Expanded Number **CF-RAI-USAA-PD-GEN-2007-000372**

External ID

Title

"Social Communication and Marketing Workshop" opening presentation by Jim Mayrides, UNICEF, Nairobi, 10-17 Feb 1985.

Date Created / From Date	*Date Registered*	*Date Closed / To Date*
2/10/1985	**8/10/2007 at 1:21 PM**	

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-10316 (In Container)**

Fl2: Status Certain? **No**

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

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

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-10316 (Upasana Young)' since 11/6/2007 at**

Fl3: Record Copy? **No**

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

Contained Records
Container **CF/RA/BX/PD/CM/1985/T033: PSC. "Social Communication and Mar**

Date Published	*Fd3: Doc Type - Format*	*Da1:Date First Published*	*Priority*

Record Type **A01 PD-GEN ITEM**

Notes

10 pp
Gives overview of state of children in the East Africa region, analyses UNICEF assistance in 1984, and notes that th shift to community-based and managed assistance had certain advantages. Workshop participants were asked to consider innovative ways to attack fundamental problems. Low level of PSC posts is seen as an impediment to furthering of communications aspect.

Print Name of Person Submit Image	*Signature of Person Submit*	*Number of images without cover*
SAROJA DOUGLAS	Saroja Douglas	10

Opening speech.

PROGRAMME COMMUNICATION WORKSHOP

NAIROBI, KENYA - FEBRUARY 11, 1985

OPENING PRESENTATION

JIM MAYRIDES - PRINCIPAL OFFICER - UNICEF NAIROBI

WELCOME!

LET ME START BY GIVING BRIEF OVERVIEW OF REGION:

- Deteriorating economic situation is affecting an estimated 145 million person in 19 countries

- Growth rates stagnated or dropped in 15 countries - 4 (including Kenya) have showin miniscule increases but counterbalanced by average population growth rate of three percent.

- Botswana/Djibouti/Ethiopia/Kenya/Lesotho/Mozambique/Somalia/Tanzania/Uganda/Zambia/Zimbabwe - have significant food imports and/or receive aid as result of drought, civil strife, influx of refugees and breakdowns in infrastructure and essential services. Children between 0-4 are most vulnerable due to food crisis. Loud emergency amply covered in world press and media of late in Ethiopia and Mozambique (now Chad and Sudan). The needs and the suffering are very specific - as are our approaches to resolving them. We have introduced innovation through cash for work (Ethiopia) and bartering goods where market economy has collapsed. (Mozambique)
  Silent Emergency - as per IMR indicator for each country - OVER 600,00 infants were estimated to have died in region CONSERVATIVE ESTIMATE - Thus in 1984 - 2,000 infants perished per day - due to combination of diseases, severe malnutrition, lack of shelter, neglect and even possible abuse.

  Many of those who survived, face multiple obstacles or impediments to their physical, emotional and intellectual development. Impediments are inaccessibility and limited effectiveness of services in health, education, social welfare and infrastructure support (Water, transport, roads, energy supply and markets).

- In region in 1984, UNICEF inputs to improve the state of the region's children amounted to US$0.89 cents in the 0-15 age bracket. In the 0-4 age group it was higher at $2.25 per child divided among an estimated 28,000,000 children under five.

- We analysed our overall programme commitments and found a heavy emphasis on sectoral programmes - some 88% of all programms.

  The largest was health sector which constituted nearly half of allocations to sectors. Integrated programmes (including basic services and urban activities) made up 3.7% of commitments. Project support activities (personnel and management support) (transport) (statistics/research) (PSC) (M/E) made up 8.1 % of total.
  Large Sectoral orientation clearly shows continuation of traditional pattern of UNICEF assistance in region. Sectoral programmes are national in scope, are carried out by national sectoral ministries, thus programme approach is "top-down" process.

- Our analysis was an eye opener - to say the least and foremost in our current process is an attempt to re-orient the sectoral focus to one of community-level integrated action. Despite breakthroughs in area and community-based approaches in a few countries, we want to ask you, at this workshop, to take a close look this week at some of our programmes in the region. Your challenge is to look for innovative ways to attack the fundamental problems.

