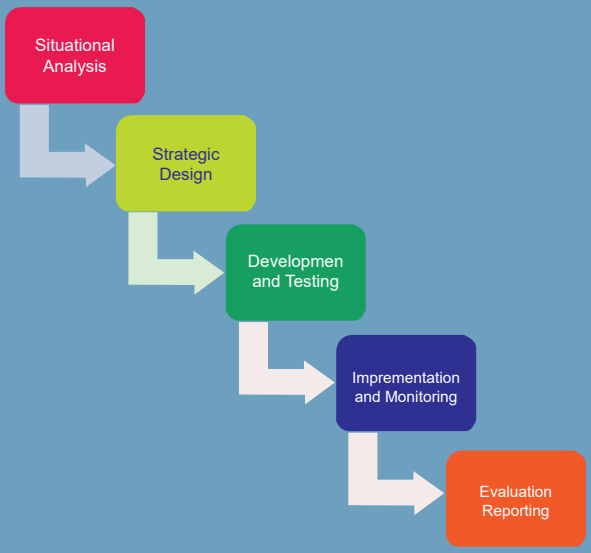
THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY & CHILDREN

National Standard Operating Procedures for Health Communication



SOP

Department of Preventive Services
Health Promotion Section
March, 2021

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Foreword

Health communication plays a critical role in improving health status through addressing social context, systems and processes that underpin health decision making. The realization of these roles can be achieved in an environment where there is effective coordination and standardization of messages and materials. Also, in a context where there are many players or stakeholders with diverse communication strategies there is a risk of sub-standard as well as technically unsound messages. Moreover, with multiple players, materials being produced and disseminated to the intended audiences may not be of the required quality.

Health communication interventions and activities in Tanzania are implemented and supported by a wide range of partners including: the Central Government, Development Partners (DPs), Implementing Partners (IPs), Local Government Authorities (LGAs), Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs), Faith Based Organizations (FBOs), media and communities. The multi-sectoral nature of these stakeholders calls for Standard Operating Procedures (SOP) to provide clear technical guidance and standards on health communication methodology and practice.

The primary purpose of this SOP is therefore to describe the regularly recurring operations of health communication to ensure that the operations are carried out correctly and in the same manner. This will help to ensure that quality standards are achieved, and the materials are effective in increasing knowledge, molding attitudes, and instilling

behaviors as well as practices of the intended audiences. In this regard, the SOPs emphasize the importance of correct technical content of health communication messages, the aesthetic value of materials (ensuring that materials are attractive, engaging, and easy to read), and the clarity of materials (that they are understandable, meaningful, and easy to use) for intended audiences.

The SOP was developed through a participatory process involving key stakeholders in health communication including government Ministries, Department and Agencies, Development Partners and Implementing Partners.

It is our sincere hope that all the actors in health communication in Tanzania will use these SOPs to ensure that communication interventions are well coordinated and implemented in order to achieve the desired health status of the Tanzanian population.

Prof. Mabula D. Mchembe
Permanent Secretary (Health)

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Prof. Abel Makubi
Chief Medical Officer

Acronyms & Abbreviations

ACC	Approval Contribution Charges
CBHP	Community Based Health Program
CHMT	Council Health Management Team
CRC	Content Review Committee
CSOs	Civil Society Organisations
DPs	
E-mail	Electronic Mail
FBO	Faith Based Organisation
FHI	Family Health International
FP	Family Planning
GOT	Government of Tanzania
HC	Health Communication
HiAP	Health in All Policies
HIV	Human Immunodeficiency Virus
HPS	Health Promotion Section
HSSP IV	Health Sector Strategic Plan IV
IEC	Information Education Communication
IHPDP	
IPC	Interpersonal Communication
IPs	Implementing Partners
ISSN	International Standard Serial Number
KAP	Knowledge Attitude and Practice
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MDAS	Ministries Department and Agencies
mHealth	Mobile Health
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MUHAS	Muhimbili University of Health and Allied Sciences
MWTC	Ministry of Works, Transport and Communication
NGOs	Non-Governmental Organizations
PORALG	President's Office Regional Administration and Local Government
RHMT	Regional Health Management Team
RMO	Regional Medical Officer

SBCC	Social and Behaviour Change Communication
SEM	Social Ecological Model
SMART	Specific, Measurable, Attainable, Realistic, Timely.
SMS	Short Message Service
SOPs	Standard Operating Procedures
TCRA	Tanzania Communication Regulatory Authority
TV	Television
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VMMC	Voluntary medical male circumcision
WHO	World Health Organization.

Definitions of Terms

Advocacy	Is defined as a political process by an individual or group which aims to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions.
Community mobilization	An attempt to bring human and non- human resources together to undertake developmental activities in order to achieve sustainable development.
Health	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (WHO Constitution, 1948).
Health communication	A multi-faceted and multidisciplinary approach to reach different audiences and share health related information with the goal of influencing, engaging and supporting individual communities, health professionals, special groups, policy makers and the public to champion, introduce, adapt, or sustain behavior, practice or policy that will ultimately improve health outcomes.
Message development	Putting together the health information that needs to be conveyed to the general public and to intended audience.
A message	A brief value based statement aimed at an audience that captures a concept.
Information, Education, Communication	An approach which attempts to change or reinforce a set of behaviors in a "participant audience" regarding a specific problem in a given period of time.
Behaviour Change Communication	An interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviors.

Social Mobilization	A process of generating dialogue and consensus, engaging a range of players in interrelated and complimentary efforts, taking into account the needs of people.
Social Marketing	Is the "application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society".
Health Communication Strategy	Is the planned approach to communicating information about specific health issues that incorporates goals, objectives, a combination of targeted communication channels/ activities and performance measures.
Communication Channels	Is the mode by which communication is conducted. Can be interpersonal (health-workers, community leaders, peers), group, (community theatre, musical performances, small group discussions), mass (TV, radio, newspaper). Graphic and print materials such as posters and brochures are supportive communication channels.
Advocacy for Health	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. (WHO Advocacy Strategies for Health and Development, 1992)
Community	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time
Capacity Building	Is the development of knowledge, skills, and leadership to enable effective health communication.

