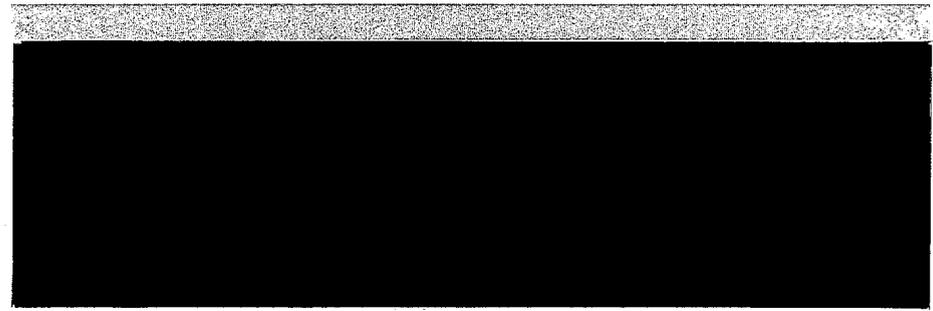


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TRIP REPORT



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**INFORMATION, EDUCATION
AND COMMUNICATION POLICY
GUIDELINES FOR HEALTH
PROMOTION IN ERITREA**

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TABLE OF CONTENTS

ACRONYMS

1.	INTRODUCTION	1
2.	ROLE OF IEC IN THE NATIONAL HEALTH PROGRAM	1
3.	POLICY GUIDELINES FOR IEC	2
3.1	Focus on High Priority Problems	2
3.2	Focus on Behaviour Change	4
3.3	Use Different Message Delivery Strategies to Support Integration of Services	4
3.4	Decentralize Health Promotion	5
3.5	Use Public Information to Support Decentralization	5
3.6	Foster Community Participation	5
3.7	Reach Different Linguistic and Cultural Groups	6
3.8	Create Partnerships with the Public and Private Sector	7
3.9	Donor Coordination	8
4.	SCIENTIFIC APPROACH TO COMMUNICATION PLANNING	8
5.	ORGANIZATIONAL STRUCTURE FOR IEC ACTIVITIES	9
6.	IEC TECHNICAL ADVISORY COMMITTEE	10

APPENDICES

Appendix A	IEC Content Areas
Appendix B	Guiding Principles for IEC Activities

ACRONYMS

IEC Information, Education, and Communication

MOH Ministry of Health

NGO Non-governmental Organization

ORS Oral Rehydration Solution

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1. INTRODUCTION

The State of Eritrea sees IEC as strategically important to its primary health care program. Prolonged colonialism, coupled with a long struggle for independence, has left health services in Eritrea in a poor state. Health facilities are in disrepair, poorly equipped, and face a critical shortage of trained personnel. As a result, the population is suffering from a number of preventable health problems. The health status of women and children is particularly problematic. However, many of the diseases contributing to high mortality and morbidity rates are preventable.

The State of Eritrea is committed to turning the situation around through sustained improvement of the health status of all her people, and has adopted the primary health care strategy as a means of accelerating progress in this area. In this strategy, preventive and promotive health care for the most vulnerable groups — children and women — will receive priority attention. IEC has an important role to play.

There is high-level commitment from the government to use scientific and proven IEC approaches to develop healthier practices among the population.

This policy document, which will guide future health promotion efforts in the country, is intended to

- Lay out the role that IEC will play in the National Health Program.
- Provide guidelines for setting IEC priorities, coordination with donors, and dealing with issues related to language, decentralization, integration of health services, and other core concerns.
- Present key principles and methodologies to guide IEC activities.

2. ROLE OF IEC IN THE NATIONAL HEALTH PROGRAM

IEC aims to promote good health. It will be used to

- Motivate the adoption of positive health practices.
- Teach new skills (such as how to prepare ORS and more nutritious weaning foods).
- Increase the demand for health services and socially useful products, such as contraceptives and iodized salt.
- Provide information on how to manage illnesses at the household level and when to go for services.
- Foster a user-perspective among health providers in order to improve the quality of the contact and the quality of care.
- Improve communication between health care provider and client, and make better use of "opportunities" for education.

- Mobilize community participation.
- Focus the attention of decision makers at all levels on health issues to provide the leadership and resources needed to improve health status.

