (non-technical, local usage)
- The size and complexity of images
- The degree to which the images are self-explanatory and can be understood without reference to the text
- The quality of the images, and
- The number of messages per page

We also recommend that consideration be given to an expanded use of visual materials with minimal or no text. These materials are very flexible and can be used for discussions in any language. While currently focused on community diagnosis and local analysis of health problems, this type of material can also be useful for communicating technical information. A review of the MotherCare and BASICS material would provide local organizations with ideas regarding good visual layouts for the presentation of technical information. The BASICS graphic tear sheets for distribution is an excellent idea that could be applied to other health subjects. In addition, improved layout and state-of-the-art graphic technology could assure a more attractive product.

D. WHAT LANGUAGES WILL THE IEC MESSAGES BE DELIVERED IN AND IS THERE A NEED FOR GREATER MATERIALS OR RADIO MESSAGES IN MAYAN LANGUAGES?

The local language is preferable wherever the majority of the population is illiterate and only partially fluent in Spanish. Although it is sometimes assumed that Mayans who can speak some Spanish are fluent, this may not be the case. Their vocabulary may be limited to that required for commercial transactions and the purchase of household necessities. This by no means assures fluency in other subjects, particularly one such as reproductive health which is not openly discussed in the community.

Opportunities unquestionably exist to expand communications in local languages beyond that which currently occurs. MotherCare experimented with interactive exercises for inter-personal and community communications and BASICS produced a guide for field workers on role plays they could do with community members on child survival topics. Numerous other possibilities (games, contests, story-telling, songs, etc.) appear to be under-exploited, although the APROFAM manual *Capacitando Sin Letras* contains numerous exercises for activities with illiterate audiences related to family planning. This manual could easily be expanded to include exercises on other topics such as STIs, child care and maternal health. It would be essential, however, to train field workers in the use of the exercises.

Other possibilities for additional materials in Mayan languages include short film clips for distribution at movie houses, displays with recorded messages at Sunday markets, fairs and recreational activities, and possibly product promotion through *merolicos*, itinerant vendors who attend community gatherings to sell commercial products and remedies.

In regard to print material, it would be worthwhile to test the use of Mayan titles or phrases on display items such as posters. Even though few Mayans read their own language, they might identify more readily with material that has at least a few words of the local dialect.

On the question of the limited use of radio, agencies commented that radio time is expensive. That certainly would be true for the large urban stations. However, there are also local rural stations in Guatemala and it is likely that many of them would welcome high quality material prepared in Mayan languages. The MOH is also entitled to free air time by law. If the MOH were involved in the development of radio messages, possibly some of this time could be used for MCH/RH themes.

Whatever IEC strategy is developed by USAID and its partners, we recommend that consideration be given to use of radio in formats other than the thirty-second promotional spot. Possibilities include:

- Panels
- Interviews with local leaders
- Songs with health themes
- Advice programs
- *Radionovelas* or soap opera-type programs
- Stories or *Cuentos*
- contests, etc.

APROFAM reports cases where local leaders they trained were later interviewed on local radio stations. However, in general terms, there appears to be little use of radio for educational (as opposed to promotional) purposes. It is important to note that the ENSMI-95 showed that 63% of indigenous women and 66% of rural women in general listen to the radio every day.

Television still has limited coverage in Mayan communities, although pay-per-view TV is becoming available in larger communities with electricity. In ENSMI-95 27% of indigenous women and 37% of rural women reported watching television at least once a week. Considering the expense involved in the production and placing of TV spots and the limited coverage in Mayan communities, it is probably premature to choose this medium to reach Mayan audiences.
Later in this report we recommend that research be conducted to update information on communication channels including both mass media and community-based channels. We also emphasize that the question of appropriate channels per audience and message should be considered within the context of an overall IEC strategy. It is our view that decisions on the most effective channels for communicating messages in Mayan languages should be made within the context of a research-based strategy.

3. To what extent are the IEC materials proposed duplicative of each other or of other existing materials? Have existing materials been sufficiently analyzed or tested before proposing the development of new materials?

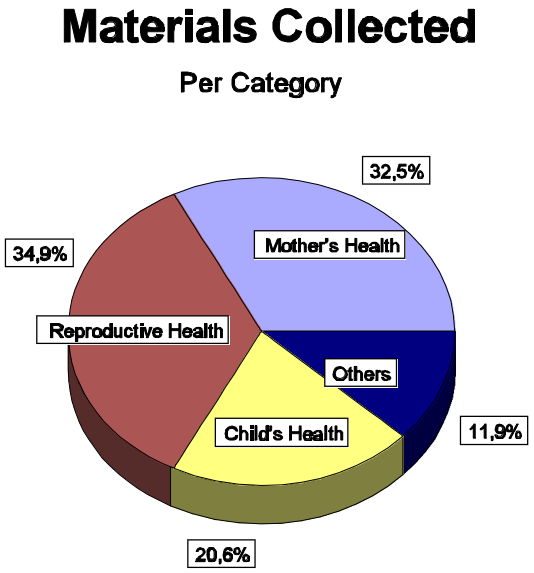
A. DUPLICATION

Each agency was asked to submit to the Development Associates team educational materials currently being used or distributed in rural areas and those currently in production. In addition, MotherCare and BASICS materials were collected since these are materials used by the MOH. The inventory of materials submitted can be found in Appendix G of this report.

As indicated in the chart below, materials collected were grouped into four major categories: Reproductive Health, Maternal Health, Child Health and Other. Reproductive Health largely consisted of materials related to family planning. The majority of materials collected for Maternal Health were related to safe pregnancy and delivery and were developed by MotherCare. With regard to Child Health, materials collected focused on ORT, ARI and breastfeeding.

Within these categories, the materials collected and 1999 workplans indicate some duplication of effort. In the area of family planning, there has been considerable duplication in recent years between APROFAM, PCI and The Population Council. There is less duplication in the area of Maternal Health (complications of pregnancy) where most seem to be relying on MotherCare materials as a model, although PCI is currently developing a flip chart on maternal health themes. Discussions with

the agencies revealed possible duplication in materials to be produced during 1999 in the area of Child Health, as APROFAM and PCI both plan to produce materials. Population Council is also working on an algorithm for the integral management of childhood illnesses, intended to be a job-aid for community health workers.



Neither the MOH nor IGSS has any significant material for distribution at the community level. Both rely on materials distributed by international agencies and on materials developed locally by individual health workers.

As indicated in the table below, and mentioned throughout this report, most materials produced are directed at the community health worker or other health personnel. This coincides with the agencies' principal strategy to reach community members through inter-personal contact.

MATERIALS COLLECTED PER AUDIENCE AND CATEGORY				
Audience	Maternal Health	Reproductive Health	Child Health	Others
Health Worker	22	14	8	4
Women	8	12	3	0
Men	2	10	0	1
Parents	3	2	7	0
General Public	3	3	6	8
Others	3	3	2	2
TOTAL	41	44	26	15

Given this focus on community health workers, most materials produced are manuals or job-aids to guide communication with the community. Thus, duplication is particularly evident in certain formats, including manuals for community health workers, flip charts and pamphlets on family planning methods.

SAMPLE OF MATERIALS COLLECTED PER FORMAT AND CATEGORY				
FORMAT	MATERNAL HEALTH	REPRODUCTIVE HEALTH	CHILD HEALTH	OTHER

SAMPLE OF MATERIALS COLLECTED PER FORMAT AND CATEGORY				
Manuals, Protocols and Guides	10	6	4	3
Flip Charts	10	6	7	1
Pamphlets and Fliers*	3	3	3	1

* Includes sets of materials rather than individual brochures.

Two issues are of importance in regard to the apparent duplication. First, materials on the same subject produced by different institutions may contain different messages. This is a special problem for public sector institutions which rely on international donors for much of their material. In the case of other agencies, although all indicate they use the national norms, each produces final content based on individual agency expertise or, in some cases, the advice of local or international consultants. The problem of mixed messages is a concern as it may cause confusion both among health workers and the population at large. The continuous delivery of consistent messages is particularly important in communities where educational levels are low.

Secondly, it is very expensive to produce relatively small print runs of items like flip charts and manuals. Significant economies of scale could be achieved if agencies pooled their resources for larger print runs. An added advantage of larger print runs is wider distribution of a single presentation and potentially greater impact in the target audience.

One way to decrease duplication and open discussion regarding possible areas of coordination is to share IEC and materials production workplans at the beginning of the year. This is discussed in further detail in Question 4. below.

B. ANALYSIS AND TESTING

All agencies report reviewing existing materials before developing new ones. The extent of this review largely depends on their particular contacts with USAID cooperating agencies, international donors and local organizations. No formal mechanism exists for the collection and review of existing materials. In addition, there is virtually no outcome information on the effectiveness of existing materials. It appears that decisions on adaptation are made informally and the agency responsible for the original product may or may not be aware of the adaptation or be asked to comment on proposed revisions.

When an agency decides to adapt a material, the adaptation often consists of "modernizing" the product. An example is The Population Council's decision to apply computer graphics technology to the black and white materials produced by PCI and Rxiin Tnamet. APROFAM is engaged in a similar upgrading exercise with a flip chart produced by the MOH with UNICEF support. It is unclear to what extent technical content is analyzed and updated during these upgrades.

It also appears that adapted material may not be re-tested despite added elements or other important modifications. Agencies tend to rely on the field testing process conducted for the original

production. However, given the extent of changes made and the lack of information on the experience of the original producer, we suggest that more emphasis be given to the following in materials adaptations:

- Technical content review and update to assure compliance with national norms;
- interchange with the agency responsible for the original product to understand the process used in the original design, field worker's experience using the material and, when appropriate, feedback on audience response to the material; and
- re-testing of the products, particularly when new elements are added or format and layout are changed.

4. To what extent are the partners working in concert with each other and willing to share research or materials with each other? To what extent has the public sector participated in the IEC materials development effort and to what extent are they likely to use the resulting products? Should there be some sort of inter-agency IEC or materials development committee formed to coordinate efforts and assure greater dissemination of IEC materials?

A. INTER-AGENCY COORDINATION AND COLLABORATION

All agencies expressed a willingness to share research and materials and every agency is collaborating with other agencies, though not necessarily with all USAID partners. What is lacking is a formal mechanism at the technical level for sharing.

The coordination that occurs is ad hoc and happens at the wrong point in the process. Materials and research are shared upon completion when it is too late for interested agencies to contribute to a study or modify a proposed material. Smaller agencies without funds for research or materials development suffer the most from a lack of participation. With materials in particular, they often feel obligated to use whatever is given to them even though it may not be appropriate to their needs.

In the area of research, there are no doubt questions that are of mutual interest to several agencies. Coordination on research topics and collaboration on data collection, could facilitate the research process. In addition, inter-agency participation would no doubt result in wider application of research results.

Mutual benefits can be expected from coordination on materials development as well. Currently, for example, agencies do not share materials development plans. Yet a joint annual review of proposed materials development activities would allow for discussion of potential duplication. Agencies planning to produce similar materials could then collaborate on the development of materials of importance to more than one institution.

B. PUBLIC SECTOR PARTICIPATION

The public sector has participated in materials development through the BASICS and MotherCare projects. AVSC also solicited suggestions from IGSS and the MCH Department of the MOH on chages needed on AVSC publications prior to distribution in Guatemala. Suggestions focused on vocabulary modifications needed for a Guatemalan audience. Finally, JHPIEGO was involved in the development of the MOH's as yet unofficial reproductive health guidelines. However, neither the MOH nor IGSS currently has a central materials development and production facility. The MOH (SIAS) did mentioned plans to form such a department. Radio spots for vaccination and other campaigns are contracted out by the MOH and the *Materno-Infantil* (MCH) Division uses MotherCare radio spots.