Capacity Building	Is a process through which people are enabled to become actively involved in defining issues of concern to them, in making decisions about factors affecting their lives, in formulating and implementing policies, in planning, developing, and delivering services and in taking action to achieve change.
Evidence-based Health Communication	Is the use of information from formal research and systematic investigations that contributes to identifying causes of health needs and provides the most effective health communication actions to address these in the given context and populations
Health Outputs and Outcomes	Are the actual goods or services produced by programmes or organisations (e.g., support group for people affected by chronic diseases). Health outcomes measure the impact or consequence of the output in the longer term (e.g., longer and healthier lives).
Health Communication Intervention	Is an effort or activity aimed at promoting and enabling people to take control of their health and developing skills to practice healthy behaviours like physical activity and prevent unhealthy behaviours (e.g., smoking, illicit drug use or excessive alcohol use).
Standard Operating Procedures	Is a set of step by step instructions compiled by an Organization to help workers carry out complex routine operations.

SECTION 1: BACKGROUND INFORMATION

1.1 Introduction

Health communication plays an important role in promotion of health, prevention of illness, maintenance of positive health practices and enhancing health seeking and utilization behaviours. Such communication has been identified as a crucial intervention in realization of national policies, legal frameworks and strategic plans in addressing the burden of diseases. Beside these benefits of health communication, changes in health communication context in Tanzania have opened up new avenues and challenges which require Standard Operating Procedures (SOPs). Thus, this document emanated from such inadequate coordination of health communication interventions in the country, which also led to duplication of efforts, inconsistency of messaging, non-strategic interventions with minimal scale up and sustainability.

Despite the previous and current efforts by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in coordinating implementers of health communication, there is still a need to improve the quality of messages and materials being delivered to the target audiences. Accordingly, the SOPs are crucial tools for improving the coordination and quality of health communication interventions throughout the country. They streamline health communication to ensure uniformity and professionalism in messages and materials development process.

1.2 Rationale

Health communication interventions and activities are implemented and supported by a wide range of partners

including: the Central Government, Development Partners (DPs), Implementing Partners (IPs), Local Government Authorities (LGAs), Civil Society Organizations (CSOs), Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs), media; and communities. Therefore, in context of multiple partners, SOPs in health communication ensures consistency of messages developed and disseminated across all channels of communication and increases the effectiveness of Social and Behaviour Change Communication (SBCC) efforts. Consequently, effective communication can be realized in context where there is adequate coordination as well as consistency in the development and dissemination of messages and materials to the intended audience. Indeed, SOPs in health communication are important to guide the planning, implementation, monitoring and evaluation of health communication interventions in the country.

1.3 Purpose

The purpose of these SOPs is to provide a practical and systematic process, for producing health communication messages. These SOPs are also intended to enhance production of materials that are of appropriate quality and are effective in achieving intended educational goals or behaviour changes.

1.4 Intended Users/Audience

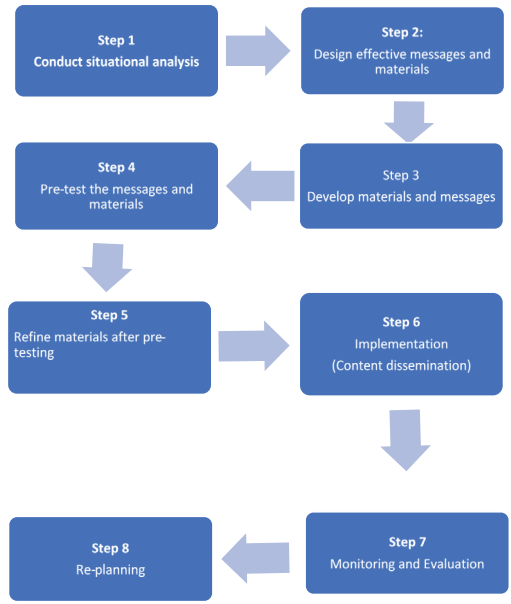
Users of this document are all stakeholders and partners from public and private sectors including Ministries, Departments and Agencies (MDAs), National Programs, Development Partners, Implementing Partners, NGOs, FBOs, CBOs, Media and community.

SECTION 2: HEALTH MESSAGES AND MATERIALS DEVELOPMENT PROCESS

Messages and materials are a primary means by which health programs deliver social and behaviour change communication (SBCC) contents. Despite the fact that each type of material follows a slightly different process for development, once materials are developed in draft form, they all need to be pretested, finalized, produced and disseminated.

This section provides general steps and procedures for developing materials. The whole process is summarized in the following flow-chart:

Flow chart 2: Process for developing health communication materials and messages



2.1 Step 1: Conducting Situation Analysis

Situation analysis is the first fundamental step in the health communication process. This step involves gathering evidence to support the development of health communication materials and implementation of the health communication interventions. It gives an insight into the issues to be addressed by health communication and guides decision making on how to focus resources. It helps to address the problem through effective and complimentary strategies and it focuses on different people affected and makes strategies that address the context of the problem. Appropriate theories and models of behaviour acquisition and change can be applied in performing a comprehensive situation analysis. For instance, the situation analysis can employ socio-ecological model to combine psychological and social perspectives to address individuals, social and environmental influences of health. Importantly, the analysis should involve a systematic collection of data, analysis and interpretation of study findings as well as other contextual information in order to identify and understand specific health issues to be addressed.

2.1.1 Standard operating procedures for a situation analysis

A complete situation analysis gathers information on four areas: problem analysis (magnitude, causes and severity of the problem), potential audiences' analysis (people affected by the problem), contextual analysis of the problem (in what settings is the problem likely to occur) and factors inhibiting or facilitating behavioural change. The four areas are elaborated in the procedures below:-

a. Conducting a problem analysis

The problem analysis defines the core health issue; its causes, the predisposing factors and the possible effects. Root cause analysis tools can be used to study the core problem, direct causes, underlying causes and effects of the problem. In health communication context, the epidemiology of the health issue is very important. One needs to know when the health issue arose, causes, transmission, demographic details of the people most at risk (for example children, adults or the elderly, male or female) the number of people affected and the geographic area affected. In the case of an illness, it has to be determined whether it has a cure or not, what responses have been put in place to deal with the problem and what challenges that intervention is facing.

b. Conduct audience's analysis

Audience analysis is the process used to identify the audiences in relation to the problem. Such audiences are identified as the primary audience that is directly affected by the problem; the secondary audience that directly influences the primary audience; and the tertiary audience who indirectly influence the primary audience. One of key issues in audience analysis is defining clearly the people most affected by the health problem in three steps:-

- The first step is to define demographic factors like age, sex, and marital status of the affected population.
- The second step is to define them by their socio-economic status like residence, rural or urban, economic status, levels of earning, literacy, levels of formal education, family sizes, property, social standing, media access, and occupation.

