

Counting on Communication

The Uganda Nutrition and Early Childhood Development Project

Cecilia Cabañero-Verzosa



THE WORLD BANK

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Preface

Meaningful messages matter. This was one of many lessons learned from the Uganda Nutrition and Early Child Development Project (NECDP) experience. The incorporation of a strategic communication program was a key project innovation designed to support the adoption of new behavior needed to achieve positive health and development outcomes.

Explicitly integrated early in the project design phase, the communication strategy grounded on empirical research, helped in framing the development issues, in understanding and identifying barriers to positive behavior, in segmenting target audiences and in crafting persuasive and relevant messages conveyed through effective channels of communication.

Equally important, the communication strategy also focused on securing policy and political commitment at the national level through advocacy efforts to increase awareness, to build consensus among parliamentarians and policymakers who can provide the leadership and to marshal resources needed for long-term support to nutrition and child development initiatives.

Evidence from the project's longitudinal evaluation study confirms positive impacts of improved health and nutritional status, improved knowledge and practices in childcare, increased demand for schooling and health and nutrition services. Reinforcing messages from both upstream and downstream communication activities were designed to support successful project outcomes.

This was achieved through building coalitions of support and developing national champions of nutrition and child development programs while at the same time educating and motivating parents and caregivers to adopt positive behavior change in the care, feeding and active learning of children. This case study documents the project experience in integrating communication in the project design, in developing the overall communication strategy, and in evaluating communication activities that helped achieve project outcomes.

Acknowledgments

We thank all the people whose efforts helped this project achieve remarkable communication results. We realize many of them will remain nameless. We also thank our partners who have worked with us from the inception of this project to its completion—the success of communication lies not only in a solid and comprehensive communication strategy but in the day-to-day implementation and monitoring of communication activities.

The Government of Uganda, the Ministry of Health, and several ministries led the work on communication at the national, district and community levels.

Civil society organizations including NGOs, faith-based organizations, and community groups came together to make Child's Fairs an event that parents and their children valued as a source of information and childcare services.

Glaxo Smith-Kline partnered with the government, the project team, and the World Bank to provide on-the-ground technical support to planning, implementing, and monitoring communication activities. Carolinme Pond of Glaxo Smith-Kline lived in Uganda for three years working with us on the communication program. Anne Gamurorwa of the Uganda project team managed communication activities and traveled extensively to project sites to work with those who helped implement communication activities. Dr. John Mutumba, the Project Director shared our vision for a central role for communication and paved the way for reaching out to critical audiences.

World Bank colleagues all played key roles in supporting the work of the project team. Marito Garcia, the project's task team leader, led project development work and ensured that upstream communication activities built support for the project among parliamentarians, the media, national, regional, and district level officials. Carla Bertoncino, who took over from Marito as task team leader, continued the work of supporting the Uganda project team during implementation and completion. Harriet Nannyonjo, Senior Operations Officer in the Uganda Country Office, paved the way for smooth planning and implementation of communication activities. E.V. Shantha visited project sites to assess the response of parents and the local community to communication initiatives. Harold Alderman, Lead Human Development Economist, led the research work on the longitudinal evaluation that provided empirical data on development results achieved by the project and the contribution made by communication to the project's success. Diana Chung of the Development Communication Division traveled to Uganda to capture lessons of experience on communication and managed the publication of this paper. Finally, Paul D. Mitchell, Manager of the Development Communication Division, supported the communication work through several years.

Introduction

Severe malnutrition in Uganda, one of the highest in Africa, continues to plague the country despite its rapid economic growth in recent years. And the lack of knowledge on proper childcare, poor health and sanitation practices were considered to be the main causes of frequent illnesses, low weight-for-age and stunting among very young children. About 12 percent of Ugandan children die before their first birthday, mostly caused by illnesses that could have been prevented. Of those who survive, one in four are underweight and four out of ten are stunted.

The Ugandan Government is committed to invest in young children. A ten-year investment plan—the Uganda National Action Plan for Children (1993–2003)—was prepared to support programs in children’s health and nutrition, water and sanitation, basic education and child protection. Parliament enacted the Children’s Statue of 1996 establishing the legal framework for the protection of children’s rights and obligations to society.

In 1998, World Bank assistance for the Nutrition and Early Child Development Project (NECDP) was approved to support these government initiatives. The NECDP covered about 8,000 communities in 20 of Uganda’s 39 districts, selected based on their levels of malnutrition, infant mortality, and primary school enrollment rates. Designed through a participatory process, the NECDP is a demand-driven, and community-based project that focused on strengthening capacity in child development projects, developing grassroots institutions, such as savings groups, and strengthening community initiative and ownership through matching grants to support child development projects.

Its specific project objectives include:

- help communities organize services for children under six years old, through growth monitoring and promotion and establishment of Early Childcare Education (ECE) facilities;
- strengthen the capacity of families and communities through sensitization, education and skills training on early childhood development, nutrition and training for savings and income generation; and
- support communities through community grants and incentives.

In fulfilling this set of objectives, *strategic communication* was made an integral part of the project, primarily to support behavior change objectives necessary in achieving positive outcomes in health, nutrition and education.

The project's three main components are:

- an integrated childcare package which mobilized parents' groups and caregivers at the community level, facilitated by animateurs (local workers); Child's Fairs, held every six months, served as important service delivery and communication channels for communities to access integrated health and nutrition services for their children;
- community support grants and an innovation fund provided financial assistance for child development projects with matching community contributions in cash or in-kind; and
- a national support program for child development focused on supporting national level activities such as participatory monitoring and evaluation; micronutrients program; ECD curriculum development, information, education and communication (IEC) and advocacy for children's rights.

Through these interventions, the expected outcomes are to:

- reduce to half the prevalence of malnutrition among preschool children in the project areas by the end of the project, increasing school readiness of preschool children;
- raise enrollment in primary schools and reduce dropout and repetition rates;
- improve psycho-social and cognitive development; and
- double the proportion of mothers practicing appropriate childcare, from one in four to one in two.

Designing Strategic Communication for Behavior Change

As early as the project concept/preparation stage, it was clear to the NECDP task team that a strategic communication program was central to the success of the project. The integration of communication within a Bank lending operation involved a strategic sequencing of activities implemented at each stage in the project cycle (Table 1).

Table 1. Integrating Strategic Communication in NECDP

Project Cycle	Stages in Designing Strategic Communication	NECDP Communication Inputs and Activities
Project Preparation	<i>Audience Assessment</i> 1. Understand issues and identify barriers to change. 2. Assess knowledge, attitudes, beliefs and practices. 3. Identify behavior change needed. <i>Communication Research</i> 1. Prepare communication research plan. 2. Conduct communication research. 3. Analyze formative research results to guide: —audience segmentation; —behavior change objectives; —message development; —monitoring and implementation.	Knowledge, Attitudes, Beliefs and Practices (KABP) study in 12 districts 3-part Formative Research: —Qualitative Research on Complementary Feeding Practices in Northern Uganda —Formative Communication Research on ECD in Uganda —Local Knowledge and Treatment of Worms in Uganda Assessment of in-country communication capacity
Project Appraisal	<i>Communication Strategy Preparation</i> Agreements reached on: —behavior change interventions, audiences, messages and channels (based on research results) —communication objectives, tools, approaches —implementation plan (budget, training, staff requirements, timeline)	Communication Planning Workshop. Orientation on Communication Campaign. Selection criteria for consultants (TORs) Material development research and pre-testing.
Project Implementation and Supervision	<i>Monitoring and Evaluation of Strategic Communication Activities</i> Track and assess progress in: —execution of communication activities —dissemination of communication materials —exposure of target audiences —changes in levels of awareness, knowledge, attitudes and practices. Adapt modifications in communication strategy and activities, as necessary	Project Launch Multimedia Behavior Change Campaign Communication Support Activities —Advocacy and Mobilization —Sensitization and Orientation —Capacity Building 3-part Monitoring Research: —KABP baseline study —Tracking study of changes in knowledge, attitudes and practices —Routine monitoring of communication inputs at district and parish level

Link Communication Objectives to Outcomes

To support NECDP's behavior change objectives, the communication component aimed at increasing parents' knowledge and support positive attitudes, beliefs and practices focusing on specific parent behaviors necessary to improve health and nutrition outcomes: (i) *weaning*, defined as exclusive breastfeeding up to 18 months and introduction of complementary foods at six months and not earlier; (ii) *deworming* of children, undertaken initially and every six months when there is re-infection; and (iii) *early childhood development*, focusing on positive parental interaction and greater involvement of fathers in the care of children under six years old.

Reversing the pattern of improper behavior and practices detrimental to children's health and well-being requires a well-designed communication plan that goes beyond disseminating information and increasing awareness. Getting parents and primary caregivers to alter their long-held beliefs that drive traditional practices and have them adopt appropriate behavior requires more than just handing out leaflets and information materials.

