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SOME NOTES ON PLANNING COMMUNICATION
SUPPORT FOR AN APPLIED NUTRITION PROGRAMME

by

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SOME NOTES ON PLANNING COMMUNICATION
SUPPORT FOR AN APPLIED NUTRITION PROGRAMME

1. Nutrition development is among the most complex, multi-faceted, and behaviourally sensitive challenges in a national development programme. It is inherently multi-sectoral: it needs planned and synchronised inputs from Health, Agriculture, Education and Rural Development among others -- and numbers of "sub-sectoral" inputs from within these. Moreover, Nutrition development is an all too apt reflection of the "vicious circle" of development need that must be transformed into the "positive cycle" of development action. To cite but one example of this, neither improved production of nutritious foods alone, nor even that plus improved balanced consumption of nutritious foods, will complete the positive development cycle, if poor environmental sanitation and health care maintains gastro-enteritic and other disorders. Again: securing production of nutritious foods is not just a technical matter of which such foods will grow in a given project area, nor even only of communicating the needed cultivation practices to farmers and their families: there must be a balance of economic argument in favour of this that will make sense to them. If the families are then to start consuming more such new or increased-availability foods, either direct from their own cultivation or from the market, the foods must either be compatible with their existing tastes and usually deep-rooted eating habits, or (for them) profound changes in their food behaviour patterns must be brought about. And so on

2. The targets set for an ANP may be stated clinically and quantitatively in terms of measurable improvement in the diet of a given community or of priority age-groups in that community, against base-line data of specific nutritional deficiencies. But implicit in these stated target objectives are behavioural-change objectives, in which planned and sensitive human communication will have to play a significant role. The diet improvement will begin to be effected,

- 2.1 When identifiable groups of people are helped to know and to understand certain things about their food production and consumption habits, in terms that will make sense to them;
- 2.2. When they receive motivation and information for new food production and consumption habits and techniques in forms they can understand, consider, become ready to adopt, and then sustain;
- 2.3 When they receive medical and other health inputs, and cultivation supplies and tools, and possibly initial financial assistance, through personnel who are adequately trained,
- 2.4 To deliver these inputs sensitively, and in a coordinated manner because these personnel understand and accept the need for coordination, and are supported by their superior authorities because they too understand the project objectives and the need for such coordination.

Through all of the above, behavioural and attitudinal change is an essential ingredient. The short, medium, and long-term objectives of an Applied Nutrition Programme are in fact behavioural-change objectives.

3. . The work of the Nutrition Communication planner, and implementer, can only begin when these behavioural-change objectives have been very carefully defined for the total ANP.



Precisely because the changes require other inputs from the ANP (medical, material-sanitary, agricultural, etc.), not just communication, the behavioural changes that will be feasible cannot be achieved by communication alone. On the other hand, it will not be possible to determine which behavioural changes will be feasible without careful consideration of the cultural, psychological, and informational factors already in the community with respect to food and diet.

4. The Nutrition Communication analyst and planner therefore needs to be involved with all other specialists in the actual formulation of the detailed Applied Nutrition Programme, and in the determination of its priority behavioural objectives. When these objectives have been determined, the Communication planner can then begin to prepare the communication-support programme.

5. A mistake that has been made in many countries is to assume that the only people who will need to achieve behavioural changes for a successful ANP are the community itself -- usually the rural villagers. But as outlined in 2.3/2.4 above, before the ANP even "reaches" the village, quite large numbers of other people will need to receive carefully planned bodies of information and even to adopt new ideas, because they will be key transmitters of the ANP and its messages and other inputs to the villages. In nutrition projects in various countries around the world which assumed that behavioural changes were needed only among villagers, it was later found that, for example,

5.1 From the central ministry offices through their provincial and district branches, only a handful of all the civil servants who actually needed to be involved, knew anything about Malnutrition, its causes and consequences, or the objectives and functional steps of the ANP itself. They therefore lacked both the motivation and the technical information to help implement the programme properly and continuously. In some instances this lack of information has even caused blockage of vital logistical support.

5.2 In a Health Ministry, key personnel serving the villagers did not really understand that an ANP required preventive, not merely curative, health measures. A whole major proportion of their needed role was therefore missing.

