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**TRIP REPORT: ASSISTANCE TO THE  
INDIA NATIONAL COMMUNICATION STRATEGY WORKSHOP  
ON HEALTH AND POPULATION, NEW DELHI**

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Dates of In-Country Work:  
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## Executive Summary

Robert P. Worrall, who was in India from October 31 to November 24, 1984, as part of a World Bank appraisal mission in West Bengal, undertook an assignment on behalf of JHU/PCS to provide technical assistance to the India National Communication Strategy Workshop on Health and Population in New Delhi, December 3-8, 1984. The assignment began on November 24 with workshop planning and continued through the end of the workshop. Report writing was done in Washington, D.C. after returning from India.

Robert P. Worrall, former President of the Population Reference Bureau in Washington, D.C., has been a professional in educational media and development communication in family planning and agriculture for over 30 years. Dr. Worrall's familiarity with India stems from his experience with the Ford Foundation in New Delhi. There, he participated in developing a comprehensive international assistance program to complement development efforts of the Government of India. Dr. Worrall has a Ph.D. in Adult and Higher Education and has developed numerous TV scripts on agricultural and rural development. He is widely published, including articles about applications of audio-visual methods in India, and the role of communication in family planning projects.

The purpose and objectives of the assignment were:

1. To assist the GOI in interpretation of the communication needs assessment results.
2. To advise the GOI on the development of health/population messages based on the survey findings.
3. To advise the GOI on appropriate communication strategies for spreading messages.
4. To act as a resource person in the Communication Strategy Workshop.

During the week prior to the workshop, the consultant collaborated with Dr. Saramma Mathai and John Rogosch of the AID Mission and N.R. Yadav of the Ministry of Health and Family Welfare (MOHFW) in developing the final design

for the workshop. During the week the consultant also met for one full day with the JHU/PCS social marketing consultant, Subrota Sen Gupta of Clarion Advertising, Calcutta, to plan a presentation and small work sessions to develop marketing plans. During the second half of the week the consultant coordinated his activities with JHU/PCS consultant Dr. James Palmore of the East-West Center for the purpose of maximizing use of communication needs assessment results in the workshop.

The consultant prepared a set of nine planning forms to guide the state planning teams in developing an overall communication strategy for the last two years of the area project. The planning forms included (1) IEC goals, (2) audience analysis, (3) current audience behavior, (4) message design, (5) channel selection, (6-7) management activities, (8) budgeting, and (9) training.

The consultant prepared two papers--one entitled "The Role of the Communication Process in Behavior Change," and the other entitled "Developing an IEC Strategy for the Remaining Two Years of the Area Project" (papers included).

During the workshop the consultant made a presentation on the first day, served as a resource person during the work group sessions conducted by Mr. Sen Gupta and Dr. Palmore, and conducted the exercise leading to the developing of overall strategy plans for each district and state.

The state teams were diligent in their analysis and application of the CNA results to strategy planning. Nevertheless, each team will need to review these plans following the workshop and, in some cases, complete some of the planning steps. In particular, district level staff will need to give careful attention to the management steps needed to implement the IEC strategy.

### List of Abbreviations

AIR	-	All India Radio
CNA	-	Communication Needs Assessment
GOI	-	Government of India
HFWTC	-	Health and Family Welfare Training Center
I and B	-	Information and Broadcasting (Ministry)
IEC	-	Information, Education and Communication
IUD	-	Intrauterine Device
JHU/PCS	-	Johns Hopkins University/Population Communication Services
KAP	-	Knowledge, Attitudes and Practice
MOHFW	-	Ministry of Health and Family Welfare
NIHFW	-	National Institute of Health and Family Welfare
USAID	-	United States Agency for International Development

**ASSISTANCE TO THE  
INDIA NATIONAL COMMUNICATION STRATEGY WORKSHOP  
ON HEALTH AND POPULATION, NEW DELHI**

Introduction

The purpose of the assignment was to assist in the planning and conduct of a five-day population communication strategy workshop for key officials in the five states where USAID is the donor agency. The consultant was expected to assist the participants in interpreting the results of the Communication Needs Assessment (CNA) and applying these results to the process of developing an overall strategy for the IEC component of the Family Welfare Program during the remaining two years of the project.

The Communication Needs Assessment has been a major preoccupation of the IEC staff in the project districts, and there is reason to believe that there has been little change in IEC activity in those districts during the first three years of the area project pending the outcome of the assessment. The workshop is expected to stimulate innovative activity during the two years that remain.

Although the field work and hand tabulations of data resulting from the CNA have been completed, the computer analysis is still not available. For purpose of the workshop only, the preliminary analysis on Bhiwani (Haryana), Bharuch (Gujarat) and Parbani (Maharashtra) was available in graph form for ready use. This did not adversely affect the planning sessions, however, because the graphic presentation of data from the three districts effectively illustrated the status of knowledge, attitudes and practices which constituted the basis of audience analysis, message development and channel selection.

Dr. Mathai gave full time to the planning and conduct of the workshop which served to maximize the consultant's contribution. For example, she prepared the graphs depicting KAP status among both staff and non-staff respondents. Other Mission staff, in particular John Rogosch, Rogers Beasley, and John F. Kantner, participated in both the planning and implementation phases, adding greatly to the effectiveness of the workshop.

