

COMMUNICATION FOR DEVELOPMENT & CHILD SURVIVAL



MEETING REPORT

Regional Meeting on Communication for Development and Child Survival in West and Central Africa

Dakar, 08-11 April 2008

For every child
Health, Education, Equality, Protection
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EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

The Fourth Millennium Development Goal is to reduce child mortality for children under five by two thirds between 1990 and 2015. While several developing countries have made steady progress towards this goal, trends in West and Central Africa (WCAR) suggest that it will be difficult to achieve here. WCAR has the worst child survival indicators in the world. As part of its rapid response, UNICEF's Regional Office in WCAR is developing strategies to improve and sustain survival rates by scaling up community-based primary health care. An important strategy within this approach is the design and delivery of large-scale (nation-wide or near nation-wide), long-term (three years minimum) communication programmes on key household behaviours.

Evidence has shown that large-scale behaviour change in four key practices can reduce child mortality by as much as 40 per cent (The Lancet, 2003). These four "essential practices" are exclusive breastfeeding, sleeping under insecticide-treated nets, hand washing at critical times, and using oral rehydration to treat diarrhea. If most people in resource-poor and under-served areas are to adopt them, large-scale communication programmes will be required

From 08-11 April 2008, UNICEF convened a meeting in Dakar of Communication for Development (C4D) Specialists, Child Survival Specialists and communication practitioners from fields such as community radio, theatre for development and large-scale community-based programming. The meeting's objective was to design large-scale sustainable communication strategies to address the four key practices. Since all four practices occur at the household level, and since they are all "life-long" in nature, a communication approach based on dialogue, shared learning and consensus-building is more likely to produce results than one based on the design and delivery of health education messages. To be sustainable, the communication approach must support community ownership and also activate government to create the supportive institutional, legal and political environment that will enable behavioural change in households and social change in communities. To be delivered at scale, partnerships and coalitions with civil society organizations and the private sector will be necessary, since measurable impact requires UNICEF and its partners to reach at least 90 per cent of the people directly concerned.

UNICEF has a long history of innovative pilot projects in communication for development that have rarely gone to scale. Participants at the meeting agreed to end the pilot project approach and replace it with communication strategies that are designed at scale from the outset. Instead of being disease- or sector-specific, these strategies should be holistic in nature, addressing all four behaviours at once. This "horizontal integration" can be achieved by viewing sectoral programmes through the common lens of child survival. Scale and impact can then be maximized through "vertical integration" that coordinates wide-spread interpersonal communication with community based media, mass media and private sector publicity campaigns. Design and delivery of communication strategies that are integrated both horizontally and vertically would create an enabling social environment in which large-scale behaviour change became possible.

The Dakar meeting was the first important step in this direction. C4D specialists from country offices had the opportunity to share knowledge and exchange ideas among themselves, with colleagues from the Regional Office and headquarters, and, most importantly, with communication practitioners from a wide range of channels and disciplines. Discussion focused on working at scale, being innovative, generating measurable results and valuing the capacities of all potential partners in the interests of children. WE ALL ARE ACCOUNTABLE, said one participant at the end of the meeting.

In her closing remarks, the Deputy Representative encouraged participants to maintain effective communication in support of service delivery through child health days and immunization plus campaigns – and at the same time initiate new communication strategies focused on the four key behaviours. She said government ownership of large-scale strategies to change practices at the household and community level were essential to sustaining results.

Here is a summary of the principle recommendations arising from the meeting:

To accelerate CSD results, the following three roles should be coordinated and integrated:

- **Strengthen** communication support to service delivery, including child health days and immunization plus campaigns, to ensure that marginalized groups are reached and communities understand why participation is important
- **Design and deliver** long-term, large-scale programme communication on key household behaviours – to increase child survival by as much as 40 per cent (Lancet).
- **Leverage and mobilize** communication partners and resources for large-scale results

Strategic re-positioning of communication for development within sectoral programmes, country offices and UN teams should include:

- Support for national governments and sector coordination groups: to secure ownership and sustainability of communication initiatives (consistent with the Paris Declaration)
- Partnerships with civil society organizations: (NGOs, CBOs, traditional leaders, faith-based organizations, community radio stations, national mass media, private sector, etc.)
- Funding, Human Resources and Team-building: to build capacity for long-term, large-scale communication strategies focused on key household behaviours
- Operational Research: to develop prog. comm. outcomes and indicators, and to monitor and evaluate the contribution of programme communication to child survival

Immediate action points to move ahead with communication for development at scale should include:

1. Capacity development to ensure consistency between goals / expectations and UNICEF capability.
 - Strengthen HR capacity for programme communication, using models from successful country offices (including posts with secure funding to ensure UNICEF has the human resource capacity for the task).
 - Capacity development for existing prog. comm. staff, especially in strategic planning, M&E.
 - Dedicated funding for prog. comm, either by developing proposals or from existing budgets.
 - Programme communication sections must have management authority over budgets.
2. Strategic repositioning of Prog. Comm. in Country Offices
 - Inter-sectoral task team to coordinate integrated CSD programming, involving programme communication from the outset, with oversight by the Deputy Representative.
 - Program communication posts must be established at levels consistent with expected results.
 - Address Programme communication in key documents: SitAn and PPP.
 - Develop a course on programme communication and community engagement to build awareness across programme areas (Maastricht model).
3. Advocacy, partnership-building, fund-raising, relationship with governments
 - Encourage full involvement of Representatives in building relationships with government and other partners to move ahead with programme communication at scale.
 - Policy level: Advocate for an Inter-ministerial coordination committee for national government (polio model).
 - Implementation level: Establish technical resource networks on programme communication for child survival to coordinate with gov't departments and communication organizations.

*Programme Communication for Child Survival
Dakar, 08 – 11 April, 2008*

Workshop Report

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*Programme Communication for Child Survival
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Workshop Report

FIRST DAY: TUESDAY, 8TH APRIL

Tuesday, 08 April: *One-day situation analysis of Programme Communication in WCAR*

Objective for the morning: to share the latest information on the “repositioning” of programme communication with participants and get their feedback and ideas.

**Welcome of participants – joint with Info-Communication meeting:
Neil Ford, Regional Chief, Programme Communication, WCARO
Martin Dawes, Regional Chief, Communication, WCARO**

Keynote Speech: Dr. Esther Guluma, Regional Director, WCARO.
(cf. [Welcoming remarks by Dr. Esther Guluma](#) in the appendix of this report)

Main messages

Importance of communication for reaching Programme results. Although separated organically within the UNICEF structure, Programme Communication and Info-Com (or External Communication) should work in close collaboration. Inter-sectoral communication should be strengthened.

Child Survival and Communication has to be better connected within a comprehensive Communication for Child Survival concept.

The need for focusing on 4 key behaviors for child survival is concerning service delivery capacity and quality as well as communication for behavioral change.

Taking into account that the WCA region has the worst CS indicators of the world we have to come up with strategies that contribute to improve this situation in a sustainable way.

Meetings Divide.

**Review of objectives and agenda for the workshop.
Neil Ford, Regional Chief, Programme Communication, WCARO**

Main messages

The objective of this meeting: a Programme Communication meeting for Child Survival to design a large scale sustainable strategy addressing four key behaviors. If we don't make progress in these four key household behaviors Child Survival rates will not improve.

