



UNICEF

UNITED NATIONS CHILDREN'S FUND
FONDS DES NATIONS UNIES POUR L'ENFANCE

INTEROFFICE MEMORANDUM

TO: See below

DATE: 15 November 1984

FROM: John Williams

FILE NO.: PSC/84/421

SUBJECT: CSDR: COMMUNICATION POLICY AND PLANNING

1. Time: Friday 16 November 1984, 12:45 - 2:00 pm
2. Place: JPG Conference Room
3. Agenda:
Setting up working group to:
 - a. Plan global CSDR communication strategy;
 - b. Establish network of communications consultants;
 - c. Select priority CSDR/other special attention countries for focus;
 - d. Establish DCI participation in CSDR/programme policies/guidelines formulation; and
 - e. Discuss staff training in communication/social marketing: Nairobi Workshop, 11-22 February 1985.

Distribution

Mr. T. Vittachi
Mr. R. Jolly
Dr. Nyi Nyi
Mr. M. Assadi
Mr. H. Munthe-Kaas
Mr. R. Tuluhungwa

CSDR Going to Scale

Policy and Programme Support Communication

1. Media SWCR 1984

The State of the World's Children Reports for 1982-83 and 1984 have evoked a very wide and even excited public interest in UNICEF's accelerated child survival and development programme.

When the theme of the 1984 Report was being formulated, the troublesome question in our minds was whether the media would be put off by what would essentially amount to a reprise of the previous years "newsy" announcement of an "impressive" break-through package of interventions which could drastically reduce preventable child deaths. Some, however, believed that the media people who had been moved by the 1982-83 report would not expect "results" or even an impressive record of work in progress in a year and would respond well to a report at the beginnings of a Child Survival and Development Revolution. This more optimistic prognosis proved to be right. The volume of media responses to the '84 report was even larger than in 1982-83. Also the editorial comments and journalists' questions at the press briefings were more discriminating and educated because they had taken the CSDR idea seriously, had done their own homework on the subject, and - this is what is most interesting - many of them showed a sense of personal interest in the programme being successful. This is most unusual, particularly in Western media people who take pride in being disinterested in the result of what they report.

Media
Response

2. Going to Scale with Information, Communication

There is a tendency among some colleagues to regard the information and communications work described above as 'PR', worse - "mere" PR. Apart from this being offensive to the writers and journalists whose work is being so dismissively described, this attitude indicates there is a misperception of the very basis of the CSDR. The opportunity for dramatic reduction of IMR is here not merely because the health technologies have evolved, but necessarily also because the social mechanisms - particularly in advocacy for heightening health consciousness - have now become available. We can achieve a CSDR not simply because the techniques exist, but because people can be told that they exist, shown that they work, and encouraged to try them and make them work for themselves.

At the international level and, in many cases, at the national and subnational levels, consciousness of the possibility of reducing infant mortality has been raised by the national media, professional institutions, and community groups. The "political will" we have appealed for has been forthcoming in the form of public statements.

Operational Phase

But, impressive and widespread as the public interest in a child survival and development revolution has been, it is only a beginning - an essential beginning but, still, only a beginning. All we have achieved so far is hardly more than a world-wide clamour of great expectations. If we fail to mount the next phase - the operational phase - immediately, two years from now we will have little or no substance to show for all the hopes we have raised. And two years is likely to be the outer limit of public patience. If we have not

ExDir's
10
Questions

1. What are the low cost actions for child survival and development that are now being taken, at least on a local or pilot basis, in your country? e.g., immunization, ORT, growth monitoring, promotion of breastfeeding, iodizing salt?
2. What are the prospects for integrating, or "inserting", into the ongoing UNICEF programme of assistance those actions that have the potential for major beneficial impact on the well being of children?
3. What are the prospects for "going national" (i.e., achieving action in all major geographical districts) with these actions?
4. What are the prospects for "going universal" with these actions? i.e., not just nation-wide activities, but something approaching 90-100% coverage of children within the nation or the targetted geographical area? What are the existing structures (e.g. health, NGO/religious, educational, women and farmers group, media) that can be tapped to "universalize"?
5. What steps can be taken to encourage other organizations - other U.N. agencies, bilateral agencies, NGOs, professional societies, etc.- to support these actions? Or better still, adopt them as their own?
6. To what extent can these actions be implemented simultaneously or in parallel, and be made synergistic, and mutually supporting/reinforcing? How?
7. What can be done to make these actions sustainable over the long run? i.e., we want to avoid "two year wonders" that then collapse or wither away.

