STRATEGIC COMMUNICATION
- FOR BEHAVIOUR AND SOCIAL CHANGE IN SOUTH ASIA

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Acronyms

ABC	Abstinence, Be Faithful, Consistent and Correct Condom Use
ACJA	All Chinese Journalists Association
AED	Academy for Educational Development
AFC	Asian Football Confederation
AIM	AIDS Impact Model
BCC	Behaviour Change Communication
BMC	Block Mobilisation Coordinator
BRAC	Bangladesh Rural Advancement Committee
CATS	Community Audio Towers
CBCMS	Community-based Child Monitoring System
CBO	Community based organisation
CCTV	China Central Television
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CIDSS	Comprehensive Integrated Delivery of Social Services
CIIR	Catholic Institute for International Relations
CMC	Community Mobilisation Coordinator
CNCCC	China National Committee for the Care of Children
CO	Community Organisers
COMBI	Communication for Behavioural Impact
CPC	Country Programme for Children
CPMA	Chinese Preventive Medicine Association
CRC	Convention on the Rights of the Child
DANIDA	Danish International Development Agency
DILO	Day in the Life Of
DOH	Department of Health
DPT	Diphtheria, Pertussis, Tetanus
DSWD	Department of Social Welfare and Development
EAPRO	East Asia and the Pacific Regional Office
EE	Entertainment Education
EPI	Expanded Programme for Immunisation
FAO	Food and Agricultural Organisation
FCHV	Female Community Health Volunteer
FIC	Fully Immunised Children
FSR	Farming Systems Research
FSW	Female Sex Worker
GIPA	Greater Involvement of People living with HIV/AIDS
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

INGO	International Non-Governmental Organisation
IDR	Institute for Development Research
IDU	Intravenous Drug User
IPC	Interpersonal Communication
JHU/CCP	Johns Hopkins University/Centre for Communication Programmes
KABP	Knowledge, Attitudes, Behaviour, Practices
KAP	Knowledge, Attitudes, Practices
M-RIP	Massive, Repetitive, Intense, Persistent
M&E	Monitoring and Evaluation
MBN	Minimum Basic Needs
MCA	Ministry for Civil Affairs
MCHW	Maternal and Child Health Welfare
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOV	Means of Verification
MPO	Master Plan of Operation
MSM	Men having Sex with Men
MTSP	Mid Term Strategic Plan
MTV	Music Television
NGO	Non Government Organisation
NID	National Immunisation Days
NNVAW	National Network on Violence against Women
NVAP	National Vitamin A Programme
OPV	Oral Polio Vaccine
OVC	Orphaned and Vulnerable Children
PAR	Participatory Action Research
PDA	Population and Community Development Association
PDC	Participatory Development Communication
PLHA	People Living with HIV and AIDS
PM&E	Participatory Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
PPI	Pulse Polio Immunisation
PRA	Participatory Rural Appraisal
ROSA	Regional Office for South Asia
SIGNS	Safety Injection Global Network
SNID	Sub National Immunisation Days
SMC	Social Mobilisation Coordinator
SPO	Senior Programme Officer
SRA	Social Reform Agenda
STI	Sexually Transmitted Infection
TOMA	Top of Mind Analysis
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund

UP	Uttar Pradesh
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VCTC	Voluntary Counselling and Testing Centers
VHWs	Voluntary Health Workers
VJs	Video Jockeys
WCARO	West and Central Africa Regional Office
WFFC	World Fit for Children
WHO	World Health Organisation
YP	Young People

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Foreword

South Asia has a long tradition of using communication to promote development goals. Communication approaches have been variously used for promoting immunisation, prevention of diarrhoeal dehydration and HIV/AIDS, female literacy, among others. These have been in the form of mass media campaigns, radio programmes, posters, street plays and localized outreach through communities and NGOs.

Many communication initiatives have succeeded in enhancing public awareness, but have failed in going beyond awareness, to stimulate positive changes in attitudes and practices toward creating lasting social change. Communication, to impact on sustainable behaviour change among individuals and groups on a large scale, needs to be strategic, participatory, based on evidence from research, results-oriented and well-funded. These are key considerations for donors and governments as we all strive to achieve the UN Millennium Development Goals.

To stimulate using strategic communication more effectively, the UNICEF Regional Office for South Asia (ROSA) and the UNICEF India office, organized an experts' consultation on Strategic Communication for Behaviour and Social Change in South Asia in New Delhi from 22 to 24 September 2004. This working paper synthesises the latest concepts, strategies and lessons learned in strategic communication shared at the consultation.

We are grateful to Professor Jane Bertrand, Professor Maria Celeste Cadiz, Dr Everold Hosein, Mr Milan Kanti Barua, Mr Lloyd Mathias, Dr Will Parks, Mr Vikram Raizada, Mr Guy Scandlen, Mr Ram Shrestha and Professor Arvind Singhal for sharing their invaluable experiences and insights at the consultation. Ketan Chitnis, Anuradha Mukherjee and Nirupama Sarma worked relentless hours writing up the presentations and discussions for this working paper. Ketan Chitnis edited the draft, and Professor Singhal lent his expert eye in reviewing the final version.

We thank the UNICEF India office for their contribution in organizing the consultation. We also express our sincere appreciation to all participants as well as our colleagues from UNICEF country offices, other regional offices and headquarters who contributed to the rich discussions at the meeting.

UNICEF ROSA is very pleased to share this working paper to inspire greater action in improving the lives of more children and women in South Asia.

Cecilia Lotse
Regional Director
UNICEF Regional Office for South Asia

Executive Summary

This working paper captures the essence of the *2004 Experts' Consultation on Strategic Communication for Behaviour and Social Change in South Asia*, held in New Delhi, India, 22 to 24 September 2004. The meeting, jointly organised by the UNICEF Regional Office for South Asia (ROSA) and the UNICEF India office, was attended by over 70 participants, including communication scholars and practitioners from the public and corporate sector, UNICEF senior staff from South Asia, headquarters and other regional offices.

UNICEF, as an agency with a long tradition in development communication, utilizes an array of communication approaches, ranging from policy advocacy, social and community mobilisation, to interpersonal communication and much more. UNICEF espouses the new development paradigm that advances results-oriented communication to support development goals. This new thinking requires greater use of different communication approaches and synergy among the various components of development programmes. It necessitates that communication interventions are grounded in research and based on sound documentation, monitoring, and evaluation. This paradigm stresses the importance of reviewing planning, funding and management processes and staff functions within UNICEF as critical steps in recasting communication to shape behaviours and contribute to positive social change on a larger scale, so that more women and children in South Asia would realize a better quality of life.

The consultation reviewed the latest concepts and approaches in communication for behaviour and social change and clarified the role of strategic communication in South Asia. Communication scholars and practitioners shared and debated their latest experiences and cutting-edge approaches in strategic communication.

Strategic communication is an evidence-based, results-oriented process, undertaken in consultation with the participant group(s). It is intrinsically linked to other programme elements, cognisant of the local context and favouring a multiplicity of communication approaches, to stimulate positive and measurable behaviour and social change.

An important step taken at the consultation was to give attention to the meaning of research in communication planning, as well as the role played by monitoring and evaluation in a results-based programming environment.

This working paper presents a synthesis of the latest experiences in applying various communication approaches ranging from mass communication and entertainment education, interpersonal communication, participatory development communication, advocacy and social mobilisation that have been used in South Asia and elsewhere. It showcases examples from HIV and AIDS prevention, care and support and in the promotion of immunisation. The lessons learned in these two organisational priority areas provide

ample lessons in development communication that are relevant for related development domains like child protection, education, and maternal and child health.

The paper suggests effective ways to plan communication programmes and presents lessons learned from the private sector. By no means does it suggest that there is a singular approach to strategic communication; rather, that strategic communication involves a mix of appropriate multiple and synergistic communication approaches that can foster individual and social change.

Communication programmes need to be responsive to peoples' wants, needs and desires. What's more, communication programmes must be geared to stimulate social change in more effective ways through careful communication research, analysis, planning, coordination, implementation, management, monitoring and evaluation.

The crux of the consultation was vested in sessions where participants reflected and shared their ideas on how to move the latest thinking into action. Implicit in this paradigm shift in programming is the demand to transform the way communication programmes are planned, managed and funded. For UNICEF to translate the latest evidence from strategic communication into action, the consultation recommended that change is required in the following areas:

1. **Planning of evidence and results-based communication programmes;**
2. **Professionalizing communication functions;**
3. **Modifying management and funding aspects;**
4. **Building stronger partnerships and networks.**

1. Planning of evidence-based and results-based communication programmes

Recommendation # 1:   Communication strategies work best when they are integrated with various strategies for behaviour change or behaviour development, social mobilisation, and advocacy aimed at achieving clearly identified objectives; and when they are linked to other programme elements and service provision.

Recommendation #2:   Communication strategies need to extend beyond individuals and households to include service providers, traditional and religious leaders, and decision makers at different levels to engender systemic social change.

Recommendation #3:   Research, monitoring and evaluation are essential, and ought to be part of any strategic communication plan.

Recommendation #4:   Participatory communication methods yield results, if planned well and if they are responsive to people's needs.

Recommendation #5:   Entertainment-education (EE), currently an underused communication strategy in South Asia, has the potential to be more widely used. UNICEF should explore to expand the use of EE, building on the success of animation films in Africa and South Asia (*Sara and Meena*). Past EE successes have the potential to be scaled up; results ought to be well researched and documented, and lessons learned widely shared.

2. Professionalizing communication functions and building capacity in strategic communication

Recommendation #6:   Recognise the need for increased specialisation and segmentation of roles in the field of communication when hiring staff and assigning tasks.

Recommendation #7:   Train staff members and partners from government and NGOs on communication research and analysis, planning, managing, monitoring and evaluating communication programmes for behaviour and social change.

Recommendation #8:   Form a Regional Task Force on Strategic Communication comprising of UNICEF ROSA, UNICEF India and Bangladesh, and selected Senior Programme Officers (SPOs). The task force ought to help coordinate management as well as operational strategic communication issues emanating from the outlined recommendations.

Recommendation #9:   Develop a glossary of terms in strategic communication to establish a shared understanding (and use) of terminology, concepts and theories in communication for behaviour and social change.

Recommendation #10:   Form an Advisory Panel of recognized communication experts as an extended technical arm to ROSA to help build capacity for strategic communication in South Asia (see Annex C for tentative Terms of Reference).

3. Management and funding aspects

Recommendation #11:   Integrate strategic communication as a measurable feature in annual work plans, multi-year programme plans and ensure that strategic communication is a distinctive aspect in UNICEF's Master Plan of Operation (MPO). Where feasible, funds should be in a separate budget (and not part of sectoral programmes) to facilitate research, planning and programming of strategic communication activities.

Recommendation #12:   Improve coordination of communication programmes within UNICEF and with government and other development partners at the onset of the programme planning phase.

Recommendation #13:   Increase financial resources and effective resource planning to harness greater results from communication for behaviour and social change programmes.

Recommendation #14:   Increase investments for formative and summative evaluation, and to feed these results more effectively into strategic communication outcomes.

4. Partnership building and networking

Recommendation #15:   Create a regional forum on strategic communication for UNICEF staff, development partners and academia to share knowledge and improve applied strategic communication to foster behaviour and social change in South Asia.

Recommendation #16:   Explore public-private partnerships to gain wider reach of
                       communication programmes, to facilitate cross-sectoral learning
                       and to leverage new resources for development programmes.

The above recommendations are wide ranging. Some recommendations are achievable in a
relatively short period of time, while others may take longer. However, organisational zeal
has to be at the core to buttress the management and planning of strategic communication
programmes for UNICEF-supported development programmes in South Asia. Ultimately,
well researched and planned strategic communication produces results by improving the
lives of children and women as documented by the various case studies and lessons
learned in this paper.

Strategic Communication in Development Practice

This chapter elucidates the vital role of strategic communication, a research-based communication process, in achieving development goals. It underscores that communication is as much a science as an art, as much a process as it is about outcomes. The chapter advocates for increased linkages between epidemiological research and social science research in planning effective communication interventions while ensuring quality service delivery.

1.1 The Contemporary Development Paradigm[1]

This and the next section draw upon the presentation made by Dr. Erma Manoncourt, Deputy Director, UNICEF India.

The Convention on the Rights of the Child (CRC, 1989) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979), which guide UNICEF's work, clearly state that every child has the right to live healthy and educated, live free from violence and fear, protected from abuse and exploitation and be cared for by his or her own parents, whenever possible. These conventions delineate children's and women's rights as fundamental human rights. UNICEF strives to fulfil these human rights by integrating the principles of a rights-based approach in all of its work. Communication in all its diversity plays a vital role in realizing these principles as it entails to bring about more effectively positive behaviour and social changes so that children can thrive.

Setting goals, both mid- and long-term, is an important step to measure the success or failure of any programme. Thus, UNICEF programmes are guided by a rights-based approach on the one hand and results-based management on the other. The World Fit for Children (WFFC), the outcome document from the 2002 United Nations Special Session on Children, reaffirmed previously set goals and targets for children by world leaders at the UN Millennium Summit. The WFFC sets 21 goals that fall into four priority areas: (1) Promoting healthy lives, (2) providing quality education for all, (3) protecting children against abuse, exploitation and violence, and (4) reducing HIV infection rates. These four priority areas of action are crucial for achieving the Millennium Development Goals (MDGs). The MDGs are a set of eight fundamental development goals with quantifiable targets to be achieved by 2015 (refer to Annex A for an overview). These goals include the reduction of poverty and hunger, the reduction of child mortality, gender equality and the empowerment of women, access to education and the prevention of HIV infection, among others.

BOX 1:	The Contemporary Development Paradigm is Guided by

A Human Rights Perspective

- Children's and women's rights fundamental to human rights
- UN Convention on the Rights of the Child (CRC, 1989)
- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979)

The Millennium Summit of the United Nations, September 2000

- Commitment to reduce global deprivation and promote sustainable human development

The Millennium Development Goals

- Quantifiable targets for 2015

The World Fit for Children

- 2002 UN General Assembly Special Session (UNGASS) on Children
- Placing children first on the development agenda

The MDGs can only be achieved through the coordinated and synergistic response of a wide spectrum of inter-sectoral and inter-agency collaboration. They call upon different UN agencies to synergise individual mandates into a harmonised and specific plan geared towards achieving the MDGs, while also incorporating national development goals. For UNICEF, in particular, this is of significant importance, since six of the eight MDGs fall within the scope and mandate of its work.

1.2 Strategic Communication in the Contemporary Development Paradigm

Global conventions such as CRC and CEDAW are set out to create conducive environments for change. They provide frameworks and establish standards. However, turning them into development programmes often poses many challenges. Against this background, communication is increasingly understood as an **enabler** of individual and social level change to achieve established development goals. Communication in the new development paradigm is much more than merely writing press releases or producing radio jingles, T-Shirts, posters or pamphlets. It is a concerted strategy derived from and intrinsically linked to larger development goals.

The accompanying box describes the shift in thinking about strategic communication as it relates to the contemporary development paradigm and UNICEF's programming environment; the rights-based approach.

Communication is as much science as it is an art. The science of communication is a research-driven consultative process involving planning, design and implementation of

BOX 2:	Shifts in the Communication Paradigm
Widen focus	from individuals to households to networks, communities and civil society
Widen behaviour emphasis	from individual behaviour change to collective action and social change
Widen view	of parents, families and communities from beneficiaries or recipients to stakeholders and active partners in social development
Widen orientation	from mobilisation to create demand and sensitise community to external concerns to participation and empowerment
Widen knowledge acquisition process	from top-down information dissemination "selling mode" campaigns to community-based, participatory problem-posing approach "learning mode"
Shift in emphasis	from needs to rights
Shift in outputs	from messages and products to dialogue and interaction
Shift in situation analysis	from needs assessment to rights analysis, assets mapping, and participatory assessment
Balance among interventions	from mass media and electronic communication to interpersonal and traditional communication
Balance the focus	from art and creativity to science and evidence-based

strategic interventions. It provides relevant information and adequate motivation to impact on attitudes and behaviours of individuals or groups of people. It involves monitoring the changes in peoples' attitudes and behaviours as laid down by the programme objectives.

Good communication programmes which help achieve public health goals are derived from using a mix of epidemiological and social science research. Epidemiological data, for instance, provides information on incidence, distribution and control of a disease in a population. It tells "where" the problems lie. On the other hand, social data tells the "why" of the problem, i.e. why people behave the way they do.

Social data, informed by behavioural theories (for example, the diffusion of innovations) provides a lens to understanding how recommended behaviours are adopted by different

individuals within the population over a period of time. Behavioural analysis also explains how attitudinal and behavioural challenges can be overcome.

In addition to epidemiological and social data, evidence-based and scientifically planned and monitored strategic communication interventions have to be linked to service components of the programme. For instance, a communication initiative which seeks to create demand for immunisation programmes is not helpful if vaccination services are not easily accessible. Thus, for a programme to be effective both communication and service delivery components have to work in close synchrony.

The artistic side of communication involves designing creative messages and products, and identifying effective interpersonal, group and mass-media channels based on the sound knowledge of the participants we seek to reach.

FIGURE 1:
A Framework for Communication Programmes

Rights-based programming

Diffusion of innovation analysis

Behaviour analysis
(Transtheoretical analysis)

Social mobilisation

Participation of communities to identify strengths and weakness to meet local challenges

Programme communication activities

Empowerment of communities and individuals
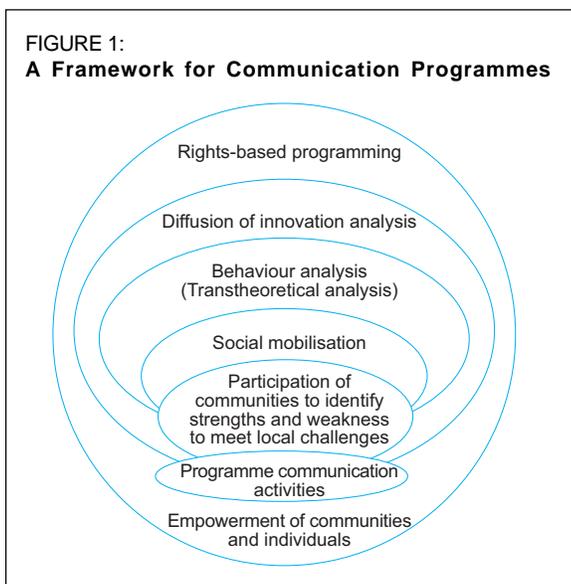
Figure 1 visually describes how various communication strategies including social mobilisation and individual level behaviour change theories are integral to UNICEF's rights-based programming.[2]

The ensuing chapters provide a synthesis of the technical presentations and discussions from the three-day experts' consultation on strategic communication for behaviour and social change. Chapter two presents an overview of the role of strategic communication, including concepts, definitions and different communication strategies. Chapter three, the last chapter, offers insights into various aspects of monitoring and evaluating communication programmes.

Strategic Communication as a Results-based Approach for Behaviour and Social Change

This chapter reviews the key concepts underpinning strategic communication and elucidates, through examples and case studies, the role of research-grounded communication for behaviour and social change. The discussions cover an analysis of the various communication approaches such as advocacy, social mobilisation, participatory communication, entertainment-education, integrated social marketing and advertising used by the public and commercial sectors. The chapter provides lessons learned in developing and applying communication strategies which support programmes to achieve greater results for children.

2.1 Concepts and Definitions[3,4]

The section draws upon the presentations made by Dr. Erma Manoncourt, Deputy Director, UNICEF India and Mr. Guy Scandlen, former UNICEF Regional Programme Communication Advisor, UNICEF EAPRO and WCARO.

Good communication strategies use concepts that range from psycho-social learning theories of role modelling communicated via the mass media to the use of advocacy and social mobilisation. Dialogue with and active participation of individuals are essential elements in communication for behaviour and social change. Many communication programmes have for long focused much on the metaphorical "tree" and not enough on the "forest", i.e. the attention was on the individual as the locus for change.[5] For behaviours to change on a large scale, however, harmful cultural values, societal norms and structural inequalities have to be taken into consideration. Good communication strategies also have to be cognizant of the policy and legislative environment and be linked to service delivery aspects, be it, for example, immunisation booths or confidential counselling services for people living with HIV.

In short, child-centered communication interventions have to be engrained in a rights-based programming framework. The integration of individuals, partners and civil society in the rights-based framework is shown in Figure 2. It reflects a shift from a

FIGURE 2:
Child-Centered Communication
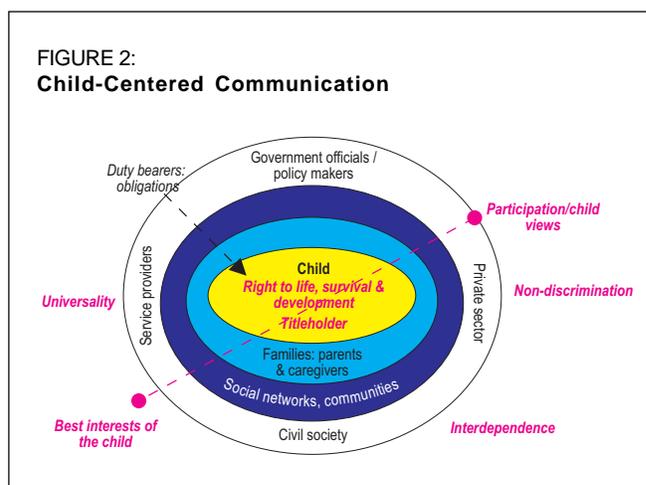
focus on the family (usually the mother) alone to recognising that a range of family, social and political networks (policy makers, community and religious leaders, service providers) influence behaviour outcomes. Underpinning UNICEF's programmes are the four key principles of the CRC: (1) non-discrimination, (2) the best interests of the child, (3) the right to survival and development, and (4) participation, with all rights applying to all children at all times.

