

Assigning Responsibility

As part of communication planning, it is critical to decide who will carry out each step and how each will be managed. This is one of the most difficult dilemmas in planning projects that have extensive communication activities. In family planning, major programs are often implemented by parastatals that frequently have some capacity to do CBC work. However, in health and nutrition, the implementor is usually a government ministry, most likely the ministry of health, possibly the ministry of education or agriculture. Within the ministry of health, the choices, most often, are two: place CBC with the technical unit, e.g. the nutrition or MCH (maternal and child health) division, or place it in the health education unit. There is no correct answer. There are successful examples of each, and in some cases a model combining the two may be best. Depending on the level of political will behind the project, other units such as the minister's office or a coordinating ministry may be best. *What is important is that a focal point for strategy development and execution be identified.*

It is not recommended to contract private companies or nongovernmental organizations (NGOs) *for managing* the process. Although it may well be appropriate to rely on advertising firms and NGOs specialized in public relations, education, or communication for certain technical functions (discussed in Appendix E), this does not release the ministry from its responsibility to manage the different phases of social marketing. One reason is that many social marketing activities require direct and continual negotiations, which cannot be managed by external parties. These negotiations are often required with the directors of private health programs, drug supply, the media or other specific programs. Even if the strategy is essentially a communication strategy, the ministry still must coordinate among its various divisions, the Bank, other organizations in country, and private contractors.

During the CBC development process and in supervision, there must be a continuous interplay between the creative and the technical aspects of

messages that requires direct work with the technical programs. Supervision is also important later in the distribution of materials, and in some cases motivational efforts are required at all levels. This can be managed only within the ministry.

Box 7 contains skills and characteristics to look for in a CBC manager. Below are questions to ask to determine the type of management unit to establish. However, regardless of these choices, establishing an advisory group and/or a working group that includes the management unit but also other key individuals can be important: in bringing a full complement of skills to address the problems; to ensure that all groups are informed of decisions on CBC; that all groups can express their needs, suggestions, and opinions; and that professional help is readily available to strengthen the responsible agency. Several types of committees or groups are common.

- A small advisory group of leading communication professionals may meet periodically with the director of, for example, health education. Members discuss programs and problems and offer assistance in locating resources to strengthen the work of health education.
- A steering committee, comprised of program representatives or key stakeholders, is convened periodically to discuss and offer guidance on the implementation of a particular program of common interest and to evaluate overall technical direction.
- A working group is formed from among the partner's staff doing most of the day-to-day, or more frequent, decision-making on CBC activities. They may work in their own offices but meet together at least once a week.

1. What skills are required in a management unit?

Generally, there are three basic functions that need to be covered: (a) research, monitoring and evaluation; (b) communication—message strat-

Box 7. Considerations for CBC Program Management

In choosing a focal point to manage CBC, the management abilities of the director may be as important as the staff's capabilities. The skills required include:

Advocacy: CBC managers need to be good advocates for their program and skilled in promoting its strengths and successes at all opportunities. In addition, good diplomatic and negotiating skills may well be required to meld the desires of several diverse technical programs into a coherent communication program. Both the institution and person should have a standing that facilitates this.

Resource mobilization: In addition to knowing how to budget for CBC activities, a good manager should know how to harness the resources of other organizations, agencies, and media to supplement CBC program budgets.

Contract management and supervision: Managers may need to oversee processes of planning, awarding, and managing, and supervising contracts for a number of research and materials-development activities.

Monitoring and evaluation: The hallmark of a good CBC manager and management system is the ability to efficiently respond to necessary program changes and service demands. The development and implementation of processes for tracking the performance of project activities and for evaluating activities are critical exercises that the manager must plan and coordinate. The institution or division must be respected to be able to perform this function and must be open to what is learned.

egy and media planning, materials development and production; and (c) management—overall coordination of the CBC process and communication activities, monitoring and supporting locally planned communication activities in support of the project, contracting as needed and managing contracts, liaison with the service delivery/nutrition or health technical side, advocacy and resource mobilization. Training may be an additional requirement.

2. Who has these skills and where does it make sense to concentrate management?

The skills required to design and implement a comprehensive CBC program are usually located in both public and private sector agencies.