Although most of the states were represented by the State Project Director, the State IEC Head, the IEC Head in each of the Project Districts and a representative of the Health and Family Welfare Training Center (HFWTC), Maharashtra had only the Project Director and one District IEC Head, which reduced the efficiency of its planning.

Mr. N.R. Yadav, who represents the MOHFW's IEC interests in all the area project states, was generally available during the planning period and participated fully in the workshop. Planning was unfortunately hampered in some respects by difficulties in communicating with Mr. Yadav.

Inexplicably, Professor V.R. Naik of the National Institute of Health and Family Welfare (NIHFW) was not invited to participate in the workshop. This was most unfortunate because of Professor Naik's position at the Institute, his past leadership in national IEC affairs, and his professional participation in the area's project IEC component of another donor agency. Without question, Professor Naik would have contributed substantially to the workshop and would have benefited from participating.

#### HIGHLIGHTS OF IN-COUNTRY WORK

##### A. Workshop Planning

When the consultant reported for work to the USAID Mission on Sunday, November 25, a tentative agenda for the workshop had been developed. The agenda was revised in accordance with the consultant's suggestions and later in the week revised twice, first according to suggestions by Dr. Palmore and finally based on suggestions by Mr. Yadav.

The first stage in the planning was a day-long meeting with Subroto Sen Gupta, the social marketing consultant. From Wednesday, November 26, Dr. Palmore participated in the planning, and in particular helped interpret the findings of the CNA in the context of their contribution to the workshop. The major elements of the workshop were: (1) presentation and discussion of the CNA results; (2) explanation of social marketing and small group work in developing a marketing plan for one product or practice; and (3) introduction to IEC planning and small group work in developing a two-year comprehensive IEC strategy for each district and state.

## B. The Workshop Experience

In addition to the state participants, AID Mission representatives, and consultants, there were a number of participants from the Ministry of Information and Broadcasting (I and B), the Indian Institute of Mass Communication (IIMC), NIHF, MOHF and All India Radio (AIR). The State Mass Education and Media Officers from both Kerala and Andhra Pradesh participated. (See Appendix B for list.)

Dr. Palmore based his presentation and introduction to the first day's small group work on the appended set of sheets entitled "A Quick Review of the Communication Needs Assessment," which were reproduced as overhead transparencies.

Mr. Sen Gupta also used overhead transparencies to describe the marketing process and showed a brief videotape illustrating effective advertising techniques.

The consultant used a newsprint pad and overhead transparencies in conjunction with the planning forms described earlier.

Following each small group work session, each state group reported to the plenary session.

## C. Assessment of the Strategy Planning Sessions

The task of developing a two-year comprehensive IEC strategy in two days or even five days would have been unrealistic had it not been for the fact that the exercise started with some key givens: (1) the 12 key health and family welfare problems, from which messages could be readily developed once the results of the CNA became known; and (2) the target audiences on which the CNA data revealed important KAP information.

The 12 key health and family welfare problems are:

- early age at first pregnancy
- short birth interval
- large family size
- low birth weight
- neonatal tetanus
- birth injury, asphyxia
- neonatal septicemia
- diarrhea
- malnutrition
- respiratory diseases
- immunizable diseases
- malaria

The 16 categories of audiences include:

- currently married women
  - scheduled caste and tribals
- currently married men
  - scheduled caste and tribals
- community leaders
- development functionaries
- private practitioners
- trained dais
- untrained dais
- health guides
- health workers, female
- health workers, male
- health assistants, female
- health assistants, male
- district education and media officials
- block extension educators

The health and population staff in the Mission made it clear at the outset that they expected a complete IEC strategy to be completed during the workshop. Literally this would have required that each step in the planning process be applied audience by audience. It quickly became apparent that time would not permit such detail. Although the planning forms suggest that each step be taken for all audience categories, in practice the groups combined audiences which they deemed were similar, for example, health workers and health assistants. They also combined key health problems to the extent that the same channels would be used. This reduced the variables and enabled most groups to complete the exercises.

Even so, it was agreed midway through the fourth day's small group sessions to record the recommendations on the summary form rather than on the step-by-step planning forms.

### Conclusions and Recommendations

It would obviously have been better to have had the fully analyzed results of the CNA available prior to the workshop. This was, however, beyond the control of the AID Mission. The principal advantage of receiving the analysis earlier would have been in having more time to think about how to present it to the state planning teams in easily understandable form.

The social marketing component of the workshop had both positive and negative aspects. Mr. Sen Gupta's presentation, his illustrations, and responses to questions were well received. The identification of the IUD as the practice to be "marketed" and the detailed follow-through in developing a "marketing plan" were carried out enthusiastically by the participants. However, when the larger exercise of developing overall IEC strategy got underway, there was some confusion about how the "marketing plan" related to the overall strategy. The response to the detailed step-by-step strategy planning during the last two days undoubtedly suffered because the marketing exercise followed the same general pattern and used much the same terminology. Had the marketing consultant and the IEC consultant spent several days together during the planning period, this problem might not have developed.

