WRITING A COMMUNICATION STRATEGY FOR DEVELOPMENT PROGRAMMES

A Guideline for Programme Managers and Communication Officers

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Acknowledgements

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PREFACE

UNICEF Bangladesh Programme Communication Coordination Team has prepared this Guideline, Writing a Communication Strategy for Development Programmes, as a practical manual for development professionals. The Team has developed this tool to guide the actual writing of a communication strategy for a programme or a project– a strategy that supports a programme to achieve its development goals, especially its social and behavioural objectives. This tool guides the writer of the strategy to use results of research and various analyses to shape communication approaches into a strategy document. Although the Guideline focuses on the writer of the strategy, this does not suggest a top-down approach to strategy development. Indeed, all the steps in strategy development, from doing the analyses and the planning to monitoring activities and outcomes, should always involve an appropriate mix of programme participants and development partners.

Users of the Guideline

The primary user of this tool will have a development background, will be aware of the social and behavioural change issues related to the programme, will understand how communication can be used to address these issues and will recognize the importance of using research data to build a strategy. In addition, managers might use this tool to guide the work of an outside agency that is contracted to develop the communication strategy for the programme.

Scope of the Guideline

There is no ideal time in the life of a development programme for writing a communication strategy. Communication strategy development could come at any stage - at initial planning, after a programme plan has been approved and funded, or even while it is being implemented. But regardless of the programme stage, it is important for the communication professional to work closely with programme staff, with partners and stakeholders, and to do the analyses together that are the basis of a sound strategy. For example, where a programme plan has been approved but behavioural objectives are not clearly defined, this would be an opportunity for dialogue between programme and communication staff to agree together on behavioural objectives, thus keeping programme and communication planning integrated. The Guideline can help to structure this process.

This Guideline is designed to accommodate any of the analytical models currently being used such as ACADA, the P-process or COMBI. These models are described

briefly in the introduction and references are available in Figure 1, 2 . Whichever is used, this tool fits the model to guide the actual writing of the communication strategy. It is beyond the scope of this Guideline, however, to cover all steps in the communication process–as included in the models mentioned above. It is also beyond the scope of this tool to explain HOW to do participant and behaviour analyses, to develop objectives, to do community participation, etc. Practical implementation tools exist for most of these steps, and should be used as needed to supplement this present Guideline.

Content of the Guideline

The Guideline is divided into two main parts: doing the analysis and developing the strategy. It begins with advice on the analyses needed for strategy development: the development issue, the programme to be supported, the participants and their behaviours, and the communication channels.

The second part addresses the actual development of the strategy-taking the results of analyses to develop communication objectives and shape advocacy, social mobilization and behaviour change communication accordingly. Practical advice is given to develop, design and write the strategy, ensuring participation of primary participants and the community itself.

In the section on last steps, three important aspects of successful communication are included: monitoring outcomes, funding and going from the strategy to implemention. While these are not directly related to strategy development, they are integral to communication strategy implementation, so are included in the document.

The authors hope that this Guideline will provide help to all those developing a communication strategy and welcome feedback and comments from users on how it influenced their work.

Introduction

Chapter 1

The Three Communication Components

A number of definitions are used in the communication for development field to describe the three basic components of communication: advocacy, social mobilization and behaviour change (or behaviour development) communication. Although listed separately, "effective communication relies on the synergistic use of three strategic components". (UNICEF, 1999)

Below are brief working definitions used in this document. More detailed discussions of these three components are found in subsequent chapters of the Guideline.

- ***Advocacy*** informs and motivates leadership to create a supportive environment to achieve programme objectives and development goals.
- ***Social mobilization*** engages and supports participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward a development objective.
- ***Behaviour change communication*** involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote and sustain behaviour change.

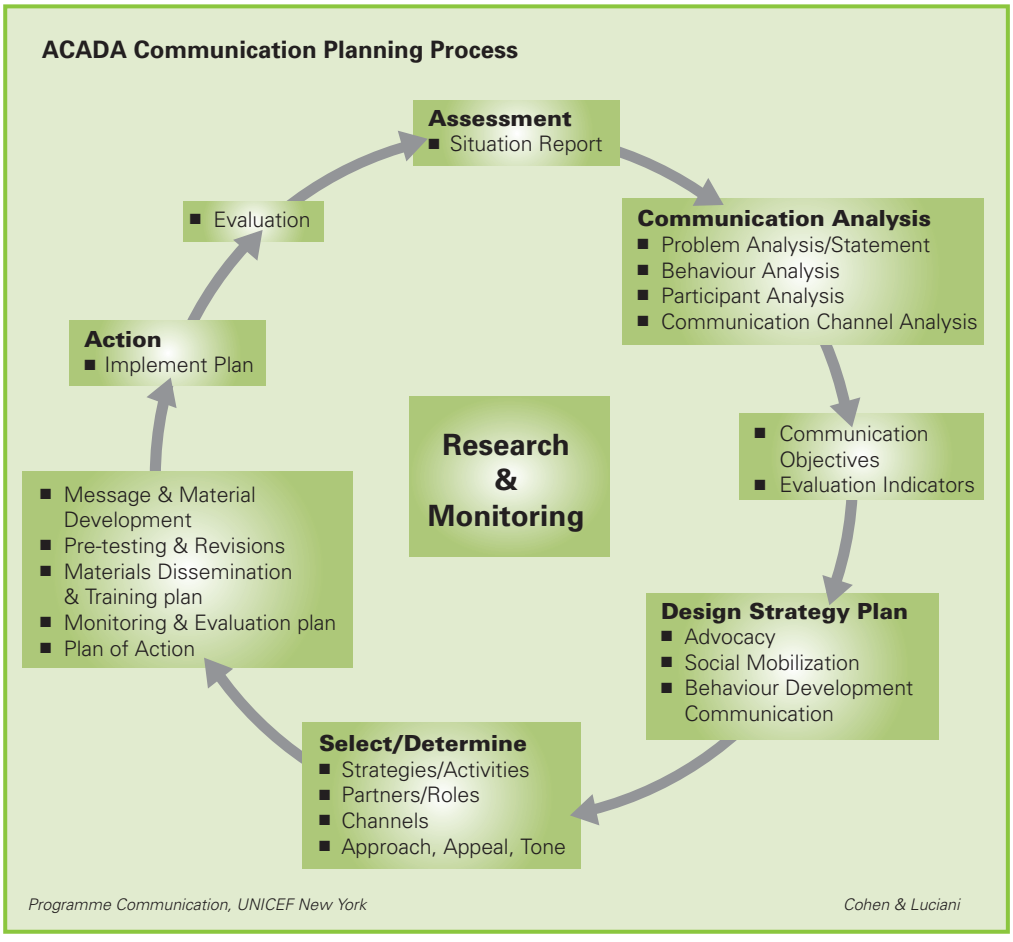
1.1 Conceptual Models

A number of conceptual models are being widely used to inform communication in development programmes. This Guideline should be used with any of those models to shape a solid strategy document. Below is a brief description of three of these models: ACADA, the P-Process and COMBI.

ACADA

The ACADA model (Assessment, Communication Analysis, Design, Action) has been developed and is widely used by UNICEF. It shows the process of using systematically-gathered data to link a communication strategy to the development problem. The diagram below illustrates this model:

Figure 1: ACADA Communication Planning and Implementation Process



P-Process

The Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and its partners in the USAID-supported Population Communication Services (PCS) project developed the P-Process in 1982 as a tool for planning strategic, evidence-based communication programmes. It contains 5 steps:

1. Analysis

- ❑ Situation Analysis
- ❑ Audience/Communication Analysis - including participant, behavioural and communication channel analysis.

2. **Strategic Design -** including communication objectives, channel choice, implementation and M&E plan.
3. **Development & Testing -** including message development and pre-testing.
4. **Implementation & Monitoring -** including capacity building.
5. **Evaluation & Replanning**

Below is a diagram which illustrates the process:

Figure 2: The P-Process

COMBI

The COMBI approach (Communication for Behavioural Impact) was initiated in WHO's Communicable Diseases Programme by Everhold Hosein and Elil Renganathan. COMBI, uses 10 steps for its communication planning model. These 10 steps are not necessarily done in a linear fashion-as with the other models, steps are often repeated.

1. State Overall Goal
2. State expected Behavioural Results/Objectives

3. Conduct Situational "Market" Analysis vis-à-vis Precise Behavioural Result. This would include: current situation, market segmentation, force field analysis, SWOT analysis, consumer need/want/desire, cost, convenience, positioning, competitors, communication situation/issues, further research, programme pre-requisites
4. Present an overall strategy for achieving stated behavioural results
5. Present the COMBI Plan of Action
6. Management: Describe structure for managing the implementation of COMBI Plan
7. Monitoring
8. Impact Assessment
9. Scheduling: Provide a Calendar/Time-Line/Implementation Plan
10. Budget

Discussion

The many similarities in these models reflect a general consensus of "what works" and what planning, implementation and M&E steps are necessary for lasting effects of communication activities. Thus, this Guideline is not attempting to replace such conceptual models, but aims to provide a tool for programme and communication officers to write the communication strategy document that grows from these models. The resulting strategy then is shaped by the data and analyses, and serves as the spring-board for the remaining steps in the models such as message development and pre-testing, implementation, monitoring and evaluation.

1.2 The Communication Coordination Group

As this Guideline is focused specifically on providing advice for writing a communication strategy, it will not address the establishment of a communication coordination group because such a group should be set up before writing the strategy.

Nevertheless, such a team is important to guide the direction of the strategy, as well as to play an essential part in building and sustaining partnerships throughout the life of the programme.

A Communication Coordination Group may already exist for the programme but if not, a number of working examples and TOR outlines are available from UNICEF for forming communication coordination teams. The group should be inter-sectoral and include representatives from key partners in the programme including

relevant government ministries, leading NGOs and CBOs, frontline workers, representatives from the media, donors and UN agencies.

Examples of two are in the Appendix-1 to this document.

Although all the models emphasize that the communication process is not linear, the flow of the process can be summarized as follows: a communication committee is established (if not already existing), then the process moves into the assessment, analysis and design phase (the subjects of this Guideline) and finally the implementation plan is developed followed by monitoring and evaluation.

The first part of the Guideline now follows: Doing the Analysis.

Doing the analysis

Background

Analysis develops the rationale or foundation upon which a communication strategy is built. In order to do the analysis, data are collected from research, project documents and participatory processes, such as workshops with stakeholders, meetings with counterparts and partners, and field visits for community dialogue.

This analysis process is not just for building a communication strategy, but is part of programme planning for social and behaviour change. It is from this programme planning that the communication issues emerge so that the strategy will clearly support the social and behaviour change objectives of the programme.

Components of a comprehensive analysis would be the sector situation, the programme's structure and capacity, participants, their behaviours (current and desired) and communication channels. These will be covered below.

Chapter 2
The Situation

The situation analysis should describe the particular development issue the programme is addressing such as childhood disease, malnutrition, child trafficking, maternal mortality, children orphaned by HIV/AIDS, inadequate safe water and sanitation. The situation analysis should be based on data from research, programme documents and local knowledge. This information will be similar to that already included in the situation analysis of the programme.

In addition to analyzing immediate aspects of the problem, including the underlying social and cultural issues, the analysis should also describe what social structures and practices could contribute to desirable change. At the end of this chapter, the reader should have a clear idea of the scope of the problem, its negative impact on the population, but also who benefits from the problem and why.

That being said, the communication strategy document should include only KEY information that is pertinent to the communication objectives. Below are suggested areas to cover, but the situation analysis should be no more than two pages.

2.1 Writing the Situation Analysis

Global

- Start with a brief global view of the problem.
- Describe the pertinent global instruments for addressing the problem such as the MDGs or a PRSP.