- Research expertise is most often located outside the ministry, so the common issue is who should manage the group conducting the research. Management should normally be in the CBC focal point, but in planning research, there should be close collaboration among the experts in technical health and nutrition areas, the private research group, and CBC focal point.
- Communications expertise usually resides in the health education unit and/or an office of external affairs and in private sector groups. People within a ministry often need to and want to determine the technical content and often know the media, how to get items printed or recorded, etc. They can usually manage these aspects and should be the ones to work with any advertising firm or media consultants hired from outside. However, the creative aspects of communication work are usually best handled by a private sector firm—an advertising agency or materials development group. In countries that lack advertising agencies or organized creative resources, the CBC focal point may have to convene/contract creative individuals and form an alliance among them.
- The service delivery/health and nutrition technical side is found in the health and nutrition program units, although NGOs can be helpful.

Making a health or nutrition program unit the focal point, while often expedient because the health system operates this way, may duplicate services/skills within the same institution and decrease chances for coordination with other health CBC activities. In a worst case scenario, this could mean that conflicting messages are disseminated. Also, such efforts tend to remain narrowly focussed on a few specific consumer behavior changes and not work as much on advocacy or program support activities.

When the health education unit or its equivalent becomes the focal point, the skills and activities are centralized, facilitating coordination of research and strategy development across programs. Also, more attention will be paid to cross-cutting problems such as the image of the health services, which no one program may want to tackle but which may be a key barrier to achieving many of its objectives.

Disadvantages may include the health education unit's low status, so that it coordinates from a weak position. Health education staff may be reluctant to contract out for design skills, trying to keep the task "in-house" even if quality could be better elsewhere. Another problem is that the budget for specific CBC work may reside in one unit such as health education but the program responsibility in another. And often, in an attempt to bring everything under one umbrella, too much is grouped together, so research is too broad and loses needed specificity to guide the design of messages to improve health or nutrition-related behavior. The separation between the communication and the technical program may mean that central technical or service-delivery information does not get transmitted. Here, a worse case would be that the communications gets ahead of the service delivery, with people expecting services the system cannot reliably deliver.

One community health and nutrition program combined the two basic approaches. The focal point was a health education unit that had: (1) managers for specific health programs (MCH, nutrition, CDD, EPI, AIDS, etc.); (2) a research unit skilled in supervising and contracting out for

research; and (3) a media/materials unit skilled in developing communications strategy and working with private sector resources. Because the managers in the health education unit were not necessarily program specialists in the areas they managed, each health program designated a CBC manager to coordinate closely with the manager in health education. The person in the health program who managed the entire strategy tried to ensure good linkages between the CBC and service-delivery activities.

3. Is the CBC activity a time-limited, narrowly focussed activity or a longer-term program covering many topics?

If the activity is narrow, it may make sense to locate it in the technical division, while the longer-term, broader program perhaps should be managed from a unit such as health education or a coordinating ministry or consumer affairs bureau.

Contracting for Services

Communication program development and implementation requires a wide variety of skills, some of which can best be accessed through contracting. Contracting saves the costs of building large units comprised of all the requisite skills that may not be in demand full time. It also saves on the purchase of expensive production equipment. Contracting may also give the program access to the most up-to-date and skilled people in consumer persuasion and media use. They may also have the latest graphics technology, saving time and money later.

However, even if contractors are good at what they do, the responsible agency must manage their work well or the products may fall short or the program will be fragmented. The responsible agency must know how to prepare accurate terms of references and bid work, evaluate proposals, contract for the required tasks, and manage the contract in an efficient manner to avoid delays and unsatisfactory products. Management unit

personnel should go to the field as often as possible, both to supervise work and to learn. The Bank manager may wish to have CBC consultants on supervision missions to help oversee these processes.

The services that are more frequently contracted are research (both qualitative and quantitative) and creative executions (designing materials that not only contain the essential messages but express them in an arresting and memorable way) and media placement (usually to an advertising agency, production house, or public relations firm). Recently, programs that want to reach the community in a sustained way through community-based workers, have written implementation agreements with NGOs that have extensive community networks. The box, Organizational Support for CBC Activities, gives examples of such partnerships and alliances. Appendix E offers some tips on contracting with private sector agencies.

Managing Resources and Costs

This section discusses the mechanics of the project. It begins by analyzing each project phase in terms of what is required (inputs) and who is responsible. For each activity, the required resources should be planned, including additional staff, services of outside organizations, training for staff, and equipment. What this means is that a detailed component work plan, including a time line, should be developed so that required resources can be identified with the project year in which they will be needed.

