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UNICEF Staff Working Papers  
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# **Looking to the Future**

**A global review of UNICEF's  
Facts for Life initiative**

**Pamela Thomas**

UNICEF  
New York, NY, USA

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## **Executive summary**

### **Abstract**

A review of UNICEF's communication initiative, Facts for Life, undertaken in 31 countries during 1996, indicates that the Facts for Life publications have been extensively adapted and used by a wide range of developing country government and non government organisations and have provided a catalyst for innovative media coverage and communication activities that benefit children. Over 15 million copies of the *Facts for Life* book have been published in the last five years. *Facts for Life* messages have been used in radio and television dramas, cartoons, comics, story books and literacy primers.

Although in programmatic terms Facts for Life is still in its initial phase it has become one of UNICEF's more important initiatives that, with appropriate support, has the potential to not only improve the health and well-being of women and children, but to revolutionise global approaches to health education, upgrade the planning and communication capacity of developing country government and non government agencies, promote high quality intersectoral planning and collaboration and help meet Article 24 (e) of the Convention on the Rights of the Child.

The challenges to reaching Facts for Life potential include mobilising professional, media and monetary support to meet existing and future demand, to expand its use to schools, community workers, households and young adults and to ensure that information remains topical and scientifically accurate.

The study points clearly to an urgent need for systematic, on-going and intersectoral support from UNICEF and other United Nations and international organisations.

### **Background**

1. A review of Facts for Life<sup>1</sup> (FFL), involving 31 UNICEF country offices, was conducted between July and November 1996. It examined the use and level of field interest in FFL and drew on field expertise to explore challenges and suggestions for future directions. The study was based on a review of FFL documentation, 30 in-depth telephone interviews, ten written questionnaires and field visits to Uganda and Bangladesh.
2. FFL publications are free of copyright and local ownership and use by other organisations are encouraged. The more successful local integration and ownership have been the more difficult it is to document this success.

### **Overview of FFL use**

3. The review shows that FFL has been an extremely important UNICEF initiative that has had an impact well beyond what was originally anticipated. More than 15 million copies of *Facts for Life* are known to have been printed and distributed making it one of the world's most widely distributed books. The publications have provided a catalyst for a wide range of innovative and collaborative communication and information activities and a practical focus for UNICEF advocacy and social mobilisation for children as well as a coordinating mechanism for different organisations working in health, women and development, family empowerment and community development.
4. *Facts for Life* has provided a systematic approach to health education and an opportunity for strengthening the practical aspects of training for health workers and community development officers. It has helped improve the standard of communication skills and has been widely used as a standard text for literacy programmes. In countries where there is very limited reading material in local languages, *Facts for Life* provides an important text for new literates and for schools.

### **An on-going initiative**

5. The review indicates that FFL is a long-term process that has three well defined phases beginning with advocacy and information, moving into communication and community involvement and ending with community and indi-

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<sup>1</sup>When Facts for Life is written in italics it refers to two editions of the book *Facts for Life*. FFL1 refers to the first edition of the book, FFL2 refers to the second edition. When it is not italicised or when the acronym FFL is used it refers to the initiative.

vidual empowerment to initiate beneficial changes. Most countries are still in the information phase. The processes for implementing the communication and community empowerment aspects are, in many countries, still evolving. Some difficulty is being experienced with this.

6. There is an underlying uncertainty and ambivalence about FFL as a communication initiative. This problem, first flagged in 1991, is related to the original concept of FFL as a communication challenge. FFL is widely regarded and implemented as an information initiative. As such it has been extremely successful. Some countries are entering the communication phase and it is at this phase that there has been a decline in interest in FFL.
7. There are considerable opportunities for expanding FFL as an information initiative. This would involve developing and distributing FFL messages in a manual for all households, including those where literacy levels are low, and expanding the dissemination of FFL information on the global media.

### **Interest and use of FFL**

8. In the field there is a high and sustained level of interest in FFL. A decline in UNICEF and Department of Health interest in a few countries can be associated with the move from the information phase to that of communication. Respondents attributed it to expansion of local ownership, the phase of FFL activities in the country, changes in major counterparts or UNICEF staff and staff shortages rather than a reduction in the perceived value of the initiative.
9. In all countries included in this review the level of NGO interest in FFL is high and in most it is increasing. In most countries in the review the number of counterparts or interested partners is growing.
10. The first and/or second edition of *Facts for Life* have been, and continue to be, used. In the 31 countries in the review 66 local adaptations or translations have been made and 7.5 million local copies published. Several countries have developed, or are in the process of developing, second editions.
11. The two publications are considered to be extremely useful. It is widely recognised that they will retain their relevance well into the twenty-first century. There continues to be considerable demand for the books in 75 per cent of countries reviewed. In some this demand cannot be met.
12. The other FFL publications, *All for Health*, *Children for Health* and *Lessons from Experience*, are not so widely used although it is recognised that they have a valuable potential.

### **Support for FFL**

13. There was an extremely strong recommendation from those interviewed that FFL be continued and expanded and given greater UNICEF support, particularly from all major UNICEF sectors.
14. Most respondents felt that FFL has not been adequately supported by New York leadership and that this should be improved. The work of Tony Hewitt and Jaclyn Tierney has been widely appreciated by those in the field.
15. In only three of 31 countries was there perceived to be a reasonable level of FFL support from the collaborating United Nations agencies. This clearly needs to be addressed by UNICEF New York.

### **FFL and UNICEF structures**

16. FFL fits uneasily into current UNICEF programming structures as it is essentially an intersectoral activity that requires a long-term planning framework. Current UNICEF programming does not facilitate either intersectoral or long-term planning, although this is changing. Lack of intersectoral collaboration in the New York office was perceived to hamper improved collaboration at country level.
17. For most UNICEF offices the Programme Communication and Information Officer is the focal point for FFL. In small offices this sometimes results in limitations to effective advocacy and use of FFL as the PCI section does not always have its own budget or a budget for FFL activities and PCI section staff are not always included in UNICEF programme or planning meetings.

18. Planning for FFL is sometimes poor and it is not uncommon for FFL components to be included within sectoral programmes after implementation has commenced. In other instances FFL publications have been distributed before adequate plans have been developed. While plans mention monitoring and evaluation there is seldom a full plan of action for these activities.

### **UNICEF staff knowledge of FFL**

19. Most UNICEF country office programme staff have some knowledge of FFL, however it is seldom considered a priority and there is very little recognition of the role FFL could play in helping implement the Convention on the Rights of the Child.
20. In those offices where the level of knowledge and interest is lower than the average the most common reasons given for this were: lack of knowledge in how to use FFL, no support from the representative, and lack of understanding of the communication concept of the initiative.

### **Reaching FFL potential**

21. Need for FFL will continue well into the twenty-first century. Changes in UNICEF and counterpart staff, changes in programming, changes in country needs and changes in health status will demand a constantly changing and evolving approach to FFL. New and creative methods will have to be devised to ensure it is renewed in ways that are appropriate and effective given changing circumstances.
22. Respondents believe that optimum use has not been made of FFL. Expanded utilisation is hampered by lack of UNICEF recognition of the value of FFL in addressing the Convention on the Rights of the Child, lack of systematic on-going leadership support, inadequate mechanisms for intersectoral planning, low priority, lack of time and lack of staff. Funding at country level is not considered a major problem.
23. Respondents believe that FFL has great further potential for addressing health issues. Major audiences that have yet to be reached include school children and teachers, community workers, households, young adults and the medical profession.
24. The most important future activities at country level, in order of priority, are considered to be: expanding FFL communication training; incorporating FFL into the formal and non formal education curricula and training teachers in its use; developing a household version of FFL; expanding media coverage; mobilising major international and national NGOs; and involving the corporate sector.
25. Reaching FFL's full potential will require a firm commitment to implementing the communication and empowerment phase of the initiative. At present UNICEF does not have sufficient personnel with the necessary experience or skills, nor does it currently have the technical competence to undertake a task of this magnitude. UNICEF orientation has been, and continues to be, towards information and public relations. There is very limited recognition of the vital importance of communication processes. As a result programme communication has been sidelined within the organisation generally, and in the FFL initiative, specifically.
26. For UNICEF to adequately address its FFL and other communication responsibilities, a reorientation of its programming, staffing and training priorities will be required.
27. It was noted that in smaller offices the country representative has considerable influence over the scope and support for FFL. Not all representatives have a thorough knowledge of FFL content or processes.

### **Future editions of *Facts for Life***

28. Seventy-five percent of those interviewed supported regular updates of the *Facts for Life* book to ensure it kept abreast with new scientific information. Most agreed that *Facts for Life* should retain its health focus and be restricted to no more than 12 topics. New editions should be undertaken only when necessary. There should be at least five years between editions.

29. There is considerable support for a book in *Facts for Life* format developed specifically for young adults and covering the health-related aspects of sexuality, sexually transmitted diseases, HIV/AIDS, drugs, diet, violence, hygiene and environment.
30. There is support for the development of a household version, but recognition that this be developed locally rather than through New York.

### **The future of the FFL initiative**

31. All respondents, with the exception of one, gave strong support for UNICEF New York to continue with the FFL initiative. There were however provisos attached to some responses. All related to the need for greater UNICEF leadership support and/or systematic support from regional offices.

- "It must continue but it must have support from UNICEF leadership."
- "New York must get behind this. It is one of its most important initiatives yet there is no leadership support."
- "It must be the instrument of the whole organisation, not just one small unit working on its own."
- "It is an excellent initiative that must be continued - we can't drop it now. UNICEF would lose credibility. It is very important."

### **Recommendations for the future**

**Based on an analysis of the data the major recommendations are:**

32. The FFL initiative be continued with a very much higher level of financial and leadership support from UNICEF and from other United Nations organisations. This support must be appropriate to a global initiative that has the potential to help achieve the major goals outlined in the Convention on the Rights of the Child, most specifically Article 24.
33. A special new edition of *Facts for Life for the twenty-first century* be developed for distribution early in the year 2000. It should deal with what are likely to be the major health issues facing women and children in the early twenty-first century and be closely linked to the implementation of the Convention on the Rights of the Child where this is appropriate. The edition should have a more attractive cover than current editions, be available in a variety of formats, and be supported by international media coverage.
34. *Facts for Life* retain its health focus and be restricted to no more than 12 topics.
35. UNICEF, in collaboration with major international NGOs and United Nations agencies, develop a version of *Facts for Life* for young adults and that this deal with health-related issues of sexuality, teenage pregnancy, sexually transmitted diseases, drug abuse - including tobacco, alcohol and hard drugs - diet, hygiene, environment and violence.
36. UNICEF New York convene a FFL meeting with major NGOs and collaborating United Nations organisations, including The World Bank, to promote improved global use of FFL. Letters signed by the executive directors of UNICEF and other collaborating United Nations agencies be sent to all relevant Ministers of Health, Education and Social Welfare and to major companies, explaining the nature of the FFL initiative and urging their support.
37. UNICEF New York allocate funds for annual meetings of those involved in FFL planning, implementation and evaluation to provide adequate exchange of experience and ideas, to promote more regional initiatives and to improve motivation and advocacy for FFL. The first of these meetings should discuss this report and develop a five year FFL strategy.

38. UNICEF leadership ensure that the role of FFL and its progress in helping implement the Convention on the Rights of the Child be placed on the agenda of all UNICEF regional meetings and that country representatives be advised that they will be expected to report on FFL progress in their countries.
39. New and innovative ways be found to package FFL and to “re-invent” the ways in which its messages are marketed. Advice should be sought from a major advertising agency as to ways to market a major UNICEF product and process.
40. Greater use be made of the new global media for disseminating FFL messages and for creating on-going advocacy for FFL and that the Facts for Life web site be constantly renewed and reviewed.
41. An internet menu of *Facts for Life* topics and messages, with supporting scientific information, be established for public use. This should not be undertaken at the expense of a printed version but provide an important support for it.
42. Greater attention be given to monitoring and evaluating FFL activities and progress and monitoring guidelines be developed. Adequate staff and training will be needed to ensure useful monitoring and evaluation.
43. All new UNICEF programme staff have training in FFL content, concepts and use, included in their briefing.
44. Guidelines be developed to cover adaptation and translation of *Facts for Life*.
45. A Facts for Life communication training package for UNICEF and counterpart staff be developed in collaboration with leading NGOs and that FFL be incorporated within the existing training package developed by Programme Communication Section.
46. An intersectoral FFL Task Force comprising representatives of the FFL Unit, Health, Education, Water and Environmental Sanitation, Programme Communication and Evaluation be established in UNICEF New York to provide on-going support and guidance for the FFL initiative. The agenda for the first meeting of the Task Force should include discussion of this report and development of guidelines for the establishment of a long-term FFL strategy and action plan which will take the initiative well into the twenty-first century.



### Regard vers l'avenir: Étude générale de l'initiative Savoir pour sauver de l'UNICEF

#### Compte rendu

L'étude de l'initiative de communication de l'UNICEF, *Savoir pour sauver*, entreprise dans 31 pays en 1996, révèle que les publications de *Savoir pour sauver* ont été adaptées et utilisées par un large éventail de gouvernements de pays en développement et d'organisations non gouvernementales (ONG) et ont servi de catalyseur à une couverture médiatique novatrice et à des activités de communication favorables aux enfants. Plus de 15 millions d'exemplaires de l'ouvrage *Savoir pour sauver* ont été publiés au cours des cinq dernières années et les messages qui s'y trouvent ont été repris dans des pièces radiophoniques et télévisées, des dessins animés, des bandes dessinées, des livres de contes et des manuels d'alphabétisation.

Bien qu'en termes de programmation *Savoir pour sauver* en soit toujours à sa phase initiale, cette initiative est devenue l'une des plus importantes de l'UNICEF et, avec un appui approprié, elle a le pouvoir potentiel non seulement d'améliorer la santé et le bien-être des femmes et des enfants, mais également de révolutionner la manière d'aborder l'éducation sanitaire dans le monde, de renforcer les capacités de planification et de communication des gouvernements et des organismes non gouvernementaux des pays en développement, de promouvoir une planification et une collaboration intersectorielles de qualité et d'aider à appliquer l'article 24 e) de la Convention relative aux droits de l'enfant.

Pour atteindre son potentiel, l'initiative *Savoir pour sauver* doit surmonter certains obstacles, à savoir s'assurer un appui professionnel, médiatique et financier lui permettant de satisfaire les demandes actuelles et futures, étendre son utilisation aux écoles, aux agents communautaires, aux ménages et aux jeunes adultes et s'assurer que les informations ne s'éloignent pas du sujet et restent rigoureuses sur le plan scientifique.

L'étude révèle un besoin urgent de renforcer l'appui systématique, suivi et intersectoriel de l'UNICEF et des autres institutions des Nations Unies et organisations internationales à cette initiative.

#### Résumé analytique

##### Généralités

1. Une étude de *Savoir pour sauver*<sup>1</sup>, à laquelle ont participé 31 bureaux de pays de l'UNICEF, a été réalisée entre juillet et novembre 1996. Elle portait sur l'utilisation de *Savoir pour sauver* et l'intérêt que suscitait cette initiative sur le terrain, et s'appuyait sur des compétences extérieures pour explorer les difficultés rencontrées et faire des suggestions concernant les orientations à venir. L'étude était fondée sur une évaluation de la documentation relative à *Savoir pour sauver*, 30 interviews téléphoniques approfondies, 10 questionnaires écrits et des visites sur le terrain effectuées en Ouganda et au Bangladesh.
2. Les publications de *Savoir pour sauver* ne sont pas soumises à un copyright; le sentiment de propriété au niveau local est encouragé ainsi que l'utilisation des documents par d'autres organisations. Plus l'intégration locale était réussie et plus le sentiment de propriété était fort, plus il s'est avéré difficile d'évaluer les succès de l'initiative.

##### Utilisation de *Savoir pour sauver*

3. L'étude révèle que *Savoir pour sauver* est une initiative extrêmement importante dans la mesure où son impact a été beaucoup plus fort que prévu. On sait avec certitude que plus de 15 millions d'exemplaires de *Savoir pour sauver* ont été imprimés et distribués, ce qui en fait l'un des ouvrages les plus largement diffusés de la planète. Ces publications ont joué à la fois le rôle de catalyseur pour toute une série d'activités novatrices de communication et d'information entreprises sur la base de la collaboration, de fil conducteur pour les activités de plaidoyer et de

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<sup>1</sup>Quand *Savoir pour sauver* est écrit en italiques il s'agit des deux éditions de l'ouvrage *Savoir pour sauver*. Quand le titre n'est pas écrit en italiques, il s'agit de l'initiative *Savoir pour sauver*.

mobilisation en faveur des enfants et enfin de mécanisme de coordination pour les différentes organisations œuvrant dans les secteurs de la santé, des femmes et du développement, de la responsabilisation des familles et du développement communautaire.

4. *Savoir pour sauver* a permis d'aborder l'éducation sanitaire de façon systématique tout en favorisant le renforcement des aspects pratiques de la formation des agents sanitaires et des responsables du développement communautaire. Cet ouvrage a permis d'améliorer la qualité des compétences en matière de communication et il a souvent servi de texte de référence dans les programmes d'alphabétisation. Dans les pays qui ne disposaient que d'un matériel de lecture limité en langues locales, *Savoir pour sauver* s'est avéré précieux pour les personnes nouvellement alphabétisées et pour les écoles.

### Une initiative qui se poursuit

5. L'étude révèle que *Savoir pour sauver* est un processus à long terme composé de trois phases bien définies : des activités de plaidoyer et d'information, auxquelles succèdent des activités axées sur la communication et la participation communautaire, qui débouchent enfin sur le renforcement des capacités des communautés et des individus d'initier des changements positifs. La majorité des pays en sont encore à la phase d'information. Les mécanismes en faveur de la mise en œuvre des activités de communication et des moyens d'action communautaire sont encore en gestation dans de nombreux pays, ceux-ci ayant rencontré certaines difficultés.
6. *Savoir pour sauver*, en tant qu'initiative de communication, n'inspire pas toujours confiance et suscite des sentiments mitigés. Ce problème, qui a été soulevé pour la première fois en 1991, est lié au concept original de *Savoir pour sauver* en tant qu'objectif de communication. L'initiative *Savoir pour sauver* est surtout considérée comme une initiative d'information et appliquée comme telle. Cet aspect de l'initiative a été largement couronné de succès. Certains pays ont entamé la phase de communication mais c'est alors qu'une perte d'intérêt pour l'initiative est intervenue.
7. Il existe de bonnes possibilités d'élargir *Savoir pour sauver* en tant qu'initiative et source d'information. Il faudrait pour cela réunir les messages dans un manuel qui pourrait être utilisé par tous les ménages, même ceux dont le niveau d'alphabétisation est faible, le distribuer, et renforcer la diffusion d'informations relatives à *Savoir pour sauver* par les médias du monde entier.

### Intérêt suscité par *Savoir pour sauver* et utilisation

8. Sur le terrain, *Savoir pour sauver* suscite un intérêt vigoureux et soutenu. La perte d'intérêt de la part de l'UNICEF et du ministère de la Santé constatée dans certains pays peut être associée avec le passage de la phase d'information à la phase de communication. Les personnes interrogées l'ont surtout attribuée au renforcement du sentiment de propriété au niveau local, à la phase que traversaient les activités de *Savoir pour sauver* dans le pays, au changement des principaux interlocuteurs ou du personnel de l'UNICEF et aux réductions de personnel, et non pas tant à une diminution de la valeur de l'initiative telle qu'elle est perçue.
9. Dans tous les pays qui ont participé à l'étude, les ONG font preuve d'un intérêt vigoureux et souvent croissant pour *Savoir pour sauver*. Dans la plupart des pays, le nombre d'interlocuteurs ou de partenaires intéressés augmente.
10. La première et/ou deuxième édition de *Savoir pour sauver* a été ou est toujours utilisée. Dans les 31 pays qui ont participé à l'étude, 66 adaptations ou traductions en langues locales ont été effectuées et 7,5 millions d'exemplaires ont été publiés localement. Plusieurs pays ont déjà préparé une deuxième édition ou sont en train de le faire.
11. Les deux publications ont été jugées extrêmement utiles. On admet généralement que leur pertinence se prolongera pendant plusieurs années au XXI<sup>e</sup> siècle. La demande pour ces ouvrages est toujours considérable dans 75 % des pays étudiés. Certains d'entre eux ne peuvent pas la satisfaire.
12. Les autres publications relatives à *Savoir pour sauver*, *Tous pour la Santé*, *Les Enfants pour la Santé* et *Leçons tirées de l'expérience* ne sont pas aussi largement utilisées, bien que l'on reconnaisse leur valeur potentielle.



## **Appui pour Savoir pour sauver**

13. Les personnes interrogées ont fortement recommandé que l'initiative Savoir pour sauver soit poursuivie et élargie et qu'elle reçoive davantage de soutien de la part de l'UNICEF en général et de ses principaux secteurs en particulier.
14. La majorité des personnes interrogées ont estimé que Savoir pour sauver n'avait pas reçu un appui suffisant de la direction à New York et que cette situation devait être redressée. Les travaux de Tony Hewett et Jaclyn Tierney ont été accueillis avec beaucoup d'intérêt sur le terrain.
15. Dans trois pays seulement sur 31, on a jugé que l'appui des autres institutions des Nations Unies en faveur de Savoir pour sauver était d'un niveau raisonnable. Ce problème doit de toute évidence être soulevé par l'UNICEF New York.

## **Savoir pour sauver et structure de l'UNICEF**

16. Il n'est pas facile d'inclure Savoir pour sauver à la structure actuelle des programmes de l'UNICEF dans la mesure où il s'agit essentiellement d'une activité intersectorielle qui exige un cadre de planification à long terme. Les programmes actuels de l'UNICEF ne favorisent ni la planification intersectorielle ni la planification à long terme, bien que cette situation soit en train de changer. On a jugé que l'absence de collaboration intersectorielle au bureau de New York entravait la coopération au niveau national.
17. Dans la majorité des bureaux de l'UNICEF, le fonctionnaire chargé de l'information et de la communication pour l'appui aux programmes joue le rôle de coordonnateur de Savoir pour sauver. Dans les petits bureaux, cette situation limite parfois l'efficacité du plaidoyer et de l'utilisation de Savoir pour sauver dans la mesure où la Section chargée de l'information et de la communication pour l'appui aux programmes ne dispose pas toujours de son propre budget ou d'un budget pour financer les activités relatives à Savoir pour sauver et où le personnel affecté à cette section ne participe pas toujours aux réunions sur la planification ou sur les programmes de l'UNICEF.
18. La planification des activités relatives à Savoir pour sauver n'est pas toujours bonne et il n'est pas rare que les volets concernant Savoir pour sauver soient rajoutés aux programmes sectoriels après la mise en œuvre. Dans d'autres cas, l'ouvrage *Savoir pour sauver* est distribué avant l'élaboration de plans pertinents. Lorsque les plans comportent des volets suivi et évaluation, il est rare qu'un plan d'action global soit mis au point pour ces activités.

## **Ce que le personnel de l'UNICEF sait de Savoir pour sauver**

19. Le personnel affecté aux programmes dans les bureaux de pays connaît généralement Savoir pour sauver, cependant l'initiative est rarement jugée prioritaire et le rôle qu'elle peut jouer en faveur de la mise en œuvre de la Convention relative aux droits de l'enfant est peu reconnu.
20. Dans certains bureaux, où le niveau de connaissance et l'intérêt accordé à l'initiative sont plus faibles que la moyenne, les explications le plus fréquemment fournies étaient les suivantes : manque de connaissance sur l'application de Savoir pour sauver, aucun appui de la part du Représentant et mauvaise compréhension du concept de communication de l'initiative.

## **Atteindre le potentiel de Savoir pour sauver**

21. Savoir pour sauver sera utile pendant plusieurs années au siècle prochain. Les changements qui s'opéreront au sein du personnel de l'UNICEF et de ses homologues, les modifications dans la programmation, les changements concernant les besoins des pays et la situation sanitaire exigeront de cette initiative qu'elle évolue constamment. Des méthodes nouvelles et créatives devront être mises au point pour s'assurer que cette évolution sera appropriée et efficace compte tenu des changements de situation.

22. Les personnes interrogées ont estimé que *Savoir pour sauver* n'avait pas été utilisée de façon optimale; le fait que l'UNICEF ne reconnaisse pas l'importance de *Savoir pour sauver* pour l'application de la Convention relative aux droits de l'enfant, l'absence d'appui systématique et de suivi de la part de la direction, la faiblesse des mécanismes de planification intersectorielle et de la priorité accordée à l'initiative, ainsi que le manque de temps et de personnel seraient autant de facteurs qui s'opposent à une meilleure application de l'initiative. Lorsqu'on parle de temps, il ne s'agit pas seulement du temps nécessaire pour plaider en faveur des activités entreprises dans le cadre de l'initiative, pour les mettre au point et les planifier, mais également de l'application suivie et à long terme de *Savoir pour sauver*. Le financement au niveau du pays n'est pas considéré comme un problème majeur.
23. Les personnes interrogées estiment que *Savoir pour sauver* a encore un grand potentiel en ce qui concerne la résolution des problèmes de santé. De grands groupes de population n'ont pas été sensibilisés jusqu'à présent, notamment les écoliers et leurs enseignants, les agents communautaires, les ménages, les jeunes adultes et la profession médicale.
24. Les principales activités à déployer à l'avenir au niveau du pays sont les suivantes, par ordre de priorité : améliorer la formation à la communication de *Savoir pour sauver*; intégrer *Savoir pour sauver* aux programmes d'enseignement scolaire et non scolaire et apprendre aux enseignants à l'utiliser; préparer une version de *Savoir pour sauver* destinée aux ménages; élargir la couverture médiatique, mobiliser les principales ONG internationales et nationales; et faire participer le milieu des affaires.
25. Pour que *Savoir pour sauver* atteigne son potentiel, les phases de l'initiative ayant trait à la communication et à la responsabilisation devront faire l'objet d'un engagement vigoureux. À l'heure actuelle, l'UNICEF ne dispose ni du personnel expérimenté et compétent, ni des compétences techniques nécessaires pour entreprendre une tâche de cette envergure. Les activités de l'UNICEF ont toujours été et continuent à être orientées vers l'information et les relations publiques. L'organisation ne reconnaît que rarement l'importance vitale des méthodes de communication. Par conséquent, dans l'organisation, la communication pour l'appui aux programmes est généralement restée sur la touche et l'initiative *Savoir pour sauver* n'a pas fait exception à la règle.
26. Pour que l'UNICEF puisse assumer totalement ses responsabilités à l'égard de *Savoir pour sauver* et des autres activités de communication, il lui faudra réorienter ses priorités en matière de programmation, de personnel et de formation.
27. On a constaté que dans les petits bureaux, les Représentants de pays avaient une influence considérable sur l'ampleur de l'initiative et l'appui dont elle bénéficie. Cependant, les Représentants ne connaissent pas tous à fond le contenu de *Savoir pour sauver* ni ses mécanismes.