We have been good at service delivery, but we haven't spent enough time on adult learning. We have to continue what we are good at (service delivery) but we have to add behavior change communication and social mobilization around these 4 key household behaviors.

UNICEF has a long history of pilot projects that have rarely gone to scale. We have to leave be-

hind this approach; we have to work at scale, and for this we need partners because we have to reach 90% of the people of the country we are working in. We need to build partnerships with faith based-organizations, imams, teachers, community ...

Worst indicators on CS persist also because we did not spend enough energy and time on Programme Communication to change behavior. BSCC has to be combined with communication (and other measures) for improvement of service delivery.

During the last 15 months important changes within NYHQ. could be observed. We shifted from Programme Communication to Communication for Behavior and Social Change (CBSC) to finally adopt the general UN labeling of Communication for Development (C4D).

Discussion

Many participants commented that C4D has to be provided with sufficient funding to face the important challenges of large scale and sustained results. The problem is about decision making on fund allocation to C4D. Programme managers do not always see the importance of integrating C4D into their programme design, and C4D does not have any funding on its own. On the other hand, the human resource situation in COs is not always appropriate: C4D and Info Com are often mixed together, only one Officer doing the work of both of them. There should be a clearer definition of TOR.

Neil Ford added to the discussion that if Programme Communication puts more emphasis on documenting evidence to prove that C4D is essential for achieving sustainable results, the funding situation would likely improve.

The Global Perspective: Overview of trends in Programme Communication.

Ketan Chitnis, Programme Communication for Development Specialist, NYHQ

Support document: [PP01: Communication for Development in UNICEF](#)

Main messages

Part 1: Developments since 2006

- C4D has shifted from Programme Division to the Division of Policy and Practice at NYHQ
- Focus on key regional priorities
- Renewed focus on behavior and social change communication
- Name change from Programme Communication to C4D (consistent with UN standard)
- Focus on 'flagship' interventions
- 80:20 principle (80 per cent of our work on maintaining what we already do well, 20 per cent of our work on innovation.)
- Need for re-investing in C4D
- Clear definition of C4D as:
 - A systematic evidence based process that is intrinsically linked to programme and advocacy elements;*
 - Uses consultation and participation of children, families, communities and networks, and privileges local contexts;*
 - Relies on a mix of communication tools, channels and approaches,*
 - To promote and facilitate positive and measurable behavior and social change.*
- 8 expected outcomes from C4D
 - *Increased knowledge and awareness*
 - *Improved and new skills*
 - *Increased demand for products and services*

- *Improved service delivery through improved interaction between providers and clients*
- *Changes in behaviors and practices*
- *Shifts in attitudes, social norms and power relationships*
- *Enhanced self esteem, self efficacy*
- *Facilitating empowerment.*
- HQ. C4D structure

Part 2: Strategic direction

- Accelerate progress towards achievement of programme goals
- Sustain achievements over the long-term
- Innovate, i.e. build and apply intellectual leadership and state-of-the-art knowledge and insights
- Excel, i.e. create culture of learning and become leaders in C4D
- Focus areas within the current MTSP: CSD for WCARO + ESARO
- Implications for UNICEF:
 - *Policies*
 - *Partnerships*
 - *HR management (staffing and structure, performance management, career management)*
 - *Financial and administrative procedures*
 - *Investment*
- Looking behind: Where practice has lead theory – 12 breakthroughs

Discussion

Why did the shift take place from Programme – to Policy and Practice Division? Can't really answer the reason why – but it could have the advantage of 'clubbing together' all cross-cutting practices.

BCC is often focused on adults ... how about the other groups?

Behavior change impact, how is it measured?

What communication models can be best used to enhance four key behaviors?

Not so much about what model we're using ... more important what is the philosophy behind it.

Neil Ford: The conceptual difference between Programme Communication and C4D is important: While the first is concerned with communicating about UNICEF programmes, the latter is about communicating for the development of society – helping people communicate about their own development. Whatever the participatory methods may be (PHAST, Combi Process, PAR, etc.), there should be common concern about the underlying principles of UNICEF's C4D approach: the human rights approach to communication with its 3 main principles:

- Inclusion
- Participation and ownership
- Self determination

NYHQ is already taking action for strengthening its C4D capacity by hiring 3 more high level C4D experts. Support to Country Offices will improve.

Situation analysis is a commonly adopted practice in UNICEF, but it should integrate also a sys-

tematic communication analysis.

**The Situation of Programme Communication in West and Central Africa.
Neil Ford, Regional Chief, Programme Communication, WCAR.**

Supporting document:

[PP02: Situation Analysis: Programme Communication in West & Central Africa](#)

Main messages

Our environment in West and Central Africa: It is showing the lowest progress towards child MDGs related to child survival. Weak governance. A new aid environment is developing. National governments are taking responsibility for development activities. New role will be for UNICEF to assist national governments rather than to deliver programmes itself. Critique on UNICEF “if you are not keeping infants alive you are failing in your first responsibility...”

- Orientations from AARM, Nov. 2006, with 3 focuses for WCAR:
 - CSD
 - Community-based approaches
 - Programme Communication
- AARM: 5 commitments:
 - Working at scale
 - Evidence-based results from integrated community based approaches
 - Measuring results to improve accountability and tracking progress
 - Building partnerships and leveraging of resources
 - **Programme Communication and Advocacy**
- Concrete steps undertaken until now:
 - 2 WCARO consultants on a) identifying large scale community engagement strategies and b) identifying and C4D specialists in the region and developing a proposal to form them into a Technical Support Network.
 - RTM Task Team for country strategies on scale with behavior change around the 4 key behaviors to improve child survival.
- RMT Task team recommendations are concerning:
 - Partnerships
 - Funding, HR and team-building
 - Ownership of governments
 - Impact measurement: C4D on CSD.
- Inadequation between C4D HC capacity on CO and WCARO level and high expectations in C4D
- The new post profile of the C4D specialist: New skills needed: sociology, anthropology, participatory research, new technologies
- 3 main challenges:
 - Improve and expand C4D
 - Partner with CSD for common design and delivery of long-term, large-scale C4D strategies for key household behaviors
 - Re-skill, re-learn, re-energize, re-position

Discussion

It is important that UNICEF and development partners understand that behavior change needs time (Niger)

There is a need for advocacy on UNICEF's new C4D approach within the UN system which fol-

lows mainly a vertical communication approach.

There is a need for better co-ordination or integration within COs between C4D and the other programmes, and between the CO and other partners (Niger).

Governments tend to expect UNICEF to do the work. There is weak understanding and effort of ownership. It is important to advocate for a change (DRC).

We have to improve documentation of our work and present evidence on the added value to CSD through C4D (Cameroon).

Funding of HR in UNICEF remains a main bottleneck for achieving our goals (Congo).

Impact measurement of C4D specific results is facing the challenge of separating results generated specifically by C4D and other interventions (Togo).

Large-scale results: This is difficult for a country like Nigeria with a huge territory and a big diversity of populations (although the funding aspect may be the more easy then in other countries); Government ownership is important, but limited due to weak capacities and systems in place (Nigeria).

What are the characteristics of real partnership: are we still short-term, circumstantial, just using the capacities or channels of others ... or are we looking for more sustained partnerships? (Neil Ford)

Concerning capacity of partner government agencies: there are huge gaps concerning advocacy and facilitation skills that are to be strengthened (Nigeria).