The resources section of the CBC plan should include:

- a preliminary list of resources required for each activity phase (number of research activities (qualitative and quantitative), persons responsible, capacity-building course (in and out of country), seminars/workshops, contracts with creative resources, media time, materials development and reproduction, training in interpersonal communication for field staff, supervision, monitoring activities, etc.;

Table 4. Organizational Support for CBC Activities

Types of Program Support	Organizational Options
1. Analysis	<i>Executing/Responsible Agency</i> , with technical support from a research organization
2. Project Design/ Planning	<p><i>Public Sector</i></p> <ul style="list-style-type: none"> • Technical Units • Health education division • Public relations unit • Planning unit <p><i>Parastatal</i></p> <ul style="list-style-type: none"> • Technical units • IE&C unit of large NGO
3. Research	<p><i>University</i></p> <ul style="list-style-type: none"> • Epidemiology or nutrition department • Anthropology department • Mass communications department <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Market research firms • Advertising agencies with in-house research department <p><i>Quasi/Parastatal</i></p> <ul style="list-style-type: none"> • Evaluation and research units
4. Message and Materials Design	<p><i>Public Sector</i></p> <ul style="list-style-type: none"> • IE&C audiovisual centers • Health education division • Technical units in Ministry of Information & Broadcasting <p><i>Parastatal</i></p> <ul style="list-style-type: none"> • Media production centers <p><i>Universities</i></p> <ul style="list-style-type: none"> • Audiovisual centers <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Advertising & public relations firms • Materials production groups • Freelance artists, writers, drama troupes, singers
5. Training	<p><i>Public Sector</i></p> <ul style="list-style-type: none"> • Training units • Community development division <p><i>Universities</i></p> <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Training institutes • Private contractors • NGOs

Types of Program Support

Organizational Options

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| 6. Printing | <p><i>Public Sector</i></p> <ul style="list-style-type: none"> • Government printers <p><i>University</i></p> <ul style="list-style-type: none"> • Press/printers <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Commercial printers |
| 7. Product Development (communications groups may see a need for a product as part of the strategy and advise on product development) | <p><i>Public Sector</i></p> <ul style="list-style-type: none"> • Technical units <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Private companies (e.g. that produce fortified foods, iron pills, a child feeding bowl) <p><i>University</i></p> <ul style="list-style-type: none"> • Research lab |
| 8. Product Marketing | <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Advertising agency with a marketing division • Marketing group |
| 9. Materials/Product Distribution | <p><i>Public Sector</i></p> <ul style="list-style-type: none"> • Collaborating ministries, e.g., labor, agriculture, community services, education, etc. <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Food companies & their distributors • Pharmaceutical companies • Local chemists/pharmacists • Non-governmental organizations |
| 10. Evaluation (not usually conducted by the implementing agency, to avoid bias) | <p><i>University</i></p> <ul style="list-style-type: none"> • Epidemiology or nutrition department • Mass communications department • Anthropology/social sciences department <p><i>Parastatal</i></p> <ul style="list-style-type: none"> • Market research agency <p><i>Private Sector</i></p> <ul style="list-style-type: none"> • Market research agency |

- a project work plan/schedule that addresses the logistics of the effort, taking into account the constraints of time, availability of trained personnel, and the budget;
- terms of reference for specific staff and support institutions to be used to implement each task, technical assistance, special studies, and project monitoring and evaluation.

The resources for each activity should be summarized in the budget. Standard budget categories are:

Staff

Costs include salaries, benefits, per diem, travel.

Research

Costs for research may be broken down and covered under staff, contracts and other direct costs. Types of research will include formative, pretesting, monitoring, and evaluation research.

Training

- to help develop local CBC institutional capabilities
- to improve service-provider skills and knowledge
- to manage CBC activities

Communications

- media/materials development (general identification). Do not try to price individual items but put a price on a multi-media package. Remember that these are costs to develop the prototypes plus costs to reproduce the final materials

- community outreach, e.g. campaigns, folk theater, etc.
- media time, both the initial launch activities as well as sustained airing

Hardware and equipment, e.g. vehicles, audiovisual equipment, phone lines, fax machines, computers with graphics software.

