

Media Advocacy plan

NHSDP NGOs

1.1 Mass media:

Mass media and Information and Communications Technologies (ICT) (see Section 9 for more details) present opportunities to reinforce messages delivered at the local level and to provide an overarching umbrella to generate demand and direct people to available services.

TV- the budget for TV spots is limited but the project can produce two quality spots to remind people of the services available at the Shujir Hashi (SH) clinics. While recognition of the Smiling Sun logo is quite high at 76% of respondents in the SH end line assessment, the range of quality services available at an affordable price needs to be reiterated. While the budget for airtime for national broadcast is quite low, the spots can be given to the local TV cable companies and local FM radio stations for rebroadcast at a much lower cost than national broadcast and with a greater potential of reaching the local population. National broadcast, due to budget **constraints** will not have the reach or intensity of local “narrow” cast opportunities, which have the potential of amplifying and spreading the messages at the grass roots level. If netbooks are given to the clinics and counselors, the TV spots can also be loaded on the netbooks which has proved popular with clients in the pilot test of this intervention with the NHSDP program.

Radio spots produced under the strategy can also be rebroadcast on local FM and community radio at a much lower cost and with more targeted reach in the catchment areas of the SH clinics. Together with mass media, ICTs and other mHealth initiatives can leverage the powerful network of mobile phones in Bangladesh to achieve sustainable change. Strategies that triangulate mass media and ICT help to reinforce message dissemination and build social norms around improved behaviors. If feasible, spots could also be streamed to mobile phones with sponsorship from the phone companies.

1.2 Leveraging use of social media for NHSDP NGOs:

The growing use of social media has the potential to connect and communicate with people and audiences. NHSDP and its NGOs can leverage the opportunity of using this digital media to send messages, share information, and broadcast/display videos and pictures with the targeted

community, groups or individual. It also has the potential to create communities of practice among the NGO managers and staff.

In order to create a significant digital presence in the targeted community the use of social media has potential however an assessment of the use of social media among the key audience segments would be a useful exercise.

The social network and media tools are available for free. Facebook, Twitter and YouTube are key social media platforms. Facebook and Twitter are the most prolific in terms of activity, and lend themselves to timely content posted in these media pages. Audience responses vary in quality **from** heavily engaged comments to quick remarks. Content is evenly spread between ‘light’ posts and richer material, and can be adapted to the specific social platform.

Facebook can be used to inform people of events and to encourage them to interact with the site (page) to make comments and to seek answers to questions. This platform can be successfully used in promoting service delivery sites, providing event information and sharing success stories related to SH are some good to get leverage of the available digital resources. Specially, the youths are conveniently accessible for the ARH services and may have an opportunity to share their health need and ideas with the peer groups.

The **Twitter** social media platform uses messages, or ‘tweets’ to communicate with audiences on a personal level, so followers can experience a ‘one-to-one’ connection with a one voice on social issues. Twitter is a better place for receiving information rather than a one-to-one connection. Twitter is considered to be a ‘true’ social network, in that ‘tweets’ can be sent to people that you do not know personally. It is also a platform that the public can search to find ‘real-time’ information about news and events.

YouTube is website that allows anyone to upload, share, and view videos. Video training materials and TVCs produced under the program and relevant materials produced by other programs can be collected under one YouTube channel dedicated to advancing the objectives of NHSDP and SH clinics.

We need to determine the use of these social media channels promoting community engagement, generate support of the stakeholders and peers group and disseminating information at the local level. It will also involve NHSDP and NGO network to share success stories, best practices,

program updates and share program related audio-visual materials. The social media channel can be good alternatives to and supplement the mass media. It also has a captive audience group which will allow desired communication to this group of audience in a consistent form. A relevant matrix in line with the targeting message/communication to reach to certain audience group attaining certain objectives is illustrated in the chart below.