Within UNICEF's child-centered communication programming framework, questions that need to be addressed include: How can programmes fulfil the rights of children (for instance with regard to survival and development), while finding creative avenues to address resistant attitudes among some communities and ensuring community participation, all at the same time? How can national governments be encouraged to act upon their obligations towards making these rights a reality for all children? And how can these efforts be measured to determine any real impact?

Strategic communication is uniquely situated to foster these development goals and help overcome some of the above challenges because it facilitates both individual level and societal level changes. It consists of three key approaches — programme communication (also referred to as behaviour change communication), social mobilisation, and advocacy — definitions for which were developed by UNICEF's Global Communication Team in 1998 (see Box 3).

BOX 3:   **Communication Approaches - Some Definitions[6]**

Strategic Communication: is an evidence-based, results-oriented process, undertaken in consultation with the participant group(s), intrinsically linked to other programme elements, cognisant of the local context and favouring a multiplicity of communication approaches, to stimulate positive and measurable behaviour and social change.

Programme communication or behaviour change communication: is a research-based consultative process of addressing knowledge, attitudes and practices through identifying, analysing and segmenting audiences and participants in programmes by providing them with relevant information and motivation through well-defined strategies, using an audience-appropriate mix of interpersonal, group and mass-media channels, including participatory methods.

Advocacy: is a continuous and adaptive process of gathering, organising and formulating information into argument, to be communicated to decision-makers through various interpersonal and media channels, with a view to influencing their decision towards raising resources or political and social leadership acceptance and commitment for a development programme, thereby preparing a society for its acceptance.

Social mobilisation: is a process of bringing together all feasible and practical inter-sectoral social partners and allies to determine felt-need and raise awareness of, and demand for, a particular development objective. It involves enlisting the participation of such actors, including institutions, groups, networks and communities, in identifying, raising and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability of achievements.

Figure 3 describes how the three distinct dimensions of communication are united through a planning and management continuum (represented by the arrow on the left) and the importance of linking the activities to service delivery.

Evidently, programme communication addresses the knowledge, attitudes and practices of individuals, while advocacy and social mobilisation contribute towards the creation of an enabling social and political environment that can support behaviour change at the individual level. The arrow to the left suggests that strategic communication does not have a pre-determined starting point. Depending on the programming context, communication strategies can begin at different levels. Further, the pink line through the diagram reiterates the fact that behaviour change and social change are inter-related and need to occur across all participants for a programme to make a difference.

FIGURE 3:
Strategic Communication Model[7]
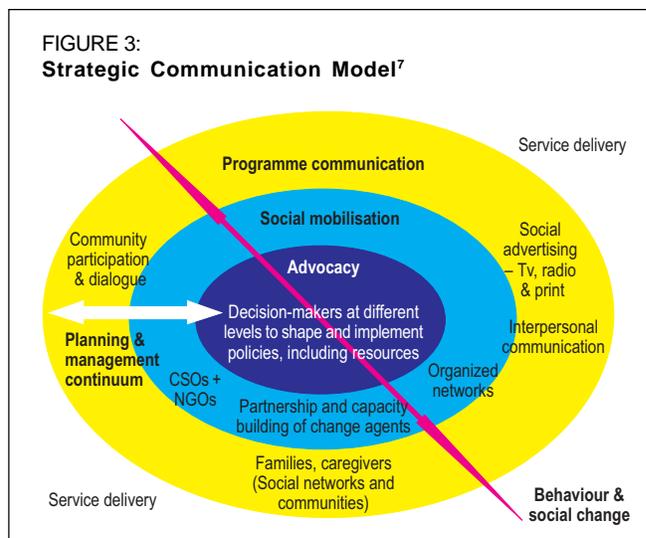
Within the new development paradigm, the discourse of "behaviour change" is linked to "social change". While behaviour change implies individual level change; social change seeks to create an enabling and favourable environment for change.[8] Yet a more detailed definition of social change within and among international development agencies is still being debated. The following definition of social change is offered to stimulate thinking and debate within UNICEF and among partner organisations.

Social change is most commonly understood as a process of transformation in the way society is organised, within institutions and in the distribution of power within various social and political institutions.[9]

Communication for social change is a process of public and private dialogue through which people define who they are, what they want and how they can get it.[10]

Ethical Concerns[11]

As the discourse and practice of development has embraced a new development paradigm as reflected in UNICEF's rights-based programming framework, the field of communication is grappling with the language - and underlying ideas - used in describing certain behavioural determinants and change processes. While there is no consensus on what language best reflects the thinking, it is increasingly clear which terms and concepts do not resonate with the new development paradigm. For instance:

- The term *behaviour change* raises the question: do we have the right to change behaviours? Some of the existing or recommended behaviours may be mandated by society itself. Further, if the recommended behaviour is absent, then the more appropriate term to use may be "*behaviour development*" rather than "*behaviour change*." Ideally the causes of the non-optimal behaviour (in relation to health or development) should be understood and addressed.

- Strategic communication is sometimes understood as manipulative, leaving little room for dialogue and discussion with the people being served. However, a careful reading of the definitions reveals continual opportunities for consultation and dialogue, and does not preclude rejection of interventions.
- Terms such as *audience* have passive connotations, while *target group* carries military connotations. In keeping with the shift toward participatory communication processes the term *participant groups* is preferred.

UNICEF ROSA is sensitive to these debates and the present document attempts to use terms that reflect the new paradigm.

2.2 The Role of Communication in Behaviour Development and Social Change[12]

This section draws upon the presentation made by Dr. Arvind Singhal, Professor and Presidential Research Scholar, School of Communication Studies, Ohio University, Athens, USA.

BOX 4: **When the Lion Comes, Shout![13]**

Uganda is one of the few developing countries in the world that is considered as having effectively responded to HIV and AIDS. What did Uganda do to manage its HIV and AIDS epidemic? President Yoweri Museveni of Uganda, who led his country's national response, noted the following while addressing his fellow African heads of state: "When the lion comes to your village you don't make a small shout. You make a very large shout. And you shout and shout and shout and shout. Further, the village chief [implying the top political, civic, and religious leaders] has the responsibility to shout the loudest. So when I learned about the impact of HIV on my country, as the head of state, it became my responsibility to shout the loudest".

Media Agenda Setting

Museveni's "shouting" in communication terms refers to the *agenda-setting* role of the media. Media, in all its diversity, is a primary source of information through which people learn about the world around us. What the media chooses to report, or not to report, often determines what we believe as being salient in the world.

President Museveni's encouragement to *shout,* therefore, clarifies the importance of how policy makers should set the public, media, and national agenda to tackle AIDS. It also reiterates the power of the media and opinion formers in galvanising political support and action. Uganda's "shouting" is in stark contrast to other countries of the world where political leadership has downplayed the epidemic and the media have kept the issue off the reportage. This has prevented community dialogue, hampered political action, and contributed to HIV associated stigma and discrimination - ultimately all leading to higher rates of HIV infections.

Evidently, addressing social and public health issues is not only about individual behaviour change but also about how the larger society manages and responds. It is about creating an enabling political and social environment for change in which the media plays a significant role. The quality of media reporting in turn shapes the public and policy discourse.

Communication for Role Modelling

The Soul City Institute for Health and Development Communication in South Africa implements an ongoing multi-media communication initiative that addresses national health issues of priority. *Soul City*, the popular primetime entertainment-education drama series, has run on South African television since 1992. In 1999, during the fourth *Soul City* series, a new collective behaviour was modelled in the storyline of the drama to tackle domestic violence.

The serial showed Thabang, a respected school teacher, repeatedly beating his wife Matlakala. Despite Matlakala's bruises and cries, the neighbours are initially reluctant to intervene in what they perceive as a "private matter." However, one day, the neighbours are galvanized into action. When Thabang is beating his wife, they collectively gather pots and pans from their homes and bang them relentlessly in protest outside the couple's home. Thabang is thus publicly shamed. Research on domestic violence had indicated that women usually recoiled to the kitchen after the incidence of violence

Pot banging in South Africa: A form of protest against domestic violence modelled on TV and replicated by audience members.

PHOTO: COURTESY OF SOUL CITY SOUTH AFRICA

because the kitchen was seen as a "safe place" for women. Thus, pots and pans were symbolically turned into agents of liberation for the abused women. A "private" act of violence was transformed into a "public" action of protest, and a new social behaviour was modelled that exemplified collective efficacy [drawing upon the psycho-social theory of social learning.][14]   *Soul City* thus cultivated a new behaviour among its audience members to collectively address the issue of domestic violence. Social learning theory posits that people learn new behaviours by observing others, including mass media role models.

Following the broadcast of the pot-banging episode, several instances of community pot banging to stop partner abuse were reported all over in South Africa. Patrons in a bar in Thembisa Township adapted pot banging to banging beer bottles when a man tried to physically abuse his girlfriend.

To harness this multi-level entertainment-education communication strategy, the producers of *Soul City* had consciously decided to tackle domestic violence, a national health priority, after an 18-month formative research process. This included partnering with the National Network on Violence against Women (NNVAW), a coalition of over 1,500 activists and community organisations in South Africa. During and following the broadcast of the series, *Soul City* and NNVAW implemented a national advocacy campaign to combat domestic violence. It focused on expediting the implementation of the recently passed Domestic Violence Act and on enhancing access to existing support services for abused women through telephone helplines. The advocacy strategy was complimented by concerted social mobilisation efforts to gain community support through a series of public marches and mass meetings.

Culturally-appropriate Communication Practices

The concept of *positive deviance*[15] , refined and implemented by Jerry Sternin, Tufts University, School of Nutrition Science and Policy, Boston, USA demonstrates how positive behaviour by a few individuals in the community [positive deviants] who do things differently than others in the community can eventually lead to far-reaching changes within the community. The positive deviance inquiry capitalises on existing local knowledge and builds on it to tackle health and development problems. Positive deviance principles have been implemented in Africa to reduce incidence of the traditional practice of female genital mutilation. Similarly, within the context of HIV prevention among young people, youth who practice abstinence or monogamy despite peer pressure, are used as positive deviants to influence their community of peers.

In another example, a small number of children in certain economically poor communities in Vietnam were well-nourished and healthy as compared to most other children who were malnourished in the same communities. On further probing, it was found that mothers of the healthier children put small shrimps and crabs, easily available in rice fields, as nutritional supplements. These mothers represented positive deviants because they were a minority in terms of their feeding practice, yet their deviant behaviour had a positive impact on children's health. Thus an existing health-enhancing feeding practice of a minority group was promoted to the rest of the community. As the positive deviant behaviour is practiced by families that share a similar cultural background with others in the community, it makes the adoption of these behaviours relatively easier.

Communication Mantra

- View culture as an ally
- Build on existing local knowledge
- Use local idioms that are culturally relevant
- Identify local solutions within communities
- If possible, amplify what works locally

Communication is also more effective when using local idioms that are more culturally proximate to the audience. President Museveni demonstrates it through the story of a village mobilising its people to act against AIDS by using the parable of "shouting loudly when a lion comes to a village." Likewise in Thailand, Senator and chairman of Population and Community Development Association (PDA) Mr. Mechai Viravaidya has employed the culturally-revered elephant, to promote condom use for family planning and HIV prevention.

In essence, recognising culture as "an ally" rather than as a barrier to support positive change, coupled with identifying local solutions within communities are essential elements of sound communication strategies.

Diffusion of Innovations: A Behaviour Change Theory

This section draws upon a presentation by Mr. Guy Scandlen, former UNICEF Regional Programme Communication Advisor, UNICEF EAPRO and WCARO.

The proponent of the diffusion of innovations theory, the late professor Everett M. Rogers, defined diffusion as a social process through which a new idea or product is communicated through certain channels over a period of time to individuals, communities and society.[16]

Five key characteristics of a new product, idea or behaviour that contribute toward its adoption are: (1) **relative advantage** of adopting the new behaviour (for example, adopting a vaccine prevents illness), (2) **compatibility** of the new behaviour in relation to the individual's existing social norms (for example, sending a girl child to school may not be compatible with social norms), (3) **complexity** of adopting the behaviour (for example one needs a trained person to administer an injection but iron pills can be taken by the individual) (4) **observability** of the adopted behaviour (for example are the results of adopting an innovation visible to others such as using helmets or going to school) and (5) **trialability** which is the opportunity to experiment the behaviour before adopting it on a sustainable basis (for example trying out using condoms before making it a habit). Within the public health context, many innovations that are promoted tend to be preventive innovations such as getting vaccinated to prevent a serious illness. Thus, they tend to have a slow rate of adoption because potential adopters may not easily perceive its relative advantage, the adoption may be complex, the outcome is not necessarily observable and trialability is limited.

Applying the theory of the diffusion of innovations, communicators can identify "early adopters," i.e. people who are either already practicing or have adopted a new behaviour or idea that a programme is trying to promote within a community, and use these early adopters to further promote the behaviour so that it diffuses through the entire community. Early adopters may include opinion leaders in the community and enjoy a certain social status. Using both qualitative and quantitative research, communicators tend to use different strategies and communication channels to stimulate the early or late adopters than the "laggards" or "resistors."

Figure 4 details how communication strategies are segmented for people at different levels of the behaviour adoption curve.

Depending on the programme objectives different communication strategies may be used to influence peoples' attitudes and behaviours toward achieving certain development goals. These could be setting the media agenda to influence policy makers and public opinion, social diffusion of information or products, or modelling new behaviours using the mass media. Strategic communication includes identifying and amplifying local solutions, sensitivity to cultural beliefs and practices and mobilising political leadership. However, communication alone

FIGURE 4:
Behaviour Adoption Curve[17]

Communication Channels and Approaches Useful at Each Stage of Adoption

Innovators
1. Information through the mass media
2. Frequent contact with peers in other communities
3. Direct contact with change agents
4. Practicing recommended behaviour becomes self rewarding

Early aceptors
1. Information through the mass media
2. Information through traditional media
3. Mobilisation of leaders to gain support
4. Frequent contact with change agents
5. Practicing recommended behaviour becomes self rewarding

Early majority
1. Information through the mass and traditional media
2. Behaviour modeling through mass and traditional media
3. Community level animation and motivation sessions
4. "Educational" sessions with community level workers and peers
5. Frequent contact with change agents
6. Personal approach by close and respected friends and neighbours
7. General use of satisfied acceptors

Late majority
1. Behaviour modeling thru mass and traditional media.
2. Supportive statements by respected leaders from each community.
3. Individual counseling.
4. Personal approach by close/respected friends/neighbours.
5. Follow-up on health behaviours by community level workers or by close and respected friends.
6. Behaviour self rewarding or external rewards suggested.

Late aceptors
1. Modeling through all media
2. Supportive statements by respected community leaders.
3. Individual counseling.
4. Personal approach by close/respected friends/neighbours.
5. Follow up on health behaviours by community level workers or by close respected friends.
6. Behaviour(s) become self rewarding or external rewards suggested.

Resistors

Adopter categories

Source: Rogers, E.M. (2003). Diffusion of innovations, 5th ed. New York: Free Press.

cannot bring about long term changes. Accordingly, providing affordable services is crucial to the success of a programme (refer Figure 3). Lastly, communication efforts work best when they are multi-pronged, wide spanning, based on formative and evaluative research, use audience specific messages and rely on multiple channels to influence changes at different levels as demonstrated in more detail in the succeeding sections and case studies.

2.3 Communication for Advocacy[18]

This section draws upon a presentation by Mr. Guy Scandlen, former UNICEF Regional Programme Communication Advisor, UNICEF EAPRO and WCARO.

Upon reviewing essential principles in planning an advocacy strategy, this section illustrates UNICEF China's work in using a concerted advocacy strategy to help develop a policy for children and young people orphaned by AIDS.

Advocacy: Influencing Heart and Minds of Decision Makers

Successful advocacy strategies aim to influence decision makers at various levels; at international, regional, national or district levels. Approaches to advocacy usually begin with data and reasons for addressing development problems that appeal both to the mind and the heart of people in leadership positions. These reasons should also appeal to the self interests of all concerned.

BOX 5: An Advocacy Strategy Addresses

- How much a particular vulnerable population knows about the issue(s) related to a problem such as vaccine-preventable diseases or HIV infection?
- What do the participants know about the ramifications associated with the problem to health, social welfare, human resources, economic and local and national development?
- How does each of the above ramifications impact directly on each participant of the vulnerable population?

For an effective advocacy campaign, evidence should be used in support of making arguments. For instance, advocacy that uses health economics data looks beyond the impacts of health conditions alone (burden of disease data) to the impacts on educational development, economic output, national development and even human rights. Through multiple regression analysis – among other tools – it is possible to identify causal links between a problem and its social impact.

The data on economic and social impact due to a disease could be used to develop a basic document such as a comprehensive situational analysis report that addresses the above mentioned questions related to the issue. From this report, depending on the audience for the advocacy strategy (community members, local leaders, regional leaders, and national policy makers) the information that directly relates to the situation should be used (refer Figure 5). Also, the document is useful to produce informational material such as pamphlets, press releases, TV or radio spots or even documentaries.

FIGURE 5:
Preparing Advocacy Materials

A comprehensive report on the impact of a problem

A condensed version of the above report

Major academic work   Pamphlets   Booklets   Training programmes   TV/Radio spots

Private meetings and small group discussions

Study tours

Some **local situations** that **demonstrate need** for immunisation activities and some where immunisation **activities are working well**

Similar countries with **similar conditions** where immunisation activities are **working well**

Several tools have been developed to facilitate advocacy using an approach described in Figure 5. Two examples include: PROFILES[19] from the Academy for Educational Development (AED) which looks at health, education, economic and national ramifications of micronutrient deficiencies; and the AIDS Impact Model (AIM), from the POLICY project of the Futures Group.[20] AIM uses information about the current status of the epidemic, makes projections of new HIV infections and AIDS related deaths and the potential impact on socio-economic development.

In general, advocacy can be differentiated based on audiences and approaches into:

Policy advocacy: Uses data and approaches to advocate to senior politicians and administrators about the impact of the issue at the national level, and the need for action. For example, the Safety Injection Global Network (SIGNS) advocacy campaign began with a survey of 198 decision makers in 33 countries on their perceptions of the status of safe injections in their countries. Based on the data, it was possible to frame arguments which addressed their knowledge of the situation and their concerns. The results fed into the framing of future advocacy strategies.

Programme advocacy: Used at the local, community level to convince opinion leaders about the need for local action. For instance, in the case of mobilising religious leaders in communities for immunisation, or in the case of religious leaders interpreting faith-based texts in the light of children and women's rights.

Four Free-One Care: Development of a Policy Framework for Children Orphaned by AIDS in China[21,22]

This section draws upon a presentation made by Ms. Xu Wenquing, Project Officer, HIV/AIDS, UNICEF China.

In 2001, despite 16 years of the epidemic the Government of China had not yet identified HIV and AIDS as a priority issue in the country. The number of children orphaned by AIDS was increasing, and projected to be between 130,000 and 260,000 by 2010. UNICEF's challenge was to: (a) initiate high-level advocacy to highlight care and support needs of children orphaned or vulnerable due to HIV and AIDS, (b) support the development of a national policy, and (c) mobilise action in the form of care and support pilot projects for orphaned and vulnerable children (OVC). The following discussion summarizes UNICEF China's experience in using various advocacy strategies that contributed towards a national policy for orphaned and vulnerable children.

Multi-channel Advocacy

Media advocacy: In March 2003, in order to increase awareness of HIV and AIDS among policy makers, UNICEF supported the Chinese Preventive Medicine Association (CPMA) to conduct workshops for the All-Chinese Journalists Association (ACJA). The workshop advocated for greater understanding and instilling a sense of urgency among the journalists to respond to the AIDS epidemic, including reporting in a dignified and rights-based way about people living with HIV and AIDS (PLHA) and orphaned and vulnerable children. At the workshop, the situation of children who had lost one or both care givers due to AIDS related illnesses was for the first time formally discussed in the country. Following this, journalists from ten major news organisations developed and shared an internal report on the problems confronting PLHA and OVC with the state council, ministers and vice-ministers.

Involving PLHA: Zhu Jinzhong, an openly living HIV-positive person was invited to participate in the "*Hope and Help*" project. This project includes a UNICEF video package for the East Asia and the Pacific region about the reality of living with HIV and AIDS, in the words of people who are infected and affected. Mr. Zhu was interviewed on China Central Television (CCTV), the main TV channel in the country. He and his wife had fostered six children who had lost both parents and other extended family members to AIDS related illnesses. Mr. Zhu made a strong plea to mobilise immediate support for basic survival and education of the growing number of children in his country that were orphaned due to AIDS.

