The Communication Initiative

Summaries of Planning Methodologies and Frameworks
HEALTHCOM ‘s
5 Step Methodology

1. **Assess** - the public health situation, target audience and their environment, current and proposed health behaviours, program resources and constraints

2. **Plan** - the public health intervention based on data on the health issue, audience, communication channels and available resources

3. **Draft, Pretest and Produce** - the appropriate print, audio, video and counseling materials

4. **Deliver** - the Health Communication programme in tandem with service delivery groups

5. **Monitor and Evaluate** - to determine how well the programme is being implemented, make mid-course corrections in strategy or materials, and assess the overall impact of the programme and its constituent parts

Source - “A Tool Box for Building Health Communication Capacity” - USAID, BASICS and HEALTHCOM - available from AED, 1255 23rd Street, NW, Washington D.C. 20037, USA
AED’s
“Process for Building a Communications Capacity”

1. Assessment Phase
- External Analysis
  - Other Health Education Groups
  - Client Groups
  - Key Decision Makers
- Internal Analysis
  - Mission Statement
  - Communications Methodology
  - Expected funding Levels
- Public Health Problems
- Key Funding Sources
- Potential Collaborators

2. Planning Phase
- Creating a Communications Development Plan
  - Define your Mission
  - Develop long-range objectives
  - Identify specific goals
- Devise an Organisational Strategy
  - Adjust organisational structure
  - Create staff development plan
  - Identify partnership strategy
  - Create a policy/procedures manual

Source: A Tool Box for Building Health Communication Capacity
Academy for Educational Development, 1255 23rd Street, Washington D.C. 20037
Johns Hopkins University’s Center for Communication Programs

“P Process”

-SYSTEMATIC, RATIONAL, RESPONSIVE, PRACTICAL, STRATEGIC

1. **Analysis** - listen to potential audiences; assess existing programs, policies, resources, strengths and weaknesses; and analyse communication resources

2. **Strategic Design** - decide on objectives, identify audience segments, position the concept for the audience, clarify behavior change model, select channels of communication, plan for interpersonal discussion, draw up action plan and design evaluation

3. **Development, Pretesting and Revision, and Production** - develop message concepts, pretest with audience members and gatekeepers, revise and produce messages and materials, retest new and existing materials

4. **Management, Implementation and Monitoring** - mobilize key organizations, create a positive organizational climate, implement the action plan, and monitor the process of dissemination, transmission, and reception of program outputs

5. **Impact Evaluation** - measure impact on audiences and determine how to improve future projects

**Planning for continuity** - adjust to changing conditions, plan for continuity and self-sufficiency

COAST
- A SHARED DECISION-MAKING MODEL OF HEALTH COMMUNICATION AS A NEGOTIATION PROCESS

**COMMUNICATION**
With communication at its core COAST advocates individual involvement in discussing agreed on interests, in establishing specific agendas, and in developing the art of listening amongst its constituents.

**OPTIONS**
...such communication concepts are developed during the process of brainstorming of options, without judging the respective viability or effectiveness of each suggestion offered.

**ALTERNATIVES**
Through intensive communication encounters, the primary objective is to identify and expand alternatives agreed on by the involved parties, that could or should be employed in reaching a common goal.

**STANDARDS**
Such alternatives are based on their agreement with specific standards, ethical, objective criteria, sometimes defined by a credible third party, group or organisation.

**TRUST**
Finally, trust, a major goal of COAST, is established as a product of open disclosure, reliability, and cooperation in a variety of such communication encounters.

Consumer Based Health Communication

Epidemiology and clinical research

Recommended Health Behavior
- don’t smoke
- eat 5 a day
- mammograms
- exercise

Consumer reality
- values
- beliefs
- desires
- needs
- behavior

Consumer Research

Message Strategy
- purpose
- target
- promise
- support
- openings
- image

Execution etc

Purpose Accomplished

Recommended Health Behavior Achieved

Source: Strategic Questions for Consumer Based Health Communications by Sutton, Balch and Lefebvre in Public Health Reports, Nov/Dec 1995, Vol 110, p 727
# The Four P’s of Social Marketing

