

**REPORT**  
**ON**  
**COMMUNICATION DEVELOPMENT WORKSHOP**  
**18-22 May 2000**



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Organized and conducted by:

IECH Division, Department of Health. &  
Unicef, Thimphu.

822-BT00-16998

## Report

Communication Strategy Development Workshop (18-22 May 2000)

### Background

The need for developing a communication/IEC strategy in order to support some of the priority health programmes of Health Department was pointed out in the UNICEF-Royal Government of Bhutan Mid-term Review of 1999. Moreover, this need was also felt at various reviews and forums, representing other donors who are assisting the Health Department. In order to address this important need, the IECH Division of Health Department and UNICEF mutually agreed and incorporated in its annual Project Plan of Action (PPA-2000) under the Communication Support Project an activity to organise and conduct a workshop to work towards a systematic communication strategy for Nutrition, STD/AIDS, EPI, Water and Sanitation, CDD, TB and ARI. This was held from 18-22 May 2000 at the IECH Division, in Thimphu. The workshop was attended by participants (list attached as annex "A") comprising of relevant health Programme Managers/Officers from the above programmes, selected District Medical Officers, District Health Supervisory Officers, Health Assistants, Basic Health Workers and programme officials from IECH Division. Participants were also from the Bhutan Broadcasting Service, Kuensel and UNICEF.

### Objectives

The primary objective of the workshop was to support IECH Division of Health Department to work towards a systematic approach of developing communication strategies that will support the planning and implementation of national priority health programmes.

The secondary objective was to bring together health programme officials/staff and the IECH officials in an effort to sensitize and provide them with knowledge and skills in the whole process of health communication strategy development. It was felt necessary that the participant's understanding of the "process" of communication strategy development is as important as the strategy itself.

### **Opening Session**

Dr. Sangay Thinley, Secretary of the Ministry of Health & Education inaugurated the workshop. His opening keynote address stressed the need for such a workshop and highlighted the importance of such an initiative that would provide direction and continuity to the present endeavour of IEC for Health. Present in the opening ceremony was also the UNICEF Representative in Bhutan Ms. Alegria Mendoza and the acting Director of Health Department.

### **Workshop Methodology**

The workshop employed a wide range of methodologies, which included a mix of participatory as well as didactic sessions. Some of the methods used are visualized lectures, case studies, small effective work groups, group presentations and plenary discussions.

During the 5-day workshop, deliberations on communication strategy development included how to do situation analysis, target audience identification and segmentation, communication objective setting, creative concept, analysis of the media, implementation plan, monitoring and evaluation. All these were effectively dealt by the resource persons in manner that was interesting and fun. A copy of the workshop agenda is attached as annex "B".

A unique style, consistently applied was the group work. Five small working groups dealing with STD/AIDS, Watsan/CDD, Nutrition, EPI and ARI were constituted and the respective groups went through the whole process of communication strategy development, right from situation analysis to monitoring and evaluation. In this way, every individual working in each of the respective groups had the opportunity of discussing real issues/problems and formulate suitable communication strategy for each of the themes dealt by them. For instance, the STD/AIDS group came up with a strategy for addressing one important priority issue/problem on STD/AIDS. Similarly, all other groups came up with their own strategy. The final outcome of the group exercises are documented on VIPP'ed cards and photographs are reproduced as annex "C".

## Outcome of the workshop

The workshop was successful and it provided many useful outcomes in as far as the whole business of IEC/communication is concerned. Some of the key outcomes and recommendations are as listed here below.

- Through the workshop, both the IECH Division and the other health programmes have been completely sensitized on the whole process of communication strategy development;
- The health programmes and IECH Division have agreed on the need for a more collaborative and co-ordinated IECH planning and intervention;
- The workshop has been able provide the IECH Division with a concrete strategy for tackling at-least one issue/problem related to the STD/AIDS, ARI, Water and Sanitation, Nutrition and EPI.
- One important outcome of the workshop has been the preparation of the much-needed springboard from which IECH Division can launch a *strategic intervention* as and when needed.
- While all the participants have acknowledged the importance of IEC support in the overall health service delivery, the workshop has brought out some critical issues related to professionalism and the existing limitations there in.

## Post-workshop recommendations

### 1. Short-term Follow-up Action:

- ◆ The (programme) working groups formed for the workshop need to complete and **finalise** the **communication strategies** that they worked on during the course of the workshop: EPI, WatSan, STD/AIDS, Nutrition and ARI.
- ◆ The IECH, technical programme and field-based teams need to work in a mutually supportive and collaborative manner. A beginning has already been made during the workshop in sensitising the participants regarding the mutual dependence between the programme and communication teams. However, more concrete steps will need to be taken if the *learning* of the workshop is to be applied.
- ◆ A **joint team building and conflict resolution workshop** for IECH, the technical programme teams and the field staff would help develop mutual understanding and strengthen inter-personal communication and collaboration.