Goodwill Ambassadors and Celebrities: During the Asian Football Cup 2004, an event was organised with the Asian Football Confederation (AFC). Sir Roger Moore (UNICEF Goodwill Ambassador) and Pu Cunxin and Jiang Wenli (National AIDS Ambassadors) were invited to raise awareness on and funds for children infected or affected. More than 370 entrepreneurs and celebrities spent nearly USD 50,000 in table sales and raised another USD 50,000 in the auction. UNICEF also launched an innovative pledge campaign, whereby the number of goals scored in the tournament was linked to the amount donated by participants (including organisations and individuals). UNICEF used the opportunity generated by the public interest to raise the profile of projects aimed at children's issues.

Camps for Orphans: In August 2004, a summer camp for 72 orphans in the age group of 9 to 16 years was supported by UNICEF, China National Committee for the Care of Children (CNCCC) and other groups with the participation of high-level ministers and leaders. The initial difficulties, which were linked to the fear and stigma often associated with HIV and AIDS, were overcome with the help of positive media reporting. Within three days of CCTV's coverage of the children's situation, some 300 Chinese families expressed their willingness to support them.

Learning to express feelings - life skills training at the summer camp.

PHOTO: UNICEF CHINA

Translating Advocacy into Action

From August 2003, the China National Committee for the Care of Children (CNCCC) was engaged in advocacy with officials at ministerial, provincial and central government levels. This increased awareness within the government, raised the profile of the OVC forum held in Beijing in November 2003 and contributed towards the widely-publicised national *Four Free-One Care* special policy framework for children orphaned by AIDS. UNICEF provided funding and support to develop messages and to facilitate children's participation in the forum, while CNCCC provided organisational support. Figure 6 is an overview of the partners in the policy process.

Personal testimonials from children during the OVC forum contributed significantly to increase awareness of the children's problems and the importance of putting interventions in place. The testimonies demonstrated the children's psychological and educational challenges due to stigma and lack of social support, and insufficient awareness within the government. Using lessons learned from Southern and Eastern Africa, UNICEF sought to be pro-active and persistently advocated to act and respond to the emerging situation of children orphaned by AIDS in China.

Four Free-One Care Policy
The policy includes free testing, free treatment for rural and poor urban individuals, free PMTCT service in 127 China Care Project counties, care and income generation support for poor families, who are affected or infected.

FIGURE 6:
Partners and Processes for OVC Policy in China

At the end of the OVC forum, many officials expressed their earnest concern for children orphaned by AIDS and their willingness to take action. The coverage of OVC issues in mass media increased significantly during and following the forum. Within a week of the forum, the Ministry of Civil Affairs (MCA) contacted UNICEF, through CNCCC, requesting assistance for the development of a national policy for OVC.

Policy Development

In 2004, following the OVC forum and as a result of the sustained advocacy efforts, the national government launched the *Four Free-One Care* policy. Free tuition financed by the local government was also made available for children orphaned by AIDS. And for the first time affected children were included in shaping national policy. To take the policy development a step further, UNICEF and MCA have been cooperating in the development of a ministerial-level policy with the aim to ultimately create a national policy for children orphaned and made vulnerable by HIV and AIDS.

BOX 6:	Lessons Learned from Advocacy for Orphans and Vulnerable Children

- Supported by evidence.
- Had clear direction and goals.
- Intense and sustained over a period of time.
- Involved people who are infected and affected.
- Used multiple advocacy levels and various partners.
- Sufficient resources available.
- Advocacy events were clearly linked to specific actions that the public could undertake to help.

Also, in 2004, the MCA allocated 20 million RMB (USD 2.4 million) for the daily living expenses of orphans. If the children are under the protection of foster caregivers (more than 91% of the orphaned children are under foster care), money is allocated for essential costs. A portion of the money was also used for building government orphanages for children without foster caregivers.

2.4 Communication for Social Mobilisation

This section draws upon a presentation by Mr. Guy Scandlen, former UNICEF Regional Programme Communication Advisor, UNICEF EAPRO and WCARO.

This section reviews core elements of successful social mobilisation efforts and illustrates two experiences from the South Asia region – Nepal and Bangladesh - in order to further the understanding of effective planning of social mobilisation as an integral part of strategic communication processes.

Social Mobilisation can help to create a climate in which change can occur. It sets out to garner support from local people so that the programmes and interventions are accepted and well suited to the felt need. Well-planned social mobilisation efforts also seek to empower communities to take control of their own situations, including accepting or rejecting interventions.

Social mobilisation, integrated with other communication approaches, has been a key feature in numerous communication efforts worldwide. Some prominent examples include: (a) *Soul City's* campaign against domestic violence in South Africa, (b) the UNICEF polio eradication campaign in Uttar Pradesh, (c) HIV/AIDS prevention in Uganda and Thailand

- Undertaking research to define the nature of the problem: who is affected and where and what is the participants' understanding and perception of the problem.
- Using advocacy strategies to gain support from the highest level of political leadership.
- Developing communication activities in full consultation with and participation of the participant groups as well as opinion leaders.
- Working closely with the communities to identify the problem, its impact and jointly deciding the proposed activities and ensure timely feedback.

and (d) eliminating the vitamin A deficiency disorder in Nepal. All these exemplary cases relied on a combination of media and interpersonal communication channels in order to reach out to and garner support from institutions such as the judiciary or ministries, groups such as health workers or women's groups, communities such as local level organisations and networks such as organised groups of individuals. In addition, these successful efforts utilised intensive research, political advocacy, large scale communication campaigns and a conscious effort to involve people in the planning and implementation process.

CASE 2 – Community Mobilisation to Control Vitamin A Deficiency in Nepal[23]

This section draws upon a presentation made by Mr Ram Shrestha, Executive Director, Nepal Technical Assistance Group, Kathmandu, Nepal.

In the 1980s Nepal had a high prevalence of vitamin A deficiency. Vitamin A deficiency can cause blindness and death among children and death from anaemia and haemorrhage among expectant mothers. Over the last decade, the National Vitamin A Programme in Nepal has successfully addressed this problem using intensive social mobilisation efforts supported by health education and outreach work by the female community health volunteers (FCHVs).

The National Vitamin A Programme (NVAP) was established in Nepal in 1993, following the recommendation of national and international partners to conduct mass supplementation of vitamin A in 32 focus districts. The districts were selected based on several criteria such as high prevalence of xerophthalmia (drying and degeneration of the cornea leading to blindness), large child population, and the presence of FCHVs and NGOs to support the program.[24] The NVAP aimed to provide: (a) vitamin A supplements to children under five years of age, (b) treat

Nepali Child taking a vitamin A capsule

PHOTO: COURTESY OF NTAG.

children with vitamin A treatable conditions such as measles, xerophthalmia and night blindness and (c) promote consumption of vitamin rich foods through nutrition education.

Intensification of Social Mobilisation

Starting with eight districts in 1993, the programme was expanded to 32-priority districts in Nepal by 2002. The FCHVs and the community played a crucial role in the dissemination of correct information and acceptance of vitamin A. The vitamin A capsules were distributed by the FCHVs once in April during the pre-measles season and approaching the high risk season for xerophthalmia, and the second time in October prior to the harvesting season. Each round took two days, with fixed-point distribution on the first day followed by home visits for missed children on the second day.

A key feature of the programme is the intensive social mobilisation. The work of the FCHV was complemented by the support of diverse community partners such as ward members, teachers, students, family members, members of women's development work, NGOs and INGOs, Maternal Child Health Workers (MCHWs), Village Health Workers (VHWs) and farmer leaders (farmers who were appointed by the Ministry of Agriculture to serve as peer facilitators). For every 100 FCHVs trained, another 171 multi-sectoral staff from various sectors such as local development, education and health were trained to supplement the ongoing program. This helped ensure that vitamin A messages were disseminated through various sections of the community through diverse sectoral partners.

BOX 8:	The Female Community Health Volunteer Initiative, Nepal

The female community health volunteer (FCHV) initiative was established in Nepal in the late 1980s in response to the limited access to health services and Nepal's high infant and maternal mortality and fertility rates. With the MOH and UNFPA providing the initial impetus, this organised, voluntary network of health promoters was created to meet the demand for primary health care and family planning at the village and ward level. The volunteers were selected from the local mother's group and they were required to be at least 20 years of age, preferably married, a resident of the ward, and willing and capable of serving the community as a volunteer.

Nepal's 75 districts are divided into five regions with a total of 35,217 wards with 3,913 Village Development Committees. Each ward has a FCHV who takes care of 80 households. Currently there is a strong network of 44,000 FCHVs in the country.

Nepal: Female Community Health Volunteer

PHOTO: COURTESY OF NTAG

The FCHV's dedication and other concerted efforts have led to the programme's success, which in turn led to an increase in motivation and higher social status among FCHVs. This contributed to sustaining the voluntary initiative. For instance, some of the FCHVs were promoted as MCHWs, nominated as female ward members, or they represented the village's health situation at village development committee meetings. Further, higher authorities would visit their homes, they became "known" in the village, and at times got local media coverage. Thus, through their work the FCHVs gained respect and prestige they previously had not enjoyed, giving an impetus and commitment to their outreach work.

The Multi-Pronged Communication Strategy: The nation-wide campaign focussed on raising awareness of vitamin A deficiency and informing people about the supplementation dates. Interpersonal communication (IPC) was the primary source of information, although television and radio spots, posters and pamphlets, were also employed.

At the district level, the programme works closely with district offices, NGOs and other partners to support the local promotional activities. Local leaders such as ward members and the District and Village Development Committee members are also mobilised to support the programme.

At the village level, the FCHVs take the lead in message dissemination using IPC. Other efforts include interactive miking, magic shows, parades and rallies, theatre and town criers. Innovative activities that showcase vitamin A rich food includes a woman carrying a huge pumpkin on her head or a man wearing a shirt with pumpkin and papaya on it. This generates interest and receptiveness to the information provided by the FCHV.

The Impact: Vitamin A deficiency is no longer a public health problem in Nepal. Today, 95 percent of the 3.3 million targeted children are reached in every round (refer Figure 7). The prevalence of Bitot's Spots among pre-school children has reduced from 2.9 in 1993 to 0.3 in 1998, which is below the WHO accepted standards (< 0.5). Over the years, the caregivers' opinion about the usefulness of vitamin A changed from being "good for the eyes" to "something that prevents disease" (see Figure 8).

A major part of the success of the NVAP can be attributed to the social mobilisation and community outreach work by the FCHVs. This helped overcome the barriers posed by the low mass media access and the difficult terrain in the area. The presence of motivated and dedicated FCHVs and mothers groups in each ward (village) provided a strong community network that was maintained through IPC. Starting from the FCHVs, the message was disseminated to a series of community members. For instance, FCHVs would convince mothers about the importance of vitamin A who would tell her neighbour, who in turn would pass the information to others. The FCHVs diffused

FIGURE 7:
Impact of Social Mobilisation on the Vitamin A Programme in Nepal

Percentage of children receiving vitamin A

About 90% of the targeted children reached each round

About 3.3 m children covered each round

Source: Mini-survey reports
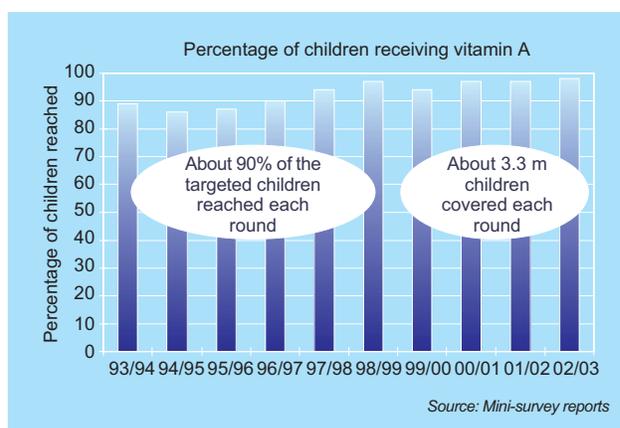
FIGURE 8:
Change in Caretaker Opinion about Vitamin A in Nepal

Prevents disease   Good for eyes   Don't know
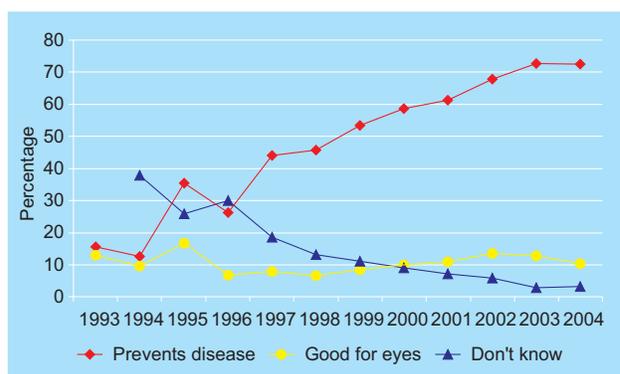
the vitamin A message through diverse local platforms such as teashops, during religious festivals and community gatherings, and by engaging other change agents and opinion leaders at different levels.

The case of Vitamin A promotion in Nepal highlights how a multi-sectoral approach, grounded in social mobilisation and using IPC and peer health facilitators from the community (i.e. FCHVs), can contribute to mass dissemination of health messages and widespread adoption of a preventive behaviour (giving children vitamin A supplements).

BOX 9:   **Lessons Learned from the National Vitamin A Programme, Nepal**

- Involvement of the community in health promotion activities, particularly the community peer facilitator role played by the FCHVs.
- Prioritisation of IPC and community mobilisation over mass media because of the situational context - low reach of mass media and low levels of literacy.
- Recognition, respect and reward system for FCHVs.
- The convergent and complimentary efforts of the service providers at district, village and community levels.
- The use of existing community networks, such as mothers groups, schools and other local groups to facilitate the diffusion of the messages.
- The engagement of diverse change agents and opinion leaders led to a wider diffusion of the messages.

CASE 3 – Social Mobilisation for the Expanded Programme on Immunisation, Bangladesh[25]

This section draws upon a presentation made by Mr. Milan Kanti Barua, Programme Coordinator, Health, BRAC Bangladesh.

BRAC, formerly known as the Bangladesh Rural Advancement Committee, began its work in the field of health in 1972. Today, BRAC is one of the largest NGOs in the world that has trained a large network of village health volunteers and provided health services to more than 31 million people. The primary objective of BRAC's work is to reduce maternal and child mortality and morbidity and control infectious diseases like tuberculosis, acute respiratory infections, diarrhoea and malaria. In order to achieve these objectives, BRAC employs a two-pronged strategy: (a) Outreach and education on health and nutritional issues, and (b) provision of basic health services.

BRAC works in close collaboration with the Government of Bangladesh in numerous national health programmes and implements its work through:
- *Shastho Shebikas* - Frontline multipurpose community health volunteers who go door-to-door to educate the community on health issues and provide basic health services.
- *Shastho Karmis* - Comprise a secondary level of health workers who function as paramedics.
- *Shushasthos* - Network of clinical facilities.

The Expanded Programme on Immunisation (EPI) and tuberculosis are the two major components of BRAC's health work. The *shebikas* and *shastho karmis* have played a critical role in increasing immunisation coverage. EPI in Bangladesh was initiated in 1979, after intensifying its efforts, the programme achieved 62 percent coverage of Fully Immunised Children (FIC) by 1990. Over the last few years, the coverage of FIC has remained constant at around 53 per cent. The major barriers for full immunisation are dropouts, left-outs and invalid doses, which still have to be overcome.

A Responsive Communication Strategy

In the initial phase (1985-1990) of EPI, BRAC's communication strategy included an integrated approach of using BCC, advocacy and social mobilisation. In order to further the efficacy of outreach programmes, BRAC focussed on capacity building of service providers. Another key area of focus was gaining the support of community leaders such as village doctors and *imams*, while garnering the partnership of community based organisations (CBOs) and other development organisations in the area. The culmination of these efforts contributed to a relatively high national immunisation coverage of 62 percent.

During the next phase (1991-1995), the communication approach was adapted to focus on low-performing areas. To reach the under-served areas, innovative communication strategies were implemented and the social mobilisation efforts in low-performing areas and hard-to-reach areas such as tea estates, *haor*, *char*, island and hilly areas were further intensified. For instance, BRAC established partnerships with the managers of tea estates and community members from the hilly regions were recruited as volunteers. BRAC continued to build on the existing development networks and drew upon community leaders to bring about higher acceptance of vaccines.

The use of *shebikas* was scaled up in 1991. After 1996, community participation and social mobilisation efforts were further intensified. To date, BRAC has mobilised 4 million village organisation members and 100,000 volunteers, including the 53,089 *shebikas* and 2,400 *shastho karmis* as part of the EPI.

While not only achieved by BRAC alone, however, in 2003, the DPT3 national coverage - a proxy indicator for routine immunisation coverage - in Bangladesh was estimated to be 72 per cent. [26]

BOX 10: **The Role of the Shebika – The Community Health Volunteer**

The shebikas or the community health volunteers play an important part in implementing BRAC's Health Programme. Each shebika is responsible for 300 households. They undergo three weeks of basic training before working with the community. Through door-to-door visits and with their active involvement in communities, they provide a critical interpersonal link between health providers and community members. The shebikas thus occupy high status within the community. Government field health workers and family planning staff seek their support and advice. Their popularity is marked by the fact that some volunteers have been elected as local government members. BRAC at present has an active network of 118,556 volunteers, including 53,089 shebikas, 53,479 poultry workers and 11,988 community nutrition workers.

- The shebikas played a critical role as the frontline community health volunteer, along with sustained community mobilisation and participation.
- The involvement of community leaders, CBOs and local government institutions has strengthened community mobilisation.
- Inter-sectoral collaboration with workers from programmes such as micro-credit and education has helped BRAC ensure volunteer sustainability for over 20 years. The volunteers are called to assist at EPI sessions, satellite clinics and national events.
- Rewarding volunteers for their efforts by providing access to a revolving fund for treatment and public recognition of volunteers served as a significant incentive.
- The multi-layered communication strategy underscored by a strong community mobilisation initiative focussing on the hard-to-reach and low-performing areas has been successful in reaching the under-served population.

2.5 Communication for Behaviour Development

A sound behaviour development communication strategy (or programme communication) should be linked with the overall programme framework. It is aimed at changing knowledge, attitudes and practices of participant groups and stimulating and facilitating wider social change at the local and national level. BCC involves the use of qualitative and quantitative research data, disseminating information and measuring change in peoples' attitudes and behaviours. Information need not be limited to factual knowledge. It covers behaviour modelling, self-efficacy and empowerment of the people. Past programmes have demonstrated that behaviour development strategies are more successful when they are tied to social mobilisation and advocacy strategies. Furthermore, such strategies are incomplete unless its impact is assessed vis-à-vis the programme objectives.

This section illustrates two markedly distinct yet contemporary communication strategies that capture the essence of the new development paradigm – an integration of inter-sectoral partnership with strong community involvement. First is the entertainment education (EE) strategy; a multi-layered, innovative and creative approach to social and behavioural change. Second is the role of communication in facilitating participatory development, a process grounded on the principles of peoples' right to participate in programmes.

2.5.1 Entertainment-Education: The "Viagra" of Communication for Behaviour and Social Change[27]
This section draws upon the presentation made by Dr. Arvind Singhal, Professor and Presidential Research Scholar, School of Communication Studies, Ohio University, Athens, USA.

Simplemente Maria– **A Television Soap Opera Takes Peru by Storm:** BBC's *The Archers* in Britain was one of the first planned entertainment-education (EE) initiatives (beginning in 1951) to diffuse information on new agricultural techniques to farmers. However, the widespread interest in the use of EE internationally was triggered by an entertainment program in Peru — a commercial soap opera that spun off unanticipated

pro-social behaviours among its audience members. *Simplemente Maria* produced by PANTEL went on air in 1969 in Peru. A telenovela built around the life of Maria, *Simplemente Maria* was the story of Maria, a young rural to urban migrant from the highlands of Peru, who travels to Lima in search of a better life. Soon Maria, who is struggling to make ends meet, enrols in adult literacy classes to climb the ladder of social success. A subtle romance begins to brew between Maria and her instructor, Esteban.

Audience members became highly involved in the story line, and a very unusual phenomenon was observed in Lima: the number of women, especially migrant maids, enrolling in adult literacy classes increased. In another twist, Maria takes on sewing, using a Singer machine as a part-time profession to help raise her child, born from an unplanned pregnancy. Once again, in Lima, a high number of women, especially migrant maids like Maria, began to show an interest in learning how to sew. These changes occurred because the audience began developing para-social relationships with Maria. Para-social interaction is the process through which media consumers develop seemingly face-to-face interpersonal relationships with media characters, believing that they know media characters as their personal friends.

Government agencies cashed in on the popularity of *Simplemente Maria*, opening more adult literacy schools and hundreds of sewing centres. The sales of Singer sewing machine rose sharply during the period when *Simplemente Maria* was being aired. Also, during this period, the attitudes of people toward domestic helpers changed in a positive direction.