3. POLICY GUIDELINES FOR IEC

Health IEC activities will be guided by the following general policies:

- Resources will be focused on high priority problems.
- The goal of health promotion is behaviour change, not merely knowledge transfer.
- Integration will be achieved through a variety of message delivery tactics that are appropriate from the audience's perspective.
- Division of responsibilities between the central and other administrative levels will be guided by the dual goals of effectiveness and budgetary efficiency.
- Decentralization requires that local authorities have better public information about the impact of health problems and measures being taken to address them.
- IEC materials are to be adapted for different linguistic and cultural groups according to a solid media use analysis of each group.
- Community participation will be an essential element in designing and implementing communication activities.
- Effective use will be made of both public and private sector resources, and new partnerships established.
- The Ministry's donor strategy will encourage support for priority programs as articulated in the National IEC Plan.

Each of these issues is discussed separately in the following sections (Sections 3.1 through 3.9).

3.1 Focus on High Priority Problems

Given the scarcity of both financial resources and trained IEC professionals in the Ministry of Health, it is of critical importance to focus activities on high priority problems. To help rationalize the allocation of resources devoted to health education in the country, and to ensure that all important problems receive due attention, a three-tier system of priorities is being established by the MOH.

Priority, Intensive Programs: Priority health problems for a national IEC program are those which meet the following criteria:

- contribute most to mortality and morbidity
- are problems where an educational intervention can play a pivotal role in eliminating the problem
- are not already receiving support

Based on these criteria the following areas are identified as being of highest priority: immunization (EPI), control of diarrhoeal diseases (CDD), and other areas as decided by the MOH. This list will be reviewed annually. (Appendix A provides a listing of some of the many topics requiring health education.)

Priority problems will be given intensive IEC treatment, with attention focused on a) conducting research to identify concrete actions that individuals can take to address the problem (example: proper mixing and administration of ORS; adding mashed papaya to a child's weaning food to prevent vitamin A deficiency); b) development of IEC materials for use in health facilities; and c) mounting of integrated promotional strategies using a combination of mass media, interpersonal communication and community events. The MOH's Health Education Unit will devote the bulk of its attention (staff time and budgets) to these priority problems. Likewise, donors will be encouraged to fully support these priorities.

While the Health Education Unit cannot dilute its efforts by focusing on a broad array problems, as it is just beginning to build its capacities, non-priority health education concerns will be addressed in two ways, depending upon the priority level assigned by the MOH.

Medium Priority: Given the broad nature of health problems in the country, there are many of a serious nature and meriting immediate attention that are nonetheless not of utmost priority. Where feasible, IEC components for these medium priority problems will be handled by technical units within the MOH other than Health Education. An IEC person in one of the regions will be identified as a counterpart for field research, and pretesting. Or, other institutional partners (NGOs, other ministries, chambers of commerce, etc.) will be identified to take the lead IEC role until the Health Education Unit can absorb the activity.

The role of the MOH and Health Education Unit will be to

- Provide technical oversight: review IEC materials for technical accuracy and adherence to MOH norms and policies; help standardize messages and avoid duplication of effort.
- Coordinate the mass media activities with particular focus on integrating the "medium priority" messages into the MOH's daily health broadcast. Creative briefs as well as joint development of programs will be used as mechanisms to achieve this goal.
- Facilitate the integration of IEC materials developed by outside organizations into the health education activities at the health facility level.

Low Priority: The many other potential areas for health education will continue to be addressed through individual counselling at the health facility level.

3.2 Focus on Behaviour Change

IEC efforts will focus on behaviour change, rather than use approaches which emphasize the acquisition of general knowledge as the first step to improved health. This requires that IEC programs have a firm understanding of their audience and their ability to enact the specific actions recommended. For best results, field research will be designed to answer specific questions and explore specific behavioural change concepts. Broad-angle ethnographic research is not planned.

3.3 Use Different Message Delivery Strategies to Support Integration of Services

The Ministry of Health is putting in place a health delivery system which integrates services at the facility and community levels. The IEC strategy should reflect this.

Because effective communication depends upon the promotion of a small number of concrete behaviours, and messages need coherency, "integration" requires a different approach for IEC than it does for the service component. It is generally not messages that are integrated, but overall strategies.

