



USAID | **GUATEMALA**
FROM THE AMERICAN PEOPLE



HEALTH
COMMUNICATION
CAPACITY
COLLABORATIVE



PARTICIPATORY COMMUNICATION STRATEGY

TO STRENGTHEN HOUSEHOLD AND
COMMUNITY LEADERSHIP FOR THE
REDUCTION OF CHRONIC MALNUTRITION,
IMPROVED HYGIENE AND CROP
DIVERSIFICATION



Together we Prosper
We dare. We advance.



ACRONYMS

AGEXPORT	Asociación Guatemalteca de Exportadores	PLANFAM	Proyecto De Planificación Familiar
ALIANMISAR	Alianza Nacional de Organizaciones de Mujeres Indígenas Por La Salud Reproductiva, Nutrición Y Educación	RA	Rainforest Alliance
ANACAFE	Asociación Nacional Del Café	REDHOSEM	Red Nacional De Hombres Para Las Nuevas Masculinidades
CNCG	Clima, Naturaleza Y Comunidades en Guatemala	REDMISAR	Red De Mujeres Indígenas Por La Salud Reproductiva
COCODE	Consejo Comunitario de Desarrollo	STC	Save the Children
CODEDE	Consejo Departamental de Desarrollo	SEGAMIL	Programa De Ayuda Alimentaria Enfocada En Los Primeros 1000 Días
COMUDE	Consejo Municipal de Desarrollo	V1000D	Ventana de los 1000 Días
COSAN	Comisión De Seguridad Alimentaria Y Nutricional	URC	University Research Co., LLC
CRS	Catholic Relief Services	USAID	United States Agency for International Development
ENSMI	Encuesta Nacional De Salud Materno Infantil	WHIP	Programa Integrado del Altiplano Occidental
FANTA	Family Health International		
FUNCAFE	Fundación de la Caficultura para el Desarrollo Rural		
GTC	Grupo de Trabajo de Comunicación		
HC3	Health Communication Capacity Collaborative		
HEPP	Health Policy Project		
MSE	Modelo Socio Ecológico		
NUTRI-SALUD	Proyecto Nutrición Y Salud		
OSAR	Observatorio De Salud Reproductiva		
PAISANO	Programa De Acciones Integradas De Seguridad Alimentaria Y Nutricional Del Occidente		
PCI	Project Concern International		
PF	Planificación Familiar		

EXECUTIVE SUMMARY

The USAID Guatemala country strategy for the period 2012-2016 contributes to the developmental goals of Guatemalan society and government, specifically with regard to the reduction of malnutrition and poverty, the improvement of economic growth, local governance and social development, and the sustainable management of natural resources to mitigate the impact of climate change. USAID initiated the Western Highlands Integrated Program (WHIP) which brings together multiple projects and implementing partners to address these multi-sectoral goals.

Within this overarching program, USAID Guatemala envisioned the incorporation of **Social and Behavior Change Communication** as a force for unifying and promoting integration between WHIP projects, with the aim of strengthening the effectiveness and impact of the programs and creating more spaces for citizen participation and the involvement of the indigenous population, thereby promoting sustainable development.

USAID Guatemala invited the **Health Communication Capacity Collaborative (HC3)**, a global project based at the Johns Hopkins Center for Communication Programs, to design and implement a broad-based **Participatory Communication Strategy** for the WHIP. The strategy capitalizes on pre-existing platforms, networks, and resources that USAID has developed in collaboration with its implementing partners, and fills in gaps identified through a rigorous and comprehensive situation analysis. With a holistic, synergistic, and harmonious focus in its efforts and messages, the Participatory Communication Strategy aims to create a favorable environment in which the desired impact with respect to normative and behavior change can be achieved. The strategy brings together the multiple forces of change set in motion by WHIP projects under a shared vision and harmonized voice to further contribute to the fulfillment of the country's development goals and strengthening local capabilities.

CHALLENGES AND OPPORTUNITIES IN THE WHIP



HC3 carried out an multi-component **Situation Analysis** at multiple levels of the Western Highlands Integrated Program (WHIP), which included an analysis of communication activities of WHIP projects, an extensive literature review, the execution of rapid landscaping analyses of religious leaders, radio stations, and cell phone technology penetration in the Western Highlands, and more recently, a formative research study on family dynamics, future aspirations, and positive deviants¹. All of these studies point to an existing body of knowledge, beliefs, habits, and gender norms that sustain existing practices in health, nutrition, hygiene, agriculture, food production, and water use, many of which present health risks to babies and their mothers. This system of values and beliefs is reproduced in the home, where the grandmother figures prominently, and in many cases, it is also legitimized by social norms in the community itself. These norms represent the biggest challenge to an open and informed dialogue in the home and community.