- Finally, the third step is to define them by their psychographic profile: the faith they profess/ religion, their beliefs such as beliefs in witchcraft, relevant cultural practices they adhere to like female genital mutilation (FGM), and things they value.

Thereafter it is important to conduct profiles of the main target audiences interact with and who impact or influence their lives and decision making the most, for example, parents and teachers for children; spiritual leaders for worshipers, employers for employees and administrators for adults.

c. Conduct context analysis

There are contextual issues that affect the behaviour of individuals. It is important to ask key questions about all the audiences involved regarding the following issues:-

- **Information:** Is the information they receive about the health issue adequate, accurate, factual, accessible, and relevant? Is it from credible sources?

- **Ability to act:** Do the audiences have the relevant skills and confidence to undertake required health action?

- **Enabling environment:** How are the audiences affected by policies, political context, systems, services, economy, or physical realities

- **Values:** What are the social and cultural norms that affect people's attitudes, beliefs and behaviours? How do these issues intensify the health problem?

- **Motivation:** What motivates or inspires people to act?

d. Identify factors inhibiting or facilitating behaviour change

In order to influence change behaviour, it is necessary to first understand why people behave the way they do. The more that is known about the variables underlying a person's decision to perform or not to perform a given behaviour, the more likely it is that successful behavioural intervention programs can be developed. It must be understood that, there is a wide range of personal, social, and environmental factors that inhibit or facilitate (influence) behavioural change. Most can be assigned to three levels:

- **Personal or individual factors:** beliefs, knowledge, attitudes, skills, genetics;

- **Social factors:** interaction with other people including friends, family and the community;

- **Environmental or contextual factors:** the area in which an individual lives, such as at schools, work places, local shops, and wider factors including the economy (such as prices) and technology.

- **Policy and Legal:** the policy and legal context that may compel behaviour change

2.2 Step 2: Designing Effective Messages and Materials

The information gathered from situation analysis should be the basis for an effective messages and materials development.

2.2.1 Standard operating procedures for designing communication messages

The following are key procedures to consider for strategic message design:

a. Establish SMART communication objectives

Develop a statement that portrays the broad objective of health communication that one attempts to achieve for the intended population. The broad health communication objective is the outcome aiming to support the overall goal for the health communication. The broad objective may also have several specific objectives that describe explicitly the outcome of health communication. Precise objectives must be Specific, Measurable, Achievable, Realistic/relevant, and Time-bound (SMART). Each specific objective may require a series of activities that will be translated into health communication indicators and used to evaluate the progress of the program.

b. Map expected change in the participating group or context

All effective strategies are based on approaches that explain or represent the behaviour and social change process. Approaches of behaviour change are foundations for any health communication intervention because they help to determine priority or focal areas of health communication include:-

- Determining the pathways toward positive change
- Guiding what will be measured in order to know whether the interventions led to the desired change
- Creating a common understanding of vision for the long-term goals, i.e. how they will be reached, and what will be used to measure progress along the way.

It is important to use right approaches to clearly state the assumptions underlying health communication i.e., to explain WHY and HOW the intervention is expected to change the behaviours identified in the objectives.

c. Identify appropriate communication approaches

The effectiveness of a communication channel (for example, interpersonal communication, mass media, community dialogue) should be measured by its ability to deliver the right type of information to the target audience as well as designing messages in such a way that people will be interested and remember the information.

It is also important to use strategies which motivate people to talk to others about the information, and change their behaviour or social norms and, in turn, the behaviour of others in their social system, based on the information.

d. Select right communication channels

Different channels play different roles in disseminating health communication messages. For example, television and radio advertisements work well to raise awareness about health-related issues. Newspaper articles also provide more in-depth information about a topic. Information and communication technologies (ICTs), including social media are effective for spreading health communication messages in real-time to members of the population that have access to the means for receiving social media messages, for reinforcing messages and for enhancing service delivery. They also build social networks that can be activated to mobilize communities.

Each type of communication channel has benefits and drawbacks for conveying certain types of messages to specified populations. It is therefore important to consider response of the audience to the following questions when deciding for the appropriate communication channel:-

i. The intended population you want to reach:

- Does the intended population have access to the channel? State how intended audience will access the channel of communication?
- Will the channel reach the intended population? State how the channel will reach the target population
- Does the channel allow for feedback from the population? How can one give/get the feedback to/ from the intended population?
- Are the channels perceived as trusted sources of information about the issue? Describe how the channels are trusted as source of information particularly to current issue of interest

ii. The message(s) you want to deliver

- Is the channel appropriate for the type of message you want to deliver (e.g., visual, oral, simple, complex, sensitivity)? Describe justification for the choice of the channels of communication

iii. The channel coverage

- Does the channel cover enough area to expose your intended population to the messages? Explain how?

iv. Timeliness of the channel

- Does the channel allow the intended population to receive the messages whenever they want (e.g., via text message or a Web site) or on a set schedule (e.g., a radio advertisement)?

v. Synergies with other health communication activities

- Does the channel reinforce messages for other program activities?
- Does the channel encourage the population to engage in dialogue?
- Do the messages motivate the population to seek/demand health services/information?

Communication channels should be selected to fit the population and the message delivery task. It is important to select channels that reflect the patterns of use for the intended group and that reach the group with the greatest degree of frequency, effectiveness and credibility. For example, radio messages should be scheduled at the times that your intended audience is listening to the radio; written messages should be tailored to literate segments of your intended audience, and visual materials for those who have low literacy or are illiterate. You should know your intended population's preferred channels and media use, as well as their capacity for passing on information within their social networks.

