Strategic Communication for Development Projects

A Toolkit For Task Team Leaders

External Affairs &
World Bank Learning Network

Strategic Communication for Development Projects

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This Toolkit was first published in 1996 by the World Bank's Human Development Network under the title *Communication for Behavior Change: A Toolkit for Task Managers*. It is now offered as part of the World Bank Institute's Distance Learning Course on ***Strategic Communication*** and has been reprinted by the World Bank Learning Network. Cover design and layout were designed by Jeeyeon Seo.

Foreword

Bank task managers, division chiefs, and country department directors have strongly urged that communication be an integral part of operational work from early in program development. Governments too have recognized the importance of communication in helping to build broadly based support for policies and programs.

Sociocultural barriers and inadequate information make it difficult for people to understand the benefits of change and the adverse consequences of maintaining the status quo. Communication can play a major role in providing an opportunity for informed choice. Increasing people's access to information, discussing benefits as well as consequences, encouraging dialogue among leaders and their constituents – these are ways of using communication to support change.

This effort of the Human Development Department to strengthen the design and monitoring of communication activities in lending programs in education, health, nutrition and population supports the Bank's overall strategy of using communication for development. We hope that this toolkit will help task managers use communication not only as a means to disseminate information but also as a tool to facilitate adoption of new behaviors consistent with reform measures and public health goals.

Mark Malloch Brown
Vice President for External Affairs

Preface

Investing in health is a high priority for the World Bank and its borrowers. Yet efforts to improve health systems will have little effect on health if these systems are not used. Because human behavior is a major factor in health outcomes, investments in health must focus on behaviors as well as heath facilities and service provision. Solving health problems requires that people understand and are motivated to adopt or change certain behaviors. Thus effective communication must be a part of any health investment strategy.

Efforts to promote general awareness of public health issues – the traditional goal of information, education, and communication (IEC) programs – have built a good foundation for population, health and nutrition (PHN) activities. But they are not enough. Research into the effect individual and group behaviors have on the outcomes and costs of PHN interventions has recalibrated the targets of IEC. The new thinking is that communication programs must be designed first and foremost to support behavior change in key constituencies – delivering the message not just to potential clients, but to health providers as well.

The ultimate goal is to get at-risk populations to adopt behaviors that in the aggregate will improve the health of the community and lower the costs of health care. Seeking health care, complying with treatment regimens, reducing health risks, and taking positive actions for health will reduce the frequency, severity and cost of disease to individuals and their communities.

This document accompanies a toolkit designed to help Bank task managers plan and supervise the implementation of communications activities in PHN projects. It reviews the basic principles of communication for behavior change, presenting a step-by-stop guide to planning and implementing communication activities and linking those steps to the Bank's project cycle. The toolkit itself contains a set of practical modules, including:

- Communication research approaches for bank projects
- A guide to communication indicators
- Sample terms of reference for Bank and Borrower consultants
- Guide questions for assessing organizational capacity
- Sample budget and implementation plan
- Case studies of best practice in behavior change communication.

The toolkit was prepared by Cecilia Cabañero-Verzosa under the general direction of Thomas Merrick, population adviser of the Human Development Department. We are grateful for the guidance and support provided by the Bank's task managers and staff who participated in the 1994 and 1995 workshops on communication for PHN projects as well as those who constituted the World Bank review

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An outside panel of experts in communication, social marketing, and health promotion reviewed draft versions of the overview. This group consisted of Margaret Parlato, Beverly Schwartz, Renata Seidel, and William A. Smith (Academy for Educational Development), Phyllis T. Piotrow and Sung Hee Yun (Center for Communication Programs, Johns Hopkins University), Rose Mary Romano (Consultant, New Delhi Resident Misson, World Bank), Sandy Granzow (Granzow Communications), Marcia Griffiths and Michael Favin (Manoff Group, Inc.), Renee Wessels (Population Services International), Carol Corso, Joan Haffey, and Elaine Murphy (Program for Appropriate Technology in Health), Warren Feek (United Nations Children's Fund), Sylvie Cohen (United Nations Fund for Population Activities), and Cathy Wolfheim (World Health Organization).

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As the toolkit is used on the ground, we look forward to receiving feedback to help us refine, update and modify its various modules.

David de Ferranti
Director
Human Development Department

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CHAPTER 1

Why Communication to Change Behavior is Important

For many of the interventions identified in the World Bank's 1993 World Development Report—oral rehydration, immunization, family planning, and safe motherhood are examples—providing access to medical technology and health services is not sufficient. For such interventions to be effective, public health programs need to influence clients and providers to modify their behaviors in ways that will promote healthier lives. In particular, programs must work to influence individuals to take preventive action at the household level, to build effective community support for health-seeking behaviors, and to change the attitudes and behaviors of providers in ways that reinforce the desired healthy behaviors of their clients.

Effective health interventions require changed behavior

Preventive action at the household level can reduce the severity and duration of illness, provided that people are motivated and know what actions to take. For example, mothers can be taught to prevent the severe dehydration resulting from diarrhea by using simple home-based fluid preparations. The timing of decisions to seek care is often crucial for survival, especially when health facilities are a long distance away. Correctly identifying the symptoms of pneumonia in infants with respiratory infection or signs of a mother's hemorrhage during delivery may spell the difference between life and death.

Generating demand for health services is not just a matter of announcing their availability. Consumer attitudes often turn out to be more important influences than the location or physical accessibility of services. For example, in a country where high maternal mortality rates persist despite improvements in other health indicators, efforts to encourage referral of obstetric emergencies may need to be complemented by efforts to change underlying cultural attitudes that view the death of a mother in childbirth with resigned acceptance.

The individual whose behavior most needs to change may not be the only or even the primary audience for the message. Often, it is the people who influence that person's behavior—the "influencers"—who most need to be informed, and to change their attitudes and practices. Thus, if getting children immunized or monitoring their growth depends on their mothers then communication may need to target traditional birth attendants and others in the community to whom mothers turn for guidance on child care. Effective communication programs need to target "influencers" —whether they be health providers, village elders, or members of a person's family—since they all affect the environment in which healthy behaviors are promoted and sustained.

Providers of health services may also need to change their behavior, devoting more effort to informing and influencing people through targeted messages and through their own example. For instance, people otherwise inclined toward immunization or family planning may have been inhibited from adopting these positive practices because of worries about the safety of vaccines and contraceptives.

Box 1

Behavior Change Success: An Example from the Expanded Programme on Immunization

In the Philippines, a six-month nationwide urban communication campaign to promote measles immunizations, increased age-appropriate completion of the series of immunizations:

- The coverage of children aged 12-23 months increased from 54% to 65%, and the proportion of nine to eleven-month-old children who were fully immunized increased from 32% to 56%, during the project period (1989-1990).
- Exposure to the mass media message was related to increased knowledge about when to bring a child for measles immunization. The change in knowledge about the appropriate age for measles vaccination increased timeliness of vaccination.

What explains the improved knowledge and its effect on behavior? Changes in service delivery were ruled out since most program factors remained stable before and after the mass media activities. Nor did mothers learn about vaccinations during visits to the health centers. Both the household survey and exit interview data show that there was little change in the nature of the interaction between health workers and their clients or in the level of accurate knowledge that mothers took away from their health center visit (Zimicki, et al., 1994).

Rather, the evidence points to the successful nationwide mass media effort which used three essential elements of the strategy tested during the Metro Manila pilot campaign. The strategy focused on measles as a "hook" to get mothers to bring their child to the health center; emphasized logistic knowledge in the mass media messages, in particular promoting a single day of the week as "vaccination day," and giving clear information about the age for measles vaccination; and targeted urban areas which had lower vaccination rates than rural areas. Immunizations were provided at health centers where routine vaccination services were available throughout the week. Popularizing a single day for measles vaccination addressed the concern of health workers about vaccine wastage since the mass media campaign was expected to increase demand. Mass media messages reassured mothers that health centers were ready to provide service. Zimicki, et al., (1994) concluded that:

when countries meet certain conditions - a high level of access to the media, sufficient expertise and funds available to develop and produce high-quality radio and television advertisements, and a routine system that is able to serve the increased demand- a mass communication campaign can significantly improve vaccination coverage. (p. 409)

Health providers need to get the word out to these potential users that the products are indeed safe and effective. And, since actions sometimes speak louder than words, providers may need to modify their behavior to avoid sending conflicting signals: the cause of breastfeeding will not be well served, for example, if infant formula is routinely used in hospitals.

Effective communication can change behaviors

Communication programs have a proven track record in bringing about behavior change in population health and nutrition (PHN) projects. Examples of communication projects that have successfully targeted specific behaviors can be found in the fields of family planning, nutrition, maternal and child health, HIV/AIDs and sexually transmitted diseases (STDs). Box 1 presents an example.

A global project, Health Communication for Child Survival (HEALTHCOM); implemented communication programs to promote child care practices in developing countries. Of sixteen behavior change outcomes of interventions carried out under the HEALTHCOM Project, nine showed absolute increases in recommended practices ranging from 10 to 26 percent (Hornik, 1995).

Several elements contribute to successful communication programs; identifying reasons why a program works is often difficult. A set of practical corollaries for successful communication programs, based on cross-cultural research, is described in Chapter 3.

CHAPTER 2
Designing a Communication Plan

Communication activities involve an iterative process that can be divided into five important steps: (1) assessment, (2) planning, (3) material development and pretesting, (4) implementation, and (5) monitoring and evaluation. The last stage feeds back into the first in a continuous cycle of reassessment and refinement. The process is audience-centered, beginning with observation of audience behaviors and what causes them, and going on to develop a strategy that will communicate perceived benefits and reduce perceived barriers to healthier behaviors (Figure 1).

Five-step process for planning and implementing communication activities

Central to the *assessment stage* is obtaining information to guide the communication strategy. The *assessment* identifies behaviors that should be encouraged or discouraged, messages to convey, audiences to be reached, the communication channels to be used to reach them, and units suitable for undertaking the communication activities.

At the *planning* stage a clear course of action is devised on the basis of this information. The results of the social assessments are sifted to single out:

- The behavior that will lead to a substantial health benefit if adopted by a large segment of a given population,
- The message concepts that will promote perceived benefits of the new behavior, and
- *The communication channels* that will reach the audience as often and affordably as possible.

Decisions on these guide formulation of an implementation plan that describes the communication strategy and the supporting elements—a budget, a timeline, a communication research plan, and a capacity-building component—that will make that strategy feasible.

The scope of activities is an important consideration in planning a communication strategy. Behavior change is a long-term process, so task managers need to set realistic goals. At the inception of a program, the prospective audience will often be distributed across the "stages of change" continuum (Figure 2), from those who are ignorant that a public health problem exists, through those who are aware, concerned, knowledgeable, motivated to try a new behavior, finally to those already engaged in the recommended behavior. The distribution of the audience along that continuum at the outset will strongly influence both the goals of the campaign and the length of time it will take to be effective.

Figure 1:
Planning and Implementing a Communication Program

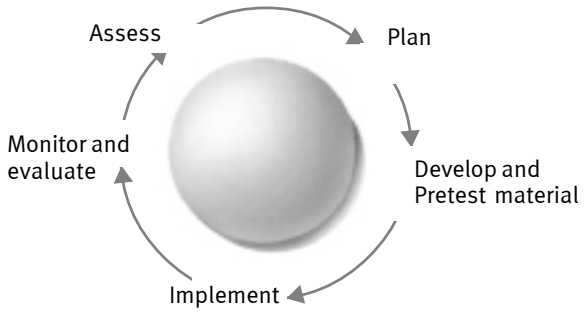


Figure 2:
Audiences Along a Behavior Change Continuum—
Possible Communication Strategies

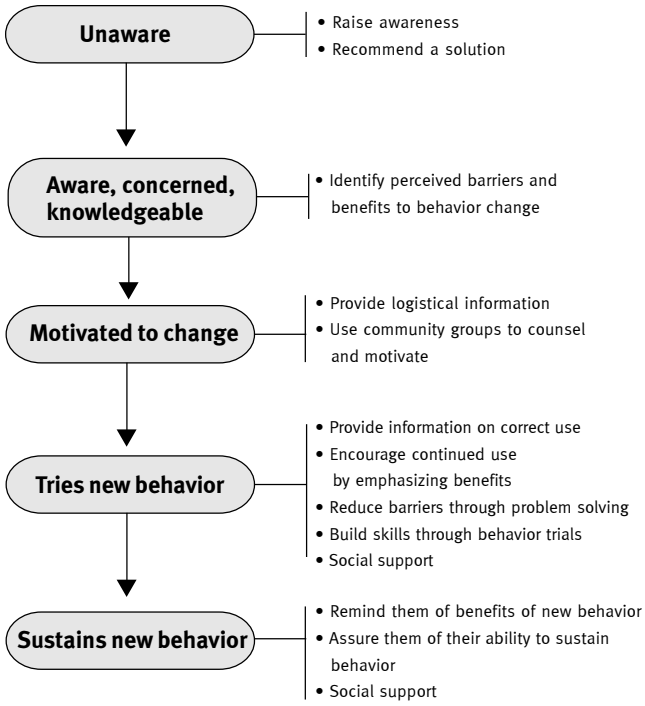
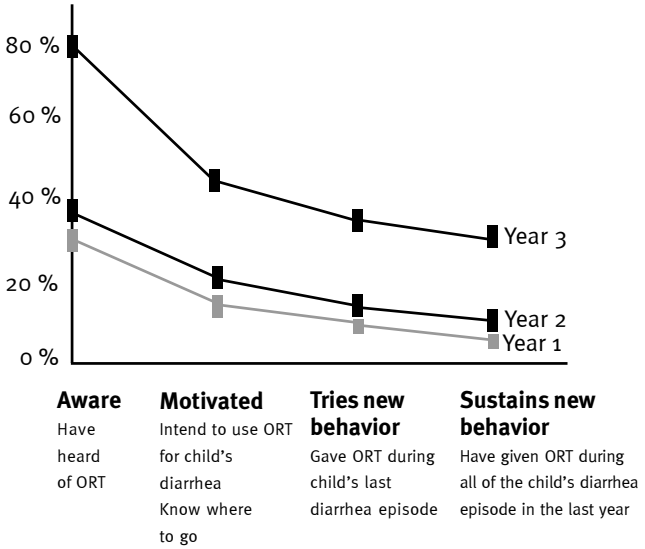


Figure 3: Behavior Change Goals for a Hypothetical Diarrheal Disease Control Program

Audience:
Women with Children under five years of age
Behavior:
Giving oral rehydration therapy (ORT)



In situations where most members of the target audience are already at an advanced stage in the continuum—aware and motivated—a five-year period of Bank support can be an effective inducement to adopt the desired behavior change. Immunization programs, for example, have shown large effects in relatively short times, perhaps because many of the people targeted by the campaign were favorably inclined and already getting some vaccinations—only one stage away from adoption at the outset of the program. But in situations where many members of the audience may be at very early stages of the continuum, quite unconvinced about the need for change (about using condoms with spouses, for example) or very resistant to change (giving up smoking, for instance), a project is unlikely to move the majority of the target audience to sustained behavior change in the five-year Bank cycle. A more realistic goal would be a positive shift in distribution: fewer people at the unaware or thinking-about-it stages, a majority at the ready-for-action and trial stages, and a few at the consistent behavior stage. Figure 3 illustrates realistic goal setting for behavior change in a hypothetical three-year diarrheal disease control program.

Material development and pretesting entail working with the target audience to develop messages that will be effective with that audience. To persuade the target audience that the new behavior has clear benefits for them, messages must be easy to understand and culturally sensitive. For example, the slogan "zero grazing"—a phrase from farming jargon meant to encourage single-partner relationships—was used in two million leaflets and posters printed for an AIDS campaign in an African country. But a survey showed that only 5 percent of respondents understood what "zero grazing" meant. Such problems can be avoided through pretesting (Starrs and Rizzuto, 1995).

Implementation of communication activities typically involves distributing print material, broadcasting radio and television messages, and conducting community-based group and interpersonal communication sessions. The effectiveness of these messages depends not only on their quality and timely delivery, but also on the availability of good supporting health services. Health service delivery is not the primary concern of communication staff, but they

do need to provide feedback on audiences' perceptions of service quality and, if necessary, to work with health providers to resolve service delivery issues.

Monitoring and Evaluation are carried out simultaneously with implementation when programs are monitored to gather information systematically about audience response to the messages, and subsequent changes in knowledge, attitudes, beliefs, and practices (KABP) associated with the intervention. Monitoring and making mid-course corrections is a self-reinforcing process: the goal is to identify and capitalize on new opportunities to improve the communication component. A final evaluation follows completion of the project, to provide lessons for future communication programs. Box 2 shows the five-step process for planning and implementing a communication program in action, as illustrated by the campaign launched by the Philippine Department of Health (DOH) to promote timely measles immunization as part of its broader immunization program. The success of that campaign (described in Box 1 above) illustrates the advantages of the iterative cycle of evaluation and action incorporated into the program's activities.

Box 2

The Five-Step Program in Action: *The Philippine Expanded Programme on Immunization (EPI)*

(1) *Assessment (three months):* DOH staff reviewed coverage surveys that showed immunization rates lagging in urban areas, and on the basis of their findings conducted a Communication Planning workshop. Here, key questions were raised whose answers would determine the communication strategy: What health practice should be promoted? To whom should the health message be directed? What channels would be most effective in reaching those particular people with that particular message? Adequate answers were not forthcoming from the workshop, so DOH subcontracted research to obtain data on urban audiences' "KABP" (knowledge, attitudes, beliefs and practices) regarding immunization.

(2) *Planning (one month):* Results of the study on KABP among low-income women with children under two years old were used to formulate the communication strategy for a Metro Manila pilot campaign: to emphasize the message that children should be immunized against measles at 9-12 months old, to provide information about where and when immunizations could be obtained, and to single out measles as the "hook" to get mothers to bring their children to health centers, this being a disease that mothers were most worried about.

(3) *Material Development and Pretesting (two months):* Research singled out TV and radio as the most accessible media for the message, with print materials as a follow up. Materials were presented to the health providers during orientation sessions held before launching the communication campaign.

(4) *Implementation (three months)* began with an announcement by the Secretary of Health in February 1988 of an intensive effort to promote measles immunizations. Mass media material released twice a week for three months, promoted free immunizations on a particular day of the week. Service providers were mobilized to provide daily immunization services, with special provisions for staffing to meet demand on "Immunization Day".

(5) *Monitoring and Evaluation (three months):* Monitoring enabled program managers to adjust tactics according to audience response. For instance, extended hours (to 8:00 p.m.) for health centers were cancelled when it was discovered that mothers did not come to the centers after 5:00 p.m., and messages were then modified accordingly. Other examples were routine monitoring to make sure that print material remained available at the centers, that mass media material was aired, and that promotional material such as T-shirts and banners were in evidence during Immunization Day.

Source: Verzosa, et al. (1989)

Practical corollaries

The principle of specificity—of audience and of context—embedded in the five-step process leads to some practical corollaries essential for an effective communication program. Six such imperatives emerge from the evaluation data gathered on the HEALTHCOM project (see Graeff et al., 1993; Hornik, 1995; and McDivitt et al, 1991, 1995). That project's extensive experience highlights the importance of:

- Defining and segmenting the audience to be reached,
- Identifying behaviors feasible for the identified audience,
- Ensuring that health services are in sync with the strategy,
- Tailoring strategy and messages to audiences,
- Ensuring adequate exposure for intended audiences, and
- Building institutional capacity for communication work.

Defining and segmenting audiences

The primary audience for a communication strategy is the population whose behavior puts them and others at risk, initially identified on the basis of data from sources such as the Demographic and Health Surveys, sentinel surveillance systems, anthropological research, or qualitative assessments such as focus groups and depth interviews. Once such research has identified this target population, the characteristics of the audience that will be relevant to the campaign need to be identified. And since the population at risk may not be homogeneous, different segments will require different messages. A useful way of segmenting audiences is by their readiness to change (See Figure 2 above).

Identifying feasible behaviors

In practice, the ideal behavior for solving a health problem is not always feasible for a given population. Once the target population has been defined, communication components must be realistic and selective in focusing on behaviors that will be feasible for them to adopt. Selecting feasible behaviors involves, first, separating people who practice the recommended behavior from those who do not as a basis for investigating the practical reasons for those different behaviors, and second, testing which behaviors are feasible given available resources and structural conditions.

An example of the type of basic data that need to be investigated in establishing feasibility is afforded by a project to promote handwashing in Guatemala. If mothers were to follow the program's recommendations on handwashing, it would involve forty-six discrete behavioral steps such as fetching more water, storing water and washing hands throughout the day. Clearly, the behavior was unfeasible for mothers to perform. To meet the objective of reducing diarrheal disease morbidity by promoting new behaviors, the program reduced target behaviors to two: handwashing before preparing meals and before administering foods to children under three years old (Graeff, Elder & Booth, 1993).

Ensuring that services are In sync with the strategy

Obviously, communication efforts are worse than useless if client audiences cannot act on the message because the necessary services or medicines are inadequate to support the recommended behavior. Promoting a new contraceptive method or oral rehydration packet will only bring frustration if consumers are unable to obtain them, or if poor quality of service delivery undermines the positive messages of the promotional campaign. In Papua New Guinea, a video presented correct and incorrect ways of communicating with mothers to improve healthworkers' counseling skills thus ensuring clients of quality services.

The record of a 1988-89 campaign to promote Vitamin A capsules in Indonesia illustrates the point: the reason that progress was disappointing in some intervention areas was not the ineffectiveness of the communication activities, but lack of access to the capsules. For precincts where it was easier to obtain capsules, the results were quite different. Control communities with similar pre-campaign rates remained unchanged during the campaign, while use increased sharply, from 24 percent to 40 percent, in communities exposed to the campaign (McDivitt et al., 1991).

Another example of a communication effort hampered by a service deficiency is Jordan's mass media campaign to promote breast feeding within six hours after delivery. The program had some success: about 20 percent more mothers reported early initiation of breast feeding after the program than before. But results differed significantly for women giving birth in private hospitals from those who had their babies in public hospitals or at home: most of the increase was observed in the public hospitals or at home; in private hospitals, early initiation increased only slightly after the communication program. Other factors, such as the social position of mothers in private hospitals, may have inhibited them from adopting breast feeding, but the evidence points to the lack of rooming-in facilities for newborns in private hospitals as a major deterrent (McDivitt et al., 1995).

Tailoring the strategy and messages to the audience

Once the target audience has been defined and characterized, and goals identified that are feasible given the constraints that audiences face and the availability of supporting services, communication programs can begin to shape an appropriate strategy. Messages need to be created and fine-tuned to be understandable and acceptable to their audiences, and geared to their "stage of behavior change" (Prochaska et al., 1992). Box 3 illustrates how this kind of research can help shape the communication strategy.

Developing messages based on an audience's readiness to change calls for a specific strategy and message emphasis for each type of audience. Messages to an uninformed public will aim to raise awareness of a public health issue and recommend a solution. Messages to those who are already aware, concerned, and knowledgeable need to focus on information to help them evaluate the benefits and costs of the new behavior. For people who are already motivated to change behavior, messages need to provide logistical information—where to obtain supplies and services, how to use them. For those who have tried the new behavior, messages need to provide them encouragement to continue: guidance to correct use, reassurance on the benefits, and information on how to overcome perceived obstacles. Finally, people who have been successful in adopting the new behavior need messages to reinforce their efforts—reminding them of the advantages of the new behavior and reassuring them about their own ability to sustain the behavior. Messages that provide people a strong sense that there is a social norm supporting their actions will facilitate adoption of new behaviors, regardless of people's position on a behavior change continuum.

Effective messages are not merely what is medically correct, nor are a program's objectives necessarily synonymous with the content of messages that might promote the behaviors needed to achieve those objectives. Good communication creates messages that solve problems that audiences recognize. Messages must fit into the mental and cultural context of people's lives and the frameworks that audiences use to understand and define their actions concerning a problem. Much of the formative research that precedes development of a communication strategy involves elucidating (a) what behavior-related actions are already being taken by potential audience segments in the population at risk, and, (b) what leads populations to take certain actions, in particular what keeps them from acting in the recommended way.

Box 3

Exploratory Audience Research:
Family Planning in India

Despite the success of the national family planning program in India in increasing awareness of modern contraception among 96 percent of married women, only 42 percent of couples had ever used modern methods. Thirty-one percent of women who stated that they did not want any more children were not using contraception, according to the 1992-1993 National Family Health Survey. The survey found that over 60 percent of the women not using contraception who could benefit from family planning were not using it because of misconceptions, misinformation, and poor understanding of methods. Only 6 percent said that they were deterred by the difficulty of obtaining products and services.

Future communication would concentrate on filling the audience's need for specific information about correct usage and management of side effects, rather than consciousness raising messages about the benefits of family planning. Source: World Bank (1995)

Zaire's promotion of oral rehydration therapy (ORT) is a case in point. Zairians gave six different disease names for illnesses involving loose stools, and used different treatments for each. More than half of the respondents said they used ORT for the disease called "kuhara", but fewer than one-sixth of the respondents reported treating two other diseases—"lukungga" and "kilonde ntumbo"—with ORT. Communication messages therefore, recommended the use of ORT for each of these diseases separately, rather than using a general term like diarrhea (Hornik, 1995).

Ensuring adequate exposure for the intended audience

However finely tuned the message, it will not be effective if it fails to be heard by the intended audience. Planners need to determine the level of exposure necessary—how often the audience needs to be reached and for how long—and how to achieve that level of exposure with available resources. Often, the most effective strategy will need to use a variety of channels—radio, television, print, visits from paid and volunteer workers, group encounters—because multiple channels are more likely to convey the message to all segments of an audience, particularly in increasing the sense of broad social support for the message.

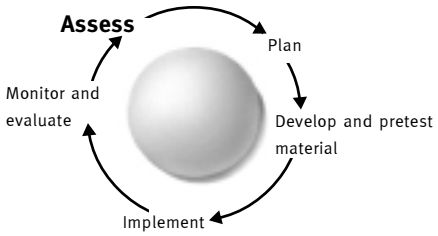
Data support the importance of using multiple channels where possible. Of the nine "high exposure" sites in a global project, (those where as many channels were used as possible), seven (82 percent) produced a substantial change in behavior. In contrast, in the six 'low exposure' environments only two interventions (28 percent) were successful (Hornik, 1995).

Building institutional capacity for communication work

Communication programs need to have a stable institutional base and reliable funding to meet the goals set for them. Existing health education units in ministries of health often lack the skills or experience, and almost never have the budget to support adequate communication programs. A short-term campaign to influence a particular behavior can sometimes be constructed even without a strong institutional base, but such efforts may not be sustainable. Building the capacity to manage communication programs is a complementary goal, and likely to be a necessary one. For many types of behavior, messages transmitted through several channels to reinforce those behaviors over the long term will be required to achieve sustained change. For example, only a small percentage of smokers targeted by a campaign may quit each year, but the public health benefits of maintaining that percentage of reformed smokers over many years can be enormous. Also, new objectives for communication are likely to emerge which require that capacity be in place to incorporate them. The budget and the level of professional skill demanded of staff need to match the outcomes they are expected to achieve.

CHAPTER 3

Communication Activities in Bank Projects



Each of the five steps in designing and implementing communication activities supported under PHN projects (see Box 2 above) requires a series of tasks at different stages of the World Bank's project cycle:

- Project Identification: focus on assessment tasks;
- Project Preparation: focus on continued assessment and the initiation of the planning step;
- Pre-appraisal/Appraisal: completing the planning step, in conjunction with material development and pretesting;
- Supervision: material pretesting continues, implementation is under way, and continuing monitoring and evaluation is initiated and carried out;
- Project Completion: final evaluation.

The checklist below outlines a schedule and division of labor that may serve as a guide to planning, recognizing that the allocation of responsibility between Bank and Borrower and the timing of tasks over the project cycle will vary somewhat depending on resource availability, institutional capacity, and the specific exigencies of the local situation. Many of the tasks require technical skills that neither the Bank nor the Borrower will have in their permanent staff, so that both may have to contract for the needed expertise with outside groups - academic institutions, non-governmental organizations (NGOs), private sector communication companies, or individual consultants. Model terms of reference for these engagements are to be found in the toolkit.

Project identification

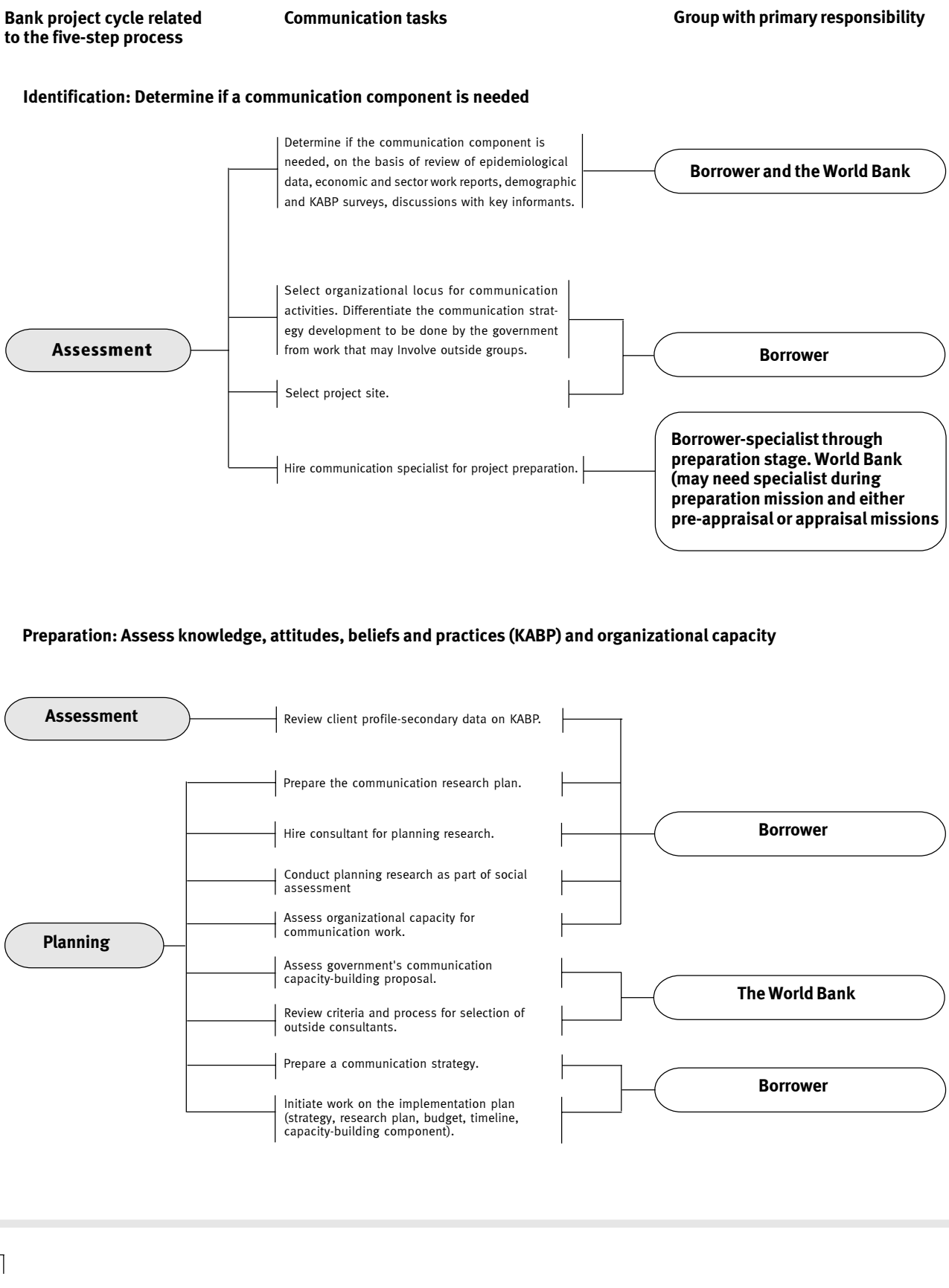
From a communication standpoint, the most important tasks during project identification are to determine whether behavior changes are required to achieve the objectives of the proposed project and to begin assessing which behaviors among which groups need to be changed, and how to change them. It is also important to review existing communication activities in the country, to ascertain whether they need strengthening, improving, or reorienting toward behavior change goals. The two questions guiding the assessments are:

1. Which behaviors promoted among which audiences will help achieve the goals of the project?
2. Can these behaviors be influenced by changes in knowledge, attitudes, beliefs, or social norms?

A communication component is called for when current practices of epidemiologically significant groups are at variance with public health goals, and when knowledge, attitudes, beliefs and social norms are an important influence in those practices. Some programs may seek to accomplish their goals without emphasizing a voluntary change in behavior. For example, a health program seeking to curb teen smoking may increase the sales tax on tobacco in preference to launching a communication campaign. Other programs may make voluntary behavior change the main focus of the intervention, and here a communication component may be called for. An example would be a program intervention centered on encouraging pregnant women to visit a health center within the first trimester of pregnancy.