Funding of C4D: In Guinea, we (the C4D officers) participated actively in programme design of the other sections and succeeded to integrate C4D strategies organically into these programmes. Now we don't have any funding problem (Guinea).

We do not have funding problems for C4D but the problem of poor understanding of what C4D or Programme Communication means. It would be useful to have a guideline on C4D which covers the whole process, from situation analysis to final impact evaluation (DRC, Nutrition).

New profile of the C4D Officer: An assessment of actual capacities would be a first step to the necessary development of a capacity development plan.

Focus on CSD: there is the risk that C4D does not get any funding any more from the other programmes (The Gambia).

Governments sometimes expect more from UNICEF than from themselves. Increased advocacy efforts are necessary.

Message oriented communication ("wash your hands") has only limited impact if the material pre-conditions do not exist (Mauritania).

The suggestion from DRC to work out a guideline on C4D is welcome.

Focus on CSD: we need a "CSD revolution" in WCA countries that implies all relevant actors and the governments at the first place. All ministries have to integrate a CSD component into their programmes (as this has been done with HIV/AIDS). All UNICEF Programmes have to show evidence that they contribute to CSD. We need a co-ordinated effort for a long time (Neil

Ford).

Further links:

Memos from AARM and RTM Task Team

Objective for the afternoon: to bring participants up-to-date on recent developments within the Division of Communication – and on new approaches to programme communication for immunization and to control avian influenza.

Our partners in Info-Comm – how do we connect and coordinate with colleagues in the Division of Communication?

Nora Godwin, Deputy Director, Division of Communication, NYHQ

Gerrit Beger, Chief of Youth Section, Division of Communication, NYHQ

Martin Dawes, Regional Chief, Communication, WCARO

Supporting document: [PP03: Communication – one name, one activity](#)

Main messages

Nora Godwin: Although at HQ Info-Com is in one part of the building and Programme Communication is in another, we have many things in common ... the bottom-line is that we are all communicators ... our job is to get a message across.

Gerrit Beger: Developments in youth communication: there is a lot of new technology but it has to be related to the reality of African countries where there Internet access remains poor. Cell phone connection is different; experiments with direct connections to the Internet. Experiments with Tostan: literacy training through cell phones.

We're developing an interactive platform tailored by young people: what they want to have on the website.

We are very much aware that it is important to involve children in a meaningful way right from the beginning...

Martin Dawes: We should concentrate on what unites us: Child survival.

This year is going to be very difficult; a big number of countries will face growing hunger, with dangerous consequences for children. We have to improve our capacity of response. Let's train! The UNICEF WCARO website is now online. This can be an important tool for all of us; it is a virtual library and an exchange platform. It is conceived as a site for the countries, and NOT for WCARO. Everybody is asked to contribute.

Further links: www.unicef.org/wcaro/

Communication in support of polio eradication, immunization plus and child health days

Main contributions

Report from Senegal: Fofana Amady, Consultant

Report from Ghana: Georgina Amidu, Programme Communication Officer

Report on the results of the polio communication indicators meeting:

Paryss Kouta, Programme Communication Specialist, WCARO

Supporting documents:

[PP04: Journées Suivi de l'Enfant \(JSE\) dans le contexte de la stratégie d'accélération de la survie et du développement du jeune enfant \(SASDE\)](#)

[PP05: Integrated Maternal And Child Health Campaign in Ghana](#)

[PP06: TFI recommendation for communication Polio/EPI – Results from the follow-up consultation on Polio/EPI indicators](#)

Discussion

Questions came up about monitoring the USE of mosquito nets and how to measure change (compare situations before and after an intervention). A critical question is also WHO keeps and monitors the registers (a major challenge for countries like Nigeria and DRC). Participants pointed out the critical importance of training of a high number of people doing outreach work.

Participants also stressed the fact that people's participation is relatively high when they expect some material gifts (mosquito nets), but whenever it is absent there is less participation.

Programme Communication and Avian Influenza. Presentations on key lessons learned

Main contributions

Report from Chad: Achta Aboubacar Abderamane

Report from Nigeria:

Lessons learnt:

- Community and religious leaders are key for communication and ownership
- Critical importance of creating an enabling environment (institutions, policy)
- High relevance of partnerships at all levels (stakeholders, inter-agency)

Report on Participatory Action Research for avian flu communication: Neil Ford.

The Geneva meeting between UNICEF, WHO and FAO agreed on a communication approach based on 4 main messages. This message-oriented approach has been proven inappropriate for behavior change. That's why WCARO asked AED to carry out a Participatory Action Research (PAR) on how to conceive more appropriate communication strategies. The main purpose was: understanding people's perceptions and finding solutions appropriate to them. The result was very encouraging for doing more qualitative research.

Report from headquarters on the way ahead: Ketan Chitnis.

The situation today is almost the same as in 2006. We have to be in a state of "pandemic readiness". UNICEF has designed a two-year strategic plan. The problem is inconsistent funding. The main donor's funding by the Japanese Government has ended 31 March 2008.

Supporting documents:

[PP07: Participatory Action Research on Avian Influenza Communication in West Africa](#)

[PP08: UNICEF Programme on Pandemic Prevention & Preparedness](#)

Discussion

Neil Ford pointed out that one of the main recommendations of the PAR on AI was to integrate it into holistic CSD programmes.

Concerning the understanding of behavior change, he stressed that UNICEF cannot change anyone's behavior and that people have to change their behavior of their own free will. Behavior change has to be the result of a decision by the people themselves. UNICEF can contribute to this by creating favorable conditions where people are enabled to take informed decisions based on their own understanding of what might be best for them under the given circumstances. Messages are important but not always sufficient to make people change behavior.

SECOND DAY: WEDNESDAY, 9TH APRIL

Wednesday, 09 April: *Start of the three-day meeting on programme communication and CSD*

Objective for the morning: participants understand the potential contribution of behaviour-change communication to measurable results in child survival in key areas: hand washing, exclusive breast feeding, using ITNs and treating diarrhea

Introduction by Barbara Bentein, Regional Deputy Representative, WCARO.

Supporting document: [PP09: New Paradigms for Child Survival](#)

Main messages

CO with partners and support of RO/HQ to map the available HR needed at community level to deliver an integrated package, identify gaps and strategies to fill the gap (including recruitment, training and remuneration) to reach the vast majority of children (end 2008).

RO + Representatives establish a task team to promote, with partners, country strategies to go to scale with behaviour change around breastfeeding, ITN use, hand washing, ORT use and community new born care (next RMT).

Changing paradigms: AARM commitments and strategic shifts:

1. Generating results for children by working at scale
2. Strengthening the evidence base for integrated community based approaches
3. Measuring results to improve accountability and track progress
4. Building partnerships and leveraging resources
5. ***Programme communication and advocacy***

Highly recommended reading: UNICEF – The State of the World’s Children 2008

Achieving results in child survival: The importance of key household behaviours.

Rudolph Knippenberg, Child Survival Section, Programme Division, NYHQ.