At the Departmental level, SIAS funds are available for local staff to prepare educational materials in local languages. However, the central MCH Division does not monitor the IEC activities of the Departments, nor do they have samples of materials created locally.

Given their limited IEC capability, both the Ministry (SIAS) and IGSS stated that they would be happy to receive materials developed by private sector agencies. However, the Ministry in particular, which is the normative body, stated that they would want a review role during the materials development process to assure that the materials reflect current policy and offer uniform messages to the service providers and the population at large. A source of frustration for the MOH (SIAS) is their reliance on donor materials which at times contain messages or approaches that are inconsistent with current MOH norms.

NGOs report that they adhere to MOH technical norms in the development of content, but none reported soliciting MOH involvement in their materials development process. A serious constraint from the perspective of the NGOs is the pressure they feel to stick to their work plans and produce results. Any additional step introduced in the process which might delay planned activities is cause for some alarm.

C. INTER-AGENCY IEC OR MATERIALS DEVELOPMENT COMMITTEE

There would be multiple benefits to increased coordination among USAID partners, and ideally, among all key players. These include unified messages, more widespread distribution of messages and materials, greater impact in the population, more favorable unit costs for materials production and increased access for smaller agencies to quality materials. All agencies interviewed agreed on the benefits of increased coordination although the exact mechanism for achieving this needs to be further explored.

At a minimum, increased coordination should occur at key points in the materials development process, particularly in the sharing of IEC work plans and the technical review of draft materials. Agencies could also benefit from shared field testing responsibilities, joint development of training guides on the use of materials, shared production costs and joint evaluation.

It is important to note that all agencies have reservations about coordination despite recognition of the potential benefits. As mentioned, a first step would be to convene a meeting of partners (directors and IEC staff) to share 1999 IEC work plans. Discussion should then continue to analyze the

advantages and disadvantages of different models of collaboration, with the aim of identifying or creating one which best meets the needs of USAID/G-CAP and its partners. Models for consideration include:

- A standing IEC committee that meets periodically
- A panel of technical and IEC experts to review agency materials before these are finalized
- Lead agency designations where each agency would contribute its special expertise to the IEC effort, working with other agencies as indicated to conduct research, design materials, conduct field tests, design training guides, etc.
- Short-term, inter-institutional task force assignments where key staff and local experts are brought together to carry out specific, time-limited mandates. An example would be a field-testing task force to develop uniform guidelines for field test procedures and train agency staff in their application.

Whatever mechanism is chosen to enhance coordination, it is essential that a clear mandate be agreed upon among all partners. Ideally, there would be a global IEC strategy at the central level which would lay out the framework for collaboration as well as spell out objectives, target audiences, key messages, channels, etc.

In addition, any coordination model chosen should take into account the "umbrella agency" role assigned to PCI and the Population Council and the subcontracting activities of the public sector. The PVO networks of these institutions represent both an IEC resource and a potential source of duplication of efforts, mixed messages and unsystematic IEC efforts. Thus, any inter-agency coordination effort should focus on the PVO networks and the departmental level as well as the central level.

5. How have other donors been consulted, either to review materials they have produced, or to interest them in utilizing the materials being developed?

Some USAID cooperating agency programs working directly with the MOH (MotherCare, BASICS) have shared completed materials with other donors who also work with the MOH. As a result, we were informed that the EEC had purchased materials prepared by MotherCare. Given the MOH's practice of assigning geographic responsibilities to different donors, it is important for message consistency to have materials produced for Guatemala by one donor shared with others who are working in other parts of the country.

In fact, the MOH (SIAS) does convene monthly meetings of its international support agencies. However, interviews conducted with the MOH/SIAS and with representatives of other agencies suggest that coordination between international donor agencies, especially on the technical level, is minimal.

We did not find examples of NGOs consulting donors about materials review or distribution except where that donor was supporting the NGO’s own programs. PCI materials were developed with

assistance from Population Council staff and consultants, for example. The Population Council later upgraded the materials to make them available to a wider audience.

However, in general terms, the coordination issues noted in Question 4 in relation to the sharing of materials among SO3 partners also apply to coordination with other donors. If there is any interaction with other donors, it occurs after the material is finished and ready for distribution. We did not find specific examples of current partners consulting with other donors during the materials development process.

6. WHAT OTHER COMMUNICATIONS OR BEHAVIOR CHANGE STRATEGIES, ASIDE FROM THOSE CURRENTLY CONTEMPLATED BY THE SO3 PARTNERS, MIGHT SHOW PROMISE? SHOULD MORE ATTENTION BE GIVEN TO MASS MEDIA?

A. BEHAVIOR CHANGE STRATEGIES

As in program design and institutional planning, an IEC component requires strategic planning. To attempt to influence behavior change, program designers should take into account the stage an individual or society is at in the behavior change process. An IEC strategic plan would contemplate this element as well as the following:

- identification of a problem
- identification of research needs
- identification and segmentation of primary and secondary audiences
- definition of behaviors and key messages per audience
- definition of products and appropriate channels to reach each audience
- production of materials
- implementation plan (including training of personnel, and distribution or diffusion of messages)
- definition of a supervision and monitoring plan
- evaluation, to reenter the process at one of the above points

With the exception of the completed MotherCare project, USAID/G-CAP partners do not have specific, written IEC strategies. They do include IEC activities in their annual plans as part of their overall program of activities. APROFAM has produced some documents with technical assistance from MSH which include many elements of planning for communication. However, the focus appears to be on the promotion and marketing of services. This may need to be expanded to consider elements of behavior change, and a focus on the consumer rather than on the product. PCI and The Population Council have also planned for certain steps in the IEC strategic planning process, such as the definition of key messages.

It is our view that, in order to assure behavior change, a more systematic and coordinated approach to IEC needs to be considered by USAID/G-CAP and its partners. An overall global IEC strategy for USAID partners would be useful. Such a strategy might assign different roles to different institutions, spell out coordination mechanisms and procedures and take into account the activities of other donors and international organizations involved in IEC. In addition to identifying coordination points and linkages, discussed in detail in other parts of this document, this planning process would assist in assuring the delivery of repeated and consistent messages to the identified

audiences, essential to a non-literate population. It would also define actions to be directed both at individuals and at the social networks which contribute to the individual's behavior.

One obstacle to the successful outcome of IEC efforts identified through the interviews with the different agencies is the inconsistency of activities. Rather than a consistent bombardment of the public through a multi-channel effort directed at both individual and social determinants of behavior, we often see isolated and intense bursts of activity due to the availability of funds or materials received from an international donor, or the trial of a new intervention or strategy, and then contact and message delivery cease. There has been little study of the outcomes of such efforts and subsequent planning to determine the direction of a next phase.

Given the decentralization process and the diversity of the Mayan culture, a global strategy should be adapted at the departmental level to meet local needs. There are currently departmental health committees and networks of NGOs who could participate in the process.

B. USE OF MASS MEDIA

The question relating to increased use of mass media can only be answered within the context of a strategy, where an analysis of message and audience and appropriate channels would be considered. To best identify and use possible channels, we have recommended that an updated inventory of mass and popular communication channels be prepared, considering different audiences including women, youth, men, leaders, different age groups, major linguistic groups, departments, etc.

Nonetheless, it is clear that strategies developed should contemplate increased use of radio, especially in different formats (See Question 2, above). As noted previously, ENSMI-95 indicated that close to two thirds of Mayan women listen to the radio on a daily basis. Other mass media (press and television) have a more limited reach in Mayan and rural areas. ENSMI-95 data indicate that only 20% of Mayan women read a newspaper at least once a week and only 27% view television on a weekly basis. Notably, 30% of indigenous women surveyed had no access to any form of mass media.

It should be noted that other possible target audiences not surveyed in ENSMI-95 (men, community leaders) may have greater access to all forms of mass media, even in rural, Mayan communities. An inventory of channels could contribute important information in this regard.

If it is determined that increased use of mass media is warranted, improved collaboration with the public sector could help to defray the cost of placing radio and television spots. Government agencies have access to free air time, although in an election year it may be difficult to use this time for non-political ends. Future collaboration remains a possibility.

In addition, agencies should consider activities to sensitize media owners, program producers or sponsors as to the importance of supporting and collaborating with public health messages. Free air time is one option; placement of additional free spots for the payment of one is another. Information obtained from an inventory of channels would also be useful to assure placement in popular time slots, a point to be considered whether air time is free or not.

Finally, In addition to the radio, strategies should consider increased use of popular communication channels. An APROFAM/Population Council operations research study showed positive outcomes related to the use of recreational activities and games, for example. Mayans also have a rich oral tradition which has not been well utilized. Other techniques often used by the agencies include exhibition stands at the market, videos, etc. Given educational levels, we concur with the current emphasis by the agencies on inter-personal communication. However, these efforts would be enhanced by the transmission of unified messages through multiple channels.

7. Is there a sufficient body of research information available to guide USAID/G-CAP and its SO3 partners in immediately developing communications and behavior change materials, or is there a pressing need for further research first?

As noted in Question 1, better use could be made of existing research to guide communications efforts of USAID/G-CAP and its partners. In addition there is a selective need for segmented and targeted research. Possible research topics include:

- Reasons for the gap between knowledge and attitudes and practice. Contraceptive prevalence surveys, for example, show a substantial percentage of the Mayan population with at least a cursory knowledge of family planning methods and favorable attitudes toward pregnancy spacing. However, usage figures show that there is a substantial gap between these favorable factors and practice. Is the gap between favorable views and seeking services due to rumors and misinformation? Fear of method side effects or health effects? Partner opposition? Other issues that can be addressed through IEC activities? Reportedly, (Burkhart) a lot has already been done on this question and more should be available soon with release of the 1997 Macro-INCAP study. Findings related to the gap will be especially important to IEC planning.

- Further research may also be desirable on barriers to the use of services similar to that conducted by MotherCare on barriers to the use of hospital services for deliveries. This can be extended to cover other child survival and reproductive health interventions. Possible sub-topics might be Mayan attitudes toward Western versus traditional providers, preferences regarding the language of service delivery,[1] difficulties in accessing services and other potential obstacles which may reduce the demand for services of all types. It is interesting to note that agencies which have Mayan language capability say that it is extremely important to communicate in the local Mayan language whereas those with very limited capability downplay the importance of language. Information on these and other issues would be useful not only for the IEC effort, but also for training and quality control activities.

- There should also be an increased focus on the service delivery system itself rather than solely on the knowledge, attitudes and practices of the consumers. The authors were informed that such a study is to be conducted under the POLICY Project. Questions to consider include: Attitudes of promoters and trained *comadronas* towards certain health services and practices, interventions most likely and least likely to be promoted, the regular availability of services,

[1] **A study in a health district in Bolivia reported on the Family Health International website (http://www.fhi.org) found that 92.3% of users interviewed at the service delivery site recommended that health personnel speak the Aymara language as well as Spanish. Similar preferences for the local language may prevail among some Mayan populations in Guatemala.**

arrangements made by health providers to communicate in the local language whenever needed, the convenience of the hours and locations of services and of IEC activities, etc.

- There is some evidence from a 1987 IPROFASA study and a 1990 AGES/APROFAM study that young Mayans have greater exposure to Western media and ideas than their elders and may be more open to receiving information on reproductive health and other health subjects than their parents. Segmented research would be helpful in this instance to help shape IEC strategies designed to reach receptive Mayans. A youth focus is also advantageous in terms of reaching couples just starting their reproductive lives when reproductive and maternal and child health messages are most needed. Research could focus on a sample of youth who participate in APROFAM's rural "*Desarrollando Mi Vida*" program and others who have the opportunity to participate but choose not to.