The implications of these findings underscore the importance of focusing the present Participatory Communication Strategy on changing the normative environment. This Strategy frames the promotion of knowledge and desirable practices within the context of sparking critical thinking to challenge preconceptions and **appeal to family aspirations**. The Strategy operates through influential members and decision-makers in homes, the community, and on communication media platforms, establishing bridges of cultural relevance and emphasizing the reasons and benefits of behavior change.

The Participatory Communication Strategy will capitalize on existing opportunities. One of these is the presence key social actors, such as religious and indigenous leaders, civil society networks (REDHOSEM, REDMISAR), and community-based project facilitators who have high credibility and respect in the community and have an interest in seeing the transformation and prosperity of their villages and the well-being of families.

¹ The term "positive deviant" is in reference to individuals or groups who find more effective solutions to health and development challenges, despite having access to the same limited resources as those faced by their neighbors. <http://www.positivedeviance.org>

These social actors exemplify “**seeds of change.**” Through their lifestyles, practices, and aspirations, they serve as living role models for their community, harnessing enormous potential to inspire and guide others to reflect and change traditions and behaviors².

Another opportunity is the generational shift in life aspirations and family relationships in the Western Highlands: “people don’t live like they used to” ... “young parents have a different mentality”³. Grandparents recall from their childhood a life of deprivation, punctuated by a lack of information, violence from civil war, scarcity of familial affection, extreme poverty, and the absence of basic services. For their children - the new generation - a more positive attitude has emerged towards the possibilities that life offers. Life is perceived as less precarious, due to improvements such as access to roads and public transportation, availability of food, educational opportunities, health clinics, advances in communication technology, and participation in the export and coffee markets, among others. This new reality offers opportunities for gain to those who **dare to try**; in this context the “space of what is possible”⁴ is expanded from a past life of survival farming and marginal income where few dared to dream, to a young generation that dares to aspire beyond what their parents and grandparents thought possible. Along the same lines, relationships between couples have started to become more balanced, with value placed on affection between couples and towards their children. There is greater autonomy from the influence of the older members of the family, giving way to aspirations of postponing marriage until one has enough accumulated capital to invest in plans for the future and to dream of their children having a profession.

STRATEGIC APPROACH TO TRIGGER CHANGE



To date, many of the WHIP’s efforts have centered on young mothers, and their level of knowledge about health and nutritional practices has increased. However, there remains a gap between knowledge and practice of behaviors related to the First 1000 Days - exclusive breast-feeding, complementary feeding, hygiene, sanitation, and nutrition-sensitive activities. To trigger changes in these behaviors, a novel strategic approach is needed. Rather than placing all responsibility on young mothers alone to be the agents of change, to put their new knowledge into practice and to challenge existing beliefs that put the health of their babies at risk, this Strategy goes beyond communication directed at individuals, and focuses on **groups of normative influence and decision-makers. These actors are capable of unleashing and inspiring broad change**, legitimizing new norms and capitalizing on the opportunity for dialogue and communication offered by **changing trends in generational aspirations**. The Strategy proposes four levels of action:

1. Strengthening the **HOME** as the “heart of change”, where the family, especially the mother-in-law/grandmother and young mother’s husband, will play a role in supporting and protecting the mother and baby.
2. Involving and soliciting a commitment from community **LEADERSHIP** (religious leaders, indigenous and community authorities, civil society networks) to take a leading role in actively supporting young mothers, their babies, and their households, to bring about change.
3. Empowering and raising the profile of the community **FACILITATOR** in order to increase their influence and empower them to model change, and catalyze their work for the well-being of their home and community, by demonstrating that empower them to model change is possible and brings real benefits.
4. Ensuring the participation of and allying with **COMMUNICATION MEDIA** and social networks, opening up new spaces of dialogue to showcase real stories of local change and its main players, the seeds of change - positive for deviants, households, and farmer associations - thereby legitimizing discourse around development, opportunities, and family well-being.

² Health Communication Capacity Collaborative, HC3 (2016). WHIP Communication Strategy Design Workshop. Guatemala March, 2016.