National

- Write a country-specific description of the problem using available data, programme documents and local knowledge. Show the extent to which people are affected by the problem (e.g. how many people are affected by HIV/AIDS, what the school dropout rate is, how many children remain without immunization). When reporting national statistics, as much as possible, disaggregate along pertinent lines such as geographical area, cultural or religious groups, socio-economic status, age, and sex to focus the situation analysis on issues essential to social and behaviour change. For example: health outcome data are usually available, but in order to

focus on improving EPI coverage, national coverage data need to be broken down district by district, by relevant groups that characterize the society such as religion, conflict areae, gender issues, caste, geographic and seasonal issues important to include information that describes the social and behavioural factors influencing health status.

- Social/cultural and behavioural factors: It is essential to analyze the underlying causes of development problem to get an in depth picture of the particular behaviours (i.e. what are people doing/not doing) that are contributing to the problem. It is also important to suggest from the data WHY people behave as they do. Cite any research on current knowledge, attitudes, practices and beliefs among participant groups relevant to the development issue. Look into the socio-cultural and economic factors maintaining existing behaviours, both positive and negative behaviours. This answers the "why" question. If the objective of a programme is to stop a harmful practice such as child marriage or employing child labour, it is important to discuss not only the harmful effects of the practice, but also who benefits and how (e.g. how families benefit from child marriage, how child labour contribute to the well-being of the family/employers) To be effective, the communication strategy will need to address both the benefits and risks from harmful practices as well as the barriers to adopting positive practices. Break this description into intermediate, underlying and basic causes if it helps organize the information.

- This comprehensive analysis will give a basic description of the problem that must be addressed by the communication strategy will address. Below is a typical example.

Box 1: The Expanded Programme on Immunization (EPI)

Global situation

Since the launch of the Expanded Programme on Immunization (EPI) in 1974, vaccination programmes have been one of the world's most cost-effective public health strategies. These programmes reduce the burden of infectious disease globally and serve as a key building block for health systems in the developing world.

Country situation

EPI in country XXX was inaugurated on April 7, 1979. In 2006, more than 3.5 million children under 1 year of age were targeted for vaccination against the 7 diseases covered under EPI. Although there have been tangible changes in the mortality and morbidity rates due to the intervention since 1979, national coverage has remained around 60% for the last few years. Accessibility to vaccination is almost universal, as evidenced by 95% coverage of BCG–the first vaccination after birth. Significant gaps remain, however, in achieving full vaccination at the right age and intervals.

According to data available from the Coverage Evaluation Survey (CES) 2000, while nationally 96% of the parents knew that children should be fully immunized by their first birthday, only 53% were translating the knowledge into action. Recent research (National EPI Survey, 2005) has indicated that although the awareness level of the importance of the vaccination is very high (96%), accurate knowledge regarding the number of doses, correct intervals, expected side effects, places where services area offered and right age for measles vaccination was found to be significantly low. Reports also show that a considerably high number of parents are aware of the importance of the vaccination and its schedules, yet they are reluctant to take their children to the vaccination sites at the right age and right interval, because they have their own traditional beliefs. In addition, outreach services are often unpredictable and health workers usually vaccinate without speaking to the guardian about the child's next visit per the schedule.

This indicates that drop-outs (leaving the programme of their own choice) and left-outs (those who are not reached because of lack of adequate outreach) pose the greatest challenge.

As part of the RED approach (Reaching Every District) promoted by WHO/UNICEF, the national EPI programme with UNICEF support has launched a special initiative focusing of the 15 lowest performing districts (those with completion rates below 60%). The purpose is to fine tune solutions to the local problems impeding full coverage of all eligible children. Special micro-planning sessions at the district level have produced action plans for sub-district teams.

Chapter 3
The Programme

The situation analysis has described the broad areas of a development issue, and its underlying causes at the country level. This chapter in the strategy document should analyze the specific programme designed to respond to the problem and for which the communication strategy is being developed. The purpose is to find programme structures that can be adapted or strengthened for communication purposes and/or where communication can help the programme achieve some of its objectives.

Below are suggested areas to include, but this analysis should focus on issues relevant to social and behaviour change. These analyses are to help build the rationale for a communication strategy.

3.1 Review

- Describe briefly what has been the national response to this problem up to present time.
- Describe the contribution of government, UNICEF (and other UN agencies), donors, NGOs, other major initiatives and the private sector role. Include these programme achievements, constraints, lessons learned and challenges.
- If the communication strategy is to cover a "phase-II" of an ongoing initiative, include a brief description of phase-I focusing on objectives, accomplishments and lessons learned.
- Include a discussion of communication initiatives to date, including a list of all communication materials that have been produced so far - how they have been used and how effective they have been.

3.2 Current Programme

- Identify national goals and objectives and how this programme/project fits into the national plan and/or how it supports the MDGs, PRSP.
- List goals and specific objectives of the programme and results expected, taken directly from the programme documents.

- Thoroughly describe the programme structure and implementing partners and activities. Some suggested topics are listed below, but use the programme document and discussions with programme officers as primary information sources.

  - Identify stakeholders involved in the programme at various national, sub-national and community levels. Include frontline workers from government, NGOs, and CBOs who are significant participants in the programme. Describe their roles, skill levels, support/ supervision, constraints/strengths. Include community participation here. To what extent has the community been involved in the programme? What roles and outcomes are expected from the community?

  - Describe the extent to which existing service delivery is available and used (discuss access issues as well as quality of service). Description of service delivery agents can come here if not covered elsewhere (role, skill level, support/ supervision, constraints/ strengths).

  - Look at resource mobilization - are any new resources, partners, channels being introduced in current programme? Any relevance to the programme's ability to achieve its objectives?

  - Review supply and delivery issues – facilities, hardware, equipment, materials (mention these only if they are a constraint to communication, participants' behaviour change or if infrastructure building is a significant aspect of the programme- such as establishing and equipping drop-in centers for an HIV/AIDS programme from which peer education and counseling will be implemented).

- Describe the extent to which the programme addresses the social and behavioural factors described in the situation analysis. What are the gaps in the data?

Box 2: Programme Analysis example on CIDD

The Government of Bangladesh is committed to Iodine Deficiency Disorders (IDD) elimination, which has been reflected in many documents like Poverty Reduction Strategy Paper; 2004-2009 National Plan of Action for Children; the Millennium Declaration to measure progress towards the reduction of poverty, and related social inequities; and Health, Nutrition and Population Sector Programme (HNPSP 2003-10) of the Ministry of Health and Family Welfare (MOHFW).

The overall goal of the current Control of Iodine Deficiency Disorders (CIDD) project is to eliminate IDD in Bangladesh (<20% of Children aged 6-12 years have UIE <100 µg/L) through universal salt iodization (<90% coverage of adequately iodized salt at household level). The objectives of the project are to: (i) increase the quality of iodized salt at factory, wholesaler and retailer levels; (ii) increase demand for quality iodized salt among retailers and consumers; and (iii) strengthen the current political commitment of the government toward the CIDD through improved salt iodization.

The project focuses on **Technological Development, Capacity Building, Quality Assurance (QA), Monitoring and Enforcement, Evaluation and Advocacy and Communication.** CIDD project is implemented in collaboration with several ministries, departments and associations: Ministry of Industries, Institute of Public Health Nutrition (IPHN) of the Ministry of Health and Family Welfare, Bangladesh Standards and Testing Institute (BSTI) of Ministry of Science and Technology, Institute of Nutrition and Food Sciences (INFS), University of Dhaka, National Nutrition Project (NNP) of MOHFW, Ministry of Commerce, Salt Growers Association (SGA), Salt Mill Owners Association (SMOA), CAB (Consumer Association of Bangladesh). Several partners like Micronutrient Initiative (MI), USAID, ICCIDD, UNICEF have provided financial and technical support to Government. Currently UNICEF provides fund for CIDD communication programme. Micronutrient Initiative has a local presence and providing support to upgrade salt iodization plant processes and ICCIDD, an international network for CIDD, is providing technical support in quality monitoring.

While the above ministries, departments and associations are necessary, the role of salt mill owners, salt committee members, salt wholesalers, retailers, influencers including hat/bazaar (market) committee, CBOs, elected public representatives, media and the consumers themselves are fundamental to

improving iodized salt quality, sale and consumption. None of the above mentioned initiatives however, has strong community components, so effective links between community leaders would need to be developed as part of the communication strategy.

Reviews on the technological components and business practices were conducted in 2007 and selected data are given below. In addition to the national survey on IDD and Universal Salt Iodization among consumers, in 2004-5, a KAP survey was completed in 2007. The KAP survey covered the knowledge, attitudes and practices of salt mill owners, retailers, consumers (children and women), salt mill workers, managers and local influencers.

Major concerns of the CIDD project are that still adequately iodized salt consumption at household level is little over 50%. The data further reveal:

- In rural area only 18% of the children and 44% women know at least one benefit of iodized salt; knowledge of the impact of the iodized on intelligence is particularly very low. One quarter of women (24%) did not know if packet salt contains iodine. Only 48% of rural women, compared to 60% urban women knew at least one benefit of consuming iodized salt, the most common being good food for health and prevention of goiter. Consumption of packet salt was much higher in urban households than rural households (93% vs.65%).

- Many rural retailers (63%) sell both packet and open salt side by side. The percentage of retailers selling open salt is still very high, particularly in rural areas (65%), while it is almost twice as common as in urban areas (35.4%). Three quarters (75%) of retailers believed that all packet salt contains iodine. Awareness on the Salt Law is very poor: only 8% of retailers know about the Salt Law.

- Owners of salt iodization factories lack motivation to produce only quality iodized salt. Deliberate disregard of the correct production procedures to reduce operational costs due to lack of incentives/disincentives for good/bad performance.

- Many of the factories from the small and medium scale using traditional processing methods do not use appropriate iodization techniques.

- Local level influencers are not fully aware of the benefits of iodized salt, and it is a low priority for them.

- Most of the crude salt is cultivated in southeast of the country. Lowest coverage of iodized salt is in Cox's Bazaar District (12%), followed by Chittagong District (66%), and in the 11 districts where coverage of iodized district is below 80%. As salt is available to them straight from the field at a cheaper cost, they collect it from the field and store it for the year. There is also a misconception that consumption of iodized salt is unnecessary because sea fish contain sufficient iodine. Some believe that sea water contains iodine by nature.

- Many of the other districts are in economically deprived areas of the country, where household purchasing power is severely limited, and where errant wholesalers purposely send non iodized or inadequately iodized salt. The soil in these areas is also particularly vulnerable to iodine deficiency.

- Importance of salt iodization and the CIDD project is low among policy makers and programme implementers.

- Pricing of quality iodized salt is not guided by the existing national policy. Due to incurring additional cost for producing quality iodized salt, the price of salt produced by the producers is likely to go up by about Taka 1.00 to 2.00 per kg for the end consumer. However most of the cases the retailer sells packet iodized salt at Taka 3 to 4 more per kg. While the open salt at cheaper price is available in same shop, poor consumers go for open salt.

- In rural areas, most commonly, salt is procured by consumers from nearby haats (markets) twice a week. In every haat there is a haat committee, formed of traders, local elites and people's representatives (UP members). It reports to the UNO (administrative chief of government), is responsible for maintaining law and order, cleanliness, solving disputes, etc. One possible role for this committee is to promote sale and monitoring of iodized salt through testing of salt. This will be further explored in developing the communication strategy for the CIDD project. The committee may also have the responsibility of testing salt offered by retailers on the haat days and identifying and exposing sellers of non iodized salt to the consumers.

Chapter 4
The Participants

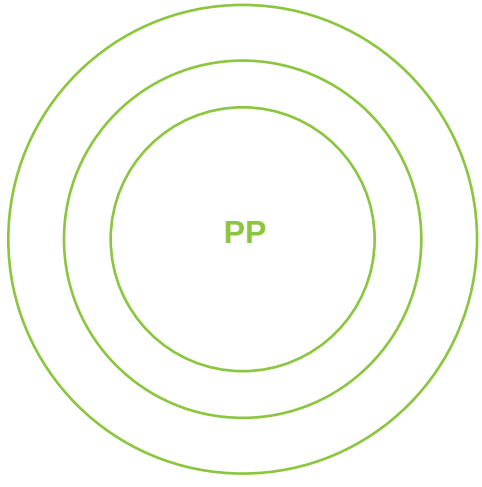
After the review of the programme structure, analysis of the participants and their behaviour is needed. For both, the same question is to be answered, "Who is to do what?" to achieve programme objectives. The purpose of participant analysis is to identify relevant participant groups, their characteristics, and what resources each group can access to bring about and maintain the practice of desired behaviours. Different communication strategies, messages and content for dialogue will be needed to address programme objectives for each group.