Figure 4

Checklist For Task Managers



Checklist for Task Managers (cont.)

Bank project cycle related to the five-step process	Communication tasks	Group with primary responsibility
Pre-appraisal/appraisal: Reach agreement on a communication strategy and implementation plan		
Planning	Agree on purpose, content, methodology for a communication component.	Borrower and the World Bank
	Agree on how decisions will be made about who is going to implement the communication strategies.	
	Finalize implementation plan.	Borrower
	Prepare documents; negotiate loan approval.	The World Bank
Material development and pretesting	Develop and pretest material.	Borrower
	Orient health workers.	
	Prepare for project launch.	
Supervision: Monitor communication inputs and outcomes		
Material development and pretesting	Evaluate whether: • Health communication activities are taking place; • Health communication materials are reaching target audiences; • Communication activities are associated with changes in knowledge-attitudes-beliefs-practices.	The World Bank
Implementation	Document lessons learned about audience response to the communication activities.	Borrower and the World Bank
Monitoring and Evaluating	Review results of monitoring research and modify activities as appropriate.	
Annually mid-term review	Submit annual work plan.	Borrower
	Conduct communication planning sessions about every two years to update strategy.	
Completion: Summarize lessons learned		
Final evaluation	Describe next step for communication.	Borrower

At the identification stage, both the Bank and the Borrower should be investigating available sources for information to guide them in deciding on the need for and role of communication activities in the proposed project, and on formulating strategy. Demographic and health surveys complemented by Knowledge, Attitudes, Beliefs, and Practices (KABP) surveys are good sources of such information. An important decision will be where audiences are on the behavior change continuum (Figure 2 above)—whether they need to be made aware of the public health issue, or are already aware of it and ready to try new behaviors (see Box 3 above.)

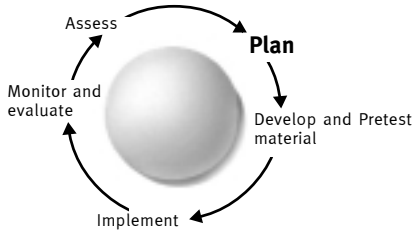
Other sources of information for such preliminary assessments include:

- Epidemiological studies relevant to the scope of the project.
- Evaluation reports from earlier projects and relevant sector reviews.
- Interviews and discussions with key informants—health providers, opinion leaders, public officials.

Based on these reviews, a decision to include a communication component will lead to discussions about various activities that the Borrower could undertake in anticipation of the project preparation mission. These activities include:

- Selecting an organizational locus for and identifying a site for communication activities.
- Specifying the role of the government and that of the private sector.
- Hiring communication specialists to assist the Borrower throughout project preparation.

The distribution and timing of these tasks over the Bank's identification process and among the Borrower's preparation activities in the interval between the Bank's identification and preparation missions will vary according to such factors as the availability of communication specialists during preparation, whether the proposed project is building on earlier operations that have communication activities, the quality of existing information, the capacity of the Borrower, and the complexity of the issues involved. Obviously, the earlier things can be started at this stage of the process, the better.



Project preparation

During the preparation stage, work needs to be done on three main tasks: (a) completing the assessment of current KABP for potential audiences; (b) assessing Borrower capacity; and (c) preparing the implementation plan for the communication component of the project.

Audience assessment

The Borrower should move ahead with studies of audience KABP as an important adjunct to a broader social assessment aimed to identify project beneficiaries, to confirm their need for PHN services, and to note social factors that may influence the project's success. Often, new research will be required to build on preliminary KABP acquired during the project identification stage.

Project beneficiaries identified during social assessments will probably overlap with target audiences for communication activities, but are not necessarily synonymous with them. Some target audiences for communication—defined as individuals whose behaviors the project would like to influence—may be other segments of the population: "influencers" rather than direct beneficiaries of the project. A project in Bangladesh to assist females in secondary schools, for example, identified fathers of girls as the primary target for the communication component, although secondary school-aged girls were the intended beneficiaries. Another target audience other than beneficiaries may be health providers: in Kenya's immunization program, for instance, focus group discussions disclosed perceptions among mothers of shabby treatment at the health centers which made them reluctant to return to the centers for completion of the immunization series.

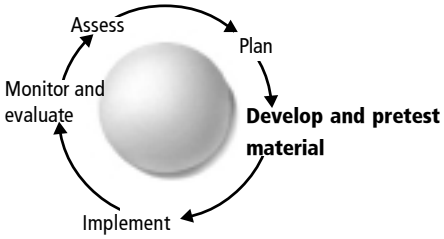
Assessment of current audience KABP will help the project team determine if more research is needed to evaluate audiences' readiness to change behavior, and to develop message concepts that these audiences may find persuasive. It is important for stakeholders — people who will benefit as well as staff who will implement and officials who will support the intervention—to participate in these assessments, not only as information-gatherers but also in drawing conclusions based on results.

Technical consultants and health education staff in the borrowing country generally take responsibility for reviewing past communication projects and assessing the communication needs of the ministry or department responsible for the public health program (such as a Ministry of Health). The Borrower is also responsible for assessing audience and provider KABP, developing a communication research plan, and hiring a subcontractor to undertake the research.

If further KABP research is required, a communication research plan needs to be prepared to determine the scope of audience research—on beneficiaries, influencers, or health providers—and to prepare terms of reference for research activities. In this context, research does not refer to large-scale, long-term studies, but to smaller scale, tightly focused activities designed to support the development of effective program operations. Three types of research are particularly germane to communication activities for PHN projects:

1. Research during the planning phase to guide decisions about behaviors, audiences, messages, and channels of communication.
2. Research during the material development phase to pretest material for comprehensibility, relevance, and acceptability.
3. Research during implementation stages of the project to monitor audience response.

Plans for all three types of research may best be drafted during project preparation, even though only the first will be carried out at this stage. (For more on research, refer to the module on *Communication Research Approaches for Bank Projects* in the accompanying toolkit).



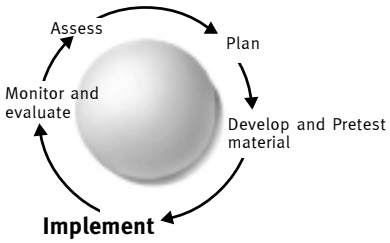
Assessment of Borrower capacity

A second important task during the preparation process is assessing the Borrower's capacity for communication work and what action may be taken to strengthen it. This involves identifying potential in-country sources of technical support, and developing a training plan for in-house staff (see the module on organizational assessments in the tool kit for a more detailed treatment of these issues).

In-country capacity may need strengthening in:

- Communication planning and management.
- Research for the planning phase, for material development and pretesting, and for monitoring and evaluation.
- Material production.
- Liaison work with mass media organizations to develop a media plan if mass media activities are likely to be needed.
- Liaison work with organizations with large-scale outreach networks, if these networks may be incorporated.

Not all of these skills are necessarily available within existing government health education units, so the assessment will need to look into non-governmental capacity in communication work. Some core skills do have to be available within the project health education unit: (a) communication strategy development, (b) planning of activities that support the communication strategy, and (c) management of activities, including coordination with service delivery units. In sectoral projects, core skills would include capacity to plan and manage a communication component addressing multiple audiences and supporting several interventions. For other skills— such as planning research, material



development, pretesting, and monitoring—in-house capacity may be developed over time; alternatively, a scheme may be devised to tap resources from the private sector, academia and NGOs.

Thus the assessment of organizational capacity needs to extend beyond the current organizational structure and resources of the counterpart ministry, to identify other units responsible for communication work within the government, and to search the private sector for qualified advertising agencies, market research companies, and firms specializing in media production and media-relations. In the academic sector, schools of journalism or communication and schools of public health with departments that focus on health and education may be a source of needed communication skills. Non-governmental organizations (NGOs) may have extensive experience in designing and managing both mass media campaigns and community-based networks for health interventions.

In tapping these resources, it is critical to be clear at the outset about division of responsibility: to specify which communication tasks are to be undertaken by in-house staff and which to be contracted to outside agencies, and, if more than one government unit is involved, to identify which unit will have management responsibility for the communication component.

Beginning work on the implementation plan for the communication component

Formulating a communication strategy to support the goals of the PHN project, and working on a plan to implement that strategy, begins at project preparation stage and continues into pre-appraisal.

In devising strategy, the Borrower should encourage participation especially a sense of ownership among stakeholders and groups responsible for implementation. Communication planning workshops, bringing implementors from the national, regional, and district levels into the decision process, can use participatory methods like the Appreciation-Influence-Control (AIC) workshop to develop a communication strategy in collaboration with stakeholders (World Bank, 1996). In such workshops, researchers summarize findings while communication specialists and stakeholders discuss ways of using communication to promote desired behaviors. At this point, work can start on incorporating the strategy into an implementation plan (see Box 4) which can be finalized during the Pre-appraisal stage.

Box 4

Initial Elements of an Implementation Plan

Different interventions call for different strategies. For example:

- Interventions to promote immunizations or micronutrients often emphasize *compliance* as a behavior change strategy.
- Family planning programs often promote a variety of contraceptive methods to encourage behavior change by providing a *choice*.
- Interventions to address AIDS/STDs as well as the use of tobacco, alcohol and drugs may call for *changes in lifestyle behaviors*.

Communication strategies must match behavior change objectives:

- Tactics to promote *compliance* would include providing simple reminders of when and where products and services may be obtained; giving dosage and usage instructions; and providing cues for correct behavior, such as a symbol on immunization cards to signify completion of the series.
- *Choice* may be encouraged by family planning communication activities that provide couples with detailed information about the various contraceptive methods available so that they can select those most suited to their needs.
- To *change lifestyle behaviors,* a strategy that provides a compelling reward may be needed for changing a routine behavior that may be ingrained or even addictive, and promotes social support for the change through PHN education or provides specific skills training to overcome barriers. See Smith W.A. (1995).

Project pre-appraisal/appraisal

During this stage, the Bank and the Borrower should finalize the communication strategy and implementation plan, and begin material pretesting. During pre-appraisal, the implementation plan is drafted by the borrowing country staff. Ideally, results of planning research should have been available at the time the communication strategy was formulated, so as to ground the strategy in reliable data complemented by field experience and judgment. (In the absence of planning research data, implementation planning could still go forward on the basis of a tentative communication strategy formulated on assumptions about KABP and subject to verification from field data.)

Once a proposed strategy has been formulated and communication activities have been identified, the project team needs to work out the nuts and bolts of the draft implementation plan, by incorporating in it:

- a scheme for training health workers in the skills needed to carry out the strategy;
- monitoring and evaluation indicators;
- a capacity-building component; and
- a budget and a timeline for all of the above.

At appraisal, the project task manager and the communication specialist should review the communication strategy and the draft implementation plan with staff in the borrowing country to ensure that (a) results from research on communication conducted as part of the social assessment have been used effectively to decide on behavior, audiences, messages, and channels; (b) whether the details of the plan are technically sound, feasible to implement and sustain, and support the PHN project's goals.

Key issues for review include:

- Is the proposed communication component appropriate to the specified purpose (to generate awareness, to initiate trial, or to promote sustained behavior change)?
- Is the proposed communication strategy likely to produce the desired behavior change among the target groups?
- Will behavior change within these groups affect public health?
- Is there a communication strategy to improve the KABP of health workers (if this is required)?
- Is the proposed strategy feasible in light of the organizational staffing, funding, and time available?

Box 5

The Communication Implementation Plan

1. *A strategic approach defines* the behavior change goal(s) identified as feasible and effective in supporting the project's purpose, the type of response desired to achieve that change, and the target audiences (information, education, persuasion) and methods (print, mass media, group encounters, interpersonal communication) that will be used.

2. *A training scheme for health workers* in skills needed to carry out communication activities critical to the strategy (for instance, counseling, group communication).

3. *Monitoring and evaluation activities* are designed for continuous monitoring of communication strategy and activities, to provide timely information to improve judgments about action.

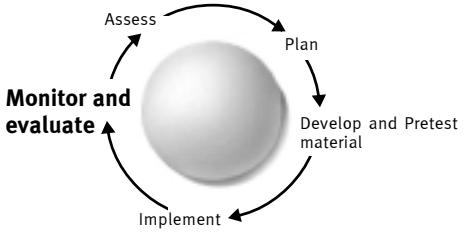
4. *Capacity Building Component* is a plan to provide the infrastructure, staffing and training on communication strategy development and management. Furthermore, the plan could address the long-term goal of establishing a viable career track for health educators by investigating organizational systems, work performance indicators and staff development opportunities which affect the quality of communication work.

5. *Budget line items for critical elements* that affect the success of communication activities including funding for communication research during the planning, material development and implementation phase as well as adequate funding for mass media dissemination costs and group communication activities.

6. *Timelines* that allow for a participatory process of planning, implementing and monitoring communication activities.

On the basis of this review, the specialist may suggest ways to improve its technical content, or anticipate potential implementation problems.

At the conclusion of the appraisal mission, an agreement would have been reached by the Bank and partners in the borrowing country on the purpose, content, and methodology of the communication component of the PHN project. The implementation plan is approved (see Box 5). The appraisal mission is followed by the internal Bank process of document preparation, negotiation, Board approval and finally, loan effectiveness. During this time, staff in the borrowing country may continue with material development and pretesting activities, as well as the orientation of health providers with regard to purpose and processes for communication activities.



Supervision

During implementation, the Bank's supervision activities should ensure that the strategy is proceeding according to plan and making progress toward desired objectives. The main tasks are to ensure adequate monitoring of inputs and outcomes of the project's communication activities, and to make corrective changes either if activities are not promoting the goals of the communication components, or to take account of changing conditions and additional information acquired during implementation. Such monitoring and supervision should involve technical experts as well as stakeholders who participated in the communication planning workshop. The aim is to assess the effectiveness of the communication strategy in increasing awareness, encouraging trial, or promoting behavior change. During site visits and discussions with field staff, the task manager, project planners, technical experts, and stakeholders should analyze and, where possible, resolve the operational problems uncovered. More broadly, analysis of the results of monitoring may indicate that the communication strategy as a whole needs to be modified to achieve the intended changes in behavior. Several key questions are at issue here.

Are communication activities taking place?

The entire communication campaign can founder if key elements of its strategy have not been carried out—for instance, when broadcast or print material have not been developed, produced, or disseminated because of such problems as lack of funds, non-approval by program managers, weak administrative systems that hamper contracting of research, or inability to secure air time.

Are communication materials and messages reaching target audiences?

A second common problem to be looked for in monitoring is poor dissemination: even if the materials are produced, they may not be reaching their intended audiences. Sometimes they sit in regional offices or clinics without ever being seen by the people they were prepared for. Frequent exposure to a program's messages is an important predictor of a program's success.

Are communication activities associated with changes in KABP among target audiences?

This is the question that will determine the outcome of a communication component of a PHN project. A monitoring system can be set up to track changes in KABP as expected and to determine whether behavior is changing.

Of course, the budget for a PHN project often will not permit exhaustive evaluations that can unequivocally assign effects to a given communication effort. Nor does the effectiveness of the communication activities depend solely on the timely delivery of well designed messages.

Communication success will also rely heavily on the quality of health services required to support its goals, and it will be affected by other program activities, such as training or capacity building, which also influence behavior change. Thus, although health service delivery and program activities other than communication are not strictly the responsibility of health education directors, they do need to take them into account; if necessary, working with health providers to resolve delivery system problems, and supervising the integration of communication activities with other program activities. If monitoring can establish that communication activities are being implemented, that people are exposed to their messages, and that knowledge and practices are improving at an acceptable rate, this will be sufficient to guide decision making.

Supervision also entails reviewing activities against the methodology, timelines, and budget outlined in the implementation plan to ensure that the plan is followed without shortcuts (such as skipping pretests or avoiding consultation with health providers) and that funds are adequate and being used for the right purposes. Where funds prove insufficient, project managers may consider reducing the number of target audiences or geographic areas of intervention, rather than taking a percentage reduction across all line items—an option often chosen because it is the path of least resistance.

Along with the regular monitoring surveys involved in this cycle of evaluation and adjustment, personnel on the country's implementation team will be responsible for continuing development and pretesting of print and audiovisual material; training of health providers in face-to-face and group communication skills; orientation of all levels of health workers to their role in promoting behavior change; dissemination of material via print, broadcast, and interpersonal communication channels; and conduct of baseline research before launching the field activities. An updated workplan, based on the five-year implementation plan approved at appraisal, should be submitted annually to the Bank. Communication planning sessions, conducted about every two years, will revisit the communication strategy, using the assessments of the adoption of new behaviors by target populations as a basis for redefining goals for the next phase of activities. The communication re-planning process can provide useful information for the Bank's mid-term review.

Project completion

Here the task is to take stock of what was accomplished and report on lessons learned. As the project nears completion, reporting should focus on whether, how far, and in what ways communication activities supported achievement of the project's goals, and how future communication components could be improved.

Monitoring results will indicate whether communication activities reached their target audience and produced the desired changes in KABP. But establishing direct causal linkages between communication activities and observed changes in behavior requires more sophisticated research that would usually be beyond the financial resources of PHN projects supported by Bank loans.

Thus, project evaluations that focus on impact and rate-of-return issues are not dealt with in this tool kit. If an evaluation of this kind is considered desirable, it might draw on communication data gathered for implementation support. But the additional collection and analysis of data likely be required—such as the location of comparison groups with different levels of access to various project components—could be seen as an activity distinct from research to support communication operations under the project.

CHAPTER 4
Implications for Action

No longer is it adequate only to increase public awareness of public health issues; it is also critical to use communication to influence populations at risk to adopt healthier behaviors. Improvement of health status depends on people's voluntary adoption of behaviors that benefit them and their communities. By articulating these new benchmarks for successful communication, task managers play a key role in improving the quality of communication components in PHN projects. They can translate them into action by:

- Ensuring that the communication strategy is based on strong analytical work focused on audiences and behaviors;
- Establishing a mechanism for monitoring changes in audience KABP, using the results to revise strategy and improve implementation of communication activities;
- Assessing organizational capacity for communication work in the country, and encouraging governments to tap resources in the private sector for specialized communication tasks;
- Directing financial and technical support towards helping government health education units build their expertise in communication strategy development and management.

The Tool Kit for Communication that accompanies this overview provides practical information—such as, consultant terms of reference, indicators, a sample implementation plan—designed to help task managers in supervising preparation and implementation of a communication component.

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Module Two

Strategic Communication for Development Projects

Communication Research Approaches for Bank Projects

MODULE TWO:

Strategic Communication for Development Projects:

Communication Research Approaches for Bank Projects

This module, written by Robert C. Hornik of the University of Pennsylvania Annenberg School of Communication, Center for International, Health and Development Communication, identifies three stages of a communication project where research will be particularly useful. It recommends the development of a minimum research capacity for any communication program and presents ideas for carrying out communication research.

Contents

Introduction

Health communication projects operate at a distance from their audiences. This contrasts with conventional educational efforts. Teachers in a classroom can hear the questions and read the confused expressions of their students. If they choose to, clinic health workers can ask their clients to repeat the recommendations for home treatment of a diarrheal episode, and see whether or not they have understood. Communication projects may reach much larger audiences and may be able to assure higher fidelity of messages than can classroom teachers or clinic staff; however, they do not have such easy channels for feedback from their audiences. As a result they have a special need for an effective research and evaluation component.

In this document we describe a minimum research capacity that any communication program should incorporate, some ideas about how the basic version might be elaborated, and some suggestions about how the capacity might be realized in practice. The roles for communication research at three stages of the communication project are discussed.

We also deal with a fourth type of research, summative evaluation, designed to permit confident attribution of influence to a particular communication intervention and to define the cost-effectiveness of the intervention, but will argue that it is appropriate to invest in such summative evaluation in only a few circumstances.

Box 1-1

Three Roles for Communication Research

1. At the planning phase, research will help direct basic decisions about the shape of the program—which behaviors to address, which audience segments to approach, which message strategies to emphasize, and which channels to use.

2. At the material development phase, the capacity to audience-test communication material (posters, radio spots, flyers, etc.) will be important.

3. When the project begins implementation, monitoring of audience response becomes central: are the audiences exposed to the messages as often as expected; are knowledge, attitudes, and behavior improving as was expected?

CHAPTER 1
Research During the Planning Phase

In some ways this is the most important opportunity for a research contribution to a project. It is the time when the basic trajectory of a project is to be set, when there is the most flexibility in choosing a direction, and thus when good information can best influence decision-making. It is also the time when the research task is the least routine. There are a limitless variety of questions that planning researchers might address, many different methods that are appropriate to apply, and, unfortunately, the possibility of expanding into many years to gather the appropriate information. There is a great risk that planning research will absorb time and resources, but still end up contributing little to project decisions.

During the planning phase the most difficult task is to discipline the research activity. *A priori,* planners must be ready to specify the major decisions. They must be willing to allocate research resources to answer most of the questions of importance, even if that means some sacrifice in the methodological rigor with which they answer a particular research question.

In this section we present what we believe to be the crucial decisions to be made for a communication program, and the research activities which might support such decisions. We organize the decisions under three broad questions to be addressed during this phase:

- Behavior and Audiences
- Channels
- Messages.

Choosing behavior and audiences

Determining an appropriate behavioral focus for a project requires three types of information (see box 2-2 for a summary).

Epidemiological information

If a specific behavior changed for a specific population, would it be of substantial health benefit? This information should be available from outside the communication component of a project, based on epidemiological research. This epidemiological information should serve as the basis for planning a communication activity.

Institutional context for the behavior

Is it possible for audiences to engage in a recommended behavior through existing structures and institutions if they choose to do so? Public communication programs start with the assumption that it is possible for an audience to engage in a recommended behavior (to take a child for immunization, or locate a condom at an affordable price) if an effective public communication program stimulates demand for those services. Those assumptions ought not be made without good reason to believe them to be true. It may be possible to validate those assumptions through available archival information, or through the use of knowledgeable informants. On the other hand, validating these assumptions may require the use of original data collection, for example undertaking surveys of a sample of clinics where immunizations are to be offered, or audits of local retail outlets (pharmacies or groceries) to see whether condoms can be found.

Choosing appropriate audiences

Which audiences are at a health risk from the behavior? Which audiences may influence those at risk? There is the need for information about which audiences are appropriate for the program. Such audiences may include those whose own behavior may put them at risk (men engaging in sex with multiple partners without using condoms) and/or those whose actions might influence those at immediate risk (those who communicate about

what is socially acceptable in a particular community). Such information will be helpful in choosing channels to reach the audiences, since the communication channels which reach urban versus rural districts, or men versus women, or the well-educated versus the poorly educated, may be different. Information on the two types of audiences will also be helpful in choosing the appropriate messages. For example, the reasons that influence married men with children to adopt condom use with extramarital partners may be quite different from those that influence young, unmarried women to insist on condom use.

The choice of audiences will be based partly on epidemiological information which indicates who is at risk of a dangerous health outcome and who is not engaging in the recommended behavior. Measles may be a particular threat to the health of the malnourished and perhaps, in a particular country, measles are particularly common among urban children—a population which is poorly vaccinated. All of these conditions would form a basis for focusing on urban children. However, other types of evidence may also be relevant to audience choice. Institutional research (described above) may indicate that an audience simply cannot engage in the recommended behavior, given the current structural context—that there is no easy access to vaccination. These audiences should not be the target of a communication campaign meant to accelerate demand for services. Channels research (described below) may indicate that a particular audience is beyond the reach of the channels that this project can afford. Message research (described below) may indicate that a particular audience has rejected the recommended behavior for fundamental reasons, and there isn't much likelihood that a communication effort will influence those reasons.

The advantage of choosing a primary target audience is clear: the promise of more efficient use of resources if there is a focus on persons at risk, on channels which reach them, and on messages to which they will be responsive. However, the possible disadvantages would be a restriction of the audience which may lead to a loss of general political support for a particular effort, and it may also lead to stigmatization of the target audience as the cause of a problem.

Selecting communication channels

The main reason for which many communication programs fail is because they do not reach their audiences with sufficient frequency. It is crucial at the planning phase to make hard-nosed judgments about what channels can be organized to reach the audience effectively and what channels can be maintained over time. Assume a program requires that a mother be reminded of the need to bring a child in for vaccination at one, two, three, and nine months of age. Ideally the decision about the set of channels to be incorporated will be based on a consideration of each of these major factors:

- **Reach:** what proportion of the audience is exposed to the channel?
- **Frequency:** how often are the audiences exposed to the channel?
- **Cost:** how much will it cost to achieve each contact with a member of the target audience?
- **Managerial feasibility:** will it be possible for the project to manage the use of the channel over time—supervising outreach workers, or preparing effective media material?
- **Effectiveness per contact:** how much effect on knowledge or behavior will each contact with the channel produce?

Ideally one should have answers to all of these questions based on research at the planning phase, yet that recommendation is unrealistic under most circumstances. Data about the potential reach and frequency of a channel for some audiences may be available from existing archives. Radio ownership and listenership, or frequency of visits to public health clinics may be estimated from health surveys, for example. If not available from existing data sources, original data collection will be required. Fortunately, behavior and

audience research may be combined with the message research described below. However, for some channels which are not already in place (such as mobile film vans, or community volunteer networks) only best guesses about potential reach may be possible. Budgetary cost estimates may be calculable for most channels, which can be combined with the reach and frequency estimates. These will produce estimates of cost per contact, as well as of total cost for reaching the entire target audience with the frequency thought to be needed. Estimates of managerial feasibility and effect per contact estimates will not be based on new research, but on planners' best judgment, and previous experience in the country and elsewhere.

Creating messages

Message research during the planning phase involves two sequential tasks. The first is creating a range of possible message strategies from communication theory, key informant interviews, group discussions, or best judgment. Planners relying on available theory, or on the best advice of informants, or on discussions with groups representing the target audience, or on their own judgment, suggest a range of possible message strategies that they think might influence audience behavior. For example, someone might suggest that condom use among men during nonmarital intercourse depends on their knowledge of the risk of such sex in transmitting HIV. Others may argue that condom use is a reflection of social expectations from peers—individual use will vary with perceived peer use of condoms. Still others might suggest that overall attitude toward condom use, or skill in condom use, or partner's expectations about condom use are important influences. All of these hypotheses about what might determine condom use carry with them ideas about message strategies. If transmission risk perception is key, then messages about the extent of risk might be expected to influence behavior. If perceptions of peer behavior are central and if others are, in fact, using condoms, messages emphasizing peer behavior would be appropriate. Once the range of possible influences and their implied message strategies are laid out, the next step is to use research to investigate and choose among them.

For each possible influence, the answers to three questions will help determine the extent to which they represent a promising path. Evidence about these questions will most likely be answered through a sample survey with the target population, although other methods may be appropriate also. Tables 2-1 and 2-2 represent hypothetical results from a survey used to develop message strategies. We use them to demonstrate analyses of the three questions.

Table 2-1

Condom Use and Belief that Unprotected Sex has Risk of HIV

Use of condom during sex last intercourse	Belief that unprotected has risk of HIV		
	No	Yes	Number
No	80% (8)	47% (42)	50
Yes	20% (2)	53% (48)	50
Number	**10**	**90**	**100**

Table 2-2

Condom Use and Belief that Peers Use Condoms for Sex with Nonmarital Partners

Use of condom during sex last intercourse	Belief that peers use condoms for sex with nonmarital partners		
	No	Yes	Number
No	63% (44)	20% (6)	50
Yes	37% (26)	80% (24)	50
Number	**70**	**30**	**100**

Is there a substantial number of people who are not in the desired position on the relevant variable? For example, what proportion of the population does not believe that there is a high risk of HIV through unprotected sexual intercourse? If almost everyone already recognizes the threat, as in Table 2-1, where 90 percent do, then there is little to be gained from focusing on that message. By contrast, in Table 2-2, where 70 percent do not believe that their peers are using condoms (although half are using condoms according to that table) there is a good deal of room for movement. On this criterion, only the second message about peer behavior has much promise.

Is there a substantial relation between the predictor variable and the outcome variable? Do differences in the predictor variable predict who will and who will not engage in the desired behavior? In both Table 2-1 and Table 2-2 there are substantial relations between predictor (column) and outcome (row) variables. Those who have positive beliefs are more than twice as likely to engage in the recommended behavior as those who do not. On this criterion both message strategies have promise.

How hard will it be to move the audience on the predictor variable? How hard will it be to convince those who are saying that there is no risk of HIV transmission through sex that there is a risk? How hard will it be to move those who do not think their peers are using condoms to a belief that their peers are using condoms? In contrast to the analysis of the first two criteria, there are unlikely to be data available to make this decision. In this case, the planner's judgment will come into play. Simple knowledge (for example, of transmission risks) may be easier to influence through communication than more fundamental beliefs, or beliefs that reflect direct experience (for example, peer use of condoms). If two message strategies are both promising according to the first two criteria, then the one which is judged more changeable would take priority.

Of these two messages (unprotected sex has a risk of HIV, and peers use condoms for sex with nonmarital partners), this exercise would lead planners to prefer the second. The first message strategy is disqualified on the basis of the first criterion. While the second message strategy may be harder to change, success in changing

Box 2-1

Practicality in Message Research: A Caveat

In practice, message research and analysis will rarely lead to a single definitive message strategy.

1 Multiple proposed approaches may show promise against all three criteria cited previously and each will merit use.

2 Multiple strategies may be more effective than any one strategy, given that particular individuals may be vulnerable to more than one influence, and different members of the audience are likely to be vulnerable to different strategies.

3 While this data-informed strategy analysis should improve the process of strategy choice, it can offer no guarantees. The observed associations in Tables 2-1 and 2-2 are consistent with the claim that if the belief changes, the behavior will change. However, these associations are not definitive evidence of causality. That would only come from actual piloting of a message strategy and evaluation of its effects, and that approach is unlikely to be within the resource constraints of most projects. Given some uncertainty, judgment based on other criteria will play a role, and is unlikely to result in a sole emphasis on a single message. Nonetheless this approach will probably both eliminate some approaches as inappropriate (given failure against any of the three criteria) and guide planners to favor some strategies.

it promises a substantial shift in condom use, in that it is a belief that is not currently widely shared, yet is highly related to condom use.

Once the target behavior, audience, channels and message strategies are chosen, the project will turn to implementation and a different role for research. Of course a project which is implemented and found to produce unsatisfactory results, or needs to move in a new direction, may have to be cycled back to planning phase research. However, for this discussion, we treat the process as sequential, and turn next to research approaches used at the implementation phase.

Box 2-2

Planning Phase Research: A Summary

This is the most important phase of communication research, in that the trajectory of the project is set and the variety of questions to be addressed is great. In addition, there is a great risk that planning research can absorb time and resources, but, because of poor management, may contribute little to project decisions. It should be noted that, while planning research is imperative for honing the project's communication strategy, planners will find that planning phase research rarely results in a single definitive message strategy. The following summarizes the key decisions and questions to be addressed during planning research.

Which behavior(s) should be addressed and which audiences should be approached?

- Epidemiological information: if a specific population changed a specific behavior, would it be of substantial health benefit?
- Institutional context for the behavior: is it possible for audiences to engage in a recommended behavior through existing structures and institutions if they choose to do so?
- Choosing appropriate audiences: which audiences are at a health risk from the uneducated behavior? Which audiences may influence those who are at risk?

Which communication channels should be used to reach an audience?

Decisions concerning choice of channels should be based on:

- Reach
- Frequency
- Managerial feasibility
- Effectiveness per contact.

What messages should be conveyed to target audiences?

Steps in producing messages include creating a range of possible message strategies from communication theory, key informant interviews, group discussions, or best judgment, and investigating message strategies using the questions below:

- Is there a substantial number of people who are not in the desired position on the relevant (i.e., at-risk) variable?
- Is there a substantial relation between predictor and outcome variable?
- How hard will it be to move the audience on the predictor variable?

CHAPTER 2

Research During the Material Development Phase

The second broad area of research particular to communication components of health projects is pretesting of materials. Message strategy development discussed in the previous pages is distinct from material development. The former deals with the broad message approach, while material development research focuses on the usefulness of particular material. This is often the most accepted of all the sorts of research discussed here, perhaps because it is the most concrete, and because it can be done with relatively little in the way of resources.

The role of pretesting

Pretesting research typically involves showing either rough versions of materials, or sometimes finished versions to small numbers of people representative of the target audience. Sometimes this is done one person at a time, and sometimes it is done in groups. To some extent, two distinct approaches to such research work at cross-purposes. On the one hand, the fundamental goal of pretests is to know whether exposure to the material under normal circumstances (such as listening to a radio program at home, seeing a poster on the wall of the clinic, or referring to a take-home flyer after the clinic health worker explained the content) will lead to comprehension of the intended message. For that goal, pretests of materials should take place under conditions which resemble the real ones in which exposure occurs.

However, many material pretests are done under quite different circumstances, and, *de facto*, have a different goal. Gathered into groups, people are shown multiple types of materials, then are asked not merely to show comprehension of the message but to report about the details of the material. Questions are asked such as: is the hairstyle appropriate? Is the background color appealing? Are the words used offensive in any way? Under such circumstances there can be little evidence available about likely comprehension under realistic conditions; rather, the groups are being used as expert informants, given their best judgments about the material.

