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**From promotion to a process of advocacy, social
mobilization and communication for sanitation.**

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Switzerland**

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Contents

Introduction

Getting issues on the agenda

How effective are mass media?

Attracting attention

Communication stages

Characteristics of effective health communication

Lessons on organizational aspects of health communication campaigns

Costs of communication programming

A briefing package for decision makers in China

Appendix 1 Key elements for messages on sanitation

References

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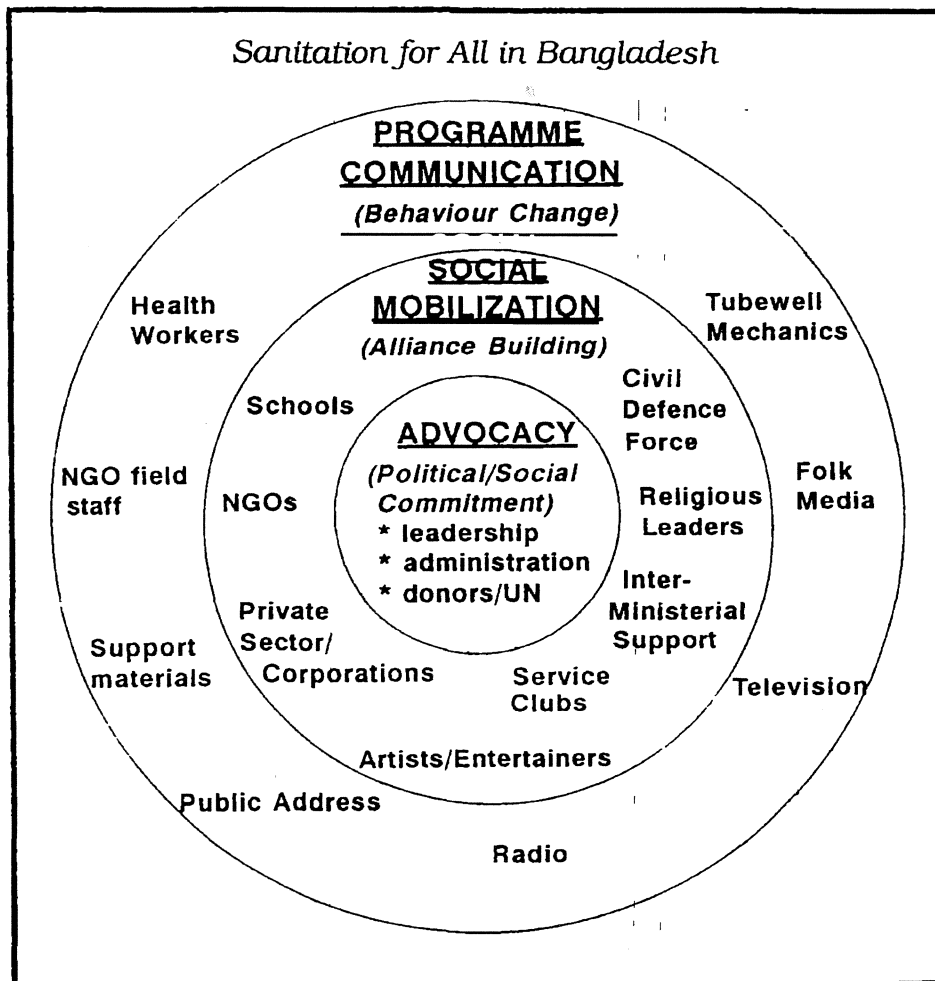
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Introduction

This paper contains an analysis of earlier work of the Collaborative Council Working Group on IEC adding an analysis of recent literature and field experience in China on advocacy for sanitation.

For promotion of sanitation we can learn a great deal from communication experiences in the health sector. McKee 1992 and Hubley 1993 provide the best inside of the process of development communication: advocacy, social mobilization and programme communication.

McKee provides definitions and a synthesis of advocacy, social mobilization and programme communication from page 162 - 190. This is since 1989 being applied also in the Sanitation for All in Bangladesh campaign and is visualized in his diagram below.



He also gives an insight account of the mix of Advocacy, Social Mobilization and Programme Communication for the Expanded Programme on immunization since 1985 (McKee p 110 - 138).