With clear outcome objectives of improved child health and nutrition, the communication strategy set out key process objectives to support behavior change interventions. These focused on:

- launching a multimedia communication plan that emphasizes proper weaning practices, deworming, and early child development-related behaviors;
- training health workers and daycare and preschool teachers on the communication campaign objectives and their role in making the project a success;
- implementing a monitoring and evaluation activity to ensure that materials developed are disseminated via cost-effective channels of communication and that these messages reach the target audience; and
- mounting a national advocacy effort aimed at parliamentarians, officers of the Ministry of Health, the Ministry of Education, district officials and community leaders.

Understand Target Audiences Through Research

Formative research is critical in shaping a well-designed communication strategy. Getting the communication planning process right begins with knowing and seeing the problem from the "client's perspective"—their attitudes, beliefs, and practices, as well as the barriers and perceived costs of adopting new behaviors. It involves asking the right questions to understand what behavior needs to be changed, why people do what they do, and how people can be influenced to adopt new behavior, that is both feasible and appropriate.

In the Uganda project, this process involved inquiry at the individual/household and the institutional levels. At the individual/household level, a rapid assessment was conducted to examine traditional behavior and practices affecting child development, both good and bad, and examined the reasons for such behaviors. This provided useful insights on ways of promoting the good behaviors and discouraging the bad ones.

Following the rapid assessment, a three-part research process was conducted to gain an indepth understanding of the behavior change issues that needed to be addressed: (1) “Qualitative Research on Complementary Feeding Practices in Northern Uganda”; (2) “Local Knowledge and Treatment of Worms in Uganda”; and (3) “Formative Communication Research on Early Childhood Development in Uganda.”

“I did not know my child was malnourished. All of the children in the village look like this.”

—Mother in Wanamugimu, Uganda

The key research findings, briefly described below, revealed practices, beliefs and misconceptions that clearly define the perceived barriers and costs of behavior change. The empirical evidence guided the communication team in defining the scope, focus and content of the communication strategy.

- Some of the current perceptions of proper childrearing were often at odds with the new childcare concepts of encouraging the child to be active, inquisitive, and to explore his/her immediate environment. For example, parents’ concept of a “good” 2-year-old was “one who is obedient, polite, respectful, one who does not ask for food all the time but likes to eat, and does not cry.” The “bad” 2-year-old was described as “one who cries unnecessarily and wants to be held frequently, fights with other children, is disrespectful, disobedient, ill-mannered, and destructive.”
- On complementary feeding practices, several barriers noted include inappropriate timing (some children are given complementary food too early and some too late), undesirable and suboptimal feeding practices (working mothers’ lack of childcare time, energy and protein content below the minimum daily requirements, food insecurity, and so forth), cost of food, and disapproval by a relative. The study also found that many food taboos were related, some prohibiting intake of much-needed quality foods during illness.
- On deworming of young children, one important barrier found was the parents’ perception that the deworming medication is too strong for children and may kill them. More-frequently mentioned barriers included poverty, ignorance, and neglect.
- Hygiene-related measures emerged as the most important way to prevent worms. Nearly all groups mentioned taking the child to a health center or clinic for treatment to get rid of worms. The benefits of hygiene-related behaviors and deworming were clear to parents—a healthy, happy child who is growing well.
- Little is known about the benefits of early child development since it is a new concept for parents, national and district leaders, and educators. As such, the concept of an intelligent child is narrowly perceived as one who is able to follow instructions, is creative and inquisitive, one who is able to remember and not repeat mistakes, not fearful of others, and is well behaved and does chores. Children are considered intelligent when they are able to do things that parents value, such as helping with household chores.

- On parental interaction, there is less awareness or appreciation for child play and discovery as a way of expressing affection and stimulating child development. Commonly held beliefs downplay the benefits derived from positive interaction with parents and caregivers. For example, it is believed that the single most important things parents need to provide infants are the basic needs of food, clothing, shelter. With respect to older children 4 to 5 years old, parents believe that they also need a lot of attention, but most especially in terms of “preventing the child from developing bad behaviors,” or in “instructing the child to know the right thing to do.”
- In this culture, child-rearing roles of fathers and mothers eschew a major role for fathers in daily parental interaction. Fathers are deemed responsible for providing food and money for school fees and housing. Their interaction with young children is primarily that of a disciplinarian.

Appendix A describes how the research findings influenced the design and content of the communication strategy.

At the institutional level, the communication team also undertook an assessment of the existing communication environment and its capacity to implement the strategy. Recognizing the obstacles and opportunities in the communication infrastructure was deemed a must in the assessment stage (Box 1).

Box 1: Scanning the Media Environment

Radio is the most popular source of information. It reaches over 90 percent of Ugandans while 34 percent read newspapers and only 17 percent watch television.

The station with the widest geographical reach is Radio Uganda. Since the introduction of a liberalized broadcasting policy in 1994, 12 private FM stations have obtained licenses and have built a growing audience especially in Kampala. Most of these stations feature music and do not provide any news or commentaries on development issues.

The most popular stations are Capital FM, CBS, Radio Sanyu, and Radio Simba, all of which target the under-35 age group. They also accept short spots on public health issues, and some have chat and phone-in programs. For example, Capital FM has a weekly feature program, “Capital Doctor” which allows callers to phone or write in questions to a medical doctor who answers them on-air.

Given the limited reach of TV and newspapers, these media will be most useful to reinforce understanding of and support for the NECD project among decisionmakers and opinion leaders.

Most journalists in Uganda do not have extensive education and have limited knowledge of childhood development and nutrition issues. As such, their exposure to the NECD project may be the first opportunity for them to learn about problems related to stunting, poor school performance and inadequate early childhood development. It may be necessary to invest some time in educating journalists on these issues.

Understaffed and underpaid, the media often have to supplement their income by working at other jobs. This means they do not have time to do extensive research on stories and that organizations must pay some production costs for stories on their products. For example, the Delivery of Improved Health Services (DISH) Project subsidizes a regular chat program on health issues on Radio Uganda.

Source: NECDP Communication Plan, 1997.

Map the Road to Behavior Change

Behavior change is a long-term process that requires a clear understanding what of people do and believe, what they need to know to influence their behavior, and how such information can be communicated effectively. A strategic feature of the communication design involved taking a synchronized approach linking the process objectives with communication activities appropriate at each major stage of behavior change (Appendix B). This involved the careful sequencing of communication activities as people go through the five major stages:

1. becoming aware of a problem;
2. understanding, acquiring new knowledge, and learning new skills;
3. getting motivated to do something about the problem;
4. adopting the desired behavior; and
5. sustaining the practice of the new behavior.

The NECDP field team, composed of partners from the various project stakeholders, organized a communication planning and *message development workshop* to tackle these issues and reach agreement on the important elements of the communication strategy. A structured decisionmaking template served as a road map to help define the *five management decisions* that needed to be addressed in formulating an effective communication strategy.

1. What change in behavior is required?
2. Which audiences need to be reached?
3. What messages would be appropriate?
4. Which channels of communication would be most effective?
5. How will the communication process be monitored and evaluated?

Using the formative research results, the project team arrived at the following key management decisions in communication planning:

Stage 1. Behavior

To help attain expected project outcomes, communication activities focused on addressing misconceptions and barriers to changing behavior in (1) complementary feeding practices, (2) personal hygiene and sanitation practices and deworming, (3) early childhood development practices and Positive Parental Interaction (PPI).

Stage 2. Audience

To effectively promote and influence behavior change, audiences were segmented to prioritize action and to tailor messages accordingly. Parents and caregivers of children age 0 to 6 years were identified as the *primary audience* whose behavior needed to be changed in order to achieve NECDP's objectives. They either lacked knowledge on proper childcare and feeding practices or have knowledge but lacked the skills. The primary audience was further divided into five groups; (1) pregnant and newly delivered women; (2) mothers/caregivers of children below 6 months old; (3) mothers/caregivers of children age 6 months

to 2 years; (4) mothers/caregivers of children age 2 years to 6 years; and (5) fathers/male adult family members of children aged 0–6 years.

The *secondary audience*, defined as those people who influence the behavior of a primary target audience, consisted of grandparents, siblings, community elders, health workers, teachers, religious leaders, Community Child Workers.

The *tertiary audience* included those people in positions of authority or influence over a large group of people—those who were involved in formulating policy, providing financial resources, services, and products that facilitate the adoption of new behaviors. This group consisted of political leaders, including members of Parliament, ministers and heads of government agencies, district level officials, local authorities, and village councils.

Stage 3. Take-away Message

To frame meaningful and persuasive messages that influence the adoption of new childcare behaviors, the take-away messages focused on the specific client's needs, targets their beliefs or opinions, and answers the question, "What does this have to do with me?" One message does not fit all. Care was taken in developing messages that are realistic, memorable, concise and culturally sensitive (Box 2). Formative research served as a navigational tool that guided the message content.