List of Persons Contacted

1. Dr. Rogers Beasley, Chief, Health Projects, USAID, New Delhi.  
Telephone: 600651, Extension 657
2. Dr. John F. Kantner, Population Advisor, Officer of Population,  
USAID, New Delhi.
3. J. C. Kavoori, Executive Director, Family Planning Foundation,  
198 Golf Links, New Delhi, 110003. Telephone: 619382
4. V. R. Naik, Professor and Head of the Department of Communication,  
National Institute of Health and Family Welfare, New Delhi.
5. James Palmore, Professor of Sociology and Research Associate,  
East-West Population Institute, Honolulu, Hawaii.
6. John Rogosch, Director of Area Projects, USAID, New Delhi.  
Telephone: 60051, Extension 593
7. Dr. Somnath Ray, Director General, National Institute of Health  
and Family Welfare, New Delhi.
8. Subroto Sen Gupta, Marketing Communication Consultant, 20 Park Street,  
Calcutta 700016. Telephone: 247828
9. Spencer Silberstein, Deputy Chief of Health projects, USAID,  
New Delhi. Telephone: 600651
10. Summa Subanna, Deputy Secretary, MOHFW, New Delhi.  
Telepone: 389126
11. Dr. Saramma Thomas Mathai, Health Advisor, Area Projects, USAID,  
New Delhi. Telephone: 600651
12. N. R. Yadav, OSD Communication, MOHFW, New Delhi.  
Telephone: 388420

(Workshop participants not included.)

List of Workshop ParticipantsHIMACHAL PRADESH

Dr. D.S. Chauhan	Project Director
Mr. L.C. Sharma	Asst. Director, Statistics
Mr. Bandola	State MEIMO
Mr. R. R. Rouhan	District MEIMO, Kangra
Dr. D.C. Dubey	Director of Social Science Dept., NIHFV
Mr. Muthu Koya	Chief Exhibition Officer, Ministry of Information and Broadcasting
Mr. V.K. Sharma	Nirodh Marketing Division

HARYANA

Mr. Dhawan	State MEIMO
Mr. P.K. Puri	HFVTC, Rohtak
Mr. K.N. Sharma	Project IEC Officer
Mr. Kondel Rao	Asst. Director IEC, Andhra Pradesh
Mr. Devgan	Asst. Professor Management Sciences Division, NIHFV
Mr. N.R. Yadav	OSD, Communications, MOHFV

PUNJAB

Dr. Pritpal Singh	Project Director
Mr. Mathur	Project IEC Officer
Mr. Jagjit Singh Walia	HFVTC, Kharar
Mr. Rawat	Deputy Director Programmes, Doordarshan
Mr. Bararoo	Deputy Director, Song & Drama, Divn., Ministry of Information and Broadcasting
Mr. P.N. Kapoor	OSD, E&I Division, MOHFV
Mr. Sn.N. Kashyap	KMEIO, Sangrur

GUJARAT

Dr. R.D. Kachhia	Project Director
Mr. S.M. Joshi	Project IEC Officer
Mr. S. Mehta	MFWTC, Ahmedabad
Mr. Ghandi	HFWTC, Ahemedabad
Mr. Shukla	DMEIMO, Bharuch
Mr. U.S. Mishra	Program Officer, Media Division, MOHFW

MAHARASHTRA

Dr. Khedekar, P.B.	Planning Officer
Mr. Moghe, R.N.	HFWTC, Aurangabad
Mr. Yasodharan	Joint Director, IEC, Kerala
Dr. R.K. Seth	Asst. Comm. (A.P.) MOHFW

WORKSHOP AGENDA

COMMUNICATION NEEDS ASSESSMENT WORKSHOP

DECEMBER 3-7, 1984

December 3, 1984

10:00 - 10:30 Inauguration - Mr. H.W. Syiem  
Director Area Project

10:30 - 11:15 Reports of Media research by NIHFV,  
AIR, IIMC  
Chairperson - Mr. Sinha, Chief Media

11:15 - 11:30 Coffee Break  
Chairperson for the following session -  
Dr. R.K. Seth

11:30 - 11:45 Brief description of CNA -  
Mr. N.R. Yadav, OSD, Communications

11:45 - 12:15 CNA Survey Philosophy -  
Dr. J. Palmore, EWPI

12:15 - 1:15 Use of marketing approaches  
Mr. S. Sen Gupta, Clarion Advertising

1:15 - 1:30 The Communication Process and Behavior  
Change - R. Worrall, Communication  
Consultant

1:30 - 2:30 Lunch

2:30 - 3:00 Briefing on Group Work - Dr. J. Palmore

3:00 - 5:00 Group Work: five state groups. Look at the  
data and identify important implications.  
Dr. Palmore in charge.

December 4, 1984

9:30 - 11:00 Chairperson - Dr. J. Palmore  
Presentation of group work

11:00 - 11:15 Coffee Break  
Chairperson - Mr. Syiem

11:15 - 1:00 Use of CNA data for message development  
- Mr. S. Sen Gupta  
Contents  
Media  
Audience  
Techniques for rapidly gathering information  
for marketing

December 4, 1984 cont'd

1:00 - 2:00	Lunch
2:00 - 5:00	Group Work - Each group will prepare a complete marketing plan for one important program in their district - Mr. Sen Gupta in charge.

