



Exchange

**A networking and learning programme
on health communications for development**

Operational Plan

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1. Executive Summary

Health communications plays an important role in improving the health and well-being of poor communities. The UK hosts a variety of organisations active in health communications. This plan outlines a Networking and Learning Programme – **Exchange** - that will facilitate the development of a strong and effective UK health communications sector which works in partnership with Southern organisations to encourage collaboration, strategic action, and sharing of good practice.

Exchange will promote learning and encourage sharing of information about effective health communications, undertake advocacy to engender a more favourable climate in which health communications activities can flourish, and maintain a brokerage role to help match health communications needs to available resources.

Exchange aims to:

- share widely information and knowledge on effective health communications
- increase the involvement of Southern organisations in generating, analysing and applying good health communications practice
- develop effective communication and advocacy tool, particularly on improving monitoring and evaluation processes
- support strategic approaches to health communications.

Exchange's underlying principle is that it will be supporting new initiatives, or meeting those needs that are not being undertaken by others and therefore are unlikely to be met. It aims to facilitate, enable and strengthen work within the health communications sector. It will provide a leadership function and promote debate and mutual learning about good practice, but without imposing a pre-set agenda. As a facilitating body, it will not normally play a direct role in funding actual health communications projects.

Exchange will be hosted by Healthlink Worldwide, as a semi-autonomous unit, governed by a Steering Group (of up to 15 members) that reflects the views and diversity of the health communications sector and includes strong representation from Southern organisations. A staff of three will be recruited for **Exchange**.

As a learning programme and an iterative process, **Exchange** will monitor, document and evaluate its own achievements to be able to respond to changing needs and demands of the constituencies with which it works. **Exchange** has emerged from a strong consultative process. It will continue to consult regularly and widely to ensure that the voices of people living and working in the South are heard, reflected upon and acted upon as **Exchange** develops.

This Operational Plan highlights a three-year plan of action, sets out a first year budget of £410,748 and indicates spending in subsequent years in the region of £500-550,000 per year. This Operational Plan requests a commitment from the UK Department for International Development (DFID) to fund the first year costs, and to agree in principle to fund the subsequent two years, upon agreement of subsequent detailed budgets and workplans. An external evaluation will be carried out during the second year of operation.

2. Introduction

In 1997, the UK Government White Paper on International Development pointed out that sharing knowledge is an important aspect of partnerships that contribute to development.

The health sector was identified by the White Paper as a key area where improved sharing and application of knowledge could have a significant impact. The production, synthesis and communication of new knowledge was seen as one of the important factors in helping to improve the health and well-being of the poorest communities in the world.

In 1998, the UK Department for International Development (DFID) commissioned a wide-ranging study to examine whether there was scope for a new and innovative partnership in health communications to be developed. During the first phase of this study, the potential benefits and drawbacks of various partnership arrangements were discussed at length in a collaborative exercise involving a broad cross-section of mainly UK-based health communications organisations. The idea of a Networking and Learning Programme – now called **Exchange** - emerged as a widely welcomed option, and was recommended by a Working Group in mid-1999 as the most sensible place for DFID to start in developing a more effective partnership relationship with the UK health communications sector.

In coming to that conclusion, the Working Group took into account the considerable depth and variety of health communications experience to draw upon in the UK, but noted that a number of limiting factors impeded the ability of the sector to achieve maximum impact. These factors included:

- the fragmented nature of the sector as a whole, which leads to duplication of activities, gaps in coverage and, more importantly, limits the scope for concerted, strategic action, effective advocacy and fundraising. The lack of obvious focal points or structures also makes it difficult for funding agencies to interact with the sector intelligently
- a limited amount of sharing of approaches and experience across the sector (for example, between organisations working with health workers, and those working with the media to inform public attitudes on the same health issues)
- communication gaps between organisations working at different stages in the information chain, that hinder the effective flow of information up and down the chain
- although some UK-based organisations are well connected into international networks, others are not so well linked, which prevents them sharing experience and taking advantage of broader international alliances.

The Working Group recognised that there was substantial room (and enthusiasm) for sharing good practice across organisations, in order to improve the effectiveness of the sector as a whole. **Exchange** was proposed as a way of addressing these shortcomings and building on the opportunities that exist to make both the sector as a whole, and DFID's aid programme, more effective.