Social media channel	Message/communication	Objective	Audience	Expected outcomes
Facebook	<ul style="list-style-type: none"> - Promote clinic sites and services - Share success stories - Creating peer groups on certain health issue - Create a response group on priority health issues - Publicity and announcement of events - Posting of BCC material images - Direct counseling on certain health issues 	<ul style="list-style-type: none"> - Provision of consistent messages - Maintain an information hub - Create a Facebook page at central level to post and share success stories, best practices and program updates 	<ul style="list-style-type: none"> - Adolescent - Youths - Literate group of audience - NHSDP HQ and SH NGO network 	<ul style="list-style-type: none"> - Adolescents and youth have a limited scope to obtain RH and hygiene related information - Community support - Get informed about the SH network information, message and program updates
Twitter	<ul style="list-style-type: none"> - Instant messaging to publicize and announce events - Get instant user feedback/comment on posted issues 	<ul style="list-style-type: none"> - Instant sharing of information - Maintain an information network 	<ul style="list-style-type: none"> - Professional groups of the network - Educationist group - NHSDP HQ and SH NGO network 	<ul style="list-style-type: none"> - Advocacy for SH clinics and services - Generate support for NGO/clinics - Get informed about the SH network information, message and program updates
YouTube	<ul style="list-style-type: none"> - Upload NHSDP audio-visual materials - Upload videos of the local level NGO/clinic events - Posting of event photographs - Share uploaded materials through links in Facebook 	<ul style="list-style-type: none"> - Disseminate health messages through audio-visuals - Involve SH networks with the sharing of messages/events 	<ul style="list-style-type: none"> - Adolescent - Youths - Literate group of audience - NHSDP HQ and SH NGO network 	<ul style="list-style-type: none"> - Health information through audio-visual at community level - Get informed about the SH network information, message and program updates

1.3 Mobile phones:

Mobile phone technology is another opportunity to deliver health messages and reminders about ANC and PNC visits as well as immunizations to clients in a cost effective manner. (see link with Aponjon in Linkages Section 8 below). SH clinics can keep a register for keeping record of ANC client’s mobile number. This register can be used to follow up the missing ANC clients and when they are close to their EDD it will help them to select appropriate facility for her delivery and care seeking practice of PNC and their child’s immunization. Reminders for ANC/PNC visits and immunization schedules can be sent through SMS to mobile phones at predetermined and individualized dates for each client.

Mobile Phone			
Use of SMS services	Deliver health messages and reminders about ANC and PNC visits, facility based delivery as well as immunizations to clients	Men and women from reproductive age group, parents of children under 5 years of age	General users/ clients of SH clinics

1.4 Media Advocacy:

Media advocacy is the strategic use of media opportunities to create news through TV, radio and newspapers to promote public debate, and generate community support for changes in community norms and policies in general. In particular the media advocacy leverages the use of media professionals’ for sensitizing the community and the targeted social development beneficiaries including health to highlight program benefits and success to generate community support for changes in community norms and policies by airing/publishing news/features/articles through TV, radio and newspapers.

Media Advocacy harnesses the tools of the digital age to monitor the online space, raise the volume, change the conversation, and leave an impression.

Media advocacy is important:

To utilize media as cost effective promotion on health issues and air/broadcast messages at a reduced or discounted rate

- To introduce program expertise in the health programs which are commonly aired on specific health issues
- To increase greater understanding instilling a sense of urgency among the media professionals on different emergency health situations such as the high child and maternal mortality rate and create demand for health care seeking behavior and practices
- To involve media in media partnership with different events on health to focus on health interventions organized by the SH NGO networks
- To ensure a certain percentage of space that can be allocated by the media groups for health message coverage
- To publish/air article/features based on the success stories of SH clinics and focus the contribution of SH clinic networks in the health arena.

The NHSDP NGOs can harness leveraging media in the national, local and community level to sensitize the community to extend their support for the health program initiatives, foster changing current norms of health behavior and promote the services being offered from the SH clinics. The following matrix illustrates the interconnections of media opportunities with the expected behaviors of the SH program beneficiaries.

Level of media advocacy	Issue to address	Purpose	Activities
National level	The SH health delivery programs Contribution of SH service delivery programs to HPNSDP Role of media in promoting this initiative	Create an understanding of the SH health delivery programs National level support to the reporters at the local level	Media dialogue
Local level	The SH health delivery programs Priority services to cover through news reports Identify issues to generate community support	Highlight the community welfare issues to cover as a news item Generate community support for SH health delivery programs	Liaison with the local press club

Level of media advocacy	Issue to address	Purpose	Activities
Community level	How particular SH clinics or its services improve the health of the community	News reporting for print and electronic media with necessary information and service delivery data	Arrange journalists visits at particular service delivery sites