December 5, 1984

9:30 - 11:00	Chairperson - Dr. W.B. Rogers Beasley Presentation of group work
11:00 - 11:15	Coffee break
11:15 - 11:30	Chairperson - Dr. Dubey Communication Strategies as included in the working groups - Mr. Yadav
11:30 - 12:00	Developing IEC Strategies, Dr. Worrall
12:00 - 12:30	The Behen Mr. J.S. Kang, Chairperson Dr. S.T. Mathai, Resource person
12:30 - 1:30	Group Work - Develop IEC strategy work plan for next two years.
1:30 - 2:30	Lunch
2:30 - 5:00	Group work continues

December 6, 1984

9:30 - 11:00	Group work continues
11:00 - 11:15	Coffee break
11:15 - 1:00	Group work continues
1:00 - 2:00	Lunch
2:00 - 3:00	Chairperson - Dr. Worrall Presentation of group work
3:00 - 5:00	Preparation of group presentations for Friday

December 7, 1984

10:00 - 11:40	Chairperson, Mr. Vikranajit, Advisor Marketing Presentation by each state of two years plan (30 minutes presentation for each state, 10 minutes discussion)
11:40 - 12:00	Coffee break
12:00 - 1:40	Presentations continue
1:40 - 2:40	Lunch
2:40 - 3:30	Presentation continues - Mr. Vikranajit
3:30 - 3:45	Comments on Reports - Mr. Sudhakar
3:45 - 4:00	Comments on Reports - Dr. Palmore, Dr. Worrall
4:00 - 4:30	Coffee break
4:30 - 5:00	Closing Session, Evaluation of Workshop

## CONSULTANT PRESENTATION

The Role of The Communication Process  
in Behavior Change

Communication is the process by which ideas are transmitted from a source to a receiver with the intention of changing his behaviour. All too often family planning programs have been preoccupied with use of mass media and the skills connected with producing family planning messages. As population IEC specialists, we are responsible for much more than that. We must first and foremost be able to develop strategy based upon sound social science principles which link interpersonal communication with communication that involves media. Developing that skill is the purpose of this workshop.

Having learned the results of the communication needs assessment and become familiar with the principles of social marketing we should now focus on the communication process and analyze its elements in preparation for the exercise of developing an IEC strategy for the next two years.

The first element in the process is the SOURCE

The source is the originator of the message;

The source can be an individual, a group of individuals or an institution. The source of the "do ya teen bachhe bas" message is the Government of India;

The source is important in our communication planning because of the credibility attached to messages by virtue of their source. Surveys show that, for example, potential acceptors have more confidence in messages on family planning that originate with doctors than with non-doctors.

## MESSAGE:

- The message is the idea being communicated;
- Messages are constantly being sent and received through gestures, symbols, body movements etc., but in this workshop we are concerned with purposeful or planned communication. If messages are to be successful in carrying the meaning intended by the source there must be some familiarity between the source and the receiver. Famous actors and actresses who appear in movies and on television are often thought of as friends by their viewers because they have seen them so often. Apparently they have high credibility or why else would we be seeing actors elected to high office as in both India and the U.S.

An important principle in communication is that meanings are in people. The words used in delivering a message are less important than the sharing of meaning by the source and the receiver.

CHANNEL:

- A channel is the means by which the message travels from source to receiver.
- Channels may be interpersonal where the message passes directly from source to receiver or group communication where several receivers receive messages from one or several sources. They may involve media, such as newsprint pads, telephone or satellite transmission.

RECEIVER (Audience):

- The most important element in the process is the receiver who is ultimately an individual.

EFFECTS:

- We think of effects in the same breath as we do receivers because the measure of purposeful communication is a change in the receivers' behavior. Thus when we speak of effective communication we mean communication that results in changes in receivers' behavior that were intended by the source.

There are three main types of communication effects:

1. Changes in thinking (knowledge)
2. Changes in feeling (attitudes) an attitude often indicates the action an individual may take.
3. Changes in action (practice). These are changes in overall behaviour such as buying a particular brand of cigarette or using a contraceptive.

These three changes usually occur in sequence, that is a change in knowledge precedes a change in attitude which precedes a change in behavior, but not always. Attitude change often follows an action like trying a new flavor of ice cream.

Feedback:

Feedback is the response by the receiver to the source's message which the source can use to modify further messages. In general the more feedback, the more effective the communication.

The communication needs assessment is an excellent example of feedback because it reveals the actual effects on receivers as compared with the intended effects of the source.

This workshop is designed to help us analyze each element in the communication process and relate it to a communication strategy for the next two years of the area project. We will have to concentrate very carefully and work very hard if we are to give each element the attention it deserves. On the other hand we have a tremendous advantage because we are dealing with a set of messages that have already been defined and accepted. We have identified our receiver audience and we have research-based feedback on the effects of the messages on the intended receivers.

We will take advantage of this information as the last exercise in the workshop to develop a communication strategy. A communication strategy is a plan or design for changing human behavior on a large scale basis through the transfer of new ideas. It is a particular combination of resources based on the communication process and used within an administrative framework to achieve goals. It is a broad statement of how planned activities will achieve desired behavior change.

There is a great deal of confusion about the meaning of strategy. Too often in family planning and family welfare communication programs strategy is confused with tactics. The dictionary definition of strategy is "the art of devising and employing plans or stratagems toward a goal." Tactics on the other hand are seen as "small scale actions serving a larger purpose made or carried out with only a limited or immediate end in view."

The plan we will be developing as a result of this workshop focusses on behavior change within the receiver audiences we have identified. The tactics largely refer to our use of media whether they be flipcharts, OTCs or radio.

The prevailing pattern of evaluating an IEC program or the work of an individual within that program is to count up the number of activities he generates. How many OTCs, how many handouts, how many village visits? The real test of effectiveness is how many individuals have changed their behavior in terms of thinking, feeling, and action.