2.1 The changing nature of health communications

Health communications has been defined as 'a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favour of healthy behavioural choice'.¹ For many years, the focus of health communications has been on the ways of delivering messages about good practice and policy to a variety of audiences: health workers, patients, community members, opinion shapers, policy makers. More recently, the focus of health communications has moved away from the channel or the medium being used and the message or product being conveyed to the process of dialogue and discussion that is fundamental to communication. As a result, more attention is being paid to the social and political environments in which people live and work and the influence those environments have on behaviour change. 'The individual is no longer a target, but a critical participant in analysing and adopting those messages most suited to her or his own circumstances.'²

Through this process of dialogue, information is shared, new knowledge is created and mutual understanding is generated. This then becomes the foundation for mutual agreement and joint action. Where this works well, a real exchange occurs, a dynamic process of feedback and adaptation takes place, and the roles of sender and receiver of messages are constantly changing.

The Health Communications **Exchange** Programme aims to provide an open forum where the lessons being learned by a variety of players in the health communications sector in the UK and elsewhere can be identified, analysed and shared more widely. The Programme is itself a communication process, an exchange, a dialogue.

Partners in that dialogue will include UK-based organisations active in health communications or development activities with a strong health component, international agencies that support health communication activities, and a range of regional and national partner organisations active in health communications in the South. These organisations work through two main strategies to reach two broad audiences:

- improving access to and the use of information for health workers
- increasing awareness, understanding and behaviour change in the public.

The role of **Exchange** will be to support these organisations in their efforts to improve health and to encourage greater involvement of, and interaction with, organisations in the South that are working on health communications. In this way, increasingly the voices of people, communities and health workers in the South will be heard and a richer dialogue will develop.

¹ Smith, W.A. and Hornik, R. 'Marketing, communication, and advocacy for large-scale STD/HIV prevention and control', Chapter 96 in: Holmes, K.K. et al (eds), *Sexually Transmitted Diseases*. New York: McGraw-Hill. 1999

² Jacobson, J. 'Changing communication strategies for reproductive health and rights: an overview', in: Working Group on Reproductive Health and Family Planning, *Report from the meeting on Changing Communication Strategies for Reproductive Health and Rights* (10-11 Dec 1997, Washington DC). Population Council: New York. 1997

3. Strategic framework

This strategic framework, as well as the operational framework in Section 4 and the logical framework in Section 8, should be considered 'work in progress'. The strategic framework sets out an indicative path **Exchange** might take in its first few months, but does so in a way that does not constrain future staff or the Steering Group of the Programme from developing this framework over time. In particular, details of activities in later years are left deliberately vague. They should evolve as a result of continued consultation and dialogue between **Exchange** and the wider health communications sector and should be very much demand and needs driven by the sector and by the beneficiaries or end users with whom the sector is working.

The strategic framework, logical framework and workplan will be reviewed and updated by the Programme's Steering Group within the first 12 months. A further review is expected following an external evaluation planned for year 2 of the Programme. If **Exchange** continues beyond its initial three-year timeframe, a further reworking of plans will take place during the third year. In this way, the strategic framework is to be seen as a planning tool for the overall Programme. It is also expected – once staff are in place – that more detailed plans and logical frameworks will be developed for each of the three areas identified as major **Exchange** priorities: learning promotion, advocacy and brokerage.

3.1 Mission

The mission of **Exchange** is to contribute to efforts to improve the health and quality of life of poor people by encouraging the exchange of relevant knowledge, information and experience.

3.2 Values

A key value that has characterised the development of **Exchange** to date and which will be maintained in the future is responsiveness and a consultative approach. **Exchange** has developed out of a strong consultative process among the UK health communications sector. It will continue to consult regularly and widely, extending the process to ensure that other voices – particularly those of people living and working in the South – are heard, reflected upon and acted upon as **Exchange** develops.

A number of other values were identified in the consultation process that led to the development of the original and supplementary reports about the Programme that went to DFID in 1999. These have been elaborated upon and extended during consultations to develop the operational plan. These values describe a Programme that:

- is seen as supporting efforts to respond in a strategic manner to the health communications needs and priorities of people in poor and vulnerable settings
- provides a leadership function, without imposing a pre-set agenda
- enhances opportunities for existing organisations and networks in the health communications sector
- facilitates, enables and strengthens work within the health communications sector
- fills gaps, rather than duplicating existing roles, and encourages innovation and generation of new insights and knowledge about health communications

- releases resources, at least in the medium term, rather than soaking them up (this implies that **Exchange** should not be allowed to grow too big)
- promotes ongoing debate on and mutual learning about good practice, instead of imposing a new orthodoxy
- raises the profile of the health communications sector as a whole, without stealing too much of the limelight itself
- is committed to a process of learning and reflection, and to enabling others in the sector to benefit from such approaches
- acts as a catalyst and facilitator, encouraging an exchange of information on health communications, but does not itself provide health communications directly
- is open and transparent, and does not unfairly favour particular organisations.

3.3 Programme focus

Three key roles have been identified for **Exchange** to develop. These are:

- learning promotion
- advocacy
- brokerage.