- An updated and expanded inventory on communication channels would be important to the development of IEC strategies and to individual agencies. Such an update could consider as variables sex, age, department and linguistic group, and include questions on favorite programs, channels, stations and times, as well as information on print, popular and informal channels of communication.

- A study regarding the types of images preferred for health educational materials is recommended. In reviewing the different materials developed by the agencies, a mix of caricatures, realistic artwork or photos are used. Experience in other countries indicates that the adult population tends not to take seriously messages delivered by cartoon-like figures. Field visits indicated that this may also be true of the Mayan population.

In addition to research possibilities, another area that merits further attention is that of evaluation. While the importance of pre-testing materials was routinely acknowledged there seemed to be little or no documentation of outcomes and lessons learned in IEC components. It would be useful to take a closer look at the results of IEC activities and the use of the different materials including audience recall of materials and messages, audience opinion regarding a material and its use by the health worker, the perceived utility of the material and any influence it may have had on decisions made or actions taken. It would also be useful to carry out periodic assessments with health workers and their supervisors of the utility and attractiveness of available materials, difficulties encountered in their use, etc. Finally, although some operations research results document the outcome of trial interventions, the results of the implementation and application outside of the more rigorous trial scenario would be helpful.

8. How can USAID/G-CAP better coordinate and facilitate the efforts of its partners in the areas of communications and behavior change?

There is general recognition of the need for increased coordination. However, the mechanisms and the extent of coordination require further discussion between USAID and its partners. Agencies are clearly concerned that coordination could become a burden and delay planned activities. Thus it will be important to choose initial coordinating activities that are favorably viewed by all partners.

We recommend that USAID/G-CAP consider some diagnostic activities initially. A workshop for the partners to present 1999 planned IEC activities, identify possible areas of duplication and discuss

coordination could be useful. (See Question No. 4) USAID might also want to meet with partners to discuss the observations and recommendations in this report.

Another diagnostic activity could involve the IEC coordinators from each agency and departmental representatives to identify technical areas which need to be strengthened and ways of doing it. This group could also discuss ways to unify criteria and standardize IEC methodologies.

If there is general agreement to move forward on coordination, but mechanisms are an issue, USAID could start with small inter-agencies activities. Possibilities include:

- a joint effort to produce a particular material (flip chart, radio spot, pamphlet, etc.) in a subject area where work plans show potential duplication of effort;

- periodic meetings to explore ways of coordinating the IEC activities of the NGO networks supported by PCI, the Population Council, the MOH and possibly in the future, IGSS;

- appointment of an inter-agency task force to design the study to produce an updated inventory of channels of communication for use by all agencies;

- a task force to organize the testing of images in a broad sample of Mayan communities.

Ideally, coordination would eventually lead to development of a global IEC strategy for the key health interventions conducted as an inter-agency effort. However, interim activities may be needed to establish the importance and benefits of coordination. The benefits of increased cooperation may be most apparent initially at the departmental level where technical and financial resources are limited.

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APPENDIX A: PERSONS CONTACTED

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Mara Erminia Pérez de Galindo — Asesora Nacional de Educación y Capacitación
Lorena Gobern — Coordinadora de Promoción — Programa Nacional de Inmunizaciones
Carlos Rivas — Coordinador — Area de Atención Integral de la Mujer — Programa Nacional Materno-Infantil
Marta Julia Ruiz — Técnica — Area de la Mujer — AVSC-Programa Nacional Materno-Infantil

OPS

Daniel Fray — Consultor, Materno-Infantil

PASCA

Eugenia Monterroso — Coordinadora de ONGs

THE POLICY PROJECT

Victor Hugo Fernández — Information Coordinator

POPULATION COUNCIL/CONSEJO DE POBLACIÓN/GUATEMALA CITY OFFICE

Marianne Burkhardt — Residenta Legal
Angélica Bixcul — Investigadora Principal — MINEC
Marcelo Castrillo — Director Técnico

POPULATION COUNCIL/CONSEJO DE POBLACIÓN/QUETZALTENANGO

María del Rosario Marroquin — Especialista en Capacitación
Manuela Méndez — Asesora Técnica
Maricela Queme — Asesora Técnica

PROGRAMA DE INVESTIGACIÓN Y EDUCACIÓN EN SALUD (PIES DE OCCIDENTE)

Auri Pisquiy — Directora

PROJECT CONCERN INTERNATIONAL (PCI)

Francisca Chiquival Men — Capacitadora (Rxiin Tnamet)
Reina López — Capacitadora
Jorge Alberto Maldonado — Coordinador Proyecto
Christine Mundt — Asesora Técnica
Rosa Polencia — Capacitadora
Thomas Tauras — Chief of Party

USAID/GUATEMALA

Lucrecia Castillo — Project Development Specialist
Baudilio López — Project Development Specialist
Patricia O'Connor — Chief, Office of Health and Education
Edward Scholl — Health Project Officer

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APENDIX B: EXECUTIVE SUMMARY IN SPANISH

Development Associates, Inc.

Introducción

La Agencia de los Estados Unidos para el Desarrollo Internacional/Programas Guatemala — América Central (USAID/G-CAP) y sus socios están en el tercer año de implementación del tercer objetivo estratégico de la Misión (SO3), "Mejor Salud para las Mujeres y la Niñez de Zona Rural." Diseñado para influenciar las conductas de salud dentro del hogar, en el ámbito de la comunidad y facilidades de salud, la estrategia del sector salud de USAID "se lanza a tratar agresivamente muchos de las restricciones que causan el acceso pobre a los servicios" especialmente entre los grupos desventajados tales como los pobres e indígenas rurales. (Descripción del Marco Lógico de USAID).

Desinformación y falta de información son dos de las restricciones que son tratadas por los socios USAID/G-CAP a través de actividades de información, educación y comunicación (IEC). Sin embargo, como el programa ha crecido, ha habido una proliferación de los materiales de IEC propuestos o en desarrollo por las diferentes organizaciones. Preocupados por la eficiencia y efectividad de la estrategia actual, USAID/G-CAP emitió la Orden TASC No. 800 para una asesoría en IEC.

Un equipo de Development Associates realizó la asesoría en Marzo de 1999, para la Misión y sus socios de SO3 trabajando con población rural Maya. El equipo recolectó y clasificó material existente y resultados de investigaciones, entrevistó a representantes de USAID y sus socios claves y visitó proyectos. Los hallazgos preliminares fueron presentados y discutidos en un taller de tres horas con representantes de socios claves.

Aunque el alcance del trabajo solicitaba respuestas a las preguntas abajo mencionadas, el equipo recomienda que el proceso de producción de materiales sea visto dentro del contexto de una estrategia global de IEC. Tal estrategia debe delinear objetivos, necesidades de investigaciones, audiencias primarias y secundarias, mensajes claves, canales y productos, así como planes de monitoreo y evaluación. También debe ayudar a aclarar puntos de coordinación y reducir la duplicidad de esfuerzo.

PREGUNTAS USAID HALLAZGOS DE DEVELOPMENT ASSOCIATES

1. *¿Hasta qué punto están los materiales de IEC propuestos por los socios de USAID/G-CAP basados en investigaciones formativas de ciencia social, y subsecuente validación de productos? ¿Han sido probados apropiadamente para uso con el público a las cual están dirigidos?*

Un número de investigaciones formativas, especialmente en Salud Reproductiva, fueron llevadas a cabo al final de la década de los 80. Desde ese tiempo ha habido mayor énfasis en las investigaciones operativas, aunque el Consejo de Población, MotherCare y BASICS han llevado a cabo diagnósticos y estudios de base como parte de sus proyectos. Hay también investigaciones informales considerables llevadas a cabo por las ONGs locales (grupos focales, encuestas rápidas), que en su mayoría no están documentadas.

En general el problema parece ser no tanto la falta de investigaciones formativas como el uso limitado de los hallazgos. Sugerencias incluyen:

- Recopilación de un inventario de investigaciones organizado por estrategia, tema técnico, audiencia, etc. Este inventario debe incluir investigaciones formativas de otras áreas de salud u otras disciplinas tales como educación o estudios de género.

- Capacitación del personal de IEC en el uso de resultados de investigaciones para diseñar estrategias, mensajes y materiales de IEC.

- Poner al día hallazgos de estudios anteriores para explorar mas a fondo necesidades e intereses de grupos específicos.

- Motivar a las agencias a documentar hallazgos de actividades de investigaciones informales.

- Reunir a las agencias para discutir necesidades de investigaciones de IEC, preferiblemente en el contexto de un proceso de planeamiento estratégico.

Se nota que un área adicional con información limitada disponible es la evaluación de los resultados de IEC.

Con respecto a la prueba de materiales, todas agencias reportan que todos han sido probados con anterioridad. La mayor parte de materiales producidos están dirigidos al personal comunitario y son probados mayormente a través de talleres o revisiones en grupo. Materiales dirigidos a la comunidad son frecuentemente revisados por el personal comunitario, en vez de el público al que está dirigido. Mientras se recomienda la revisión con el personal, no debe ser un sustituto de la prueba con el público al que está dirigido.

Otras sugerencias con respecto a las pruebas de campo incluyen la presentación de opciones en lugar de solamente buscar cambios en una presentación, leer imágenes solamente sin explicación del texto, respuesta de la comunidad al uso de símbolos y textos Mayas, etc. Un curso refrescante sobre técnicas de prueba de campo parece ser requerido para los coordinadores de IEC de las agencias para asegurar una aplicación apropiada y uniforme de las metodologías. En adición, las agencias deben ser exhortadas a asegurar por lo menos un mínimo de documentación de sus procesos y resultados de pruebas de campo.

2. *¿Se le ha dado suficiente consideración en la elaboración de los mensajes y materiales a los niveles de alfabetización e idiomas primarios del público al que va dirigido? ¿Dependen los materiales de IEC propuestos de un alto nivel de alfabetismo para ser efectivos? ¿En qué idiomas deben ser dirigidos los mensajes IEC y cuál es la necesidad de mayor cantidad de materiales o mensajes radiales en idioma Maya?*

NIVELES DE ALFABETIZACIÓN

La gran mayoría de materiales están dirigidos a las y los que hablan español o personal bilingüe. Sin embargo, no todos materiales diseñados para uso de los trabajadores comunitarios son apropiados para niveles de bajo alfabetismo. En ausencia de información sobre las habilidades de lectura de

promotores y parteras, creemos que es seguro asumir que muchos tienen habilidades de lectura al nivel de primaria o menor. Algunos sin lugar a duda son analfabetos funcionales.

Los pocos materiales impresos disponibles para ser distribuidos a las personas de la comunidad varían ampliamente en su presentación apropiada para público analfabeto o semi analfabeto. Se recomienda que todos materiales (tanto para trabajadores y personas comunitarias) sean revisados tomando en cuenta los estandartes aceptados para el desarrollo de materiales para audiencias semi-alfabetas o analfabetas. Debe considerar el uso expandido de materiales visuales con texto mínimo o sin texto.

IDIOMAS

Hay unas cuantas ayudas visuales (láminas) para uso con los que no pueden leer que pueden ser usados en cualquier idioma. Además el MSPYAS, MotherCare y APROFAM han producido varios spots de radio en los idiomas principales Mayas. No encontramos materiales impresos en idiomas Mayas. La fuente principal de comunicación en idioma Maya es el personal comunitario. Ellos y ellas transmiten los mensajes en idioma Maya, aunque su entrenamiento técnico y materiales de apoyo son en el idioma Español. Sería útil ver a qué grado el personal bilingüe puede exitosamente traducir mensajes al idioma Maya, ya que la traducción es una habilidad en sí.