5.3 Because of inadequate briefing and training, Agricultural Extension staff involved in e.g., encouraging village poultry production, did not understand that a vital part of their role was also to try to persuade new poultry raisers to consume some of the eggs and meat in their own family, not sell all new produce in the provincial town market.

The above are but some examples of the critical need to set Behavioural Objectives for all groups of people who can be identified as essential to implementation of an Applied Nutrition Programme, and to plan quite detailed communication-support efforts for those audiences as well as villagers.

6. Another weakness in Nutrition programmes, often identified only after a costly period of operation, concerns the training of those specific personnel who will carry the actual operations, down the infrastructure to the villages. Three broad observations may be made, in communication terms:

6.1 The project cadres must be trained as to the behavioural objectives and programme, and not just in the technical facts about balanced diets. They need to be made as sensitive to the psychological factors and needs of the people whom the ANP is to help as is possible. They need to be trained in communication, especially interpersonal and group communication. Their training should equip them with advance understanding of the resistances, the anxious questions and fears, the roles of influentials in the villages, in relation to the ANP's behavioural-change messages. They should be trained in the content of the chosen messages. They should learn fully what the traditional habits and attitudes regarding food and diet are for their project area -- and what lies behind these.



They should be trained in the appropriate, sensitive language to use in their work with villagers -- which will not be urban or educated language. They should know the special subtleties of traditional village terminology related to food, health, babies, pregnancy, et cetera. Otherwise they will simply fail to communicate.

They will also need advance knowledge of the economics of their project area, and advance understanding of how the nutritious food production and consumption behaviour-changes to be sought will be affected by, and affect, that economy.

6.2

For the very necessary training in the technical facts of a balanced diet -- and a balanced diet for their project areas -- their instructors must be equipped with sensible diet models. Careful consideration should be given to whether it is necessary at all to provide training in diet in terms of precise and decimalised weights of given proteins, vitamins etc. In many nutrition training courses that are not for medical personnel, use of these descriptives and minutely quantified models simply does not work, except for mechanical note taking. The trainees do not learn the diet needs in terms of ordinary daily practice. (Needless to say, the uselessness of such quantity models is ten times worse for villagers themselves).

6.3

It has been proven again and again that time and money spent on careful preparation of training materials -- course notes, handouts, and especially audio-visual aids -- pays major dividends. Any development programme that spends large sums of money on mass communication to villagers, but stints the training of the change agents who must work closely with those villagers, so that it is training only with blackboards, and by endless lectures, has a built-in weakness.

6.4

For the training of all personnel who will be carrying out communication roles, i.e. in the villages, it is really essential that they be trained in and with the actual communication aids that will be issued to them. Too often, because of inadequate advance planning and timetabling, the trainees go away from their course with nothing except their written course notes. Months later, they may receive communication aids. But because they were not trained in how to use them, where, and with whom, they either do not use them at all, or use them wrongly or inadequately.

At least the first kits of village-level communication aids should be ready when the training courses begin. The course should include, in its Communication section, actual training in the planned purpose of each aid, how to use it, how to make a presentation with it, et cetera -- preferably with field practicals. The trainees should be able to take their first kit of communication aids away with them there and then, after the course.

7. ^{-13.} Within the rural, village community itself, it is also important to identify numbers of "audiences" who need to be reached and helped to undertake behavioural and attitudinal changes. As in almost all other rural development work, so in Nutrition there is in reality no such thing as "the rural masses" or "the villagers" as such. There are communities consisting of different age-groups, occupations, levels of education, roles of leadership or authority, types of influence within the family, and so on. While an ANP will undoubtedly have certain overall broad messages useable for the community as a whole, the moment specific Behavioural Objectives begin to be defined, and given priorities in an ANP, persistent further analysis will soon identify that many of these objectives have very specific audiences and need messages suitable for those audiences.

An example would be for a Nutrition programme in which a priority behavioural-change objective has been set for pregnant mothers. The pregnant mother is a highly specific and sensitive "audience": both the technical content of nutrition messages, and the way they are presented, are very specific to her. How she pictures the child in her womb, what universe of values and suppositions she lives in during pregnancy; what food "means" in those months; what she understands about the growth of the child in the womb -- all this is necessarily involved in the very determining of behavioural objectives for pregnant women in an ANP.



