

Bridging Health: Exploring Participatory Communication among Health Communication Planners and Implementers in the Philippines

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This study explores a framework for theorizing the participatory media approach by examining local experiences on communication and development through the perspectives of health communication technicians, their relationships with senders and receivers in health programs and projects, and how they conduct the process of communication planning, implementation, and evaluation. The study addresses the following three main questions: (1) Who are the health communicators and what are their roles in participatory communication? (2) What is the level of participatory communication in health programs and projects? and (3) What are the approaches and characteristics of participatory communication in health programs and projects in the Philippines? The study reveals that communication technicians perceive their communication strategies as long-term processes that address the felt needs of communities with the participation of beneficiaries in planning communication that is sensitive to the culture of, beneficial to the majority of, and owned by the community.

Keywords: participatory communication, health communication, communication for development

As the target date of the United Nations Millennium Development Goals (UN MDGs) approaches in 2015, the Philippines has shown progress in reducing under-five mortality and infant mortality rates; reducing the prevalence and death rate associated with malaria; increasing the tuberculosis treatment success rate; increasing the proportion of households with access to safe water; and providing equal opportunities for girls in education (Philippines Progress Report on the Millennium Development Goals, 2010). However, there is still much to be done to eliminate poverty; increase participation, cohort survival and completion at the elementary level; and reduce maternal death. Recognizing the contributions of “communication for development” (C4D) in accomplishing UN agencies’ overall mission for development, the United Nations General Assembly (UNGA) resolution 50/130 mandated global UN offices and agencies to integrate and institutionalize C4D in all its programs and projects (Portus & Tuazon, 2011). Moreover, donors and governments are called to employ strategic, participatory, research-based, results-oriented and

well-funded communication to help achieve the UN Millennium Development Goals (UNICEF, 2005).

However, studies of development communication in developing countries reveal that communication is seldom seen as a dialogue – it is still appreciated as a one-way model of diffusion (Ascroft and Agunga, 1994). Up to some extent, social marketing campaigns by international donors and traditional advertising and mass media used by external implementers for exposure and reach are even perceived to be manipulative or deceptive by community beneficiaries (McKee, 1994).

Popularized by activist-educator Paulo Freire, the discourse of participation came to the fore in the 1970s to address discontentment with the top-down approach to development. Freire (1970) viewed communication as a *dialogical* process that leads to *praxis* and *conscientization*. He illustrated this concept by explaining how a dialogue between a teacher and a student deepens understanding and leads to an informed action that can make a difference in the world. He stressed that consciousness or awareness of one's incompleteness and the desire to be more fully human occurs when words, actions, and reflection interplay.

As a newer approach to development, participatory communication recognizes grass roots participation or the contributions of indigenous knowledge, local solutions, and context-specific action instead of the one-way persuasion model of social communication. Thus, participatory communication is a “two-way, dynamic interaction, between ‘grass roots’ receivers and the ‘information’ source, mediated by development communicators, which facilitates participation of the ‘target group’ in the process of development” (as cited in Nair and White, 1994, p. 346). It is also understood as a “transformative process of dialogue between people, groups, and institutions that enables people, both individually and collectively, to realize their full potential and be engaged in their own welfare” (Singhal, 2001, p. 12).

The participatory community media approach goes beyond communication as a dialogic *process* – it places communication as the *content and form* of the dialogic process as well. “This focuses more on issues of public and community access to appropriate media, participation of people in message design and media production, and self-management of communication enterprises” (Singhal, 2001, p. 14).

Participatory Media in the Philippines

Programs and case studies in the Philippines have asserted and elaborated on participatory media in the context of community communication, particularly

community radio. The Tambuli (Filipino term for carabao horn) Project, supported by the Danish International Development Agency and UNESCO, aims “to empower Filipinos through information so that they would be motivated to take better advantage of existing development opportunities, as well as identifying and pursuing their own development opportunities through media-supported discussion and debate” (Fraser & Restrepo-Estrada, 1998).

Since 1991, 20 Tambuli stations were established in certain regions in the country that lacked access to communication but expressed willingness to organize and commit resources to the project. These provinces formed multi-sectoral Community Media Councils (CMC) that managed the stations and decided on the radio programming. Members from the communities served as broadcasters and advocates for development sectors such as health, education, youth, agriculture, senior citizens, environment, fishermen, women and legislation, among others. This process sees radio stations and, in some provinces, community newspapers not as mere tools for communication but also as means towards organizing communities and capacitating them to become committed owners of communication for development. The participatory approach was also observed in stages of media development, from research, to planning, implementation and evaluation. To ensure the effectiveness and sustainability of the project, trainings not only on technical matters but also on participatory media were stressed.

Since the Tambuli stations started operating, indications of positive social change were observed. DZLM Maragusan in Compostela Valley has put pressure on local authorities to ban illegal logging and pesticide spraying that harmed rivers and waterfalls that were locations for the province’s eco-tourism activities. In Camarines Sur, the Goa station was instrumental in reducing gambling cases, something that law enforcement agencies had not achieved (Gumucio Dagron, 2001; Tambuli, 1998).

A case study on the best practices by the Bayanihan Broadcasting Corporation BBC-DZJO on-the-air school was conducted to generate a model for community-based radio broadcasting (Lucas, 1999). Through the experiences of the radio school, practical guidelines were created to aid in the planning and implementation of distance education programs. The study reviewed the potential of radio broadcasting to reach, in a cost-efficient and time-efficient manner, rural households in the Philippines. The study also observed that while radio and other forms of mass media are capable of achieving critical mass impact, they failed to encourage genuine participation from community members, and thus failed to produce positive and lasting improvements in their lives.