Supporting document:

[PP10: Community partnerships for health related MDG’s – Conclusions of The State of The World’s Children 2008 and Systematic Review of the Effectiveness of Community-Based Primary Health Care in Improving Child Health](#)

Main messages

The presentation provides a systematic review of the effectiveness of community-based primary health care in improving child health; the importance of communities for Health MDG’s
- Family Behaviors will be key the to improvement of Health MDGS –

Lessons learned from 100 years:

- Scaling-up will not be achieved through facility-based and outreach services alone: Community Partnerships are central to achieving coverage, creating demand and achieving sustainability.
- Ensuring a continuum of care by delivering integrated packages of health, nutrition, HIV, water and sanitation interventions will be critical to achieving maximal impact on maternal, newborn and child survival.

- Strengthening of ‘health-systems for outcomes’ combines the strength of selective/vertical approaches and comprehensive/horizontal approaches to scaling up evidence-based, high-impact intervention packages and practices, while removing system-wide bottlenecks to health care provision and usage.

What is Community Based Health Care (CBHC)? Activities, interventions, programs that take place in the community outside of health facilities. Includes selective and comprehensive approaches. Includes non-health interventions e.g. micro-credit, education, women’s empowerment, societal factors.

To achieve MDG 4; in Child Survival we need to scale up High impact Population-Based Interventions: ITNs, Immunisation, ORS, Vitamin A, Antibiotics for Pneumonia, Deworming. To improve family and Community Care practices; Feeding Practices, Sleeping under ITNs, ORT, early care seeking.

Promote exclusive breastfeeding for 6 months, Early initiation of breastfeeding (<1 hour after birth), no prelactal foods, no water saves 225.000 children’s lives per year.

We should include hand washing for mothers in the jump start. This requires ‘at scale’ communication programmes, integrated in to our health and nutrition entry points. Work with academic institutions/NGOs to assist with rapid baseline behaviour assessments and conduct surveys for compliance (behaviour change).

RO is working on guidelines for communication strategies.

Key to the success of the community based strategies is active community involvement. Strategies should be focused on community empowerment; ensuring ownership and active community involvement instead of passive recipients.

Plan at the outset for long-term sustainability and for the supportive “human” infrastructure required for CBPHC (supervision, training, M&E).

Regional Strategy for achieving large-scale results in key household behaviors.

Neil Ford, Regional Chief, Programme Communication, WCARO.

Supporting document:

[PP11: Regional Strategy: Programme Communication for Child Survival in West and Central Africa.](#)

Main messages

How does Programme Communication fit into the larger picture of Child Survival?

Why are large-scale community-based communication programmes necessary?

- Child survival results depend on adoption of key behaviours at the household and community level, *not just in zones of convergence but across entire countries – 90 per cent coverage is necessary.*
- Large-scale behaviour change in key practices can reduce child mortality by 40% (Lancet) - MDG and AARM commitments can only be achieved if governments design and deliver nation-wide behaviour change communication programmes.
- Key behaviours include exclusive breast feeding, hand washing, using an insecticide-treated net, treating diarrhea with ORS, caring for pneumonia.

We are not making an impact...

Programme communication sections in some countries have up-to 40 activities in a work-plan , but the results are too small to have an impact on the MDGs.

We should organize ourselves for large-scale results.

There should be a horizontal and vertical integration.

Horizontal, linking for example all interpersonal communication specialists in one network.

Vertical in the sense of integrating interpersonal communication, community-based media, mass media, private sector/public relations into one integrated approach.

We should not be organizing ourselves by the 'sector' or by the disease, but by the channel through an integrated response.

What kind of community engagement strategies will produce results?

the adoption of a smaller basket of key behaviours

- life-long changes (such as hand washing) instead of short-term interventions (such as immunization)

- related to culture, gender relations, tradition and social practice. (The husband might sleep under an ITN instead of the mother and children. The mother-in-law might be a determining influence in breast feeding.)

Interventions based on adult learning principles and group discussion are more likely to produce lasting results than strategies based on one-way delivery of health messages.

Note: short-term interventions (immunization, vitamin A) are still necessary. Both must be delivered at scale.

Participatory action research should be done together with the community; it should not only be extracting information.

The challenge ahead: how are we going to engage with the other partners to go to scale

Discussion

Participants largely agreed on the need for improved integration of C4D into the other programmes, as well on the need for a horizontal and vertical integration as outlined in the presentation.

On the other hand the colleagues from DRC emphasized that the HR situation in charge of C4D within Country Offices should be improved and that WCARO should advocate for this.

Throughout the discussion, many other colleagues from Country Office reiterated this point asking also for strong support by WCARO for further capacity building of C4D Officers

The C4D colleague from Burkina Faso welcomed the outline of - what he considered - the quite ambitious regional strategy which for him seemed to be very challenging to implement, taking into account two main difficulties: (i) access to resources (which could be overcome by better integration within the other programmes and improved and extended partnerships), and (ii) if we claim for government ownership we have to be aware that we should not go faster than our counterparts within government structures.

The colleague from Niger CO pointed out 3 main challenges ahead: (i) establish strategic partnerships with the other UN agencies and agree on the need for making the shift together, (ii) ensure quality of implementation strategies and practice in the field, and (iii) develop and implement appropriate monitoring.

Replying to the various contributions of the participants, Neil Ford stated that:

- We have to think differently about our work: we should not think in terms of “scaling up” but instead conceive and design common programmes at scale from the outset.
- The funding and staff situation will improve: money is going to come, posts are going to be allocated; please take also into account that the other strategic partners will give us attention and are asking us for help.
- We agree that we have to support the C4D Officers in country offices to enhance their capacity in order to enable them to respond to new challenges (= skills development for the new profile of the C4D Officer).
- The challenge we face is to mobilize external HR and to partner with them in order to benefit from their skills.

Group work: Opportunities for improving the impact and scale of communication at community, mass media and campaign levels. The question is how to organize long term and large-scale communication programmes for CSD.

<i>5 thematic groups</i>
Group 1: Household / interpersonal communication level
Group 2: Community media
Group 3: Mass media
Group 4: Public relations with private sector companies
Group 5: Institutions and academia

Plenary session: Share results of group work:

	<i>Household level: interpersonal communication</i>	<i>Community Media</i>	<i>Mass media</i>	<i>Public relations private sector companies</i>	<i>Institutions and academia</i>
<i>Planning</i>	<p>Situation analysis through participatory action-research.</p> <p>Definition of measurable behavioural expected results</p> <p>Design of communication strategies, including implementation plan with definition of indicators and monitoring plan</p>	<p>Main actors: Community radio broadcasters, community TV, community cinema.</p> <p>Work out the criteria for quality assessment.</p> <p>Mapping the existing media.</p> <p>Share results.</p> <p>Work out an action plan.</p>	<p>Literature review; Policy framework document; Situational analysis; Formative research</p>	<p>Key steps:</p> <p>Sensitize government.</p> <p>Identify potential partners within the private sector.</p> <p>Develop advocacy strategies involving the government.</p>	<p>Define what we need.</p> <p>Map and assess specific capacities in the fields of health communication, community development, adult education, and find out what they have to offer:</p> <p>Academia: research, education, training, developing training tools, PAR, and others.</p> <p>Institutions: public, civil society, private.</p>

