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Social Mobilization: Strategy For Participatory Communication Development

By

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Introduction

On 21 April and 19 May of this year, the Philippine government commenced the fulfillment of a renewed promise to its children – to eradicate polio, eliminate neonatal tetanus and reduce measles cases by 1995 after achieving its commitment to the global goal of Universal Child Immunisation in 1989, one year ahead of the 1990 target. In these two days, 64,000 vaccination posts were set up all over the country manned collectively by a total of 400,000 health workers and volunteers recorded the following achievements: 1.1 million infants were protected from measles that kills over 8,500 underfives annually; 9 million under-five children were immunized against polio that cripples children permanently; and 2 million women of child-bearing age received either their first and/or second doses of immunization against tetanus that kills newborn infants.

Declared as National Immunization Days until 1995, the Department of Health aims to reach most of the 20 per cent of children who are not yet fully immunized, many of whom are poor or live in remote and conflict-ridden areas. As a spin-off and inspired by the overwhelming success of NIDs, the Department of Health, while continuing its work to sustain and increase immunization coverage, has now moved to generating action for the control of iodine deficiency disorder, vitamin A lack and iron-deficiency.

But what makes this achievement even more noteworthy when a mother could come to a health facility throughout the country on any Wednesday for immunization, long before 21 April and 19 May 1993? These dates have become significant as they unfolded a process of a massive effort with a tremendous potential to prevent illness and deaths among young children.

Consider the following:

- As early as 3 March, President Fidel V. Ramos launched the National Immunization Days at ceremonies at the State's Executive House expressing national commitment at the highest policy-making level.

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Presented at the Seminar on "Impact of New Communication Technologies on Rural Society in Asia and the Pacific", Jakarta, Indonesia, September 13-14, 1993

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The entire government machinery including the Department of National Defense, in all levels, outside of the health department provided manpower or facilities to reach the target immunizable children and women.

Governors, mayors and barangay captains (village leaders) coordinated local government planning and activities to ensure that parents and communities will bring their children to the designated vaccination sites and that all needed manpower, supplies and facilities are set in place.

Private medical and health and other professionals, civic, religious and youths, either individually or as an organization, manned vaccination centres, offered facilities, meals and snacks for centre volunteers.

An instructional manual was developed and used in orienting vaccination centre volunteers. Information materials supplemented this.

The call for parents to bring their children and for volunteers to man the vaccination centres were echoed at religious services.

Artists and entertainers made their own pitch for immunization. Top-rating TV actors and actresses enjoined their following to make sure children are vaccinated.

One popular TV star-singer donated her autographed pictures as a come-on to encourage mothers to bring their children early.

Private business companies and groups poured in needed resources including transport facilities for parents and children to come to the vaccination sites and to make sure vaccinators reach communities.

National and local dailies, together with television and radio stations, gave free print and air time to reach everybody and anybody who can offer resources and volunteer time and effort to reach the NID target at least one month intensifying two weeks prior to the dates.

Radio scripts prepared jointly by the Department of Health and the Philippine Information Agency were aired by broadcasters.

No less than the Health Secretary himself appeared in at least three popular TV shows per week and two radio programmes daily to drum up participation.

Posters, leaflets and streamers were distributed and/or posted one month earlier.
REACT, an organization of private transceiver radio owners, provided the radio communications network that monitored movement of volunteers, supplies and parents to make sure that children get to the sites and are immunized. They also provided the 24-hour information relay on the coverage returns, reporting which locations met the target at which time of the day.

International agencies came up with both technical and material assistance to make sure that vaccinators are properly oriented and the needed vaccines, needles, syringes and cold chain equipment are available.

The most critical ingredient of the success however, remains the parents, families and communities who made the decision to have their infants and young children immunized.

This Philippine NIDs experience demonstrates how all sectors of society can and have been mobilized to achieve a specific target. However, "social mobilization" is neither a mere one-shot campaign nor a programmed media campaign. A campaign such as NIDs can be an important activity to mobilize all sectors of society, but enabling the participants to internalize the concepts and to continue the expected behaviour and action requires a strategic framework for sustainability.

Social Mobilization: A Framework for Access and Participation

Much has been said about the importance of providing access and participation particularly of rural people in communication and media development. In many discussion, what might seem to be missing though is a framework within which access and participation might be better understood. Social mobilization offers such a framework.