### **Éditions futures de *Savoir pour sauver***

28. Soixante-quinze pour cent des personnes interrogées se sont prononcées en faveur d'une remise à jour régulière de l'ouvrage *Savoir pour sauver* afin d'y consigner les informations scientifiques les plus récentes. La plupart d'entre elles ont estimé que *Savoir pour sauver* devait conserver son orientation sanitaire et se limiter à traiter 12 thèmes. De nouvelles éditions de l'ouvrage ne devraient être envisagées que lorsqu'elles s'avèrent nécessaires et cinq ans au moins devraient s'être écoulés entre chacune de ces éditions.
29. L'idée d'un ouvrage semblable à *Savoir pour sauver*, conçu spécifiquement pour les jeunes adultes et couvrant les aspects sanitaires de la sexualité, les maladies sexuellement transmissibles, le VIH/sida, les médicaments, le régime alimentaire, la violence, l'hygiène et l'environnement a été bien accueillie.
30. La préparation d'une version destinée aux familles, qui devrait toutefois être élaborée localement plutôt qu'à New York, a été accueillie favorablement.

## L'avenir de l'initiative *Savoir pour sauver*

31. Toutes les personnes interrogées à l'exception d'une seule ont estimé que l'UNICEF New York devait poursuivre l'initiative *Savoir pour sauver*. Cependant, certaines réponses étaient assorties de réserves, ayant toutes trait au fait que la direction de l'UNICEF devait renforcer son soutien et/ou que les bureaux régionaux devaient accorder un appui systématique à l'initiative.
- Il faut poursuivre mais avec l'appui de la direction de l'UNICEF.
  - New York doit rester derrière tout cela. C'est l'une de ses principales initiatives, pourtant elle n'a pas le soutien de la direction.
  - L'initiative doit être l'instrument de l'ensemble de l'organisation, et non pas seulement d'un petit groupe qui travaille indépendamment.
  - C'est une excellente initiative qui doit être poursuivie — on ne peut pas laisser tomber maintenant, l'UNICEF perdrait de sa crédibilité. C'est très important.

## Recommandations et action proposées

Sur la base de l'analyse des données, les principales recommandations sont les suivantes :

32. L'initiative *Savoir pour sauver* est poursuivie mais elle s'accompagne d'un appui financier beaucoup plus vigoureux et du soutien de la direction de l'UNICEF et des autres institutions des Nations Unies. Le financement doit être en rapport avec l'importance de cette initiative, qui a le pouvoir potentiel d'aider les pays à atteindre les principaux objectifs préconisés par la Convention relative aux droits de l'enfant, en particulier l'article 24.
33. Une nouvelle édition spéciale de *Savoir pour sauver au vingt-et-unième siècle* doit être préparée pour être distribuée au début de l'an 2000. Elle devrait traiter des principaux problèmes de santé auxquels seront probablement confrontés les femmes et les enfants au début du XXI<sup>e</sup> siècle et, s'il y a lieu, établir des liens étroits avec la mise en œuvre de la Convention relative aux droits de l'enfant. Cette édition devrait avoir une couverture plus attrayante que celle des éditions actuelles, être disponible dans diverses présentations, et bénéficier d'une couverture médiatique internationale. Il convient d'établir des directives.
34. *Savoir pour sauver* conserve son orientation sanitaire et se limite à 12 thèmes.
35. L'UNICEF, en collaboration avec les principales ONG internationales et institutions des Nations Unies, élabore une version de *Savoir pour sauver* destinée aux jeunes adultes, qui traite des aspects sanitaires de la sexualité, de la grossesse chez les adolescentes, des maladies sexuellement transmissibles, de la toxicomanie — notamment de la consommation de tabac, d'alcool et de drogues dures — du régime alimentaire, de l'hygiène, de l'environnement et de la violence.
36. Un groupe de travail *Savoir pour sauver* intersectoriel composé de représentants du groupe *Savoir pour sauver*, des sections de la santé, de l'éducation, de l'eau et de l'assainissement du milieu, de la communication pour l'appui aux programmes et de l'évaluation est créé à l'UNICEF New York et fournit en permanence un appui et des directives à l'initiative *Savoir pour sauver*. L'ordre du jour de la première réunion de ce groupe de travail devrait prévoir un débat sur ce rapport et la mise au point de directives pour l'établissement d'une stratégie et d'un plan d'action à long terme pour *Savoir pour sauver* afin que l'initiative soit appliquée pendant de longues années au cours du siècle prochain.
37. Le groupe de travail *Savoir pour sauver* organise une réunion mondiale avec les principales ONG, les institutions des Nations Unies qui participent à l'initiative, notamment la Banque mondiale, les comités nationaux pour l'UNICEF et les principaux organismes de développement, afin de promouvoir une meilleure utilisation de *Savoir pour sauver* dans le monde. Des lettres signées par les directeurs généraux de l'UNICEF et d'autres institutions des Nations Unies qui coopèrent à cette initiative devraient être envoyées à tous les ministres compétents

de la santé, de l'éducation et de la sécurité sociale et aux principales entreprises afin d'expliquer la nature de l'initiative *Savoir pour sauver* et de leur demander leur appui.

38. L'UNICEF New York appuie les réunions annuelles de ceux qui participent à la planification, à la mise en œuvre et à l'évaluation de *Savoir pour sauver*, afin de favoriser l'échange de données d'expériences et d'idées, de promouvoir davantage d'initiatives régionales et d'améliorer la motivation et le plaidoyer en faveur de *Savoir pour sauver*. Ce rapport sera discuté lors de la première de ces réunions et une stratégie d'une durée de cinq ans pour l'application de *Savoir pour sauver* sera mise au point.
39. La direction de l'UNICEF s'assure que le rôle joué par *Savoir pour sauver* et les progrès accomplis en faveur de la mise en œuvre de la Convention relative aux droits de l'enfant grâce à l'initiative figurent à l'ordre du jour de toutes les réunions régionales de l'UNICEF, et que les succès remportés par *Savoir pour sauver* sont communiqués chaque année.
40. Il convient de découvrir des moyens originaux de présenter *Savoir pour sauver* et de « réinventer » la manière dont ses messages sont lancés sur le marché. Les grandes agences de publicité devraient donner leur avis sur la manière de commercialiser ces importants produit et mécanisme de l'UNICEF.
41. Il convient d'utiliser plus efficacement les nouveaux moyens de communication utilisés dans le monde pour diffuser les messages de *Savoir pour sauver* et pour lancer des activités de plaidoyer à long terme en faveur de l'initiative; il faut en outre modifier et remettre à jour constamment la page du Web consacrée à *Savoir pour sauver*.
42. Un menu internet des thèmes et messages de *Savoir pour sauver*, accompagné d'informations scientifiques, doit être créé à l'usage du public. Cette activité ne doit pas concurrencer la version imprimée mais au contraire la renforcer.
43. Il convient d'accorder davantage d'attention aux activités de suivi et d'évaluation de *Savoir pour sauver*; il faut donc élaborer des directives permettant d'évaluer les progrès et le suivi. Un personnel compétent et une formation adéquate seront nécessaires pour garantir l'efficacité du suivi et de l'évaluation.
44. Les fonctionnaires nouvellement affectés aux programmes de l'UNICEF reçoivent une formation sur les concepts qui sont à la base de *Savoir pour sauver*, le contenu et l'utilisation de l'initiative, tel qu'ils sont décrits dans cette note d'information.
45. Il convient d'adopter des directives pour l'adaptation et la traduction de *Savoir pour sauver*.
46. Il convient d'inclure au dossier de formation préparé actuellement par la Section de la communication pour l'appui aux programmes un volet formation à la communication en faveur de *Savoir pour sauver* à l'usage du personnel de l'UNICEF et de ses homologues.

### Una mirada al futuro: Examen mundial de la Iniciativa Para la Vida del UNICEF

#### Resumen

Un análisis de la iniciativa de comunicación Para la Vida del UNICEF, que se lleva a cabo en 31 países desde 1996, indica que las publicaciones de la iniciativa Para la Vida se han adaptado ampliamente a las necesidades locales y han sido utilizadas por un gran número de organizaciones no gubernamentales y organismos gubernamentales nacionales dedicados a las cuestiones del desarrollo. Del estudio también se desprende que la iniciativa ha recibido una innovadora cobertura periodística y ha impulsado actividades relacionadas con la comunicación que beneficiaron a los niños. En los últimos cinco años se han impreso más de 15 millones de ejemplares de *Para la Vida*, mientras que los mensajes de la iniciativa han aparecido en radio y telenovelas, caricaturas, historietas, y libros de cuentos y de lectura.

Aunque desde el punto de vista programático la iniciativa Para la Vida se encuentra aún en su fase inicial, ya se ha convertido en una de las iniciativas más importantes del UNICEF y, con el apoyo adecuado, podría no sólo mejorar la salud y aumentar el bienestar de las mujeres y los niños, sino también revolucionar las políticas globales sobre educación sanitaria, incrementar la capacidad de planificación y comunicación de los organismos de gobierno y de las organizaciones no gubernamentales de los países en desarrollo, fomentar un mayor y mejor grado de planificación y colaboración intersectorial y ayudar a que se cumpla con el Artículo 24 (e) de la Convención sobre los Derechos del Niño.

Entre los desafíos que presenta la tarea de alcanzar los objetivos de la Iniciativa Para la Vida figura la movilización del apoyo de los profesionales, los medios de comunicación y las fuentes de financiación para poder satisfacer la demanda actual y futura; la necesidad de ampliar el campo de influencia de la iniciativa Para la Vida con el fin de emplearla en las escuelas y hogares, de difundir su mensaje entre los trabajadores comunitarios y los adultos jóvenes, y de garantizar que la información mantenga su vigencia y tenga validez científica.

El estudio indica claramente la necesidad de que la iniciativa Para la Vida reciba apoyo sistemático, constante e intersectorial del UNICEF y de otros organismos internacionales y de las Naciones Unidas.

#### Resumen Ejecutivo

##### Antecedentes

1. Entre julio y noviembre de 1996 se llevó a cabo un análisis de la iniciativa Para la Vida<sup>1</sup> en el que participaron 31 oficinas exteriores. En el estudio se investigó el empleo de Para la Vida y el grado de interés que despierta la publicación sobre el terreno, y se apeló a los conocimientos de los trabajadores sobre el terreno para determinar los retos que depara el futuro y obtener sugerencias sobre los pasos a seguir. Durante la realización del estudio se examinaron documentos relacionados con la iniciativa Para la Vida, se llevaron a cabo 30 entrevistas telefónicas extensas, se analizaron diez cuestionarios escritos y se realizaron estudios sobre el terreno en Uganda y Bangladesh.
2. Las publicaciones de la iniciativa Para la Vida no tienen derecho de propiedad intelectual, no están dirigidas a ninguna comunidad en particular, y el UNICEF alienta a otras organizaciones a que usen libremente su contenido. A mayor grado de integración local, y cuando la publicación ha estado dirigida a alguna comunidad en particular, más difícil ha resultado establecer las pruebas de su éxito.

##### Sinopsis del empleo de Para la Vida

3. El examen demuestra que Para la Vida ha sido una iniciativa sumamente importante del UNICEF, con unas consecuencias mucho más vastas que las anticipadas inicialmente. Se sabe que se han impreso y distribuido más de 15 millones de ejemplares de *Para la Vida*, lo que la convierte en una de las publicaciones de mayor difusión

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<sup>1</sup> Cuando Para la Vida se escribe en bastardillas es para referirse a las dos ediciones del libro titulado Para la Vida. Cuando se escribe en romanas, es para referirse a la Iniciativa Para la Vida.

en el mundo. Las publicaciones de la iniciativa Para la Vida han sido el agente catalizador de una amplia gama de actividades originales, relacionadas con la comunicación y la información, que fomentaron la cooperación, y un punto de convergencia práctico para las labores de defensa y movilización en pro de los niños que realiza el UNICEF, además de servir como mecanismo de coordinación entre diversas organizaciones dedicadas a las cuestiones de la salud, las mujeres y el desarrollo, la potenciación de las familias y el desarrollo comunitario.

4. *Para la Vida* ha sido un medio idóneo para abordar de manera sistemática el tema de la salud sanitaria, y ha brindado la posibilidad de mejorar los aspectos prácticos de la capacitación de los agentes sanitarios y los funcionarios de desarrollo comunitario. También ha servido para mejorar las normas que rigen los conocimientos sobre comunicación y ha sido ampliamente utilizada como material de lectura en muchos programas de alfabetización. En los países donde escasean los materiales de lectura en lenguas locales, *Para la Vida* es una fuente importante de información impresa no sólo para quienes ha sido recientemente alfabetizados sino también para las escuelas.

### **Una iniciativa en pleno desarrollo**

5. El estudio indicó que la iniciativa Para la Vida es un proceso a largo plazo que consta de tres etapas claramente definidas. La primera es la de representación e información, la segunda de comunicación y participación comunitaria, y la última de potenciación comunitaria e individual como paso previo a la realización de cambios importantes. La mayoría de los países se encuentra en la etapa de la información. En muchos países se están desarrollando las fases de comunicación y potenciación comunitaria, aunque han surgido dificultades al respecto.
6. Existe un sentimiento subyacente de incertidumbre y ambivalencia con relación a la iniciativa Para la Vida en su carácter de iniciativa de comunicación. El problema, que se apuntó por primera vez en 1991, guarda relación con el concepto original de que Para la Vida era una iniciativa de comunicación. En general, se considera que Para la Vida es una iniciativa de información y como tal se pone en práctica. En ese aspecto, la iniciativa Para la Vida ha tenido un éxito enorme. Algunos países están iniciando la etapa de la comunicación, que es la fase en la que se ha registrado una reducción del interés por la iniciativa Para la Vida.
7. Existe un considerable caudal de oportunidades para convertir Para la Vida en una iniciativa de información más amplia. Para ello, se requeriría la elaboración y distribución de los mensajes de la iniciativa Para la Vida en un manual básico dirigido a todas las familias, incluidas las que tengan un bajo nivel de alfabetización, y el aumento de la difusión de la información de la iniciativa Para la Vida a los medios internacionales de comunicación.

### **El interés en Para la Vida, y su empleo**

8. Sobre el terreno existe un alto nivel de interés por la iniciativa Para la Vida, que se mantiene de forma sostenida. La disminución del interés por parte del UNICEF y el Departamento de Salud en un reducido grupo de países está probablemente relacionado con el paso de la etapa de la información a la etapa de la comunicación. Los encuestados afirmaron que el fenómeno se debe más a la reducción del valor que se da a la iniciativa, que al aumento de la consideración de los temas locales por parte de la publicación, a la etapa en que se encuentran las actividades de la iniciativa Para la Vida en sus países, o a los cambios de personal del UNICEF y de sus homólogos principales, incluida la falta de personal.
9. En todos los países comprendidos en el estudio, las ONG están muy interesadas en la iniciativa Para la Vida, y en la mayoría de ellos ese interés está en aumento. En muchos países aumenta también el número de homólogos y copartícipes interesados en la iniciativa Para la Vida.
10. Se han usado —y se siguen empleando— las dos primeras ediciones de *Para la Vida*. En los 31 países que abarcó el examen se realizaron 66 traducciones o adaptaciones locales, y se publicaron localmente 7,5 millones de copias. En varios países se realizan segundas ediciones de la publicación, o se está estudiando la manera de hacerlo.
11. Se considera que ambas publicaciones son instrumentos sumamente útiles, y se acepta generalmente que seguirán teniendo vigencia hasta bien entrado el siglo próximo. En el 75% de los países estudiados sigue habiendo una considerable demanda de las publicaciones. En algunos países, tal demanda resulta imposible de satisfacer.

12. Las otras publicaciones de la iniciativa Para la Vida, *Todos por la Salud*, *Los Niños por la Salud* y *Lecciones de la Experiencia*, no se emplean de manera tan amplia, aunque se reconoce que tienen un valioso potencial.

### **Apoyo a Para la Vida**

13. En general, los encuestados recomendaron enfáticamente que se mantuviera y ampliara la iniciativa Para la Vida, y que el UNICEF la respaldara aun más, especialmente los sectores más importantes del UNICEF.
14. La mayoría de los entrevistados opinó que la iniciativa Para la Vida no ha recibido el apoyo suficiente de los funcionarios superiores del UNICEF en Nueva York, y que es necesario mejorar esa situación. El personal sobre el terreno demostró su reconocimiento ante la labor realizada por Tony Hewett y Jaclyn Tierney.
15. Sólo en tres de los 31 países comprendidos por el examen se siente que los organismos de las Naciones Unidas que colaboran con la iniciativa Para la Vida brindan un nivel aceptable de respaldo a la iniciativa. Sin duda, la sede del UNICEF en Nueva York debería tener en cuenta esta cuestión.

### **Para la Vida y las estructuras del UNICEF**

16. Debido a que se trata esencialmente de una actividad intersectorial que exige un sistema común de planificación a largo plazo, la iniciativa Para la Vida no se ajusta con facilidad a las estructuras de programas del UNICEF. Los actuales programas del UNICEF no facilitan ni la planificación a largo plazo ni el planeamiento intersectorial, aunque se están produciendo algunos cambios al respecto. Los entrevistados opinaron que la falta de colaboración intersectorial por parte de la oficina de Nueva York atenta contra el mejoramiento de la colaboración en el plano nacional.
17. Para la mayoría de las oficinas del UNICEF, el funcionario de enlace de la iniciativa Para la Vida es el oficial de Información y Comunicaciones de Apoyo a los Programas. En las oficinas más pequeñas esto puede limitar la eficacia de las tareas de defensa de los niños y del empleo de la iniciativa Para la Vida, ya que las secciones de Información y Comunicaciones de Apoyo a los Programas no siempre cuentan con presupuesto propio o con fondos para las actividades relacionadas con la iniciativa Para la Vida, y a que el personal de esas secciones no siempre participa en las reuniones de planificación o sobre programas del UNICEF.
18. La planificación de las actividades de la iniciativa Para la Vida es a veces deficiente y no es raro que los componentes de la iniciativa Para la Vida se agreguen a los programas sectoriales cuando éstos ya han comenzado a ponerse en práctica. En otras ocasiones, se ha distribuido *Para la Vida* sin haber mediado una planificación adecuada. Aunque en los planes se hace mención a las labores de vigilancia y evaluación, rara vez se cuenta con planes de acción completos para esas actividades.

### **Los conocimientos del personal del UNICEF acerca de Para la Vida**

19. La mayor parte del personal de programas de las oficinas exteriores del UNICEF tiene algún conocimiento de la iniciativa Para la Vida, aunque por lo general no se considera que tal conocimiento sea una cuestión prioritaria y se otorga poca importancia a la ayuda que podría representar la iniciativa Para la Vida en la puesta en práctica de la Convención sobre los Derechos del Niño.
20. En las oficinas donde el nivel de conocimiento e interés es inferior al promedio, las razones citadas con más frecuencia fueron la falta de conocimientos sobre el empleo de la iniciativa Para la Vida, la falta de apoyo por parte del representante y la ignorancia sobre los aspectos de la iniciativa que se refieren a la comunicación.

### **Hacia el desarrollo pleno del potencial de Para la Vida**

21. La iniciativa Para la Vida seguirá siendo necesaria hasta bien entrado el siglo XXI. En la medida en que se produzcan cambios en el personal del UNICEF y sus homólogos, en los programas, en las necesidades de los

países y en los indicadores de salud de los países, la iniciativa Para la Vida también deberá cambiar y evolucionar constantemente. Será necesario diseñar nuevos métodos creativos para asegurar que las modificaciones de la iniciativa Para la Vida resulten efectivas y se adapten a las circunstancias cambiantes.

22. Los encuestados creen que la iniciativa Para la Vida no ha sido utilizada en forma óptima, y entre las razones más importantes por las que no se la emplea de manera más amplia figuran que el UNICEF no comprende plenamente el valor que tiene la iniciativa Para la Vida con respecto a la vigencia de la Convención sobre los Derechos del Niño, la falta de respaldo sistemático y constante por parte del personal superior, las deficiencias de los mecanismos de planificación intersectorial, y la falta de tiempo y personal. El tiempo al que se alude en este caso no sólo es el tiempo que hay que invertir en la promoción, elaboración y planificación de las actividades de la iniciativa Para la Vida, sino a que se trata de una iniciativa permanente a largo plazo.
23. Los encuestados piensan que la iniciativa Para la Vida ofrece muchas más posibilidades en materia de difusión de los temas de la salud. Entre los sectores a los que aún no se ha llegado por medio de la iniciativa Para la Vida figuran los estudiantes y docentes, los trabajadores comunitarios, las familias, los adultos jóvenes y los profesionales de la salud.
24. Se considera que a nivel nacional, las actividades futuras más importantes serán, en orden de prioridad, la ampliación de la capacitación en materia de comunicación de la iniciativa Para la Vida; la integración de Para la Vida a los programas de educación estructurada y no estructurada y la capacitación docente sobre su utilización; la elaboración de una versión local de *Para la Vida*; el incremento de la cobertura periódica; la movilización de las principales ONG nacionales e internacionales; y atraer la participación del sector empresarial.
25. Para que la iniciativa Para la Vida pueda desarrollar plenamente su potencial se requerirá el firme compromiso de poner en práctica la etapa de comunicación y potenciación de la iniciativa. Actualmente, el UNICEF no cuenta con personal suficiente que tenga la experiencia y las aptitudes necesarias para hacerlo, y carece asimismo de la capacidad técnica para poner en práctica una empresa de tal envergadura. El UNICEF se ha inclinado, y continúa inclinándose, hacia la información y las relaciones públicas, y no reconoce en su justa medida la importancia fundamental de los procesos de comunicación. Debido a ello, en la organización en general, y en la iniciativa Para la Vida en particular, se ha marginado la comunicación de apoyo a los programas.
26. Para que el UNICEF pueda cumplir adecuadamente sus responsabilidades relacionadas con la comunicación sobre la iniciativa Para la Vida y de otra índole, se deberán modificar las prioridades en materia de programas, contratación y asignación de personal y capacitación.
27. Se señaló que en las oficinas más pequeñas, los representantes por país ejercen una considerable influencia sobre el alcance de la iniciativa Para la Vida y el apoyo que ésta recibe. No todos los representantes conocen profundamente el contenido de la iniciativa Para la Vida o los procesos de ejecución de la iniciativa.

### **Ediciones futuras de *Para la Vida***

28. El 75% de las personas encuestadas estuvo de acuerdo en que se necesitan actualizaciones periódicas de *Para la Vida* a fin de que la publicación se mantenga al día con respecto a la nueva información científica. La mayoría estuvo también de acuerdo en que *Para la Vida* debería seguir concentrándose en cuestiones de la salud y no abordar más de una docena de tópicos. Sólo se deberían producir nuevas ediciones cuando sea absolutamente necesario, y el plazo mínimo entre ediciones debería ser de cinco años.
29. Existe un considerable caudal de apoyo por una publicación que, manteniendo el formato de *Para la Vida*, se dirija a los adultos jóvenes con información sobre los aspectos sanitarios de la sexualidad, las enfermedades venéreas, el VIH-SIDA, las drogas, la alimentación, la violencia, la higiene y el medio ambiente.
30. También existe interés en la creación de una versión local de *Para la Vida*, y la mayoría de los entrevistados coincide en que esa publicación debería prepararse sobre el terreno, y no en Nueva York.



## El futuro de la iniciativa Para la Vida

31. Con una sola excepción, los encuestados respaldaron firmemente la idea de que la sede del UNICEF en Nueva York mantenga la iniciativa Para la Vida. Algunas respuestas, sin embargo, incluyeron salvedades relacionadas con la necesidad de que Para la Vida reciba mayor apoyo de los directivos del UNICEF y/o apoyo sistemático de las oficinas regionales. Entre los comentarios adjuntos figuraron los siguientes:

- Debe continuar, pero tiene que contar con el apoyo de los altos directivos del UNICEF.
- Nueva York debe participar más en esto. Se trata de una de las iniciativas más importantes y, sin embargo, no recibe apoyo de los funcionarios superiores.
- Debería ser un instrumento de toda la organización y no solamente de una pequeña unidad que trabaja por su cuenta.
- Se trata de una iniciativa excelente que debería continuar. No podemos abandonarla ahora, porque el UNICEF perdería credibilidad. Es algo muy importante.

## Recomendaciones y puntos de acción

Sobre la base del análisis de los datos, las recomendaciones principales son las siguientes:

32. Que se mantenga la iniciativa Para la Vida con un nivel mucho más alto de apoyo financiero del UNICEF y de otros organismos de las Naciones Unidas, y con mayor respaldo de sus funcionarios superiores. La iniciativa Para la Vida debería recibir un grado de apoyo acorde con la importancia de una iniciativa del UNICEF que podría ayudar a conquistar las metas principales fijadas por la Convención sobre los Derechos del Niño, especialmente en lo que concierne al Artículo 24.
33. Debe crearse una edición especial de *Para la Vida en el siglo XXI* que será distribuida en el año 2000. La publicación debería estar dedicada a los principales temas sanitarios que vayan a afectar a las mujeres y los niños a principios del siglo próximo, y debería estar íntimamente ligada a la puesta en práctica de la Convención sobre los Derechos del Niño donde correspondiera. Esta edición debería contar con una portada más atractiva que la de las ediciones actuales. También debería publicarse en formatos diversos y recibir amplia atención de los medios de comunicación internacionales. Deberían fijarse directrices.
34. *Para la Vida* debe seguir concentrándose en los temas de la salud y limitarse a 12 tópicos.
35. El UNICEF, en colaboración con las principales ONG internacionales y organismos de las Naciones Unidas, debe crear una versión de *Para la Vida* dirigida a los adultos jóvenes en la que se traten los temas de la sexualidad, el embarazo adolescente, las enfermedades venéreas, el consumo de drogas —entre ellas el tabaco, el alcohol y los estupefacientes— la alimentación, la higiene, el medio ambiente y la violencia.
36. En la sede del UNICEF, en Nueva York, debería establecerse un Equipo Intersectorial de Tareas de la iniciativa Para la Vida, en el que participarían representantes de la Unidad Para la Vida y de las dependencias de Salud, Educación, Agua y Saneamiento y Comunicación y Evaluación de Programas, cuya misión consistiría en brindar asesoramiento y orientación constante a las actividades de la iniciativa Para la Vida. En el temario de la primera reunión del Equipo de Tareas debería figurar el debate de este informe y la elaboración de directrices orientadas al establecimiento de una estrategia a largo plazo y la creación de un plan de acción que guíe la iniciativa hasta entrado el siglo XXI.
37. El Equipo de Tareas debería convocar a una reunión mundial con las principales organizaciones no gubernamentales; los organismos colaboradores, como el Banco Mundial; los comités nacionales del UNICEF y las principales organizaciones del desarrollo para promover un mejor uso de la iniciativa Para la Vida a nivel internacional. Se deberían enviar cartas firmadas por los directores ejecutivos del UNICEF y otros organismos copartícipes de las Naciones Unidas a los ministros de Salud, Educación y Bienestar Social y a las compañías importantes que correspondan. En esas cartas habría que explicar las características de la iniciativa Para la Vida y solicitar apoyo a los funcionarios.