<table>
<thead>
<tr>
<th><strong>Product</strong></th>
<th>What, in terms of behavior, beliefs, information, or services, the audience is being asked to accept?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price</strong></td>
<td>The cost- financial, social, material, physical, and/or psychological - that the audience is being asked to voluntarily contribute in exchange for accepting the product</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>The distribution channels dictating how and where the product will be made available to the target audience for trial and/or for acceptance; this variable refers to both the physical and the social availability of the product being marketed from the perspectives of the target audience members</td>
</tr>
<tr>
<td><strong>Promotion</strong></td>
<td>How the target audience will be made aware of the product and it’s availability, and how this awareness will be translated into audience members intention to accept the product</td>
</tr>
</tbody>
</table>

Source - as summarized from a range of sources in “Advancing Public health Goals” by Winett and Wallack in Journal of health Communication - Vol 1 pp176/177, 1996
The Soul City Approach to Edutainment

-edutainment as the core part of an integrated communication strategy

1. Promote and Popularise the Edutainment Vehicle
   - taking effective promotional, advertising, partnership and networking steps to give the entertainment vehicle the best possible chance of having wide reach and popularity.

2. The Edutainment Vehicle
   - eg community drama, local story teller, dance, poetry, song, puppets, comic, TV drama/soap opera/game show/music; radio drama/serials/phone-ins/talk shows/music.

3. Supportive Environment
   - popular entertainment promotes family, friend and community discussion, which is essential for positive change.

4. Educational packages
   - using the attraction of the popular entertainment as the basis for school and other learning packages.

5. Characters
   - using the appeal of the characters from the entertainment, in other roles - eg community meetings.

6. Brand Name
   - exploiting the value of the brand name associated with the edutainment to advance other communication-for-change activities - eg awards programmes.

Achieving the Objectives

Diagram:

- 1. Promote and Popularise
- 2. The Edutainment Vehicle
- 3. Supportive Environment
- 4. Brand Name
- 5. Characters
- 6. Educational Packages
Intervention Channels: Reach and Impact

Reach refers to the size of the audience exposed to a medium’s message. It depends on how many people have access to the medium and how many use that medium.

Specificity is related to narrowcasting, which refers to reaching smaller audiences with local media... and to targeting.. tailoring messages for certain audiences.

A medium is arousing to the extent that it stimulates emotions or excitement.

A medium is involving to the extent that it motivates a person to think carefully about a message.

Source: Toward a framework for Intervention Channels - by Flora et al, AEP, Volume 7, no 57, page S105
# Comparison of the Fundamental Characteristics of Three Mass Media Orientations


<table>
<thead>
<tr>
<th>Approach</th>
<th>Social Marketing</th>
<th>Public Relations</th>
<th>Media Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Action</td>
<td>Agency or Organisation</td>
<td>Agency or Organisation</td>
<td>Community or Collaborative</td>
</tr>
<tr>
<td>Focus</td>
<td>- Developing health messages to increase knowledge and model behaviors</td>
<td>- Developing messages and cultivating relationships in order to enhance the organization's associations with key publics</td>
<td>- Setting the agenda</td>
</tr>
<tr>
<td></td>
<td>- Enhancing image of sponsoring organizations</td>
<td></td>
<td>- Shaping the debate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Advancing the policy</td>
</tr>
<tr>
<td>Target of Media</td>
<td>- Individuals with risk factors</td>
<td>- Customers, clients, shareholders and current funders</td>
<td>- Power holders and policymakers</td>
</tr>
<tr>
<td>Efforts</td>
<td>- General public</td>
<td>- Potential supporters and funders</td>
<td>- Producers and marketers of health-affecting products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General public</td>
<td>- Other advocates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- General public</td>
</tr>
<tr>
<td>Perceived Need to</td>
<td>Knowledge and behavior deficit</td>
<td>Knowledge and familiarity deficit</td>
<td>Power and resource deficit</td>
</tr>
<tr>
<td>be filled by Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>Create an optimum blend of the Four P's of marketing to reduce the target's image, and maintain visible community acceptance of the product whilst simultaneously making the product as appealing as possible</td>
<td>Cultivate relationships, project desired associations with key publics</td>
<td>Use &quot;earned&quot; news media and paid advertising, in conjunction with community organization strategies, to put pressure on policy makers and to reframe public debate on an issue</td>
</tr>
<tr>
<td>Mode of Action</td>
<td>Can be used in isolation, or as part of larger efforts</td>
<td>Can be used alone, or as part of integrated communication efforts</td>
<td>Used in combination with other community organization and advocacy efforts</td>
</tr>
<tr>
<td>Level of Effect</td>
<td>Primarily individual</td>
<td>Primarily individual</td>
<td>Primarily social environment</td>
</tr>
</tbody>
</table>
Steps in Audience Participation Based Message Design