The pro-social effects — such as increase in adult literacy classes or desire to learn a vocational skill that happened among the audiences in Peru — were not intended by the program producers. But these changes occurred because of the popularity and entertaining value of *Simplemente Maria*. A key lesson learned was that entertainment can engender educational and social benefits and such programmes can also be commercially viable.

What is Entertainment-Education?

Entertainment-education (EE) is a research-based communication process or strategy of deliberately designing and implementing a programme to entertain even while it educates in order to increase audience members' knowledge about a social issue, create favourable attitudes, shift social norms, and change overt behaviour.[28]

PHOTO: COURTESY OF PHOTOSHARE, CCP 1989.

Popular Nigerian singers King Sunny Ade and Onyeka Onwenu recording a song about family planning.

EE contributes to the process of directed social change as it can influence audience members' awareness, attitudes, and behaviour with regard to specific practices. EE has the potential to add the "zip" to socially-oriented communication. Further, because entertainment is fun, exciting, engaging and sticky - it has a high recall and it keeps audience members engaged even after the communication activity is over by spurring conversations. Some well-known EE programmes resulting in

behaviour change include: *The Archers* radio series in Britain which sought to change the farming habits of its viewers and *Hum Log* television series in India aimed to promote gender equality, small family size, and national integration. EE can also influence the audience members' external environment and thus act as a social mobiliser and agenda-setter, influencing public and policy initiatives — as in the case of role modelling against domestic violence in *Soul City* in South Africa.

BOX 12:	How Entertainment Can Influence Behaviours
Popularity	– entertainment enjoys a universal appeal
Persuasiveness	– entertainment tells us what to think and feel
Powerfulness	– entertainment has ability to make messages sticky
Profitability	– entertainment delivers audience ratings which translate into ad revenue
Pervasiveness	– entertainment is all around us; at home and in public places

Institutionalisation and Consolidation of Entertainment-Education

Learning from the lessons from *The Archers* and *Simplemente Maria*, Miguel Sabido, a Mexican producer-writer, developed a theory-based method of producing entertainment-education soap operas. Between 1975 and 1982, he produced seven telenovelas which generated higher television ratings than regular commercial programmes in Mexico. Sabido's success in Mexico, and his theory-based framework for implementing entertainment-education initiatives inspired several EE projects worldwide.[29] Today, EE initiatives are pervasive, found in almost all countries and dealing with a variety of social issues. The following initiatives worldwide are just a few examples that use various media channels to successfully use EE as a strategy for behavioural and social change.

- Johns Hopkins University/Center for Communication Programs (JHU/CCP) uses different forms of entertainment-education programming for reproductive health and other health issues. For instance, popular rock music is used to reach young people in many parts of the world.
- UNICEF's EE series on the girl child *Meena* and *Sara*, demonstrate the power of animation. Animation as a genre is culturally sharable and replicable and is powerful in reaching diverse audiences in multiple countries especially children and young people.
- *Soul City* and *Soul Buddyz* are good examples of long-running, multi-media EE programmes that use not only the mass media but work in close coordination with services such as hotlines and shelters for the vulnerable.
- Hollywood is also a major player in entertainment-education working with primetime programme producers to include pro-social messages in popular soaps such as *Bold and Beautiful*. Hollywood has a wide reach in almost all countries and if popular programs can incorporate education themes, they can reach large worldwide audiences.

Pushing the Boundaries of Entertainment-Education: *Taru* Project, Bihar, India

Taru, a radio soap opera, named after the protagonist, revolves around the life of a girl in a village in Bihar, India. It was aired twice a week in Bihar, Jharkhand, Madhya Pradesh, Chattisgarh states of India from February 2002 to February 2003. The objectives of the programme were to promote gender equality and reproductive health. The *Taru* Project was

a result of a multitude of partnerships between, Population Communications International, New York, Ohio University, Athens, USA, All India Radio, Center for Media Studies, New Delhi, India, and *Janani* in Bihar. The on-ground partnership with *Janani* (meaning "caring mother" in Hindi), an NGO working in the area of reproductive health was a unique feature of *Taru*. *Janani* trains village-based rural health providers (the Rural Medical Practitioners), and their wives in a three-day crash course on reproductive health. Following this, the NGO designates these couples as village-level service providers in the 30,000 villages where it works.

In the week before *Taru* went on air in February, 2002, intensive pre-programme publicity was created using folk performances in multiple villages in Bihar and through posters and wall paintings in the rest of the villages. About 1,000 people attended each of the folk performances. During the shows, a quiz was held, with winners being awarded radio sets and being asked to form listeners' clubs. This ground-based orchestration and the presence of *Janani's* rural providers resulted in *Taru* enjoying 10 per cent listenership, which translates to about 20-25 million listeners in the Indian states of Bihar, Jharkhand, Madhya Pradesh, and Chattisgarh.

Taru radio listeners club in Bihar, India.

PHOTO: COURTESY OF ARVIND SINGHAL.

BOX 13: **Lessons Learned from EE for Behaviour Change**

- EE is a universal communication strategy found in almost all cultures as it can be adapted or created based on local customs, practices and needs of the public.
- EE need not be limited to mass media such as TV, radio and music but could be successfully advanced through local folk media, arts, photography and so on.
- Formative research is needed while conceptualising a good EE strategy.
- Summative research in the form of rapid exposure surveys and monitoring of changes in attitudes and behaviours is important to assess the effects of EE.
- Pre-programme publicity and priming helps overcome the lag in building listenership.
- Listeners' groups result in audiences coming together and spurring dialogue and discussion about the messages they hear on radio.
- EE intervention needs to have a ground-based service delivery partner when the practice being promoted needs essential services such as health services.
- EE strategy can successfully integrate inter-sectoral partnerships to widen its reach, provide services and to monitor and evaluate its impact.

2.5.2 Interpersonal and Participatory Development Communication[30]

This section draws on the presentation made by Dr. Maria Celeste Cadiz, Dean and Associate Professor, College of Development Communication, University of the Philippines, Los Banõs, Philippines.

Interpersonal communication (IPC) refers to face-to-face communication. IPC can either be one-on-one or in a small group (e.g. a health worker who dialogues face-to-face with a group of village women). Diffusion theory informs us that many people tend to rely on mass media to learn about new ideas but they use interpersonal networks to move from knowledge to trial and continued practice of a new behaviour. The objectives of IPC are to share information, respond to questions and doubts, convince or motivate the listener to adopt certain behavioural practices (such as condom use) or use certain health services (such as immunisation). IPC involves listening skills, the ability to empathise and be supportive.

BOX 14:	The Communicator as a Facilitator

- Participatory development sees the communicator as a facilitator, an enabler of change.
- Effective behaviour and social change processes depend significantly on attitudes and IPC skills of the facilitators.

Role of the Facilitator
- Facilitates critical thinking and action through a process of search and reflection on causes of and solutions for an issue.
- Ensures team building and collective work.
- Asks questions to encourage a process reflection rather than presenting ready-made solutions.
- Provides access to theory or scientific knowledge, thus creating a conducive climate for learning in which the group discovers as much as possible for themselves.
- Plans action with the help of the community.
- Disseminates results of participants' critical thinking and social action to a wider audience.

Qualities of a Good Facilitator
- Social, interpersonal communication skills including trustworthiness, empathy and understanding of community values.
- Group processing skills such as encouraging everyone to speak openly, being flexible and assisting in problem-solving, organising and planning skills.
- Knowledge of scientific principles and techniques of community organising.
- Teaching skills incorporating adult education principles and stimulating and facilitating critical thinking.
- Technical know-how and a clear vision of development as a people-centered process.

The rights-based framework is governed by inter-sectoral partnerships between various institutions and necessitates peoples' participation at various levels. Thus, the participatory development communication (PDC) approach moves away from a focus on promoting changes at the individual level alone. PDC promotes social change involving community-driven initiatives and empowerment. It facilitates information exchange between various stakeholders to address a common problem, implement a joint development initiative and identify the required partnerships, knowledge and material conditions at the community level. The following overview contrasts the different roles of IPC and PDC in fostering development.

The traditional view of IPC assumes that people act in rational and objective manners at all times. On the other hand, PDC relies on communication as a holistic process that involves various stakeholders and accounts for culturally sensitive norms. It garners community support to facilitate changes at the individual and community level. Communication in PDC is thus used for facilitation and it is *an enabler of change* that uses dialogue between participants and change agents. The traditional view of IPC, on the other hand, treats the community members as audiences that are targeted by an intervention.

Facilitating Participation through Communication

Community organising is at the crux of participatory development communication. It aims to empower the community towards collective decision-making and action. A community gains empowerment through enhanced knowledge and skills to identify and prioritise its needs and problems, harness its resources to deal with the problems, and take action collectively,[31] rather than being passive recipients of change.

Participatory development communication (PDC)[32] is the use of strategic communication for an effective community organising process. PDC is grounded in dialogue between the agents of change (service provider, health worker, outreach worker) and the community members. Drawing from Paulo Freire's work of liberation and consciousness raising, PDC involves communicating "with" the people and not "to" the people. Communication is a problem-posing dialogue between equals engaging in praxis (cycle of action and reflection), not merely information dissemination.

PHOTO: COURTESY OF ARQUIVOS PAULO FREIRE - INSTITUTO PAULO FREIRE, BRAZIL.
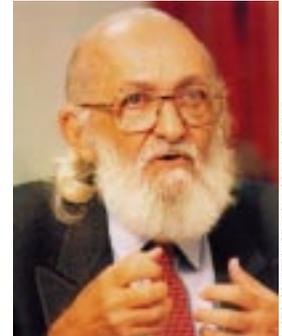
Paulo Freire, Brazilian educator.

As a community-based approach, PDC uses communication to essentially build relationships with the community and thereby facilitates collective action. PDC thus relies on effective facilitation by a development worker with good communication skills. It uses appropriate communication tools and media to extend the dialogue to more participants than interpersonal communication alone is able to reach and to enhance how people understand and receive messages exchanged.

Participatory Communication Methods for Community Organising

Examples of participatory communication methods and media include the following:

- *Community-managed Media:* Use of community audio tower (CATS) for a public address system, low-powered radio broadcasts, cable television, puppetry, audio visual media used in group meetings, community theatre, and information technology kiosks.
- *Interactive Theatre*: Use of three forms of Augusto Boal's theatre of the oppressed including image theatre, invisible theatre, and forum theatre. These forms involve varying degrees of people's participation, blurring of lines between actors and audiences, and consciousness-raising of the community. This method calls for skill and training in facilitation for effectiveness.
- *Peer Educators and Leaders:* Working with already established

BOX 15: **Stages in Community Organising**

Community organizing proceeds in three stages:

1. Awakening of the community is achieved through selection of the project area by building relationships with the community and its leaders. It understands the community and its issues through social investigation and integration, formation of a core group or community organisation and by training and mobilisation of its members. A community organiser plays a key role by laying the groundwork with key actors in the community to enable them to take action.

2. Empowerment occurs when the community actively participates in programme planning, implementation, and evaluation to address issues affecting them. Involving the community in the Triple-A cycle (Assessment, Analysis and Action) is an example of the community empowerment process.

3. Restructuring relationships of power and hierarchy within the community allows for greater equity and participation among members. It implies that the process has to be self-sustaining and organic to the community; hence plans and processes to phase out are integral to this approach.

peer educators who represent the community, and supporting and cooperating with professional and traditional leaders to gain support from the community.
- *Inter-sectoral Cooperation*: Linking local organisations, including the private sector and social marketing organisations; networking with existing programmes to reinforce and integrate messages in capturing participants' interest in the community organising process.

In conclusion, participatory development communication and communicator as a facilitator is the outcome of the paradigm shift in the field of communication for development or development communication. This shift is in response to the rather limited impact that large scale communication campaigns, many of which have been top-down and co-ordinated by experts that are removed from the community, have had on changing the health status of children and women. Notwithstanding the challenges to ensuring peoples' participation, a community-based programme can yield national level changes as illustrated by the case below on child-friendly villages in the Philippines.

BOX 16:	Challenges to Participatory Development Communication

- Maintaining participation as a practice right through the process.
- The community may not necessarily be receptive to the objectives and mandate of a specific project or programme for example, HIV prevention or immunisation. However, this is both a challenge and the raison d'etre for participatory processes.
- Caste, class and other social variables within a heterogeneous community may pose difficulties in ensuring equity of participation from all segments of the community.
- It is critical that the community perceives the benefits and is intrinsically committed to the goal of the programme even when there are no incentives.
- The overall process requires raising people's consciousness through IPC and relationship building, which is time-consuming and demands intensive resources.

CASE 4 –   How Child-Friendly is Your Barangay (Village): UNICEF Philippines' Community-based Child Monitoring System[33]

The inter-agency midterm review of UNICEF Philippines' Third Country Programme for Children (CPC III) in 1990 pointed out glaring weaknesses in the then existing data system on children owing to the dearth of relevant statistics at the village level. It also highlighted the need to develop and monitor indicators reflective of the situation at the village, rather than at the provincial or city level, as a basis for local planning for village-level participation.

The Community-based Child Monitoring System (CBCMS), which evolved as a result, was an initiative of the country's National Statistical Coordination Board. The Board conceptualised and designed the CBCMS scheme on the basis of national, provincial, and municipal consultations from the very start with partner agencies, NGOs, and academic institutions.

Community Organising at the Village Level *(PDC Steps 1-3, refer Figure 9)*
To facilitate villagers' participation, community organisers (COs) from the local NGOs adopted the following processes: community entry, community integration, organisation-

building and consolidation, launching village mobilisation, and phase-out. This process enabled the people to think and work together in improving their social, cultural, economic, and environmental condition.

Municipal Planning and Development Coordinators facilitated entry into the villages by introducing the CBCMS field staff to the village chiefs. The staff introduced the CBCMS concept to village chiefs, briefing them about the scheme, encouraging them to ask questions on its rationale, benefits, and specific roles and responsibilities. Once convinced, the village chiefs organised village assemblies, introducing the concept, explaining the importance of the community's role to identify needs, gather relevant data, and use the data for local planning and programme implementation.

FIGURE 9:
Integrating PDC with Research and Development Process[34]
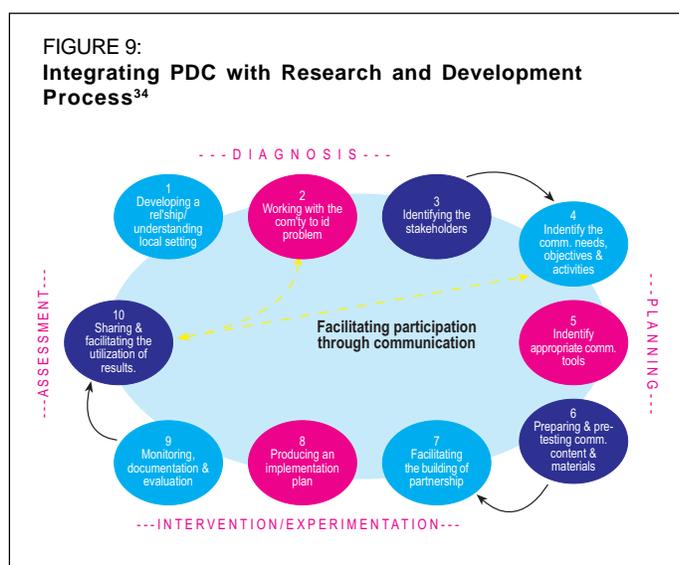
Working with the Community *(PDC Steps 4-6)*

The following activities were jointly conducted with the community by the CBCMS staff to identify locally based communication channels and further garner community support. The choice of the channel was dependent on what was appropriate for the community:

- Person-to-person and community media channels including village assemblies, meetings of people's organisations such as mothers' clubs, farmers' associations, and other traditional organisations.
- Support and endorsement by religious and political leaders.
- Radio broadcasts, folk media such as the oral genealogical account of a family in an indigenous group.
- Posters designed and prepared by the villagers.

Intervention and Experimentation *(PDC Steps 7-9)*

The nature of the organisations varied at the community level. Where they existed, traditional informal structures became the planning and implementing arm for CBCMS. In one province, volunteer COs helped coordinate village level activities and worked towards integration of the monitoring system into the official functions of local governments. In the process, people's organisations were strengthened through their own selection of officers, conducting regular meetings, adopting their own constitution and by-laws, obtaining representation in the village development council, and networking with other organisations and agencies.

Setting up the monitoring system was relatively faster in communities with existing people's organisations compared to those communities where none existed. In these latter communities, intensive preliminary work lasting up to six months was devoted to helping people understand the importance of their being able to monitor the situation of their children and prepare them for their roles and responsibilities.

Volunteer monitors went through a skills training programme to learn participatory research techniques. Training covered information-gathering, data analysis, and sharing of information. The best incentive to boost the volunteers' morale was the recognition by local officials and the people of the volunteers' contribution to the betterment of the community. High drop-out rate among monitors in one village was attributed to local officials not paying attention to the results of quarterly monitoring, with some even dissuading volunteers from continuing activities due to the lack of financial gain. The quarterly reports on the situation on women and children put pressure on the local councils. Action plans were designed to address the problems identified during monitoring, such as the identification of sites for water tanks in one village.

The CBCMS also implemented a quick response mechanism, allowing villagers to act on pressing problems, such as bringing malnourished children to the nearest health centre. In one locality, volunteers produced handicrafts to generate income to sustain the CBCMS. In another village, officials organised a contest for a neighbourhood clean-up drive where the CBCMS identified environmental sanitation to be a problem.

Sustaining CBCMS *(PDC Step 10)*

In the 14 years since its inception, the CBCMS has evolved. Inter-agency group networking composed of the Department of Social Welfare and Development (DSWD), Department of Health (DOH), and other government agencies and local units took place. The Minimum Basic Needs (MBN) approach as a component to then President Fidel V. Ramos' Social Reform Agenda (SRA) was adopted and various training courses were undertaken nationwide to implement it. Institutionalising and expanding the CBCMS' coverage included:

- Organising a trainers' training course to develop a pool of resource persons for the expansion areas.
- Including the CBCMS within the regular operation of local government units.
- Designating a leader of the volunteer monitors to serve as a representative in the village development council.

BOX 17:	Enabling Factors for the Sustainability of CBCMS

- Strong support by the local government units.
- Sustained campaigns.
- Presence of well-organised community organisations.
- High spirit of volunteerism among community members.
- Adequate training of volunteer monitors.
- Firm determination of community members to improve their situation.
- High responsiveness by the government to the community identified needs.

Under UNICEF and the Government of the Philippines' fifth country programme for children, the old indicators were translated into "*How Child-Friendly is Your Barangay* (village)?" indicators. These indicators were used as a basis for the annual search for the nation's "Most Child-Friendly Municipality" awards that started in 1999. Today, there are still many communities doing community mapping and demonstrating how the indicators are being monitored. The level of development of the CBCMS varies according to the economic, political, and socio-economic situation in the areas.

The Minimum Basic Needs approach incorporates the experience of the CBCMS and the Comprehensive Integrated Delivery of Social Services (CIDSS) of the Philippines' Department of Social Work and Development's Social Reform Agenda Programme.

2.6 Private Sector Approaches to Behaviour and Social Change

Myriads of communication strategies have been used for almost a century to influence how people think, feel and behave. The private sector, which spearheads this process, relies heavily on evidence-based integrated marketing communication, which includes strategies such as advertising, direct marketing, personal selling, promotional events and public relation campaigns to name but a few. This approach to harnessing communication for selling products and services provides many lessons for promoting behaviour and social change in the social sector. Many of these principles are represented in the social marketing literature, whose expert Dr. Philip Kotler and his colleague Dr. Gerald Zaltman set out to apply commercial ideas to promote social goals, prompted by a question posed by a fellow researcher, "Why can't we sell brotherhood as we sell soap?" Social marketing is as such understood as "the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research."[35]

While social marketing has been successful to varying degrees in promoting social products and services, ranging from the use of soaps for hand washing, mosquito nets to prevent malaria and ORS to treat diarrhoea, contemporary marketing does much more than selling products. Successful marketers today use communication strategically to set new trends.

The succeeding cases describe how two large global corporations, Pepsi India and Music Television (MTV) in India, use innovative communication strategies to set trends and shape lifestyles among its core audience members. The cases inform the critical role of ongoing research to feel the pulse of its primary audience, the young people, and how communication strategies can respond to the audiences' needs, aspirations and dreams. While both companies are global in their reach, these case studies highlight the importance of culturally appropriate and locally resonant communication. Both companies have learned that communication achieves results when strategies respond to the needs of its audience and by consistently giving out the same message through different channels to all intermediaries that influence change. The case studies reinforce the importance of continuous innovation and use of creative communication to reach the audience, capture its attention, and retain and expand its reach. In sum, in order to influence people in a competitive and ever changing environment, communication has to be an ongoing process.

2.6.1 Connecting with Youth: The Pepsi Way[36]
This section draws on the presentation made by Mr Lloyd Mathias, Executive Vice President, Marketing, Pepsi Co. India.