Integration will be achieved through a National IEC Plan which sets forth priority IEC behaviour change objectives and makes use of the following approaches:

- Use of an umbrella campaign with a common unifying theme and logo can integrate several priority health topics. By constantly keeping health as an issue in front of the public, such an approach can also serve to build broad community and political support.
- Training of health workers to find ways to link messages in a way that makes sense from the client's perspective. For example, a woman who comes to the clinic with a child with diarrhoea might need information about how to administer ORS. This is the first priority. With training, the health worker can use the short amount of time he/she has (average of five minutes per patient) to deliver one message — and possibly deliver another linked message. In the case of the women whose child has diarrhoea, this might be about the need to continue breastfeeding or to find ways to stimulate the child's appetite.
- Education materials for health workers will point out common linkages that can be made with different messages.
- Radio and other media will be programmed so that all priority health topics are covered each year, along with any medium priority topics for which other agencies are taking the lead. This might involve dealing with one topic in depth each month with attention given to scheduling programs about diarrhoea during the diarrhoea season, ARI messages during the period of highest incidence, etc. This allows time to develop a theme and to address the concerns and questions of the population.

3.4 Decentralize Health Promotion

Design and implementation of the IEC program will be decentralized. Overall technical direction, planning and responsibility for mass media and print production will be a function of the central level. Capacity will be developed at the provincial and sub-provincial levels to participate in community studies and the planning of IEC messages and materials. This is based on the firm belief that the quality of the education program will be improved measurably by having more input from the community and those health professionals who are most knowledgeable about the culture and closest to the population's concerns.

Likewise implementation will be shifted to the local level as speedily as possible, with responsibilities assigned based on a careful management analysis of implementing capability and costs.

3.5 Use Public Information to Support Decentralization

Decentralization, which also involves the shifting of decision-making and budgetary allocation to local authorities, brings with it the need for health advocacy. Decision-makers need good information about the impact of health problems on the human resources and economic health in their geographic area. A flow of public information is also needed to keep leaders informed about health issues and the impact of public health measures. (Example: How many children are malnourished in their village? Is the situation getting better?) Strategies to help build local interest and accountability for health is an area requiring increased attention.

Appropriate IEC interventions will be developed to sensitize political, community, religious and traditional leaders to support health. These leaders might include women's groups, the armed forces, NGOs, and other ministries.

3.6 Foster Community Participation

One of the aims of decentralising health IEC is to maximise community involvement, thereby ensuring that local communities assume increasing responsibility for their own health and play an expanding role in the management of their own health services. Strategies for maximising community participation will include:

- Integrate health in the agenda of all Development Committees and assemblies and carry out advocacy work to ensure that health remains high on the community agenda.
- Design and implement health campaigns with maximum community participation.
- Establish health billboards in an appropriate place in the community and provide feedback to the community about how well their children are doing (how many are not immunized, number with poor nutritional status, etc.) to create awareness and stimulate action.

- An important agenda for the National Five Year IEC Plan will be to test mechanisms for operationalizing these concepts.

3.7 Reach Different Linguistic and Cultural Groups

IEC efforts need to be designed so that they reach each of the major cultural and linguistic groups in the country. This requires that

- All IEC efforts be based on community research to understand cultural practices so as to develop behavioural targets and messages that are culturally appropriate.
- IEC materials should be prepared in different languages. The choice of languages for print and audio material is a critical one. It should be based on solid research to determine what language different groups are literate in and which they prefer for speaking, as these are not necessarily the same.
- IEC strategies use media and outreach strategies designed to tap into the communication networks and social organizations of importance to different groups.

Studies conducted in Eritrea during the 'Struggle' and in the last few years have identified a number of cultural practices that are at odds with optimal health care practices. IEC efforts need to find culturally appropriate and sensitive ways to begin building new cultural norms (such as when to stop breastfeeding or how many children to have).

Individuals will not give up long held beliefs and practices for new ones merely on the basis that the propagator of change finds the new ideas beneficial. Instead, people take time to reflect on the suggested change and weigh what they stand to gain or lose by adopting the new ideas. They check out information on the proposed change with friends, family members and other people they respect and trust; they think about how their standing in society may be affected if they embrace the proposed change; they think about how the change will affect other long held beliefs and practices that they cherish. Chances of adopting the suggested change increase only when other people approve and the individual is convinced that he will not suffer adverse affects if he decides to change. The benefits must clearly outweigh the negatives for change to take place.

To be effective, IEC programs must focus not only on the individual, but on building support for new practices at many levels of society. Dialogue with the community can be helpful in identifying ways to overcome cultural barriers and begin to shift attitudes and behaviours. Finding ways to make adoption of new practices "safe" will be an important mission of the Ministry's health education program. Use of techniques such as peer support groups, strategies to win-over key opinion makers and custodians of cultural mores should be important elements of IEC efforts.