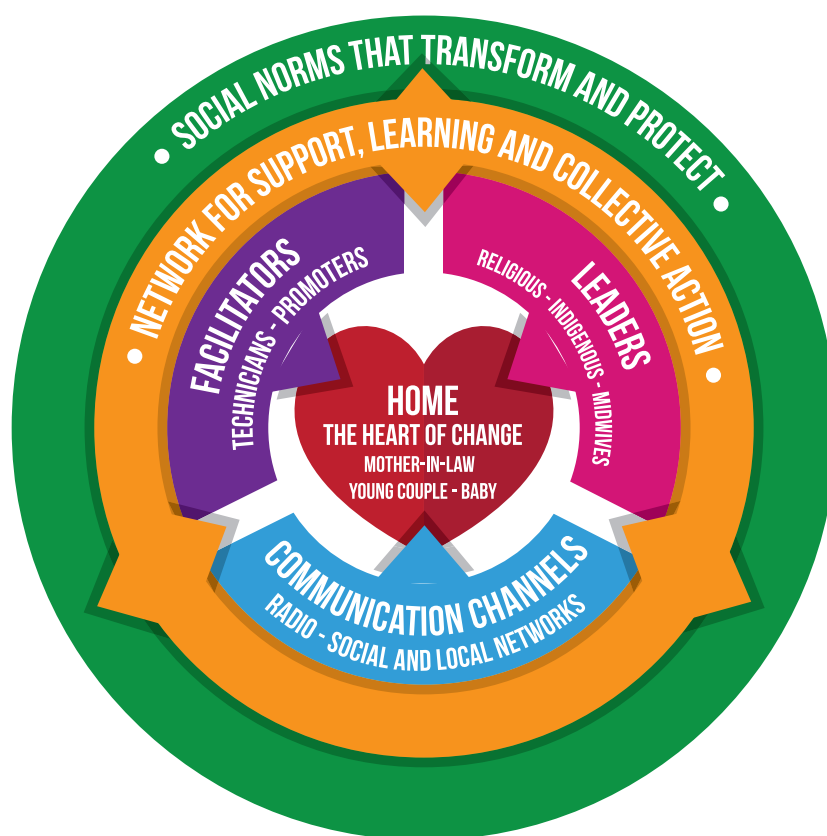
³ Saenz de Tejada, S., Figueroa, ME. (2016). Perceptions, Aspirations, and Emotions related to Health, Nutrition, and Hygiene in Families of the high Andean plateau. Preliminary Results. Health Communication Capacity Collaborative (HC3) Guatemala. Financed by USAID Guatemala.

⁴ Fischer, EF (2012). The Good Life: Values, Markets and Wellbeing. Working Papers Series No. 14, Open Anthropology Cooperative Press; Fischer, EF and B Victor. High-end coffee and small holding growers in Guatemala. Latin American Research Review, Vol. 49 (1): 155-177.

The Strategy proposes the harmonization and unification of these four levels through the creation of a **Network of Support, Learning, and Action** around young couples and their babies. The goal is to move these groups of influence from a marginal position to the center of the conversation about the WHIP agenda, from simple observers to spokespersons and defenders of health behaviors, nutrition-sensitive practices, and income-generating activities. In turn, it is hoped that this participation and collective leadership will progressively legitimize new **social norms of transformation and protection**, bringing the community together around the well-being of young mothers and babies.

COMPREHENSIVE APPROACH OF THE WHIP PARTICIPATORY COMMUNICATION STRATEGY

FIGURE 4:
Comprehensive Approach of the WHIP
Participatory Communication Strategy



It is important to emphasize that the communication activities currently being carried out by the WHIP implementing partners are directed at young mothers through monthly “nutrition/development classes” and cooking demonstrations, or to the man (husband) in his position as an agricultural leader and member of a producers’ association. **These activities constitute the foundations and points of convergence** for the novel actions and approaches of this Strategy. As a result, the strategy ensures that ongoing activities directed at individuals, households and with community leadership and project facilitators are integrated, capitalizing on the comparative advantages of each activity. In this way, the Strategy takes advantage of established relationships and harnesses the power of ongoing interventions, **amplifying and unifying the presence of the WHIP**. In addition, the Strategy puts forth **new activities that fill gaps in current programming and offers innovative platforms for synergy** with mass media, social networks, and community communication forums so that the change and its leaders become even more visible, and that the voice of support and the commitment of influential groups is made public.