The substance of the action called for is advocacy as an integral and central element of programme. Since the CSDR requires not only a strengthening in the supply side as with immunizations but even more changes in people's attitudes and habits, empowering families to take on the responsibility for their own children's survival and continuing health and development, educational and motivational information is a sine qua non.

The key to a successful Child Survival and Development programme is that people should not be regarded as passive recipients of assistance, but as active participants of change in their own lives. This principle is already a part of the conventional wisdom of development - and a clear part of Primary Health Care as spelled out at Alma Ata. Unfortunately, the effective transition from the outmoded approach has been delayed, and the path has been muddled, by philosophical debates on Top-Down or Bottom Up approaches, vertical or horizontal, etc. The reality is that it is not either/or, but and/and. UNICEF too has been disturbed by that cacaphony, but the reality of solid field experience has saved it from being distracted into assuming that it is possible to advocate change at the community level without the willing and active collaboration of the government. UNICEF has also been able to address governments on the needs of children in their own countries and advocate improvement. This bridge between periphery and center is the arena in which UNICEF's efforts to bring about a Child Survival and Development Revolution have to be concentrated.

Not Either/
Or, But
And/And

The willingness of many governments to put their voices behind the CSDR has been sought and obtained by many Representatives and by the Executive Director himself in his calls on government leaders. Their exercise was useful at the launch of the '84 Report to bolster the wish-fulfilling

profitable in that it improves the virtuous image of being people-caring which all political leaders seek, it will be received favourably and even acted on with a sense of urgency and concern even if the costs are somewhat beyond the ordinary resources of the government. Free education in Sri Lanka is the classic example in development. Free Education for all, introduced in 1947, has been maintained for 37 years in spite of soaring costs because the popular political will behind the idea of education as a basic and inalienable human 'right' was too strong for any government to dare tamper with on the grounds of excessive cost. It did not take parents long to recognise that literacy and numeracy were precious family properties and that they were the keys to a different and "better" world for their children than they themselves had known. ("Better" was seen as a white collar world of a higher class with pension security, social respectability and access to economic advantages such as European style clothes, a motor car, etc., etc.) But in the first years of Free Education parents did not rush to take advantage of the free gift to their children because they - particularly the girls - were 'needed' at home or in the fields. Besides, going to school every day involved buying socks and shoes and school uniforms and also a fairly long trudge to and from school. But the greatest cost was the children's unavailability for odd daily chores such as fetching water and firewood, minding the baby, and the drastic change school-going caused in the habitual routine of the household. The widespread adoption of the notion that this 'cost' was an investment in a better future for the child came about largely through observation of the social gains of neighbouring families who had qualified themselves through education for non-manual, pensionable jobs. When value measures and thought habits changed, education became recognised as a valuable gain worth

different way than before: they were regulating the application of water in the fields, spending money heavily on fertilizers and pesticides and borrowing more than their conventionally frugal nature had allowed before, they had become aware of an opportunity for themselves and their families in the new seeds.

In each of these success stories there was an unusual degree of national - not just Ministry of Agriculture - leadership which had made possible not only the intensive multi-Ministry cooperation necessary, but also the widespread and multi-faceted communication campaign to awaken and inform the farmers of the new potentials now within their group.

Can a popular national revolution come about in health in a similar way? There is a prevalent notion among some colleagues in UNICEF that health is not perceived as a "priority" concern in developing country communities. Nor was education until recently in many areas. Acceptance of existing disabilities - illiteracy, ill-health, and even poverty - becomes a habitual condition when they are endemic. Girls remaining illiterate was "normal" in the sub-continent until their parents recognised a family advantage in their female children going to school. Little children dying at birth or "getting fever" and dying within a year is still "normal" in the habitual thinking of many poor societies. The response to that terrible normality was also habitual. "Why did you have 14 children?" the interviewer in Sandy Nichols' film Maragoli asks a Kenyan mother. The answer is: "So that I could have six living". That is what she was left with. So she had another to make sure. Even gross poverty becomes habitual, a way of surviving the day. There is no likelihood of a "revolution" occurring among people who spend all their energy

Raising
Norms of
"Inevita-
bility"

contraception only when they recognised the need for it, when a change of habit was seen and felt to be advantageous to them as a family and not just because the gadgetry of control was available or just because it was policy. It has not yet been widely enough realised that the population "problem" will not be solved in the uterus but in the human mind.