Al idioma dominante en una comunidad debe dársele siempre preferencia. Debe haber una revisión total de todos canales apropiados para dirigir mensajes en idiomas Mayas y un asesoramiento sobre cuál es más efectivo antes de que se tomen decisiones sobre el uso de cualquiera. Mayor uso de radio, materiales para analfabetos, y técnicas populares de educación deben ser considerados en el contexto de una estrategia (Ver recomendaciones relativas a Inventarios de medios masivos y canales populares de comunicación).

En adición, puede ser valioso probar la presentación de títulos en afiches o en folletos en ambos idiomas. Aunque el publico pueda no leer ninguno de los textos, la presencia del idioma Maya puede aumentar la identificación del público con el mensaje.

3. *¿En qué medida son los materiales de IEC propuestos duplicados entre si o de materiales existentes? ¿Han sido los materiales existentes suficientemente analizados o probados antes de proponer el desarrollo de nuevos materiales?*

Materiales recolectados y los planes de trabajo de IEC para 1999 indican posible duplicidad de esfuerzos. Esto es particularmente evidente dentro de ciertos formatos, incluyendo manuales para personal comunitario, rotafolios y algunos folletos. Se sugiere una revisión conjunta de los planes de desarrollo de materiales al comienzo del año para identificar oportunidades de colaboración. Economías de escala significativas pueden ser logradas si las agencias unieran recursos. Colaboración también produciría mensajes uniformes y consistentes, algo de especial importancia con un publico de bajo alfabetismo.

En términos de revisión de materiales existentes, cada agencia reportó cumplir con el paso en el proceso de desarrollo de materiales de reunir los materiales existentes. Sin embargo, hay poca indicación que el contenido, presentación o impacto fueron analizados antes de la adaptación o la decisión de producir un nuevo material. Cuando se decide por adaptar, los materiales son a menudo solamente "modernizados" aplicando arte digital y color a productos anteriormente en blanco y negro, o mejorando a las ilustraciones. En algunos casos, aunque se hacen modificaciones considerables y

se agregan elementos, el material no se valida de nuevo. Se recomienda que todos materiales modificados sean validados nuevamente, particularmente cuando nuevos elementos son agregados, se cambia el diseño o se modifican los mensajes.

4. *¿Hasta qué punto están los socios trabajando conjuntamente con cada uno y dispuestos a compartir las investigaciones o materiales con cada cual? ¿A qué punto ha participado el sector público en el esfuerzo de desarrollo de los materiales de IEC y hasta qué punto usarán los productos resultantes? ¿Debe formarse algún tipo de comité inter-agencial de IEC o de desarrollo de materiales para coordinar los esfuerzos y asegurar una mayor diseminación de los materiales?*

Todas agencias expresaron estar en disposición de compartir materiales e investigaciones y cada agencia está colaborando con otras agencias, aunque no necesariamente con todos los socios de USAID. Lo que falta es un mecanismo formal a nivel técnico para compartir. Actualmente la coordinación está ad hoc y ocurre en los puntos errados en el proceso de desarrollo de materiales, ej. después de completados.

Agencias más pequeñas sin fondos para investigaciones o desarrollo de materiales sufren mayormente de falta de participación en una etapa prematura del proceso. A menudo se sienten obligadas a usar materiales distribuidos a ellos, aunque estos no necesariamente suplan sus necesidades.

El sector público ha participado en el desarrollo de materiales a través de proyectos BASICS y MotherCare. AVSC también solicitó sugerencias de IGSS y el Departamento de MCH del MOH sobre cambios requeridos en publicaciones AVSC, antes de su distribución en Guatemala. Las sugerencias se enfocaron en modificaciones de vocabulario para el público Guatemalteco. JHPIEGO estaba envuelta en el desarrollo de guías de salud reproductiva del MOH que todavía no han sido lanzados oficialmente. ONGs informaron que se adherían a normas técnicas del MOH en el desarrollo del contenido, pero no reportaron haber solicitado el envolvimiento de MOH en el proceso de desarrollo de materiales.

Dado el desarrollo limitado de materiales y capacidad de producción de las instituciones del sector público en el presente tiempo, ellas tienden a contar con donantes internacionales para sus materiales. Es probable que puedan usar materiales de una ONG local si participan en el proceso de desarrollo de materiales, especialmente en la revisión técnica.

Habrían múltiples beneficios al aumentar la coordinación, por lo menos entre socios USAID, e idealmente entre todos actores claves. Estos incluyen mensajes unificados, mayor distribución de mensajes y materiales, mayor impacto en la población, costos unitarios más favorables para la producción de materiales y mayor acceso de las agencias mas pequeñas a materiales de calidad. Todas agencias entrevistadas acordaron los beneficios de una mayor coordinación aunque el mecanismo exacto para lograr esto necesita ser explorado mas a fondo.

Por lo menos mayor coordinación debe ocurrir en puntos clave en el proceso de desarrollo material, particularmente en compartir planes de trabajo de IEC, y la revisión técnica de los materiales en versión borrador. Las agencias también se beneficiarían de responsabilidades compartidas de validación, desarrollo conjunto de guías de capacitación sobre el uso de materiales, costos de producción compartidos y evaluación conjunta.

Es importante notar que todas agencias tienen reservas con respecto al funcionamiento y productividad de un comité inter-agencial de IEC, particularmente con respecto a las demandas de sus acuerdos actuales con USAID. Se recomienda que USAID discuta una variedad de modelos de coordinación con sus socios.

Finalmente, cualquier modelo de coordinación elegido debe tomar en cuenta el rol de Agencia "sombrilla" asignado a PCI y el Consejo de Población y las actividades de los sub-contratistas del sector público. La red de ONGs de estas instituciones representan tanto un recurso de IEC como una fuente potencial de duplicidad de esfuerzos, mensajes mixtos y esfuerzos no sistemáticos de IEC. Por lo tanto un esfuerzo de coordinación entre agencias debe enfocarse en la red de ONGs y el nivel departamental así como del nivel central.

5. *¿Cómo han sido consultados otros donantes, para revisar materiales que ellos han producido, o para interesarlos en utilizar el material que está siendo desarrollado?*

En general, otros donantes no han participado en el proceso de desarrollo de material. Según se menciona más arriba, donantes tienden a recibir un producto final, ya sea un reporte con los resultados de la investigación o el material terminado. Sin embargo, en ciertos instantes, los donantes han reproducidos materiales de socios (MotherCare). Aunque el Ministerio convoca una reunión mensual de las agencias internacionales de apoyo, entrevistas conducidas con los/las representantes de diferentes agencias y con el MOH (SIAS) indican que la coordinación entre agencias internacionales, especialmente a nivel técnico, es mínima.

6. *¿Qué otras estrategias de comunicación o cambio de comportamiento, aparte de las contempladas por los socios SO3, son promisorias? ¿Debe dársela más atención a los medios masivos?*

Con la excepción del proyecto completado de MotherCare, ninguna estrategia formal de IEC está actualmente vigente, aunque MSH está trabajando con el personal de IEC de APROFAM sobre planeamiento estratégico. No hay duda que para asegurar cambios en conducta, un acercamiento más sistemático y coordinado debe ser considerado. Una estrategia global de IEC para los socios de USAID debe definir las audiencias y el uso sistemático de canales para llegar a estas audiencias. Esto ayudaría grandemente a asegurar mensajes repetidos y consistentes, esenciales para públicos no alfabetizados. También definiría acciones dirigidas a determinantes individuales y sociales de conducta. Dado el proceso de descentralización y la diversidad de la cultura Maya, una estrategia global debe ser también adaptada al nivel departamental para suplir necesidades locales.

La pregunta relacionada con el uso aumentado de los medios masivos sólo puede ser respondida en el contexto de una estrategia, donde un análisis de mensajes y públicos y canales apropiados sea considerada. También se recomienda que se organice un inventario de canales de comunicación masivos y populares, considerando los diferentes públicos incluyendo mujeres, jóvenes, hombres, lideres, grupos de edad, grupos lingüísticos principales, etc. Sin embargo, estrategias desarrolladas deben contemplar el uso aumentado de la radio y en diferentes formatos, no solamente spots de 30 segundos, pero también usos mas creativos de los medios tales como programas de panel, canciones, etc.

En adición a la radio, las estrategias deben incluir el uso de canales de comunicación popular, los Mayas tienen una rica tradición oral que no ha sido bien aprovechada. Investigaciones operativas

también muestran resultados positivos relativos al uso de actividades recreativas, juegos, etc. Otras técnicas a menudo utilizadas por las agencias incluyen los puestos de exhibición en los mercados, videos, etc. Dado los niveles educativos, concurrimos con el actual énfasis de las agencias sobre comunicación inter personal. Sin embargo, estos esfuerzos deben ser complementados por la transmisión de mensajes unificados a través de múltiples canales.

7. ¿Hay un cuerpo suficiente de información disponible para guiar a USAID/G-CAP y sus socios de SO3 en inmediatamente desarrollar materiales de comunicación y cambio de comportamiento, o hay primero una necesidad urgente de mayores investigaciones?

Según se menciona arriba, parece ser que existen amplias investigaciones para guiar a USAID/G-CAP y sus socios SO3 en desarrollar estrategias de cambios de comportamiento y de comunicación y los materiales acompañantes. Un inventario de investigación debe ser organizado por tema técnico, público, etc., e incluir investigaciones formativas y lecciones aprendidas de otras áreas de salud y otras disciplinas. Tópicos para posibles futuras investigaciones están indicadas en el reporte completo.

8. ¿Cómo puede USAID/G-CAP coordinar mejor y facilitar los esfuerzos de sus socios en las áreas de comunicación y cambio de comportamiento?

Hay un consenso en cuanto a la necesidad de mayor coordinación, aunque el alcance de esta coordinación y los mecanismos necesitan ser discutidos mas a fondo con los socios. Una mayor preocupación es como operacionalizar y asegurar la productividad de esfuerzos de coordinación. Las posibilidades incluyen:

- Una reunión de trabajo con USAID y sus socios para presentar los planes de trabajo de IEC para 1999 y discutir duplicidad y áreas de coordinación.

- Una reunión de trabajo con coordinadores de IEC de cada agencia para discutir áreas técnicas que necesitan ser reforzadas y mecanismos para unificar criterios en la aplicación de metodologías. Se puede identificar la necesidad de mayor capacitación.

- Pequeñas actividades entre agencias como un proyecto "piloto" para el desarrollo de un material. Se requiere de un(a) facilitador(a).

- Reuniones períodicas para explorar formas de coordinar actividades de IEC de la red de ONGs apoyadas por PCI, el Consejo de Población, MOH y, posiblemente en el futuro, IGSS.

- Desarrollo de una estrategia global IEC para las intervenciones claves de salud conducidas como un esfuerzo entre agencias.

- Envolvimiento de otros socios USAID (PASCA, El Proyecto POLICY, Educación, Iniciativa Democrática, etc.) en compartir estrategias IEC y lecciones aprendidas.

En conjunto, mucho progreso ha sido logrado en Guatemala en años recientes en el diseño de mensajes y materiales para población rural Mayas. Las agencias deben ser felicitadas por su esfuerzo por apoyar la participación local, considerar la perspectiva de género y las necesidades de la

comunidad. Esperamos que las sugerencias contenidas en este reporte ayudarán a USAID/G-CAP y sus socios en fortalecer y afinar sus esfuerzos.

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APPENDIX C: AGENCY SUMMARIES

Development Associates, Inc.

