

Advocacy, communication and social mobilization



to Stop TB

International Training in Tuberculosis Control
*The Research Institute of Tuberculosis (RIT),
Tokyo, Japan*
26-30 September 2005

Stop TB Partnership Secretariat

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Advocacy, communication and social mobilization to Stop TB
26 -30 September 2005
Overview

Purpose

The course aims to provide the participants with a understanding of how to use advocacy, communication and social mobilization approaches at different levels of society and illustrate the inter-relationship between advocacy, program communication and social mobilization.

Objectives

After the five modules, participants will be able to:

- Describe concepts and frameworks to change behaviour to improve TB control;
- Discuss advocacy, communication and social mobilization approaches at different levels of society, and apply basic frameworks for needs assessment, strategy, planning, monitoring;
- Learn to apply various advocacy, communication and social mobilization practical tools, specifically to learn media skills, and message-development;

Format of course

- A series of modules (5) on the comprehensive feature of advocacy, communication and social mobilisation relevant to stopping TB;
- Each module includes lectures and discussions based on specific reading-material to which references will be given;
- Group work and break-out exercises are part of the modules to encourage participants to apply various theories, and learn from each other through presentations at the end of the sessions;
 - Brainstorming: to create new ideas;
 - Collecting ideas: to pool existing experiences;
 - Role plays: to build on existing experiences and learn to think in different mind-sets;

	26 July	27 July	Wed 28 Sept	Thu 29 Sept	Fri 30 Sept
AM	I. Introduction to Advocacy, Communications & Social Mobilisation (ACS)	II. Awareness raising & communication: Media-skills	III. Needs assessment, strategy design, and planning	IV. Advocacy and Stop TB Campaigns	V. From Practice to Theory: Monitoring, evaluation and resources
PM					

Summarized programme of Modules

I. Introduction to Advocacy, Communications & Social Mobilisation (ACS)

Objectives:

- Discuss expectations and ACS background of participants;
- Outline Advocacy and communication modules, the content/ process and learning objectives;
- Discuss how messages are processed and learn about behaviour change;
- Develop Media skills through practicing message development and media-interviews

Lecture/discussion:

- Introduction to the week-program
- Presentations on risk-communication and Media: "how to speak to the press"-Chris Thomas, USAID;

Exercise

- Discuss case-studies on TB risk communication
- Practice speaking to the press

II. Awareness and communication: media-skills

Objectives:

- Feedback on the media-skills exercises;
- Outline information of various types of risk-communication;

Lecture/ Discussion :

- Review the exercise from day before;
- Overview of risk communication;

Exercise

- Media/ Press: apply information in interviews;

III. Needs assessment, strategy design, and planning

Objectives:

- Assessing and analysing needs: problem definition
- ACS strategy & planning: Initial discussions/ learning on related to basic steps in the planning matrix

Lecture /discussion:

- Introduction to analysing ACS needs;
- Basic steps in strategy design and planning principles of ACS;
- Community level ACS: outline steps in mobilizing communities;

Exercise

- Mapping audiences at the health provider level (mapping exercise)
- Mapping Advocacy and Communication at the community level: Basic steps in the planning cycle (Matrix)

IV. Advocacy and Stop TB campaigns

Objectives

- Outline information of advocacy and elements of campaigns, including information on World TB Days;
- Discuss and learn about grassroots advocacy activities;
- Learn about media/ press and discuss with journalist;

Lecture/discussion:

- Stop TB campaigns: agenda-setting for specific audiences;
- "lessons learned from Results grassroots advocacy activities"- Results;

Exercise

- Develop a slogan for a Stop TB Campaign
- Discuss World TB day and year-long campaigns

V. From practice to theory: Monitoring, evaluation, resources

Objectives:

- Outline monitoring and evaluating of communication activities;
- Review criteria for selecting ACS tools in support of the TB control programme;

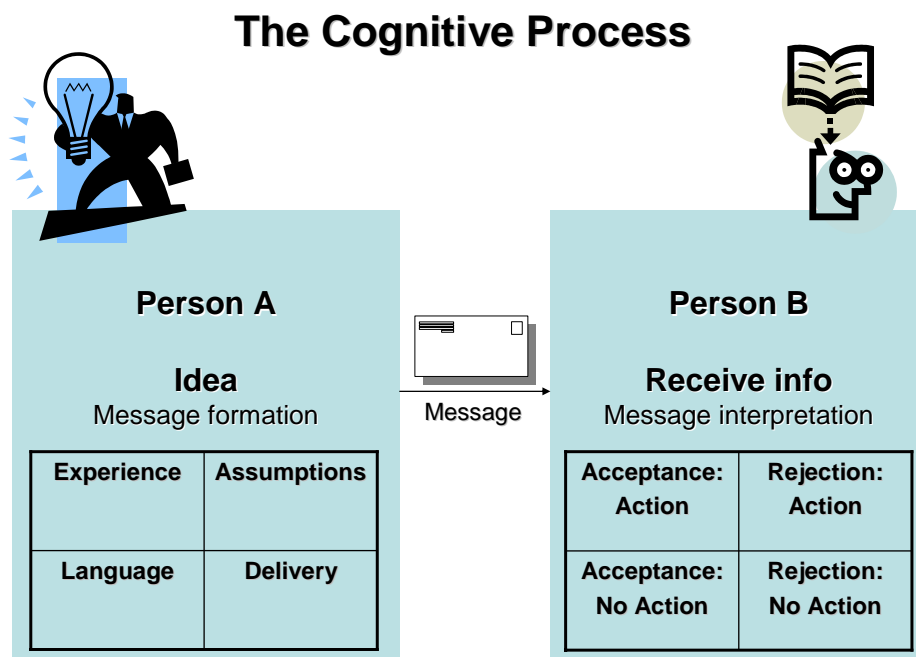
Lecture/Discussion:

- An overview: basic concepts for monitoring and evaluation
- Operational research: practical examples - Naomi Obara

Background Notes to Module I

Introduction to Advocacy, Communications & Social Mobilisation (ACS)

The Cognitive Process (fig1.1)



Messages: Five Key Elements of Messages

Content is only one part of a message. Other non-verbal factors such as who delivers the message, where a meeting takes place or the timing of the message can be as, or more, important than the content alone. In addition, sometimes what is not said delivers a louder message than what is said.

1. **Content/Ideas:** What ideas do you want to convey? What arguments will you use to persuade your audience?
2. **Language:** What words will you choose to get your message across clearly and effectively? Are there words you should or should not use?
3. **Source/Messenger:** Who will the audience respond to and find credible?
4. **Format:** Which way(s) will you deliver your message for maximum impact? e.g., a meeting, letter, brochure, or radio ad?
5. **Time and Place:** When is the best time to deliver the message? Is there a place to deliver your message that will enhance its credibility or give it more political impact?

Elements of Message Content

- **What** you want to achieve;
- **Why** to want to achieve it (the positive result of taking action and/or the negative consequence of inaction);
- **How** you propose to achieve it;
- **What** action you want the audience to take.

(NOTE: ACTIONABLE messages is the penultimate goal of all communications)

Three Tips for Message Development and Delivery

1. *Deliver a consistent message to an audience through a variety of channels over an extended period of time.* Messages will not be absorbed by audiences and influence their opinions overnight. repetition is vital. Consistency is also crucial so do not change your message until it has been absorbed by your audience. Deliver the same message in different ways, using different words, so it does not become boring.
2. *Make sure that your message is being delivered by a source that the audience finds credible.* The messenger is often as important (or sometimes more important) than the message itself. For example, if you are trying to reach the public through the press, use a newspaper that is widely read and well respected. If you are targeting parents, try to reach them through parent organizations or other parents.
3. *Create a message that the audience will understand.* Use the language of the target group. Avoid technical terms or jargon. If your message presentation uses charts, keep them clear, simple and easy to understand. Use words or phrases that have positive images, rather than terms that may have negative connotations. For example, it is sometimes better to say "child spacing" rather than "birth control" or "family planning".