	Household level: interpersonal communication	Community Media	Mass media	Public relations private sector companies	Institutions and academia
Coordinating	<p>Identify leadership structure: who is going to be part of coordination.</p> <p>Identification of stakeholders in relation to problems or issues.</p> <p>Coordinate on three levels: national, regional and local and define the roles of each stakeholder as well as linkages between the levels</p>	<p>Put into place a multisectoral Committee under the leadership of Ministry of Health (including health, youth, family, education, community networks...)</p> <p>Draft the TOR for the Committee</p>	<p>Child Survival specialists: Inter-ministerial, Cross-cutting, Intersectoral, Multisectoral. + NGO + Donors + Media</p> <p>Two types of committees: Steering com. Technical com.</p>	<p>Coordinate through set up of a multisectoral working group which decision power.</p> <p>Put in place a multisectoral technical working group.</p> <p>Put in place a communication task force for social mobilization and integrating the private sector.</p>	<p>Joint planning</p> <p>Regular information sharing</p> <p>Joint monitoring on commonly defined milestones</p> <p>Joint reviews</p> <p>Coordinating regularly with the other 4 components (columns on the left).</p>
Partnering	<p>Government UN sister agencies Bilateral cooperation International NGO Media Traditional and religious leaders Elected leaders (local governance) Behavior and social change activists CBO networks Artists</p>	<p>Support networking of community radio broadcasters. Strengthen technical and logistical capacities of community radio broadcasters. Institutionalize partnership with selected networks, NGO and other communication institutions.</p>			<p>Define common fields of interest and create a win-win situation.</p> <p>Define role and responsibilities of each partner.</p> <p>Share information regularly.</p>
Funding	<p>Mapping of existing resources within the communities Mapping of effective (and potential) donors Search for new financial partners</p>	<p>Identify the potential financial partners (local governments, private sector, ...). Negotiate the terms of cooperation. Work out concrete proposals.</p>	<p>UNICEF and government together to approach donors: "basket" funding. Donor coordination in planning and monitoring. Communication strategy has to be integral part of funding.</p>		<p>Develop an integrated work plan at scale including the budget.</p> <p>Assess available resources in national development plans and programmes.</p> <p>Advocate for donor engagement for CS</p>

	<i>Household level: interpersonal communication</i>	<i>Community Media</i>	<i>Mass media</i>	<i>Public relations private sector companies</i>	<i>Institutions and academia</i>
<i>Government ownership</i>	Advocate for child survival as a priority and for bringing high level decision makers on board. Support Gvt in the design of a national policy on CS. Provide support for maintaining commitment and ensure that coordination remain operational. Advocate for setting-up inter-ministerial coordination.	Make sure the Committee is functional and provide support if necessary. Involve government systematically in implementation. Availability of budget line for communication			Involve Government from the very beginning. Link with existing priority public policies. Contribute to capacity building of relevant members of the structure. Conceive and carry out joint monitoring and evaluation
<i>Next steps</i>		05/08: Share main messages about shifts to be made with government, UN sister agencies. 07/08: Start mapping (TOR, consultant, ...) 09/08: Planning workshop 11/08: Start cooperation with community radio broadcasters			Mapping.

Contribution from NYHQ: Hygiene & Sanitation Promotion, presented by Therese Dooley, WASH Specialist, Programme Division.

Supporting document: [PP12: Hygiene & Sanitation Promotion, WCAR Programme Communication Network Meeting, April 2008](#)

<i>Main messages</i>
<p>10 million children under 5 die each year. The response by WASH Programme and evidence based quick wins. Cost effectiveness of hand washing and interventions against diarrhoeal disease. Multiple partnerships on all levels - one common logo – joint ownership. Advocacy and promotion are main communication strategies. Importance of Public Private Partnership for Hand Washing (PPPHW). Communicating for WASH is 3-fold:</p> <ol style="list-style-type: none"> 1. Behavior change 2. Social change 3. Social marketing <p><u>A sentence that struck the rapporteur:</u> “‘We have to understand the habits, barriers and drivers of behavior change and deliver best ways to communicate with our target audience using appropriate and appealing messages”</p>

Further readings:

www.globalhandwashing.org www.who.int www.schools@watsan.net www.wsscc.org

Objective for the afternoon: participants become familiar with large-scale, results-oriented community engagement strategies and discuss their application to programme communication on key behaviours for child survival.

Programme Communication in DRC: results to date and the way ahead.

Mariam Kanakomo, Chief of Programme Communication, UNICEF CO DRC.

Supporting document:

[PP13: Expérience de la République Démocratique du Congo en Communication pour les Programmes, Dakar, 08-11 Avril 2008](#)

Main messages

Existence of many C4D networks throughout the country having experience in BSCC. UNICEF CO is already partnering with C4D networks, mainly radio broadcasters and Theatre for Development.

Inter-agency co-operation with FAO and UNESCO in the area of C4D.

Main bottlenecks:

- The understanding and adoption of participatory approaches, mainly in the field of interpersonal communication at community level.
- Limited capacity of participatory research and monitoring
- Poor monitoring of communication programmes
- Limited capacity and inappropriate concepts within the *Direction nationale de la communication pour la santé*
- Lack of qualified HR in the area of C4D in decentralized offices of ministries
- Lessons learnt:
 - Need to strengthen partnerships with CSO
 - Need to strengthen partnerships with other agencies about C4D programmes
 - Public radio broadcasting is a very important participatory tool, but it has to be integrated with interpersonal communication and mass communication
- Strategic orientations:
 - Capacity building of partners
 - Promotion of the concept of community participation
 - Strengthen proximity radio broadcast
 - Promote and support mass communication campaigns

What's working now? Evidence of large-scale, results-based community engagement in West and Central Africa. Elies Miller, WCARO consultant.

Supporting document:

[PP14: What works..? What doesn't 'Best' Practices in Community Engagement Strategies](#)

Followed by presentations of organizations which have successful (large-scale) community engagement programmes (details programmes are here included in the 'main messages' box)

- **Souleymane Dembele, NGO Guamina, Keneya Ciawara Health Programme**
- **Dr. Fatma Zenou, CARE Niger:**

- [PP15: MMD pour améliorer la santé familiale – contribution à l’atelier sur la communication pour le survie de l’enfant, 2008 \(CARE\)](#)
- **Urbain Amegbedji, MCDI (Mothers’ Clubs) Benin:**
 - [PP16: Le Visa – une stratégie novatrice de communication pour le changement de comportement, MCDI](#)
- **Issa Saka, Tostan, Senegal:**
 - [PP17: Tostan – Développement Mené par la Communauté](#)

Main messages

Due to absence of impact studies a set of quality indicators has been developed to identify successful community engagement strategies. The indicators are derived from ‘lessons learned’ for ensuring community involvement, ownership, participation, inclusion, sustainability and scale of programmes. Particular emphasis has been placed on the presence, quality and intensity of the interaction between the development agent (government or NGO) and the community network of volunteers and other organized groups at community level; identified as a key element to the success of a programme.

In each country visited a number of organizations have been identified (Int. Aid, Faith based organizations, national NGOs, Govt. progs) which have implemented large-scale community engagement programmes and could provide quality partnerships with UNICEF

Small number of programmes could show significant impact at scale. Most programmes were related to LINKAGES project for the Promotion of Exclusive Breastfeeding and Optimal Feeding practices. Examples found in Ghana, Madagascar - spin -offs in Benin; BASICS and MCDI. After the programme has ended working structures fell apart, it has not been sustainable, but the strategy is worth further analysis.