- ◆ The technical programme managers, field staff and IECH need to undertake **joint strategic planning** exercises for other priority programmes.

## II. **Medium-Term Follow-up Action:**

- ◆ IECH, in consultation with the technical programme staff, needs to establish a **system for ensuring adequate consultation during the course of developing and producing materials**. Ideally, small working groups can be established for the planning and implementation of each communication project. The group should consist of one person each from IECH, the respective programme unit and the field (district hospital). **It is critically important to ensure that the team members are authorized to take decisions on behalf of the unit/programme that they represent.** Otherwise, the group will be of little or no value and the delays caused by having to refer all matters to a "higher authority" will probably lead to IECH reverting to a process of no consultation. Consultation exercises could also be tied in with regular programme meetings in Thimphu and/or with field trips made by IECH and programme staff.
- ◆ In order to facilitate and improve coordination, IECH needs to identify **focal points** for inter-facing with each of the technical programmes (one person could serve as focal point for more than one programme). Similarly, the technical programme managers need to identify one person each as their focal point for social communication.
- ◆ **Pre-testing** of materials with the specific target group(s) must become a necessary and integral part of all material development. Pre-testing of materials must be built into the IECH-Programme workplans and specific time allocated for it in each project.

### III. Long-term Follow-up Action

- ◆ A plan needs to be developed for **strengthening national capacity** in the field of social communication. The specific areas in which capacity building is required are:
  - i. **Strategic planning** for social communication (Johns Hopkins University, USA has one such summer course)
  - ii. **Managing the development and production of communication materials** (through an attachment to a social marketing company or an advertising agency in Calcutta or Delhi)
  - iii. **Pre-testing** of communication materials (through a long-term consultancy or attachment to a communication research group)
  - iv. **Social Research** component to be strengthened through attachment or training.
  
- ◆ UNICEF and IECH also need to explore the possibility of using a professional, full-service social communication agency to **out-source** the development of the communication strategy, production of materials and monitoring of selected social communication campaigns. This will allow the government and UNICEF to use the best professional talent available in the private sector, thus allowing them to manage the process of communication rather than expending considerable time and resources in the production of materials. A professionally planned and executed campaign can also be used to raise funds for the programme.

Several agencies are available in the Region and the Standard Operating Procedure developed by UNICEF Bangladesh in 1997-98 can be used for requesting for proposals.