It is worth noting that using several channels reinforces and increases the impact of health communication messages. It is especially important to combine media channels with interactive and interpersonal communication activities in

order to stimulate dialogue among the target audience. For example, television serial dramas can raise awareness and promote positive social norms for new-born care and child survival through positive and negative role-modelling using characters in serial dramas. Viewers can be invited to respond to the serial drama through viewer groups that meet at designated times to watch the drama and discuss the issues and events of the drama. Supporting media (for example, radio testimonials, billboard advertisements, and posters) can be used to reinforce key messages from the television drama. Community health workers or any health volunteers can use visual materials that reflect the messages of the serial drama during home visits. When dealing with more sensitive issues, folk theatre groups can tailor interactive dramatizations (or humorous sketches) in local languages/dialects for issues that the intended population is apprehensive to discuss directly.

2.3 Step 3: Developing Materials and Messages

The development of health communication materials and messages is preceded by a situational analysis. The situational analysis report forms a reference guide for developing health communication messages for the particular health issue.

2.3.1 Standard operating procedures for the development

The following are key procedures to consider for strategic message development:-

a. Assemble a team of experts appropriately

A team of experts uses the situational analysis report to develop health communication materials and messages

includes creative team, health communication expert and a technical expert from the health area that the intended message will address (e.g., malaria, HIV, etc.) and other relevant contributors.

The development team works through the following steps:

Step 1: Study the situational analysis report and derives communication objectives for addressing the identified issues

Step 2: Conduct an inventory assessment of existing messages, materials and activities related to Interpersonal, community-based and mass media interventions addressing the identified communication objectives. State whether this is a new idea or something which is ongoing but still valid.

Step 3: If materials already exist, then consider ways of adapting and modifying to suit the purpose

Step 4: If there are no existing materials, conduct workshop involving a team of experts and stakeholders to generate relevant messages

Step 5: Once materials have been developed, pre-test them to the segment of intended audiences

b. Follow the guiding principles for effective messages and materials

Health communication materials are considered effective if they:-

- Are personally appealing
- Match the intended audience's needs and motivation.
- Discuss only one or two points
- Use simple language to be understood by every person and not misleading.
- Are culturally appropriate
  Well-designed messages are specific to the audience and should clearly describe both the desired behaviour and benefit.

The following should be considered in developing messages and materials for health communication:-

i. Educate about the targeted health behaviour
ii. Consider the following about audiences
    - o level of knowledge
    - o common belief and attitude
    - o dominant social and cultural norms around behaviours and practice
    - o dominant current behaviour
    - o barrier to desired behaviour

iii. Be based on technical information and scientific evidence.
iv. Take into account the local context, traditions, cultural and potential stigma.
v. Inform about positive behaviour change (encourage health enhancing behaviours)
vi. Promote risk reduction behaviour and practice

vii. Increase trust between public and authorities or service providers
viii. Reduce rumours, fear and stigma not contradicting.
ix. Provide simple doable action that the public can perform to reduce risk
x. Keep key message short, concise and limit the number of messages i.e. state only relevant information that audience need and want to know.
xi. Provide known facts and avoid speculation
xii. Use simple language that can be understood by intended audience (avoid jargons)
xiii. Take into consideration the communication channel to be used to disseminate them
xiv. Avoid developing long message addressing more than one issue at once
xv. Keep the messages simple, engage the audience and present a solution.
xvi. Command attention: does the message stand out? Is it compelling?
xvii. Create trust through credibility of the message.
xviii. Clarify the message: Is the message simple and direct? Is it easy to grasp?
xix. Be short and uncluttered
xx. Communicate benefit: What will the audience get in return for taking action?
xxi. Be consistent: Materials and activities convey the same message and become mutually supportive in creating recall and change
xxii. Cater for the heart and head: appeal to both emotions and intellect
xxiii. Call to action: What do you want your audience to do?

c. Engage and involve all relevant key stakeholders

The process of developing health messages and materials should engage all relevant stakeholders' right from the beginning that is from planning - all through the development and production of the final product.

2.4 Step 4: Pre-Testing Messages and Materials

Pre-testing helps to confirm whether the materials produced are understood and fit to intended audiences. This process is important because illustrations, text, photographs, dialogue, sounds, music, graphics etc. can be misinterpreted. The draft materials are shown to the intended audiences and questions are asked to learn if the message is well understood and acceptable.

2.4.1 Standard operating procedures for the pre-testing

The following are key procedures to consider for effective massages and materials pre-test:

a. Identify the pre-testing team

A small, focused team should conduct the pre-test. Criteria for selecting members for conducting pre-test include but not limited to experience in health communication, research, monitoring and evaluation and technical personnel in respective area. The following are important guidance to pre-testing procedures:-

Step 1: Plan and set all the logistics for the pre-test

Step 2: Develop pre-testing methodology and tools focusing on six key variables; relevance, comprehension, acceptability, audience attraction, personal involvement and inducing action.

Step 3: Assess comprehension to determine if the material will be clearly understood by the target audience

Step 4: Determine how many people you are going to pre-test with (complexity of materials, problem, audience segment, their characteristics, and geographical region)

Step 5: Prepare a schedule for each type of pre-test as per the plan

Step 6: Conduct the pre-test according to the project execution proposed methodology.

Step 7: Analyze and write report of the pre-test.

2.5 Step 5: Refining Materials after Pre-testing

2.5.1 Standard operating procedures for the refinement

a. Review materials by incorporating the findings/ inputs obtained from pre-test
b. Cross examine correctness to finalize the materials.
c. Submit materials for approval packaged with all necessary attachments

2.6 Step 6: Implementation

In this step planned health communication interventions are implemented. The products are distributed, and activities are conducted as described in the plan developed. Ensure that all partners understand their roles in implementing planned health communication interventions. This also includes conducting orientation sessions to health personnel and other implementers. Keep all partners

updated on how implementation is proceeding. Share the lesson learnt in the process of implementing health communication interventions i.e., best practices, challenges and problematic situations.

2.7 Step 7: Monitoring and Evaluation

This step involves a systematic and continuous following, or keeping track, of activities to ensure that they are proceeding according to plan as well as measures whether program outcomes were achieved and determines what impact the program has had in the target population. Monitoring and evaluation process depends on developed indicators which are measurable. Indicator may be expressed in numerical or non-numeric terms and expresses quantitative or qualitative factors. Thus, submitted report should include - indicators to measure messages effectiveness, state how community will access this information including MoHCDGEC.

