



## DEVELOPMENT SUPPORT COMMUNICATION

INDEXED

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The New Economic Order - or new development order, as some prefer to name it - calls for new approaches in health information of the public. Development Support Communication (DSC) is one of these. The present working paper is a follow-up to the previous one issued in July last under the title "Radio and Development".

The time has come for the WHO Division of Information to help countries directly at the national level. DSC deals with information at the service of Member States and will require closer cooperation of INF with governments and WHO technical services, both at Headquarters and Regional Offices level.

A few definitions

Development: "A carefully planned process of change...for better or for worse!" (Defever)

"One can measure development as a society's degree of control over its environment. One can measure it also as a society's degree of adjustment to its environment. The alternatives differ only in the psychological approach to life." (Fuglesang)

Communication: "A Western concept basically extraneous to the communication notion of other cultures." (Defever)

Support communication: "The use of modern (mass) and traditional (folk) communication media to create a common understanding of economic and social objectives to be reached on a commonly agreed plan of action...again for better or for worse!" (Defever)

Development Support Communication: "The object of DSC is to motivate, to stimulate, to mobilize, to convince, to teach if necessary, to inform and explain, and above all to open a dialogue with the community." (Defever)

Development depends upon people understanding and participating in development programmes. The systematic and appropriate use of communication media (folk media and mass media) and the creation of a two-way flow of information between planners, innovators, and rural populations, is vital in obtaining popular motivation, participation and support.

While communication media have been successfully applied in political and commercial activities, they have not often been applied in development progress. DSC is the use of communication techniques and media to promote understanding of development objectives among people concerned, to create motivation towards change, to ensure participation and action in development programmes, to build a sense of self-reliance in the individual and his/her community, and to assist and support extension and training activities.

Other agencies of the UN family - particularly UNESCO, FAO and UNICEF - have adopted the principle of DSC, with an experience dating back to 25 years in the case of UNESCO, about 15 years in the case of FAO, and a few years in the case of UNICEF. WHO can take advantage of these experiments, especially in the fields of education (literacy) and better agricultural methods.

#### DSC not a panacea

Radio stems from oral tradition (Africa). In most of these experiments, radio was used as the main medium for reasons amply explained in our previous working paper (Radio and Development with the following reservations:

- Those who pretend that radio cannot substitute itself for direct human contact and face-to-face dialogue are absolutely right. They only forget how much this ideal method is time-and-money-consuming, not to say inapplicable or even completely irrelevant in present population conditions.
- Communication is not a panacea; it will not put right a badly conceived or run project.
- Radio and television are not the magic solution to all communication problems in the vast rural areas of the world. They will never replace school or informal (i.e. through experience) education.
- No DSC activity can be started in a village unless some socio-economic structure already exists on which 'support communication' can be grafted.
- The most sophisticated communication instrument will be useless if operated by communication specialists without talent and humanity or unaware of communities' needs and wishes.

#### Opportunities

Many projects assisted by WHO and other organisms could benefit from a DSC component, to name only a few:

1) Wherever we have simple methods and technology to change existing adverse conditions and where people can do something by themselves to help the health services, e.g. to support a vector control campaign against Aedes aegypti to combat dengue haemorrhagic fever, or to support a DPT/BCG vaccination campaign.

2) An excellent opportunity for using DSC would be the present and future onchocerciasis programme in the Volta River Basin where all factors of development have to be integrated and where the resettlement of populations is already setting a problem which calls for understanding and participation of communities. In an interview recently recorded on-the-spot, a responsible officer of the AVV (Volta Valley Authority) declared that due to lack of suitable information, it was possible to resettle only one third of the population concerned in some areas of the project now exempt of onchocerciasis, in spite of open broadcasting on the subject.

3) In situations where a change in food habits of a population has to be motivated and new cultivations undertaken to improve the nutritional status of the community.

4) Idem in the case of the introduction of primary health care into isolated, scattered and underserved communities, so as to make them support the concept and its application at village level.

5) To improve domestic water supplies. The experts recognize that the problem is one of harnessing the political will of governments and of motivating populations.