38. La sede del UNICEF en Nueva York respaldará la realización de reuniones anuales de quienes participen en la planificación, ejecución y evaluación de la iniciativa Para la Vida. En estas reuniones se intercambiarán experiencias e ideas, se promoverán más iniciativas regionales y se fomentará la motivación y la promoción de la iniciativa Para la Vida. En la primera reunión se debería debatir este informe y elaborar una estrategia quinquenal para la iniciativa Para la Vida.
39. Los funcionarios superiores del UNICEF deben asegurar que en todas las reuniones regionales del UNICEF se trate el tema del papel de la iniciativa Para la Vida y el de cómo ayudar a que se ponga en práctica la Convención sobre los Derechos del Niño, así como que se informe anualmente sobre el progreso de la iniciativa.
40. Es importante descubrir métodos nuevos y originales de presentar públicamente la iniciativa Para la Vida y «reinventar» formas de difundir sus mensajes. Se debería buscar el asesoramiento de una agencia publicitaria importante sobre la comercialización social de este importante producto y proceso del UNICEF.
41. Se debe aprovechar mejor la Internet para difundir los mensajes de la iniciativa Para la Vida y para generar mayor conciencia y participación general en pro de la iniciativa Para la Vida. Se debe asegurar que el sitio de la iniciativa Para la Vida en la Web sea revisado y renovado constantemente.
42. Se debería crear para uso público en la Internet un menú de temas y mensajes de *Para la Vida*, que debería contar con información científica complementaria. La creación y mantenimiento del menú no deberían hacerse a expensas de la versión impresa de *Para la Vida*, sino convertir al menú en un importante respaldo del medio impreso.
43. Debería prestarse mayor atención a la vigilancia y evaluación de las actividades de la iniciativa Para la Vida y se deberían elaborar directrices para medir y vigilar el progreso de la iniciativa. Para garantizar la eficacia de la vigilancia y la evaluación será necesario brindar capacitación adecuada al personal.
44. Todo el nuevo personal de programas del UNICEF debería recibir capacitación sobre el contenido, los conceptos y el empleo de la iniciativa Para la Vida.
45. Deberían fijarse directrices que rijan las adaptaciones y traducciones de *Para la Vida*.
46. En colaboración con las principales ONG se debería elaborar un programa de capacitación para el personal del UNICEF y sus homólogos sobre la comunicación de la iniciativa Para la Vida. Además, el tema de la iniciativa Para la Vida debería ser incorporado a los programas de capacitación presentes o futuros que elabore la Sección de Comunicaciones de Apoyo a los Programas.

# **Introduction**

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## **Terms of reference**

The terms of reference for this review were to:

- ascertain if field level activities and interest in FFL were being sustained
- explore field interest in expanding and/or updating FFL
- observe and advise on field level activities/strategies in two country offices
- synthesise information gathered from field visits and interview comments on field needs and interests into a summary report along with recommendations on the global FFL strategy

## **Report structure**

The body of the report is divided into five chapters: current country use of FFL; levels of interest, integration and sustainability; future use of FFL; conclusions; and recommendations. Direct quotations from telephone and field interviews which highlight major points in the text are found in the columns to the right of the main text.

## **Methodology**

The methodology included a review of FFL documentation; 30 in-depth telephone interviews structured around a written questionnaire; ten written questionnaires; field visits to Uganda and Bangladesh; in-depth personal interviews with 12 UNICEF personnel; in-depth personal interviews with two UNICEF consultants; and discussion with 29 representatives of counterpart organisations, mass media or NGOs. The review covers 31 countries. A list of the people interviewed and the countries covered in the study are included in Appendix A. A copy of the questionnaire and a detailed methodology is in Appendix B.

The data must be reviewed in light of the fact that those interviewed by telephone did not provide a representative sample but were among those invited by the FFL Unit to participate on the basis of having had experience of using FFL. From the 37 UNICEF staff invited to participate in telephone interviews 26 agreed. Four respondents undertook two independent interviews, each providing information on a different country experience. Those who took part in the telephone interviews therefore, were to some extent self selecting.

The questionnaire was designed to provide detailed information on current and future use of FFL, factors that encourage and constrain the use of FFL, and to tap into the experience and creative ideas of UNICEF staff for the most effective future use of FFL.

I visited Uganda July 7 - 10 and Bangladesh July 12 - 18, 1996 and conducted telephone interviews between July 22 and September 6. Independent country reports for the Bangladesh and Uganda visits are in Appendices C and D.

The methodology included a two-day meeting, arranged by Division of Communication, UNICEF New York, to review the draft report. A summary of this meeting and agreed action points are included in Appendix E.

## **Some research considerations**

In considering this review of FFL there are several issues which need explanation as they impinge on interpretation of the data. These issues are: the different phases of FFL implementation; FFL as an on-going process; and "ownership" of the Facts for Life initiative.

## **Phases in FFL activity**

An important question in this review is the extent to which interest in FFL is being maintained. The review shows that FFL implementation is a developing process with several clearly differentiated phases. These phases are advocacy within the UNICEF office; advocacy among counterparts; planning for FFL activities; adaptation and translation of materials; distribution of information; training and education in communication and FFL use; and integration into a variety of sectors and organisations. Different countries are at very different stages of this process. At the end of some of these phases there is often a decline in interest before a new cluster of activities begins.

## **FFL as a long-term, on-going process**

FFL implementation is a long-term, on-going process over many years. It must continually be adapted and reinvented to take advantage of new situations and new generations including changes in counterparts, changes in UNICEF staff, a new country programme and the emergence of new groupings of partners and changes in health status. The levels of interest in FFL activities fluctuate depending on both internal and external situations - none of the situations is constant. FFL should be assessed in light of its changing and long-term nature.

## **FFL integration into national activities**

The nature of the FFL publications and the fact that they are free of copyright, and that use and ownership by government or other organisations is one of the original FFL objectives, make it impossible to provide an independent assessment. This is particularly true of those larger countries where government, local government, mass organisations and non government organisations have taken responsibility for initiating a broad range of FFL activities outside the UNICEF programme. The more successful UNICEF is in achieving the FFL objective of local ownership the more difficult it is to document this success.

*There is a lull for the year or so it takes to develop a new local edition - then interest picks up again.*

*When there is a new Director of Health we must begin to rebuild the momentum; when there is a new country representative who does not support FFL activities, interest declines and we must start again with advocacy within the UNICEF office. When we have the opportunity to work with new counterparts, we start again - but always we build on what we have learned.*

## Chapter One: Using Facts for Life

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### An historical overview

The FFL initiative began in 1986 when Peter Adamson suggested to Jim Grant that basic information on children's health should be compiled in one book. He recommended that the book contain only information that was universally agreed upon by the medical and scientific communities and that was possible for householders anywhere to put into practice without expensive inputs. From a communication perspective it was important that the information was simple, concise and easy to understand.

A FFL unit with a professional staff of two was established within the Programme Division. A first draft was shared with UNICEF country representatives in 1988 and their experience utilised in developing a strategy for its use at country level. Following this meeting, international NGOs and other United Nations organisations were invited to collaborate as partners.

In 1989, the objectives for FFL were to:

- increase and maintain the involvement of allies, partners and communicators in promoting child survival and development actions and advocacy for children, especially those from the most under served and hard-to-reach groups;
- increase the knowledge and participation of communicators in child survival and development issues and concerns; and
- support sectoral programmes in influencing and sustaining behaviour to achieve child survival and development goals.

The first edition was printed in 1989 in English, French, Spanish, Portuguese and Arabic.

A companion book, *All for Health*, was published to provide information on how to use FFL. It was distributed as part of an FFL starter kit to UNICEF field offices and to NGOs, WHO and UNESCO who had become collaborating partners.

There was an immediate response and demand for very large numbers of *Facts for Life*. Tony Hewett, then Chief of Programme Communication Section and responsible for the FFL initiative, advised that FFL was not to be treated as a publication for mass distribution but should be used as a mobilisation tool and recommended that national adaptations be developed. By 1990 there were 80 language versions in use.

In 1991 work began on a second edition which included information on early childhood development. UNFPA was added as a partner. In 1992 there were an estimated 6.5 million copies in circulation. An agreement was made with Child to Child UK to develop an adaptation for working with children, *Children for Health*.

Meetings were held with UNICEF field staff in 1990 and 1992 to review how FFL was being used and to draw out lessons from the experience. The publication *Lessons from Experience* grew from the 1992 meeting. At the time of this review it had only just been distributed to UNICEF field offices.

By 1995, 213 national versions and/or translations of *Facts for Life* had been published in a total of 86 countries, 12 million copies had been printed, and a version of either the first or second editions was being used in 200 countries.

Throughout the period 1988 to 1996 overall responsibility for keeping the FFL initiative alive rested with Jaclyn Tierney of the FFL Unit, Programme Communication Section, New York. This Unit has been shifted to the Division of Information, recently renamed Division of Communication.

This study shows that by mid 1996 translations and adaptations have been undertaken in an additional 10 countries and that 11 additional translations into minority languages have been undertaken in those countries where FFL has already been adapted or translated.

In the 31 countries included in the review it is known that at least 7.8 million copies of the first or second editions have been printed and around 8 million copies of story books, comics or literacy primers based on FFL messages are in circulation. Non government organisations and other parastatals have also printed and distributed an unknown number of additional copies of *Facts for Life*.

### **An overview of current outcomes**

The review shows that FFL has been the catalyst for a very wide range of advocacy, information and communication activities. The book itself has provided a valuable advocacy tool and an instrument around which mobilisation has taken place. In many countries it has given the Programme Communication and Information section a clear focus and provided a means of integrating communication activities more fully into the country programme. Story books, literacy primers, primary school texts, and comics have been based on FFL messages and FFL gave an initial impetus to the television animation series, *Meena*. Its messages have become integrated into health worker training, into medical training, teacher training and training for the mass media. In nearly all countries in this review, FFL has provided a catalyst for developing new partnerships for children and new ways of engaging in intersectoral collaboration both within the UNICEF office and among government and non government counterparts.

FFL messages have been incorporated into radio and television soap operas, puppet shows, village drama, traditional song competitions, community quiz nights and into animated television programmes. Radio and television spots based on FFL have been sponsored by international NGOs, local business houses and multinational corporations.

It is the opinion of 21 of the respondents interviewed that FFL is UNICEF's most important initiative.

### **Implementing Facts for Life: the information phase**

The review has shown that in most of those countries where offices have been established for a number of years, implementation of FFL has successfully progressed through the phases of advocacy, adaptation and translation of local versions, to dissemination of information both through the distribution of the book to communicators and through successful mobilisation of the mass media. To some extent these are the phases with which UNICEF is comfortable and in which it has considerable expertise.

Only a few countries involved in the review have advanced to the communication phase. Those that have are supporting training in interpersonal communication skills, the introduction and discussion of FFL messages at household and community level, and the involvement of communities in FFL-related activities for behaviour change.

There are difficulties in implementing the communication and empowerment phases as these demand more interpersonal communication, more understanding of and involvement with communities, groups and individuals, and are expensive in terms of time, financial resources and experienced staff. The situation is exacerbated by a widespread lack of understanding of the difference between information and communication both among UNICEF staff and partners. Few UNICEF offices have the necessary resources to support the communication phase adequately and, in respondents' opinions, there is no support for this phase from New York in terms of guidelines or advice.

### ***Perceived utility of FFL publications***

In all but two of the countries covered by this research, FFL1 or FFL2 has been either adapted, or adapted and translated, for local conditions. It has been translated into 56 different languages or dialects. The total number of FFL texts or abridged versions published in these countries is over 7.5 million. The actual number is likely to be considerably more as figures were sometimes not available for versions printed independently by national or local governments, non government organisations or institutions. It is unknown how many local councils, community organisations or NGOs have utilised FFL in the way the Rodrigues Island Council in Mauritius has. "At their own expense the Rodrigues Council printed and delivered a copy of FFL to all 4,500 households on the island" (Bibi Gopaul, Mauritius).

**FFL1 and FFL2:** All 31 countries included in the survey are currently using FFL1 or FFL2 either in their entirety or those chapters which are relevant to their situation. Twenty-six of the 31 countries are currently using FFL2. The five who continue to use FFL1 say this version had been adapted and translated and it was not considered feasible or politic to ask partners to repeat the process so soon after completion. In some cases it was felt that a new edition would reduce the credibility of FFL1. "It took so long to get a local adaptation that we could not turn around and say, 'well some of this has changed now and we have to do another version'" (Anis Salem, Bangladesh).

In South Africa, FFL is not included in UNICEF programmes but has been translated into Zulu and is used by NGOs.

FFL1 and FFL2 are both considered extremely useful publications. When those who are still using FFL1 were asked to rank its overall usefulness on a scale of 0 to 5 with 0 representing no use and five representing extremely useful, eight of the 11 respondents gave it a score of five, two gave it four, one gave it three and one scored it at two. FFL2 also scored highly with 14 respondents scoring it at five, ten at four, six at three.

Not all respondents felt that FFL was universally valuable and several commented that the publications had greater utility in smaller countries than in larger ones.

**All for Health:** Use of AFH is increasing slowly and is now used in 19 of the 31 countries in the survey. It is not considered as useful as FFL1 or FFL2. However, in a few countries it has proved to be very valuable. Pakistan provides an example. "An NGO working in family planning took AFH and worked with UNICEF adapting materials for nine different groups of communicators. We are now working to get the communicators trained in basic FFL information to take to communities. The NGOs we are training cover 198 locations - that's millions of people" (Rana Sayed, Pakistan).

One respondent scored it at five, seven gave it four and eighteen scored it at three. Six did not give it a score.

*FFL is the most useful book that UNICEF has ever published.*

*FFL has been the framework and backbone of our PCI and health education work.*

*We use it as a Bible - everyone uses it. I sometimes wonder how we managed without it. Its like an oasis in the desert.*

*We felt this information in FFL which takes low cost technologies to household level is wonderfully useful in a state like Rajasthan, where female literacy is only 27 per cent.*

*When the UN came to Namibia the country was coming out of a post apartheid society so we were dealing with a large population with little access to information. FFL was extremely useful. It made a huge difference."*

*I don't have a good feeling for FFL on a country basis. It's an auxiliary resource. I couldn't see how it could be used. In small countries it was a good strategy. I have not pushed it and have no plans for pushing it. UNICEF has too many new initiatives.*

*The Vietnam Ministry of Health people found AFH useful to mobilise people and to educate their staff about audience segmentation, but we are not using it in a big way.*

*AFH is not used much in Myanmar - we have constraints in mobilising the groups identified in it.*

**Children for Health:** CFH has not yet been fully integrated into UNICEF programmes. Sixteen of 31 offices are using it but they are not using it extensively. Four respondents gave it a score of five, eight scored at four, 12 scored it at three. The major reasons given for not using CFH were that copies had to be obtained from Britain and that country offices were still heavily involved in integrating FFL1 or FFL2 into the system and at this stage do not have the time to undertake major advocacy for CFH. In those countries where it is being used, NGOs are making much greater use of it than UNICEF. It seems likely that CFH will be more widely used now a Spanish version is available as Hispanic countries stated that they thought it had tremendous potential. In Sri Lanka the Red Cross is adapting CFH for use in Sri Lankan communities.

**Lessons from Experience:** At the time of the survey many offices had only just received LFE and none of those included in this study had developed concrete plans for using it. Overall there was a feeling that it contained rather too much information for comfortable assimilation and that it might have been better as three separate publications. The ten respondents who had reviewed it carefully thought that it had potential (6) but that it was very long (5) and that the information needed to be unpacked before it could be used (5).

### *Using Facts for Life*

To date FFL1 or FFL2 have been used largely used as information tools. They have been widely distributed to communicators or those in positions to communicate information. However, in a number of countries distribution has not been adequately monitored, making follow-up and evaluation difficult.

In 22 of the 31 countries in the survey, FFL is, or has been, used as a text for health training at a variety of levels within the health sector or within NGOs. In 18 countries it has been used for education and literacy training, and in 17 for mass media training. The books are commonly used as a resource manual for NGOs and religious organisations and as an information manual for the mass media.

In Egypt, FFL has a large audience among medical professionals, medical schools and the Paediatric Association. In Romania, FFL2 is widely used by health promoters, school teachers and social workers. In Pakistan, it has been published in a simplified form in large print for use by NGOs and the Girl Guides. In Namibia, FFL has been published as a series of short booklets in very simple language and made widely available. In Uganda, two editions have each covered four major messages. They have been distributed to the mass media, secondary schools and NGOs and through the Ministry of Gender and Social Welfare, to teachers of literacy classes. FFL messages have also been included in a very popular Ugandan monthly newspaper supplement, *Straight Talk*, which is targetted at teenagers and deals explicitly with issues of concern to young adults. In South Africa, it is used as the source of health information for the country's most popular television and radio drama, *Soul City*. Its marketed products include comics, T-shirts and posters.

### *Opinions about Facts for Life 1 and 2*

As Table 1 shows there was a high level of consensus among respondents when asked what they thought were the most valuable features of the two *Facts for Life* editions.

When asked what they thought were the least valuable aspects of FFL responses varied from those that focused on the publications to those that considered organisational factors (Table 2).

*In Egypt we are creating a new coalition of NGOs whose focus will be on development education and working with children. So lots of activities will be integrating mainstream health messages from FFL. We will use CFH as the main reference material.*

*LFE will be good for boosting moral in Egypt.*

*Its just arrived - it looks an awful lot of material.*

*I was very impressed with LFE. This is extremely valuable. It gave me a much greater insight into FFL and its possibilities. When I got into it I found it fascinating.*



**Table 1: Opinions on the valuable aspects of *Facts for Life***

	Number of responses
Simple, concise, authoritative and adaptable	21
Durable and lasting information	5
Provides a valuable advocacy and mobilising tool	5
Ideal for using with the mass media	5
Democratises health and makes it available	3
Empowers people with simple knowledge	3
Applicable and practical	2
The ideal tool for working with women's groups	2

(Some respondents gave more than one reply)

**Table 2: Opinions about the least valuable aspects of FFL**

	Number of responses
None	18
Don't know	6
Considered an information tool only	5
Lack of clarity about who they are for	4
Rather dull cover and presentation	4

In discussion there were comments about difficulty in knowing how to bridge the gap between information and communication and from partners' confusion about the meaning of a communication challenge.

### Issues of translation

The processes of translation and adaptation of local versions of *Facts for Life* have often been problematical. Respondents state that they often rushed into translations without making sure that a translation was actually going to be useful for the audience for whom it was being undertaken. In five instances it was found that while the translation had been made into a local language, those who spoke the language could not read it and those who were to communicate the information preferred to use the New York version in English, French, Spanish or Arabic.

In other instances the simplicity and conciseness of the original was lost in translation and where health professionals assisted with the translation there was a tendency to revert to scientific language and to argue over the information.

Several translations were printed containing incorrect information - the Russian version is a case in point.

From respondents' experience with translation and adaptation, it is clear that careful decisions must be made about the relative cost-benefit of having a large review team involved and thereby creating local ownership and collaboration between sectors and the process taking considerable time, and of having the translation undertaken relatively quickly in-house by a team of three or four.

From discussions about the inclusion of locally relevant chapters there appears to be a lack of understanding of Adamson's criteria for the topics suitable for inclusion in FFL. The basic criteria are that the information is universally agreed upon and

*FFL helped Brazil establish a systematic approach to health education.*

*It's the ideal gift for working with women's groups and the mass media. It was so well compiled to begin with. It has been a master stroke with enduring value.*

*It has been enormously valuable in establishing simple, basic facts. They are globally, medically agreed, incontrovertible facts. You can't teach health with the wrong facts.*

*It is very, very easy to communicate to other people and very useful for communicators - it's in the language of communicators.*

*UNICEF needs FFL - it is something to give people, to mobilise around.*

*There is some confusion about whether it can be used for all audiences. It is directed to communicators. Perhaps the presentation should specify that it can be used for all kinds of groups of people - not just communicators.*

scientifically proven and that this information can be acted upon by those at household level without needing inputs that are expensive in terms of time or money.

### Moving into the training phase

In those countries where FFL is well established it is moving out of the information phase and into training in both FFL use and communication skills. The data show that demand for, and interest in, FFL training is increasing. In part this is a response to growing recognition that there is little value in distributing copies of FFL or including it in health training or school curricula without providing training in how to communicate it effectively.

As Table 3 shows, the most common types of FFL training being undertaken involve women's organisations, NGOs and the mass media.

	<b>Number of responses</b>
Community empowerment and FFL for women's organisations and women working at grassroots level	7
Communication skills for community workers from NGOs, churches, government and women's organisations	7
Mass media training in integrating FFL into popular programmes	7
Training frontline workers in communicating FFL	5
Communication training for health promotion and health education personnel	4
Mass media training in planning FFL dissemination	3
Training for school teachers and pre-school teachers in communicating FFL	3
Training in using FFL in community theatre	2
Training local government leaders, city mayors and adolescent mothers	1

In Peru, workshops have been held in 67 cities to train women at the grassroots level in using FFL and to train technicians, local government members and city mayors. Special training has been given to adolescent mothers. In Brazil, training has been given to 1200 radio announcers working in small community radio stations. Training included the development of cards carrying major FFL messages.

In Uganda, all producers of radio health programmes have had training in writing and producing innovative and interesting programmes based on FFL messages.

In Bangladesh, 255 radio and television producers and managers, 136 district information officers and 194 Ministry of Information administrative staff have been trained in planning for FFL use.

*FFL was incorporated into the training for the Myanmar Young Men's Buddhist Association. FFL questions were included as part of their examinations. However, evaluation showed us that they seldom communicated the information. Nobody had explained that this was what was expected. And nobody explained how to do it. We have changed this now.*

In Vanuatu, the local Bislama language version, *Kesem Save Blong Sevem Laef* continues to be used by health communicators including those in the Departments of Health and Women's Affairs, by primary and secondary school teachers, the National Council of Women, Red Cross, World Vision and the Society for the Disabled for creating discussion among women and helping them identify ways to overcome health problems.

*Facts for Life* has provided the ideal material for women's literacy primers and has been used extensively for this purpose.

FFL messages have been incorporated into simple readers and used in literacy training in a number of countries.

In Papua New Guinea, FFL is popularly known in women's groups as "our health Bible" and is used by YWCA and other NGOs as the basic text for women's literacy classes where women are encouraged to discuss FFL in relationship to their own experiences.

In Vietnam, the local version of FFL is an integral component of a women's credit scheme.

## Other FFL publications and activities

### *Training manuals*

In addition to FFL1 or FFL2, twenty countries have produced at least one training manual based on, or including, FFL information. Examples include Egypt and Bangladesh who have developed training packages for the mass media. Mauritius now has a community health manual on FFL and is working on a manual for community physicians. In Nigeria, training materials have been produced on FFL use in theatre productions. In Namibia, an early childhood/care givers manual has been produced. In Chad, 144 modules were developed for schools by the Department of Education. In Vietnam, a manual on FFL communication and behaviour change has been issued by the Vietnam Women's Union, the Health Education Centre and the Committee for the Protection of Children.

### *Reading books*

In Egypt, a ministerial decision resulted in the development of 10 children's stories on FFL and their distribution to all school libraries. In Pakistan, FFL is the basis for the book *Nani Doctor* (Little Doctor), which was developed for primary schools and recently revised to include children's ideas. In Bangladesh, full colour readers for children were developed by the NGO, BRAC, based on FFL messages using the characters from the *Meena* animated television series. Vietnam has developed questions and answers on FFL for literacy classes and women's groups.

### *Posters, brochures, leaflets*

Millions of brochures, leaflets and posters have been developed on FFL themes. In Bangladesh alone, as part of the CDD project, 2 million brochures have been printed. In Pakistan, EPI and CDD messages have been used on 2 million leaflets. In Brazil, brochures have been produced on nutrition and cholera using the FFL format.

### *Use of mass media*

All countries in this review have FFL media coverage. Regular health programmes, spots, health questions and answers, community radio talk-ins, television dramas, soap operas, cartoons, newspaper supplements and regular newspaper features provide enormous media coverage of FFL messages. There have been many

*The Save the Children Fund manager in the Pacific has found that the local version of Facts for Life provides a great focal point for generating discussion about health issues ... it is important to reinforce its messages through discussion and role play.*

*In many places in the poor areas of Peru we have started FFL Information Centres. These are small libraries that you can move from one place to another to borrow books. We have trained the librarians on how to loan and look after the books. They organise theatres to show what they have learned.*

*The Iranian Literacy Movement Organisation has to date published six simplified, story-like versions of FFL. These booklets have not only disseminated FFL information and health education among participants of the Literacy Movement classes, they have helped the neo literates not to relapse into illiteracy - the booklets attempt to promote gender equality as well ... and show the role of father in child care.*

noteworthy initiatives including the newspaper supplement *Straight Talk* which is included within the major national daily newspaper in Uganda. This monthly supplement is aimed at teenagers and includes explicit information on sexuality, family planning, sexually transmitted diseases, AIDS prevention and drug abuse. Over 60,000 additional copies are distributed each month to schools, libraries and other organisations. *Straight Talk* has a wide following and receives a lot of fan mail from young people.