Source: training guide advocacy SARA

Process of Behavior Change

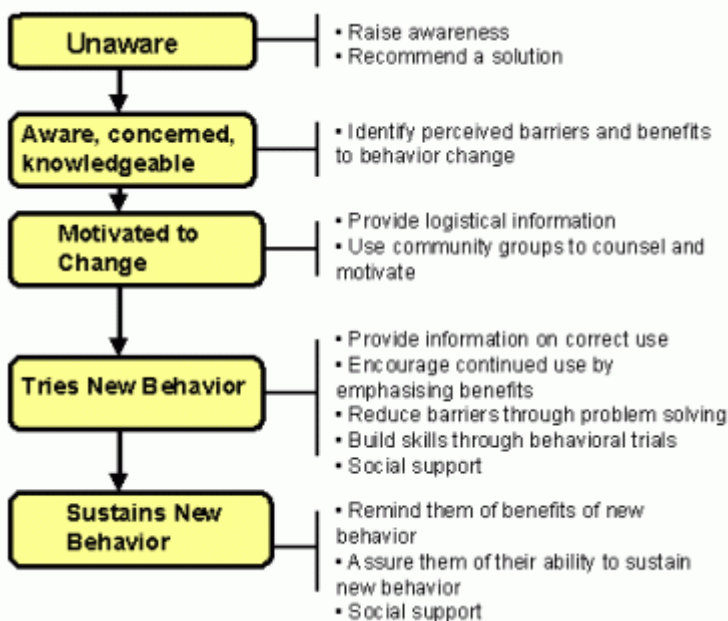
Behavior change—and thus communication intended to influence behavior change—is a process. People usually move through several intermediate steps in the behavior change process (Piotrow et al., 1997). In addition, there is typically a correlation between increases in behaviors, such as partner-to-partner dialogue about reproductive health and subsequent use of reproductive health methods.

Furthermore, this framework suggests that people at different stages constitute distinct audiences. Thus, they usually need different messages and sometimes different approaches, whether through interpersonal channels, community channels, or mass media.

An audience can generally be described as:

- **Preknowledgeable**— Is unaware of the problem or of their personal risk.
- **Knowledgeable**— Is aware of the problem and knowledgeable about desired behaviors.
- **Approving**— Is in favor of the desired behaviors.
- **Intending**— Intends to personally take the desired actions.
- **Practicing**— Practices the desired behaviors.
- **Advocating**— Practices the desired behaviors and advocates them to others.

Audiences along a Behavior Change Continuum: Possible Communication Strategies



Source: Communication for Behavior Change, The World Bank, 1996, by Cecilia Cabanero, Verzosa p 4-Figure 2

Exercises

1.1 *Cognitive process-questions*

Discussion Question: Being a doctor, how many of you get frustrated with a patient for not complying with your instructions? How many have verbally scolded your patient? Consider how cognitively came to the process of scolding your patient. How was your message delivered?

Now change roles: You are the patient, or to create a different situation, you are taking your car to the mechanic. He tells you the car needs a major repair. How did you receive the message? How did you interpret the message and what action did you take?

Work in small groups to go along the above questions, and use figure 1.1 as a guidance to reflect how the messages have been processed.

Learning Objective: gain a basic understanding how we all think and process messages.

Background Notes to Module II

Awareness and communication: media-skills

I. Communications

There is a simple rule with regard to communications with the media -- Do it early, do it often – and don't stop until the job is finished. We live in a world of 24 hour news coverage, immediate online publication and intense scrutiny of everyone in the public eye. Of course there are times when things don't go smoothly, and we must recognize that we will need to explain ourselves to the watching world.

Communication plays a number of roles before, during, and in the aftermath of crises and during every day life. Media is an instrument in the cycle of communication. It helps inform and raise awareness of programs, can address head-on problems of political, economic or other borders. Communication can play a crucial role in catalyzing efforts, informing stakeholders and communities about needs and priorities and facilitating information exchange.

A sound and strategic public relations effort is not the determining factor in the success. Most misunderstood and underutilized miss opportunities

One of the most common mistakes is a direct result of miscommunication with the media. Press coverage can quickly sway the perceptions and opinions of citizens, leaders, even the people you serve. For example, a local newspaper story based on unsubstantiated rumors can cause undue concern.

Negative or misinformed news reports occur when one is slow to address potential questions, when spokespeople fail to deliver a clear message or when management are unwilling to address negative perceptions that begin to arise in the mind of the public. Too many try to control communication by saying as little as possible.

→ You must think about public communications by proactively driving their messages through the media, and by following through on these efforts

→ You also need to consider if you want to answer. Are you ready to speak to them? Don't be afraid to tell them that you need to call them back.

When are they planning to write the story? Journalists' deadlines are usually very tight. Make sure you call them back before the deadline, even if it's just to explain unforeseen obstacles. A missed deadline is a missed story. Alternatively, the story could still be used, but may report that you were unavailable for comment, implying indifference or defensiveness.

Proactive and effective communications and media relations

- Make certain that communications is always a priority
- Put a PR strategy in place
- Track communications tactics on a regular basis, making adjustments as developments require;
- Anticipate the public's concerns and questions with a messages document that proactively outlines and supports your corporate positions;
- Prioritize and manage media outreach and response;
- Be proactive with your media outreach;
- Look beyond traditional channels of communications; and,
- Be honest -- if there is bad news coming, don't deliberately mislead, as this might lead to an environment of distrust.

Even if one has followed all these recommendations and PR has succeeded in delivering a consistent and positive message to the public, the job is not over. Effective follow-up communications with the media is essential to long-term success.

Traditionally, PR practitioners go to newswires to reach mass audiences fast and efficiently but *news releases* should be supplemented with e-mails and faxes to reach specialized audiences.

While wires reach larger audiences, e-mails and faxes can reach individual journalists directly. Many PR practitioners agree that niche or smaller wire services are a fabulous supplement to mainstream wire distribution.

Create E-Newsletters

E-mail newsletters should be valuable and useful and strengthen your relationship with your readers. A good way to do this is to write content in a genuine and personal way, engaging your readers on a more personalized level. An editor, for instance, gives a newsletter an individual touch, especially if he or she writes a short introduction for the issue. This makes the reader feel as if the newsletter comes from an individual rather than an organization. If you have a personal introduction or greeting present the content a personal style, you stand a better chance of building and retaining a long-term following.

Communication Strategies That Work

- First you have to look at your audience and ensure that you consider what motivates them.
- Remember that the number of messages people receive on a daily basis is staggering. It is important to look at which messages, or types of messages, are most effective at reaching the target audience.
- Next, you must identify the "levers of opportunity," the types of opportunity that might enable your audience to make the desired decision or behavior change you're asking for.

II. CRISIS COMMUNICATION

CRISIS (kri'sis) A crucial or decisive point or situation: TURNING POINT. An unstable state ... with an impending abrupt or decisive change.

Disasters and crises capture the public imagination. In any kind of situation, quick, accurate, efficient dissemination of information is extremely important. Management of crisis issues is one of the most challenging and threatening problems one can face. This is especially true in an age where the speed and global reach of media coverage is rising. Public confidence is essential. Swift action can turn around a difficult situation and reduce scrutiny. Prompt and efficient response to media reports and health incidents can lessen a potentially damaging situation.

Catastrophe, crises, conflict, confusion, competition, corruption, all of these words illicit tremendous scrutiny by the media. When one of these "C" words surfaces, the media is not working with us, they're working for a hot story. It is an art to answer tough questions and then bridge to a more positive message.

Crisis communication means managing breaking news, often bad news, which requires a quick response. Crisis situations must be handled with sensitivity and tact. Whatever the crises, each situation must be viewed as an opportunity to drive home consistent messages. The goal of crises communication is not to mislead the public or replace action. The goal is to analyze what has happened and ensure the public that every action is being taken to rectify the situation, whether it is the fault of a doctor, clinic or program.