The Pepsi Co. India experience over the last 14 years provides many insights into how the soft drink company has managed to position itself in the market through extensive research on attitudes and behaviour of its primary users, the young people. The Pepsi story is about the process of feeding research back into the advertising and marketing strategies not just to increase sales, but to shape how young people feel and behave and create brand loyalty towards different consumer products. Pepsi's communication efforts are geared towards making consumers drink Pepsi on a regular basis, day after day after day, forming a habit.

In India, a country with over 40 per cent of its population below the age of 19, and nearly 20 per cent of the urban population in the 19-29 year age group, the soft drink industry has a consumer market of almost 50 million in these segments alone. With an eye on this huge and growing market, Pepsi aimed to position itself as a brand for the young, with the "bull's eye" being the 17 to19 year-olds. The reason the company has zeroed in on such a narrow age group, apart from their numbers as potential buyers, is that extensive research has informed the soft drink companies how young people think and behave. They know that children as young as 10 have already some buying power, yet, Pepsi realised through research that most young children between the age group of 10 to 14, tend to see the 17 year olds as their role models, while young people in their late 20s and early 30s tend to reflect back on days when they there about 17 or 18 years old. Thus, reaching out to a 17 year old through communicative means helps the company reach a much wider audience. However, this is not an easy task, given that this target group changes its preferences and lifestyles rapidly, and that many consumer products compete for their attention.

How does Pepsi know the ever changing taste and interest of an 18-year old? More importantly, every year a new batch of 18-year olds replaces the older one, therefore how does Pepsi know what the core group really likes? The answer lies in conducting on-going research. Pepsi uses intensive, in-depth and descriptive qualitative research to understand the thinking of youngsters and it uses on-going quantitative data to understand broad trends among its audience. For instance, Pepsi's research is heavily steeped into using in-depth interviews with key informants that are trend setters and focus group discussions with the average consumers. In addition, every two years, Pepsi invests heavily to conduct lifestyle surveys to understand what makes young people "tick". A combination of the data gathered through the different formative research feeds into the communication strategy, message design and identifying media channels to reach the core audience.

Pepsi's advertising campaigns reflect the findings from the research. When Pepsi entered the Indian market in 1990, the country had just entered the era of economic liberalisation and global economy after decades of protectionism. Aptly, the launch campaign titled "*Are You Ready For the Magic,"* fused the traditional and the modern, featuring popular pop star Remo Fernandes (the modern) with the then popular Hindi film actress Juhi Chawla (the traditional). Since then, campaign after campaign has strategically responded to the changing Indian culture, particularly the youth culture: thus the use of Hinglish (a hybrid of English and Hindi) in their 1992 commercial line *Yehi Hai Right Choice Baby*, the cocking-a-snook at officialdom through their *"Nothing Official About It"* campaigns during the 1996 World Cup (when another soft drink company was the official sponsor), and the "*Azaadi Zindagi Ki*" (Freedom of Life) timed to coincide with the 50th year of India's independence. Pepsi has consistently used youth icons that are popular at a given time. With changing times and different generation Pepsi engages new faces that capture young people. Pepsi has used a generation of mega cricket celebrities ranging from Kapil Dev to Sachin Tendulkar to Rahul Dravid and a generation of film stars from Amir Khan to Shahrukh Khan. Yet, one aspect that never changes is the use of humour and banking on timeless classics such as Amitabh Bachchan, who can strike a cord with people across all ages.

Overall, Pepsi tries to address young people's dreams, and notably gives constant messages on "how to maximize and get more out of life". This is done because there is a lot of competition vying to cash on young people's habits and interest. The company

operates in a competitive environment, with not only other soft drinks but also with other impulse products like chocolates or potato chips. The intensive communication campaigns help the company keep its finger on the pulse on the nation's young people. It incorporates the findings of its research into the style, references and idiom of its advertising campaigns that change every six months. The mass media advertising budget alone costs Rs. 700 million (approximately US $15 million). The media campaign is backed with a below the line communication in terms of posters and pamphlets and direct marketing efforts. Importantly, a distribution network, which is akin to service delivery, even in rural areas, ensures the availability of the drink to all its audience, at any place, all the time.

BOX 18:	Lessons Learned from Pepsi's Experience

- Private sector invests a considerable amount of its budget into communication initiatives, including continuous and in-depth research.
- Communication initiatives are geared towards setting trends and building habits.
- Use of contemporary and cultural resonate messages.
- Apply humour to connect with audiences because humour makes a message "stick" in peoples mind.
- Messages are consistent across media - both above the line media (such as TV, Radio, billboards) and below the line media (such as point of purchase).
- Message consistency is also applied among all the constituents i.e. consumers, distributors, vendors, business associates and employees.

2.6.2 Trend-setting: The MTV Way[37]

This section draws upon the presentation made by Mr. Vikram Raizada, Vice President, Marketing, MTV Networks India.

With a reach of 28 million homes, MTV or Music Television, has been cajoling Indian viewers with their catch slogan "enjoy" since 1996. MTVs primary target audience comprise of people aged between15 to 34 years, who form half of their viewership. MTV's popularity cuts across other age groups as well: 22 percent in the under-15 age group, 11 percent in the 35 to 44 age group and 16 percent among those over 45 years. Among their primary target audience, MTV has been playing a trend-setting role by promoting notions of "what's cool" or trendy.

MTV's initial entry into India was resisted by audiences for its overly 'western' content and brand image. MTV India responded by incorporating indigenous programmes that fitted in with the national culture. By the second year of its operation in India, 10 percent of the channel's programming was indigenous and resonated with the flavour of *Bollywood* films (the Mumbai-based Indian film industry). As of 2004, local programming accounted for 80 to 85 percent of the channels content; a reflection of the adaptation to audience needs and culturally appropriate content. Further, the core

FIGURE 10:
If MTV Were a Person, It would be...

Bakra, Cyrus VJs, Shows Hindi + Eng music

Young, trendy, stylish bright, creative, fun loving, joi de vivre latest fashions, flirt, cool guy

PHYSIQUE   PERSONA

Like a trendy pal Trendsetter

RELATIONSHIP   CULTURE

Entertainment, Youth Style, Fusion

REFLECTION   SELF IMAGE

Cool cat with it

Popular

audience could relate to MTV as a brand with aspirational and fun traits (Figure 10)
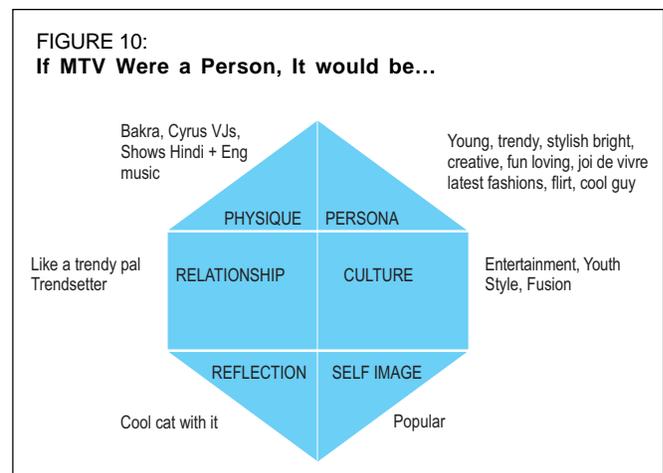
Communication Strategies Underpinning MTV's Approach

Qualitative research to develop youth-centred programs: Studies such as 2001 *Project Young* provided insights into the identity and perception of the music channel among youth. A 2003 research provided key indicators about the attitudes of and influences on young people. Findings indicated "success and achievement" (equated with money and fame) were more important than "self-respect" to the youth. The 2004 *Sources of Cool* study indicated that 9 out of 10 Video Jokeys (VJs) rated as "cool" were from MTV. In addition, MTV conducts informal research among youth by dropping in on their favourite hangouts and haunts. MTV strives to be constantly in touch with young people by asking them to call in, write and visit MTV websites. Feedback and findings from ongoing research are strategically used to develop programmes that contribute to building the channel's identity as young people centred.

On-ground activities to trigger young people's interest and participation: MTV finds innovative ways of engaging young people. These include competitions, concerts, and recruitment of "campus jockey's" to understand the pulse of the youth. MTV also encourages the involvement of young interns and young professionals among their employees. Young employees understand often better their peers and help to keep the programmes suited to the target audience's interests.

Promoting and developing star Video Jockeys as trend-setters: The VJ Hunt in 1997 was the first attempt to scout for a breed of "wise-cracking, glamorous, outrageous" people to anchor its shows. The VJ Hunts provided a platform for the channel to interact with young people. The selection process was telecast to reach out to, and involve a wider audience. Cool VJs and popular programmes contributed to building the image of the channel as "young, trendy, fun loving and fashionable." The new VJs become trend-setters among youth. In 2002 the VJ hunt spanned over 17 weeks and involved multi-level promotions such as print, outdoor, on-ground auditions, viewer voting and other activities. This allowed for interaction with the viewers and involved them in the decision making process. The multi-media presence contributed to enhance the youth-centred image of the channel.

Diversifying: MTV has been used as a platform for launching various other media related programmes. The *MTV Starhunt* was held to select the lead actors for a teenage romantic comedy film, while the *MTV Gaga* was held to discover fresh musical talents. The *MTV Model Mission* has produced three Indian supermodels. The channel's latest foray is into TV serial production in collaboration with leading TV software companies. The auditions in 107 cities brought together 22,000 aspirants, in the 16 to 30 years age group.

Going beyond music: Beyond entertainment, the channel has carried social campaigns on curbing environmental pollution, leprosy and corruption. The MTV *Rock the Vote* program was aimed to encourage young adult viewers to vote. It has contributed towards creating awareness about HIV and AIDS and its star VJ Cyrus Barucha, was part of the International HIV/AIDS Conference in 2002 and the compeer for the international week-long youth panel discussions on HIV.

- Adapt to the target audience, preserve local ethos and cater to audience tastes.
- Where the target audience is vast and diverse, thorough audience segmentation may become difficult. Nonetheless, using mass appeal and promoting a general message and a lifestyle or an image can work successfully.
- By conducting on-going research and constantly involving audiences in providing feedback, companies are able to build a stronger connection with their audience.
- Involve participants in the production and design of programmes, and create platforms for the audience to participate and be actively involved.
- Value the experiences and voices of young people to build a stronger relationship with them.
- Communicate "with" the participants rather than "to" them.
- Young people identify with icons that act as trend-setters. As diffusion of innovations literature suggests, higher homophily (similarity) between early adopters and the audience is likely to lead to a wider adoption of innovation.
- Systematic use of multi-media and multi-pronged communication strategy – a combination of mass media with below-the-line communication – to gain high visibility and on-ground activities to mobilise and build relationships with the audience.

2.7 Planning Strategic Communication

This section discusses the planning and prioritising of elements of communication strategy. The planning process entails essential steps and processes that ought to be followed in the development, implementation and evaluation of communication programmes as laid out for instance in UNICEF's ACADA model (Assessment, Communication Analysis, Development of Strategy Plan and Action). In an attempt to broaden the understanding of different planning approaches and find synergies across sectors and partners, the following section illustrates WHO's experience of integrating private sector principles into development communication. Then, the Cube Model, a prioritisation tool, informs where to begin a communication strategy in a complex programming environment.

2.7.1 Communication for Behavioural Impact: Applying Private Sector Experience to Public Health Programmes[38]
This section draws upon a presentation made by Dr. Everold Hosein, Communication Advisor, WHO, Mediterranean Centre for Vulnerability Reduction, Tunis, Tunisia.

"If you build, will they come?" If you train technicians to treat tuberculosis and build referral centres, will people come in droves to seek treatment? The field of public health has long been riddled with a short-sighted focus on service provision with little emphasis on understanding peoples' needs, motivation and their ability to use the services.

The challenge for public health issues is not only to motivate the adoption of new behaviours but to also ensure that the new behaviours are maintained. In this context, traditional approaches such as IEC had limited impact. Drawing from the success of the private sector's use of a combination of market research, advertising, public advocacy, direct marketing, personal selling, and community mobilisation, the World Health Organisation (WHO) began using an approach known as Communication-for-Behavioural-Impact (COMBI).

COMBI is a process that strategically blends a variety of societal and personal influences and communication interventions to encourage individuals and families to adopt and maintain recommended healthy behaviours. COMBI begins with the people and their health needs and focuses on the specific behavioural results expected in relation to these needs, wants, and desires.

COMBI recognises that there is no single magical communication intervention, and instead relies on a strategic combination of the following five inter-related communication strategies (refer figure 11).

FIGURE 11:
The COMBI Process: Five Integrated Communication Actions
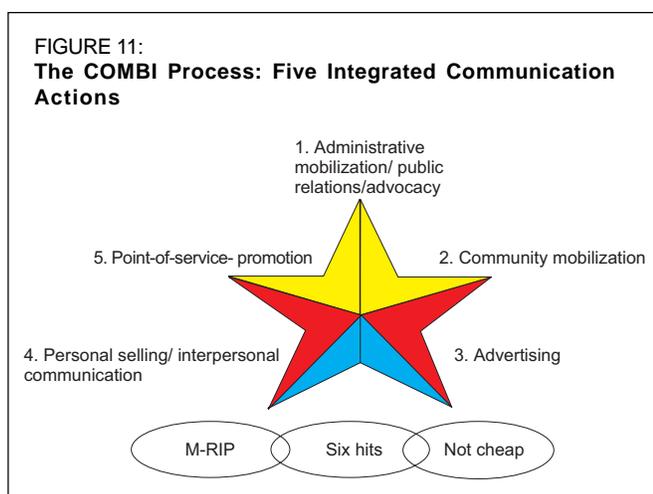
1. **Public relations/advocacy/ administrative mobilisation** for putting the particular healthy behaviour on the public and administrative agenda via the mass media.
2. **Community mobilisation** including use of participatory research, community group meetings, partnership meetings, traditional media, posters, videos, home visits.
3. **Sustained appropriate advertising** through multiple media channels, engage people in reviewing the benefits of the recommended behaviour vis-à-vis the "cost" of adopting it. Effective advertising has to be Massive, Repetitive, Intense, Persistent (M-RIP), which requires resources, and based on research it requires at least six "hits' (exposures) for a person to register a message.
4. **Personal selling/interpersonal communication/counselling** at the community level, in homes and particularly at service points with appropriate informational literature including careful listening to people's concerns and addressing them.
5. **Point-of-service promotion** emphasising easily accessible solutions/health products to health problems.

How to Design a COMBI Plan?

1. **Develop the overall programme goal**
   that COMBI will help achieve. For example: "To contribute to the elimination of Lymphatic Filariasis [specific goal] in [location] by the year 2020 [time]."
2. **Behavioural objectives:** a statement of specific, measurable, appropriate, realistic and time-bound (SMART) behavioural objectives. For example: "To motivate x numbers of men in the age group of 17-25 to use condoms each and every time they have sex."

3. **Situational market analysis vis-à-vis the precise behavioural goal:** consumer-oriented tools such as TOMA (Top of the Mind Analysis), and DILO (Day in the Life Of) can help understand the range of personal and social factors that influence the achievement of the behavioural objectives. Force Field Analysis helps community members and the communication specialist to analyse the social, cultural and political factors that constrain or facilitate adoption of the behaviour.

4. **Overall strategy for achieving the stated behavioural result:** a description of the general communication approach and actions necessary for achieving the behavioural results and is presented as below:
   - Re-state the behavioural objective based on the situation assessment;
   - Set out communication objectives for achieving the behavioural result(s);
   - Outline communication strategy for achieving communication and behavioural results in terms of the five communication approaches/actions listed earlier.

5. **COMBI plan of action:** a description of the integrated communication actions to be undertaken with specific communication details in relation (but not exclusive) to: Public Relations, Public Advocacy, Community Mobilisation, Personal Selling, Advertising and Point-of-Service Promotion. The plan should consist of the following elements:
   a) Management and implementation of COMBI: a description of the multidisciplinary team, including specific staff or collaborating agencies (e.g. advertising and research institutions) with clear role definitions in relation to the task. The team should include any technical advisory groups or government body that provides technical support or supervision;
   b) Monitoring and evaluation plan: a description of the process and behavioural indicators, methods for data collection, analysis and reporting to be used for tracking actions and evaluating the programme overall;
   c) Implementation plan: a detailed work plan with time schedules for the range of activities to be executed within the context of the approaches detailed under #5;
   d) Budget: a detailed listing of costs for the various activities – i.e. management and implementation, monitoring and evaluation.

2.7.2 The Cube Model: A Tool for Developing a Communication Strategy[39]
This section draws upon a presentation made by Dr. Narcisse de Medeiros, Regional Advisor, Programme Communication, UNICEF West and Central Africa Regional Office, Senegal.

The Cube Model is a prioritisation tool developed in 2001 to address questions such as: Where, how and with whom do we begin the communication strategy? What communication strategies are to be used and when? How do we assess the problems, prioritise the issues to be addressed, and ensure resources for the actions? Though developed for use with HIV and AIDS programmes at the district level, the Cube Model can be adapted for other programmes. The framework for the decentralised response is depicted in Figure 12.

FIGURE 12:
A Framework for Planning a Decentralised Response

1. Situation response and situation analysis

Map main indicators, institutions and responses existing in the community

2. Creating a conducive environment

6. Monitoring and Evaluation

3. Participatory formulation of the district plan

4. Agreements for implementation

5. Implementation
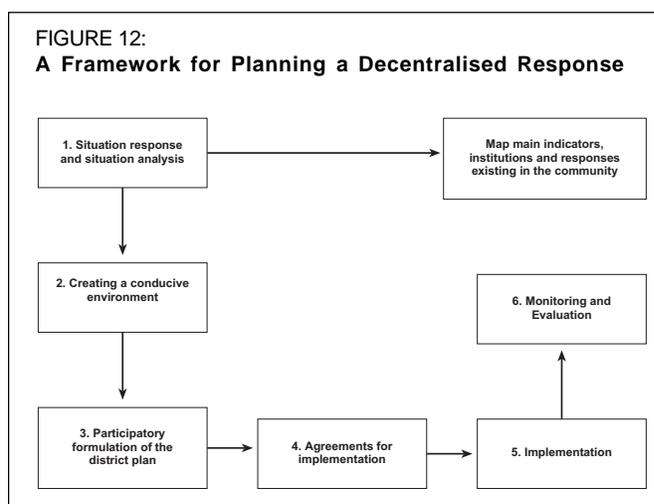
FIGURE 13:
The Cube Model for Communication Planning

Example of segment for communication analysis and interventions

Zones / sites

Socio-professional groups

Resources partners
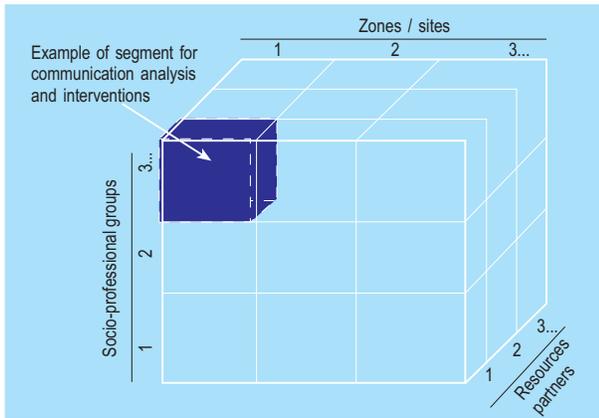
Broadly speaking, the Cube model helps conduct a systematic assessment of the project area along three specific parameters in order to select and prioritise sites, groups and communication strategies for the project as described in Figure 13.

System for Assigning Prioritisation

After the initial mapping is done, the next step is to assign priority for each of these factors within the three dimensions. Programme managers can assign priority to each of the factors within each dimension using a scale ranging from 1 to 3 (3 = high, 2 = average, and 1 = low). The first and second dimensions determine the problem priority for a specific area. The third dimension (partners and resources) helps select the type of communication strategy for each zone. Hence, there will be communication strategies for all zones, though the type of strategy will differ. Figure 14 demonstrates the use of these findings for selection and prioritisation of communication strategies. The priority level of each zone is indicated as P1, P2, P3 and P4 in decreasing order.

FIGURE 14:
Prioritising Communication Strategies

Scores for Zones and groups

	High	Low
High **Scores for partners/ resources** **Low**	* **Main strategies:** behavior change (BCC), community (self) empowerment * **Support strategies:** advocacy, social mobilization **P1**	* **Focus:** needs of most vulnerable groups (Customized strategies) * **In general:** support to sectors (Health, education, protection, etc.) **P3**
	* **Main strategies**: advocacy, social mobilization **guided by the maps,** more data ? * **In parallel,** begin BCC where resources/partners are likely to be committed shortly **P2**	* **Support to** other priority development programmes * **Make basic information available** to potentially vulnerable groups & decision makers **P4**

1. Priority One (P1) zones are those where the problem is high priority and has high resources and partners' commitment. The main strategies are BCC and community empowerment, with advocacy and social mobilisation as support strategies.
2. Priority Two (P2) zones are those where the problem is high priority and has low resources and partners' commitment. The main strategies are advocacy and social mobilisation. BCC can be started where resources are likely to be allocated shortly
3. Priority Three (P3) zones are those where the problem is low priority and has high resources and partners' commitment. In these zones, communication strategies will be customised, focusing on the needs and rights of most vulnerable groups. In general, communication activities are aimed at supporting sectors (health, education, protection, etc.)
4. Priority Four (P4) zones are those where the problem is low priority and has low resources and partners' commitment. In these zones, necessary basic information should be made available to potentially vulnerable groups, while continuing support for other priority development programmes.