During the first year, considerable emphasis will be placed on the learning promotion role, and to a lesser extent the brokerage and advocacy roles. It is expected that advocacy will become a priority activity in the second year, and that the brokerage role will start slowly and grow through the period of the Programme.

Learning promotion aims to help organisations to learn from each other, and to extend the boundaries of good practice, so that health communications work as a whole becomes more effective. This needs to be tackled in a strategic and coordinated way, having identified and agreed a clear set of priorities. It is particularly important that the learning and understanding of Southern organisations are more widely shared. One focus of **Exchange** will be to strengthen opportunities for Southern organisations to be involved in reflection and analysis of health communication activities.

Some of this work will be organised and carried out directly by **Exchange**. Where possible, however, it will be done by working with other organisations and networks and supporting them in taking on particular tasks (providing finance or co-funding where needed) that innovate or introduce new directions or dimensions. The INASP-Health/Health Information Forum (HIF) is an example of one structure that could coordinate part of this work, given its established track record in this area and its desire to increase the involvement of Southern organisations in its direction.³

³The International Network for the Availability of Scientific Publications (INASP) has established a cooperative network (INASP-Health) for organisations concerned with improving access to reliable information for health professionals in resource-poor countries. INASP-Health has launched a series of workshops – the Health Information Forum (HIF) - to examine specific issues relating to the information needs of healthcare workers. The HIF aims to support those involved in health information work, to encourage greater coordination and collaboration, and to achieve more effective working strategies. Its main objectives are to: facilitate contacts and sharing of skills and experience; promote analysis of health information needs and methods of provision; and advocate and advise, where appropriate, as a collective body of representatives of some 100 leading organisations in the field.

The **advocacy** aspect would see **Exchange** helping to 'spread the word' about the role communication work can play and engendering a more favourable environment in which health communications work can flourish.

Exchange's role as a focus for learning and information exchange on health communications work will provide it with both the knowledge and the credibility to play this kind of advocacy role. One part of winning sceptics over is by presenting compelling evidence that communications initiatives work. **Exchange** will generate precisely the kind of evidence needed to make this case. This is a strategy that has been successfully followed by the Vancouver-based Communication Initiative, which has raised the profile of communications work for development and social change.⁴ **Exchange** will work closely with the Communication Initiative to develop complementary new activities and share tactics and experiences.

Success in advocacy could help address the challenge of limited resources which UK health communications organisations face. **Exchange** will prepare the ground for a more positive approach to health communications work, and a broader recognition of the need to invest in this area.

The **brokerage** role will help connect development agencies with the expertise and information available within the health communications sector. To perform this function effectively, **Exchange** will have to retain impartiality. However, it has a clear mandate to promote health communications work in general, and in that capacity can play a valuable role in brokering relationships, and helping leverage resources for the sector as a whole.

⁴ The Communication Initiative is a partnership concerned with the role and impact of communication interventions – from interpersonal to mass media – on all major development issues. The partner organisations - the Rockefeller Foundation, UNICEF, USAID, the CHANGE Project, WHO, BBC World Service, CIDA, Johns Hopkins University Center for Communication Programs, the European Union, Soul City, the Panos Institute, and UNAIDS – work together to establish the overall strategic direction, main programming activities, review progress and contribute the necessary financial resources. The goals of the Communication Initiative are to: advance the extent and quality of communication and change information; improve strategic communication thinking on development issues; expand dialogue, debate and review key communication knowledge issues and programmes; and effectively advocate the importance of communication for sustainable development.

4. Operational framework

4.1 Goal

To enable poor people to have access to and use effectively the knowledge and information they need to improve their health and that of their families and communities.

4.2 Purpose

To facilitate the development of a strong and effective health communications sector in the UK which works in partnership with Southern organisations to encourage collaboration, strategic action, sharing of good practice and better impact.

4.3 Outputs

Programme outputs will be:

1. Information and knowledge on effective health communications – particularly focused on behaviour change and impact - shared more widely among health communicators.
This means that the availability of, and access to, learning about health communications practice that has impact will increase for members of the health communications sector, and that **Exchange** will take on a strong facilitative role to encourage the promotion of this learning.
2. Involvement increased of Southern-based organisations in generating, analysing and applying good health communications practice to encourage pro-poor health services and the uptake of those services by the poor also increased.
This means that links between UK and Southern based organisations active in health communications will be strengthened, that South-South links will be strengthened, and that **Exchange** will focus on brokerage between users' needs and available resources and on encouraging services that are responsive to needs of the poor.
3. Effective communication and advocacy tools developed, particularly focusing on improving monitoring and evaluation processes and encouraging behaviour change.
This will involve **Exchange** in support for the development of a process that will enable health communications organisations to evaluate, learn from and share experience. This is a particular feature of the learning promotion role, but will also drive the advocacy function and contribute to brokerage.
4. Strategic approaches to health communications supported in two countries around key health concerns.
This will entail **Exchange** in helping network participants to explore collaborative possibilities and develop ways of working together on complementary aspects of health communications in two Southern countries. It will strengthen **Exchange's** brokerage capacity, and help develop and strengthen the links among the network in a practical way, and contribute to the learning activities.