APROFAM

FORTALEZAS EN IEC:

- Aplicación de los resultados de investigaciones a sus programas
- Investigación informal en muchas de sus actividades
- Actualización de sus normas técnicas en 1998/99
- Uso de:
  - material diseñado para analfabetos
  - diferentes canales de comunicación
  - idiomas Mayas para *spots* radiales
- Infraestructura de servicios
- Experiencia en diseño gráfico y publicidad

ASPECTOS A MEJORAR EN IEC:

- Documentación de actividades de investigación informal y de la validación de materiales.
- Actualizar manual del promotor y otros materiales de Desarrollo Rural
- Estrategias de IEC para asegurar intervenciones sistemáticas y coordinados por diferentes canales de comunicación
- Aprovechar más de la experiencia y creatividad de sus jefes de campo y educadores para adaptar estrategias de IEC al nivel departamental
- Evaluar los resultados de las actividades de promoción, mercadeo y educación y aplicar las lecciones aprendidas
- Coordinación de planes de producción de materiales con otros socios de USAID, incluyendo el sector público
- Coordinación con otras instituciones en el desarrollo de los materiales.

PLANES PARA 1999:

Producción de rotafolios sobre temas de salud materno-infantil (PAI, IRA, cuidado pre y post-natal, etc.)

SECTOR PUBLICO: IGSS Y EL MSPYAS

Hay poca actividad de IEC al nivel central del Ministerio fuera de las campañas periódicas. Hay menos en el IGSS. Generalmente, la publicidad para las campañas (Ministerio) es contratada. En Materno-Infantil, los técnicos preparen algunos materiales, pero no tienen un departamento de IEC. Por lo general, los del sector público dependen de donantes como MotherCare o AVSC para materiales, aunque el Proyecto SIAS tiene dinero en presupuestos departamentales designado para la producción local de materiales.

MINISTERIO DE SALUD Y ASISTENCIA SOCIAL (MSPYAS)

FORTALEZAS EN IEC:

- Experiencia con medios masivos de comunicación
- Movilización para campañas específicas (semanas de salud)
- Uso de idiomas Mayas para *spots* radiales

SISTEMA INTEGRAL DE ATENCIÓN EN SALUD (SIAS)

- Promoción de la salud preventiva y comunitaria: SIAS y el Programa Nacional de Salud Escolar
- Uso de idiomas Mayas para *spots* radiales
- Disponibilidad de recursos locales para actividades de IEC

MATERNO-INFANTIL

- Evaluación de la experiencia de los departamentos con material distribuido para la campaña de vacunación. (1998)
- Movilización para campañas específicas (semanas de salud)

INSTITUTO GUATEMALTECO DE SEGURO SOCIAL (IGSS)

Por el momento, el IGSS tiene muy poca cobertura de la población Mayense. Menos de 5% de sus afiliados son de la población Maya. En Totonicapan, por ejemplo, solo tienen 2,800 afiliados. Por la falta de afiliadas en áreas rurales, están pensando contratar servicios a través de los ONGs para cubrir las necesidades de atención en salud de sus afiliados rurales.

No tienen actividades educativas especificas dirigidas hacia la población Maya. No tienen presupuesto para IEC. Los materiales que utilizan fueron elaborados con el apoyo de donantes (Clapp & Mayne, MotherCare, AVSC).

POPULATION COUNCIL (PC)

FORTALEZAS EN IEC:

- Investigaciones, estudios de necesidades
- Diseminación de resultados, lecciones aprendidas
- Asesoría técnica a instituciones locales en el área de la investigación y la aplicación de resultados
- Aplicación de lecciones aprendidas de otros países a la solución de problemas locales de Guatemala
- Lazos con todas las instituciones socias de USAID
- Redes de ONGs en el altiplano
- Planeación
- Documentación de procesos
- Capacitación de ONGs socios en el uso de materiales

ASPECTOS A MEJORAR EN IEC:

- Estrategia de IEC que incorpora medios de comunicación popular, radio, videos en idioma local y otros canales
- Elaboración de material impreso para una población analfabeta o de muy bajo nivel de escolaridad
- Actualización y revalidación de material adaptada
- Coordinación de planes de producción de materiales con otros socios de USAID, incluyendo el sector público
- Coordinación con otras instituciones en el desarrollo de los materiales.

PLANES PARA 1999:

- Replicar o adaptar materiales en diferentes temas de salud materno-infantil

PROJECT CONCERN INTERNATIONAL (PCI)

FORTALEZAS EN IEC:

- Diagnósticos para obtener indicadores básicos y medir estos a través del LOP
- Análisis FODA (fortalezas, oportunidades, desafíos y amenazas) inicial con la comunidad
- Aplicación de los resultados de investigaciones a sus programas
- Identificación de mensajes claves
- Consultas en talleres de validación y capacitación para determinar necesidades
- Consultas con asesores
- Uso de técnicas variadas de comunicación (teatro popular, sociodramas, radio local)
- Apoyo a personal local en el desarrollo de materiales para actividades específicas
- Sensibilidad cultural y reconocimiento de la importancia del uso de lenguas Mayas
- Capacitación del personal en los contenidos y el uso de material de IEC
- Monitoreo y supervisión del trabajo y los conocimientos de sus voluntarios
- Planes de evaluar el uso de materiales de IEC y mensajes claves por sus ONGs socios
- Dispuestos a compartir materiales entre agencias

ASPECTOS A MEJORAR EN IEC:

- Falta una estrategia global de IEC. Han trabajado una estrategia para la selección y uso de materiales para la capacitación de personal de sus ONGs socios en el Centro de Capacitación.
- Calidad de las imágenes en su material impreso (blanco y negro, calidad de los dibujos)
- Diseño/formato de materiales impresos
- Algunos errores textuales y en el contenido técnico
- Sobre énfasis en validación con personal y voluntarios del programa y no con la población
- Coordinación de planes de producción de materiales con otros socios de USAID, incluyendo el sector público
- Coordinación con otras instituciones en el desarrollo de los materiales.

PLANES PARA 1999:

Trabajar temas de supervivencia infantil y salud materna.

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APPENDIX D: DISCUSSION GUIDES

Development Associates, Inc.

GUIA DE TOPICOS — ASESORÍA EN IEC PARA USAID/GUATEMALA

Entrevistas con:

Las Agencias Socias de USAID

OBJETIVO — Profundizar sobre su experiencia institucional en el desarrollo de programas de IEC y los pasos que toman para producir materiales educativos para población rural maya

- Presentación del equipo y explicación del alcance
- Resumen general del Proyecto de la Agencia Socio en el campo de MCH/SR, incluyendo en cuáles intervenciones trabajan
- Socios/Colaboradores principales
- Otras fuentes de financiamiento
- Estrategias de IEC existentes — si los materiales corresponden a alguna estrategia
- Materiales de IEC que que están usando actualmente para area rural
- Materiales en proceso o a producir en 1999
- Investigaciones que han realizado
- Descripción del Proceso de Producción de Materiales
- Profundizar sobre o asegurar mención sobre:
  - investigación formativa o uso de datos/investigaciones
  - revisión de materiales existentes
  - coordinación inter-agencial
  - uso de normas nacionales
  - proceso de revisión técnica
  - proceso de validación
  - producción final
  - capacitación del personal
  - monitoreo y supervisión
  - evaluación
- Colaboración con MSP
- Forma de interactuar el personal con la población — individual, visitas domiciliaras vs. grupos de trabajo, charlas, etc.
- IEC en Guatemala para alcanzar población rural maya — sugerencias, experiencias exitosas, cómo obtener mayor impacto
- Opinión sobre la efectividad de mensajes por la televisión, radio, motores y carros parlantes, rotafolio, otros medios

GUIA DE TOPICOS — ASESORIA EN IEC PARA USAID/GUATEMALA

Entrevistas con Personal Comunitario de las Agencias — Socias de USAID

OBJETIVO — Profundizar sobre la implementación de los componentes de IEC con poblaciones rurales mayas y analfabatas, incluyendo las siguientes áreas: la transmisión de mensajes, el uso de materiales educativos, la validación de materiales educativos, capacitación en el contenido técnico y en el uso de los materiales, coordinación inter-agencial y sobre lo que facilitaría el trabajo del personal comunitario en comunicación.

- ¿Qué componentes de salud trabajan?

- ¿Qué capacitaciones han recibido?
  - ¿Cada qué tiempo reciben capacitación?
  - ¿Se sienten preparados para tratar los componentes de salud que trabajan?

- ¿Qué actividades realizan con las mujeres en la comunidad?
  - ¿Visitas a la casa?
  - ¿Platicas?
  - ¿Cuáles otras?

- Pida que muestran los materiales de apoyo que usan o los materiales que entregan a la comunidad:
  - ¿Cuáles otros usan?
  - ¿Qué opinan de estos materiales?

- ¿Cómo han respondido las personas de la comunidad frente a estos materiales?
  - ¿Han sido comprendidos por los que no saben leer?
  - ¿Tienen algunas sugerencias para mejorar los materiales?

- ¿Cuáles de estos materiales han sido más útiles?
  - ¿Por qué?

- ¿Cuáles de estos materiales han sido menos útiles?
  - ¿Por qué?

- ¿Cómo aprendieron a utilizar estos materiales?

- ¿Qué otros materiales les gustarían tener para apoyar su trabajo?

- ¿De qué otra manera podemos trabajar los mensajes de salud con las mujeres de la comunidad?

- ¿Cómo responden las personas a los mensajes de salud?
  - ¿Ponen en practica los mensajes dados?
  - ¿Por qué sí o por qué no?

- ¿Qué pueden hacer ustedes para ayudarles a las mujeres de la comunidad a poner en practica los mensajes de salud? (segun el componente que trabaja)
  - para aumentar el uso de los métodos de EE
  - para la prevención de asientos (diarrea)
  - para aumentar el uso de líquidos en el caso de asientos

- ¿Han encontrado que algunos de los mensajes de salud son más dificiles a comunicar que otros?
  - ¿Cuáles?
  - ¿Por qué?

- ¿Cómo trabajan los mensajes de salud con personas que no leen?

- ¿En qué idioma trabajan?
  - Si sólo en español, ¿qué hacen para verificar que las personas que no hablan español están captando el mensaje?

- ¿Cuáles otras instituciones o personal de salud colaboran con ustedes aquí?

- Ademas de las mujeres, ¿con quienes más trabajan?
  - hombres — ¿cómo?
  - curanderos/guías espirituales — ¿cómo?
  - líderes — ¿cómo?
  - otros grupos en la comunidad — ¿cómo?

- En su opinión, ¿es/sería útil trabajar con algunos de estos grupo?
  - ¿Por qué?

- ¿Qué barreras o dificultades encuentran en la realización de su trabajo?

- ¿Qué se puede hacer para ayudarles a superar estas dificultades o barreras que afrontan en el trabajo?

GUIA DE TOPICOS — ASESORIA EN IEC PARA USAID/GUATEMALA

Discusiones con Grupos de las Comunidades donde están trabajando las Agencias — Socias de USAID

POBLACIÓN — Mujeres Mayas de Zona Rural

OBJETIVO — Conocer sus experiencias relacionadas con la implementación de los componentes de IEC de programas de salud, incluyendo sus opiniones y sugerencias sobre las siguientes áreas: la transmisión de mensajes, la efectividad de la comunicación, el uso y tipo de materiales educativos, los canales populares, informales, formales y masivas y su percepción de los servicios ofrecidos.

1. Fuentes de información sobre temas de salud
   (Anota todos y preguntar sobre los siguientes si no son mencionados: promotoras, en la clínica, radio, televisión, afiches, otros materiales impresos, motor/carro con parlante, otras)

2. ¿Cuáles fuentes prefieren?

3. ¿Cúales son los temas de salud que más les interesan?

4. ¿Hay servicios de salud cerca que responden a estas inquietudes de salud?

