



UNICEF – Tunis

in collaboration with

**WORLD HEALTH ORGANIZATION/
WHO Mediterranean Center for Vulnerability Reduction (WMC)-Tunis**

Workshop on

STRATEGIC COMMUNICATION PLANNING: APPLYING THE COMMUNICATION- FOR- BEHAVIOURAL- IMPACT(COMBI) PLANNING METHODOLOGY

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Based on the World Health Organisation and New York University
Annual International Summer Institute on
Integrated Marketing Communication for Behavioural Impact (IMC/COMBI)
in Health and Social Development

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Tunis, Tunisia
Hôtel El Mouradi- Gammarth
May 7-12, 2007

Introduction and Objective

A continuing global dilemma for health and social development professionals is finding effective ways to encourage the adoption/maintenance of behaviours which enhance people's lives, the critical challenge being that achieving behavioural impact. This challenge is prominent in the work of UNICEF/Tunis and its partners in Tunisia. Regardless of the desired behavioural result in health and social development, it will be accepted and carried out only when people are purposefully engaged by various communication means to consider the offered behavioural option and weigh the merits of carrying it out.

Many different communication approaches have been useful in the past with various health and social development efforts. While there have been some successes, there has also been enormous frustration at not being able to achieve more at a faster rate. As a consequence, many programmes struggle along - but with modest behavioural impact.

Conventional "Information-Education-Communication" (IEC) and advocacy/promotion programmes have been able to increase awareness and knowledge but have not been as successful at achieving behavioural results. It is clear that informing and educating people, while critical, are not sufficient bases for behavioural responses. It is one thing to know, another to do. And while increasing awareness and knowledge is essential, it is sadly insufficient for achieving behavioural outcomes. Behavioural impact will emerge only with effective communication programmes, purposefully directed at behavioural goals, and not directed just at awareness creation, or advocacy or public education.

COMBI (Communication-for-Behavioural-Impact), based on the private sector approach of Integrated Marketing Communication (IMC), offers a dynamic approach to achieving behavioural results in social development.

The private sector experience over 100 years in successfully using marketing communication with consumer behavior (for products both awful and superb) points to an approach applicable (with appropriate modifications) to health and social development. IMC and its adaptation COMBI within WHO and UNICEF programmes, begin with the client/consumer and a sharp focus on the behavioural results anticipated, clearly mapped out by practical market research and a situational market analysis related to the desired behaviours. It requires the integrated application of the disciplines of adult education, mass communication, community mobilization, traditional media, marketing (including village-level marketing traditions), advertising, public relations and public advocacy, counseling, personal selling, client/customer relations, and market research to the ultimate goal of achieving behavioural results.

The work of UNICEF and its partners in Tunisia is suffused with behavioural expectations. The behavioural results aimed for will be achieved only with effective public and personal communication that overcomes the barriers which deter acceptance of the recommended behaviours. At the minimum, communication efforts in this area will need to go beyond hastily produced posters and pamphlets which often dominate the health/social development communication field in so many countries.

Over the past six years, WHO/Social Mobilisation Programme (now located at the WHO Mediterranean Center for Vulnerability Reduction in Tunisia- WMC) has applied the COMBI approach successfully to a variety of health issues such mass drug administration for Lymphatic Filariasis elimination in Zanzibar, Sri Lanka, Kenya, the Philippines, and the State of Tamil Nadu in India; to dengue in Malaysia and Laos; to leprosy in India and Mozambique; to tuberculosis in

Kerala/India; and to malaria in Sudan and Afghanistan, among others. Various UNICEF country and regional offices have also been applying the COMBI approach to promotion of iodised salt, perinatal care, youth HIV/AIDS prevention, maternal health, Early Childhood Development, juvenile justice, child protection, and safe motherhood. This Strategic Communication Planning/COMBI workshop will draw on these international experiences and prepare participants to apply the COMBI planning and implementation approach to UNICEF-supported programmes in Tunisia.