The main advantages of the Cube Model are that it is flexible and can be used at the national, intermediate or peripheral levels, for focused or holistic interventions. It can also be used for piloting and scaling up programmes.

BOX 20:	**Three Parameters for Mapping Prioritisation**

1. Mapping of zones or sites based on:
- Unbalanced man-woman ratio (towns, markets, agro-industrial areas, mining areas, barracks, prisons);
- Transit zones (borders, motorways, ports);
- Intensive work sites (construction, pipelines);
- Conflict zones (camps for displaced persons, villages with high number of refugees, rural areas close to military bases);
- Rural areas supplying migrants.

2. Mapping of socio-professional groups that are at risk:
- Sex workers (hotels, bars, hot streets);
- Regular clients of sex workers (migrants, truck drivers, hawkers);
- Temporary sex workers (domestic servants, students, refugees);
- Specific groups (affected by conflict, street children etc).

3. Mapping of partners and resources including:
- Partners interested in AIDS such as government and private institutions, NGOs, CBOs, community groups, traditional and religious leaders;
- Potential for effective community participation and access to the largest number of participants and associations for equity of participation and decision-making;
- Types of risk zones and groups covered by partners interest and commitment;
- Existing local resources and capacity to mobilise external resources for combating AIDS.

BOX 21:	**Implementing the Cube Model**

- The team sticks to the minimum package of activities defined by the MOH that is to be implemented in the communities.
- Monitoring and evaluation meetings are conducted through the M&E Task Force.
- The programme integrates existing socio-educational services implemented by different ministries.

2.8 Overcoming Challenges of Developing a Communication Strategy

The working paper has so far demonstrated that a variety of strategic communication approaches can be harnessed to promote behaviour and social change. Yet, developing a good communication strategy, incorporating the multiplicity of approaches, poses many challenges as the following case illustrates.

CASE 5 – **Strategic Communication for HIV Prevention among Adolescents and Young People in India** [40]
This section draws on the presentation made by Ms. Vidya Ganesh, Chief, HIV/AIDS Section, UNICEF India.

FIGURE 15:
Spread of the HIV Epidemic in South Asia

- New infections strongly focused in a few behaviourally linked at-risk groups (IDUs, clients, FSWs and MSM),
- Then can spread to their lower-risk partners,
- And then can spread to infants through vertical transmission.
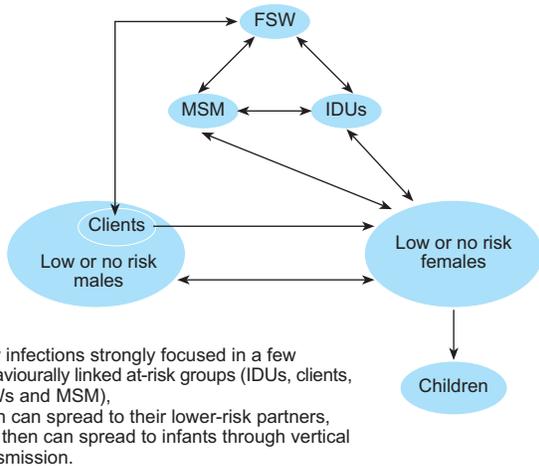
With 5.1 million people living with HIV and AIDS, India is projected to soon become the country with the highest number of infections anywhere in the world. The epidemic, in certain areas, has gone beyond the so-called "high-risk" populations such as sex workers and truckers to the general population, and beyond urban concentrations to rural areas (refer Figure 15). Increasingly married, monogamous women (who were considered "low-risk") are getting infected with HIV from their husbands. This in turn increases the number of children who are infected or affected by HIV and AIDS. Developing results-oriented communication strategies for behaviour and social change are essential in the response to HIV and AIDS in India.

In India, UNICEF's support for HIV prevention among children and young people focuses on youth, segmented as those in the mainstream and those belonging to vulnerable groups, such as children in and out of school. These interventions are tailored to achieve maximum coverage in states and districts with high HIV prevalence.

In recent years, there have been a few successful communication interventions using mass media and outreach and educational activities in schools implemented by various bilateral and multilateral agencies and NGOs. These include *Jeene Ke Kala* (The Art of Living), the Right to Know initiative, *Jasoos Vijay* (Detective Vijay), and *Balbir Pasha*, among others. Despite these efforts, in order to have a significant impact on the HIV epidemic, it is important to have multiple communication programmes for the general population and vulnerable populations. It is also vital to scale up existing smaller, focused interventions to have an impact on the larger population.

As Figure 16 demonstrates, UNICEF's programming framework is a combination of vulnerability and risk-reduction models. It categorises vulnerability and risk at three levels: (a) for all young people, (b) vulnerable young people and (c) high-risk young people. UNICEF focuses its work on the middle tier, that is, vulnerable young people, by addressing structural issues to reduce vulnerability. These include gender inequalities, lack of opportunity for participation in programming, access to user-friendly services such as voluntary counselling and testing (VCT), and training for livelihood skills (refer inverted triangle in figure 16). For young people who are considered to be at "high-risk", targeted interventions are developed. For those young people who are considered to be at lower risk universal strategies are being applied. The framework represents the overall social, structural factors that need to be addressed in order to create an enabling environment and the specific risk and vulnerability reduction strategies for each of the target groups

FIGURE 16:
UNICEF's Framework for Risk Reduction among Young People
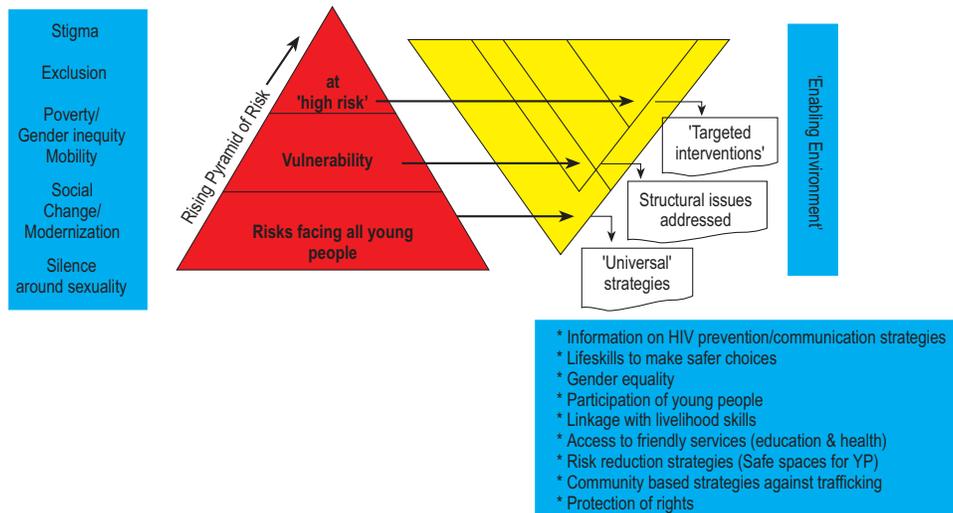
Developing strategic communication for addressing the key areas of vulnerability and risk reduction is crucial. In order to do so, UNICEF is currently undertaking vulnerability mapping, to understand the basic factors underlying young people's vulnerability to HIV infection, in one of the districts in southern India. This assessment will help prioritise vulnerability issues to be addressed through communication interventions.

The complexities of addressing vulnerabilities and reducing risk of HIV transmission among young people are linked to the social and political context. The sheer numbers and diversity of young women and men pose other challenges. Consequently, HIV and AIDS prevention and care communication programmes face various challenges. Learning from UNICEF India's experience, vital aspects emerge when developing an effective communication strategy (refer to Box 22).

BOX 22:	Vital Aspects in Developing Communication Strategies

- Know what communication and behaviour change models or combination of models would be most effective in altering young people's behaviours and prevent HIV infection in the given context and culture.
- Review what HIV and AIDS programmes and communication initiatives are already in place and prioritise what communication initiatives would work best with which participant group.
- Engage in qualitative and quantitative research to understand the underlying factors for vulnerability and risk reduction before planning a communication programme.
- Be responsive to the changes in the HIV epidemic as it is moving from populations with high risk behaviours to general population, which demands use of different communication interventions.
- Involve young people, including young people who are infected and affected, in programme development, implementation and evaluation.
- Co-ordinate with other agencies whose programmes impact on your interventions.
- Collaborate with partners in order to maximise the impact of the programme and plan to go to scale.
- Respond to financial and human resource constraints by using those communication interventions that are feasible (as proposed by the Cube Model).
- Systematically and rigorously monitor and evaluate the communication programme.
- Use research findings to (re-) shape your communication strategy

3

Monitoring and Evaluation

Monitoring and evaluation (M&E) is a textual, graphical and numerical information system used to measure, manage and communicate desired performance levels and programme achievements over time. It involves the collection, synthesis and analysis related to the measurement of inputs, outputs, outcomes and impacts as well as of parameters that affect outputs and outcomes in the programming framework. Communication interventions are more effective when they are planned using data and assessed using good monitoring and evaluation tools to achieve results for children.

This chapter illustrates the significance of monitoring and evaluation, the process of identifying and developing qualitative and quantitative indicators, and the research methods used to evaluate strategic communication. It concludes by describing how epidemiological and social research data have been successfully integrated in the design and implementation of the communication strategy to support India's polio eradication efforts.

3.1 Results-based Monitoring and Evaluation of Communication Interventions[41]

This section draws upon the presentation made by Ms. Soma de Silva, Regional Monitoring and Evaluation Officer, UNICEF ROSA, Kathmandu, Nepal.

A *results-based* monitoring and evaluation system addresses the *"so-what?"* question in programming for development cooperation. It addresses issues such as: Are the goals of the communication programme being achieved? And how is the achievement of the programme outputs causally linked to changes in the lives of children? This is a shift from *implementation-based* monitoring and evaluation that addresses purely the compliance with programme design and implementation strategy.

Results-based monitoring and evaluation is linked with planning for results. It is an essential management tool for achieving results. And "w*hat are results?*" In the context of development cooperation, results are progressive changes. In UNICEF country programmes of cooperation, results are defined as changes in the status of realisation of rights of children. These are the highest level of results, known as impact. They are supported by a hierarchical chain of results which are the reduction or removal of causes of the problem being addressed. In planning a programme, this hierarchy of results is defined based on a causal analysis of the given problem. Indicators for assessing the progress of each result in the chain are defined in a measurable or verifiable manner so that they can be assessed and progress tracked.

Log frame analysis is an effective tool for strengthening results-based planning, monitoring and evaluation. It tests the validity of the relationship of the hierarchy of results. It does so by checking if the outcomes are sufficient and necessary to achieve the strategic results; if the outputs are sufficient and necessary to achieve the outcomes; if the activities are adequate to achieve the outputs and if the inputs are sufficient and necessary to achieve the activities. A "horizontal" analysis helps validate the programme performance, by setting for each result, indicators, measuring targets against baselines, specifying means of verification (MOV), and testing assumptions.

With respect to communication interventions, a log frame analysis helps to:
- Identify that the sum total of planned communication inputs and outputs, along with any other activities, will contribute to the desired behaviour change;
- Determine key indicators for monitoring and raise evaluation questions;
- Explicitly describe the planning assumptions and ways of addressing them in order to reduce the risk of failure of achieving the behaviour change outcome;
- Minimise the risk of failure of achieving the desired behaviour change.

FIGURE 17:
Results-based Communication Planning for HIV/AIDS

60 % of young persons (YP) have adopted safe sexual practices by 2007

90% of young persons aware of HIV prevention measures

80% of young persons have access to condoms

70% of YPs have seen TV programme

40% of YPs have heard radio programme

30% of YPs have received information materials

30% of YPs have participated in interpersonal communication activities

Results-based communication planning means communication interventions should lead to the results specified in the results chain of the particular programme being supported. For example, consider an HIV and AIDS programme which plans to achieve the impact of "reducing new HIV infections among young people". The results chain contributing to this impact is depicted in Figure 17.

One of the planned outcome results,"90% of young persons aware of HIV prevention measures" is achieved due to a number of outputs requiring communication interventions. Monitoring the communication interventions would involve measuring the proportion of young persons who have seen, for example, the TV programme. We need to define what we mean by "seen a TV programme." It needs to be defined in the indicators of this result, for example they could be seen it at least once or are able to recall a message and so forth.

The role of communication is to support the realisation of predetermined goals. Monitoring in this context is to measure the indicators, assess the changes from the baseline data and report on the likelihood of achieving the targets. Results-based monitoring helps ensure that the communication interventions contribute to the planned results. It also allows the resources utilised for communication interventions to be linked to the results for young

people, in this example. The communication interventions as described above are different from developing communication materials and broadcasting as stand alone interventions. Such interventions are hard to monitor. Their contributions remain unknown and cost efficiency is questionable.

Monitoring planned communication provides ongoing information on change. For example, in the coverage of people reached by specific communication interventions, monitoring results would inform whether the campaigns are reaching the intended audiences, to what extent it did reach them, how rapidly is the reach increasing and so forth. While monitoring provides information on whether the planned activities are taking place and whether indicators of progress are showing signs of change, it *does not* give a basis for attribution and causality of change. In other words, it does not answer the question whether or to what extent has a communication programme led to the intended behaviour development. Further, monitoring data cannot show how communication is contributing to change, but it only informs whether or not change is occurring. Monitoring data in themselves cannot determine the strengths and weaknesses of the design of the communication interventions.

Evaluating planned communication is necessary to understand causality and whether or not the communication strategy has yielded behaviour and social change results. Evaluation is defined as an assessment of a planned, ongoing or completed intervention to determine its relevance, efficiency, effectiveness, impact and sustainability. The purpose is to learn lessons for enhancing the quality of the communication intervention.

Evaluation in a results-based monitoring and evaluation system is different from what is commonly described as the "end-of–project evaluation." In the context of communication programmes for behaviour and social change, such an after-the-intervention evaluation does not feed in to the decision making process needed to make management changes to improve the communication design and implementation to stimulate the desired behaviour changes. Therefore, evaluation should be on-going at critical stages of a communication campaign. What to evaluate, who will evaluate and how evaluation is conducted all need to be determined as part of the planning process.

Monitoring and evaluation are continuous processes as shown in Figure 18. Information from these processes has to be fed into decision making to improve programme design and implementation and in turn to re-define behaviour outcomes, if necessary, to more effectively contribute to the strategic result.

Evaluation - in close tandem with monitoring and research and as an on-going process - is critical to distinguish communication strategies that promote behaviour and social change from those that do not.

FIGURE 18:
Monitoring and Evaluation as a Continuous Process

Strategic results

Behaviour change outcome

Program design and implementation

Decision making processes

Monitoring for course correction · Evaluation for lessons learned · Research to provide evidence
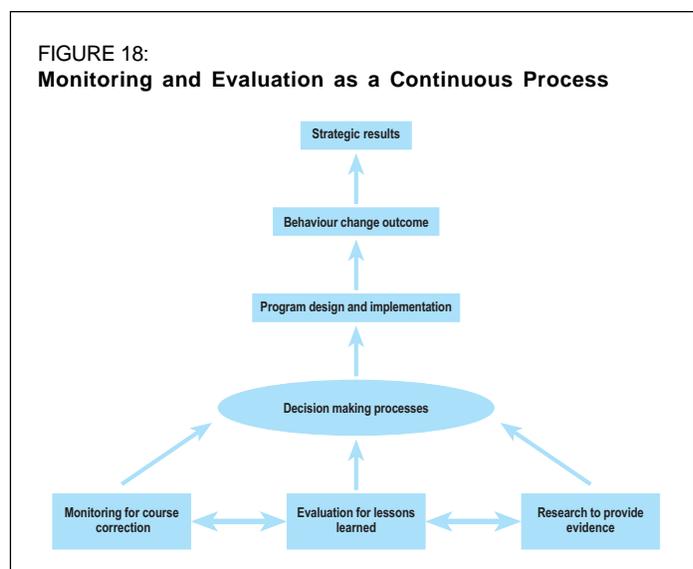
At a Glance – Results-based M&E in Strategic Communication

- Building a monitoring system to track **performance** of the communication intervention is absolutely essential for communication managers.

- Monitoring provides the information that is critical in knowing that the communication interventions are moving as intended by showing:
  - **Direction of change**
  - **Pace of change**
  - **Magnitude of change**
  - **Unanticipated changes**

- Evaluation provides information on whether the changes are generating appropriate behaviour and social change **results** through the communication interventions in an efficient, effective and sustainable manner. It helps to:
  a) Identify which communication interventions are more or less successful in terms of behaviour change outcomes and guide decisions on resource investment or scaling up or down of these interventions;
  b) Rethink the causality of the problem, if the intervention seems to have little effect on behaviour or social change, and to make the communication interventions more strategic;
  c) Identify new issues that have emerged that need to be addressed using communication interventions.

- Monitoring and evaluation are **complementary.** Both must be on-going systems, using only one is not sufficient.

- Results-based monitoring and evaluation are linked to and stem from **results-based planning.**

- If results are not **well-defined** and based on **causality,** they can neither be monitored, evaluated nor achieved.

3.2 Developing Indicators for Behavioural and Social Change[42]

This section draws upon a presentation made by Dr. Will Parks, Senior Adviser, Public Health and Health Promotion, JTA International, Australia.

This section looks at the challenges in measuring the contribution of strategic communication to programmes and the processes involved in developing and using indicators for monitoring behaviour outcomes.

Indicators for Measuring Strategic Communication

An indicator refers to information on a particular circumstance that is measurable in some form. It is an approximation of complex processes, events and trends and can measure the tangible (service delivery or product availability), the intangible (community empowerment) and the unanticipated or results that were not planned. Indicators are the very spine of a monitoring and evaluation (M&E) system, and the soundness of the indicators developed determines the effectiveness of the M&E system as a whole.

Indicators give an indication of the magnitude and direction of change over a period of time rather than informing us about every aspect. Therefore, indicators are approximate markers helpful for those interpreting the information.

To date, there has been a strong focus on quantitative indicators, often measuring relatively important things; however, in this process, some of the really important factors which do not lend themselves easily to quantification are neglected. For example, the number of people participating in a new social network (quantity) will be used as an indicator rather than the quality of the relationships within that network. In keeping with the new development paradigm, it is important to increase the emphasis on qualitative social change indicators.

BOX 24:	**Characteristics of Indicators for Measuring Change**
Clear:	Precise and unambiguous
Relevant:	Appropriate for the change
Specific:	Linked to the strategic goals
Economic:	Affordable and available
Adequate:	Sufficient to assess change
Monitorable:	Can be validated
Culturally sensitive:	Easily understood
Need not be quantifiable –	Quality may be relevant
Need not be a number –	Pictures, stories, etc. could be used

Commonly used indicators remain:

- *Input Indicators:* Measure the quantity, quality and timeliness of resources provided for a project or programme for example funding, human resources, equipment; communication materials, or organisational capacity.
- *Output Indicators*: Measure quantity; quality and timeliness of products or services created or provided through use of the inputs. They measure immediate results, for example number of people exposed to a message or participating in community action.
- *Outcome Indicators:* Measure short-term effects of a project or programme. They are often changes in behaviour following an intervention, for example number of families who say that they took their child for vaccination after watching a TV spot on polio.
- *Impact Indicators:* Measure long-term effects on the people and their surroundings. For example increase in the percentage of routinely immunised children in a region or a country following years of programmatic intervention.

Strategic communication must lead to behaviour and social changes, however, the impact cannot be demonstrated within a short span of time. In this context, indicators can be *proxy signposts or progress markers*; measures that inform us not about the ultimate outcome or impact, but that we are on the right track. For example, increasing the number of girls in school is often cited as a predictor of economic progress or the different kinds of financial and family related decisions that a woman makes in the household is used as a proxy for women's empowerment.

Indicators for strategic communication need to capture changes both at the individual and social levels. For instance, in the case of an HIV prevention effort focussed on young people, the change has to occur at the individual level of young people (key stakeholders) and in the capabilities of people who can make a difference such as teachers (through training in life skills education). Hence input indicators may include capacity-building of teachers and integration of life skills education in the school curricula.

Indicators should be such that they are comprehensible, measurable, comparable and affordable. Identifying key indicators is important, since a multitude of indicators creates difficulties of interpretation and inability to focus on the essential aspect. Indicators may also be quantitative or pictorial or in the form of stories as mentioned above.

Planning Measurement of Strategic Communication in the New Paradigm

With increasing emphasis on community participation and peoples' empowerment, participatory monitoring and evaluation methodologies are gaining increasing acceptance as a method for data collection. The community members no longer are an object of research rather they are considered as participants who are capable of analysing their own situations and designing their own solutions. The methodologies include a range of methods including visual (charts, maps, calendars, video, camera), dramatic forms (story telling, songs, dances, role plays), diaries, case studies, interviews, observations, and focus group discussion.