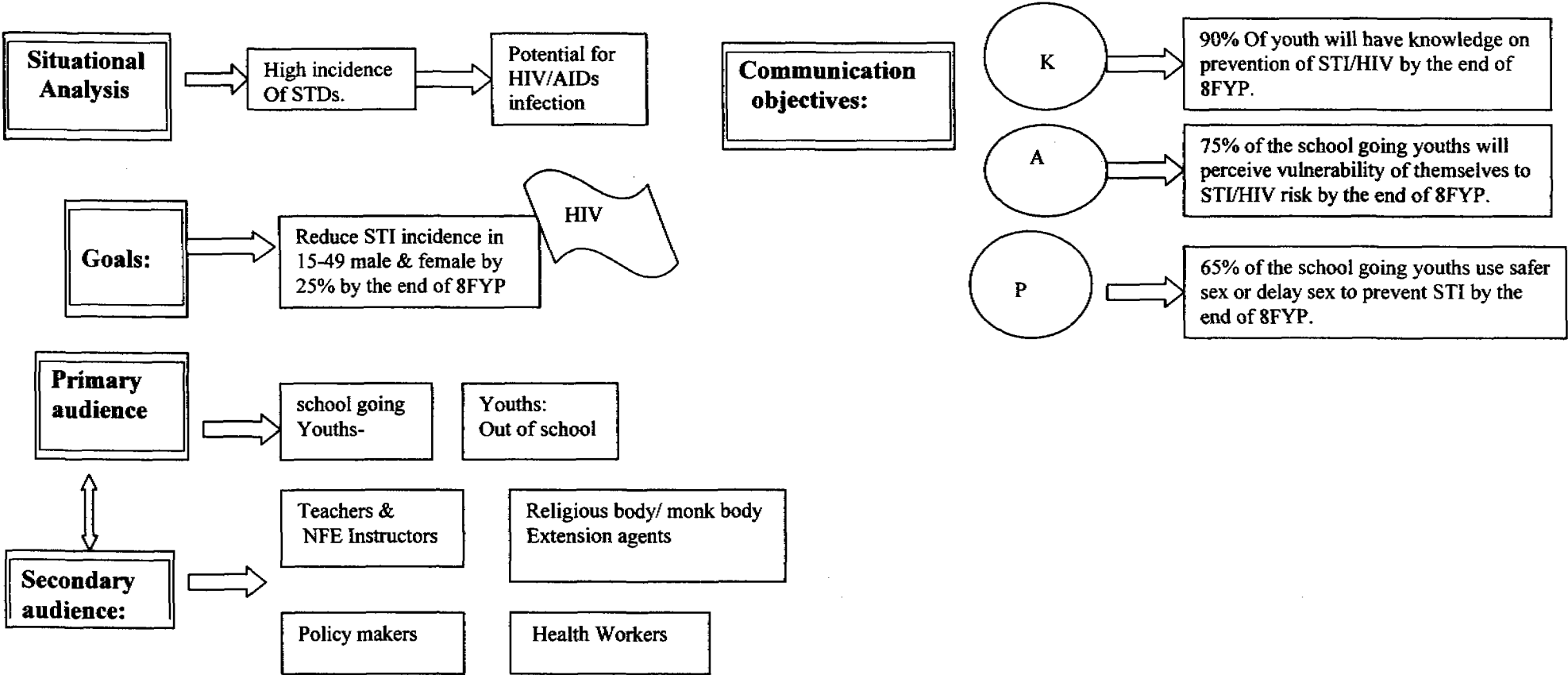
## List of Participants

## Annex. 'A'

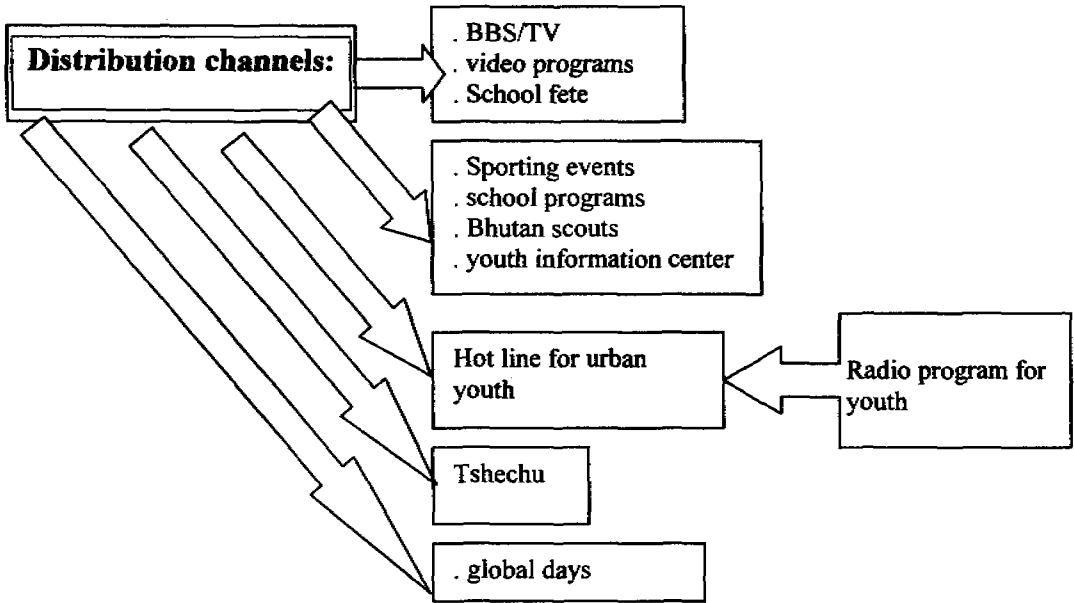
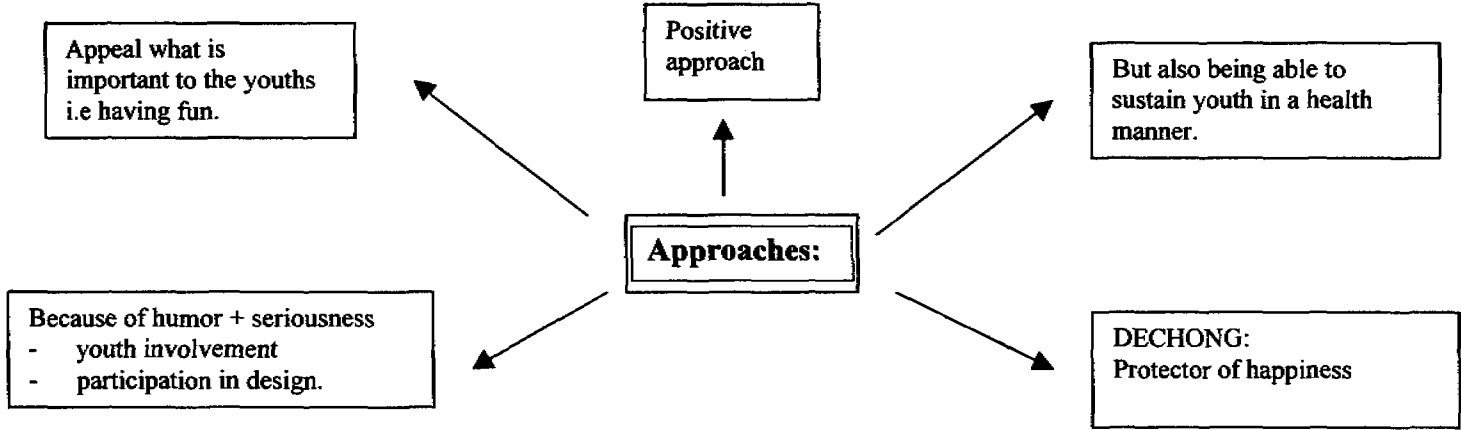
1. Dr. Tapas Gurung, Programme Manager, TB/ARI Programme
2. Mr. Tshewang Dorji, Programme Officer, STD/AIDS Programme
3. Mr. Kuenzang Namgey, Programme Officer, ARI
4. Ms. Samten Wangmo, Asst. Programme Officer, Nutrition Programme
5. Mr. Thiley Dorji, Programme Officer, EPI Programme
6. Ms. Payden, Head PHE
7. Mr. Palden Lepcha, Programme Officer, Training Unit
8. Mr. Sonam Phuntsho, Programme Officer, SHP
9. Dr. Hemlal Sharma, DMO, Chukha
10. Dr. Nor Tshering Lepcha, DMO, Punakha
11. Dr. D.K. Nirola, DMO, Trongsa
12. Dr. Guru Prasad Sharma, DMO Haa
13. Mr. Gopal Hingmang, Health Asst. Dawakha BHU
14. Mr. Wangchuk Dukpa, DHSO, Paro
15. Mr. Rinzin Dukpa, BHW, Khoma BHU