GUIDING PRINCIPLES OF THE PARTICIPATORY COMMUNICATION STRATEGY

1. To capitalize on the strengths and existing networks built by various WHIP projects in order to fill gaps, complement, and expand the local activism that has been generated.	5. To start with emotions and aspirations as the catalysts of change, exploring not only cognitive aspects associated with practices but also framing aspirations within the universe of opportunities.
2. To focus communication actions on individuals who are influential or who are the decision-makers at the level of the home/family, couples, and community .	6. To raise the profile of endogenous trends of change by socializing life histories, testimonials of “positive deviants”, and paradigmatic cases.
3. To recognize Guatemala’s multiethnic, multicultural, and multilingual nature , with communication that establishes an atmosphere of respect, exchange of knowledge, and valuing different ways of being.	7. To strengthen the voice of the community and raise the profile of local solutions through the co-design and co-production of the communication strategy, its tools, and processes for implementation.
4. To focus on the home as the producer of health and well-being , recognizing that there is accumulated local knowledge and wisdom.	8. To integrate a focus on transformational gender fairness creating opportunities to question the status quo and the roots of gender inequality in the home, community, services, and structural environment.
9. To offer a voice and a unifying concept for the collection of WHIP projects, tying together various actions under one inclusive vision of cultural belonging and a call to action that invites change .	



SELECTION OF COMMUNICATION SPACES AND PLATFORMS

The WHIP Participatory Communication Strategy proposes **the integrated use of mass media, community communication, mobile technology, and social networks**, taking into consideration both the characteristics of the different audiences selected as well as the platforms that have the greatest penetration, preference, and credibility.

- **Interactive Radio: Platform for Convergence and Unification of Activities.**

The core of the strategy is a new **interactive radio platform** that features engaging radio drama, testimonials and life stories of those champions and positive deviants who have changed their behavior and experienced the benefits, and a lively interaction between two radio hosts – a grandmother/mother-in-law and a community facilitator. The radio program is positioned as the hub, where the collection of WHIP activities converge and are unified. It seeks to promote dialogue and collective action on WHIP issues, and make the “*spark of change*” visible through the voices of the protagonists themselves. The radio program will have clips on **life stories of change**, entertainment education vignettes modeling desired behaviors, **interviews** with community leaders, grandmothers, and project facilitators, announcements of **community events** of the various WHIP projects, and the promotion of a **telephone and text message (SMS)** advice line through which the audience can channel its questions and problems.

- **Community Facilitators and Promoters: Seeds of Change with a Tablet in Hand!**

In addition to the active participation of WHIP project community facilitators on the **radio** as program hosts and spokespersons for new behaviors and a future of prosperity in the community, the facilitators will also have an innovative communication tool that will elevate their credibility and authority in WHIP issues. Capitalizing on trends of progress in digital technology, a **Tablet Application** will be developed whose intuitive design will allow the facilitator to enhance their work with discussion groups, home visits, and follow-up visits to demonstration sites. The application will cover a variety of issues, putting correct and creatively presented information at the fingertips of the facilitator, taking advantage of multimedia formats to facilitate explanation of complex topics to members of the community.

- **Communication at the Home and Family Level.**

At home, the **Grandmother** will be positioned as an active agent of change who participates in the network of support, learning, and collective action to protect the health and growth of her grandchildren and her daughter-in-law. The Grandmother will have her own discussion forum - **The Grandmother's Club** - on the practices of the First 1,000 Days within a framework of a "dialogue of knowledge". As the collective identity of the Grandmothers strengthens, their involvement will be sought in the regular activities of the WHIP project, such as the monthly Nutrition/Development Schools, meetings of Producer Associations, cooking demonstrations, among other things, giving Grandmothers the opportunity to learn in depth the benefits of the WHIP agenda and play a part in promoting it. The Strategy also proposes to involve **men**, and recognizing the challenge to reach men, the Strategy intends to use spaces that are most frequented by them, such as producer/farmer association meetings, networks of tuk-tuk drivers, informal points of business, barbershops, stores for charging cell phones, Internet centers, etc. Short forums for **dialogues between men** will be organized in these spaces using impactful and innovative activities with a guerrilla marketing approach, delivering promotional material and invitations to community activities and radio programs.

- **Community Level Communication: "Dialogue of the Wise" for Collective Action.**

The Strategy will promote a network and **Dialogue of the Wise** between the various bodies that make up the local community leadership, identifying similarities between: 1) Behaviors promoted by the WHIP agenda; 2) the values, principles, and wisdom of the Maya worldview; and 3) the teachings of religious doctrines represented in the community. The objective is to arrive at a consensus for an **Action Plan** that reflects the collective efforts to create the **network of support, learning, and collective action** for mothers and their babies. This Action Plan will be publicly disclosed in the community (in large print) signed by the leaders with the support of the entire community and its resolutions will be promoted on the radio. In addition, communication activities with these groups will capitalize on the usual **forums and points of congregation** of the various leaders (churches, civil society network forums, community assemblies and meetings) and the Strategy will offer leaders training events on WHIP Issues and communication tools for sharing information about these issues with others. Finally, **midwives**, many of them grandmothers and mothers-in-law, will reinforce their knowledge on issues related to the health of pregnant women, breast-feeding, complementary feeding, hygiene, and nutrition for babies during the First 1,000 Days.