But so, too, is her relationship with the specific people in her family and in the village who are likely to influence her dietary behaviour -- likely to be involved in the way she responds to ANP messages, possibly even to counteract those messages.

To plan fully and sensitively for an ANP role in relation to behavioural change in pregnant mothers, and thus for communication, the following are suggested as some crucial questions that need to be answered:

7.1 What precisely are the priority or critical nutritional deficiencies among pregnant mothers in the project areas? Do these differ significantly in different project areas?

7.2 Which specific foods are proposed to remedy these deficiencies? Are these nutrients grown in the area but not (or not adequately) consumed by pregnant mothers?

Are these nutrients ones that could be grown, and is this judged the (economically as well as administratively) best way of trying to achieve their consumption by pregnant women -- or is it judged that provision in artificial form (pills etc.) is more viable? Or, of course, specific combinations of both?

7.3 What are the existing, traditional behavioural and attitudinal patterns for pregnant women in each project area, in relation to these intended ANP nutrient inputs? Will such new nutrients be profoundly alien to them; encounter deep constraints and objections?

Why? What will these existing counter-nutrient reactions be?

7.4 Who influences pregnant village mothers about their food habits? Who as specifically as possible (husbands, obviously, but who else?)? What is known about their views, and their reasons for their views? (Because of possible generational innovation-awareness differences, the views of influentials may not be identical with the received views of those -- e.g. pregnant daughters, grand-daughters -- whom they influence). Do these influentials respond to the views of other, identifiable people in a village (religious, lay, other leaders?)?

- 7.5 Putting the answers to all the above together, which of the identifiable types of needed nutrients, and means of providing them, finally emerge as the most feasible to try for through an ANP? (probing through the above sequence of questions may quite possibly produce different answers to 7.2 above from the first, obvious ones).
- 7.6 For the thus selected nutrients, which specific behavioural and attitudinal changes must be sought among pregnant women and those who influence them?
- 7.7 In each project area, what other development innovations are being advanced with mothers? As specifically as can be assembled, what other behavioural changes will development agents (Health, Home Economics, Family Planning, etc.) be trying to achieve, at the same time? Will the addition of these nutrition behavioural inputs cause confusion? For the mother as she will receive these messages, will they together make sense?
- What integration of all such messages will be needed? How should this be programmed? When, where, and by whom will any other change agents reaching mothers be briefed, and as necessary re-trained, to ensure this message-sense or compatibility?
- 7.8 What groups of ideas and information are most likely to help pregnant mothers start to consider and, hopefully, adopt the selected new habits? For example, will consideration and adoption of one new nutritional habit be an easier first step, against traditional habits and attitudes, than another -- even if that first one will not provide all the additional nutrients such pregnant mothers need?
- 7.9 Should these messages be positive ("If you eat vegetable X your baby will have healthy eyes") -- or should they perhaps quite deliberately be negative, with warning ("If you do not eat vegetable X your baby may have weak eyes and might go blind")? How does the ANP authority plan to research and test such crucial questions?
- 7.10 What groups of ideas and information are most likely to make an impact -- even if only a somewhat "neutralising" impact -- on those who traditionally influence pregnant mothers? How should these be presented (positively, negatively, stressing responsibility-role, etc.)?



If it has been found that influentials have a very powerful role over the diet of pregnant mothers, are there special additional messages that should be conveyed to the pregnant mothers "anticipating" what the influentials will say to them about the proposed new food habits?

7.11 For each project area (in case there may be differences), what language, what specific ways and words for conveying these messages (7.8 and 7.9) should be used? Which concept-words and habit-words now used in the villages can be employed, or built-upon? How will "malnutrition" itself be conveyed? What should the ANP -- as a community project -- be called? (Direct transliteration, even in village idiom, may be completely meaningless to villagers).

7.12 Who, as specifically as possible, within the village and among government change agents available, should be the transmitters of these groups of messages? (Great care needs to be taken here: it is not an easy matter to decide in whom pregnant women will have some initial confidence, or at least readiness to listen, for these particular messages).

7.13 For the chosen inter-personal and local-group transmitters, what communication aids (visual-printed, audio-visual, food-group models, etc.) will be needed, with which messages in them, presented how?

Who will design and produce these aids? What budget?