RESPONDING TO THE CRISIS

- **Be prepared.** Work with your communicator to develop and practice key messages and bridging. Anticipate all possible negative questions and answers.
- **Be honest, frank and open.** Trust and credibility are difficult to obtain. Don't risk losing the trust of the public. If a mistake was made, admit it and disclose information as soon as possible. Do not speculate, minimize or exaggerate the level of crisis involved; and identify worst-case estimates and cite ranges of damage or risk estimates when it is appropriate.
- **Listen and address the public's concerns.** Find out what concerns people about the crisis and address their concern directly. Do not make assumptions about what people know, think or want done about the crisis.
- **Speak clearly and with compassion.** Use simple straightforward language. Avoid insensitive language about deaths, injuries or illness. For example, CEOs of airlines are intensively media trained to speak with compassion should a plane crash situation happen.
- **Try to meet the media's needs.** Be accurate to reporters and try to provide crisis information tailored to the needs of different media.

CRISIS LEADERSHIP TIPS

- Put safety and people issues first. Deal with the crisis before dealing with the fallout.
- Timely, accurate, verifiable information is the lifeblood for managing a crisis—and very difficult to obtain.
- Make no decision before its time. Don't rush to a bad conclusion. It is better to get all of the facts and craft a message.

- Keep your audience in mind. People may be forgiving, but they will not tolerate arrogance, indifference or incompetence. Fix the problem when it arises. Do not allow it to resurface later.
- A crisis is a spending exercise, you draw on your reputation asset base.
- It is not enough to be scientifically or legally correct. The public insists on and is entitled to more. Tell them the story with your messages.
- Media expand their roles in a crisis if there is a public perception that the Red Cross is not fulfilling its mission during a crisis.
- All key audiences revise their image of an organization during and after a crisis.

III. WORKING WITH REPORTERS

News people seldom have the time to research a subject extensively. Instead, they depend on you to work with them in getting the whole picture. And if a reporter spots an inconsistency, it can lead to other issues.

When confronted by a reporter who does not share your perspective on a story, do not reject that different or conflicting perspective on a story to be an unfounded bias against you. Rather, understand the reporter’s needs and do your best to satisfy them. Provide as much of the requested information as you can without compromising your story. Then persuade the reporter to consider your side of the issue.

Consider these elements when dealing with a reporter. Traditional criteria for a reporter include:

- Audience
- Impact
- Proximity
- Timeliness
- Prominence
- Unusualness
- Conflict/ violence

IV. CRISIS SCENARIOS

Before an interview there are a few basic steps in developing your message.

1. First, identify your communication goal.
2. Analyze your audience and think about how they might perceive what you are saying.
3. Brainstorm possible messages.
4. Formulate three or four simple statements. Use language that fits you and the situation. Keep them short. Basically there should be a general statement, then a message with supporting data and a message giving an example.
5. Use these messages throughout the interview.

Exercises

Based on case-scenarios, develop key media message and practice media interview.

Background Notes to Module III

Needs assessment, strategy design, and planning

3.1 The Needs Assessment Tool and Checklist

The needs assessment tool is an elicitive and mapping mechanism designed to identify barriers societal and behavioural barriers to DOTS treatment and compliance. Each element of the matrix helps to bring into focus the problem and the elements that need to be captured. This is the genesis for an evidence-driven communication microplan. Ideally, a workshop of stakeholders should be convened to map out ACS needs, plans and activities using this tool/checklist. During this workshop, participants will map the communication and advocacy elements needing to be addressed. After completion of level one, workshop participants will chart out levels 2 and 3.

Level 1: The Needs Assessment Design							
Who are the audiences?	What are behavioral goals to be addressed?	What are the barriers?	What are your past experiences and current activities? (Lessons Learned)	Who are the stakeholders and what are the assets?			
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>			
Level 2: Strategic Planning							
Using the responses in level 1, what are your priority goals? (Behavioral)	What should be your impact indicators?	What interventions are needed to address behavior and barriers?	Who are the imple-menters?	What are your collective weaknesses?	What are your collective strengths?	What are your targets?	How are you going to monitor and evaluate? (Process)
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List response</i>	<i>List response</i>	<i>List response</i>
Level 3: Activity Planning							
What are your Targets?	What are your Activity?	Who is doing what (Role identification)?	What resources are available?	What resources are needed?	What is budget?		
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List response</i>		

Source: Stop TB Partnership Secretariat - Needs Assessment Tool & Checklist, Nov 2004

Learning Objective: gain a basic understanding of how to map behavioural goals, plan interventions, manage the intervention and measure progress in a systematic way.

3.2 Mapping Audiences-exercise

Map an overview of all the different stakeholders involved in your TB programme. Use a flipchart to link the players with another through lines and arrows indicating the connections of authority and influence.

Learning objective: map surroundings to become aware of the various audiences in the direct working-environment. Make initial links for identifying priority audiences.

3.3 Defining the Basic Planning matrix for your community (45 min)

Mapping Advocacy and Communication at the community level focus on mobilising the community, building on the table we had started yesterday.

Congratulations! Your success at the at your health unit has been noticed and you have been promoted to become a district health officer responsible for five surrounding health units. Your NTP manager wants you to improve case detection in those districts. But you know that in those districts you also need to address treatment adherence. Your health infrastructure (lab and dispensary) is sufficient to cover the whole area, but you would need extra support for DOT. Apply what you have learned in this Module and map your communication plan for the district. Work with 2-3 people and discuss your approaches. Select a representative to report out your findings and conclusion. Use the table below to assist you in mapping your communication approaches.

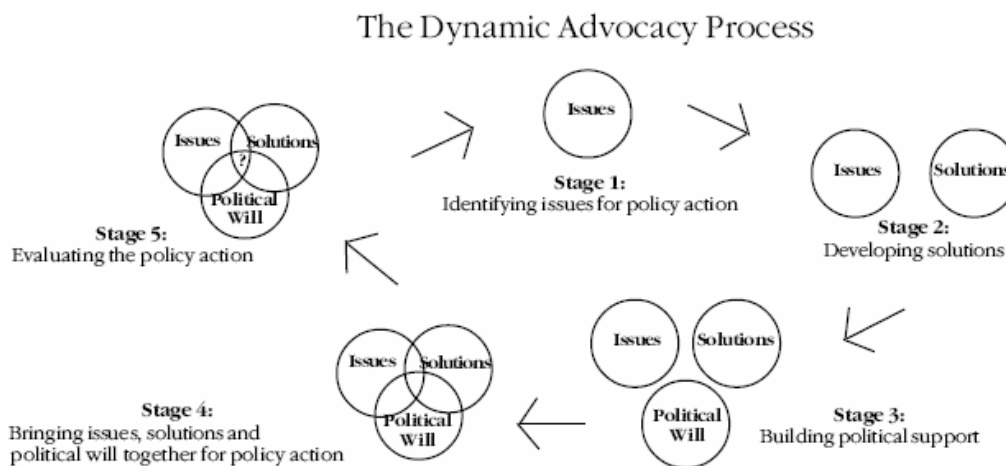
Target-Audience	Objective	Message	Channel	Messenger

Learning objective: fill out the basic communications matrix again, applying newly learned knowledge and within specific given conditions. Focus on community involvement

Background Notes to Module IV Advocacy and Stop TB Campaigns

A Conceptual Framework for Advocacy³

Advocacy is a dynamic process involving an ever-changing set of actors, ideas, agendas, and politics. This multifaceted process, however, can be divided into five fluid stages: issue identification, solution formulation and selection, awareness building, policy action, and evaluation. These stages must be viewed as fluid because they may occur simultaneously or progressively. In addition, the process may stall or reverse itself.



³ Adapted from *Knowledge Utilization and the Process of Policy Formulation: Toward a Framework for Africa*.