Robert P. Worrall

December 3, 1984

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## CONSULTANT PRESENTATION

Developing an IEC Strategyfor the Remaining Two Years of the Areas Project

The singular use of strategy in the title is intentional because our task in this workshop is to develop an overall strategy to bring about changes in behavior among the 18 different groups we have identified as priority receivers for our family welfare messages. Within this strategic framework we will consider a variety of tactics which we have defined as "actions serving a larger purpose carried out with a limited end in view."

In general, population IEC problems tend to shift from informing and educating staff to informing leaders, to informing and educating fieldworkers (and supporting their inter-personal communication efforts) to use of mass media to carry information to the ready acceptor group, and finally to the problems of persuading resistant groups to the benefits of health and family planning and of maintaining continued contraceptive use among current acceptors (1).

The experience in India did not necessarily follow this sequence. The first five-year plan recognized the negative effects of continued population growth on the GOI's efforts to raise living standards. Emphasis was given to research studies and providing supplies and services. Information and education were largely confined to health centers and hospitals.

The second five-year plan was characterized by institution building. Training centers and centrally financed field units were established. Research and training in demography, reproductive biology, and communication were expanded. By 1960 about 460,000 posters, 80,000 pamphlets and 70,000 folders had been distributed. Films and slides were being used and occasional radio broadcasts were being made. (2)

The third plan made population stabilization a central issue in national planning. The plan stated, "The intensification of the educational programme is crucial to the success of the entire movement --

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(1) From Planning Communication for Family Planning, A Professional Development Module by John Middleton and Yvonne Hsu Lin, East West Communication Institute.

(2) Family Planning in India, Director General of Health Services, Ministry of Health and Family Planning, Government of India.

information has to be made available to the largest possible scale and conditions created in which individuals can freely resort to family planning." (3)

During this period the now famous red triangle and the four faces symbol became almost universally known throughout India.

Even greater priority was given family planning during the fourth plan period and mass media assumed an important place. The total budget for mass media was about 15 crores, nearly one-fifth devoted to films which were selected as the main channel for transmitting the messages. Mass educational activities were given particular attention. The Plan document stated "Traditional and cultural media like song, drama, and folk entertainment will be effectively used. Extension education will be strengthened and population education will be introduced." (4)

The fifth plan which integrated family planning services with those of health, maternal and child health, and nutrition emphasized new technologies that would help deliver information to villagers including the use of television. Family planning extension workers were converted into multi-purpose workers with special responsibilities for surveying family planning motivation and services. (5) Disincentives such as withholding maternity benefits, education concessions, housing facilities for employees with more than three children, and others were used.

From this brief review of India's population IEC history, it is easy to see that it did not follow the pattern described earlier in developing a communication strategy. For example, mass media became the principle IEC approach as early as the third plan, and widescale use of multipurpose workers as front-line communicators was not stressed until the fourth plan.

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(3) The Third Five-Year Plan, Planning Commission, Government of India, quoted in Family Planning Communication, a Critique of the Indian Programme by Sumanta Banerjee.

(4) The Fourth Five-Year Plan, 1969-1974, Planning Commission, Government of India, page 395.

(5) Background to the News, a note prepared by the Research and Reference Division, Ministry of Information and Broadcasting for use by media units of the Ministry, 17 February 1976. Quoted in Family Planning Communication by Sumanta Banerjee.

The first step in developing an overall IEC strategy is to identify the priority audiences for our IEC messages. This will be affected by the stage which the family welfare program has reached. For example, early in the experience of the Kenyan program, the following priorities were selected: (6)

First Priority

1. Political leaders and other elites
2. Provincial elites
3. Health community
4. Communication executives

Second Priority

5. Clients of Health Services

Third Priority

6. General public
7. Local tribe and town leaders
8. Non-medical field personnel
9. Religious leaders
10. Special groups  
    For example: teachers  
                  military  
                  labor unions  
                  womens groups  
                  voluntary agencies

The first and most basic principle to use in identifying priority audience groups is to choose categories whose behavior most affects the problem or the goals of the program. This is a simple principle but not always easy to apply.

In the areas project we have identified eight audience categories representing staff and eight categories which are non-staff.

Staff

Block Extension Educators  
District Education and Media Officers  
Health Assistants, male  
Health Assistants, female  
Health Workers, male  
Health Workers, female  
Health Guides  
Trained dais

Non-staff

Currently married women  
    Scheduled caste, tribal  
Currently married men  
    Scheduled caste, tribal  
Community leaders  
Development functionaries  
Private practitioners  
Untrained dais

(6) Kenya: Developing a Family Planning Communication Plan for 1970-1971, John G. Kigandu, David Radel and William O. Sweeney.

As a general rule, we would expect to direct most of our IEC tactics to the non-staff audience, particularly to currently married men and women. But the results of the CNA show that those in the staff category are often as deficient in knowledge, attitudes and practice as those in the potential acceptor categories. For example, in Parbani nearly 70 percent of currently married women thought it was a mistake to feed children during diarrhea and dehydration. However, 100 percent of Health Assistants (female), over 80 percent of Health Assistants (male), 90 percent of Health Workers (female), and nearly 90 percent of Health Workers (male) thought the same. This suggests that training the staff to increase their knowledge of family welfare and improve their attitude about it assumes perhaps equal importance with trying to reach the potential acceptors.