Participant analysis describes the people to be involved in programme activities in order to achieve programme objectives. They are also the participants in and targets of the communication strategy.

4.1 Analysis

The programme objectives and information from the situation analysis should be the basis for determining who the participants for communication should be.
In order to facilitate the identification of the participants and to see how they relate to each other, placing participants in three concentric circles is commonly done, putting the primary participant (PP) in the centre and secondary and tertiary in the subsequent circles (see the figure below).

Figure 3: Participant circle with primary



Primary participants

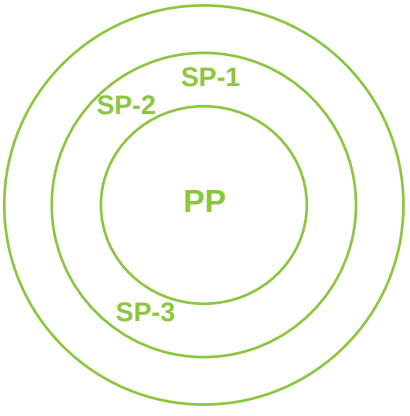
- The primary participant is the person whose behaviour is the main indicator of programme success (parent/caregiver of child being immunized, breast-feeding mother, parent/caregiver getting child vaccinated, adolescent girl, PLWA, caregivers of children eligible for primary school enrolment, backyard poultry farmers, etc.).
- It is important to note that sometimes, the primary beneficiary of the programme is not the same as the primary participant when it comes to behaviour change issues.

  For example in EPI, the beneficiary is the child, but in order for that child to be fully immunized, it is the caregiver's attitude and behaviour that is critical in achieving full immunization. Here, the caregiver is the primary participant.

Secondary participants

- Secondary participants (SP) are people whose behaviour or actions strongly influence the primary participant's behaviour. They come from the cultural and social environment of the primary participants. The situation and programme analyses will inform the choice of secondary participants. The communication strategy should work with the programme to include multiple ways these people can support the behaviour of primary participants-going beyond information and message dissemination. For example, in EPI, if the primary participant (PP) is the caregiver–most likely the mother–then secondary participants would be the father of the child (SP 1), mother-in-law (SP 2) or other senior women in the family (depending on the cultural norms), the government health worker-both community (SP 3) and facility-based (SP 4), community volunteers (SP 5), NGO workers (SP 6), and so on.

Figure 4: Participant circle secondary added

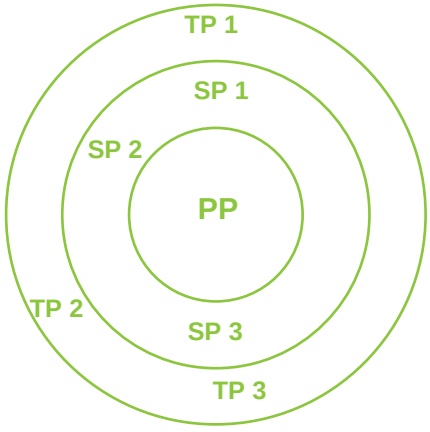


- Avoid using general terms such as "Stakeholders", "Community members" and "Religious Leaders". The situation and programme analyses will give information for selecting specific secondary participants such as, "UP Chairman", "Women in micro credit programmes" and "Community Hygiene Promoter". Specificity is important to include in the communication strategy in order to design effective activities later on.

Tertiary participants

- Tertiary participants (TP) are those whose actions indirectly help or hinder the behaviors of other participants. Tertiary participants' actions reflect the broader social, cultural and policy factors that create an enabling environment to sustain desired behaviour change. These might include parliamentarians, politicians and high level government officials (TP 1) who make policy and allocate resources, religious leaders (TP 2) (representing religious organizations at the national level), professional associations influencing service delivery policies (TP 3), CSOs (TP 4), etc. Again, the situation and programme analyses will inform the selection of tertiary participants.

Figure 5: Participant circle tertiary added



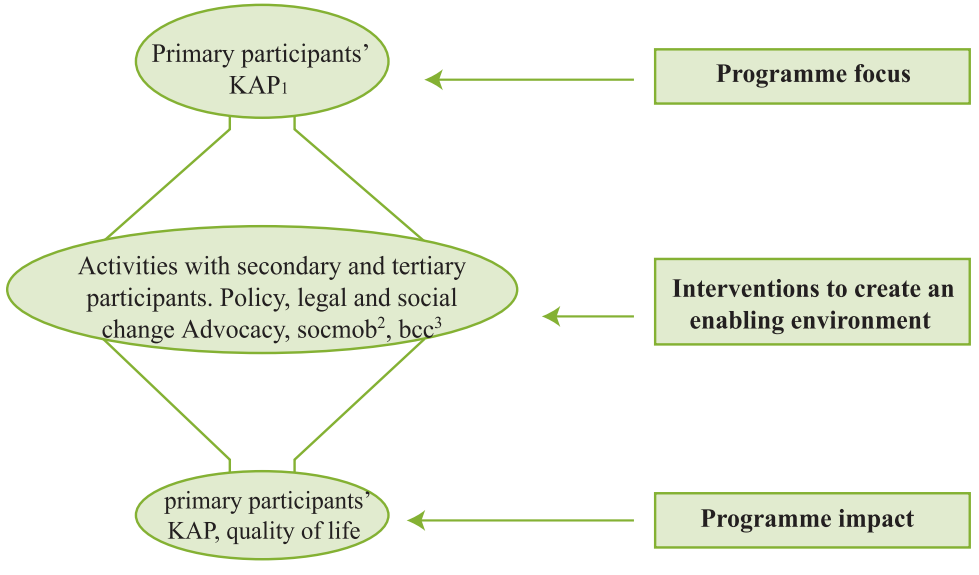
4.2 Building the Supportive Environment

Sustained change in the behaviour of the primary participant is more likely to occur in a supportive environment. A supportive environment consists of family and community, social and cultural norms, national policy, etc. Programmes and communication strategies must widen their focus to include creating changes in these environmental elements. Even when the end outcome of a programme is expressed as one participant group's behaviour, the intervention must cover a range of actors in the environment (see figure 5 above).

A common weakness in communication strategies is to plan most interventions targeting primary participants and little is done specifically targeting secondary and tertiary participant groups. Many people think that mass media will cover these groups. Yet, to create the supportive environment (see figure 6) necessary for effective behaviour and social change, specific interventions with adequate resources need to be included in the communication strategy.

For example, using life skills is the focus of an adolescent empowerment programme to eliminate child marriage and dowry. Many of the programme/communication activities focus on adolescents' use of life skills through peer-to-peer sessions. In addition, many activities are designed to create a social environment receptive to, and supportive of, behaviours of an "empowered" adolescent. Interventions include interactive activities with parents; local advocacy with and mobilization of religious and other community leaders; TV and radio programmes promoting social change highlighting adolescent achievements and issues (with adolescent reporters); interactive popular theatre to promote community dialogue; and national advocacy with the Ministry of Education to make secondary schools more "adolescent friendly". The communication strategy should be designed to support such activities.

Figure 6: Programme focus and supportive environment



1 Knowledge, Attitude and Practices
2 Social mobilization
3 Behaviour Change Communication

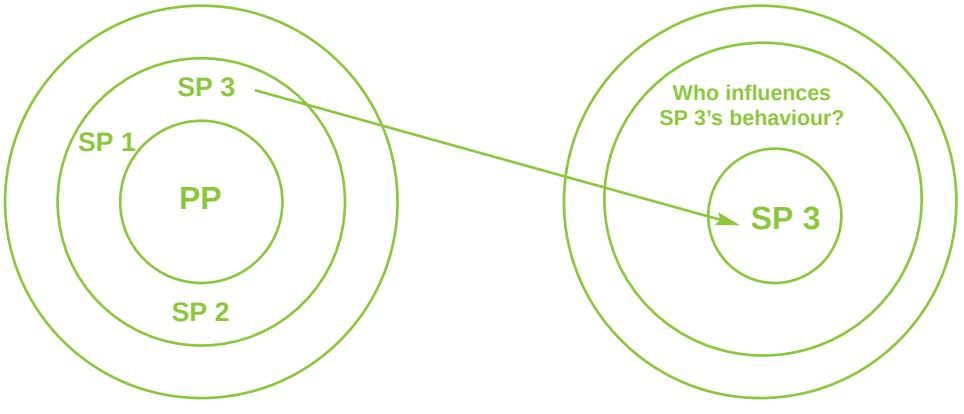
In order to plan how to engage secondary and tertiary participants in building the supportive environment, it is useful to put a microscope on those who have the most influence on primary participants. Programme analysis will inform which secondary and tertiary participants:

- have significant influence with the primary participant
- are most accessible to the programme
- would respond well to capacity building, and/or
- are already engaged in similar activities.

Conduct a behaviour analysis on these participants as well because their supportive behaviour needs to be sustained for an intervention to show any effect. What can communication do to support their involvement?

Using the adolescent empowerment project from before, in Figure 5, one of the most influential people in the adolescents' life is the father (SP3 in the circle below) whose behaviour is critical to the adolescent girl's "empowerment" (Primary Participant). Programme activities especially designed to attract fathers are being implemented. In the strategy planning process, put a microscope on the fathers of adolescent girls and ask questions such as: Who or what will influence the fathers' decisions regarding their daughter's future (religious leader, other men in the village, exposure to adolescent issues in the media, community elites, involvement in programme activities)? Activities and materials specifically designed to support fathers' role in supporting changes in adolescent daughters' lives should be included in the communication strategy.

Figure 7: Further analysis of key secondary participants



Chapter 5

The Behaviours

In both participant and behaviour analysis, the same question is to be answered, "Who is to do what?" to achieve programme objectives. As this question guides both analyses, they could be covered in the same planning sessions. They are separated here for clarity, but might be presented together in the strategy document.

This chapter focuses on two things: setting behavioural objectives and analyzing the behaviours or practices selected for change. The list of recommended behaviours is usually long and is based on risk assessment and expert advice. Since achieving behaviour change takes much more than knowledge, the list of behaviour change objectives should be very short. Indeed, the purpose of behaviour analysis is to select from the list only a few behaviours for change that are both important and feasible, and relatively easy for people to practice.

Behaviours to be analyzed are not just behaviours of the primary participant, such as taking children to be vaccinated, hand washing, child rearing practices, condom use and practicing bio-security measures on poultry farms. They also include the supportive behaviours or practices of selected secondary and tertiary participants such as, communication skills of health workers, grandmothers' behaviours to support breast feeding and immunization, advocacy actions of national and community leaders to support birth registration or universal immunization, writing/reporting skills of journalists for balanced and correct news coverage, or actions of community support groups. Having clear behavioural objectives is not only important for programme and communication planning, but for monitoring planning as well.

5.1 Behavioural Objectives

To form behavioural objectives, start with programme objectives and clarify the key behaviours needed (by whom) to achieve the objectives.

If the programme requesting the communication strategy does not have clearly defined behavioural objectives and participants, it is recommended that the programme conduct workshops or meetings with partners, stakeholders, and communities to develop objectives. These are important to programme planning for social and behaviour change and not just an issue for communication. Yet, it

might be the Communication Coordination Group/Task Force (see pg. 11) that spearheads the development of objectives.

A good behavioural objective is SMART, (Specific, Measurable, Achievable, Realistic and Time-bound), but in addition, it should state clearly who is doing the behaviour and state the behaviour to be practiced. Many programme objectives are SMART, but are not clearly stating who and what behaviour is to be achieved. Below is an example of a SMART objective and a SMART behavioural objective.