- **The first stage** is the identification of an issue for policy action. This stage is also referred to as agenda setting. There are an unlimited number of problems which need attention, but not all can get a place on the action agenda. Advocates decide which problem to address and attempt to get the target institution to recognize that the problem needs action.
- Generally, **the second stage**, solution formulation, follows rapidly. Advocates and other key actors propose solutions to the problem and select one that is politically, economically, and socially feasible.
- The **third stage**, building the political will to act on the problem and its solution, is the centerpiece of advocacy. Actions during this stage include coalition building, meeting with decision makers, awareness building and delivering effective messages.
- The **fourth stage**, policy action, takes place when a problem is recognized, its solution is accepted and there is political will to act, all at the same time. This overlap is usually a short window of opportunity which advocates must seize. An understanding of the decision-making process and a solid advocacy strategy will increase the likelihood of creating windows of opportunity for action.
- The **final stage**, evaluation, is often not reached, though it is important. Good advocates assess the effectiveness of their past efforts and set new goals based on their experience. Advocates and the institution that adopts the policy change should periodically evaluate the effectiveness of that change.

Source: <http://www.aed.org/democracy/publications/AdvocacyTrainingGuide.pdf>

Developing a Stop TB Campaign: Target Audiences

Audience	Potential Concerns	Possible Messages
Decision makers/politicians <ul style="list-style-type: none"> - President/Prime Minister - Minister of Health - Minister of Planning - Minister of Finance - Local administration - Parliament & Congress 	<ul style="list-style-type: none"> - Budgetary implications. - Public opinion. - Opportunity to show leadership and take credit for success. - The liabilities of inaction. 	<ul style="list-style-type: none"> o Ignoring TB today will carry a high price tomorrow. o TB is killing off the most productive members of society. o DOTS works and is cost-effective. o Citizens are demanding good TB treatment services.
Donors <ul style="list-style-type: none"> - Foundations - Bilateral agencies (e.g. SIDA, USAID, DFID) - Multilateral agencies (e.g. World Bank, World Health Organization) 	<ul style="list-style-type: none"> - The ability to produce and document results. - The cost effectiveness of an intervention. - Feasibility of integrating strategy with existing initiatives. - Sustainability of project. - Potential domestic benefits of foreign aid. 	<ul style="list-style-type: none"> o DOTS is cost-effective, feasible and gets results. o DOTS can play a vital role in strengthening primary health care and sustainable development efforts. o TB is a compelling example of why we cannot afford to ignore the plight of people in other countries. o Infectious diseases do not respect national borders.
Journalists <ul style="list-style-type: none"> - Health reporters - Foreign correspondents - Editors - Feature writers - Columnists 	<ul style="list-style-type: none"> - News value and timing. - Potential "CBS" (Controversy, Big names or Sensation). - Has the story been told before? - Are there good visuals and spokespeople? 	<ul style="list-style-type: none"> o Key messages will depend on the outlet. Eg. highlight economic benefits of DOTS for a financial publication. o Feature stories on the success of DOTS and the people who deliver and benefit from it. o News stories on outbreaks, trends, new strains, treatment and research developments.
NGOs <ul style="list-style-type: none"> - AIDS organizations - Women's health organizations - Development organizations - Human rights organizations - Children's organizations - Prisoners' organizations 	<ul style="list-style-type: none"> - Donor and membership support. - Impact of TB on beneficiaries. - How message fits with mission statement. - Common agendas and shared visions. - Potential to play a unique role. 	<ul style="list-style-type: none"> o TB is having a devastating effect on the lives of beneficiaries. o DOTS can improve the lives of people living with AIDS, women, children and prisoners. o A coalition may have more of an impact on the lives of beneficiaries than a single organization working in isolation.
Health Practitioners <ul style="list-style-type: none"> - Public and private sector health workers - Medical associations - Research/ academic institutes 	<ul style="list-style-type: none"> - Practical feasibility of DOTS. - Opportunities to use new research and innovations. - Financial and legal implications for one's work. 	<ul style="list-style-type: none"> o Technical data on the effectiveness of DOTS. o New research and studies.
Corporations & Industry <ul style="list-style-type: none"> - Multinationals - Local businesses - Labor organizations 	<ul style="list-style-type: none"> - Impact of TB on workforce. - Impact of TB on markets. - Cause-related marketing potential. 	<ul style="list-style-type: none"> o TB primarily affects people in most economically productive years of life. o The burden of TB is helping to weaken expanding economies.
General Public <ul style="list-style-type: none"> - Issues popular with the public find their way on to the political agenda. Public opinion can have a strong influence on governments. 	<ul style="list-style-type: none"> - Personal level of risk. - Response of government/health authorities to protect the public. - A moral duty to help others. 	<ul style="list-style-type: none"> o Localize and humanize your message. o Bring the issue close to home so that it appears relevant rather than remote. o Tell the story of a (celebrity) person. o TB is on your doorstep. o TB affects all of our lives.

Source: TB Advocacy - a practical guide

A Sample National Advocacy Plan for a High TB Burden Country

Submitted below is a sample national advocacy plan for high TB burden country, which can form part of the national TB plans. It is pertinent to mention here that country programme managers will engage in prior need assessment, prepare information and advocacy packs and prepare lateral plans to utilise the fresh flow of funds generated through advocacy efforts.

Goal: To educate further resources and upgrade people's commitment for TB control in the country.		
Objective	Activities	Expected Output
1. All major political parties and their members of parliament exhibit their support to NTP in one year;	<ul style="list-style-type: none"> ▪ Inform, educate and establish a dialogue with leaders of parliament groups of all the major political parties about health, social and economic implications of TB in the country. ▪ Organise IEC meetings for members of parliament and inform them about TB scenario of the country and in their respective states and expectations of NTP from them. ▪ Plan and organise follow-up meetings. 	<ul style="list-style-type: none"> ▪ National TB Control Program is discussed in National Parliament at least one day, this year. ▪ A 'Parliamentarians for TB control' forum becomes active. ▪ Fifty% members national parliament contribute financial resources from 'discretionary development funds' to infrastructure TB control (add. to govnm't budget). ▪ Every members of parliament visits five TB treatment facilities in his constituency, per yr. ▪ Every Member of Parliament participates in World TB Day activities in his/her constituency. ▪ A communication mechanism between Parliamentarians forum and TB programme managers is setup for coordination in field. ▪ Political parties accord high priority to TB control in their declared policies. ▪ The national government increases budget out lay, promises rapid expansion of DOTS, and secures free drugs, and subsidy for poor.
2. Main national and regional Television Channels, newspapers, radio stations incorporate TB Control as a key component of their editorial policy in one year;	Inform, educate and establish a dialogue with Media Editors (and health and economic bureaus) of important national and regional Newspapers, Radio-stations and TV channels of the country about health, social and economic implications of TB in the country within one year.	<ul style="list-style-type: none"> ▪ Editorial support to NTP efforts. ▪ International declarations and TB control movement adequately reported in the media. ▪ TB related news from field carried on priority basis. ▪ TB patient sufferings, programme shortfalls reported unbiased.
3. A nation-wide 'NGO-corporate sector TB Advocacy Group' is set-up and becomes operational in one year;	<ul style="list-style-type: none"> ▪ Identify NGOs with advocacy skills ▪ Constitute, empower NGO core group ▪ Inform, educate and establish dialogue with key corporate sector orgs, confederations of industry, chambers of commerce- about health, social-economic implications of TB in the country within one year. 	<ul style="list-style-type: none"> ▪ Private sector facilitates NTP implementation in its health establishments. ▪ Resources mobilized for NTP from private sector. ▪ Private sector provides web based services for TB advocacy, like launching a website, e-mail based newsletters, discussion forums which are country centric with global outlook.
4. National professional bodies of, Physicians, Pediatricians, Otolaryngologists and Chest Physicians adopt NTP on their agenda;	Inform educate and establish a dialogue with leaders of professional organisations about health, social and economic implications of TB in the country within one year.	<ul style="list-style-type: none"> - NTP is discussed at the annual meeting of the professional body. An appeal is issued to members to extend support to NTP. - Newsletters, journals and web-sites highlight NTP guidelines (DOTS)
5. Cinema moviemakers exhibit their support to NTP in one year.	Inform educate and establish a dialogue with key filmmakers about health, social and economic implications of TB in the country within one year.	Filmmakers agree to incorporate subtle messages in their movies which aim to correct social attitudes about TB disease, patients and inform about activities of NTP

Source: Dr. Dinesh Kumar, Director, Health and Development Initiative-India, 73-FF MIG Flats, B-Block Ranjit Avenue Amritsar_143001, India dinesh_kumar@vsnl.com

Exercises

4.1 *Designing a slogan for a Stop TB Campaign*

Based on case-scenarios, groups will be developing a slogan and the overall concept of a Stop TB Campaign

Learning objective: Discuss objectives, audience, strategy and key-message and learn to use creative word-use

4.2 *Discussion on Country Advocacy plan*

Review the example Advocacy plan (table 4.1) and discuss with your group one objective. Discuss the following topics:

- a. How would this objective be relevant for your work?
- b. Would you plan for similar expected outcomes and activities?
- c. How could you further elaborate and improve the outlined plan?