Best practices in community engagement strategies at scale, relevant to the four key household behaviours were found in Mali. High levels of decentralization of political and health system combined with a long tradition of participatory approach at community level provided most favourable conditions for large-scale community engagement strategies. Kenya Ciawara Health programme implemented by CARE Mali reaching 30% of the population has been identified as the most effective large scale programme. The community based strategies - to increase the demand for quality health services at community level - implemented through a consortium of 17 local NGOs providing a high level of interaction and capacity building of existing networks of community based volunteers and other organized groups (women’s groups) at community level are considered to be most effective.

Four major bottle necks were identified in ensuring high impact behavioural change at household level:

1. Quality of work at the community level – success of a programme depends on; presence quality and intensity of interaction at village level of development agent and network of community based volunteers. Supervision by Govt Health structure is ineffective.
2. Sustainability; activities direct at women which include saving schemes, micro-credit have proven to be most sustainable and provide important platforms for the dissemination of life-saving information.
3. Ownership - *active community involvement – instead of passive recipients*; achieved only through truly participatory approaches at the community level, at all levels of the process; participatory problem identification,- community management of resources, participatory results assessments

4. Access; financial restrictions influence care seeking behaviours, nutritional practices, girl's enrolment. Most successful programmes have 'safety nets' built into their programmes.

Examples of large-scale programmes of women's groups used as platforms for life-saving information; CARE Niger developed in 1991 the *MMD* methodology of saving's and credit which has been highly successful; more than 7000 associations in six of Niger's seven departments, benefiting more than 240.000 rural women. MMD methodology is unique; does not provide external credit. Methodology derived from traditional savings method called "tontine"-very different from micro-finance. Sustainable because each group is autonomous. 95 % percent of groups formed continue their activities Impact: social and economic but most importantly enhancing women's self-esteem. Studies were conducted to demonstrate the positive spill-over effect of saving schemes on family health.

Women's associations (saving, IGA) and mother's clubs (MCDI, Red Cross) are key in reaching the target population and provide an effective alternative for the problem of volunteer motivation encountered in the whole region.

Most effective channels of communication; inter-personal communication/ peer-education, re-enforced through community radio and exchange visits.

Tostan: Tostan's mission is to empower African communities to bring about sustainable development and positive social transformation based on respect for human rights. Since 1991 Tostan has brought its holistic 30-month education program to thousands of communities in nine African countries. Tostan is the winner of the 2007 [Conrad N. Hilton Humanitarian Prize](#).

Discussion

Which methodology has been used to identify successful community engagement strategies ?
'Quality' indicators developed through literature and interviews with experts on Community Driven Development, complemented by field-study information on 'lessons learned'
How was impact measured. Mid-term impact evaluation has taken place
Did saving schemes ever pose problems in male dominated households ? Anecdote of a women's savings group that managed to 'save' a man from going to prison...
With the cascade training provided in the 'Maman Visa' method.; does the system stop to function if some women quit ? The system is built on that premise.
How (TOSTAN) have you been able to 'isolate' impact results as purely a result of your programme intervention ?

Further links:

www.linkagesproject.org www.tostan.org

www.jhuccp.org/africa/mali/regional.shtml

www.microfinancegateway.com/content/article/detail/13956

CARE Mali – Keneya Ciawara Health Project, Dr. Kwame Togbey, Programme Coordinator
(+ 223 / 224 22 62)

THIRD DAY: THURSDAY, 10TH APRIL

Thursday, 10 April: Programme communication and CSD, continued

Objective for the morning: participants become familiar with regional organizations that have expertise in programme communication and discuss the feasibility of creating a Technical Resource Network to support large-scale communication strategies in WCAR.

Who can help us? Identifying programme communication resources in West and Central Africa. Günter Heidrich, WCARO consultant.

Supporting document: [PP18: Programme Communication for Child Survival and Development \(CSD\) – Who can help us?](#), Günter Heidrich, Consultant, UNICEF WCARO

Main messages

A mapping has been undertaken of a large variety of Development Communication specialists in WCAR covering all possible communication channels. Community radio broadcasters should be privileged partners of UNICEF Country Offices, but also specialists and practitioners in the areas of Theatre for Development, Soap Operas for Change, Film and Interactive Video, specialists in participatory assessment approaches (PAR, PRA, PLA, etc.) and academia specialized in communication, social anthropology, sociology and other communication related disciplines.

Guests (see below) from Community Radio, Theatre for Development, Soap Operas for Change and Video for Development present their experiences, as well as their comparative advantages, and share with UNICEF participants their experience in large scale community based C4D practice.

Main requirements for partnering are that concepts of Programme Communication and co-operation between UNICEF and C4D specialists are discussed and commonly adopted, as well as C4D quality standards.

Main C4D quality standards concerning the conceptual approach are listed as:

- Agreement on human rights based communication approach
- Clear definition of the purpose of C4D interventions
- Clear understanding of the level of interaction with people
- Participatory design, implementation and impact assessment of C4D
- Well balanced articulation between interpersonal and media supported communication activities

UNICEF should pilot a communication process with potential C4D partners that results in the common definition and adoption of these standards.

Main C4D capacity requirements are defined concerning the:

- Professional capacity (7 main capacities are defined at that stage)
- Institutional capacity (soft and hard factors)

The development of an appropriate capacity development plan has to take into account these minimum requirements, and UNICEF should contribute to capacity enhancement of the C4D partner institutions and practitioners.

The overall environment, i.e. the political and institutional conditions, is critical to performance

and impact of C4D. These conditions are to be continuously monitored by UNICEF, who should also advocate for more favorable macro frameworks through the UN system, in case this reveals to be necessary. Countries referring to, and implementing good governance principles are seen as best case scenarios for sustaining C4D impact.

The presentation was enriched by communications of represents of Development Communication networks of (i) community radio broadcasters, (ii) theatre for development, (iii) participatory video and (iv) soap operas for change. The following experts made presentations on how their specific C4D networks are contributing (or committed to contribute) to common communication programmes and regional networking for CSD in West and Central Africa:

- **Wilna Quarmyne, Ghana Community Radio Network (GCRN)**
 - *Further links:*
 - http://www.sflp.org/eng/007/pub1/bul19_art8.htm
 - http://www.sflp.org/eng/007/pub1/bul21_art6.htm
- **Oumar Seck Ndiaye, Union des radios associatives et communautaires du Sénégal (URAC)**
 - *Further link:* <http://www.amarc.org> and <http://www.africa.amarc.org/>
- **Prosper Kompaoré, Atelier-Théâtre Burkinabé (ATB), Burkina Faso**
 - *Support document:* [PP19: La communication participative pour le développement par l'expression théâtrale, Prosper Kompaoré, Directeur ATB, Maître assistant en art dramatique, Université de Ouagadougou](#)
 - *Further link:* <http://www.atb.bf>
- **Kriss Barker, Population Media Centre (PMC), South Africa**
 - *Support document:* [Population Media Centre in West and Central Africa](#)
 - *Further link:* <http://www.populationmedia.org>
- **Kadidia Sidibé, Cinéma Numérique Ambulant (CNA), Mali**
 - *Support document:* [CNA presentation pour participants.doc](#)
 - *Further link:* <http://www.c-n-a.org>

Discussion

Some key sentences from the presenters:

- The airwaves are a public good, they belong to the people (Wilna)
- Community radio is FOR, ABOUT, BY and OF a specific marginalized community ... (Wilna)
- Community radio is based on participation, locally existing cultural values and content, communicated in local language (Oumar)
- Methods and tools for participatory communication impact assessment have been developed and can be found through the AMARC network (Oumar) ... as well as through the Communication Initiative network (Günter): <http://www.comminit.com/>
- Theatre for development is theatre for action / for change, in a permissive environment.

