Communication for behavioural impact to roll back malaria

Module Guide

Communicable Diseases Cluster
Department of Control, Prevention and Eradication
Social Mobilization and Training Unit

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The RBM initiative has set targets for halving the total number of deaths from malaria and ensuring that at least 60 per cent of those at risk of malaria, particularly pregnant women and children under five years of age, benefit from among other things, insecticide-treated mosquito nets (ITNs) by the year 2010. Moving towards these targets requires an approach that draws and mobilises actors from a wide range of public and private sources. Which is why RBM is often described as a social movement rather than a project or programme.

Engaging with individuals and communities in a meaningful way that sustains the adoption of positive health behaviours is a crucial part of realising RBM goals and requires a focused, clear strategy on how to identify, persuade and convince individuals and groups that taking appropriate action to prevent malaria and/or seeking the right treatment early enough is worthwhile.

This module is all about gaining an understanding of the processes involved in adopting new behaviours and outlines a social mobilization/communication strategy that will achieve specific results. The module is designed for health personnel managing malaria programmes who will then be in a better position to articulate the communication needs within their own country programmes.

The module uses a problem-solving approach to facilitate the understanding of the impact of effective communication for behavioural outcomes in the context of Roll Back Malaria. It is designed to stimulate good practice through experiential learning and reflection. It is primarily created for group work as one element of a comprehensive training course on basic malariology and planning malaria control. The module can also be used separately for in-service training at appropriate levels of the health services.

The training using this module is designed to be accomplished in 2 days.
Communication for behavioural impact to roll back malaria
Introduction

The key to successfully combating malaria and halting the 1 million deaths a year the disease accounts for rests on creating the right kind of economic, social and political environment to support the technical aspect of disease management, control and surveillance. The most challenging aspect of disease control is often the human element, for the reason that unlike technical inputs where the outcome usually conforms to the expected result, people can behave in different ways depending on many variables such as age, income, sex, environment, and education. Effective social mobilization and communication is crucial to understanding how, when and where to engage with individuals and communities to successfully tackle malaria.

A basic understanding of the components involved in using communication for development is essential for health professionals responsible for Roll Back Malaria. This module is designed to that end and can be used for in-service training of professionals or as part of a disease control training course. If the latter, the module should be scheduled early on in the training course so as to serve as a foundation for the understanding of the social and political aspects of disease management and for its application to situation analysis.

For whom is the Guide designed?

The guide is designed for health professionals in planning functions. It will also give a good foundation in behavioural social mobilization for professionals involved in health programmes addressing high burdens of disease.

Objectives

At the end of the training programme the learner should have acquired the skills and competence necessary and sufficient to:

- Understand and apply the process of behaviour adoption and the Communication for behavioural impact (COMBI) approach to their own situations
- Critically review the various elements anticipated in a good communication strategy
- Understand when and how to bring in communication specialists for a particular outcome
- Present their own COMBI plans based on the analysis of the main problems, obstacles and opportunities from their country experiences
How is the course run?

Tutor and Facilitators

Facilitators are experienced professionals who work with the tutor to help the learners achieve the objectives outlined above. The tutor has extensive experience in using communication in both the private and public sectors and is able to help learners solve a wide range of problems. Facilitators will guide discussions and provide general help to individuals and to small groups of learners when necessary.

Presentations

Formal presentations of information is in the guise of interactive lectures that will encourage group discussion and sharing of personal experiences. Notes will be handed out during the presentations.

Small group work

The sessions provide good opportunities for learners to give their opinions, develop their ideas and learn from one another. Group work will include working through exercises and examples.

Evaluation

Evaluation of the learner

The main method of evaluation will be through the mini-COMBI plan that each individual will present. The tutor will look for how an understanding of the main principles outlined and discussed during the module is reflected in the critical thinking and the design of the learner’s communication plan.

Evaluation of the training by the learner

By means of a questionnaire, the tutor will ask the learners how they think the training has helped them and how training might be improved. This evaluation will take place at the end of the training period in order to provide as much feedback as possible. Replies to the questionnaire may be signed or not, but the learners should feel completely free to make suggestions for improvements on the part of the tutor, as well as in the content of the module.
2-DAY TRAINING PROGRAMME (MODULE AGENDA)

PROGRAMME  (A manual of workshop hand-outs will be assembled in the course of the workshop.)

DAY I

REVIEW OF WORKSHOP COURSE AGENDA AND PROCESS


- Selecting Behavioural Results and Group Assignments for Final COMBI Practicum

Topic: “Communication and Behavioural Results”

- Overview of Approaches to Achieving Behavioural Goals: Coercion, Education, Communication

- Behaviour Adoption Principles: HICDARM (Hear, Inform, Convince, Decide, Act, Reconfirm, Maintain)

- Communication Principles: (Manage, Source, Channel, Receive, Effect, Feedback, Setting)
  We will explore the basic principles of the communication process, noting that communication is not about Materials Production.

- C. P. (Continued)
  Selected Themes: The #1 Starting Point for Communication Planning; Communication Challenges in Selective Attention, Selective Perception, Selective Retention

Topic:  Communication in Relation to Behaviour Adoption

We will explore the importance of and differences in communication in relation to each dimension of behaviour adoption.

