

Module 1 Unit 3

This is a **REQUIRED READING: SITUATION ANALYSIS**

UNICEF guidelines for undertaking a communication for development (c4d) situation analysis. (2010). UNICEF, New York.

**UNICEF GUIDELINES FOR UNDERTAKING A COMMUNICATION
FOR DEVELOPMENT (C4D) SITUATION ANALYSIS**

I. Introduction

A comprehensive Situation Analysis is the first step in the planning process for a Country Programme of Cooperation with UNICEF and other UN agencies and should include a Communication for Development (C4D) Situation Analysis. It should provide the UN Country Team the C4D dimension to the Common Country Assessment (CCA) towards developing comprehensive and integrated communication strategies to contribute to achieving UNDAF outcomes and national priorities. A Communication for Development Analysis is an essential component of this process.

The C4D Analysis will provide essential quantitative and qualitative data for developing the Communication for Development (C4D) strategy and action plan for the Country Programme. The information generated from this analysis will also serve as a basis for further C4D planning in specific programme sectors.

Communication for Development cuts across programme sectors. C4D strategies that promote behaviour and social change are essential for long-term, sustainable development. C4D strategies and approaches are required to help provide caregivers and community members with essential information and to help develop the skills and self-confidence they require to make informed decisions on issues that affect their lives and their children's well-being.

Communication initiatives are central to broader empowerment processes, through which people arrive at their own understanding of issues, consider and discuss ideas, and negotiate and engage in public debates at the community and national levels. This role in empowerment processes helps distinguish Communication for Development from other forms of communication and makes it a vital element in achieving the MDGs with equity.

A C4D Situation Analysis, as it feeds into country programme planning, implementation, monitoring and evaluation, should be aligned with achieving all sectoral/programme results while being sensitive to the family's and community's capacities to absorb, react to and participate in and amongst many competing priorities.

An important component of a C4D analysis is the assessment of available and appropriate communication channels for different levels of participants (see item 5 below). Much of the information from this analysis is useful as well to the external relations function in a Country Office. Their partnership with *mass media* makes them ideal partners in the communication channel assessment and analysis process.

The C4D situation analysis should draw upon other relevant analyses undertaken in the past two years by other UN agencies, NGOs, government, academia, research institutes, donors and others. Secondary data sources, both quantitative and qualitative, may be useful, for example, MICS, DHS, opinion polls, anthropological studies, other relevant surveys and information from

participatory rapid appraisals, focus group discussions and mapping exercises. If new research is considered necessary, it can be commissioned to a competent research agency or academic institution, ideally a national or regional one. It is important for the Country Office C4D Specialist or Programme Specialist to proactively guide the agency or institution commissioned to do the C4D Situation Analysis with a national scope.

II. Components of a Communication for Development Situation Analysis:

- 1. Problem and Programme Analysis**
- 2. Communication Environment Analysis**
- 3. Participant Analysis**
- 4. Behaviour Analysis**
- 5. Communication Channel Analysis**

This document is designed as a *guide* to Country Offices in conducting a Communication for Development Situation Analysis. These guidelines contain five major components for a comprehensive C4D situation analysis.

Though not every question may be realistic to pose and to answer, they are included as reminder **of the level of depth that is required to understand and respond fully to the multiple forces that influence people's attitudes and practices.**

If well done and used, the C4D Situation Analysis will help plan and achieve the defined Country Programme results in both the medium and long term. It will also support the **media and external relations communication function** in the country. It should be reviewed and updated annually or biannually.

1. Problem and Programme Analysis

Problem Analysis

The C4D Situation Analysis should begin with an analysis of the development problems that hinder the achievement of the national goals for children and the MDGs. The problem statement or statements should then be put in terms of what people are doing or are not doing and how this contributes to the development problem. It should then be clear what aspects of the problem the integration of C4D principles and methodologies **can** address. Of course, as a cross-cutting strategy, C4D will be involved with all the programme sectors, which means that many problem statements may be defined. Even within one sector such as protection, different issues will have different problem statements. *For example, the team might state a problem in terms of data showing low rates of exclusive breastfeeding; low levels of hand washing with soap among mothers and children; low enrollment of girls in primary school; harmful effects of a social norm like early marriage* and how these contribute to child morbidity, mortality and uneven development, thus affecting achievement of the MDGs or other national goals.

These guidelines use exclusive breastfeeding (a nutrition issue) as the primary example, but all other behaviour- and social change-related issues – in Health, Education, Child Protection, Early Childhood Development, HIV/AIDS, and WASH – should be examined and prioritized as to the level of analysis undertaken in a given year.