An essential step in the process of developing an overall IEC strategy is to find out where each of these audience categories is in terms of their behavior in relation to the 12 key health problems. We have the communication needs assessment from which to make these judgments. Remember that the three kinds of behavior we need to identify are:

thinking (knowledge)  
feeling (attitude)  
action (practice)

For example, from the graph on early age at first pregnancy, we can see that 50 percent of currently married women in Parbani district believe that the first pregnancy should be at less than 20 years of age. Seventy percent of the private practitioners and ninety percent of the untrained dais believe that the first pregnancy should be at less than 20.

What difference does it make? Just this, that if we have dependable information on the level of a person's knowledge and the feelings he has about a practice in which we wish to change his behavior, we are in a better position to develop messages and educational experiences which will be effective. It is not likely, for example, that the message "Do Yah Teen Bachho Bas" will be effective in changing the behavior of currently married women in Parbani.

### Message Design

The message is the intended action which the source wishes the receiver to take. Seldom will that action be immediately evident, but instead the message will result in some change in knowledge or attitude which may eventually result in some observable change in action. More than likely, however, many steps will be required before a new idea is adopted. The idea may be tried out on a friend or other

trusted source. Friends and relatives, for example, ranked very high on the list of sources for family planning messages in Bharuch, Bhiwani, and Parbani.

The diffusion of new ideas is thought to go through several distinct stages before finally being adopted. They are described as:

awareness  
interest  
evaluation  
trial  
adoption

Thus, the first step is simply becoming aware that a new practice is available. In India the Red Triangle is said to have made the majority of people aware that they can do something about both the number of children they have and the frequency with which they have them.

In the second stage, people become interested personally in the new practice. In the case of family planning in India, it means they become interested in contraception, sterilization, or abortion for their own benefit without references to its benefit to the country.

If sufficiently interested, they will seriously evaluate the new practice in their own mind. They may also consult others, perhaps a doctor, another family member, or a trusted friend. If that process is satisfactory, they may try the new practice, let us say, contraception. If they are happy with the new practice and continue with it, we can say they have adopted it.

As IEC planners, we have the responsibility to develop messages and educational approaches which will not only produce awareness of new ways of doing things, but will encourage and support those in our target audiences to move through the five diffusion steps to adoption.

The message is the link between the source and the receiver. The receiver will be more likely to act on the message if he knows and trusts the source and if he or she feels the action suggested is in his or her best interest. The message "Do Yah Teen Bachha Bas," when seen against the backdrop of the communication needs assessment is a poor message. Why? Because it places the source -- the Government of India -- at odds with the thinking and feeling of the majority of the currently married women and men. They have stated that they want large families, they want their daughters to marry at less than age 20, and they prefer a short birth interval. They are likely to ignore the message, have two or three and stop. Our task in this workshop is to develop messages which will (1) be clearly understood, (2) be seen as in the self-interest of the receiver, and (3) represent an action that the receiver is able to carry out.

## Selecting Channels

The channel represents the part of the communication process which we select to convey our message to the target audience. IEC planners often make the mistake of choosing the channel first and then trying to develop a message to fit it. This short circuits the purpose of basing our IEC strategy on the current and desired status of behavior within our audience. It is likely to fail to produce the desired results. Each of us as IEC planners has probably had the experience of having our boss tell us to produce more movies or more posters because he happens to like movies or posters.

I urge you to look at the results of the communication needs assessment in preparation for developing an overall IEC strategy for the next two years. A very high percentage of both married women and married men in Bharuch and Parbani said they heard about family planning through posters. In fact, that was the most prominent method among currently married women in Bharuch, and second only to husbands in Parbani. Friends were very high among both men and women and Bharuch, Bhiwani and Parbani.

The five stages in the diffusion of new ideas or innovations are helpful in choosing channels. At the awareness stage, the mass media are important because they reach large numbers of people in a short time. As individuals begin to become interested in a new idea or innovation and evaluate it in terms of their own needs, more personal channels become important, like meetings or small group discussions. Finally, before new ideas or practices are finally adopted, they are often tested with trusted friends, relatives, or experts in whom the person has confidence.

Another consideration in channel selection is efficiency or cost benefit. Mass media may be a cost efficient means of reaching large numbers of people, however, two factors have to be considered in determining cost effectiveness. First, the time required to prepare a mass media presentation; second, the probable impact on the audience. Mass media, like radio and television, will probably effectively create awareness within a large audience, but to move the audience to trial and adoption, radio and television are not likely to be very effective.

On the other hand, personal visits may be effective in convincing individuals to take up a new practice, but they can be expensive in terms of staff time.

During the next day and a half we will spend our time in state groups for the purpose of developing an overall IEC strategy for the next two years of the areas project. The exercise Dr. Palmore directed and the social marketing plan we developed with Mr. Sen Gupta have been valuable inputs to the process.

Mr. Sen Gupta's development of a marketing plan for IUD paralleled the communication process almost exactly. You will remember

that he took us through the following steps:

1. Selecting the target audiences using CNA data, he described the current behavior of those audiences in terms of thinking, feeling and action. He helped us identify the kinds of behavior changes we want to bring about in marketing the IUD.
2. He suggested alternative messages.
3. He evaluated alternative channels.