Both of these approaches to pretesting can be valuable, so long as purposes are not confounded. Group expert commentary may be helpful in guiding material design. Often, direct comprehension testing will be a distinct and crucial activity whose goal is not satisfied by focus group analysis of prototype materials.

Principles of material development and testing

Some general principles of material development research might include:

- Pretest with people representing the full range of the target audience. A material that works with the well-educated may not work with the less educated.
- Distinguish between expert informant testing and group testing. If the purpose is to seek expert informant judgment, then it is often useful to present a variety of materials presenting the same message, so respondents can make comparisons. If the goal is to estimate likely comprehension, once one material is presented, estimates of

comprehension of additional materials are likely to be biased.

- Strive for thorough pretesting, but remain realistic. In the ideal, projects ought to pretest every material that is produced. In reality, that is an unlikely event since a substantial project will produce many different materials and will not have the research resources or the time available to pretest every one of them. An alternative strategy may be to view pretesting primarily as a training activity. Its goal is to hone the judgments of materials writers and artists, so that they improve their judgment as to what will work with their target audience. This would suggest that early material development should invest heavily in pretesting, but that this investment be reduced over time. Pretesting will be less urgent when the degree of modification required as the result of pretests lessen as producers become more proficient. Then the pretesting function would be required for only a sample of materials to insure that the producers' empathy with their audience would not be lost. Pretesting would also be required when either a new audience was being addressed or a major new message strategy was being introduced.

CHAPTER 3
Research to Monitor Implementation

Once a communication component is launched, the research turns to monitoring indicators of process and effects. Again, for a project of great size with substantial resources available for the communication component (and with skilled researchers on its staff), research during implementation can be complex and thorough. However, most projects will find complex models beyond their resources and skills. A simpler alternative approach is presented here.

Box 3-1

Three Questions For Communication Implementation

A project which carefully chooses its indicators and monitors them frequently, over time, may still have great a advantage over those which aspire to complex implementation models but cannot produce timely feedback for decisions. Operating communication components of projects can be greatly helped by answering three basic questions:

1. Is the audience being exposed to the messages as intended?
2. Is the intended audience changing cognitions (knowledge, beliefs, attitudes) as expected?
3. Is audience behavior changing?

A basic research model

A model for research to be carried out during the implementation phase comprises three major components: a sample of sites for monitoring, the survey instrument, and the analysis.

A sample of sites for monitoring

Depending on the behavior of interest, the choice of sample sites and the size of needed samples will vary. However, as an example, assume that the goal is to encourage exclusive breastfeeding among urban women. At baseline, perhaps sixty sites would be randomly chosen, and then divided into four matched sets of fifteen sites. One set of fifteen sites would be visited every three months and ten or twelve mothers of babies under six months of age would be interviewed at each site, producing a total sample of 150 to 180 mothers. Over the course of a year each set of sites would be visited once. Assuming that six interviews could be completed per day per site, and each site required two days of work, interviewing could be completed in thirty days of work; if coding and basic analysis of frequencies required ten days, each round of data collection would require approximately forty days of work by one person. Four rounds per year would then require 160 days per year, about eight working months.

The survey instrument

The instrument would have a series of core questions addressing process and effects of the project. One section would address exposure to the major project messages; if mothers were to have heard about exclusive breastfeeding from hospital counselors (or from midwives in their community, or from physicians at prenatal visits, or from radio programs), carefully phrased questions would ask for reports of such exposure. A second section would measure cognitions which the messages addressed: if a project focused on increasing a woman's knowledge of what to do if she had problems with breastfeeding, or on knowing the advantage of exclusive breastfeeding in avoiding diarrhea, questions would gauge her knowledge of those issues. A third section would assess adoption of recommended

behaviors, both precursor behaviors such as feeding on demand rather than on a schedule, and focus behaviors such as, delaying solid foods until 4–6 months.

The analysis

The first step in analysis would be simply to describe changes in the major indicators over time. Wall charts would graph changes in each of the indicators, such as the proportion of the sample recalling exposure to radio messages about breastfeeding. The absolute level of indicators would be important (such as whether 10 percent or 50 percent report such exposure), but the direction of the change in indicators would be more important. (If 30 percent knew that exclusive breastfeeding lowered the risk of diarrheal disease at baseline, is it now up to 50 percent, or is it still close to 30 percent?)

How much progress should be expected

Because the sample will be small, sampling errors around particular point estimates will be large. (An indicator for which the sample mean was 50 percent and for which there were 150 respondents would have a confidence interval of at least plus or minus 9 percent). Thus only large changes from measurement wave to measurement wave will be detectable with confidence, although the pattern over an entire year will be much more easily seen.

For the process variables of exposure and cognitions, this ability to detect only large changes should be acceptable. Exposure to messages should be low at baseline and increase substantially as the program is implemented. If only a few percentage increase in exposure can be achieved, the project is not succeeding. Similarly, if the cognitions are slow to change even over several waves of data collection, then skepticism about program success is also justified. Behavior changes will be most difficult to detect, since logically they will change at even a slower rate than cognitions. Nonetheless, by accumulating behavioral data over multiple waves it will be possible to make confident estimates as to whether behavior is improving or not.

Maximizing the usefulness of research analysis

The second part of the analysis is the follow-up to observed results. If the indicators suggest that improvements are occurring as expected, then adjustments are unnecessary. However, these indicator data, by themselves, will not make it clear why any failures have occurred—why exposure falls short of projected levels, why good levels of exposure fail to be associated with cognitive change, or why behavior change lags behind cognitive change. If such failures exist, then project staff will need to sort out the reasons by examining the nature of project operations (for example, were radio messages actually broadcast?), by interviewing or observing intermediaries (are hospital staff providing counseling as indicated?), or by further interviewing intended beneficiaries who might provide insight as to why knowledge differed so much from behavior. Many projects will prefer to build in an input monitoring system from the start, to know whether expected activities actually occur, rather than waiting for evidence of failure to achieve expected levels of

exposure or knowledge. That system would document how many outreach volunteers were trained covering what proportion of the intended audience, how many messages were broadcast and how often, how many posters were distributed and to what geographic sites, and so on. This evidence about the extent to which projected activity was realized will complement the monitoring of exposure, cognitions, and behavior. Many will also wish to maintain the capacity to do follow-up focused research to sort out the specific sources of observed shortfalls—why outreach workers are not visiting the number of homes they were expected to, or why radio programs are not recalled by the audience even though they have been broadcast. The program may also want to track budgetary costs of each component of the communication system. When joined with the exposure evidence it will indicate cost per unit of exposure, and that may be compared across channels and with projections at project start-up.

The limits of monitoring research

Monitoring research will indicate whether things are going as projected. It is likely to be a sufficient basis for a judgment as to whether the program is operating adequately in most circumstances. Along with a complementary capacity to investigate why things are not going as expected, it will serve the needs of an operating project well. However, on logical grounds, it does not permit attribution of observed changes to the operation of the communication component. Other forces, whether part of the project or external to it, might also explain any observed changes in cognitions and in behavior. Much of the academic evaluation literature deals with issues of inference of effects and makes it clear that such inference is often a difficult affair.

As a practical matter, for most projects, incontrovertible claims of causal influence are beyond their reach. The cost of providing adequate information to make such claims is often too high for an operating project, for the following reasons:

- The project cannot justify a control area needed to support such claims.
- The sample sizes required to show effects will eat up scarce resources.
- The time frame of such studies produces feedback too slowly for decisionmaking.

Finding a set of trend lines which substantially match expectations will be a hard enough criterion for most projects to meet; few will be troubled by insecurity about the attribution of good observed results. However, there are some times when external agencies want firmer justification for policy. They need more confident attribution of causal effects, and ideally want estimates of the costs of projects per unit of effect. Such evaluation research, known as summative evaluation research, is not typical of loan-related documents and as such, is not dealt with in this document.

Internal versus external management

This document suggests that quite different research needs to be done at the planning phase of a program than at later implementation phases. From the start, projects should be structured so that they include substantial research capacity. However, the research functions which are required evolve as projects mature. Projects may choose to undertake these research tasks with their own staff or they may choose to manage the research work of other institutions.

The extent to which research is done internally, or only managed internally, will probably vary with the stage of project evolution. For many projects, it may make sense to manage, but not undertake, the research at the planning stage. Contracting other researchers for a limited period to undertake such research under the guidance of project planners may be efficient. However, material pretesting and particularly the monitoring activity at the implementation phase are longer-term and even permanent components of project operations. For many projects it will prove less costly, and increase the likelihood that results will be integrated, if the research staff is in-house.

Strategic Communication for Development Projects

Indicators

Module Three:

Strategic Communication for Development Projects:

Indicators

This module contains a list of key indicators to help program managers measure the outcomes of communication activities and track the inputs and processes that contribute to these outcomes.

These indicators were adapted from the first edition of *Handbook of Indicators for Family Planning Program Evaluation* by J.T. Bertrand, R.J. Magnani and J.C. Knowles. New indicators developed for this module include the percentage of the target audience expressing knowledge, attitudes, and beliefs consistent with message(s), and the percentage of the target audience engaged in recommended practices.

Contents

CHAPTER 1

Number of Communications Produced, by Type, during a Reference Period

A communication is defined as one or more messages packaged as a single item on electronic, print, or other media (e.g., radio spot, poster, brochure, video, etc.).

Data requirements

A list of items produced in a given period of time, such as one year, is required, and a comparison to what was planned for the project.

Data source

Administrative records are used as the data source.

Purpose and issues

This listing constitutes an internal inventory for the program or project, and is generally organized by type of communication. It reflects the capacity of the program to generate materials and thus serves the purpose of creating a sense of accountability among communication staff responsible for production. However, it is a crude measure because it does not reflect the frequency or reach of the diffusion of each communication, nor does it measure the quality of the items produced.

CHAPTER 2

Number of Communications Disseminated, by Type, during a Reference Period

Dissemination is defined as the external transmission or distribution of the communications produced via electronic, print, or other media, as well as the interpersonal activities or public relations events implemented.

Data requirements

A list is required of communication products disseminated and of activities conducted during a given period of time, such as a year.

Data sources

Sources of data include log books of radio and TV stations regarding the number of broadcasts of each spot or program; records of the Health Education Department of the Ministry of Health (or other institutions implementing communication activities) on the number of posters or brochures distributed to service delivery points; and program records at service delivery points regarding the number of brochures distributed to clients, educational talks given, outreach visits by program staff, etc.

Purpose and issues

This indicator measures productivity of the Health Education Department, specifically the quantity and type of communications disseminated (irrespective of whether anyone sees or hears them, understands them, or acts on them). "Getting the message out" is a necessary (though not sufficient) activity to initiate members of the target population into the program's goals.

Well-planned information, education, and communication (IEC) programs generally have a strategy for the diffusion of communications that lists the types of communications and the number of each type to be disseminated. This plan serves as a target to be achieved during the reference period. It is particularly useful to interpret the number of communications actually disseminated in relation to the number targeted. Ideally, one would then ask the question covered by the next indicator, "How successful were these messages in reaching the target population?"

CHAPTER 3

Percentage of Target Audience Exposed to Program Messages, based on Respondent Recall

Individuals exposed to messages are defined as those who can recall seeing or hearing them disseminated by the communication program or other source via electronic or print media or through interpersonal channels. The message may be either a specific phrase (e.g., the slogan of an ongoing campaign) or any mention of a project on health, nutrition, or population.

Data requirements

To measure this indicator, one must count the channels through which the individual has seen or heard either a specific message or any message about a project on health, nutrition, or population.

Data source

Data are obtained by a survey (preferably with a random sample) of the target population.

Purpose and issues

Recall of specific messages provides a measure of the reach of a given communication campaign. ("Exposure to" and "reach of" a communications program are equivalent concepts).

By contrast, exposure to "any message" about family planning provides a crude but useful measure of the extent to which the public has been informed about family planning via the mass media, whether through promotional messages produced by the government or private family planning associations, or through news stories about specific methods. For example, from Demographic and Health Survey (DHS) data, it is possible to calculate the percentage of the population exposed to any family planning message. Countries with a systematic program to use multiple channels of communication, including aggressive media programming, to reach target audiences tend to score high on this measure. By contrast, countries that limit dissemination of messages to a single channel such as interpersonal communication tend to score low.

Two types of recall are frequently tested in surveys: spontaneous and aided (analogous to the questions on knowledge of family planning methods in the DHS). Specifically, the respondent is asked whether he or she has heard other messages not spontaneously mentioned. Since there are usually several messages in a communication campaign, the responses regarding specific messages are, in some cases, weighted more heavily for unaided versus aided recall, and then summed to arrive at a continuous variable measuring the level of recall.

CHAPTER 4

Percentage of Target Audience who Correctly Comprehend a Given Message

This indicator is defined as the percentage of persons who, having heard a specific message, are able to correctly paraphrase the main idea.

Data requirements

To measure this indicator one requires answers from respondents to surveys made before and after diffusion of the message to determine a change in the level of comprehension.

Data source

Data are obtained by a survey (preferably with a random sample) of the target population.

Purpose and issues

This indicator is useful in ensuring that the messages being disseminated are indeed comprehended by the target population. Ideally, all messages should be tested for comprehension (as well as other qualities) prior to final production. However, even if they pass a pretest based on a small, nonrepresentative sample of the population, it is useful to assess comprehension once the messages are actually in circulation among the target audience.

It is important to collect this information by interviewing a series of individuals in private (the usual format for a survey). By contrast, focus groups are not a useful means of obtaining this information. If, for example, only one person in the group knows the correct response and he or she gives it, this immediately contaminates the rest of the data collection procedure.

CHAPTER 5

Percentage of Target Audience Expressing Knowledge, Attitudes and Beliefs Consistent with Message

A communication campaign promotes specific behaviors, the adoption of which are expected to lead to a substantial health benefit. Based on research, project experience, and judgment, communication planners make assumptions about which types of knowledge, attitudes, and beliefs contribute to the adoption of new behaviors. Communication material contain statements or messages that disseminate this knowledge or portray an attitude or belief.

Knowledge is defined as a good understanding of why specific behavior contribute to good health. Attitudes are defined as a positive or negative feeling towards an idea, person, or object. Beliefs are defined as a framework of thinking about ideas, persons, or objects.

Data requirements

To measure this indicator one requires answers from respondents to survey questions dealing with knowledge, attitudes, and beliefs. Surveys should be made both before and after diffusion to provide a comparison.

Data source

Data are obtained by a survey (preferably with a random sample) of the target population.

Purpose and issues

This indicator is useful for determining if message strategies are working, i.e., if the message's content is understood and whether changes in knowledge, attitudes, and beliefs have any correlation with the program's intended messages.

CHAPTER 6

Percentage of Audience who Acquire the Skills Recommended by the Message

Individuals who acquire the skills necessary to perform a task are defined as those who could not complete the task correctly prior to seeing or hearing the communication. A skill is defined as behavior needed to correctly perform a given task. For a family planning program, for example, this might entail taking the pill in the correct way, putting on a condom, or checking the strings of an IUD.

Data requirements

Definition of criteria for the correct demonstration of a given skill; verbal description of the skill or actual demonstration, before and after exposure to the communication.

Data sources

Data are obtained by interviewing members of the target population exposed to the messages or by observing the skill being performed.

Purpose and issues

This indicator is intended to measure the effectiveness of a given communication in teaching a skill, assuming that is the purpose of the communication.

Ideally, the researcher will be able to observe members of the intended audience actually performing the task. Verbal reports are less reliable than direct observation. On the one hand, respondents might claim greater facility at a skill than they actually have; on the other, less articulate respondents might be better at doing a task than explaining how it might be done.

While this indicator is important as part of the overall effect of the program, it is among the most difficult to apply in practice. Even if the respondent is able to demonstrate the skill in a simulated exercise, he or she may not apply it in everyday living. In addition, the field team needed to assess whether an individual has acquired a given skill may require a higher level of training and/or clinical expertise than the typical interviewer would have. Collecting data on this indicator represents a special challenge, and thus it is not widely used at the field level.

CHAPTER 7

Percentage of Target Audience who Discuss Message with Others, by Type of Person

Discussing the message refers to any conversation subsequent to exposure to the communication in which the communication (radio/TV spot, brochure, song, etc.), its characters, or its messages are mentioned. Breakdown into type of person (such as spouse, partner, relative, friend, etc.) is applicable under some conditions.

Data requirements

To measure this indicator one needs to know the number of persons who discussed the messages with others, either as a percentage of those who heard or saw the messages, or as a percentage of those interviewed.

Data source

Data are obtained by a survey (preferably with a random sample) of the target population.

Purpose and issues

This indicator measures the extent to which one or more messages from the mass media or from group communication generate further interpersonal communication.

Within the communication field, it is often stated that mass media are useful for creating awareness and increase knowledge, but that interpersonal communication plays a vital role in bringing about actual behavioral change. Although it has been shown that media can have a direct effect on behavior, campaigns that generate substantial interpersonal communication may result in an even greater level of behavioral change (first, because of the social support that may be generated for the idea, and second, because the message may be transmitted to others who did not hear it from the original source).

CHAPTER 8

Percentage of Target Audience who Engage in Recommended Practices

This indicator is defined as the percentage of persons who understand and engage in practices recommended by the communication program. A communication strategy should identify the behavior to be promoted among a specific audience.

Data requirements

To measure this indicator one needs to know the number of persons who declare their use and intended continued use of the practice recommended by the communication program. In some cases, the observed use of the practice may be measured, such as in observing correct breastfeeding technique. In either case, these figures would be stated either as a percentage of those who heard or saw the messages in question, or as a percentage of those interviewed.

Data source

Data are obtained by a survey (preferably with a random sample of the target population), which may be combined with behavioral observations in service facilities or in homes.

Purpose and issues

This indicator is one of the more stringent measures of success of the communication program. Monitoring research should attempt to determine if changes in cognitions (knowledge, attitudes, and beliefs) correlate with changes in behavior. Admittedly, behavior change will be more difficult to track—it may take a while for behavior to change in a given population, or behavior change trends may not be sustained. It would be useful to investigate communication program input over time to determine if messages are reaching audiences with adequate frequency for a sustained period.

Strategic Communication for Development Projects

Terms of Reference for Bank Consultants

MODULE FOUR:

Strategic Communication for Development Projects:

Terms of Reference for Bank Consultants

This module includes illustrative examples of terms of reference that described tasks undertaken by communication consultants hired by the World Bank during project preparation and supervision. A brief project background provides the context for the task of each communication consultant.

Content

CHAPTER 1

Project Identification: Population and AIDS Control Project (Chad)

This chapter describes the terms of reference for a communication/social marketing specialist hired by the World Bank for the Population and AIDS Control Project (Chad).

Project background

The project aims to assist the Government in implementing its long-term strategy in population and family planning, (FP) and its medium-term plan for AIDS control. It will support policies and investments that strengthen institutional capacity for work in population, family planning and AIDS control. Specific activities include implementing a community awareness program and disseminating population policy; epidemiological, operational and socioeconomic research; promoting condoms through social marketing; and increasing participation of the private sector and NGOs in population, family planning, and HIV/AIDS/STD programs by setting up a social fund.

The key objectives for the consultant's work on the social marketing component of the AIDS project are:

- To assess the availability of research-based information upon which a communication strategy will be developed. Data will be needed to answer four questions: who is the target audience for this social marketing campaign? What behavior will be promoted? What message concepts will convince the target audience of the benefits of the new behavior? Which communication channels will be used to reach the target audience?
- To gather data through surveys on knowledge, attitudes, beliefs; focus group discussions, behavioral data on current practices and an assessment of skills needed to perform new behaviors; and key informant interviews.
- To assess availability of data on the following social marketing issues: perceptions about the image of the product (i.e., the condom); availability at costs that are affordable to low income groups, distribution systems (from manufacturer to national distribution center to retail outlets), pricing and profit margin and its impact on the willingness of retailers to carry the product; and funds for promotions.
- To assess the organizational systems for managing the social marketing component: specifically, the agency (public, private, or a combination) which will be responsible for overall management of the elements needed in a successful social marketing program to promote condoms for AIDS/HIV prevention; product distribution and sales organization; advertising and promotions; and product pricing structure.

Based on the consultant's assessment of these issues, the consultant should submit recommendations relevant to the following:

- Conduct of secondary analysis of existing data or conduct of primary research to fill in key knowledge gaps on any of the issues identified above.

- Conduct of an organizational study to determine the feasibility of various options for setting up an effective organizational system for the social marketing program. For example, one option may consist of government oversight and day-to-day management by a subcontracted private sector group.

- A pricing study to determine the retail price for condoms that will make them affordable to low-income groups and financially attractive to retailers and distributors.

- Pretesting of message concepts that will help determine effective product positioning for condoms. Should condoms be positioned primarily for preventing STD/ AIDS/HIV, or should they be promoted using a combined family planning and STD/AIDS/HIV product positioning?

- A market segmentation study to determine which group will serve as primary target audience.

Recommendations should include the proposed terms of reference for subcontractors, a timeline, a budget estimate, and a list of possible subcontractors or government agencies or units that will undertake these activities.

The consultant will also review Bank documents regarding this proposed project, including the Initial Executive Project Summary and the Project Identification Document, and suggest modifications as needed.

Prepare a master timeline and budget which incorporates the subactivity timelines and budgets listed above for use by the task manager during project preparation.

CHAPTER 2

Project Preparation: Women's Health and Safe Motherhood Project (The Philippines)

This chapter describes the terms of reference for a consultant on communication/social marketing for the Women's Health and Safe Motherhood Project (The Philippines).

Project background

The project aims to improve the health status of women, particularly women of reproductive age. Its specific objectives include (a) improving the quality and range of women's health and safe motherhood services (b) strengthening the capacity of local government units (LGUs) to manage these services and of the Department of Health to provide policy, technical, financial, and logistical support (c) enhancing the participation of local communities and NGOs in the project; and (d) expanding the knowledge base upon which to draw for policy and technical guidance for women's health programs.

To accomplish these objectives, the project will consist of (a) service delivery; (b) institutional development including information, education, and communication (IEC) programs to promote attitudes and practices that would improve women's health; (c) community partnerships; and (d) policy and operations research.

Objective

This document describes the nature of the services that the consultant will provide to the World Bank in connection with the preparations for the appraisal mission for the Women's Health and Safe Motherhood Project. The consultant's activities are meant to provide the research data and information upon which a draft broad strategy for behavior change will be based. During the appraisal mission, a budget for IEC/social marketing will be prepared based on this strategy.

Scope of work

The consultant will undertake the following activities:

1. Review available secondary research data on topics relevant to women's health, such as formative research and campaign tracking research, including studies on knowledge, attitudes, beliefs, and practices; focus group discussions; and campaign tracking surveys on family planning, micronutrients, AIDS/STDs, adolescent fertility, and cancer in women, as available.

2. Conduct interviews with key officials of the Department of Health involved in family planning, maternal and child health, and nutrition, to determine how their programs are addressing key issues that constrain the adoption of appropriate health practices, especially as they relate to women's health.

3. Prepare a summary (3–5 pages) of issues that a behavior change intervention promoting women's health should address.

4. Prepare a draft communication strategy for the promotion of key behaviors among specific target audiences. This communication strategy should answer the following questions: who is the target audience for the behavior change intervention?

What behavior should be promoted? What message concepts will this target audience find appealing or compelling? What channels of communication will be used?

5. Identify the types of communication support materials that need to be produced and disseminated as part of the overall communication strategy. This preliminary list will be used primarily for budgeting purposes. Reports from tasks 3, 4 and 5 are due on May 30, 1994.

6. Brief the World Bank mission regarding these findings and recommendations during the June 1994 mission to the Philippines.

CHAPTER 3

Project Preparation: Disease Prevention Project (China)

This chapter describes the terms of reference for communication consultants for the Disease Prevention Project (China).

Project background

The proposed project was designed to meet two distinct disease prevention objectives: (a) to improve immunization coverage to reduce vaccine-preventable infectious diseases in poor areas of China; and (b) to enhance China's capacity to plan and implement programs to control the rising prevalence of noncommunicable diseases, STDs/ HIV, and injuries. The first objective will be addressed through an immunization component, which will improve access to and quality of immunization throughout ten of China's poorest provinces. The second objective will be addressed through an innovative health promotion component, which will be implemented in seven cities and, to a more limited extent, in Yunnan Province. The health promotion component involves communication activities aimed at influencing target populations to adopt healthy life-styles and behaviors.

There are four key questions that the project will need to answer to be able to formulate the communication strategy. The first is determining who comprises the target audience. It is useful to distinguish a primary target audience—those people whose behavior the project would like to influence, for example mothers. The secondary audience are those groups of people who serve as influencers on our primary target audience, such as husbands or the persons mothers consult regarding child health.

The second stage is identifying the behavior the project would like to promote. Is this behavior easy to change or not? Are there barriers such as the lack of knowledge, negative attitudes, or lack of access to the product (vaccines)?

The third stage is describing the message concept that the project staff believe will facilitate the change in behavior. Should the message be primarily informative? This will be the case if project staff believe people are convinced of the need for the behavior (immunization) and need is timely reminder on the age of the child needing immunization and the time and place where immunizations are provided. This is very different from a message concept requiring persuasion to help people see the benefits of the new behavior and the consequences of current "unhealthy" behavior.

The fourth stage is determining the channels of communication that reach the specified target audiences. Here, the goal is to use a mix of channels that will be effective in reaching large groups of people with consistent messages. These include the use of interpersonal communication, group communication networks, and mass media channels.

These decisions need to be made based on research information, either secondary data (if available) or a combination of primary and secondary data.

Thus the communication consultants can be helpful in the following ways:

1. Determining the availability of research data to help answer these four questions. If secondary research

data are not available, then the consultant can prepare the terms of reference for some formative research that can be done during project preparation.

2. Technical assistance in synthesizing the available research data and making these available to the government program managers so that they can make these four key decisions based on research. The Bank may wish to consider a communication planning workshop where local or international consultants can facilitate a two-day workshop aimed at generating the communication strategy for the project.
3. Identifying local agencies, individuals who have the technical capacity to undertake the communication work for the project.
4. Developing a simple tracking system to monitor changes in knowledge, attitudes, and practices.

Further specific tasks that can be assigned to the various consultants include giving Dr. X responsibility for helping develop the overall behavior change intervention strategy for the entire project. He would help the Government of China to answer the four questions mentioned above by providing them with a synthesis of research-based information. In order to do this, he needs inputs from Dr. Y on chronic diseases and from Dr. Z on STDs, AIDS, and EPI. They will investigate the availability of information on people's knowledge, attitudes, beliefs and practices (KABP) and help identify perceived benefits of the new behaviors being promoted.

All three consultants may be able to jointly develop a simple monitoring and tracking system for changes in knowledge, attitudes, beliefs, and practices (KABP). They may also be able to determine they organizational capacity for communication work and develop a plan for strengthening that capacity in specific areas, such as strategy development, developing communication materials, and technical training for front-line workers in interpersonal communication skills, monitoring, materials dissemination, etc. Dr. Y, as the sociologist on the team, may be able to provide assistance in developing research protocols to assess client KABP. These may be needed subject areas where there are no available data.

Dr. Z, because of her experience in launching communication campaigns, may be able to assist in the development of a communication timeline, a budget, and, if some KABP data are available now, a matrix containing various options for a draft communication strategy. This matrix would show possible ways of answering the four key questions—target audience, behavior to be promoted, message concepts and channels. The purpose of this draft matrix is to provide several alternatives. The Government of China staff can then review the implementation implications of each of these alternatives before the communication strategy workshop, where all the Government of China stakeholders can participate in the final decision.

Ideally, before the workshop the following steps would have been completed:

1. All KABP data have been analyzed.
2. Implementation issues for each of the various options have been discussed, although not agreed upon.
3. Budgets and timelines for the top two most favored options for a behavior change strategy would be available.

CHAPTER 4

Project Preparation, Appraisal, and Supervision: Health and Population Project One (Burundi)

This chapter describes the terms of reference for consultants hired by the Bank for the Health and Population Project I (Burundi).

Project background

This project seeks to improve maternal and child health (MCH) status by strengthening nationwide MCH services, including family planning (FP) and nutrition activities. It aims to increase contraceptive use rates to 14 percent by 1992 and assist in controlling the AIDS epidemic. The project has five components: (a) development of MCH and FP services; (b) development of an information, education, and communication (IEC) program; (c) support for the National AIDS Control Program; (d) institutional strengthening of the Ministry of Health; and (e) population data development. All components are closely interrelated and aim at developing the population, health, and nutrition sector as a whole , in conjunction with the Bank-supported structural adjustment program. The project is designed to be implemented over a five-year period starting in January 1988. If the implementation proceeds on schedule, a second project will be prepared during the course of the first project.

Terms of reference for project preparation mission

The communication specialist will review the ongoing information activities on population launched by the Government and various ministries. The specialist will review the existing and potential demand for FP and the strategy required to initiate more effective and broader communication activities in population and health. The specialist will initiate discussions with all relevant ministries and agencies about their possible contribution to the IEC program.

More specifically, the specialist will discuss with the Ministry of Education a strategy for a population education program for school-aged children. The specialist will review ongoing activities of the Ministry of Heath's Health Education Unit and assess the requirements to implement a broad-based IEC program. Furthermore, the specialist will work with government officials in outlining a strategy for a multisectoral IEC program, including definition of specific audiences, development of targeted messages, and the balance between media and person-to-person communication.

Terms of reference for project pre-appraisal mission

The communication specialist will assess the following objectives of the proposed IEC component: (a) providing general public information about the population problem and the health impact of closely spaced pregnancies; (b) promoting a small family norm; and (c) promoting effective contraceptive methods. The specialist will review the proposed strategies, which include (a) use of the mass media, with diversified messages aimed at the main target groups; (b) person-to-person approaches; and (c) intersectoral coordination of the various IEC activities. The specialist will assess how major constraints have been addressed, including (a) the establishment of the IEC coordination unit and

its relationship with the health education unit; (b) the government's financial and managerial absorptive capacity; (c) family planning service availability to respond to the increasing demand; and (d) shortage of trained manpower at various levels. Furthermore, the specialist will (a) assess how the potential contribution to the IEC program of government, nongovernmental, and donor agencies has been defined, and (b) finalize agreement on steps to be taken before appraisal.

Terms of reference for project appraisal mission

The communication specialist will be responsible for appraising the IEC program development component. The specialist will pay particular attention to the strengthening of the health education structure, including staffing requirements, training, and technical assistance needs. The specialist will review the progress made in finalizing the plan of action proposed during the pre-appraisal mission and its coordination with the maternal and child health and family planning component. The specialist will discuss the message content and pretesting for the three priority IEC themes: Maternal and child health care, family planning, and nutrition education. The specialist will review the coordination mechanisms between the Ministry of Health's Health Education Unit and the various ministries (Interior, Social Affairs, Women's Affairs, and Education) involved in IEC activities. The specialist will also assess the potential for collaboration and coordination with UNICEF and UNFPA-supported projects. Furthermore, the specialist will assess the need for technical assistance and help the Ministry of Health in drafting the related terms of reference.

Terms of reference for project supervision

The communication specialist will be responsible for reviewing the IEC component of the ongoing project and for identifying potential IEC activities and programs in a second population, health, and nutrition project. In particular, the specialist will examine the structure of the Ministry of Health's Health Education Unit and the adequacy of its staffing, and identify future training and technical assistance needs. The specialist will also review the following: (a) the appropriateness of IEC tasks contained in the unit's 1990 work plan; (b) the capacity of the Unit to carry out the proposed activities; (c) the effectiveness of the materials already produced by the Unit, focusing primarily on family planning and AIDS-related materials; (d) the content and development process of the past and future messages used to promote family planning and AIDS education; and (e) the coordination mechanisms between the Health Education Unit and the other ministries (Interior, Social Affairs, Women's Affairs, and Education) and UNICEF and UNFPA-funded projects involved in family planning and AIDS-related IEC activities. The specialist will also discuss with relevant authorities the need for expanding IEC activities as part of a potential second population, health, and nutrition project and will identify specific areas of intervention.

Strategic Communication for Development Projects

Terms of Reference for Borrower Consultants

MODULE FIVE:

Strategic Communication for Development Projects:

Terms of Reference for Borrower Consultants

This module contains selected terms of reference for communication consultants hired by the Borrower country during project preparation and supervision. A brief background provides the context for the work of each communication consultant.

Contents

CHAPTER 1

Project Identification: Basic Education Project (Niger)

This chapter describes the terms of reference for communication consultants hired by the Government of Niger for the Basic Education Project (Niger).