A broad development strategy

As the United Nations agency responsible for promoting the development and well-being of the world's children, the United Nations Children's Fund (UNICEF) adopted in early 1980 a "broad development strategy" and called it "social mobilization" (1). In the context of child survival, development and protection, social mobilization is concerned with parents, families and communities themselves making a decision and themselves taking the appropriate step towards improving the situation of their children.

This strategy emerged from a recognition that a holistic approach to improving the situation of children demands various interventions at the same time, which are in the hands of various individuals, groups and entities. Also, while resources have to be made available for programmes and services, there is a need to create a demand for these among parents, families and communities who will have to act ultimately on behalf of their
children. Essentially, what is aimed at is for them to be able to make that decision and take the appropriate step to safeguard and protect the well-being of their children. In the process, several actors in turn will have to make the necessary decision and action to facilitate what parents, families and communities will decide and do.

**Community empowerment for children**

The concept of social mobilization in the Philippine Government-UNICEF Programme of Cooperation for Children has evolved from a similar recognition that parents, families and communities, various individuals, groups, agencies and organizations have to work together in a concerted, coordinated and sustained way to respond to children's continuing needs. Because of this, parents, families and communities must come together to take more responsibility in being aware of children's needs and problems, applying existing technologies at home and monitoring their well-being. Policy decision makers from public and private sectors and in all levels must express not only verbally but programmatically, their commitment in terms of plans, programmes, services and resources for children. A cadre of workers, once mobilized to provide needed services, must become advocates and mobilizers themselves. Information on what can be applied at home and in the community must be packaged in a usable form and communicated through channels that will reach intended users. There has to be monitoring and evaluation to make sure these efforts contribute to enabling parents, families and communities sustain needed action for children. All these require a transformation of understanding, beliefs, traditions, attitudes and values into an action agenda that place children, in this instance, at the centre of human development.

As a strategic framework for access and participation, social mobilization aims to create a mass movement towards women, parent, family and community empowerment. It becomes a dimension of development programmes such as children's programme to the extent that it is an over-arching strategy for service delivery, capacity building and community empowerment. It is neither a mere project nor activity but a deliberately planned strategy that permeates the programme process itself from planning to utilization of monitoring and evaluation data to elicit response. It is part and parcel of programme itself as well as cutting across sectoral programme, such as health, nutrition or education at all levels. As a process, social mobilization is highly participatory, on-going, cyclical and dynamic.

**Elements of social mobilization**

The different actors who can do something to influence a situation positively, or those who have the power to act on the problem, make up the key element.

**Advocacy.** Support for a programme or an idea is important because needed policy and resources for programme implementation can determine service response and utilization by parents, families and communities. Employing advocacy, immunization
Coverage has been shown to shoot up once local government officials are convinced to take the leadership in making sure parents and communities understand its importance. Local government executives have also allocated local funds for children’s programmes once they understood that “children are good politics”. The early ratification of the Convention on the Rights of the Child by the Philippine government was a result of informative meetings, dialogues and knowledgeable discussion with legislators. The Convention, now translated into the Philippine Plan of Action for Children, together with national legislations protecting children’s rights, has generated a positive policy environment for children.

Information, education and communication make up another basic component of social mobilization. The various actors must gain understanding of the problems and concerns that they are confronting to enable them to make a decision on what they can contribute to their prevention, reduction if not altogether elimination. Social mobilization employs the processes and tools of communication “firstly to build consensus, secondly to keep the mechanisms of collaboration working smoothly and thirdly, to improve efficiency and effectiveness” (3) in facilitating delivery and utilization of needed services as well as in ensuring supply of needed resources. The situation analysis of children and women in the Philippines has become a potent tool for action. The selection and application of appropriate child health messages at home and in the community in order to prevent illnesses and save children’s lives have been guided by the priority problems. Sustaining immunization coverage or increasing usage of oral rehydration therapy or learning the principle of regular weighing of infants and preschoolers require various communication strategies and tools to make these a part of permanent health behaviour among parents.

But beyond IEC, social mobilization also entails the use of media for social development concerns. This task becomes even more difficult in a country like the Philippines where mass media is essentially commercial. News space and airtime are dominated by sensational stories, politics, trivia and entertainment. News and information on health, education and nutrition are considered not newsworthy because they lack controversy. Despite these limitations, significant strides have been achieved in encouraging media to become more supportive of social development concerns. Both journalists and media researchers agree on these observations (4). Several reasons can be attributed to this: first, public pressure has been strong for more socially-relevant programmes, particularly for children; secondly, NGOs espousing people-oriented causes are getting involved in media production; and thirdly, there is sustained lobbying by national and international development agencies (including UNICEF).