16. Ms. Karma Dolma, Asst. Programme Officer, SHP
17. Mr. Gyem Dorji, Asst. Programme Officer, Religion & Health
18. Ms. Sonam Peldon, APO, Population Advocacy
19. Mr. Leki Dorji, AV, Unit
20. Mr. Suk Bahadur Rai, AV, Unit
21. Mr. Sangay Dorji, ACO, Chukha BHU
22. Mr. Wangchuck, BHW, Betekha BHU
23. Ms. Kezang Chhoden, Secretarial Staff
24. Ms. Rina Gill, Resource Person
25. Mr. Shivaji Bhattacharya, Resource Person
26. Mr. Nim K. Sherpa, Info-Comm Officer, UNICEF
27. Ms. Deki Doma, UNICEF
28. Ms. Siok Sian Pek, Consultant, UNICEF
29. Ms. Tashi Zomba, UNICEF
30. Ms. Elier Milla, UNICEF
31. Mr. R.K. Dhungel, UNICEF
32. Mr. D.B. Giri, EPI, Health Department
33. Ms. Pema Udon, Programme Officer, Tobacco Free Initiative
34. Mr. Phurba Tshering, Producer, BBS
35. Ms. Pema Tshering, Nutrition Section
36. Mr. Tandin Dorji, Asst. Engineer, PHE