4.4 Activities: the first year

In everything that **Exchange** does or supports, the underlying principle is that it should be supporting new initiatives, or meeting those needs that are not being undertaken by others and therefore are unlikely to be met. Thus, for example, supporting an existing activity – a workshop or meeting – would be in order to add a new dimension to the exercise: to make it possible for Southern perspectives to be heard; to facilitate organisations working in different sectors to exchange learning.

Information/knowledge sharing

1. Support a series of learning activities (workshops) in the UK run by the INASP-Health/Health Information Forum and other organisations

This support will be designed to expand the learning opportunities and potential of existing forums, meetings and workshops or to encourage the development of new workshops undertaken by groups such as HIF and other network partners by:

- enabling greater Southern participation
- encouraging greater interaction and learning among organisations addressing different audiences (public and health workers), using different techniques (media campaigns, training workshops), coming from different disciplines (health, communications, education), or working in different sectors (health, education, agriculture).

2. Support one or more international workshops on relevant health communication topics

This support likewise will be designed to expand the learning opportunities and potential of existing workshops being undertaken by broader communication bodies such as the Communication Initiative or to work with such organisations to develop new initiatives. The aim here will be to:

- enable greater Southern participation
- improve links between UK-based and international organisations
- support cross-sectoral learning.

3. Develop and implement a dissemination strategy for health communication learning

This activity aims to identify existing communication channels (or develop new channels where none exist) that can be used to improve sharing of learning about health communication. It will also involve preparing materials (articles, talks, presentations, summaries of knowledge and learning) for use in publications developed by the partners in the network, other journals, and for use electronically, either on the gateway website **Exchange** will develop (see below) or by linking with websites of other organisations. This dissemination strategy is also likely to involve Programme staff identifying and acting upon communication opportunities in national and international workshops either to give presentations or to support other members of the network to give presentations.

Involvement of Southern organisations

1. Establish Steering Group with up to five members from the South and plan to hold meetings in years 2 and 3 in Southern locations

Details of the roles and responsibilities of the Steering Group are contained in section 5, as is an outline of the possible composition. However, a basic starting point for the composition is that 5 out of a maximum of 15 members of the Steering Group should be drawn from Southern organisations or networks active in health or some other form of communication. That is a first step towards ensuring that the direction of **Exchange** is driven by Southern agendas and needs.

As a way of increasing the influence that Southern organisations can have on the Programme, at least one Steering Group meeting a year (except for the first year) will be held in the South, and will be linked to a more public event or activity – such as a workshop, conference, series of planning sessions, field visits. This will provide opportunities for Steering Group members to interact directly with practitioners involved in health communications in Southern settings. Where possible, these meetings will also be planned to maximise the advocacy or strategic opportunities identified by Southern organisations.

2. Cultivate links with national and regional agencies to develop mechanisms to increase horizontal exchanges of different knowledge perspectives.

This may involve working with DFID health advisers and country offices, other donor agency offices, or directly with national or regional networks or programmes to explore ways of facilitating national exchanges of learning around health communications.

The DFID office in India, for example, has expressed interest in collaborating with **Exchange** to better understand health communications needs of local organisations. In Kenya, AMREF is hosting the coordinating secretariat of a new national/regional network being established to explore ways of harnessing information technology to improve community health. This is bringing together health service delivery organisations, media, communication organisations, continuing medical education bodies and academic institutions. **Exchange** could work with the emerging network to help document lessons learned and share those more widely. In Tanzania, the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa is strengthening its links with information and documentation centres in 14 countries based in a range of different types of institutions in the region. Again, **Exchange** could help to document the experience and share the lessons.

Other examples such as these exist, and it will be up to **Exchange** staff to identify them and explore ways of linking with them that will be mutually beneficial.

3. Support Southern organisations in identifying, collating, analysing and sharing examples of participatory health communications activities that encourage pro-poor health services and the uptake of services by the poor.

With the increasing emphasis on user involvement in the design, development, implementation and evaluation of communication programmes, there are a growing number of examples of participatory health communications activities.

For example, the Rockefeller Foundation has commissioned a study (due to be published in 2000) of participatory communication activities that identified 50 strong examples, 11 of which have a major health component. Building on these and exploring other examples, particularly by supporting Southern organisations to identify and analyse good practice, can increase understanding and sharing of what works and what might not. This, in turn, will contribute to identifying practical ways in which poor communities can improve their health.