1. Learn everything possible about the topic of the campaign
2. Analyze lifestyle and communication preferences of audience(s)
3. Assess audience needs vis-a-vis the campaign topic
4. Write specific measurable goals
5. Select media
6. Agree on creative-persuasive strategy
7. Write message specifications
8. Pretest
9. Modify messages and proceed with mass production
10. Monitor Exposure
11. Collect impact data

Source: Talking to Development Bankers: Extension Workers Speak Up by Bella Mody in Development Communication Report no. 79 p. 8, 1992
Indigenous Communication includes the transmission of entertainment, news, persuasion, announcements and social exchanges of every type - it is an important aspect of culture and the means by which a culture is preserved, handed down and adapted.

Exogenous communication includes mass media, schools, agricultural extension, bureaucracies.

1. Indigenous communication has value in its own right
2. Exogenous channels have limited range
3. Indigenous channels have high credibility
4. Development programmes can use indigenous communication to collect and disseminate information
5. Indigenous channels offer opportunities for participation by local people
6. If indigenous communication is ignored, the result may be inappropriate development efforts.

Communication Support for Rural Development Campaigns

**Essential Elements**

1. Formulation of specific objectives aimed at solving a significant problem
2. Focus on a few critically important messages
3. Expression of messages in an attention holding way so that audience will remember them
4. Use of a variety of communication channels to reach audience
5. Repetition of messages over a sustained period of time
6. Messages not only inform but also motivate people to take action
7. The entire process is carefully planned
8. Each element is tested to make sure that it will produce the desired results before full scale implementation
9. Systematic monitoring and evaluation
10. The effort is conducted by a team and administered by a single manager

**Possible Media Channels to Reach Target Group**

**Mass Media**
- Radio
- Newspapers
- Posters
- Pamphlets
- Banners
- Stickers
- Cinema Spots
- Calendars
- Billboards
- Booklets
- Stamps
- Television
- Exhibits

**Group Media**
- Flip Charts
- Flannel Boards
- Models
- Slides
- Transparencies
- Blackboards
- Videotape
- Films
- Audiotape
- Games
- Wall Charts
- Extension kits
- Drama

**Target Group**

Source: Planning Communication Support for Rural Development Campaigns; Assifi and French; UNDP Asia; 1986
Stages in Planning a Health Campaign

1. Planning and Strategy Selection
2. Selecting Channels and Materials
3. Developing Materials and Pretesting
4. Implementation
5. Assessing Effectiveness
6. Feedback to Refine Programme

Commercial Marketing Model
- as interpreted by CDC

Company

Environmental Scanning

Growth Strategies

Marketing Goals:
- Profits
- Market Share

Research and Development
- Environmental analysis
- Market Research and Segmentation
- Consumer Research
- Product Planning and Development

Resources

Marketing Process

PRODUCT

PRICE

PLACE

PROMOTION

Marketing Mix
- Plan; Demonstrate; Implement; Evaluate

Feedback

Evaluation

FORMATIVE

Process

Outcome
Twelve generalisations about organisational factors which influence health communication campaigns

1. **Prestige** - the prestige of organisations involved in a health communication campaign is a factor in a campaign’s success

2. **Insider-Outsider relationships** - effective relationships between “outsider” and “insider” organisations

3. **Re-Invention** - campaign elements are frequently re-invented and modified as organisations contribute experiences from other campaigns in which they have participated, and as general campaign is fitted to to local community conditions