Selection of priority audiences to be served in the family welfare program usually occurs in the following sequence:

1. from informing and educating staff to informing leaders
2. from informing leaders to informing and educating field workers (and supporting their inter-personal efforts)
3. from informing and educating field workers to use of mass media to carry information to the ready acceptor group
4. from use of mass media to the problems of persuading resistant groups and maintaining contraceptive use among current acceptors

This was not necessarily the pattern in India. Here the use of mass media was given priority attention before much of the field staff was in position. Specifically, mass media became a principal tactic in the third plan and peripheral workers were not in place until the fourth plan.

To help guide our state level planning, nine planning forms have been developed, each of which has an indicated length of time to complete. The group leader will keep each form as it is completed and we will distribute the next form when the time for the last form is gone.

Following are the steps in the planning process:

#### Step one - Goals

We will take 30 minutes to describe the major family welfare goals of the GOI and our own state. Next we will list the major IEC goals which will be required if the larger family welfare goals are to be realized.

#### Step two - Audience Analysis

We will rank the 18 categories covered in the CNA in terms of their importance at this stage of the project. Next we will describe the current behavior of each category using CNA data.

### Step three - Message Design

We will analyze the effectiveness or lack of effectiveness of messages included in the CNA in terms of producing desired behavior. As time permits, we will design improved messages.

### Step four - Channel Selection

Using CNA results which show the effectiveness of channels in carrying the intended effects to each audience, we will develop a list of priority channels for each audience. It may not be possible to complete the list for all audience categories. This is the reason for ranking them by importance in step two. You will be asked to describe briefly a behavior change goal for each category.

In considering channels remember the steps through which individuals normally go in accepting a new idea:

- awareness
- interest
- evaluation
- trial
- adoption

### Steps five and six - Management Activities

Depending on the channels you select, the next step is to plan for the needed inputs for using that channel. For example, if its radio, someone has to produce a tape or arrange for an interview or prepare a script. During this step you will describe the needed inputs, who will provide them, and on what schedule.

### Step seven - Budgeting

Since you must work within limits of manpower and money, you must put cost estimates on the inputs for use in each channel. It may not be possible to calculate actual figures in the time allotted, but you should estimate the proportion of each input to the total. You should make sure the total cost does not exceed the amount available for each channel.

### Step eight - Training

Using CNA data you will be asked to develop a plan for training of BEEs and DEMOs to remedy the gaps in their current thinking, feeling and action.

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The final step is to transfer the key information from our planning to the summary form which we will provide. This will be helpful in making your final presentation on Friday.

Robert P. Worrall  
December 4, 1984

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GUIDE TO PLANNING IEC STRATEGY  
IN THE PROJECT DISTRICTS FOR THE  
NEXT TWO YEARS

**Introduction**

An IEC strategy plan should be based on the communication process the elements of which are:

Source - messages - channels - audiences (effects) Feedback

The purpose of planned communication programs is to change the behavior of individuals in the audience in terms of:

Thinking (Knowledge) Feeling (attitudes) action (practice)

A strategy is a particular combination of resources based on the communication process and used within an administrative framework to achieve goals. It is a broad statement of how planned activities will achieve desired behavior change.

**Step # 1 Goals**

What are the major Health and family welfare goals established by the GOI and your state to which the IEC staff is expected to contribute? Example: The couple protection rate should be raised to 60 percent by 1995. What are your major IEC goals? Example: To conduct OTCs in every village by 1986.

During the next 30 minutes list the major goals to which you and your staff are expected to contribute:

1. Major Health and Family Welfare goals

2. Specific IEC goals

**Step #2 Audience Analysis**

The communication needs analysis has identified the following audience categories:

Non Health/FW Staff

Currently married women  
 Scheduled Caste and Tribal  
 Currently married men  
 Scheduled caste and tribal  
 Community leaders  
 Development Functionaries,  
 Private Practitioners  
 Untrained dais

Health/Fw Staff

Block Extension Educators  
 District Education Media officers,  
 Health Assistants, Male  
 Health Assistants, Female  
 Health Workers, Male  
 Health Workers, Female  
 Health Guides,  
 Trained Dais

In the time available for planning at this workshop it will not be possible to plan a detailed behavior change campaign for each of these groups. During the next 30 minutes make a priority ranking on each of the above categories

Non Health/FW Staff

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Health/FW Staff

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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The CNA data reveals the status of thinking, feeling and action of each audience category based on the twelve key problems of fertility and child mortality.

During the next hour using the CNA data describe your first priority audience in terms of its thinking, feeling and action on the 12 key problems

audience \_\_\_\_\_

status of thinking (knowledge)

Key Problem # 1

Key Problem # 2

Key Problem # 3

Key Problem # 4

Key Problem # 5

Key Problem # 6

Key Problem # 7

Key Problem # 8

Key Problem # 9

Key Problem # 10

Key Problem # 11

Key Problem # 12

Audience \_\_\_\_\_

Planning Form # 3

Sheet No 2

Status of Feeling (attitude)

Key Problem # 1

Key Problem # 2

Key Problem # 3

Key Problem # 4

Key Problem # 5

Key Problem # 6

Key Problem # 7

Key Problem # 8

Key Problem # 9

Key Problem # 10

Key Problem # 11

Key Problem # 12

Audience \_\_\_\_\_

Planning Form # 3

Sheet No 3

Status of Action (Practice)

Key Problem # 1

Key Problem # 2

Key Problem # 3

Key Problem # 4

Key Problem # 5

Key Problem # 6

Key Problem # 7

Key Problem # 8

Key Problem # 9

Key Problem # 10

Key Problem # 11

Key Problem # 12

Step # 4 Message Design

The CNA reveals useful information about the effectiveness (or lack thereof) of messages designed to produce desirable behavior change in individuals comprising the various audience categories. Examples of such messages include "Delay age of marriage", "Start breast feeding within 1-2 hours of delivery" etc.