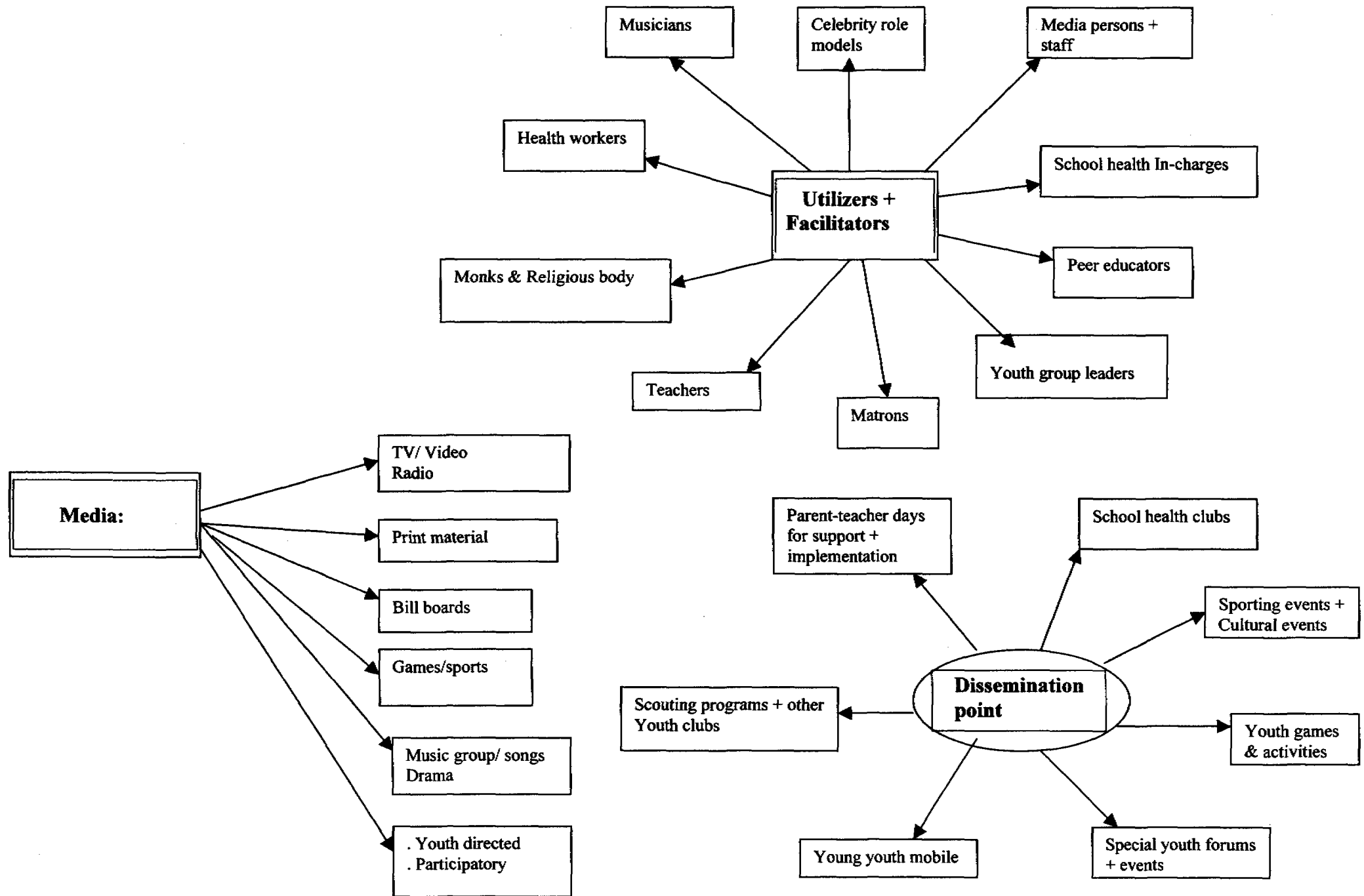
# STD / HIV / AIDS

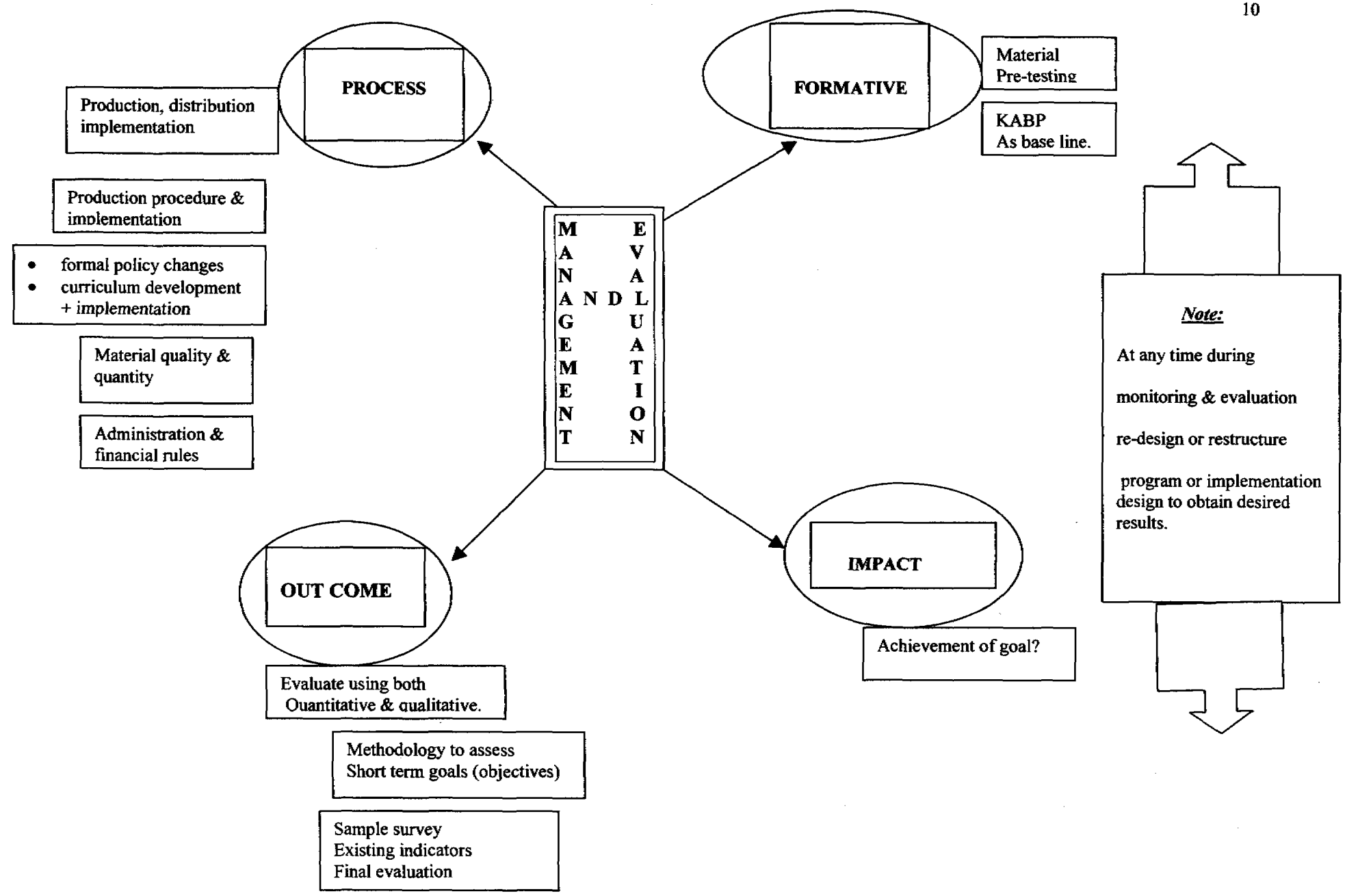
Annexure - B











# ACUTE RESPIRATORY TRACT INFECTION

## SITUATION ANALYSIS:

ARI at present ranks as the highest morbidity cause in the country.

### MORBIDITY - RISING

ARI often considered not serious at an early stage  
Proper care not given

Lack of knowledge of danger signs

All ages & sexes but mostly < 5 children.

Geographical location  
- Mostly at the high altitude areas  
- More common in crowded areas.

Mainly in spring & winter

## GOAL:

Reduce < 5 mortality due to pneumonia from 14% to 10% by the end of 8 FYP

## OBJECTIVES :

I

**Create awareness for early detection of danger signs, referral and home management.**

❖ Mothers & Caretakers from 25% to 50% by the end of 8 FYP.

❖ VHWs from 25% to 75% by the end of 8FYP.

II

Training of all Health Workers for early detection of danger signs.

Referral of all serious cases by 8FYP

## TARGET AUDIENCES:

1. Mothers / Caretakers / VHWs
2. Health Workers

## APPROACH:

Positive & direct

## PREVENTIVE Changing stereo type

## MEDIA SELECTION

### AUDIO VISUAL

Radio / TV  
Drama/ Jingles spots.

## DISTRIBUTION CHANNELS:

- HWs
- VHWs
- DYT & GYT members
- NFE
- Religion & Health members

## UTILIZERS/ FACILITATORS

Same as above

## DISSEMINATION POINT:

- DYT, GYT
- Health festival
- MCH Clinics
- ORC
- Dratshang

## MONITORING & EVALUATION (ARI)

### FORMATIVE:

- . KAP study: Base line study to understand the issue.
  