Project background

Niger is one of five countries in the world where fewer than one-third of children are enrolled in primary education. What is more, girls account for only 36 percent of enrollments, which means that only about 10 percent of girls attend primary school. Regional differences can also be seen: the enrollment ratio is lower in rural areas, where long distances are involved and where people's attitudes are less favorably inclined toward education for girls. Parents in rural communities do not believe that their daughters will be able to obtain employment in the modern sector and they consequently fail to see the advantage of educating them. Incomes are also low in rural areas, which adversely affects the demand for education in general, and for girls' education in particular. The fact is that if money is short parents will send their sons to school rather than their daughters. To remedy this situation the Government of Niger has developed an Emergency Education Rehabilitation Plan, the aim of which is to overhaul the country's education system, which is at present both costly and elitist, and to make it a more equitable system. This plan will give priority to (a) improving the quality of primary education; (b) increasing the capacity of the system; and (c) efficiently mobilizing and utilizing resources. The Government is preparing a basic education project to implement this plan, which is to be financed by the International Development Association (IDA). The objectives of this project will be to (a) increase enrollment in the first year of primary education by 40 percent; (b) raise the percentage of girls enrolled from 36 percent to 49 percent; and (c) reduce the percentage of repeaters at the primary level-from 16 percent to 10 percent.

It has been decided to make this a hybrid project, comprising both a structural adjustment program and an investment program, because Niger's rather low educational level and budgetary constraints make it impossible to accomplish the educational objectives without education policy reforms and the investments needed to support these reforms.

The objectives of the structural adjustment program will be to (a) increase the cost-efficiency of resource utilization in the education sector; (b) increase resource allocations to primary education; and (c) promote more equitable access to primary education.

The objectives of the investment program will be to make primary education more accessible and equitable and improve its quality and management. The first objective will be accomplished by (a) constructing 1,170 primary school classrooms; (b) promoting the enrollment of girls in primary schools by conducting a national information, education, and communication (IEC) campaign and carrying out administrative reforms involving resource mobilization and literacy training for 16,000 women aged 15–25; (c) promoting the establishment of community schools by parent–student associations and other district-level organizations; and (d) purchasing and distributing micronutrients to 594,000 primary school students.

The investment program will improve the quality of primary education by (a) restructuring and improving

basic and continuing teacher training in order to upgrade teacher competencies and increase the number of teachers graduating each year from 400 to 720; (b) providing about 1.6 million school textbooks, 1.2 million exercise books for mathematics, and 51,000 teacher manuals; and (c) organizing projects to upgrade teaching methods in 200 schools.

The investment program will improve the management of the education system by (a) strengthening the capacity of the Ministry of Education to manage resources and to carry out and evaluate programs aimed at improving education; and (b) improving the efficiency of the decentralized management and planning of the education sector.

The Government of Niger intends to hire consultants to design, plan, and supervise the national information, education, and communication campaign, which is one of the components needed to accomplish the first objective of the investment program. The terms of reference for these consulting services are given below.

Terms of reference

The IEC program will be prepared and supervised by a consulting firm to be selected by the Ministry of Education following the issue of a bidding invitation to a shortlist of firms. The consultants provided by this firm will be required to work in close cooperation with the staff of the *Direction des Projets d'Education* (DPE, Directorate of Education Projects), the *Cellule Technique de Promotion de la Scolarisation des Filles* (CTPSF, Unit to Promote the School Enrollment of Girls) and the other agencies involved, and with one or more qualified local consultants to be selected by DPE and CTPSF.

The objectives of the IEC component are to (a) make parents, teachers, opinion leaders, and others aware of the obstacles that contribute to the low school enrollment ratio among girls; (b) encourage a change in attitude toward primary education and academic success of girls; (c) publicize throughout the country, particularly in those regions where primary school enrollment of girls is below the national average, the educational and socioeconomic benefits of educating girls; (d) boost community support for primary education for girls to encourage communities to mobilize the resources needed in cash and in kind; (e) inform parents and opinion leaders about improvements in the education system designed to encourage the enrollment of girls, such as more culturally acceptable school environments, adapted programs of study, financial aid, and upgrading of teacher competencies; and (f) bring about a change in the behavior of parents in order to get them to send their daughters to primary school.

Description of consultants' responsibilities

The consulting services will be divided into two phases. First, during project preparation, the consultants will be responsible for preparing the IEC component; then, once the project is in effect, they will be responsible for helping to supervise the implementation of the component, in accordance with the plan prepared during the preparatory phase of the consulting services. The component will be prepared during an initial ten-week consulting phase, which will commence in November 1994, immediately following completion of the study on the obstacles involved in educating girls. During project implementation, supervision missions of two to three weeks each will be conducted at regular intervals, in accordance with the schedule established during preparation of the IEC component. The purpose of these missions will be to help the staff of DPE and CTPSF plan and implement the communication activities.

The preparation of the IEC component will be divided into three subphases: (a) review and evaluation of the situation; (b) depth group interviews; and (c) preparation of an action plan.

The first subphase, review and evaluation of the situation, will help to answer important questions and identify issues that still require clarification. The consulting services to be provided during this subphase will include the following:

- Evaluation of existing policies and programs concerning the education of girls.
- Review of relevant studies on attitudes, experiences, and practices concerning the education of girls. One particular in-depth analysis of the reasons for the low enrollment of girls in Niger, which will have been carried out as part of the project preparation and completed by November 1994, will be used to identify issues that still require clarification.
- Evaluation of communication media — both modern and traditional, mass and interpersonal — and of lessons learned from education campaigns conducted in social sectors such as the health sector. A decision about whether supplementary studies on media are needed will be based on this evaluation; if they are needed, the terms of reference will be prepared during the consulting period, and individuals and/or organizations capable of carrying out these studies will be identified.
- Evaluation of existing organizational capability to carry out communication activities and prepare, pretest, and produce the communications materials at central and local levels in order to identify both local and international technical assistance and training requirements. The consultants will also examine the potential role of NGOs at the community level and their possibilities for liaison with the ministries involved, such as the Ministry of Communication.
- Cost-benefit assessment of using the private sector and the public sector to develop, pretest, and produce messages and materials. Recommendations will be made to the appropriate ministries on the basis of this assessment.

In-depth group interviews will be needed to investigate more deeply any unresolved issues that were raised during the study of obstacles to girls' education and that need further research. This subphase should begin as soon as the review and analysis of the studies of girls' education have been completed, and should be carried out in parallel with evaluation of the situation (above). It will include the following:

- Preparing guidelines for in-depth interviews on issues identified as requiring further research and selecting the groups to be interviewed. These activities will be influenced by the findings of the review and analysis of the studies mentioned above, particularly the study carried out as part of the project preparation.
- Training group facilitators to lead the groups.
- Conducting depth group interviews.
- Analyzing the data collected during the group interviews and identifying topics on which the communication activities will have to focus, as well as identifying the segments of the public to be targeted by the IEC messages.

An action plan will then be prepared on the basis of the preceding subphases. This will comprise the following:

- Identifying the specific and measurable communication objectives and describing the expected results of this component.
- Formulating a communication strategy that will specify, for each communication objective, the segments of the public to be targeted; the

advantages to be emphasized to bring about changes in attitude and behavior; the messages and strategy to be used in communicating these advantages; and the media that will be used to convey these messages.

- Preparing a detailed list of activities planned for implementing this strategy, including the individuals responsible for each activity, and a budget and a timetable for implementing these activities.
- Formulating a training plan for central and local personnel; a technical assistance plan (including terms of reference) for local consultants and supervision missions; a plan for monitoring the project with specific indicators for assessing the progress of this project component; and an evaluation plan.

After the preparation phase comes the project implementation phase. The role of the consultants during this phase will be to assist the staff of DPE and CTPSF and other personnel involved in planning and carrying out the communication activities of the project. The supervision missions will be conducted in accordance with the timetable in the technical assistance plan, and will enable the consultants to help the local staff perform the annual planning activities, provide training, plan the IEC campaigns, and carry out the communications activities for which no local expertise exists as yet. It is estimated that these missions will be needed about three times a year during the first two years of the project and twice a year during the last three years. Before each mission, the terms of reference in the technical assistance plan will be reviewed and revised, if necessary, by the DPE and CTPSF. The consulting firm will, on the basis of these terms of reference, select the consultant who will conduct the mission.

Hiring procedures

The Government of Niger will invite bids from a shortlist of three to six consulting firms specializing in communication. The technical bids received by the deadline will be analyzed according to predetermined criteria and the contract will be awarded to the firm that submits the best technical bid. A memorandum of understanding will be signed between the Government of Niger and the selected firm for a period of five years (1994-99).

In their bids, the consulting firms will be required to demonstrate their experience in the field of planning, implementing, and managing communication programs, particularly in Sub-Saharan Africa, and to offer prospective consultants capable of performing the tasks described. In addition to the capabilities required to perform each of the specific tasks identified in the terms of reference and in the plan of action, consultants must have at least the following qualifications:

- *A Diplome d'Etudes Superieures* (a university degree equivalent to a master's) in communication.
- At least five years' experience in the area of communication in Sub-Saharan Africa, and preferably in the Sahel region countries.
- A good knowledge of written and spoken French.
- An aptitude for team work.

CHAPTER 2

Project Implementation: National Health Sector Project (Madagascar)

This chapter described the terms of reference for communication consultants hired by the Government of Madagascar for the National Health Sector Project (Madagascar).

Project background

The project will provide flexible support towards implementation of the Health Sector Project over a five-year period (1992—96). It will support the national objectives of reducing mortality and morbidity, moderating fertility levels, and improving the efficiency and sustainability of public health expenditures. It would also contribute significantly to implementation of the National Population Law (NPL) adopted in 1991.

The project will finance (a) comprehensive communicable disease programs to control malaria, tuberculosis, leprosy, sexually transmitted diseases (including AIDS), and the plague; (b) the establishment of a communicable disease monitoring system; (c) introduction or upgrading of family planning services as an integral component of maternal and child health care in at least 500 Ministry of Health clinics; (d) improved delivery of primary health care services, including reasonable access to essential drugs in all Ministry of Health outpatient facilities; and (e) the first phase of a long-term institutional development program. This program aims to progressively restructure and strengthen the Ministry of Health's policy on popular and community participation; strengthen the Ministry's policy formulation and programming, monitoring and evaluation capacity; and broaden the financing base and improve the sustainability of public health expenditures.

Terms of reference

The communication consultant will be expected to assist the government's Information, Documentation, and Education Service (SIDES) to:

- Decide on its objectives, its functions, and its organizational structure at both the central and provincial levels.
- Write a job description for each position on the central organization chart.
- Assess its central staffing needs.
- Define the role of the provincial IEC units and identify the tasks for which they should be responsible.
- Write a job description for each position proposed at the regional level.
- Assess staffing needs at the *faritany* level.
- Draw up an implementation schedule for establishment of SIDES and its provincial IEC units. This should indicate dates for recruitment of staff at central and regional levels, assessment of staff training needs, and design of a training plan covering the different categories of personnel. If it is recommended that SIDES and the provincial units be set up in stages, the implementation schedule should also indicate the proposed date for each stage.
- Determine what equipment and consumable goods SIDES headquarters and provincial units will need to carry out their tasks.

- Specify office needs (security, air conditioning, floor areas, etc.) for both SIDES and the provincial units.

The consultant should work closely with the relevant staff of the Ministry of Health (particularly his or her own counterpart, the Secretary General), and should inform donors who are financing health, family planning, and nutrition projects of recommendations.

Lastly, the consultant is asked to identify what technical assistance will be needed to ensure that SIDES and its provincial IEC units are established successfully. The consultant should:

- Be experienced in setting up communication programs in nonindustrialized countries.
- Possess at least a master's degree and five years' professional field experience.
- Be able to write and speak fluent French. Previous experience in Niger would be desirable.

The consultant's appointment will be for a period of six weeks.

CHAPTER 3

Project Implementation: Primary School Development Project (Ghana)

This chapter describes the terms of reference for consultants designing the communication strategy and plan for the Primary School Development Project (Ghana).

Project background

The Primary School Development Project (Ghana) seeks to increase communities' sense of ownership of primary schools and enhance their role in increasing primary school enrollment, strengthening the capacity of the schools to provide a good education, and improving the learning achievements of children in primary schools. In order to achieve these objectives, the midterm review of the project in November 1995 recommended the design and implementation of an information, education, and communication (IEC) program to promote broad-based support for educational policies and programs. An effective IEC strategy is also considered crucial to the success of Ghana's basic education sector improvement program, the first phase of which will be carried out by the Government in 1996-2000.

It is envisaged that a comprehensive communication strategy will be developed to address the information needs of various audiences and encourage behavior change supportive of the goals of the Ministry of Education regarding basic education. Various types of communication materials and channels will be used to target different groups of audiences, including parents, community leaders, headmasters and headmistresses, and teachers. A monitoring and evaluation system will be established to provide prompt feedback on the effectiveness of the communication strategy so that timely modifications can be made. The communication strategy will seek to coordinate with and give support to the activities planned for the basic education sector over the next few years.

The development and implementation of the IEC program will be undertaken in four phases, briefly outlined as follows.

Phase One will involve the review of available data and, as needed, communication research on knowledge, attitudes, beliefs, and practices (KABP) that influence enrollment in primary schools and completion of primary schooling with adequate educational achievements. The results of this research will be critical in the development of a communication strategy.

Phase Two will involve the development of a comprehensive communication strategy to address the information needs of various audiences and encourage behavior change. The communication strategy should be feasible to implement nationwide. Specifically, the communication strategy will identify:

- Audiences to approach.
- Behaviors to promote.
- Messages to disseminate.
- Channels of communication to use to reach audiences with adequate frequency.
- Organizational units to undertake communication activities, as well as the primary unit responsible for managing the communication program.

Phase Three will involve the development and pretesting of communication materials for radio, TV, print, or cinema, depending on the communication strategy agreed upon; and the launch of communication activities in project sites.

Phase Four, which will be concurrent with Phase Three activities, will involve the development of a system for

monitoring and evaluation of communication activities and using monitoring data to make midcourse corrections and update the communication strategy.

Terms of reference

The Ministry of Education would like to engage the services of consultants to assist in carrying out the IEC program in the various phases described above. The following sample terms of reference deal with the work required during the first and second phases.

Scope of work

The consultant will assist the Ministry of Education in designing an IEC strategy and plan in two stages, a review of available data and a communication planning workshop.

The review of available data may indicate that formative KABP research is needed for key audiences, including parents, community-based influentials, district education officers, headmasters and headmistresses, and teachers. The consultant will plan and carry out this research. Results will be used to develop a communication strategy to guide IEC activities.

As a first step, the consultant will gather available research on knowledge, attitudes, beliefs, and practices of key audiences mentioned above and send these to the Ministry of Education and the World Bank with a recommendation on the need for further research to fill in gaps. (For example, there may be inadequate data from some regions.)

If further research is needed, the consultant will prepare a proposal for a study, for example, using rapid appraisal methods, and submit this to the Ministry of Education and the World Bank. Such research should be completed before the communication planning workshop.

The consultant will also undertake the following tasks:

- Reviewing past communication activities in Ghana, such as campaigns about family planning, nutrition, and maternal and child health, to determine channels of communication available and accessible to low-income populations, and to identify the impact of communication activities.
- Identifying existing infrastructure and resources for IEC activities at the national, regional, and community level, and describing roles and responsibilities at each level.

In the second stage, the consultant will organize and co-facilitate a communication planning workshop after research is completed to enable project staff and stakeholders to utilize the data in developing the communication strategy, and implementation plan for the IEC program. Ideally, the person responsible for research will be the co-facilitator of the workshop. If this is not feasible, the researcher should be present during the workshop. The implementation plan will identify the specific issues that need to be addressed, the attitudes and behaviors that need to be changed, the target groups most crucial to effecting such changes, the essential messages that need to be conveyed to particular groups, the most effective means of delivering these messages, the relative timing of each activity, and the costs. The plan will also include mechanisms for monitoring and evaluating the impact of the activities so that appropriate and timely adjustments can be made to the IEC strategy and its implementation.

Schedule

The research activities should be completed in three months. The review of available research data will be undertaken in July and August and a report sent to the Ministry of Education and the World Bank by the end of August. The communication planning workshop may be held mid- to late October, depending on the completion of a new KABP study using rapid appraisal methods, if needed. The draft implementation plan should be completed within a month after the workshop.

Reporting

The consultant will be responsible to the Ministry of Education on this assignment and will work directly under the supervision of ___.

Qualifications

The consultant should have experience and an academic background in social science research. A graduate degree in the social sciences with at least five years of research experience will be preferred. Experience in the field of information, education, and communication will be an advantage.

Strategic Communication for Development Projects

Qualitative and Quantitative Research

MODULE SIX:

Strategic Communication
for Development Projects:

Qualitative and Quantitative Research

This module contains examples of qualitative and quantitative research used in developing communication strategies and in tracking changes in knowledge, attitudes, beliefs, and practices. The description of when qualitative and quantitative research techniques are used was reprinted from *Methodological Review: A Handbook for Excellence in Focus Group Research* by Mary Debus. This is followed by an article on *Using Focus Groups to Develop and Promote an Improved Weaning Food Product* by Cecilia Cabañero-Verzosa, Cecile M. Johnston and Olabode Kayode. The final piece is a sample methodology with questionnaire for a study on knowledge, attitude, beliefs and practices study developed by Susan Middlestadt of *the Academy for Educational Development and the Agency for Communication Options of Bangladesh* for a World Bank-supported project on female education.

Contents

An Overview of Qualitative Research

The following overview of qualitative research aims to clarify what it is and what information it provides, and to give guidance about when to use it by providing some concrete examples of its applications and highlighting its distinctions from quantitative research.

What is qualitative research?

Qualitative research is a type of formative research that offers specialized techniques for obtaining in-depth responses about what people think and how they feel. It enables program management to gain insight into attitudes, beliefs, motives and behaviors of the target population. When applied properly, qualitative techniques are used along with quantitative techniques in an interrelated, complementary manner. For example, the qualitative approach provides depth of understanding about consumer responses, whereas the quantitative approach provides a measurement of consumer responses. By its very nature, qualitative research deals with the emotional and contextual aspects of human response rather than with objective, measurable behavior and attitudes. It adds "feel," "texture" and nuance to quantitative findings. Qualitative research is conducted to answer the question why, whereas quantitative research addresses questions of how many or how often. The qualitative research process is one of discovery, the quantitative research process pursues proof.

Additionally, the qualitative nature of this research applies not only to the techniques for eliciting responses, but also to the qualitative nature of the analysis. Qualitative research is interpretative rather than descriptive. It involves small numbers of respondents who are not generally sampled on a probability basis. No attempt is made to draw firm conclusions or to generalize results to the population at large.

The two primary qualitative research techniques are (1) individual depth interviews and (2) focus group discussions. These will be discussed in greater detail in later sections of this document. Emphasis will be placed on focus group research.

What are the roots of qualitative research?

Historically, qualitative research grew out of several disciplines: literary criticisms, social sciences and psychoanalytic theory. The nature of qualitative analysis is tied to literary criticism and to the social sciences. The interpretation and synthesis of ideas and concepts has always been part of literary criticism, and the type of qualitative analysis that requires insight and illumination is part of sociological tradition. The interviewing techniques of qualitative research grew largely out of psychoanalytic theory. These techniques were then applied to the marketing field in what was known as motivational research, research that used highly intensive, in-depth, individual interviews supplemented by projective and other psychological tests. These techniques were aimed at understanding the motivations and reasoning behind the verbal responses, and they required an extremely high level of professional skill to both implement and evaluate.

Motivational research as it was practiced in the 1930s is no longer in use today. However, qualitative research continues to play a very important role in the field of marketing, and the qualitative techniques employed have been continuously refined and developed. Despite this evolution, it is important to recognize the roots of qualitative research in order to understand the basic premises upon which it is built. If a researcher is not applying some aspects of these original disciplines, he/she is not conducting true qualitative research.

Why use qualitative research?

There are both conceptual and practical reasons for using qualitative research. The primary conceptual reason for using qualitative research is that it provides greater depth of response and, therefore, greater consequent understanding than can be acquired through quantitative techniques. In addition, qualitative techniques, particularly one-on-one interviews, enable the researcher to tie together clusters of behavior that relate to a given consumer decision or action. For example, a program manager may want to understand in greater detail the chain of decisions that leads to trial of an oral rehydration salt (ORS) product. In a qualitative study, the program manager can identify the relationship of all of the various decisions at an individual level, getting a clear picture of the complete adoption process. A quantitative study would instead provide data on individual steps within the process—for example, the number of outlets visited, the price consumers are willing to pay, the level of product awareness, and so forth.

Another conceptual reason for using qualitative techniques has to do with the nature of qualitative research itself and how it relates to the decision process in research. It can be argued that both the qualitative research process and the broader formative process retain major subjective or intuitive elements. The initial steps in the formative research process—that is, defining the problem and information needs, formulating hypotheses, and defining variables—are all essentially intuitive and therefore qualitative in nature. In addition to the above, there are many pragmatic reasons for using qualitative research methods.

- Cost: in general, qualitative research is more economical than quantitative research.
- Timing: some qualitative techniques, particularly focus groups, can be executed and analyzed quickly in the absence of data processing capabilities.
- Flexibility: the study design can be modified while it is in progress.
- Direct link with target public: qualitative techniques give program management the opportunity to view and experience the target groups directly.
- Technical facilities are unnecessary: qualitative research can be conducted in areas where no computer or other technical facilities are available.

Problems with qualitative research

One major problem exists with qualitative research: it is often applied inappropriately. In other words, qualitative research will sometimes be used when a quantitative technique is more appropriate. Or, qualitative research will be analyzed as if it were a quantitative study, drawing hard and fast conclusions or projecting responses instead of developing hypotheses and gaining insights. Another problem with qualitative research is related to its subjectivity. Since it is highly dependent upon insight and interpretation, qualitative research is highly susceptible to subjective bias on the part of the researcher or observer. Because no hard data analysis is conducted, it is very difficult to verify whether the analysis of qualitative data is correct. And, because of the nature of qualitative techniques themselves, it is even difficult to determine whether the research is being conducted properly. As a result, many qualitative researchers in the field today have only marginal or mediocre experience. Finally, because qualitative research has a high degree of flexibility and does not require a highly structured questionnaire format, it is possible for the researcher or program manager to be undisciplined and not fully think through the research issue.

Much controversy has been associated with qualitative research because of its potential pitfalls. A good deal of discussion in the research field centers on how to ensure the quality of qualitative research, yet users and practitioners still do not agree on many of the aspects of good qualitative research.

How is qualitative research used?

Qualitative research is used largely in four general ways: (1) as a tool to generate ideas; (2) as a step in developing

a quantitative study; (3) as an aid in evaluating a quantitative study; and (4) on occasion, as the primary data collection method for a research topic.

As a tool to generate ideas, qualitative research can:

- Stimulate ideas by providing program management with firsthand experience in observing and hearing the target population, observing them interacting with the product, discussing the practice, or listening to their language about the issues. This behavior and language may be quite different from that used or imagined by the program manager.
- Develop new ideas for the communications strategy, the product positioning, or creative execution.
- Explore the ideas and messages the target population perceives in visual or verbal stimuli such as advertising, brand names, packaging, and posters.
- Explore a product or behavior category that is relatively unknown and for which the researcher is not yet able to provide the specifics required to conduct a quantitative study.

As a preliminary step to aid in developing a quantitative study, it can:

- Develop hypotheses about the thought and decisionmaking processes of the target population as they relate to the product, practice, or issue being researched
- Specify particular information needs for the quantitative study
- Help identify the types of people to be interviewed in the quantitative study—for example, the primary and secondary target populations and the relevant decision-makers
- Aid in the development of question wording and sequencing—for example, to identify all of the attributes of a particular product that should be included in the quantitative questionnaire
- Assist in problem identification and definition—for example, to develop hypotheses about the reasons for a sudden drop in usage of a particular product, or discontinuance of a particular practice
- Select and refine materials for a larger quantitative study—for example, qualitative research can be used to reduce the number of advertising concepts being evaluated or to refine the concepts prior to going into a quantitative test.

As a way to help understand the results of a quantitative study, it can:

- Explain, expand and illuminate quantitative data—for example, to help understand the reasons for an unexpected finding
- Gain some understanding about the reasons for certain trends—for example, to understand why mothers who have tried ORT (oral rehydration therapy) are not reusing it
- Describe the factors that are affecting an attitude change—for example, to illuminate why one particular piece of advertising or promotion is more persuasive than another to the target audience.

Some research problems do not lend themselves easily to a quantified approach and, therefore, qualitative research may be used as the primary data collection strategy. For example, when a bank wants to understand how its pension and trust department would be marketed to large corporations, a quantitative technique would be inappropriate for such a small sample and detailed topic. The best approach in this case might be to conduct a series of one-on-one interviews with chief financial officers from twenty firms in the market.

Three keys to successful qualitative research

There are three keys to conducting good qualitative research. First, the research must develop the art of asking "Why?" Second, the researcher must develop the art of listening. Third, the researcher must approach the research as a creative process of investigation.

The art of asking "Why?"

Qualitative researchers have been developing the art of asking "Why?" for many years. Paul Lazarsfeld wrote an article on the issue in 1934 pointing out that simply listening to the answers to an open-ended question could result in a confusing overlap of various influences, product attributes, and individual motivations. He urged the following:

- That "why?" questions be given specificity so that these elements can be untangled
- That questions be specifically tailored to fit the experience of the respondents
- That we recognize the biases or assumptions made by every researcher so that we are in fact asking what we really want to know.

To dramatize these three points, Lazarsfeld quoted from a G. K. Chesterton detective story:

Have you ever noticed this: that people never answer what you say? They answer what you mean or what they think you mean. Suppose one lady says to another in a country house, "Is anyone staying with you?" The lady does not answer, "Yes; the butler, the three footmen, the parlor-maid, and so on," though the parlor maid may be in the room or the butler behind her chair. She says, ''There is nobody staying with us,'' meaning "Nobody of the sort you mean." But suppose a doctor inquiring into an epidemic asks, "Who is staying in the house?" Then the lady will remember the butler, the parlor maid and all the rest. All language is used like that; you never get a question answered literally, even when you get it answered truly.

In asking "Why?" the experienced qualitative researcher will be careful to: (1) ask in a neutral manner; (2) avoid leading the respondent; (3) ask only one question at a time; and (4) note verbal and nonverbal clues of confusion or evasion from the respondent. Therefore, when applied, the art of asking ''Why?'' is like the workings of a detective who is trying to uncover the perpetrator of a crime. The last thing the detective will do is ask the suspected criminal why he murdered the victim. A good detective, like a good researcher, will use indirect questions, projective techniques, observation, body language, symbolism and experimentation.

The art of listening

The art of listening takes time and practice to develop fully. Qualitative researchers must be acutely aware of the fact that accurate listening is extremely difficult and that listeners often make unconscious errors. Truly creative listening requires a high degree of sensitivity, intuition and reflection, as well as accuracy. Some things to keep in mind about listening include:

- Active listening is closely related to empathy, one's ability to identify with another in terms of the way that person would feel or act.
- The way things are said may reveal more of the intended meaning than the words that are spoken.
- Good listening requires hearing what is meant as well as what is said. This means picking up on nonverbal clues—indicators of anxiety and uncertainty, of confidence and assertiveness. Hesitations, silences and variations in word choice are also relevant.

Research as a creative process of investigation

Qualitative research, then, is very, much like the investigatory process that would be carried out by a detective. Although some specific techniques and standard questions are almost always applied, the key to getting the right answers is to adapt and create the process to suit the specific research issue. It generally does not work to apply an "off-the-shelf" approach. Just as no two crimes are alike, no two qualitative research projects are alike. A high level of creative thinking must be applied to each new situation if the qualitative research process is to be truly successful.

Table 1-1.

Distinctions Between Qualitative and Quantitative Research

Qualitative	Quantitative
Provides depth of understanding	Measures level of occurrence
Asks "Why?"	Asks "How many?" and "How often?"
Studies motivations	Studies actions
Is subjective	Is objective
Enables discovery	Provides proof
Is exploratory	Is definitive
Allows insights into behavior, trends, and so on	Measures level of actions, trends, and so on
Interprets	Describes

Box 1-1.

Qualitative Research Illuminates Quantitative Findings:

An Example

A manufacturer of 35mm cameras conducted a national advertising campaign designed to illustrate the simplicity of the product. A quantitative evaluation of the campaign indicated that there was very high awareness of the product and of the campaign, but that there continued to be a perception among the non-35mm users that the product was too complicated for them to use. In order to identify more clearly the reasons for this perception, the manufacturer could put together several focus groups composed of those individuals who had been exposed to and remembered the advertising, but who were not convinced of the basic copy platform that the camera was simple enough for them to use. Focus groups would give the manufacturer the ability to listen in detail to the consumers' reasons for feeling this way about the product.

Two leading qualitative methods: individual depth interviews and focus groups

The following section aims to provide:

1. An understanding of the basic characteristics of focus groups and individual depth interviews
2. Guidelines for selecting the appropriate technique by highlighting the strengths and weaknesses of each technique
3. Specific examples of how each technique might be applied to a research issue.

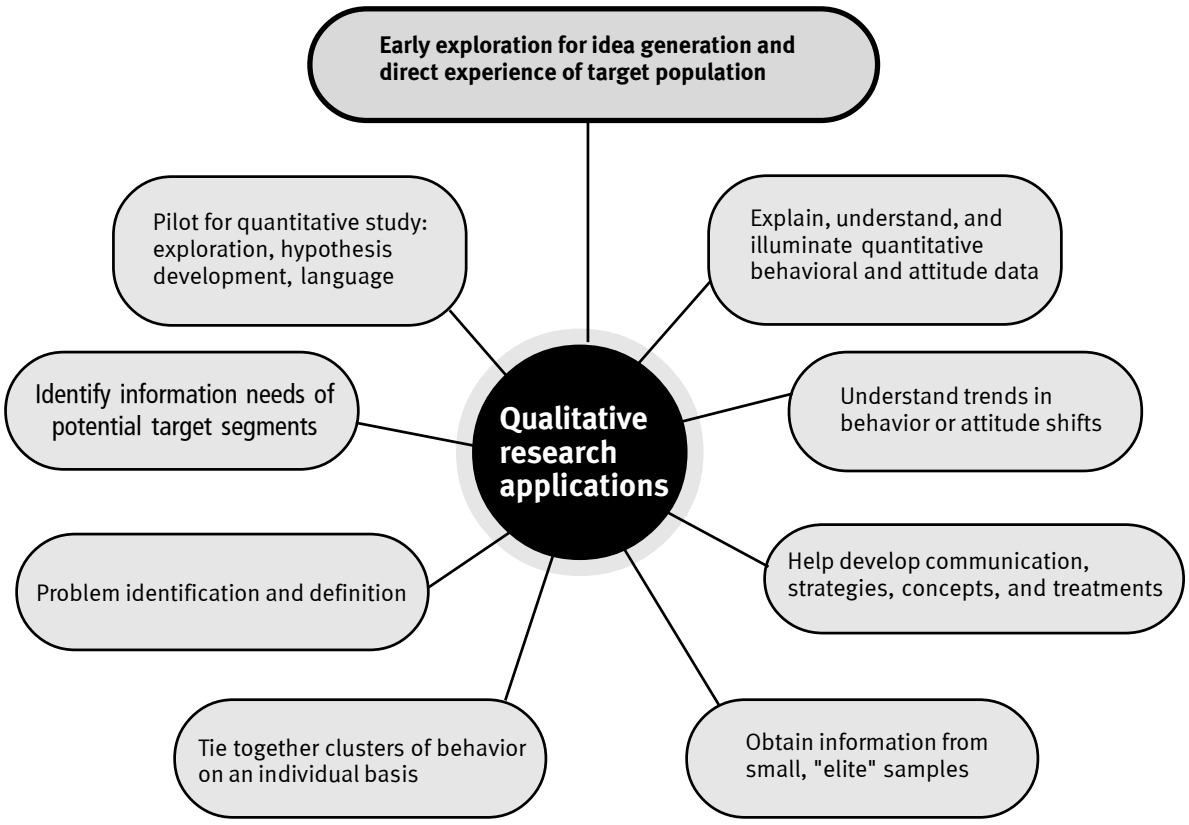
Individual depth interviews and focus groups are two leading qualitative research techniques. Focus groups capitalize on group dynamics and allow a small group of respondents to be guided by a skilled moderator into increasing levels of focus and depth on the key issues of the research topic. They are by far the most widely used qualitative technique. Individual depth interviews, like focus groups, are characterized by extensive probing and open-ended questions, but they are conducted on a one-on-one basis between the respondent and a highly skilled interviewer.

When to use individual depth interviews

Although individual depth interviews are less widely used, there are specific circumstances for which they are particularly appropriate. These include:

- Complex subject matter and knowledgeable respondents: for example, a study among pharmacists or physicians on their attitudes and practices regarding the treatment of a particular disease
- Highly sensitive subject matter: for example, a study among women who have had an abortion regarding their feelings about sexuality and family planning
- Geographically dispersed respondents: for example a study among population policymakers in eight countries regarding their reactions to a document on child spacing and maternal health
- Peer pressure, in studies among consumers to obtain their reactions to a potentially controversial advertisement where a "social desirability" response might cloud the real persuasive power of the message; for example, a study of male teenagers to explore their attitudes about sexually responsible behavior.