The subheadings he uses illustrate how the campaign was organized:

- EPI and the print media
- the electronic media
- stars for children
- corporate mobilization
- intra- and inter-ministerial collaboration
- NGOs and other partners
- national immunization weeks
- EPI communication
- field worker needs assessment

Interesting tables for promotion of sanitation are:

- 122 Summary of advocacy activities
- 124 Summary of operational partners
- 126 Other social mobilization partners
- 131 EPI Programme Communication
- 133 + 134 Who persuaded you to get your child vaccinated (national + urban)
- 137 EPI Communication overview

McKee warns that changing hygiene is more difficult than immunization, and therefore may take longer time. Essential is that we establish political will through advocacy, that we mobilize a wide spectrum of allies in order to make a difference, and that we have well-trained fieldworkers at community level for motivation for change (McKee, 1992, 162-173).

McKee also stresses the differences between commercial marketing with social marketing, which should be taken into account in the promotion for sanitation or more precise safe interaction with human excreta:

Commercial marketing	Social Marketing
Standard formulae to apply	Complex strategy needed
Products have clear and strong identities	Social products are attached to complex abstract values
Products are often immediately satisfying	Social products are less immediately satisfying
Successful market share increases by 2 to 3 percent	Aims at achieving large market shares of 30 to 90 percent

Motivated by profit	Not motivated by profit
Normally sells positive purchasing action	Sometimes involves avoidance behaviour (counter-marketing)
Aimed at people with purchasing power	Frequently aimed at poorest or least-educated communities

Getting issues on the agenda

A priority in health promotion is to get issues on the 'agenda' of politicians so that they will take them seriously and initiate action, says Hubley 1993 (p204). Textbooks advise that priorities are decided according to needs, prevalence of the disease, costs of treatment, feasibility of prevention and felt needs of the community. "However, decisions by politicians and government officials are rarely made according to this 'rational' planning model. They are usually made in response to different pressures according to the *status quo* - what has been the practice up to now;

influence of friends;
allocation of funds from central government;
influence of pressure groups such as professional bodies, commercial companies, trade unions and political parties;
external pressures such as prices of imported goods;
wishes of aid organizations such as the World Bank and International Monetary Fund;
newspapers and television;
and public opinion".

"Priorities are usually based on short-term pressures and rarely consider longer-term issues such as health and environment. Of course we cannot expect health to be the only issue that the government should consider. But we can try to influence the public to support health promotion and ensure that politicians are fully informed about the health implications of their decisions".

Hubley's definition of communication in health education and health promotion (p 18) illustrates how he sees awareness raising play a role for various target groups.

"Communication is an essential part of all health promotion activities in order to:

- have a dialogue with communities;
- influence decision-makers to adopt health promotion policies and laws;
- raise awareness among decision-makers of issues of poverty, human rights, equity, environmental issues;
- ensure that the public gives support to government health-promoting policies;
- communicate new laws and policies to the public;
- raise public awareness of issues in order to mobilize community participation;
- develop community action on health issues".

How effective are mass media?

Hubley has also interesting things to say about the use of mass media (p 146).

"Mass media messages tend to be general and are not relevant to needs of individual communities. It is also difficult to be selective and target one age-group. And unlike face-to-face approaches there is no direct feedback. However, if carried out well, mass media has the advantage of being able to reach a large audience rapidly - and does not require an infrastructure of fieldworkers. Although many people prefer face-to-face communication, lack of time, shortage of fieldworkers and difficulties of transport can make mass media the only realistic way of working.

Mass media are sometimes used poorly with a lack of audience research, dull programmes and inappropriate messages. In fact, well-planned mass media health education can achieve a great deal:

- *Behaviour change* - when it concerns a 'one-time' behaviour such as attending a immunization drive, simple to perform or the community is favourably disposed to implement it and is merely requiring a trigger for action.
- *Agenda setting* - bringing an issue to the public's attention so that they begin talking about it and raising it at meetings.
- *Creating a favourable climate of knowledge and opinion* - media can provide specific knowledge about issues that will influence felt needs of communities; they can provide a favourable background for community-based programmes and health education activities.
- *Telling people about new ideas* - media can make people aware of new discoveries of innovations such as oral rehydration. Whether people will actually act on this information depends on the idea, its complexity, whether it meets a perceived need in the community and whether enabling conditions and factors are in place.