Begin analysis with the development problem itself. The statement should include any institutional, supply and service delivery issues that contribute to the problem and which C4D **cannot** address. Results from available research will help to quantify the scope of the problem and what segments of the population are most affected. Analysis also helps to develop messages and strategies that more effectively introduce, teach or reinforce performance of desired behaviours of specific groups. A problem analysis is related to the causal analysis described in Section 4, Results-based Programming, especially paragraphs 3.97 through 3.103.

The problem analysis should answer the following questions:

- What are people doing/not doing that leads to the problem? *For example, most mothers breastfeed but they introduce other liquids in the first six months, which leads to avoidable health problems in the newborn.*
- Where and when do these behaviours usually take place? In the example above, it is during the first six months that mothers are likely to introduce other liquids to the baby. *Research could look at exclusive breastfeeding rates among women factory workers, agricultural workers, school teachers, health workers and women with disability or who have children with a disability.*
- Who suffers from the problem and who benefits from the problem? For example., *newborns suffer from non-exclusive breastfeeding and families spend more time and money on medical care. Or, breastfeeding mothers may receive social approval if additional liquids are given to babies. It also allows other people to feed the baby when the mother is absent.*
- What are the immediate and underlying causes? *An immediate cause may be competing priorities for mother's time, such as working in the formal employment sector. Social norms around proper feeding of infants are one underlying cause.*

Thorough analysis may require formative research. Depending on the level of understanding of why certain beliefs, practices and norms exist, and on the overall programme prioritization process, the need for additional research may be identified.

Programme Analysis

- What has been the programme's response to the problem/s? *For example, community health workers receive communication training to promote exclusive breastfeeding and the baby-friendly hospital initiative. Or a one-time, six-month campaign using national media might have been undertaken to promote exclusive breastfeeding.*
- What structures and partnerships has the programme developed that communication can use? *For example, these could be the community health workers and the staff in baby-friendly hospitals.*
- What structures, activities and partnerships might need support from C4D interventions?

2. Communication Environment (Social, Cultural, Political, Economic) Analysis

A communication environment analysis looks at the broader environment and institutions within which communication takes place at the national and local levels covering: social, cultural, economic, political, and geo-physical factors. The following questions are included:

- Are there existing **communication** strategies, policies, laws or plans related to children? If so, obtain copies and analyze them for a human rights-based orientation in the context of CRC, CEDAW and CRPD. If none, identify gaps and recommend actions.
- Describe the socio-economic and political system and their influence on behaviour and social change. In a centralized or a decentralized structure, as the case may be, how does

- the current political system influence the channels of communication, the flow of information and social communication networks? *For example, in a decentralized structure, is local radio programming allowed in addition to national radio broadcasts?*
- Do government structures, plans and programmes integrate communication? If so, do they support communication for development or corporate communication or both? Assess the strengths and weaknesses of these structures and recommend actions.
 - Describe the socio-cultural profile as they relate to the problems and issues raised by the SitAn – different socio-economic groups within the country, including minority groups, ethnic groups, socio-economic activities, role of girls and boys, young people, women, issues related to human rights, gender and social inclusion, and relevant historical and anthropological information. This may include family size; power structures; common age of marriage; major food production practices and eating habits in the family and community; practices related to health, nutrition, sanitation and hygiene; and other social norms, both positive and harmful. *For example, with respect to power structures, are women able to advocate with their employers for flexible work hours so they can breastfeed their babies? Do parents feel that they can advocate with local merchants to carry iodized salt for household use?*
 - What political, economic, socio-cultural and geo-physical constraints and opportunities hinder or facilitate the flow of communication from the bottom-up, top-down and across the various ethnic, religious and minority groups? *For example, a village that was trained to create and run their community radio station applied for a broadcast license from the national telecommunications commission. The license was denied on the grounds that community radio posed a threat to national security.*
 - Is information available about past experiences in communication activities and their impact? If so, it should be analyzed for its current relevance.

3. Participant and Behaviour Analysis

Participant analysis and behaviour analysis (item 4 below) can be done simultaneously using a matrix (**see Annex A, Template for a Participant and Behaviour Analysis**). Much depends on the programme situation. *Sometimes a programme has a clearly identified desired or recommended behaviour, such as exclusive breastfeeding or condom use, but still has to determine who the participants will be. On the other hand, sometimes the programme has clearly identified participants, such as adolescent girls or mothers who are HIV positive, but has not yet decided which behaviours will be supported.* For this set of guidelines, exclusive breastfeeding will be used as an example of a recommended behaviour.