Learning objective: Gain further insight in the objectives, activities and expected outcomes of advocacy.

4.3 *Discussion on Advocacy campaign: World TB Day useful or not?*

Have you organized or contributed to World TB Days in your country? What activities have you organized. Discuss with your group and exchange ideas on World TB Day themes, activities, outcomes. What was most successful and could be repeated in your country or in others?

Now, a more critical review:

- Did the World TB Day really achieve something?
- Did it have any impact for the TB control program, such as increasing case-detection?
- Is World TB Day in general: a burden or an opportunity (see also annex 1)?

Learning objective: Critically review the World TB Day impact, to help in making up a balance on cost-benefits.

Background Notes to Module V

From Practice to Theory: Planning, monitoring, evaluation

Objectives: What is an Advocacy Objective?

An advocacy objective aims to change the policies, programs or positions of governments, institutions or organizations. Your advocacy objective is **what** you want to change, **who** will make the change, by **how much** and by **when**. Generally, the time frame for an advocacy objective will be 1-3 years.

An objective is an incremental and realistic step toward a larger goal or your vision. The policy advocacy objective must focus on a specific action that an institution can take. An objective should be **specific** and **measurable**.

Checklist of Criteria for Analyzing Objectives

Criteria	Objective
Do qualitative or quantitative data exist which show that reaching the objective will result in real improvements in the situation?	
Is the objective achievable? Even with opposition?	
Will many people support the objective? Do people care about the objective deeply enough to take action?	
Will you be able to raise money or other resources to support your work on the objective?	
Can you clearly identify the target decision makers? What are their names or positions?	
Does the objective have a clear time frame that is realistic?	
Do you have the alliances with key individuals or organizations needed to reach your objective? Will the objective help build alliances with other sectors, NGOs, leaders, or stakeholders? Which ones?	
Is the objective easy to understand?	
Will working on the objective provide people with opportunities to learn more about and become involved with the decision-making process?	

Indicators Service Delivery Area	Indicators Activities
<p>1) Advocacy Definition: Activities designed to place TB high on the political and development agenda, foster political will, increase financial and other resources on a sustainable basis.</p> <p>Example of Coverage Indicators: 1) Percentage increase of national budget spent on TB control activities over time. 2) Percentage of national budget spent on advocacy, communication, and</p>	<p>a) Activity: Mass Media <i>Example: Use of radio, TV, print media</i></p> <ul style="list-style-type: none"> • Possible indicator: # of TV, radio and print programs produced • Possible indicator: # of broadcast time or newspaper spaced purchased <p><i>Example: Press conferences</i></p> <ul style="list-style-type: none"> • Possible indicator: # press conferences organized • Possible indicator: # of articles generated <p><i>Example: Journalism trainings and workshops</i></p> <ul style="list-style-type: none"> • Possible indicator: # of journalists trained in TB issues <p>b) Activity: Information Education and Communication <i>Example: World TB Day promotional materials</i></p> <ul style="list-style-type: none"> • Possible indicator: # promotion materials distributed <p><i>Example: TB advocacy informational kits</i></p> <ul style="list-style-type: none"> • Possible indicator: # of kits distributed

<p>social mobilization.</p>	<p>c) Activity: Civil Society Engagement and Outreach <i>Example: Support or expand national and local networks of advocates and champions</i></p> <ul style="list-style-type: none"> • Possible indicator : # of organizations reached • Possible Indicator: # of organizations active
<p>2) Program Communication Definition: Create and improve awareness among general public about TB and TB control services, improve interpersonal communication between patients and program providers contributing to behavioral change.</p> <p>Example of Coverage Indicators:</p> <ol style="list-style-type: none"> 1) % of population who are aware that a chronic cough could be a sign of TB. 2) % of population who know TB testing and treatment is free. 3) % of the population who know TB is curable. 4) % increase in client satisfaction with TB program services over time. 	<p>a) Activity: Mass Media <i>Example: Use of radio, TV, print media as a distance learning tool (Public Service Announcements)</i></p> <ul style="list-style-type: none"> • Possible indicator: # PSA's produced <i>Example: Point of service promotion</i> • Possible indicator: # brochures listing location of DOTS centers distributed <p>b) Activity: Information Education and Communication <i>Example: Patient information cards</i></p> <ul style="list-style-type: none"> • Possible indicator: # of cards distributed <i>Example: Interpersonal communication skills development</i> • Possible indicator: # of service providers trained in IPC <i>Example: Peer educators</i> • Possible indicator: # of service providers trained • Possible indicators: # of peer educators active <p>c) Activity: Civil Society Engagement <i>Example: TB in the workplace/community programs</i></p> <ul style="list-style-type: none"> • Possible indicator: # of organizations reached • Possible indicator: # of organizations active <i>Example: Community outreach programs to distribute TB symptoms and treatment information</i> • Possible indicator: # community-based organizations distributing information
<p>3) Social Mobilization Definition: The mobilization of communities for action to fight stigma and eliminate TB as a public health threat.</p> <p>Example of a Coverage Indicator:</p> <ol style="list-style-type: none"> 1) % of people expressing accepting attitudes towards people with TB. 2) % of communities with action plans. 3) % of districts/provinces that have an active de-stigmatization program. 	<p>a) Activity: Mass Media <i>Example: Use of radio, TV, print media</i></p> <ul style="list-style-type: none"> • Possible indicator: # Public service announcements produced <p>b) Activity: Information, Education and Communication <i>Example: Information campaign to encourage treatment seeking behavior</i></p> <ul style="list-style-type: none"> • Possible indicator: # of districts/provinces with an active informational campaign <p>c) Activity: Civil Society Engagement <i>Example: TB educational program for community leaders</i></p> <ul style="list-style-type: none"> • Possible indicator: # number of community workshops/forums <i>Example: TB patient activism</i> • Possible indicator: # of TB support groups • Possible indicator: # of workshops for public/private/professional and NGOs advocating for TB patient-centered care. <p>d) Activity: De-Stigmatization Activities <i>Example: school, church, and/or workplace education programs</i></p> <ul style="list-style-type: none"> • Possible indicator: # of school, church and/or workplace-based organizations with an educational program.
<p>4) Cross-cutting areas for Advocacy, Communication and Social Mobilization Definition: To provide a supportive environment for sustainable growth of advocacy, communication and social mobilization.</p> <p>Example of Coverage Indicators:</p> <ol style="list-style-type: none"> 1) # of districts/provinces with an evidence-driven results-based work plan. 2) # of districts/provinces with a funded 	<p>a) Activity: Improved Institutional Capacity <i>Example: Communication staffing and management</i></p> <ul style="list-style-type: none"> • Possible indicator: % of district/provinces with designated ACS staff/focal with appropriate experience <i>Example: Skills developing and training</i> • Possible indicator: # ACS staff/focal points trained <p>b) Activity: Needs Assessment, Operational Research and Planning <i>Example: Behaviors studies and surveys</i></p> <ul style="list-style-type: none"> • Possible indicator: # knowledge, attitude and behavioral studies commissioned <i>Example: Operational planning</i> • Possible indicator: # district/provinces conducting a planning workshop • Possible indicator: # district/provinces with a work plan <p>c) Activity: Monitoring and Evaluation</p>

<p>ACS budget. 3) # of districts/provinces with a interagency communication coordination/implementation committees/partnerships/task forces</p>	<p><i>Example: Client satisfaction surveys (CSS)</i></p> <ul style="list-style-type: none"> • Possible indicator: # of studies commissioned • Possible indicator: # of districts administering and using CSS <p><i>Example: Knowledge, attitudes, and practices studies (KAP)</i></p> <ul style="list-style-type: none"> • Possible indicator: # of studies commissioned • Possible indicator: # of districts administering and using KAP studies <p>d) Activity: Management</p> <p><i>Example: Secretariat support for communication inter-institutional coordinating task force/partnership</i></p> <ul style="list-style-type: none"> • Possible indicator: # of communication focal points <i>Example: District/provincial communication staff</i> • Possible indicator: % of district/provinces with qualified ACS officers
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Source: Stop TB Partnership Secretariat - Conceptual Framework GFATM applications, May 2005

Exercises

5.1 *Buying behaviour: Role play*

This is a role-play on a behaviour change scenario, with one person representing the GDF and the other an NTP manager. The audience will be divided in half with one group watching the GDF representative and the other the NPT manager.