4. **Long-term Institutional Change** - strategies for long-term institutional change in the organisational culture, and for creating permanent organisations to replace temporary systems, are used by organisations involve in a campaign to facilitate long-term behavior change in their target audience

5. **Consensus Vision** - a campaign is more likely to be successful if it has an overall vision statement that represents a consensus among the organisations that collaborate in the campaign

6. **Charismatic Organisational Leaders** - help organisations collaborate in successful ways

7. **Inter-organisational Collaboration** - can speed the diffusion of an innovation through a health communication approach

8. **Organisational Career Path** - participation in a communication campaign can affect the career path of individuals in collaborating organisations

9. **Organisational Culture Conflict** - differences in organisational culture, such as those between government and private organisations, can limit the success of health communication campaigns, unless these differences are overcome

10. **Timing** - is a crucial factor in success, often rests on the activities or decisions of organisations involved in the campaign

11. **Reframing** - reframing health communication campaign behavior in terms of organisational theory can facilitate understanding of the key factors in a campaign’s success

12. **Interorganisational control/decision-making issues** - collaboration, control, and resistance amongst groups, affect chances for success

Health Promotion - the process of enabling people to increase control over, and to improve, their health.

Source: Canadian Public Health Association - An International Conference on Health Promotion - November 17-21 1986
Communication Support for Rural Development Campaigns

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Source:
CDC’s Health Communication Wheel

1. Review Background Information
2. Set Communication Objectives
3. Analyze and Segment Target Audiences
4. Identify Message Concepts and Pretest
5. Select Communication Channels
6. Create Messages/Materials and Pretest
7. Develop Promotion Plan
8. Implement Communication Strategies
9. Assess Effects
10. Feedback

Source:
Centers for Disease Control
Atlanta, Georgia, USA
Commercial Marketing Model
- as interpreted by CDC

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<th><strong>Lesson One</strong></th>
<th>Health Communication works - [see impact data pages]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lesson Two</strong></td>
<td>It doesn't work by itself - people need opportunity to perform the new behavior, environment must be supportive, services and products must be accessible,</td>
</tr>
<tr>
<td><strong>Lesson three</strong></td>
<td>It does more than create demand - important positive side-effects eg measles immunisation programme boosts immunisation coverage for other diseases</td>
</tr>
<tr>
<td><strong>Lesson four</strong></td>
<td>It works differently for different interventions - some health issue are inherently more difficult than others and therefore demand different approaches</td>
</tr>
<tr>
<td><strong>Lesson five</strong></td>
<td>It may not work as dramatically as public health experts expect - often unrealistically high expectations for communication strategies</td>
</tr>
<tr>
<td><strong>Lesson six</strong></td>
<td>Interpersonal channels are important - eg in Swaziland, clinic staff and outreach workers were more effective channels in increasing knowledge and use of ORT than radio …</td>
</tr>
<tr>
<td><strong>Lesson seven</strong></td>
<td>But so are the mass media - also for Swaziland, health staff reached 22% of the population, outreach workers 16% and radio 60%, therefore radio more effective overall.</td>
</tr>
<tr>
<td><strong>Lesson eight</strong></td>
<td>It needs to be sustained - [after-all] Coca-cola skeps on spending [on advertising]</td>
</tr>
<tr>
<td><strong>Lesson nine</strong></td>
<td>It must be multi-disciplinary - health communnicatin requires collaboration across disciplines</td>
</tr>
<tr>
<td><strong>Lesson ten</strong></td>
<td>It is difficult to institutionalise in developing countries</td>
</tr>
</tbody>
</table>

**Source:** "HEALTHCOM - lessons from 14 years in Health Communication" by Mark Rasmusson, Holly Fluty and Robet Clay in Development Communication Report, 1992/2, lead article; which was available from The Clearinghouse on Development Communication 1815 North Fort Myer Drive, Suite 600, Arlington, Virginia, 22209, USA. Best contact now is AED, 1255 23rd Street, NW, Washington D.C. 20037 - ph 1-202-862-1900
### The Capacity and Environment Window