Other direct costs

- local transport expenses
- maintenance of vehicles
- office operational expenses
- national and international communication

Civil works, e.g. construction of an audiovisual media center, expansion of the Health Education Unit

Technical assistance

- short and long-term consultant needs—national and international
- subcontracts to local organizations

When the costs of the total CBC program are evident, then those that will be financed by the project should be noted.

Total costs will vary widely depending on:

- the geographic and technical scope of the program;
- the role(s) of CBC in the program;
- the capability of the responsible agency (is staffing adequate and skills appropriate, or must people be hired or contracted and extensive technical assistance provided?);

- the need to purchase equipment and transport and construct rooms or buildings;
- media costs and materials, production prices and the availability of discounts;
- training costs both for staff development in CBC and for building skills and motivating project workers;
- extent of work done previously;
- phase of program development (start-up costs are higher than recurrent costs).

Even for an infrastructure/service-delivery intervention, the CBC component should take at least five percent of the total program costs. In a large country that spends much of its health budget on delivering basic packages of care through health facilities, it is not unreasonable to think that a budget to promote these services and basic preventive health behaviors might be 10–15% of the budget (that includes micro-nutrient supplements, food, etc.) or about one million dollars per year. If the project is solely or more heavily aimed at *improving nutrition practices*, then the CBC budget would constitute a much higher proportion of the total since it would be responsible for delivering the main “service.”

Rough estimates of the percentage of the budget to be allocated to each phase and examples of costs are listed on the next page. These estimates are derived from budget analyses of several World Bank and USAID-financed projects. They *do not* include costs for expensive equipment such as vehicles, civil works or items such as overseas training or extensive technical assistance.

Table 5. Estimated Breakdown of CBC Budget by Phase

Phase	Implementor	Approx. %	Examples of Costs
Formative Research	Responsible agency &/or contract with a private research firm	15%	\$20,000 (limited geographic scope: 1 state & 1 topic) to \$100,000 (large country & an array of health topics)
Strategy Formulation	Responsible agency & collaborating groups	5%	\$5,000 (workshop & development of a simple strategy with few media materials) to \$50,000 (more complex strategy involving print, radio & film/video prototype production & testing and requiring consensus with more partners).
Preparation of Materials and Implementation	Responsible agency &/or contract with printer &/or creative agency(ies) + trainers' periodic technical assistance	60%	\$10–\$80,000 for creative and design work; \$5–\$20,000 for pretesting; \$20–\$200,000 for printing and media production, depending on number & sophistication of materials/messages; \$50–\$300,000/year for media time; \$200,000/year for training, if the project has wide geographic scope and several administrative levels of workers requiring training.
Monitoring/Evaluation	Responsible agency + contract with research group(s) + limited international technical assistance	20%	\$150–\$250,000 for a baseline survey, monitoring studies & final survey for a sample of approximately 1,000 households.

Monitoring

Two related but distinct activities are needed to obtain feedback on CBC activities: (1) monitoring the progress and the process of CBC implementation to enable managers to improve ongoing activities; and (2) evaluating CBC program impact, i.e. the changes in behaviors and related knowledge and attitudes of the target audiences, and what CBC messages, materials, and other actions worked and what did not and why. Both monitoring and evaluation of CBC should be integrated to the extent reasonable with overall project monitoring and evaluation.

The type of questions the monitoring should answer are:

- functioning of communication activities: Have materials been distributed through the system to the user level? Has training on counseling been conducted as planned? Are health workers using materials, and using them correctly? Are broadcasts and performances occurring as planned?
- indicators of quality of communication: Are the various media reaching all of the specific audiences as planned? How does the intended audience feel about the communication activities taking place? Do people understand the messages? Are they receptive to the information (do they believe and trust it)? Is there any adverse reaction? Note: If the communication is interpersonal it is important to ascertain both the understanding of, and belief in, the message on the part of those transmitting, as well as receiving it.
- indicators of initial impact: Have people begun to follow advice? Has the new practice become a regular activity? Are health workers treating people better and counseling more effectively? Are people talking about the program and its messages? Are the concepts and practices spreading, being adopted or adapted by others? Is there any evidence of health and nutrition impact?

This information should be collected both routinely and in special studies (called “tracking studies” by market research companies) that take place at least every six months.