After 12 months from the start of project field activities, XX% of babies in District Y are exclusively breastfed for the first 6 months of life. (SMART, but not yet a behavioural objective.)

After 12 months from the start of field activities, XX% of mothers of newborns participating in the yyy programme are exclusively breastfeeding their babies (no additional liquids or solids) for the first 6 months of life. (SMART and we know who is doing what behaviour).

5.2 Behavioural Analysis

Most programmes base their behaviour change goals on a risk analysis which identifies all behaviours that put people at risk for death, illness, injury, malnutrition, trafficking, etc. But behaviours selected for communication cannot be based on risk alone. Underlying social, cultural and economic causes of current practice should be considered as well as the nature of the behaviour itself.

To do a behavioural analysis, look at the list of recommended behaviours and consider the following questions:

- To what extent will the health/social problem change if the behaviour is adopted? The relative risk of mortality in the first 6 months is more than two-fold lower in infants who are exclusively breastfed than in infants who are partially or not breastfed .
- Does the behaviour produce perceivable benefits? a) A mother may not be able to see that the incidence of diarrhoea has decreased because her family are all washing their hands properly; b) The health worker may not be able to see that taking the time and effort to explain the return date for next vaccination to each mother will result in more children being fully immunized in the facility catchment area.

- How complex is the behaviour? Does it have many steps? Complex behaviour includes mixing ORS, correct care of a new born, safely butchering poultry and burying of wastes, participatory teaching/learning methods in the classroom. If a desired behaviour takes large amounts of time, resources and skills, it will be hard to convince participants to perform it.
- What is the frequency of the behaviour? High frequency: hand washing on a daily basis after toilet, before meals/ food preparation, after cleaning child's feces. Low frequency: taking child for immunization 4-5 times over 12 months.
- What is the "cost" of engaging in the behaviour? How much effort is needed? In many cases, household responsibilities and work outside the home compete with a parent's time to perform desired behaviours. There is a high cost in effort and time in family members arranging transport for an emergency obstetric case or community health workers making household visits in hard to reach areas. There is a high social cost in negotiating condom use with a partner; or in refusing a good marriage proposal for a 12 year old daughter.
- For how long must one do it? Short-term: Household visits before a polio NID; administering ORS only during diarrhoea episode. Long term: Hand washing is a daily, life-time practice.
- Is it compatible with existing practices? People currently use water to clean poultry butchering materials. Desired behaviour is to wash materials with soap and water. Most people buy salt for family consumption-desired behaviour is to shift to demanding iodized salt.
- Can it be observed? Observable: immunization. Not observable: condom use, hand washing at appropriate times, eating adequately iodized salt.
- People are practicing the behaviour, but not correctly enough, long enough or frequently enough. Examples include: parents don't follow through on all vaccinations; breastfeeding vs. exclusive breastfeeding; parents withdraw daughters enrolled in school frequently for household tasks; man uses a condom with some of his partners some of the time.

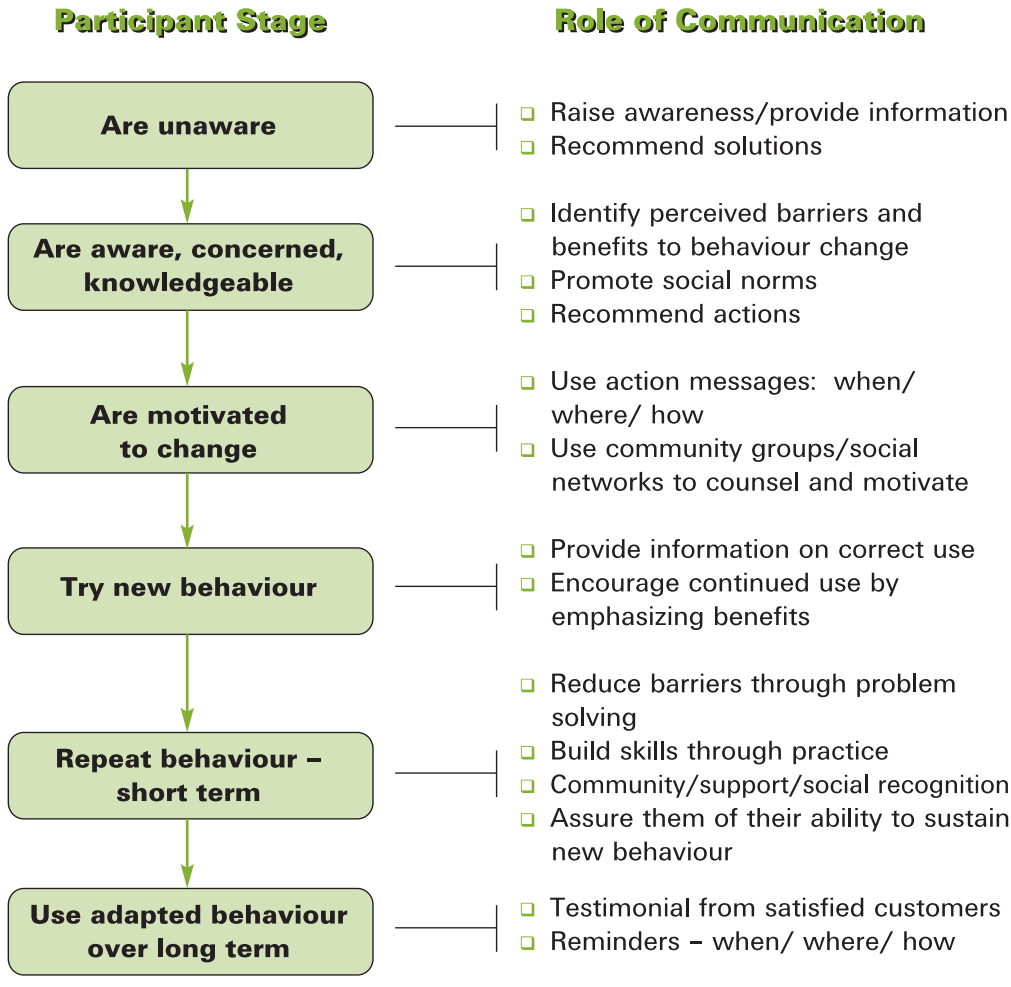
This analysis will help to focus the behaviour change components of the communication strategy. It will help to:

- Establish a comprehensive list of recommended behaviours to be promoted for information/awareness raising/knowledge, e.g. risk communication.
- Select only a few key behaviours for achieving change. This SHORT LIST of behaviours will be a compromise between all the behaviours recommended, and those that are considered the most adoptable by participants and most effective in addressing the development problem. It's the difference between what people should do and what they will do.
- Focus communication messages more strategically to respond to underlying causes or the difficult nature of the behaviour itself such as: a) overcoming short term negative results of engaging in the behaviour; b) building on existing behaviours to improve performance; c) mobilizing community support for complex and time consuming behaviours; and d) overcoming cultural taboos.
- Analysis should extend beyond the behaviour of primary participants and include the behaviours of selected secondary and tertiary participants to create the necessary supportive environment.

5.3 Stages of Behaviour Change

Analysis should also be undertaken to assess where the participant groups are in relation to their stage of awareness/knowledge/practice of desired behaviours. This will help to position communication activities and messages according to the "Stages of Behaviour Change" seen below. For this analysis, use data from recent surveys - especially ones that identify knowledge, attitudes and practices relating to the development issue.

Figure 8: Stages of Behaviour Change



Adapted from: Communication for Behaviour Change - The World Bank, 1996, by Cecilia Cabanero-Verzosa p 4 - Figure 2

It is important to put these stages of change together with the behaviour analysis which articulated the characteristics of the behaviours that participants should adopt. From this combination, the role of communication should emerge clearly and it will be possible to make a strategic selection of communication channels.

Chapter 6

The Communication Channels

Now that the participants in the programme have been identified and key behaviours have been selected, the Guideline will consider the characteristics of available communication channels. Channels must be selected to fit the participants and the communication task. Channel analysis will help to prevent the use of a communication channel for the wrong reasons: e.g. simply because counterparts like it or it is popular with the communication for development community.

6.1 Channel Characteristics

The matrix below (Table 1) describes the reach of each channel, whether it is suited to simple or complex messages, how adaptable is it to accommodate variation within an audience group, production and access cost and whether it can be used in an interactive way.

Table 1: Channel Characteristics

Channel Type	Reach	Type of Message (simple/ complex)	Adaptability	Cost	Possibility for interactive use
Television	Can reach very large audiences simultaneously if electricity and sets are available and reception is adequate. Reach differ between government and private channels, terrestrial and satellite channels. Availability of electricity key factor.	Because of broad scope primarily used to provide general information/ news/ entertainment to nation-wide audiences. Simple message preferable for spots, PSAs. Relatively more complex messages can be sent through drama, infotainment and talk show formats.	Caters to commonality of wide ranging dispersed audiences. Difficult to adapt to smaller and specific cultures, languages etc. Immediate audience feedback not available except phone-in shows, quizzes, letters, etc.	Production facilities expensive to install, operate. Production costs can be high. Buying air time to place contents can be prohibitive. At users' end, buying and running TV sets is costly in low income societies but watching often is free.	Quite high. Documentaries, Community based programmes, live call-in shows, discussions participated by cross sector of audiences are some of the possibilities.
Radio	Can reach very large audiences simultaneously if sets and batteries are available. Also depend on electricity. Radio is cheaper than TV. Availability of electricity key factor.	Primarily general information / news/ entertainment as above. Information can be more focused where multiple bands, local FM band and regional or community radio stations exist.	Same as TV except regional radio broadcast may cater to native issues in local language. Audience feedback available only through phone in programmes, letters etc.	Prices for radio sets are low but still considered an investment beyond everyday necessities for poor rural population. Buying batteries is a problem. Listeners' Club can lower costs.	Quite high. Through phone in programmes, community based participatory programmes, discussion programmes, reading and answering listeners letters etc.
Film	Can reach medium-sized audiences depending on availability of projection facilities (cinema halls, audio-visual mobile vans) Availability of electricity key factor.	Can be used/made for general or specialized audiences. General or very specific topics. Complex messages and scenarios can be depicted.	Once produced, not adaptable. Delayed audience feedback can be available. But with technological advancement, changing, editing, adaptation is easier.	Lengthy, costly production process. Viewing is reasonably priced through buying tickets to movie halls. DVDs relatively cheaper for middle, upper class audiences.	Variable. Generate discussion following screening. Q&A may be built into the programme.

Channel Type	Reach	Type of Message (simple/ complex)	Adaptability	Cost	Possibility for interactive use
Video/DVD	Can be used for broadcast or "home" viewing. Appropriate for both small and large audiences.	Can be used/made for general or specialized audiences. General or very specific topics. Complex messages and scenarios can be depicted.	Once produced, not adaptable. But with technological advancement, changing, editing, adaptation is easier.	Initial outlay variable according to quality of production desired. Copies of videos cheap to reproduce.	Quite high. Generate discussion after screening. Organize informal community viewing with dialogue. Q&A may be built into the programme.
Slides	Can be used effectively in interactive situation discussion groups, etc. Not suitable for rural and remote settings.	General or specific topics with small scale reach. Good advocacy tool for focused messages.	Audience and feedback available in small group settings. Easy to adapt.	Relatively inexpensive to produce with access to computer and accessories.	Quite high. Use of slides can make discussion points visible.
Newspaper	Can reach broad literate audiences rapidly.	Specific technical information/news/ information.	Once printed, not adaptable. But changes daily and web editions update constantly and are read by large numbers.	High publishing cost. Advertisements expensive. But information/news materials may be placed free.	Medium. Discussion of big news stories naturally takes place in the market places etc. Readers' forum.
Magazine	Can specifically target literate segments of public.	Can explain more complex health issues, behaviours.	Once printed, not adaptable.	Similar as newspaper.	Similar as newspaper.
Poster	Can have a good reach depending on numbers disseminated and placement.	Suitable for short and focused messages. Do not convey complex messages effectively.	Once printed, not adaptable.	Good design and graphic may be expensive. Usually reasonable prices for printing. Distribution may be costly.	May be used to generate discussion on a topic.