- One issue we have discussed until we are blue in the face is - whether the problems is FOOD (and its lack) OR whether it is a need to go to scale with a Child Survival and Development Revolution. We hope you can help us during this week to come to grips with the issue - is it Food? Is it CSDR? I can presume it would be safe to say it is a combination of the two. Easy to say - the unanswered question is still, How can we resolve the issue?

- We have been involved in feeding hungry children. Therefore, we must use our comparative advantage which is, our knowledge about child health, child nutrition and overall care of the child, but we also know that if children are healthy but malnourished, they will not progress.

- Despite the sectoral nature of many programme approaches in the region there have been initiatives to work toward a Child Survival and Development Revolution. Where these initiatives have been successful, we noted that they have been connected to community-based operations, with a high degree of participation and involvement from below, and with a strong linkage to a workable government system of delivery.

- This shift to community-based and managed approaches appears to have certain advantages: e.g.

  a) Community-based approaches are relatively of lower cost per child reached than institutional approaches.

b) Through community participation, the projects assisted by UNICEF are perceived perhaps gradually so - to be owned by the Community. They are not "Government" or "UNICEF" projects.

c) More children can be reached with the same amount of resources when we use the community-based approach, because a large percentage of UNICEF resources goes directly to the communities, while an institutional approach seems to syphon away a significant portion just to maintain the institution.

d) Well-to-do groups are not attracted to low-cost solutions, thus more people who form the poorer groups are reached through a community-based approach.

- So we can talk about the start of a trend in this region, but it is still only a start when seen in relation to the predominantly top-down and institutional nature of UNICEF assistance. This shift will be slow due to resistance of institutions to part with whatever share of our assistance they have. Since decentralized policies by governments are still only in the talking stage, then we in UNICEF have a long way to go in advocating Community-based approaches in the region.

- Where are we with the Child Survival and Development Revolution? The region is into it, but still seeking the Hows. Hopefully you will be able to clarify a few answers to help us this week. In fact, a Child Survival and Development Revolution is foremost in most of our minds and efforts. But the approaches to "go to Scale"

depend in large part on what happens or can be forced to happen at the country level. The "new approach to communication which we seek to outline here this week, must take place within a country programming context - and - within a specific country experience.

- We need a global or a regional framework for social communication. But, let us avoid creating a "Regional Approach" to social communications. We do not need another "regional project" rather we need as a Regional Office to be able to support actions in the region, but with a type of INTER-COUNTRY support - especially since we can only go to scale at the country level.

The reports on the SOWC have showed us what we need to do. The questions that are raised are how to create demand for these low cost services?.

How can we motivate people to reclaim for themselves the responsibility for their families' own health care? Over the ages people were basically responsible for their health, then one day someone decided that a Ministry of Health should be created/lo and behold - the people lost that responsibility. Thus one of the keys to unlock the barrier to a successful CSDR is to return that responsibility to where it belongs - to the people.

So - this workshop will discuss, and I am certain that Tarzie Vittachi/ - much more eloquently than myself - will elucidate on the concept of "social marketing". Interesting term! Social Marketing. - Our meeting of Representatives discussed this idea last week in Madagascar. We felt that it was a scary concept - it sounded like

Jargon/some new terminology to confuse the issue/. I don't think so. We should not look upon it as Madison Avenue hype. In Asia, Social Marketing was associated with the sale of contraceptives, an unfortunate comparison -Latin America, reacted to it as another capitalist ploy - but let us not bcome bogged down in it as terminology - it is not new - but presents us with a simpler way to relay our CSDR message - the only new part of Social Marketing is the concept to achieve mobilization of the people - the same people who need to re-learn that health care is a matter for everyone.

As the documents state, we have focussed mainly on the physical supply side, but not enough attention has been placed on the receiver or user of the services we seek to extend. Although we have not necessarily excluded them, we now must concentrate more on the users of our services.