### ***Special events***

FFL has provided the impetus for many creative and innovative activities. As part of Peru's celebration for Literacy Day, people wrote "the longest letter in the world" and sent it to the president. It was based on FFL messages. "Over 40,000 people went out on the streets to do it and made a procession after the letter to the president." (Jaime Lertora, Peru)

In Uganda, a special stall and display is set up for FFL at the annual agricultural fair - one of the great public events in the country.

### **Overview of FFL use**

In most of the countries reviewed, FFL has successfully reached the original FFL objective of increasing and maintaining the involvement of allies, partners and communicators. It is also supporting sectoral programmes, but the extent to which it has been successful in "influencing and sustaining behaviour to achieve child survival and development goals" cannot be directly measured.

It is clear that FFL has provided the stimulus for a variety of UNICEF information and communication activities and that the publications are highly regarded by UNICEF staff and counterparts. In most countries they are being used as the basis for health information for the mass media and in health training. What is less obvious from the review, is that different countries are at different stages in this process. Countries with large, well established offices or those countries with a variety of technical and human resources are generally more advanced in their FFL activities and have moved beyond providing information and are now involved in training for use of FFL and training in communication skills.

Ironically, in those countries with good resources, there is strong interest in returning to an information phase, but one which involves developing household versions of *Facts for Life* and making them very widely available to the general public, reverting to what was perhaps the original intention of FFL.

From a management perspective, in the larger countries it is more common to find FFL well integrated into the country programme. In some instances there is an independent Facts for Life initiative with its own objectives, plans of action and budget. Larger offices have more resources to devote to FFL advocacy, and are more likely to have senior PCI staff who have the confidence and expertise to advocate for FFL at high levels.

In smaller offices, the success of Facts for Life is more precarious and depends to a much greater extent on office personalities, the confidence of the PCI officer, or the commitment of programme officers if there is no PCI officer, and to a much greater extent than in larger offices, on the knowledge of FFL and commitment of the country representative.

*In Vietnam, grandparents are very much interested in FFL. In two provinces they organised "flower picking". Questions about FFL are written on paper and attached to a little tree. They pluck off the flowers and answer the question. There are prizes. It's like a little concert - grandparents and their grandchildren attend.*

## Chapter Two: Interest, integration and sustainability

As there are important linkages between levels of interest, sustainability and the integration of FFL into programmes for children, all three are taken into account.

This section considers the level of interest in Facts for Life initiatives in UNICEF offices and among major counterparts and, in those countries where FFL activities began five or six years ago, the extent to which interest has been maintained. In offices which have been established recently or where programming activities have only recently commenced (Romania, Haiti, Namibia, CARK) the levels of current interest only are included. It has not been possible to provide consistent information on the extent to which counterpart interest has been maintained. Some countries have new partners and different countries have different partners.

In considering the level of interest, this section also reviews future activities planned, level of demand for FFL publications and for training, and the extent to which FFL initiatives have been integrated into country programming. The information presented is based on the perceptions of UNICEF respondents except in the cases of Uganda, Bangladesh and South Africa where perceptions of government and NGO personnel were included.

### Current levels of interest in FFL

Current levels of interest in FFL are high among most organisations (Table 4). In most countries this level of interest is being maintained. However, in some, particularly those where local translations have been completed and distributed, there has been a loss of interest both among UNICEF staff and counterparts. This appears to be associated with moving beyond the information phase and into training and communication and having to mediate information at community level. This is much more difficult. It is also more difficult to monitor. Loss of interest in UNICEF and loss of counterpart interest do not necessarily go together and it is noted that in some situations where the level of UNICEF interest has declined, the interest of NGOs has increased.

**Table 4: Perceived current level of interest in FFL of selected organisations**

	Score (5 = very high interest 0 = no interest)					
	5	4	3	2	1	0
UNICEF	9	14	3	2	-	1
Department Health	3	14	5	3	-	0
Department Education	5	4	4	-	-	-
Mass media	2	10	12	1	-	-
NGOs	21	8	2	-	-	-
Women's groups	6	5	1	-	-	-
Medical associations	1	2	-	2	3	-
United Nations	-	-	-	2	2	20

(Some categories were not appropriate to some countries and not all respondents answered. Based on the perceptions of UNICEF officers)

It is noteworthy that in over half the countries surveyed there continues to be an on-going demand for copies of *Facts for Life*. In countries where reading materials in the local language are scarce - Uganda, Namibia, Vietnam, Papua New Guinea, Bangladesh - the demand is overwhelming. It cannot always be met.

### Changes in interest in FFL

#### *UNICEF offices*

Past levels of interest in *Facts for Life* in the UNICEF offices included in the study were consistently high. Ranked from 0 to 5, with five representing very high levels of interest, nine of 31 UNICEF offices were scored at five, 12 scored four, five scored three, one scored two and one scored zero. Two respondents were unsure.

From this overall high level of interest there has been a drop of one point in six offices: India, Uganda, Papua New Guinea, Colombia, Egypt, and Brazil, and a drop of two points in Mexico. The score remains the same at four in Peru, Vietnam, Mauritius, Sri Lanka, and has gone up a point in Pakistan, Bangladesh, the Pacific Islands and Myanmar. It has remained the same, at 0, in South Africa.

Responsibility for maintaining this high level of interest usually falls to individual PCI officers and depends to a large extent on their experience, energy and dedication. Generally, there are inadequate organisational mechanisms or on-going support within UNICEF for ensuring continued interest and involvement.

### ***Department of Health***

In most cases the Department of Health is the major counterpart, however recent trends show a move away from Health to what are considered stronger and more go-ahead departments. Increasingly Departments of Social Welfare, Women's Affairs/Gender, Information, and Education are developing as major counterparts. This change has been associated with a decline in perceived interest within Departments of Health. Interest never-the-less remains high. When respondents were asked to score the level of Department of Health interest in Facts for Life activities with five representing a high level, of 26 responses, three countries were scored at five, fourteen at four, five scored three, two scored two and one scored 0. In those countries where the Department of Health has been involved in FFL for some years, their level of interest has remained consistent, with declines in only four countries - Bangladesh, Uganda, Pakistan and Papua New Guinea. It has been noted that changes in departmental leadership can lead to reduced interest.

### ***Department of Education***

In nine countries Departments of Education are involved as important counterparts in FFL. In Peru, they are the major counterpart. In Mexico, the Ministry of Education printed and distributed 600,000 copies among elementary teachers and now works with the Ministry of Health on school health initiatives. In these two countries the level of interest is scored at five, in four countries it is four, in four it is three. Department of Education involvement and interest is increasing.

### ***Mass Media***

In all 31 countries the mass media are involved in some way in FFL, most commonly as a vehicle for disseminating information. Considerable effort has gone into mobilising the media to provide free production, air time and space. In Bangladesh, the Ministry of Information has been mobilised to become the major FFL counterpart.

The level of media interest varies considerably from country to country and requires on-going encouragement and support from UNICEF and constant replenishment of materials. The average level of interest is 3.5, with a score of five in Uganda, Bangladesh and South Africa. In Peru and Brazil, efforts at mobilising production and announcing staff in small community radio stations has been extremely effective and interest appears to be sustained. In Mauritius, there is almost no media involvement as "the media do not feel empowered to take this kind of initiative" (Bibi Gopaul, Mauritius).

### ***Non government organisations***

Without exception the most consistently high and sustained levels of interest in FFL are within the non government organisations. Twenty-one respondents ranked the current level of NGO interest at five, a level that has either increased or been maintained over the last three years. In situations where the level of UNICEF interest has declined, NGO interest has increased. In some countries NGOs have been

*New York needs to have a commitment to FFL - and give more support to communication people at country level and to strategies for communication and empowerment. Senior management need to look at this. When we have a change of management in Cairo, it is me who has to sell FFL all over again. It is not a short-term thing - we will be using it until after the end of the century at least. It must be given support from the top of the system.*

*Working with the Bangladesh Ministry of Information meant changing the ethos of the department from a highly politicised organisation into a more development-oriented organisation with better knowledge of and concern for social development issues. We used FFL to mobilise the Ministry of Information. After going through the process they now say 'Yes, this is our project.'*

responsible for adapting, publishing and distributing *Facts for Life* independently of UNICEF support. They have also integrated FFL messages into a wide variety of literacy materials.

**Women's and youth groups**

The twelve countries which gave a score for women's groups interest in FFL, ranked them as having a high level of interest. Six were scored at five and five at four and one at three. With the exception of Vietnam, youth groups are not considered to have a high level of interest in FFL.

**Medical Associations**

The level of interest among medical and paediatric associations varies dramatically. In a few countries such as Egypt, Pakistan and Sri Lanka, they provide very important support for FFL and their level of interest was ranked at four or five. In six other countries it was ranked at less than three. In some countries there do not appear to be organisations of this type.

**WHO, UNFPA, UNESCO**

Only in two countries, Peru and Uganda, were the collaborating United Nations agencies considered to provide important support for FFL. Their perceived lack of knowledge of FFL and their lack of support were subject of considerable comment and to demands that UNICEF New York do something about this at the leadership level. Not only is there considered to be little or reduced support from collaborating UN agencies but a widespread feeling that UNICEF support is declining. "UNICEF has not put in the same effort as in the past and there is no involvement of WHO or UNFPA" (Alan Court, TACRO).

It is obvious that more concerted support from the United Nations agencies, including The World Bank, would go some considerable way to improving the coverage and effectiveness of FFL.

**Planned future activities**

Overall, continued interest in FFL is indicated by a variety of activities already planned for the future. Some 27 of 31 countries have developed plans for the future use of FFL. These include an extensive range of training activities (Table 5) and suggest recognition of the need to move the initiative beyond information. It is noted however that a large component of training is for those working in the mass media - and more likely to be involved in information than communication and empowerment.

**Table 5: Future FFL activities planned**

	Number of responses
Training for media personnel, including radio announcers, township information officers and writers	10
Participatory communication skills for community workers and community leaders, including health workers, school teachers, literacy teachers and child care givers	9
Management and capacity building in communication for FFL for NGOs	6
Communication training for health promotion and health education personnel	6
Research and evaluation	5

*The small NGO's often have a better grasp of FFL than UNICEF has. This is no bad thing.*

*The NGOs are a powerful force for communicating FFL in new ways. They are in contact with the people in ways UNICEF cannot be. We must involve them more and build on their interest.*

*The UNESCO representative in Mexico did not even know it existed.*

*WHO ignores it. They have no interest. They see it as UNICEF's.*

*We gave copies to WHO, Haiti and asked them to let us know who got them. No results yet.*

## Perceived reasons for decline in interest

In those offices where the level of interest is lower than the rest, common reasons given were that the office has expanded rapidly and there were a number of new young professionals who did not know about FFL (4), no time (4), and no support from the representative (4).

Factors which also influence the level of interest in FFL and the sustainability of this interest, are the phase of FFL activities, changes in staff, changes in counterpart leadership, the time and resources available within UNICEF's PCI section and the capacity and resources available in country, particularly the extent to which community empowerment has become an integral part of government or local government policy. However, the latter does not always hold true as there is a fairly consistently high level of interest in FFL in those countries which have a more autocratic and top down form of government and administration.

The countries with greatest difficulties in maintaining interest in FFL are those with limited resources and small UNICEF offices. The situation there is much more precarious and subject to personalities, individual interests and expertise.

## Demand for FFL publications or training

The number of requests for FFL publications and assistance with FFL-related activities provide an indicator of both interest and demand from partners and citizens.

### *FFL book*

Demand for FFL publications remains high in 16 countries, even in situations where two editions have been published and where distribution has been widespread. As mentioned earlier, there is particularly high demand in countries where there are very few reading materials in local languages. Widespread distribution appears to stimulate further demand. In eight countries demand cannot be met. This appears to be the case when distribution is the responsibility of partners, usually the Department of Health. The reason is not always lack of books but lack of time, money and staff to undertake distribution. For example in Uganda, both UNICEF and the Department of Health received over 100 requests a week for copies of either the first or second edition of FFL. The Department of Health had not responded for over seven months as "they could not afford to post them" (Kagwa, Ministry of Health, Uganda). They had not mentioned this to UNICEF or to the World Health Organisation's health education adviser.

It is noted that in many countries, there are requests from individual citizens, from school teachers, health workers, priests, and members of women's groups. The situation in Papua New Guinea is particularly noteworthy as much of the population lives in isolated communities where transport and communication are extremely difficult and where less than 25 per cent of women are literate. *Facts for Life* however reaches women's groups and they write in asking for more copies "We have a huge file of people writing in. One letter represents a huge impact. They have to walk miles over mountains to post the letter, then they have to pay to post it - this is something in a poor country. They feel strongly about it" (Dale Rutstein, ex-Papua New Guinea).

### *Training*

Greatest demand for assistance with training is from the mass media and the NGOs, most particularly those working with women's organisations. Demand for training is increasing in 12 countries, but is limited or has remained static in 18.

*There has been no training of staff in FFL. The representatives need to be better informed on how it can be used.*

*Staff are familiar with the FFL book but not the concept or its purpose. It is seen as an information tool and that is all.*

*Things are at a low. We do things because we are interested but we do it without support. We need something stronger and more focused - from the executive director. We need policy directions regarding FFL and its link to CRC.*

*We have many requests for FFL in Peru. We can fulfil all orders now, but as more states implement the Family Health Programme we will need more copies.*

*We have extremely high demand. Every health worker has some 15-20 volunteer assistants and they can't keep up with demand. The policy is now to only give it to health workers and make them share with all their volunteers. We should have printed two million more copies but can't afford to. The Sri Lanka College of Paediatricians requested 15,000 for distribution to schools as part of their Health Education Programme. This could not be met.*

*This is the most popular book UNICEF ever produced. We have enormous demand for it - and it is used all over Bangladesh. When we check in the really extreme north in the health clinics and tiny hospitals the nurses and health workers are using it ... it is used for health worker training as well.*



## **Integration of FFL into UNICEF-supported programmes**

The way in which the UNICEF office is structured appears to have a considerable impact on the integration of FFL activities into the country programme and, by extension, for the sustainability of FFL activities. Respondents had a variety of perspectives on the challenges of FFL integration. Some of the issues were: the location of the focal point for FFL; the involvement of PCI officers in programme meetings; the seniority of PCI staff; budget allocations for FFL and the role of FFL in supporting the country programme.

A major issue is the perceived lack of cross sectoral integration in UNICEF New York and the complete lack of support for FFL exhibited by the New York Health Section in the past.

### ***UNICEF focal point for FFL***

In 21 of 31 offices the focal point for FFL activities is the PCI section; in five it is Health or Health and Nutrition; three in Education; one in Family Education and one in Gender and Development. In a few larger offices there has been an attempt to have a FFL focal point in each programme.

While for most offices it was felt that PCI is the logical focal point for FFL, in smaller offices this sometimes results in limitations to effective advocacy and use. The reasons for this were considered to be: the PCI section does not have its own budget or a budget for FFL activities; PCI section staff are not always included in UNICEF programme or planning meetings; are usually expected to undertake a very wide variety of community and information support activities for all sectors; and PCI staff do not always have the seniority to advocate effectively within UNICEF or government.

### ***FFL as an independent programme***

In 10 offices there is a stand alone FFL project with its own budget, objectives, strategies and plan of action. These projects include "Converting FFL to local use" (Bolivia), "Communication for Bangladesh's Goals for Women and Children" (Bangladesh), "Advocacy for FFL" and "Communication for Children's Health" (Myanmar) and "Women's Income Generation/FFL" in Vietnam. In Egypt, FFL has its own funding for training and production of FFL-based materials.

There is a fundamental difference of opinion about the role of FFL and whether it should provide support for sectoral programmes or stand as an independent project. Six respondents commented that FFL, as an intersectoral support activity, did not need its own plan of action. This is an area which has never been clarified by UNICEF New York, and has to some extent created ambivalence and uncertainty as to how FFL should be used.

### ***FFL integration into sectoral programmes***

FFL is perceived to be well integrated into UNICEF sectoral programmes. Ranked 0 to five with 0 representing no integration, the average score was 3.5 with five respondents registering five and fifteen four.

In almost all UNICEF offices the greatest integration is with the health sector. However, seven respondents noted that over the last two years there has been a marked increase in FFL collaboration within the UNICEF office with education, water and sanitation and gender. This collaboration is linked to some extent to an increase in intersectoral programming in some UNICEF offices providing increased opportunities to use FFL to greatest advantage. Examples of this are the "Basic Education, Child Care and Adolescent Development Programme" in Uganda, the

*We get letters every day from school teachers in the rural areas, from NGO workers - asking for copies and asking when the next edition will be out.*

*We don't see FFL as a separate programme. We see it as a tool box - you use the tools when it is appropriate to support the programme. It is not a separate thing.*

*It's a tool not a programme. You need to keep the programme officers aware of it and integrate it as support.*

*FFL serves as the basic framework for information and communication for children's health. In the new country programme we have a project on Family empowerment. FFL is the main content of this.*

*It must be intersectoral. It cuts across all sectors - education, early childhood development and health.*

“Safe School Environment Programme” in Bangladesh and the “Women’s Union Credit Scheme and FFL Programme” in Vietnam. There have also been recent moves to include child rights within PCI sections (Pakistan, South Africa, Haiti). This should promote a stronger link between CRC and FFL. It is noted that all planning undertaken in the UNICEF Uganda office is now intersectoral.

There is very strong support for keeping FFL as an intersectoral initiative and not just a health initiative - controlled by health.

Other programmes in which FFL is a major component include “Education for Health” (Mexico), “Non Formal Education” (Romania), “Family Life Empowerment” (Namibia), “Community Health Agents’ Programme” (Brazil).

**Constraints to integration**

There are internal structural constraints to the full integration of FFL into UNICEF programmes. FFL fits uneasily into the current UNICEF programming structures as it is essentially an intersectoral support activity that requires a long-term planning framework. Eleven respondents commented that current UNICEF programming processes and structures do not facilitate either efficient intersectoral or long-term planning. In some offices PCI staff are not included in the major programming meetings and to date FFL has been perceived as a largely health-related activity rather than education-related.

**Mechanisms for promoting greater integration and intersectoral use of FFL**

The mechanisms recommended for promoting greater intersectoral use of FFL highlight the need for multisectoral planning and a higher level of knowledge of FFL among UNICEF programme officers (Table 6).

	Number of responses
Multisectoral planning	16
Annual staff training on the concept and use of FFL	14
Include FFL on agenda of regular programme and management meetings	8
Establishment of more intersectoral programmes	7
Train the representatives on FFL concepts	5

(Some respondents made more than one suggestion)

However, some respondents were aware that these mechanisms will not be fully effective if PCI officers have too many other responsibilities and/or do not have the experience, confidence or initiative to continually advocate for FFL with partners and raise FFL at UNICEF meetings.

**Planning and evaluation**

Planning and evaluation were two issues that kept emerging in discussion about the intersectoral use of FFL and integration of it into the country programme. There appear to be problems with the planning process and lack of regular consultation between programme officers and PCI staff regarding FFL activities. There is also a lack of planning capacity among some of the major partners. This appears to be

*FFL is not well integrated - we need to get it out of health and into behavioural issues.*

*We must link FFL to the Convention on the Rights of the Child and show people that it is a method of implementing the Convention - then you will have no trouble with integration.*

*Communication officers must always take the initiative of bringing it forward to the sectoral programmes in ways that these people see it as useful in their programmes. We must take the initiative to put it forward in consultations and bringing it up as an issue in management discussion. Unless it is brought up to larger groups it just becomes forgotten. It needs to be raised or it does not get attention - this applies to New York too.*

true of the health education sections of most Departments of Health. To overcome lack of planning capacity for FFL, the Bangladesh office has initiated planning workshops for Ministry of Information staff.

There remains a problem in some offices where FFL components are part of different sectoral programmes but where there is no planning mechanism for coordinating this input across all relevant sectors. In large offices this is less of a problem and the PCI officer is able to use FFL as the coordinating mechanism.

An important and underlying problem is that of the long-term nature of FFL and the need to plan and develop output and outcome goals for different short-term phases.

Monitoring and evaluation for FFL is weak and in many respects this can be expected as FFL is a long-term process, rather than a strategy or a programme. It is also difficult because FFL is usually a component of sectoral programmes which do not have the knowledge of how to plan and oversee this type of evaluation. Not surprisingly, monitoring and evaluation are mentioned in plans and then ignored. It is recognised that there are considerable difficulties in providing useful monitoring and evaluation of communication inputs.

### ***Training in FFL for UNICEF staff***

Training to improve understanding of both FFL and communication concepts was strongly recommended by a number of respondents. They believed that without a full understanding of the concepts of FFL and without being regularly brought up to date with what was happening in other offices, intersectoral collaboration would be less than effective.

Several respondents recommended that FFL training be included as a compulsory component of briefing for all new UNICEF staff.

Although it had nothing to do with intersectoral use of FFL, there were suggestions to provide FFL training for administrative and support staff. In Uganda, it was recommended that all drivers and secretarial staff should know about FFL and be on-going advocates for it. In Nigeria, FFL presentations and training for all staff have been given regularly and are reported to have proved extremely effective in terms of advocacy, knowledge and integration.

### **Funding for FFL**

The need for funding for FFL activities is a strong motivation for intersectoral collaboration within the UNICEF offices. In seven countries of 31, FFL has an independent budgetary allocation, but in most cases funding comes from the health budget, or in some cases from education. Although 12 PCI officers stated they had to "get down on our knees and go crawling and begging for funds for FFL" this was not considered a constraint - merely unpleasant and time consuming.

Twenty of 34 respondents stated that while funding may have been a problem in the past it was no longer a major constraint to increasing FFL activities and several commented that funding was not a problem if you had good FFL ideas.

In several offices previous funding shortages have, to some extent, been overcome now that FFL is better known and in others, such as Brazil, seizing timely opportunities can help overcome funding shortages. "When we discussed PHC the government said it could use 1 million copies of FFL but it had no way to print that number and UNICEF didn't have the money. The President of the Council of Industry said that the graphic industry was going through a crisis and if we could get the

*You can't evaluate the impact of a process or a strategy. The outcomes can be measured but only to some extent. In Bangladesh a product has been used to create a process - a process for developing consensus - how do you measure that?*

*A common problem is people make materials for FFL but don't know how to use them - or they make them and then plan for them instead of the other way around.*

*New staff in the TACRO region do not know FFL at all. It needs continual renewal and staff training on what it is and how to use it. If you don't do this, it will be put into a communication corner and it will fade out.*

*There was consistent demand for very much greater support for FFL training from New York leadership.*

*FFL needs its own budget line, not necessarily because of lack of funding, but because of the time it takes to locate funds and the lack of visibility of FFL because it does not have its own funding. This is important and it is important that it is included as a programme in the country programme documentation - otherwise it is overlooked.*

*Once we developed a local edition of FFL funding was easy to get - the fact that we had the book as a concrete practical material was really important.*

paper to them they could print it for free. Then we asked around and another private sector agency provided the paper. They printed 600,000 copies of FFL free. It was worth \$1.8 million" (Agop Kayayan, Brazil).

## Overview of interest, integration and sustainability

Given what is perceived as a serious lack of leadership support for FFL activities and given the heavy work schedules of most PCI officers, the high and sustained level of interest in FFL are probably a tribute to the inherent value of the publications and to the continual hard work of those PCI officers who are aware of its potential. Leadership issues are obviously important and there is a widespread feeling among PCI staff and others working on FFL that they are working in isolation. They feel there is no support from regional offices; no opportunities for regular exchange of information and experiences; and no consistent support from New York leadership. The telephone discussions raised the issue of lack of coherent New York policy, the lack of support from the New York Health Sector, differences of opinion and approach from different New York sectors and the feeling that FFL had been increasingly sidelined and ignored.

There was a strong feeling that although Grant gave it initial support, and he liked the book, he was never really fully behind the Facts for Life initiative. There were also suggestions that New York leadership does not understand the communication concept that underlies Facts for Life and that although integration at field level is an important concept, New York provides a poor example of it.

It would appear that little consideration has been given to the long-term nature of FFL activities and the need for a long-term planning framework. The issue of planning and evaluating FFL need to be reviewed.

*Money is always available if you have the ideas.*

*The problem is lack of planning and action - not money. If it is not planned with an action component it sits on the shelf.*

*The health section in New York did not use or promote FFL - this really worried me. There is schizophrenia in UNICEF New York. Health Sector does their own programming - they forget FFL is right there. The FFL Unit was so small with no opportunity to make it grow without a bigger set of tools - why wasn't there support from health education or the Health Sector?*

*For me, FFL is a 10 - 12 years programme. I don't know how long it will take for people to learn this. We have hardly started with FFL and I don't think we will ever finish.*

## Chapter Three: The future of Facts for Life

This chapter reviews the potential for future use of FFL, the level of field support for future FFL publications and activities, and suggestions for new global FFL initiatives. It draws on respondents' knowledge of successful FFL activities and why they were successful, and taps their ideas regarding FFL potential and how it might be reached.

### Building on FFL field-level successes

#### *Making optimum use of FFL and reaching unreached audiences*

It is considered by 21 respondents that optimum use has not yet been made of FFL and that there are number of important audiences not yet reached. This is borne out by the very considerable unmet demand for Facts for Life publications from an extremely wide cross-section of organisations and individuals. Many populations remain unaware of its existence. It is recognised that in many countries FFL is still in an early phase and that there needs to be greater effort made to move out of the information phase into communication and empowerment. This will require higher levels of support for training and greater collaboration with non government and community-based organisations. Many respondents discussed the need for further collaboration with the Education Sector and for greater integration of FFL into school curricula, into teacher training, non formal education and family empowerment programmes (Table 7). There is felt to be considerable opportunity for developing FFL for specific audiences and for highlighting the ways in which FFL can put the Convention on the Rights of the Child into action.

	Number of responses
Schools, teachers, the education system	12
Community workers/animateurs	10
Households	10
Young adults	10
Community groups	7
Trade unions/employers	5
Corporate sector	5
Medical profession	5
Fathers	5
Mothers-in-law	4

(Respondents gave more than one reply)

The selection of four of these audiences - households, young adults, mothers-in-law and fathers - suggests that implementation of FFL is moving further into the communication phase and there is growing concern for reaching those at household level, rather than focusing on communicators as the major audience.

#### *Priority country level activities for the future*

Given their current resources, respondents were asked what they thought were their country's most important future FFL activities and to list them in order of priority. As Table 8 shows, the responses reinforce those outlined in Table 7 and reflect the importance of building on current achievements.