5. ¿Han recibido mensajes o informaciones sobre estos temas de salud y/o los siguientes componentes del programa? (sólo las que no mencionaron anteriormente): diarrea, niños resfriados, dar sólo de mamar, métodos de EE, prevención de SIDA)

6. ¿Cómo podemos llegar a mas personas con mensajes de salud? (Anota todos y preguntar sobre los siguientes si no son mencionados:)
   — ¿le gustaría a través de la radio?
   — ¿a través de materiales impresos?
   — ¿a través de teatro
   — ¿a través de canciones?
   — ¿a través de juegos?

7. Si hay una promotora comunitaria en su comunidad,
   — ¿con qué agencia trabaja?

8. Pregunta sobre contacto con la promotora: visitas a la casa, platicas, en la clínica, etc. Averigüar sobre la frecuencia de los contactos.

9. Generalmente, ¿en qué idioma da sus orientaciones?
   — ¿Qué prefiere la comunidad : que se orienta en idioma Maya o Español?

10. ¿Qué sugerencias para cuidar la salud familiar les ha hecho la promotora?
11. ¿Han podido usar sus sugerencias?

— ¿Cuáles han sido los más útiles? ¿Por qué?
— ¿Cuáles no han podido poner en practica? ¿Por qué?

12. ¿Cuándo les da orientaciones, usa algún material educativo o de apoyo?
— ¿Cuáles materiales usa (tipo)?

13. Generalmente, ¿en qué idioma están estos materiales?
— ¿Prefieren que sean en idioma Maya o en Español?

14. ¿Qué opinan sobre los materiales que usan?
— ¿Son atractivos? ¿Por qué?
— ¿Creen que la mayoría de las personas los comprenden? ¿Por qué?
— ¿Tienen imágenes que parecen a personas de su comunidad? ¿Por qué?
— ¿Hay algo que no les gusta? ¿Por qué?

15. ¿Qué sugerencias nos pueden dar para mejorar estos materiales para que sean más atractivos, más comprensibles o más útiles para ellas?

16. ¿Deben ser a color los materiales, o les gusta que sean a blanco y negro?
— ¿Por qué?

17. ¿Qué opinan sus maridos sobre la promotora y sus orientaciones?
— ¿Les gusta que les visita o que practiquen en las platicas?
— ¿Por qué sí o por qué no?

18. Si ven televisión,
— ¿Cada qué tiempo?
— Horario
— Tipo de programas que prefieren

19. Si escuchan radio
— ¿Cada qué tiempo?
— Horario
— Tipo de programas que prefieren

20. Si pasan vendedores ambulantes

21. Nos podría contar un poco de la vida de las mujeres de la comunidad? ¿Qué hacen durante la semana? ¿los fines de semana? ¿Con qué frecuencia salen de su casa? ¿A dónde van? ¿En qué momentos se reúnen con la familia? ¿En qué momentos se reúnen con otras mujeres?

22. Si nos podrían contar un poco de la vida de los hombres de la comunidad: ¿Qué hacen durante la semana? ¿Qué hacen los fines de semana? ¿Con qué frecuencia salen de su casa? ¿A dónde van? ¿En qué momentos se reúnen con la familia? ¿En qué momentos se reúnen con otros hombres?

23. ¿En qué momento se reúne la comunidad?
    - ¿Con qué frecuencia?
    - ¿Dónde?

24. Si existen diferentes cooperativos, comités, consejos, grupos, asociaciones, etc.
    - ¿Cuáles son?
    - ¿Quiénes participan?
    - ¿Cada qué tiempo se reúnen?

See APPENDIX E. Summary of Discussions with Field Staff

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RESUMEN DE DISCUSIÓN EN GRUPO CON PERSONAL COMUNITARIO DE APROFAM
23 de marzo de 1999

OBJETIVO — Profundizar sobre las experiencias y sugerencias en la implementación de los componentes de IEC con poblaciones rurales mayas y analfabetas, incluyendo las siguientes áreas: la transmisión de mensajes, el uso de materiales educativos, la validación de materiales educativos, capacitación en el contenido técnico y en el uso de los materiales, coordinación inter-agencial, cómo facilitar su trabajo de comunicación.

PARTICIPANTES — 13 Educadores Departamentales — entre 3 meses a 14 años de experiencia con APROFAM; tiempo mediano — 5 años

Dinámica — Grupo bien motivado y muy participativo; muy entusiasta con su labor con APROFAM

¿Qué componentes de salud trabajan?

Espaciamiento de los embarazos; desparatización; control de niño sano; control de embarazo; género; LM; PAI; IRA; diarrea; PF; Control post-parto; educación sexual en escuelas

¿Qué capacitaciones han recibido?

Se sienten preparados. Reciben capacitaciones 1 ó 2 veces al año. Actualmente se están ampliado sus conocimientos con la nueva estrategia de incluir componentes de salud infantil y familiar.

¿Qué actividades realizan con las mujeres en la comunidad?

— visitas a la casa
— pláticas
— capacitaciones con grupos de líderes
— coordinaciones con grupos locales

Materiales de apoyo que usan o los materiales que entregan a la comunidad

Trifoliares, afiches, volantes, rotafolios para grupos, toallas, materiales que ellos mismos desarrollan, etc.

¿Qué opinan de estos materiales?

Para los promotores — encuentran los materiales adecuados por la combinación de figuras y letras; los materiales les motivan; el capacitando sin letras ha sido muy útil; tienen materiales para el área ladino y maya.
Sólo hubo una queja sobre los materiales para el público y es la mención en algunos de los materiales de todos los servicios que ofrece APROFAM, aunque no estén disponibles en el departamento específico.

¿Cómo han respondido las personas de la comunidad frente a estos materiales?

Para trabajar con la población, ello/as dependen mucho de las láminas generadoras, rotafolios y capacitando sin letras. El nuevo manual de promotor es más completo de acuerdo a la nueva estrategia.

El personal asegura el uso del idioma materno en la presentación. Uno dicen que sería útil asegurar el texto en el idioma materno. Aunque no lo leen, se apropian más. También es necesario que las figuras aparezcan en traje.

¿Cuáles de estos materiales han sido mas útiles? — ¿Por qué?

Películas, videos — a la gente le gusta

Piden que se aseguren suficientes copias de videos para cada educador(a)

¿Cuáles de estos materiales han sido menos útiles? — ¿Por qué?

TODOS han sido útiles. Le han sacado el jugo de todos y sienten que han acompañado todo con metodología.

¿Cómo aprendieron a utilizar estos materiales?

Recibieron capacitación

¿Qué otros materiales les gustarían tener para apoyar su trabajo?

Más información sobre LM; Rotafolio sobre complicaciones obstétricas

¿En qué otra manera podemos trabajar los mensajes de salud con las mujeres de la comunidad?

Radio circuitos en los mercados; consultas en el mercado

¿Cómo responden las personas a los mensajes de salud? ¿Si ponen en práctica los mensajes dados?

Depende de la intervención. En PF, no. Pero han comprobado que sí en LM, prevención de diarrea, etc.

¿Han encontrado que algunos de los mensajes de salud son más difíciles para comunicar?

PF

¿Cómo trabajan los mensajes de salud con personas que no leen?

Prácticas, rotafolios, visitas

¿En qué idioma trabajan?

TODOS son bilingües y trabajan en el idioma materno cuando la población no habla español

¿Cuáles otras instituciones o personal de salud colaboran con ustedes aquí?

SIAS; Ministerio de Salud, otras ONGs,

Además de las mujeres, trabajan también con:

- hombres (las parejas de las promotoras)
- curanderos/guías espirituales
- líderes
- otros grupos en la comunidad

¿Qué barreras o dificultades encuentran en la realización de su trabajo?

Su realidad socioeconómica; la imagen de APROFAM; transporte para mujeres educadoras

¿Qué se puede hacer para apoyarlas en superar estas dificultades o barreras que afrontan en el trabajo?

El cambio de la imagen es el apoyo más grande. Inicialmente es difícil entrar como APROFAM pero se está aceptando que APROFAM ofrece muchos servicios. Cada educador(a) busca su estrategia para entrar en comunidades. Hay lugares más difíciles que otros.

Resumen de Discusión en Grupo con Clientes Clínica APROFAM — San Lucas Toliman
23 de marzo de 1999

OBJETIVO — Conocer sus experiencias relacionadas con la implementación de los componentes de IEC de programas de salud, incluyendo sus opiniones y sugerencias sobre las siguientes áreas: la transmisión de mensajes, la efectividad de la comunicación, el uso y tipo de materiales educativos, los canales populares, informales, formales y masivas y percepción de los servicios ofrecidos.

PARTICIPANTES — 7 participantes

OBSERVACIONES — Los/las participantes fueron convocados a último momento y no participaron con ánimo ya que la hora era inconveniente. Tres personas estuvieron activas (2 hombres y 1 mujer). Aunque se presenta aquí un resumen, a pesar de las informaciones interesantes, la importancia de la información se considera dentro del marco de la dinámica, poca participación y sesgo en reclutamiento.

1. *Fuentes de información sobre temas de salud*

   Pláticas de APROFAM como 4 veces al año; radio; televisión; afiches; altoparlante

2. *¿Cuáles fuentes prefieren?*

   Hay lugares donde la información no llega. Aunque la mayoría prefiere a través de televisión y radio, reconocieron que no todo/as tienen acceso. También prefieren carteles y afiches.

   Pero tiene que haber atención médica y pláticas

3. *Temas de salud que más les interesan*

   Mencionaron aseo personal y del hogar, higiene, basura en la calle, para evitar más hijos y cualquier tema de salud.

4. *Servicios de salud cerca que responden a estas temas de salud*

   APROFAM, Ministerio, Clínica de la Parroquia

5. *¿Cómo llegar a mas personas con mensajes de salud?*

   Al presentar una lista de posibles canales, lo/as participantes expresaron que les gustó la idea de una reunión en la comunidad para sociodramas. Pero a la gente le gusta recibir el mensaje a través de todos los canales.

6. *Si hay una promotora comunitaria en su comunidad, ¿con qué agencia trabaja?*

   APROFAM y el Centro de Salud

7. *Contacto con la promotora, visitas a la casa, pláticas, en la clínica, etc.*
   Frecuencia de contacto

Dijeron que lo/as promotore/as no les visitan a la casa, pero dicen que deben llegar. Las pláticas se realizan como 4 veces al año. La frecuencia de contacto es mínima y ello/as mismo reconocen que para ser más efectivo, tiene que ser constante.

En la clínica se debe establecer un horario más conveniente para estas actividades educativas, por ejemplo de 4 p.m. en adelante.

8. Generalmente en qué idioma da sus orientaciones

— *Si prefieren que sean en idioma maya o español*

Expresaron que era una buen idea dar las orientaciones tanto en español como en idioma maya. A veces en español, casi no se entienden, en dialecto, sí.

9. ¿Han podido usar las sugerencias del personal?

— *¿Cuáles han sido los más útiles? ¿Por qué?*
— *¿Cuáles no han podido poner en practica? ¿Por qué?*

Sólo un participante respondió y dice que todo lo que el médico de la clínica le dice ha sido útil por que le tiene fe.

10. ¿Cuándo les da orientaciones, usa algún material educativo o de apoyo?

— *¿Cuáles materiales usa (tipo)?*

Sólo hablaron de carteles.

11. Generalmente, en qué idioma están estos materiales

— *¿Prefieren que sean en idioma maya o español?*

Todos están en español. Como es complicado escribir en dialecto, algunos/as dicen que así debe ser, otra dijo que debe tener ambos idiomas. Una mujer comenta que no todos leen.

12. Sugerencias que nos pueden dar para mejorar estos materiales para que sean más atractivos, más comprensibles, más útiles para ellas

Sólo se enfocaron en el aspecto del color. Le gustan las fotos y los dibujos. Deben aparecer personas indígenas, y debe usar imágenes grandes.