Every individual is part of other larger units: a family, a neighbourhood, a community, a society, a religion and others. Each of these units directly or indirectly influences how people behave. The first step in analyzing behaviour is for people to share information about who influences them about an issue. The purpose of participant analysis is to identify relevant participant groups, their characteristics, and what influence they have on each other to bring about and maintain the practice of desired behaviours. Different communication approaches, messages and content will be needed to address programme objectives for each group.

C4D identifies three broad participant groups. **Primary participants** are those responsible for carrying out the desired behaviours. They may or may not be the beneficiary. *For example, the baby is the beneficiary of exclusive breastfeeding, but the mother is the person whose behaviour is critical and so would be considered the primary participant.* Primary participants do not live,

act, or make decisions alone. Thus, **secondary participants** are those who can support and influence primary participants in carrying out the desired behaviours. *In the example above, the secondary participants are people in the breastfeeding mother's immediate circle who will influence her behaviour such as the health worker, the mother in-law, the husband and women's groups from the church or mosque.* **Tertiary participants** are those whose actions directly influence the decisions of the secondary participants and thus indirectly influence or hinder the practice of the primary participants. Their actions reflect the broader social, cultural and policy elements that create an enabling environment to encourage sustained behaviour and social change. This could be policymakers, national and local leaders, religious leaders and groups, donors, the media, professional groups and others. *In the breastfeeding example, these may be policymakers' actions on infant formula, doctors refusing to accept free formula as a routine process, religious leaders discussing with the men in their congregation how they can support their wives in proper neonatal care, etc.*

Some questions to address in a participant analysis are:

- What are the perceived supportive and communication roles of the secondary participants in relation to the primary participant? *Women's groups from the church or mosque would visit breastfeeding mothers from their congregation.*
- What are their respective information needs and communication capacity gaps? In other words, if community or family members are important secondary participants, how are they invited to, and included in, discussions about the major challenges to supporting the primary participant's desired behavior?
- How can the leaders, institutions and social networks listed as tertiary participants support the behaviour and social change objectives?
- What mechanisms, networks and resources are available to the relevant participant groups that could facilitate the desired changes in behaviour and social norms? Are school clubs, women's groups, leaders' gatherings or other mechanisms in place that support or inhibit discussion? These groups may either be the secondary or tertiary participants identified in the analysis. *Parent-teacher associations, school administrators, health care workers and students themselves may all be involved as primary, secondary or tertiary participants in ending corporal punishment in the schools.*
- To what extent is community participation the standard operating procedure in existing institutional frameworks for interpersonal and group communication, as well as for communication and programme planning, implementation, monitoring and evaluation? To what extent are groups such as the following included in the programme process: child and youth clubs, school clubs, mothers' support groups, health committees, water boards, PTA, local planning groups, micro-finance groups? *For example, despite solid documentation of breastfeeding rates and practices, breastfeeding programme managers still need to discuss with the concerned women and their husbands, health workers and women's groups locally feasible approaches to increasing exclusive breastfeeding.*
- In filling out the tertiary participant category, list all relevant communication partners (national government ministries, state and municipal government and local authorities, district/ward officials, other UN agencies, NGOs, business groups, media, religious groups, key personalities, artists, sports figures and others who could participate in advocacy and social mobilization.
 - Describe their roles and level of involvement in the programme (funding, technical support, training, planning, implementation, etc.).
 - What are their areas of common interest with UNICEF?

- Describe their capacity to support UNICEF MTSP objectives¹ and their potential impact – outreach, size and composition of audience.
- Are there any conflicts of interest and constraints in their supporting UNICEF’s objectives? For example, if a religious or ethnic minority is not encouraged, or even allowed, to participate in discussions, try to understand the reasons *why* those constraints exist.

In the breastfeeding example, *the influence of baby formula companies on media and government decisions, policies of the chamber of commerce and business practices need to be taken into account. In another example, a country’s new Constitution allowed for the death penalty to be applied against minors in certain cases, so discussions were needed with religious and political leaders to explore why they felt this ultimate punishment was justifiable.*

4. Behaviour Analysis

As mentioned previously, the behaviour analysis can be done simultaneously with or before the participant analysis. It depends on the specifics of the programme being supported. See Annex A for the questions to ask in a behaviour analysis according to participant group.