Attracting attention

Factors that make communication attract attention fall into two groups: physical and motivational characteristics:

PHYSICAL:

- size, e.g. of the whole poster - we are more likely to notice a large poster or book than a small one; size of letters, title words;
- intensity - bold headings in a sentence, a poster;
- high-pitched sounds
- colour
- pictures - photographs and drawings.

MOTIVATIONAL:

- novelty - unusual features, unfamiliar and surprising objects;
- interest - interest/felt needs of audiences and perceived relevance to audience - people look at things they are interested in and want to know something about:
- deeper motivations - appeals to motivations and drives of audience (e.g. sex, money, status)
- entertainment and humour (p 56).

Communication stages

Successful communication for WES and health improvement through the modification of the human, social and political factors that influence behaviours, must pass through several stages (p 47):

Stage 1: Reaching the intended audience

Communications should be directed where people are going to see or hear them. Study your audience, what their listening, reading and viewing habits are.

Stage 2: Attracting the audience's attention**Stage 3: Understanding the message (perception)****Stage 4: Promoting change (acceptance)**

The nature of the source and content of the message can influence whether people believe and accept the message.

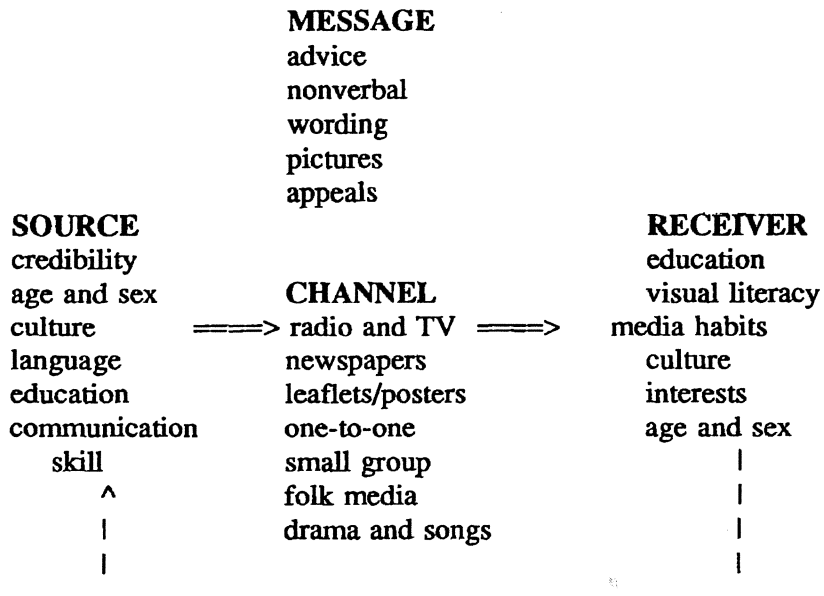
Stage 5: Producing a change in behaviour**Stage 6: Improvement in health**

A person may have a favourable attitude and want to carry out the action, e.g, bring the child for immunization, use ORS. However, pressure from other people in the family or community may prevent the person from doing it.

Another reason a person may not perform a behaviour is a lack of enabling factors such as money, time, skills or health services.

Components of successful communications

In preparing a communication programme for sanitation it is helpful to consider a range of factors which influence success. This should be done separately between the receiver, source, message and channel. Hubley lists these factors in the following figure.



Characteristics of effective health communication

Hubley defines the following characteristics (of effective health communication (p 65):

- Promotes actions that are realistic and feasible within the constraints faced by the community.
- Builds on ideas, concepts and practices that people already have.
- Repeated and reinforced over time using different methods.
- Adaptable, and uses existing channels of communication - for example, songs, drama and storytelling.
- Entertaining and attracts community's attention.
- Uses clear simple language with local expressions and emphasizes short-term benefits of action.
- Provides opportunity for dialogue and discussion to allow learner-participation and feedback on understanding and implementation.
- Uses demonstrations to show the benefits of adopting practices.

Lessons on organizational aspects of health communication campaigns

In an analysis of organizational aspects of six health communication campaigns Backer and Rogers (1993) pp 216-217, identified 12 generalizations.