Stage 4. Channels of Communication

To successfully reach specific target audiences, channels of communication were selected based on availability, accessibility, affordability and credibility.

Specific local conditions and audience characteristics determined which channels can best support target behaviors and public outreach activities. The medium is as important as the message. The project team used a mix of channels that provided adequate reach and frequency needed to target specific audiences, effectively combining the mass media, print, community-based channels and interpersonal communication as shown in Table 2.

Stage 5. Monitoring and Evaluation

To track implementation progress and assess the effectiveness of communication activities, a local research organization was hired to implement a monitoring and evaluation plan. Six waves of research was carried out over a two-year period to track changes in knowledge,

Box 2: Recognizing the Cultural, Social, and Religious Context

The project's messages must take into account Uganda's cultural diversity, as reflected in their diets, attitudes and beliefs. For example, in some parts of the country, grain-based diets are prevalent, while in others, plantain, milk and meat are more common staples. In some of these cultures, traditional chiefs are influential figures who can sway people to change their behavior.

The target populations include Christians of different denominations, as well as Muslims. Among these groups, religious leaders have significant influence on behavior. In many households where a man is present, he is the "head" of the home, and it is common that he is served food first, and offered the best and most generous portion of food especially, where food is scarce. At the same time, a large proportion of Ugandan households are headed by single women, who must balance the need to earn income with the demands of childcare. In these cases, an older sibling—usually the eldest daughter—or another relative carries a lot of responsibility for childcare, feeding and play.

Source: NECDP Communication Plan, 1997.

Table 2. Communicating Through Multimedia Channels to Support Behavior Change

Channels		Outreach Materials & Activities
Awareness and Advocacy		
Mass Media	Print	Project Brochure, Posters
	Video	Information video presentation
	Audio	Information audiotapes (documentary style) Audiotape format of Project Implementation Manual
Interpersonal		Parliamentarians' Training and Information Sessions —National and International conferences on ECD —Exchange visits, field observation trips —Information workshops and Media Training Orientation sessions and advocacy workshops
Grassroots Sensitization		
Mass Media	Print	Brochure
	Newspaper	Insert "Child Matters" Press Advertisement
	Radio	30 second radio spots
Community Channels		Education-Entertainment/ Road show
Interpersonal		Child Health Card (for growth monitoring) District/local sensitization workshops
Behavior Change Interventions		
Mass Media	Print	Posters "Building a Future"; "Helping a CHILD Achieve" "How to make porridge" "Tips on protecting children from illnesses" "Feeding a sick child"
	Newspaper	Press Advertisements "Two Plates"; "Lonely Child" Insert "Child Matters"
	Radio	Informational Brochures Radio Spots "Brain Development"; "Nutrition" "Hygiene and hand washing"; "Healthy Henry"
Community		Events—Child's Day Education-Entertainment/Road Shows
Interpersonal	Nutrition Counseling	Training Tools and Communication Guides For Community Workers Resource Book—Growing Up Well in Uganda Parents Handbook—Caring for Children in Uganda Counseling Cards on ECD Training Booklet "Caring Parent"; "Helping children learn"

attitudes and practices in randomly selected project areas. For each wave, 480 interviews of primary caregivers of children 0–6 years of age were conducted from a random sample drawn from three sub-counties within each of the four districts.

Measurable success indicators to assess effectiveness of communication program focused on the target audience and addressed the following questions:

- Is the target audience being exposed to the messages as intended?
- Can the target audience recall any message they have been exposed to?
- Did the target audience understand the meaning of any message they heard in the correct manner?
- Is the target audience motivated to adjust or continue their current behavior because of hearing the message?
- Has the target audience changed any behavior because of hearing the message?

The management decision matrix (Appendix C) helped the communication team navigate the road to behavior change. Measuring results against clear benchmarks helped determine the impact of communication activities on increasing knowledge, developing positive attitudes and promoting adoption of new behavior.

This allowed project teams to refine and adapt communication strategies that support sustained practice of desired behavior. As households and communities grow increasingly aware of the benefits of good childcare practices, and respond positively to messages promoting positive behavior, the project team will continue to monitor progress made along the behavior change continuum.

Define Operationally-linked Communication Activities

Integrating communication early in the project cycle set the foundation for designing communication activities that were strategically linked to operational objectives and key performance targets. Careful attention was given to strategic sequencing of activities to ensure well-coordinated and properly timed communication interventions. This resulted in a seamless operational integration of the communication plan to support the NECDP's overall project objectives.

Educate Parents and Caregivers Through Multimedia Channels

Changing behaviors is a complex, time-intensive process. Moreover, imparting knowledge and skills that motivate and lead to adoption of positive behavior, and sustaining it, requires the right mix of communication channels. To effectively reach the targeted audiences, an intensive multimedia campaign, including face-to-face communication, was conducted on the three key areas of behavior change: (1) complementary feeding practices; (2) deworming and personal hygiene and sanitation practices; and (3) ECD practices and positive parental interaction. The national multimedia campaign was called CHILD, an acronym for Community and Home-based Interventions for Long-term Development.

Communication campaign activities were launched in two distinct phases: the *sensitization phase* raised awareness of the long-term negative effects of stunting and malnutrition while the motivation/adoption phase promoted and encouraged the adoption of positive

behavior in childcare practices among communities and all those involved in raising children—parents, grandparents, extended family members, school teachers, local government leaders, and community health workers. Samples of some of the communication materials from the sensitization campaign appear on this book’s endpiece.

During the *motivational phase*, communication activities helped parents and caregivers understand the relationship between stunting and specific behaviors that they undertake such as feeding during illness, or giving increased attention to child feeding sessions to ensure the child eats adequate amounts of food. The motivational phase included modeling the new behavior, providing information on parent and child caregiver success in adopting new behavior, imparting skills, and giving instructions to clear up misconceptions about specific child feeding practices. Table 2 outlines the project’s multimedia communication outreach.

Radio was identified as a popular communication channel, reaching over 90 percent of Ugandans, while only 34 percent read newspapers and 17 percent watch television. In the project areas, about half of households own a radio. *Radio* programs included 30 second radio spots that aired messages on brain development, nutrition, hygiene, and handwashing.

Print media provided broad publicity and promotional materials, through newspaper advertisements and inserts, informational brochures and leaflets, to generate interest and reinforce key messages through the written word. *Community-based communication channels* were tapped as credible, localized sources of information, focusing on the use of culturally appropriate forms of communication that offered both education and entertainment, such as skits, songs, puppet shows and cooking demonstrations.

Finally, *interpersonal communication* added the human touch to the electronic and printed media, through face-to-face nutrition counseling sessions, orientation workshops and group training. Key messages on the benefits of behavior change imparted through multimedia channels included “Helping a child achieve,” “Tips on protecting children from illnesses,” “Feeding a sick child,” and “How to make porridge.”

Train Teachers and Community Child Workers as Communicators and Childcare Providers

Building local capacity in supporting behavior change was an essential element in the communication strategy. As custodians and caretakers of young children, developing the capacity of health workers and day care/preschool teachers would ensure sustainability of early childhood development interventions. In particular, capacity building activities focused on strengthening their understanding of the behavior change objectives and emphasizing the importance of their role in the success of the campaign activities. To make them effective communicators, teachers and health workers were also trained to improve their interpersonal and communication skills deemed essential in providing nutrition counseling and in promoting the adoption of good childcare practices.

Make Existing Services Work Better

Recognizing the potential of an existing community-based service delivery channel, the project tapped “Child’s Fair” as a channel of communication. Providing integrated health services to the community, Child’s Fairs are family-oriented, fun-filled events organized to administer child immunizations and distribute Vitamin A and deworming medicines.

Box 3: Assessing the Effectiveness of Child's Fairs

A longitudinal evaluation report revealed that Child's Fairs proved to be a cost-effective channel for reaching people with both health services and educational messages. A Child's Fair costs between \$500–\$600 per event and reach an average of 450 children per event. The cost per child reached is about \$1.00 to \$1.33 for a set of services, including inoculations, growth monitoring and vitamin A supplements (Alderman, Britto, and Siddiqui 2003).

They are also one of the more effective channels of communication. The delivery of messages through interpersonal communication proved to be more effective than printed materials and handbooks.

Another evaluation of the communications activities conducted by Steadman Research Services (2003) notes: "Most dramatically, the child health days have protected inoculation rates from a decline and have contributed to increased intake of vitamin A and, where provided, deworming medicine. At the time of the resurvey, children in the project sites had attended a child day a little less than twice in the last two years."

Source: NECDP Communication Plan, 1997.

As one of the project's communication channels, Child's Fair served as an effective venue for educating and disseminating information on proper care and feeding of children (Box 3). Key messages were delivered through skits, plays, demonstrations, posters, and pictographs.