Audience A: Watch for messages from the GDF salesman. What is the message(s)? Did they change? Are they effective? How is the delivery? Clear, effective, etc?

Audience B: Watch the NTP manager: Is she/he accepting or rejecting the message? Was there motivation to change? When?

Learning objective: how to judge if a proposal is relevant for your programme? Learn to ask the right questions and evaluate the proposal: a) Relevant goal/ objective; b) proposed tools are appropriate for your setting? c) relevant audience? d) involvement of the community? e) clear how the outcomes will be monitored

5.2 *Developing objectives*

Review the example advocacy plan from module 4 (table 4.1). Take one of the objectives and review the checklist provided in this module. How can you improve the objective?

Learning objective: review points on how to make objectives as specific and measurable as possible

Further background reading

Module 1

- Atkin, Charles and Lawrence Wallack (1990), *Masscommunication and public health*; Newbury Park, CA: Sage Publications;
- Bandura, A. (1986), *Social foundations of thought and action: a social cognitive theory*; Englewoods Cliffs, NJ: Prentice-Hall;
- Fishbein summarizing Bandura (1991); *Social Cognitive Theory and Theory of Reasoned Action*. Page 3 in "Developing Effective Behavioural Change interventions", University of Illinois;
- Petty, R.E., Cacioppo, J.T. (1986), *Communication and persuasion, central and peripheral routes to attitude change*; NY: Springer series in social psychology;
- Rogers, E.M. (1995); *Diffusion of innovations*, 4th edition, New York, NY: Free Press;
- Sharma, R (1996), *An Introduction to Advocacy: Training Guide*; Washington DC: SARA project, Academy for Educational Development;
- Stop TB Partnership Secretariat (2003), *Experts' consultation on communication and social mobilisation, Meeting report, 30June-1July, Cancun*, World Health Organization.
- The Behaviour Change Spiral in the context of the Enabling Environment. Source: The Behavioral Change Spiral for "What do they want us to do now?" AFAO 1996

Module 2

- Mobilize Communities for Health and Social Change, health communications partnership
- 'Communication and Community Development for Health Information: Constructs and Models for Evaluation' by John E. Bowes, Review prepared for the National Network of Libraries of Medicine, Pacific Northwest Region, Seattle, December 1997
- Salmon, C.T. (1989), *Information campaigns: Balancing social values and social change*, London: Sage Publications
- WHO (2003); *Community Contribution to TB Care: Practice and Policy*, World Health Organization, Geneva: WHO/CDS/TB/2003.312
- WHO (2003); *The Power of partnership*, Geneva: WHO, WHO/HTM/STB/2003.24

Module 3

- WHO (1999), *TB Advocacy: a practical guide*, Geneva: World Health Organization, WHO/TB/98.239
- Stop TB newsletter Issue 9, Summer 2003, *Getting a move on advocacy*, Stop TB Partnership

Module 4

- Sharma, R (1996), *An Introduction to Advocacy: Training Guide*; Washington DC: SARA project, Academy for Educational Development;
- WHO (1999), *TB Advocacy: a practical guide*, Geneva: World Health Organization, WHO/TB/98.239
- WHO (2000); *Planning World TB Day: Guidelines for social mobilisation*, Geneva: World Health Organization: WHO/CDS/STB/2000.1
- WHO (2003), *World TB Day 2003 Highlights report*, Geneva: World Health Organization: WHO/HTM/STB/2003.26

Module 5

- Green, L.W., Kreuter, M.W. (1999) *Health Promotion planning: An educational and ecological approach*; Mountain View, CA: Mayfield Publishing Company;
- UNAIDS (1999); *Communications Framework for HIV/AIDS: A new direction*; Geneva: UNAIDS/ Pennstate project

Online step-by-step guides:

A Field Guide to Designing a Health Communication Strategy: As the field of behavior change communication continues to evolve, there is an ongoing need among policymakers, communication professionals, and program staff for useful tools to help them apply their communication expertise in strategic and innovative ways.

<http://www.jhuccp.org/pubs/fg/02/>

Mobilize Communities for Health and Social Change The Community Action Cycle draws on many of the theories and concepts of a social systems approach to individual change and social change

http://www.hcpartnership.org/Publications/Field_Guides/Mobilize/htmlDocs/cac.htm

An Introduction to Advocacy: TRAINING GUIDE: This Introduction to Advocacy Training Guide provides the tools for people to start engaging in the advocacy process, and is thus designed to

<http://www.aed.org/democracy/publications/AdvocacyTrainingGuide.pdf>

Tools for Community Organizing and Action Research This Community Organizing and Action Research Toolkit is a set of tools to help local grassroots groups organize and engage in action research around the impact in their own community.

<http://www.welfarewatch.toronto.on.ca/toolkit/>

Writing for change: sections devoted to the core skills of writing, and also to two specialised areas of writing - scientific papers for publication in journals and documents to help campaign or persuade.

<http://www.fahamu.org/WFCEng/sitemap.html>

Internet/ Web suggestions

- The Communications Initiative: <http://www.comminit.com>
- Health Communication Partnership: <http://www.hcpartnership.org/>
- Academy for Educational Development: <http://www.aed.org>
- Johns Hopkins Bloomberg School of Public Health-Centre for Communication Programs: <http://www.jhuccp.org>
- PANOS LONDON works with journalists in developing countries to produce news, features and analysis about the most critical global issues of today. <http://www.panos.org.uk/>
- Interworld Radio: <http://www.interworldradio.net/>
- Health Development Networks-Discussion groups online: www.hdnet.org
- Stop TB Website: www.stoptb.org
- WHO Tuberculosis website: www.who.int/gtb

- Glossary of Terms

A Shared Terminology

An important first step towards developing strong communication strategies, is the need for a shared understanding of some key terms used in the context of communication. Some broad descriptions of the terms are offered, which are distilled from various discussions and papers useful for the purposes of understanding, structuring and categorising communication activities for TB.*

Advocacy: the act of supporting community efforts to obtain resources or change policies. In the global context, advocacy for TB is to be understood as a broad set of co-ordinated interventions, directed at placing TB high on the political and development agenda, for securing international and national commitment and, mobilising the requisite resources. In country contexts, advocacy efforts broadly seek to ensure that national governments remain strongly committed to implementing national TB control/elimination policies.

Broader community: refers to the people in a community who are not directly affected by the problem, but who can indirectly influence the implementation of the CM program and whose perspective and support are needed in order to effectively carry out a community mobilization plan. Examples of the "broader community" include service providers and community leaders.

Capacity building: the act of increasing a community's capacity. See "community capacity".

Catalizer: a person or organization that works directly with existing leaders and community groups to stimulate or precipitate action.

Communication: The overarching term 'communication' should be understood as a two-way process with 'participation' and 'dialogue' as the key elements. In the context of TB control, 'communication' may be thought of as being directed at creating an overall enabling environment, through tailored strategies and empowering discourses. All communication activities make use of some form of media and various channels/modes (e.g., mass media, community media, interpersonal communication etc.) for communicating ideas. Specific strategies, at specific moments, may call for the deployment or the emphasis, of one media-form over another.