Participatory monitoring and evaluation (PM&E) draws upon over 20 years of participatory research traditions such as participatory action research (PAR), participatory rural appraisal (PRA), and farming systems research (FSR). During the 1970s, PM&E entered the policy-making domain of large donor agencies and development organisations such as USAID, DANIDA, FAO and the World Bank to name a few. The beginnings of participatory monitoring and evaluation can also be traced to the growing appreciation for individual and organisational learning among the private sector. Even though interest in PM&E processes has been growing, many local forms still go unnoticed. Communities and community-based organisations (CBOs) have long been using these methods for monitoring and evaluation (without calling it participatory monitoring and evaluation).

For any communication programme, a key step is to decide whether participatory monitoring and evaluation should be used for evaluation. This decision should be based on the extent of stakeholder participation in the programme and the organisational and political context. Having decided whether or not to use participatory monitoring and evaluation, a core monitoring and evaluation team should be carefully selected keeping in mind the background, knowledge and skills of each individual and their ability to work as a team. Following which the planning stage is the most critical aspect for the success of implementing the monitoring and evaluation process.

BOX 25: **Development of a Participatory Monitoring and Evaluation Plan**

- Orient stakeholders to M&E and set the agenda – this is achieved through planning workshops, informal meetings and sharing background material.
- Clarify the question, who wants to know what and why – this is derived from the goals of the strategic communication programme related to the problem at hand.
- Identify indicators that will provide the information needed – this process begins by asking different stakeholders. While choosing indicators it is important to focus on the M&E objectives as well as think of alternative indicators and consider what resources would be needed.
- Choose and adapt data collection methods – this depends on the kind of indicators used and data required, available technical expertise, cultural appropriateness and objectives of the M&E programme whether it is data collection or learning.

The process of data collection in the planning process can be spread over a period of few weeks, months or even years depending on the sampling process, size and scheduling. The tools, questions and social processes may need to be pre-tested and modified at times. Once collected, the data needs to be processed and analysed. The final step is using the monitoring and evaluation results to feed into the programme action plans.

As an illustration, consider how the data collection methods mentioned in Box 26 could be used to measure the communication impact of HIV/AIDS programmes. It should be noted that a mix of participatory and non-participatory methods could be used.

Despite a clear plan, managers need to be mindful of the fact that oftentimes there is a problem of linking outputs directly to outcomes. Many factors are at play beyond the strategic communication activities. For instance, communication processes have little control over local availability of services such as condoms or vaccines.

Yet, in complex health issues such as immunisation and HIV/AIDS prevention and care, if the impact of the strategic communication is not measured and recorded, the opportunity to generate further success is lost. In order to do so, we can choose indicators depending on programme goals, context, stakeholders and level of resources. Combination of indicators can be selected and adapted to suit the programming environment. The challenge is to remain open to unintended outcomes that fall outside the framework of assessment that may have been adopted.[43]

BOX 26:	Data Collection Methods for HIV and AIDS Programmes

- Knowledge, Attitudes, Behaviours, and Practices (KABP) surveys combined with other research methods to assess contextual factors which impact on people's behaviours (such as prevalence of violence against women, socio-economic factors, migration, etc.).
- Inventory tracking – checking where materials and products are going.
- Sexually Transmitted Infection (STIs) Service Assessments.
- Condom audits.
- Behavioural Surveillance Surveys.
- Tracking surveys – examining the reach and understanding of key messages.
- Media coverage analysis – analysing the amount and content of particular issues.
- Policy change analysis – monitoring changes to government policy and legislation on issues.
- Cost-Benefit and Cost-Effectiveness analysis.

Monitoring and Evaluation Processes and Indicator Development Framework

In summary, a monitoring and evaluation system needs to ensure that there is a link to the overall programme goals and the strategic communication objectives. The outcomes should be measurable in the programme context. It should give primacy to behavioural and social change indicators, extending beyond family members to volunteers, health workers, politicians, partners, religious leaders, teachers among others.

The following methods and indicators are intended to foster a debate and negotiation among UNICEF staff and partners about what according to them can be achieved by strategic communication in relation of HIV/AIDS prevention and care and Immunisation Plus programming. The approach selected will have to be relevant and appropriate to the specific programme in question, further these approaches are not necessarily mutually exclusive.

BOX 27: **Suggested Methods and Indicators for HIV and AIDS and Immunisation Programmes**

- **Outcome mapping:** This focuses on one category of results — changes in behaviour of people, groups and organisations with whom a programme works directly. These changes are called outcomes. It helps stakeholders adopt a learning-based and use-driven view of evaluation. It focuses on the eventual changes rather than processes towards the changes (example may include post-training competencies in the workplace rather than the number of training workshops).

- **Most significant change:** It enables the selection of stories that capture changes in the lives of stakeholders, their colleagues and in the character of their participation in collective action. The method helps to identify "how" and "why" change happens.

- **Strategic communication capacity indicators:** These indicators measure the capacity, qualification and experience of managerial staff to conduct social mobilisation and communication activities based on their access to technical advice and a strategic plan with precise behavioural objectives.

- **HIV/AIDS social change indicators:** A fairly recent but important shift is from use of exclusive behavioural indicators to use of social change indicators. These range from the capacity of the local health services to offer testing, counselling, ensuring safe blood supply; education and prevention programmes in schools, prisons, military establishments to decrease in dropout rates of AIDS orphans; home-based care programmes within the community; and enhancement in the quality of life of people living with HIV/AIDS.[44]

- **Stigma and discrimination indicators:** Stigma and discrimination are significant barriers to HIV prevention and care, manifesting themselves in various overt forms: denial of health services such as treatment, quality care and support, termination of employment and covert forms (hence difficult to capture): physical or social distancing within the family, or even rejection.

- **National Immunisation Days, routine immunisation, and polio surveillance indicators:** Indicators include percentage of caretakers of infants under one year who knew when the next immunisation was due, the number of visits needed to complete childhood immunisation, where to take the child for routine immunisation.

- **Community capacity domains:** Community capacity should be seen as both a means and an end in itself. At least nine organisational domains have been proposed on the basis of literature reviews and field-testing: participation, leadership, organisational structure, problem assessment, resource mobilisation, "asking why," links with people and organisations, role of outside agents and programme management.

- **Social change communication and mobilisation:** Indicators for social change communication and mobilisation may include expanded public and private dialogue and debate, increased leadership role by people disadvantaged by the issues addressed by the programme, and people and groups linked with similar interests who might otherwise not be in contact.

- **Monitoring and evaluating advocacy:** Developing indicators for advocacy is difficult since the changes may not be necessarily quantifiable. Some of the approaches are the Institute for Development Research (IDR) framework (three main indicators: impact on policy, civil society and democracy), Catholic Institute for International Relations (CIIR) framework (three main indicators: declaratory, implementation, and capacity building), USAID conceptual framework (three main indicators: citizen empowerment, civil society strengthening, and policy influence), New Economic Foundation framework (the need to work at different levels, and different types of success likely at different stages of a campaign), integrated framework on policy, civil society and political space (indicators include: policy change, strengthening civil society, enlarging democratic space, and supporting people-centre policy making) and grassroots development framework (tracking results at three levels: the individual, the organisation, and the wider community).

3.3 State-of-the-Art Methods for Evaluating the Impact of Communication Interventions[45]

This section draws upon the presentation made by Dr. Jane Bertrand, Professor and Director, Centre for Communication Programmes, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA.

The Nature of Evaluation of Communication Programmes

Most programme planners and donor agencies want to answer the question: did this programme have an impact? Some are satisfied to demonstrate that change occurred on specific outcomes related to the project objectives. However, these changes may or may not have occurred because of the programme. Other factors may also have contributed to the results. Thus, evaluators try to go one step further to answer the question: did change occur that is attributable to the communication intervention? This section covers four methods that are useful in answering this question. It should be noted that this type of analysis may be limited to those programmes with substantial budgets and access to research expertise.

Fundamentally communication strategies are aimed at helping achieve behavioural change either at the individual level or at a social systemic level. However, when measuring the impact of these efforts, it is not the final health outcome that is measured directly. There are too many intervening variables that can cause the desired change. Therefore evaluators instead measure the behaviours that influence or lead to the desired long-term outcome.

For example, in general, the reduction in HIV incidence and prevalence is not used as a direct measure of the impact of strategic communication. Instead what is measured is the increase in the use of products that could prevent STI and HIV (sales of condoms, use of condoms at last sex), service utilisation of voluntary counselling and testing centres (VCTCs) or other aspects of the programme that are causally linked to the long-term outcome. The evaluator then tests for the effects of the communication campaign on these measures of service utilisation or behaviour. Thus, evaluation determines if the programme is achieving the desired results and, if not, where along the programme chain it can be improved.

What do we evaluate?

Most strategic communication interventions use a combination of three types of programmes (1) Mass media – TV and radio spots; soap operas; posters, pamphlets; music videos, etc. (2) Community mobilisation and (3) Interpersonal communication and counselling.

Evaluation is based on the objectives that are set at the onset of a programme. The evaluation results from a given programme serve to guide the design of the subsequent phase of the programme.

Processes for Evaluation

Depending on the nature and level of the programme, evaluation may focus at the national, regional, district, or community level. It is extremely useful to develop a conceptual framework that illustrates how the programme is supposed to work, that is the pathways through which it is expected to achieve its objectives. For example, Figure 19 shows a model of how a BCC programme consisting of mass media, community mobilisation, and counselling is expected to contribute to the reduction of HIV.

FIGURE 19:
Elements of a BCC Conceptual Framework

Source: "JHU/CCP
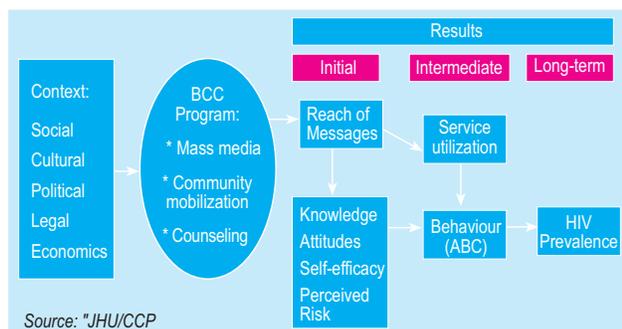
The evaluation of a given programme might then measure one or more of the elements in this causal chain, such as:

- Reach of the messages delivered through the multiple channels used;
- Psychosocial factors such as knowledge, attitudes, self efficacy, perceived risk, etc.;
- Service utilisation, such as getting VCT;
- Behaviour that is directly linked to HIV infection, such as condom use.

Evaluations may include all the elements in the causal chain or they may be limited to one or more variables, such as service statistics on VCT uptake, especially where time and resources are limited.

Stop AIDS, Love Life (Ghana)[46]

The Stop AIDS, Love Life strategic communication programme in Ghana, using the concepts of advocacy, social mobilisation and BCC was designed to help achieve two objectives: (a) increase preventive behaviour to stop the spread of HIV, and (b) increase compassion and decrease stigma against people living with HIV/AIDS (PLHA). The first phase (2000-2001) focused on prevention of HIV/AIDS used a series of BCC strategies such as music, testimonials and advertisements on TV and radio, soap opera and other EE activities. The second phase (2001-2002) focused on community mobilisation, and the third phase (2002-2003) concentrated on advocacy by focusing on faith based organisation.

A t-shirt and hat displayed in a clinic to promote the Stop AIDS Love Life campaign in Ghana. (April 2003). Source: 2003 Harvey Nelson, Courtesy of Photoshare.

Having implemented the communication strategy, the project proceeded to evaluate the effect of the intervention on increasing peoples' knowledge about HIV, changing attitudes toward prevailing social norms toward HIV/AIDS, increasing peoples' self efficacy to negotiate condom use or say no to unprotected sex, and thereby change peoples' behaviour. These results were the pathways toward achieving the above mentioned objectives. The following section details the different evaluation methods used to assess the impact of the Stop AIDS Love Life programme.

Methods used to Evaluate *Stop AIDS Love Life* Communication Programme

Time series analysis is a useful method of demonstrating change over time based on routinely collected data, such as level of sales or volume of service delivered. The evaluator tracks a given variable (e.g., condom sales) over an extended period of time, beginning long before the intervention starts and continuing over the life of the project. The programme is considered to be effective if there is a change after the onset of the communication intervention, either in the rate of increase in sales (the slope of the line) or in the level of sales (the intercept). (Refer figure 20).

The advantage of a time series evaluation is that it is easy to understand, and the presentation is intuitive and visually appealing with policy makers or ministers. However, the limitation is that it does not rule out

FIGURE 20:
Increase in Condom Sales after Launch of Media Campaign
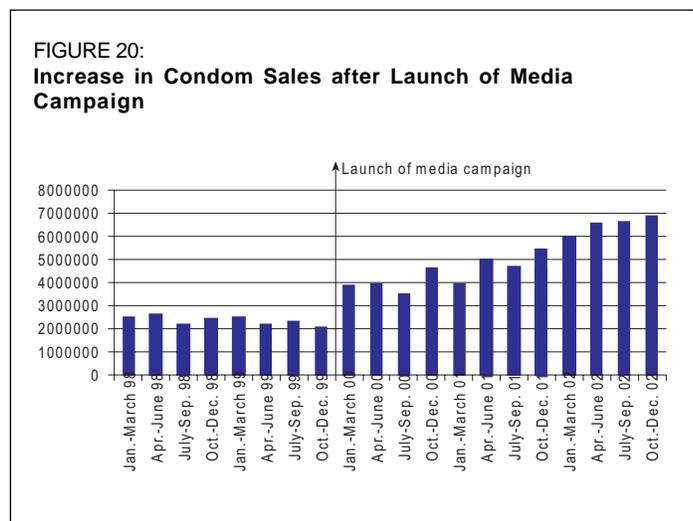
FIGURE 21:
Theory Testing of Health Belief

FIGURE 22:
Dose-effect Analysis

% aware of at least one way to avoid HIV by level of exposure
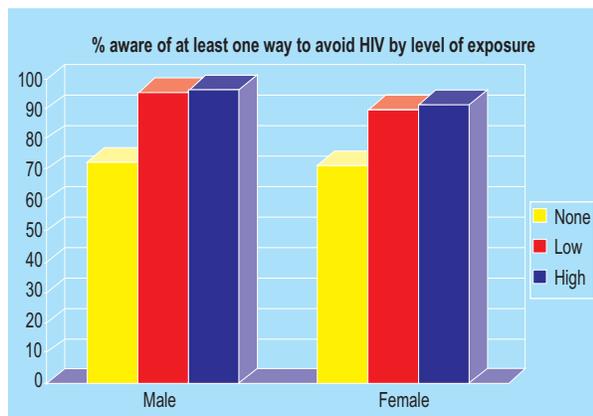
FIGURE 23:
Measurement of Exposure to the Campaign (Reach of the Campaign)

Source: 2001 GRHCSS
N=1270

(may also reflect) other variables external to the programme such as another intervention or a change in policy that may contribute to the observed change.

Theory testing is a method that is underutilized in programme evaluation. However, it has its advantages with respect to understanding the factors that causes people to change (refer Figure 21). Underlying a communication campaign is a basic theory or logic about how or why a change is likely to occur. Using survey data, the evaluator can then test the pathways predicted by the model. Although not used in the Ghana case, one example of this type of testing is illustrated in Figure 21, involving the health belief model. Assuming this were the underlying theoretical model for the communication intervention, the evaluator would collect data to measure each of the elements shown in the model and test whether the hypothesized linkages were in fact confirmed by the data. One limitation of this approach is that it does not measure the extent of change before and after the intervention, although such measures could also be obtained.

Dose-effect analysis is a post-exposure-only model that is based on the premise that the higher the exposure to the media, the greater the change in the desired behaviour (refer to Figure 22). However people who have access to media often live in urban areas and are of higher socio-economic status, hence more inclined towards change.

Dose-effect analysis tests for changes in behaviour related to levels of exposure to the communication programme, statistically controlling for socio-economic characteristics. This type of analysis requires measurement of the extent of exposure to the programme, also known as "reach" (see Figure 23). For instance in the case of the Stop AIDS Love Life campaign in Ghana, 80 per cent of the audience was exposed to at least one media, with TV having the widest reach.

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In the Ghana analysis, the exposure score was based on the number of channels reported by the respondent. One then tests to determine whether those with greater exposure were more likely to practice the desired health behaviour, controlling for socio-demographic factors.

Propensity analysis is a relatively new evaluation method to measure the effects of communication programmes. It addresses the classical problem that with a full coverage programme (everyone in the target population is potentially reached), it is not possible to use a study design with a control group. Propensity analysis statistically creates a control group similar to those exposed in terms of socio-demographic factors and access to media. The evaluator then determines the level of a given behaviour for each group. The difference between the two yields a score of the net increase attributable to the communication programme. It answers the question "what would have happened in the absence of the communication programme," and in this way allows for a demonstration of effect.

The advantages of propensity analysis are that it allows measurement of an effect in the absence of a control group. It is a persuasive tool with a methodologically strong analysis for demonstrating the effects of a national-level, full-coverage communication programme. However, one limitation is that the interpretation of results is not as intuitive as in a time-series analysis.

3.4 An Evidence-Based Approach to Communication Planning for Polio Eradication in India[47]

This section draws upon the presentation made by Mr. Michael Galway, Chief, Programme Communication, UNICEF India.

Polio eradication remains one of the major global immunisation challenges today. Three of the six remaining Polio endemic countries are in the South Asia region — India, Pakistan and Afghanistan. In 2002, India reported 1,600 polio cases, mostly in the northern state of Uttar Pradesh (U.P.), accounting for 84 per cent and 68 per cent of the world's polio cases respectively. However, due to concerted inter-sectoral efforts in October 2004, India was reporting 68 cases, its lowest number of cases ever, with 47 of these concentrated in U.P. Further, 97 per cent of all children under the age of five had had more than four doses of OPV (due to the intensification of NIDs and SNIDs).

The country's Polio Pulse Immunisation (PPI) programme aims to stop transmission of the polio virus by the end of 2005. The PPI is implemented through an expanded partnership between the government and national, bilateral, multilateral agencies such as UNICEF, WHO, the Centre for Disease Control (CDC) and Rotary International. UNICEF's contribution to this gigantic effort, in addition to vaccine

BOX 29:	Barriers to Full immunisation Coverage

- Failure to reach each and every child under five years of age.
- Inadequate supervision and poor vaccinator team performance.
- Inadequate community participation and family acceptance of the polio vaccine.

procurement and monitoring and evaluation, includes the use of strategic communication.

However, despite PPI's wide reach, pockets of unimmunised children remain, especially in populations not adequately covered by health services. Research indicates that 74 per cent of the polio cases were among children below the age of two and those belonging to the Muslim community.

The challenge confronting UNICEF is to ensure complete coverage in the underserved areas. Using the results of intensive and ongoing research, monitoring and evaluation, UNICEF's communication strategy focuses on behaviour change communication, social mobilisation and advocacy to reach every child.

Harnessing Research for Programme Planning and Implementation

In order to have an in-depth understanding of the gaps in the Polio programme, UNICEF undertook a number of social studies using a variety of methods: panel studies, focus group discussions, in-depth and exit interviews. Research was conducted in 2002 and 2004 in collaboration with JHU/CCP and local research agencies based on epidemiological data from UNICEF, WHO and government at the community, district and state levels, to understand the barriers for immunisation. The findings of the research are being used for mid-course corrections in the programme.

A qualitative study on Knowledge, Attitudes, Practices (KAP) in 2001 helped redefine the concept of *resistance* to understand better why some families accepted polio vaccine while others did not. In parts of Uttar Pradesh, resistance to the vaccine was both organised and unorganised, fuelled by rumours that the "vaccine might cause impotency." Common misconceptions persist, varying from "polio is God's curse," and "polio drops can cause sterility," to "it is being given only to Muslim children" and that infants "below one year were too young" and "it was unsafe for sick child."

Further, recent studies found that resistance was most acutely felt in areas where Muslim families were in a majority, creating a notion that resistance was due to religious objection to the programme. The *qualitative research* was instrumental in helping programme managers understand that "resistance was not about religious opposition, but a manifestation of family and community anger and frustration over the lack of other health and social services". The common refrain from families was "why do you keep coming back with polio drops when we need electricity, roads and jobs."

Quantitative research demonstrated a significant correlation between taking a child to the booth, and exposure to the media campaign, demonstrating a positive impact of the campaign both on intention to immunise and actually carrying out the behaviour. Responding to the research findings, UNICEF's communication strategy involves highly visible mass media campaigns and significantly bolstering community mobilisation and reaching out to families through interpersonal communication.