This activity is likely to start in year 1, but continue into year 2, and possibly into year 3. It will help to support the learning role of **Exchange** as well as its advocacy functions.

4. Develop consultants database, with an emphasis on Southern consultants with expertise on health communications, and encourage exchange opportunities.

The brokerage role of **Exchange** is designed to help match needs and resources, particularly human resources. There are an increasing number of organisations looking for consultants with experience of health communications work. There are an increasing number of organisations and individuals in the South that have that expertise. **Exchange** will develop a consultants database, with a particular focus on those coming from the South. This activity will start in year 1 and continue throughout the life of **Exchange**. The database will be accessible via **Exchange's** website.

Effective communication/advocacy tools

1. Commission and carry out a literature review and collect case studies on evaluation and behaviour change approaches

Monitoring and evaluation of health communications work is not easy, because of the nature of the work, the time frames involved, and the difficulty in isolating any single factor as the causative one in a complex change process. However, monitoring and evaluation is the lifeblood of communications. Without constant reference to the audience to check whether the communication is making sense, is adding value, or is being assimilated, there is no communication process, and no opportunity for behaviour change.

Monitoring and evaluation drives the learning process. However, particularly for smaller organisations involved in health communications activities, the time and resources to maintain monitoring and evaluation processes are often limited. Helping to identify ways that organisations have undertaken evaluation and that they find useful can be a major contribution to the work of organisations in the network. A first step is to clarify what already exists and what can form the basis for useful learning material as case studies.

This activity will be directed by Programme staff, but actual work will be distributed among organisations involved in the network.

2. Disseminate and discuss case studies with national and international organisations to evolve an evaluation process and identify what types of health communications lead to behaviour change

The case studies developed on evaluation, on behaviour change and those emerging from work on participatory health communications approaches will

serve as the basis for a series of discussions with UK-based, Southern and international organisations. These discussions will aim to identify a good process for developing evaluation indicators, one that can be easily communicated, shared, learned and used especially by people involved in operational projects and programmes who may not be used to carrying out evaluation activities or using evaluation to inform their work. This will also help to identify the type of health communications most likely to lead to behaviour change and the social, political and economic factors that need to be addressed.

An exercise similar to this is being planned by the World Health Organization (WHO) as part of its efforts to improve the effectiveness of its health information work and to identify ways it can collaborate more effectively with other bodies involved in health information work. **Exchange** could complement and build upon this effort by helping to document this experience. This could provide insight into how similar exercises could be planned with other organisations or networks.

3. Summarise and disseminate key findings for national and international audiences

A series of regular updates and briefings on key findings in health communications are envisaged as part of the ongoing work of **Exchange**. These will be shared among network participants and a broader international audience, largely through electronic means. Again, where possible, use will be made of existing mechanisms – websites and e-mail discussion lists of network participants, other organisations involved in health communications, through workshop programmes already identified. Working with mass media will also be explored.

A gateway website will be developed for **Exchange** that will help to link with important sources of information on health communications. If other outlets for disseminating findings do not exist, **Exchange**'s own website will be used. Developing the website could be contracted out to an organisation participating in the network, possibly one based in the South.

Strategic approach

1. Develop clear map of the sector, in collaboration with network partners

This is an essential first activity for **Exchange**. The health communications field is diverse. The range of organisations involved include those that are:

- focused on improving access of health workers in developing countries to information
- concerned with increasing the awareness and understanding of health issues among the public
- interested in encouraging individual and social behavioural change.

They range from those dealing with single (albeit complex) issues such as HIV/AIDS, women's health, reproductive health, mental health, child health to those that cover the entire range of public health concerns and to those that deal with health and health communications as only one aspect of a broader development agenda or a broader communication agenda. They include small, medium and large non-governmental organisations, international agencies, donor agencies, academic institutions, the business community and other

private sector initiatives. And they may be based in the UK, Europe, North America, the South and working in any combination of those settings.

Also, the terrain is constantly developing and changing, with new players, new approaches, new ideas, new understanding.

Mapping who is doing what and where and identifying where **Exchange** and its network participants can make links and where there are gaps will help to develop a more strategic approach to health communications. It will also serve as a consultative mechanism for enabling organisations involved with **Exchange** to suggest priority areas and contribute to future planning of the Programme.

This mapping exercise is not something that any one Programme or organisation could do on its own. It is part of the overall learning activity of **Exchange** and of its participants. Programme staff will direct a mapping process, but will rely on and build on efforts that others have made in mapping out parts of the health communications scene. Encouraging and facilitating the development of local maps as part of the overall mapping exercise will stimulate analysis about how and where to make the most impact.