Where, and by whom, will these transmitter-agents be trained for these roles? What training aids needed? Who will make them? What budget?

Who will supervise their efforts, and reinforce and help them? Who will evaluate their work, and to whom will this evaluation be sent? How will ongoing evaluation be used to modify the ongoing communication programme?

7.14 What supporting/reinforcing roles can other people or communication media (i.e. radio, periodic mobile unit shows, etc.) play?

What communication software will be needed for these supporting media? What should the messages be for these media? How can the ANP ensure that the inter-personal communicators (7.1) will participate in programming of these supporting media and will know what and when such media will be communicating so that they can pick up from it?

Who will design and produce the software for these media? What budget?

Who will supervise and coordinate for these media, and how will their impact be evaluated?

8. The above list of key questions needing definitive answers simply to design an ANP communication-support programme for pregnant mothers, will need to be applied -- with relevant modifications and additions -- for each further child age-group whose nutritional deficiency is selected as a priority objective of the ANP. Broadly, several guideline-factors may be mentioned in making up the list of questions for other age-groups than the child in the womb and its mother:

8.1 Behaviour/attitude factors for improved nutrition for (a) the child and mother during breast-feeding, (b) the child during weaning, (c) the post-weaning toddler, will each need to be researched and assembled very carefully. In no society anywhere in the world is there necessarily any single "stream of logic" about food habits from pregnancy on through childhood. It is quite possible that food habits, and the traditional attitudes about them, in respect -- say -- of the mother's diet during breast-feeding, may bear little or no logical relation to the habits and attitudes in the very same community regarding food consumption during pregnancy.

8.2 It may, however, be very important to examine together the behaviour "models" thus assembled for these several stages in the life-cycle of the child and its mother, to see how messages to the mother (and influentials) should be inter-related. For one thing, many of the same pregnant mothers receiving nutrition education



about pregnancy will simultaneously be caring for a post-weaning toddler (and older). Those planning the programme may not necessarily decide that one composite stream of education for these connecting life-cycle stages should be simultaneously attempted; but it may be vital to ensure that nutrition messages conveyed to the mother for pregnancy are not confusing in relation, e.g., to toddlers. And quite obviously, within a given village community the ANP will be conveying nutrition messages for different mothers along the whole of this spectrum in the life-cycle -- mothers who talk with each other!

8.3

In assessing nutrition education beyond pregnancy care is needed not only in determining who are the influentials, but precisely who is usually involved in care of the child after birth. The mother's (and father's) daily activity patterns will need study, to determine for the actual project areas at what times of day the mother may be away from the home working, and the child in a given target age-group thus left in the care (including feeding and hygiene care) of someone else -- often an older sister kept out of or withdrawn from school for just this purpose, perhaps supervised by a grandmother. In short, the "audiences" for nutrition communication after pregnancy are different, may be multiple, and may require very careful planning indeed if the messages are to reach key agents of the child's nutritional patterns.

8.4

It is urged that special attention be given to this widespread factor of the older sister who cares for small children in large or high-frequency-birth families. These young girls cannot be reached through the ordinary ANP inputs in the local school system. In many rural societies, girls never even enter primary school. The family elders (grandmother etc.) may indeed be supervising, and their food practices for small children may be dominating entirely. But it does not necessarily follow that, even if these elder influentials-cum-carers can be successfully reached with nutrition messages, they will accurately convey them to the young girl who may play a vital actual role in what food the toddler consumes.

(Needless to say, these older sisters are only a few years away from motherhood themselves. The stark factor of their being kept out of or withdrawn from school frequently ensures that they perpetuate the vicious circle of deficient nutrition in their children -- applying food habits which they may have learned from two generations back, namely their grandmothers).

- 8.5 Adequate pre-programme behavioural research along all the above lines may well lead the communication planner to identify needs in the total ANP that may otherwise be missed. For example, because successful communication has to have a venue, and because successful communication in development has to work with assured material inputs, the communication planner may need to recommend a whole activity -- like toddler feeding stations -- as evidently essential both for assured nutrition inputs and for a minimal venue for communication to those caring for toddlers.

This is only to re-emphasise the paramount need for communication planners for ANP to be involved, with all other planners, in the earliest stages of survey and formulation of the total programme.