	Number of responses
Integrate FFL into all relevant training supported by UNICEF	16
Make FFL more widely available, especially to households and adolescents	12
Link FFL into CRC	12
Expand FFL further into curriculum for formal and non formal education	11
Provide UNICEF staff training in FFL	9
Include FFL information in educational programmes for teenagers	6
Integrate FFL into all community development activities	6

## Suggestions for new global FFL initiatives

Respondents had a variety of suggestions for new global initiatives and for ways in which existing FFL outcomes could be built on internationally. There was a tendency however for the responses to relate to processes rather than new initiatives. The most common suggestions were to:

1. Develop a range of FFL products and promote Facts for Life internationally through all available channels, including the Internet and the "big media." (12 responses)
2. Mobilise international support from other United Nations organisations, including The World Bank, all major NGOs, and UNICEF National Committees. (12 responses)
3. Link the FFL initiative to the Convention on the Rights of the Child and provide international guidelines with clear directions as to how Facts for Life provides a practical way to implement the Rights. (11 responses)
4. Renew commitment of international groups including Rotary International, Boy Scouts, Girl Guides through an international FFL meeting convened by UNICEF New York. (7 responses)
5. Convene a global meeting and bring in key users of FFL to discuss future directions and the results of this review. (6 responses)
6. Maintain interest in Facts for Life through regular production and promotion of new FFL materials, other than the *Facts for Life* book, and publish them widely. (6 responses)
7. Develop a version of *Facts for Life* for young adults. (6 responses)
8. Develop FFL communication training and guidelines (6 responses)

## Assistance from UNICEF New York

It was the opinion of most respondents that, with the exception of the FFL Unit, there has been no on-going New York support for FFL. It was felt that most New York staff had a very limited idea of the assistance needed in the field and the role they could play in helping mobilise support for FFL. Most responses were similar to those in the previous section and were repeated frequently throughout the telephone interviews. UNICEF field staff, including Health and Education Programme Officers, feel very strongly about the lack of New York leadership support and the requests regarding this support (listed in Table 9) were strongly emphasised.

**Table 9: Assistance requested from UNICEF New York**

	Number of responses
Support from leadership in promoting FFL	15
Establishment of a fully staffed FFL Unit	12
Guidelines and advocacy for linking FFL with the Convention on the Rights of the Child	11
Allocation of funds for annual FFL meetings, internationally or regionally	8
Training and guidelines in implementing FFL	8
Develop guidelines for translating FFL	3
Guidelines for evaluating FFL	2

*UNICEF must mobilise for FFL. Mobilisation has to start internationally, at headquarters and regionally. UNICEF has health network meetings at regional level. FFL must be placed on the agenda. They meet each year, but communication officers are never invited. Why can't FFL be included in the agenda for the annual meeting of reps?*

*Repackage it in all different media formats available from sophisticated internet down to theatre. Bring in the commercial people who understand how you take a long-standing product and develop variations. Get it into the big media - like Children's Day of Broadcasting. Poor people are not isolated from big media - young people have bypassed us on this. They are into the big media scene.*

*There are great opportunities for using the media today for FFL. There are so many ways to present information in ways that are simple, meaningful and entertaining. UNICEF must look at getting FFL messages into the popular media.*

*We need a strong message and a strong focus from the Executive Director.*

*New York needs to provide professional technical support. They should be saying "If you want help to do this - we can give you help". They should be empowering field staff.*

*FFL should be part of the 50th anniversary - it is an important initiative. Bellamy should do an executive directive and say something about the progress made in different countries. This would really help us mobilise local support. It's important.*

There are a number of global support activities for FFL which only UNICEF New York can undertake. These include ensuring FFL is on the organisation's global agenda; undertaking international mobilisation, most particularly among other UN agencies, major aid organisations, international NGOs and multinational corporations; as well as mobilising support from the global media. "We should go to the other agencies everywhere and say "are we in agreement that people should have this information?" "OK, then how are we going to put this into the programme?" But we have no meetings with these people. The World Bank are now heavily into health and health reform - why aren't we promoting FFL to them? UNICEF should be telling them that they can't cut health budgets and not have FFL" (Gary Gleason, CARK).

### Assistance from the regional offices

Currently there is almost no support or guidance from the regional offices on FFL implementation or mobilisation. Twenty respondents stated that it would be useful to have regional FFL initiatives and opportunities for FFL to be discussed at regional meetings. The *Meena* and *Sara* series of animated films were given as useful examples of regional collaboration.

### Updating *Facts for Life*

Twenty-two of 35 respondents thought that the international version of FFL should be regularly updated. Ten thought that this was not necessary as it could be done locally. The other three were uncertain. Those who thought that updating could be done in-country were those based in large offices with good resources and in countries where there was excellent translation and publication capacity. Twelve respondents thought that FFL should be updated only when it was required, six stated every five years and not before. There were several suggestions that before a further edition of FFL was produced, mechanisms should be developed for regular updating and that there needed to be clear explanations as to why it was being updated.

### Additional topics

Responses to the question on additional topics for inclusion in a new edition revealed some misunderstanding of the basic concept of the book and the criteria for inclusion (Table 10). They did however highlight concern for linking FFL with the Convention on the Rights of the Child. Ten respondents commented that the book should not include more than 12 topics and that it should remain firmly devoted to health issues.

**Table 10: Suggestions for additional FFL topics**

	Number of responses
Children's rights	11
Improved facts about child development	11
Facts about health and the environment	9
Accidents	9
Nutrition	6
Drug abuse, especially alcohol and tobacco	6

There were several suggestions that much greater use should be made of the Internet for distribution of FFL-related material, advice and information. The idea of developing an Internet FFL menu, which covers a number of different topics, was raised. A further suggestion was that the menu be put on CD with illustrations.

*New York must get behind this. It is one of its most important initiatives yet there is no leadership support. If New York doesn't push it globally it will die - we must have support from the top.*

*Diversify the global approach. Meena provides an example of what can be done. We need a series of FFL issues using other audio visual media. In Mauritius Meena is being shown on television and linked to the FFL book. The feedback has been very positive and schools are constantly phoning for copies of FFL.*

*We need to look at the way commercial companies would market FFL - it would be much shorter, simpler and more colourful. We need to present the ideas more simply.*

*Facilitate exchanges of information between countries. Currently we work in isolation. The Amman meeting was important. It made us reflect on FFL. This is a role New York or the regional offices could do. We must continually revitalise FFL and keep it on the agenda.*

## FFL for special audiences

### *Household version*

There was considerable support for a simplified, illustrated household version of FFL with fewer messages. Ranked on a scale of 0 to five, with five representing very useful, 24 ranked a household edition at five, three at four, and two at one. There were comments that this should be undertaken at country level but that New York might be able to provide suggestions and a prototype. It was recognised that even in countries where literacy levels are low there is usually at least one person in each household who is literate. The practicality of a household version is being discussed in Bangladesh where it would be promoted as “the household’s second most important book”.

### *Young adults’ version*

A special version of FFL devoted to the health needs of young people was considered to be very useful. Eight respondents ranked it at five and 15 at four. In discussion they recommended that it include information on sexuality, family planning, teenage pregnancy, sexually transmitted disease, drug abuse with a special focus on alcohol and tobacco use, violence, diet and hygiene. It was also suggested that the book should attempt to make the link between social issues which influence the behaviours associated with these problems. Those being interviewed were aware of the need for material that was culturally specific however they recommended that this edition be well illustrated and be appropriate and attractive to young people using cartoon characters and colour.

### *Children for Health*

There was support for publications similar to *Children for Health* for school teachers, NGOs, and women’s groups but these were not considered priorities.

## Perceived value of the FFL initiative

The review shows that most of those interviewed feel that FFL has been an extremely useful initiative although several respondents commented that while it had been politically valuable it had missed many opportunities, largely because it had not had adequate support and because there remains uncertainty about its real role - is FFL information or is it communication?

As a global initiative, there were comments about FFL’s global potential rather than its current use. Respondents felt that as a global initiative FFL had provided basic, factual, relevant and timeless information on global health problems and provided a mechanism for synthesising communication experiences that had relevance beyond health. As a global initiative there was, or should be, a capacity to facilitate exchange, provide information on the global picture and advocate at a global level. Although it was felt that much of the potential had not been reached, most respondents thought it was a very important global initiative.

**Table 11: Perceived value of the FFL initiative**  
5 = very valuable 0 = no value

Number of Respondents	Score
4	5++
10	5
14	4
1	3
1	1

*FFL has the potential to revolutionise health promotion and family empowerment globally. New York should provide the policies and the guidelines. It has a huge role to play, but leadership support is just not there.*

*It is an excellent initiative that must be continued - we can't drop it now. UNICEF would lose credibility.*



## Continuing with FFL

There is overwhelming consensus that New York and the country offices should continue with the FFL initiative. There were however a number of provisos regarding New York support.

**Table 12: Level of support for continuing the FFL initiative**  
5 = very strong support - 0 = no support

Number of Respondents	Score
20	5
10	4
2	3
1	2

There were five respondents, all of whom are from large countries with relatively sophisticated communication capacity, who felt that FFL was already so well known, had such high credibility, and was so well integrated into the activities of government and non government organisations, that it would continue regardless of UNICEF support. However, they stated that it was an initiative that had much wider potential than that which had been achieved and that improved leadership support from New York would help achieve CRC goals as well as improve the standing and credibility of UNICEF as a United Nations organisation of real relevance. They also recognised that in smaller, less developed countries there was a huge role for FFL to play.

## Constraints to reaching unfulfilled potential

Respondents felt there were a number of staffing constraints within UNICEF, which unless addressed, would hamper both optimum utilisation of FFL and full implementation of the Convention on the Rights of the Child (Table 13). These constraints, they believe, are closely linked to the organisational structure of UNICEF and its very strong expertise and focus on information and external relations. In comparison, they feel there is minimal concern and support for communication and empowerment. Although UNICEF has an international reputation for being at the forefront of mobilisation and communication activities, they feel it does not live up to this reputation and the organisation has too few communication professionals.

**Table 13: Perceived UNICEF constraints to reaching FFL full potential**

	Number of responses
FFL is not considered a priority UNICEF activity	12
Lack of experienced communication personnel	11
Lack of time	9
Lack of support from New York leadership	9
Insufficient communication capacity and technical skills among UNICEF staff	8
Lack of communication support from NY	7
No training in FFL for UNICEF staff	7
The perception that FFL is limited to health	7
Short-term programming	5
Poor leadership	5
Lack of knowledge on how to use FFL effectively	5
Limited interest from the representative	4

(Respondents gave more than one reply)

*It must be the instrument of the whole organisation and not just one small unit working on its own.*

*The challenge is staff. We have one communication information officer - it is difficult for me to conceive of everything - research, planning, implementation.*

*The problem is lack of UNICEF personnel with communication experience. Our counterparts need technical help, especially on larger scale projects. We do not have the skills and ability to service really big programmes. There is nobody in UNICEF who can handle one of its major products - FFL. There are serious institutional constraints.*

*Time and staff are the constraints. FFL needs quality time but UNICEF does not allow time to maintain quality. You can't expand and expand - you need to do a quality job.*

*What is lacking is instructions for users. Regionally the problem is people have materials and information but don't know how to use them well. People don't know how to convert FFL into community materials. Those at higher levels don't know how to advocate. And it is seen as communication and health - not education.*

These constraints are even more pronounced among counterparts. The exception tends to be the NGOs, most specifically those who specialise in community empowerment.

## Overview

This review indicates that Facts for Life has been an important UNICEF initiative that has considerable field support for expansion into the twenty-first century. Many of those who discussed the future of FFL saw it as a valuable concept that many UNICEF staff and partners have put considerable effort and creative thought into. It is obvious however that it has not been given adequate support from New York and there are underlying concepts that have never been clarified.

UNICEF field staff and partners have given a clear mandate for continuing and expanding the Facts for Life initiative through continuing with FFL publications, reaching unreached audiences, meeting existing demand, mobilising global support from United Nations organisations, governments, NGOs, international corporations and global media and linking Facts for Life with a practical means of fulfilling the Convention on the Rights of the Child.

There was agreement that the results of this report should be widely discussed at country, regional and headquarters meetings and joint decisions made as to future action.

*FFL has been underutilised to date. It has so much potential but so little time allocated to it and so few resources. UNICEF now needs to move to a new order of magnitude. We need more technical assistance in the field. We need better programme directives from New York. We need a programme strategy to the Board regarding FFL. We must bring it to the National Committees, the GCO and to the private sector.*

*Get someone from New York - Joe Judd or Kul Gautum - and get them to run regional workshops on FFL as part of the regional meetings. You need someone who is not overwhelmed by the representatives. Once this report is out, take the ideas and give them to country offices and ask which they think are most important.*

## **Chapter Four: Conclusions**

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### **Overview**

The Facts for Life initiative and the way in which it has been implemented puts into stark relief UNICEF at its best and its worst, at its most creative and most organisationally blinkered, at its most flexible and holistic and its most structurally and sectorally rigid. On the one hand, of all the major global development agencies, only UNICEF had the vision and flexibility to develop FFL as a global intersectoral communication initiative. On the other hand, the potential that FFL offers for a genuinely holistic approach to children's survival and development has been hampered by a narrowly sectoral organisational structure and a planning process that is tied to achieving short-term quantitative goals. FFL has been severely compromised by the lack of cross-sectoral and leadership support from New York and a perception that FFL is solely the responsibility of the FFL Unit. This could be remedied by establishing a strong, central, intersectoral mechanism that encourages intersectoral programming and which takes full cognisance of the fundamental importance of FFL as an intersectoral initiative and by viewing FFL as a practical means of implementing the Convention on the Rights of the Child.

Organisationally, UNICEF has not yet come to terms with the staffing and technical requirements of its changing role. UNICEF's change of focus away from supply and emergency to technical support, information, communication and advocacy, has not yet been accompanied by necessary changes in staffing and technical expertise. Throughout the organisation there are too few professional staff with knowledge and experience in communication and there is a lack of understanding of the difference between information, public relations and communication.

### **Utility of FFL**

The review shows that FFL is an important, credible, global initiative that has been used in a wide variety of creative ways and has great potential for revolutionising global development activities for children. The data also show that the very considerable achievements to date have been made with very limited international organisational support beyond that of UNICEF, and even UNICEF has not provided the on-going corporate leadership that an initiative of this importance warrants. UNICEF global support has been largely confined to the on-going effort of a small FFL Unit working in virtual isolation, and to funding the development, translation and publication of Facts for Life publications.

In the field, FFL is highly regarded by government and non government organisations as a source of credible, valuable information, however it is widely perceived to be the responsibility of those in the health sector. In UNICEF New York it is perceived as the responsibility of the FFL Unit, which operates without on-going collaboration with the Health or Education Sectors. In UNICEF country offices it is the responsibility of the PCI section to advocate for FFL use in the country programme and to mobilise support from government and non government organisations.

### **International agreement and support**

As a global initiative, FFL needs much greater global support from international development agencies, non government organisations and the United Nations organisations, including the World Bank. With the exception of UNICEF, the United Nations agencies initially involved in the development of FFL, and whose logos are included on the cover, seem to be largely unaware of its existence.

UNICEF New York should call an international meeting with the United Nations agencies, other international NGOs, and leading development agencies to discuss the outcome and potential of FFL and to establish agreement on support and future activities. The results of this report could provide a discussion point for such a meeting. The World Bank should be involved as they are now heavily involved in health sector reform but do not appear to be aware of FFL or its potential value in countries undergoing structural adjustment where health budgets have been cut.

### **UNICEF corporate leadership and support**

Greater leadership and UNICEF corporate support is required from New York and the regional offices. It is perceived from the field that UNICEF does not provide the corporate "push" for FFL that it does for other initiatives and that FFL is largely ignored by sectors other than PCI. Health and education personnel from New York and the regional health and education advisers do not appear to advocate for FFL at country level. FFL is not included in the agenda for the annual regional

representatives meetings or the annual regional health officers meetings. In some offices representatives have only limited knowledge of FFL and/or of FFL initiatives in other countries.

## **Regional support**

There is very little regional support for FFL and no regional FFL activities with the exception of *Meena* in South Asia and the new *Sara* initiative in East Africa both of which incorporate, indirectly, some of the FFL messages. While regional initiatives of this sort are not always appropriate because of lack of cultural homogeneity, in some areas they could be useful. In Latin American countries, for example, one translation is appropriate for a number of countries and initiatives such as the adaptation of *Sesame Street* is relevant for many countries.

Occasional regional meetings for those working on FFL would provide a means of exchanging information and developing stronger programmes. Opportunities for FFL networking include:

- Regional Health and Education Ministers Congresses, regional NGO meetings, regional United Nations meetings, and regional youth meetings.
- Establishing a regional FFL network on email.
- Including FFL on the agenda of regional UNICEF representatives' meetings.

## **Big media: audio visual media**

The basic information contained in FFL does not date and is therefore suitable as the basis for large-scale on-going mass media programmes. With the dramatic expansion of global media networks and greater expertise in edu-entertainment, there are considerable opportunities for very large scale media support. It is very likely that FFL could be packaged in such a way that it would attract largescale corporate sponsorship. The opportunities this involves must be followed up. This calls for a UNICEF team to provide a policy and strategy to market FFL.

An important component of any social or commercial marketing campaign is keeping the public continually aware of the basic messages by packaging and presenting the messages in a variety of different ways and in a wide variety of media. Repetition is essential. As health promotion to counter AIDS, smoking and heart disease have clearly shown, messages can be packaged differently for different audiences and age groups and that no effective campaign can be short term. There are new generations, with different life experiences, who require the same information but packaged in new ways. FFL needs this kind of global approach.

## **Keeping FFL relevant and accurate**

FFL is based on agreed, up-to-date scientific knowledge. As health knowledge changes with new scientific discoveries, it is important that FFL maintains its credibility by being updated when this appears to be necessary. There is widespread support for regular updating.

## **Convention on the Rights of the Child**

It is widely recognised that empowering families and communities with knowledge from *Facts for Life* provides a practical means of applying the Convention on the Rights of the Child and helping achieve the major goals for children. Many respondents called for New York to develop a policy and guidelines on how to utilise FFL for this purpose. There is strong demand for providing UNICEF representatives and programme officers with a better understanding of the role FFL could play in activating the Convention on the Rights of the Child.

## **Facts for Life in the twenty-first century**

FFL information now needs to be distributed very much more widely and rather than being targeted at communicators more effort needs to be placed on direct communication and ensuring that information reaches households directly. This information must be in a form that is accessible, appealing, credible, and easily understood. It must be provided through a variety of channels and regularly reinforced. This means moving the FFL initiative to a different order of magnitude. This change needs to take place at global and country levels.

FFL should now be expanded and restructured as a global, holistic, intersectoral initiative for children. Its focus should be on empowering families to improve the well-being of children through widespread provision of the fundamental knowledge and skills required for achieving many of the rights outlined in the Convention on the Rights of the Child - particularly those outlined in Article 24 (e).

FFL provides the practical means around which genuinely intersectoral programming can be based. It provides a logical and clearly focussed foundation for a global communication initiative for women and children for the twenty-first century. The information in *Facts for Life* is equally relevant to families everywhere. It provides UNICEF with the ready-made, already proven, opportunity for what could be its most important initiative for the twenty-first century - empowerment of the world's families to help their children reach their potential. The global media, corporate sponsorship, United Nations support, together with current knowledge of the processes of transformation and change must now be utilised.

UNICEF now needs to clarify future objectives for FFL and to clearly identify audiences and processes through which knowledge and understanding of FFL information can lead to beneficial change. To fail would be clear evidence of either the organisation's lack of concern for children's rights or its lack of organisational capacity to act.

*" Facts for Life is an essential tool for empowering people... for transferring technology and taking the benefits to the people. It is generic fact. It is not a position paper or anyone's opinion. It is a most valuable initiative"* (Monica Sharma, Bangladesh).



## Chapter Five: Specific Recommendations and Action Points

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### It is recommended that:

- 5.1 The FFL initiative be continued and expanded with a very much higher level of financial and leadership support. This support must be appropriate to a major UNICEF initiative that has the potential to help achieve the major goals outlined in the Convention on the Rights of the Child and to empower individuals and communities with knowledge about their own and their children's health.
- 5.2 UNICEF New York allocate funds for annual meetings of those involved in FFL planning, implementation and evaluation to provide adequate exchange of experience and ideas, to promote more regional initiatives and to improve motivation and advocacy for FFL. The first of these meetings should discuss this report and the possible content of a five year global FFL strategy and action plan.
- 5.3 A special new edition of *Facts for Life for the twenty-first century* be developed for distribution in the year 2000. It should deal with what are likely to be the major health issues facing women and children in the early twenty-first century and be closely linked to the implementation of the Convention on the Rights of the Child where this is appropriate. This edition should have a preface written by the UNICEF Executive Director, a more attractive cover than current editions and be supported by a wide variety of media.
- 5.4 *Facts for Life* retain its health focus and be restricted to no more than 12 topics.
- 5.5 UNICEF New York, in collaboration with major international NGOs, and United Nations agencies, develop a version of *Facts for Life* for young adults and that this deal with health-related issues of sexuality, teenage pregnancy, drug abuse - including tobacco, alcohol and hard drugs - diet, hygiene, environment and violence.
- 5.6 UNICEF New York convene a FFL meeting with major NGOs, aid agencies, multinational corporations and collaborating United Nations organisations, including The World Bank, to promote improved global use of FFL. Letters signed by the Executive Directors of UNICEF and other collaborating agencies be sent to all relevant Ministers of Health, Education and Social Welfare and to major companies explaining the nature of the FFL initiative and urging their support.
- 5.7 FFL and its progress in helping implement the Convention on the Rights of the Child be placed on the agenda of all UNICEF regional meetings and country representatives report on progress in their countries.
- 5.8 UNICEF National Committees be invited to participate in FFL planning and to provide support for household versions of FFL and that these be developed in country.
- 5.9 New and innovative ways be found to package FFL and to "re-invent" the ways in which its messages are promoted. Advice should be sought from a major advertising agency.
- 5.10 Greater use be made of the new global media for disseminating FFL messages and for creating on-going advocacy for FFL. The Facts for Life web site be constantly renewed and reviewed and include a menu of FFL topics, messages and supporting scientific information for public use and be extensively advertised.
- 5.11 Greater attention be given to monitoring and evaluating FFL processes and that guidelines for this be developed.
- 5.12 All new UNICEF staff have training in FFL included in their briefing.
- 5.13 Guidelines be developed to cover adaptation and translation of *Facts for Life*.
- 5.14 An FFL communication training package be developed in collaboration with leading NGOs and that FFL be incorporated within the existing training package developed by Programme Communication Section.
- 5.15 The number of experienced, professional Programme Communication Information staff be increased.

## **Action Points**

- 5.16 The results of this study be widely circulated within UNICEF and regional meetings organised to discuss its outcomes and to develop regional FFL strategies.
- 5.17 This report be presented at the UNICEF Global Communication meeting early in 1997 and a draft framework for a 5 year FFL strategy be developed. As a matter of urgency, a long-term FFL strategy and plan of action be developed for immediate implementation.
- 5.18 An intersectoral FFL Task Force, comprising representatives of the FFL Unit, Health, Education, Water and Environmental Sanitation, Programme Communication, and Evaluation Sections be established in UNICEF New York to provide on-going support and guidance for the FFL initiative. The agenda for the first meeting of the Task Force should include discussion of this report and focus on practical recommendations and action points for improved intersectoral collaboration and the development of a long-term FFL strategy and plan of action to take the initiative into the twenty-first century.
- 5.19 Mechanisms be established to ensure that development of a long-term FFL strategy and plan of action are collaborative processes incorporating input from those with practical FFL experience, including NGOs where this is appropriate.
- 5.20 The Division of Communication discuss this report with the UNICEF Education Sector and consider developing a strategy for incorporating FFL information into the education system.
- 5.21 Discussion of this report be placed on the agenda of any forthcoming global or regional UNICEF Information, Communication, Health and Education meetings.
- 5.22 This report be sent to all collaborating United Nations organisations including the Population and Human Resources Division of The World Bank, with a letter from UNICEF Executive Director inviting them to become active rather than nominal partners in FFL for the twenty-first century.



## Appendix A

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### People and countries included in the review

#### *Telephone interviews*

##### UNICEF

Apted, Maurice	Information Communication Officer, Laos previously Vietnam
Basili, Fransisco	Education Section, Peru
Cardenas, Marcela	Lima, Peru
Court, Alan	Regional Deputy Director, TACRO, Bogota, Colombia, previously Bolivia and Chad
Dagron, Alfonso Gumucio	Information Communication Officer, Haiti, previously Nigeria
Ely, Imam Ould	Information Officer, Nouakchott, Mauritania
Farag, Nagwa	Information Communication Officer, Cairo, Egypt
Fernandez, Gabi	Namibia
Furniss, Elaine	Education/GAD Officer, Hanoi, Vietnam
Ganguly, Sumita	Office Chief, Rajasthan, India
Gopaul, Bibi	Port Louis, Mauritius
Kayayan, Agop	Brazil
Larson, Heidi	Social Mobilisation Officer, Suva, Fiji
Lertora, Jaime	Education Section, Peru
MacLeod, Ian	External Relations, Pretoria, South Africa
McBean, George	Communication Unit, DOI, New York
McKee, Neill	Information Communication Adviser, ESARO, Nairobi
Manrique, Manuel	Information Communication Officer, Brazil, previously Mexico
Rutstein, Dale	Information Officer, Islamabad Regional Office, CARK, previously Papua New Guinea
Saud, Abeer Abu	Information Communication Officer, Amman, Jordan
Sayed, Raana	Communication Child Rights Officer, Islamabad, Pakistan
Scandlen, Guy	Previously Communication Officer, Abijan
Schaffter, Tim	Programme Officer, Romania
Valdecanas, Ophelia	Information Communication Officer, Myanmar

The experiences with FFL of some of UNICEF staff cover more than one country.

Alan Court discussed experiences in Bolivia and Chad as well as in Colombia.

Alfonso Dagron undertook two complete interviews - one on Haiti and a one on Nigeria.

Manrique Manuel undertook two complete interviews, one on Brazil and the other on Mexico.

Dale Rutstein undertook two interviews, one on CARK countries and one on Papua New Guinea.

Quantitative data is included only when an independent questionnaire for the country was completed. Qualitative data, most particularly experiences and recommendations, are included whether an independent questionnaire was completed or not.