6) To make people aware of the fact that half the persons who have elevated blood pressure (hypertension) are unaware of it.

7) To warn against the recrudescence of sexually transmitted diseases in order to bring early treatment of the contacts.

MODEL

Many DSC approaches can be used to support development projects in the field of public health and of public information. Just to give a simplistic idea of an ideal one:

- 1) On-the-spot enquiry (reports and recordings) of public opinion within areas or communities concerned in order to establish real and felt needs and wishes on actual problems (water, nutrition, population move or resettlement, vaccination programme, introduction of PHC, etc.). This is health information to be communicated to responsible authorities and used as basic information for planning radio programmes. Feedback thus even precedes the start of the information campaign.
- 2) Setting up and gathering of a coordinating and advisory council (National Rural Broadcasting Council) which will establish content of radio programmes. This council will consist of responsible technical people in all fields of development involved (education, public health, agriculture, public works, etc.) in addition to communication specialists, especially radio writers and producers. The list and content of programmes will be established by this council, which can be repeated at all administrative levels (government, province, district, etc.) on the condition that communication does exist between all these levels. A foresight of about three months is sufficient, since the impact of the programmes has to be evaluated after this period.
- 3) The radio programmes are produced in the vernacular language(s) in collaboration by radio producers and health educators or other health personnel possibly in direct contact with the population, especially if the radio producers - as is often the case - live in splendid urban and sophisticated isolation. The radio programmes are generally composed of three main elements:
  - a) The problem exposed, using different techniques such as round-table discussion, dialogue between 'sceptical' and 'convinced', dramatization - the problem is discussed within the framework of a fictional family story or saga - or even a simple lecture, on the condition that the speaker does not speak too long and is lively.
  - b) Recorded dialogue with members of the community in the form of a question/answer element. It is important for the potential listeners to recognize their own voice or that of their neighbours.
  - c) Entertainment (music, songs, comics, etc.)

Apart from the actual radio programme, which can last anything from 10' to 30', radio spots of 30" or 1' duration can be broadcast at peak listening hours to arouse interest, remind people of the problem and keep the population alert.

- 4) Organization within each community of listening groups made of responsible and, if not enthusiastic, at least willing people, who want to participate. According to the importance of the community, the organized listening group, also called radio club, should not exceed 12 to 25 people, possibly representing all walks of life and age groups, with a fair balance of men and women. In some countries, for cultural reasons, it may be that different groups will have to be organized separately for men and women.

At the same time, an animator/motivator should be designated by the community. He/she could, among other possible people (political or social leaders, agricultural extension workers, social workers, development agents, etc.) also be a health educator or a community health worker.

- 5) Broadcasting of the radio programmes directed to collective listening by organized groups (radio clubs) and as 'open broadcasting' for the rest of the community (private transistors).

To be followed by immediate discussion by the group under the leadership of the animator/motivator, acting as moderator.

Once problem fully exposed (which may take several programmes), discussions within the group, and possibly with the rest of the community, should ideally result in decision and action to change situation if unsatisfactory (change in cultivation patterns; building of a well or water supply system; or of a dispensary, for instance to accomodate PHC activities; or of latrines; acceptance of or request for immunization of children; or insecticide spraying inside houses; designation of a primary health worker, etc. etc.).

- 6) Listening report and questions from the audience (preferably live-recorded) to be sent to council (see 2) and radio producers, thus providing immediate feedback and establishing dialogue on a continuous basis.
- 7) Production of simple printed and audiovisual aids (explanatory pamphlets, wall sheets, wall journals, calendars, etc.) to be distributed to communities timely in connexion with radio programmes and related to subjects actually broadcast.