Figure 1-1. Qualitative Research Applications



When individual depth interviews are being considered as the research technique, it is important to keep several potential pitfalls or problems in mind.

There may be substantial variation in the interview setting. Depth interviews generally take place in a wide range of settings; this limits the interviewer's control over the environment. Interviews conducted in a hospital or at a store may have to contend with many disruptions, all of which inhibit the acquisition of information and limit the comparability of interviews.

There may be a large gap between the respondent's knowledge and that of the interviewer. Individual depth interviews are often conducted with knowledgeable respondents (such as physicians) yet administered by less knowledgeable interviewers, or by interviewers not completely familiar with the pertinent social or cultural context. Therefore, some of the responses may not be correctly understood or reported, particularly in the case of the "elite" respondent. The respondent may have a desire to speak beyond the limits imposed by the interviewer and to seek more interaction with the interviewer, widening the "knowledge gap" even further.

The potential for management observation and feedback is limited. Because a program manager generally does not observe the interviews, the feedback procedure either does not exist or takes considerably longer to conduct. It is time-consuming to debrief the interviewer after each of the initial interviews is conducted (so that changes can be made).

Additionally, some key interviewer behaviors are important to the success of conducting depth interviews

and should be kept in mind. It is important that the interviewer be able to: (1) accurately receive the information; (2) accurately recall the information; (3) critically evaluate the information; and (4) act upon the information as it is received in order to regulate the interview process.

Accurately receiving the information can be inhibited by interviewer fatigue, interviewer boredom, interviewer bias or expectation of answers, interviewer preoccupation with taking notes, and technical language foreign to the interviewer. Steps should be taken to avoid these problems if possible.

Accurately recalling the information can be inhibited by a confusion of content between interviews, selective retention on the part of the interviewer, and the interviewer's attempt to retain too much information.

Critically evaluating information during the interview is a function of the interviewer's ability to identify the actual level of richness of the content being provided. It is important that the interviewer steer the respondent away from irrelevant information and induce richness when superficial answers are being provided.

Acting upon the information being received and altering the interview as it takes place is important both within a given interview as well as across the series of interviews. The ability of the interviewer to regulate the information within a given interview is really an issue of probing, focusing, and staying on track with respect to the interview objective. Regulating or altering the process across a series of interviews is a matter of assessing information that has been accumulated from one interview to the next in order to refine the interview guide and make it more responsive to the overall objectives of the research.

When to use focus groups

Focus groups are far more widely used than individual depth interviews. The main reasons focus groups are selected more often as the qualitative technique include:

- Group interaction. Interaction of respondents will generally stimulate richer responses and allow new and valuable thoughts to emerge.
- Observation. The sponsor can observe the discussion and gain firsthand insights into the respondents' behaviors, attitudes, language and feelings. This is particularly important in the early, "creative" stages of program development.
- Cost and timing. Focus groups can be completed more quickly and generally less expensively than a series of depth interviews.

Examples of when the above factors might be important are provided in the following specific applications of focus group research:

- Idea generation. A group discussion is conducted among pharmacists or physicians to generate new ideas for an improved ORS product (food additives, vitamin A additives, flavor additives, etc.). A group works best to build on ideas generated.
- Package design screening. Alternative package designs, either in concept or in prototype form, are presented to potential user groups to reduce the number of concepts for a quantitative test. A group works best because design personnel can be present to view the group and get ideas.
- Evaluation of message concepts. Messages in some rough, pre-production form are presented to potential target audience groups for evaluation and refinement. A group works best because creative personnel can be present to view the group.
- Problem identification and definition. A group discussion is conducted among condom users to generate hypotheses about why a successful condom brand failed when introduced into a new region. Groups work best to get a quick reading before planning a quantitative study.

A more complete breakdown of issues to consider when choosing between focus groups or depth interviews is included in Table 1-2.

TABLE 1-2

Which To Use: Focus Groups Or Individual Depth Interviews?

Issue to consider	Use focus groups when...	Use individual depth interviews when....
Group interaction	Interaction of respondents may stimulate a richer response or new and valuable thoughts	Group interaction is likely limited or nonproductive.
Group/peer pressure	Group/peer pressure will be valuable in challenging the thinking of respondents and illuminating conflicting opinions.	Group/peer pressure would inhibit responses and cloud the meaning of results.
Sensitivity of subject matter	Subject matter is not so sensitive that respondents will temper responses or withhold information.	Subject matter is so sensitive that respondents would be unwilling to talk openly in a group.
Depth of individual responses	The topic is such that most respondents can say all that is relevant or all that they know in less than ten minutes.	The topic is such that a greater depth of response per individual is desirable, as with complex subject matter and very knowledgeable respondents.
Interviewer fatigue	It is desirable to have one interviewer conduct the research; several groups will not create interviewer fatigue or boredom.	It is desirable to have numerous interviews on the project. One interviewer would become fatigued or bored conducting the interviews.
Stimulus materials	The volume of stimulus material is not extensive.	A larger amount of stimulus material must be evaluated.
Continuity of information	A single subject area is being examined in depth and strings of behaviors are less relevant.	It is necessary to understand how attitudes and behaviors link together on an individual pattern basis.
Experimentation with interview guide	Enough is known to establish a meaningful topic guide.	It may be necessary to develop the interview guide by altering it after each of the initial interviews.
Observation	It is possible and desirable for key decision makers to observe "first-hand" consumer information.	"First-hand" consumer information is not critical or observation is not logistically possible.
Logistics	An acceptable number of target respondents can be assembled in one location.	Respondents are geographically dispersed or not easily assembled for other reasons.
Cost and timing	Quick turnaround is critical, and funds are limited.	Quick turnaround is not critical, and budget will permit higher cost.

CHAPTER 1

Using Focus Groups to Develop and Promote an Improved Weaning Food Product

As discussed in Chapter 1, the focus group discussion has emerged as one of the innovative information-gathering methods being used in development settings. In this chapter, Cabañero-Verzosa, Johnston, and Kayode illustrate the use of this method to assess mothers' reactions to an improved variety of weaning food designed to improve infant nutrition and develop effective communication strategies to market the weaning food as part of a health intervention in Nigeria.

This chapter describes the various steps—the composition of focus groups, locations of discussions, selection of participants, discussion guides, group discussions, and data analysis—involved in the implementation of this component of a larger research project. More important, it also discusses a few changes that the investigators made in the standard focus group methodology to make it more suitable for a developing country setting. For example, permission of the village chief was sought to interview female participants for focus groups. Pre- and post-focus groups were also conducted. First, mothers were taught an improved recipe for a commonly used weaning food in a focus group context. Later, after the mothers had tried the recipe at home for some time, their preferences and suggestions were discussed in another set of focus groups.

The focus groups generated useful information about both product-related and communication-related questions, which was ultimately used in the final decisionmaking related to the more widespread introduction of the nutritionally improved weaning food. For example, the groups indicated that roasted cowpea flour was most acceptable to mothers as a fortifying ingredient; that mothers could easily prepare the improved food; and that an additional preparation step—the addition of malted flour—was acceptable to mothers. The focus groups also suggested that the improved weaning food could be better marketed as a food for a healthy child, rather than as a "medicinal" food for a sick one, and that the additional ingredients to be added in the old variety should be sold separately so that mothers could fortify the food themselves.

In Nigeria, as in other developing countries, poor nutrition often predisposes young children to diarrhea and other childhood illnesses. When the Dietary Management of Diarrhea (DMD) Project 1 got under way in Nigeria, the team uncovered a pattern of feeding during the weaning period that seemed to exacerbate infant susceptibility to diseases, including diarrhea.

Traditionally, Nigerian infants begin the weaning process at four to six months. Their first weaning food, called eko, is a very watery concoction made from a maize or guinea corn pap called *ogi*. Infants are given eko daily and are introduced to more nutritious solid foods only at a much later date. In fact, the research data indicate that at twelve months of age only half the children are consuming solid foods as part of their regular diets. Families also take *ogi* as a daily breakfast and snack food. The mixture often contains as much as 70 percent water and, needless to say, is not very nutritious. It can also be a carrier of the water bacteria that cause diarrhea.

Project overview

This paper describes how focus groups were used in conjunction with quantitative research techniques to develop and promote a new, enriched weaning food to Nigerian mothers as a means of improving both the nutritional and health status of their babies. The chapter provides background on the use and mechanics of focus groups as a rapid appraisal method, and explains how the group discussions for the present project were

planned. The chapter then discusses the specific focus group methodology used in this project and the analysis of results, and finally highlights how the study results were used.

The intervention

A DMD project team of medical and public health professionals and social scientists reasoned that eko could be fortified to create a new weaning food that would help to improve the nutritional status of these children. Cowpea flour, red palm oil, and sugar were eventually chosen as fortifying ingredients—items that are all readily available in the community and provide the required nutrients for weaning-age children. The new product came to be known as "eko ilera", or "eko for health". The fortified eko ilera is much more nutritionally sound than the traditional watery eko[2].

The improved weaning food was introduced in two local government areas, Asa and Oyun, in the Kwara state of Nigeria. This area offers a good mix of urban and rural communities and mostly comprises the Yoruba ethnic group. This environment provided a homogeneous audience for the project's communication component and for its research component as well.

During the last stage of the intervention, health care workers at each of twelve sites trained ten mother leaders who in turn were each responsible for training ten neighbors in the preparation and feeding of the new eko ilera. Training materials included flipcharts, flyers, and product samples. Mothers were taught how to prepare the new eko ilera during cooking demonstrations held in the community and in public places such as markets. In all, approximately 1,200 mothers from Kwara State were trained during the intervention.

The research issues

This project was based on research related to two basic areas of decisionmaking. The first were product decisions dealing with the specific composition and mixing of the eko ilera. The second dealt with the nature of communication support needed to effectively encourage the acceptance of eko ilera among mothers.

The four sets of product-related questions that had to be answered were:

- Is fortification of the traditional *ogi* acceptable to mothers and eko sellers? What fortifying ingredients are acceptable? Why?
- Can mothers learn the recipe? Can they teach others?
- What product characteristics are important to mothers? Is the addition of malt flour to maintain the desired liquid consistency an additional step in the cooking process that would be tolerated?
- Will mothers prepare the new eko Ilera at home?

The communications-related questions included such issues as:

- What communication strategy is appropriate? Is there an audience other than mothers? What benefit can be identified for the target audience—the mother—and for the ultimate beneficiary—the child?
- What materials will be effective in teaching the mothers to use eko ilera?

Focus groups were the research vehicle used to answer these questions. The qualitative, exploratory nature of focus groups seemed ideal for examining reactions to a new product that deviated from traditional methods. Because group discussions lend themselves to probing and uncovering perceptions, attitudes, and feelings, it was believed useful for gauging mothers' impressions about a new food. Because eko ilera deviated from conventional practices, focus groups were an ideal format to informally explore possible resistance and to learn what appeals might prove persuasive to the Nigerian mothers.

However, the focus groups were only part of an overall research program of the DMD project that included in-depth interviews, ethnographic assessments, observational studies, cost monitoring, clinical studies, and surveys. The focus groups, with their opportunities for group dynamics and consensus-building, functioned very effectively as a complement to these other types of research. While the more quantitative studies were objective, definitive, descriptive, and measurement-oriented, the focus groups were subjective, exploratory, and interpretive.

To summarize, in addition to the focus groups, the following research studies were undertaken in the effort to effectively introduce the new weaning food to Nigerian families:

- Ethnographic studies. Key informants provided information on infant feeding, diarrhea taxonomy, and household feeding and treatment patterns during diarrheal episodes. At the time that the project team was trying to reach a decision on whether to fortify an existing watery pap used as weaning food, or to introduce solid foods earlier, ethnographic interviews were also conducted to assess which option mothers would find more acceptable.
- Surveys. A representative sample of 2,655 mothers of children less than three years of age provided information on child feeding practices and provided anthropometric assessments of targeted children.
- Food price monitoring. Quarterly market surveys were carried out in both urban and rural markets to establish the cheapest sources of energy and protein.
- Longitudinal household treatment studies. Laduba, a rural village near the city of Ilorin, was chosen as the site for conducting dietary intake studies and diarrheal epidemiology among forty-five children aged 5–30 months.
- Recipe trials. Recipe trials provided mothers with firsthand experience in the preparation of the new food. A list of possible ingredients for fortification was compiled. Mothers were invited to focus group discussions and cooking demonstrations to determine the acceptability of these fortifying options and the food preparation procedures. A second set of recipe trials occurred at the individual homes of mothers who volunteered to try two recipes that affected the liquid consistency of eko.
- Clinical trials. Clinical trials assessed the acceptability, safety, and nutritional quality of the maize-cowpea weaning diet in children with acute diarrhea. A total of sixty children aged 6–24 months were randomly treated with either the DMD candidate diet or a commercial soy protein isolate, lactose-free infant formula immediately following rehydration therapy.

Focus group planning and methodology

Focus group interviews offer a means of obtaining in-depth information on a specific topic through a discussion group. The underlying premise is that people who share common experiences, problems, or concerns are willing to reveal them in a group atmosphere. Focus group interviews are not simply individual interviews conducted in a group setting; the moderator does not ask the same question of all respondents. Rather, focus group interviews represent a situation in which the participants are stimulated to talk with each other on the chosen topic under the guidance of a moderator. The primary role of the moderator is to promote group discussion.

Focus groups can be carried out in developing country settings, but because developing country conditions often present constraints, researchers must take steps to ensure the quality of the research data. These quality assurance steps may include ensuring that: the recruitment process brings qualified participants into the discussions; the moderator functions as a facilitator rather than as an authority figure on the issue under discussion; and the results of group discussions are adequately recorded and analyzed by someone who has a clear understanding of the goals of the research.

There are other, indirect advantages to using focus groups as a research tool in developing countries. They provide a mechanism through which the researcher and the community cooperate in the solution of the community's problem. Focus groups also provide a means for researchers to work with the project beneficiary—the community itself—in all phases of project work from identifying issues, to developing and testing solutions, to preparing communication materials, and finally, to introducing an intervention.

To explore the questions concerning product and communication strategies vis-à-vis the new weaning food, four sets of focus groups were conducted as indicated in Box 2-1.

Box 2-1.

The Use of Focus Groups in Developing the Product and the Communications Effort

Product questions:	***Focus groups to respond***
Is fortification of eko acceptable?	**Initial groups—mothers** **Initial groups—eko sellers**
Can mothers learn recipe, then teach others?	**Recipe trial groups**
Is the use of malt flour acceptable?	**Pre and post groups with in-home product use test**
Will mothers prepare new eko at home?	**Post groups with in-home test**
Communication questions:	
What communication strategy will work?	**Initial groups—mothers** **Initial groups—EKO sellers** **Materials pretesting groups**
What materials will be effective teaching aids?	**Materials pretesting groups**

The first set of focus groups was held with two different audiences: mothers, and women who were active in the cottage industry of making and selling eko. These initial groups were exploratory in scope. With mothers, the discussions turned to feeding practices with eko and reactions to the addition of fortifying ingredients. Among eko sellers, the groups examined cooking procedures and selling practices. With regard to the seller groups, there was keen interest as to whether these women could serve as agents for making a fortified version of their product or participate in the intervention in some other way. As a second goal, these initial groups examined possible messages and communication strategies for the intervention.

The second set of focus groups was conducted with mothers in conjunction with recipe trials. Several fortifying options and cooking procedures were illustrated during the recipe demonstrations. The focus groups provided a format for testing mothers' reactions to the new ingredients and the resulting products.

A third set of pre- and post-focus groups wrapped, like bookends, around an in-home product use test. The test took place in four communities and determined preference for two recipes that affected the liquid consistency of eko. One recipe included malt; the second had no malt. The discussions were held at a central location within each community, and mothers discussed their perceptions of the two pap products.

Finally, focus groups with mothers were used in pretesting graphic materials. A flipchart describing the food, the ingredients, and the cooking process was developed, along with a scaled-down version in a flyer that mothers could take home. Focus groups gauged reactions to the print materials and also proved useful for finalizing the product name and the final positioning of the new, fortified eko as a weaning food.

Group composition and size

In general, each group discussion included six to ten individuals. Group members were homogeneous with respect to two different characteristics: nursing mothers who currently gave their children traditional eko, or eko sellers who made and marketed the product in their communities.

Group locations

All group discussions were held in the community. Often the village leader offered his residence as a venue for the group discussions. His home was often centrally located for participants and usually had a quiet, inside room for the discussion. Because of the wide discrepancy in maternal behavior patterns between urban and rural areas, it was important to hold groups in both venues.

Table 2-1 summarizes the composition, size, and locations for the four sets of focus groups.

Participant recruitment

Recruiting mothers in Nigeria for focus groups posed some unique challenges. The interviewing staff usually arrived in the village a week or so in advance of the focus groups. Nigerian women are often discouraged from talking to strangers, so permission to interview them was first obtained from the village leader. Only then could interviewers visit the mothers to invite them to participate in a group discussion. To determine whether a woman qualified, potential candidates were contacted in person and then led through a structured sequence of questions. As previously stated, depending on the specific focus group, the women had to meet certain criteria, such as currently nursing a child and feeding the child the traditional pap, or being in the business of making and selling eko. An example of such a screening questionnaire appears in Box 2-2.

The focus group team

The focus group team consisted of three individuals: a lead moderator, a moderator's assistant, and a marketing specialist. The moderator (and observers and note-takers who also attended each focus group) were recruited largely from the corps of field researchers and supervisors who had worked on the baseline DMD research projects. With few exceptions, none had previous experience with the focus group research technique. Training for the staff included organized sessions and role-playing.

The lead moderator was a woman who had previously conducted individual interviews for the quantitative surveys and the ethnographic studies for the DMD project. She knew the Yoruba language and culture and had the interpersonal skills of a good moderator. She could put people at ease, offer unconditional positive regard, withhold her own opinions, and encourage discussion. This person received on-the-job training that included organized sessions with role-playing and specific advice on topic sequencing and probing. She also received written guidelines on moderator

Table 2-1. Composition and Location of the Focus Groups

Groups	Members	No. of groups	No. of members	Rural locations	Urban locations
Initial	Nursing mothers aged 20-40	7	88	Alapa, Ballah Otte	Alanamu, Baboko Erin-Ile, Offa
Initial	Eko sellers aged 30-50	6	51	Ballah, Oke-Oye Otte	Alanamu, Baboko Erin-Ile
Recipe trials	Mothers	8	approx.60	Alapa, Ballah Oke-Oye, Otte	Alanamu, Baboko Erin-Ile, Offa
Pre-in-home	Mothers aged 15-40	4	approx.40	Oke-Oye, Otte	Alanamu, Baboko
Post-in-home	Mothers aged 15-40	4	approx.40	Oke-Oye, Otte	Alanamu, Baboko
Material pre-test	Mothers	approx.12	approx.100	Oke-Oye, Otte	Alanamu, Baboko

Box 2-2.

Focus Group Screening Guide

Good morning/good evening.

We are from the University of Ilorin. We are in your village to meet with some mothers to discuss child care. We met your village chief and he has agreed to our talking with you—may we ask you a few questions?

DATE:

VILLAGE: Urban _____ Rural _____

HOUSEHOLD NAME:

CHILD'S NAME:

AGE OF YOUNGEST CHILD:
_____Less than three years of age
_____More than three years of age

IS CHILD CURRENTLY BEING FED *OGI*/EKO?

_____ NO _____ YES

Note to interviewer: Ogi is a paste made from fermented and sieved maize or guinea corn. A pap called eko is prepared by adding some of the ogi paste to boiling water until it thickens. If the mother has a child less than three years of age who is currently fed ogi/eko, please invite the mother to a meeting to be held:

Date_____

Time_____

Place_____

Otherwise, thank her for talking with you today.

techniques and had a chance to try out her techniques in pilot groups held as a pretest for the topic guide.

The lead moderator was assisted by a professor of health education from the University of Ilorin. He was the field manager for the communications component of the DMD project and was well-versed in the rationale for the focus groups. He attended the groups as an observer and prepared summary reports following each one.

The marketing specialist, a U.S.-based consultant, also joined the local team during the focus groups. This person worked with the U.S.-based multidisciplinary DMD team that prepared the discussion guide.

Discussion guides

Discussion guides for the four sets of focus groups were drafted in the United States by the marketing consultant with input from the multidisciplinary group. The guide relied on input from baseline data and other ongoing research. This discussion guide was then pretested and revised in Nigeria prior to conducting the actual focus groups. (The moderator was also trained during this pretest.) The first two focus groups in each set were used as a pilot. If it proved that major changes were needed in the discussion guide, the research team was prepared to delete these first two pilot groups from the overall analysis.

Excerpts from one of the focus group guides are shown in Box 2-3.

Box 2-3.

Focus Group Discussion Guide For Mothers: Pre In-home Product Test

The research plan aimed to determine overall consumer preference among three recipe variations: Ingredients/recipes

1. *Ogi* cooked with palm oil and roasted cowpea flour
2. Above with malt flour added before serving
3. *Ogi* cooked with palm oil and roasted cowpea flour, with malt flour mixture reboiled before serving

Methodology

The products will be tested in the home by mothers who have children between the ages of six and eighteen months who are fed *ogi*. Four sites, two urban and two rural, will be chosen and up to ten mothers will participate in each group, for a total sample of forty mothers.

Mothers will be taught the recipes in focus group discussions, to be held in a central location within their village or urban neighborhood. For the recipes containing malt, mothers will be permitted to choose the method of preparation they prefer; that is, whether to add the cowpea flour while cooking the pap, or to add the cowpea flour along with the malt after the cooked pap has cooled somewhat.

Mothers will be given sufficient supplies of roasted cowpea flour and malt to last for ten days. They will test malted fortified *ogi* for five days and unmalted fortified *ogi* for five days. The order of testing will be varied between locations as follows:

Location	Malted flour/*ogi*	Unmalted flour/*ogi*
Urban 1	First 5 days	Second 5 days
Urban 2	Second 5 days	First 5 days
Rural 1	First 5 days	Second 5 days
Rural 2	Second 5 days	Second 5 days

Mothers will each be given a cup and spoon at the start of the testing period for this product in order to encourage the desired behavior of spoon-feeding.

Observers will be assigned to each test site in order to record data about in-home preparation and feeding practices of the test products, and to answer any questions the mothers may have. At the end of the testing period, the observers will complete an individual questionnaire with each mother before the final focus group discussion is held.

A final focus group discussion (FGD) will be held with all participating mothers in each test location to determine overall product preference, method of preparation and feeding, quantity and frequency of feeding, and intent on the part of the mothers to adopt the new recipe.

Below is an example of a focus group discussion guide used for both the recipe-teaching and materials-testing FGDs.

Introduction

A. Introduce team, purpose of visit.
B. Positioning.

We want to know what you think about a new way of making *ogi* to help make your baby strong to cope with diarrhea and other diseases. We are working on several ingredients and we want you to try the recipes in your home and tell us about your experience with them.

Present ingredients (rotate order)

A. Present roasted cowpea flour and explain how it is prepared.
Ask:

- Have you ever seen it in this form?
- Have you ever used it?
- What might it be used for?

- Is it available in the market?
- What do you think about adding it to *ogi*?

B. Present malt flour and explain how it is prepared. Ask the same questions as above.

Demonstrate recipes (rotate order)

A. Get reactions to preparation steps/time/ingredients
B. Reactions to appearance/consistency of finished *ogi*
C. Taste of the finished *ogi*
D. Overall impressions:

- Would they give it to their child/family?
- Would they add/omit anything?
- Is this recipe better/worse/about the same as previous ones tried?

Prepare a large enough quantity so that enough remains after tasting in order to make a comparison of the three recipes.

Volunteer recipe demonstration

A. Ask for a volunteer to choose one of the recipes and prepare it.
B. Why did she choose that recipe?
C. Reaction to preparation steps/time.
D. Reaction of volunteer and group to finished product.
E. How can she teach another mother to prepare the recipe.
F. Problems expected.

Overall preferences

A. Rank overall preferences and reasons.
B. Of the first preferences:

- Is it liked a lot/a little/not much?
- Is it for baby/family?
- Problems expected.
- Product test instruction.

A. Introduce observer who will come to their homes.
B. Instruct which recipe to try first.
C. Distribute ingredients, cups, and spoons.
D. Thank mothers for participating.

Conducting focus groups

In general, a focus group moderator leads participants through a sequence of topics that reflects an inverted pyramid. Very general behavioral and attitudinal issues are discussed first. These are followed by topics of ever-increasing specificity, from child-rearing practices, to reactions, to concept statements and preferences among product options. For the DMD project, in the first set of groups, mothers began by discussing the food and methods of feeding for children under three. The discussion moved on to sources of *ogi* and reasons for use. Eventually, the conversation was guided to reactions to a list of possible additives. Mothers completed the session by talking about credible sources of new information.

Whenever possible, the focus groups were held indoors, with participants seated in chairs in a circle. Although the home of the village leader was often pressed into service for this purpose, on other occasions, the group discussions were held outdoors in some communal living space. All sessions were audiotaped.

Analysis of results

When focus groups are conducted in the United States, the moderator usually prepares the final report. This approach poses a problem in developing countries, however, since few trained moderators are available who know both the language and culture and who are sufficiently conversant with social marketing principles to understand how the focus groups can affect the program. Often, moderators are trained on-site from among health workers or interviewers. Consequently, the task Of preparing the analysis gets divided among several persons.

In this Nigerian project, a data plan was drafted prior to each set of focus groups. It clearly delineated What types of information were needed and how they would affect the program. As soon as possible after each focus group, the staff of moderator, observers, and note-takers met to discuss and concur on the key findings. A short summary report was prepared by a professor of health education after each group discussion. A report guide for this purpose is shown in Box 2-4.

Labor-intensive tape transcriptions, often completed by two independent listeners, were not undertaken for these groups due to cost and time considerations. Although the group discussions were taped, the team referred to the tapes mainly to clarify points discussed.

Product findings

The first round of focus groups revealed some key points on how to go about fortifying the traditional *eko*. The eko sellers were reluctant to tamper with their successful recipe formulas unless there was a large-scale mass media campaign to support the introduction of the new food. Eko sellers were therefore eliminated as possible agents of change during the DMD research phase. Mothers, on the other hand, were already quite used to fortifying the pap themselves after purchase to sweeten it or add variety. For eko ilera, then, it was concluded that mothers accepted the concept of fortification and should be responsible for fortifying the *ogi* themselves.

Preferred ingredients were uncovered during focus groups held at the recipe trials. Of the four possible fortifying ingredients, roasted cowpea flour emerged the winner for several reasons. Cowpea, a common household item, was readily available at the market and was affordable to villagers. The final roasted cowpea eko looked similar to high-status infant foods like Cerelac Nan, and Similac. Finally, mothers believed that by drying and roasting the cowpea flour, its shelf life could be extended from two to eight weeks.

Learning and teaching the recipe

Recipe-teaching trials showed that mothers could definitely learn the recipe and teach this skill to other mothers. However, the teaching of a new recipe meant that mothers would need to remember to add new ingredients or modify the traditional cooking process. The accompanying focus groups provided a chance to clarify a few issues, including the following: that the additional ingredients used in the new eko ilera are

readily available; that the food is easy to prepare; and that the cooking process entailed adding malt flour to make the eko thin.

Product characteristics

The *ogi* of cowpea flour, red palm oil, and sugar had a very thick consistency. The DMD team was concerned that this would make the product unacceptable to mothers, most of whom practiced hand-feeding and force-feeding. The thick consistency would require spoon-feeding. Since hand-feeding is a deeply entrenched practice, the DMD team decided that it would be beyond the time and financial resources of the project to promote a new fortified food and a new feeding mode at the same time. The nutritionists experimented with a solution commonplace in the beer industry, the addition of malt flour, which gave the final product a thin consistency.

Box 2-4.

Focus Group Report Guide: Mothers' Groups

Comment on place/date/ group (the mothers)/ moderator. Comment on composition of group, e.g., older/younger members, total number, changes during the course of the FGD, and special circumstances that may have affected the group, e.g. outside distractions, etc.

Current feeding habits

Summarize mothers' description of child feeding practices. Describe the age of weaning; foods given; frequency of feeding. Probe their reasons for believing that current feeding practices are desirable. Determine their concept of the healthy child and the relationship between feeding and the child's health.

***Ogi* preferences**

Summarize their overall preference. Identify the reasons for their choice. Describe in detail food preparation and feeding of the various recipes. Probe their concept of the "cost" of the new recipe, in terms of monetary cost and other factors, including psychological resistance to change and time needed to prepare and feed the new weaning food. Describe mode of feeding, frequency, food handling, and food storage practices. Identify any negative perceptions about the recipe.

***Ogi* additives**

Summarize answers and probe whether these additives are also good for children with diarrhea.

Concept test (where applicable)

Comment on reaction to concept(s) tested. The concepts introduced were:

A. This new *ogi* will make your baby light and active, because it contains cowpea, which makes your baby strong. With this new *ogi,* your baby will be better able to cope with illness.

B. This new *ogi* will make your baby light and active, because instead of taking too much water, the baby can take more *ogi*. With this new *ogi*, your baby will be stronger after being ill with diarrhea.

C. Specifically comment on overall reaction (positive/negative), believability, and what was liked or disliked.

Solid food introduction
Summarize mothers' practices regarding the feeding of solids. Probe beliefs about the feeding of solids during the first year of life.

Sources of information
Describe sources of information about child care, especially feeding. Who are credible authorities?

Implications/forward action
Indicate decisions made by the debriefing team as a result of the FGD regarding need (or no need) for additional FGDs, changes necessary in the moderator's guide, and changes/new concepts to be tested in future FGDs.

This product modification meant an additional ingredient in the recipe, and also an additional step in the cooking process. Furthermore, it meant teaching mothers how to sprout, dry, and grind maize or guinea corn to produce malt flour. This product modification was introduced to mothers in the third round of focus groups. An in-home product use test was preceded and followed by focus groups, which attempted to determine the acceptability, convenience, and feasibility of this additional step.

During the in-home test, mothers prepared the cowpea-fortified eko two ways: with malt and without malt. As expressed in the post-focus groups, the malt recipe was well received by mothers. Reports that it produced healthy, strong babies, stopped diarrhea, and helped babies sleep and play well were commonplace.

Preparation at home

During the in-home trials, mothers were given enough malt and cowpea flour to cook the new *ogi* in their homes for ten days. They were visited daily by DMD staff to observe whether the food was prepared and how it was cooked, as well as to provide assistance for any problems they encountered. At the post-focus group, a drawback was identified. Would the addition of malt prior to serving invite contamination? This problem was eventually solved by a nutritionist who suggested additional reboiling after adding the malt. On this basis, the DMD team felt convinced that mothers could prepare the product effectively in their homes.

Focus groups had been useful in moving a new product from concept stage to final form. Mothers had supplied input on acceptability, preferred ingredients, texture, and ease of preparation.

Communications findings

The initial groups developed the communication strategy in three critical ways: they suggested positioning eko ilera as a weaning food; they recommended mothers rather than eko sellers as the target audience; and they isolated a message for the campaign.

At the outset, the project faced a dilemma, in terms of how to position eko ilera—as a food for diarrhea or as a weaning food. Focus groups with both eko sellers and mothers supported the weaning food strategy. According to sellers, attempts to make eko "medicinal" by adding ingredients for a child with diarrhea were old-fashioned and likely to detract from eko's use as a family food. Positioning eko ilera as a weaning food was judged to be consistent with mothers' beliefs and behaviors, while maintaining the status of eko as a food for the whole family.

A second issue that was unresolved prior to the focus groups was what role the eko sellers would play in distributing the fortified pap. Could they, for example, revamp their cooking procedure, add the fortifying ingredient, and then market the product through their usual channels? The focus groups argued against this tactic. Eko sellers were reluctant to tamper with their successful recipes or to add any ingredients that would detract from eko's status as a general family food. It was further discovered that mothers already are quite used to fortifying the pap themselves. Consequently, it made sense to exclude eko sellers from the intervention and to make fortification the job of the mother.

Lastly, the communication strategy required a promised benefit of the new weaning food to encourage full participation of the target audience. The mothers welcomed a concept statement that promised that fortified eko would strengthen a child to cope better with childhood diseases. The "healthy baby" promise, as portrayed in the name eko ilera, became a message of the final intervention.

Pretesting of communication materials

The final contribution of the focus groups was the refinement of communication materials. The program planned to use a flipchart for teaching and a flyer that mothers could take home with them. Three versions were tested for comprehension in focus groups with nursing mothers. When mothers were able to enumerate the ingredients and follow the cooking process, the materials were printed and used in the intervention.

Notes

1. The Dietary Management Project was funded by USAID between 1985 and 1989 for the purpose of developing practical methods for either reducing or eliminating the adverse nutritional effects of diarrhea in children. The project was carried out in Nigeria and Peru. The HEALTHCOM Project, also funded over five years by USAID, provided technical assistance to DMD in the development and pretesting of training materials.