Community: refers not only to a group of people who live in a defined territory, but also to groups of people who may be physically separated but who are connected by other common characteristics, such as profession, interests, age, ethnic origin, or language.

Community action cycle: a sequence of phases a community goes through in order to carry out long-term, sustainable development. The steps of the community action cycle are: 1) organize the community for action; 2) explore health issues and set priorities; 3) plan together; 4) act together; and 5) evaluate together. The process described in this website adds a preparing phase and a scaling up phase.

Community capacity: the skills, knowledge, and expertise of community members which individually and collectively constitute a community's ability to identify and address it's needs.

(*): these are not universally accepted definitions, but merely a compilation of glossary from Cancun Expert Consultation (June, 2003), and "Mobilize Communities for Health and Social Change" from the Health Communications Partnership

Community development: a process of identifying community leaders, organizing groups or building on existing groups and training these groups and individuals to assess their needs and resources; prioritizing a list of problems that can be addressed; planning a project or an activity; obtaining resources to implement the plan; taking action; and evaluating their impact using the lessons learned to begin the cycle again. Community development takes into account, and is influenced by, the external environment including macroeconomic and political realities and global trends.

Community empowerment: a process by which groups of individuals, organizations, and communities are enabled and share "power" to collectively analyze problems, propose solutions, mobilize and manage resources and act effectively to transform their lives and their environments.

Community mobilization program team: made up of individuals from one or more external organizations who work directly with existing leaders and community groups to stimulate or precipitate the community mobilization effort. This team facilitates the CM process, provides support and advise to and helps build the capacity of the core group and broader community.

Community organizing: involves organizing or strengthening community-level individuals, groups and/or organizations. Community organizing may occur around a specific purpose or may be part of a broader community development process.

Community participation: a social process whereby specific groups with shared needs, often but not always living in a defined geographic area, actively pursue identification of their needs, make decisions and establish mechanisms to meet these needs. Community members' participation in a program or activity can be thought of in terms of a continuum from minimal to very high. At the low end, community members may attend an event such as a health fair that has been planned and carried out by health service providers. At the higher end, community members may identify the need for family planning methods and information, petition the ministry of health to request services and supplies, train local community members to distribute methods and manage their own supplies fund and inventory, etc.

Participatory research: a method of research in which community members participate to varying degrees in question formulation, design of methods and instruments, and conduct analysis or research and evaluation. This type of research can raise awareness of issues and provide information around which to develop action plans. RRA, PRA, autodiagnosis, and PLA are examples of participatory research methodologies and techniques.

Partner: in this context refers to any formal organization or entity with whom you work jointly to carry out any aspect of community mobilization.

Program Communication: Within countries, and in the context of TB control, program communication primarily seeks to inform and create awareness among the general public about TB (e.g. its symptoms and the fact that it is curable), the services offered by the health system (for diagnosis and treatment) and, generally encourages people to seek treatment if they have the symptoms. Additionally, specific and targeted messaging may be deployed, to facilitate behaviour change or meet a particular behavioural goal.

Qualitative indicators: indicators that measure the quality of change or improvement.

Quantitative indicators: indicators that can be measured or expressed as a quantity or in numbers.

Scaling up: expanding community participatory approaches beyond a single or limited number of communities to have greater impact at the regional national or even multinational level without diminishing the quality or impact of the approach.

Social marketing: Social marketing is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behavior change. (Source: adapted

from Andreasen, Alan R. Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment, San Francisco: Jossey-Bass, 1995.)

Social Mobilisation: In the national and sub-national contexts, social mobilisation is a process of generating public will, by actively securing broad consensus and social commitment, among all stakeholders, for the elimination of TB, as a public good. Community mobilisation is to be seen as a particular grassroots-level tool/process, in the context of wider social mobilisation. The logic of 'process', and 'empowerment', are the key imperatives of social mobilization.

Strength-based approach: identifies and emphasizes the positive aspects of a community's assets and work on an issue or existing behaviors that promote health and well-being. Strength-based approaches promote hope and seek to increase self-efficacy by emphasizing and building upon what individuals and groups have accomplished using their existing resources, skills and abilities and de-emphasizing blame for existing problems.

Sustainability: the quality of a development effort wherein the results/benefits of that effort continue to perpetuate themselves after the initial external inputs have been removed.

Annex 1**International Days: a burden or an opportunity?**

Take a good look at the calendar. You may not be fully aware, but almost every day in the year is the "international day" for some good cause. Some are well-known and celebrated: International Women's Day, World Tuberculosis Day, World Environment Day, World Population Day, International Day of Indigenous People, Human Rights Day, World AIDS Day... Can you keep track of all of them? I consider myself a relatively well informed person, but I am not able to put a date beside the World No-Tobacco Day, World Refugee Day, International Day for the Preservation of the Ozone Layer, International Day for the Eradication of Poverty, International Day for Natural Disaster Reduction, Africa Industrialization Day, International Day for the Elimination of Violence against Women, International Migrant's Day, International Day for the Abolition of Slavery... The very day they happen, I realize they exist, and they seem to vanish immediately after.

Hurry up if you have an idea for another international day, because the calendar is almost full. Maybe in the future new months will be added to the calendar year to make room for new initiatives. After all, between the Julian and the Gregorian calendar big changes were made... Right now, what we have is no less than seven or eight international or world days per month, except for January, February, July and August, when people in the North are enjoying their winter or summer vacations. You see, there is logic to it.

Now my question is what do we do with all these international days and what do we expect from people? If you think of good-willing people, the militant of all good causes... Do we expect them to volunteer ten times every month? Looking it from the perspective of a conscious citizen that supports development and social change in our poor damaged world, do we want him to wear all the ribbons like a general with all his medals? Do we want him or her to wear one hundred T-shirts with noble messages?

Something is really wrong and it puts me in a bad mood, particularly because I know how it happens from the inside, from the other perspective. Let's leave for a moment the eyes of the well-intentioned citizen, and concentrate on how the mechanism works at the country level every time there is an international day to comply with. We may want to focus on the World AIDS Day, because everyone knows that one. By the way, I have been in a country where AIDS was the 23rd cause of morbidity and mortality (far down in the list from simple preventable diseases) but still, more funds were spent on doing noise for December 1st than communicating on malaria, diarrhoea, or immunisation.

If we look at all the health related world days, the burden on national ministries of health and UNICEF or WHO country offices to prepare one day-of-activities is irrational. During the two or three months previous to the "celebration" (what the hell are we celebrating?) staff concentrates on developing posters and preparing press conferences, marches through the cities, songs with prevention messages, nice T-shirts, etc. Usually media houses are very happy because they get good contracts to air ads, so that UNICEF, or WHO or UNAIDS are able to mention in their annual reports that "the whole population was involved" and the messages were aired through the mainstream media and had incredible impact in the population of a particular country. Many of these claims are not seriously substantiated, but nobody seems to care about it. The truth is: things are not getting better; something is wrong about doing so much noise and having so little results. "Mucho ruido y pocas nueces" as we say in Spanish, quoting old William Shakespeare's "Much Ado About Nothing".

Not only do I vigorously question the "celebration" as a distraction from the daily and all-year long responsibility of fighting AIDS or TB (for example), but I also find very dangerous the burden that is put on national institutions (or country offices of UN agencies) to satisfy an agenda that is imposed from New York, Geneva or Rome. I've seen many communication colleagues in Africa, Asia or Latin America tire of responding to this ad-hoc pressure to deliver new posters, jingles for radio or spots for television. Some of them prefer to outsource an advertising agency to get the whole thing out of their way and please the "masters". But still, the high-profile events where the minister of health will march or the president of the country will send a message sitting side by side with the UN representative, takes a lot of time and energy from the daily work.