The study created the concept of community-based radio (CBR) broadcasting for distance education. This is defined as “the planned and systematic use of electronic technology as a medium to project to a mass audience, a mixed program format and techniques in order to: i) facilitate the enhancement of mass learning; ii) provide a process of information dissemination; iii) establish a foundation for decision-making and value formation; and iv) initiate behavioral transformation for social mobilization” (Lucas, 1999). This framework of distance education includes the two most important elements of the community-based approach to radio broadcasting: *for* the people and *of* the people. This means that because radio programs are meant for community members and speak about them, the community begins to identify with the radio station and develops a sense of ownership even if the radio is not necessarily community-owned.

Deza’s (1994) study of the Inter-Culture Communication Program (ICP) of three fishing communities’ participatory process of sound/slide production explored how the creative process in media production also provides opportunity to liberate people from traditional modes of thinking and obstacles to social change. This article highlights the role of “organizer and media facilitator” to awaken “conscientization” and the “process of becoming” in every person to enhance community life.

Efforts to institutionalize development and strategic communication are starting to enter the core of the discourse of participation and development for donor organizations in the Philippines. For example, UNICEF has established Communication Task Forces (CTF) in local government units, particularly in the focal offices that handle planning and programs for children (i.e., planning and development offices). Members of the CTF were trained in the participatory approach to research and community-based communication planning. USAID, through its Health Promotion and Communication Project (HealthPRO), also assists the Department of Health (DOH) in empowering the Health Education and Promotion Officers (HEPO) and handling Behavior Change Communication in its project sites.

These relevant studies reveal the positive contributions of participatory media to development in the Philippines and, at the same time, indicate a need for an effective and efficient development communication framework in the country. Moreover, these local experiences on communication and development are valuable to the formation of an indigenous participatory communication framework.

Exploring Participatory Communication in the Philippines

In studying participatory communication in the Philippines, it is essential to examine its approaches and characteristics as employed in grass roots communities. It is also crucial to take a look at the development communicators and how they conduct the process of communication planning, implementation and evaluation.

In an earlier study of participatory communication approaches in the Philippines, this author explored stories of participation and communication from the point of view of development communicators in local government units (Solis, 2010). Some of these development communicators include the following: Health Education Promotion Officers (HEPO) from the Provincial Health Office (PHO) who prepared, coordinated and implemented communication activities or projects related to health and nutrition; technical staff from the provincial agriculture office designated to handle concerns on agricultural information management; Provincial or Municipal Planning and Development Coordinators (PPDC/MPDC); and for other development programs and offices, office heads who assumed the role of communication officer. The study revealed that development communicators' "purposiveness" as change agents is oriented towards the interests of their change agencies. Analysis also revealed that external planning and top-down approaches to short-term campaigns provide limited participation that discouraged a dialogical process in development communication.

As an extension to that earlier study, this study aims to propose a framework in studying participatory communication and validate this framework by examining local experiences on communication and development through the perspectives of communication technicians (planners and implementers), their relationships with senders (e.g., donors and governments) and receivers (beneficiaries) in communication programs and projects, particularly in the area of health, and how they conduct the process of communication planning, implementation, and evaluation.

A caveat: while this author is interested in exploring experiences of participatory communication in the context of the role of development communicators (Solis, 2010) and communication technicians, this does not mean that the "people's voices" are not important in the discourse of participatory communication. Sometimes, as McKee (1994) also observed, these "external people" (communicators) assume that they know more than the local community. However, the author's various experiences in communities

revealed that people know their health issues, and sometimes only need help when it comes to solving these problems. Thus, it is also central in the study of participatory communication to examine strategies and approaches from the perspective of the community of beneficiaries.

The study explores three main research questions:

- 1) Who are the health communicators? What are their roles in participatory communication?
- 2) What is the level of participatory communication in health programs and projects?
- 3) What are the approaches and characteristics of participatory communication in health programs and projects in the Philippines?

The significance of this study is not merely practical but theoretical as well. This study does not only present an exploration of participatory communication experiences in various provinces in the country but also offers a framework that could lead to the formation of a local theory about participatory media.

Developing a Participatory Communication Framework

The Role of Development Communicators

The role of development communicators in participatory communication is crucial because they facilitate the participation of the receiver community and provide critical information that will enable them to take control of their own lives. Nair and White (1994) define a development communicator as “trained professional or paraprofessional who is linking the bureaucrats, experts and scientists to the grass roots intended receiver” (p. 352). As conduit to the transactional communication process, the development communicator has to be committed to the development goals of the sender institutions and at the same time be accepted by the receiver community where the beneficiaries of development reside.

Everett Rogers (1962) would equate development communicators as change agents in the process of diffusion. He defined a change agent as a “professional person who attempts to influence adoption decisions in a direction that he feels is desirable” (p. 254). Change agents in this context are “purposive” persons whose interests are governed by the adoption of designated innovations (Ascroft and Agunga, 1994). They are also known as “local level bureaucrats” and “technical assistance workers” whose problem “is heightened in the case of the technical assistance worker because he seldom shares a common culture with his client” (Rogers, 1962, p. 267). Rogers proposed however that they must engage in dialogue with their clients to tailor fit change to their culture and improve their competence.

Palm and Windahl (1989) illustrate the roles of development communicators in terms of planner-message originator-receiver relationships (as cited in Windahl, Signitzer, & Olson, 1992, p. 27). The first role defines the communication planner as someone who is biased towards the message originator than the client, resulting in the planner who is more oriented towards the plans and goals of the employer. The communicator may also be autonomous, balancing the needs of both receiver and message originator. The third role suggests that the communication planner may be more oriented towards the receiver and thus subjective to the receiver's needs.