A behaviour analysis looks at primary, secondary and tertiary participant groups and their social, cultural, economic and physical environments to see what actual **barriers** must be overcome and which perceived **benefits** might motivate them to practice or to support others in doing the desired behaviours. The C4D and programme team should consider the following questions as determinants of adoption of desired behaviours:

- How much will it “cost” in terms of time, effort and money for the primary participant to practice the desired behaviour? “Cost” also includes social cost, as in loss of social status. *A woman practicing exclusive breastfeeding might incur the anger of her mother-in-law for going against traditional feeding practices that include providing tea or sugar water to the infant.* Increasingly, analysis of the cost of **not taking any** action is also being undertaken.
- Are the product, facility and/or service to be used acceptable, accessible and affordable to participant groups? *For girls attending school, are school fees affordable, do the schools have separate and clean toilet facilities for girls and are the routes to school safe for girls to take?*
- Are policies and legislation in place to support the practice of desired behaviours?
- Are desired behaviours acceptable and compatible with existing social norms? Are the practices of secondary participants - service providers, professionals, partners and other allies - compatible with the practice of the desired behaviour? *For exclusive breastfeeding, older women in the community often promote additional liquids. Many health care professionals do not give breastfeeding advice. These groups would be logical targets for C4D interventions as potential supporters of exclusive breastfeeding.*
- Are there any benefits (to beneficiary; to the primary participant) of not doing the behaviour? For example, *there may be a (very) short-term benefit of not using a condom, that of physical pleasure and convenience. The medium- and long-term consequences need to be clearly understood by the primary participant.*

¹ UNICEF’s MTSP objectives are very much in line with and contribute to the UNDAF framework, national priorities and international objectives toward achieving the MDGs.

A behaviour analysis will yield the following information to use in planning the communication strategy. These are:

- a) Each participant group's perceptions of benefits of the desired behaviour;
- b) Each participant group's perceptions of barriers and risks to practicing desired behaviour;
- c) A short list of realistic behaviours to recommend related to the development problem;
- d) Ideas for secondary participants or possibly revising the previous selection of participants;
- e) Ideas for communication messages;
- f) Ideas for possible approaches for activities, always including individuals from the participant groups, including children and adolescents
- g) Ideas for the best mix of communication channels and media; and
- h) Potential indicators and methodologies for behavioural and social change monitoring.

Below are possible questions in a behaviour analysis:

- Has an appropriate Knowledge-Attitudes-Practices-Skills (KAPS) Study been completed recently among the primary and secondary participant groups, for example, with regard to doing or supporting hand washing at critical times; exclusive breastfeeding; use of ORT; use of insecticide-treated bed nets; waiting for a daughter to turn 18 before allowing her to be married; use of corporal punishment at school or at home? If so, the findings should be incorporated into the communication analysis.
- For each participant group, describe their current behaviours in a matrix.
- What are the recommended behaviours for each participant group? What are the benefits of the recommended behaviours for these participant groups and for the government? Minimize the list of recommended behaviours down to a short list of those that are most important and feasible.
- What are the gaps in knowledge, attitudes, practices and skills related to the short list of recommended behaviours?
- Describe the barriers to behaviour and social change for each participant group – shared cultural and religious beliefs, social norms/traditional practices, power structure, motivational gaps, perceptions, access to services, facilities and supplies, etc.
- What current or traditional practices, values and aspirations might serve to motivate participant groups to practice recommended behaviours?
- How can improved communication overcome the key barriers to the recommended behaviour?

5. Channel Analysis

A channel analysis allows a major review of the mix of communication channels available and how these can be accessed and used by intended participant groups. The analysis looks into what channels and networks have been used effectively or ineffectively in the past by the programme. How can the effective channels be used again more effectively, and the ineffective ones dropped? Communication channels include interpersonal communication, community and traditional media (such as puppet shows or street theatre), distribution systems of government and NGOs, mass media (print, broadcast and the Internet), and cell phones and the Internet.

Results of this analysis will inform the team on which mix of channels is best suited to participant groups' engagement that could lead to behaviour change and social change, which messages are appropriate for which channels, and whether local capacity needs to be strengthened in order to carry out a community-led communication programme.

Below are some of the tasks for a channel analysis:

- Describe the culture of interpersonal communication and social networking in the community and larger society—especially as relevant to the selected participant groups.
 - For this development problem, what/who are programme participants' most credible information sources?
 - What is each participant group's level of literacy and in what language?
 - What are interpersonal communication practices in the programme participants' community?
 - What are the formal and informal social networks and associations that participant groups are members of?
 - Who speaks to whom and in what frequency?
 - What is the information-seeking and information-sharing behaviour of primary and secondary participant groups?
 - What is/are the religious affiliation/s of participants?
 - Review the groups selected as secondary participants and modify the list according to the groups' capacity as agents of behaviour and social change.
 - Which communication channel(s) are the most trusted, and by which community or communities?
 - What communication channel(s) are best suited to the messages selected to achieve the communication objectives?
 - What media organizations or institutions are there and what is the potential for partnership in C4D? How effective are these organizations?
 - What institutions or organizations have training capacity in interpersonal communication skills, news reporting, theatre scripts development, etc.?
 - What institutions or agencies have research capacity to support C4D programmes for: channel analysis, materials and message pre-testing, monitoring mass media outputs, behavioural monitoring, KAP surveys, etc.
 - What skills exist locally in audio-visual, graphic art, design and print production?
 - What messages, materials and channels have been used in the past and what was their effectiveness in terms of behaviour change?