#### EVALUATION

This is the key question. Investments in health cannot be quantified as easily as in agriculture, industry or transport. Attempts are being made to evaluate the impact that DSC actions can have on a population. It is very difficult to assess the real influence that one single element (communication) can have in a multisectoral approach. The Dahomey project of rural broadcasting (FAO, 1968/1974) which has been fully evaluated after seven years of existence shows that the best way of doing it was by a contest among the different communities. The contest consisted of asking communities what they had achieved as a result of the rural radio campaign. Prizes were offered by the government and private donors. More than 50 per cent of the radio club villages participated in the contest. The jury was amazed to hear of the achievements: new land had been opened; rural roads were being constructed; new crops introduced; villagers started raising chickens, ducks, rabbits; schools and dispensaries were being built by the farmers themselves and without external aid. Adadouhoué, the village which won the first prize, had a total population of only 200. In two years the people had built a one-mile long dirt road to connect their village with the national tarmac road; two concrete silos were erected to store the maize crop; a new dryer, built collectively, reduced the loss in grain stored; a new well, almost 40 m. deep, ensured ample supplies of drinking water for all; twenty heads of cattle were bought collectively; the barn and watertroughs were constructed; the newly built chicken pen held 200 birds, also collectively owned; the Adadouhoué villagers built their own school and a radio-club of bricks which they called 'cultural centre'; two hectares of land were opened to cotton; 4000 pineapples were planted; the children grew enough vegetables in the school garden to satisfy the needs of the entire population.

About 5000 broadcasts were produced over a period of seven years in ten different languages. All radio listeners in Benin, i.e. 50 per cent of the population know the rural programme; 80 per cent out of this 50 per cent listen to the programme. Sixty per cent (60%) of all listeners prefer the rural broadcasts. Thirty-eight per cent (38%) of those who listen to the rural broadcasts listen regularly and sixty-two per cent (62%) casually. Enquiries made have also shown that a radio club member or a former club member listens better, distinguishes and understands the message better.

In Tanzania, as a concrete result of radio campaigning, it is estimated that about 700,000 new latrines were built by voluntary labour during a 12-week period in 1973. This is a vivid example of how, with good planning and organization but with very little money, the habits of a population may be changed. The radio programmes were broadcast twice a week to give groups a choice of meeting times. Radio programmes were doubled with very simple text-books so that, in the event of either books or radio not being available, groups could still function well. But it was undoubtedly the combination of the written and spoken word which brought the best results. Surveys of health and hygiene habits were carried out before and after the campaign to assess what changes had taken place, as well as what increase there had been in knowledge of disease prevention. These surveys, together with the feedback material returned by the group leaders (animators/motivators) give a very good picture of how effective the radio study group method can be in altering peoples' habits. 700,000 latrines make a dramatic, if buried, monument to the campaign, but more significant is the demand by peasant for more campaigns of the same sort. Another one has started on nutrition.

Failures of course have sometimes to be taken into consideration. Unfortunately, they are only usually briefly commented on, for instance in the following form (from a FAO briefing document on DSC activities):

"We have a team of four communication experts working in Peru's Centre for Research and Training in Agrarian Reform. The project has been having considerable difficulties in obtaining national staff, production facilities, etc. and little impact has been made, though in May 1975 it seemed as though things were about to take a turn for the better. More recent information is that they have not done so."

As in WHO, the blame is usually put on the government!

Feedback is part of immediate evaluation. The following is a typical example of a listening report received during an educational radio campaign in Togo. It shows the sort of feedback information that people in charge of the campaign can make use of:

Subject: Hygiene and prophylaxy.

Less well understood part: the part dealing with prophylaxy has been insufficiently grasped, because the voice of the speaker was too fast (please tell him to slow down).

Discussion: Most members of the group (club) said that it would be worthwhile for the government to send health personnel on tours of the country to improve the well-being of the peasants.

Conclusion: Our male nurse is doing his best to reach all villages and farms in his sector, giving advice on hygiene, but he cannot do everything by himself because he is alone and has many patients to treat every day at the dispensary.

Suggestion: Why not organize rounds of sanitary workers at least twice a year to give oral advice to peasants in each village or centre. This is a strong wish of ours.

In principle, evaluation should never be undertaken by the people who carried out the project - as they cannot be at the same time "juge et partie" - but by an outside organism. In India, the farm radio forums organized by UNESCO were evaluated by the Tata Institute of Social Sciences in Bombay. In Togo, four years of rural radio activities were evaluated by the French Institute of Public Opinion in Paris.

Evaluation should be made at all stages of projects:

- 1) basic evaluation (before start);
- 2) evaluation during implementation of the project;
- 3) final evaluation.