- 8.6 It is also, however, to re-emphasise the fundamental importance of real, comprehensive behavioural research in the project areas -- not just nutrition base-line surveys of a quantitative character -- before formulating the programme.

9. In the list of key questions in section 7 above, reference is made to language and idiom. In terms of communication support, this simply cannot be over-emphasised. With the best of intentions, development project planners in capital cities -- or urbanised and middle-class planners even in state or provincial capitals -- may adopt terminology for a programme that makes sense to them but no sense at all to the intended beneficiaries and community implementers. It is enough simply to start examining even the English of "Applied Nutrition Programme or Project" -- in terms of what it conveys to anyone except a small world group of nutrition specialists -- to open up this crucial question. Why "applied" -- what does it mean to any layman or laywoman?



9.1

It is an axiom of good development support communication that any project which -- as a complete project -- needs to involve a community, should have a name that minimally is neutral in meaning and optimally is positive and dynamic in meaning to that community. The minimum is that the name of the project not be confusing or, worse, convey wrong ideas. What ought to be attempted is to find a name, in the idiom of the community, that will communicate at least positive change connotations, even if it cannot get down to the technical specifics of the type of change intended.

It is by no means necessarily a safe way out of this quite possibly difficult exercise, merely to say "we will just use the initials in the community". Quite apart from perhaps losing a communication opportunity, is the community used to initials? Are there other initials floating about that may confuse?

9.2

The planners of a community-level development project in nutrition should also make no assumptions about any of the detailed terminology which trained project staff will start to use. If each likely word and phrase is not anticipated, studied, and possibly even pre-tested before training the project cadres, within a few years hundreds upon hundreds of trained ANP change agents may be showering rural villagers with words that are totally bewildering -- or at best mean nothing at all to them. Discovery only then, of these built-in constraints, will involve a very costly and difficult exercise in substitution.

9.3

Communication planners for an ANP must know, right from the beginning, what the wise and properly checked terminology is going to be. The words and phrases used by the designers and producers of (a) training aids, (b) village-level communication aids which trainees will use, and (c) mass-media software, must all be coordinated, to avoid confusion and to ensure cross-media reinforcement.

9.4

It should therefore be an essential part of the community-level behavioural research which these notes are stressing, to take a selected list of concepts needing language into sample villages, and test-research their meaning as received. Care must be taken not merely to take these concepts and their word-media in isolation, but to test-research them in the form, and with the sentence-usages, likely to be involved in an ANP communication effort.

What does "eat" convey in a village's own language? What does "food" convey? What language can best establish a positive connection between eating, food, and health?

What are the positive-communicating words best chosen for the specific foods and their sources (plants, animals etc.) which the nutritionists wish to get consumed? Which words should be used in discussing a child in the womb, and the whole difficult concept of how it receives nourishment from the mother?

How to develop a language that will convey the idea that there is quality of a certain order, not just quantity, in a mother's breast-milk -- and that the quality is determined by what she eats? What combinations of words may begin to convey one of the most difficult nutrition concepts of all -- that the quality and combination of food eaten may affect the child's mental alertness (or worse)?

9.5

In research of this kind, care needs to be taken against any patronising ideas creeping in. The deeply ingrained world-wide prejudices of the urban middle-class educated person towards "villagers" or "country folk" and "illiterate people" are very subtle and very powerful. In a great many cases, assumptions by such planners that "the villagers just will never understand such-and-such" result in their failing to find and use village-rooted wise people who may be able to give them an entirely viable way of communicating a difficult concept. Some of the most successful planning of development project "language" has been done by social scientists working with perceptive members of the intended receiver-community -- teachers, other community leaders, an insightful midwife, et cetera.

10. From the content of training of project cadres, through to the content of village-level communication software, the support-communication personnel for an ANP will need the results of good project-area research into the use of visuals of malnutrition. This is not simple. For example, visible symptoms of kwashiorkor may



altogether disappear in the older child -- even if there has been no remedial nutrition. Showing a photograph of a child with kwashiorkor without carefully planned accompanying messages may elicit the (factually correct!) response that "all my children had that for a while: look at them now, it disappeared". Overall, care will need to be taken not to use over-dramatic, extreme examples of malnutrition: if these cases are rare in a given project area, such examples will lack credibility.