Likewise, the way information is received is governed by culture. People do not always hear or see what is said or presented to them. Instead, their interpretation is influenced by the sum total of their past experiences which are, in turn, influenced by cultural values and practices, age, sex,

level of education, socio-economic status and prior exposure to related situations. IEC programs (and individual change agents) will, therefore, seek to understand the communication networks of their different target groups and tap into them.

3.8 Create Partnerships with the Public and Private Sector

Mounting an intensive IEC effort to improve health behaviour demands more resources than the Ministry of Health has at its disposal. Firstly, communication is an expensive service. New resources will need to be tapped. Secondly, effective IEC programs require a wide range of specialized professional talent that no agency can afford to keep on staff on a permanent basis. The Ministry will use private sector sources when this is cost effective. Thirdly, no one organization, such as the Ministry of Health, or one sector can reach all the audiences that need to be reached for the health program to succeed.

To enhance the quality of IEC, increase its reach, and mobilize additional resources, the MOH will collaborate with national and international development agencies and NGOs (both local and international) and will seek new partnerships with the private sector. Likewise, the MOH will seek out top talent and services from private sector vendors (example: design of posters, creation of radio dramas).

Examples include:

- Professional talent:
 - Local designers and graphic artists
 - Performing artists
 - Photographers
 - Video and film producers
 - Script writers
 - Anthropologists and other social scientists
 - Translators
- Private commercial companies:
 - Printing firms
 - Public relations agencies
- Partners for improving health practices:
 - Other government ministries
 - NGOs (national and international)
 - Community associations, women's groups, etc.
 - Multilateral and bilateral agencies
 - Commercial sponsors
 - Universities

3.9 Donor Coordination

The Ministry of Health will use its National IEC Plan as a framework for soliciting and guiding donor inputs. The donor strategy will

- a) encourage support of priority programs
- b) stimulate support of institutional capacity building in the IEC area, at both the national and regional level
- c) continue to encourage a rational distribution of resources among all provinces in matters of health education

To facilitate coordination, a Donor Coordination Committee, chaired by the Ministry of Health, will be put in place.¹

Donor Coordination Committee

- Membership: Chief executives of donor agencies or their nominees at a level senior enough to commit agencies financially.
- Role: Review MOH's national communication strategies and plans, and commit the resources needed to operationalize them.
Receive progress reports, comment on them, and provide advice designed to improve program performance.
- Frequency: Once every three months, or more frequently if needed.

4. SCIENTIFIC APPROACH TO COMMUNICATION PLANNING

Health promotion efforts will be guided by proven IEC approaches, and principles and will use a **well tested, scientific planning process**. The basic elements of this process is summarized here. Key IEC principles can be found summarized in Appendix B.

Over the course of the past two decades, a well articulated IEC planning process has evolved. It is one on which there is remarkable agreement across theoretical schools, donor and implementing agencies, and continents. The methodology can be applied with equal success to different communication tasks ranging from development of a sound IEC strategy at the national level, an outreach plan for a Community Health Committee, to development of sound IEC materials (posters, radio programs, etc.).

¹An IEC Technical Coordination Committee is also being established. (See Section 6 of this document.).

A five-step methodology is presented here.² This rigorous methodology will guide the development of IEC programs to assure that they are relevant to the needs and perceptions of the audience and are capable of penetrating deeply and extensively into the community.

Step 1: Assess. Research to better understand the socio-cultural and economic context into which new ideas will be introduced. The research is structured to answer questions about a) current practices, attitudes and beliefs, and the barriers and perceived benefits to adopting the new practice, so that concrete behaviours can be identified and motivational approaches designed; b) the key target groups to be reached; and c) the most appropriate mix of communication channels to reach the target group(s) frequently and in a context conducive to listening.

Step 2: Plan. Research results are used to set objectives and plan an approach to deliver messages to a specific target audience through selected channels in an attractive, accessible and persuasive manner.

Step 3: Prepare and Pretest Materials. IEC materials are designed and pretested with representative members of the target populations. Behaviour change concepts (such as introducing a new weaning recipe) are tried out at the household level to help determine if the proposed practices are feasible, and that the messages convey the ideas.

Step 4: Implement. At this stage training is carried out for interpersonal programs, community events take place, and materials and mass media information are disseminated.

Step 5: Monitor and Evaluate. Monitoring of the intervention is essential to tracking performance and making corrections if messages are not understood or are not reaching their intended user. Periodic evaluations, lead to starting the whole process again, beginning with assessment. Periodic assessment also allows for fine tuning and expanding behavioural change strategies to address issues and concerns of the population that emerge as the program matures.