Participants will learn how to apply the 10-step planning process of IMC/COMBI in the strategic planning of communication programmes for behavioral results. Participants will cover six main topics: Communication and Behavioral Goals; Basic Communication Techniques (Mass Media, Small Group and Personal Selling/Interpersonal Communication/Counselling); Marketing Principles and Practices for IMC; Marketing Research and Programme Evaluation ; Community Mobilisation , Advertising and Public Relations; Integrated Marketing Communication Practicum. Each participant will work (as part of a group) on the design of an IMC/COMBI plan for a specific behavioral result in a health/social development programme.

Objective and Personal Learning Outcome: Participants will develop their skills in applying the 10-step IMC/COMBI approach to designing a strategic communication plan for behavioural impact in a health/social development programme. By the end of the Workshop, participants working in teams will complete a partial draft COMBI Plan for actual implementation.

UNICEF/TUNISIA
in collaboration with WMC-Tunis

STRATEGIC COMMUNICATION PLANNING WORKSHOP ON IMC/COMBI

WORKSHOP PROGRAMME

Tunis, Tunisia

May 7-12, 2007

A manual of hand-outs will be assembled in the course of the workshop. The workshop will use a variety of training tools ranging from lectures, group discussions, role-plays, etc. COMBI experiences from various countries will be used to illustrate various COMBI techniques. As COMBI concepts are introduced, they will be linked to specific challenges in the health/social development field. The duration of particular sessions below are approximate. As the Workshop proceeds and we respond to participants' interest, we may modify the themes covered and the time spent on each theme. (On most mornings we will begin with comments from participants about what themes stood out from the previous day.) We are unlikely to follow the schedule exactly as it is. We will aim to finish by 5.00 P.M. everyday but on some days the sessions may extend just a few minutes longer. But we will begin promptly at 8.30 A.M. everyday.

Monday, May 7, 2007

- 8.30 A.M.** **ASSEMBLY AND REGISTRATION**
- 8.45 A.M.** **Welcome Remarks - Jean-Michel Delmotte, UNICEF/Tunis Rep and Ottorino Cosivi, Director a.i. of WMC/WHO**
- 9.00 A.M.** **INTRODUCTION OF PARTICIPANTS: Special Exercise**
- 10.00 A.M.** **REVIEW OF WORKSHOP AGENDA AND PROCESS:**
 (The Train Trip and its Disorientation, Side-trips, and Unscheduled Stops; Expected State of Confusion; COMBI History- IMC to COMBI; Behavioural Impact, not Behaviour Change; Marketing, not Social Marketing)
- 10.30 A.M.** *Break*
- 10.50 A.M.** **Topic: “The Challenge - Achieving Behavioural Objectives in Health/Social Development, with particular reference to UNICEF-supported programmes in which participants are involved”.**
- Exploring Participants' View of Programme Goals/Objectives (COMBI Planning Step #1)
 - COMBI Mantra #1 – (COMBI Planning Step #2)
 - Making Behavioural Objectives Precise and Specific (using SMART and the 4 + 1 Ws); e.g. Leprosy, TB, HIV/AIDS , MCH.
- 1.00 P.M.** *Lunch*
- 2.00 P.M.** **Topic: “The Challenge - Achieving Behavioural Objectives” (Continued)**
- The Social Development Conscience and Restricting Number of Behavioural Objectives
 - The Impact Evaluation Advantage of Mantra #1
 - Short Introduction to COMBI Mantra #2 and SMACK-ing

- 3.30 P.M. *Break*
- 3.50 P.M. **Topic: “Communication and Behavioural Results”**
- **Overview of Approaches to Achieving Behavioural Objectives:** The Kevin Costner Syndrome; Information, Education, Communication; Health Education/Promotion, Advocacy, and Coercion.
 - The Educational Sensibility vs The Marketing Communication Sensibility
- *Group Assignments for Practicum for developing COMBI Plans**
- 5.00 P.M. *Close*
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Tuesday, May 8, 2007