A. During the next hour describe which messages were effective with your number one audience category, which were not effective and why.

Messages that were effective?

Why were they effective?

Messages that were not effective

Why were they not effective?

B. Choose the messages that was least effective with your number one audience and design and improved message using CNA results. Use the next 30 minutes for this purpose

Step # 5 Channel Selection

The CNA data provides information on the channels through which each audience category received messages about the 12 key problems

Using this information (and other information available to you) develop during the next hour a priority list of channels for the number one category you have selected. Describe the behavior change goal you hope to achieve

Audience \_\_\_\_\_

Behavior change goal \_\_\_\_\_

Channels to be used

Step # 6 Management Activities

Again for your number 1 audience describe the management activities necessary to accomplish the goal you have established in Step 5. Think in terms of the inputs necessary to use the channels (methods) selected in step 5 effectively. For example if radio is selected tape recordings would represent an input. If meetings are involved print materials may be needed. Keep in mind the relative cost of each input identified. Make sure your management activities describe who will do what action when. Use the next hour for this purpose.

Behavior change goal \_\_\_\_\_

Messages (brief description) \_\_\_\_\_  
\_\_\_\_\_

Channels (method)

# 1 \_\_\_\_\_

inputs required \_\_\_\_\_

Who will provide inputs? \_\_\_\_\_

# 2 \_\_\_\_\_  
\_\_\_\_\_

inputs required \_\_\_\_\_

Who will provide inputs ? \_\_\_\_\_  
\_\_\_\_\_

If more space is needed use back of page

Step # 8 For each input a time schedule should be developed. Following is a suggested format:

Time: Months

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Activity Example-16 mm Film

Develop	Pretest	Shoot	Film	Produce	Distri -
Script	Script	Edit	Film	prints	bute -
Outline					film

Step# 8 Budgeting

For each of the Inputs listed in Step 7 identify cost categories (salaries, equipment, materials etc.) and enter them on the form below.

Next enter the inputs in the space provided

Finally, make a prototype budget by allocating percentages of the total budget to each cost category and input category. Refer to your basic strategy decisions to make sure you allocate your funds according to your strategy emphasis.

		inputs				
Cost	Categories					

Training Needs Based on CNA

The CNA data reveals important gaps in Thinking (Knowledge), Feeling (Attitudes) and Action (Practice) by Health and Family Welfare staff concerning the 12 key problems. Using the CNA results, describe the priority training needs of DEMO and BEES and suggest how, where and for how long they should be trained:

**Block Extension Educators:**

Gaps in Thinking, Feeling and Action identified in the CNA

Training needed:

Duration of training required:

Available source of Training:

**District Education and Media Officers:**

Gaps in Thinking, Feeling and Action identified in the CNA

Training needed:

Duration of training required:

Available Source of training:

MEMORANDUM

KELW

TO: Jose G. Rimon  
Kim E. Winnard  
Phyllis T. Piotrow  
Ronald H. Magarick

FROM: Cynthia P. Green *CPK*

DATE: April 30, 1985

SUBJECT: Cable from India

On April 30, 1985, the following cable from the U.S. Embassy in New Delhi was read to me over the telephone:

Advise you not, repeat not, to contact Tara Sinha at Clarion Advertising. Her address is:

19 Eastern Avenue  
Maharani Bagh  
New Delhi 110065  
Telephone.: 634638

Telephone is difficult but keep trying.

I request that JHU/PCS approve the purchase of 2 30-minute presentations on the status of family planning in India. The presentations will have a visual (slide) component and focus on the level of awareness, attitudes, acceptance and practice of family planning with the view to identify communication goals and objectives and thereby increase acceptance and practice. Presentations would be offered to USAID and GOI officials and would become property of the USAID/POP Office for future program use. The first two presentations would be developed, narrated and presented by Tara Sinha. Cost is estimated to be no more than \$1,500. Request \$2,000 ceiling. Reed assistance has been requested by Sinha in the project.

This can be discussed by telephone conversation on May 1, 1985.

Fred Reed  
USAID/New Delhi  
10560/3405L

*Handwritten mark*

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER

POPULATION INFORMATION PROGRAM  
624 North Broadway, Baltimore, Maryland 21205 USA  
Population Reports • POPLINE  
301/955-8200 • Cable POPINFORM  
Population Communication Services (PCS)  
301/955-7666 • Telex 701815

April 30, 1985

Mr. Anselmo Bernal  
S&T/POP/IT  
Office of Population  
U.S. Agency for International Development  
Washington, D.C. 20523

Re: Cooperative Agreement  
DPE-3004-A-00-2018-00

Dear Mr. Bernal:

Attached is a copy of Robert P. Worrall's report covering his trip to India from November 25 through December 8, 1984.

Please indicate your approval of this report on the line below and return a copy of this letter to me for our project files. Once we have received your approval, we will distribute copies of the report to the AID office in India and to other AID officials, as you request.

Thank you for your assistance.

Sincerely,



Cynthia P. Green  
Project Director  
Population Communication Services

APPROVED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CPG:adt