Build Networks of Champions and Advocates of ECD Among Key Influencers of Change

Advocacy efforts among policymakers and parliamentarians help create coalitions of support and a favorable policy environment that promotes programs essential to the growth and development of young children. In the Uganda project, advocacy was mounted through *upstream communication* aimed at changing mindsets of policymakers and parliamentarians, as well as the media, increasing awareness at the national level and improving their understanding of the serious problem of stunting and child malnutrition.

To gain support within Parliament, a Parliamentary advocacy group was established. During a communication strategy brainstorming session with then Minister to Finance, parliamentarians were identified as a key ally. The Minister approached several parliamentarians whom he believed will be project advocates among their colleagues.

A study/observation tour to Kenya was organized to familiarize parliamentarians with successful ECD programs in other countries. They also participated in regular field visits to keep them abreast of project developments. As key communicators and influencers of change, media specialists were also sensitized and trained through information seminars and a six-week distance learning course on Strategic Communication.

The Project Advocacy Committee helped raise awareness of the issue of stunting and what it means for a child's development and for the long-term development of the country. To keep Parliamentarians informed about project status, the project provided them with

"As a member of the Uganda Parliament, my role is to advocate for this project in Parliament and with my constituents in my district, and act as the bridge to break the information barriers on child development."

Parliamentary Advisory Committee
Member

audiotapes that captured in radio program format the latest information on activities and emerging issues. This format was chosen to accommodate their busy schedules; they could listen to these tapes while driving. The members of the Advocacy Committee were also given media skills training to help in their advocacy efforts. The three months prior to the run up to parliamentary vote on the project was very contentious, and it appeared that the project might not be passed, but the project's efforts to build alliances through the Project Advocacy Committee were invaluable in securing Parliamentary approval of the project.

Mobilize Public-Private Partnerships to Strengthen National Capacity

Communication is not just a media concern. Collective action and effective partnerships are necessary in building country capacity to support scaling up efforts. The communication team initiated private sector partnerships to develop country capacity for communication work. In particular, Glaxo Smith Kline (GSK) in partnering with the Bank assumed the full cost of assigning a full-time communication advisor based in Uganda for two years. The GSK advisor provided hands-on training to local project staff and personally mentored a Ugandan national who eventually took over the management of the communication component.

Influencing Project Outcomes Through Strategic Communication

The project benefited from an extensive monitoring and evaluation plan. Three self-standing pieces of evaluation studies, together with tracking of anthropometric data, consistently indicate positive impact on nutrition, sanitation practices, and child caretakers' awareness of the importance of immunization, Vitamin A supplementation and child deworming (Bertoncino 2004).

Findings of the longitudinal study evaluation corroborate evidence from other studies, all of which suggest that messages heard through different communication channels influenced changes in attitudes and behavior in households—children in project areas were weighed more, immunized more, breastfed more exclusively for six months, and weaned more appropriately than before (Skolnick, Haider, and Waters 2004).

Improved Knowledge and Practices in Childcare, Health, and Nutrition

Education and training of parents and caregivers on complementary feeding practices, deworming and personal hygiene and sanitation practices, and ECD practices reinforced key messages linking positive behavior to desirable benefits such as “a healthy child is a happy child,” “children learn through play,” “a healthy child is the pride of every family,” and “you can save money by ensuring your family's good nutrition and health.”

The evaluation of communication activities showed an increase in the percentage of parents and primary caregivers who adopted favorable practices in: complementary feeding of enriched porridge (from 67 percent to 90 percent), deworming of young children (from 48 percent to 59 percent), and in active play with children (from 30 percent to 47 percent).

Improved Health and Nutritional Status

Malnutrition among young children 0–36 months was reduced by 30 percent in the project area from 24.4 percent to 17.1 percent. Among severely malnourished children, a 50 percent

Table 3. How Communication Helped Achieve Project Outcomes: NECDP Evaluation Results

Complementary Feeding Practices				
Objective	Audience	Behavior	Takeaway Message	Evaluation Findings ¹
Quality of foods To improve nutrient density of complementary foods for children between 6 months and 2 years.	Mothers and caregivers of children age 6 months to 2 years.	To ensure that every meal given to a child is nutrient dense.	I now know that adding protein and vitamin rich foods like fish or mashed beans and greens to the staple food and giving fruit will make my child stronger, healthier and smarter. I understand that in order for my child to grow well, every meal for my child should be a mix of staple energy giving foods plus body-building foods (beans, meat, etc) and protective foods (green and yellow fruits and vegetables).	Increase in mothers/caregivers providing nutrient-rich foods given to children: Fruits—from 20 percent to 48 percent. Plant proteins—from 35 percent to 59 percent. Animal proteins—from 52 percent to 64 percent. Carbohydrates—from 54 percent to 60 percent. Vegetables—from 22 percent to 37 percent.
Quantity of foods given to children age 6 months to 1 year Increase quantity and quality of porridge for 6–12 month old children.	New mothers Caregivers of children age 6 months to 1 year.	Increase quantity of porridge to 750 ml. (1½ tumpeco) each day and add milk instead of water and other high-protein/fat foods (<i>i.e.</i> , pounded ground nuts, mashed, skinned beans) to enrich the porridge.	I now know that my child should take 1½ tumpeco of porridge made with milk daily, and that this porridge should be enriched with foods high protein/fat so my child will grow strong and healthy.	Increase in mothers/caregivers enriching porridge —from 67 percent to 90 percent.
Role of adult in feeding Involve more adult supervision in feeding children 6 months to 2 years.	Pregnant women Caregivers of children age 0 to 6 years Fathers Older siblings.	Ensure adult supervision of child's meals so that child eats full quantity.	I will ensure that my child's meals are supervised by an adult because eating the full meal at each meal will promote my child's growth.	One out of three are aware/recall the importance of adult supervision in their child's feeding.

Introduction of complementary feeding To establish 6 months as the norm for starting complementary feeding.	Pregnant women, New mothers Mothers, Grandmothers, Caregivers of children under 6 months of age.	To introduce appropriate foods, in addition to breast milk, at 6 months.		Most mothers/caregivers (70 percent) are aware that a breastfed child should be given supplemental foods at 6 months. Increased awareness from 70 percent to 84 percent among mothers/caregivers.
Frequency of feeding Increase number of meals to 5 a day including 2 snacks.	Caregivers (feeders) Fathers	To feed 6-month- to 6-year-old child at least 3 meals a day and snacks in between meals.	I will make every effort to feed my child 5 meals a day because: ■ my child's stomach is small and needs frequent re-filling to promote his or her best growth ■ my child will be healthy and grow faster ■ because my child will become active and will cry less.	Increasing the frequency of feeding children 6 months to 6 years of age was seen as beneficial resulting from increasing awareness from 67 percent to 84 percent among caregivers and fathers.
Feeding during illness To promote normal feeding during illness.	Caregivers Breastfeeding mothers	To continue to feed children during illness and to increase amounts of quality foods and liquids given to a sick child To continue to breast-feed their babies during sickness.	I now know that I should continue to feed my sick child a lot of foods and plenty of liquids when they are sick because this will make the child get better quicker. As above.	About 56 percent heard messages about feeding children during illness.
Deworming and Personal Hygiene and Sanitation Behaviors				
Knowledge about worms Increase knowledge about worms as a health problem.	Parents, Guardians, and caretakers	Raised level of awareness and concern about the effects of worms in children.	I believe children with worms... ■ don't grow well and they die quickly ■ are physically weak and malnourished. ■ don't do well in school.	Majority of respondents... ■ are aware of harmful effects of worms on children's health and development ■ believe that it is caused mainly by the intake of dirty food and water.

(Continued)

Table 3. How Communication Helped Achieve Project Outcomes: NECDP Evaluation Results (*Continued*)

Deworming and Personal Hygiene and Sanitation Behaviors				
Objective	Audience	Behavior	Takeaway Message	Evaluation Findings ¹
			I believe worms ... ■ are contracted through dirty hands and water. ■ are spread through feces. I believe worms can be prevented by: ■ ensuring my children wash their hands before they eat and after they use the latrine. ■ having my child wears shoes in the latrine. "I will make the effort to find out more about the causes, dangers and treatment of worms."	8 out of 10 believe that worms can be prevented by having children wear shoes when using the latrine.
Promotion of deworming Promote deworming of children.	Fathers	To have the responsibility to: ■ take the children for deworming every 6 months ■ make available money for deworming drugs.	I will ensure that my child is dewormed every 6 months so that ■ My child is healthy and happy. ■ I am seen as a responsible father. ■ I want to be a proud father. ■ I will be seen as a role model in the neighbourhood." I know that... ■ it is cheaper than treating the complications later	Increased awareness on the benefits of child deworming was evident in the behavior of the respondents. The percentage of those who dewormed after 6 months increased from 36 percent to 51 percent.