#### A. Overall Format

**Development Issue?**

Insert One Sentence Outlining the Development Issue on which you wish to Focus

**Example:** Rise in teenage pregnancies with associated greater risk of maternal and infant mortality

**Situation**

Combination of extent of mass communication capacity and the degree of social sensitivity of the issue being addressed will determine the most appropriate and effective response

<table>
<thead>
<tr>
<th></th>
<th>EXTENSIVE Communication Capacity</th>
<th>EMERGING Communication Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Generally SUPPORTIVE Social Environment</td>
<td>Generally SUPPORTIVE Social Environment</td>
</tr>
<tr>
<td>B</td>
<td>Generally DIFFICULT Social Environment</td>
<td>Generally DIFFICULT Social Environment</td>
</tr>
<tr>
<td>C</td>
<td>EXTENSIVE Communication Capacity</td>
<td>EMERGING Communication Capacity</td>
</tr>
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<td>D</td>
<td>Generally DIFFICULT Social Environment</td>
<td>Generally DIFFICULT Social Environment</td>
</tr>
</tbody>
</table>
# The Capacity and Environment Window

## Core Questions

### A. Assessing Mass Communication Capacity

#### Reach

<table>
<thead>
<tr>
<th>1. Percentage of population:</th>
<th>[a] with access to</th>
<th>[b] regularly use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Electronic Media [eg radio, TV, movies, video]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Print Media [eg newspapers, magazines]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traditional Media [eg theatre, music]</td>
<td></td>
</tr>
<tr>
<td>2. Coverage of TV, radio, print and other media by:</td>
<td>geography</td>
<td>income</td>
</tr>
</tbody>
</table>

#### Quality

| 1. Quality of equipment used by radio, TV, newspaper and movies? | NOTES |
| 2. Standard of training for people in mass communication organisations | |
| 3. Quality of programme making? | |
| 5. Comparisons in popularity of locally produced vs imported entertainment and news programmes and publications | |
| 6. Quality of information aired/shown/printed on your priority issues | |

## NOTES
The Capacity and Environment Window
Core Questions, cont’d

B. Assessing Sensitivity of the Social Environment
- to the issues you wish to address

Supportive ◀ Difficulty ➤

Issue?

1. Relevant Behaviors
   • population groups affected - by age, sex, geography
   • main direct behaviours of concern
   • incidence of those behaviours
   • trends in those behaviours - the last 10 years
   • primary factors explaining those trends
   • primary reasons for those trends
   • usage of services responding to this issue
   • trends in usage - the last 10 years

2. Social Setting
   • tone of any recent legislation related to this issue
   • expressed views on this issue by:
     • political leaders
     • traditional leaders
     • religious leaders
     • women’s organisations
     • youth organisations
     • specific behaviours causing most public concern
     • perceived views on this issue by the above groups
     • tone of coverage in the media
     • cultural context - eg expectations and taboos
     • extent and nature of any household discussion
     • extent and nature of discussion amongst peers
     • stigmas related to this issue
     • priority assigned by government - perhaps as indicated by trends in budget allocations
Communications and Social Change

THE ROCKEFELLER FOUNDATION

Principles and Trends

**Desirables for Communication and Social Change**
- Democracy and Civil Society Initiatives will become more prevalent
- Human rights, women’s rights and pro-democracy movements will continue to grow
- New institutions – small, community based, self-sufficient, accountable – and new ways of operating institutions will emerge around the globe
- Organisations will become more accountable, transparent and efficient
- Cheaper, easier technology will become accessible, more widespread.

**Probables for Communication and Social Change**
- Use of communications technology will continue to expand exponentially
- Traditional institutions/frameworks will continue to be questioned – small, responsive, local initiatives in response
- Ethnic issues will override national boundaries
- Globalisation will increase – either concentrating power or leading to greater freedom of expression

**Trends in communication**
- Now possible to work in real time with instant feedback
- Increasingly possible to communicate world-wide without filters of censorship, advertising or institutional control
- Shift from sending messages to accessing information from the ground-up [from one-to-many to many-to-many]
- Move to horizontal communication, away from top down hierarchic approach
- Evolving from delivering a message to “pushing” or “pulling” from the bottom up
- Successful movements have visual elements – flags, symbols, fads, gestures
- Speed of change is accelerating