2. Interact with donors to develop a mechanism for tracking policies and trends on health communications

Contact will be made with headquarter, regional and where possible national offices of major donor organisations that support health communications work to identify existing policies and priorities. This fits with the brokerage role of **Exchange** and will also offer additional channels for advocacy. A mechanism for tracking changes in policies will be developed.

3. Identify two countries where strategic health communications are needed, focusing on essential health service packages such as maternal and child health, reproductive and sexual health, HIV and other infectious diseases.

Both through the mapping exercise and the links with donor agencies being planned, it will be possible to identify at least two countries in which strategic health communications programmes are being planned or have recently started. **Exchange** will offer to track the activities and document the process to draw out lessons that can be shared more widely.

4. Plan a strong advocacy campaign for years 2 and 3, with support from the Steering Group and others

During year 1, plans will be developed for major advocacy work on health communications in later years. This is likely to involve the identification of key individuals within priority national and international organisations to arrange a series of presentations on the effectiveness of health communications in different situations, using some of the material assembled from the learning process. This will also be supported by a range of materials, both electronic and printed.

4.5 Activities: years 2 and 3

Detailed plans for year 2 will be developed during year 1; similarly, the plan for year 3 will be developed during year 2. In both cases, the views of the Steering Group,

participating organisations and feedback from people using health communications strategies will shape the direction of **Exchange**. However, it is likely that **Exchange** will:

- continue to support the specific 'learning activities', such as workshops aimed at sharing experience, drawing out lessons on good practice, and comparing agendas
- identify additional knowledge gaps to research
- arrange meetings to encourage interchange of ideas across the sector, and expose health communications specialists to parallel experience in other sectors
- promote the exchange of ideas and experience internationally
- help organisations in the UK and the South learn from each other and share good practice, for example by sponsoring staff exchanges, or regional workshops
- work with DFID and other agencies involved in supporting health communications work to encourage them to build learning into the project cycle
- support the production of case studies, good practice guidelines and other targeted outputs, and ensure these are disseminated effectively (using paper, electronic and oral delivery methods)
- make presentations at international fora
- strengthen contacts with media organisations
- work with other development agencies and some of the larger NGOs to help them think through their health communications policies
- provide development agencies with specific advice, on request, on where to find particular expertise.

5. Governance and management

The wider health communications sector, the Steering Group which reflects this sector, the host organisation and the staff of **Exchange** all have important roles to play in the overall governance and management of the Programme.

The health communications sector is a somewhat amorphous body and one which changes and evolves over time. Initially, **Exchange** has evolved from consultation among UK-based organisations, most of which work with Southern partners. As **Exchange's** links increase with Southern and international organisations involved in health communications, the perspectives and influences **Exchange** will be aiming to reflect will change. Ultimately, one essential measure of the success of **Exchange** will be the degree to which it is able to respond to these changes.

Principally, it will be a staff function, complemented by the Steering Group, to keep **Exchange** responsive, consultative and flexible in order to engender continued support from the health communications sector.

On a more day-to-day level, the way some of the key management activities and decisions will be handled are outlined in the table below.

ACTIVITY	Steering Group	Host Organisation	Staff
Staff recruitment	Input into recruiting Director	Recruits Director (with SG input)	All except Director
Staff appraisal	Notes	Appraises Director	All except Director
Staff support and supervision		Supervises Director	All except Director
Disciplinary action	Consulted	Recommend	
Pay review	Consulted	Recommend	
Budget	Approve	Review, support preparation	Prepare
Budget control		Provides data, reviews expenditure	Director monitors
Strategic directions	Approve		Prepare
Other policy issues	Approve		Prepare
Monitoring progress	Discuss, advise	Review, support	Implement
Monitoring impact	Discuss, advise	Review, support	Implement
Setting quality standards	Approve	Support	Prepare
Evaluation	Plan, review, advise	Support	Support

5.1 The Steering Group

Developing the Steering Group needs to balance the issues of ensuring adequate representation of the various perspectives within the sector, a reasonable number of Southern participants, and an affordable structure, both in terms of the finances required and the staff time needed to service the Group.

During the first two years of the Programme, six-monthly meetings of the Group are recommended. This would enable the Group to play a strong role in developing the overall direction of **Exchange** and in monitoring progress during its vital formative stages. In order to maintain a fairly consistent membership and to increase the ability of members of the Steering Group to play a strong advocacy role on behalf of

Exchange, they should be selected to serve for the full duration of the Programme (3 years). If **Exchange** is likely to continue for a longer period, at the beginning of the third year of operation, the Steering Group should develop a process for rotating members. This is likely to involve up to one-third of the members stepping down each year, to enable new members to come onto the Group. The Group itself, in consultation with Programme staff and the health communication sector, will identify potential new members of the Group.