- 8.30A.M. *What Stood Out from Yesterday*
Topic: “Communication and Behavioural Results” (Cont’d)
- **Behaviour Adoption Principles: HICDARM**
 (Using the acronym HICDARM, we will explore the process of behaviour adoption; adoption rates; the HIC/DARM Gap; HICDARM, Market Analysis and Market Segmentation; NOSA-Number of Steps Away; Priority Markets; the Head and the Heart Dynamic)
 - **IMC/COMBI and the DARM of HICDARM**
- 10.30 A.M. *Break*
- 10.50 A.M. **Topic: “Communication Principles: MS.CREFS”**
 (Using the acronym of MS. CREFS, we will explore the basic principles of the communication process, noting that communication is not just about Materials Production.)
- Selected Themes:*
- (a) *The Miracle of Communication*
 - (b) *Dissecting MS.CREFS e.g. M- Fear Appeals; C- Mass media vs. Interpersonal, the Multi-Step Flow of Communication, Community Rumour Flow etc.)*
 - (c) *IEC: Not About Materials Production*
 - (d) *The #1 Starting Point for Communication Planning?*
 - (e) *Communication Challenges- The Three Pains:*
 Selective Attention, Selective Perception, Selective Retention
 - (f) *Husband /Wife Communication*
- 1.00 P.M. *Lunch*
- 2.00 P.M. **Topic:“MS.CREFS in relation to HICDARM”**

(We will explore the importance of communication and its different functions in relation to each dimension of behaviour adoption)

Topic: “MS.CREFS in Action: 10-Tips for Making A Presentation”

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

Marketing Planning Exercise: Working Groups will spend one hour developing a plan to establish a profitable coffee shop. And make a 5-minute presentation of the plan after the break. Part of the break should be used for this exercise, if needed.)

3.30 P.M. *Break*

3.50 P.M. **Continuation of “IMC/COMBI Marketing Principles”**

- **Working Group Reports** (8-min presentation)
- **The Four P’s of traditional marketing converted to the Four Cs of IMC/COMBI**

5.00 P.M. *Close*

Wednesday, May 9, 2007

8.30A.M. *What Stood Out from Yesterday*

Continuation of “IMC/COMBI Marketing Principles”

- **The Four P’s of traditional marketing converted to the Four Cs of IMC/COMBI (continued)**
- **The Last of the Four C’s: Communication- Integrated “Engaged” Communication- the new IEC and The 5-Point Star of Communication Actions: Administrative Mobilisation/ Public Relations/Advocacy; Community Mobilisation and Participation; Advertising; Personal Selling (including School System)/Interpersonal Communication; Point-of-Sale/Service Promotion, -- integrated, achieving six “hits”, M-RIP (Massive, Repetitive, Intense, Persistent), not cheap, and directed at behavioural results and linked to the other three Cs.**

10.30 A.M. *Break*

10.50 A.M. **COMBI Mantra #2: SMACK-ing**

- **Market Research/ Situational Market Analysis for Communication Keys (SMACK) including:** Survey data, Focus Groups, HICDARM Analysis, Force Field Analysis, SWOT Analysis, DILO (Day in the Life Of) Analysis, MILO (Moment in the Life Of) Analysis, and TOMA (Top of the Mind Awareness) Analysis, Market Segmentation (i.e. Number of Steps from Action- NOSA).

Topic: “Public Relations and Journalism”

News operations; Off the Record/On-the-Record; Background Briefing; Press Conference; The Inverted Pyramid; The Lead; Press release format. Other Non-Advertising Use of Media: Radio-TV Call-in/Chat Shows- Vicarious Interaction Phenomena

1.00 P.M. *Lunch*

2.00 P.M.

Topic: “Advertising (Radio-Television-Print)”: Part I

The Seven Seconds Rule, M-RIP (Massive, Repetitive, Intense, Persistent), Flights, the Six Hits, Speaking to how many? Writing for the Ear/Eye; Style- Engaged; Selecting and working with an agency; co-sponsorship; “fillers”; newspaper advertising and the multi-step flow; Three-time repetition. Other Media (Billboards, Posters, Banners etc).