- Describe the role, capacities and constraints of frontline workers as interpersonal channels of communication. These are the groups listed as secondary participants such as health workers, community volunteers, teachers and others who come into contact with the primary participants such as parents, caregivers, and adolescents.

- Describe the availability and local use of community and traditional media and their potential and /or current application to support behaviour and social change objectives
 - What community/traditional media are available and what is their popularity with programme participants?
 - What evidence of the effectiveness of these types of media is available? Work from these lessons learned.
 - Puppets – popularity; type of performance – traditional, modern, mixed; language, content; producers and performers; regularity; cost per performance
 - Street theatre - types of stories, where performed, content; opportunity and adaptability to accommodate the messages; popularity; language; cost per performance. What follow-up activities were done to reinforce messages in the performances?
 - Dance/songs/poetry – content; popularity; adaptability; language; performers

- Local cinema houses
 - Mobile audio-visual/cinema vans
 - Sport—spectator and participation opportunities
 - Religious gatherings
- Describe the use, coverage and control of national and community radio and television and their potential and/or current use in C4D
 - Geography and numbers
 - Percentage of households with radio and access to signals
 - Percentage of households with TV and access to signals
 - Number of community radio networks and the spread or reach of each
 - Ownership and control of channels
 - Major listening / viewing times
 - Listening and viewing habits
 - Popular programmes and time slots
 - Languages used
 - Origin of programmes
 - Number and location of national, regional and community stations
 - Ownership and control
 - Production capacity
 - Cost of airtime
 - Availability and kinds of sponsors/advertising
 - What other government, NGO or other UN agency communication networks exist and can child-related issues be integrated into them? (For example, in countries with UN peacekeeping missions, radio channels often exist. Other UN agencies may be supporting community radio, too.)
- Describe the use and coverage of print media – national and local and their potential and/or current use in C4D
 - Available newspapers, journals, popular magazines, comics, newsboards
 - Coverage
 - Regularity
 - Readership
 - Language
 - Content
 - Specialization
 - Cost
- Describe the use of ICT and new media, their potential and/or current use in C4D
 - Ownership and use of mobile and landline telephones
 - Ownership of computers with and without internet connection
 - Access to and availability of internet providers by geographic location
 - Access and use of internet cafes/kiosks
 - Cost of internet and mobile phone use

II. Synthesizing and Integrating the C4D Analysis Report into the Comprehensive Situation Analysis

The results of the C4D Situation Analysis will provide the needed data and evidence for the development of the Country Programme Communication for Development Strategy. Since the report will be a large document, it needs to be summarized into a *2-3 page document* that can be

integrated into the overall country Situation Analysis. The five major components of the C4D analysis should be presented in the summary. With skill and discipline, the Problem and Programme Analysis, Communication Environment Analysis, Participant Analysis, Behaviour Analysis and Communication Channel Analysis can be clearly summarized and will be appreciated as relevant to the overall Situation Analysis. In turn, the C4D Situation Analysis will guide in framing C4D objectives and outcome indicators as part of defining programme component results and intermediate results for the Country Programme.

Annex A. Template for a Participant and Behaviour Analysis

Programme:

Key behaviour or harmful social norm addressed:

Key Facts → → → → → → → → → →	Country: Province:		
	Participant Analysis		
Behaviour/Social Norm Analysis	Primary Participant Group (PPG) (Individual or Household Level)	Secondary Participant Group (SPG) (Community Level)	Tertiary Participant Group (TPG) (Policy/Decision Level)
1.1 Who is/are the participant group?			
1.2 What is the current behaviour/social norm?			
1.3 What is the recommended behaviour/social norm?			
1.4 What is the key barrier to changing the recommended behaviour/harmful social norm?			
1.5 What are other barriers to the desired behaviour? (what benefits come from NOT doing desired behaviour/social practice?)			
1.6 What current or traditional practices could support doing recommended behaviour/social practice?			
1.7 What social norms support/hinder the recommended behaviour/social practice?			

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