- . Pre-testing materials:
  - Food groups
  - Caretakers
  - Health Workers

### OUT COME:

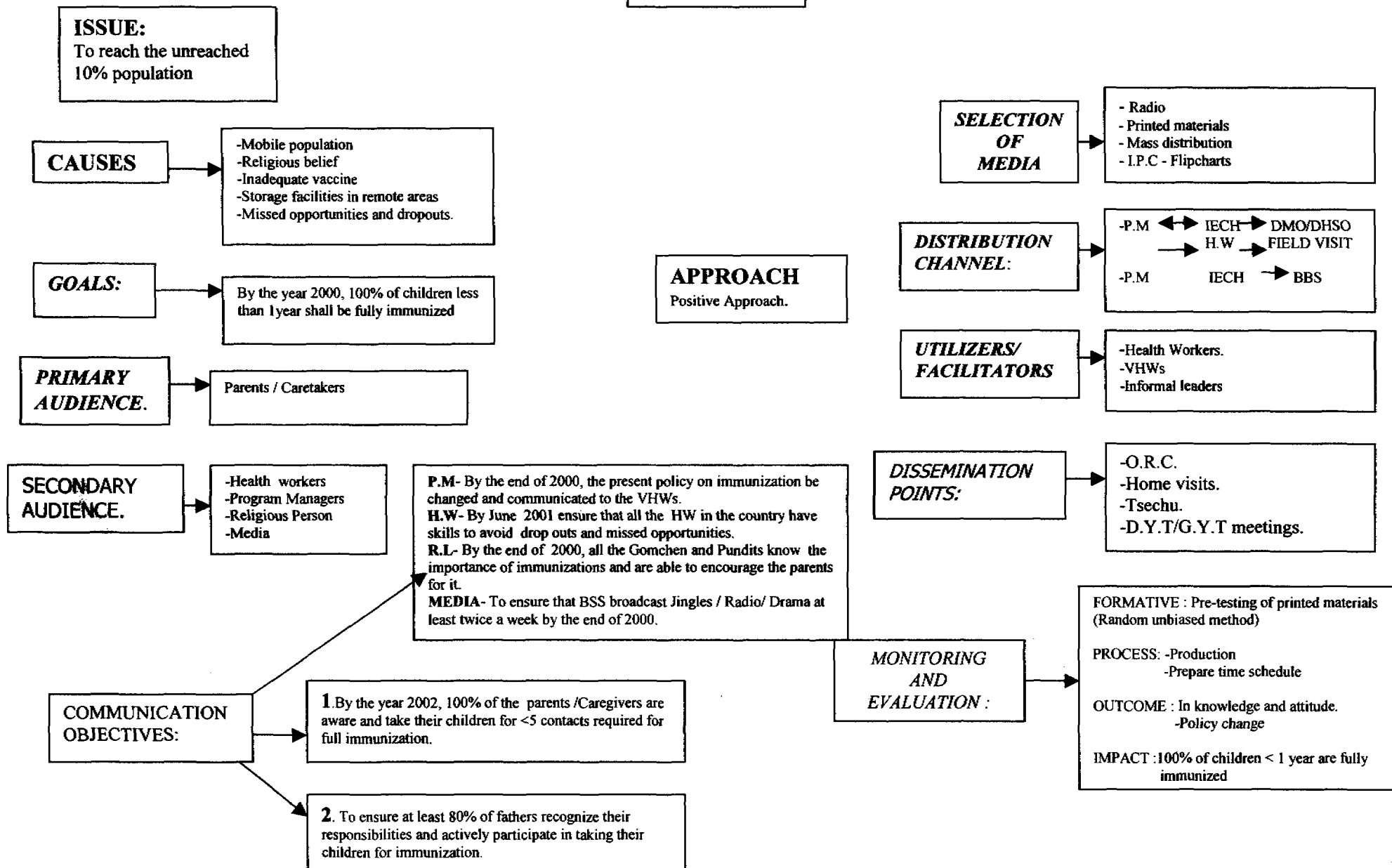
- . Post-testing of communication materials:
  - Did they hear, understand?