This has much to do with the concept of communication that most development organizations have. Not only do they tend to confuse information with communication, but also information with campaigns. On a regular country programme, "communication" often translates into working with mass media, which is a very easy way to get rid of the already meagre budget. Very few development programmes think of communication as communicating

with people, and even fewer with the idea of empowering the voices of people to better communicate. Very few see communication as a tool for participatory and sustainable development. Most see it as something you add either when a programme is already in trouble, or to advertise the success of a project when it is about to end. Communicating with people, with communities, with social organisations is not in the agendas of most development organisations. That is why they believe that making a lot of noise once a year keeps them visible. Communication is absent from their programmes, or metamorphosed in marketing techniques. They usually have a better dialogue with commercial marketing firms than with community leaders. These international days are only about visibility, not about social change. No wonder we always end up with T-shirts and bumper-stickers, even in countries where people walk, and walk and walk to get to their villages.

I've always found amazing anecdotes when dealing with international or national days. Let's look at the creation of some of these marketing tools. I was serving with UNICEF in an African country in the early nineties when the Ministry of Health decided that a new logo was needed to promote the anti-malaria campaign. In order to speed up the process of designing and validating the logo, a meeting was convened with the main partners: health staff, local NGOs, international cooperation agencies, etc. I was the only communicator in the room.

The discussion immediately identified the first item, which should be in the centre of the logo: a mosquito. A nurse attending the meeting observed that although being so important in the transmission of malaria, the mosquito only offered a negative image: the logo should suggest that there is cure for the illness, she added, and suggested that chloroquine tablets be placed near the mosquito legs (it reminded me of the kryptonite for Superman). The Rotary Club representative said that his institution had been fighting for many years to prevent malaria through the distribution of impregnated bed nets; prevention, he argued, is so important, that we should have a bed net in the design of the logo. Another participant, from a local NGO, said that because of this being a national campaign, the map of Nigeria should be on the background, "and green as our flag", she added. A doctor, who didn't want to miss his opportunity to make a contribution, suggested that since there are many mortal cases of malaria, a hypodermic injection labelled "Fansidar" should also appear in the design. His suggestion, however, was rejected by the Ministry public relations officer, who said there were already too many items in the logo. And yet immediately, he suggested one more: the Ministry of Health logo and name should surround the design. By that time, I found a good excuse to leave the meeting. This anecdote shows how easy it is to get things wrong when candid perceptions drive the creative process instead of serious specialised communication work.

Forget formative and participatory research: most of these campaigns, logos, messages or posters are decided in a room full of bureaucrats. Communication or information staff are usually overpowered by high ranking officials or doctors who are certain they know "how to communicate" ideas. The decision-making process is of course bundled with political hierarchy, and usually information and communication staff are low-level appendixes to a programme.

One of the paradoxes of the one-day efforts to please donors is that their effectiveness is limited not only by the improvisation that drives the whole process, but also by the lack of strategic and even "tactical" thinking - to use words of the military-advertising jargon that please many of our colleagues. I've seen posters and brochures and T-Shirts (let's suppose they are very well done) that were delivered by the printer one day before the "D" day, which meant there was no chance on earth that they would be widely distributed through the country. Sometimes, with enormous efforts, the Ministry of Health manages to get the posters to the provincial level... And they usually remain in a corner or under the table of the chief health officer for months or until next year. Maybe some of them end on the walls of the local health centre, but seldom get to the community level, certainly not for the "D" day and often not for any other normal day. I remember in Papua New Guinea asking the health staff at a local hospital why the posters were lying for weeks on the floor instead giving them away to people or hanging them on the walls. I got two answers: a) We don't have tape or tacks to hang them; and b) The "doctor" thinks they are very ugly. (Actually, these were AIDS posters where a condom looked as big as the man that was portrayed.)

In the end, most of "D" day activities remain in very urban locations and unnoticed in rural areas. But that pattern seems to be on purpose, because what ministries and country offices want is to put together something that is visible, and visibility is only provided with the help of mass media. An article in the major journal in a country where only 1% of the population reads journals will be more appreciated in the annual report than 365 days of doing community work in a poor isolated community.

The bottom line is that "D" days are part of the agenda of donors in the North, not of developing countries.

Through those singling days, development agencies in the North want to make noise about how good their work is. In the South, those days are useless. What we need is 365 days of attention to the issue, and not a one-day celebration for the dead and forgotten. I can understand, maybe, that in the North they struggle to keep the momentum on issues that are not on the priority list of people of industrialised countries; maybe "D" days are justifiable from that perspective, and good for the North. However, countries in Africa, Asia or Latin America should design their communication activities over the whole year, and if they want to celebrate something on a particular day, they should do it only if they have successes to show. Otherwise, it is like celebrating their failure to achieve.

It hurts to realise that while almost every organisation for development - even the World Bank - is talking about community participation and the need to better communicate with society, very few translate this speech into concrete action. "Communication is important", "communication is our key of success", "we have failed because people were not involved"... I've heard this so often. However, in reality, communication budgets are always too low to be "important", and professional communication staff is absent (or happily installed in headquarters) or at the lowest hierarchy possible, perhaps not considered essential to do communication work, which is a sad paradox.

Are international "D" Days useful? My position is clear all through the lines above. What do you think?

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Note on the source: www.comminit.com, This article was circulated on the mailinglist from the Communications Initiative, called 'The Drum Beat'.









This Drum Beat is one of a series of commentary and analysis pieces. **Alfonso Gumucio Dagron**, development communication specialist, has responded to the open invitation for anyone in The CI network to write a strategic thinking piece on issues of concern to them in development communication. He **examines here the usefulness of international and national "days."** What follows is his perspective - NOT that of the Partners collectively or individually.

Annex 2

Feedback Form



This course has been newly prepared, and you have been the first group working with the materials. Your feedback will enable us to improve the materials and training methods. We hope to improve the course to best meet the objectives. Your background and participation are important factors in the delivery of this pilot course. Please circle the most appropriate response and help us to evaluate the following questions in a scale from 1 (very poor) to 5 (excellent):



About the Course



- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. The course met the stated objectives |  | 1 | 2 | 3 | 4 | 5 |  |
| 2. The content in this course was appropriate for my level of training needs | | | | | | | |
| 3. Prior to this course I rate my knowledge on Advocacy/Communication/Social mobilization |  | 1 | 2 | 3 | 4 | 5 |  |
| 4. After this course I rate my knowledge on Advocacy/Communication/Social mobilization |  | 1 | 2 | 3 | 4 | 5 |  |
| |  | 1 | 2 | 3 | 4 | 5 |  |



Tell us about the Course and training methods...



5. I would rate the seven modules of the course:
- Introduction to Advocacy, Communications & Social Mobilisation (ACS)



	1	2	3	4	5	
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 - Community action, communication and mobilisation

















	1	2	3	4	5	
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 - Public at large: awareness raising & campaigns

	1	2	3	4	5	
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 - Advocacy

	1	2	3	4	5	
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 - Planning, monitoring, research

	1	2	3	4	5	
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 - GDF

	1	2	3	4	5	
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 - GFATM

	1	2	3	4	5	
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6. The format and material delivered in the course:
- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| Syllabus with background notes and exercises is useful |  | 1 | 2 | 3 | 4 | 5 |  |
| Presentations and related powerpoint material |  | 1 | 2 | 3 | 4 | 5 |  |
| Exercises | | | | | | | |
| Develop communications matrix |  | 1 | 2 | 3 | 4 | 5 |  |
| Media exercise |  | 1 | 2 | 3 | 4 | 5 |  |
| Buy behaviour role play |  | 1 | 2 | 3 | 4 | 5 |  |
| Other exercises, especially..... |  | 1 | 2 | 3 | 4 | 5 |  |
| Other exercises, especially..... |  | 1 | 2 | 3 | 4 | 5 |  |

7. Additional materials:

The glossary of terms is useful for my work.

☹️ 1 2 3 4 5 😊

The readings/ online resources is useful for my work.

☹️ 1 2 3 4 5 😊

How will you use the information from this course?

8. Which section of the course was the most valuable to your work?

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.....

9. Which section of the course was the least valuable to your work?

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.....

10. Any further suggestions related to the course?

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.....

11. I would recommend this course to my colleagues.

☹️ 1 2 3 4 5 😊

I would you like Stop TB Partners to offer this course in my country

Yes

No

If yes, who should we contact to follow-up?

Thank you for taking the time to provide us with your suggestions!!!