"1. *Prestige* - The prestige involved in a health communication campaign is a factor in a campaign's success.

2. *Insider-Outsider Relationships* - Effective relationships between "outsider" and "insider" organizations contribute to the success of health communication campaigns.
3. *Re-Invention* - Campaign elements are frequently re-invented and modified as organizations contribute experiences from other campaigns in which they have participated, and as a general campaign approach is fitted to local community conditions.
4. *Long-Term Institutional Change* - Strategies for long term institutional change in organizational culture, and for creating permanent organizations to replace temporary systems, are used by organizations involved in a campaign to facilitate long-term behavioural 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 organizations that collaborate in the campaign.
6. *Charismatic Organizational Leaders* - Charismatic leaders of organizations involved in health communication campaigns help organizations collaborate in successful ways.
7. *Interorganizational Collaboration* - Interorganizational collaboration can speed the diffusion of an innovation through a health communication campaign approach.
8. *Organizational Career Path* - Participation in a health communication campaign can affect the career path of individuals in the collaborating organizations.
9. *Organizational Culture Conflict* - Differences in organizational culture, such as those between government and private organizations, can limit the success of health communication campaigns unless these differences are overcome.
10. *Timing* The timing of a health communication campaign is a crucial factor in its success, and timing often rests on the activities or decisions of organizations involved in the campaign.
11. *Reframing* - Reframing health communication campaign behaviour in terms of organizational theory can facilitate understanding of the key factors in a campaign's success.
12. *Interorganizational Control/Decision-Making Issues* - Transorganizational issues of collaboration, control, and resistance among groups of organizations affect the chances for the success of health communication campaigns".

The evaluation showed that a national mass media campaign can have a substantial impact on family planning behaviour if the messages are well-designed, are of a very high quality, and are transmitted with sufficient frequency during prime exposures times for the intended audience.

The Turkish campaign had different impacts in various subaudiences, according to their level of formal education. This finding supports the strategy of audience segmentation, the fine tuning of messages for specific audience segments.

Other lessons learned are:

1. High-quality, creative, professionally produced materials can capture the attention of a substantial majority of a national population.
2. The sensitive topic of family planning can be promoted publicly via the mass media in a manner that creates support for the concept and offsets criticism and opposition to family planning.
3. Entertainment is effective in gaining and holding an audience's attention and in eliciting personal involvement in a campaign.
4. Messages reiterating a general theme and then giving specific behavioural recommendations can influence knowledge and attitudes, as well as overt behaviour.
5. An intensive, well-planned media campaign for family planning, increases clinic attendance, and contraceptive practices.
6. Even a well-designed and executed campaign does not have the same impacts on all audience members.
7. Baseline surveys and other formative evaluation methodologies such as focus-group interviews contribute to the design of a successful campaign.

Costs of communication programming

Experience from other sectors show that the costs for effective communication programming can form a sizable part of the total programme costs. Between 30 and 40 percent of the international/UNICEF executed immunization campaign was spend on communication (Richard Jolly 1992, personal communication). Turkey's Mass Media Family Planning Campaign 1987-1989 (US AID funded) amounted to US \$231,637, the imputed costs of free TV time and publication advertising space was approximately US \$2,110,000. Typical communication activities in national diarrhoeal disease programmes account for 10-20 percent of the programme budget (WHO 1987).

The Social Mobilization for Sanitation programme July 1992- June 1995 in Bangladesh funded by DANIDA/SDC and implemented by DPHE with UNICEF support costs US \$3,962,652, or 6.4 percent of the budget for the total programme. The Indian Government has in its Eighth Five Year Plan 1992-1997 earmarked a mandatory 10 percent of the Central Rural Sanitation Programme for IEC.

Ikin in his paper presented to the Working Group on Promotion of Sanitation stressed already that promotion is not free. Looking at commercial promotion and advertising he quotes the example of BMW promotion/advertising campaign for Mercedes cars."It is said that BMW spends over 30 percent of its income on promotion".

A briefing package for decision makers in China

From a mission in January 1995 to document the experiences with advocacy for sanitation in Henan province in China the following elements emerged for use in a briefing package for decision makers.

There are four key benefits coming from improved latrine use:

Better manure for the farmers

Better crops

Higher income

Improved health

Why is improvement of latrines considered to be important?

