

COMMUNICATION FOR IMMUNIZATION

E-LEARNING RESOURCES

02 | GLOSSARY OF COMMUNICATION FOR DEVELOPMENT TERMS

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Communication is an interaction – a dialogue - amongst decision makers and parents, communities, local leaders, health workers and partners that aims to empower people to not only accept immunization, but to demand it as a basic right and responsibility. UNICEF, WHO and many other UN partners use communication for development – commonly called C4D – as the preferred approach to communication.

C4D is a systematic, planned and evidence-based process to promote positive and measurable behavioural and social change; is intrinsically linked to programme sectors; uses consultation with and participation of children, families, communities and networks; privileges local contexts; and relies on a mix of communication tools, channels and approaches.

C4D is:

- An approach to promote positive and measurable behavioural and social change
- A process that requires time to plan, implement and monitor
- Aimed at empowering populations, especially those that are marginalized and vulnerable
- Human rights and equity focused
- Evidence based – uses evidence to strategically pinpoint problems and solutions
- Based on proven theories, particularly the social ecological model

- Includes advocacy, social mobilization, behaviour and social change strategies
- Participatory – with all people, of all cultures and socio-economic levels
- Uses mixed channels - e.g. interpersonal, community entertainment, traditional media, social media, speeches
- Dependent on monitoring and evaluation.

The prevailing theoretical model used in C4D is the social ecological model (SEM). Put simply, the model shows how people’s decisions and behaviours are influenced by other groups of people and by their physical and policy environment. There are five nested, hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment. The SEM allows planners to segment and prioritise key audiences, understand how they behave and the impact they have one on another, and target communication strategies and activities appropriately. The most effective approach to public health prevention and control uses a combination of interventions at all levels of the model.

The C4D Strategies are:

Advocacy: an organized effort to inform and motivate leadership to create an enabling environment for achieving program objectives and development goals. It’s about presenting a convincing case to key influencers or decision makers in order to change minds and ultimately inform policy, legislation or programming.

Advocacy for immunization includes national, regional and local activities:

- Making the case to the Ministry of Finance to secure a sustainable budget line for routine immunization
- Working with a national religious association to convince the leadership to promote immunization
- Convincing a Provincial Health Director to hire more female health workers
- Making the case to a community leader to assign a community health worker to maintain a linelist of newborns

Social mobilization: a continuous process that engages and motivates partners from relevant sectors at national and local levels to raise awareness of, and demand for, a particular development objective. Ultimately, it’s a way for the community to use its own resources, knowledge and networks to drive demand for immunization and quality services.

For immunization, social mobilization activities may involve civil society organizations, technical associations and community based organizations who can help to provide leadership, advocate for change, and mobilize communities for immunization. Here’s a brief list of potential partners:

- Professional associations (e.g. pediatric)

- Service organizations (e.g. Rotary, Lions)
- Religious associations (national or local)
- Traditional leaders' associations
- Political leaders
- Trade associations (e.g. brick-kiln workers)
- Non governmental organizations (e.g. the Red Cross)
- Youth associations (e.g. Boy Scouts, Girl Guides)
- Sports associations (e.g. football, cricket)
- Local development committees
- Education associations
- Women's associations
- Journalists and mass media
- Other sectors, including women's reproductive health and cancer (for HPV vaccine)

Behaviour and Social Change Communication:

Behaviour change is a research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change.

Social change, on the other hand, focuses on the community as the unit of change. It is a process of transforming the distribution of power within social and political institutions.

For behaviours to change, certain harmful cultural practices, societal norms and structural inequalities have to be considered and

addressed.

Additional Key C4D Terms:

Community A community is an organised group of people who share a sense of belonging, beliefs, norms and leadership, and who usually interact within a defined geographical area. Some communities share common goals and interests, are mutually supportive and are distinguishable by what they do.

Branding Branding is a combination of images and values that help the target audience to make appropriate choices and judgments about a product, organisation or service.

Capacity Building Capacity building refers to information, skills and motivation for relevant staff and volunteers on programme process, advocacy, social mobilisation and interpersonal communication skills.

Partnership Voluntary and collaborative relationships between various parties, both State and non-State, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.