	Grand-parents, community leaders Health providers	Remind the parents or guardians about deworming. Deworm all children cor- rectly every 6 months Give health education talks on deworming	■ all the food I give my child benefits his body ■ I will have a happy family. I will ensure that I buy drugs for deworming my child. I believe deworming medication is safe and good for my children. I will remind the parents and guardians to take the children for deworming every 6 months because they may forget. I will try to deworm all children every 6 months because it will reduce my workload. I will remind the parents and guardians to take the children for deworming every 6 months because they may forget. I will educate all the parents and care-takers or small children about worms and the treatment for worms. I will emphasize the safety of deworming medication to all parents to persuade them to deworm their children.	Most respondents (90 percent) suggested that caregivers should be reminded to deworm children every 6 months. Proportion of those who believed that deworming medicines are not safe was reduced from 16 percent to 5 percent.
Personal hygiene and sanitation Promote personal hygiene and sanitation in the household.	Fathers	To take responsibility for: ■ provision of sanitary facilities in the home ensure the proper use of sanitary facilities in the home	I will ensure that I provide proper and adequate sanitary facilities in my home and encourage the proper use of sanitary facilities because ... ■ it reduces the frequency of sickness in my family.	Improved knowledge on the importance of providing adequate sanitary facilities and the adoption of positive behavior regarding its proper use was found among 53 percent of

(Continued)

Table 3. How Communication Helped Achieve Project Outcomes: NECDP Evaluation Results (*Continued*)

Deworming and Personal Hygiene and Sanitation Behaviors				
Objective	Audience	Behavior	Takeaway Message	Evaluation Findings ¹
		improving personal hygiene and sanitation at home as a modern way of living in Uganda.	- it saves money spent on medicine/cure of illnesses. - it is in line with the modern way of living today. - it will win me respect in the neighborhood.	respondents at the start of the evaluation period. This increased further to 65 percent, near the end of the 2 year evaluation period.
	Mothers, Guardians, Caretakers	To take responsibility for and ensure proper use by the whole household, of the sanitary facilities provided.	I now realize the importance of proper sanitation for healthy living. I will take the initiative to ensure proper use of the sanitary facilities provided in our home because I will ... - win respect in the neighbourhood - be seen as modern and responsible - be happy because my children are healthy.	Positive changes in attitudes about the clear benefits of maintaining a clean home were most apparent, particularly on the impact of good hygiene and sanitation on potential savings on medicine/treatment of illness prevented (from 37 percent to 69 percent) and the benefits on children's growth and health (from 53 percent to 70 percent).
	Community leaders	To encourage the use of latrines and hygienic practices in the community.	I will help and encourage my community to build and use pit latrines because members of my community will be healthier community and I will be seen as a good leader.	

Early Childhood Development				
Child's Voice To promote and empower families to have more discussions with their children and thus create a relaxed learning environment in the home.	Parents of child 0–6 years of age	Parents should talk to and listen to their children. Parents should refrain from being too controlling, and not see themselves as the sole authority. Change in the attitude that children are “seen and not heard.”	Our family will be happier and achieve more if we all discuss things together including our children because, I believe, parent-child discussions produce the following benefits: ■ increase of self-esteem and self-worth in the child ■ increase of child's confidence ■ full development of child's talents and prospects ■ promotion of communication skills ■ improvement of family unity ■ reduction of potential for conflict in the family.	A comparison of the perceived benefits of parental interaction shows that the most widely held belief is that it increases the child's confidence (72 percent) and the least recognized is its impact on reducing potential conflict in the family (25 percent).
Providing a stimulating environment for children To improve the quality of parental interaction with children.	Parents of children 0-6 years of age	Parents to create a more stimulating environment for their children to grow up in by: ■ playing together ■ encouraging questions and answers ■ story telling ■ singing ■ conversing with the children ■ telling riddles and proverbs ■ providing local toys.	I will interact more with my children because it will help them to grow better and become brighter. I believe the benefits of interaction are: —confident children —better children —polite and bright children —responsible children —children who grow well —children who learn to work hard —more productive children —independent decision- makers —increased self-esteem —increased self-acceptance.	The most important emotional and psychological benefits derived from positive interaction were believed to be: children will grow well (76 percent), children will grow brighter (52 percent), and children learn to work hard (42 percent). These were the results at the end of the 2-year evaluation period.

(Continued)

Table 3. How Communication Helped Achieve Project Outcomes: NECDP Evaluation Results (*Continued*)

Early Childhood Development				
Objective	Audience	Behavior	Takeaway Message	Evaluation Findings ¹
Importance and benefits of play and positive parental interaction (PPI) To promote opportunities for children to play (with parents; with other children)	Parents, Caretakers	Improved parental understanding and appreciation of the importance of play in a child's development.	I will encourage my children's play and participate myself where ever possible because I believe play has the following benefits for my child: ■ Improved physical growth and strength ■ Better social skills ■ relaxation/ reduction of stress ■ stimulation of intellect and improved mental development All the above will improve my child's development and make him or her a more successful adult.	In terms of positive stimulating activities, the most popular choices were: playing with children (70 percent), talking to children (53 percent, and story-telling (52 percent).

1. The evaluation of communication activities involved 6 waves of research conducted over a 2-year period. It was designed to track changes in knowledge, attitudes and practices in randomly selected areas covered by NECDP. For each wave, 480 interviews were conducted drawn from the random sample of 3 sub-counties within each of the 4 districts. Findings reported in this table compare results from Wave 1 and Wave 6, done at the beginning and end of the research, respectively.

reduction in wasting was achieved. A comparison between areas benefiting from NECDP interventions and non-project areas shows encouraging trends in the project's impact: increased exclusive breastfeeding practices (14 percent vs. 1 percent); improved supplementary feeding practices (such as children fed with more legumes, 66 percent vs. 33 percent); higher immunization rates (73 percent vs. 58 percent); improved intake of Vitamin A (13 percent vs. 17 percent, a significant decline in non-project areas); and increased deworming among children under 72 months of age (38 percent vs. 8 percent). Community-based communication activities complemented and reinforced the media-driven messages. These included nutrition counseling, group meetings and home visits, and training of community health workers and teachers.

Effective Delivery of Services

Communication helped stimulate the demand for improved health outcomes by educating households and communities about the benefits of adopting better health and child-care practices. In particular, Child's Fairs were successful in increasing demand for deworming medicine and Vitamin A supplementation. About 60 percent of those given deworming medicine received them through the Child Fairs.

Higher School Enrollment

Campaign messages on the benefits of parental positive interaction and related ECD practices appear to have had reinforcing effects on increasing demand for early schooling. The longitudinal study confirmed positive impact on enrollment both relative to the control group and relative to the initial enrollment in the project communities, particularly for preschool age children. Findings further suggest that by age 12 and a half, the average child in the project area will have higher school attainment than children in non-project areas.

Critical Success Factors

The final measure of an effective communication strategy is its contribution to the successful outcome of any development initiative. In the NECDP experience, five key elements of the communication effort stand out as the enabling factors of success: timing, process, focus, sequencing, and approach.

Early Timing and Integration of Communication Work in the Project Cycle

This helped to building constituencies of support among key stakeholder groups and address their perceived fears and barriers to change. A clear understanding of the perceptions and positions of key stakeholders on the costs of change was critical in getting the project off the ground. Communication efforts hauled in midstream as a technical add-on to "bridge" information gaps or to "smooth" a bumpy implementation process can yield a less significant impact on the ultimate project goal.

Participatory Process in Message Formulation, Channel Selection and Overall Communication Design

This ensured adequate stakeholder input in various stages of the decisionmaking process. The NECDP conducted a series of communication planning workshops with the government's project preparation unit/project implementation unit and their collaborating partners from international and national NGOs, faith-based organizations, community-based groups, local government officials, and representatives of donor agencies.

Active stakeholder participation provide vital information on knowledge, attitudes and perceptions of key target groups needed in understanding target audiences, in shaping the issues to be addressed through communication, in framing messages that resonate with different target audiences, in selecting communication channels that are both popular and effective, and in identifying indicators to track progress and measure results.

Client-centered and Outcome-oriented Focus

This provided more emphasis on results and less on inputs. Focusing on the client and developing a clear understanding of their needs through formative research helped in defining the issues, identifying the desired behavior changes, segmenting audiences, framing the right messages and selecting the effective mix of communication channels.

The project team was fully cognizant that the client is in the driver's seat, that only the client has the choice and the power to decide what to do with the messages heard. If well communicated, the take-away messages it should steer them in the direction of positive change and sustain behaviors consistent with the project's expected development outcome.

Moreover, the client-centered focus of the project provided several avenues for strengthening capacity-building efforts necessary to sustain long-term behavior change, in particular through the education of parents and caregivers in feeding and childcare practices, the training of teachers and childcare workers as counselors and communicators, and equally important the engagement of policymakers and parliamentarians as advocates and agents of change.

Multi-level and Multi-channel Approach

This provided an effective mix of locally popular and culturally appropriate communication tools. For example, the strategic use of *upstream and downstream communication* was designed to target clients at both ends of the stakeholder spectrum.