## COST

Examples of cost are based on plans of operations.

1) Project for the organization of radio clubs in Colombia, financed by the Ministry for Economic Cooperation (Bundesministerium für Zusammenarbeit) of the German Federal Republic, through Freedom from Hunger Campaign and Action for Development.

Executing agency: FAO

Date: December 1973

Salary of expatriate expert (12 man/months)	US\$	32,000
Two consultantships of three weeks each		6,200
Trips through the country and per diem		3,500
Audiovisual equipment and spare parts		3,000
One vehicle		5,000
Fellowships for local staff		2,500
Additional expenses, margin for security, inflation, etc. (14%)		9,548
Total	US\$	77,748

2) Setting up of a Communication Unit to support rural development in Upper Volta.

Date: 1975

Duration: 18 months

Executing agency: FAO

Government contribution: 5,760,000 CFA francs

UNDP contribution: US\$ 96,000 broken down as follows:

18 months expert in communication	US\$	54,000
Audiovisual material		36,000
Miscellaneous		6,000

3) Large-scale project of broadcasting training for Western Samoa.

Date: 1975

Duration: 2 years

Executing agency: UNESCO

Government cooperating agency: Broadcasting Department in conjunction with Education Department.

Estimated value of the government's contribution expressed in US\$: 64,000 (in kind)

Estimated UNDP contribution: US\$ 109,400 broken down as follows:

Experts (24 man/months)	US\$	60,000
Fellowships (12 man/months)		12,600
Audiovisual equipment		35,000
Miscellaneous		1,800

## INTEGRATION

### Criteria for selection of projects

A few prerequisites should preside over the selection of any WHO project with a will to experience DSC.

1) The strong political will of the government concerned to sustain an information/education campaign for a sufficient lapse of time.

2) The presence in the country concerned of a sufficient administrative infrastructure to set up groups of interest, for instance, listening groups ready to discuss problems of rural development, including health, and attempt to solve them at the community level with the help of the government services concerned.

3) The availability of a sufficiently developed radio network, and facilities for devising simple printed and audiovisual aids and distributing them.

4) The availability of a dedicated nucleus of health educators, radio writers and producers to produce programmes and devise simple printed and audiovisual aids.

5) Preference should be given to a sample of communities with the same language, possibly the same degree of development, and similarity of ethnic, cultural, religious, educational, etc. patterns. But this is not an absolute condition. It is only easier to begin with.

#### How to proceed

Any intention of adding a DSC component to a project should be first firmly established by the WHO technical staff concerned, both at HQ and Regional Office, with the advice and guidance of a communication specialist. Medical arrogance should be left aside.

Once the proposal of adding a DSC component to a project has been made, it should be discussed with the government concerned, preferably at the time of project formulation, and included in it at this stage.

The integration of a DSC component to a project does not necessarily mean a heavy investment. Several situations can be considered:

a) At the time of formulation of the project, or any other time after the project has started, a communication specialist should visit the country concerned to discuss with the government, particularly with the ministry of health and the ministry of information or communication or the equivalent, to assess if a sufficient personnel and equipment infrastructure already exists in the country.

b) Sometimes similar experiments have already been carried out in the past, or are being carried out in other domains of development (education, agriculture, religion, etc.). The only task of the expert will then consist of reviewing past experiments, even if unsuccessful (especially if unsuccessful) and/or of adding a public health component to an existing series of programmes devoted to rural community development.

c) In the latter case, as in the previous one (a), a consultancy of 3 to 6 months will probably be enough to start the work. The cost of a communication consultant is about the same as that of a WHO consultant (US\$ 2,500 - 3,000 a man/month).

d) If evaluation shows that the consultant is doing a fine job and that the government is willing to pursue the enterprise, he/she can be prolonged up to two years and more. The Dahomey rural radio forum lasted for seven years to the satisfaction of the government, the communities concerned, and the executing agency.

e) If the government is lacking in communication infrastructure - insufficient radio network, insufficient in number or inadequately trained personnel - assistance can be requested as in the previous case (d) from other organizations, namely UNDP, IBRD/IDA, UNFPA, ITU, or outside organisms such as SIDA, DANIDA, NORAD, CIDA, to name only a few.