2.7.1 Standard operating procedures for the M&E step

The following are key guiding procedures in assessing effectiveness of health communication interventions:-

a. Decisions need to be made on the health communication indicators, evaluation of research methods and tools, steps to ensure quality of data and ways to analyse data. It is also important to determine how to report M&E results to key stakeholders and partners.

b. Assessment should consider to answer following three categories of desired changes:-

- **Behavioural Objectives:** this seeks to achieve behaviour change. For instance, testing for HIV or using an FP method or going for VMMC. The indicator for a behavioural objective might seek to track the number of persons between the ages of x and y who seek a certain service e.g. HIV testing and get their results.

- **Attitudinal Objectives:** this seeks to achieve changes in the attitude and perception that the target audience have towards a certain product or service. For instance, those who believe condoms work to prevent STIs and pregnancy or those who believe that immunization prevents diseases or those that believe that domestic violence is unacceptable. The indicator would seek to track the change (increase or decrease) in the number of the target audience who report a willingness to use condoms in their next sexual encounter.

- **Knowledge Objectives:** this seeks an increase in knowledge. For instance, increasing knowledge about the place where FP services are provided or what the benefits of VMMC are. The indicator would seek to track the changes in knowledge of the target audience. For instance, the percentage change in the number of persons who respond correctly to questions seeking to know the ways that HIV can be transmitted.

c. Health communication objectives must be derived from the desired health outcome.

d. Health communication indicators should show progress in the intended direction.

e. Tools used for measuring behaviour change need to be specific in tracking the specific behaviour that the intervention is seeking to change.

Monitoring and evaluation will reveal the following:-

- The weaknesses of the interventions in achieving the program objectives, and point to areas that can be revised and strengthened
- Highlight what worked well and how those positive outcomes can be replicated, and even scale up. The evaluation findings should feed forward into the design of similar, future programs.

2.8 Step 8: Re-Planning

Re-planning is conducted to ensure that the program continues to follow an efficient path toward addressing the health communication issues. Re-planning should feed into the design of subsequent programs or adjustments of current programs. Participation of all stakeholders at all levels of health communication interventions is an essential component that helps to improve the efficiency and effectiveness of each program and increase the sustainability.

(Standard operating procedures for Re-planning)

SECTION 3: KEY HEALTH COMMUNICATION STRATEGIES

The key strategies referred to in these SOPs are Advocacy, Social/Community Mobilization, Social Behaviour Change Communication and Social Marketing.

Flow chart: Strategies of Health Communication

3.1 Health Communication Advocacy Strategy

Health communication advocacy strategy requires an organized effort to inform and motivate leadership to create an enabling environment or gaining policy/decision makers acceptance and support for achieving the set goal and objectives in health communication through various interpersonal and media channels. Advocacy is necessary at all levels including the international, national, regional, district, community and institutional levels.

3.1.1 Standard Operating Procedures for Health Communication Advocacy

The advocacy process requires continuous efforts to translate relevant information into strong arguments or justifications and to communicate the arguments in an appropriate manner to intended audience (s). Effective advocacy for health communication should consider the following procedures:

a. Define advocacy objectives

The defined objectives should contribute on:

i. Promoting the development of Health in all Policies, change existing governmental or organizational laws, policies or rules including by-laws, and/or ensure the adequate implementation of National Policies , Guidelines, Strategic Plans and Standards for effective health communication actions,
ii. Re-defining public perceptions, social norms and procedures
iii. Supporting protocols that benefit specific populations affected by existing legislation, norms and procedures eg: through enactment of By-laws or regulations on specific health problem,

iv. Influencing funding decisions for specific health communication intervention(s)

b. Identification of types of advocacy

There are three common types of advocacy:

i. **Policy advocacy:** this aims at influencing policymakers and decision makers to change legislative, social, or infrastructural elements of the environment, including the development of equity-focused programs and corresponding budget allocations,

ii. **Community advocacy:** this aim to empower communities to demand policy, social, or infrastructural change in their environment, and

iii. **Media advocacy:** this aims at enlisting the mass media to push policymakers and decision makers toward changing the environment.

iv. **Identify target audience:** Advocacy includes motivating different target audience at various levels. The target audience include: Policymakers and Decision-makers; Planners, Managers, Supervisors, Community leaders and Influential individuals and other stakeholders. The targeted audiences are to publicly discuss important health issues, defend new ideas or policies, regulations and protocols as well as committing resources for health communication actions.

c. Key steps in conducting advocacy:

Step 1: Select and define a specific issue or problem you want to address

Step 2: Analyse and research the issue/problem and identify the beneficiaries

Step 3: Identify carefully where the power lies that could make a difference so that you are very sure that the person or institution you target actually possess the power to address the issue

Step 4: Identify individual groups or organization or even institutions that oppose the move and those that support it

Step 5: Develop the objectives for the advocacy work

Step 6: Identify and apply appropriate strategies and channels

Step 7: Create an action plan that has objectives, targets, activities, resources, persons responsible, timeframes and expected outcomes

Step 8: Identify resources such as people, money, skills and information. Be realistic about resources

Step 9: Implement, monitor and evaluate to measure progress towards achieving objectives

Step 10: Provide feedback to the supporters and those involved in the lobbying process

3.2 Health Communication Social/Community Mobilization Strategy

Social mobilization is a broad scale movement to engage people's participation in achieving a specific development goal through self-reliant efforts for their own change. It involves all relevant segments of society: decision and policy makers, opinion leaders, bureaucrats and technocrats, professional groups, religious associations, commerce and industry, communities and individuals. It also emphasizes community empowerment and creates an enabling environment and helps build the capacity of the groups in the process, so that they are able to mobilize resources and plan, implement and monitor their activities. The concept of social mobilization is mutually complimentary to community mobilization, which is an attempt to bring both human and non- human resources together to undertake developmental activities. Nevertheless, social mobilization target audience are decision and policy makers, opinion leaders, NGOs, professional including health communication experts, religious leaders, the media practitioners, private sector, communities and individuals.