Advocacy was a critical element of upstream communication to clarify issues, manage expectations and cultivate champions of support among parliamentarians and decision makers. Resistance to the idea of incurring long-term debt for early childhood development fueled heated debates among key members of Parliament.

To stem the wave of opposition and create a shift in support within Parliament, the Project Advocacy Committee was instrumental in raising awareness and in providing a better understanding of stunting and its negative impact on the child's development and on the country's long-term development. Parliamentarians were given regular updates of the project status and were kept engaged through audiotapes which they listened to while driving.

Media training given to the members of the Project Advocacy Committee equipped them with better communication skills to counter opposition and build broader coalitions of support. In less than three months, Parliament approved the Government's plan to accept World Bank financing for the Nutrition and Early Childhood Development project.

Downstream communication, on the other hand, employed a *multi-channel approach* that included exposure to multimedia, community participation, social events that educate and entertain, as well as interpersonal face-to-face communication for nutrition counseling and training. Reinforcing messages from both upstream and downstream communication activities targeted meaningful messages to parents and child caretakers as adopters of change as well as to parliamentarians and policymakers as advocates of change. Finding the right blend of communication channels all helped to build reach, frequency, and credibility needed to reinforce understanding and recall of messages, encourage adoption of desired practices and promote sustained behavior change.

Strategic Sequencing of Communication Activities

This carefully positioned operationally-linked phases of communication and effectively addressed audience-specific needs at each stage. Awareness and advocacy, grassroots sensitization and behavior change intervention were the three distinct phases of communication.

The client's level of awareness, knowledge and stage of behavior change determined the extent of exposure to media and outreach activities. National and international conferences and grassroots sensitization workshops initiated through mass media (print, news, and radio) edutainment via roadshows, songs, workshops in district and community centers were held to raise the profile of childhood development issues.

Project brochures translated into 10 local languages and an information video disseminated to local government officials got people thinking and talking about the costs and benefits of the proper care and feeding of children. Among the policymakers and politicians, a "talking book" approach was an effective outreach tool given their busy schedules. Using an audio-tape medium which they can listen to in the car or at home, government officials and parliamentarians were able to get more information and better understand the project. Finally, a series of monitoring and evaluation activities defined progress made, adjustments needed and established benchmarks of success at each stage of the process.

Policy and Operational Implications

The communication team encountered operational challenges providing valuable lessons of experience—lessons that raised important issues on how strategic communication can be better implemented. As illustrated in the Uganda project experience, doing things better would entail taking action in the following areas:

At the *project* level, communication activities integrated early should also be inclusive. In NECDP, there was much resistance and cynicism among constituencies in non-project areas and among sectoral line ministries not directly involved in the project. While they may not be considered the primary audience, some form of outreach and education ought to have been considered to prevent negative perceptions that may jeopardize future scaling up efforts.

At the *country level*, advocacy efforts should be a two-step process of: (1) creating awareness and understanding to gain stakeholder buy-in and (2) defining mechanisms to ensure policy and political follow-through. Are there policy shifts that signal country commitment to sustained improvements in health, nutrition and psycho-social development of young children? Does the long-term national development plan give priority to programs that support early childhood development? Are adequate budgetary resources earmarked for the successful completion of projects? Are effective partnerships forged with the local authorities, the private sector, and the donor community? Where strategic communication plays a key role in influencing behavior change, management responsibility is essential to create a policy and political environment that facilitates, motivates and sustains behavior change consistent with positive development outcomes.

At the *Bank level*, a programmatic approach should be given serious consideration especially for interventions with behavior change objectives. Behavior change is a long-term process of informing, educating and motivating audiences to adopt positive practices. Furthermore, shifts in behaviors, audiences, as well as leaderships and policy directions are likely to occur over time. This will require redesigning communication strategies that are responsive to changing behavior needs and circumstances. Moreover, early gains in improved health and nutritional status such as in the Uganda project need to be nurtured and sustained long after the project is completed. A programmatic approach rather than a traditional project operation provides the continuity and sustainability needed to ensure that young children benefit fully from the long-term positive outcomes of behavior change.

APPENDIXES

Formative Research Findings: Implications for Communication Strategy

Qualitative Research on Complementary Feeding Practices in Northern Uganda

To improve complementary feeding practices the CHILD communication strategy will do two things: correct misconceptions about the appropriate feeding regimen for young children, and create an understanding that improving feeding practices will reduce stunting. The sensitisation phase of the communication activities will raise awareness of the problem of stunting. During the motivational phase, communication activities will help parents and caregivers understand the relationship between specific behaviors that they undertake, (such as feeding during illness, or giving increased attention to child feeding sessions to ensure the child eats adequate amounts of food), and stunting. The motivational phase will include modelling the new behavior, providing information on parent and child caregiver success in adopting new behavior, imparting skills and giving instructions to clear up misconceptions about specific child feeding practices.

Thus, using this communication strategy, the CHILD project will be able to help parents and caregivers understand the problem of stunting, provide them with the knowledge of what they can do to help prevent stunting, and motivate them to try new behaviors. Behaviors that are easier to adopt will be promoted first, while more difficult behaviors will be addressed later and in tandem with other project interventions (such as grants for innovations) that can reduce the barriers to adoption of new feeding practices. For example, adopting new child feeding practices in households that experience periods of food scarcity will be especially difficult. A baseline study conducted in 1999 among 2250 households in Eastern Uganda reports that in the last twelve months, 30 percent of households were forced to reduce the frequency of food intake to one major meal a day for a total of 10 weeks. It is likely that in these households the impact of communication activities will be moderated

by the effect of food availability. However, with messages about the value of appropriate child feeding, the CHILD project team hopes that parents will, when their circumstances permit, voluntarily adopt improved feeding practices.

Local Knowledge and Treatment of Worms in Uganda

Compared with complementary feeding practices, there are less perceived barriers to the behavior of getting children dewormed regularly. In six of the eighteen focus groups, worms were among the top three childhood health problems mentioned. Although overall knowledge about how children contract worms is good, there are misconceptions about symptoms indicating the presence of worms. Hygiene related measures emerged as the most important way to prevent worms. Nearly all groups mentioned taking the child to a health centre or clinic for treatment to get rid of worms.

In assessing factors that prevent adoption of hygiene related behaviors and deworming of young children, one important barrier has emerged—parents’ perception that the deworming medication is too strong for children and may kill them. More frequently mentioned barriers included poverty, ignorance, and neglect. The benefits of hygiene related behaviors and deworming are clear to parents—a healthy, happy child who is growing well.

The communication strategy will focus on two tasks—correct misconceptions about hygiene and deworming including addressing the fear that the deworming medicine is too strong for children, and popularize the availability of deworming tablets at Child’s Days events and in health centers. Where there are no strong negatives to the recommended behavior, and where services and deworming tablets are accessible, communication activities can hone in on making logistics information widely available. For example, radio messages to announce the schedule for Child’s Days in communities and reminders to bring children for deworming will provide the needed information to trigger behavior.

Formative Communication Research on Early Child Development in Uganda

Promoting parental interaction will be the most difficult of the three behavior change interventions discussed in the CHILD communication strategy. Early child development is a new concept for parents, national and district leaders, educators. An analysis of parents’ perceptions about child development is quite telling. The concept of an intelligent child is one who is able to follow instructions, is creative and inquisitive, one who is able to remember and not repeat mistakes, not fearful of others, and is well behaved and does chores. Children are considered intelligent when they are able to do things that parent’s value—such as helping with household chores. Parental interaction with the child in terms of play and discovery and as a way of expressing affection is less appreciated or articulated.

In this culture, child-rearing roles of fathers and mothers eschews a major role for fathers in daily parental interaction. Fathers are deemed responsible for providing food and money for school fees and housing. Their interaction with young children is primarily that of a disciplinarian.

Beliefs and attitudes about the kind of “attention” that a child needs emphasize the concept of meeting the infant’s basic needs (food, clothing, shelter) and downplays the value of parental interaction for purposes of play, discovery and affection. There is also a belief that older children of 4–5 years old need a lot of attention, but the benefit expected from such investment of parental time and attention is seen in terms of “preventing the child from developing bad behaviors,” or in “instructing the child to know the right thing to do.”

Given this context, the communication strategy will focus its efforts in three areas. First, communication activities will increase awareness of the concept of positive parental interaction and describe more immediate benefits in terms of loving relationships in the family, a happy child or family. These are benefits already recognized by parents, though surprisingly appreciated more by fathers than mothers (42 percent of fathers and 11 percent of mothers). More specific benefits such as brain development and doing well in school is less well recognized and will need to be emphasized in project messages.