From 1989 to 1994 improved latrine construction in Henan province increased from 1% of the households in the villages to 29%. At the end of 1994 nearly 5 million households were using the double urn funnel-shaped latrine, which has been developed, tested and demonstrated in the province in the 1980s.

The reasons why high government and party leaders in Henan have paid attention to sanitation are a mix of perceived *economic, political and public health benefits*.

Vice Governor of Henan Province, Zhang Honghua, during the 10th meeting of the NPHCC in February 1994, explained why the *provincial Party Committee and provincial government leaders* pay great attention to improvement of latrines:

- it vigorously develops agriculture,
- it improves health conditions in rural areas,
- it is 'doing good deeds' for the masses, and
- it builds closer relations between the party and the masses (Zhang Honghua, 1994).

It is also good for China's reputation

The negative effects of dirty latrines and toilets on China's international reputation also play a role. Minister Chen Minzhang in his opening speech to the 1993 Nationwide Rural Area Improved Latrine Experience Exchange meeting in Puyang city warned that tourists complain to him and in letters to the leaders of the state, that the good impression of the beautiful China is lost because of the dirty toilets. And although in 1992-1993 the toilets in cities have improved considerably, it was still a big problem for China's bid to host the Olympic Games.

The 1994 edition of the popular travel guide "China - A travel survival kit" (Lonely Planet p 132-133), illustrates the reputation of Chinese latrines and toilets. Its 'toilets' section starts with: " Some travellers have give up eating (for a while at least) just to avoid

having to use Chinese toilets". It goes on to say that "some public toilets look like they haven't been cleaned since the Han Dynasty".

The Patriotic Health Campaign Committee in Henan is showing that it can be done differently. Public toilets in Puyang city and latrines in many village households have been improved and are being kept clean.

Key messages for cadres and masses

To popularize the double jar funnel-type latrines in Henan province, the provincial PHCC has used a mix of media: meetings, newspapers, periodicals, wire radio, television and videos.

The Vice Governor of the province and other PHCC promoters used a few key messages explaining to cadres as well as villagers, why latrine improvement is important.

For the *cadres* these messages include:

- a. it increases agricultural production,
- b. it contributes to national quality,
- c. it helps China's "reform and opening" policy,
- d. it enhances China's international reputation,
- e. it contributes to Health for All by 2000,
- f. it improves health knowledge, changes prevailing habits and customs.

The key messages on improved latrines for the *masses* include:

- it is good for health, beautifies the environment in rural areas, and decreases diseases;
- it increases production through better fertilizer, improves the soil, and realizes high and stable yields in agriculture;
- the input needed is small, the benefits are high.

Benefits

Households which have an improved double urn latrine identify clear benefits from the improved latrine. In general, women mention 'no smell' and 'no flies'. Men usually identify 'better manure' as benefit number one, leading to higher crop production and higher income.

In one of the earliest demonstration villages, Chihuazhuang in Yucheng (1,401 population, 315 households and 100% improved latrine coverage in 1989/1990) the village leader found the manure to be very effective for his apple trees. "The apples are much bigger and sweeter". He later said that his apple production is 20-30% higher than before, bringing in 20 fen per pound additional income.

In 1993, the health and economic benefits were reported by Dr Xu Guoxiong. He calculated that a family of four, collecting 2000 kg of urine and faeces per year, increased wheat

production by 16%, and corn production by 26%. In money terms, this would mean that 121 Yuan additional income could be earned, and that the initial investment would be recovered within a year. "This kind of benefit is rather direct, it can be seen and touched by every farmer. The farmers are convinced, and accept the improved system, and are therefore becoming one of the basic reasons for the vitality of the double jar toilet".

What made the Henan experience work?

The lessons learned can be summarized as follows:

1. *Get the policy right.*

Given the right policies set at the national level the provincial authorities translated those into action plans with targets at the provincial level.

2. *Get the design right.*

The design is technically adequate, affordable and acceptable to the farmers, local materials are available.

3. *Get high level commitment for improved latrine promotion.*

From the Governor and Vice Governor of the province, to the village leaders, their commitment to the programme has been essential.

4. *The beneficiaries pay most of the costs of improved sanitation.* Only small subsidies and incentives are provided to get maximum participation of targeted villages.