Participatory Media Approach

After conducting a review of experiences in participatory community media, including fifty cases covering various media and tools such as radio, video, theater, interpersonal communication, mobile telephony and the Internet from Africa, Asia, and Latin America, Alfonso Gumucio Dagron (2001) offered a model of distinguishing participatory communication from other communication strategies for social change. The criteria for selecting these experiences included community involvement and ownership. This meant that the participatory media were not just one-time projects whose lifespan was determined by donor's resources. Moreover, the community itself had to be in charge of the communication initiative, even if the community had not originated it, from aspects of financing, administration, training, and technical, among others. These initiatives were also considered based on their contribution to the strengthening of cultural identity and democratic values, as well as building relationships with local non-governmental organizations (NGOs), development organizations, community-based organizations (CBOs) and other institutions.

The typology of participatory communication as presented by Gumucio Dagron (2001, p. 26) follows:

- **Horizontal vs. Vertical.** People (the community) as dynamic actors, actively participating in the process of social change and in control of the communication tools and contents; rather than people perceived as passive receivers of information and behavioral instructions as others make decisions that affect their lives.
- **Process vs. Campaign.** People taking their own future in hand through a process of dialogue and democratic participation in planning communication activities; rather than expensive and unsustainable top-down campaigns that helps the community to mobilize, but not to build, a capacity to respond to the needs of change.

- **Long-term vs. Short-term.** Communication and development in general is conceived as a long-term process that needs time to be appropriated by the people; the opposite of short-term planning that is seldom sensitive to the cultural environment and is mostly concerned with showing “results” for evaluations external to the community.
- **Collective vs. Individual.** Urban or rural communities acting collectively in the interest of the majority, which prevents the risk of losing power to a few; rather than targeting people individually, detached from their community and from the communal forms of decision- making.
- **With vs. For.** Researching, designing and disseminating messages with the community’s participation; rather than designing, pre-testing, launching and evaluating messages conceived for the community but remain external to it.
- **Specific vs. Massive.** The communication process is adapted to each community or social group in terms of content, language, culture and media; as opposed to the tendency to use the same techniques, the same media and the same messages in diverse cultural settings and for different social sectors of society.
- **People’s needs vs. Donors’ musts.** Community-based dialogue and communication tools to help identify, define and discriminate between the people’s felt needs and their real needs; rather than donor-driven communication initiatives based on donor needs (family planning, for example).
- **Ownership vs. Access.** A communication process that is owned by the people to provide equal opportunities to the community; rather than access that is conditioned by social, political or religious factors.
- **Consciousness vs. Persuasion.** A process of raising consciousness and deep understanding about social reality, problems and solutions; as opposed to persuasion for short-term behavioral changes, which are only sustainable with continuous campaigns.

From Outside or Inside

Gumucio Dagron suggests that participatory communication does not necessarily mean that the community originates the communication initiative, but it is important that the community takes charge of the initiative. Moreover, in describing participatory communication approaches in the Philippines, it is essential to examine whether communication strategies are defined from outside or inside the community of beneficiaries. Windahl, Signitzer, and Olson

(1992), following a similar combination by Rogers and Shoemaker in 1971, propose a taxonomy of communication strategies based on two criteria: who defines the *problem and the goals* necessary to solve it, and who identifies the communication means or solution to address the problem. The classification of the two basic variables is presented in Figure 1.

		COMMUNICATION SOLUTION IS DEFINED	
		Outside the System	Inside the System
DEFINITION OF PROBLEM AND GOAL ARISES	Outside the System	Traditional communication/ information campaign 1	External impetus requiring internal follow-through External initiative 2
	Inside the System	Internal impetus requiring external follow-through Communication support 3	Grass roots initiative 4

Figure 1. Four communication strategies (From Windahl, Signitzer, and Olson (1992, p. 40))

Traditional Communication/Information Campaign Solutions retain control of the sender over formulation of goals and message content. However, using this strategy may make it hard to motivate people through initiatives and communication activities that come from outside their community.

In the External Initiative Solution, the problems and goals of development arise from outside the social system. This is an inexpensive way for development institutions to reach the goal because communication solutions are defined and executed by community members, so all resources can be focused on promoting the goal. Still, with goals set externally, it remains difficult to motivate community members.

The Communication Support Solution is employed when community members initiate development goals but require external support to achieve these goals. This strategy is effective in motivating community beneficiaries to participate in communication campaigns or activities because they identify development problems and goals themselves. However, communication

support defined by outsiders may not be acceptable and appropriate for the community.

The Grass Roots Initiative occurs when both goal setting and formulation of communication solutions are made by members of the community. According to Windahl, et. al., this is the optimal strategy because the community is responsible for its own development and problems are solved without cost to external development institutions involved with the community.

To assess the three main questions of this research, the researcher obtained a combination of both quantitative and qualitative data through an interview questionnaire divided into two parts.

The first part of the questionnaire consisted of two sets of open-ended questions to derive data to answer the first and third research questions of the study: (1) *Who are the health communicators? What are their roles in participatory communication?* and (3) *What are the approaches and characteristics of participatory communication in health programs and projects in the Philippines?* The first set of open-ended questions identified the affiliations and positions of the respondents as well as the nature of their work as development communication technicians. The second set of questions asked how health communication programs, projects, campaigns, or activities are initiated, designed, conducted, and evaluated in the respondents' respective project areas and communities.

The second part of the questionnaire assessed the level of participatory media development as employed in communities (to answer research question #2) from the perspective of the communication technicians, using Gumucio Dagron's typology to distinguish participatory communication from other communication strategies for social change. The nine participatory communication strategies (versus non-participatory communication strategies) served as indicators, which were then measured through semantic differential using a five-point scale. Two items were added to the tool to identify whether the (1) definition of problem and goals and (2) communication solution arise from inside or outside the community, based on the criteria proposed by Windahl, Signitzer, and Olson (1992).