Topic: “Marketing Principles for Integrated Marketing Communication and COMBI”

- Marketing Planning Exercise: Working Groups

- The 4 Ps/The Four Cs: The results of the working groups will be used to illustrate the key marketing concepts of the 4 Ps (Product, Price, Placement and Promotion) and how this is now converted into the 4Cs (Consumer Need, Cost, Convenience and Communication)
DAY II

- Continuation of “Marketing Principles.”

Selected Themes: Market Situational Analysis including Survey data, Focus Groups, Force Field Analysis, DILO (Day in the Life Of) Analysis and TOMA (Top of the Mind Awareness) Analysis, Market Segmentation (i.e. Number of Steps from Action- NOSA). Ultimate Goal: Behavioural Results.

- Continuation of “Marketing Principles”

Selected Themes: Integrated Marketing Communication (IMC): Public Relations, Advocacy, Community Mobilization and Participation, Mass Media, Advertising, Person-to-Person Selling, Point-of-Sale/Service Promotion, In-School Education -- integrated and directed at behavioural results

The Vital Triad: Public Relations, Advertising, Community Mobilization

Topic: “Marketing Communication Techniques and Mix”

Continuation of “Marketing Communication Techniques”

Theme: Advertising (Radio-Television-Print) (Review by participants of what they assess as effective and ineffective advertising)

Continuation of “Marketing Communication Techniques”

Theme: Advertising – Other Media and Point-of-

Topic: “Community Mobilization”

- Mass Media, Folk/Traditional Media and Community Action for Community Mobilization
- Radio-Television Programme Formats

Topic: “Marketing Research and Evaluation.”

Selected Themes: Focus Groups; Surveys; Tracking Surveys; Interpreting and Using Results; Impact Assessment

EVALUATION

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Learning Unit 1

Communication for behavioural impact to roll back malaria

I. Introduction

Roll Back Malaria is a global movement with multi-sectoral participation to address the malaria burden within the context of health and socio-economic development. As such, it requires re-orientation and a paradigm shift for most of those who have been working with the malaria control program and also for other partners.

This document is intended as an accompaniment to the Communication for Behavioural Impact (COMBI) module for the orientation of malaria programme managers who will be responsible for co-ordinating and managing the key components of the RBM programme in their respective countries. Although it is impossible to be a specialist in all the fields relevant to RBM, it is important and possible to have an understanding of the key elements needed for a successful social mobilization/communication plan. The appropriate skills and expertise can then be brought in from private and public sources as needed.

This document outlines the key requirements for an effective social mobilization/communication strategy, introducing tools and methods to achieve key behavioural goals for the RBM programme. The strategy is based on innovative synergies and linkages between behavioural research, anthropology, marketing, public relations, mass media, folk media, interpersonal communication and adult education, all of which are often utilised to great effect by the private sector.
II. Communication: definitions

**Communication for development** is a researched and planned process which is crucial for social transformation, operating through three main strategies: advocacy to raise resources and political and social leadership commitment for development goals; social mobilization for wider participation and ownership; and programme communication for changes in knowledge, attitudes and practices of specific participants in programmes. When combined with strategies for the development of appropriate skills and capacities, and the provision of an enabling environment, communication plays a central role in positive behaviour development, behaviour change and the empowerment of individuals and groups.

**Advocacy** is a continuous and adaptive process of gathering, organising and formulating information into an argument to be communicated through various interpersonal and media channels, with a view to raising resources or gaining political and social leadership acceptance and commitment for a development programme, thereby preparing a society for its acceptance.

**Social mobilization** is a process of bringing together all feasible and practical inter-sectoral social partners and allies to determine felt-need and raise awareness of, and demand for, a particular development objective. It involves enlisting the participation of such actors, including institutions, groups, networks and communities, in identifying, raising, and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability of achievements.

**Programme communication** is a research-based, consultative process of addressing knowledge, attitudes and practices through identifying, analysing and segmenting audiences and participants in programmes and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass-media channels, including participatory methods.

**Integrated marketing communication** is a planned process based on private sector marketing principles that incorporates communication, advocacy, programme communication and social mobilization to achieve specific behavioural objectives. It places target groups at the centre of planning interventions by directly addressing their values, perceptions and lifestyles and offering a solution to an existing need at wonderful cost/value. The judicious blending of public relations, community mobilization, advertising, interpersonal communication, folk media and public education tackles individual behaviour as well as the social and political environment.
III. Communication for behavioural impact (COMBI)

Communication for development is an important component in the control and prevention of malaria. In fact, communication and service delivery are equally as important because one cannot happen without the other. You may have all the wonderful services in place but if people do not think these interventions are important, or believe they don’t work or don’t use them properly, or don’t know about them, then service delivery means little. Understanding people and behaviour and how they can be influenced is the key to successful programmes that sustain their impact long after the direct intervention has ended. In fact, they are those that take into account the realities of beneficiaries’ lives and engage people, communities and partners in a meaningful way.

Communication is an important process in convincing, through advocating, marketing and mobilising, a broad range of individuals and organisations to take malaria seriously; for individuals to take preventive action against malaria; for individuals to understand the symptoms of malaria early and seek appropriate treatment; and on a broader scale for society to generate political will and resources to tackle the debilitating effects of the disease.

As can be seen, the control and prevention of malaria ultimately rests on the behavioural responses of a broad range of individuals and institutions. This behavioural imperative hovers over RBM as the success of this initiative depends on its mobilising capacity for behavioural impact with donors, government leaders and officials, communities, families and individuals.