All of the above applies with equal importance to training aids, for training of project staff and community leaders.

11. In the list of planning questions outlined in 7 above, mention was made of the importance of choosing positive, or instead negative, message patterns for a given audience and concerning a given age-cycle in the child. There is evidence from some operational research and evaluation, for example, that negative/warning messages to pregnant mothers may be more effective than positive ones; but this may not necessarily apply in every society. Study of this kind will likely have to be in two stages -- best possible conclusions at pre-project-launching stage, and then built-in research and evaluation of the impact of ongoing different approaches, positive and negative, in comparable project audiences. What may be stated as certain is that no automatic assumptions should be made that either (or even both) positive and negative messages are viable.

12. The communication planner will need to assemble all available knowledge about the media perception and media use patterns of people in project areas. Are there any problems about two-dimensional visuals? Are people accustomed to films, and if so what kinds of films, screened where? What is the experience of using posters? What kinds of posters, and how has their use been evaluated? Are radio sets widely available, and how do people use radio: is there evaluation data on the impact of development messages by radio?

13. In foregoing paragraphs, stress has been laid on communication aids that can be used by project personnel, "close in", for group and interpersonal support-communication of an ANP. This is not to neglect the importance of mass media like radio (and television if there is genuine receiver capacity in a project area). But radio must be seen, for development communication purposes, in terms of what it can do and what it cannot usefully be expected to do. Broadly,

- 13.1 radio can powerfully help to create awareness of a problem and of the possibility of change to meet that problem;
- 13.2 The ground-level change agents can then pick up from that awareness and seek to strengthen it, answer the questions it will start to generate, and provide audio-visual examples of feasible action by a community to achieve the needed development;
- 13.3 When this process by ground-level change agents has begun to have effect, radio can be used -- if programmed with them -- to reinforce consideration and even adoption of the needed innovations. Spot broadcast reminders about nutrition needs and actions, for example, can be very useful at this point.
- 13.4 If it is possible to take this "multi-media" approach further, the ground-level change agents may be able to develop (or use already established) organised listening groups, at which point radio can be programmed with subsequent listener discussion as an objective, and ideally with taped feedback provided by change agents equipped with portable recorders.
- 13.5 Ultimately, by following this kind of well-organised media-combining approach, radio can begin to deliver complete nutrition communication (hopefully integrated with other community-level development communication).

But it is emphasised that ground-level communication is vital in programmes like an ANP, and that funds must be spent on proper training aids and then village level communication aids, if radio is to play its appropriate part.



14. Before being able to assemble a plan for all this, the communication planner will need to make a very thorough resource-inventory. This must include inventory of:

14.1 available personnel for design, production, distribution, research/evaluation, and support-communication management, where these personnel are located in relation to training course needs, mass-media programming, and village-level communication aids, and what administrative actions will be needed to use them;

14.2 what production and distribution equipment is already available, and what administrative actions will be needed to put it at the disposal of an ANP;

14.3 what already-existing budgets may be available, in the different co-operating ministries, for ANP-support communication, and what administrative actions will be needed to tap these budgets;

Only after this inventory has been completed, and the training and support-communication programme planned, can the total budget needed be assembled, including new national and international assistance.

15. A critical question that always confronts communication-support planners is where to locate which resources, for which purposes, as between the centre, the provinces or states, and levels closer to the villages. From overall experience, the following guidelines may be mentioned:

15.1 In any large-scale, geographically diffused, ANP, there will have to be a clear resource-system for training, at different levels, and a very well-planned training programme. There must be some fixed team of skilled personnel who take charge of this training, plan the programme, design course content, train the trainers, supervise and support their implementation, and plan and conduct evaluation. Over a period of only a few years, thousands of people will have to be trained for a large-scale ANP. If responsibility for this is scattered, if there is no overall uniform design and team of people charged with this work, the training will be haphazard, course content will not be uniform,

the vital behavioural inputs described earlier will be impossible to programme-in, and there will be little chance of good evaluation and feedback.

15.2 In foregoing paragraphs, key linkages between communication research and action, and training, have been cited again and again. It is vital to look upon training, and both mass and group/inter-personal communication support, as one continuous and integrated process. Experience indicates that the best way of achieving this is bringing together the Training team and the Communication team in one unit (with whatever field branches may be needed).