Routine monitoring includes such activities as: reviewing monthly reports by staff members/program implementors, meeting periodically with change agents; observing training sessions, observing change agents at work, spot checking distribution points for products, spot checking distribution end points for materials, visiting radio and/or TV stations, listening for program materials on the radio, and discussing the program informally with the target audience to learn their opinions. Routine monitoring can be combined with supervision, but it is not the same: both must occur. It is the task of the focal point to ensure that the program is monitored. The implementing agency, especially at a decentralized level, is responsible for project supervision.

Special studies may be needed to probe a potential problem more thoroughly or understand progress in quantitative terms. Tracking studies are usually conducted with a small, randomly selected sample of the project population. These studies are useful to verify impressions, understand the extent of a change in perception or practice and to pinpoint where a correction may be needed. Early positive results from tracking studies can heighten support for the project, a critical factor in sustainability.

Although monitoring is the responsibility of the focal point and implementing agency, the World Bank should encourage those responsible. If possible, World Bank Task Managers on supervision visits should ask to review these tracking studies and should also conduct field visits to all levels of project implementation to supplement reports, observe counseling, talk to health providers, etc.

Evaluation

Similar to monitoring, there are a variety of methods that can be used to evaluate impact. The most common is a pre-test/post-test method using

large-scale, quantitative surveys with randomly selected samples. If feasible and affordable, the same survey should be conducted among a representative sample in the project area and also among a matched population (by health and nutrition status, education, income, ethnicity, access to media) living outside of the area. It is important, but often difficult in practice, that mass media from the project area not reach the control area, since this “contaminates” results there. If it is impossible to establish a control area then results from the program area should be analyzed by level of exposure to the program. It may be important to establish a cohort within the sample that can be looked at longitudinally.

A follow-up survey should be carried out after two years or more to look at changes in the knowledge, attitudes, and behaviors of particular populations targeted and not targeted by the program. Both surveys may include measures of growth, nutritional status, and other direct indicators of health to verify biological impact. If biological impact is not sought then dietary improvement documented through 24-hour recalls and food frequencies can be done along with recall and observation of actual practice. Such impact indicators can be compared not only between the project and non-project populations but also among persons most reached by the media and messages and least reached within the project area.

Ideally, a baseline should be conducted after strategy formulation but prior to project launch. If the baseline survey is conducted earlier in project development, it may not include questions on some of the specific knowledge, attitudes and practices that the strategy has targeted to change.

If a major objective is consumption of particular foods whose availability varies seasonally, it is essential that the initial and following surveys be conducted at the same time of the year and that the particular food be identified, not the general class of foods, i.e. green leafy vegetables vs. spinach. If a program is sustained over many years, surveys should be

planned about every three years to help guide the program's overall direction. CBC evaluations examine such variables as:

- potential for exposure given actual availability of messages and materials
- actual exposure: children regularly monitored and counseled, radio listening
- knowledge change
- attitude change
- trials of new behaviors
- changes in key target practices, such as the percentage of mothers who initiate breastfeeding within the first hour, who breastfeed exclusively for at least four months or who seek referral for a particular problem
- changes in health or nutrition status (not the sole responsibility of CBC but important to include).

In addition to evaluation studies with the primary target audience (usually the consumers of the program's communication, products or services), it may be important to evaluate shifts in knowledge, attitudes, and practices of service providers. Important changes may have occurred among this population that have not yet shown their impact on consumers.

Evaluation requirements are easy to underestimate. An impact evaluation requires skilled and experienced persons to ensure a thorough and logical research design, analysis and report. The design should include an analysis plan that will answer the research questions being asked and a proper sample and instruments designed in a manner that elicits true

responses and that corroborates reported behavior by observation, when possible. Attempts to measure changes in practices “are frequently flawed due to the extreme difficulty of identifying and controlling compounding variables.” (Perrett) Even with a good design and analysis, the evaluation is worthless if not written in a way that programmers and policy makers can understand the implications. Expert, experienced guidance should be sought.

While monitoring studies should be handled in large part by program staff, impact evaluations most often should be handled outside the program. First, having an independent group undertake the evaluation eliminates claims of bias. Second, evaluations can be extremely time consuming and can derail program personnel from attention to management and implementation. In the planning phase, consult an expert on approximate costs for the baseline and follow-up survey field work, computer analysis and report preparation.

The fourth and final chapter reviews some of the major challenges that confront World Bank Task Managers in planning and managing effective CBC for nutrition projects or project components.