Networking, alliance building and partnership. To create a critical mass for programme delivery and service utilization, there has to be networking, alliance building and partnership between and among parents, families and communities, government agencies and NGOs, including external donors. The articulation of needs and what parents, families and communities can do should be able to set into motion the policy, programme and resource response. Different patterns of cooperation has evolved within

The National Task Force on Social Mobilization for example, was created to coordinate the planning, implementation and monitoring of social mobilization activities within the country programme for children. It has served not only as a forum for "strategizing" for mobilization but also to initiate advocacy work for children among government, NGOs, media and academia. At the local level, inter-agency committees or else the Local Development Council itself has provided the structure for networking.

Capacity building in social mobilization refers to the assessment of knowledge, skills and practice requirements of all actors to become advocates and mobilizers. Parents, families and communities for example, must be helped to analyze the situation of their children, choose among alternatives and decide how they themselves can contribute to the solution by learning and applying child health technologies in this instance. Training programmes in social mobilization work must also focus on problem-solving techniques to equip community workers with needed skills to generate community participation. In the Philippines, training modules have been developed and used to level off understanding of social mobilization and improve skills in advocacy, communication and community organizing among government and NGO trainers and key implementors. A formal training course to be housed at the University of the Philippines is now being developed in an effort to institutionalize education on social mobilization. The pre-test run of this course is scheduled in November this year.

Community organizing. This is a very critical element in social mobilization. Experiences in the Philippines have shown how some Ifugao women have banded together to influence the local government's decision on the site for their communal water system (5). In Olongapo City, a community responded to the street children problem by making sure urban basic services become available to poor families to keep children off the streets (6). This they did by coming together, discussing the problems and their causes, developing a community plan, organizing internal and external resources and monitoring implementation of the plan themselves.

In another example, a community based child monitoring system was tried in five areas (7). In this project, a facilitator helped the community decide on the indicators it will use to monitor itself in relation to the situation of children and also taught the community how to collect, analyze and use the information. This model is now being refined for wider use not only for monitoring per se but also to generate and sustain community participation in children's programmes.

The volunteer community organizer project in the province of Maguindanao came about in response to the need for an internal facilitator who can assist the community...
make collective decisions on problems confronting children and women (3). The Department of Interior and Local Government assisted local governments in their capability building.

**Participative management.** Social mobilization can also be viewed from a management perspective involving functional cooperation in problem definition, goal setting in terms of behavioural outcomes, identification and acceptance of specific roles/assignment and resource management. In addition, information from monitoring and evaluation should be based on indicators that should be able to tell if the desired behaviour, action and outcome are in fact achieved. This will also include the setting up of needed structures and functions at various levels to ensure continuity of mobilization efforts. The experience in the present country programme for children has shown that different areas have come up with a local mechanism for coordinating social mobilization.

The processual nature of social mobilization makes it a continuing sustainable phenomenon rather than a one-shot, one-time activity. Its dynamic nature renders flexibility and creativity in managing the various elements but still with the end in view of empowerment. Its holistic perspective also allows the integration and fit of the elements with each other.

**Facts For Life: A Case of Empowerment Through Knowledge and Communication**

Science and technology have placed at our fingertips, knowledge that can "eliminate the worst aspects of poverty such as child malnutrition, preventable disease and illiteracy on a global scale" (10). Technological advances have also increased the world's capacity to communicate both in the industrialized and developing countries. There is, at the same time, a recognition of the vast network of "communicators" including trained workers and indigenous channels.

These facts, however, do not guarantee firstly, that "one will be effectively used in the service of the other" and secondly, that they will bridge the gap that continues to exist between knowledge and use particularly among the underserved and underprivileged. The UNICEF Executive Director speaking on achieving the global goals for children for 1995, "pointed out that there was a greater gap today between knowledge and its use for children than in any other field "(11).

While the 1993 "Progress of Nations" reports that the developing world has made achievements in health, nutrition and education this process has to be accelerated if the global goals for children are to be achieved by the year 2000 (12). Political will and widespread public support have been underscored to release the resources required and to initiate the actions needed.

The challenge is to use knowledge and work with communication channels that
The challenge is to use knowledge and work with communication channels that will catalyze not only its application but set into motion the needed support for parents, families and communities to act on these.