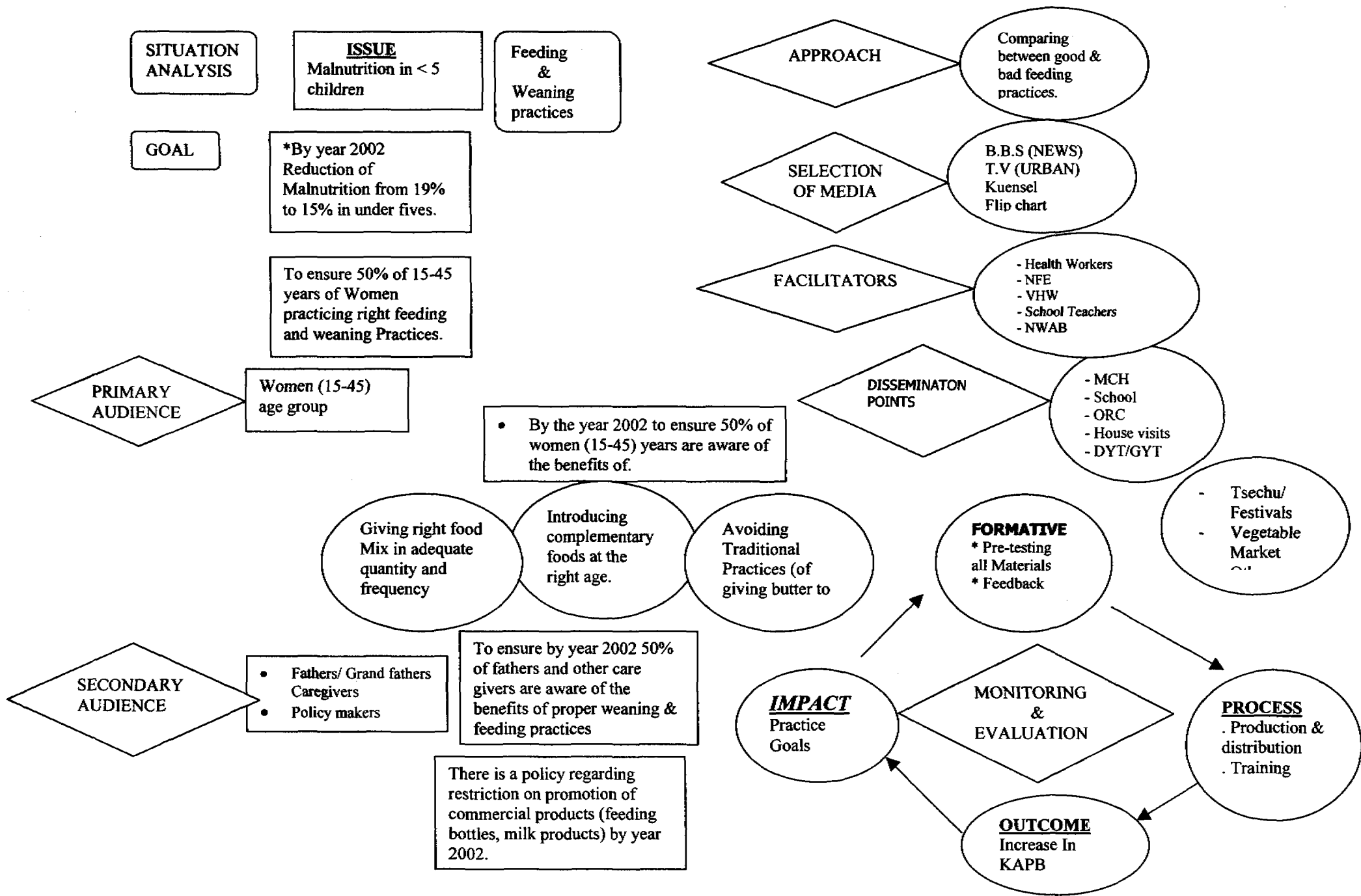
### PROCESS EVALUATION:

- . Management auditing
- . Visits
- . Review meetings

### IMPACT EVALUATION:

- . KAP studies in the field:
  - Has acquired knowledge and practicing?
  - Morbidity rates?
  - Mortality rates?





# WATER AND SANITATION

**Situation Analysis**

**ISSUE**  
Low usage of Sanitary latrines

**Causes**

Inconvenient location/  
distance

Latrine placed at lower

Inappropriate  
Communication by service  
provider

Need for latrine not felt

**Goals**

By end of 8<sup>th</sup> FYP the usage of latrines will have increased from 60% to 90% in rural areas

**Pry. Audience**

Adult men &  
Women

children

TRAINING  
MATERIALS

**Sec. Audience**

Service providers/Teachers/School Children/Health Workers

Program Managers

**Comm. Objectives**

By 2000, atleast 50% of all adults will have known 3 reasons/benefits of using latrines and 3 dangers of open defecation

By end of 8<sup>th</sup> FYP, all the family members will be aware of importance of latrine usage.

By end of 2000, capacity of all service providers PHE/ Staff/ HWG/DYT/GYT/Teachers will be fully developed to communicate appropriately

**By end of 2000, Program Managers will review and study the existing policy.**

**Approach**

Gender Balance

**Positive**

Advantages/  
disadvantages

**Comparative**