“The current social ecological perspective identifies these factors as multiple levels of influence – individual, interpersonal, institutional or organisational, community and public policy – and highlights the importance of the interaction and interdependence between individuals and their environment. More specifically, this perspective reinforces the idea that behaviour must be addressed and framed within its social environment since it both influences and is influenced by its social context. In terms of practice, this suggests that programme communication is more likely to be successful when problems are analysed and programmes planned in the light of multiple levels of influence and include multi-level interventions”


While many factors contribute to behavioural impact, it simply cannot be achieved without structured and strategically planned communication support for specific and precise behavioural results. Someone has to communicate, the right thing, in the right way, at the right time, to the right people and with right effect.
Examples of behavioural responses needed for RBM:

1. Governments need to commit themselves to vigorous, large scaled strategic programmes that may include for example, the lifting of tariffs on importation of bed-nets, training of health workers, improving availability of drugs and malaria treatment at health services which require increased resources.

2. Communities must recognise that malaria is a problem and take the necessary steps to protect themselves and their families, i.e. sleep under insecticide bed-nets, recognise the signs for treatment of children, ensure that children do not fall asleep outside in the early evenings, be willing to invest in treating existing nets, etc.

3. Communities (private and public) should support the procurement of appropriate drugs and treated bed-nets.

4. Health care workers should be skilled in treating malaria.

5. Health care managers and administrators should ensure that treatment is widely and easily available.

6. Partners should be convinced that malaria is a problem that can be solved better together.

7. Partners should be committed to pool and release resources.

What does communication have to do with these events?

While several of them entail management, administrative and financial actions, every single one of them is dependent on effective communication. Every single one of them is the behavioural outcome of a directed communication effort.

They involve four main groups of actors: government leaders and officials, health care providers, the community, and patients. Each of these requires their own directed communication.

Communication needs to go beyond advocacy, increasing awareness and educating the public. Along the way one advocates for programme initiatives, and informs and educates the public. But an informed and educated public is not necessarily a behaviourally responsive public. Increased awareness and education about health behaviours have notoriously been insufficient bases for action, though they are essential steps in the process towards behavioural impact.

An appreciation of the complexity of communication must begin with a perspective on behaviour adoption, given that the ultimate goal is one of behavioural impact. Awareness and even commitment are not in themselves sufficient to bring about a desired course of action and appropriate behaviour.
IV. Overview of approaches to achieving behavioural goals
coercion, education, communication

Very briefly, traditional approaches stated that people only needed to be provided with the right information and by educating them, this would help them make the right decisions. For example in the case of health promotion, although people knew about the importance of eating healthy foods, taking regular exercise, and stopping smoking to improve their health status and reduce the likelihood of certain illnesses, they still refused to change their existing habits. It was then thought that the attitude people had about these issues needed to be tackled and some motivation should be given to persuade and encourage them to adopt healthy behaviours. This approach evolved into the popular Information, Education and Communication (IEC) programmes which concentrated on awareness raising and the mass production of materials such as leaflets, posters and T-shirts. However, this has not had the necessary impact. In fact, what has worked well? Say in the case of wearing seat belts in western Europe, has been the introduction of government legislation forcing people to comply with wearing seat belts followed by massive campaigns to persuade people telling them why it was good for them to wear them. Coercion methods also included spot checks of cars by police. The result of coercion and massive communication interventions? Compliance!

However, encouraging behaviour adoption can work without coercion and never has it been more successful than in the private sector selling products both superb and awful. The key to this success has been in applying solid tools and techniques to a keen understanding of the principles of behaviour adoption.
V. Principles of behaviour adoption

Applying a behavioural perspective to development programmes helps to identify those most ready for change; factors that will influence them to act; identify the most appropriate interventions and the best moments to apply those interventions.

Behaviour adoption is illustrated by the simple (and not too perfect) HICDARM model, based on traditional behaviour adoption theory and practice (figure hereafter)

HICDARM describes a process by which we accept a new behaviour. First, we Hear about the new behaviour; then, we become Informed about it and later Convinced that it is worthwhile. In time, we make the Decision to do something about our conviction and later we take Action on the new behaviour. We await next Re-confirmation that our action was a good one and if all is well, we Maintain the behaviour.

Each dimension of HICDARM calls for an appropriate communication intervention. But note in particular the gaps between “C” and “D” and “A”, between being convinced and taking the decision, and between the latter and taking action. Most advocacy and education programmes arrive at the stage “I” (helping people become informed) and usually “C” (fostering conviction in the utility of the suggested behaviour) but hit the wall at “D” (decision) and “A” (action).

In the model, a double line separates HIC from DARM, to illustrate the usual gap between informing-convincing someone (HIC) and prompting the next steps towards behavioural impact (DARM).

Communication is clearly important through every step of HICDARM. But note the following: What one says to an individual to create awareness of an alternative behaviour (regardless of the medium used) has to be different from what would prompt a decision to act, and still different from what would actually trigger action, recognising the behavioural difference between the decision to act and acting.

In the RBM initiative, the ultimate goal is the M of “Maintenance” of behaviour in this model. And this requires a strategic and smooth movement through the entire process of HICDARM.
©HICDARM: BEHAVIOUR ADOPTION

First, we **H**ear about the new behaviour
then, we become **I**nformed about it
and later **C**onvinced that it is worthwhile.