Assignment: (1) Review a magazine or newspaper and select one print advertisement you like very much and one you dislike very much. Bring your selection to the morning session on Thursday, May 10, 2007.

(2) Write a 60-sec radio spot on some behavioural aspect of health/social development, using just words and your voice, no sounds effects, no music, no drama...just straight talk (French/Arabic). Bring to morning session on Thursday, May 10, 2007)

Topic: “Counselling/Client Communication Interpersonal Communication/Personal Selling”

3.30 P.M. *Break*

3.50 P.M.

Topic: “Group Communication Principles”

5.00 P.M. *Close*

Thursday, May 10, 2007

8.30A.M.

What Stood Out from Yesterday

Topic: Advertising (Part II)

Group Review: Best and Worst Print Advertisements

Group Exercise: Listening to and Selecting Best 60 –sec Radio Spot

Plenary Review of Best and Worst Advertisements, and Best 60-sec spots.

10.30 A.M. *Break*

10.50 A.M.

The COMBI Planning Process

- Review of the 10 Step Guide, the Two Planning

- Mantras, HICDARM, The Four Cs, and SMACK
- COMBI Plan Outline
- Trial Edition WHO/WMC COMBI Manual
- COMBI Experiences and Sample COMBI Plan

12.00 P.M.		COMBI Practicum: Working Groups –Designing COMBI Plan - <i>Step # 1: Then Step #2/Step #3...Step#2/Step#3...</i>
1.00 P.M.	<i>Lunch</i>	
2.00 P.M.		COMBI Practicum: Working Groups (continued)
3.30 P.M.	<i>Break</i>	
3.50 P.M.		COMBI Practicum: Plenary Session - Presentation/Discussion of tentative Behavioural Objective(s) by each working group.
5.00 P.M.	<i>Close</i>	

Note: Working Groups are encouraged to meet after formal sessions to continue their work in the evenings.

Friday, May 11, 2007

8.30A.M.		<i>What Stood Out from Yesterday</i> COMBI Practicum: Working Groups (continued) - The Transition to Step #4, and the other steps.
10.30 A.M.	<i>Break</i>	
10.50 A.M.		COMBI Practicum: Working Groups (continued) <i>(Consultations with each group as necessary)</i>
1.00 P.M.	<i>Lunch</i>	
2.00 P.M.		COMBI Practicum: Working Groups (continued)
3.30 P.M.	<i>Break</i>	
3.50 P.M.		COMBI Practicum: Working Groups (continued) All COMBI Plans should be completed by the end of the day and sufficient copies made for distribution to all participants on Saturday morning at 8.30 A.M. Each group should be prepared to make a 20 minute presentation of their plan, to be followed by 15 minute review/discussion. PowerPoint presentations can be made. Please rehearse your presentations so that it is within the 20 minute limit. Each group member should have a role in the presentation of the COMBI Plan.
5.00 P.M.	<i>Close</i>	

Saturday, May 12, 2007**8.30 A.M.**

Assemble. Final preparations for Presentation of IMC/COMBI Plans; PowerPoint projector tested, etc. Plans distributed by 8.55 A.M.

9.00 A.M.

FINAL PRESENTATIONS OF IMC/COMBI PLANS
(20-minute presentation with additional 15 minutes for discussion. Presentations will be stopped at 20 minutes. Each person in each working group should have a presentation role.)

10.30 A.M.***Break*****10.50 A.M.**

**FINAL PRESENTATIONS OF IMC/COMBI PLANS
(CONTINUED)**

12.45 P.M.

**WRITTEN EVALUATION OF IMC/COMBI
WORKSHOP**

1.00 P.M.

LUNCH/CLOSING CEREMONY
*COMMENTS BY EACH PARTICIPANT
*DISTRIBUTION OF CERTIFICATES
*Closing Remarks

2.00 P.M.***Departures***