**Facts For Life: A booklet of essential child health knowledge**

In response to the need for a handbook on child health knowledge for parents, families and communities, the World Health Organization, UNESCO and UNICEF published jointly Facts for Life (13). Backed by an impressive list of child health experts, the handbook presents in plain language, today's scientific consensus on practical, low-cost, family-based ways of protecting the lives and the normal growth of millions of the world's children. The chapters included are on safe motherhood, birth-spacing, breastfeeding, child growth, oral rehydration, immunization, respiratory infections, malaria, home hygiene and AIDS.

There are now 4 million copies of Facts for Life in 138 languages being used in 97 countries by teachers and health workers, writers and broadcasters, political and religious leaders, governments and NGOs, employers and trade unions, community organizations and women's movements.

The international edition of Facts for Life published in 1988 was adapted in the Philippines in English and translated into the national and four other major languages with a combined total of 473,250 copies printed and distributed. The messages have been transformed into posters, leaflets, flipcharts, comic magazines, community theater presentations, cinema plugs, radio and TV spots, and other forms for use by and with parents, communities, teachers, health and other workers in training and education activities.

**Religious leaders: a potent ally for Facts for Life**

The Muslim religious leaders make up an important group of partners for improving child health. While many have shown interest and expressed cooperation to bring child-related messages to the community through their mosque-related activities, not all have been involved in programmes for children. Meanwhile, many government workers and service providers have also been looking for an avenue to work with them. Parents must be informed and motivated to apply child health messages and also be able to demand and utilize community services. There is at the same time a need to work with all individuals and groups who can contribute to sustaining such demand for, utilization and provision of services.

Facts for Life has provided an entry point for cooperation with Muslim religious leaders who occupy a key position in many communities in the southern part of the country. The situation analysis of children and women point to the poor performance of these communities in terms of child health indicators: high infant, child and maternal
Autonomous Region in Muslim Mindanao (ARMM) and in the Muslim province of Basilan, religious leaders were mobilised using Facts for Life. The idea was to strengthen the leadership role of the ulama in advocacy for and implementation of children's programmes in the community. A major concern though was to produce a version of the handbook culturally acceptable and usable by religious leaders who are in direct contact with parents, local government officials and service providers.

**Obtaining commitment of key political and religious leaders**

The Regional Planning and Development Office (RPDO) of the Autonomous Government in Muslim Mindanao together with UNICEF, initiated a series of meetings with the political and religious leadership of ARMM. These contributed to a better understanding of the situation of children in the region and an appreciation of the missed opportunity of working with the hundreds of ulama in promoting utilization of services for children. Once understood, the regional adviser for religious affairs, a respected ustadz, took responsibility for consulting with the ulama throughout the region during his regular visits. The Regional Planning Office assisted in preparing briefing materials for presentation.

Encouraged by a positive response, the regional adviser organized a group of key religious leaders in the province of Maguindanao, representing different sectors as well as schools of thought. Discussion meetings were conducted by the Planning Office to explain the rationale behind producing a handbook for use by the ulama. The recognition of the role of the ulama in the area based children's programmes, which they have heard about but have not been involved in, provided a motivating force. Besides, they all claimed that nobody can quarrel about children. In all meetings, the Provincial Executive Secretary, a medical doctor and a brother of the Regional Governor, participated actively and unobtrusively made a statement of support at the highest political level. Technical meetings were then scheduled to plan the content of the handbook. The heads of the provincial offices of health, education, social welfare, agriculture, labour and Muslim affairs joined these meetings firstly to provide technical guidance and also to provide the appropriate child health related practices based on Facts for Life messages.

**Planning and developing content of a handbook**

Based on the situation analysis of children and women presented by the Planning Office, the ulama first agreed on the main chapter heads covering the care of the child before birth up to adolescence. Using the Convention on the Rights of the Child as a framework, they also agreed that additional chapters should focus on the responsibilities of parents, families and communities to the survival, development and protection of the child as found in the teachings of Islam. The ulama further agreed on the structure of each chapter. Each subject area will be introduced by Qur’anic verses, followed by Hadith, then a statement on the child-related message and ending with the recommended child health-related practices at home and action steps for the community.
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Having planned the content and structure of the handbook, the group of 12 ulama divided themselves into teams that will work on each chapter. They also set a weekly schedule to flesh out the content and appraise each other of the progress of work.