Social Mobilisation and Research

In the State of Uttar Pradesh (UP) alone, a network of 3,700 social mobilisers at the district, block and village level, in areas with the highest risk of ongoing polio transmission, interact with the communities and families on a daily basis. The mobilisers try to overcome resistance of families to immunising children and convincing them of the importance of routine and polio immunisation. During supplementary immunisation campaigns (5 across India in 2004, immunising 165 million children each time), "booth" days are held on Sundays, followed by a 3 to 5 days "house to house" campaign. In high-risk areas of UP, a two-person vaccinator team is accompanied by a community mobilisation coordinator (CMC) to ensure that no children are left unimmunised. These CMCs are trained in interpersonal communication skills, they ensure a planned and focussed interaction with families between the immunisation campaigns. In April 2004, the multi-agency social mobilisation network included 3,333 UNICEF CMCs, 1,920 CORE CMCs, and 800 volunteers from Rotary spread across 52 out of the total 70 districts in UP.

CMC makes a house visit to convince a family to vaccinate the children against Polio in UP
Source: UNICEF India.

In addition, in Muslim-dominated areas where most children are missed during the immunisation campaign, UNICEF's advocacy and social mobilisation efforts succeeded in galvanising the support of religious leaders and educational institutions like Aligarh Muslim University, Jamia Millia Islamia and Jamia Hamdard universities to overcome myths and misconceptions around the polio vaccine.

New strategies and tools are being used to reach out to each and every child in the state. This includes mapping households with children in a given area, the number of children in the household and their immunisation status. The mapping data is used to assess and plan outreach, ensuring that no child is missed out for immunisation. Maps are prepared by trained community mobilisers who survey all families in their catchment area (approximately 500 households) to identify all children under the age of five and pregnant women. The immunisation status of these children are then recorded and updated following each polio round. The community mobilisers and the accompanying registrar also record reasons for not immunising the children, and based on this information, a strategy is mapped out following each polio round to ensure that all children receive OPV.

FIGURE 24:
Reaching the Unreached for Immunisation

Polio round
X houses list analysis
IPC / mobilization activities
Newborns and pregnant mothers
Child map
Opv dose to missed children and newborns
Routine immunization / health camps
Micro-plan update
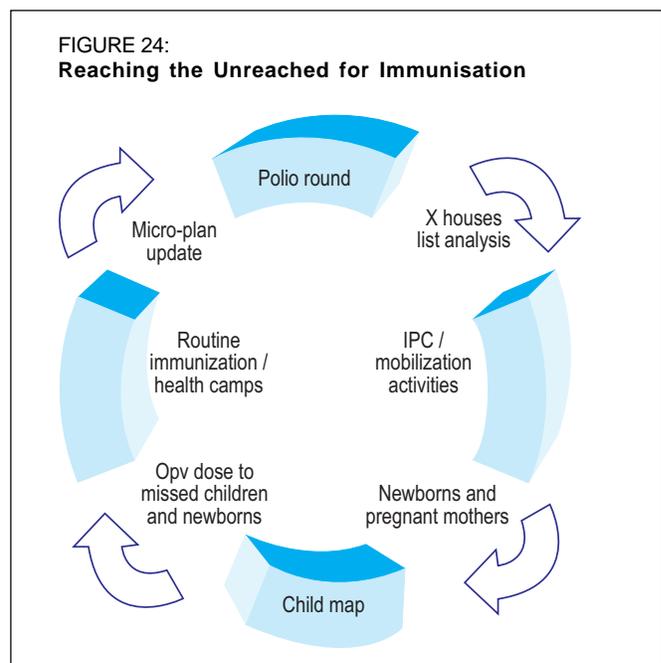
FIGURE 25:
Reaching the Unreached for Immunisation

TOT-Training of trainers held every quarter

T-1- Intensive 3 days training for first timers

T-2-1 day training prior to every round
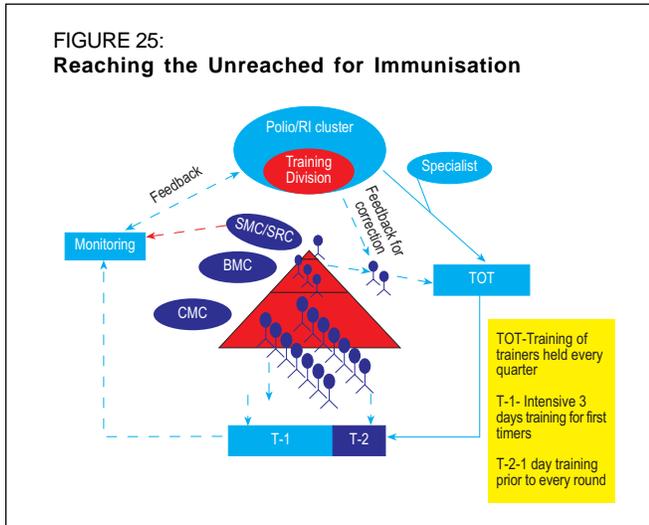
The maps also indicate networks and institutions available in the catchment area that can be mobilised to assure parents about the safety of the Polio vaccine, the importance of immunisation and facilitating their access to existing government health services. Figure 24 illustrates the process of reaching out to the unreached segments.

The intensive social mobilisation efforts are supported by capacity building of frontline community mobilisers who are the key point of contact between the community and the programme. The training of community mobilisers and their supervisors at the block and district level is organised on a monthly basis depending on their needs. First-timers are provided an intensive three-day training, while more experienced community mobilisers are provided a one-day refresher training (refer Figure 25). Constant monitoring is conducted to ensure that feedback from the community is brought back to redesign the outreach programme and implement mid-course corrections.

A joint UNICEF-WHO process evaluation of the social mobilisation effort in 2003 helped identify the need for social mapping and intensive inputs needed for interpersonal communication training of the community mobilisers. An ongoing assessment by JHU/CCP is helping UNICEF understand how community mobilisers interact with families, including realizing the need for a stronger emphasis on politeness and dialogue, and dispelling the myths and misconceptions around the Polio vaccine.

Research Driven Mass Media Campaigns

The social mobilisation and IPC approaches are supported significantly with mass media campaigns featuring film celebrities and sports heroes. The campaigns in 2004 have featured the ever popular Amitabh Bachchan with other celebrities including Aishwarya Rai, Sachin Tendulkar, Hema Malini and Jaya Bachchan during each round of immunisation.

Among those exposed to the media, the campaign reached 96 percent of television viewers and 76 percent of radio listeners. Research revealed that those exposed to the campaign were significantly more likely to have immunised their child at the booth. In a study conducted in UP and Delhi in 2004, the polio spots enjoyed a high recall rate (1/3rd could remember without any prompting) and more importantly, majority of the families that immunised their children were motivated to do so after being exposed to TV or radio spots.

The Impact

A reduction in polio cases is the ultimate marker of success. Yet, a variety of indicators are used to assess the overall improvement in performance in immunising children in Uttar Pradesh. Impact was measured by the increase in the total number of children immunised over one year (June 2003 to May 2004), which was almost 1 million. Epidemiological data indicates a rapid reduction in the immunity gap of children in the state, both population wise and by ethnicity, and data also indicates that there is a marked decrease in the number of households refusing to accept the vaccine. These results derive from an intensive push to improve the operational quality of the immunisation campaign, extensive use of research, better planning, stronger government commitment and focus on the problem, and improved communication.

Research also indicated that over 70 percent of the interpersonal communication and group discussions are initiated by the CMC. For example, in all household categories, over 82 percent of the discussion about the safety of PPI for children below the age of five years was initiated by the CMCs. However, others (non-CMC) initiated discussions around myths and misconceptions about polio, OPV and PPI during these sessions.

Figure 26 indicates the trend in the booth coverage during the period June 2003 and April 2004 in CMC clusters, non-CMC areas in the same districts, and in non-SM (social mobilisation) districts in Uttar Pradesh. CMC areas consistently outperform other areas in terms of mobilising families to the booth, despite being assigned to areas with the heaviest opposition or reluctance to participate in the programme. It is a good demonstration of the value-adding role of the CMCs and the social mobilisation process in motivating families to accept OPV at the booths.

FIGURE 26:
Trends in Booth Coverage June 2003 to April 2004
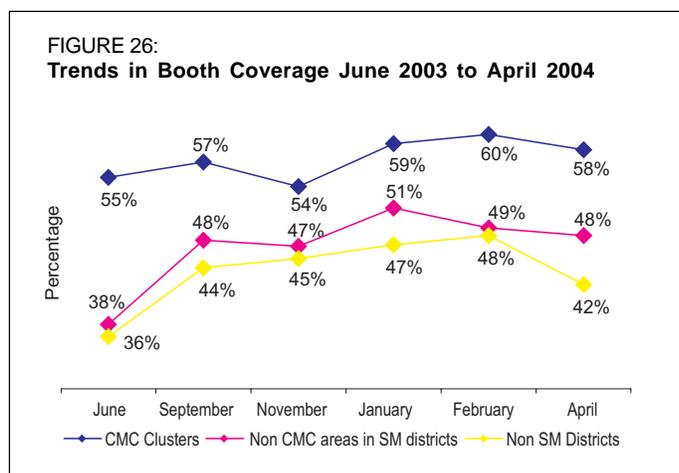
The contribution of these efforts to the success of the programme is further demonstrated through epidemiological data over the last three years which indicates that the number of children not receiving the vaccine has decreased, particularly vulnerable children from underserved communities in western UP. For instance the percentage of Muslim children receiving less than four doses of OPV dropped from 29 percent in 2002 to 4 percent in 2004, while the percentage of children receiving no OPV dropped from 5 percent to zero in the same time period.

- By informing and reminding families of the time and dates for booth immunisation.
- By offering to accompany parents to the booth.
- By engaging in a supportive and courteous behaviour with the families.
- By ensuring families about the safety of the vaccine to the child.
- By addressing myths and misconceptions surrounding polio vaccination.
- By explaining the need for repeated polio immunisation.

BOX 32:	**Lessons Learned from Research-based Communication Strategies for Polio Eradication in India**

- With its wide reach, the mass media campaign helped considerably in behaviour development and maintenance by sustaining the knowledge levels and informing the participant group of the polio programme.
- The mass media campaign was not adequate to reach the most vulnerable sections of the population. Therefore, interpersonal communication continues to be critical for reaching non-booth compliers.
- Using research findings from epidemiological and social data and by speedily responding to field realities strengthens strategic communication supporting the polio eradication programme significantly.
- Research is a process and not an end in itself. It needs to be continuous, rigorous and used for different aspects of the programme (social mobilisation and BCC) at different points in time. Formative research is used at the stage of programme planning, monitoring is used during implementation and evaluation during and after an intervention to assess its impact. Research feeds back into the programme cycle to make necessary changes based on the findings.
- Research needs to be more sophisticated, innovative, and use rigorous means for data interpretation. Regression analysis is useful to assess the contribution of specific variables to the overall impact and understand the interactions between the variables. Understanding the correlation between various communication initiatives, socio-demographic variables and programme implementation allows communication planners to assess effectiveness and impact.
- More work is required to ensure that the information from the research process flows back to families and communities themselves, in a manner that is easily understood and accepted. To date, this has not been successfully managed in the project because of the inherent challenges in distributing and facilitating the sharing of information across diverse populations, spread across wide geographic areas.
- The impact assessment data can serve as a powerful advocacy tool with donors and other partners to demonstrate that the investment is worthwhile.

Annexes

ANNEX A	Millennium Development Goals[49]
Goals and Targets	**Indicators**

Goal 1:	**Eradicate extreme poverty and hunger**	
Target 1:	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below $1 per day (PPP-values) 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under-five years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2:	**Achieve universal primary education**	
Target 3:	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 year olds
Goal 3:	**Promote gender equality and empower women**	
Target 4:	Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 year olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
Goal 4:	**Reduce child mortality**	
Target 5:	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year old children immunised against measles
Goal 5:	**Improve maternal health**	
Target 6:	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6:	**Combat HIV/AIDS, malaria and other diseases**	
Target 7:	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15-24 year old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
Target 8:	Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)
Goal 7:	**Ensure environmental sustainability**	
Target 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Land area protected to maintain biological diversity 27. GDP per unit of energy use (as proxy for energy efficiency) 28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]
Target 10:	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	29. Proportion of population with sustainable access to an improved water source

Goals and Targets	Indicators
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	31. Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]
Goal 8: Develop a Global Partnership for Development*	
Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development, and poverty reduction - both nationally and internationally Target 13: Address the Special Needs of the Least Developed Countries Includes: tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 14: Address the Special Needs of landlocked countries and small island developing states (through Barbados Programme and 22nd General Assembly provisions) Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Some of the indicators listed below will be monitored separately for the Least Developed Countries (LDCs), Africa, landlocked countries and small island developing states. Official Development Assistance 32. Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs] 33. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 34. Proportion of ODA that is untied 35. Proportion of ODA for environment in small island developing states 36. Proportion of ODA for transport sector in land-locked countries Market Access 37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas 38. Average tariffs and quotas on agricultural products and textiles and clothing 39. Domestic and export agricultural subsidies in OECD countries 40. Proportion of ODA provided to help build trade capacity Debt Sustainability 41. Proportion of official bilateral HIPC debt cancelled42. Debt service as a percentage of exports of goods and services 43. Proportion of ODA provided as debt relief 44. Number of countries reaching HIPC decision and completion points
Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15-24 year olds
Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines per 1000 people 48. Personal computers per 1000 people Other Indicators TBD

* The selection of indicators for Goals 7 and 8 is subject to further refinement

ANNEX B	A Framework for Human Rights-based Programming for Empowerment of Communities and Individuals[50]	
Methods and Approaches	**Activities to be Completed**	**The Results**
Epidemiological Approaches	Review of data, of available statistics, survey of groups at risk.	Situation analysis: A description of a challenge, a problem, its context and the people involved; a prioritisation of problems to be addressed and of groups involved.
Diffusion of Innovation Analysis	Identify: a) characteristics of each participant group, b) their general communication and behaviours and c) further information needed.	A description and statistical realisation identifying which adopter groups are practicing a recommended behaviour, some beginning suggestions as to which communication strategies may be useful according to the evidence of previous research globally.
Behaviour Analysis (Transtheoretical Analyses)	Identify strategies of: a) behaviour development change for each group, b) concerns and attitudes and c) best suggested approaches. Identify a combination of channels: a) IPC, mass and small media, b) feedback and response mechanisms and c) social networks.	How the group of interest perceives the challenge, the problem, the context what the current behaviours of the group are (which stage of behaviour development they occupy). Statements about perceived benefits and possible barriers to practising the recommended behaviours. Further information that is needed, more specific suggestions for strategies.
Social mobilisation	Methods include: - participatory rural analysis (PRA); - participatory learning and action (PLA); - appreciative inquiry (AI); - network analysis.	Identification of: - the communication channels, including the channels most preferred by the group; - community mechanisms available to help identify social strengths within the community; - available human and physical resources; - social networks and its memberships; - all areas that need strengthening.
Programme Communication	Planning and launching of communication strategies: a) IPC - including community meetings, small group discussions, visits by satisfied acceptors, counselling etc.; b) small media; c) mass media; and d) traditional media.	Increases in: - participation: planning, monitoring and implementation of activities; - practising recommended behaviour at all levels; - knowledge about ramifications of practising recommended behaviour; - positive attitudes about recommended behaviour; - advocating colleagues, friends, neighbours to practice the behaviour.

ANNEX C **Terms of Reference for the Advisory Panel for Behaviour and Social Change**

Purpose

UNICEF ROSA will set up an Advisory Panel on Strategic Communication for Behaviour and Social Change. The plan was endorsed at the Joint ROSA-ICO Experts Consultation on 22-24 September in New Delhi, India, attended by over 70 staff in South Asia, including Country Representatives, senior programme officers, programme, programme communication and communication officers.

The panel will be a network of international technical resources with state-of-the-art know-how in strategic communication research, analyses, design, monitoring and evaluation, and accessible to UNICEF-supported programmes to help scale up interventions for impact and social change.

There is increasing recognition that UNICEF, as an organisation with a long track record of applying advocacy, social/ community mobilisation and behaviour change communication, will need to continuously renew its skills and to improve capacity to meet new challenges. The organisation also needs to undertake better analysis of overall political, economic and social environment and to identify opportunities for advocacy, strategic partnership, public communication as well as interpersonal outreach and community participation to improve synergy between programmes, reduce overlap and avoid ad hoc interventions, most notably in the IEC tradition that yields little impact.

The panel will make available expertise not only in tools and methods but also in terms of assessment and analysis and point to options for strategic planning and management of the key components, which have proven to work when carried out in synchrony towards a programme goal. Within UNICEF, this will necessitate use of these technical analyses and expertise to foster strategic collaboration between programme, programme communication and communication staff and partners, and more efficient harnessing of technical, human and financial resources towards achieving results and the fulfilment of rights of children and women through its country programmes. The strategic use and organisation of these resources rest with the Country Representatives and Senior Programme Officers, and are vital steps in ensuring that UNICEF maximises its comparative advantages in the context of the new programming environment – the UN Development Assistance Framework (UNDAF) – entailing collaboration with national governments and other UN agencies to work towards the Millennium Development Goals.

I. Membership

The advisory panel will initially comprise distinguished international and regional communication scholars and practitioners from academia, non-profit sector, private sector and UN agencies invited to the Experts Consultation. The members will make their services available on a consultancy basis according to rates and number of days negotiated and agreed between them and ROSA in the form of a retainer's contract.

II. Process and Focus

Members of the advisory panel will attend periodic meetings organised by UNICEF Regional Office for South Asia (ROSA), and based on requests by country offices, to review and assess strategic communication plans and interventions at country, state and district levels. The programmatic focus will be on all of the UNICEF's Medium Term Strategic Plan (MTSP) targets.

III. Role of the Advisory Panel

1. Undertake advisory services at the request of country or regional offices in ROSA region to provide consultancy support in assessment and analysis of country programming environment where strategic communication can help enhance programme outcomes and impact.
2. Provide consultancy support or advice on request in one, several or a range of technical areas:
   - Design of audience and communication research
   - Identify or determine behavioural and social change objectives
   - Channel and outreach resources analyses, including interpersonal communication (IPC) resources for social, community mobilisation and participation;
   - Analysis of advocacy strategies, strategic partnership and outreach, including use of mass media, edutainment, social advertising, interpersonal communication, community mobilisation/participation/dialogues as well as monitoring and evaluating outcomes and impact of advocacy, social mobilisation and behaviour change interventions.
   - Develop indicators for monitoring and evaluating outputs and behavioural outcomes against programme objectives
   - Develop tools for research, monitoring and evaluation

In undertaking technical assessments and analyses, panel members will need to keep in view the processes and mechanism of engaging children, adolescents and young people are in place and their viewpoints are taken into consideration in strategic communication designs.

3. Recommend graduate students with strong technical skills in communication research, monitoring and evaluation, design analyses and assessment to undertake internships in support of UNICEF Country and Regional Offices for specific activities under the country programme team and Panel Member's guidance to contribute to programme impact and scale.

4. Link up South Asian institutions/organisations working on strategic communication with international experts and academia to develop regional capacity for strategic communication support.
5. Assist in identifying or initiating short-term training opportunities in strategic communication for UNICEF staff, government counterparts and civil society partners
6. Review and assist in documenting UNICEF-supported strategic communication programmes in South Asia for possible discourse in international scientific journals and to share lessons learned with the broader academic and practitioners' community.
7. Assist in contributing latest scientific evidence, seminal papers, research, best practice documentation and cutting edge tools to a 'regional body of knowledge' on strategic communication, including information of organisations with experience or potentials for building up capacity for strategic communication design, tools development, monitoring and evaluation in South Asia.

IV. Coordination of the Advisory Panel

The panel will serve as an extended international technical arm to enhance UNICEF ROSA's capacity and overall level of competence in effective communication research, analysis, strategic design, training and monitoring and evaluation, and facilitate sharing of good practices, models, tools and processes that work. ROSA's function in respect of the panel will be to:

- Coordinate country offices' request with panel members, monitor and evaluate the results of their consultancy, as well as monitor quality assurance of the experts' contribution.
- Ensure that where individual panel member is not available for a consultancy being requested, the member will recommend other experts or specialists with proven track record, and at a rate to be negotiated with country offices. Contracts for the second-tier of experts and specialists will be issued by the country office seeking such service.
- Enhance UNICEF's repository of knowledge on various aspects of strategic communication by working with the advisory panel to share information/papers with country offices on latest trends and new developments. All this will contribute to ROSA's role as a clearing-house for cutting edge, state-of-the-art know-how on strategic communication for use by country offices, partners, UN agencies and the public, as part of its statutory responsibility to enhance technical support to countries.
- Identify additional specialists to broaden contact with expertise needed to promote results-based strategic communication for country programmes.
- Enhance regional partnership with private sectors where possible, and network with regional organisations.

An e-forum will be set up by ROSA to maintain regular dialogues with the Advisory Panel as well as country offices in the form of group-mails.   Panel members and UNICEF will update each other on latest developments, peer review on scientific journals, papers and information related to strategic communication. The e-forum will also provide the means for country offices to keep track of the experts' advisory missions for UNICEF in the South Asian region.

V. Timeframe

The advisory panel as a network will meet once a year or as and when demand arises for technical review, assessments and analyses.

VI. Financial Implications

ROSA will work with country offices to identify and manage fund raising opportunities to cover the cost related to maintaining the advisory panel.

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