3.2.1 Standard Operating Procedures for Social/ Community Mobilization

Effective social/community mobilization for health communication should consider the following procedures:

a. Building rapport and sharing knowledge

Organize meetings and activities to understand one another, determine commonalities, and share knowledge

and perspectives with regard to the problem that will be addressed.

b. Analyzing problem and creating action plan

Conduct exercises to identify/analyze the nature and priorities of the organizations. Then develop a common problem statement, goals and objectives, and draft an action plan.

c. Building organization

Develop a participatory, self-governing, self-managing, and self-sustaining team, coalition, or working group through which resources and actions are organized.

d. Building capacity

Engage experts or experienced individuals or groups to build the capacity of the organization or coalition based on the identified weaknesses in the ability to take action in order to help achieve goals and objectives.

e. Engaging partners

Consistently involve partners through all phases of the action plan. It is important that there is shared recognition for implementation and success, transparency, equity, and joint decision-making.

Key steps in conducting social/community mobilization:-

Step 1: Analyse and research the issue/problem

Step 2: Develop specific objectives for the social mobilization work

Step 3: Identify target audience for wider participation, coalition building and ownership.

Step 4: Maximise skills through partnerships by identifying and involving stakeholders, assign roles and responsibilities, manage partnerships

Step 5: Identify barriers to social and community mobilization and develop mitigation strategies.

Step 6: Identify resources such as people, money, skills, information and communication products. Be realistic about resources.

Step 7: Create an action plan that has objectives, targets, activities, resources, persons responsible, timeframes and expected outcomes

Step 8: Implement, monitor and evaluate to measure progress towards achieving objectives as well as using the data to respond to emerging trends.

Step 9: Disseminate the experiences gained to inform on-going and future interventions.

Key social/community mobilization approaches:

i. partnership building and networking
ii. community participation
iii. media and special events to raise public awareness

Social Mobilization shall mainly be through interpersonal communication (i.e., face-to-face dialogue) among

partners. Other means include, mass media awareness-raising campaigns, advocacy with community leaders/ influential people, and activities that promote broad social dialogue: talk shows, television and radio programs, community meetings, theatre performances, and home visits.

3.3 Social Behavior Change Communication Strategy

Social Behaviour Change Communication (SBCC) is the strategic use of communication to promote positive health outcomes. SBCC is a theory-based, research-based, interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels.

SBCC aims at promoting positive health outcomes by influencing changes in knowledge, attitudes and practices among specific audiences as well as changes in social norms. Multiple communication channels and tools are used to influence the desired changes.

3.3.1 Standard Operating Procedures for SBCC

Effective SBCC intervention should conform to the following procedures:

a. Consider Basic SBCC channels

Multiple communication channels and tools should be used to influence desired changes. There are three basic channels for SBCC that should be utilized to create change (s) at multiple levels in order to achieve specific health outcomes. These basic channels are:

i. Interpersonal communication channels

Enables exchange between persons to persons. It includes one-on-one communication as well as small group interactions. Examples of these are like peer-to-peer, provider-client, theatre, seminars, discussion groups, text messages phone-calls, e-mail, and social networks. Interpersonal channels are interactive; increase self-efficacy and intentions to act.

ii. Community based channels

Community based channels are designed to reach entire communities and will usually be dealing with community-wide issues; examples of community channels are: Dialogue, barazas, health days, stakeholder forums, road shows community media, and community mobilization, rallies, and cultural events. These can stimulate dialogue, motivate collective solutions, provide social support, and provides feedback to broader community.

iii. Mass media channels

Mass media both print and electronic reaches a large audience in a short period of time. Examples are TV, radio, film, billboards, newspapers, posters, brochures, transit advertising, (mostly in urban areas); Social Media is the web-based communication social networking e.g., twitter, Instagram, WhatsApp, Facebook, my space, you-tube.

b. Select channel appropriately

Multiple channels that are mutually reinforcing are most effective in achieving the goal of health communication. Just like the senses there is no one ‘super-medium’ that can do all things, a mix of media is usually more effective. Therefore, for the most impactful health communication one

must think creatively about utilizing a variety of mutually reinforcing channels.

In selecting channel for health communication; consider complexity of the health issue, sensitivity of the issue, prevailing social norms, audience profiles, media habits and preferences of intended audiences, desired reach, and cost implication when selecting Channel(s) for health communication.

Key element in conducting SBC interventions;

- Evidence based: SBCC should be based on sound evidence as well as behaviour change and social change theories.
- Research driven: Formative research or audience research must be conducted to better understand the needs of the target population and barriers to behaviour change
- Participatory: The target population and related community should participate in every phase of the intervention
- Integrated and Comprehensive: SBCC should be fully integrated with overall program goals and specific activities
- Behavioural outcome: SBCC must seek a behavioural outcome at the individual or societal level. It must create an environment that nurtures and sustains the desired behaviour
- Multiple Channel: SBCC is more effective when it uses a variety of cross-reinforcing.
- Target Specific products: SBCC products must be pre-tested among the target audience.
- Monitoring and evaluation: Should be incorporated all through the SBCC intervention

- Dissemination of experiences gained to inform on-going and future interventions

3.4 Health Communication Social Marketing Strategy

Social marketing is a technique used to influence behaviour by using a product or service (e.g., using a condom or getting tested for HIV) among target audience in order to benefit themselves and the society. Social marketing is based on the systematic collection and analysis of target audience data that guides the design, implementation, monitoring, and evaluation of a project. The strategy focuses on the needs and wants of the target group as well as the use of the four “Ps” (Product, Price, Place and Promotion) or the “marketing mix”.

3.4.1 Standard Operating Procedures for Social Marketing

Social marketing strategy is implemented in three phases; to effectively execute the strategy, follow the standard procedures stipulated in each phase. The three phases are:

Phase 1: Designing a social marketing intervention

a. Analyse the current situation

This helps in analysing the context which you operate in order to identify strategic marketing priorities, audience profiles highlighting the target audience demographics, behaviour/product/service use, determinants of behaviour, media habits, perceived benefits and barriers, current behaviours and psychographics. A positioning statement is developed highlighting what the brand stands for in the mind and heart of the consumer.

The following are the steps in analysing the current situation;

Step 1: Collect and review facts/ information that you have (both primary and secondary) in regard to the: Health problem, Risk Behaviours, Population at risk.