In time, we make the **D**ecision to do something about our conviction
and later we take **A**ction on the new behaviour.
We await next **R**e-confirmation that our action was a good one
and if all is well, we **M**aintain the behaviour

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VI. The behaviour gap dilemma

Our dilemma is usually that of being stuck at the HIC of HICDARM. We quickly realise that one can with ease achieve the preliminary goals of convincing individuals about what needs to be done (the HIC phase) but find that it is yet quite another challenge to get behavioural responses (the DARM phase.) And this is where a communication strategy such as Integrated Marketing Communication facilitates the process through Decision, Action, Re-confirmation and Maintenance.

VII. Communication principles MSCREFS

The fact that a word can describe an idea, object, abstract concepts and has the same meaning for someone else is one of life’s daily miracles. Communicating is something we do every day on an interpersonal or group level, automatically, without training, and there is a belief that communicating is somehow a natural phenomenon. However, there is complex process occurring which takes into account not only what is being said but how it is being said. Research studies have shown that non-verbal language plays a significant part in communication.

The sum of communication theory models, developed over the last 50 years, can be described as the following acronym:

<table>
<thead>
<tr>
<th>Message</th>
<th>Source</th>
<th>Channel</th>
<th>Receiver</th>
<th>Effect</th>
<th>Feedback</th>
<th>Setting</th>
</tr>
</thead>
</table>

Communication is a message from a source via a channel going to a receiver with a certain effect that has feedback in a particular setting.

Each of these components require careful consideration and attention because each has an effect on the behavioural outcome.
<table>
<thead>
<tr>
<th>Component</th>
<th>Important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message</td>
<td>Ensure that the language is clear, easily understandable. That it is not too technical. Giving too many messages confuses the audience. Be clear about what is the main central message and reduce it to one sentence.</td>
</tr>
<tr>
<td>Source</td>
<td>Use a credible person to deliver the message. For example, people may not pay much attention if a local shopkeeper was giving advice about Malaria, but it would be more credible if a well-known doctor was delivering the same message. In other cases, a young teenager would be more likely to persuade other teenagers to take action rather than an authoritarian figure.</td>
</tr>
<tr>
<td>Channel</td>
<td>Identifying the most appropriate channel is important, either using the mass media through radio, television and newspaper and/or interpersonal channels such as door-to-door visits, traditional theatre, group meetings, etc. The right channel must be used for the right target audience and generally the most effective is a selective mix of channels.</td>
</tr>
<tr>
<td>Receiver</td>
<td>The receiver is filtering and interpreting the world through the cultural lens they view the world. An understanding of this world is crucial to getting the business of communicating right. Therefore, how you would explain the effects and the treatment for malaria to a rural farmer would be different to urban schoolchildren and housewives.</td>
</tr>
<tr>
<td>Effect</td>
<td>The end-result of communicating. The effect is the behavioural focus through improving knowledge, skills and prompts that would create a difference in how people did things such as sleeping habits, seeking appropriate help at the right time, etc. This is the point at which to start planning, that is being clear of what effect you are trying to create.</td>
</tr>
<tr>
<td>Feedback</td>
<td>Important to ensure that communication interventions are appropriate, effective and engages the receiver. Feedback allows fine-tuning to further communication planning so that a continuous loop is formed where there is a positive dialogue taking place.</td>
</tr>
<tr>
<td>Setting</td>
<td>Can facilitate or hinder communication. If there is too much noise, the time is inappropriate, there are too many distractions, too hot, too cold, etc. Considerations such as religious venues, health centre, cafes, market places, schools need to be decided after the target group, messages and sources have been identified.</td>
</tr>
</tbody>
</table>
VIII. Communication challenges in selective attention, selective perception, selective retention

The three most important challenges in communication, critical in the use of mass media but which still has a consequence in interpersonal communication, are selective attention, perception and retention. Overcoming these well-documented phenomena should be in-built into the communication process. The natural attention span usually works by full engagement and then after about a couple of minutes the attention begins to wander, then returns to the speaker, then wanders again. It is usually harder to keep people’s attention if it is not captured in the first 7 seconds of an interaction. If they are not interested during this crucial period then it is too late to get them back.

In other words people will tune into what they want to hear. If they are already interested in malaria by having experienced the disease, or knowing someone that is suffering from malaria they may be receptive to continue listening to a radio programme on the issue even if it doesn’t engage their attention, but if your trying to convince people who don’t see it as a problem then having a long speech on the radio or television will be a waste of time.

Selective perception is about people perceiving issues in a certain way, selecting bits of information to support an already existing view. If someone believes that bed nets won’t work and within an information giving exercise there is a reference to bed nets not being effective because people are not maintaining the insecticide treatment, these people will focus on the failure of bed nets and not about the reasons for the failure.

We remember events that mean something to us and selective retention is about forgetting those things that we want to forget. They could be unpleasant memories or points of views that do not coincide with our own or if too much information is given and information over-load occurs.