Channel Type	Reach	Type of Message (simple/ complex)	Adaptability	Cost	Possibility for interactive use
Leaflet, flyer, brochure	Depends on number and distribution.	Can explain more complex health issues, behaviours.	Once printed, not adaptable.	Similar as poster.	May be used to generate discussion on a topic.
Billboard, wall painting	Depends on placement.	Cannot convey complex messages effectively.	Once printed, not adaptable.	Inexpensive. Could be expensive if billboard needs to be installed	Limited.
Interpersonal Communication (IPC)	Groups or other individuals.	Good for specific, complex intimate information exchange.	Generally interactive with immediate feedback.	Cost factors include training, equipment, transportation, etc.	Highly interactive if not made top down.
Folk media including Interactive Popular Theatre (IPT)	Small to medium scale reach. With mobile units, the reach can be higher. Good for areas hard-to-reach for general media.	Simple, easily understood messages with local flavour and with entertainment.	Adaptable when interactive. Form may be too flexible and risk slipping from main messages.	Inexpensive. Cost factors include scripts, rehearsal, props and performance etc.	Quite high. Discussion with audience during or at the end of performance. Generate community dialogue.
'Miking' and other mobile media	Depends on mobility and regularity. Can reach people in inaccessible areas.	Simple, easily understood messages.	Easily adaptable.	Inexpensive.	If accompanied by leaflets, more information and can answer questions.

6.2 Mix and Match Channels

There are a number of ways to use channels, such as combining different media, which also promote effective behaviour change. It is worth listing some of these uses here.

- Many of the media/channels (poster, flyer, video, folk theatre) when combined with interpersonal communication (IPC), can become more effective behaviour change interventions. After the materials or a drama have been shown, a facilitator can lead an interactive session with the audience to reinforce the messages. Thus, these components of a communication strategy should be linked with on going programme activities. (e.g. Meena episodes are shown on video, followed by workbooks and other interactive activities.)
- Mass media can reinforce localized IPC activities. (e.g. The nationally televised countdown before the upcoming NID for polio eradication helps local volunteers going house to house to mobilize families on the day of the campaign.)
- With its broad reach, mass media can promote positive social norms. (e.g. drama serials model empowered adolescent girls and women participating in family decision-making; a documentary shows communities that have eliminated child marriage; radio broadcasts of testimonials of successfully using family planning methods.)
- Folk theatre can dramatize sensitive issues that people are unwilling to discuss directly. During interactive sessions after the performance, beliefs and behaviours can (safely) come into public view and begin social change at the community level.
- Broadcast media can broaden the reach of print materials to illiterate audiences. A poster can be shown on TV, read aloud and commented upon.
- Gender equity, rights, and ethnic groups can be represented in the creatives used in mass media in order to break stereotypes and include all participant groups.
- Folk theatre/songs can be used in areas where other channels cannot reach. Television will not reach areas with no electricity or where the national language is not readily understood; in sparsely populated areas, household visits are not cost effective ways to provide information, yet many people will easily gather to watch a performance on market days.

- For folk theatre to have maximum impact, local theatre groups, performers and singers can be selected and involved in the creation of scripts. This will ensure local context and the use of appropriate language and dialect.

6.3 Channel and Participant Match

It is critical to select the channels which best match the participants so the following points should be taken into consideration:

- Select channels that reflect the patterns of use of the specific participant group and that reach the group with the greatest degree of frequency, effectiveness and credibility. (Channels which reach adolescent urban girls will be different from those that reach adult male farmers).
- Understand that different channels play different roles (providing factual information, entertaining, etc.).
- Using several channels at the same time increases the impact of communication messages.
- Select channels that are accessible and appropriate (e.g. radio messages should be scheduled at the times participants are actually listening; print materials should be distributed only to literate participants who are used to learning through written materials; pictorial materials can be distributed to illiterate participants; interpersonal communication should come from credible and respected sources).

The effectiveness of a channel should be measured by its ability to get people to remember information; to be motivated to tell other people about this information; and to change their behaviour based on the information. A channel could also be considered effective if it provides timely information, creates a climate for change, efficiently reaches targeted groups of people and is cost-effective.

Summary

Having done all of the analyses, the participants, the behaviours and the channels will all have been identified. The linkages between them should be clear: which behaviours will provide a solution to the problem, which behaviours are the most important and the easiest to change, which participants can provide an enabling environment for desired behaviours, which channel is best for reaching each participant group and/or creating social change.

The next section of the Guideline will describe how to use these analyses to design the communication strategy by using communication components effectively to support the development programme.

Developing the Strategy

Background

Behaviour and social change do not result from increasing the individual's knowledge alone. Change entails creating a supportive environment within the family, immediate social network, and the broader community. A supportive environment includes policies that improve access to quality services, and leaders that promote social and behaviour change among members of society and allocate resources for programme activities. A supportive environment also includes community members contributing to the implementation of solutions in general, and to the support of individuals' own behaviour change in particular. The role of communication is to create positive change at all levels by using a combination of advocacy, social mobilization and behaviour change communication linked to programme interventions to create and sustain this environment to enable change.

At this stage, the results of the analyses can be used to create a comprehensive communication strategy that, through this supportive environment, will help to achieve the programme objectives. Communication is not a separate event- it should be integrated with and complement the programme's structures and resources.

The process for planning, implementing and monitoring communication should be done through the communities affected by the development programme. More than just pre-testing communication materials with relevant participant groups, communities need to be heard when defining problems and solutions, deciding what behaviours are do-able, organizing activities and monitoring outcomes.

Advocacy, social mobilization and behaviour change communication should then be created from community input together with experts' analysis of research and programme data. Because of its importance, community participation in communication strategy development, implementation and monitoring is the first topic in this section of the Guideline.

Community engagement and input must be integral parts of all aspects of strategy development, implementation and monitoring. This means that community participation should be built throughout the strategy and should be integrated into the design of the three communication components: advocacy, social mobilization and behaviour change communication.

Later, this section will look at clarifying communication objectives, then using a strategy matrix to help organize the three communication components around each communication objective. But first, it considers the fundamental ingredient of all communication strategies: community participation in the communication process.

Chapter 7

Community Participation

The community should be involved in all aspects of development-assessment, planning, implementation and monitoring. This is a well-established principle for successful development, and it is equally relevant to communication. Community engagement and input must be integral parts of all aspects of strategy development, implementation and monitoring. This means that community participation should be built throughout the strategy as a long term support system for sustainable behaviour change and not merely used as another channel for information dissemination or as another strategic approach.

In many communities, there are a number of groups - especially women, children, adolescents, the poor, the unemployed, the sick and disabled - that are unable to communicate effectively or to participate in decision making because of social biases against them, and/or their limited access to information and communication technology. They are excluded when the control of the development and communication processes are held by small, elite groups. A good communication strategy therefore, will create opportunities for those outside the elite circles of power to express themselves and to take part in the solutions which affect their own lives. For example, a good communication strategy will make sure that the community meetings held to plan the location of, and access to, new water pumps will include the participation of the women who use the pumps, as well as the poor, low caste, and other minority groups whose lives all depend on good access to clean water.

Community input in the communication process is when a small sample of participants is heard (such as through focus group discussions or responses to a KAP survey, coming to a planning workshop, or a community meeting) and their views inform strategy or message design for an entire programme. Community participation, on the other hand, is when community members' involvement results in activities they do in their own community. For example, a child health programme uses focus group discussions with mothers to design breast feeding messages and materials for health workers. This is using mothers' input which is not the same as when mothers' groups in every locality decide how they will support breastfeeding mothers and then implement their own activities.

It is useful here to share "Stages of Participation" (Aubel, 1993) to understand these distinctions further.

Table 2: Community Participation Levels

Participation Levels	Leadership	Community Organization	Mobilization Resources
Level 4 Communities lead the process to identify project priorities. They play a major role in the implementation of activities and occasionally seek the advice of development agencies.	Community leaders and women play an important role. Community leaders independently identify needs and plan and implement community health activities.	The community organizations are highly skilled in all phases of the community health activity: planning, management, and evaluation. They effectively manage all community activities, participants, and resources.	The communities are capable of foreseeing the resources needed to implement the activities, and they can mobilize the resources effectively, inside as well as outside the community. They effectively manage community resources.
Level 3 The community and development agencies jointly define project priorities. Community leaders and groups play the principal role, and development agencies provide support and technical advice.	Community leaders include representatives from all community groups. Women leaders play an important role in administering all the community health activities. Community leaders assume rincipal responsibility and seek technical advice from development agencies.	Community organizations have sufficient skills to identify needs for managing and evaluating ommunity health activities. The development gencies provide support and help build community capacity.	Depending on circumstances, the communities are capable of mobilizing human and material resources within the community and of obtaining resources from institutions outside the community.
Level 2 Development agencies define priorities. The communities are involved in all phases, but the development agencies play the principal role.	The communities are involved in designing the health activities. They are aware of the needs and interests of diverse community groups (ethnic groups, women, etc.). Community leaders rely substantially on the guidance of the development agencies.	The community organizations have limited skills for identifying needs and for planning and evaluating the health activities. They depend on health workers to provide guidance in all project phases.	Depending on circumstances, the communities are capable of mobilizing human and material resources within the community and of obtaining resources from institutions outside the community.

Participation Levels	Leadership	Community Organization	Mobilization Resources
Level 1 Development agencies develop and administer the project. The communities are involved in the project only at the implementation stage.	Project staff ssume leadership of project's health activities. Community leaders involved are mainly men who represent the community's traditional power structure.	The community organizations do not exist or they are weak; they are rarely involved in community health activities.	The communities rely primarily on resources that the project provides. Community contributions are generally limited to labor resources.

7.1 Community Participation in Communication

Community participation should be guided during the development of the communication strategy in order to fully engage the primary participants. These methods are effective ways of doing so:

- **Shift** emphasis **from delivery of messages** to or by community members, **to dialogue and linkages** with service delivery and/or local government. Advocacy at the local level for example, needs to be driven by community input.
- **Shift from problems to appreciation.** Approach the community engagement process from an appreciative perspective so that the local knowledge system is learned, understood and valued instead of perceived as an obstacle that must be overcome. For example, mothers-in-law often perpetuate traditional practices that undermine exclusive breastfeeding. A good communication strategy will learn about their role in the family and work with the strengths of this group to support exclusive breastfeeding in their family and community.
- **Adapt expert solutions to the community reality.** Value traditional wisdom and experiential knowledge alongside technical/scientific information and practices. The outcome (in action plans, behavioural objectives, messages, etc.) should be a blend.

7.2 The Process

The process described below to integrate communities into communication planning and activities is the same participatory process a programme would use. As much as possible, "communication" and "programme" should be working together through these steps:

- Use community dialogue to assess the situation. Use participatory rapid assessment techniques to draw out the community's own views. Make sure marginalized groups are participating. Participatory research should become an integral and ongoing part of the communication programming process.
- Revitalize community structures which will share community views with higher authorities (e.g. advocacy meetings of local organizations).
- Organize meetings to develop community action plans.
- Involve community structures in implementing activities.
- Design and implement ways that the community can monitor their own activities (including inputs, outputs and outcomes).
- Carve out time and resources in the communication strategy (especially if the programme has not done this sufficiently) to support the community's role in the steps cited above.

Chapter 8

Communication Objectives

A communication objective will state the anticipated effect communication activities will have on the development problem. They should indicate the expected change in knowledge, attitudes and practice (behaviours) related to the development problem in the participant groups as an end result of the communication programme.

Communication objectives identify how participants' and partners' behaviours will develop or change, to what extent and over what period of time. They should not be confused with a programme outcome or impact - but reflect only what communication can achieve. A communication objective should not describe an activity - it should express the outcomes of activities.