We in UNICEF have to learn this lesson if we are to avoid making the same mistake in trying to assist countries to stimulate and implement a children's health revolution. The brunt of the lesson for our purposes is that the Child Survival and Development Revolution is even more an information and communications revolution than an improvement on the supply side of government services, important as that is. Information here means education and advocacy programmes designed to reach the government and the general public so that a climate of concern and a demand for CSDR action is created nationally as the State of the World's Children Report has done globally. Communications here means the techniques of conveying particular kinds of information designed to reach a specific "target" group or groups (such as Teacher Training Colleges, or TBAS).

Programme
Communica-
tions

The business of this information process is to create the demand - through the written word or spoken word, through visual means, through non-verbal, and non-formal technique of communication for a Child Survival and Development Revolution. It has to inspire and galvanise people with the idea that reducing infant mortality drastically is do-able now and not at some future paradisial year 2000 when many of the advocates of health programmes will be dead and unaccountable for the failure to prevent children dying from causes which are preventible NOW. This communication effort would be devised to

1. Other agencies, IBRD, WHO, UNDP, UNFPA, WFP, etc.

ii. Key central and local government leaders and officials: (Those who can say yes or no officially and make things happen).

iii. Political parties. (Can we get a pledge on CSDR into their manifestos?)

4. Parliamentarians: (Where parliaments exist, MPs are the missing link between the people and the government; they have to know the needs of their constituents, they know the capacities and limitations of governments, and can unsnarl bureaucratic tangles).

5. Professional bodies: (e.g., national associations of physicians, surgeons, nurses, midwives, teachers, lawyers who, in most countries are very influential. "What the Lahore Bar thinks today Pakistan thinks tomorrow").

6. Academic leaders particularly in science and social science: (In developing countries they are not disparaged as "egg-heads" but deeply respected).

7. Study Institutions: (On any given day there are 5000 seminars and symposium taking place in the developing world outside the campus).

8. Religious Leaders: (Religious denominations derive their longevity and influence from being the most organized and deeply entrenched communicators of ideas and values at the community level and all the way up

10. Media. In developing countries the media are not inhibited about being "advocates" for causes unlike in the West where there is a prevailing dogma that the media must be generally "objective" (except on questions affecting the rights of the Press!). UNICEF should take advantage of the relative willingness of the media in the poor world to be concerned with social obligations and not exclusively with rights and also of the reality - regrettable as it may be from a different set of viewpoints - that the media are, more often than not, subject to government control or government owned.

11. The Business Community. Formidable allies if their customary self-interest and skills are converted to a public service purpose. (e.g., Advertising Agencies are becoming interested in Social Marketing and contributing their skills to the CSDR).

Other national human resources and perhaps more effective groups than those listed above will be identified by each representative according to local realities.

An Outline for Action

The shape, direction and substance of a programme of information and communication to mobilize a movement for a national health revolution for children through a dynamic partnership with the groups listed above will be determined by the nature of local realities. But some practical How To ideas and some principles might serve as a skeleton of a plan of action to be considered by UNICEF representatives:

3. Recommendations emerging from this process should be strong and clear enough to appeal to the President/Prime Minister as such a powerful political incentive to be taken directly under his/her wing and thus given the highest possible official backing (e.g., the population programme of the BKKBN was the result of the decision by President Suharto to give a politically dangerous issue the protection of his office. The CSDR, having no such political risks - only advantages, would be easier for a President to take on personally).

4. Insert CSDR in the annual meeting of professional bodies. Many of them need a fresh idea to bite on. The Representative would often be a welcome key-note speaker. Similar penetration of university groups and institutes is necessary. (Audio-visual and hand props such as ORS sachets and growth charts should be used always to give palpable substance to words).

5. Parliamentarians from all parties should meet under UNICEF auspices to commit themselves to develop initiatives and evoke community involvement in the CSDR so that their advocacy in parliament would come from active demand in their constituencies. (e.g. Yaounde Parliamentary Conference on a continental scale and Sri Lanka Parliamentary Conference on a national scale). Try to persuade the back-room politicians of political parties that the CSDR is a political winner.