2. Eko, a traditional weaning food, a maize or guinea corn pap, was fortified with toasted cowpea flour, red palm oil, sugar, and malt. The energy density of this recipe was 85 kca1 per 100 gram wet weight, a considerable increase over the traditional *eko*, with 25 kca1 per 100 grams. The protein density supplied by the recipe was 2.2 grams per 100 gram wet weight, compared to only 0.8 grams per 100 grams for traditional eko.

CHAPTER 2

Knowledge, Attitude, Beliefs, and Practices Survey Used by the Female Education Awareness Program, Bangladesh

The preliminary specifications for formative research on the Grade 8 to 9 transition for the Female Education Awareness Component of the Female Secondary School Assistance Project are described below.

The goal is to provide formative research for a social marketing program to encourage guardians and their daughters to enroll in secondary school (with particular emphasis on facilitating enrolling and sending girls to Grade 9).

The targets are male guardians, female guardians, girls, and other influentials associated with girls currently in Grade 8 considering Grade 9.

The objectives are to determine the advantages and disadvantages (benefits and constraints) perceived by rural girls in Grade 8 and their guardians of sending their daughter to secondary school (particularly to Grade 9) and to identify which should be targeted in a campaign designed to keep girls in secondary school; to determine important social referents (people who approve or disapprove) in terms of female secondary education through Grade 9 and to identify which should be used in the campaign as possible sources of communication, normative pressure, or testimonials to facilitate enrollment in Grade 9; and to select marketing channels, mass and interpersonal.

The method is face-to-face intensive interviews with four members of rural households with Grade 8 girls.

The sample will be selected in stages:

1. Select *thana*s
2. Select secondary school in *thana*
3. Work with headmasters and teachers to select girls attending Grade 8
4. Interview male guardian, female guardian, and Grade 8 girl
5. Have household identify other influentials
6. Interview other influentials.

The questionnaire, based on established theories of behavior and behavior change, will assess knowledge, attitudes, beliefs, and practices (KABP). It will be similar to the questionnaire used with guardians and influentials in Appendix H, but focusing more specifically on sending daughters to Grade 9. The quantitative questionnaire (KABP) will be developed by content analysis of responses to a qualitative questionnaire (pre-KABP). The KABP questionnaire will include questions to obtain demographic information about the household, questions to guardians (father and mother) regarding their beliefs about the consequences of sending their daughter to Grade 9, and normative beliefs about sending her, questions to girls regarding their beliefs about going to Grade 9, and questions to other influentials regarding their beliefs about having girls in the village enrolled in and attending Grade 9.

The pre-KABP stage will include qualitative research to develop a quantitative questionnaire. The sampling plan will take four Phase I *thana*s, one from each of the

four divisions. Ten girls will be picked from each *thana*, as well as a male guardian, a female guardian, and an influential person in the community for each girl. The total sample size will be 160, consisting of forty male guardians, forty female guardians, forty girls, and forty others in the community.

Open-ended questions can be used to identify the consequences (advantages and disadvantages), salient referents (people who approve and disapprove), and strategies (things to make it easier) with respect to sending girls to Grade 9.

Guardians can be asked the following questions to assess consequences (advantages and disadvantages) of sending their daughter/girl to Grade 9:

> Sometimes our actions have good consequences. Other times they have bad consequences. I would like to ask you some questions about what might happen as a result of your sending (NAME OF DAUGHTER) to Grade 9.
>
> What do you see as the advantages of sending (NAME OF DAUGHTER) to Grade 9? What good things might happen?
>
> What do you see as the disadvantages of sending (NAME OF DAUGHTER) to Grade 9? What bad things might happen?

Other questions would identify salient referents, people who would approve or disapprove of their sending their daughter to Grade 9:

> People we know often have opinions about what we should or should not do. Some people approve and some people might disapprove.
>
> Who do you think would approve of your sending (NAME OF DAUGHTER) to Grade 9?
>
> Who would think you should send her?
>
> Who do you think would disapprove of your sending (NAME OF DAUGHTER) to Grade 9?
>
> Who would think you should not send her?

Questions below would identify strategies to overcome barriers and to facilitate sending a daughter to Grade 9:

> What would make it easier to send (NAME OF DAUGHTER) to Grade 9?
>
> What makes it difficult to send (NAME OF DAUGHTER) to Grade 9?

The questions for the girls and the influentials should be parallel to the questions for the guardians, except the focus for the girls should be going to Grade 9 next year and for the influentials, sending girls like (NAME OF GIRL) to Grade 9.

The following steps will be needed for the pre-KABP:

1. Ask question with probe
2. Record verbatim for open-ended questions
3. Review after interview is complete
4. Create coding categories for responses
5. Code full set of open-ended questions
6. Create data file of categories for open-ended questions and of numeric codes for close-ended and demographic information
7. Conduct frequency count of consequences, of referents, and of strategies to determine items most frequently mentioned for inclusion in the quantitative KABP
8. Conduct internal consistency analysis of close-ended questions to assess format
9. Report KABP questionnaire recommendations.

The deliverables will be:

- Copies of questionnaires in both Bangla and English
- Copies of instruction/interview manuals
- Description of the survey methodology including the sampling plan
- Open-ended questions from pre-KABP translated verbatim response to open-ended questions in a word-processing file

- Raw quantitative data from pre-KABP on diskette in SPSS/PC or IBM-compatible ASCII file
- Codebook for data files
- Final five-page report on content analysis of pre-KABP with questionnaire recommendations as to the content of the quantitative questionnaire.

The KABP stage itself will include a quantitative survey of samples from twelve *thana*s (four Phase I, four Phase II, and four with no program). Twenty girls from each *thana* will be surveyed, with their male and female guardians and influentials. Thus 240 male guardians, 240 female guardians, 240 girls, and 240 others in the community will be surveyed.

The questionnaire will be face-to-face and will take about 60 minutes to complete.

The steps of the KABP will be to:

1. Design three questionnaires (mother/father, daughter, and influential) based on analysis of qualitative study
2. Pretest and revise questionnaires
3. Design sampling plan for survey
4. Train team of interviewers with study procedures, sampling plan, and questionnaire and coding
5. Code and enter data
6. Clean data
7. Carry out frequency analysis for each questionnaire
8. Prepare tables providing comparative analysis of senders (those guardians who intend to send their daughter to Grade 9) and nonsenders (those who do not) for each of the four populations
9. Write management summary report on KABP with recommendations for communication activities
10. Submit raw data on diskette with document outlining study procedures.

The deliverables for the KABP will be:

- Copies of questionnaires in both Bangla and English
- Copies of instruction/interview manuals
- Description of the survey methodology including the sampling plan
- Raw quantitative data from KABP on diskette in SPSS/PC or IBM-compatible ASCII file
- Codebooks for data files
- Tables comparing senders and nonsenders
- Short management summary of KABP.

Baseline knowledge, attitude, beliefs and practices study:
individual questionnaire for male and female guardians

Background Characteristics

1. **Name:**

2. **Address:**

3. **Record gender by observation:**

   Male [1] Female [2]

4. **How old are you?**

   Age ..... (complete in years)

5. **What is your primary occupation?**

6. **What is your secondary occupation?**

7. **Did you ever attend school?**

   Yes [1] No [2]

   IF YES: What was the highest grade that you passed?

   Grade .....

8. **Do you know how to read a letter in Bangla?**

   Yes [1] No [2]

9. **Do you know how to write a letter in Bangla?**

   Yes [1] No [2]

10. **What is your religion?**

    Muslim [1]
    Hindu [2]
    Christian [3]
    Buddhist [4]
    Other [5]

11. Do you pray or worship every day or less often?

Every day	[1]
Less often	[2]
Others (specify)	[3]

Mass Media Exposure

12. Is there a radio in this house in good working order?

Yes [1] No [2]

13. Is there any/another radio near here which you can listen to?

Yes [1] No [2]

14. How many days during the last week (seven days) did you listen to the radio?

..... (number of days)

15. Is there a television in this house in good working order?

Yes [1] No [2]

16. Is there any/another television near here which you can watch?

Yes [1] No [2]

17. How many days/nights during the last week (seven days/ nights) did you watch television?

..... (number of days/nights)

18. How often do you usually read the newspapers to get news and information?

About once a month	[1]
About once a week	[2]
Two to three times a week	[3]
Almost every day	[4]
Once a day or more	[5]
Never read them	[6]
Don't know how to read	[7]

19. Have you ever seen a video?

Yes [1] No [2]

20. Would you please cite the single most serious problem people like you are facing in our country? (RECORD ONE RESPONSE—THE FIRST RESPONSE.)

Education	[1]	Marriage of son	[9]
Education for women	[2]	Land problem	[10]
Economic	[3]	Housing problem	[11]
Food	[4]	Transportation	[12]
Health	[5]	Environment	[13]
Clothing	[6]	Employment	[14]
Population	[7]	Other (specify)	[15]
Marriage of daughter	[8]		

21. Think about the last piece of information you got about education. What was the content of that message? (RECORD THE FIRST RESPONSE.)

Communication Channels: Frequency

22. These days information and messages about education come to us from many sources. We would like to know how you have received messages on education. Have you ever received messages on education through .....?

Media/Source	Yes	No	Don't know
Radio	1	2	3
TV	1	2	3
Video	1	2	3
Newspaper	1	2	3
Miking	1	2	3
Poster	1	2	3
Meeting at health center	1	2	3
Meeting at school	1	2	3
Folk song	1	2	3
Punthipath	1	2	3
Talk with teacher	1	2	3
Talk with UP chairman/member	1	2	3
Talk with VDP worker	1	2	3
Talk with neighbor	1	2	3
Talk with relative	1	2	3
Talk with field worker	1	2	3

IF YES TO FIELD WORKER: What type of field worker?

Awareness of FSSAP

23. In some areas of Bangladesh, the Government of Bangladesh has started a program to help girls go to high school. Girls can get money to go to high school. Have you ever heard of such a program?

Yes [1] No [2]

24. Where did you hear about this? (RECORD ONE RESPONSE.)

Radio	[1]	Folk song	[9]
TV	[2]	Punthipath	[10]
Video	[3]	Talk with teacher	[11]
Newspaper	[4]	Talk with UP chairman/member	[12]
Miking	[5]	Talk with VDP worker	[13]
Poster	[6]	Talk with neighbor	[14]
Meeting at health center	[7]	Talk with relative	[15]
Meeting at school	[8]	Talk with field worker (IF YES: What type of field worker?)	[16]

25. What have you heard about such a program? (RECORD RESPONSE.)

26. Where would the guardians go for more information or to apply?

27. Are the girls in this *thana* eligible to get money to go to high school?

Yes [1] No [2]

28. For which grades can girls get money?

Sending a Daughter to High School: Intention, Attitude, Subjective Norm

INTRODUCTION: Now I would like to ask you some questions about female education. In particular, we would like to know what you think about sending (NAME OF DAUGHTER) to high school for a few years.

INSTRUCTION: Ask the questions first and then read out the responses.

29. If you could have the opportunity, will you send (NAME OF DAUGHTER) to high school for a few years?

Do you think that you:

Definitely will send her	[1]
Probably will send her	[2]
Don't know; not sure (DO NOT READ)	[3]
Probably will not send her, or	[4]
Definitely will not send her?	[5]

30. Is it good or bad for you to send your daughter to high school for a few years?

Is it:

Very good	[1]
Somewhat good	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat bad, or	[4]
Very bad?	[5]

31. Is it easy or difficult for you to send your daughter to high school for a few years?

Is it:

Very easy	[1]
Somewhat easy	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat difficult, or	[4]
Very difficult?	[5]

32. Is it useful or useless for you to send (NAME OF DAUGHTER) to high school for a few years?

Is it:

Very useful	[1]
Somewhat useful	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat useless, or	[4]
Very useless?	[5]

33. Do most people who are important to you approve or disapprove of your sending your daughter to high school for a few years?

Would you say they:

Disapprove and discourage	[1]
Disapprove only	[2]
Don't know or not sure (DO NOT READ)	[3]
Approve only, or	[4]
Approve and promote?	[5]

Consequences of Enrolling a Daughter in High School

INTRODUCTION: Sometimes our actions have good consequences. Other times they have bad consequences. I would like to ask you some questions about what might happen as a result of action that you take. I will now ask you about the foreseeable consequences/effects of sending your daughter to high school for a few years.

34. What is the single most important advantage of your sending your daughter to high school for a few years? What is the one most important good thing that might happen? (RECORD ONE RESPONSE—THE FIRST RESPONSE.)

She can find job	[1]
She can earn money	[2]
She will help her family	[3]
She will bring fame to her family	[4]
She will have a better life; she will prosper	[5]
She will be self-sufficient, self-reliant	[6]
She will have enriched knowledge, know how to decide	[7]
She will be able to make decisions herself	[8]
She will be socially respected	[9]
She can give advice and counsel to others	[10]
The community will prosper	[11]
She will motivate others for education	[12]
She will educate younger brothers and sisters	[13]
She will educate her own children	[14]
She will be wedded to a good husband	[15]
She will be wedded to an educated man	[16]
She will mix with people from the community	[17]
No dowry will be required to marry her off	[18]
Others (specify)	[19]

35. What is the single most important disadvantage of sending your daughter to high school for a few years? What is the one most important bad thing that might happen? (RECORD THE FIRST RESPONSE.)

She needs more money; can't afford it	[1]
She needs money for books, texts, and materials	[2]
She needs proper dresses	[3]
She will not be available for housework; she cannot help her mother at home	[4]
Villagers will say bad things	[5]
Boys will disturb/tease her on the way to school	[6]
The school is too far away; distance to school	[7]
Transportation problems	[8]
Prefer early marriage	[9]
More money will be required to marry her off	[10]
It would bring shame to the household	[11]
It will corrupt her	[12]
She will get married on her own	[13]
Others (specify)	[14]

Behavioral Beliefs for Sending a Daughter to High School

36a. Will sending (NAME OF DAUGHTER) to high school for a few years help educate the younger children in your family?

It definitely will	[1]
It probably will	[2]
Don't know; not sure (DO NOT READ)	[3]
It probably will not	[4]
It definitely will not	[5]

Will sending your daughter to high school for a few years:

	It definitely will	It probably will	Don't know It	probably will not	It definitely will not
b. Bring shame to your family?	1	2	3	4	5
c. Motivate others for education?	1	2	3	4	5
d. Cause financial hardship?	1	2	3	4	5
e. Let boys tease her on the way to school?	1	2	3	4	5
f. Bring money to her husband's family?	1	2	3	4	5
g. Bring money to your family?	1	2	3	4	5
h. Mean you will need more dowry to marry her off	1	2	3	4	5
i. Bring fame to your family?	1	2	3	4	5
j. Help her marry an educated man?	1	2	3	4	5
k. Help her educate her own children when she gets married?	1	2	3	4	5
l. Help her space her children properly?	1	2	3	4	5
m.Help her lead a better life?	1	2	3	4	5
n. Mean she can give advice and counsel to others?	1	2	3	4	5

Evaluation of Outcomes of Sending a Daughter to High School

I**NSTRUCTION:** We want to know how good or bad the respondents feel about each outcome of sending the daughter to high school for a few years. Be sure you find out if they think it is very or somewhat good or bad.

INTRODUCTION: In this section, we will ask you whether some things are good or bad. Please tell us exactly how you feel, whether you feel something is very or just somewhat good or bad.

37a. Is it good or bad to educate the younger children in your family?

Very good	[1]
Somewhat good	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat bad	[4]
Very bad	[5]

Is it very good, somewhat good, somewhat bad or very bad:

	Very good	Somewhat good	Don't know	Somewhat bad	Very bad
b. To bring shame to your family?	1	2	3	4	5
c. To motivate others for education?	1	2	3	4	5
d. To cause financial hardship?	1	2	3	4	5
e. To let boys tease her on the way to school?	1	2	3	4	5
f. To bring money to her husband's family?	1	2	3	4	5
g. To bring money to your family?	1	2	3	4	5
h. To need more dowry to marry her off	1	2	3	4	5
i. To bring fame to your family?	1	2	3	4	5
j. To help her marry an educated man?	1	2	3	4	5
k. To help her educate her own children ?	1	2	3	4	5
l. To help her space her children properly?	1	2	3	4	5
m. To help her lead a better life?	1	2	3	4	5
n. For her to give advice and counsel to others?	1	2	3	4	5

Specific Normative Beliefs of Sending a Daughter to High School

INTRODUCTION: People we know often have opinions about what we should or should not do. Sometimes they approve and promote, sometimes they promote only. Sometimes they disapprove and discourage, sometimes they disapprove only.

38a. Do your neighbors approve or disapprove of your sending your daughter to high school for a few years? They:

Disapprove and discourage	[1]
Disapprove only	[2]
Don't know or not sure (READ)	[3]
Approve only	[4]
Approve and promote	[5]

Do/does .....approve or disapprove of your sending your daughter to high school for a few years?

	Both disapprove and discourage	Disapprove only	Don't know	Approve only	Both approve and promote
b. Your daughter	1	2	3	4	5
c. Your husband/wife	1	2	3	4	5
d. Your father-in-law	1	2	3	4	5
e. Your mother-in-law	1	2	3	4	5
f. Your father	1	2	3	4	5
g. Your mother	1	2	3	4	5
h. The religious leaders	1	2	3	4	5
i. The village elders	1	2	3	4	5
j. Teachers	1	2	3	4	5
k. Field workers	1	2	3	4	5

Motivation to Comply With Specific Others

39a. When it comes to education and family matters, how often do you do what your neighbors think you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

b. When it comes to education and family matters, how often do you do what your daughter thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]

Hardly ever	[4]
Never	[5]

c. When it comes to education and family matters, how often do you do what your husband/wife thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

d. When it comes to education and family matters, how often do you do what your father-in-law thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

e. When it comes to education and family matters, how often do you do what your mother-in-law thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

f. When it comes to education and family matters, how often do you do what your father thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

g. When it comes to education and family matters, how often do you do what your mother thinks you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

h. When it comes to education and family matters, how often do you do what your religious leaders think you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

i. When it comes to education and family matters, how often do you do what your village elders think you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

j. When it comes to education and family matters, how often do you do what your teachers think you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

k. When it comes to education and family matters, how often do you do what field workers think you should do?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

To Elicit Influentials

40. Who do you consult in the community regarding decisions on issues like marriage and school enrollment (especially for girls)?

Where does this person live?
What is your relationship with this person?
(PUT DOWN NAMES AND ADDRESSES OF THE PEOPLE THE RESPONDENT MENTIONS.)

NAME	ADDRESS	RELATIONSHIP
(i)		
(ii)		

(iii)

(iv)

Codes for relationship:

Parent	[1]
Parent-in-law	[2]
Uncle	[3]
Aunt	[4]
Brother	[5]
Sister	[6]
Neighbor	[7]
Teacher	[8]
Religious leader	[9]
Community leader	[10]
Government official	[11]

General Social Attitudes

41. FEMALE GUARDIAN: How often do you cover your head with your sari in the presence of outside males?
MALE GUARDIAN: How often does your wife cover her head with sari in the presence of outside males?

Almost always	[1]
Most of the time	[2]
Sometimes	[3]
Hardly ever	[4]
Never	[5]

42. FEMALE GUARDIAN: Who decides on the following matters? You, your husband, or do you decide jointly?
MALE GUARDIAN: Who decides on the following matters? You, your wife, or do you decide jointly?

	Husband	Wife	Joint	NA
a. Whether to buy land or cattle for the household	1	2	3	7
b. Whether to seek treatment for a sick family member	1	2	3	7
c. Whether sons should go to school	1	2	3	7
d. Whether daughters should go to school	1	2	3	7

43. What is the highest grade in school that you think your son(s) should complete?

Grade .....

44. What is the highest grade in school that you think your daughter should complete?

Grade .....

45. FEMALE GUARDIAN: Can you do the following things alone?
MALE GUARDIAN: Can your wife do the following things alone?

	Yes	No	Don't know
a. Go to any part of the village	1	2	3
b. Go outside the village	1	2	3
c. Go to the marketplace	1	2	3
d. Go to a health center	1	2	3
e. Visit a primary school	1	2	3
f. Visit the closest secondary school	1	2	3
g. Visit a neighbor to watch TV	1	2	3

46. If you could choose, at what age would you like to see (NAME OF DAUGHTER) married?

..... years (in complete years)

47. Do educated girls require more, less, or the same amount of money to get married off?

More	[1]
Less	[2]
The same	[3]

48. Do girls in school spend more, less, about the same amount of time, or no time on domestic work?

More	[1]
Less	[2]
The same	[3]
No time at all	[4]

General Attitudes Toward Education

INTRODUCTION: Now I am going to read you some statements that you hear people saying these days. After I read each statement I would like you to tell me if you agree or disagree with it. Let me tell you how I would like you to answer each question. You might agree with a statement fully or not fully. You may agree with a statement 16 annas or 8 annas or 4 annas or 2 annas or none at all.

INSTRUCTION: Put the responses in terms of the degree—mentioning annas (16 annas, 12 annas, 8 annas, etc.)—in proper columns to indicate whether the respondent agrees or not.

	Statement	Agree	Disagree
49a.	More all-girl schools are needed in this area.		
b.	Grown-up girls should get married not attend schools.		
c.	People in this community can help female education by donating time or labor to improve the school buildings.		
d.	Girls will be housewives and do not need education.		
e.	Educated girls will not respect their in-laws.		
f.	It will be difficult to find an educated man for an educated girl.		
g.	Some villagers disapprove of educating grown-up girls.		
h.	Educated girls will be too proud to help with housework.		
i.	People in this village should try to check boys from making comments to girls on their way to school.		
j.	What my daughter learns in school is relevant to the things she needs to know to live in the village.		
k.	Educating girls will provide them with a better life.		
l.	Tuition is free for girls up to Grade 8.		

Facilitating Factors

INTRODUCTION: The government can do things to improve female education. And people in villages can also help. We would like you to think about the past twelve months. Have you ever done any of the following activities in the past twelve months?

50. In the past twelve months, have you:

	Yes	No
a. Attended an event at the school?	1	2
b. Worked with the headmaster to improve the school?	1	2
c. Donated time to the school?	1	2
d. Donated money to the school?	1	2
e. Joined a parent/teacher association?	1	2
f. Worked with the school managing committee?	1	2
g. Encouraged other guardians to send their daughters to school?	1	2

51. How long does it take the girls of this village to go to high school?

..... minutes

52. How do the girls of this village get to high school?

53. In sending the girls in this village to high school, how much would it help if the school:

	Not at all	A little	A lot
a. Was closer?	1	2	3
b. Was just for girls?	1	2	3
c. Had more female teachers?	1	2	3
d. Had flexible hours?	1	2	3
e. Had better transportation?	1	2	3
f. Had better toilets?	1	2	3

Household Characteristics

54. Is this household a single or a joint household?

55. How many members are there in your family?

56. Do you, your husband/wife, or any member of the household own any agricultural land?

Yes [1] No [2]

57. IF YES: How much land?

(**INSTRUCTION:** Write down the response using units that can be converted into decimals.)

58. Is this dwelling owned by you or your husband/wife? Or is it owned by a relative or family member? Or is it rented from a nonrelative?

Owned by self/husband/wife	[1]
Owned by relative	[2]
Rented from a nonrelative	[3]
Other	[4]

59. RECORD CONSTRUCTION OF HOUSE.

Roof:		
	Concrete	[1]
	Tin	[2]
	Kuchha	[3]
	Other (specify)	[4]
Walls:		
	Brick	[1]
	Tin	[2]
	Kuchha/mud	[3]
	Other (specify)	[4]
Floor:		
	Concrete	[1]
	Kuchha/mud	[2]
	Other (specify)	[3]

60. Does your household (or any members of your household) have any of the following?

	Yes	No	Number
Almirah	1	2	
Cot	1	2	
Table/chair/bench	1	2	
Watch/clock	1	2	
Cycles	1	2	
Chickens	1	2	
Ducks	1	2	
Goats	1	2	
Cows	1	2	

61. Was there any time in the last five years when your household had insufficient food to eat for several weeks running?

Yes [1] No [2]

Thank you for your time and cooperation.

Interviewer:

Date:

Baseline knowledge, attitude, beliefs and practices study: individual questionnaire for influentials

Background Characteristics

1. **Name:**

2. **Address:**

3. **Record gender by observation:**

   Male [1] Female [2]

4. **How old are you?**

   Age .....(complete in years)

5. **What is your primary occupation?**

6. **What is your secondary occupation?**

7. **Did you ever attend school?**

   Yes [1] No [2]

   IF YES: What was the highest grade that you passed?

   Grade .....

8. **Do you know how to read a letter in Bangla?**

   Yes [1] No [2]

9. **Do you know how to write a letter in Bangla?**

   Yes [1] No [2]

10. **What is your religion?**

Muslim	[1]
Hindu	[2]
Christian	[3]
Buddhist	[4]
Other	[5]

11. Do you pray or worship every day or less often?

Every day	[1]
Less often	[2]
Others (specify)	[3]

Mass Media Exposure

12. Is there a radio in this house in good working order?

Yes [1] No [2]

13. Is there any/another radio near here which you can listen to?

Yes [1] No [2]

14. How many days during the last week (seven days) did you listen to the radio?

..... (number of days)

15. Is there a television in this house in good working order?

Yes [1] No [2]

16. Is there any/another television near here which you can watch?

Yes [1] No [2]

17. How many days/nights during the last week (seven days/nights) did you watch television?

..... (number of days/nights)

18. How often do you usually read the newspapers to get news and information?

About once a month	[1]
About once a week	[2]
Two to three times a week	[3]
Almost every day	[4]
Once a day or more	[5]
Never read them	[6]
Don't know how to read	[7]

19. Have you ever seen a video?

Yes [1] No [2]

20. Would you please cite the single most serious problem people like you are facing in our country? (RECORD ONE RESPONSE—THE FIRST RESPONSE.)

Education	[1]
Education for women	[2]
Economic	[3]
Tood	[4]
Health	[5]
Clothing	[6]
Population	[7]
Marriage of daughter	[8]
Marriage of son	[9]
Land problem	[10]
Housing problem	[11]
Transportation	[12]
Environment	[13]
Employment	[14]
Other (specify)	[15]

21. Think about the last piece of information you got about education. What was the content of that message? (RECORD THE FIRST RESPONSE.)

Communication Channels: Frequency

22. These days information and messages about education come to us from many sources. We would like to know how you have received messages on education. Have you ever received a message on education through .....?

Media/source	Yes	No	Don't know
Radio	1	2	3
TV	1	2	3
Video	1	2	3
Newspaper	1	2	3
Miking	1	2	3
Poster	1	2	3
Meeting at health center	1	2	3
Meeting at school	1	2	3
Folk song	1	2	3
Punthipath	1	2	3
Talk with teacher	1	2	3
Talk with UP chairman/ member	1	2	3
Talk with VDP worker	1	2	3
Talk with neighbor	1	2	3
Talk with relative	1	2	3
Talk with field worker	1	2	3

IF YES TO FIELD WORKER: What type of field worker?

Awareness of FSSAP

23. In some areas of Bangladesh, the Government of Bangladesh has started a program to help girls go to high school. Girls can get money to go to high school. Have you ever heard of such a program?

Yes [1] No [2]

24. Where did you hear about this? (RECORD ONE RESPONSE.)

Radio	[1]
TV	[2]
Video	[3]
Newspaper	[4]
Miking	[5]
Poster	[6]
Meeting at health center	[7]
Meeting at school	[8]
Folk song	[9]
Punthipath	[10]
Talk with teacher	[11]
Talk with UP chairman/member	[12]
Talk with VDP worker	[13]
Talk with neighbor	[14]
Talk with relative	[15]
Talk with field worker	[16]
(IF YES: What type of field worker?)	

25. What have you heard about such a program? (RECORD RESPONSE.)

26. Where would the guardians go for more information or to apply?

27. Are the girls in this *thana* eligible to get money to go to high school?

Yes [1] No [2]

28. For which classes can girls get money?

Sending Girls to High School: Intention, Attitude, Subjective Norm

INTRODUCTION: Now I would like to ask you some questions about female education. In particular, we would like to know what you think about sending the girls in this village to high school for a few years.

INSTRUCTION: Ask the questions first and then read out the responses.

29. Will you encourage guardians to send their girls to high school for a few years?

Do you think that you:

Definitely will encourage	[1]
Probably will encourage	[2]
Don't know; not sure (DO NOT READ)	[3]
Probably will NOT encourage, or	[4]
Definitely will NOT encourage	[5]

30. Is it good or bad for you to encourage guardians to send the girls in this village to high school for a few years?
Is it:

Very good	[1]
Somewhat good	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat bad	[4]
Very bad	[5]

31. Is it easy or difficult for you to encourage guardians to send the girls in this village to high school for a few years?
Is it:

Very easy	[1]
Somewhat easy	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat difficult	[4]
Very difficult	[5]

32. Is it useful or useless for you to encourage guardians to send the girls in this village to high school for a few years?
Is it:

Very useful	[1]
Somewhat useful	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat useless	[4]
Very useless	[5]

33. Do most people who are important to you approve or disapprove of your encouraging guardians to send the girls in this village to high school for a few years? Would you say they:

Disapprove and discourage	[1]
Disapprove only	[2]
Don't know; not sure (DO NOT READ)	[3]
Approve only	[4]
Approve and promote	[5]

Consequences of Sending Girls to High School

INTRODUCTION: Sometimes our actions have good consequences. Other times they have bad consequences. I would like to ask you some questions about what might happen as a result of action that you take. I will now ask you about the foreseeable consequences/effects of sending the girls in this village to high school for a few years.

34. What is the single most important advantage of your sending the girls in this village to high school for a few years? What is the one most important good thing that might happen?
(RECORD ONE RESPONSE—THE FIRST RESPONSE)

They can find jobs	[1]
They can earn money	[2]
They will help their families	[3]
They will bring fame to their families	[4]
They will have a better life; they will prosper	[5]
They will be self-sufficient, self-reliant	[6]
They will have enriched knowledge, know how to decide	[7]
They will be able to make decisions themselves	[8]
They will be socially respected	[9]
They can give advice and counsel to others	[10]
The community will prosper	[11]
They will motivate others for education	[12]
They will educate younger brothers and sisters	[13]
They will educate their own children	[14]
They will be wedded to good husbands	[15]
They will be wedded to educated men	[16]
They will mix with people from the community	[17]
No dowry will be required to marry them off	[18]
Others (specify)	[19]

35. What is the single most important disadvantages of sending the girls in this village to high school for a few years? What is the one most important bad thing that might happen? (RECORD THE FIRST RESPONSE.)

They need more money; can't afford it	[1]
They need money for books, texts, and materials	[2]
They need proper dresses	[3]
They will not be available for housework; they cannot help their mothers at home	[4]
Villagers will say bad things	[5]
Boys will disturb/tease them on the way to school	[6]
The school is too far away; distance to school	[7]
Transportation problems	[8]
Prefer early marriage	[9]
More money will be required to marry them off	[10]
It would bring shame to their households	[11]
It will corrupt them	[12]
They will get married on their own	[13]
Others (specify)	[14]

Behavioral Beliefs for Sending Girls to High School

36a.Will sending the girls in this village to high school for a few years help educate the younger children in their families?

It definitely will	[1]
It probably will	[2]
Don't know; not sure (DO NOT READ)	[3]
It probably will not	[4]
It definitely will not	[5]

Will sending the girls in this village to high school for a few years:

	It probably will	It probably will not	Don't know	It definitely will	It definitely will not
b. Bring shame to their families?	1	2	3	4	5
c. Motivate others for education?	1	2	3	4	5
d. Cause financial hardship?	1	2	3	4	5
e. Let boys tease them on the way to school?	1	2	3	4	5
f. Bring money to her husband's family?	1	2	3	4	5
g. Bring money to the father's family?	1	2	3	4	5
h. Mean they will need more dowry to marry them off?	1	2	3	4	5
i. Bring fame to the father's family?	1	2	3	4	5
j. Help them marry educated men?	1	2	3	4	5
k. Help them educate their own children when they get married?	1	2	3	4	5
l. Help them space their children properly?	1	2	3	4	5
m.Help them lead a better life?	1	2	3	4	5
n. Mean they can give advice and counsel to others?	1	2	3	4	5

Evaluation of Outcomes of Sending Girls to High School

INSTRUCTION: We want to know how good or bad the respondents feel about each outcome of sending girls to high school for a few years. Be sure you find out if they think it is very or some what good or bad.

INTRODUCTION: In this section, we will ask you whether some things are good or bad. Please tell us exactly how you feel, whether you feel something is very or just somewhat good or bad.

37a. Is it good or bad to educate the younger children in the family?