In developing objectives for the communication strategy, the behavioural objectives of the programme should be reviewed. The role that communication can play in achieving those objectives should be identified. This becomes the communication objective. Sometimes behavioural and communication objectives are the same, but not necessarily. For example, a communication objective might express knowledge or social change.

If the programme does not have clear behavioural objectives or the objectives do not clearly express social and behavioural change (these are the areas that communication can address), then programme and communication officers, and partners, should review the overall programme goals and objectives and develop a clearer understanding of what communication can be expected to achieve. From this dialogue will grow the communication objectives and an appropriately focused strategy.

Note how these objectives include both social and behaviour change. An important part of the strategy will be to promote the idea that “everyone is doing it”, that the new behaviour or attitude is acceptable. This is part of the enabling environment necessary to support desired behaviours over the long term.

All communication objectives should be **SMART**

1. Simple and clear
2. Measurable
3. Achievable
4. Reasonable
5. Time and location specific

Objectives will be easier to monitor and evaluate if they are structured using clear, action words that lend themselves to measurement, as opposed to qualitative words.

Below is an illustration of a hypothetical programme's development of communication objectives starting with the corresponding programme objectives. Programme objectives for: "People Living with AIDS (PLWA)"

1. Rights of PLWA assured with a supportive legal environment,
2. PLWA have access to quality and user-friendly health, financial and educational services,
3. PLWA are living in a social and cultural environment that does not stigmatize,

Behavioural objectives:

1. Selected civil society organizations take strategic action to bring legal change to assure the right to property, birth registration and health care for PLWA,
2. Service providers in health, finance and education sectors provide quality service to PLWA with dignity and equality,
3. PLWA and their family attend social, cultural and family events in their locality without facing stigma or discrimination

Communication objectives:

1. Through advocacy by selected CSOs, local authorities will assure the rights of PLWA to property, birth registration, and health care.
2. i) Health care providers in maternal health service who participate in

programme activities, treat and advise HIV positive women and their children with dignity and equality

ii) Management of selected banks create policy and ensure a positive environment in their branches near selected brothels and "red light districts" to accept sex workers and PLWA as equal clients

iii) School management and local government ensure enrolment of all children irrespective of their or their parents' HIV status

3. Relevant religious, social and community groups discuss at regular meetings, HIV/AIDS, compassion, myths and misconceptions, and hold events at least once a year to promote understanding for PLWA and their families

4. Journalists deliver accurate, evidence-based and balanced reporting on PLWA

Communication activities:

A communication strategy usually does not get to the activity level. While some activities might be suggested as examples, the strategy should focus on identifying expected participants, outcomes, channels and communication components (see next chapter). Activities are listed below to show the difference between an activity and an objective (which is achieved by an activity).

Examples of activities for communication objective 1:

- Build the capacity of legal advocacy groups and selected PLWA and sex worker self help groups to advocate effectively with legislators and key ministry officials on legal reform
- Develop appropriate advocacy materials with input from key stakeholders
- Develop an approach and advocate with national banks to be proactive in supporting compassion and equality for PLWA in society as well as in their branches

Examples of activities for communication objective 2:

- Provide awareness and attitude training and counseling skills to health care providers in maternal and neonatal health clinics, to bank staff and management, and to school management and teachers on HIV/AIDS transmission, and the need for compassion and understanding

- Conduct advocacy sessions with local government, district level health and education officials to create a positive environment in their institutions to accept and offer quality services to PLWA and their families
- Develop and air TV/radio spots on "compassion in the work place"- focusing on health, education and financial sectors

Examples of activities for communication objective 3:

- Develop and disseminate an "Understanding and Compassion" package of audio visual materials, games and songs to be used by social, religious and other civic groups to increase understanding and inclusion of PLWA in their activities
- Use a participatory approach, and include PLWA as much as possible in developing and using the package above with selected groups
- Empower local self help groups to forge positive linkages with social, religious and other civic groups for increased social contact

Examples of activities for communication objective 4:

- Develop briefing sheets in non-technical language on HIV/AIDS transmission, on safe practices, compassion, non-discrimination, etc. for journalists
- Design and conduct training for journalists of national and local newspapers, radio and television stations on balanced, neutral reporting of sensitive issues; on how to counter misconceptions of HIV transmission, etc.

Which objectives to use in the strategy document?

In writing the strategy document, it is not necessary, in fact it is confusing, to list behavioural, communication and programme objectives. Developing these objectives separately is often a function of the planning process: for example, communication planning is done at a different time or by different people than programme planning, so different objectives are developed. In these cases, the communication strategy document should list only the programme and communication objectives so it is clear what communication is expected to accomplish. Behavioural objectives will usually be embodied in the communication objectives so do not need to be repeated.

Chapter 9
Designing the Strategy

As mentioned earlier, this section will use a strategy matrix to help organize the three communication components - advocacy, social mobilization and behaviour change communication - around each communication objective.

It will describe briefly how to use results from analyses to:
1. decide which communication components are appropriate, and
2. shape the components to meet the communication objectives.

First it will look in more detail at the three communication components and then present the strategy matrix using the earlier example of EPI.

Note that not all components will be appropriate for each objective. Depending on analyses, be selective, and focus on a few key components so they are done well and are effective in achieving results.

9.1 Advocacy

Advocacy is communication targeted at leadership and the powers that be to take actions to support programme objectives. "Leadership" includes political, business and social leaders at national and local levels. Advocacy is NOT creating mass awareness or awareness among leaders. Advocacy should always go beyond awareness and lead to specified action.

Therefore, the advocacy component of the strategy should inform and motivate appropriate leaders to create a supportive environment for the programme by taking actions such as: changing policies, allocating resources, speaking out on critical issues, and initiating public discussion.

The backbone of advocacy-whether national or at the local level-comes from a combination of data analysis and community input. The chapter on Community Participation is relevant here in that the voice of the community should help direct advocacy objectives and activities.

Possible results of an advocacy intervention can be targeted leaders taking actions such as:

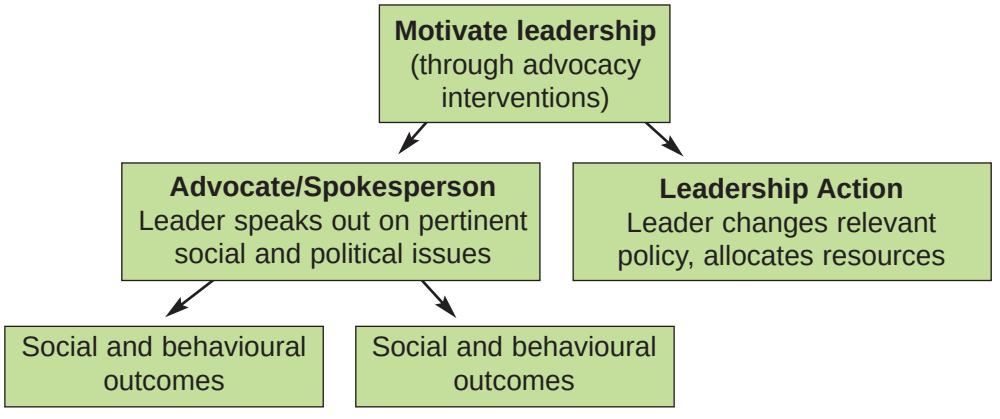
- Legal reform, or enactment of new law(s), or rules of business;
- Policy decisions, formulation of and/or reform;
- Administrative directives, rules; and
- Resource mobilization, financial allocation.

In addition, the advocacy component can build the capacity of leaders to become advocates themselves and speak out on issues pertinent to the programme to:

- Strengthen political will and remove blockages;
- Change funding priorities;
- Support policy change; and
- Address social barriers.

The graphic below illustrates the primary outcomes of advocacy.

Figure 9: Principle advocacy objectives to create a supportive environment



National level and local level advocacy

In planning the advocacy strategy, it is useful to distinguish between local level and national level advocacy issues. Policy and legal reforms mostly take place at the national level, whereas advocacy at the local level is geared more towards creating a supportive environment in the community where programme activities occur. (Example: Local leaders and district health care officials need to make sure that systems are in place for health workers to collect and validate birth data from every parent of a new born-whether the child was born with or without skilled attendance.)

It is also important that the communication strategy creates links between national and local activities. (Example: Small meetings with leaders at local, regional and national levels to share data on the issue and agree to share and emphasize the same key messages in public discussion on birth registration.)

Planning the advocacy component

To plan the advocacy component, there are three main parts to identify:

1. **Communication objectives advocacy can address**

   Refer to the communication objectives and pull out those objectives where advocacy can play a role. For example, to achieve 100% birth registration at the local level, advocacy with district government and health officials can supplement house-to-house visits, and training local administrators in BR procedures.

2. **Advocacy objectives**

   It must be stated here how advocacy will help achieve the communication objectives. The advocacy objective is an outcome (result) of advocacy activities; it should be SMART and be action oriented.

3. **Advocate/spokesperson or leadership action**

   From the participant analysis, review secondary and tertiary participants to choose those leaders whose desired actions can be motivated by advocacy-ministry officials to review and change laws to improve juvenile justice procedures, local school administrators to change school policy, local government officials for resource allocation, etc. Secondary and tertiary participants may also be chosen to become spokespersons and deliver advocacy messages themselves.

   When advocates/spokespersons and active leaders have been selected, it is helpful to analyze further their knowledge and attitudes towards the issues pertinent to advocacy. Use the matrix below (Table 3) to help in this analysis to see how best to "hook" or motivate advocates.

   In this matrix, universal birth registration (UBR) is used as the example because such a programme would be heavy in legal and policy reforms - in the areas of creating administrative provisions and creating systems that support the birth registration process. Such a programme illustrates identifying specific advocacy objectives and using advocacy alongside other communication inputs.

Table 3: Participant Analysis for Advocacy at the Local Level

Advocacy Leaders or Spokespersons	Knowledge about Objectives	Beliefs and Attitudes about Objectives	Issues the advocate cares about
Mayor of City Corporation	- Knows about the issue well through the leadership delegated to him from the national level - Also had several briefing and from being chief guest in BR events	- Mostly positive; sees no problem in supporting BR from a political consideration - Considers UBR to be a challenging task	- Building a positive image through leading an important issue - Appearing knowledgeable on the impacts of BR and the absence of it - Some think this is worth supporting e.g., RCC Mayor included BR in his election manifesto
Elected local Representatives UP Chairmen, Pourashabha Chair	- Somewhat knows about the issue but finds it hard to focus on because of myriad of issues competing for his attention	- Has heard the pros and cons of BR but has yet to internalize them. - Not sure if BR would truly make a social impact - Not yet sure of how supporting the issue would be good for him - Considers difficult to promote because of 'low demand' of BR - Complains about lack of manpower, materials, facilities and incentives needed to promote - Generally lacks level of education and understanding	- Wants to speak on issues that will add to his popularity in the area - Wants to find issues that he can be seen to be acting effectively on
Marriage Registrars	- Knows virtually nothing about BR and its social impact	- Do not see the importance of BR - Perceives BR as an unprofitable proposition for his business	- Continuing his age old business of registering marriage and taking a fee regardless of the age of people he registers

Advocacy Leaders or Spokespersons	Knowledge about Objectives	Beliefs and Attitudes about Objectives	Issues the advocate cares about
		- Finds no reason to support BR - Often not aware of his role in asking for certificate as a mandatory document (age vs. DoB) - Does not want to ask for fear of losing job	- Wants to keep his job
Journalists	- Generally aware of the BR initiatives but does not have in-depth understanding	- Mixed attitude. The ones enrolled in advocacy events or briefings understand better than those have not been exposed - Does not consider BR as a priority issue for coverage - Does not see linkages between proof of age with child marriage, trafficking and other issues. - Not sure about where the authority for the issue lies	- Writing stories that will strengthen his position with the media and with readership/ viewership - Looks for new and interesting issues - Wants to rub shoulders with powers that be thus follows-up issues that have the interest of the bigwigs

9.2 Social Mobilization

Social mobilization is a process of harnessing selected partners to raise demand for or sustain progress toward a development objective. Social mobilization enlists the participation of institutions, community networks and social and religious groups to use their membership and other resources to strengthen participation in activities at the grass-roots level. The backbone of developing the social mobilization component of a communication strategy comes from a combination of data, participant and behavioural analyses and community input. The chapter on Community Participation is relevant here in that the voice of the community should help direct social mobilization objectives and activities. Consultation will be needed with the community to ascertain which institutions, social, political and religious groups will have the most influence on the primary participants.