Step 2: Analyse past successes & failings in implementing similar interventions.

Step 3: Analyse the internal strengths & weaknesses and external challenges & opportunities in regard to implementing the social marketing intervention

Step 4: Identify and choose implications that the above may have on your plan that you need to pursue immediately, which then becomes your Strategic Priorities

Step 5: Review and summarize information you have on your target audience in regard to demographics, behaviour/product/service use, determinants of behaviour, media habits, perceived benefits & barriers to the promoted and current behaviours, and psychographics into a 1-page profile.

Step 6: Put together a sentence that captures what your brand will stand for in the mind and heart of your consumers/target audience – this becomes your Positioning Statement. A positioning statement is never seen by your

consumer/target audience, rather it is an internal tool to guide your marketing plan and execution

b. Develop marketing objectives

This helps to specify what you hope to achieve with the marketing plan/intervention in regard to behaviour, product or service.

The following steps can be followed in developing marketing objectives:

Step 1: List down all the strategic priorities agreed upon in the earlier section

Step 2: Map what you hope to achieve with the marketing intervention

Step 3: Note other objectives you may need to achieve though they may not have been identified

Step 4: The objectives need to be specific, measurable, achievable and time-bound (SMART)

c. Identify strategies to achieve objectives

This helps to specify how you are going to achieve the set objectives in order to have a health impact. The marketing strategies developed need to highlight the brand strategy, trade strategy, pricing strategy and communication strategy. Social marketing mainly uses the four Marketing Ps

(Product, Place, Price and Promotion)

- **Product 'P'** strategies refer to Products, Services or Behaviours – basically, anything that you are promoting in order to achieve a health impact
- Place 'P' refers to where the customer can practice the behaviour or purchase the product and service and the intermediaries or partners who can facilitate the exchange.
- Price 'P' goes beyond just monetary considerations to include emotional or psychological incentives and barriers.
- Promotion 'P' basically refers to the communication planning and this strategy helps to meet objectives that addressed through the health communication interventions.

Steps in identifying strategies

Look through your set objectives and determine which of the P's each of the objectives requires you to address.

i. Product 'P' Steps:

- Decide if you need to brand your product/ service – it is advisable to do so especially if it is new
- Determine if you will need to promote additional products and services in order to facilitate adoption of your product/service/behaviour
- Determine if there are any functional features of your products that your target audience would need thus providing a benefit
- Ensure that your packaging: can clearly communicate the product, quality, and facilitates ease in use

ii. Place 'P' Steps:

- Always use your audience insight and try to pick out factors that may influence where your target audience would purchase the product, and if they would plan the purchase or do it on impulse
- Ensure that your product/service are put in the right place
- Make sure the product/service is merchandised correctly
- Ensure the optimal mix of brands

iii. Price 'P' Steps:

- For Social Marketed products/services, the Price is the amount of money the consumer pays to purchase the product/service.
- It is good practice for the implementer to calculate the cost of intervention, "cost per contact" is an important indicator for cost efficiency.

iv. Promotion 'P' Steps:

- Set communication objectives: These should be determined by the behavioural factors best suited to promotion strategies
- Write key messages: Ensure that this process is participatory through involvement of key stakeholders including the target audience
- Choose appropriate communication tools: Always consider factors such as ability to reach, cost and other creative factors in determining the tool/ channel to use

d. Outline research and work plans with respective budgets

This enables specifying all research needs necessary for planning, monitoring and evaluation of social marketing interventions. It stipulates the relevant set of activities to be carried out, indicating timelines and resources required.

Phase 2: Implementation of Social Marketing Interventions

a. Use your Gantt chart to guide in the implementation of your social marketing intervention, adhering as much as possible to the set time lines
b. Implement changes/suggestions indicated in your marketing plan. This could be in regards to launching a new product/service, packaging, rebranding etc. (for Product 'P')
c. Follow the development of a creative brief (for Promotion 'P')
d. Develop and pre-test the communication concepts
e. Finalize the production of communication materials/products
f. Develop a media strategy & plan and launch activation for communication to be implemented through the mass media,
g. Develop an IPC strategy, recruit and train the IPC personnel then launch activities, for implementation of interpersonal or community level interventions.

Phase 3: Monitoring and Evaluation of Social Marketing Interventions

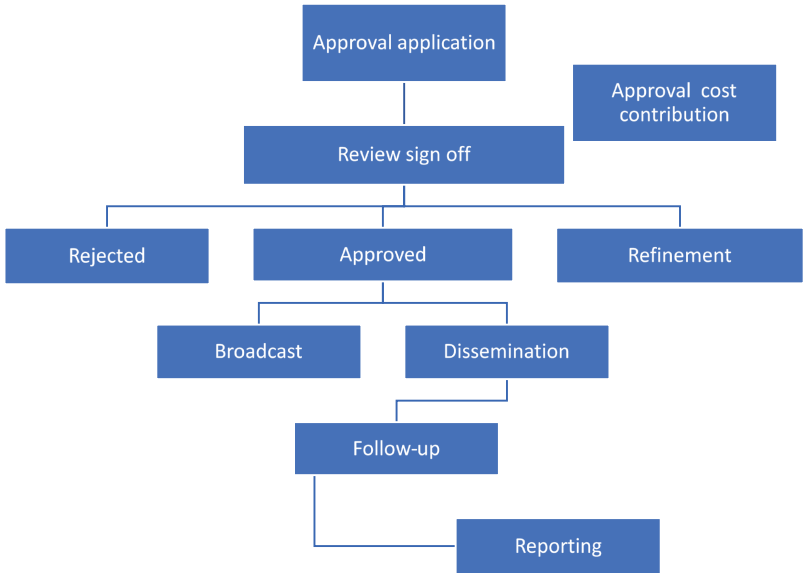
a. Test the concepts behind new ideas or messages in order to determine their relevance, acceptability and ability to stimulate action

b. Pre-test and/or pilot-test specific executions of the chosen concept to confirm if performs in the desired manner
c. Monitor and evaluate activities in order to make mid-course corrections or adjust marketing plans in response to changing market variables.
d. Allow enough time for research as the process could take anywhere between three to six months and more than that for National surveys.