The main ways of overcoming these problems is to get the message and positioning right, keeping it simple, direct, free from jargon and repetition linked with a trigger for a course of action.
IX. Communication in relation to behaviour change processes
MSCREFS in relation to HICDARM

When an understanding of behaviour adoption is linked to the communication process, the ability of getting the expected result is increased manifold. How to convince governments, partners, communities, health workers, the media to enter into and sustain partnerships becomes much more focused, planned and hence effective. For example, knowing that one partner is aware of the problems of malaria but is doing extensive health promotion work on another issue has an influence on how they would be approached to secure their help.

X. Marketing principles for integrated marketing communication four ‘C’s: situational analysis

Marketing has had a traditional conceptualisation in the Four Ps: Product, Price, Placement and Promotion. Integrated Marketing Communication offers a new conceptualisation in the Four Cs, one more appropriate to social development and health-related behavioural outcomes.

The first C as in “Consumer Need/Want/Desire” focuses on what is the consumer need being met. One does not sell a product per se; one sells a solution to a consumer need or want or desire, whether that is an overt or latent need. Marketing does not create needs; it responds to existing needs in the consumer. The same can be said of many social development programmes, the over-riding need being the desire for good health. This need does not have to be created; it already exists. What we offer are RBM solutions to this need.

The second C as in “Cost” differs from P=Price in that it focuses on a combination of monetary costs, opportunity costs and effort costs. This forces us to ask what is the “Cost” we want the consumer/client/patient to bear for a promise of value we make with the solution offered in response to her or his need. Here is the central decision-making point for the consumer: if the cost/value ratio is unbalanced, in that the cost seems too much for the value promised, then the consumer rejects the offer. In RBM efforts, this has to be our constant worry.

The third C as in “Convenience to Get” differs from the P=Placement in that it goes beyond physical placement and location of the product and raises question about how convenient is it for the consumer to get the service or carry out the desired behaviour, in terms of service location, opening hours, service provider sensitivity, behavioural complications, among other factors.

Finally, the fourth C as in “Communication” becomes integrated communication looking at a judicious mix of communication interventions (public relations, advertising, mass media, folk media, community mobilization, personal “selling”/counselling, point-of-service promotion, etc.) rather than simply focusing on promotion of the product or service. Communication becomes the task of sharing with the consumer the information related to the other three Cs: “Here is a marvellous solution to the need you have at a wonderful cost vs. value ratio and so conveniently available.” And this is quite different than simply promoting a brand.
XI. Communication for behavioural impact (COMBI) and integrated marketing communication (IMC)

This very quick review of IMC principles allows us now to look at how an IMC sensibility informs our COMBI approach, which enables us to go beyond the HIC of HICDARM in RBM programmes.

COMBI requires from the outset a precise specification of RBM behavioural outcomes. In proceeding now to design a communication programme for the HICDARM part of the specific behavioural result, COMBI applies the four Cs, asking such key questions as: Do we have a wonderful solution to people’s needs, how convenient is it to have access to this solution, and what are the costs involved?

As these questions are raised and answered, COMBI engages in a sensitive market situational analysis. One tool used is called a “force-field analysis” for the particular behavioural result anticipated. A force-field analysis simply refers to analysing those forces in the field, in the environment, which prevents people from acting in appropriate ways and those forces which support them in new behaviours. An understanding of these forces enables one to shape appropriate messages to encourage new behaviours.

COMBI pays particular attention to the points of “Decision” and “Action” in HICDARM; this is where people make their decisions and take action on the basis of their calculation of the Cost versus the promised Benefit/Value of the action being recommended. If the cost seems too much in relation to the benefit or value, they do not bother to pursue the action. To repeat, “Cost” here does not only refer to money. It also means time and effort involved in carrying out the action. A central communication objective is to help people understand and appreciate the value and benefit of the behaviours being urged in relation to the cost involved in taking action.

It is in this way that COMBI goes beyond awareness, advocacy, information, and education (the HIC), and engages those IMC factors which lead to behavioural results (the DARM).
XII. Tools of analysis

Force field analysis

Example of a Force Field Analysis

<table>
<thead>
<tr>
<th>Worst Perception</th>
<th>Drivers</th>
<th>Current Perception</th>
<th>Barriers</th>
<th>Best Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires lot of effort to have nets treated</td>
<td>Wonderful sleep</td>
<td>Supply is low</td>
<td>Current tariff on the importation of bed-nets is high</td>
<td>Insecticide bed-nets will actually kill the mosquito</td>
</tr>
<tr>
<td>Offensive smell</td>
<td>Less people are getting sick</td>
<td>Registration of insecticide is expensive</td>
<td>High cost of insecticide bed-nets – hence the fall in usage from 85% to 14%</td>
<td></td>
</tr>
<tr>
<td>Some people are shy to come out with torn or worn-out nets for treatment</td>
<td>Rate at which children are dying of fever is reduced</td>
<td>Lack of proper distribution system</td>
<td>Conflict of priorities (e.g. either purchase the bed-net or tobacco) poor distribution which affects coverage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Material shortage</td>
<td>There is no difference between insecticide bed-nets and ordinary ones</td>
<td>Diversion of the chemical to other uses such as agriculture</td>
<td></td>
</tr>
</tbody>
</table>

Top of the mind analysis (TOMA)

TOMA gives an idea of peoples’ perceptions and immediate associations with a particular issue. It works by asking what three things come to mind when someone says a particular word. For example one Top of the Mind analysis on the words “insecticide and or bed-net” may show that there is no local term for them, hence the need for a symbol or logo.
A day in the life of analysis (DILO)

The most difficult and most rewarding tool, DILO puts the target audience right at the centre of its analysis by looking at a day in the life of the people you are trying to reach. It lists their daily activities from the time they get up to the time they go to sleep. DILO helps to empathise, identify contact points and barriers to the behaviour being adopted. For example, a DILO in one community may reveal that most children, especially those under five years, usually fall asleep outside the house (before bedtime) without any protection from mosquito and therefore render them vulnerable to malaria. Women may not tell you this in an interview because it is a normal everyday habit. However, observing this behaviour has a huge implication for communication interventions. Another example maybe that the majority of the women are engaged in subsistence farming and spend most of their time in the farm. This limits their chances of taking their bed-nets for treatment since time is constraint. DILO would therefore help identify times and places where treatment could be done or signal that alternative ways need to be explored.