##### Non UNICEF

Adamson, Peter	UNICEF consultant
Hawes, Hugh	Child to Child Trust, United Kingdom
Iboudo, Joanna	Radio Evangile, Ouagadougou, Burkina Faso

## **Written questionnaires**

### **UNICEF**

Nizar, Mohammed	External Relations Officer, Sri Lanka
Guimaraes, Sergio	Information Communication Officer, Morocco
Khaled, Mondhar	Programme Officer, Tunisia
Mostofee, Masood	Information Communication Officer, Iran
Nabulsi, Ziad	Programme Officer, Jerusalem
Syria	
Djibouti	
Oman	
Libya	
Lebanon	

## **Personal interviews**

### **UNICEF**

Baral, J.K.	Programme Communication Officer, Dhaka, Bangladesh
Bajracharya, Deepak	Programme Officer, WATSAN, Bangladesh
Bashar, Tasmia	Programme Officer, Bangladesh
Carriere, Rolf	Country Representative, Bangladesh
Karim, Laila	Librarian, Bangladesh
Kunugi, June	Programme Officer, Bangladesh
Jensen, Carol	Senior Programme Officer, Basic Education, Child Care and Adolescent Development Programme, Uganda
Lubowa, Douglas	Assistant Information Communication Officer, Uganda
Rwabuhemba, Tim	Programme Officer, BECCAD, Uganda
Salem, Anis	Chief Programme Communication Information, Bangladesh
Sharma, Monica	Senior Programme Officer, Bangladesh
Shesthra, Gajendra	Programme Officer, Education Section, Bangladesh

### **Non UNICEF**

Peter Adamson	UNICEF consultant
Lesley Adamson	UNICEF consultant

## **Discussions**

### **Non UNICEF, Uganda**

Ahimbiswe, Sam	Primary Health Care Director, Health Education Division, Ministry of Health, Uganda
Akia, Anne	Editor, <i>Straight Talk</i> , supplement to <i>New Version</i> , Uganda
Anthony, Mwanje	Director, Department of Gender and Community Development, Mpigi District, Uganda
Erismus, Lwanyaga	Functional literacy teacher, Jyumbi village, Uganda
Kabasomero, Rose	Health Programme Producer, Ministry of Information/Radio Uganda, Uganda
Kagwa, Paul	Director, Health Education Division, Ministry of Health, Uganda
Kamya, Remigius	Secondary school teacher, Buyera, Uganda
Kabanda, Eric	School teacher and functional literacy teacher, Mpigi District, Uganda
Luwaga, Liliane	Health Education Division, Ministry of Health, Uganda
Odoi, Norah	Ministry of Information/UNFPA focal person, Uganda
Odoi, Rose	Nursing Officer, Ntugamo Health Unit, Uganda
Rwabahima, Florence	District Nursing Officer, Ntugamo District, Uganda
Sempijji, James	Department of Gender and Community Development, Mpigi District, Uganda

Sensasi	Information Officer, World Health Organisation, Uganda
Tigerwanira, Patrik	Health Educator, Rweikiro sub-dispensary, Ntugamo District, Uganda
Twinomugisha, Esther	Midwife, Rweikiro sub-dispensary, Ntugamo District, Uganda
Watson, Catherine	UNICEF consultant, Uganda

#### **Non UNICEF, Bangladesh**

Ahmed, Fariduddin	Joint Secretary, Ministry of Information
Ahmed, Sujauddin	Director General, Mass Communication, Ministry of Information
Ahmed, Mahiuddin	Director General, Radio Bangladesh
Aziz, Abdul	Director, National Institute of Mass Communication
Barua, Anish	COMMUNICA Training Agency
Bayes, Sayed Abdul	Joint Secretary, Ministry of Information
Kader, Faisal	Director, SOMRA Research Agency
Khan, Nasiruddin	Chairman, SOMRA Research Agency
Naseem, Asib	Project Director, CDD project
Sukumar, Sakar	CDD Project
Taher, Mohammad	Director, Radio Bangladesh
Zaker, Aly	Managing Director, Asiatic Marketing Communication Ltd.

#### ***Countries included in the research***

Bangladesh, Brazil, Burkina Faso, Colombia, CARK countries, Djibouti, Egypt, Fiji, Haiti, India, Iran, Jordan, Lebanon, Libya, Mauritania, Mauritius, Mexico, Morocco, Myanmar, Namibia, Nigeria, Oman, Pakistan, Papua New Guinea, Peru, Romania, Syria, Sri Lanka, South Africa, Tunisia, Vietnam, Uganda

CARK and the Pacific Island countries are each included in the quantitative data as one country - with the exception of number of a translations.



## **Appendix B: Methodology**

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### **Background**

The methodology for this review comprised:

- in depth telephone interviews, using a previously distributed questionnaire as a guideline
- a review of FFL reports and documents
- visits to Uganda and Bangladesh
- written questionnaires

The respondents who took part in the telephone interviews or who returned written questionnaires were self-selecting. This should be taken into consideration when reviewing the results as this may have resulted in a positive bias.

A total of 37 UNICEF officers and one NGO representative (Appendix A) were advised by the FFL Unit, New York, of the review and asked if they would participate by contacting Pamela Thomas to arrange a suitable telephone interview time. Of these 37, 26 agreed to be interviewed by telephone, and one returned a written questionnaire. Nine UNICEF officers in MENARO region who were not on the original list, were sent the questionnaire by the regional office and completed and returned it.

Three respondents, Alfonso Dagon, Manuel Manrique and Dale Rutstein each undertook two independent interviews, one covering the country or countries in which they were currently working and another covering the country from which they had come. Dale Rutstein now covers the CARK countries, Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan.

Four respondents, Alan Court, Neil McKee, Gary Gleason and Abeer Abu are in regional positions, Guy Scandlen recently retired from UNICEF and George McBean is now based in the Communication Unit, New York. In these cases the interview focused on their previous experiences in country offices, their current experiences with FFL in regional offices and their opinions and ideas for the future rather than the more quantitative aspects of the review. Heidi Larson is based in Fiji and covers a number of very small Pacific Island countries. Those involved in FFL are Fiji, Vanuatu, Kiribati, Solomon Islands, Cook Islands and Western Samoa. Data concerning interest levels, translations and use of FFL in these small countries is included in the quantitative data.

In the telephone interviews not all questions were always answered, as information was not always available or the conversation sometimes led in different directions. As a result the number of respondents for each question varies. In enumerating the responses I have used actual number, except where it was more logical to use percentages.

### ***Questionnaire.***

The questionnaire was designed to provide quantitative as well as qualitative data and, where possible, to give a quantitative dimension to what are usually subjective opinions. It served to jog memories and provide a logical progression in the conversation.

### ***Telephone interviews***

The telephone interviews were based on the questionnaire which had been sent in advance, but the discussion was wide ranging and in considerable depth. All telephone interviews lasted over an hour, some took two. The depth of information offered indicated a considerable dedication of UNICEF officers to their work in general and to FFL in particular.

Quantitative responses to telephone interviews were entered directly onto a master form and all qualitative information was entered directly into the computer. Full transcripts of responses are available.

### ***Written questionnaires***

Information was also received from ten UNICEF offices who completed and sent the written questionnaire.

### **Visits to Uganda and Bangladesh**

As part of the review I visit Uganda and Bangladesh where I had meetings with UNICEF personnel, government counterparts, the mass media, school teachers, health workers and representatives of NGOs. I did not undertake formal interviews using the questionnaire with counterparts, media or NGO personnel.

### **Geographical coverage**

The experiences of those interviewed covers 41 countries, however for review purposes the data from the five CARK countries and the five Pacific Island countries has not been disaggregated. Romania and the five countries comprising the CARK region are very new UNICEF programmes. The Pacific Island countries covered by the Fiji office are extremely small - all, with the exception of Fiji have populations under 200,000. Kiribati and the Cook Islands have populations of under 100,000.

## QUESTIONNAIRE

### Facts for Life: Looking to the future

**Country**

**Name of officer**

**Organisation**

**Telephone**

**Fax**

**Email**

**Address**

#### **Purpose of this survey**

This survey will provide information to UNICEF, New York on how best to proceed with the FFL initiative. The information that you provide will help identify:

- Successful activities or strategies based on or around FFL that have been used or are currently being used by
  - UNICEF
  - Government
  - Other organisations/partners
- The outcomes of FFL initiatives
- The sustainability of FFL activities
- Strategies for reaching the full potential of FFL
- Constraints to reaching the full potential of FFL
- How best to build on progress to date
- Opportunities for effective new FFL initiatives
- The role of UNICEF New York in future FFL initiatives

Your participation in the telephone interview is appreciated. This questionnaire is intended as a guideline only and can be adapted to suit your particular situation. Please feel free to add comments and information where necessary.

#### **Part One: Using Facts for Life**

##### **Section A: UNICEF processes**

- | 1. Which of the global FFL publications has your office used and/or is currently using? | Past use | Using now | Rank<br>0-5 |
|---|----------|-----------|-------------|
| • Facts of Life First Edition   | Yes/No   | Yes/no    |             |
| • Facts for Life Second Edition   | Yes/No   | Yes/No    |             |





- 17. What do you think are important further opportunities for FFL in the UNICEF office?
- 18. What UNICEF constraints are there to further utilisation of FFL?
- 19. In your office, who has control over FFL initiatives?

**Section B: Your experience of using FFL**

This section will deal with how FFL has been used and cover the objectives, strategies for its use, materials developed, activities based on FFL including training, the processes used and the counterparts or partners you may have involved. If you have experience in more than one country, please discuss this on a country by country basis.

- 20. Generally, how has FFL been used in the country in which you are working?
- 21. What were your country office objectives in using FFL?
- 22. What materials were produced, what for, in what quantities and for whom? (See table below) And how effective do you think these materials were in reaching your FFL objectives? Ranking effectiveness on a scale 0 - 5 with 0 representing not effective.

Materials	Quantity	Audience	Partners	Pretest Yes/No	Rank 0-5
FFL					
Languages					
Training manuals					
Reading books					

**Brochures**

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**Radio**

- spots
- drama
- jingles
- special programmes
- news

**Television**

- spots
- drama
- documentaries
- features

**Newspaper**

- regular column
- articles
- special pages
- features

**Traditional Media**

- story tellers
- puppets
- singers
- Other

**Other Materials**

- banners
- match boxes
- paper bags
- other

- 
23. What special events promoting FFL have been organised, by whom and for whom? How effective do you think they were in reaching your FFL objectives?

**Special events for promoting FFL**

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Event	Date	Organiser	Purpose	Effectiveness Rank 0-5
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24. Do you have future special events planned? Yes/No

If yes, what kind of events?

25. What kind of training has been undertaken in association with FFL?

Training for FFL use

Type of training	For Whom	How many	When	Partners	Rank
					0-5

26. Do you have future training planned? Yes/No

If yes, what kind of training and for whom?

27. From your experience what kinds of FFL activities have been the most successful?

28. Why have they been successful?

**Section C: Processes for using FFL**

In this section we would like information on the more successful and less successful processes for adapting FFL to local conditions and integrating it into existing programmes. We are particularly interested in whether you feel you are beginning this process, are midway through the process or at the end of it.

**Process of preparing materials**

29. How were materials/activities and translations developed and who was involved?

30. If national consensus of FFL contents and activities was achieved, what process was used?

31. If there were local translations of FFL or adaptations:

Were messages were added or dropped? If yes, why?

How effective were local adaptations or translations? Ranking effectiveness on a scale 0 to 5 with 5 representing very effective.

**Process of transforming messages**

32. In what ways are local communication agents involved in transforming FFL messages for particular target groups?

- 33. What do you feel have been the most successful ways of transforming FFL into action?
- 34. How can these processes be built on to expand current or future FFL activities?
- 35. What do you feel are the major constraints to transforming FFL into action?
- 36. What strategies do you think are needed to move further ahead with FFL?
- 38. In your country's FFL activities which phase do you feel you are currently in:
  - research and analysis
  - planning
  - material development and pre-testing
  - implementation
  - full integration into country activities
  - evaluation

**Section D: Interest in FFL**

In this section we would like to be able to identify the level of interest in FFL, the extent of unmet demand, if any, and how demand can best be met.

- 39. On a scale of 0-5 how would you rank the past and current level of interest in FFL in each of the following groups. 0 indicates no interest.

Past	Current
Rank 0 - 5	Rank 0-5

UNICEF country office  
National Department of Health  
National Department of Education  
Other Government departments

Mass Media

Radio  
Television  
Press

Traditional Media

Non government organisations  
Local government  
Community-based organisations

Women's groups  
Youth groups  
Children's groups  
Religious organisations  
Trade Unions  
Medical Associations

Schools  
Community workers  
Health workers  
Mass organisations

WHO  
UNFPA

Others

40. How many requests does the UNICEF office, or the agency handling FFL receive each year for FFL publications?

Publication	Number of requests	Origin of requests
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FFL NY version  
FFL local adaptation  
FFL local translation  
Children for Health  
All for Health  
Other

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41. Can these requests be met?

If no, why not?

42. Approximately how many requests are there each year to assist with or support FFL-related activities?

What kinds of activities?

Activity	Number of Requests	Origin of requests
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43. Can these requests be met?

If no, why not?

### **Part Two: Outcomes of FFL initiatives**

In this section we would like information on the outcomes of FFL. It is recognised that it is almost impossible to measure the impact of FFL on behaviour change at household level, however we would like to identify any measurable or perceived outcomes.

#### ***Section E: Evidence of impact***

44. Were any base-line studies undertaken before you began FFL activities? Yes/No

45. Have any evaluations of your office's FFL activities been undertaken? Yes/No

If yes, what were the overall findings?

46. If an evaluation has not been done, would your office be interested in doing one and what would you want to find out from the evaluation?

47. Is there any evidence of behaviour change resulting from the FFL initiative? Yes/No

If yes, what and among whom?

48. Were there unexpected benefits from the FFL initiative? Yes/No

If yes, what were they?

49. Have you found that the FFL activities in your office have acted as a springboard for other initiatives or collaboration? Yes/No

If yes, what were they?

50. How would you assess the impact of FFL on those at household level?

***Section F: Sustainability and integration of FFL into national institutions and organisations***

51. When did FFL activities begin in your country?

52. To what extent has interest in FFL been sustained in your country? Ranking sustained interest on a scale of 0 to 5 with 0 indicating no sustained interest.

53. If interest has not been sustained, why do you think this is?

54. If interest has been sustained, how was this achieved?

55. How many years do you think it takes for FFL to reach your objectives and/or its full potential?

56. How do you think interest in FFL can be maintained until it has reached its full potential?

57. Ranked of a scale of 0 to 5 with 0 representing no integration, to what extent do you think FFL initiatives are integrated into the policies, programmes and activities of national institutions and organisations?

58. Is FFL being implemented within an overall administrative framework - a national committee or task force etc ?

59. What is the most effective way of getting FFL integrated into national programmes?

60. To what extent is UNICEF support needed to maintain FFL activities?

61. Has FFL been integrated into the curricula for: Yes/No

- Primary education
- Secondary education
- Non formal education
- Health worker training
- Community non formal training
- Women's literacy training

Other

62. If no, do you think it could be?

**Part Three: Future FFL activities**

In this section we would like to identify the way ahead for FFL - how to capitalise on the progress already made, what new FFL initiatives would be useful and how they might address new challenges for improving the situation of children in the 21 century.

**Section I: Future use in country**

- 63. Are there any plans or needs for continued or future use of FFL?
- 64. What plans would you like to see?
- 65. How strongly do you feel that FFL should be continued in the country where you are working? Ranking on a scale 0 - 5 with 0 indicating you feel it should not be continued.
- 66. On a scale 0 - 5, what do you think is the level of interest among the following groups in continuing, or expanding, FFL activities in the future. 0 indicates no interest.

	Continuing	Expanding
Organisation	Rank 0-5	Rank 0-5
UNICEF programme officers		
UNICEF representative		
UNICEF PCI officers		
Department of Health		
Department of Education		
Other government departments		
Non government organisations		
Community workers		
Women's organisations		
Youth organisations		
Mass media		
Trainers		
School teachers		
Health workers		
Professional associations		
Corporate sector		
Others		

- 67. What important audiences are there that you feel have not yet been reached by FFL?
- 68. Why have they not yet been reached?
- 69. What kinds of strategies or techniques do you think will be needed to reach these audiences?
- 70. In the country where you are based, do you think all avenues have been explored for using FFL?
- 71. If no, what opportunities are still available?
- 72. Are UNICEF or your FFL partners able to make use of these opportunities?  
If no, why not?
- 73. How do you consider FFL:

A short-term, one-off activity	Yes/No
An on-going process	Yes/No
Other	

**Section J: New global FFL initiatives**

74. What suggestions do you have for building on existing global FFL outcomes?
75. In what ways do you think the global FFL initiative could be improved?
76. What future FFL activities do you think would be the most valuable?
77. What kind of future assistance would you like to see UNICEF New York provide to the field for FFL initiatives?
78. Do you think the current international version of FFL should be regularly updated?  
Yes/No

If no, why?

If yes, how often?

79. If a new international edition of FFL was to be developed what additional topics do you think it should include?

Facts about the environment

Facts about land mines

Facts about disabilities

Facts about girls education

Facts about peace/conflict resolution

Facts about children's rights

Facts about child development

Or any other topics you think would be useful?

80. Which of the following do you think would be of use:
- a. Revised/updated FFL with same focus on survival (11 topics)
  - b. Revised/updated FFL with new additional topics
  - c. Companion booklet with new topics
81. How useful would a very simple, well illustrated household version of FFL be in your country? - ranking its usefulness on a scale 0 - 5 with 0 representing no use.
82. Do you think books similar to Children for Health should be developed for mobilising and working with other groups of society?
- If yes, which groups?
83. Ranked on a scale of 0 - 5 for usefulness, with 0 representing no use, how would you rank publications devoted to using FFL with the following groups:

school teachers

non government organisations

health workers and traditional healers

women's groups

religious leaders

the business and private sector

mass and traditional media



**Section K: Conclusions**

84. Overall, how valuable do you think FFL has been in your country - ranking its usefulness on a scale 0 - 5 with 0 representing no value.
85. Overall, how valuable do you think the FFL initiative has been globally - ranking on a scale 0 - 5 with 0 representing no value.
86. What has been the most valuable/useful aspect of the FFL initiative from your perspective?
87. What do you think has been the least valuable/useful aspect of FFL?
88. What aspect of FFL has been most problematic for you?
89. On a scale 0 - 5, with 0 representing not important, how important do you think it is that UNICEF New York continues with the FFL initiative?
90. On a scale 0 - 5, with 0 representing not important, how important do you think it is that your country office continues with the FFL initiative?
91. From your experience, what overall recommendations or comments do you have for FFL?

*Many thanks for your time and patience.*



## Appendix C:

### An FFL monitoring and evaluation strategy for UNICEF, Bangladesh

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*This country is hungry for information that is simple, practical, easy to read. Let's flood the place with it.* (Rolf Carriere, UNICEF Country Representative, Bangladesh)

*This is the most popular book UNICEF has ever produced. We have enormous demand for it - and it is used. When we check in the really extreme north in the health clinics and tiny hospitals the nurses and health workers are using it ... it is used for health worker training as well.* (Laila Karim, UNICEF, Bangladesh)

#### Terms of reference

I visited Bangladesh, July 11 - 18, 1996 as part of a global review of Facts for Life and to assist in developing a strategy for strengthening monitoring and evaluation of Facts for Life activities.

As background to a suggested monitoring and evaluation strategy the report also includes a brief overview of the Bangladesh experience with Facts for Life including the new programme "Communication for Bangladesh's Goals for Women and Children".

During these eight days I had meetings with a number of UNICEF staff, representatives of government and non government organisations, training institutes, advertising companies and research organisations. I made a field trip to *thana* level, participated in a District Development Task Force meeting and observed a mobile team from the Department of Communication put on a "courtyard meeting" for the community. I also participated in a training workshop in ORT for district level broadcasters and information officers. My schedule and list of people met is included in Appendix A.

#### Introduction

Considerable achievements have been made in Bangladesh in establishing Facts for Life as an important and credible source of health-related information and a major tool and focus for UNICEF communication activities. An initial phase of FFL activities focused largely on the adaptation and translation of FFL and widespread distribution. A second phase is now being implemented in which FFL provides a catalyst for integrating the communication and community development aspects of different sectoral activities designed to meet Bangladesh's goals for the year 2000. This phase has a strong emphasis on advocacy, media capacity building, information, and cross-sectoral integration through incorporating FFL messages, materials and training into a variety of education, health and water and sanitation programmes.

The nature of FFL integration into government and non government programmes for health, education, and water and sanitation programmes, makes it difficult to monitor and evaluate as an independent initiative. In many respects, the more successful the integration, the more difficult it is to measure the success of FFL *per se*. However, effective monitoring and evaluation can be achieved by developing a series of indicators which allow regular review of the processes, outputs, outcomes and impact and measuring these against the plans of action for FFL.

A monitoring and evaluation plan should be developed as soon as possible. It is hoped that the suggestions provided in this report will go some way to achieving this.

#### Overview of FFL activities in Bangladesh

The programme "Communication for Bangladesh's Goals for Women and Children" was planned during 1994 and is incorporated within the Country Programme. It is a multi sectoral programme for which the Mass Communication Department of the Ministry of Information is the major counterpart. The goal is to achieve Bangladesh's goals for the year 2,000 through empowering families and communities with knowledge and ability to participate in health promoting behaviours. The three inter-linking components of the programme are Advocacy, Facts for Life and the *Meena* initiative. The strategies for the programme include building alliances, building communication capacity, using a mix of media channels, public and private sector capacity building, participatory communication techniques and, where feasible, using a child to child approach.

FFL now provides a central focus for UNICEF PCI activities. FFL messages have been incorporated into a wide variety of projects. For example, ORT messages have been included in an extensive CDD programme; selected messages have been included in the primary school curriculum; BRAC, a major NGO, has included FFL messages in the curriculum for its informal schools; and selected FFL messages are being included in the curriculum for UNICEF's Safe Learning Environment Project which will involve children, teachers and parents in health, sanitation, hygiene, nutrition and environmental activities.

Selected Facts for Life messages have been integrated into the primary school curriculum and a teachers' guide has been developed to give basic information on how to teach health topics using participatory techniques and games. This guide has proved to be very popular and while "they would like it to go to all schools - there are 55,000 formal schools and just as many non formal schools" this would be very expensive.

Two editions of the book FFL have been adapted to Bangladesh needs and translated into Bangla. The first edition was well distributed through UNICEF divisional offices and the apex organisation of health-related NGOs and has become extremely well known as the "Red Book". A second edition, incorporating feedback and comment on the first, has been developed with the Ministry of Information as the major counterpart. In response to demand, it includes messages on iodine deficiency and AIDS. An initial 2000 copies were printed and distributed in September 1995 for comment and 45,000 copies printed in December 1995. The book was launched by the Minister for Information and has been widely distributed using UNICEF's computerised mailing list. High demand for the book continues and an additional print run is already being planned.

As part of the FFL initiative the Prime Minister will launch National Immunisation Day.

In an earlier phase UNICEF collaborated with the Ministry of Religious Affairs to develop FFL information packages for use by religious leaders. This experience was not as successful as had been hoped and has now been reviewed and restructured to ensure imams receive the material and know how to use it effectively.

The current programme provides considerable emphasis on multi-media support and as a result of recent media surveys which indicated that mass media coverage was more extensive than previously recognised, UNICEF has successfully mobilised the Ministry of Information to both act as major counterpart and to provide on-going radio and television support. Considerable achievements have been made in upgrading the planning, management and production capacity of the radio, television and communication departments of the Ministry of Information and in encouraging a more development-oriented focus within the Ministry. Radio and television regularly broadcast FFL messages and recently a 15 six minute radio series carrying FFL messages was developed by the BBC. This series brought together the different UNICEF sectors, health, water and sanitation, education and programme communication.

FFL messages have been incorporated as major themes of the *Meena* animated television series and as part of the current "Communication for Bangladesh's Goals for Women and Children" Programme the first two *Meena* films are being shown extensively by the Department of Communication through their 67 mobile teams which give development-related courtyard presentations at *thana* level. These presentations include films, performances by a team of singers and poets, posters, and puppets and are intended to inform and stimulate community discussion on health and development issues.

Folk media, most particularly the performances of traditional roving singers, poets and drama groups have been used successfully to familiarise communities with FFL messages. Poems with FFL information added at the end have wide circulation and are read aloud at household and community gatherings.

NGOs have played an important role in popularising FFL and there is room for their further involvement, particularly as part of their informal schools and women's income generation programmes.

### ***FFL objectives***

The major objectives of the FFL component of the programme are to:

- Empower families and communities to improve the quality of their lives, particularly that of women and children;
- Create a synergistic movement to accelerate and sustain communication efforts of all sectors engaged in family health and child development
- Build communication capacity

The six major areas of focus are ORT, immunisation (specifically National Immunisation Days), sanitation, iodine deficiency, and breastfeeding. The International Children's Day of Broadcasting will use FFL as its theme.

Considerable progress has been made towards meeting the programme objectives.

**Empowering families and communities:** Development and distribution of the book FFL, its integration into a variety of sectoral programmes combined with the work of NGOs and the mass media to inform the public, are going some way to meet this objective. There is however a long way yet to go and thorough evaluation will provide detailed information on what yet needs to be done.

**Creating synergy:** All activities associated with the new programme are based on extensive collaboration and on-going advocacy for FFL. While this is time consuming and sometimes frustrating it is proving to be worth the effort. Planning the programme "Communication for Bangladesh's Goals for Women and Children 1996-2000" has been a collaborative, intersectoral process which began with widespread advocacy within UNICEF and government for the concept of using Facts for Life as an integral set of crucial messages for meeting Bangladesh's goals for the year 2000 and promoting their use across sectors. This involved a number of meetings and workshops which began in 1994. It also involved mobilising the Ministry of Information as a major counterpart for the programme.

*Working with the Ministry of Information meant changing the ethos of the department from a highly politicised organisation into a more development-oriented organisation with better knowledge of and concern for social development issues. We used FFL to mobilise the Ministry of Information. This provided them with a good development overview. After going through this process they now say "Yes, this is our project. (Anis Salem, UNICEF, Bangladesh)*

Other advocacy and mobilisation activities include:

1. **An inter-ministerial working group:** The establishment of an inter-ministerial working group and a technical review team involving 25 institutions and over 100 local experts who worked on the new edition of FFL in a consultative cross-sectoral process under the auspices of the MOI.
2. **FFL advocacy package:** A FFL advocacy package has been developed with detailed information about FFL and its role in meeting the goals outlined in the Convention on the Rights of the Child. A comprehensive slide presentation is also used as advocacy and orientation to the programme specifically and the Goals more generally.
3. **Computerised mailing list:** The UNICEF office in Bangladesh is a test country for a computerised mailing list which enables very specifically targeted distribution. As part of this, the PCI section has developed a detailed mailing list of 20,000 names, categorised and cross referenced to enable very specific audience targeting.
4. **Intersectoral committee:** A national intersectoral committee including representatives of government departments, NGOs and other donor agencies is being established to provide guidance to the programme. It will meet every six months.
5. **MOI/UNICEF collaboration:** The project team comprising UNICEF and MOI meet once a month, with MOI members including the Directors-General of the departments of radio, television and mass communication.