- **Set of Materials Reinforcing Integration of WHIP Messages and Activities.** As part of the effort to position the unifying concept of "**Together We Prosper. We Dare. We Advance.**", the Strategy includes the development of a set of materials to be used for communication and community mobilization activities in the home, community, media, and social networks. The set of materials will be versatile, adapted to the communication activities and audience profiles, culturally relevant, and especially geared towards community facilitators and technicians of the WHIP projects using them in their regular activities, supporting and strengthening their work.

FIGURE 6:
Unifying Concept Favored by Technicians,
Facilitators, and Community Participants



FIGURE 7:
Visualization of the Strategy's
Communication and Media Platforms



FORMATIVE RESEARCH AND MONITORING OF RESULTS

The Strategy will have two complementary research activities that serve to strengthen the strategy and document its achievements: formative research and monitoring of results and evidence of change. The first will seek to identify normative, psychosocial (aspirations, emotions, motivations), and behavioral factors that influence child nutrition, feeding and hygiene practices, as well as **dynamics at home and the influence of opinion leaders** (positive deviants, religious leaders, spiritual guides) that favor such practices. The results of these studies will help reinforce and refine the contents, actions, and messages of the Participatory Communication Strategy.

Monitoring of results during implementation will aim to **document changes** that occur in the **determinants and practices** of the First 1,000 Days and nutrition sensitive activities as a result of the Strategy. The monitoring of results will focus on documenting changes that occur at the level of mother-in-law/grandmother, husband and wife, religious leader, community facilitator, indigenous leader, community authority, and midwife. Additionally, the effect that these changes have on the feeding actions of pregnant mothers and on the hygiene and feeding of the children will be documented. Finally, the results of the monitoring will provide the implementing partners of the WHIP with feedback, as well as a communication program with which to reinforce and promote the changes observed.



INITIAL IMPLEMENTATION PHASE

HC3 Proposes an initial implementation phase lasting approximately six months that allows for testing and reviewing the communication tools developed, adjusting the processes for rolling them out in the field, and building skills and strengthening actions for coordination and alliance with WHIP implementing partners. In tight collaboration with USAID and the implementing partners, the following geographic areas were selected for the initial phase of implementation.

TABLE 4:
Geographical Focus the Initial Implementation Phase in the WHIP

GEOGRAPHICAL FOCUS WITHIN THE WHIP AREA	
QUICHÉ DEPARTMENT	TOTONICAPÁN DEPARTMENT
Municipality: Nebaj (Ixi Area) Communities: La Pista, Acul, Xexucap	Municipality: Momostenango Communities: Xequemeya, San José Sigüilá, Rachoquel
IMPLEMENTING WHIP PARTNERS	IMPLEMENTING WHIP PARTNERS
<ul style="list-style-type: none"> • Paisano • Agexport • Producer Association: ASONAM • PlanFam • Nutrisalud • HEP+ <ul style="list-style-type: none"> • Reshosem • Redmisar • Nexos Locales • Leer y Aprender 	<ul style="list-style-type: none"> • Segamil • Agexport • Producer Association: APROSIP • PlanFam • Nutrisalud • HEP+ <ul style="list-style-type: none"> • Reshosem • Redmisar • Más Frijol • Nexos Locales • Leer y Aprender

In order to ensure the effective implementation of the Strategy, HC3 will seek to establish a mechanism for coordinating with WHIP'S implementing partners and with municipal authorities (Ministry of Health, indigenous mayors, religious authorities, civil society networks) and radio media in Momostenago and Nebaj. The goal will be to **ensure everyone's solid involvement, active participation, and commitment to reducing chronic malnutrition, improving the health and well-being of the family, and community development.**

CONTINUOUS LEARNING

Just like other interventions, the Participatory Communication Strategy benefits from and is strengthened by a continuous learning process based on feedback from WHIP communities and experience gained during the implementation. Through meetings established with USAID, WHIP implementing partner staff, the WHIP implementation Communication Working Group (Grupo de Trabajo de Comunicación, GTC in Spanish), the group of WHIP community facilitators (CF), and program participants in this initial execution phase, the progress and challenges discovered during the implementation will be discussed. Adjustments will be made, in addition to offering strategic orientation for scaled-up implementation of the Participatory Communication Strategy, which should follow the initial phase described here. Finally, these two groups (GTC and CF) represent high-value social capital for the WHIP, not only for their knowledge and technical expertise, but also in terms of their experience, wisdom and proficiency gained in the promotion of an integrated agenda and behavior change that represents the very essence of the WHIP.



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