5. *Strong focus on promotion at all levels,* making use of the clear economic and convenience and health benefits. The use of good demonstration assists in this process.

6. *Ensure proper organization using the existing structures,* right at the village level, and involving all possible allies.

7. *Latrine promotion work takes a lot of time.* It can not be done in a hurry, and requires constant attention.

Although from the construction side the Henan province latrine improvement work can be called a success, a number of problems still need to be overcome. They concern insufficient maintenance and effective use of the latrines, and hygiene education. As a result, only half of the improved latrines in Henan province were found to be sanitary in a 1993 nation wide survey on sanitation. The lack of a communication strategy, insufficient use of mass media and insufficient monitoring of effective use are among the other weaknesses which need to be remedied.

The major challenge ahead for the Henan province is to develop a revolving fund and other credit options to spread the latrine improvement to reach the poorer villages in the province, beyond the better-off and medium villages which were covered in the 1989 - 1994.

In early 1995 the new Vice Governor in Henan province announced a next latrine improvement campaign. The goal is that 80% of the population constructs and uses an improved latrine by the year 2000.

Appendix 1 Key elements for messages on sanitation

In the Communication in Water Supply and Sanitation resource booklet a range of key elements for messages, and information on allies is provided.

It concerns basic elements for message development for policy makers, sector professionals and users.

Policy makers

Access to safe water and sanitation facilities is a basic human right.

World Health Organization recognizes that improvements in water and sanitation facilities constitutes the most effective measure in controlling cholera, typhoid, parasitic and other endemic diseases.

Effective integration of technical and social factors water supply and sanitation is essential to maximize social and environmental health benefits.

Eighty per cent of all diseases, or four out of five cases of sickness, in the developing countries can be attributed to unsafe water and inadequate sanitation.

Sector professionals

Better coordination among government departments, and among implementing agencies contributes to more effective water supply and sanitation programmes.

Exchange of information offers important opportunities for efficient development of water supply and sanitation projects.

Alliance building and coalitions with other sectors are needed to tackle the multiple tasks in water supply and sanitation.

Users

Health

Water is essential for life, and disposing excreta a daily bodily function.

Access to safe water and sanitation facilities is a basic human right.

Improved water and sanitation technologies will only lead to health impacts if linked with appropriate behaviour and proper use.

Water is precious and sanitation facilities are necessary, and are worth paying for.

Management

Water and sanitation facilities belong to the community, and individuals in the community must assume responsibility for them.

Allies

All those who influence or control the principle channels of communication must be challenged by the water sector to assist in creating informed community demand for, and participation in, the provision of safe water supply and adequate sanitation. Teachers and educators, mass media, government and community leaders, non-governmental organizations, employers and business leaders, artists and entertainers, and religious leaders are all playing a vital role in the process of involvement and empowerment for water and sanitation.

Teachers and educators

sub-goal: no child should leave school without knowing that safe water and adequate sanitation convenience is not only convenient, but also a life saving basic need.

Field examples:

in Uganda all primary schools now teach basic child health knowledge as part of Science lessons (including safe water,

in China the All China Women's Federation runs 120,000 parents schools where 5 million parents learn about pregnancy, child birth, child health, hygiene and sanitation.

in Democratic Yemen mothers learn through literacy classes about hygiene, sanitation and diarrhoeal control.

Artists

In Lesotho, a "Theatre for Development" acting troupe uses active audience participation in plays to under-score the importance of improved sanitation and hygiene. A project evaluation in the Mofale Moek of this participatory approach revealed increased discussion and awareness of VIP latrines and heightened demand.

Media

in Algeria the national newspapers "El Moujahid" and "Revolution Africaine" run regular features, news stories, editorials and cartoons covering the government's drive to reduce infant mortality through among others improved water supplies, sanitation and hygiene.

since 1980 the Ministry of Health in Nicaragua has printed and distributed over 3 million of comic books on health topics such as diarrhoea, hygiene, water supply, sanitation and malaria.

Religious leaders

in Bangladesh 1944 Imams were trained in 1992 to assist in creating awareness relating to water, sanitation and hygiene among the rural poor.

in Thailand Buddhist monks trained in primary health care help give advice on basic hygiene and sanitation, water supplies and family planning to millions of faithful followers.

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