5. ORGANIZATIONAL STRUCTURE FOR IEC ACTIVITIES

Although IEC is an important component of the health program of the State of Eritrea, it is also one of its weakest. The National IEC Unit in the Ministry of Health lacks staff trained in communications and other required disciplines, has a weak infrastructure, and lacks essential equipment. Furthermore, efforts are limited by a lack of dedicated IEC staff at the regional level or below.

² Different authors and different international agencies use different terminology and divide up the key steps somewhat differently. The process, however is one that involves assessment, planning and action in a cyclical fashion, with results from one cycle feeding into design of the next one. UNICEF, for example uses the "Triple-A-Cycle."

In order to implement the National Health IEC Plan, the MOH will give priority attention to strengthening the Health Education Unit and beginning to build capacity at the regional level.

6. IEC TECHNICAL ADVISORY COMMITTEE

To facilitate coordination of IEC activities, an IEC Technical Advisory Committee will be established.

- Membership: Communication officers representing donor agencies, ministries, major national and international NGOs collaborating in health promotion.
- Role: Coordinate IEC activities for the health sector.

Review and provide input to MOH national IEC strategies and plans.

Help coordinate planned research, training, media production, technical assistance visits and other activities of IEC implementing agencies. Review proposed plans for such activities to avoid duplication and promote sharing of results and resources. Members will be responsible for providing copies of key documents and strategies to other committee members.

- Provide technical feedback on selected, draft IEC materials.
- Serve as a forum for discussing IEC issues, operational problems and successes.
- Provide liaison between the MOH and the member organizations on IEC matters.
- Participate in planning selected IEC events.

Frequency: Monthly

APPENDICES

APPENDIX A
IEC CONTENT AREAS

IEC CONTENT AREAS

What follows is a list of problem areas where a need for health education has been identified --it is not a list of actual practices to be promoted. These will be identified using the planning methodology outlined in Section 4 above.

IEC is a critical component of the overall strategy to meet MOH health goals. The National IEC program will focus research, media and outreach efforts on a select number of high priority topics. Other health topics will be addressed in a less intensive fashion. Priorities will be established based on this listing.

Acute respiratory infections (ARI)

Causes, effects, complications, home management and prevention of the following:

- Common colds
- Influenza
- Bronchitis
- Pneumonia
- Tonsillitis
- Pharyngitis
- Laryngitis

Expanded programme on immunization (EPI)

- Benefits of immunization
- Eritrea immunization schedule
- Where immunization services are provided
- Times when services are provided
- Side effects and steps to take in event of side effects
- What else to do to protect the child from immunizable diseases
- How communities and the various categories (leaders, school children, etc) can support the immunization programme
- Barriers to immunization and how to overcome them

Nutrition and growth monitoring

- Optimal weaning practices
- Breastfeeding
- Food handling, storage and cooking methods to preserve nutritional content
- Food value and food utilization in the household
- Food preparation and food hygiene
- How to improve nutrition at the household level
- Micronutrient deficiencies (especially iodine, vitamin A and iron)
- What can be done to ensure food security at the household level

- Child growth
- Nutritional needs during pregnancy and lactation
- Growth monitoring (why? where? how often?)

Control of diarrhoeal Diseases (CDD)

- Causes of diarrhoea
- Different types of diarrhoea
- Effects of diarrhoea
- Home management of diarrhoea (including how to mix and administer ORS, feeding during episode)
- When to take the child to a health facility
- Where to go for help
- Diarrhoea prevention
- The role of the community in prevention of diarrhoea

MATERNAL HEALTH

Safe motherhood

- Maternal morbidity and mortality situation in Eritrea and causative factors
- How the factors can be alleviated
- What the various levels of leadership and members of the community can do to improve the situation
- Benefits of attending antenatal and post natal clinics
- When to start and stop attending clinics
- Benefits of planned parenthood
- When to start and end child birth and why
- What to do during pregnancy and why
- How to avoid pregnancy and why
- Post-natal care

Family planning

- Benefits of family planning
- When to start and end child bearing
- Benefits of child spacing
- Family planning methods
- Family planning side effects; what to do in event of side effects
- Where to go for family planning services
- Responding to family planning users' complaints
- Responding to critics' arguments
- What satisfied users say