The types of representatives that might be in the Steering Group include:

- effective, consistent representation from the health communication sector
- strong Southern representation
- people with considerable practical expertise, but also with the ability to take a strategic approach
- people with a commitment to a dynamic learning approach.

5.1.1 Composition

A Steering Group of up to 15 members will be set up. This is large enough to ensure a reasonable degree of representation, yet small enough to be able to conduct effective meetings at a reasonable cost. The initial selection process will involve a consultative process among the TSG to identify suggestions for members, and a selection will then be made by **Exchange** in consultation with DFID.

The composition of the Steering Group is suggested as follows:

- 2 DFID representatives
- 1 Healthlink Worldwide representative
- at least 5 representatives from Southern organisations or networks active in (health) communications
- up to 7 additional members, likely to be drawn from the UK or international health communications sector, and reflecting the perspectives of health communications aimed at health workers, and activities aimed at raising public awareness, encouraging debate and promoting behaviour and social change.

It is possible that not all members will be selected at the start of the Programme, allowing scope for people with additional skills and expertise to be co-opted onto the Steering Group at a later date.

5.1.2 Role

The major role for the Steering Group is to set the strategic direction of **Exchange**. In doing so the Steering Group should be reflecting the perspectives and needs of the health communications sector.

5.1.3 Functions

One function of the Steering Group will be to ensure that **Exchange** achieves its objectives, delivers what it promises and has in place mechanisms to ensure that it is responding to the needs of end users.

Another function is to contribute to advocacy particularly around encouraging more attention being paid to health communications.

The Steering Group may also want to consider whether an informal technical advisory group would be a useful support mechanism for the Programme.

5.2 Role and responsibilities of host organisation

Healthlink Worldwide will provide the legal framework for **Exchange**, including financial accountability, administrative and logistical support and day-to-day support and supervision for Programme staff, and will report on these issues to the Steering Group, as well as providing financial reports to donors. Healthlink Worldwide will be reimbursed for providing those services. However, policy and strategic priorities for the implementation of **Exchange's** work will be the province of the Steering Group.

Because of Healthlink Worldwide's role in hosting the overall programme and providing the legal and administrative structure for staff, it is considered essential that Healthlink Worldwide has a seat on the Steering Group.

There is a clear division between **Exchange** and the host organisation. **Exchange** staff, although for legal reasons technically employed by Healthlink Worldwide, will take their overall direction from the Steering Group. Programme staff will not normally attend routine organisational meetings of Healthlink Worldwide. **Exchange** will function as a semi-autonomous unit.

Healthlink Worldwide and any other organisations that might be represented on the Steering Group of **Exchange** could be considered as suitable for implementing aspects of the Programme. However, in all cases, it will need to be apparent that the selection was made on the basis that the organisation chosen was the best one for undertaking the work. All decisions about assigning work to other organisations will be taken in a transparent manner, will be reported on to the Steering Group and, through the medium of annual reports, to the wider health communications sector.

5.3 Staffing

Three staff are envisaged for **Exchange**:

- Programme Director
- Learning Coordinator
- Networking and Information Officer.

The main purpose or role of these posts are:

Programme Director: To develop and manage **Exchange**, ensuring that it is effective and contributes to efforts to improve health and eradicate poverty.

Learning Coordinator: To contribute towards the mission of **Exchange** by coordinating the programme of learning activities and ensuring the sharing and exchange of experience of good practice in health communications.

Networking and Information Officer: To contribute towards the mission of **Exchange** by maintaining the Programme's systems for managing and disseminating information on health communications.

Detailed draft job descriptions are being circulated separately.

Until a Programme Director has been appointed, a member of Healthlink Worldwide's staff will be seconded to **Exchange** to enable the process of establishing the Programme to move forward.

Should additional staffing needs emerge during the life of the Programme, efforts will be made to identify ways in which the work can be carried out by members of the network, rather than increase the staffing component at **Exchange**. In particular, opportunities to involve staff from Southern organisations in working with **Exchange** will be pursued where possible.

6. Measuring success

As a learning programme, **Exchange** will need to be seen to be contributing to learning through the processes that it uses to monitor, document and evaluate its own achievements. **Exchange** itself embodies an iterative process. It is deliberately flexible to be able to respond to changing needs and demands of the constituencies with which it works.

Strong documentation exists about the process that has been followed to develop **Exchange** to its current stage. This tradition of recording and reflecting on the process will be continued through subsequent stages of **Exchange's** work and will provide a rich source of material from which to derive and share learning.