Training of national fellows in communication sciences can be ensured at the following institutions: The British Council, Education and Science Division, London; Media Service Unit, University of Sussex, Brighton; Ontario Institute for Studies in Education, Toronto; Information Center on Instructional Technology, Academy for Educational Development, Washington D.C.; Institute for Communication Research, Stanford University, USA; East-West Communication Institute, University of Hawaii, Honolulu; IFCAD, Institut de formation des cadres pour le développement, Brussels; Asian Institute for Broadcasting Development, Kuala Lumpur; and the future Multi-Media Rural Development Support Communication Centre in Baghdad.

## RECOMMENDATIONS

- DSC activities might also be organized in cooperation with UNICEF. In this connexion, a specialized representative of each Division of Information (WHO and UNICEF) should attend the sessions of the WHO/UNICEF Joint Committee on Health Policy.

- A WHO Committee for DSC should be set up, first at HQ, then in regional offices concerned, including apart from INF: HPC, COR, HED, ECS, PHC, and various technical members according to circumstances, particularly in the fields of nutrition, environmental health, communicable diseases and immunization.

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TEN ESSENTIAL POINTS FOR EFFECTIVE RURAL BROADCASTING

- 1) Programmes must be broadcast at regular times and on the same days each week.
- 2) Programmes must hold the attention of the listener and this means that he must be entertained as well as educated. This usually calls for much lively material, including interviews, talks, etc. with rural people.
- 3) Programmes must be 100% accurate, and timed according to seasonal needs.
- 4) Programmes must cover all aspects of rural life.
- 5) Group listening is more effective than individual listening because group listening leads to discussion and action.
- 6) Only by constant feedback and evaluation can a rural broadcaster ensure that his programmes are welcomed by the audience and modify them if necessary.
- 7) The announcers must establish a relationship of trust and friendship with their audiences, and nothing will destroy it more easily than inaccurate information, or impractical advice such as "Buy fertilizer!" when none is available.
- 8) The programmes must be clearly relevant to the audience's needs and interests and the listeners must be able to recognize that relevance.
- 9) The effective rural broadcaster knows the rural milieu, knows his audience, identifies himself with it.
- 10) Rural broadcasting is a support for extension and cannot replace it entirely.

STRUCTURE OF DSC IN SOME UN ORGANIZATIONS

UNESCO

Communication Research and Policies:

2 senior programme specialists	P 5
2 programme specialists	P 4
3 programme specialists	P 3
General services category: 5 posts	

Development and Application of Communication:

1 director	D 1
2 senior programme specialists	P 5
3 programme specialists	P 4
3 programme specialists	P 3
General services category: 8 posts	

Regional posts (field staff):

1 regional mass communication adviser for Africa, Nairobi	P 5
1 idem for the Arab States, Cairo	P 5
1 idem for Latin America, Lima	P 5
1 idem for Asia, Kuala Lumpur	P 4

in addition to five UNFPA posts (2 programme specialists P 4 and 3 GS staff) at HQ make a total of 22 professionals and a minimum of 13 GS staff;

in addition to an average of about 20 field consultants (communication specialists) at all times.

Regular UNESCO/DSC budget for 1975/76	US\$	3,176,900
UNDP assistance		3,060,000
Others (Ford Foundation, NORAD, IDA)		4,682,900
UNFPA		<u>3,360,400</u>
for 75 DSC projects	Total US\$	14,280,200

FAO (Development Support Communication)

Two sections: 1) Formulation and Assessment  
2) Multimedia Field Operations

Total of seven professionals (one P 5, two P 4, four P 3)

in addition to an average of some 35 communication specialists at all times in the field, all of them P 4.

29 DSC projects in 22 countries.

There is no special provision in the FAO regular budget for DSC activities as such. Each of these is included in the budget of the technical section or field project concerned.

UNICEF (Project Support Communication)

PSC personnel numbers about twelve, not counting consultants in the field.

PSC component in several hundred projects.

Use of funds for DSC not limited.

WHO - nil