The researcher selected 17 respondents for the survey, of which 12 responded and were included in the final sample. The selection of the respondents used purposive sampling. Respondents were selected based on their qualification as communication technicians who plan and implement health communication projects, campaigns, or activities; or provide technical assistance to a particular locale as employed (whether on a full-time or consultancy basis) by a government agency or donor organization. The selection of the respondents was also

determined by convenience, involving participants who are associated with the researcher's professional circle. Because of the geographical distribution of the respondents in the study, the questionnaire was administered through electronic mail. Of the 12 communication technicians who responded, six were hired to work full-time for donor-government health projects that ran for five years or more (four of them are still with their respective projects); three respondents were affiliated with their own consultancy firms and were hired for short-term health projects on consultancy basis; two were affiliated with research organizations based in the academe and were hired for short-term institutional consultancy work; and one, also from the academe, was hired for a short-term individual consultancy work.

Simple descriptive statistics was used to summarize the scale data. Average scores were computed for each of the 11 typologies for participatory communication, resulting in scores ranging from 1 to 5. The closer the average is to "1" the more participatory the communication strategy is perceived, while a score of "5" would indicate that the communication strategy is seen as non-participatory by the communication officers. The scores were further analyzed together with the qualitative responses, using the Typology method of data analysis, to identify salient characteristics of participatory communication, and classify themes and patterns according to the Gumucio Dagron and Windahl, Signitzer, and Olson-defined categories of participatory communication and concepts about the role of development communicators according to Rogers, and Palm and Windahl.

Results and Discussion

The Role of Development Communicators

The development communicators are hired or assembled for the purpose of conducting a specific health project during its duration only. They are contracted by donor organizations and government because of their set of skills as communication technicians. According to the respondents, these skills include research, communication planning, strategic communication, knowledge management, project management, and social marketing. Their professional services were also commissioned based on their extensive experience in social development, particularly in the field of health. An adviser on strategic communication and knowledge management explained how the combination of these skills works to the advantage of the contracting agencies:

One must be adept not just in all facets of communications from strategy development to implementation but must equally be grounded in complex project management skills, integrating the outputs of various kinds of experts as well as those of the implementing institution. (anonymous, personal communication, July 27, 2011)

Aside from their work portfolio, communication technicians are hired based on previous work experiences and established relationships not just with the contracting agency but with the international development society in general. Two respondents said that they were engaged by at least one donor organization here and abroad in various roles and capacities as an expert. One said that he was “hired due to [his] extensive experiences in managing health communication projects from USAID, the European Union, the Canadian International Development Agency and World Bank” (personal communication, August 21, 2011). The Institute of Philippine Culture (IPC) is being engaged by the UNICEF on almost a continuous basis for almost a decade now: “IPC has an established research partnership with UNICEF since 2002, ranging from evaluation studies to training projects. So far, the IPC has had five projects with UNICEF since 2002” (personal communication, August 13, 2011).

The communication technicians are tasked to research, design, manage, coordinate, organize, implement, monitor, and evaluate communication activities or projects related to health, nutrition, and the environment. They are considered “technical assistance workers,” providing assistance on communication planning and implementation from the national level down to barangay-level programs, campaigns, and activities. Thus, communication technicians serve as links between the community of beneficiaries and donor societies.

The “purposiveness” of the communication technicians as change agents is oriented towards the interests and needs of the change agency, as in this case where a regional communication specialist shows her orientation towards the mandate of her organization: “Since child health is part of World Vision International’s Child Well Being outcome indicators, all staff in each office have roles (directly or indirectly) to ensure that the children under WV’s sponsorship program enjoy good health” (personal communication, August 14, 2011). Thus, the development communicators are change agents whose purpose is to represent the donor organization’s innovation adoption interests. This was also indicated further by the respondents when asked about their accountability in the health projects in which they are involved. An information, education,

and communication manager said that she “was accountable to the chief of the project, who was directly accountable to USAID”(personal communication, September 1, 2011). The strategic communication and knowledge management adviser said that he “answer[s] directly to the program officer responsible for climate change, environment, and environment-health sectors”. Other respondents illustrated this change agency-change agent relationship through the close supervision of the donor organization’s goals and indicators in the accomplishment of the project reports:

We also heavily covered programmatic activities to give weekly, quarterly and annual reports to USAID and other funders. We coordinated very closely with other units as we wrote the project reports. (anonymous, personal communication, September 1, 2011)

According to the strategic communication and knowledge management adviser, the orientation of communication technicians towards the change agency is natural. He explained:

At the BLGU (barangay local government unit) level, you refer to them as project partners or beneficiaries. They do not initiate [health communication projects]. They do not have the resources or the capabilities for the campaigns of ODA (official development assistance) level. They usually are the targets for behavior modification campaigns themselves in order to effect the final beneficiaries (children, women, other vulnerable sectors) or for other capacity-building inputs, for that matter (training, material inputs, etc.). Most usually, campaigns are developed by national government agencies to support a program or project. I would be happy to see an “expert” going up to any BLGU and volunteering his services, more so being appreciated by that BLGU and actually engaged. Usually, his skills and time are bought by government, private sector or donor to intervene in the first place. (anonymous, personal communication, July 27, 2011)

However, some respondents recognize that while their role as communication technicians depend on the innovation adoption interests of the agencies that contracted their services, they also feel that they are accountable

to the communities they relate with, as expressed by one of the respondents: “Regional communications specialists work with the field offices, LGUs and are accountable to the head office, government agency and the people they engage with” (personal communication, August 18, 2011). The communication technicians also regard the communities as partners in improving the country’s health sector, as how a communication adviser described his health promotion caravan: “Lakbay Buhay Kalusugan is a multi-level endeavor. The community is the most critical member of LBK” (personal communication, July 26, 2011). The regional communication specialist of World Vision explained how this partnership works in her program:

The communicators at the national office conducted formative research in each municipality and engaged the partner community-based organization to identify activities and priorities on child health. The results then of each municipality and province are consolidated in the national campaign plan for child health and nutrition. (anonymous, personal communication, August 14, 2011)

Furthermore, another respondent shared that health projects may also be initiated by sectors in the community, making them not only recipient-beneficiaries of change agencies but also a part of the change agency itself: “A number of projects I have managed were always demand-driven. The demand came from LCEs, affected sectors (IPs, women) and national agencies (DOH, DENR, DOJ etc).”