Continued on next page with strategic proposals
Communications and Social Change

THE ROCKEFELLER FOUNDATION [CONTINUED]

Strategic Proposals

- Use new technology to shift the balance of power – away from governments and corporations – by providing individuals with the ability to communicate directly across boundaries
- Information processes and messages need to be created with direct input from the ‘target’ audience
- Use ‘proactive communications – support individuals and communities to use information technologies to engage in improving their own circumstances
- Lobby the traditional institutions that control the media
- Use vivid, personal images
- Support people using their own ‘voices’
- The more personal the communications, and the less institutional, the more effective
- Enable communities by providing them with access to communications technologies to help express their aspirations
- Promote horizontal communications and dialogues in communities
- Connect [free] local libraries, schools, village halls, community centers, universities
- Support a corps of reporters who act as independent eyes, ears and pens of the international community
- Advocate for the concept and viability of public service broadcasting
Developing Partnerships with the Entertainment Industry

PCI’s Soap Summits

Purpose: Promote health through the increased inclusion of health themes, dialogue on health issues and conveying of health information in those communications which reach the largest numbers of people in a country.

Soap Summit 2: Attended by producers and script writers from the 10 most popular daytime soap operas in the USA.

Ownership: Important in the success of this style of event is that the industry with whom there is a potential partnership are given an ownership role in the planning, management and assessment of the Summit.

Soap Summit 2: A collaborative venture between the 3 major Networks in the USA (CBS, NBC, ABC) and Population Communication International.

Participation: The primary audience is the people responsible for producing the national scale popular communication products - such as editors, advertising executives, script writers, producers, community leaders and activists, marketing managers, leaders of community theatre troupes. Along with people and organisations drawn from the technical health, funding and political fields for a joint dialogue with the communicators.

Soap Summit 2: The majority of the Soap Summit 2 audience were daytime “soap” producers and writers and executives from the television networks. Also present were: Funders - eg Ford, Robert Wood Johnson and Kaiser Family Foundations; Government - Centers for Disease Control; Technical Health Experts - on subjects from contraception to population growth (many of whom gave formal inputs); Political Figures - Secretary for Health, Under-Secretary of State for Global Affairs; and Advertisers related to Soap Programmes - eg Proctor and Gamble.

Content: The content of the initiative needs to be agreed with the potential communication partners. The process of discussing and agreeing the themes to place on the agenda will identify those areas in which there is common interest.

Soap Summit 2: Through discussion between the major Networks and PCI staff, agreement was reached on a series of topics for the meeting. These included reproductive health, role of young fathers, population trends, tobacco and elements of child health.

Style: The event has to overtly and covertly recognise two important factors: (1) the main purpose of the potential partner’s communication activity - eg sell more products, attract more viewers; and (2) control of the production and creativity processes are the responsibility of the producers and writers - none of whom is obliged or should be made to feel obliged to do anything.

Soap Summit 2: The best presentations were those that clearly and simply presented knowledge and perspectives to which producers and writers would not normally be exposed.

continued
Developing Partnerships with the Entertainment Industry
PCI’s Soap Summits - continued

Atmosphere: Create an informal, busy environment. Recognise that the target audience involves people who may be competitors.

Soap Summit 2: The script writers and producers attending Soap Summit 2 are busy people with punishing schedules. They may be involved in producing as much as 5 hours of drama a week. It is therefore important that the pace of the Summit is brisk with an accent on conveying information. Soap Summit 2 seated people at a series of round tables in a small, comfortable conference room. In general each of the “soaps” represented took it’s own table though this was not prearranged.

Presentation: In the course of the time available provide a range of perspectives and views rather than an agreed and consistent line. Essential for all presenters, irrespective of the content of their presentation, is effective communication skills. In most cases the target group themselves are engaged in communication and will have little tolerance for poor preparation and delivery. The styles do not need to be the same but each person chosen to present must, in their own way, effectively convey information and ideas.

Soap Summit 2: Included the perspectives of: Researchers (sexual content in Soap Operas); Politicians (Priority Areas and Government Policy); Experts (tobacco trends and effective responses); Communities (views of three young fathers from a poor community) and Practitioners (Outreach workers in poor communities).