So we create a demand, but in a few of our countries in this region, the demands have not been met with the vaccines ordered as initial thrusts of the CSDR. We received a cable from UNIPAC that for "1985 "the decision has been taken that orders would no longer be rescheduled based on urgency. Priority for vaccines will be given only to field offices who provided ample lead time". Reasons for the shortfall are lack of forecast by field offices, production failures and the continued reorganization of our supply function. But the situation will worsen as all of us push to go to scale. Hopefully our management can come to grips with the supply side of the demand we intend to create.

- Earlier, I began to mention some of the discussions from our recent Madagascar meeting. We clearly see the need to improve our capability at country level to communicate our message. In effect, our programme officers must become also "communicators" - likewise perhaps PSC officers should become "programmers" with a speciality in communications. We ask you to help us to start the process of this merger - what do we need to do this? - workshops? seminars?/both within and without UNICEF? So we and governments can communicate our message. A programming workshop is planned in early March in Swaziland. I hope to take your conclusions and suggestions and incorporate them into this learning process for a group of our new programme officers.

- Also this week, please work out a few ideas to help us develop and use local knowledge about local conditions and needs. To do this we must rely heavily on our national officers, enabling them to draw out this local knowledge of how to communicate the message. We must increase our emphasis on the professionalism of our communicators. Personally, I find it difficult to see how we can improve when I look at the relatively low level of posts now available for our PSC Officers. You are mostly P-2's and P-3's (or L's); very few 4 level and only 1 five that I know of. How can a person expect to be a motivated professional, responsible to help us communicate our message if career development ends early. We have similar situations in Administration and Finance, Supply and Personnel functions. Only "Programme" seems to be more open-ended for career progression. Maybe management should take note of these anomalies.

- Another question I raise is the concern that social communication or social marketing is seen as a project per se. We feel that it must rather be part and parcel of a programming process. Seen this way, GOBI with its F's should be a programming strategy - or - is it a marketing strategy? Or can the two be separated or divided? Please let us know by Friday!

Previously, Social Communications people stressed hardware, but thankfully we seem to be well passed that stage -COMMUNICATIONS means people - a two way process and not only hardware. We seem to know this in UNICEF, but are we implementing it? I leave you to discuss the question!

- Let me close by drawing on a hypothetical case of a country which resembles many of our countries in the region. In this hypothetical country, thus far we have looked at low cost interventions as the cutting edge - but the current context of the country does not permit us to go to scale with a CSDR. Rather, food is seen as the cutting edge, food to be produced largely by the women - so that the household level can have access to food.

This type of country had Primary Health Care, even prior to Alma Ata. People participated in promoting their health. Priority was for preventive care and to rural areas. Hospitals were integrated into community life. Focus was to combat endemic diseases - they had gone to scale to vaccinate for smallpox and TB.

Since the early 80's, the recession hit hard - food supplies are now insufficient - their middle level management has disappeared, and production incentives have decreased.

As a result in the past 4 to 5 years the IMR has increased by 30% from under 150 to just under 200. Training for village health workers has decreased - the pillars of PHC outreach have eroded - no salaries are available to pay the village health workers.

What do we do in a country such as this which needs a Child Survival and Development Revolution but which lacks a minimal viable economy; which requires food production to increase so there is access to food at the household level; - which lacks a pool of trained manpower; - whose communications infrastructure is gone and where literacy is minimal?

So how a cutting edge for CSDR when salt and sugar are not available to prepare a home mixed ORT? (Here we use our ingenuity to come up with coconut water or maize/sorghum solutions as one answer).

Seen from the perspective of a programme officer, to successfully go to scale we must first build up the necessary conditions; - we must develop the capacity, skills, knowledge and self reliance (especially among women) at both the family and community level. Also, we must increase access to food and complement capacity building with basic services at the community level. This micro-level action must be matched by support and an improved capacity at both central and provincial levels.

I expect this week that your combined skills and knowledge will show us how we can go to scale in our hypothetical country and countries. My friend Revy told me earlier when I asked for a brief on the why of this workshop, that this group (you) were going to "open up" UNICEF. That seems to be a tall order - but I feel certain that you will succeed. Good luck! and thank you.