Moment in the life of analysis (MILO)

MILO takes you into the situation of the target group at the exact point they are carrying out the behaviour you want to influence. It asks what exactly they are thinking, what is motivating them to do this rather than what you want. MILO asks in what ways their choice at that point could have been influenced.

Number of steps away (NOSA)

This tool identifies those who are nearest to “doing” the behaviour you are seeking. The logic is that if you can convince those who are closest to action then focusing on them will have an impact on those on either side of them, i.e. those whose behaviour needs reconfirmation that they are doing the right thing and those who are convinced but need the final push to doing something about it.

The above tools can be applied to the four main groups of actors we identified earlier: government leaders and officials, health care providers, the community, and patients who need to take RBM seriously and commit themselves to an maintain the partnership.
All the above elements are strategies in the communication “tool kit”, the expertise lies in getting the right mix. Positioning is extremely important as the triggers that will get someone to act is not the same in everyone. Positioning responds to the perceptions, values and attitude that the target group has of malaria.

All the elements have their strengths and weaknesses and the important message is that one should not rely on just one factor. The key is to blend the most salient ones for the circumstances based on the situation analysis. However, saying this, there are three core elements that form the most important building blocks known as the vital triad, namely: public relations, advertising and community mobilization.

**Public relations** has a variety of definitions:

The management function which evaluates public attitudes, identifies the policies and procedures of an individual or organisation with the public interest, and executes a programme of action to earn public understanding and acceptance. (Adapted as official definition by Public Relations Society of America)

The business of inducing the public through understanding to have goodwill toward a person, firm or institution.

Analysing trends, predicting their consequences, counselling organisation leaders, and implementing planned programmes of action which will serve the interests of both the organisation and the public.

The art of not treating the public like relations.

The management of communication between an organisation and its public.

An effort to influence opinion – to influence the attitudes of people.

**What does public relations do? It communicates…**

Seeks to inform, educate and persuade to action – much like advertising (but not the same)

In addition, it can build a relationship and create an ongoing dialogue of interaction/involvement with a target audience.

Influences perceptions to change behaviour to lead to a result.
How do I know if PR is working?

Publicity - Volume of radio, TV, print (amount of time, space)
Value of time and space
Total impressions
Media demographics
Content analysis/references to key message points

Impact on target audiences – pre/post tracking
Attitudes, message awareness, Intention to take action, link to PR activity, awareness, recall

Advertising

Advertising is about bringing a product or service to the attention of potential and current customers. Advertising should be targeted at your specific audience and based on market research and situation analysis.

Major methods of advertising: Brochures or flyers, direct mail, e-mail messages, magazines, newsletters, newspapers, posters and bulletin boards, radio announcements, telemarketing, television ads, web pages.

Advertising should answer the customer’s question: “What’s in it for me?” They should also specify what they are to do next. What action they should take and how do they take it, for example, whom do they call and how. Advertising needs to be (MRIP) massive, repetitive, intense and persistent and therefore cannot be done on the cheap.

Linked to advertising and public relations is promotions which keeps the product or service in the minds of customers and helps stimulate demand for the product or service. Promotion involves ongoing advertising and publicity.

Promotional activities: articles, editorials and letters to the editor, press kits, press releases or news alerts, public service announcements, annual reports, networking, novelties, presentations, relationships with stakeholders, special events, special offers.

Similarly, impact can be monitored and evaluated in the same way as public relations activities.

Community mobilization

Mistakenly perceived as synonymous with community participation, the past emphasis on community mobilization has been on getting the community to participate in a programme which has already been designed and planned. There are numerous methods of community mobilization and many participatory packages and tools which go by different acronyms such as Participatory Action Research (PAR) and Participatory Rural Appraisal (PRA). These tools bring people very much into the process of identifying problems and formulating action themselves. As such, they are both a research technique and a group communication strategy which has the potential of being very participatory and perhaps even empowering in nature. However,
limitations arise when we employ one set of tools, for say malaria and the process unearths needs and perspectives in a different programme area, such as HIV/AIDS.

In the context of IMC, community mobilization is gaining community acceptance, support and ultimately action for an intervention that is intimately based on the target group. The community is defined as the local rather than national social milieu and takes on board traditional decision-making mechanisms and modes of influence to achieve the desired behavioural objective.