Timing and Length: The event has to be at a time and place, and of a length, that is most likely to attract the required participation.

Soap Summit 2: Held on a Friday afternoon and Saturday. This came at the end of the 5 day schedule for producers and script writers but still left them with the Sunday off. It was also timed for the weekend before the major industry awards event - the Emmy’s.

Recognition: The promotion of effective partnerships can be accelerated through recognition of the contribution that the partners have already made or are planning.

Soap Summit 2: In the course of the opening and as a regular feature of the inputs from the technical people and politicians, the contribution of the soaps to health was regularly mentioned. Specifics included the absence of tobacco use by characters, substantial story lines dealing with HIV/AIDS issues and the apparent decrease over the previous 2 years in “irresponsible” sexual activity.
Developing Partnerships with the Entertainment Industry
PCI’s Soap Summits - continued [3]

**Links:** A Summit provides the opportunity for the technical health partners, communication partners and the funders to develop closer link through tangible programmes

*Soap Summit 2: In the course of Soap Summit 2 many of the health agencies made offers of assistance to the producers. These included toll free technical assistance phone lines that facilitate a script writer getting quick and accurate information on an issue and the promotion of information sheets on health issues covered in the soap itself.*

**Evaluation:** All partners will benefit and their future working relationships will be motivated by evaluations of the effectiveness of this approach to programming health.

*Soap Summit 2: Through a grant by the Ford Foundation, Soap Summit 2 will be evaluated by an organisation called Research Works. They will focus on trends within Soaps in their treatment of health and population issues.*
Communication Programme Planning Work Sheet

Title of Project: 
Project Co-ordinator: 

1: Potential Partners and Roles

i) Names of Partner Organisations
ii) Potential Role in Project
iii) Strategy to Encourage Involvement

______________________________________________________________________________________________

2: Definition of Problem: Why is the project being developed? 

______________________________________________________________________________________________

3: i) Primary Target Audiences: In relation to the problem - Who do you want to do what?

A. _______________________  B. _______________________  C. _______________________ 

ii) Specific Primary Audience Segments: Specific by - behaviour/social norm/policy - and important variables such as race/ethnicity; sex; age; language; vested interest.

A. _______________________  B. _______________________  C. _______________________ 

iii) Secondary Target Audiences: Those who influence the primary audiences or help implement the programme, e.g. family/friends; healthcare providers; local parenting groups; police.

A. _______________________  B. _______________________  C. _______________________ 

4: i) Communication Goals: Specify overall desired changes in behaviour/social norm/policy - measurable if possible.

A. _______________________  B. _______________________  

continued
**Communication Programme Planning Work Sheet - continued**

**ii) Communication Objectives:** Intermediate steps to achieve goals, such as changes in knowledge, attitudes, skills, social norms; policies, priorities - quantify when possible.

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<td>C.</td>
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**5: Communication Channels to Reach Each Primary Audience:** News, Entertainment, Popular Goods and Services, Awards, Related to Services, Community Media; Campaign strategies (PSAs etc). For each audience, identify specific objective and relevant channels.

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<thead>
<tr>
<th>Audience</th>
<th>Objective</th>
<th>Channel</th>
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**6 Potential Messages, Materials and Activities:** For each audience - primary messages/content/materials

<table>
<thead>
<tr>
<th>Audience</th>
<th>Primary Message</th>
<th>Main Content</th>
<th>Materials</th>
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*continued*
### Communication Programme Planning Work Sheet - continued

#### 7: Evaluation Framework

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<tr>
<th>Indicators</th>
<th>Information Collection Methodology</th>
<th>Timelines</th>
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<td>Impact/Outcome</td>
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<td>Process</td>
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<td>Context Change</td>
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#### 8, 9: Programme Timeline & Role of Staff

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<thead>
<tr>
<th>Activity</th>
<th>Start Date</th>
<th>Due date</th>
<th>Person Responsible</th>
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#### 10. Budget

Specify all programme development and implementation activities and costs, including review and approval with dates, people responsible and funding sources highlighted.

Source - Health Communication Materials - Division of Communication
- UNICEF New York