6.1 Indicators

The following indicators could be used to gauge the progress of **Exchange** and its impact. It is expected that Programme staff will identify further indicators during the course of the Programme, and also identify precisely how such indicators can be measured. Particularly for some of the more qualitative indicators and those that are reflecting medium- or long-term change, efforts will need to be made to identify appropriate ways to track changes.

Purpose: To facilitate the development of a strong and effective UK health communications sector that works in partnership with Southern organisations to encourage collaboration, strategic action, sharing of good practice and better impact.

- increase in the number of Southern organisations that are involved with **Exchange** between 2000-2003
- identification of links made and collaborative activities underway
- greater recognition of the role of communications work within health programmes and those in which health is a component

Output 1: Information and knowledge on effective health communication – particularly focused on behaviour change and impact - shared more widely among health communicators.

- publications and articles, number of presentations at national and international meetings, workshops held, electronic media
- increased debate and discussion on health communications topics
- more effective health communications projects, due to better awareness and adoption of good practice

Output 2: Southern-based organisations more involved in generating, analysing and applying good health communication practice to encourage pro-poor health services and the uptake of those services by the poor.

- increased number of Southern organisations involved in debate and discussion
- increased South-South learning

Output 3: Effective communication and advocacy tools developed on improving monitoring and evaluation processes and encouraging behaviour change.

- number of materials and tools on evaluation and behaviour change produced
- greater interest in and discussion about evaluation and what kinds of health communication lead to behaviour change
- clearer evidence of the impact of health communications work, due to the development and implementation of better monitoring and evaluation practices

Output 4: Strategic approaches to health communication supported in two countries.

- number of strategic frameworks, plans, discussion documents developed
- a more strategic and coordinated approach to health communications work in general

6.2 Milestones

The types of milestones that could be used include:

Within the first three months (by end Sep 2000):

- office established
- staff recruited
- steering group established

Within the first six months (by end Dec 2000):

- programme officially launched (Oct 2000)
- gateway website established
- mapping commenced
- first meeting of Steering Group held (Oct 2000)
- budget and workplan reviewed (Oct 2000)

Within the first nine months (by end Mar 2001):

- consultants database set up
- literature review on evaluation completed
- dissemination strategy developed
- budget and workplan developed for year 2 (Feb 2001)
- plan for analysis of participatory health communications activities developed

Within the first 12 months (by end June 2001):

- first phase of mapping exercise completed
- international workshop held
- workshop to discuss evaluation studies held
- countries identified for strategic health communications support

6.3 Monitoring and evaluation

Part of the task of **Exchange** is to help evolve a monitoring and evaluation process that will enable others involved in health communications work to learn from and be able to share experience, both successes and failures.

Advocating for and helping to sustain a climate that encourages discussion of what went wrong - as well as what went right – as a key part of the learning process, will be an important challenge for **Exchange**.

For **Exchange** itself, an external evaluation will be commissioned during year 2. This will be particularly looking at the milestones indicated above and other objectives identified in workplans and strategy papers developed once the staff and Steering Group are in place.

Exchange will also document its activities, monitor progress, and use these findings to feed back into planning of work.

7. Budget

The Networking and Learning Programme is a facilitating body, rather than a funding organisation. Funds will be made available only for specific learning activities which are part of **Exchange's** overall work plan, and which fit in with agreed objectives.

Exchange will not normally play a direct role in funding actual health communications projects.

Exchange is also not about UK-based organisations talking only among themselves. It is designed to develop links and contacts that encourage a full exchange of ideas and experience among UK-based organisations, Southern organisations, and international organisations. Funding priorities will reflect this outward looking perspective.

The summary budget for year 1 is:

Planning phase	22,430
Operational activities	155,000
Steering Group	11,500
Start-up and capital costs	22,650
Staffing and administration	174,168
Contingency	25,000

Total: 410,748

Total for year 2 (indicative): **512,087**

Total for year 3 (indicative): **554,545**

8. Appendices

8.1 Initial links

Even before **Exchange** has been officially launched there have been several opportunities to establish useful links that can be explored and developed as the Programme comes into being.

These include:

- *HIV/AIDS project in Kenya* that requested help in identifying information about, and possible support for, evaluation of the communication strategies being used, particularly the use of video as a means of encouraging dialogue among community members
- Discussions with the *Communication Initiative* and its partners that have led to an expression of interest by the Initiative to work closely with **Exchange** to meet its objectives and to invite the Programme to become a partner
- *DFID office in India* which expressed interest in working with **Exchange** to help identify health communications needs in India
- *WHO* – input by **Exchange** into the development by WHO and the Health Information Forum of a framework for collaborative activities to improve access to information for health workers. In particular, a suggestion that any collaborative activities should include a strong element of strengthening the exchange of lessons learned to increase sharing of good practice.

8.2 Log Frame – separate document