15.3 Because ANP is multi-sectoral, existing resources for both training and communication may be divided between several ministries and their sub-central divisions. These will need to be harnessed under one overall coordinative design, otherwise the entire integrated programme may break down. If there is one overall coordinating ministry, the joint training and communication teams described above should be set up in that ministry, with coordinating staff down the infra-structure at least to provincial or state level.

16. Finally, it cannot be over-emphasised that (as illustrated in the list of questions in para. 7), the innovation-messages of an Applied Nutrition Programme are very likely going to reach into audiences that are receiving a great many other development-innovation messages as well, in the same period. Farmers may be receiving advice about high-yield varieties that may wholly conflict, in message received, with the advice about nutritious food production which the ANP needs to disseminate. Families may receive from ANP such messages as that proper food intake will make "all the family" more healthy -- where the next day, the same families may receive family planning messages sharply qualifying the "all". Other ministries may be urging community actions that request voluntary community labour on various public works, when the ANP thrust may be for pure water sources as the priority. Officials promoting co-operatives may be



urging priority functions for co-operatives that do not include marketing of (surplus) nutritious food production; or may be establishing credit for anything but the growing of such nutritious foods.

The babel of "development messages fighting each other" within the same audience, that such un-coordinated development programmes may involve, raises questions much wider than those of the support-communication planner. But it must be emphasised that the nutrition support communication planner is bound to seek out these potential clashes, and will have to try to get them resolved and the total body of simultaneous messages rationalised, if his or her work is to have a chance of success.

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As Director of the UNDP Division of Information, Mr. Childers is responsible for UNDP informational and educational activities concerning development. In this work, the Division collaborates with the information services of Governments and of other United Nations bodies, and with information media and voluntary and professional non-governmental organizations (NGOs). Under his direction, the Division also helps in the design and implementation of locally-attuned communication programmes in support of development projects and country programmes, through such UNDP field services as the Development Support Communication Services in Bangkok and in Teheran for West Asia.

In the period 1966-1974, Mr. Childers was Director of the Asia regional Development Support Communication Service (DSCS) based at Bangkok, a UNDP regional project which works with governments, specialized agency project personnel, and UNDP/UNFPA and UNICEF field offices throughout Asia. During this period, the Bangkok DSCS was instrumental in helping governments in the region to plan, create or operate their own national-, provincial- or project-level communication services for development, and in launching the new Teheran DSCS.

Prior to 1966, Mr. Childers was an independent researcher, writer and broadcaster specializing in international relations, social and economic development, and educational broadcasting. Included were periodic assignments as consultant to (inter alia) UNDP, UN/OPI, UNRWA. This work involved extensive periods of field observation and reporting in Asia, the Middle East and Africa, with publication of two books on the Arab world, and continuous adult and schools radio and television broadcasting work in Ireland and the United Kingdom, with worldwide broadcasting therefrom. UN work included a special study in 1963 of Civilian Operations in Zaire (formerly Congo).

Born in 1930, Mr. Childers is a national of Ireland. He received his education in Ireland (Newtown School, Waterford, and Trinity College, Dublin) and the United States (Stanford University, California). While studying at Stanford, he was elected Vice-President for International Affairs of the United States National Student Association, and was a member of the U.S. National Commission for UNESCO. He also carried out an enquiry mission on the role of students and youth in development in Central and South America.

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External ID

Title

Programme Support Communications. "Some notes on planning communication support for an applied nutrition programme" by Erskine Childers, 10 Nov 1975

Date Created / From Date

Date Registered

Date Closed / To Date

11/10/1975

8/10/2007 at 2:21 PM

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09549 (In Container)**

FI2: 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-DB01-2007-09549 (Upasana Young)' since 9/6/2007 at**

FI3: Record Copy? **No**

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

Contained Records

Container **CF/RA/BX/PD/CW/1985/T035: Programme Support Communications**

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Record Type **A01 PD-GEN ITEM**

Notes

Erskine Childers was then Director, Division of Information, UNDP.

The paper deals with programme support communications specifically in relation to a nutrition programme.

Print Name of Person Submit Image

Signature of Person Submit

Number of images without cover

SAROJA DOUGLAS

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