Very good	[1]
Somewhat good	[2]
Don't know; not sure (DO NOT READ)	[3]
Somewhat bad	[4]
Very bad	[5]

Is it very good, somewhat good, somewhat bad or very bad:

	Very good	Somewhat good	Don't Know	Somewhat bad	Very bad
b. To bring shame to the family?	1	2	3	4	5
c. To motivate others for education?	1	2	3	4	5
d. To cause financial hardship?	1	2	3	4	5
e. To let boys tease them on the way to school?	1	2	3	4	5
f. To bring money to the husband's family?	1	2	3	4	5
g. To bring money to the father's family?	1	2	3	4	5
h. To need more dowry to marry them off?	1	2	3	4	5
i. To bring fame to the father's family?	1	2	3	4	5
j. To help them marry an educated man?	1	2	3	4	5
k. To help them educate their own children ?	1	2	3	4	5
l. To help them space their children properly?	1	2	3	4	5
m.To help them lead a better life?	1	2	3	4	5
n. For them to give advice and counsel to others?	1	2	3	4	5

General Social Attitudes

38. How often do the wives of this village cover their heads with their sari in the presence of outside males?

Almost always [1]
Most of the time [2]
Sometimes [3]
Hardly ever [4]
Never [5]

39. In most households in this village, who decides on the following matters? The husbands, the wives, or do they decide jointly?

	Husband	Wife	Joint	NA
a. Whether to buy land or cattle for the household	1	2	3	7
b. Whether to seek treatment for a sick family member	1	2	3	7
c. Whether sons should go to school	1	2	3	7
d. Whether daughters should go to school	1	2	3	7

40. What is the highest grade in school that you think the boys of this village should complete?

Grade .....

41. What is the highest grade in school that you think the girls of this village shouldcomplete?

Grade .....

42. Can the wives of this village do the following things alone?

	Yes	No	Don't Know
a. Go to any part of the village	1	2	3
b. Go outside the village	1	2	3
c. Go to the marketplace	1	2	3
d. Go to a health center	1	2	3
e. Visit a primary school	1	2	3
f. Visit the closest high school	1	2	3
g. Visit a neighbor to watch TV	1	2	3

43. If you could choose, at what age would you like to see the girls of this village married?

..... years (in complete years)

44. Do educated girls require more, less, or the same amount of money to get married off?

More [1]
Less [2]
The same [3]

45. Do girls in school spend more, less, about the same amount of time, or no time on domestic work?

More [1]
Less [2]
The same [3]
No time at all [4]

General Attitudes Toward Education

INTRODUCTION: Now I am going to read you some statements that you hear people saying these days. After I read each statement I would like you to tell me if you agree or disagree with it. Let me tell you how I would like you to answer each question. You might agree with a statement fully or not fully. You may agree with a statement 16 annas or 8 annas or 4 annas or 2 annas or none at all.

INSTRUCTION: Put the responses in terms of the degree—mentioning annas (16 annas, 12 annas, 8 annas, etc.)—in proper columns to indicate whether the respondent agrees or not.

Statement	**Agree**	**Disagree**
46		
a. More all-girl schools are needed in this area.		
b. Grown-up girls should get married not attend schools.		
c. People in this community can help female education		

by donating time or labor to improve the school buildings.

d. Girls will be housewives and do not need education.

e. Educated girls will not respect their in-laws.

f. It will be difficult to find an educated man for an educated girl.

g. Some villagers disapprove of educating grown-up girls.

h. Educated girls will be too proud to help with housework.

i. People in this village should try to check boys from making comments to girls on their way to school.

j. What my daughter learns in school is relevant to the things she needs to know to live in the village.

k. Educating girls will provide them with a better life.

l. Tuition is free for girls up to Grade 8.

Facilitating Factors

INTRODUCTION: The government can do things to improve female education. And people in villages can also help. We would like you to think about the past twelve months. Have you ever done any of the following activities in the past twelve months?

47. In the past twelve months, have you:

	Yes	No
a. Attended an event at the school?	1	2
b. Worked with the headmaster to improve the school?	1	2
c. Donated time to the school?	1	2
d. Donated money to the school?	1	2
e. Joined a parent/teacher association?	1	2
f. Worked with the school managing committee?	1	2
g. Encouraged other guardians to send their daughters to school?	1	2

48. How long does it take the girls of this village to go to high school?

..... minutes

49. How do the girls of this village get to high school?

50. In sending the girls in this village to high school. How much would it help if the school:

	Not at all	A little	A lot
a. Was closer?	1	2	3
b. Was just for girls?	1	2	3
c. Had more female teachers?	1	2	3
d. Had flexible hours?	1	2	3
e. Had better transportation?	1	2	3
f. Had better toilets?	1	2	3

51. Is this household a single or a joint household?

52. How many members are there in your family?

53. Do you, your husband/wife, or any member of the household own any agricultural land?

Yes [1] No [2]

54. IF YES: How much land?

(**INSTRUCTION**: Write down the response using units that can be converted into decimals.)

55. Is this dwelling owned by you or your husband/wife? Or is it owned by a relative or family member? Or is it rented from a non-relative.

Owned by self/husband/wife	[1]
Owned by relative	[2]
Rented from non-relative	[3]
Other	[4]

56. RECORD CONSTRUCTION OF HOUSE.

Roof:

Concrete	[1]
Tin	[2]
Kuchha	[3]
Other (specify)	[4]

Walls:

Brick	[1]
Tin	[2]
Kuchha/mud	[3]
Other (specify)	[4]

Floor:

Concrete	[1]
Kuchha/mud	[2]
Other (specify)	[3]

57. Does your household (or any members of your household) have any of the following?

	Yes	No	Number
Almirah	1	2	
Cot	1	2	
Table/chair/bench	1	2	
Watch/clock	1	2	
Cycles	1	2	
Chickens	1	2	
Ducks	1	2	
Goats	1	2	
Cows	1	2	

58. Was there any time in the last five years when your household had insufficient food to eat for several weeks running?

Yes [1] No [2]

Thank you for your time and cooperation.

Interviewer:

Date:

Strategic Communication for Development Projects

Guide Questions for Assessing Organizational Capacity

MODULE SEVEN:

Strategic Communication
for Development Projects:

Guide Questions for Assessing Organizational Capacity

Guide questions for assessing institutional capacity for communication work in the Borrower country is presented here in the form of a matrix. Typically, communication capacity within government institutions is fairly weak and information about private-sector groups engaged in communication work will help government staff identify ways of collaborating with outside institutions and individuals. This matrix may be adapted for use at the national level or at city and district levels. By analyzing institutional capacity for communication work at various levels, project planners will have a firm basis for deciding how national organizations and local groups can work together in designing and implementing communication activities.

Assessing Institutional Capacity for Communication Work at the State Level

Instructions: Complete matrix by identifying resources for communication work at the City/Province level. The column labeled "Skills Inventory" identifies communication skills needed for the project. These resources may be available in the government or private sector. In each box, please provide name of agency, contact person, mailing address and telephone and (if available) fax numbers.

GOVERNMENT SECTOR		**PRIVATE SECTOR**		
Skills Inventory	Government	Academia	NGO	Commercial
(a) Management of communication programs	Note: Important to have this skill at the State and District/City level. Efforts to strengthen capacity may be needed.			
(b) Development of a communication strategy aimed at behavior change	Note: Important to have this skill at the State level. Efforts to strengthen capacity may be needed.			
(c) Communication research-qualitative and quantitative techniques				

Assessing Institutional Capacity for Communication Work at the State Level

GOVERNMENT SECTOR		PRIVATE SECTOR		
Skills Inventory	Government	Academia	NGO	Commercial
(d) Material development and pretesting				
(e) Material dissemination: - print, audiovisual for distribution through agencies, - mass media material for dissemination to mass audiences or households				
(f) Monitoring of communication activities	Note: Important to have this skill at the State and District/City level. Efforts to strengthen capacity may be needed.			

Strategic Communication for Development Projects

Implementation Plan

MODULE EIGHT:

Strategic Communication
for Development Projects:

Implementation Plan : Female Education Awareness Program Bangladesh

This module contains a sample implementation plan for project communication activities. It describes the research which guided decisions about the communication strategy and provides a budget summary and a timeline for activities.

Contents

Background

The Female Secondary School Assistance Project (FSSAP) is a major initiative of the Government of Bangladesh aimed at increasing secondary education of females in the country. Supported by the World Bank, this project will provide an integrated development assistance package which addresses financial and sociocultural barriers to female education.

The Female Education Awareness Program (FEAP) is a major component, addressing the sociocultural barriers to female education through a social marketing and communication strategy. This Implementation Plan, developed during a Communication Planning workshop attended by key officials of the FSSAP, the Management Technical Assistance team, and the World Bank, documents the decisions made about the behavior change strategy for FSSAP.

This volume is adapted from a report, Female Education Awareness Program, by Cecilia Cabañero-Verzosa, Susan Middlestadt, and Beverly Schwartz, (1993). The implementation plan was developed during a workshop held in Dhaka in August 1993. For brevity, the tables from the Knowledge, Attitudes, Beliefs, and Practices (KABP) study, the figures, the detailed budget, and the appendix have been omitted.

CHAPTER 1
FEAP Communication Goals

The FEAP has several communication program objectives, as noted in the Staff Appraisal Report dated February 16, 1993. These include the following:

- To build awareness of the FSSAP and stipend availability;
- To educate about the benefits of female education and encourage girls' completion of secondary school;
- To motivate educated women to seek employment as school teachers;
- To encourage girls to become school teachers; and
- To motivate school authorities to offer teaching positions to females.

A detailed communication strategy for the main FEAP objectives of building awareness of the stipend availability and educating target groups about the benefits of girls' completion of secondary school was developed during the August 1993 Communication Planning workshop.

An information dissemination phase planned in early 1992 involved the development of a set of informational materials to be used in launching the FSSAP program in August 1993 and in announcing the availability of stipends for girls in Grades 6 and 9 before the 1994 school year. These materials included the following: leaflets for girls in Grades 5 and 8; posters on the value of female education for placement in schools and community gathering places; and two radio ads which portrayed real-life situations that confront guardians as they make decisions about their girls' education. A visual and word identifier logo for the project was also developed. The logo depicted the concept of "tapashi," which means a person who works hard and is rigorous and devoted. The visual element portrayed a young girl reading a book. These various materials were pretested among a sample of the intended audience to determine comprehension of the messages. The materials are now being readied for distribution by the FEAP/FSSAP team.

CHAPTER 2
Communication Strategy

The FSSAP project goals serve as the anchor for the strategy guiding the FEAP component. The strategy described below refers to the plan of action for communicating messages to target audiences through specific channels or means of disseminating information.

Four key decisions

The FEAP/FSSAP team, composed of the participants to the Communication Planning workshop, made four decisions relevant to the formulation of the communication strategy. These decisions were based on the following questions:

1. Who is the target audience for our messages?
2. What behavior should we promote among target audiences?
3. What message concepts will promote perceived benefits of the new behavior?
4. What channels of communication will reach our target audiences as often and affordably as possible?

The following section documents these decisions and points out the research data that supported the decisions.

Identifying the target audience

Target audiences are groups of people that the FEAP would like to reach with FSSAP program messages. Audiences are categorized as primary, secondary, and tertiary target audiences. The primary target audience is those people whose behavior the communication strategy is intended to change. The secondary target audience includes those people who influence the primary audience to adopt the new behavior (also called "influencers"). The tertiary audience is composed of people in authority who can enact certain policies and practices and promote specific ideas to support and facilitate the adoption of the new behavior, idea, or practice.

To identify the target audiences for the FEAP, the team reviewed the FSSAP program goals and identified the groups whose behavior needed to be modified for these goals to be met.

To increase the number of girls in secondary education, the FSSAP of the Government of Bangladesh has put in place a mechanism for addressing the key constraints that have prevented guardians and parents from keeping girls in secondary school until they obtain their secondary school certificate. The major constraint for guardians has been the lack of economic resources to allow them to enroll their girls in secondary school. (Please refer to Table 1: Most Important Disadvantages of Sending Daughters to Secondary School-Guardians.) Thus, the key element in the FSSAP is the provision of school stipends to help defray the full cost of the girls' tuition fees and a specified percentage of related schooling expenses such as uniforms and books.

The communication strategy took the FSSAP program goal as a starting point for designing the behavior change intervention. The Knowledge, Attitudes, Beliefs, and Practices (KABP) study made it clear that both male and female guardians were supportive of sending their girls to school. The three key benefits perceived by guardians were that the girl would be able to find a job; she would become self-sufficient and not be dependent on her husband; and she would be able to marry an educated man. (Please refer to Table 2: Most Important Advantage of Sending Daughter to Secondary School-Guardians.) Other elements perceived by those guardians were that, with secondary education, the girl would be able to help

educate her younger siblings; she could motivate others towards education; and she could give advice and counsel.

To identify the target audience of the communication campaign, and to decide on which behavior to promote among this specific audience, the team considered the following questions:

1. Who makes the decision to send the girls to secondary school?
2. Who influences this decisionmaker?
3. What messages are most likely to influence this decisionmaker to send the girl to secondary school?
4. What channels of communication can be used to reach this decisionmaker? Who are the credible sources of information for this decisionmaker?

The primary target audience

The KABP study showed that male and female guardians claimed that the decision to send their girl to secondary school was made jointly. However, during discussions with FEAP/FSSAP staff who have spent years in field work in the education sector, there was a consensus that, given the male-dominated decisionmaking process in the family and the community, the real decisionmaker with regard to sending girls to secondary school is the male guardian. The KABP data show that male guardians were more active than female guardians when asked to identify specific steps taken to improve their girls' education. Male guardians attended events at the school (65 percent), worked with the school teacher (55 percent), donated time at the school (59 percent), and donated money to the school (40 percent). (Please refer to Table 3: Steps Taken to Improve Female Education.)

Thus, the FEAP/FSSAP team decided that the male guardian was the main decisionmaker with regard to sending daughters to secondary school and that the female guardian played a facilitating role, taking on the extra household chores and providing a supportive environment so that the girl could continue to go to secondary school.

The secondary audience

The KABP data also showed that male guardians often consult other men in the community with regard to the issue of girls' education (and marriage). More male guardians consulted an uncle (16 percent) or a brother (30 percent) than an aunt (4 percent) or a sister (2 percent). (Please refer to Table 4: Referents Concerning Marriage and Girls' Enrollment.)

Thus, the team decided that the secondary audience for the FEAP would be men aged 32 years and older. This number was obtained by taking the age of the girls in Grade 7 (12 years old) and adding the average age of their male guardians. The influencers then would be men 32 years old or older.

The tertiary audience

The school headmasters, headmistresses, and teachers were in a position of authority in the school system and could promote the concept of secondary education of girls within the community. The team decided that they constituted a powerful ally for the FSSAP and should be provided with messages to obtain their support.

Promoting a specific behavior

The FEAP team was concerned with having people adopt new behaviors that would enable girls to go to secondary school and complete their secondary school certificate. The team agreed that behavior change would be sustained if the parents and the girls have positive experiences with the schools and the stipend program. Rewarding and positive experiences with the school system will encourage guardians to keep their girls in secondary school and delay marriage until the girls complete their secondary school certificate.

Behavior change goals for male guardians

The team decided that male guardians should be influenced to undertake the following behaviors:

- To know the benefits and value of female education;
- To become aware of the government program that encourages secondary education among girls in Bangladesh through the FSSAP program;
- To become aware of the availability of stipends that help defray secondary school expenses for girls;
- To permit girls to enroll in secondary school; and
- To encourage girls to complete secondary school and take the secondary school certificate (SSC) examinations.

In keeping with the terms of the stipend, girls must stay unmarried during their schooling. Male guardians are thus responsible for postponing the girls' marriage until after they complete their SSC examinations.

Behavior change goal for older men in the community

The FEAP/FSSAP team decided that influencers should be encouraged to do the following:

- To know about the benefits and value of female education;
- To serve as role models for the community by sending their own daughters to secondary school; and
- To talk to male guardians with daughters in primary school about sending their daughters to secondary school.

Behavior change goal for school headmasters/ headmistresses and teachers

The behavior change goals for school headmasters/ headmistresses and teachers may include the following:

- To know the benefits and value of female education;
- To have a positive attitude towards FSSAP;
- To sign the cooperation agreement which defines the responsibilities of the school officials in making the stipend available to girls in secondary school; and
- To encourage male and female guardians to send their girls to secondary school.

The behavior change pyramid: knowledge–enrollment–completion

It would be useful to track behavior change throughout the project period. There are three levels of behavior change that may be monitored, which can be presented schematically as an inverted pyramid. The base of the pyramid represents the smallest group: the girls who complete their secondary school certificates. The mid-section would constitute the second largest group: those who enroll in secondary school. At the very top is the largest group: the girls whose male guardians know about the stipend program, have positive attitudes about sending them to secondary school, and believe that doing this will bring benefits to the girls and their families. The concept behind this inverted pyramid is one of behavior change proceeding in phases—from knowledge, attitudes, and beliefs, to initial trial of the proposed behavior (in this instance, enrolling and obtaining a stipend), and finally to completion of secondary school and passing the secondary school certificate exams. What this implies for the FSSAP program is that, to obtain the target enrollment figures, a larger group of male guardians need to be provided with knowledge about the stipends and need to be nurtured by the school system so that they will have positive attitudes and beliefs about sending their girls to secondary school. This inverted pyramid concept also recognizes that a percentage of girls will drop out of school before completing secondary schooling.

Tracking these three types of change provides information on problems that crop up over time which communication activities may be able to address. For example, if by mid-project enrollment rates have stabilized and are within project goals but completion rates are below targeted levels, the communication

program can be redirected to those segments of the population that are likely to drop out. The communication strategy that will address a drop-out problem will be quite different from one meant to provide knowledge about stipends and encourage positive attitudes and beliefs about girls' education. (Please refer to the Appendix for a diagram of the inverted pyramid and Figure 1-6.)

The research plan that will enable the FEAP/FSSAP to track changes in knowledge, attitudes, and beliefs among the target population is discussed in the next section. FEAP communication research will track knowledge, attitudes, and beliefs that affect enrollment and drop-out rates, while program monitoring data will provide feedback on how well the educational system is able to provide the necessary stipends and other services needed to maintain the new behavior of having girls complete secondary school.

Key message concepts for specific target audiences

Possible message concepts for the primary, secondary, and tertiary audiences are described below. These do not constitute the final messages, but are descriptions of key concepts that need to be tested among the target audience before they are disseminated via print or broadcast media. Pretesting of message concepts with the target audience allows communicators to identify what aspects of the message are understood and are found credible by the target audience.

Message concepts for male guardians

Messages for male guardians need to communicate the idea that sending girls to school would benefit guardians, their families, and especially the girls themselves. The KABP data show that male guardians see the following benefits in sending a girl to secondary school: she will find a job (29 percent); she will be self-sufficient (10 percent); and she will marry an educated man (6 percent). The female guardians' perception of benefits is consistent with that of the male guardians (Table 2: Most Important Advantage of Sending Daughter to Secondary School).

In formulating a key message concept, it is important that the benefits mentioned by the communication campaign are within reach of the target audience. Thus, of the three possible message concepts, it may be better to highlight the benefit of the daughter becoming self-sufficient or that of her marrying an educated man. The benefit of the girl being able to find a job may not be realistic, considering the poor employment opportunities in Bangladesh at present.

However, there may be a way of using this message concept now, without promising that jobs are plentiful for girls with secondary education. The message can be presented in the form of testimonials from girls who did get jobs because they had a secondary education, emphasizing that girls with secondary education are more likely to find a job than those without secondary education. Another option may be to portray employers who state that they are searching for girls with secondary education for employment in their offices. The important aspect of message design is to give messages that audiences can find relevant and persuasive. Promising unachievable benefits weakens the message because target audiences quickly find out the truth and ultimately the source of the message loses credibility.

Although messages are to be primarily directed to male guardians, it may be worthwhile to provide subliminal messages about the female guardian's role as a joint decisionmaker and as a source of support and encouragement for girls to complete their secondary education. This can be done through illustrations showing the male and female guardians talking about their girl's education or showing the female guardian taking on extra household chores so her daughter can go to school. By portraying the female guardian's role in sending the girl to secondary school, it is hoped that in the long run there will

be social acceptance of the need to consult the female guardian about family decisions such as sending girls to school.

Message concepts for older men in the community

Influencers in the community were supportive of the idea of sending girls to secondary school; 99 percent of male influencers said they would encourage guardians to send their daughters to secondary school (see Table 5: Intention, Attitudes, and Subjective Norms).

The key messages to be tested may include the concept that educated girls will contribute to the good of the community because they will be able to take care of the health and informal education of their siblings and contribute to their parents' economic well-being when they become self-sufficient. Influencers would be portrayed as wise people who help their community by promoting ideas that improve the quality of people's lives.

The message may include asking influencers to talk to male guardians of daughters in Grade 5 and to encourage them to send their daughter to secondary school. It may also ask the influencers to announce the availability of the stipend to male guardians with eligible daughters.

Message concepts for school headmasters/ headmistresses and teachers

The KABP study noted that 85 percent of male guardians and 35 percent of female guardians obtained their information about education from meetings with teachers (Tables 6 and 7: Source of Information on Education, Male Guardians and Female Guardians). Message concepts can be developed based on interviews that FEAP staff and *thana* project officers may conduct in the near future. The working group at the Communication Planning workshop considered that headmasters/headmistresses and teachers would think girls' education beneficial for their schools for the following reasons: schools whose girl students can get stipends will have a regular income from the girls' tuition fees, which are paid fully by the stipend program; a regular source of income from tuition fees may mean the school can afford to increase the number of teachers; and girls who get stipends are more likely to continue their schooling, thus contributing to the school's income.

The message concepts should also include a "call to action" so that headmasters/headmistresses and teachers are reminded to undertake a specific action which will encourage male guardians to send their daughters to secondary school. The "call to action" might ask teachers to talk to male guardians about the stipend or to organize a parent/teacher meeting during which they can announce the availability of the stipend.

A message for school officials will include encouragement to sign the cooperation agreement before the beginning of the 1994 school year.

Channels of communication

The next decision dealt with how messages will be disseminated to their specific target audiences. The choice of channels of communication is guided by the following principles:

1. The channel of communication should be accessible to the target audience. If radio is to be used, working radio sets should be available to the people the program wants to reach.
2. A mix of channels of communication including mass media, interpersonal and group communication is an effective way to reach target audiences. Decisions concerning choice of channels should be based on reach, frequency, managerial feasibility, and effectiveness per contact.
3. In cases where the target audience is semiliterate, special effort should be made to produce print materials that are highly pictorial and easy to understand.
4. Whether the channel is mass media or interpersonal communication, credible message-bearers should be used.

In Bangladesh, ownership of working radios and televisions was low. Only 37 percent of male guardians said that they had a working radio at home, and only 14 percent mentioned having a working television set at home. However, 75 percent of guardians had access to a radio either in their own house or that of a neighbor. Forty-eight percent had access to a TV nearby or in their home. In the interviews with guardians, 22 percent of the males mentioned having listened to the radio daily for the last seven days, while only 10 percent had watched television daily for the last week. Only 3 percent of the male guardians read a newspaper daily. The figures reported for female guardians are about the same for radio and television, but almost no female guardians read the newspaper in the week preceding the interviews (Table 8: Working Radio/TV in the Home-Guardians and Table 9: Access to Different Forms of Communication in the Last Seven Days-Guardians).

On the other hand, influencers reported higher figures for ownership of a working radio or TV in the home (Table 11: Working Radio/TV in the Home-Guardians). Compared to the guardians, more influencers listened to the radio, watched TV, and read newspapers (Table 12: Access to Different Forms of Communication in the Last Seven Days-Influencers).

When asked whether they could read and write Bangla, a higher percentage of male guardians than female guardians said they could (Table 10: Can Read or Write Bangla-Guardians).

It was evident that, for the FEAP to launch a successful communication program, it must rely heavily on interpersonal channels of communication and community networks to relay the message about female education. Mass media might be used to increase people's awareness of the value of female education, but the persuasion and instruction would need to come from face-to-face communications occurring at the community level.

Interpersonal communication channels that could be tapped included a wide variety of interpersonal networks that link community members to each other and to the school. These include parent-teacher associations (PTAs), school managing committees (SMCs), and teachers' associations. At the community level, a number of local groups, non-governmental associations, religious groups, and social development groups could be tapped to promote the concept of female education.

The following World Bank Mission Papers extensively review various communication channels available in Bangladesh for development programs: A Study of Cost-Effectiveness of a Public Awareness Program for the Proposed Female Secondary School Assistance Project in Bangladesh, by Atiur Rahman, Reaz Uddin and Kamal Uddin Ahmed, January, 1992; State of the Art of Media Campaigns: A Comprehensive Review of Literature, by Achintya das Gupta and Anish Barua, February, 1992; and Inventory of Organizations in Information Dissemination, by Tahmina Rahman, July, 1992.

Other audience segments

Other target audiences to which the FEAP would like to provide messages about female education include educated women, who need to be motivated to become teachers; girls in secondary school, who may be steered in the direction of choosing teaching as their profession; and school headmasters/headmistresses, who can be enjoined to hire more female teachers in their schools.

The Appendix contains suggestions made by the team regarding messages and channels of communication to be used for these target audiences.

CHAPTER 3
Research Component

The purposes of FEAP monitoring and evaluation plan were:

1. To assess the impact of the Female Education Awareness Project on knowledge, attitudes, beliefs, and practices of rural Bangladesh men and women toward female secondary school education.
2. To monitor how well the FEAP is working and to refine communication activities as needed.

Major quantitative KABP tracking studies for assessing impact of FEAP

A baseline KABP survey was conducted in May and June of 1993 with 864 rural men and women from sixteen *thana*s (eight Phase I *thana*s and eight Phase II *thana*s). The survey specifications, including copies of the questionnaires and details of the sampling, are in the Appendix. The survey used a multistage school-based sampling plan to select a representative sample of male and female guardians and community leaders from rural communities. Specifically, three secondary schools were selected from each *thana*, two primary schools were selected from each secondary school, and three Grade 5 girls were selected from each primary school. The male and female guardians and the community leaders influential for each of these girls were then interviewed. This baseline survey was to provide an assessment of initial levels of knowledge, attitudes, beliefs, and practices in these rural communities.

This survey should be repeated at least every two years in May and June according to the timeline below, with the same ninety-six primary schools identified during the baseline survey. However, each time a different sample of girls, guardians, and community leaders will be surveyed. Thus, the design is essentially cross-sectional rather than a true panel design.

In addition to the current sample of forty-eight secondary schools and ninety-six primary schools, the subsequent surveys should include samples of schools, girls, and guardians from eight control *thanas* where there is no FSSAP. The *thana*s should be selected to match the Phase I and Phase II *thana*s in the sample regarding level of impoverishment, number of secondary school certificate passes, number of schools in the *thana*, distance from schools, and religion. In addition, control *thana*s should not be adjacent to either Phase I or Phase II *thana*s in the sample. The selection of secondary schools, primary schools, and Grade 5 girls should be made following the listing and random number procedures outlined in the Appendix.

The proposed timeline for the major quantitative tracking KABP studies is as follows:

- Baseline KABP survey in Phase I and Phase II *thana*s.
- FEAP information dissemination.
- Stipends become available in Phase I *thana*s.
- Repeat of KABP survey in Phase I, Phase II, and control *thana*s.
- Stipends become available in Phase II *thana*s.
- First impact analysis ready for mid-project review.
- Repeat of KABP survey in Phase I, Phase II, and control *thana*s.
- Final KABP survey in Phase I, Phase II, and control *thana*s.

The impact analysis should focus on changes and differences in exposure to the FEAP messages, awareness of the FSSAP, beliefs, attitudes, normative beliefs about sending girls to secondary schools, general attitudes towards education, participation in education activities, school attendance, and school enrollment. It is likely that

there will be trends in these characteristics in the society at large. Thus, it is necessary to examine the level of the characteristics separately for people living in Phase I *thana*s (for whom the stipends become available in 1994), for people in Phase II *thana*s (for whom the stipends will become available in 1995), and for people in the control *thana*s (for whom the stipends will not be available through the FSSAP). The impact of the FEAP/ FSSAP will be demonstrated if the changes (e.g., in attitudes towards secondary education for girls) are greater and faster among communities in Phase I than in Phase II than in the control *thana*s.

Rapid annual qualitative monitoring studies for adjustment of FEAP

To monitor how well the FEAP is working, it will be advisable to conduct rapid monitoring studies. These studies should be conducted with small school-based samples, e.g. girls in Grades 5 and 8 and their headmasters/headmistresses, teachers, guardians, and influencers in fewer than ten secondary schools. The sample should include schools that did and did not elect to participate and girls who did and did not continue in school.

The studies of girls, guardians, and influencers should be conducted in the fall of the year. Then a short follow-up study of the cohort of girls can be conducted the following year to determine the percentage of girls who successfully made the transition from Grade 5 to Grade 6 and from Grade 8 to Grade 9.

The rapid assessment instrument should be qualitative rather than quantitative in nature. Qualitative questions should be designed to assess reactions and perceptions of the FEAP and the FSSAP. To provide rapid feedback about the transition, girls and guardians should be asked in the fall if they intend to progress to the next class, or to send their girl to the next class. In the following year, each household should be revisited and asked if the girl did in fact enroll. Those who did should be asked why; those who did not should be asked why not.

These surveys should be conducted annually, especially in the early years of the FEAP, using the following plan:

- Fall, 1994 Study of Grade 5 and Grade 8, Cohort 1.
- Winter, 1995 Follow-up of Cohort 1
- Fall, 1995 Study of Grade 5 and Grade 8, Cohort 2.
- Winter, 1996 Follow-up of Cohort 2.
- Fall, 1996 Study of Grade 5 and Grade 8, Cohort 3.
- Winter, 1997 Follow-up of Cohort 3.
- Fall, 1997 Study of Grade 5 and Grade 8, Cohort 4.
- Winter, 1998 Follow-up of Cohort 4

Formative research on the transition from Grade 8 to Grade 9

The initial formative research for the FEAP of the FSSAP focused on transition from Grade 5 to Grade 6. Additional formative research is recommended to study the transition from Grade 8 to Grade 9. This research plan should be similar to the initial formative research scheme. The Appendix contains preliminary specifications for the knowledge, attitudes, beliefs, and practices survey. Briefly, the purpose of the survey is to determine the advantages and disadvantages of sending girls to Grade 9, as perceived by male and female guardians, the girls themselves, and those who influence them. The study should begin with a qualitative study with open-ended questions among about 160 respondents (forty male guardians, forty female guardians, forty Grade 8 girls, and forty influencers), followed by a quantitative study with closed-ended questions with samples of about 800 to 1,000.

CHAPTER 4
Timeline

The timeline shows the sequence in which major project activities take place. Major activities are described below.

Formative research (qualitative and quantitative studies)

The formative research will provide the project team with data on the knowledge, attitudes, beliefs, and practices of the audiences being targeted by the FEAP. Both qualitative and quantitative research techniques can be used during the formative research phase. These research techniques are used for different though complementary purposes.

Qualitative research provides depth of understanding of a particular idea or practice. It asks the question "Why?" and explores motivations, perceptions, and behavior. It provides interpretative data which can then be used to formulate message concepts and behavior change intervention strategies.

On the other hand, quantitative research techniques measure the level of occurrence of a particular knowledge item, perception, or behavior. It asks the questions "How many?" and "How often?" It provides objective data and is definitive and descriptive. Quantitative data are useful for providing information on baseline measures of knowledge, attitudes, beliefs, and practices, which are then compared to postintervention measures to determine if there was a significant change within the target population.

Communication planning

A formal planning exercise involving the key officers of the FSSAP and the FEAP was employed to define the communication strategy. This planning exercise should be replicated at the *thana* project officer level to ensure their participation and support during implementation.

Training of fieldworkers

Persons who will be responsible for field implementation of project activities need to understand the goals of the Female Education Awareness Program so that they can participate in and contribute to the attainment of these goals. Fieldworkers include the *thana* project officers and the local network of cooperating partners in implementation, such as school managing committees, parent-teacher associations, NGOs, community-based groups, etc.

There are two parts to this training activity. The first part consists of training in the technical content of the campaign. This means field teams will be informed about the FSSAP objectives, as well as the organizational means through which these objectives will be attained. The second part provides the motivational push for field teams to be partners in pursuit of a vision for improving female education.

The training should not only aim to provide them with the information necessary for them to carry out their specific tasks but should motivate them by providing them an understanding of the benefits they and their communities will gain from becoming active participants in this undertaking.

A concept borrowed from commercial marketing has been shown to be effective in getting field teams committed to a specific goal. This is the concept of conducting “sales conferences,” where the field implementors are given a motivational seminar/ orientation session to galvanize support for a given campaign. During these “sales conferences,” materials to be used in the campaign are shown; the role of the field team and their contribution to the campaign's success are described; and a system of rewards for achieving campaign goals is presented.

Material development and pretesting

At this stage, materials are developed, pretested and produced. During the motivational seminars/orientation sessions, the materials are presented to the field teams so they can learn how to use these informational materials in their face-to-face communications. It will also help them understand the overall communication strategy guiding the messages that they will hear on the radio, watch on TV, or read in the newspapers.

Launching the intervention

This phase refers to the official announcement to the public about the availability of the stipends and the package of assistance that the Government of Bangladesh is making available to females of secondary school age in the project sites. This phase is usually of short duration. Activities are focused on providing the press with information kits and informing mass media personnel about the official announcement and activities related to the project launch.