13. Opinión de sus maridos sobre la promotora y sus orientaciones

— *¿Les gusta que les visiten o que practiquen en las pláticas?*
— *¿Por qué sí o por qué no?*

Los maridos no quieren ir a las pláticas, pero no protestan si ellas van.

14. En qué momento se reúne la comunidad

— *¿Con qué frecuencia?*
— *Dónde*

No se reúne. Se reuniría si se convocaran por la tarde. A veces se convocan a través de las campanas, cuando algo serio pasa.

Resumen de Entrevista con el Instituto de Educación Integral (IDEI)
22 Marzo 1999
Participantes de la Clínica en Cajola:
Lidia Sac Ixcot - Coordinadora del Proyecto
Aura Pizquey - Médico
Maria Esther La Sánchez - 'Comadrona'/ Facilitadora
Amelia Bautista - Supervisora

Objetivo - Profundizar sobre las experiencias y sugerencias en la implementación de los componentes de IEC con poblaciones rurales mayas y analfabetas, incluyendo las siguientes áreas: la transmisión de mensajes, el uso de materiales educativos, la validación de materiales educativos, capacitación en el contenido técnico y en el uso de los materiales, coordinación inter-agencial, cómo facilitar su trabajo de comunicación.

V. *¿Qué componentes de salud trabajan?*

Promoción de vacuna; control y prevención de diarrea; Lactancia Materna; Espaciamiento de embarazos; control pre-natal; post-parto; niñez sano/a; ETS/VIH/SIDA;

VI. *¿Qué capacitaciones han recibido?*
- *Cada qué tiempo reciben capacitación*
- *Se sienten preparados para tratar los componentes de salud que trabajan*

El Consejo de Población e IDEI capacitan al personal sobre temas de SR y SMI. Reciben de 3 a 4 capacitaciones al año de una semana; hacen jornadas mensuales; Sí sienten preparadas frente a sus labores

VII. *¿Qué actividades realizan con las mujeres en la comunidad?*
- visitas a la casa
- pláticas con madres, líderes, guardianes de salud
- reuniones con líderes para seleccionar guardianes de salud

VIII. IV. *Opinión sobre los materiales de apoyo que usan o los materiales que entregan a la comunidad*

Han sido necesarios para la población; han tenido éxito con educación popular y el uso de técnicas como sociodramas, lluvia de ideas. Muchos de los materiales que usan son cartulines y afiches que ellas mismo desarrollan.

IX. *¿Cómo han respondido las personas de la comunidad frente a estos materiales?*

Compensión porque tiene una explicación verbal

X. *Cuáles de estos materiales han sido más útiles, - Por qué*

Los carteles que ellas hacen porque se adaptan al contexto; por ejemplo las caricaturas en los materiales de La Liga de la Leche, la gente no capta bien y dijeron que eran muñequito

XI. *Cuáles de estos materiales han sido menos útiles - Por qué*

Todos útiles pero ciertos elementos a veces no son captados por las personas. Por ejempl la "X" sobre la pacha dice vota por la pacha.

XII. *Cómo aprendieron a utilizar estos materiales*

Fueron capacitadas en el uso de algunos de los materiales

XIII. *Qué otros materiales les gustarían tener para apoyar su trabajo*

Materiales sobre PF

XIV. *De qué otra manera podemos trabajar los mensajes de salud con las mujeres de la comunidad*

Los sociodramas y las lluvia de ideas; kioskos en el mercado como se hizo para el día de L - usaron vejigas com si fuera una fiesta

XV. Cómo responden las personas a los mensajes de salud

- *Ponen en práctica los mensajes dados*
- *Por qué sí o por qué no*

En general hay más apertura y la gente platica más ampliamente sobre los temas, pero ella no tienen manera de verificar si las practican. Sin embargo, en diarrea saben que la gente hierve el agua porque es difícil.

XVI. *Han encontrado que algunos de los mensajes de salud son más dificiles para comunicar*

- *cuáles*
- *por qué*

Temas de educación sexual son dificiles porque no están acostumbrados a hablar de esto. Las comadronas dicen que ETS es un tema dificil.

XVII. *Cómo trabajan los mensajes de salud con personas que no leen*

Con carteles, láminas y mantas

XVIII. *En qué idioma trabaja*

Capacitan en español y en su lengua materna; las promotoras trabajan en su lengua mater

XIX. *Cuáles otras instituciones o personal de salud colaboran con ustedes aquí*

PASCA va a apoyarles en un proyecto; Liga de la Leche; PIES de Occidente; Consejo de Población

XX. *Además de las mujeres, trabajan también con:*

- hombres y líderes sólo para la selección de guardianes de salud
- grupo de mujeres

XXI. *En su opinión es util trabajar con algunos de estos grupos*

Sí, porque el grupo de mujeres funcionan como multiplicadoras

XXII. *Qué barreras o dificultades encuentran en la realización de su trabajo*

- Tiempo de capacitación es limitado
- Religión es una barrerra a la PF y por esta razón enfocan en MELA; hay que maneja la PF con mucha discreción; Si la comunidad se entera que una mujer está usando u método, ella sería rechazada
- Rechazo de los hombres, no quieren participar en un taller
- Alguno del personal todavía mantiene algunas creencias

XXIII. *Qué se puede hacer para apoyarles a superar estas dificultades o barreras que afrontan en el trabajo*

Estrategias para trabajar con el hombre y las suegras que son los que toman decisiones

Compartir materiales con otras agencias

Resumen de Entrevista con Belejab Batz
22 Marzo 1999
Participantes:
Teresa Choxan - Contadora
Saritikun - Vice-Presidente de la Junta

Las representantes hablaron del trabajo de Belejeb Batz , incluyendo su enfoque en proveer crédi asistencia técnica a grupos de mujeres, capacitación, alfabetización, salud y desarrollo organizacional

Todas sus promotoras de salud son bilingues. Ellas dan charlas de salud a grupos de mujeres (algunos formados) en su lengua materno.

Tienen una clínica que abrió recientemente. Las 3 capacitadoras van a MEXFAM.

Tienen un programa de radio que es de cultura maya. Lo producen en 3 idiomas. Pagan transmisión.

Highlights of Interview with Aura Pisquiy, Director, Programa de Información y Educación en Salud (PIES) de Occidente

22 March 1999

- She informs that many health organizations are lacking adequate educational materials
- Components such as ARI and DDC have received much attention, but what is lacking is the homogenization
- Components such as women's health and birthspacing have traditionally received less attention.
- She recommends that those working within the local networks interchange experiences and materials, and that itnernational agencies put more effort into functioning as intermediaries to join the various smaller organizations
- They would like additional support in how to prepare didactic materials.
- There are several opportunities for coordination including the Regional Agenda for Development or the Health Councils in different departments such as Quetzaltenango or Totonicapan. This last example has monthly meetings but in general, this particular space needs to be strengthened.
- PIES works closely with the government through different Committees and through SIAS
- PIES receives support from The Population Council, SIAS, Americas Mundo Navarra of Spain and MEMISA of Holland.
- They received some materials from MotherCare, although they were not trained and did not participate in the process or in field testing. They could not reproduce these materials as the quantities they require are not substantial.
- They have worked on birthspacing and Infant Health with The Population Council. Technicians and promoters have participated in the review and field testing.
- With respect to the birthspacing materials produced by the Population Council, they did not participate, but have received copies and are currently reviewing them. They have not received training in the materials received.
- PIES has 3 clinics, promoters and 220+ comadronas. They hold educational activities, including cultural activities at night and on weekends. They use 'pregoneros' to announce immunization campaigns, and perhaps these could be used for other components. She admits that oral tradition should be better used, however they require, script writers.
- The promoters and Comadronas provide orientations in the native language.
- They have conducted internal evaluations and feel as an organization they have developed with 'small steps but surely'. They have not conducted any type of evaluation to determine impact.

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APPENDIX F:
RESEARCH AND EVALUATION REPORTS COLLECTED

Development Associates, Inc.

1) Bartlett, Alfred, Marco Antonio Bocaletti and Maria E. Paz de Bocaletti. Use of Oxytocin and Other Injections During Labor in Rural Municipalities of Guatemala. Results of a Randomized Study. MotherCare Working Paper # 22. John Snow, Inc., Arlington, VA. 1993.

2) Findings and Lessons Learned in Delivery of Reproductive Health Care to the Rural Mayan Population of Guatemala from Operations Research and Diagnostic Studies, 1994-1997. Population Council.

a. The Population Council: Diagnostic Study of Family Planning Services and Users/Non Users in the Mayan Highlands of Quetzaltenango.

b. Universidad del Valle en Guatemala: Study of Cognition and Speech Patterns of Urban and Rural Indigenous Community Residents About Reproductive Health in the Department of Quetzaltenango.

c. APROFAM: Baseline Study of Reproductive Health Beliefs and Attitudes of Males in Four Health Districts in the Department of El Quiche.

d. Rxiin Tnamet/PCI: Increasing Knowledge and Skills of Reproductive Health Service Providers in Two Conservative Indigenous Communities on Lake Atitlán & Testing Reproductive Health Service Delivery Strategies in Two indigenous Communities on Lake Atitlán, Guatemala.

e. APROFAM: Injectable Contraceptive Service Delivery Provided by Volunteer Community Promoters.

f. APROFAM: Reengineering the Community-Based Distribution Program of APROFAM.

g. APROFAM: Designing and Testing Appropriate Health Education Strategies for Men in Four Health Districts in the Department of El Quiche.

h. The Population Council and IGSS: Integrated Obstetric, Family Planning the STD Training for Traditional Birth Attendants (TBAs).

i. ATI: Testing the Collaboration Between Two NGOs, ATI and APROFAM, in the Delivery of Family Planning Services.

j. The Population Council and MOH: Systematic Reproductive Health and Family Planning Services in Quetzaltenango and San Marcos and a Cost Analysis of Integrated MCH Services.

k. AGES: Reproductive Health Education in Indigenous Areas through Bilingual Teachers in Guatemala.

3) Guatemala. Encuesta Nacional de Salud Materno Infantil, 1995. Instituto Nacional de Estadística (INE), Ministerio de Salud Pública y Asistencia Social (MSPYAS), Agencia Para el Desarrollo Internacional (USAID), Fondo de las Naciones Unidas para la Infancia (UNICEF) y Encuestas de Demografía y Salud (DHS), Macro International, Inc.

4) Hurtado, Elena, et. al. Desde la Comunidad...Percepción de las Complicaciones Maternas y Perinatales y Búsqueda de Atención. MotherCare. Guatemala. Noviembre, 1995.

5) Hurtado, Elena. Informe Final. Evaluación de la Capacitación de Comadronas Tradicionales. Proyecto MotherCare. Guatemala. Abril de 1998.

6) Hurtado, Elena. The MotherCare/Guatemala Project: Overview of IEC Strategies and Lessons Learned. Guatemala. 1998.

7) Mendez-Domínguez, Alfredo. Las Creencias, Las Actitudes y el Comportamiento que Limitan la Demanda de Cuidado Prenatal Entre Indígenas Adolescentes en Guatemala. International Center for Research on Women/Universidad del Valle. 1989.

8) Ministerio de Salud Publica y Asistencia Social y CONDETRASO. 1998. Informe de Evaluación de la Semana Nacional de la Salud. Guatemala

9) Pineda, Maria Antonieta, Jane T. Bertrand, Roberto Santiso G. and Leo Morris. Family Planning Communications in Guatemala: A Nationwide Survey. Canadian Studies in Population, Vol. 10, pp. 31-47. 1983.

10) Santiso, Roberto, M. Mendieta and Sandra Rosenhouse. Improving the Performance of Distributors in APROFAM's CBD Programs in Indigenous Areas. Final Technical Report. APROFAM and The Population Council, Guatemala, 1989.