XIV. COMBI planning

The following outlines the steps to be taken in designing a COMBI Plan for achieving specific and precise behavioural results in RBM programmes:

1. **State overall objective/goal**
2. **Conduct “market” situation analysis:** Current situation, behaviours, behaviour trends, target groups, market segmentation, force field analysis, constraints, resistances, supporting factors, accessibility, pricing and other “cost” factors, current perceptions, competitors. Suggest needed research.
3. **Marketing communication plan**
   a. State precise, specific behavioural results/objectives
   b. State priority market segments
   c. State positioning strategy (current perception vs desired perception)
   d. Present the marketing mix: the four C’s
      i. **Consumer needs/wants/desires:** in relation to “What is being offered”
      ii. **Costs:** At what cost/effort, and not only monetary, in relation to what perceived value/benefit
      iii. **Convenience to get:** How easy to get, how easy to put behaviour into practice.
      iv. **Communication:** State communication objectives and specify integrated communication actions as appropriate:
         - Public relations/advocacy (including use of radio, television, newspapers, community discussion, etc.)
         - Advertising (radio, TV, newspapers, billboards, handbills, pamphlets, brochures)
         - Community mobilization
         - Public education
         - In-school education
         - Promotion/point-of sale/service promotion
         - Personal selling (interpersonal communication)
         - Folk media
         - Other audio-visual support
         - Other communication actions: e.g. talk shows, road-shows

e. Progress monitoring and impact assessment
f. Calendar/time-line/implementation management
g. Budget
XV. Applying the COMBI approach to RBM

As outlined, the basis of the COMBI approach is to hone usually generic goals into specific behavioural outcomes. In fact, there could be several behavioural outcomes for an overall goal, each addressing the communication requirements of a major group or partner.

Group Exercise: Design a COMBI plan for a specific behavioural goal within RBM

Task

Based on the experience of malaria programmes in your particular country go through a marketing situational analysis and present an RBM COMBI for a behavioural result. The marketing analysis should include assessments of current barriers. Highlight any limitations and/or further research needed.
Learning Unit 2

Communication: making presentations

As a manager you will be called upon to make presentations and briefings to your own staff, other government departments and outside agencies and communities about RBM. The purpose of these presentations may be to persuade colleagues to contribute financial and human resources to your programme, to consult with communities about the programme and increase participation or talk to local NGOs about what the partnership is doing and how they can become involved. In all of these kinds of presentations, the content of the presentation may be different but the preparation and techniques will remain the same.

Speaking in public is not a skill that someone is born with, good speaking is the result of months, maybe years of hard work and practise. It is skill that can be learned and understanding the key elements involved in making an effective presentation will help you gain more confidence and turn a nerve-wracking situation into a pleasurable experience helping you achieve your professional and personal goals.

How do people listen?

During the communication for behavioural impact module, the processes involved in communication and the key challenges of selective attention, perception and retention were outlined and never are they more important than in making an effective presentation. Most listeners are continually assessing, digesting, rejecting or accepting the information you are presenting against their own bank of experience and prejudice, evaluating its worth.

Few people concentrate sufficiently when listening and become easily distracted principally by their own thoughts, the work they have to do at their desks, personal problems, shopping, their plans for that evening and so on. Concentration will come and go and this is important in how you need to organise the content of your talk but also in how to present yourself.

The value in presenting face-to-face is the opportunity to interact with the audience, to engage, promote discussion and clarify issues and misunderstandings that would not be available using a report or a memo.

Remember:

After a ten-minute talk listeners will have understood and retained approximately half of what was said and a couple of days later, they'll only remember a quarter of what was said.
How to start: crystallize an objective

Before you start on a journey, you need to know where you are heading and where you want to get to. Setting an objective for your talk is like choosing a destination. Before you even consider what you want to say, you must ask yourself why am I speaking? What do you want to achieve? How do you want your audience to feel when you have finished? What do you want them to do? Start with general objectives such as the following:

- To inform/teach/train
- To stimulate/motivate/inspire
- To persuade/convince/sell
- To explore/debate/negotiate
- To amuse/entertain

Remember that you will sometimes need to combine several objectives. For example, you may be talking to a group of NGOs about the RBM and your objective may be to sell the initiative to them. However, you would also inform them of the goals and objectives of RBM, inspire them with stories of previous successes of RBM, motivate them by showing how working together and pooling resources could impact on the lives of the communities they are working with, persuade them with logical arguments and even shame them by pointing out how poorly they are doing compared with NGOs in other countries.

As you set out your objectives, identify exactly what you want to achieve i.e. the behaviour you want to happen and how you will measure whether or not you have been successful. Sometimes it might be easily achieved, such as the number of organisations signing up to RBM, the number of meetings that the NGOs conduct with their own staff and partners.

Content + Delivery = Success

What you say and how you say it is the key to delivering a successful presentation. The popular analogy that a number of books use is that of a ‘train trip’...the audience should know where the journey you want to take them on will end...they should be interested enough to get on the train...and your argument should carry them logically from one point to the next....so they stay on the train...and then alight at the end at the promised destination feeling that the journey has been useful.

However, this is only one part of the equation for you could have the most wonderful presentation that is informative, interesting and well-structured but if it is delivered in an inappropriate way then the substance of the presentation will be a complete waste of time. For example, research has shown that non-verbal communication accounts for over 55 per cent of what is remembered from a talk. Non-verbal communication includes; eye contact, dress, gestures, energy and stance and if you don’t get this right then it will kill what you have to say!
Recent research has shown that:

- Words only account for 7 per cent of the speaker's effect on an audience.
- Non-verbal communication such as dress, posture, facial expressions accounts for 55 per cent of effect.
- The voice accounts for 38 per cent of effect.