Examples of groups that may get involved in social mobilization include school teachers and students, religious groups, farmers' cooperatives, micro-credit groups, civil society organizations, professional associations, women's groups and youth associations. Whether formal or non-formal, organizations selected for social mobilization should be chosen according to the following criteria:

- Generally the group has a wide geographic spread over the country with a structure emanating from the national level down to lower levels of administration-to districts and below. Its participation in a cause can be triggered and activated at the national level. (e.g. Rotary International is a leader in social mobilization for polio eradication. It has a strong national presence, yet also has well-organized chapters at the local level.)
- The group is already known and accepted by the community targeted in the communication strategy.
- Normally, the task the group is required to perform is compatible with the values and principles underlying the group's core vision.

Social mobilization as a component in the communication strategy is best used when:

- The behaviour being promoted or the messages to disseminate are simple (e.g. "The EPI outreach team will arrive tomorrow. Bring your eligible children to this exact location.")
- People are generally aware of an issue, but there is a need for boosting

participation or a specific reminder. (e.g. School children talking to families about hand washing in the context of avian influenza prevention.)

Social mobilization is usually used in a campaign mode with a specific timeframe as the group members involved (e.g. church members, school teachers, boy scouts) are volunteering their time and cannot participate for an indefinite period.

Communication material to support the work of social mobilizers includes something to identify their role in the campaign (caps, T-shirts, bags) as well as some simple informational materials such as brochures or flash cards to help with message delivery.

A review of the situation and programme analysis would suggest groups for social mobilization, and participant and behaviour analysis will suggest what communication task can be accomplished through this approach.

9.3 Behaviour Change Communication

Behaviour change communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote behaviour change. Indeed, many prefer the term "behaviour development communication" or "interpersonal communication" for this component-all labels are correct, and all refer to the same process.

Refer to the communication channel matrix and stages of behaviour change to understand the characteristics of behaviour change communication so that it is used appropriately in the strategy-where individualized, complex information and problem-solving are necessary. This component should be designed and monitored so that it remains adaptable to the variation in stages of behaviour change-from both the frontline worker adapting any discussions according to the participant's current knowledge and practices, to programme officers planning the next deployment of house to house visits according to EPI coverage data. Thus, while this approach is labour intensive and quality varies according to the communication skills of individuals, it is also suited to fluid communication tasks. In addition, modern technology has recently enhanced the scope and reach of behaviour development communication such as radio and television 'talk shows' with phone-ins allowing for dialogue on a wider scale.

The backbone of developing the behaviour change communication component of the strategy comes from a combination of data, participant and behavioural analyses and community input. The chapter on community participation is relevant here in that the voice of the community should help direct behaviour change communication objectives and activities.

Below are some issues to be considered when planning the behaviour change component in the communication strategy:

- Which communication objectives need individualized information and problem-solving to be achieved (e.g. persuading caregivers of the importance of fully vaccinating their children)
- Who are the most appropriate participants to conduct inter-personal communication (e.g. service providers, peer educators, NGO and government frontline workers, health workers, community leaders)
- How will chosen communicators use inter-personal communication-(e.g. through programme activities, community meetings, house to house visits, during health clinic visits)
- What is the capacity to undertake inter-personal communication (e.g. preparation could include sharing technical knowledge, communication skills training and encouraging the development of an appropriate attitude toward the participant group being contacted)
- How can the inter-personal communication activities of front line workers or volunteers be sustained? (e.g. what resources and activities are necessary for their continued motivation and support)
- Have appropriate messages and materials been developed (e.g. messages which have been developed using community participation, problem solving, and dialogue)
- Suggested indicators (e.g. to capture the extent to which front line workers used the required skills, and to monitor the outcomes of sessions - i.e. what behaviour change has come about in primary participants, etc.)

Here is a brief example of behaviour change communication: in using peer education for behaviour change of female sex workers (negotiating consistent and correct condom use with every client), the behaviour change communication approach should be based on the behaviour stage of the sex worker. For example, if she already knows the benefits of condom use but does not have a good

condom use rate, the approach would use research to see what the barriers are to condom use and incorporate those into the behaviour change approach (e.g. does it require a change in attitudes of madams, pimps and hotel management; or skills for negotiation; or targeting clients as well as sex workers?)

9.4 Communication Strategy Matrix

Having looked separately at the three communication components, they need now to be put together to create a communication strategy. Here is a matrix (Table-4) to help with planning around each communication objective. It illustrates how the three communication components are used strategically to accomplish each communication objective.

This example uses a national EPI programme focusing on reducing dropout in low performing districts (LPD). In this case, national surveys show an average coverage for the first vaccination (BCG) at 95%–which means that most parents have access to adequate services and are aware of vaccination for infants. But, at the end of 12 months, the national survey shows completely vaccinated coverage at only 65%. Thus, the government has targeted 16 low performing districts (completion rates at 50% or lower) for intensive work. Surveys show reasons for dropout to be: lack of political will at local levels, parents not clear on the time and reason for repeat visits, poor communication between communities and outreach teams, marginalized groups suspicious of vaccine safety, parents too busy to go for repeated vaccination, and poor communication between individual vaccinators and guardian as the immunization site, etc.

Table 4: Matrix of Strategic Components for Expanded Programme on Immunization (EPI)

(Programme Objective: Raise coverage rate (completely vaccinated by 12 months of age) by 15% from baseline in selected (16) low performing districts (LPD) three years from start of project.)

Communication Objectives	Communication Components		
Objective	**Advocacy**	**Social Mobilization**	**Behaviour Change Communication**
Objective 1 Increase commitment of national, local, and community leadership to improve coverage of fully immunized children (12 months old) in 16 low performing districts (LPD) by year 20XX	**National level** Meetings arranged of key politicians, parliamentarians and Ministries (esp. MOH and MOEd) to share data on coverage rates (high dropout), and to convince them of the importance of full immunization coverage including economic and political advantages of supporting of full coverage. **Local Level** District Medical Officers organize meetings of local government and civic leaders to mobilize resources for routine and intensified immunization activities.	Community women's groups distribute IEC materials in busy public places to raise community awareness of immunization and full coverage. Interactive popular theatre performances in LPD to dramatize the year-long commitment of parents to fully vaccinate their infant. TV spots focusing on complete immunization. Feature mobilization of communities to support parents of eligible children.	
Objective 2 Increase X% from baseline, parents' and caretakers' knowledge of importance of full immunization, vaccination schedule, service points, etc.	**National level** **Local Level** Orientation sessions for local elites and opinion leaders to engage them in local activities to improve coordination between community and health services.	1) Meetings with community members (including marginalized groups) to problem-solve on issues hindering family participation in vaccination. 2) Community group (teachers/school children, mothers' group, local civic group) identified to mobilize and inform parents. 3) Arrange "event" on market days to reach men and women about drop-out problem and importance of completing vaccination schedule.	HWs (vaccinators) counsel women at each vaccination session on her time to return for next injection/ drops. Community volunteers visit homes of drop-outs on a monthly basis to invite them to vaccination session.

Communication Objectives	Communication Components		
Objective	**Advocacy**	**Social Mobilization**	**Behaviour Change Communication**
Objective 3 Increase 30% from baseline, participation in outreach vaccination sessions in hard-to-reach areas. (mobile teams visiting remote villages)	**National level** **Local Level** 1) Meetings with local leaders to improve coordination/information between health personnel and local community. 2) Orient religious leaders on vaccination (using religious-oriented messages) so they speak to congregations about the safety and benefit of fully vaccinating children.	Meetings with community members, including marginalized groups, to make action plan for better cooperation between parents and visiting vaccination team. Selected group (school children, Boy Scouts, mothers' group, religious group) informs community members days before and day of scheduled visit from vaccination team. Miking on day of vaccination.	Vaccinators inform each mother/caretaker at session when she should return for next vaccination. Certificate of completion given as appropriate. Mothers/caretakers informed about importance of vaccination card (child's health card)-keeping it safe, and bringing it to each session. Discussions in tea stalls, shops, markets-where men gather-to inform and gain their support for fully immunizing their children.
Objective 4 X % of health workers involved in vaccination use x% of communication skills and correct information every time they organize sessions with parents, family and community members.	**National level** Sessions with Ministry of Health to support communication training and materials development for all levels of service providers. **Local Level**		Train/orient service providers Include practice in interpersonal communication with individuals and groups and community mobilization using new communication materials.

Next Steps

Chapter 10

Monitoring Communication Outcomes

Monitoring communication outcomes means making periodic checks on "How are we doing?" by tracking who-is-doing-what.

While both monitoring and evaluation attempt to measure results, the difference is that monitoring should track inputs, outputs and intermediate outcomes so that adjustments can be made to the programme during implementation. Monitoring should also limit the number of indicators so that data are easy to collect, analyze and disseminate periodically during the life of the communication activities. Monitoring should focus on WHAT is happening (are frontline workers using communication skills? Are adolescents talking to their parents about education and delaying marriage?) Evaluation, on the other hand, is a more comprehensive study of communication's role in the overall programme, and is done, usually, at the end of the programme cycle. By being more comprehensive, evaluation explores WHY behaviours are/are not happening. Monitoring becomes too heavy if it addresses these issues.

In the communication strategy, the chapter on monitoring should avoid two common mistakes seen in many communication strategy documents.

- Avoid lecturing about the value of monitoring and why the communication activities should be monitored. By now, the value of monitoring is well known, however, few programmes actually monitor outcomes and use the data during the programme. By suggesting outcome indictors based on

the objectives, the communication strategy will contribute to a sound monitoring plan for the programme.

- Avoid developing a complete monitoring plan at the time of strategy development (indicators, sample, tools, who will monitor, frequency of data collection, etc.). Again, suggest the indicators that should be incorporated into the programme's plan and then join the group working on monitoring for further development.

Most programmes are usually designed following the four elements from the log frame. (See Tables 5 and 6) Communication objectives are usually outputs and outcomes.

Table 5: Communication Objectives: Outputs and Outcomes

Input	Output	Outcome	Impact
Communication training of peer educators	Peer educators using communication skills learned in training	IDUs who come in contact with peer educators, demand clean needles	Change in HIV/AIDS morbidity/mortality rates in IDU population

IDU = Injecting Drug Users

Indicator: % of peer educators using 4/6 communication skills in every counseling session

Indicator: % of IDUs demanding clean needles

Outputs can include the reach of broadcast or other mass media, message recall, number of household visits, number of courtyard meetings, degree of use of communication skills by frontline workers, number of community action plans developed, etc.

Outcomes would be any resulting knowledge or behaviour change in any participant group: parents bringing children for complete vaccination over time, local leaders supporting programme activities through specific actions, more women breastfeeding exclusively, timely care seeking for children with respiratory infections, zero open defecation, more dialogue between adolescents and parents (on specified topics).

Impact is the ultimate change in a beneficiary's quality of life such as, lower mortality of neonates, lower rates of child marriage and use of dowry, polio free country, higher school completion rates and improved learning competencies, etc. Many factors beyond communication contribute to these results- less corruption,

improved access to better quality services, poverty reduction, cessation of armed conflict– so communication should stick to outcomes directly resulting from communication activities. Who-is-doing-what?

In the monitoring chapter of the communication strategy, include a description of the capacity of the programme and possibly suggest how measuring communication indicators can be incorporated into the existing monitoring plans and infrastructure. (Literature on "participatory monitoring and evaluation" is helpful. See references in the Appendix– 2).