SECTION 4: CONTENT REVIEW AND APPROVAL PROCESS

The MoHCDGEC has established a Social and Behaviour Change Communication Content Review Committee (SBCC-CRC) for reviewing and approving all SBCC contents before dissemination. This committee is under the Health Promotion Section. The process for content review and approval by this committee is guided by the procedure described hereunder:-

Flow chart: Approval process



4.1 Standard operating procedures for approval application

The following procedures should be followed to meet the requirement, application and submission package for review and approval request;

a. Content submission from outside the Ministry of Health shall be addressed to the Permanent Secretary (MoHCDGEC – Health)
b. Content submission from within the Ministry of Health shall be addressed to the Director of Preventive Services
c. Application should be made through on-line submission via the Integrated Health Promotion Digital Platform (IHPDP) and hardcopies to the MoHCDGEC registry office
d. The submitted package shall contain the following:
    i. Official application letter (those from outside the MoHCDGEC) or Minute sheet (those from within the MoHCDGEC) with name of contact person (E-mail, mobile phone number)
    ii. Materials/messages to be reviewed in its final version
    iii. Duly checked checklist
    iv. Dully filled application form found in the IHPDP
    v. Approval Contribution Charges (ACC) paying slip
    vi. Creative brief deriving the need to develop the materials
    vii. Scripts
    viii. Signed consent forms (if individual, groups, premises were involved)
    ix. Development process report
    x. Pre-test report
    xi. Dissemination plan for both electronic and print materials
    xii. Reporting, follow-up, monitoring and evaluation plan
    xiii. Soft and hard copies for each proto-type material (hard copies proto-type has to

be submitted according to the number of committee members)

4.2 Standard operating procedures for Approval cost contribution

Submission of materials for content review shall involve payment of prescribed fee to contribute to the review costs. The payment details are stipulated in the contribution guide. The application for review and approval must be submitted 15 days before the next SBCC-CRC ordinary sitting according to SBCC-CRC Annual Calendar (available in the IHPDP). For extra ordinary meeting, the review and approval request can be made any time.

4.3 Standard operating procedure for review and approval process

The Committee with members from different disciplines and institutions as stipulated in Health Communication Guide and Strategy is vested with review and approval process in accordance with the below stipulated steps:

Step 1: Check for presence and correctness of the required attachments according to submission checklists

Step 2: Check for IEC/SBCC general information on the materials

Step 3: Check for relevance, accuracy and aesthetic quality of the materials

Step 4: Check for the need and development process of the health communication materials

Step 5: Review each IEC/SBCC content from submitted materials as specific as to respective tools

Step 6: Independently check the criteria to score and aggregate the score by the total number of criteria

Step 7: Adhere to the communicative aspect, descriptors and criteria set on the provided review tool to each kind of materials.

Step 8: Endorse with identifiers and store into the on-line repository (IHPDP)

Note: For the purposes of this document and IEC/SBCC materials review, the criteria set in the review tool are graded equally (weigh equal score). If the material fails to meet the criteria then it should be revised before approval.

4.4 Standard operating procedure for review sign-off

After reviewing the submitted contents, the committee will make one of the following recommendations:

1. Excellent, materials are strongly recommended for approval without revision (score of 100%)
2. Good, materials are recommended after minor revisions (score of 75% and above).
3. Satisfactory, materials are recommended but require major revision before considered for re-submission (score between 50% and 75%)
4. Rejected, materials not recommended (score of 50% or below)

4.5 SOPs for broadcasting and dissemination of materials

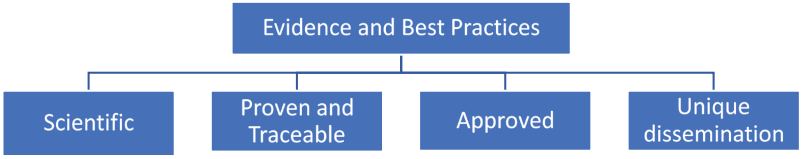
Once messages and materials are approved:

- The MoHCDGEC will write a letter to officially submit materials for broadcasting or dissemination. This applies to all materials supported by the MoHCDGEC and those supported by partners.
- The same authority shall have the mandate to cancel or order cancelation of materials being broadcasted when there is a public concern.
- Re-use of radio/video spots, re-printing, customisation or borrowing of approved materials shall require an approval of the MoHCDGEC.

SECTION 5: GENERATION OF EVIDENCE AND DISSEMINATION OF HEALTH COMMUNICATION BEST PRACTICES

Best practices are disseminated for the purpose of encouraging the utilization of locally generated knowledge and experiences in solving local problems. The disseminated best practices are to be used for scaling up in other relevant situations elsewhere in the country.

Flow chart: Evidence and best practice generation and dissemination



5.1 Evidence and Best Practices in Health Communication

5.1.1 Standards of the evidence and best practices

Key standards to observe for the evidence and best practice to be disseminated:-

a. Scientific evidence in support of the practice
b. Proven and traceable results of the practice in places where it is implemented
c. The practice is approved by the relevant authorities
d. Choice of dissemination channel must relate to the uniqueness of the disseminated practice

5.1.2 Standard operating procedures in generating evidence and disseminating best practices

a. Collect best practices through review of reports, observation during supportive supervision etc.
b. Narrate the practice in the exact way it is implemented in the field
c. Obtain evidence that the practice has yielded intended good results
d. Obtain verification from relevant technical authorities that the practice is acceptable
e. Identify the target population to whom the best practice should be disseminated
f. Identify the appropriate dissemination channel
g. Develop a dissemination plan
h. Monitor the uptake of the best practice
i. Develop a sustainability plan for the best practices
j. Conduct an evaluation of results of the best practice and submit the report to the Health Promotion Section of the MoHCDGEC

5.2 Evidence and best practice dissemination channels

- **Interpersonal** (face-to-face) through peer-to-peer conversation

- **Group delivery** (meetings) in small, public and/or private gatherings

- **Public communications** through presentations to larger audiences and gatherings

- **Organizational** communications such as discussions between stakeholders and partners, often through organizational messages, websites, and publications

- **Contemporary media** which are newspapers, print materials, broadcast media

- **Social media** such as WhatsApp, Twitter, Facebook, SMS, YouTube

- **Social Groups** like religious, community (women, youth, elderly) and traditional and cultural groups

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