After the launch activities, the campaign proceeds with all field activities. Materials are disseminated, fieldworkers visit schools and households. Community networks are mobilized.

Routine monitoring

While field activities are in progress, it is useful to track performance of the FSSAP tasks, especially at the point of contact with the client groups (the girls and their guardians) to identify possible areas of misunderstanding or dissatisfaction. Corrective action needs to be taken immediately to solve problems encountered in the field.

Postintervention evaluation

The impact of the FEAP on selected indicators such as knowledge, attitudes, beliefs, and practices should be assessed every two years.

CHAPTER 5
Organizational Structure

The Project Implementation Unit (PIU) has established two key positions for the FEAP, an Asst. Director and a Project Officer. The main task for the FEAP team will be the management of the communication program. Key responsibilities will be the development of a communication strategy in consultation with the FSSAP senior officers (this was accomplished during the August 1993 Communication Planning workshop); the training of *thana* project officers on communication program objectives and related field activities; negotiations with local partner groups for community-level communication activities; quality control of the messages being disseminated by the FEAP at both the central and local levels; and the development of a dissemination strategy for the materials (print, audio, and audiovisual) used in the communication program. Community-level negotiations, such as those with local partner agencies and groups, will be done in coordination with the *thana* project officers.

The FEAP team's major role is that of management of the communication program. It should use outside talent to develop and produce communication materials and undertake communication research. By the third year of the project, FEAP must begin to study ways of building the capacity for communication work within the Department for Secondary and Higher Education (DSHE). Consultants in organizational development may be brought in at this stage to provide various options for building staff capacity for communication work within the DSHE.

CHAPTER 6
Budget

The proposed budget for the FEAP component amounts to US$ 4.724 million to cover the period 1994-99. This provides for the following budget line items: communication research (13 percent); mass production and distribution (38 percent); training for PIU staff (5 percent); interpersonal communication (22 percent); and technical assistance (22 percent).

The budget is presented according to an annual disbursement schedule. The 1994 schedule of disbursements showed a large amount of funds for mass production and distribution which may need to be reallocated to the next year, considering that the materials developed for the information dissemination phase will just have been distributed in late 1993. The FEAP team should review this budget by mid-1994 to determine current expenditure levels and the pace of project activities, and adjust the budgets accordingly.

CHAPTER 7
Next Steps

This implementation plan lays out the overall strategy guiding the FEAP communication program activities. The following administrative steps can be taken in the next few months to activate the various components:

1. Disseminate the print materials for the information dissemination phase to the communities and schools.
2. Negotiate with local partner agencies who can assist in community-based communication activities to reach various target audiences.
3. Complete staffing of the FEAP office. The Project Officer position still remains unfilled. It is important to have adequate staff resources available to manage the range of FEAP communication program activities. An option that the FSSAP may wish to consider is to contract an outside consultant to supplement the management capacity of the two persons currently assigned to the FEAP. This consultant may be from within Bangladesh, a neighboring country, or an international organization with extensive experience in Bangladesh.
4. Conduct briefings and training sessions for the local groups, including the *thana* project officers on the FEAP component of the FSSAP.

Strategic Communication for Development Projects

Timeline

MODULE NINE:

Strategic Communication
for Development Projects:

Timeline

This module consists of a sample timeline of communication activities for each stage of the project cycle. It outlines a sequence of communication activities and an estimated duration for each activity that may serve as a guide to planning, recognizing that the allocation of responsibility between the Bank and Borrower and the timing of tasks over the project cycle will vary somewhat depending on resource availability, institutional capacity, and exigencies of the local situation. The timeline is presented in two formats, a Word 6.0 file and a Microsoft Project file. The Microsoft Project file contains seven columns, including an estimated duration for each activity, a start date and a finish date. It also includes a description of the relationship between activities, showing which activity precedes another, in the "Predecessor" column. For example, the relationship between task 4 and task 5 is that both tasks can start at the same time (they have a "start-to-start" relationship) but task 5 can be extended one more week after task 4 has been completed. In a "finish-to-start" (FS) relationship, one task has to be completed before another task can begin. The main advantage in using Microsoft Project software to generate the timeline is the ease with which one can adjust the dates. In the Word 6.0 file, any change in dates will mean manually keying in the changes in succeeding activities. In Microsoft Project, the software will automatically recalculate new dates for all succeeding activities.

Sample Timeline for Project Preparation and First Year of Implementation (Microsoft Project format)

ID	Task	Estimated duration	Resources/Responsibilities	Additional notes
1	**Country X: Population, health, and nutrition communication activities**			
2	**Identification**			
3	Determine if communication component is needed			
4	Select borrower organization unit responsible for activities			
5	Select project site			
6	Hire communication specialist for project preparation			
7	**Preparation**			
8	Review criteria/process: selection of consultant for implementation			
9	Review client profile—secondary data on knowledge, attitudes, beliefs, and practices (KABP)			
10	Prepare the communication research plan			
11	Hire consultant for planning research			
12	Conduct planning research as part of social assessment			
13	Assess organizational capacity for communication work			
14	Assess government's capacity-building proposal			
15	Prepare a communication strategy			
16	Initiate work on implementation plan			
17	**Pre-appraisal/appraisal**			
18	Agree on purpose, content, and methodology			
19	Agree on process of selecting Implementors			
20	Finalize Implementation plan			
21	Hire consultants for Implementation			
22	Prepare documents; negotiate loan approval			
23	Develop and pretest material			
24	Orient health workers			
25	Prepare for project launch			
26	**Supervision**			
27	Launch communication activities			
28	Monitor communication activities and modify as needed			
29	Submit annual work plan			
30	**Completion**			

Sample Timeline for Project Preparation and First Year of Implementation (Microsoft Project format)

ID	Task	Duration (Week)	Start	Finish	Predecessor	Resource
1	**Country X: Population, health, and nutrition communication activities**	**115**	1/16/95	**3/28/97**	----------	----------
2	**Identification**	**10**	1/16/95	**3/24/95**	----------	----------
3	Determine if communication component is needed	**6**	1/16/95	**2/24/95**	----------	**Borrower, World Bank**
4	Select borrower organization unit responsible for activities	**4**	2/13/95	**3/10/95**	3SS+4w	**Borrower**
5	Select project site	**4**	2/20/95	**3/17/95**	4SS+1W	**Borrower**
6	Hire communication specialist for project preparation	**4**	2/27/95	**3/24/95**	4SS+2w, 5SS	**Borrower**
7	**Preparation**	**26**	4/3/95	**9/29/95**	----------	----------
8	Review criteria/process: selection of consultant for implementation	**4**	4/3/95	**4/28/95**	6FS+1w	**World Bank**
9	Review client profile—secondary data on knowledge, attitudes, beliefs, and practices (KABP)	**4**	4/3/95	**4/28/95**	6FS+1w	**Borrower**
10	Prepare the communication research plan	**4**	5/1/95	**5/26/95**	9	**Borrower**
11	Hire consultant for planning research	**4**	5/15/95	**6/9/95**	10SS+2w, 8	**Borrower**
12	Conduct planning research as part of social assessment	**8**	6/12/95	**8/4/95**	11	**Borrower**
13	Assess organizational capacity for communication work	**8**	5/15/95	**7/7/95**	11SS	**Borrower**
14	Assess government's capacity-building proposal	**4**	7/10/95	**8/4/95**	13	**World Bank**
15	Prepare a communication strategy	**8**	8/7/95	**9/29/95**	14, 12	**Borrower**
16	Initiate work on implementation plan	**4**	9/4/95	**9/29/95**	15SS+4w	**Borrower**
17	**Pre-appraisal/appraisal**	**22**	10/2/95	**3/1/96**	----------	----------
18	Agree on purpose, content, and methodology	**4**	10/2/95	**10/27/95**	16	**Borrower, World Bank**
19	Agree on process of selecting Implementors	**4**	10/2/95	**10/27/95**	18SS	**Borrower, World Bank**
20	Finalize Implementation plan	**8**	10/16/95	**12/8/95**	19SS+2w	**Borrower**
21	Hire consultants for Implementation	**4**	12/11/95	**1/5/96**	20, 8	----------
22	Prepare documents; negotiate loan approval	**8**	12/11/95	**2/2/96**	20	**World Bank**
23	Develop and pretest material	**8**	1/8/96	**3/1/96**	20, 21	**Borrower**
24	Orient health workers	**8**	1/8/96	**3/1/96**	23SS	**Borrower**
25	Prepare for project launch	**8**	1/8/96	**3/1/96**	23SS, 24SS	**Borrower**
26	**Supervision**	**56**	3/4/96	**3/28/97**	----------	----------
27	Launch communication activities	**4**	3/4/96	**3/29/96**	25, 22	**Borrower**
28	Monitor communication activities and modify as needed	**52**	3/4/96	**2/28/97**	27FS+4w	**World Bank, Borrower**
29	Submit annual work plan	**4**	3/397	**3/28/97**	28	**Borrower**
30	**Completion**	**0**	3/28/97	**3/28/97**	29	----------

Notes (Microsoft Project format)

6. Hire communication specialist for project preparation
   Borrower needs a communication specialist to prepare the proposal for the project's communication activities

16. Initiate work on Implementation plan includes strategy, research plan, budget, timeline, and capacity-building component.

28. Monitor communication activities and modify as needed includes the following.
    Evaluate whether:
    - communication activities are taking place
    - communication materials are reaching target audiences
    - communication activities are associated with changes in KABP.

    Conduct communication planning sessions every two years to update strategy.

    Review results of monitoring research and modify activities as needed.

Strategic Communication for Development Projects

Budget

Module Ten:

Strategic Communication
for Development Projects:
Budget

Following is a sample communication budget from the Chad Health and Safe Motherhood project. Budget line items for communication activities are divided between investment and recurrent costs.

Developing and Implementing a Nationwide IEC Program

Scope and Objective. The objective of this component is to strengthen the capacity of the Ministry of Public Health (MOPH) and its Information, Education and Communication (IEC) Division to develop and implement IEC programs with respect to improving health and contraceptive behaviors of the Chadian population and to support district, health, nutrition and FP services. To this end, the project would: (a) reinforce the MOPH capacity to plan, coordinate, and control the quality of IEC activities; (b) conduct training programs in IEC, interpersonal communication, and social mobilization; (c) conduct quantitative and qualitative studies on the basis of which the IEC strategies and messages would be developed.

Background. Although IEC techniques have been recognized by Government as important tools to empower the population to take charge of its own health, efforts in this regard have been limited to uncoordinated actions in donor-financed vertical health programs (par 2.27). The National Health, Information and Education (NHIE) Strategy developed in 1987 needs to be updated to reflect realities and health priorities as established in the context of the new National Health Plan. With the help of an international consultant (IEC), the Government has reorganized the Health, Information, and Education Unit (HIEU) into a Division of IEC and the National IEC Task Force had prepared an action plan on which the IEC subcomponent of this project is based. According to the plan, the Division of IEC would be strengthened and staffed to carry out a well-defined role of coordination, conceptualization, and supervision/control of quality. Its activities would focus on key messages developed on the basis of the research results and focusing on nutrition, FP, maternal and child health problems, genital mutilation, AIDS/STD prevention, and other communicable diseases. It would also look at the possibility of integrating the traditional sector in primary care delivery. Project activities to strengthen IEC activities are determined on the basis of this plan described in the implementation manual. During negotiations, the Government gave assurances that the Division of IEC would operate with the terms of reference agreed upon with IDA during appraisal.

Project Support. The project would finance: (a) training of personnel at the central level for the national IEC staff, in order to develop the IEC unit's capability to develop and implement IEC activities and to train regional staff. This includes: a two-year training external in IEC for one person from the IEC unit; and short-term training outside Chad, preferably in Africa (13 person-moths); (b) KAP and qualitative studies that would be used for IEC strategy and message development. In addition, the KAP survey would provide baseline data for the evaluation of the IEC subcomponent; (c) the production and dissemination of IEC materials to target communities; (d) a minimum of audiovisual equipment to be used to inform/educate decision- and policy-makers as well as for training activities; (e) vehicles (two cars and seven small motorcycles) to make it possible for the IEC specialist of the Central IEC Unit to supervise IEC activities and carry out training; (f) some IEC activities for priority areas that are not financed by other donors; (g) two years of a resident specialist services (UNDP financing of a UN Volunteer): past experience shows that the success of IEC activities depends on the support of well-trained IEC specialists. At present there are no IEC specialists in Chad. Therefore, this position would initially be filled at the international level while a Chadian is being trained under the project to assume these responsibilities, and (h) short-term technical assistance for specific tasks for which no Chadian expertise exists.

CHAD
Health and Safe Motherhood

IEC Programme Budget
(US$' 000)

I. Investment Costs	Unit	Quantities 1995	1996	1997	1998	1999	Total	Unit Cost	Base Cost 1995	1996	1997	1998	1999	Total
A. Equipment														
Aud/Vis. Equipment	lot	1	-	-	-	-	**1**	6	6	-	-	-	-	**6**
Aud/Vis. Equipment	lot	-	-	1	-	-	**1**	3	-	-	3	-	-	**3**
Light vehicle	unit	1	-	-	-	-	**1**	18	18	-	-	-	-	**18**
Vehicle 4x4	unit	1	-	-	1	-	**2**	36	36	-	-	36	-	**73**
Motorbike	unit	7	-	-	-	-	**7**	1	9	-	-	-	-	**9**
Office Equipment	lot	1	-	-	-	-	**1**	35	35	-	-	-	-	**35**
Subtotal Equipment									105	-	3	36	-	**144**
B. Studies														
KAP Study	unit	1	-	-	-	-	**1**	202	202	-	-	-	-	**202**
Qualitative research	unit	2	2	1	1	1	**7**	35	71	71	35	35	35	**247**
Subtotal Studies									273	71	35	35	35	**449**
C. Specialist Services														
UN Volunteers/a	per year	1	1	-	-	-	**2**	30	30	30	-	-	-	**61**
Short-term experts	person months	3	3	2	2	2	**12**	15	45	45	30	30	30	**182**
Subtotal Specialist Services									76	76	30	30	30	**242**
D. Training														
Training on IEC & management	person months	3	3	2	2	2	**12**	12	36	36	24	24	24	**145**
Long-term IEC training	per year	1	1	-	-	-	**2**	29	29	29	-	-	-	**59**
IEC reg'l staff training/b	person months	2	-	-	-	-	**2**	8	16	-	-	-	-	**16**
Training of trainers/c	unit	-	2	-	2		**4**	10	-	20	-	20	-	**40**
Subtotal Training									82	86	24	44	24	**260**
Total Investment Costs									535	232	93	146	90	**1,096**
II. Recurrent Costs														
Supervision of training	per visit	1	1	1	1	1	**5**	23	23	23	23	23	23	**113**
Office Equipment	per year	1	1	1	1	1	**5**	8	8	8	8	8	8	**41**
Aud/Vis. Equipment	per year	1	1	1	1	1	**5**	4	4	4	4	4	4	**20**
Production of IEC material	per year	1	1	1	1	1	**5**	9	9	9	9	9	9	**45**
Supervision of IEC in 2 regions	per trip	2	2	2	2	2	**10**	9	18	18	18	18	18	**91**
Regional seminar/d	persons	-	40	-	40	-	**80**		-	3	-	3	-	**5**
Total Recurrent Costs									62	65	62	65	62	**316**
TOTAL									597	297	155	211	152	**1,412**

\a UN volunteers financed by UNDP/UNICEF.
\b IEC staff person assigned per region.
\c 3 weeks x 20 persons/region (includes per diem, organizational and travel allowance).
\d 20, 000 FCFA/day

Strategic Communication for Development Projects

Best Practices

MODULE ELEVEN:

Strategic Communication
for Development Projects:

Best Practices

This module contains illustrative examples of "best practices" in population, health, and nutrition communication. The examples describe the projects' communication goals, the methods used to promote changes in knowledge, attitudes, or behavior, and a brief summary of the outcome of communication activities. Project examples were provided by various agencies, including the Academy for Educational Development (immunization and breastfeeding), the Johns Hopkins University Center for Communication Programs (sexual responsibility), Manoff Group, Inc. (iodized salt and malnutrition), and Population Services International (HIV/AIDS and family planning).

Contents

CHAPTER 1

Promoting Family Planning in Bangladesh

From 1983 to 1985 an intensive communication program was carried out in Bangladesh in tandem with a social marketing program that increased the availability of pills and condoms. The broad goals of the family planning motivational campaign were to (a) actualize latent demand for contraception; (b) help create a demand for family planning among couples reaching reproductive age; and (c) motivate those who, for one reason or another, still resisted the concept of family planning. Contraceptives were made available to low-income, unreached, and underserved populations to help couples who were ready to accept modern contraception, to gain access to it.

Methods

The motivational campaign identified rural men as the primary target audience, with rural women and urban men as secondary target audiences and opinion leaders and other influentials as the tertiary target audience. Qualitative research identified "resistance points" that mitigated against the adoption of family planning even among those not desiring any more children. Research findings confirmed that earlier IEC efforts had been successful in generating almost universal awareness of the concept of family planning. However, the benefits of family planning had not yet been internalized by target audiences. Couples cited religious reasons, the lack of communication between spouses, a fear of detrimental health effects, and ignorance about contraceptive options as explanations for not using contraceptive methods.

For these reasons, messages positioned modern contraceptives as safe to use and encouraged husbands to discuss the subject of family planning with their wives and to choose the method most suitable to them both. Messages also stressed the personal, economic, and health benefits of family planning. Because contraceptives were made more accessible through social marketing outlets, couples had the opportunity to take action in response to messages about contraceptive choice.

The campaign used multiple media, including radio spots, a radio serial drama (soap opera), and films shown on television, in cinema halls, and on mobile film vans.

Results

The communication campaign increased positive attitudes about modern contraceptive methods from 61 percent in 1983 to 74 percent in 1985. The number of respondents who had actively sought information about family planning in the past six months rose from 11 percent in 1983 to 19 percent in 1985. There was an increase in the proportion of respondents who discussed family planning with their spouse (from 34 percent to 38 percent), with a distinct shift in the content of discussions from the general topic of the advantages of a small family to more specific topics such as the use of specific contraceptive methods. Over the two-year period, awareness and use of most modern contraceptive methods increased substantially among survey respondents, paralleling results found in the 1983 and 1985 Bangladesh Contraceptive Prevalence Surveys. Awareness of nonclinical contraceptive methods increased from 78 percent to 84 percent for oral pills and from 52 percent to 65 percent for condoms. Current use of pills increased from 4 percent to 5 percent and condom use increased from 4 percent to 6 percent. Current use of any modern method (including pills, condoms, vaginal methods, tubectomy, vasectomy, and intrauterine devices) increased from 14 percent to 25 percent.

CHAPTER 2

Ecuador: Increasing Immunization Coverage

From 1985 to 1988, under the leadership of charismatic First Lady Doña Eugenia Cordovez de Febres Cordero, the Government of Ecuador implemented the Plan to Reduce Childhood Disease and Mortality (Plan de Reduccion de Enfermedad y Muerte Infantil–PREMI). The key goal of the project was to decrease the national rates of morbidity and mortality from four principal causes: vaccine-preventable childhood diseases, diarrheal disease, malnutrition, and acute respiratory infections. The immunization program aimed to increase coverage of children under one year of age from 48 percent to 80 percent.

Methods

The project used the mass media to emphasize the importance of child survival and of PREMI as the appropriate means to improve child survival rates. PREMI developed a communication campaign promoting immunizations, oral rehydration therapy, growth monitoring, and breastfeeding. Its main focus was on child immunizations. Awareness-generating activities utilized a wide array of communication channels, including creative TV spots broadcast frequently and a large number of print materials disseminated to the general population as well as to mothers, social security health workers, primary school teachers, students, doctors, and political leaders. By the conclusion of the PREMI project in June 1988, the Communication Unit of the National Institute of the Child and Family (INNFFA) had produced a total of thirty-nine print materials that included a nutrition poster, four research booklets (containing thirteen studies), two social marketing books, a training methodology textbook, twenty-six health teaching posters with corresponding teacher's guides, a comic format textbook and its guide, and two technical reference books for doctors.

In addition to disseminating mass media messages, PREMI conducted a series of seven special events (jornadas) in which thousands of children were immunized. Immediately prior to each jornada, mass media promotions were conducted to make parents aware of the times and places where immunizations could be obtained. At the local level, the Ministry of Health, in cooperation with other governmental and nongovernmental organizations, mobilized parents to take their children to be immunized at the designated times. To make immunization services more accessible, special immunization sites were set up in addition to the regular health facilities.

Results

The project used the mass media to emphasize the importance of child survival and of PREMI as the appropriate means to improve child survival rates. The PREMI program acronym was widely recognized by Ecuadoreans. Immediately after the first jornada of October 1985, about 30 percent of the population knew the acronym PREMI without prompting. By August 1986, after two more rounds of jornadas, recognition levels increased to 65 percent. Respondents of split surveys (urban and rural) conducted in the first six months of PREMI consistently reported radio followed by TV as their main source of information about PREMI. About 80 percent of the respondents claim radio ownership and close to 60 percent claim to own televisions.

A survey conducted in April 1987, eighteen months into the campaign, found that 40 percent of the general population and 62 percent of radio owners recalled immunization as the subject of radio health messages. PREMI was associated with significant change in knowledge about when to start immunizations. Data from four surveys showed an increasing proportion of respondents with the correct knowledge: 65 percent in November 1985; 72 percent in April 1986; 90 percent in July 1986; and 91 percent in April 1987. Measles immunization coverage among 12 month-olds increased from 15 percent in 1985 to 35 percent in 1987.

CHAPTER 3

Ecuador: Marketing Iodized Salt

The Mass Media Nutrition Education Project experimented with the use of radio to promote the use of iodized salt in the Imbabura Province in the Sierra. But before the project could promote a specific product, such as the iodized salt that ECUSAL (a Morton Salt subsidiary) was about to market in Ecuador, it needed to educate household members about the nutritional value of iodine. The popular conception was that *coto* (Quechua for goiter) was a normal condition. Therefore, increasing people's awareness that goiter is a serious illness was the first task.

Methods

Radio was the primary channel used in this campaign complemented with print materials, such as posters and leaflets. For six months beginning in April 1974, messages were broadcast up to 200 times daily. The frequency of broadcasting decreased in September 1974, but some spots continued to be broadcast sporadically through April 1975. A radio mini-drama in the local language, Quechua, was the key material in this campaign. It featured a mother learning about goiter from her doctor as they discuss her child's illness.

Prior to this nutrition communication campaign, iodized salt was not available in the Imbabura Province. The only manufacturer of iodized salt, ECUSAL, agreed to make iodized salt available in exchange for free promotion of iodized salt. The company also provided 5,000 one-ounce sample packages to be given to both mestizo and indigenous populations.

Results

Three waves of interviews were conducted to determine the level of knowledge about iodized salt. A baseline measure was taken in February 1974; a mid-project measure was obtained midway through the campaign; and a final measure at the end of the campaign. Message awareness tests indicated that the messages reached a majority of the households. The greatest increase in awareness about the nutritional value of iodized salt occurred among the mestizo population. Prior to the campaign, only 5 percent of mestizo households were aware that iodized salt was better than noniodized salt. Results of the final survey showed that 95 percent of those aware of the campaign message stated that iodized salt was best. As a result of the campaign, mestizos were able to discriminate between ordinary refined salt and iodized salt. Recall of specific messages about iodized salt was higher among mestizo households (41 percent) than among the indigenous population (19 percent).

CHAPTER 4

Indonesia: Improving Nutritional Status

From 1977 to 1983, the World Bank supported a Nutrition Development Project that included a Nutrition Communication and Behavior Change component aimed at improving nutrition-related behavior in sixty villages in five subdistricts. One of these areas was part of the Nutrition Intervention Pilot Project (NIPP), which field-tested a range of community nutrition interventions including growth monitoring, oral rehydration, nutrition education with emphasis on breastfeeding and weaning foods, home and village gardens to increase production of fruits and vegetables, and small-scale food processing and food storage, as well as immunization, and in selected areas, family planning counseling by traditional birth attendants.

Methods

A combination of face-to-face communication and mass media was utilized in helping the community to improve the diets of malnourished children and of pregnant and lactating mothers. A qualitative research phase identified the beliefs, attitudes, and practices of mothers of malnourished children and of pregnant and lactating mothers. Dietary modifications needed to improve the nutritional status of malnourished children and of pregnant and lactating mothers were discussed by project staff and these families. Agreements on dietary modifications were made based on what the families are able to do with available resources. Messages were then geared to respond to the needs of the families.

Results

One year after the communication activities began, 2,000 kaders (village-level health volunteers) had learned the program messages and offered more specific advice than kaders on other nutrition education programs in comparisons areas. They were devoting more time to nutrition work, averaging fourteen hours each month compared to seven hours spent by volunteers in comparison areas. In project villages 67 percent of households had been visited by a nutrition *kader*, in comparison villages 44 percent. Mothers in project villages averaged 47 percent correct recall of nutrition messages as compared to 28 percent in comparison villages.

Evaluation data on households confirmed the changes in knowledge, attitudes, nutrient intake, and nutrition status of mothers and children in the project sites. Breastfeeding mothers and children in project areas ate a much greater variety and quantity of the food promoted compared to mothers in comparison villages.

Nutritional status of children in each of the five subdistricts of the project were significantly better than that of children in the comparison group. Mean weights of children in the project were from one-half to one kilogram higher than the mean weights of children in the comparison group, representing a highly significant difference of at least half a standard deviation between mean weights. Children in the project group showed more favorable growth patterns with growth curves that flattened out at seven months of age, compared to the five months for the comparison group. Their average weight never fell below the normal zone, whereas those of the children in the comparison group dropped below normal starting at thirteen months of age. Overall, about 40 percent of those in the project are better nourished than those in the comparison group.

Multiple regression analysis indicates that the difference in nutritional status can be attributed to the nutrition education efforts rather than to other factors such as occupation, food expenditure, mother's age, or education. Mothers' knowledge about appropriate feeding led to the adoption of these practices. In project areas, 87 percent of the children consumed more than half of the recommended calorie intake and 82 percent consumed more than half the recommended protein intake. In the comparison group, the figures were 62 percent and 60 percent respectively.

CHAPTER 5

Jordan: Initiating Breastfeeding

From 1989 to 1990, the Noor al Hussein Foundation, a nongovernmental organization linked to the Queen of Jordan, conducted a communication campaign to promote breastfeeding. Specifically, the goal of the campaign was to increase the practice of breastfeeding initiation within the first six hours after birth and breastfeeding supplementation when children reached four months of age. Women aged 35 and younger with children less than two years of age were the target audience.

Methods

The campaign broadcast radio and TV spots from March to May 1989, and again in March and April 1990. Messages focused on five behaviors that mothers did not adequately understand and that health care providers seemed not to support: initiate breastfeeding in the first hours after birth; avoid all liquids other than breastmilk in the period immediately after birth; increase milk supply by breastfeeding on demand; delay all milk supplements including juices during the first four months of life; wean gradually. Ten TV spots and a radio mini-drama series were the primary channels used to disseminate these messages to mothers.

Results

Initiation of breastfeeding within six hours after birth increased significantly during the campaign, but only among mothers who gave birth in public hospitals (from 43 percent to 69 percent) or at home (from 42 percent to 67 percent). Among mothers giving birth in private hospitals, initiation within the first six hours increased only slightly (from 17 percent to 25 percent).

Supplementation behavior was measured in two ways, showing different results. The first approach was to determine the percentage of women who were exclusively breastfeeding children of different ages. When measured this way, supplementation behavior remained essentially unchanged from 1988 to 1990. However, when mothers who were supplementing in 1990 were asked at what age they started doing so, 60 percent said they had started at four months or later, compared to just 47 percent in 1988.

CHAPTER 6

The Philippines: Promoting Sexual Responsibility Among Teens

In the early 1980s, the Population Center Foundation (PCF) in the Philippines established information and counseling centers for young people in major cities. Towards the end of the decade, PCF decided to address the issue of teenage pregnancy in a more dynamic manner. A 1982 study showed evidence of a trend toward premarital sex and teenage pregnancy. More than 5,000 15–24-year-olds were interviewed in 1985 for the Young Adult Fertility Survey. Results showed that 37 percent of married women reported having had premarital sex; only 12 percent had used contraceptives.

Methods

In 1988, PCF launched the Multimedia Campaign for Young People to promote sexual responsibility among youth. They chose popular music as the channel for messages. Lea Salonga, a local singer, teamed up with Menudo, a Puerto Rican group with a local following of 400,000 members in the Te Quiero Mucho Menudo Club.

The campaign targeted a broad audience composed of young people between 12 and 24, especially 15-19-year-olds, with messages aimed at increasing awareness of the problems of early pregnancy and pregnancy before marriage. Two songs were chosen as the vehicle for these messages: "That Situation" (a fast tune) and "I Still Believe" (a love song).

A telephone hotline, "Dial-a-Friend," was established in June 1988, a month after the release of the song "I Still Believe." Four telephone hotline numbers were advertised in TV spots linked to this song and video. PCF established a referral network of counseling and service agencies and individual professionals such as clinical psychologists.

Results

A baseline, mid-project, and final survey tracked levels of awareness and audience reaction to messages. The second survey conducted in August 1988 reported that almost all youth interviewed recalled the song "I Still Believe" (92 percent) and liked it (92 percent). Seventy percent of those interviewed could interpret the message correctly. Forty-four percent said they talked about the song with friends and parents, and 25 percent said they sought information about contraceptives. The telephone hotline "Dial-a-Friend" received 8,000 calls in the first seven months of operation. This was considered a low figure since many attempted to call but could not get through. According to an estimate based on the survey, about 150,000 callers tried to call "Dial-a-Friend."

CHAPTER 7

Zaire: Reducing the Spread of HIV/AIDS

Human immunodeficiency virus (HIV) seroprevalence is high in Zaire, ranging from 6 to 8 percent in Kinshasa and other major urban areas and 3 to 4 percent in rural areas. Heterosexual contact accounts for more than 80 percent of AIDS cases in Zaire, and the ratio of AIDS infection between men and women is 1:1.

Young women are particularly vulnerable to HIV infection because of their economic and social status. Young girls who are unable to finance their education often resort to a "beau marriage," usually to an older man, to ensure financial security, or they accept an older man's offer of financial support in exchange for sexual favors. In addition, the traditional practice of polygamy, which is common in Zaire, keeps women economically disadvantaged, thus providing an incentive for prostitution.

Methods

An estimated 13 million urban Zaire residents have access to television, as the country's eleven regional capitals are linked by television satellite. The combination of high seroprevalence and the viability of television as a channel of communication led to the decision to launch a social communication campaign in 1988 using mass media in urban areas. The media campaign was part of an aggressive social marketing program promoting PRUDENCE, a condom brand marketed by Population Services International, a nonprofit organization. PRUDENCE was sold at a subsidized price so that it would be affordable to low-income groups.

The campaign's goal was to promote safe sex practices among urban youth. At first, the target audience was comprised of boys and girls aged 12 to 19. Later it was expanded to include "young and prospective parents" aged 10 to 30. This second, older audience was targeted to address the problems of mother-to-child transmission and AIDS orphans.

Television and radio spots, songs about AIDS, drama on radio and television, and notebooks for schoolchildren were all used to disseminate a single message about safe sex practices. This message debunked the myth of casual transmission and suggested sympathetic treatment of persons with AIDS.

Results

By the end of 1990, Zaire's 13 million urban residents were receiving an average of ten minutes a day of televised AIDS messages, in the form of music videos, interview programs, dramas, or spots. Post-tests of specific media interventions showed high viewer/listener rates and excellent recall of key messages. Results from an August 1990 program impact study in Kinshasa showed the following:

- Increased awareness regarding asymptomatic carriers. The number of people who agreed with the statement "You can avoid getting infected with the AIDS virus simply by avoiding sexual contact with people who look sick," decreased by 14 percentage points (56 to 42 percent).

- Increased abstinence and mutual fidelity for AIDS prevention. When asked "How have you changed your behavior in the face of AIDS?", the proportion of individuals who responded "By becoming mutually faithful," increased 16 percentage points, from 28.9 to 45.7 percent. When asked "How have your friends changed their behavior in the face of AIDS?", the proportion of respondents indicating that their friends were practicing abstinence was 19 percent higher than in the baseline study.
- Increased knowledge and acceptance of condoms for AIDS prevention. The number of people naming condoms as their first mode of AIDS prevention grew from 5 to 13 percent, a 150 percent increase. The number of people who had ever heard of condoms increased by 11 percent.
- Increased condom use for AIDS prevention. When asked how they had changed their behavior in the face of AIDS, the proportion of people who responded by "By using condoms," increased from 3.6 to 18.8 percent.

As a result of the social marketing efforts, the sales of PRUDENCE condoms increased from less than 1 million in 1988 to 8 million in 1990. PRUDENCE condoms account for an estimated 90 percent of all condoms distributed through the commercial sector in Kinshasa. Consumer intercept studies conducted in 1990 showed that condoms are purchased and used primarily as a means of avoiding exposure to HIV and other sexually transmitted diseases.

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