Participatory Communication and their Approaches

In the assessment of the 11 typologies for participatory communication, using a five-point semantic differential scale (1-5), seven items garnered a representative rating indicating that most of the communication strategies in communities are perceived to be participatory by the communication technicians. One item obtained a median score while three items were perceived as non-participatory communication.

The seven typologies that indicated participatory approaches are Process vs. Campaign ($M = 2.5$), Long-term vs. Short-term ($M = 2.5$), Collective vs. Individual ($M = 2.7$), With vs. For ($M = 2.7$), Specific vs. Massive ($M = 2.3$), People’s needs vs. Donors’ musts ($M = 2.7$), and Owned vs. Access ($M = 2.4$). These data indicate that the communication technicians perceived their communication strategies as long-term processes that address the felt needs of communities

through the participation of beneficiaries in planning communication that is sensitive to the culture, beneficial to the majority of, and owned by the community. The item that fell in the theoretic median of the scale ($M = 3$) is Consciousness vs. Persuasion. This item indicates that communication processes consist more of persuasion for short-term behavioral changes sustained only by continuous campaigns rather than a process of conscientization and deep understanding of health problems and their solutions. The three items that indicated non-participatory communication strategies are Problem definition from inside vs. from outside ($M = 3.1$), Communication means from inside vs. from outside ($M = 3.1$), and Horizontal vs. Vertical ($M = 3.3$). This means that the communication technicians perceive that communication goals and solutions are determined externally from the community of beneficiaries and implemented in a top-down process. Table 1 summarizes the average scores of 12 development communicators' perceptions on the nature and approaches of participatory media in the communities:

Table 1. Average scores of participatory media approaches in the communities

Communication Strategy (1)	Rating*	Communication Strategy (5)
1. People from the barangay define the communication problem and goals and they initiate the process of communication.	3.1	1. People from the national or provincial government, donors or NGOs define the communication problem and goals and initiate the process of communication for the barangay.
2. People from the barangay decide on the communication means and strategies to solve the identified communication problem and goals.	3.1	2. People from the national or provincial government, donors or NGOs decide on the communication means and strategies to solve the identified communication problem and goals.
3. People from the barangay actively participate in the process of creating communication messages, materials or strategies	3.3	3. People from the barangay receive information and behavioral instructions from others who create communication messages, materials or strategies on their behalf.
4. People from the barangay engage in dialogue and participation in planning communication activities for desired change.	2.5	4. Campaigns from donors, national or provincial government mobilize people in the community but not necessarily to build capacity of people for desired change.
5. Communication and development is a long-term process which needs time for people in the barangay to continually adapt to the cultural environment.	2.5	5. Communication and development is a short-term planning which does not take much time to adapt to cultural environment but shows results.

Communication Strategy (1)	Rating*	Communication Strategy (5)
6. Members of the barangay act collectively, instead of just a few individuals in the community, in the interest of the majority.	2.7	6. Communication is planned by a few individuals without the need for a communal form of decision-making.
7. Communication planning, implementation and evaluation are done with the involvement of barangay members.	2.7	7. Communication planning, implementation and evaluation are conceived for the barangay by someone external to it.
8. The content, language, culture and media in the communication plan and campaign are adapted specific to the barangay's cultural settings and social sectors.	2.3	8. The same techniques, the same media and the same messages are used in diverse cultural settings and for different social sectors of society.
9. Communication addresses the needs that are identified by the people of the barangays themselves	2.7	9. Communication initiatives are based on the needs of the barangay from the perspective of the donors
10. Communication campaign or activity is owned by the people of the barangay themselves.	2.4	10. Access to communication campaign or activity is determined by social, political or religious factors.
11. Communication process raises consciousness and deep understanding about a particular social problem but behavioral change is not immediately achieved.	3	11. Communication process persuades behavioral changes but behaviors are not permanent and are sustainable only with continuous campaigns.

*Semantic differential scale 1-5.

From Outside or Inside

The 12 communication technicians seemed to reveal a more Traditional Communication/Information Campaign Solutions orientation in development, where communication problems and goals and the corollary communication means and solutions are determined by donors who come from outside the community, as expressed by a WHO National Coordinator: “The national campaign started as top down program since it was conceived and planned at the national levels” (personal communication, August 5, 2011).

Another communication consultant who worked with institutions such as the World Bank, said that this is only natural in the “real, bigger picture”:

Who starts, agitates, capacitates the BLGU to be able to analyze its problems and prioritize realistic options based on actual resources and local absorptive capacities? Ideally, the local executive – the Chairman or some smart kagawad

(councilor)... schooled in governance and management. Otherwise, it is either an expert engaged by a local helping institution if not government (MLGU/PLGU/or National Government Agency) that starts the process. (anonymous, personal communication, July 27, 2011)

This view was supported by another social marketing and communication adviser who works for organizations such as ADB, World Bank, and USAID. According to him, some communities are not equipped to initiate health communication programs or projects and that they need the expertise of communication technicians, usually commissioned by donor organizations, to help them identify health problems and solutions: “Most of the time, people in barangays have to be guided in problem identification, situation analysis and consequently in communication planning and development” (personal communication, August 21, 2011).