6. Leaders of religious groups should be approached individually and drawn to commit their authority to the CSDR as a positive religious endeavour to do with questions of life and death. Rural priests of all denominations are respectful sources of health knowledge. They do have weekly or frequent contact with the people and will welcome the chance of offering the "proof"

9. The Business Community is becoming increasingly keen on improving its image - and sometimes for more genuine motives - to work with UNICEF.

Advertising companies and PR agencies are developing programmes of Social Marketing. Some of them have high skills in transforming habits, attitudes and practices which is precisely the objective of the CSDR. We should put these skills to work but must also be careful to see that the practitioners have got the message right.

10. Media alliances are vital to the CSDR. Country offices still regard the media largely as a means of publicising UNICEF. They would be more useful if they advocated our programmes because it is a good continuing story for them rather than because it is "good for UNICEF". If the story is good, UNICEF comes off well as we know from the response to the State of the World's Children Reports. Press releases will not do. No respectable editor even reads them.

11. Special actions such as CSDR postal stamps, proclamation by heads of state of CSDR work, etc.

Some Elements of Media Action are

i. Educating media owners (including the heads of the state-owned electronic media) on the CSDR. This should be done on an individual basis because most of them will not commit themselves genuinely in public meetings.

UNICEF a good chance to provide well made entertaining material such as the BBC's Global Report (Peter Armstrong, Peter Adamson) and A Week of Sweet Water (Peter Adamson) to these stations.

Radio - especially in Africa - is widespread. But the large number of transistors in a country does not mean that people are tuned in to hear worthy messages. They are, more often than not, listening to pop music. The thing to do is to get good artists to produce and perform pop ballads about a child who died unnecessarily. Themes are legion.

vi. Organise a poster campaign. (The GCO poster "What do you want to be when you grow up? Alive". is a good starter with a local child saying this in the local language).

vii. Secure the support of popular national personalities in entertainment and sport to advocate the CSDR.

viii. Regional Information Officers could help national programmes enormously by encouraging foreign correspondents who cluster around regional centres to call on Representatives. Developing this contact is important because the world press will now set about chasing the CSDR story in the developing world - to report how UNICEF is turning its rhetoric into reality.



CF Item Barcode Sign

Page 18
Date 8/19/2007
Time 5:05:20 PM

Login Name Saroja Douglas



CF-RAI-USAA-PD-GEN-2007-000124

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000124**

External ID

Title

"CSDR Going to Scale. Policy and Programme Support Communication. Draft IV" with memo from John Williams, Director, DCI, UNICEF Hq, scheduling a meeting (at Hq) to plan global CSDR communication policy and planning

Date Created / From Date

11/15/1984

Date Registered

8/10/2007 at 2:21 PM

Date Closed / To Date

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09429 (In Container)**

F12: Status Certain? **No**

Item Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-09429 (Upasana Young)' since 8/19/2007 at**

Date Published

F13: Record Copy? **No**

Record Type **A01 PD-GEN ITEM**

Contained Records

Container **CF/RA/BX/PD/CW/1986/T001: PSC Files - Programme Support Comr**

Fd3: Doc Type - Format

Da1: Date First Published

Priority

Document Details **Record has no document attached.**

Notes

[do the attachment and the memo belong together?]

"CSDR Going to Scale" dealing with: media response to the SWCR for 1982-1983; under their cynical shell, media people are capable of empathy and wish to see human suffering reduced; media, especially in the West, are tired of the dismal failure of development efforts, and the empty aid rhetoric; communication work dismissively described as mere PR; the operational phase of CSDR; low-cost actions for child survival; recipients must not be passive but active participants; people's political will; the real cost to poor parents of children going to school; raising norms; the demand approach; national mobilization; an outline for action; some elements of media action

"CSDR - Communication Policy and Planning" memo from John Williams, Director, DCI, UNICEF Hq, to Messrs Vittachi, Jolly, Nyl Nyl, Assadi, Munthe-Kaas and Tuluhungwa, scheduling an HQ meeting to plan global CSDR communication strategy and related matters.

Print Name of Person Submit Image

Signature of Person Submit

Number of images without cover

SAROJA DOUGLAS

Saroja Douglas

13