Contributions from participants:

Although evidently being the priority for generating substantial change in favor of child survival, the exclusive focus on 4 key behaviors remains still a challenge for many participants who are questioning the feasibility of marrying community based or participatory holistic communication approaches fostering horizontal or even bottom-up communication streams – with communication that limits its focus, and reason to be, on change of 4 behaviors defined as key for child survival by UNICEF and WHO (in accordance to other important health and nutrition scientists). The challenge is how to promote communication processes that contribute to adoption of improved behaviors without falling back into message oriented communication strategies (“you have to ...”) that did not prove to be efficient in the past.

Besides technical questions concerning qualitative impact monitoring and different aspects mainly concerning community radio broadcasters and the possibility to measure the degree of community ownership, there was broad consensus on the need for integrated C4D strategies, making use of a mix of approaches, capacities and channels and working together in a network of communicators for Child Survival and Development.

Proposal – should UNICEF form a West and Central Africa Technical Resource Network for Programme Communication in support to CSD? Introduction by Günter Heidrich.

Supporting document: [PP18: Programme Communication for Child Survival and Development \(CSD\) – Who can help us?, Günter Heidrich, Consultant, UNICEF WCARO](#)
(Just the last 4 slides)

Main messages

Networking with C4D partner organizations is recommended for a series of good reasons (value complementary capacities, mutual learning and horizontal capacity building, producing evidence of best practice, building institutional memory in the area of C4D, keep momentum necessary to BC, grow impact, share access to funding, ...)

- but it should also take into account certain risks and apprehensions (give birth to a dead-born child, hegemony strategies, antagonistic approaches and mutual paralyze, destructive concurrence, poor management, ...).

Networking is seen as a process. This process should mainly be built on the gradual implementation of National Coalitions of Communicators for Child Survival and Development (C4CSD) monitored by UNICEF CO and taking into account existing national networks.

In the meantime, WCARO should pursue its efforts on linking C4D institutions on a regional level, building on the existing networks as well.

Starting the process through a one-year inception phase is recommended. A working group should work out the design of this phase.

Results from the discussion

Participants agreed that:

- A network should be set up
- This should be done through a piloted and inclusive process
- Capable external C4D partners should be associated in joint programming for common goals

- Implementation plans should be commonly designed, including milestones and indicators for joint participatory monitoring
- Capability and suitability of partners should be continuously assessed, and investment in further capacity building should be made
- A one-year inception phase would be appropriate for undertaking a joint outcome evaluation and defining next steps for further network consolidation and extension
- National coalition building and regional networking should go together
- There is a need for strong assistance by WCARO
- A working group should define and monitor implementation of next steps
- Moumouni Sanogo, Programme Communication Specialist of UNICEF Burkina Faso, and Claire Soppo, Programme Communication Specialist at UNICEF Cameroon, are in charge of chairing this working group

Objective for the afternoon: participants have a chance for in-depth discussion with programme communication practitioners and professionals who have designed and delivered large-scale community engagement strategies.

The afternoon was entirely reserved to a “Marketplace” on approaches to Communication for Child Survival.

Specialists in different areas of communication have been available for one hour sessions with small groups of participants from both the programme communication and info-comm meetings. They included all the participants from the panel discussions plus guests from the info-comm meeting:

- URAC, Senegal: Oumar Seck Ndiaye <oumar_seckndiaye@yahoo.fr>
- GCRN, Ghana: Wilna Quarmyne <administrator@ghanacommunityradio.org>
- NGO GUARMINA, Mali: Souleymane Dembele <dembele_z@yahoo.fr>
- CARE, Niger: Fatma Zenou <zfatma@careniger.ne>
- CNA, Mali: Kadidia Sidibé <mali@c-n-a.org>
- TV for Environment: Davina Rodrigues <davina.rodrigues@googlemail.com>, Enock Chinyenze <Enock.Chinyenze@unep.org>
- West Africa Democracy Radio: Peter Kahler
- ATB, Burkina Faso: Prosper Kompaoré <proskom@fasonet.bf>
- PMC, South Africa: Kriss Barker <www.populationmedia.org>
- NGO Tostan, Senegal: Issa Siaka <www.tostan.org>
- NGO MCDI, Benin: Urbain Amegbedji <amegurbain@yahoo.fr>

FOURTH DAY: FRIDAY 12TH APRIL

Friday, 11 April *Programme communication and CSD, concluded*

Objective for the morning: participants use what they have learned from the workshop to plan long-term, large-scale communication programmes in support of key household behaviors.

Programme Communication in Nigeria: results to date and the way ahead.

Nance Webber, Chief Programme Communication.

Supporting document:

[PP20: Programme Communication in Nigeria, Results to Date and the Way Forward, 2008](#)

[WCARO, Regional Programme Communication Network Meeting 8-11 April, 2008](#)

Discussion

All participants commenting on the presentation welcomed the quality of Programme Communication of the Nigerian Country Office.

Neil Ford said that Programme Communication in Nigeria is still not at sufficient scale.

Barbara Bentein insisted on a common understanding of who is “WE”. Is this UNICEF or is this mainly the government supported by UNICEF and other development partners? UNICEF strategies have to focus on government ownership. She also pointed out that we are not “going” to scale, but from the very beginning of a programme “being” at scale, which means that the entire programme conceptualization has to be at scale from the very beginning, yet implementation is to be step-by-step.

Wilna Quarmyne said that one of the recommendations made by the Nigerian team has paramount importance for her: Intensity and consistency are necessary ingredients for successful communication strategies. She also said that therefore community radios should be an important part of it (they are in the process of being introduced in Nigeria right now, after a long period of being ignored and rejected by governments).

Nance Webber, in her reply, stated that interpersonal communication strategies in a country like Nigeria will always be of insufficient reach and impact, although Community Dialogue is now almost everywhere, and even so broadly performed, involving a growing number of dedicated partners, that it becomes difficult to monitor the process and contribute to quality enhancement. On the other hand she emphasized that systematical integration of local and religious leaders is key and should be strengthened. The approach should be to give more space for their internal communication and opinion building processes and that external technical assistants and communicators should take more time to listen to them. In general terms, heads of households are the most important interlocutors to be approached by UNICEF. In addition to that, Nance shared her concern that communication for immunization programmes is still taking a lot of time, funding mainly coming for vertically conceived programmes.

Therese Dooley drove the attention of participants to the difficulty of shifting to behavior change communication focusing on key behaviors for child survival while you still being struggling with focus on immunization.

Neil Ford added to this the question, if it will be possible to use funding initially dedicated to vertical programmes (avian flu, polio eradication) for programmes that are more horizontally conceived. Nance Webber commented this saying that indeed this has been possible in the past.

Input from CSD Department in WCARO: Critical importance of change of 4 key behaviors at household and community level.

Geneviève Begkoyian, Regional ACSD Officer, WCARO.