Second, new behaviors will be modeled—in various formats and using multiple communication channels (for example, through radio dramas, street theatre, group meetings, and one-on-one interactions with educators and community leaders). Majority of parents, both fathers and mothers, reported playing with the child, teaching songs, dancing. CHILD Project messages will aim to help parents identify missed opportunities for interacting with their children in the course of daily activities. One such behavior is active feeding, where parents are shown how feeding time might also be a relaxed and enjoyable time with the child.

Third, emerging new social norms will be discussed widely, using various communication channels to create the emotional support for parents attempting to engage in new behaviors. By broadening the dialogue on these new parenting practices, women’s fear of disapproval from neighbors, may be mitigated.

The project team notes that because early child development is a new concept, adoption of new behaviors will take some time. Communication activities will need to be in sync with parents’ ability to implement practices given the reality of their day-to-day existence. Some 90 percent of parents cited work/lack of time/fatigue as the key barrier to spending time with their child. Some behaviors are easier to adopt because parents have positive attitudes towards these or are already engaged in a closely related activity. For example, although parents report playing with the child, singing, and dancing, older caregivers including grandparents perceive adults who play as being undignified. Playing with toddlers is seen as appropriate, but not with older children.

In summary, the communication strategy will attempt to keep in step with the target audiences as these audiences begin to understand the full benefits of early childhood development, become interested in learning more about what they can do as part of their routine activities, and are motivated to try new behaviors.

Stages of Behavior Change Communication

Phase 1—Awareness and Sensitization

- A national sensitization and advocacy campaign will be conducted during the first two years of the project in order to raise public awareness and generate policy maker and stakeholder support for ECD related matters, the CHILD project itself, and to create demand for project services.

Media training for leading spokespersons for the CHILD. Project will be provided. Key policymakers will be encouraged to visit districts and help district officials inform constituents about the benefits to be gained from the Project, the community's role in supporting caregivers' new behaviors, and the NGOs' role in helping government provide caregivers with information and services.

The sensitization campaigns will aim to facilitate development of positive attitudes and beliefs that lead to desired nutrition and ECD related behaviors.

Phase 2—Education and Information

- Following sensitization and awareness, a series of multimedia communication campaigns will be launched. These campaigns will be based on the formative communication research findings. The campaigns will increase knowledge, build new skills, promote benefits, and reduce perceived barriers.

The various components of the intensive communication campaign will roll out as materials are developed and will continue throughout the project life, with lessons learned used to refine the next campaign. The campaign will utilize radio, print, group and face-to-face communication, and other channels of communication found credible and accessible to audiences.

Phase 3—Motivation

- In this phase, target audiences are expected to be ready to try the new behaviors and will require support from those whom they believe are credible sources of information. The project team will mobilize support from within the organizations and institutions active in the community. Messages will be developed and incorporated into training modules for community child workers, health workers, daycare/preschool teachers, religious leaders and other identified influencers who can support the care-givers in trying these new practices. The communication efforts will continue to promote the benefits of the desired behaviors.

Phase 4—Trial and Maintenance

- Once there is evidence that caregivers are trying the promoted behaviors, the project team will begin to spread word of the emerging new social norms. New behaviors will be modeled by parents and caregivers who have been “successful” in adopting new behaviors.

Phase 5—Monitoring and Evaluation

- This will be continuous, throughout the project term, with lessons learned being incorporated into the strategy and revisions made as required.

NECDP Management Decision Matrix

NECDP Management Decision Matrix

1. Complementary Feeding Practices

Objectives

- Improved quality and quantity of food given to children, including vegetables, fruits.
- Increased number of caregivers, including siblings, grandparents, mothers, and fathers, supporting appropriate feeding of small children, specifically active feeding.
- Introduction of complementary feeding at 6 months and giving the child each day, at least 3 meals with 2 snacks in between.
- Proper breast feeding practices; exclusive breastfeeding for 6 months, frequency of breastfeeding, breastfeeding during illness, pregnancy and after introduction of complementary foods.
- Continuation of feeding during illness.

Audience	Behavior	Takeaway Message	Channels of Communication	Evaluation of Communication Activities
Mothers and caregivers of children age 6 months to 2 years	To ensure that every meal given to a child is nutrient dense.	I now know that adding protein and vitamin rich foods like fish or mashed beans and greens to the staple food and giving fruit will make my child stronger, healthier and smarter. I understand that in order for my child to grow well, every meal for my child should be a mix of staple energy giving foods plus body-building foods (beans, meat, etc) and protective foods (green and yellow fruits and vegetables).	Interpersonal communication (counseling) Radio Print Posters	Baseline study Formative communication research
New mothers Caregivers of children age 6 months to 1 year.	Increase quantity of porridge to 750 ml. (1½ tumpeco) each day and add milk instead of water and other high-protein/fat foods.	I now know that my child should take 1½ tumpeco of porridge made with milk daily, and that this porridge should be enriched with foods high protein/fat so my child will grow strong and healthy.	Interpersonal communication (counseling) Radio Print Posters	Baseline study Formative communication research

Pregnant women Caregivers of children age 0 to 6 years Fathers Older siblings	Ensure adult supervision of child's meals so that child eats full quantity.	I will ensure that my child's meals are supervised by an adult because eating the full meal at each meal will promote my child's growth.	Interpersonal communication (counseling) Radio Print Posters	Baseline study Formative communication research
Pregnant women New mothers Mothers, Grand-mothers, Caregivers of children under 6 months of age	To introduce appropriate foods, in addition to breast milk, at 6 months.	I know the timing for starting comple- mentary foods is at 6 months, not before not after because: ■ starting before 6 months exposes my child to diarrhoea ■ children need more (nutrients) calo- ries after 6 months than breast milk alone offers ■ at 6 months the food will satisfy my child's hunger if I start at 6 months my child will grow better and be healthy.	Interpersonal communication (counseling) Radio Theatre Print Posters	Baseline study Formative communication research
Caregivers (feeders) Fathers	To feed 6 month- to 6 year- old child at least 3 meals a day and snacks in between meals.	I will make every effort to feed my child 5 meals a day because: ■ my child's stomach is small and needs frequent re-filling to promote his or her best growth ■ my child will be healthy and grow faster ■ because my child will become active and will cry less.	Interpersonal communication (counseling) Radio Print Posters	Baseline study Formative communication research
Caregivers Breast feeding mothers	To continue to feed chil- dren during illness and to increase amounts of qual- ity foods and liquids given to a sick child. To continue to breast-feed their babies during sickness.	I now know that I should continue to feed my sick child a lot of foods and plenty of liquids when they are sick because this will make the child get better quicker. As above	Interpersonal communication (counseling) Radio Print Posters	Baseline study Formative communication research

(Continued)

NECDP Management Decision Matrix (*Continued*)

2. Deworming and Personal Hygiene and Sanitation Behaviors

Objectives

- Improved knowledge about worms: including causes and means of prevention.
- Increased treatment of worms: improved knowledge on safety, methodology.
- Improved personal hygiene and sanitation practices through the use of latrine especially by children and hand washing to prevent worms.

Audience	Behavior	Takeaway Message	Channels of Communication	Evaluation of Communication Activities
Parents, Guardians, and caretakers	Raised level of awareness and concern about the effects of worms in children.	I believe children with worms ... ■ don't grow well and they die quickly ■ are physically weak and malnourished. ■ don't do well in school. I believe worms ... ■ are contracted through dirty hands and water. ■ are spread through feces. I believe worms can be prevented by: ■ ensuring my children wash their hands before they eat and after they use the latrine. ■ having my child wears shoes especially in the latrine. "I will make the effort to find out more about the causes, dangers and treatment of worms."	Interpersonal communication (home visits) Group media (meetings, rural video) Child's Day Radio	Baseline study Formative communication research

Fathers	To have the responsibility to: ■ take the children for deworming every 6 months ■ make available money for deworming drugs.	I will ensure that my child is dewormed every 6 months so that ■ my child is healthy and happy. ■ I am seen as a responsible father. ■ I will be seen as a role model in the neighborhood.” I know that .. ■ it is cheaper than treating the complications later ■ all the food I give my child benefits his body ■ I will have a happy family. I will ensure that I buy drugs for deworming my child. I believe deworming medication is safe and good for my children.	Interpersonal communication (home visits) Group media (meetings, rural video) Child's Day Radio	Baseline study Formative communication research
Grand-parents, community leaders	Remind the parents or guardians about deworming.	I will remind the parents and guardians to take the children for deworming every 6 months because they may forget.	Interpersonal communication Child's Day	Baseline study Formative communication research
Health providers	Deworm all children correctly every 6 months. Give health education talks on deworming.	I will try to deworm all children every 6 months because it will reduce my workload. I will remind the parents and guardians to take the children for deworming every 6 months because they may forget. I will educate all the parents and care-takers or small children about worms and the treatment for worms. I will emphasize the safety of deworming medication to all parents to persuade them to deworm their children.	Print Posters Newsletters Leaflets Child's Day	Baseline study Formative communication research

(Continued)