Two coordinating meetings were held between the ulama and the technical resource group to determine the internal consistency and adequacy of the chosen verses, Hadith, child-related message and recommended practices for each chapter. In all meetings, the Planning Office lent secretariat services and technical guidance together with UNICEF and the provincial technical resource group.

Widening participation

A corollary activity was the simultaneous conduct of an exploratory study on the perception of religious leaders on their role in community programmes for children. This study aimed to provide further directions in working with the religious leaders. The Islamic Studies Center of the University of the Philippines led the local universities and one nongovernment organization in the four ARMM provinces in conceptualizing and designing the study. The local universities implemented the study that essentially used personal interviews and focused group discussion to gather data.

The participation of local universities was deliberately planned in the spirit of mobilizing this one important resource in the area. Also, as a capacity building strategy, the Islamic Studies Center of the University of the Philippines conducted a workshop on the planning and designing of the study and data analysis.

As soon as the draft handbook was ready, provincial consultations were held with key religious leaders to gather more inputs not only on content but on how they could use the handbook. The consultations also elicited a list of action steps, resource and service requirements in applying the messages at home and in the community. These provincial meetings were viewed as a local activity in mobilizing local religious leaders. The consultation tried to draw as many of the key leaders as could be covered. Based on the list of additional verses, Hadith and messages, the local meetings elicited strong
While the handbook was originally intended for the religious leaders, the new regional secretary of health has expressed the its potential usefulness to health and other community workers in creating the demand for and promoting utilization of basic services.

Future activities

This experience demonstrates that in the context of social mobilization, the development of a handbook for local use and its subsequent printing and distribution are not the end by themselves. Rather, the handbook is seen as a triggering mechanism for a continuing activity that will build and strengthen the capability of religious leaders in communicating child health messages in the context of Islam. Moreover, the handbook should be able to bring together the religious leaders and the service providers in pursuing common goals for children. As an integral part of local programmes, the use of the handbook is envisioned to sustain participation of the ulama in working with parents and families to initiate and utilize services for children and women. Information from progress monitoring will be used for further advocacy work among religious leaders.

In summary, social mobilization can provide the framework for increasing access and participation if each step in communication development is viewed as an opportunity for engaging individuals and groups who will not only be the ultimate users of information but also the providers of resources and needed action to apply this.

Opportunities, Problems and Constraints in Mobilizing

Opportunities

There is now a growing global movement for collaborative partnerships in responding to development problems. In promoting the development and well-being of children for instance, at the 1990 Summit Meeting for children no less than Heads of State called for international and national action to achieve the goals for the world's children for the year 2000. This call has been prompted by a strong recognition that today's children will determine the quality of tomorrow's world.

A favorable international policy environment has been created as governments commit to international covenants such as the Convention on the Rights of the Child, Agenda 21 on environment and more recently, the Vienna Human Rights Declaration.

The highest political leadership in many countries have not only declared their commitment but also have demonstrated this. For example, the goal of Universal Child Immunization by 1990 was achieved successfully in many countries including Indonesia and the Philippines owing to the national leadership's political will.
The roster of partners and allies for development continue to increase as consensus is reached at all levels on the need to work together. An analysis of their concerns will be helpful in determining the best way they can facilitate people's participation.

Low-cost technologies such as child health are now available to parents, families and communities. Selection of technologies that need to be communicated could be made based on articulated problems. At the same time, most countries are now equipped with a new capacity for communication. The advent of new technologies can now enable communities and groups to produce their own "community media".

An enlarged democratic space enjoyed by more people encourages them to be more participative in their own development.

**Problems and Constraints**

The concept, principles and tools of social mobilization still have to be better understood for this to become a dimension of programmes, or a "way of thinking". The systemic interdependence of advocacy, networking, information, education and communication, capacity building and participative management has to be appreciated to optimize the gains of mobilizing. Because different groups might be doing each one of these, there is therefore a strong need for coordination.

While understanding of social mobilization continues to develop, capacity-building for social mobilization work needs to be intensified. The number of workers trained in mobilizing work, the number of people who understand social mobilization, must increase.

At the moment, there is a need to develop the indicators and measures of social mobilization. While the end goal is community empowerment, this terminology by itself has been wrought with a lot of discussion.

Communication development itself has to be viewed as an opportunity for mobilizing people. However, community members lack even the basic communication skills to actively participate in the media production process. Language facility could be a problem particularly among marginalized groups when a foreign medium is used to express their views.