**Capacity building:** To date, a series of workshops have been undertaken for Ministry of Information staff from different administrative levels and different districts. Training has included a series of orientation workshops on planning for "Communication for Bangladesh's Goals for Women and Children 1996-2000"; workshops to prepare programme plans of action and detailed work plans; orientation and planning workshops on ORT, IDD, EPI and sanitation; workshops for journalists on FFL and the Convention on the Rights of the Child. Those who have attended workshops to date include 70 staff members of the National Institute of Mass Communication, 198 radio producers and managers, 30 television producers and administrative staff, 27 journalists, 136 district information officers from the provinces of Khulna, Barisal, Chittagong, Sylhet and Rajshahi, and 194 MOI administrative staff.

My discussions with MOI staff indicated that they are very enthusiastic about FFL and feel that it is their responsibility. It was clear that UNICEF has established a very good working relationship with all the MOI departments involved in the project.

## Further opportunities for FFL in Bangladesh

Further opportunities for using Facts for Life in Bangladesh include:

- Increased collaboration with NGOs to achieve inclusion of FFL messages into teacher training, with a particular focus on including it into teacher training organised by BRAC for its informal schools.
- Development of a very simple, well illustrated household version and widespread distribution using a major NGO to undertake development, distribution and utilisation. The aim is to make the household version “the second most important household book in Bangladesh”.
- Placing greater focus on involving women in FFL activities at *union parashad* levels.
- Providing communication training for DOI mobile teams in using FFL in a more participatory way and to encourage discussion and community action.
- Continuing with advocacy to use FFL as a practical application of the rights of the child.
- Utilising the mailing list to target distribution of FFL2. To be sent with suggestions for use and a letter stating that this is part of a global assessment and that the way it has been used will be followed up in 12 months time. Keeping record of distribution and planning detailed follow up on utilisation in 12 months time.
- Upgrading capacity and mobilise support through study tours for MOI directors to review relevant international experiences with FFL.

## Background to a monitoring and evaluation strategy

### *Political and administrative structure*

The political and administrative structures in Bangladesh to some extent determine the focus of programme delivery, monitoring and assessment in Bangladesh.

The country is divided into six administrative divisions, but the more important organisational groupings are at district and *thana* levels. There are 64 districts each with a District Development Task Force chaired by the District Deputy Commissioner, responsible for developing an integrated district development plan and overseeing development activities at lower administrative levels. This task force meets monthly and includes representatives of all major development-related departments and NGOs.

At a lower level there are 481 *thana*, each of which comprises between 4 and 10 *upazilla* or clusters of *union parashad*. Each *thana* has a municipality headed by a chairman who is the people’s representative. Each *thana* also has a government administrative officer, known as the *thana* Executive Officer (TNO), who is a government appointee and who carries considerable authority at *thana* level. *Thana* level administrators supervise administration of the *union parashads* (UP) which comprise three wards which in turn are made up of several villages. In Bangladesh there are 4,500 UPs each with a committee and a committee chairman. The ward is the lowest level of government administration. Each has a committee of nine members and each ward has one selected woman member. Attached to each ward there is a Village Defence Party, members of which are women volunteers who assist with a variety of development-related and community activities.

Part of the FFL planned communication process is to involve the District Task Force, the *thana* Executive Officer, the chairman of the UP and the Village Defence Party in informing and motivating communities.

Currently the FFL programme has input into the divisional and district level Task Forces but will in future focus activities at the *thana* and UP levels. There are also opportunities to work through the Village Defence Party.

### *Structure of the Ministry of Information*

The Ministry of Information is the major counterpart for the project. It comprises several departments. Those involved in FFL are the Departments of Radio, Television and Communication with the Department of Communication acting as the major counterpart. The administration is top down and women have particularly low status, a situation which FFL is

working to change. "We don't ask people what they feel of what they want - we tell them. We need to change our mental thinking .. and we don't respect women's opinions. We don't listen to them. We need to change this as we have a mental block". (Sujauddin Ahmed, Department of Communication)

The Ministry of Information is represented only to district level where the district information officer is a member of the District Development Task Force. It is recognised within the Ministry that "we need to get down to the people and to get FFL down to the people. First we need to train the district information officers in development communication techniques and participatory communication methods". (Sayed Bayes, Joint Secretary, Ministry of Information)

### ***Structure of UNICEF, Bangladesh***

UNICEF has four divisional offices in Dhaka, Chittagong, Rajshahi and Khulna. These offices have between 15 and 18 staff with 7 to 8 programme staff - each responsible for two districts and who coordinate with government staff at these levels. UNICEF has initiated an Accelerated District Approach in which each division has selected five districts for special attention. In these districts there has been careful analysis of the situation and effort made to identify areas of greatest need. Facts for Life provides a package of basic information to support the intersectoral Accelerated District Approach. This approach provides an opportunity for establishing baseline data and for conducting regular assessment on the distribution, use, and outcomes of FFL at district level and incorporating the input of different UNICEF programmes.

### ***Bangladesh capacity for research and assessment***

There appears to be good research capacity in the Dhaka private and public sectors and given the complex nature of monitoring and evaluation required for communication programmes such as Facts for Life it is probably more efficient and certainly more cost effective and reliable to contract most of the research to those organisations with well established expertise.

SOMRA has considerable research and survey experience as well as experience in the methodologies required for monitoring and evaluating Facts for Life.

The Bangladesh Bureau of Statistics produces impressive work. With UNICEF support, the Bureau provides a detailed annual report of national progress in achieving the mid decade goals for children. Information on all goals is available by division and rural district and disaggregated by gender, age, location, social-economic group. The document, *Progotir Pathay*, provides both general information and detailed results of multiple indicator cluster surveys. This information is updated annually providing an excellent means of monitoring and evaluating UNICEF-support programmes.

The National Institute of Mass Communication has an embryonic research unit but does not currently have, and is unlikely to have in the future, the human or technical resources required for research of this type. The Johns Hopkins University using USAID funding has a Communication Centre in Bangladesh and is able to undertake media surveys.

### ***Monitoring and evaluating communication programmes***

Monitoring and evaluating FFL in Bangladesh is complex as the programme has been in operation now for six years, is spread across several sectors, is implemented by a variety of organisations in different ways and has multiple objectives. UNICEF's PCI objectives of empowering families and communities, creating synergism between programmes, and building communication capacity are not readily conducive to straightforward monitoring and evaluation as clear cut indicators have not been developed and there is no existing plan for evaluation activities. It is assumed that there is a budget line to cover evaluation costs.

Monitoring and evaluating communication components of programmes requires very specific inputs and methods as communication activities planned to promote changes in behaviour are usually sequential. It is particularly important that specific activities are completed successfully before the next activity is started. If preceding activities have not gone according to plan or were not successful subsequent activities are likely to fail. The areas for regular monitoring and evaluation are usually the inputs, processes, outputs, outcomes and impact. An analysis of all five for each major component or objective of the communication programme will provide on-going information on progress, problems areas, on necessary adaptations to specific aspects of the programme.

In the case of monitoring and evaluating FFL it is important to include both qualitative and quantitative measurement.

## **A framework for monitoring and evaluating FFL**

### ***An outline***

The framework for monitoring and evaluating FFL in Bangladesh should be based on the activities planned for achieving the three major objectives of advocacy and creating synergy; training and capacity building; empowering communities and families. Each objective has specific planned inputs, processes, outputs and outcomes the achievement of which can be measured on condition that suitable indicators have been developed.

Given the progress made with FFL in Bangladesh and the programmes multiple objectives it is suggested that the monitoring and evaluation strategy drop reviewing inputs and focus on monitoring processes, output, outcome and impact. This should be undertaken over a four year timeframe - 1997-2000. Initially, the plan should allow for research into different aspects of the programme to be undertaken simultaneously by different researchers or research organisations as base-line information is required.

#### **1997-1998**

An annual review should be made of progress in meeting the processes, output, outcome and impact indicators for each of the following:

1. Synergy in FFL activities
2. Training and capacity building
3. Production of materials and messages
4. Distribution of materials and messages
5. Use of materials and messages
6. Impact of materials and messages

#### **2000**

1. Impact of materials and messages on morbidity and mortality

The strategy suggested will require collaboration within UNICEF between those sections with projects which include FFL-related activities, for example Water and Environmental Sanitation and Education. It will be necessary to ensure that FFL-related activities have commenced or are about to commence and that the monitoring and evaluation activities are located in areas where these activities are taking place.

### ***What to monitor and evaluate***

Consideration will have to be given to exactly which activities of the FFL initiative should be monitored. It is not possible to monitor everything in a programme as complex as FFL in a country the size of Bangladesh. These are decisions which should be made in collaboration with the Intersectoral Committee. For each of the major activities selected to be monitored, consideration should be given to monitoring the processes used, the output, the outcome, and where feasible the impact.

Some suggestions are:

1. Synergy in FFL activities:
  - Which organisations/programmes are involved and how?
  - The extent to which planned systems for achieving synergy been put in place
  - How many organisations are involved in planning and implementation?
  - Involvement of different levels of government and non government organisations
  - how and where?
2. Training and capacity building
  - Who has been trained, where, in what and how?
  - To what extent does training completed meet planned goals?
  - How training is being used?
  - How training could be improved?
  - Areas where new training or additional training in required



3. Production, distribution and use of materials and messages
  - What has been produced, by whom, how many?
  - What has been distributed, where, to whom, how many?
  - What is being used, how, by whom, for whom?

### **Methodology**

It is recommended that the methodology for monitoring and evaluating FFL be as straightforward as possible and that research be undertaken on an annual basis at selected sites. Rapid assessment procedures undertaken at sentinel sites, media surveys and KAP studies, backed by the cluster surveys carried out by the Bangladesh Bureau of Statistics would provide rich, reliable data. It is suggested that two or three of the priority health goals that are dealt with in FFL be selected. The output, outcome and impact should be measured against the specific information contained in these messages. The Bureau of Statistics multiple indicator cluster surveys appear to be undertaking this type of monitoring. For example, *Progotir Pathay* already provides information by division and district of the major behaviours associated with reaching the goals for children. The behaviours monitored include hygiene and hand washing, exclusive and continued breastfeeding and the treatment of children with diarrhoea.

In addition, UNICEF already has the results of several KAP studies as well as the results of research conducted by Johns Hopkins. The information already available should be compiled. While it may not provide complete base-line data it will provide an informed base upon which to establish informed research questions. This existing research provides an extremely valuable resource and should be used.

Other research methods that should be employed prior to developing detailed research into outcomes of training and distribution of materials are:

1. Regular monitoring of media use of FFL messages provided by the Ministry of Information
2. Letters including a short simple questionnaire to follow up distribution and use of the FFL book
3. Letters including a short questionnaire to follow up participants of training workshops

The responses to these initiatives will provide the information upon which more in-depth studies can be undertaken, thus building a rich, detailed and composite picture of FFL achievements.

### **Who should monitor**

It is suggested that monitoring and evaluation be undertaken by different organisations selected for their specific expertise and that all results be fed into a central focal point where they can be slotted into the overall monitoring and evaluation framework. It is suggested that the focal point be located in UNICEF's PCI section. This will require an officer dedicated part-time to this task and could incorporate monitoring and evaluation activities of FFL inputs from other UNICEF programmes.

As different components of the programme call for different evaluation methods and different research skills it will be important to make most effective use of the research capacity available. It is suggested that the programme plan consider the following.

1. Creating synergy in FFL activities

External review by experienced consultant using:

- structured interviews
- observation
- review of documentation.

2. Training

External review of UNICEF-supported and NGO-supported training by consultant using:

- short written questionnaire to all those who have undertaken FFL training
- short written questionnaire to supervisors of those who have undertaken FFL training

- interviews with selected trainees working in areas where sentinel site surveys will be under taken
- observation to see how training has been utilised (where feasible)

### 3. Production and distribution of materials and messages

UNICEF review of national production and distribution of FFL2 and any other UNICEF-distributed FFL materials.

External review by consultant of national production and distribution of FFL materials by organisations other than UNICEF using:

- Structured written interview
- Structured telephone and interpersonal interviews

### 4. Use of materials and messages

A UNICEF letter to all those on the mailing list who have received FFL2 or any other UNICEF-distributed material including short questionnaire asking how the materials has been used or is being used and for any comments.

External review using SOMRA or research agency experienced in media surveys who will:

- Utilise results of UNICEF questionnaire re use to develop research methodology for assessing field use of materials and messages including use in schools, health centres, hospitals, community groups etc.
- Undertake survey into media coverage of FFL messages
  - Rapid Assessment Procedures in sentinel sites in selected districts
  - Media survey to be undertaken in sentinel site in selected districts

### 5. Impact

- KAP studies to be undertaken by external consultants or agency in sentinel sites
- Cluster surveys covering specific FFL information to be undertaken by Bangladesh Bureau of Statistics

#### **Other organisations with responsibilities for monitoring include:**

**Ministry of Information:** It is suggested that the Ministry of Information be required to provide monthly reports of their FFL activities broken down by number of FFL broadcasts, subject matter, times, dates, locations. The Ministry of Information should consolidate these reports before passing them on to UNICEF.

**NGOs:** NGOs who are involved in using FFL for training, developing messages or materials or for community education should provide an annual report of their activities and a review of the processes, their output, outcome and impact.

**UNICEF:** Programmes such as Water and Environment Sanitation, Education and Health (CDD) which specifically incorporate FFL should be able to provide annual reports on their experience and an annual review of processes, output, outcome and impact.

#### ***Where to monitor***

It is suggested that five sentinel sites be selected in the districts which are covered by UNICEF's Accelerated District Approach and which are incorporated within the Bureau of Statistics cluster surveys. These sites should be used on an on-going basis for monitoring distribution and use of materials and mass media activities and messages, including activities undertaken at thana level by Department of Communication mobile teams, folk media performances. Any involvement of District Development Task Forces, Village Defence Parties, NGOs and schools should be incorporated. The sites should be selected to provide a representative sample of the Bangladesh people and the conditions in which they live.

#### ***Indicators for monitoring***

The targets outlined in the 1994 draft plan provide milestones for training and media production output only. It is important to assess not only that the training took place, but how successful it was and how it might be improved and to what extent

it needs to be followed up and how often, as personnel do not remain in the same posts. Similarly, while monitoring the achievement of media production outputs is extremely important as one phase of activities, it is equally important to monitor distribution and use and to assess any factors which might influence this. It is assumed that the impact targets of "80 per cent awareness and 60 per cent implementation of key FFL messages in the national population by the year 2000" and "achievement of goals" can be taken as proxy "empowering families and communities to improve the quality of their lives". In designing the research methodology, a clear target audience, rather than "the national population" would have to be identified. Perhaps this should read "the national population of women and men between the ages of 19 and 55 years".

Any attempt to monitor the level of synergism between programmes is likely to be highly subjective. However objective measurement would be possible through a review of those organisations using FFL and the ways they use it and through an assessment of specific health education messages produced and disseminated by different organisations in Bangladesh and then assessing how closely they conform to FFL. A set of simple indicators based on the degree of conformity for five of the ten FFL messages could serve this purpose.

While it is possible to monitor the dissemination of FFL messages, their frequency, the audiences they reach and communication channels used and the extent to which the messages can be recalled, the impact of FFL inputs cannot be adequately isolated from other inputs which are aiming to achieve the same common goals. It is felt however, that this information will provide a valuable means of assessing and guiding future FFL inputs.

It is suggested that FFL monitoring and evaluation cover the achievement and effectiveness of planned communication capacity building; the production, distribution and use of FFL materials and messages; community knowledge of FFL information; and progress in achieving major goals for the year 2000.

In addition to assessing the achievement of the targets for training and media production outputs indicators should be established for:

1. The effectiveness of communication training

For example:

- output of training sessions
- ways in which training is now being used
- how often new skills are used
- trainees perceptions of improvements as a result of training
- supervisor's perceptions of value of training
- trainee's perceptions of value of new skills

2. Optimal distribution of media productions

For example

- What was distributed
- How many
- When and where
- By whom
- To whom
- Cost of distribution

Also review

- Factors which inhibited distribution
- Factors which enable distribution

3. Optimal use of media productions and messages

For example:

- What products or messages were used
- What was the exact information
- How many were used
- How were they used
- How often were they used
- By whom
- For whom - specific precise audiences

- Where
- When

Also review

- In what circumstances
- What factors influenced use
- What factors inhibited use
- What factors enabled use

#### 4. Receipt of FFL information

For example:

- Exactly what information was received
- Who received it
- How many received it
- Where
- When
- Through which channel/s

Also review

- What percentage of information was accurate
- Which channels were most effective
- Perceptions of the information
- Constraints to receiving information
- Constraints to utilising information

#### 5. Impact of FFL

For example:

- Implementation rates based on target population
- Changes in morbidity and mortality for problems covered by specific FFL messages

### ***Where to begin?***

The first task is to develop a monitoring and evaluation plan which outlines what is to be monitored and evaluated and the indicators to be used for monitoring. Given that FFL has been part of UNICEF's programme for the last six years and the book has been fairly widely distributed, it is not possible to review the outcome from a nil base. What is required is a four year strategy which begins with a synthesis of all existing relevant information including KAP studies and media surveys. This should be followed by an assessment of current situation with regard to training, distribution and use of materials and messages among selected audiences in selected sites. This should then be followed by an assessment of progress towards synergy of FFL activities across different programmes and organisations. When these activities have been undertaken annual sentinel site surveys can be commenced.

### **Conclusions**

Bangladesh has recently made remarkable progress with its FFL initiative, not only in producing a highly sought after publication, but in creating an opportunity for cross sectoral collaboration; in improving the capacity of the Ministry of Information, most specifically the Department of Communication; in helping change the orientation of the Ministry of Information towards a more development oriented organisation; and in providing a focal point for UNICEF's Bangladesh programme.

FFL is an important and large component of PCI activities and will continue to play an important role in meeting Bangladesh's Goals for Women and Children. It deserves quality monitoring and evaluation to ensure it continued effectiveness. It is hoped that adequate funding is made available for this purpose and that Bangladesh can provide a model for FFL implementation and evaluation for other countries to follow.

I personally hope that the vision of having FFL as Bangladesh's second most important household book is achieved and that the monitoring and evaluation outlined in this short report helps in this process.

## Appendix C1: People Interviewed

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### Personal interviews

#### UNICEF

Baral, J.K.	Programme Communication Officer, Dhaka, Bangladesh
Bajracharya, Deepak	Programme Officer, WATSAN, Bangladesh
Bashar, Tasmia	Programme Officer, Bangladesh
Carriere, Rolf	Country Representative, Bangladesh
Karim, Laila	Librarian, Bangladesh
Kunugi, June	Programme Officer, Bangladesh
Salem, Anis	Chief, Programme Communication Information, Bangladesh
Sharma, Monica	Senior Programme Officer, Bangladesh
Shesthra, Gajendra	Programme Officer, Education Section, Bangladesh

#### Meetings

Ahmed, Fariduddin	Joint Secretary, Ministry of Information
Ahmed, Sujauddin	Director General, Mass Communication, Ministry of Information
Ahmed, Mahiuddin	Director General, Radio Bangladesh
Aziz, Abdul	Director, National Institute of Mass Communication
Barua, Anish	COMMUNICA Training Agency
Bayes, Sayed Abdul	Joint Secretary, Ministry of Information
Kader, Faisal	Director, SOMRA Research Agency
Khan, Nasiruddin	Chairman, SOMRA Research Agency
Naseem, Asib	Project Director, CDD project
Sukumar	Sakar, CDD Project
Taher, Mohammad	Director, Radio Bangladesh
Zaker, Aly	Managing Director, Asiatic Marketing Communication Ltd.



## **Appendix D: Report on Facts for Life, Uganda**

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### **Introduction**

UNICEF New York is undertaking a global review of the Facts for Life initiative. The objectives of the review are to ascertain:

1. If field level activities and interest in Facts for Life are being sustained and if so, how
  2. To explore field interest in expanding and/or updating Facts for Life and how this might best be undertaken;
- and
3. Based on a synthesis of information gathered from literature reviews, field visits and interviews to provide recommendations for future global Facts for Life strategies.

As part of this review I visited Uganda, July 7 - 10 where I had meetings with UNICEF staff, consultants who had worked on *Facts for Life* adaptations, representatives of an NGO, and representatives of the Ministry of Health and the Ministry of Gender and Community Development. I undertook field trips to Mpigi and Ntugamo districts where I had meetings with district administrative officers and visited village level adult literacy classes, district and parish level health centres and sub-dispensaries. I participated briefly in a training workshop for Ugandan radio producers to discuss their use and opinions of *Facts for Life*. The timetable and schedule of meetings is outlined in Appendix A. My schedule in Uganda was extremely full and provided a valuable opportunity to review the current and potential use of FFL at community level.

### **Uganda: Background Information**

Over the last two years there has been considerable political and administrative change in Uganda with administrative responsibility for services such as health, education and community development being devolved to district level. The situation is still one of transition with district and sub country staffing structures and responsibilities not yet fully clarified. District level politicians and local councils now have greater authority than in the past providing increased opportunities for UNICEF to advocate for children at the local level and facilitating greater use of FFL as a practical means of empowering communities and households. This is in line with the new UNICEF/Government of Uganda Country Programme which is based on a strategy of bottom up development with a clear focus on community involvement and local responsibility in development.

In Uganda, at this point in time, FFL has great potential as an empowering strategy that encourages holistic, intersectoral development that meets not only the practical needs of individuals, households, communities and local administrations, but those of international organisations.

The social, political and economic situations in Uganda, in particular low literacy rates, widespread poverty and marked regional differences including 34 ethnic groups and seven major language groups, provide considerable challenges for transforming FFL into practical action.

### **Overview of Opinions on Facts for Life in Uganda**

*FFL is our main communication tool for our country programme. It is our number one reference book for the field staff - for district authorities - both technical and political. Recently we have had considerable interest from politicians who used it as a platform during the elections.* (Douglas Lubowa, Information/Communication officer, UNICEF, Uganda)

Facts for Life has been an important communication initiative in Uganda since work began on a Uganda version in 1991. The processes of advocating for FFL within government, establishing a representative FFL Task Force, prioritising messages, and validating the first edition were time consuming and lengthy and demanded continual effort on the part of the UNICEF information and communication staff.

After five years of consistent work and widespread use of FFL, most particularly its AIDS messages, there is agreement

among all those I spoke to, that in Uganda, FFL as a communication initiative, is still in its initial phase. It has provided a timely and credible source of valuable information but has been perceived and used as an information initiative rather than one of communication for transformation. New strategies and projects now need to be developed building on past experience and focusing on widespread action and transformation at community level. A good start has been made with the integration of FFL into the UNICEF BECCAD programme with a strong focus on intersectoral use.

The level of government, non government, and UNICEF interest in FFL over the last five years has varied from very high following the launching of FFL1 and its widespread use for AIDS education to fairly low during national elections and subsequent political and administrative changes. Changes in UNICEF communication and information staff also influenced the level of FFL activity. A FFL Task Force was established among representatives of government departments, non government organisations and UNICEF to oversee development of FFL1 and FFL2 adaptations and to provide a mechanism for information sharing, planning and monitoring FFL. The secretariat was the Department of Health Education, Ministry of Health. It proved extremely difficult to maintain government interest in the Task Force and most representatives of government departments either failed to attend meetings or were ill-equipped technically to provide useful input.

The new UNICEF Country Programme, combined with a more settled political and administrative situation and increasing recognition of the existence and value of FFL, has led to renewed interest and a number of new FFL activities which are based on the full range of FFL messages and linked to the providing practical support to the Convention on the Rights of the Child, rather than focusing solely on AIDS. A new FFL Task Force is being planned and a detailed plans, including formative research, are being developed for FFL3.

An important means of maintaining a basic level of interest in FFL has been the on-going development of Ugandan adaptations, widespread use among NGOs, its use by politicians as an electioneering platform and its use on radio. Without continued advocacy and support from UNICEF it is likely that only the AIDS section would continue to be used.

From discussions with a variety of individuals and government representatives in Uganda several FFL strategies for the future are suggested. They include:

1. Greater intersectoral use of FFL both within UNICEF and within government and non government organisations.
2. Expanded distribution of existing FFL materials.
3. Advocacy for integrating FFL into district and sub-county development activities in selected districts.
4. Training in transforming FFL into action at community level and in schools with a focus on district and sub-county levels. Training at district and sub-county level in community development, training in participatory methods.
5. Integration of FFL messages and activities into school curricula.
6. Development of a prototype monitoring and evaluation system which includes national use, insofar as this can be ascertained, and detailed use in one district.
7. Greater links with regional initiatives, including *Sara*.

There was recognition that FFL is not a short-term, on-off initiative that can be included in one country programme and then forgotten, but an on-going, long-term programme that is crucial to improving the survival, development and protection of children in Uganda. It was pointed out that teaching, training and development of materials need to be on-going as new generations of health workers, school teachers, radio announcers, community development officers, mothers, fathers and children need this knowledge.

## **Experience with FFL in Uganda**

### ***UNICEF processes***

In Uganda the Programme Communication and Information Section is the focal point for FFL. It is the responsibility of this section to initiate, advocate for, plan and monitor use of FFL, both within the UNICEF office and within government and



non government organisations. In the new Country Programme, FFL messages are incorporated within the new intersectoral Basic Education, Child Care and Adolescent Development (BECCAD) programme, linking FFL messages as integral learning tools in child care, basic education and programmes for adolescents. Adolescent development is concerned largely with life skills and AIDS education and counterparts include NGOs, churches and the media. The basic education component is concerned with improving health education in the school curriculum working with the Ministry of Education. It also includes a new programme for out-of-school children which is complementary to primary education and organised through the Ministry of Education. The child care and protection component deals with children's rights, advocacy and working with the Ministry of Probation and Social Welfare. This programme provides new opportunities for cross sectoral initiatives including the regional *Sara* initiative. As these regional meetings are attended by country representatives, this provides a new opportunity for discussing the role of FFL in both country and regional initiatives. This opportunity should be taken.