NECDP Management Decision Matrix (*Continued*)

2. Deworming and Personal Hygiene and Sanitation Behaviors

Audience	Behavior	Takeaway Message	Channels of Communication	Evaluation of Communication Activities
Fathers	To provider: ■ sanitary facilities in the home ■ improving personal hygiene and sanitation at home.	I will ensure that I provide proper and adequate sanitary facilities in my home and encourage its proper use because... ■ It reduces the frequency of sickness in my family. ■ It saves money spent on medicine/cure of illnesses. ■ It is in line with the modern way of living today. ■ It will win me respect in the neighborhood. I now realize the importance of proper sanitation for healthy living.	Interpersonal communication (home visits) Child's Day Radio	Baseline study Formative communication research
Mothers, Guardians, Caretakers	To take responsibility for and ensure proper use of the sanitary facilities provided.	I will take the initiative to ensure proper use of the sanitary facilities provided in our home because I will... ■ win respect in the neighborhood ■ be seen as modern and responsible ■ be happy because my children are healthy.	Interpersonal communication Group media (meetings) Radio	Baseline study Formative communication research
Community leaders	To encourage the use of latrines and hygienic practices in the community.	I will help and encourage my community to build and use pit latrines because members of my community will be healthier community and I will be seen as a good leader.	Meetings Leaflets Video	Baseline study Formative communication research

3. Early Childhood Development

Objectives

- Acknowledge the “voice” of the child: refers to giving children an opportunity to be heard in a family; engage in two-way conversation.
- Providing a safe environment for play: refers to the idea of giving a child a favorable environment for play at home and in the community.
- Improved understanding of the parents’ role—“how”: refers to assessing the role of parents in childrearing and describes how parents can fill that role.
- Improved understanding of the parents role— “when”: refers to finding opportunities when parents could interact with their children
- Improved understanding of the benefits of positive parental interaction (PPI).

Audience	Behavior	Takeaway Message	Channels of Communication	Evaluation of Communication Activities
Parents of child 0–6 years of age	Parents should talk to and listen to their children. Parents should refrain from being too controlling, and not see themselves as the sole authority. Change in the attitude that children are "seen and not heard."	Our family will be happier and achieve more if we all discuss things together including our children because, I believe, parent-child discussions produce the following benefits: ■ increase of self-esteem and self-worth in the child ■ increase of child's confidence ■ full development of child's talents and prospects ■ promotion of communication skills ■ improvement of family unity ■ reduction of potential for conflict in the family.	Interpersonal communication (home visits) Child's Day Radio Print Theatre Video	Baseline study Formative communication research
Parents of children 0–6 years of age	Parents to create a more stimulating environment for their children to grow up in by: ■ playing together ■ encouraging questions and answers	I will interact more with my children because it will help them to grow better and become brighter. I believe the benefits of interaction are: —confident children —better children	Interpersonal communication (home visits) Child's Day Group media (meetings) Print	Baseline study Formative communication research

(Continued)

NECDP Management Decision Matrix (*Continued*)

3. Early Childhood Development				
Audience	Behavior	Takeaway Message	Channels of Communication	Evaluation of Communication Activities
	■ story telling ■ singing ■ conversing with the children ■ telling riddles and proverbs ■ providing local toys.	—polite and bright children —responsible children —children who grow well —children who learn to work hard —more productive children —independent decision-makers —increased self-esteem —increased self-acceptance.	Institutional media (religious organizations and schools)	
Parents, Caretakers	Improved parental understanding and appreciation of the importance of play in a child's development.	I will encourage my children's play and participate myself where ever possible because I believe play has the following benefits for my child: ■ Improved physical growth and strength ■ Better social skills ■ relaxation/ reduction of stress ■ stimulation of intellect and improved mental development All the above will improve my child's development and make him or her a more successful adult.	Interpersonal communication (home visits) Child's Day Group media (meetings) Institutional media (religious organizations and schools)	Baseline study Formative communication research

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Eco-Audit

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*40' in height and 6-8" in diameter	Pounds	Gallons	Pounds	KWH



Issue 1

**Nyo erae
akurabab
ikoku?**

Alurafab a luku inges ngina
eunwenia ikutu noli akilo
ngikeekanu. ikutu ngini
kurat inges ngini apobunt
e itanisa ejik angamaja
niegaya. Etlalak
we lu
Alaboma
d w e
ryamuni
ab

38%

38%
anggota di Uganda
mengikuti KEM
dan akan

What is stunting?

Stunting is when a child's height is lower than that of a normal child of the same age. Stunting is a result of poor nutrition and is often referred to as 'hidden malnutrition' as the child may not always look sick. This is a common problem in Uganda.

38%

of Uganda's children
under 6 years are stunted

Physical stunting is not the only problem; the child's brain development is usually affected as well. Mentally, the child has not developed fully like a normal child. This means that the child will take longer to understand simple things and will usually show poor performance in school. If an undernourished and poorly cared for child does not start to grow properly before the age of 6 years, then the child will be



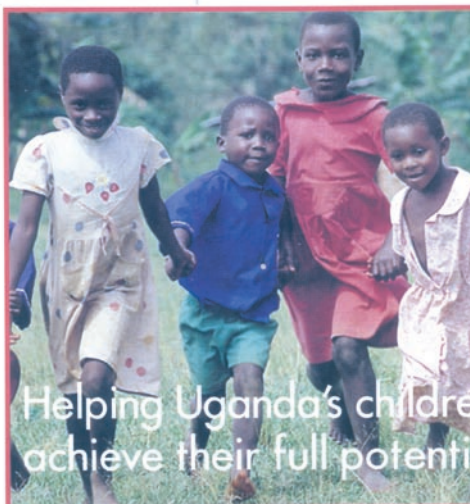
Akiyokiun epoloe a ikoku(a ngidwe)



Itemkono ngikauyark kori ngulu iyokito ngidwe yanere
ngidwe lodakari akim apelis a koro ikotore elunyan
epole ke nag. Akipim ikolo inges sanunare ebe
kepolos ejok kori pa kepolos.Neni eripunore ebe tani
ejoko ejok kori ekadit akimu.
Emansi ngkur aksilar ngidwe.Mati nni isikio ngidu
ekige angkul elunyan ngidwe ngikanpalak Aneni pa
ka addoon itemkono kisemsemse ikolu kiretakina
ngiku(polo). Lokudi(T.B.) Lovisa, Teregepe, Ikoroni,
Puru.Lodakar ilinkinore lyong ngapiko ngidu
kisemsem iteki.Emasi ikolu tomali ngilo la agoo
ngilappyo ngikanpalak tari ngaku ngikanpalak.Emasi
ekile ngolo a vitamin A dang inkanketeri kolle
kisemsem.Eras ekilto lo ngilo iretakini edeke
nqakonvone anteku.



Promoting Good Caring Practices for Our Children



Helping Uganda's children
achieve their full potential



CHILD
Community & Home Initiatives for Learning & Development

5 What do we understand as requirements for our small children's well-being? (child development matrix)



The previous exercise helped us see how many children we have, their different age groups and the kinds of care-providers they have.

We know that children at the different stages of growth have specific needs. Some of us are aware of the needs and can meet them, while others are not so lucky. If we are to improve the living conditions of our small children, we need first to know their needs at the different stages, and then see if we are able to meet them.

A. How does the child development matrix help?

The child development matrix is a simple tool (a grid with squares, a little like an 'omweso' board) that helps us talk about what we think and what we are doing about the well-being of our small children.

1. We will be able to learn together about the different growth stages our small children go through.
2. We will be able to learn what our small children need at each stage of their development.
3. We will be able to look at how we have been looking after our children at the different stages, and identify good practices.
4. We will also discuss the problems and constraints we face while looking after our small children through the stages.
5. We will identify the new skills, information and attitude we need to improve on the living conditions of our small children.

Issues Facing Our Children

Book 1: 27

Counting on Communication is part of the World Bank Working Paper series. These papers are published to communicate the results of the Bank's ongoing research and to stimulate public discussion.

This publication is the first in a series of Working Papers sponsored by the Development Communication Division (DevComm) of the World Bank's External Affairs Vice-Presidency. This series is designed to share innovations and lessons learned in the application of strategic communication in development projects. Together with other donors, NGOs, and private sector partners, DevComm seeks to mainstream the discipline of development communication in development practice.

The Uganda Nutrition and Early Childhood Development Project was one of DevComm's first projects to demonstrate the value-added of strategic communication. The strategic communication component developed for this project included the use of formative research about values and attitudes with respect to child rearing, in order to develop and test effective messages. The communication strategy was developed in a highly participatory manner and included nurturing a team of champions for the project among policymakers, district officials, community leaders, and grassroots organizations to advocate for the project. It also included two-way communication activities developed to address the practices and behaviors that would need to be changed in order for the project to be successful, rather than merely disseminating messages based on assumptions of project benefits.

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