While the respondents indicated that health programs and projects are determined by donors and technical personnel, they also expressed that there seems to be a shift from Traditional Communication/Information Campaign Solutions to the External Initiative Solution, where communication solutions are defined and executed by community members themselves. A communication specialist working for the Health Promotions and Communications Project of USAID (HealthPRO) said that “the community is starting to decide on the communication means, but from a menu provided by the donors, government” (personal communication, August 21, 2011). The strategic communications and knowledge management adviser explained when participation starts in a donor-community relationship: “It is in the process of ‘engagement’ that the BLGU or People’s Organizations are walked through ‘participatory methods’ to ensure that the project is still relevant and on target.” He added:

Usually, [the communication technician’s] skills and time are bought by government, private sector or donor to intervene in the first place. Then s/he can do the tactical engagements, which will of course include local indigenous materials processed and owned by the stakeholders themselves. (anonymous, personal communication, July 27, 2011)

It is at this point when participatory communication happens. The ADB expert explained:

Both communication specialists and people from the barangays decide on which are most appropriate strategies to implement – the former helps the latter to use communication strategies not known to the barangays while the latter informs the former about the current situation in the barangays for tailor-fitting. (anonymous, personal communication, August 21, 2011)

This shift to a more participatory process in health programs was also observed by the national coordinator for an exclusive breastfeeding project by the WHO as gleaned from her response below:

There is a shift of philosophy in the process of creating an enabling and supportive environment for mothers to initiate and sustain exclusive breastfeeding up to two years and beyond. The participation of the community is being undertaken at this phase of the project by trying to engage NGOs whose expertise is community development and empowerment so that a more participatory approach, not a top down approach, or process of involving and empowering stakeholders at the community level, is facilitated. (anonymous, personal communication, August 5, 2011)

Horizontal versus Vertical

According to the communication technicians, health communication strategies in communities exhibit more vertical than horizontal participation in the process of communication planning, implementation, and monitoring and evaluation. According to a research assistant who has worked for WHO-DOH in drafting a national risk communication plan, decisions were done centrally, mostly on the national level, with the involvement of provincial, municipal, city, and rural health officers:

Implementation was mainly carried out by members of the barangay; but formal planning and evaluation seemed to be dictated by the central office. Sometimes, there was no actual evaluation – it was instead hinted at by reports on the number of A(H1N1) cases in the community. Another useful example would be how community fear and anxiety regarding flu were mainly based on impressions (during communication

planning). (anonymous, personal communication, August 19, 2011)

However, there are strong indications that community members participate in the development of communication messages and materials, but this is done with careful technical assistance from the communication technicians, as expressed by a regional social marketing officer who had worked for a World Bank-DSWD project:

Although they (the community) identify problems and means of communication, they still need to be guided. We provide them various options in terms of media, strategies and materials. We also lay the pros and cons, introduce pretests, etc. (anonymous, personal communication, August 9, 2011)

The social marketing expert of ADB stressed that this technical assistance is essential for technologies to be transferred successfully to the communities: “People in the barangays develop their materials only with some guidance from the communication specialists. It is through coaching and hand-holding that the sustainability of programs is achieved” (personal communication, August 21, 2011).

Process versus Campaign

Although participation in communication planning and the development of health messages and materials was observed in various experiences of the respondents, most of their health projects and activities seemed to focus on the implementation of campaigns rather than the continuous dialogue towards social change. While the scores in the study ($M = 2.5$) show that their communication strategies leaned towards the implementation of “process of dialogues and democratic participation in planning communication activities,” their stories showed that their projects were “top-down campaigns that help to mobilize but not to build capacity.” According to the research assistant:

During the workshop and data gathering, I observed that risk and pandemic communication was mainly designed by the people from the national or central office. The lower offices very often seemed to implement orders and be guided by cues from the central office. (anonymous, personal communication, August 19, 2011)

According to the information, education, and communications manager of a USAID solar-powered potable water system project in Mindanao, dialogue is essential in obtaining the buy-in of communities. However, this consultation seems to only occur at the start of the program and communication evolves to become transmission and information dissemination rather than transaction and conscientization: “We always started our barangay entries with community consultations to identify the needs of the locals and get their buy-in” (personal communication, September 1, 2011).

Long-term versus Short-term

While communication technicians, whether as consultants or full-time employees of health projects, are only contracted on a considerably short-term basis, all respondents agreed that communication for health requires a long time in order for the members of communities to undergo genuine behavioral and social change. This was typically expressed by the social marketing expert: “Behavior change takes time to happen, especially if it involves deep-seated cultural sensitivities. Hence, communication specialists cannot impose a deadline as this will only result in short-term change” (personal communication, August 21, 2011).

In cognizance of this, organizations like the World Vision stress the importance of community involvement and long-term program support in order to incite social change. The South Asia & Pacific regional communication specialist of World Vision International illustrated how they implement this in their programs:

The CBO (community-based organizations) set their own programs and activities, which are submitted to WV for funding and monitoring to ensure that they are following standards. The CBOs operate in an Area Development Program (ADP) concept and the relationship and funding last for 15-20 years. Once the CBO has proven that it can manage on its own, it is only then that WV stops the funding and expands to other areas that need interventions. For 54 years, World Vision in the Philippines has sponsored more than 5 million children and currently has 48 ADPs in 20 provinces. (anonymous, personal communication, August 14, 2011)

Collective versus Individual

The respondents all agreed that members in the barangay do take part in the planning and implementation of health communication in the communities. Looking closely, however, the respondents consistently indicated that only a few individuals in the barangays take actual decision-making roles in these activities, although community consultations occur, as accounted by two respondents:

In most of the communities we worked with, there were a few people who led the decision-making, though the consultation was communal. (anonymous, personal communication, September 1, 2011)

People at the barangay level discuss through barangay assemblies. Although a number of volunteers prepare the plan and carry out the project, however these were presented and agreed by the assembly. Anyone may file grievance through the “grievance box” for any abuse of power, questions and suggestions. An officer regularly checks the box. (anonymous, personal communication, August 9, 2011)

According to the WHO national coordinator, participation and decision-making are performed by people of authority on various levels. They are typically:

At City level, it is still the health and nutrition program coordinators with assistance from their information officers. At the barangay level, it is usually the barangay captain and the councilor leading the committee on health, with assistance from the midwives, who initiate and plan communication campaigns. The BHWs (barangay health workers) and BNS (barangay nutrition scholars) also assist in the planning and implementation. (anonymous, personal communication, August 5, 2011)

With versus For the Community

The respondents rated ($M = 2.7$) their communication strategies as leaning towards “researching, designing and disseminating messages with the community’s participation; rather than designing, pre-testing, launching

and evaluating messages conceived for the community but remain external to it” (Gumucio Dagron, 2001, p.26). However, their stories seem to illustrate otherwise. The IEC manager, on the process that they underwent during the implementation of their project: “After we assessed the communication factors in each barangay, we devised the strategy ourselves but we usually pre-tested it. They (community) participate by providing the inputs we need in the pre-test” (personal communication, September 1, 2011).

Moreover, while preceding responses show that communities, on varying levels, take part in the planning and implementation of health communication, it was revealed that community-based monitoring and evaluation, which are essential components in the sustainability of health programs, are usually ignored. This was stressed by a research and communication consultant for a UNICEF project on Avian-Influenza prevention:

It is best if the community is involved in the entire cycle. In this project, the implementation and evaluation was not part of the initiative, so there was no way to know if the community-designed messages were actually effective and led to desired behavioral changes. (anonymous, personal communication, August 13, 2011)

Specific versus Massive

This indicator of participatory communication garnered the highest score in terms of the strategies typically implemented when conducting health communication programs and projects in communities. The social marketing expert encapsulated the perspectives of almost all respondents in the study:

Everything should be tailor-fitted to the needs of the barangays (language, cultural practices, media consumption, etc). One-size-fits-all should never be the mantra of communication specialists, hence strategies proven successful to others cannot be replicated elsewhere unless the same situation obtains (which is very unlikely). (anonymous, personal communication, August 21, 2011)

The IEC manager for the USAID project in Mindanao stressed the importance of localization especially in her area where there are many varying religious, cultural, and geographical affiliations:

The content, language, culture and media in the communication plan and campaign are adapted specifically to the barangay's cultural settings and social sectors, or our materials would be unusable and irrelevant, and may even cause conflict. (anonymous, personal communication, September 1, 2011)

However, the research assistant indicated that localization of communication is still not always the norm: "Communication protocols and IEC materials coming from the central office were always followed and used, respectively; and occasionally translated by the lower offices" (personal communication, August 19, 2011).

People's Needs versus Donors' Musts

The regional communication specialist of a USAID project believes that the communication needs of the communities are determined by the donors and the government and not by its members: "Projects work on a template of goals and frameworks [of the national or provincial government, donors or NGOs]" This was corroborated by the specialist's superior from the USAID project's national office. The story of the communication adviser of the USAID HealthPRO seemed to indicate that a health campaign was conceptualized as a national campaign for the DOH:

It was May 2010 when we started dreaming about Lakbay Buhay Kalusugan (LBK), our response to the request of the Department of Health for a unique health promotion campaign. A 20-page proposal was drafted and revised many times. A "slice-of-life" illustration was drawn by a young artist, depicting what LBK would look like. A 15-slide Powerpoint presentation was turned into a winning Prezi presentation. The Prezi sealed the deal and LBK got the nod from the powers-that-be. A scale model or diorama was designed to sell the concept. (anonymous, personal communication, August 11, 2011)

The social marketing expert said that striking a balance between people's needs and donors' wants is a challenge that communication technicians actually tackle:

In reality, the identification of the needs is negotiated between parties. The communication specialists have their

own indicators to fulfill while the barangays have their gaps to fill. Hence, most of the time, they agree on a compromise that satisfies both their needs. (anonymous, personal communication, August 21, 2011)

This also seems to be part and parcel of the work in World Vision International:

Although World Vision International follows a set of indicators to ensure child health standards, the activities are solely developed by Community-based organizations in every municipality. The process within World Vision is that after identifying the area in a municipality as a priority area and having been classified as “poorest of the poor”, the community members are organized as a CBO and registered in SEC as an independent and legal organization. Only after the CBO is organized and registered through the support of WV will they become an official WV partner and will thus receive funds from WVI. The CBOs set their own programs and activities, which are submitted to WV for funding and monitoring to ensure that they are following standards. (anonymous, personal communication, August 21, 2011)

Moreover, a story from the consultant and project director of the UNICEF project on “Development and Implementation of Participatory Communication Planning Workshops on Avian Influenza Prevention” illustrates conscious efforts from donor organizations to balance people’s needs with donors’ goals:

This communication project is the first conscious effort of a donor group and the Philippine government to allow communities to develop research-based communication materials and strategies appropriate to the local context. The richness and diversity of communication materials produced reflects an awareness and understanding of local problems and needs. (anonymous, personal communication, August 13, 2011)

Owned versus Access

According to the UNICEF consultant, “For a communication activity to be successful in the community, the people/residents must be able to relate to or own the message” (personal communication, August 13, 2011). Thus, communication technicians try to utilize participatory strategies to make sure that in the end, the community of beneficiaries perceives ownership over health communication programs and activities. The other respondents also view ownership as an indicator of success of their projects, such as the LBK project of USAID HealthPro as expressed by its communication advisor and the regional social marketing officer for the World Bank-DSWD project:

The best indicator of success that we heard so far came from Dr. Jeanette Lazatin, the assistant provincial health officer, who called the shots in Tarlac. “LBK is not just yours, it is ours,” she said. When a local health official embraces LBK the way Dr. Lazatin did, we know that LBK truly is a journey worth taking. (anonymous, personal communication, August 11, 2011)

In interview intercept assessments, people from different communities will always say “It is our project...we take care of it.” (anonymous, personal communication, August 9, 2011)

Consciousness versus Persuasion

Various health communication projects of the respondents in this study appear to be more of a transmission of persuasive messages than a dialogic process of conscientization. This is indicated by the responses made by the UNICEF consultant and World Bank-DSWD regional social marketing officer, which were typical of the responses from most communication technicians:

People have to be constantly reminded about the need to acquire desired behaviors, thus the need for continuous information drives. (anonymous, personal communication, August 13, 2011)

Community people (especially those living in the hinterlands or islands) are more susceptible to change, but need continuous campaigns. (anonymous, personal communication, August 9, 2011)

However, they also recognize that the assistance rendered by communication technicians in the communities is enough to incite a movement for deeper understanding of health issues by community members. This was observed by the social marketing expert:

With honest participatory planning, the people in barangays develop a clearer understanding of their problems and their roles in solving these problems. While it is true that behavior change cannot happen overnight, the simple fact that people in the barangays start to care about the resolution of their problems by implementing tailor-fitted communication campaigns is already a huge step towards behavior change. With the assistance from communication specialists (by showing them how communication strategies are monitored and evaluated so people in barangays can recalibrate their strategies to further promote behavior change), the people in barangays can be fully engaged in their primordial goal of behavior change. (anonymous, personal communication, August 21, 2011)

The strategic communications and knowledge management adviser stressed that, as health communicators, it is important to internalize that communication is only a component from a nexus of solutions to health problems in the country: “In project design, it is the PROBLEM in its entirety and multiple facets that is analyzed by communities. Not just the communications part.”

Conclusions and Implications

In general, the health communication technicians perceive their communication strategies as long-term processes that balance the felt needs of communities and donors’ innovation adoption interests, through community participation in planning health activities and culturally sensitive, majority-owned communication. The communication technicians also see themselves as “technical assistance workers” who have access to the communities of beneficiaries, except that they do not share common characteristics and culture with their clients.

This is contrary to how development communicators in local governments (mostly health workers themselves) perceive their communication strategies. They view their communication strategies as short-term campaigns based on donors’ felt needs that are developed externally for the community in a top-

down process that provides limited access benefiting only a few members (Solis, 2010). Moreover, while the health communication technicians perceive themselves as “technical assistance workers,” the development communicators in the previous study (Solis, 2010) see themselves as “technical assistance workers” and “local level bureaucrats.”

The comparison of the results of the related studies reveals the crucial role of development communicators in the practice of participatory communication in the Philippines. Although development communicators in local governments are engaged as vital partners in health programs (since they are local-level bureaucrats who are familiar and share common characteristics with the community of beneficiaries), communication technicians are preferred to implement these health programs. Communication technicians have the essential skills, such as participatory research, knowledge management and strategic communication, that local-level bureaucrats – more so community participants – lack to affect a genuine bottom-up development approach. Without familiar access to communities, unlike their local-level counterparts, these communication technicians resort to more participatory approaches simply because they have to win the buy-in of the community in order for health projects to succeed. Since their professional services are only contracted for the duration of a specific health project, their employment of participatory communication will only ensure the sustainability of these health initiatives.

This, however, does not downplay the vital position of development communicators in local governments as local-level bureaucrats. In fact, understanding the dynamics for an integral partnership between these local workers and the communication professionals, with the communication professionals oriented towards the interests of the donor agencies that hired them and the local communicators situated closer to the grass roots communities, will result to a more streamlined process of dialogue between change agencies and beneficiaries. Also, since most development communicators in local governments are not necessarily communication experts, the transfer of technologies from these communication technicians, in the technical aspects of participatory media and communication (strategic planning, implementation, monitoring, and evaluation), as well as the creative aspects of media development (message and materials design), is ideal in fostering the dialogic process of media and communication.

From the perspective of communication technicians, initiation rarely comes from the communities. As mentioned, some community members lack the skills in identifying health problems and designing health initiatives to address these problems. Also, some communities may not have sufficient means to

mobilize health initiatives, which prompts them to locate resources elsewhere. If one particular community seeks donor groups or government support for their health initiatives, they do not necessarily receive funding simply because there is no scale of geographical and development impact, for which donor and government agencies strives.

An extension of this study, also from the perspective of community members, is recommended to validate these stories from the development communicators of local government units (Solis, 2010) and communication technicians.

There are various other frameworks that investigate participation in the context of its different levels, from genuine participation to mere “masquerade.” In this study, the author was interested in generating “stories” of various approaches to communication, and the typology offered by Gumucio Dagron (2001) and Windahl, Signitzer, and Olson (1992) helped achieve this. Moreover, future studies may wish to integrate the models on “levels” of participation in describing more fully the various communication strategies in communities. Roger Hart’s (1992) Ladder of Participation and Sherry Arnstein’s Ladder of Citizen Participation (1969) may be useful for this purpose.

Communication technicians in this study seem to illustrate that a top-down approach is natural and expected. Still, real stories of the grassroots strategy prove to exist beyond the rhetoric. Thus, a model that goes beyond the dichotomy of the grassroots versus top-down approaches to participatory communication should also be explored.

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