CONTROL OF COMMUNICABLE DISEASES

Malaria

- Causes of malaria
- How malaria affects the body
- Where to go for help
- Need to complete treatment dosage
- How to prevent malaria
- Government programmes of malaria control
- What the community can do to control malaria

STDs

- Common STDs in Eritrea
- Prevalence of STDs
- Routes of infection
- Symptoms during incubation and at different stages of the full blown disease
- Prevention
- Cure
- Where to go for help

HIV/AIDS

- Defining HIV/AIDS
- Causes of HIV/AIDS
- Prevalence of HIV/AIDS infection in Eritrea
- Routes of contracting AIDS
- Effects of HIV/AIDS
- Prevention
- Myths and half truths about HIV/AIDS
- Community care of HIV positive members
- Community care of AIDS patients

Tuberculosis

- Prevalence of TB in Eritrea
- Causes
- Effects
- Treatment regimes applicable to Eritrea
- Importance of completing the full course of treatment
- Community care of TB patients
- Community support for TB treatment
- Prevention
- Community action in TB prevention

Leprosy

- Prevalence of leprosy in Eritrea
- Causes
- Effects
- Treatment regimes applicable to Eritrea
- Importance of completing the full course of treatment
- Community care of leprosy patients
- Community support for leprosy treatment
- Prevention
- Community action in leprosy prevention

Hygiene and environmental health

APPENDIX B

GUIDING PRINCIPLES FOR IEC ACTIVITIES

GUIDING PRINCIPLES FOR IEC ACTIVITIES

National IEC strategies and activities will be guided by proven principles of communication.³ Some that are of particular importance are mentioned here.

- o **Audience-Centred:** The underlying principle is that individuals will adopt a new practice only if certain conditions are right. The behaviour must be perceived as useful, and its benefits clearly established. The price in both cash, time, effort, and psychological cost, must be affordable. Audience-centred programs also focus on creating health services and products that respond to what the user wants.
- o **Systematic Planning:** Experience has shown that effective IEC programs are the result of rigorous planning according to a well-defined process. (This is discussed in more detail in Section 4 of this document.)
- o **Research:** Community research is vital to understanding the audiences' beliefs, attitudes and practices so that a few, concrete actions can be identified for promotion that are within the ability of the receiver to act on; so that the right mix of media is used to get the message out; and so that this information is directed to the most appropriate people -- not always the mother, but others who have a role of influence with respect to the particular health behaviour being promoted. In Eritrea the answer to these questions may be different among different ethnic groups and in different agro-climatic zones.
- o **Targeting of Groups:** Health communicators have learned to target their messages to specific groups of people rather than to develop all-purpose messages aimed at the "general public." This requires careful selection of target groups, to include the main person who can take action as well as other target audiences with the power to influence them. It also requires the design of messages and materials that meet the particular needs of each group. (A general brochure on AIDS prevention, for example, will not resonate with youth who have their own concerns and social context. And, a very different kind of material would be needed for religious leaders, whose support for promoting responsible sexual activity is being sought.) One important way to segment audiences in Eritrea is by language. Broadcast of a program in one language, for example, is one way to concentrate the message on a particular group (or agro-climatic zone) with a messages addressing practices that are not widespread.

³ Does the IEC Committee want to list some references here? Ideas here are based on a variety of sources, but drawn most closely from the following two manuals. It might give added weight to cite several more: such as IEC manuals from UNFPA, WHO, UNICEF, FAO, etc. that contain many of principles outlined here. Two references at hand: Rasmuson, M. et al. Communication for Child Survival, Academy for Educational Development, Washington, D.C. 1988.

Parlato, M. et al. Communicating to Improve Nutrition Behaviour: the Challenge of Motivating the Audience to Act, FAO/WHO, International Conference on Nutrition, Rome, 1992.

WHO, Communication for Diarrhoeal Disease Control,

- o **Mix of Communication Channels:** The hallmark of successful programs has been their balanced use of interpersonal communication, mass media, support media and traditional media. A mix enables a program to reach large numbers of people with sufficient frequency to keep the target actions before the audience. In Eritrea a mix of approaches is especially important, as IEC must reach beyond those who may be exposed to health education at a health facility if it is to have a public health impact. Different channels will also be the key to reaching illiterates, isolated villages and other hard to reach groups. A carefully selected array of interpersonal channels (church, women's groups, literacy programs, radio, etc.) will increase the chances of reaching each target group and, as importantly, will enable messages to reach them often enough to bring about changes in practices and to maintain them beyond a trial period.