Get rid of misconceptions

The hardest idea to accept is that ‘The audience wants you to succeed’ - but if you put yourself in the shoes of someone who is listening to a presentation then you will find that you will want to support the speaker even before s/he has uttered the first word!

You don’t have to be perfect – the audience is not expecting a perfect performance and making mistakes is part of the learning process. By accepting that the presentation will not be perfect gives you the opportunity to not be as stressful and nervous about it and to do the best you can and enjoy it.

Nervous tension does not show – we are all nervous and whatever butterflies are nose-diving in the stomach are not apparent to anyone else. Usually, breathing becomes more shallow and constricted, the palms become sweaty, the heartbeat more rapid and evident the nearer the time comes but the trick is to get the butterflies to fly in a pattern. Breathing deeply and consciously imagining the end result of your presentation – think you will succeed and you will.

Consider the audience

Adapt your presentation to the audience and consider who they are, what do they need to hear and what do you need to say. What you will say to a group of medical specialists will be different when talking to a coalition of NGO’s or rural villagers. The understanding and experience of the audience will be affected by the content of your presentation, so make the talk relevant and interesting to them.

This means putting yourself into the shoes of your audience and present it from their point of view. You will need to say how they are going to benefit from the talk, what they will get out of it, how you are going to do it and end with how you did it.

You will need to find out:
- how much your audience knows about the subject
- how much do they think they already know
- how much do they want to know and
- how much do they need to know so that you can achieve your objective.
**Determine the personal objective**

Decide how you want to be seen. This depends on the subject matter and audience. Do you want to be seen as knowledgeable, articulate and responsive? Tough, skilful and assertive? Or pretty, witty and wise?

**Determine the key message – ‘The magic triad’**

Research has shown that if you want people to retain the information you present - focus on only three messages. The rule of three works for any length of speech as you build in the arguments and examples to support your three basic messages. Putting in too many messages confuses as people become overwhelmed by the amount of information and inevitably switch off if they are overloaded.

**Organise your thoughts – ‘The train trip’**

Treat this as a train trip; you decide the destination but also where to stop, slow down, speed up. Tell them what you are going to tell them, tell them, then tell them what you have told them. Have a beginning, a middle, and an end. Remember to conclude.

**Choreograph the script**

Mark your script with signs with pauses, underlining words for emphasis, indicating where to speed up, cue for audio-visual material, symbols for eye contact, smiling, etc. Practise so that you don't need to follow the speech word for word.

**Verbal messages and non-verbal messages**

An impressive speaker has enthusiasm, vitality and energy. As 55 per cent of effect on your audience will come from *how* you say and not *what* you say it is important to utilise verbal skills by altering the following:

- V = volume
- A = articulation
- R = rate
- I = inflection
- E = enthusiasm
- D = deliberate pauses
- E = eye contact
- D = dress
- G = gestures
- E = energy
- S = stance
Body language gives signals to others of your internal feelings, walking into a room with drooped shoulders and a worried expression on your face is not going to inspire confidence in your listeners and your credibility will be low and stay low as usually first impressions last and are extremely difficult to change. Alternatively, walking into that same room confidently, with a smile on your face says that you are a worthwhile and interesting person.

- Use your eyes to make contact with your audience and show them that you are interested in them.
- Your face should say, I am happy to be here and I am glad you're here too.
- Your hands should be empty and still.
- Gestures should start from the shoulder and be relevant.
- Speak at half the speed you think you should.
- Pauses mean power. Use pauses to emphasise your words and in moving from one idea to another.
- Don't hide behind barriers.
- Stand tall, don't sit.
- Balance on both feet.
- Let the beam of confidence shine out from your chest.

Anticipate questions

Think about the kind of questions that may be asked and prepare possible answers.

Handling questions

Re-state the question.
Respond with a message.
Offer supporting evidence.
Limit extraneous topics.
End on a positive message.
Be open, flexible, and honest. If you don’t know then do not try and bluff your way through.

Checklist for evaluating your presentations

Introduction
- Is the first sentence attention grabbing?
- Have you shown the benefit to the audience in listening to you?
- Have you shown why you are qualified to speak on this subject?
- Have you announced your structure?
- Have you revealed understanding and knowledge of the listener's attitudes and possible problems in the first minute or two?
- Have you identified with your audience early on?

Body of talk
- Have you announced your first point clearly?
- Have you used facts, examples, anecdotes, comparisons and statistics to support your main points?
- Have you summarized regularly?
• Have you recapped on the previous point before moving on to the next one?
• Have you used rhetorical questions to guide your audience along your path?
• Have you avoided jargon and abbreviations?
• Have you used visual aids in order to explain complex material or to add interest at a dull moment?
• Are the links between each point clear and logical?

Conclusion
• Have you indicated that the end of your talk is coming?
• Have you summarized your key points?
• Have you asked for action?
• Have you ended on a high note?

Finally,

Rehearse…rehearse…rehearse….use a tape recorder to listen to yourself and play it back, noting which areas require more work. Running through the full presentation with visual aids gives you a realistic time. If it is too long then cut or condense…and never speak faster or run over your time allocated!

**Practicum:** Present a 3-minute talk on any topic applying the principles outlined above