It is felt that within the UNICEF office optimum use has not yet been made of FFL and that there are further opportunities for integration within the country programme.

FFL does not have its own budgetary allocation. To some extent widespread use of FFL has been constrained by lack of staff and technical expertise rather than funds. It was recognised that following the initial launch and widespread use of the AIDS section there was a period of reduced interest in FFL. To some extent this coincided with a period of political change and administrative reorganisation. With the new Country Programme, administrative decentralisation and an increased number of counterparts, there is now renewed interest in FFL and there are plans to establish a new FFL Task Force to replace one that was virtually moribund and possessed few of the skills required for guiding this type of initiative.

### ***FFL materials***

In Uganda, two local volumes of FFL have been produced each including messages on four priority health problems. A third volume, based largely on social issues, is being planned, but its exact content will depend on results of formative research. Terms of reference for FFL3 are currently being finalised. Both existing volumes are in English language and both include a section on common questions and answers on each of the health topics and provide basic information on communicating these messages. Development of the Uganda FFL coincided with recognition of an urgent need for a more honest, explicit and open approach to AIDS education. It was the first Ugandan publication to deal frankly and in detail with the issue. The FFL AIDS messages were widely discussed and even more widely utilised in the mass media, in schools, in AIDS prevention training courses and AIDS education materials. FFL use in AIDS prevention has to some extent overshadowed its wider use and slowed the development of strategies for distribution and incorporation into broader health, education and community development programmes.

**Process of development:** FFL1 and FFL2 were developed in collaboration with the Health Education Department of the Ministry of Health who until recently was the major counterpart for FFL. Changes in the administrative structure have provided an opportunity to involve other counterparts notably the Ministry of Gender and Community Development and the Ministry of Information. FFL1 was launched by the Minister of Health on World Health Day in 1994. UNICEF covered the cost of printing 50,000 copies with the Ministry of Health taking responsibility for distribution and use. FFL2, covering a further four priority messages was developed in 1993 and recently 50,000 copies were printed. A strategy for distribution and use is being developed.

The Ugandan adaptations were undertaken by a consultant and drafts distributed for discussion and comment to Ministry of Health, World Health Organisation, UNFPA and health-related NGOs. The final drafts were agreed upon by a FFL Task Force comprising representatives the Ministries of Health, Education, Gender and Community Development and a number of NGOs.

**FFL Task Force and management:** Although it was intended that the FFL Task Force would meet regularly to discuss and monitor FFL progress it became difficult to get representatives to attend meetings and interest declined, particularly when Task Force members were expected to provide practical assistance. As mentioned earlier few Task Force members had the technical skills to provide valuable input. A further problem was the question of who was ultimately responsible for FFL. In the past the Ugandan government considered it as a book for health practitioners and therefore the responsibility of the Ministry of Health who had an existing health education network and district teams of health educators.

*One of the problems is that everyone is supposed to own FFL, but nobody owns it. Nobody comes to meetings. They are really useful documents but its hard to get people involved. It takes endless time.*

*(Cathy Watson, consultant)*

There is now wider recognition among UNICEF, NGO and government staff that if FFL is to be fully effective there need to be changes in key behaviours which have nothing to do with health per se, but are concerned with the role and position of girl children, women's rights in the household, community management, the role of the community in caring for children.

The new Country Programme includes plans for a BECCAD management team which will comprise UNICEF and technical people from the Ministries of Education, Gender and Community Development, Health, Justice, Information, Local Government, and the Uganda AIDS Commission. It will include those with specific skills in community development and will concentrate on community and family development strategies.

*FFL will be an integral part of the programme. When we go to the community we use it and leave the current edition as back up. FFL is very helpful as back up material. Printed material is useful here - people are desperate for things to read .(Carol Jensen, UNICEF)*

*There is considerable spin-off. In this situation if one person reads, then 30 benefit .(Douglas Lubowa, UNICEF)*

### **Use of FFL**

FFL1 has been extensively used by NGOs and broadcasters, and rather less widely used by health workers, community workers and school teachers. FFL messages have recently been included in women's literacy and income generation classes where teachers translate the information into local language and use it for discussion. While it is difficult to know the extent to which FFL has been used and how, World Vision, GTZ, Save the Children Fund and Action Aid are among the NGOs known to use FFL extensively. Action Aid translated the chapter on diarrhoea into the languages in the districts where they work and incorporate it into all community training. GTZ translated the AIDS section into four local languages and has developed training materials based on these messages. UNFPA have used FFL as the basis for training and message development. Judging from discussions with government personnel and a quick review of hundreds of letters to both UNICEF and the Ministry of Health, many school teachers appear to use FFL as the basic text for science and health classes.

**FFL and radio:** Messages from both FFL1 and FFL2 are regularly used as material for radio programmes and have been broadcast in all major languages. FFL is the basic text for broadcasters of health or health-related programmes and messages have been presented as spots, mini dramas, public service announcements and used as basic material for more in-depth interviews on specific health topics. FFL messages are regularly used in the radio programme "Capital Doctor" - a programme which was initially established to deal with AIDS education but now deals with wider health issues.

At a two-week "Creative Radio Workshop for Health" held in Kampala during my visit, 25 of 28 radio producers attending stated they used FFL regularly. Only two, both from Kenya, did not know of the books. When asked to score how useful they felt FFL was in their work, using a score of 0 to 5 with 5 indicating extremely useful, 23 of the 25 gave it a score of 5. The major reasons why they felt it was so useful were its simplicity and conciseness. Comments included:

*The brief facts are really good - I can feed them into all my programmes - even in the music.  
I really like it - its perfect for broadcasters - the information is short, simple, easy to understand. It is my main source of health information.*

*Is so nice and short and simple - why can't we have more subjects? And I would like more background information that so I can give them facts and figures.*

Among the suggestions put forward by broadcasters for future use of FFL were: more information on diarrhoea, first aid and what to do about basic accidents, more on hygiene, information about abuse of medicines, more on preventing malaria.

**FFL and the press:** FFL messages are sometimes included in a 4 - 8 page newspaper insert, "Straight Talk", which is circulated as a supplement of the national daily newspaper *New Vision*. It has a circulation of around 100,000. "Straight Talk" is aimed at young people 16 - 20 years of age and has a strong focus on life skills, STDs, AIDS, relationships, marriage and health problems. The insert is now available in four languages - English, Luganda, Rumyankole and Lukounzo. In addition to distribution as part of the newspaper an additional 40,000 copies are printed and distributed to 2,000 different destinations including schools, churches, clubs and 62 NGOs.

FFL was serialised on the health page of *New Vision*, but it is reported that the presentation was "boring" and that in future it should be illustrated and incorporated into the women's and youth pages.

**Distribution of FFL1:** Of 50,000 copies of FFL1, 35,000 went to the Ministry of Health for distribution. However, Ministry of Health responsibility for distribution and use of FFL has been problematic largely because distribution was seen as the main activity and although a serious attempt was made to identify effective means of distribution, this information was not put to optimum use as systematic distribution was hampered by a reported lack of funds. However, the Health Education Department of the Ministry of Health continues to distribute books to schools during school health visits and messages are incorporated in health displays at district agricultural shows and other public events.

During my visit discussions with the WHO personnel indicated that there were a number of channels available for free distribution, including distribution with the WHO newsletter and through Ministry of Education. These could be explored.

This situation has now changed and FFL is being distributed not only through the Ministry of Health but also through the Ministry of Gender and Community Development, the Ministry of Education and the Ministry of Information. Visits to Mpigi district with the Department of Gender and Community Development indicated very considerable interest in, and awareness of, FFL among district level administrators and the use of FFL in adult literacy classes run by the Department. Visits to adult literacy classes in four small rural villages showed that teachers of these classes were using FFL1 in both their adult literacy classes and during their primary school classes. Three of the four teachers I met requested more copies of FFL and copies of any further editions. Two suggested the development of a simple version that could be used as a primer for neo literates.

**FFL2:** A second edition containing a further four messages, was completed in 1993, but not printed until 1996. 50,000 copies of FFL2 have been printed and have yet to be distributed. A detailed strategy for distribution and use is being formulated.

**FFL Training:** With the exception of the AIDS programme FFL has not been systematically incorporated within existing training programmes and no training has been undertaken specifically in how to translate FFL into community action. With decentralisation there is the opportunity and the need to strengthen the communication and community development skills of district level and sub-county extension workers.

In the past, a school health project used FFL but this project is now located within the Ministry of Health and little has happened. While the Ministry undertook some training at sub-county level there were few guidelines and inadequate supervision and health workers needed more information on how to develop visual aids and how to involve communities.

A Community Health Workers Manual developed by the Ministry of Health and which is currently being pre-tested, includes FFL messages and will use FFL as a course text.

### ***Demand for FFL***

Although there has been little systematic training in the use of FFL, with the exception of the AIDS section, and no clearly articulated strategy for distribution and use, the book is very well known with very high, and growing, demand from all over the country. Facts for Life has become a catch phrase on radio and is being taken over by commercial companies in their advertising - "its a fact for life". The UNICEF office, WHO and the Ministry of Health receive constant requests from NGOs, school teachers, community leaders, government workers for copies. The Ministry of Health, citing lack of funds, is not responding to these requests although the World Health Organisation health education adviser is in the same office block and has expressed willingness to make these distributions.

The following letters are typical examples of the requests on both Ministry of Health, WHO and UNICEF files.

*I am pleased to inform you that I received the copy of Facts for Life Book 1. I have used this book in my Health Science lessons in classes 3 and 4 and in educating members in my water user community. Indeed it has been a good reference source. Madam, if Book 2 is ready, it is my request that you sent it to me with any other education materials supplied from your office. It is possible for me to introduce more members to primary health care and health education with these books.*

*Thank you. Yours in service,  
Patrick Gamina Manningi,  
Kyamakanda Secondary School, Rukugiri*

*I am using Facts for Life in our school. Please continue to send me such useful information.*

*Okello Alex, Agwingiri Girls School,  
Mutu, Lida.*

In Uganda there is a very serious shortage of reading material. Schools have no texts, school libraries have no books and neo literates slide back into illiteracy from lack of anything to read. While wider dissemination of the FFL books reinforces the perception of FFL as information, it nevertheless has a very valuable information role as a high school text, adapted into a simple primer for neo literates, as a basic manual for health workers. Simplified and well illustrated it could provide a valuable household health manual. It was found that although many adults are illiterate, almost all households today have at least one member who is able to read and comprehend simple texts. As mentioned earlier, it was the opinion of the UNICEF senior programme officer and members of the BECCAD team that one literate person with a copy of FFL would spread the information to at least 30 people.

Visits to rural health centres and sub-dispensaries in Ntugamo district and discussion on FFL in Mpigi district indicated not only a tremendous thirst for knowledge and interest in the book, but ideas of how the information could be used. When we gave health workers copies they sat clustered around the book literally "devouring" the information, ignoring us and their patients. In the Rweikiro sub-dispensary, when we returned two hours later, the three health workers were sitting discussing the information and how they were going to use it. They requested more copies - to share with other health and community workers and the local school teachers.

Discussion with the District Nursing Officer, Florence Rwabahima, Ntugamo district indicated that although she had received copies of FFL1 - a couple of years ago - there had been no follow up, no training and no supervision of how and if it had been used. Ms Rwabahima's opinion was:

*...we need to get these books to our health workers out there and we need training for them in how to use it. There are 60 people out there now who we should train in informing and encouraging people to make changes. They should know what to do about immunisation, diarrhoea, malaria and AIDS. We can help them do all this from FFL.*

*We would like to include school teachers in health worker training for using FFL. Currently out health educators go to schools. Trainers and teachers could translate into local language.*

There are problems however in selecting who within Department of Health should be trained in using FFL as with restructuring the district health administration is cutting back on health education positions.

## **Major issues**

Current issues for FFL in Uganda are: expanding the number of counterparts; changing the perception of FFL to an intersectoral communication initiative rather than the provision of information for AIDS prevention; linking FFL with the practical implementation of the Convention on the Rights of the Child; establishing a reliable distribution system; incorporating FFL into health education and community organisation training and getting FFL included within school curricula. Distribution might include provision of copies to all school libraries.

## **Perceptions of the value of FFL as a local and global initiative**

FFL is perceived by all those to whom I spoke as being extremely useful. Twelve of fifteen people scored it 4 to 5 in terms of utility. All felt strongly that it should be continued both as a national and an international initiative.

Among UNICEF staff it was suggested that New York should provide on-going advocacy for FFL in terms of including information on FFL in executive directives, particularly in relationship to the Convention on the Rights of the Child; that progress with FFL should be included on the agenda of regional representatives meetings and that regional meetings for information/communication officers should include sessions on FFL.

Among the suggestions put forward for future New York activities were:

- development of a prototype FFL for household use, designed for neo-literates and containing a large number of simple line drawings;
- a five year update if this proves to be necessary;
- an edition devoted to using FFL for translating the Convention on the Rights of the Child into action; and
- an edition on children and the environment.

### **Planned future activities**

**FFL3:** A third edition has been agreed upon and Terms of Reference covering its development are currently being discussed. They will include a review to determine priority needs in terms of messages, village-level research into the types of messages that can be put into practice at household level and base-line data. It is also anticipated that a Task Force with the necessary skills will be established to oversee the research and the development of FFL3.

### **Recommendations**

**It is recommended that:**

- FFL use and training at district level should be promoted, building on existing progress;
- the FFL initiative focus more heavily on communication and transformation and that UNICEF provide training in communication skills and how to communicate FFL with a special focus on literacy teachers and women's officers in the Department of Gender and Community Development and for health workers in the Ministry of Health;
- UNICEF Uganda support and expand its multisectoral programming using FFL as the major focus for integration;
- the BECCAD programme and the use of FFL be monitored carefully, with a special focus on documenting the processes of integrating and utilising FFL;
- UNICEF support further inclusion of FFL messages into *Straight Talk* if this support should prove to be required;
- UNICEF utilise the *Straight Talk* mailing list for promoting FFL further with a special focus on involving young adults;
- UNICEF follow up the offer of World Health Organisation to assist with distribution of FFL and that distribution be recorded and monitored;
- FFL be made available to every school library in Uganda;
- a needs assessment be undertaken before FFL3 is commissioned;
- that UNICEF review the situation regarding the loss of posts for trained health educators in some provinces and lobby for these posts to be retained.

### **Conclusions**

FFL has been a valuable UNICEF initiative in Uganda that has resulted in a variety of creative communication and information initiatives and has been a catalyst in expanding partners and in developing excellent relationships with NGOs, the mass media and government departments.

Although there has been a decline in interest in FFL over the last 15 months as a result of political changes and UNICEF staff changes, interest is again picking up. There is recognition among UNICEF staff and among Health Education staff in the Ministry of Health that FFL is still in its early phases.

The use of FFL as a common factor in the BECCAD programme is a new and excellent initiative and one that should be followed with interest as it could provide guidelines for intersectoral programming for other UNICEF offices.

There are very great demands for the FFL publications but these are not being adequately met through the Ministry who hold a huge file of letters and requests which have not been answered. Given the very obvious need and utility of a book like FFL this is regrettable and must be addressed.

Given the resources available, the PCI staff in Uganda have done a good job with FFL and their local adaptation has begun to meet a very urgent need.

## Appendix D1

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### People Interviewed in Uganda 8 - 10 July 1996

#### UNICEF

Douglas Lubowa            Assistant Communication Officer, UNICEF  
Carol Jensen              Senior Programme Officer, Basic Education, Child Care and Adolescent Development Programme (BECCAD)  
Tim Rwabuhemba        Programme Officer, BECCAD

#### UNICEF consultants

Catharine Watson        Consultant, (writer and editor FFL1 and 2 Uganda version) P.O. Box 9810, Kampala  
Anne Akia                 Editor, *Straight Talk*, supplement to *New Version*

#### Ministry of Information/Radio Uganda

Rose Kabasomero        Health Programme Producer  
Norah Odoi                Ministry of Information/UNFPA focal person

#### World Health Organisation

Benjamin Sensasi        Information Officer, WHO, Ministry of Health, Entebbe

#### Ministry of Health

Ahimbisibwe Sam        Primary Health Care/Health Education Division, Ministry of Health, P.O. Box 8, Entebbe  
Paul Kagwa                Director, Health Education Division, Ministry of Health, P.O. Box 8, Entebbe  
Mrs Liliane Luwaga      Health Education Division, Ministry of Health, P.O. Box 8, Entebbe

#### Ntungamo District Health Office

Sister Florence Rwabahima District Nursing Officer  
Rose Odoi                 Trained Nurse, Ntungamo Health Unit

#### Rweikiniro Sub-dispensary, Rweikiniro sub-county, Ntungamo District

Patrik Tigerwanira      Nursing Officer and Health Educator  
Esther Twinomugisha    Midwife

#### Department of Gender and Community Affairs, Provincial Office, Mpigi

Mwanje Anthony         Director, Department of Gender and Community Development, Mpigi District, P.O. Box 83, Mpigi  
Sempijja James         Functional Literacy Programme, Department of Gender and Community Development, Mpigi District, P.O. Box 83, Mpigi

#### Jyumbi Village, Golola Parish, Mpenja Sub-County, Mpigi District

Eric Kabanda             Primary school teacher and teacher of functional literacy classes  
Lwanyaga Erismus        Functional literacy teacher

#### Buyera Village, Buyera Parish, Mpigi

Remigius Kamyia         Secondary school teacher and functional literacy teacher, Buyera, P.O. Box 3040, Kampala

## **Schedule**

### **Monday 8 July**

Meetings with UNICEF information/communication staff  
Meetings with FFL consultants

Field trip to Mpigi District

Visit to Jjumbi functional literacy class

### **Tuesday 9 July**

Field trip to Ntugamo district

Visit Ntugamo district administrative offices

Visit Ntugamo health unit

Visit Rweikiniro sub country dispensary

### **Wednesday 10 July**

Meetings with UNICEF BECCAD staff

Visit to Ministry of Health, Entebbe

Visit to Creative Radio for Health Workshop

Field trip to Buyera primary school and functional literacy class



## **Appendix E: Summary of New York meetings to discuss FFL report**

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### **Introduction**

The draft report was presented by Pamela Thomas and discussed at UNICEF New York, December 16-17, 1996. Participants at the discussion were:

Division of Communication  
Morten Giersing, Nora Godwin, George McBean, Warren Feek and Jaclyn Tierney

Programme Communication Section  
Erma Manoncourt, Silvia Luciani

Evaluation Section  
Ian Hopwood

Consultant  
Peter Adamson

Discussion were also held with Denis Broun, Chief, Health Sector on December 19.

Following a presentation of the main findings of the review the meeting was open for discussion where the main issues raised were the level of field interest in FFL; the methodology; the recommendations - their practicality and how they might be implemented; how the report should be disseminated; what immediate action should be taken; and how to involve all those individuals and organisations who had FFL experience in future planning and implementation.

### **Major points of discussion**

Concern was expressed at the drop of field interest in FFL in some countries and the causes for this. The study identifies some of the reasons as changes in key personnel, lack of time or skills to integrate FFL into community level training, lack of time to constantly advocate for FFL and the need for countries to continually "reinvent" FFL or find new ways to approach or sell it. Discussion focussed on the need to keep up FFL momentum with assistance and ideas from New York, regional meetings to exchange ideas and feedback on progress and new FFL initiatives to those implementing activities. It was pointed out that decline in interest did not appear to be associated with a drop in infant and child mortality in some countries.

Participants at the meetings stressed the importance of maintaining the interest of national and international NGOs and discussed how this could be undertaken.

It was noted that the sustainability of FFL interest and activities frequently depended on one key person - usually the PCI Officer. In many offices there was little administrative, programming or staff support and in most offices no regional support or encouragement. This renders FFL very vulnerable to staff changes as it is the person, not the programme or the process that determines success. In offices where the PCI officer is young and with limited practical experience it is difficult to advocate for and initiate FFL activities.

It was suggested that PCIs and other programme staff be given training in FFL planning and use and that regular information and support be provided to representatives, programme officers and PCI officers.

It was suggested that the criteria for selecting respondents be clarified as to some extent this impinges on the study findings and provides a positive bias. It was pointed out that by any criteria FFL has been a very successful initiative.

The issue of monitoring and evaluating communication-based initiatives was raised - what to measure and how to measure it when there is no baseline data. It was agreed that in the case of FFL, the process and output could be monitored and to some extent measured but that any measurement of outcome was probably impossible given the wide range of variables and the scope for confounding data. An evaluation in Vietnam however did suggest a decline in infant mortality as a consequence of FFL activities.

Concern was noted over the widespread lack of monitoring and evaluation of FFL activities. It was strongly recommended that guidelines be established for monitoring FFL processes and outputs, where this was feasible. It was suggested that guidelines and monitoring assistance be made available to those countries where FFL activities have just begun or were about to begin.

It was suggested that a set of five or six basic indicators be established.

## Recommendations

The draft recommendations were widely discussed and those considered less practical deleted from the final document. Those agreed upon included:

- Update the Facts for Life book
- Establish a FFL menu on Internet
- Establish a FFL Task Force
- Involve other UNICEF sectors in FFL
- Mobilise other United Nations organisations to promote FFL
- Establish FFL training
- Include FFL on agenda for major UNICEF meetings

It was agreed that the book *Facts for Life* should reflect current scientific information and be updated when necessary but this should be tempered with what was practical in the field. Peter Adamson explained that the process of consultation and consensus required in developing FFL was extremely time consuming and presenting complex issues in a concise and simple way often involved a trade off with scientific experts. Adamson stressed that not all health problems were appropriate for inclusion in FFL and that the criteria for inclusion were not widely recognised. The information has to be scientifically accurate; it has to be information that all families have a right to know and it has to be information that families can act on. Both the need and the motives for a FFL version for the twenty-first century were queried. Adamson said that some of the information in FFL2 is now out-dated. Requests from the field for the early childhood development chapter to be revised were supported. It was agreed that a special version for the twenty first century would be a boost for FFL and provide a new focus for mobilisation most particularly if it was supported by a variety of other media.

To publish a version of FFL for the twenty-first century would require starting work during 1997.

The need for another printed version was queried and a suggestion made that it could be packaged in other media. There was broad agreement that the book was in itself a very useful tool for advocacy and mobilisation but that it should be supported by versions in a variety of media, including animated films, radio messages and a Web page. It was stressed that visual images were very powerful and could provide important support for FFL topics.

Advocacy for FFL on a global scale was considered an important activity for UNICEF New York. There was strong support for the suggestion that other United Nations organisations be approached and asked to contribute in more ways than just name. A meeting with the heads of appropriate sections in these organisations was suggested following a letter from the UNICEF executive director incorporating some of the findings of the study.

It was felt that with the FFL Unit now located within the Division of Communication there were greater opportunities for effective global media support and for better liaison with GCO and with the UNICEF Health and Education Sections.

Those attending the meeting strongly recommended consultations with personnel from Health and Education. A meeting with the Health Sector Chief Denis Broun took place during my visit.

The development of publications in the format of FFL, but dealing with social issues including child rights issues, and girls equality, was discussed. The study indicated considerable field support for a special version for young adults. The content of such a publication was discussed together with who the global partners might be. It was recognised that there may be difficulties in some countries regarding the content of such a book, but that the FFL experience has shown that although some countries may initially omit some topics - usually those dealing with family planning or AIDS - in their second versions these topics are included. There is very considerable value in these more controversial topics being included as they pave the way for attitudinal change in some countries. Suggestions were made for other FFL-type publications including "Rights for Life" and "Action for

Life". Adamson, however, reminded participants that FFL must be based on scientific fact, not opinions, and that the actions recommended must be practical and possible for all households.

It was agreed that greater attention must be paid to the link between FFL and the right to health-related information. As an immediate priority, guidelines should be developed for promoting FFL as a means of implementing the Convention on the Rights of the Child and circulated throughout UNICEF.

It was agreed that FFL is as much an education issue as one pertaining to health and communication. As such, greater effort must be placed on getting FFL better integrated into education systems and that UNICEF should begin within its own organisation. A suggestion that UNICEF in collaboration with UNESCO write a letter to all Ministers of Education asking them to help promote FFL, was agreed upon.

It was also suggested that similar letters be sent to large media and cinema chains, directors of large corporations, trade unions, and major NGOs, soliciting their support in promoting the dissemination of information that every household has a right to know. The letter should ask "Do you agree that parents have a right to this information? If so, how can you help?" UNICEF should challenge all major development-related organisations to assist.

Meetings with the Health Sector personnel covered the introduction of the FFL review to the new head of Health Sector, Denis Broun. He was aware of the FFL initiative but had not been personally involved with it. He agreed that in future the UNICEF Health Sector would be closely involved in promoting its use and welcomed the suggestion of an FFL Task Force with the Health Sector as a major partner.

## **Suggested Actions Points**

### **The major action points recommended were:**

Circulate copies of the review to UNICEF staff, to other United Nations organisations, UNICEF National Committees and major international non government organisations and ask for suggestions and support for promoting the initiative into the twenty-first century.

Present information from this review, discuss future directions and develop a draft framework for a future FFL strategy at the Global Communication Meeting, April 1997.

As a matter of urgency, develop a long-term FFL strategy and a plan of action for immediate implementation.

Establish a UNICEF FFL Task Force including representatives of Health, Education, Water and Sanitation, Programme Communication and Evaluation, to oversee development of the strategy and plan of action that will take the FFL initiative into the twenty-first century.

Plan for development of a special edition of FFL for the twenty-first century, including suggestions from other United Nations organisations.

Establish a web site on the Internet with a FFL menu that includes all major topics, as well as background information, and suggestions for implementation taken from the UNICEF country experience. The practicality of including appropriate visuals and a variety of formats should be explored. This could be raised at the Global Communication Meeting.

Explore the possibility of an FFL animated film series.

Meet with UNICEF executive director and have a letter sent to country representatives outlining the study findings and recommending FFL as a means of supporting the Convention on the Rights of the Child.

The Executive Director be asked to promote FFL with other United Nations organisations and to sign the preface to the new edition for the twenty-first century highlighting UNICEF's vision for the new century.

UNICEF  
Division of Communication  
3 United Nations Plaza, H-9F  
New York, NY 10017, USA

Email: [pubdoc@unicef.org](mailto:pubdoc@unicef.org)  
Web site: [www.unicef.org](http://www.unicef.org)