Here is an example of monitoring indicators for the EPI programme addressing the high drop out rate in low performing districts. The communication approach was to ask community volunteers on a monthly basis, to visit those homes with "dropped out children" and motivate them to bring their child to the health facility to finish the vaccination series. The two monitoring indicators track an output and outcome directly resulting from the communication activity.

Table 6: The Expanded Programme on Immunization (EPI): Dropout reduction

Input	Output	Outcome	Impact
HW gives list of households with children dropped out of EPI schedule to volunteers. Volunteers trained in IPC skills	Volunteers visit households on list and use IPC skills to inform and motivate	Parents and caretakers reached by volunteers bring children for vaccination in timely fashion	Change in morbidity and mortality rates of children under 5

HW= health worker
HH= household

Indicator
% of HHs (of dropouts) visited by volunteers

Indicator
% of HHs visited that complete vaccination schedule

10.1 Participatory Monitoring

More and more, when development programmes do M&E, they are adopting an approach called, "participatory monitoring and evaluation", where the people addressed by the programme are also involved in monitoring and evaluating its activities. For communication, this means that the people targeted by communication activities are also involved in tracking progress, and reflecting upon and learning from their own experiences. Through wider participation in M&E, the focus is very much on learning for everyone involved, not on police-work

by programme managers and donors. Ideally then, a broad range of beneficiaries and stakeholders participate. By taking part in tracking the progress and analysing the results of the activities in which they are involved, the participants' motivation and sense of ownership is substantially improved, and the project is more likely to sustain over time. Essentially, "participatory M&E" is applying the principles of community participation to the M&E process. (For further information, see suggested reading in the appendix : Additional Resources).

Chapter 11
Funding and Budget Design

When writing a strategy, it is important to identify funding sources and to design a strategy which will keep within the budget. Funding is an important issue for the programme's communication committee to address before designing a communication strategy.

The analysis of participants, behaviours, and communication channels should provide the information about where to spend the budget most effectively. For example, if some participants in the EPI programme cannot read, but listen frequently to the radio and believe it is credible, the most effective to use the budget would be on radio interventions rather than brochures to deliver messages. The Channel Characteristics Matrix in the earlier section can give an indication of the costs of different channels, as well as what reaches who most effectively. All this information should be taken into consideration in the budget design.

Basically, resources will need to be allocated to seven major areas in a communication programme:

1. Communication research
2. Monitoring and evaluation
3. Training/capacity-building
4. Development and production of print materials
5. Development and production of broadcast materials
6. Special events
7. Local planning and coordination meetings

The details of the allocation of funds will not, of course, be needed in the strategy, but the strategy must not be so ambitious as to outstrip any possibility of funding its implementation.

Chapter 12

From Strategy to Implementation

As stated earlier, the purpose of this Guideline is specifically to help in writing a communication strategy for a development programme. It does not include developing a plan for implementation. But it is useful here simply to outline the lead-up to the next phase.

The communication strategy will now have accomplished the following:

- The participant groups involved in the programme intervention will be identified-primary, secondary and tertiary.
- Through research, which has used as much as possible, community participation, will have revealed a lot about the social and cultural issues influencing participants' behaviours.
- The behaviours and practices to promote and change will have become clear.
- The channels and media will have been selected according to participants, behaviours and social norms to be changed, complexity of messages, and so on.
- Communication components will be strategically selected and adapted to achieve each communication objective.
- Communication indicators of intermediate outcomes will be identified.

The strategy document should be disseminated in the draft stage for comments from the Communication Coordination Group and other key stakeholders; and in its finished form, to a wider circle of stakeholders, counterparts and partners.

The next step will be planning the implementation: Who's going to do what? When are they going to do it? What resources and other inputs are necessary? Following planning, implementation begins. Here, the messages, materials and training programmes will be developed through continued contact with communities for local planning. All of these activities will be focused both to reach the primary participants directly and through secondary and tertiary participants, to create an environment supportive of the behaviours featured in the communication strategy.

APPENDICES

Appendix 1: Sample Terms of Reference for a Communication Coordination Committee

Sample Terms of Reference* : inter-sectoral Committees or working groups

The role of the National, Regional, District and Ward Inter-sectoral Committee (Working Group) is to plan, coordinate and ensure successful implementation and management of communication activities for programmes of safe water supply and environmental sanitation.

The tasks are to:

- Develop national, regional, district and even community-level communication plans for establishing, monitoring and reinforcing recommended behaviours
- Participate in identifying issues and problems relating to communication activities
- Participate in planning and management of communication research activities in collaboration with water and environmental sanitation staff and other resource persons

- Use research findings to develop strategies and plans for addressing identified issues in the water and environmental sanitation programme
- Oversee implementation of communication for community participation and management activities, and for motivational activities; inputs such as training, traditional and mass media, use of community networks for information, motivation and monitoring purposes
- Plan and supervise implementation of major communication initiatives, such as national communication activities
- Mobilize resources for communication programmes internationally, nationally and within local communities
- Facilitate formation of national and lower level committees and other structures to support the safe water supply and environmental sanitation communication programme
- Develop and implement training and other capacity-building activities that will strengthen communication related to safe water supply and environmental sanitation at all levels
- Supervise and coordinate safe water supply and environmental sanitation communication activities throughout the country
- Facilitate monitoring, evaluation and utilization of data collected to improve planning of safe water supply and environmental sanitation communication activities at all levels
- Ensure that the safe water supply and environmental sanitation communication programme is managed efficiently and effectively.

Membership

The national inter-sectoral committee should be multidisciplinary in nature, with broad membership, to enable mobilization of community support and resources from a wide base. The committee should include representatives of lower levels.

Lower-level communication committees - regional, district(s), wards (which may be community-level, depending on the local structures) should draw members from similar organizations operating at their level.

When there are multiple levels, it is suggested that the national group takes care of capacity building, research and coordinated planning, supervision, monitoring and evaluation.

Regional and district groups should develop communication plans relevant to their immediate catchment areas. Some functions will be similar to those of the national level committees, with the difference that they are operating at a lower level and supporting safe water supply and environmental sanitation activities at a lower level.

*Taken from a UNICEF Manual on Communication for WES Programmes, WES Technical Guidelines Series No. 7

Terms of Reference
National Communication Task Force for Avian/Pandemic Influenza

SRI LANKA

I. BACKGROUND

The National Coordinating Committee for avian influenza and pandemic influenza agreed to form a National Communication Task Force for AI/PI.

Objectives:

a. To develop and implement a comprehensive communication strategy that would inform and motivate different audience groups to prepare and respond to any eventual outbreak of avian influenza and pandemic influenza in the country.

b. To ensure technical consistency, clarity, accuracy and transparency in communication strategies, particularly in message development and timely dissemination of information about prevention measures and mitigation of avian influenza and pandemic influenza.

II. GENERAL FUNCTIONS OF THE TASK FORCE

The Task Force will:

- Develop a comprehensive communication strategy addressing the information and training needs and defining advocacy and public information, social mobilization and behaviour change communication approaches for preparedness and response actions for AI and PI among defined audiences.
- Develop a protocol for and sub-contract a behaviour analysis or behaviour mapping exercise of identified audience groups who may be at risk of avian influenza and pandemic influenza.
- Take stock of ongoing parallel communication initiatives for collaboration and cooperation with other stakeholders to ensure consistency in strategy and messages.
- Develop training protocols for specific audience groups on preparedness and response actions if and when an AI and/or PI outbreak happens.
- Identify what gaps and needs may exist in terms of risk and crisis communication, training, etc. and take appropriate measures to close these gaps as per strategy.

- Develop a set of core principles to be adhered to in the planning, implementation, monitoring and reporting of the communication strategy.
- Develop a monitoring tool and check list to detect any need for adjustments or changes in strategy implementation and to track problems and needs related to adoption by intended audience groups of practices/prescribed behaviours.
- Oversee the pre-testing of messages, methods and materials developed by the Task Force or as subcontracted, to ensure audience attention, comprehension and acceptability, and that the message is persuasive, culturally appropriate, and accurate.
- Sub-contract the development, production and dissemination of the communication materials. And develop MOU's with existing partners and mechanisms for the distribution and dissemination of materiasl.
- Partner with and engage media executives and practitioners in orientations, briefings, and message dissemination to ensure message accuracy coordination and consistency in the timing of messages released to the public.
- Validate all messages for technical accuracy and consistency with globally prescribed messages.
- Designated representative/s to attend regular meetings of the UNCT AI/PI Committee.
- Report to the National Steering Committee on actions of the Communication Task Force and refer needs, e.g., funding and other resource gaps, problems, issues and challenges to the National Steering Committee as well as the UNCT AI/PI Committee as deemed fit.
- The National Communication Task Force for AI/PI will meet biweekly (every other Thursday at 10.00 am) at (UNICEF or a pre designated venue).

III. SPECIFIC FUNCTIONS OF MEMBERS

- **Co-Chairs:**
  - Ministry of Health
  - Department of Animal Production and Health
- **Facilitator and Secretary:**
  - UNICEF Sri Lanka
- **Members**:
  - WHO - Technical guidance (Health)
  - FAO - technical guidance (Animal)
  - Health Education Bureau - Lead communication initiative
  - Family Health Bureau - School Health
  - Epidemiology unit - Lead Technical guidance (Health)
  - DAPH - Lead Technical Guidance (Animal)
  - UNICEF - Technical guidance, Communication support, Facilitate and be the member secretary of the Task Force

Other members will be co-opted for as and when required.

IV. NATIONAL COMMUNICATION TASK FORCE MEMBERS

- Ministry of Health:
  - Health Education Bureau - Dr. Sarath Amunugama & Dr. Kanthi Ariyaratne
  - Family Health Bureau - Dr. Vinitha Karunaratne
  - Epidemiology unit - Dr. Nihal Abeyesinghe & Dr. Paba Palihawadena
- Department of Animal Production and Health - Dr. S. Amerasekera
- WHO - Dr. Hendrikus Raaijmakers & George Cook
- FAO - Dr. Kuruppuarachchi & Sarath Arambawela
- UNICEF - Surangani Abeyesekera & Junko Mitani
- World Bank - Dr. Kumari Navaratne
- Disaster Management Center - Mr. Chandradasa

V. Sri Lanka UN COUNTRY TEAM AI/PI CONTACT POINTS

- **WHO** : Dr. Hendrikus Raaijmakers (henrikus@whosrilanka.org)
  George Cooke (george@whosrilanka.org)
- **UNDP** :
- **FAO** : Dr. Kuruppuarachchi
- **ADB** :
- **IOM** :
- **UNICEF** : Dr. Aberra Bekele, Head Early Childhood Section (abekele@unicef.org)
  Surangani (Surani) Abeyesekera, Programme Communication Officer (sabeyesekera@unicef.org)
  Junko Mitani, Communication Officer, (jmitani@unicef.org)

VI. REGIONAL CONTACT POINTS for AI/PI

- **UNICEF ROSA** : Dr. Teresa Stuart, Regional Programme Communication Adviser (tstuart@unicef.org)

  Mr. Martin Dawes, Regional Communication Adviser (mdawes@unicef.org)

  Dr. Ian Pett, Regional Health Adviser and ROSA Focal Point for AI/HI (ipett@unicef.org)

  Ms. Adriana Zarrelli, Regional Emergency Planning Adviser (azarrelli@unicef.org)

- **WHO SEARO** : Dr. Subhash Salunke, Regional Advisor for Communicable Disease Surveillance and Response and SEARO Focal point for AI/HI (salunkes@searo.who.int)

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- **FAO South Asia Sub-Regional Office** : Dr. Mohinder Oberoi
  SAARC Regional Coordinator-TCP/RAS/3008 and FAO Focal Point for Avian Influenza (Mohinder.Oberoi@fao.org)

Appendix 2: Additional Resources and List of References

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11. See The Communication Initiative, www.comminit.com, for descriptions of and further references to the P-Process, ACADA, and COMBI

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For every child
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