11) Schieber, Barbara and Hernan Delgado. An Intervention to Reduce Maternal and Neonatal Mortality. MotherCare and INCAP. Quetzaltenango, Guatemala. 1993.

12) Smith, Barry D. and Pamela Putney. La Capacitación y Práctica de las Comadronas Tradicionales en Guatemala. USAID/Guatemala, 1989.

13) Stewart, Stephen, et. al. Actitudes Hacia la Planificación Familiar en Cuatro Areas Indígenas de Guatemala. IPROFASA. 1987

14) Ward, Victoria M., Jane T. Bertrand and José Francisco Puac. Informe Preliminar - Estudio Sobre Comportamiento Sexual y Actitudes de la Planificación Familiar Entre la Población Mayense de Guatemala. (Preparado por la Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM) y la Asociación Guatemalteca de Educación Sexual (AGES) y DataPro, S.A. Guatemala. 1990

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APPENDIX G: IEC MATERIALS COLLECTED

Development Associates, Inc.

INSTITUCIÓN: APROFAM

TITULO DEL MATERIAL	FORMATO
Soy Feliz sin Lombriz.	Bifoliar
Diarrea.	Rotafolio
Versión Juran (5 idiomas mayas).	Grabación, casetes
Gabacha Educativa.	1 gabacha
Riesgos reproductivos.	Láminas (con guía para el Educador)
Manual Capacitando sin Letras, (para el Educador, con material de apoyo, un rotafolio).	1 Manual, 1 Rotafolio
Manual del Promotor voluntario.	Manual
Cuaderno Salud Materno Infantil Proyecto Integrado.	Rotafolio de mesa
Métodos para Espaciar Embarazos.	Juego de folletos

INSTITUCIÓN: BASICS

TITULO DEL MATERIAL	FORMATO
¿Cómo debo dar de comer y beber a mi niño enfermo? 1 para población maya. 1 para población ladina.	Cuadernillo
¿Cómo debo dar la medicina? ¿Cuándo debo volver rápido a la clínico con mi niño?	Cuadernillo
Recetas Nutritivas.	Folleto
Láminas de consejería.	2 Folletos
Guías para Sociodramas sobre salud Infantil.	Folleto

INSTITUCIÓN: CONSEJO DE POBLACIÓN

TITULO DEL MATERIAL	FORMATO
Guía para el majo integrado del niño enfermo a nivel comunitario (un paquete completo con un rotafolio).	Rotafolio
Guía General de Auto-diagnóstico.	Cuadernillo (pequeño)
Guía para la entrega: Depo-Provera.	Guía Técnica
Guía de Métodos para espaciamiento de embarazo (nivel de supervisores).	Manual
Guía de Métodos para el espaciamiento de embarazo (nivel de la comunidad).	Manual
Métodos para el espaciamiento del Embarazo.	1 rotafolio, 1 cartel, folletos
Guía para la oferta Sistemática de Servicios de Salud Materna Infantil.	Guía técnica
Oferta sistemática de Servicios Integrados de Salud.	Folleto

INSTITUCIÓN: IDEI (INSTITUTO DE EDUCACIÓN INTEGRAL PARA LA SALUD Y EL DESARROLLO, QUETZALTENANGO)

TITULO DEL MATERIAL	FORMATO
Manejo del paciente con Diarrea.	1 juego de Carteles
Métodos de Planificación Familiar.	Cartel
Espaciamiento de Embarazo Natural.	Rompecabezas en Manta
Prevención y atención de la Diarrea.	Rotafolio
Lactancia Materna.	Rotafolio en manta.

INSTITUCIÓN: IGGS

TITULO DEL MATERIAL	FORMATO
(Materiales de AVSC adaptados)	
¿Cómo Planificar su Familia?	Manual

TITULO DEL MATERIAL	FORMATO
Qué es la Vasectomía?	Trifoliar
Anticoncepción Quirúrgica Voluntaria para la Mujer. Oclusión de las Trompas de Falopio.	Folleto
¿Cómo planificar la familia?	Folleto
¿Cuántos hijos quieres?	Trifoliar
Si tienes riesgo no te arriesgues.	Volante
Métodos de Planificación Familiar en el post-parto.	Folleto

INSTITUCIÓN: MOTHERCARE AND MSPYAS

TITULO DEL MATERIAL	FORMATO
Consejería en el control prenatal.	Rotafolio de escritorio
Método capurro.	Lamina grande
Guía para uso de los programas de radio "salud para la vida".	12 casetes, en 3 idiomas mayas
Cuidado Materno.	Boletín
Curriculum "para capacitación tutorial sobre complicaciones obstétricas y perinatales de Enfermeras Hospitalarias".	Curriculum
Protocolo de maneja de las principales emergencias obstétricas y perinatales (Centros y Puestos de Salud).	Protocolo
Protocolo de Manejo de las principales emergencias Perinatales (hospitales departamentales).	Protocolo
Manual de Monitoreo Materno Perinatal para Puestos y Centros de Salud.	Manual
Monitoreo Materno Perinatal Centros y Puestos de Salud.	Manual
Señales de Peligro de Embarazo, Parto y Recién Nacido.	Folleto
Hoja de referencia para comadronas.	Hoja suelta
Calendario de Promoción	1 billetera 1 porta tarjetas

TITULO DEL MATERIAL	FORMATO
Manual de Metodología Participativa para trabajar con grupos comunitarios en Salud de la madre y el/la niña, recién nacido/da.	Manual
Guía para facilitadores de Comadronas No. 1, 2, 3.	Guías
Lo que el personal de Salud debe preguntar examinar y aconsejar. En el control de embarazo, puerperias y recién nacidos.	Lamina grande
Clasificación de APGAR.	Laminas grandes
Hoja de referencias es importante...¡USEMOSLA!	Lamina grande
Señales de Peligro.	Rotafolio grande
10 reglas de oro del trato a los pacientes.	Lamina grande

INSTITUCIÓN: MSPYAS

SIAS Guías para Capacitar Personal de Salud:

	TITULO DEL MATERIAL	FORMATO
1.	Servicios Básicos de Salud	Guía
2.	Integración del Equipo Básico de Salud	Guía
3.	Proceso de Capacitación de Personal Comunitario	Guía
4.	Monitoreo en el Primer Nivel de Atención	Guía
5.	Inducción de Personal Comunitario	Guía
6.	Elaboración del Croquis de la Jurisdicción	Guía
7.	Realización del Censo de la Población	Guía
8.	Control de la Diarrea	Guía

SIAS Guías para el vigilante de Salud:

	TITULO DEL MATERIAL	FORMATO
1.	Croquis del Sector	Guía
2.	Realización del Censo de Población	Guía
3.	Control de la diarrea	Guía

Salud Materno-Infantil

TÍTULO DEL MATERIAL	FORMATO
Primera Prioridad Salud en tus Manos.	Cartel de Promoción

TITULO DEL MATERIAL	FORMATO
Toda la Nación con la Vacunación.	1 hoja suelta con calcomanía
El Cólera y otras enfermedades diarreicas pueden prevenirse.	Folleto
Por qué son importante las vacunas.	Hoja Informativa
La Letrina contribuye a la conservación de mi salud.	Folleto
Guías Alimentarias para Guatemala.	Guía
Protección contra infecciones respiratorias agudas.	Volante (hoja suelta)

INSTITUCIÓN: P.C.I.

TITULO DEL MATERIAL	FORMATO
Programa de Infecciones Respiratorias Agudas.	Rotafolio pequeño de mano
Causas de Diarrea.	1 juego de láminas
Mensajes de la Comunidad sobre inmunización.	1 juego de láminas
Sistema de información de Orientadores de la Comunidad Asociación de Salud y Desarrollo Rxiin Tnamet.	Tarjeta de Control
Guía de Métodos para el Espaciamiento de los Embarazos (Nivel de Supervisor).	Manual
Para una mejor Salud (diferentes Títulos).	Folletos
Guía de Métodos para el Espaciamiento de los Embarazos (Nivel de la Comunidad).	Manual

INSTITUCIÓN: RXIIN TNAMET

TITULO DEL MATERIAL	FORMATO
Laminas Educativas de Métodos para el Espaciamiento de los Embarazos.	Rotafolio (grande)
Visitas Domiciliarias realizadas por el supervisor.	Cuadernillo
La salud de la Mujer.	Cuadernillo
Protocolo de medicamentos del Botiquín Comunitario.	Cuadernillo

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APPENDIX H: OTHER DOCUMENTS CONSULTED

Development Associates, Inc.

APROFAM, selected pages from the following documents:

- Performance Report, June — December 1998
- 1999 workplan
- Strategic Objective — Grant Agreement with Government
- Proposal
- IEC budget
- Cooperative Agreement
- Instruments developed by the Communication and Publicity Department to guide communication processes
- Presentación de materiales de radio e impresas del convenio USAID-APROFAM 1998

Cabral, Javier, et.al., Encuesta de Necesidades de Información, Educación y Comunicación (IEC) Sobre Salud Reproductiva en Seis Etnias en México. INOPAL III Documentos de Trabajo, Núm.6. Population Council. 1998.

Developing Information, Education and Communication (IEC) Strategies for Population Programmes. Technical Paper No. 1. UNFPA. 1993.

"Effective Educational Message Principles", pp. 86-87, Module 3: Communication. Fourth-Year Elective Curriculum in Reproductive Health. American Medical Women's Association. Alexandria, Virginia, 1997.

Hatcher, Robert A., et. al. Contraceptive Technology. Seventeenth Revised Edition. (pp. 254-55, Literacy). Ardent Media, Inc. New York. 1998

Hatcher, Robert A., et al. The Essentials of Contraceptive Technology. Johns Hopkins School of Public Health, Population Information Program. Baltimore. 1997.

Lamprecht, Virginia. Impact of Media Messages about Family Planning on the Use of Family Planning in Guatemala Unpublished paper. Department of Demography, Georgetown University. Washington, D.C. May 1, 1998.

Lopez, Reina y Melendreras, Ileana. 1998. Proyecto Materiales Educativos. Population Council, Guatemala.

Management Sciences for Health, selected pages from the following documents:

- Performance Report, July — December 1998
- 1999 workplan
- Strategic Objective — Grant Agreement with Government
- Proposal

Measham, Diana M., Majorie Koblinsky and Anne Tinker. Toward the Development of Safe Motherhood Program Guidelines (Report of a Workshops organized by The World Bank and the MotherCare Project of John Snow, Inc. 1992.

Management Sciences for Health, selected pages from the following documents:

- Performance Report, July — December 1998
- 1999 workplan
- Strategic Objective — Grant Agreement with Government
- Proposal

Plan de Intervención en Información, Educación y Comunicación. Proyecto MotherCare/Guatemala. Diciembre, 1995.

Population Council, selected pages from the following documents:

- Annual Report, 1998
- 1997 workplan
- IEC budget
- Cooperative Agreement

Project Concern International, selected pages from the following documents:

- Performance Report, October — December 1998
- 1998 workplan
- 1999 workplan
- Monitoring and Evaluation Plan
- IEC budget
- Cooperative Agreement

Results Framework. USAID. Guatemala

The "Autodiagnosis": A Methodology to Facilitate Maternal and Neonatal Health Problem Identification and Prioritization in Women's Groups in Rural Bolivia. Working Paper: 16A. MotherCare. John Snow, Inc. March, 1993

USAID Congressional Presentation. Guatemala FY 1999

Zimmerman, Margot L. and Gordon W. Perkin. Print Materials for Nonreaders: Experiences in Family Planning and Health. PIACT Paper 8. 1982.

Zimmerman, Margot, Nancy Newton, Lena Frumin and Scott Wittet. Developing Health and Family Planning Print Materials for Low-Literate Audiences: A Guide. PATH. 1989.

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