Supporting document:

[PP21: Child Survival – A Global Overview, ACSD WCARO, April 2008](#)

Main messages

There is evidence that change of 4 key behaviors on household level would save the life of most of West and Central Africa's children. Just to remind, these are:

- Exclusive breastfeeding
- Sleeping under a treated mosquito net
- Hand washing in 4 critical situations
- Fighting diarrhea applying ORS

C4D is critical for behavior change and should focus on CSD in the region of WCA.

Discussion

There has been consensus over the high priority of CSD in the region but the question of appropriate resource allocation remained a main concern of participants.

Neil Ford and other participants draw the attention to the point that until now in most offices CSD and C4D programmes are conceived separately and that this is a main factor of lack of effectiveness. Participants expressed the wish to be more closely associated in CSD programme planning. Later in the discussion Paryss Kouta rapped up that C4D officers have to be systematically integrated in CSD and that everybody has to work together.

Concerning change of behavior, some participants pointed out that main pre-requisites are to be addressed, as water supply, access to ORS, and others. Field experience also has shown that technical messages, as "sleeping under an impregnated mosquito net" are not always acceptable under specific local conditions.

Paryss Kouta, commenting on some of the participants' apprehensions concerning the shift to CSD, said that shift the focus on CSD cannot mean the abandon of the other programmes. If not we would loose very quickly the health improvements we have been struggling for for years. We have to keep on going with routine programmes, consolidating the achievements, while shifting to new priorities. We have to keep in mind that, at the end of the day, WE ALL ARE ACCOUNTABLE for child survival and the improvement of the lives of children.

Barbara Bentein, in an attempt of conclusion, reiterated that we have to have in mind the COUNTRY picture, analyzing the overall and underlying causes of child mortality and address them one by one, reaching ALL families. Once again she insisted on the understanding that governments should be sensitized for and convinced on the fact that CSD is a key issue to be addressed and that other important development actors should be brought on board to take coordinated action and allocate appropriate funding. The role of UNICEF is to catalyze, facilitate and ensure that everybody is on board.

Therese Dooley resumed that 3 types of action were to be undertaken:

First: Advocacy for social mobilization

Second: Promotion (getting the information out there)

Third: Community capacity development / families need to take informed decisions

Closing the lively discussion, Neil Ford stated that CSD Officers should not expect from C4D what they are tempted to call QUICK WINS, referring to the fact that these key behaviors are performed at the household level. Causes and underlying causes are to be analyzed in order to design appropriate communication strategies that address these causes appropriately. He ended the discussion by saying: “If we can generate large scale results within 5 years we can say that we have been successful”.

Introduction to planning: how does Programme Communication fit into national plans for child survival?

Planning session by country typology. Participants split into four groups by typology, with colleagues from CSD participating in each group. They made initial plans for long-term, large-scale communication programmes for key household behaviours including approaches for:

- Community-level interpersonal communication
- Mass media
- Public relations
- Partnerships required at all levels
- Coordination and impact measurement

The work assignment has been split up into 4 tasks:

(see also: [PP22: Assignment Group Work](#))

Task One: Develop a checklist to help UNICEF conduct a situation analysis for large-scale communication on the four household key behaviours, including:

- Social and cultural opportunities and barriers, including gender,
- Economic opportunities and barriers,
- Level of infrastructure and access to service delivery;
- Governance context: stability, decentralization.

Task Two: In order to organize large-scale interpersonal communication on the four key behaviours, develop a check-list to identify and assess:

- The social networks or organizations that could facilitate interpersonal communication, including community and traditional leaders;
- The geographic reach for each network or organization;
- The existing technical skills on facilitating interpersonal communication at scale of each organization;
- The existing technical skills on the four key household behaviours of each organization;
- Bottlenecks and capacity reinforcement needs (motivation and coordination).

Task Three: In order to organize and coordinate a large-scale media strategy on the four key behaviours, develop a check-list to identify and assess:

- The type of media outlet (theatre for development, community radio, national television, etc.)
- The location and geographic reach of each potential media partner;
- The credibility of each type of media and its level of trust with its audiences;
- The potential use of each type of media for programming on the four key household behaviours

Task Four: In order to synchronize all levels of communication into one coordinated strategy, propose strategies to:

- Develop a budget framework for a large-scale, integrated communication programme on the four key behaviours, including specific budget components;
- Propose a coordination strategy to enable the national government to take ownership of the strategy.

Main results (Group B)*

Task One:

Participatory baseline research involving actors having experience in participatory approaches within CBOs, NGOs, universities, local government and technical departments on social and cultural opportunities and barriers:

- Indigenous knowledge systems, ethnic specific beliefs and practices, role and status of women, of male and of female children, literacy, ...
- Household food security, nutrition status, family size, household income ...
- Availability, cost and quality of water, soap, ORS ...
- Availability of HR, level of instruction, interests ...
- Communication resources on community level (traditional and modern)
- Power structures at community level (traditional, modern), internal and ext. communication
- Administrative structures
- Power and gender equity

Task Two:

Social mapping: identify the different groups of interest and stake (youth, elders, women, religious groups, socio-professional groups, ... (use PRA, VENN diagram, Chapati); look for:

- Innovative communication models
- Success stories
- Need for capacity building

Partners: Community radios, processes and structures of interpersonal communication, local drama groups, religious and traditional leaders, teachers, midwives, ...

Task Three:

Analyze the regulatory framework, media policy and institutions

Prepare for training and capacity building

Partners: The media, press associations, ministry in charge of information and communication, members of parliament ...

Task Four:

Human resource assessment and development strategy

Institutional support

Capacity building of “front-line” staff in the areas of interpersonal communication (dialogue), participatory methods, participatory M+E, documentation (and learning from best practice).

* This is only the example of one group. Time constraints at the end of the workshop did not make it possible to discuss the 4 presentations and memorize them appropriately for the report.

Closure by Barbara Bentein, Deputy Regional Director, WCARO:

In her closing remarks, the Regional Deputy Director expressed 5 recommendations to the participants:

1. Revisit regularly the 5 commitments made by the All Africa Representatives in November 2006. You are one fifth of UNICEF power in the region. You have a big responsibility for achieving our common goals. Be aware that the regional management team has decided to give you the necessary support.
2. Do not abandon the work you are doing for the other programmes. Send out the message that there is evidence that these programmes have generated important improvements and impact on the life of children and families. Use the evidence that proves that we have to shift now to key behaviors that affect the lives of children in our region and that the common focus has to be CSD.
3. Build on the results of all the research work that has already been undertaken. Use these results before you are preparing for new research.
4. Strengthen government ownership and foster partnerships with all relevant actors in development. Be aware that you should be the “articulators”, the relais between the relevant stakeholders, mobilizing the available resources within the country, doing advocacy instead of fundraising. Remember also that UNICEF (erhöhen) about 31% of its resources in 2008
5. Try to be the leaders in working at scale. Consolidate your position within the teams you are working in. Be aware that the UNICEF Country Representatives will not be opposed to better integrating you into the programmes; remember the commitments they have taken. I encourage the proposal to create the working group for going ahead in our common reflection.

And just a final remark: Everybody should remember that in November 2008 you will be asked what had been your contribution to the achievement of our common goals.

Appendix:

1. Agenda
2. Participants
3. Evaluation results